

Background: Postpartum hemorrhage (PPH) is a leading cause of maternal morbidity and mortality in both the United States and in Colorado specifically. New implementation of a three-step Code White protocol in order to combat this devastating complication at a community-based hospital in Colorado Springs was the primary focus of this quality improvement project.

Objective: Our objective was to evaluate utilization of the new three-step Code White protocol and elicit the obstetrics and gynecology providers' attitudes towards its implementation.

Methods: A retrospective chart review using the ICD-10 code for PPH was performed in order to gather data on the number of PPH that were occurring and the subsequent Code White alerts or activations that were called. PPH was defined as estimated blood loss (EBL) of  $\geq 500\text{mL}$  for vaginal deliveries and  $\text{EBL} \geq 1000\text{mL}$  for cesarean deliveries. Furthermore, we distributed a survey to the obstetrics and gynecology staff members in order to elicit the providers' perspectives and attitudes towards the new protocol.

Results: Upon conclusion of the project, we discovered that 70% of PPH were not subsequently being called with either a Code White alert or activation, which was not in accordance with the new three-step protocol. We also discovered that a main contributor to this underutilization of the Code White protocol was nurses' fear of backlash from physicians. Furthermore, most providers perceived a delay in blood products when a Code White was not called which could potentially lead to further complications and harm to patients.

Conclusion: The new three-step Code White protocol was being severely underutilized at our community-based hospital. Ideas to improve utilization of the protocol would be to create a nursing protocol where a Code White must be called whenever the criteria for PPH is met and also to create a culture of safety so nurses feel comfortable speaking up and advocating for their patients.