Knowledge

Our results suggest RNs may not be keeping current on trends in maternal mortality as 88% of the respondents did not know that 61% of maternal deaths occurred in the postpartum period and 46% did not know about the rise in maternal mortality in the past decade. Although yearly rates may vary, having a better understanding of these rising rates may lead nurses to realize the important role they play in teaching all women about postpartum warning signs, not just those with identified risk factors prior to discharge. Nurse educators can play a key role in providing continuing education to all postpartum nurses on this topic.

Attribution of causes of maternal deaths has shifted over time. In our study, nurses were more likely to choose hemorrhage (93.3%), hypertension (68.5%), and infection (39%) as the leading causes of maternal mortality. Although nurses did not correctly identify the leading two causes of maternal deaths for women in the United States at the time of the study (noncardiovascular disease and cardiovascular disease), hemorrhage and hypertension are the leading causes of maternal mortality worldwide (World Health Organization, 2015). These data indicate that nurses may be aware of maternal mortality but not the most recent statistics or trends in the United States.

Teaching

Ninety-five percent of RNs reported a strong relationship between postpartum education and postpartum maternal morbidity and mortality. Although 72% of RNs reported that they strongly agreed and 22% agreed that it was

their responsibility to teach women about the warning signs of potential complications prior to discharge, 6% did not agree. That more RNs didn't "strongly agree" about their teaching responsibility after reporting that there was a strong relationship between postpartum education and postpartum morbidity and mortality is concerning. One possibility for this finding is that nurses have reported that there is too much education that needs to be shared during the postpartum hospitalization and women are too overwhelmed to comprehend most of this information (Buchko & Gutshall, 2012). Further research is needed to identify how nurses might contribute to quality improvement efforts to decrease rates of maternal mortality by providing evidence-based comprehensive education to women prior to discharge after hospitalization for childbirth.

More than half of RNs reported spreading their teaching of the required education over the hospital stay compared with 29% who stated that the majority of the education was done on the day of discharge. In addition to the large volume of critical, time-sensitive information to be taught prior to discharge, a woman's ability to understand discharge teaching is influenced by other factors, such as inadequate sleep, physical and emotional changes, possible side effects of medications, and low health literacy (Chugh, Williams, Grigsby, & Coleman, 2009). More importantly, there may be the need to repeat education throughout the woman's stay or to use techniques such as "teach back" to improve actual comprehension of the material (Agency for Healthcare Research and Quality,

Table 2. Likelihood of Registered Nurses Discussing Potential Complication Topics with All Women Prior to Discharge from the Hospital after Childbirth

	Very Likely	Likely	Somewhat Likely	Not Likely	Only if Relevant	Total Responses
Postpartum depression	299 (80.6%)	52 (14.0%)	15 (4.0%)	1 (0.3%)	4 (1.1%)	371[a]
Hemorrhage	285 (76.6%)	58 (15.6%)	20 (5.4%)	3 (0.8%)	6 (1.6%)	372
Infection	274 (73.9%)	70 (18.9%)	19 (5.1%)	0 (0.0%)	8 (2.2%)	371[a]
Venous thrombosis	136 (36.7%)	104 (28.0%)	74 (19.9%)	26 (7.0%)	31 (8.4%)	371[a]
Hypertension	134 (36.0%)	102 (27.4%)	47 (12.6%)	15 (4.0%)	74 (19.9%)	372
Preeclampsia/Eclampsia	117 (31.7%)	93 (25.2%)	53 (14.4%)	21 (5.7%)	85 (23.0%)	369[a]
Pulmonary embolism	59 (16.1%)	70 (19.1%)	92 (25.1%)	84 (22.9%)	62 (16.9%)	367[a]
Cardiac event	29 (7.9%)	65 (17.7%)	81 (22.1%)	82 (22.3%)	110 (30.0%)	367[a]

Note. [a]Not all study participants responded to this portion of the question.