

## Adoption Pathways: WakeMed

# Making Postpartum Hemorrhage Risk Visible to Improve Outcomes and Team Response

WakeMed, a not-for-profit health system serving the Raleigh, North Carolina, region, implemented an EHR-embedded postpartum hemorrhage toolkit across its three labor and delivery hospitals. By integrating automated risk assessment, quantitative blood loss tracking and standardized response pathways into everyday workflows, the system strengthened early recognition and achieved sustained reductions in severe hemorrhage events.

### The Opportunity

Postpartum hemorrhage remains a leading cause of maternal morbidity and mortality, with rising rates nationally and persistent disparities in outcomes. For WakeMed, this was not just a clinical priority but an opportunity to strengthen how care teams identify and respond to risk in real time.

With nearly 10,000 births annually and a large referral population, WakeMed needed a way to ensure that critical risk factors were consistently recognized and shared across care teams. Although clinicians were well-trained in managing hemorrhage, information was not always provided in a way that supported rapid, coordinated decision-making in busy clinical environments.

WakeMed identified an opportunity to standardize risk recognition, reduce variability in response and make key information more visible and actionable at the point of care.



## The Approach

WakeMed implemented an EHR-embedded postpartum hemorrhage toolkit within Epic that is designed to increase risk visibility and response across the care team.

The approach included four key elements:

01

### **Nurse-driven, dynamic risk stratification**

Risk factors captured during intake and throughout labor automatically generate and update a postpartum hemorrhage risk score for each patient.

03

### **Consolidated monitoring and decision support**

WakeMed developed a monitoring report that displays blood loss, vital signs, medications, labs and transfusions in a single, continuously updated view.

02

### **Real-time, systemwide visibility**

Risk scores are prominently displayed across patient summaries and unit-level views, using clear visual cues to help clinicians quickly assess risk without additional navigation.

04

### **Standardized preparation and response workflows**

Medications and protocols are pre-positioned and consistently applied, enabling rapid, coordinated response regardless of initial risk level.

Together, these elements ensure that risk is not just calculated but continuously visible and acted on across the care team.

## Outcomes & Impact

WakeMed's approach led to notable and sustained improvements in maternal safety and care delivery:

### **Sustained reductions in hemorrhage events**

Since implementation in 2022, WakeMed has seen reductions in obstetric hemorrhage and severe PPH events across its hospitals.

### **Earlier recognition and more reliable escalation**

Shared, real-time risk visibility helped teams identify high-risk patients sooner and respond more consistently across shifts and disciplines.

### **Faster, more efficient clinical response**

Pre-positioned medications and consolidated data views reduced delays and eliminated the need to navigate multiple parts of the chart.

### **Stronger team coordination and consistency**

A shared view of risk aligned nurses, physicians and support teams around a common understanding of patient status.

### **More objective, data-driven care**

Quantitative blood loss and standardized scoring reduced reliance on estimation and supported earlier intervention.

These results demonstrate how making risk visible within existing workflows can drive meaningful improvement without adding complexity.

## Implementation

WakeMed implemented this approach across all three labor and delivery hospitals simultaneously, reinforcing consistency in care delivery and expectations:

01

### Systemwide rollout across all sites

Tools were deployed across all obstetric units at once, supporting standardized workflows and equitable care.

02

### Dual committee governance structure

Physician and nursing optimization committees, supported by informatics and IT partners, guided design, validation and rollout decisions.

03

### Tight clinician–informatics partnership

Close collaboration between clinical leaders, a nurse informaticist and Epic analysts ensured tools aligned with real-world workflows.

04

### Iterative refinement through frontline feedback

Feedback was gathered through meetings and direct communication; adjustments were made based on clinical use.

05

### Focus on usability and minimal disruption

Tools were designed to be intuitive, visible and nondisruptive, reducing alert fatigue and supporting sustained adoption.

This approach enabled WakeMed to scale quickly while maintaining strong clinician engagement and trust.

## Why It Scales

WakeMed's model is designed for scalability because it builds on existing EHR capabilities and focuses on how clinicians actually work.

The core tools are embedded within Epic, making them accessible without requiring new platforms. Standardized risk scoring, visibility and workflow tools can be deployed broadly while allowing for local adaptation.

By placing information in locations clinicians already use, the approach minimizes disruption and increases adoption. Clinicians are not asked to change behavior significantly, only to act on information that is easier to see and interpret.

Equally important, the model reinforces that technology alone is not enough. Success depends on clinician engagement, thoughtful workflow design and continuous refinement.



## How to Start Tomorrow

Hospitals and health systems seeking to improve maternal outcomes can take practical, proven steps drawn from WakeMed's approach:

- **Start with intake and make risk visible across the unit**  
Embed a standardized postpartum hemorrhage risk score into the admission workflow and display it in patient lists or unit boards so all team members can quickly assess risk.
- **Activate existing EHR tools within that workflow**  
Turn on available risk scoring and quantitative blood loss tools, and consolidate key data into a single, easy-to-view report within existing clinical screens.
- **Engage nurses first and align physicians around shared visibility**  
Partner with nursing teams to design intake and documentation workflows, and then reinforce physician adoption through consistent, visible risk signals.
- **Standardize preparation before you need it**  
Preorder medications, stage supplies and align protocols so teams can respond without delays when hemorrhage occurs.
- **Establish a small governance team and meet regularly**  
Bring together clinical, nursing, quality and IT leads to review data, gather feedback and make targeted workflow adjustments on a regular cadence.

**“You can’t expect clinicians to remember every risk factor when they’re managing multiple patients. Having that information visible and consistent makes a big difference.”**

– Jenna Beckham, M.D.

## Want Help Bringing this Solution to Your Organization?

This solution is part of the West Health Accelerator at AHA's Health Research & Educational Trust, a national initiative helping hospitals adopt and scale proven solutions to improve patient safety, clinical outcomes and workforce efficiency.

Hospitals can implement approaches like this through Accelerator collaboratives, where peer organizations work together with expert support to drive measurable improvement.

Join the movement and get involved at [nationalaccelerator.org](https://nationalaccelerator.org)