

Mobile Rural Obstetric Simulations

The Washington State Perinatal Collaborative (WSPC), housed at the Washington State Department of Health partnered with the Washington State Hospital Association (WSHA) to bring mobile obstetric (OB) hemorrhage training to rural hospitals. The training ran from October 2023 to September 2025 and supported Critical Access Hospitals and small rural hospitals, including those without labor and delivery services.

Simulation Details

The mobile rural OB simulation sessions focused on high-risk, low frequency obstetric emergencies through an interdisciplinary whole team approach. Teams included emergency department staff, labor and delivery staff, and other on-site responders.

Framework used: [AIM Maternal Bundle for Postpartum Hemorrhage](#)

The simulations used the AIM Obstetric Hemorrhage Patient Safety Bundle, which outlines evidence-based steps to improve patient safety during postpartum hemorrhage.

Focus areas included:

- Implementation and evaluation
- Quality improvement strategies
- Multidisciplinary approaches
- Emergency management
- Quantitative blood loss
- Patient-centered care

Simulation competencies covered:

- Readiness
- Recognition and prevention
- Response
- Reporting and systems learning
- Respectful, equitable, and supportive care



66

simulations completed

32

hospitals engaged through technical assistance and simulations

374

total participants in simulations

13

pre-assessments completed

70%

engagement rate of eligible hospitals

FACILITY TYPES:

- **78% Critical Access Hospitals**
- **6% Rural hospitals**
- **16% Emergency department-only facilities**
(subset of the hospitals listed above)

Critical Access Hospitals (CAHs) are small hospitals with fewer than 25 beds in rural areas. Rural hospitals are non-Federal, general acute care facilities with fewer than 50 beds located in rural Washington. Emergency department-only facilities are rural or Critical Access hospitals without obstetric services.

GEOGRAPHIC DISTRIBUTION:



Gap Analysis

The eligible rural / Critical Access Hospitals also completed a gaps assessment along with simulations.

Key themes identified:

- **Limited services:** Many facilities have limited anesthesia, operating room, and respiratory therapy support.
- **Rapid response constraints:** Critical Access Hospitals and rural facilities have adapted their infrastructure but remain resource-constrained.
- **Training needs:** Teams need ongoing training for rare obstetric and newborn emergencies, including amniotic fluid embolism resuscitation, uterine rupture, neonatal resuscitation, and maternal cardiac complications.
- **Blood product access:** All sites have some level of access to blood products, ensuring availability for critical needs.
- **Transport challenges:** Transfers for laboring patients are supported by coordinated efforts despite factors like weather, bed availability, and federal [EMTALA](#) requirements.
- **Postpartum hemorrhage carts:** Over half (56%) of facilities have dedicated carts available to enhance emergency preparedness.
- **Quantitative blood loss:** A quarter of facilities have fully implemented this best practice, and more than half are actively progressing through implementation.

PARTICIPANT ROLES: (BASED ON 374 PARTICIPANTS)



82% nursing staff (registered nurses, licensed practical nurses)



8% delivering providers (obstetrics, family practice, certified nurse midwives, emergency department (ED) physicians, physician assistants)



6% technicians (OB/ED & certified nursing assistant)



2% chief medical officer / chief nursing officer



1% anesthesia providers



1% utilization review

Technical assistance provided:

- Reviewing and developing policies and procedures.
- Deploying standard postpartum hemorrhage policies aligned with the [AIM bundle](#).
- Distributing 2025 CMS Conditions of Participation for OB care.
- Recommending essential supplies and medications for postpartum hemorrhage.
- Standardizing urgent and emergency delivery protocols.
- Conducting on-site reviews of workflows and policies.
- Evaluating communication and workflows.

Performance Evaluation

Participants completed pre- and post-simulation self-assessments using a 1–5 scale across six key questions.

5/5 Score across all questions post-simulations

The areas measured in the assessments included: Orientation to the simulation purpose and environment, understanding and applying knowledge, simulation value for safety, use of communication skills, and comfort participating in the debriefing process.

Additional DOH Support Provided

Jada Devices:

DOH collaborated with [The Rural Collaborative](#) to purchase the [JADA System](#) for 19 rural/Critical Access Hospitals with and without OB. The purchase of this hemorrhage management device also came with free staff training from the maker of JADA, [Organon](#).

Rural Training Grants:

In July 2025, one-time grants of \$5,000 were awarded to 13 rural/Critical Access Hospitals and rural birth centers to support facilities in providing training opportunities for obstetric and newborn staff as well as purchasing necessary equipment.

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