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Thank you for joining today's webinar. We will begin promptly at 1:00 p.m. Central.

Rural Maternal Health Series: Achieving Birthing-Friendly Status in Rural Hospitals

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Your *First* **STOP** for *Rural Health* **INFORMATION**



Rural Maternal Health Series: Achieving Birthing-Friendly Status in Rural Hospitals

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# Housekeeping

- Slides are available at [www.ruralhealthinfo.org/webinars/birthing-friendly-status](http://www.ruralhealthinfo.org/webinars/birthing-friendly-status)
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](http://support.zoom.us)

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If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the text: "Your *First STOP* for *Rural Health INFORMATION*". The slide also features a map of the United States filled with various rural health-related images and the website URL "ruralhealthinfo.org". At the bottom of the slide, it reads: "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "Q&A" icon in the Zoom meeting controls at the bottom of the slide. On the right is a "Question and Answer" window with a "Welcome" message and a text input field labeled "Type your question here..." with a red arrow pointing to it.

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# Featured Speakers



**Kristen Dillon, MD, FAFP**, Chief Medical Officer, Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services



**Stephanie L. Clark MD, MPH, MSHP**, Medical Officer, Division of Quality Measurement (DQM), Quality Measurement and Value-Based Incentives Group (QMVIG), Center for Clinical Standards and Quality (CCSQ), Centers for Medicare & Medicaid Services



**Jacqueline Wallace MD, MPH**, Perinatal & Infant Health Team, Maternal and Infant Health Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)



**Cassie Phillips, MPH**, Lead Public Health Analyst, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services

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## Birthing Friendly Hospital Designation



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## Current Designation



- Awarded to hospitals on an annual basis as part of the *Hospital Compare* fall refresh (usually October)
- Inaugural designations were awarded in October 2023
- Builds on the White House Blueprint for Addressing the Maternal Health Crisis
- Awarded to hospitals that positively attest to the Maternal Morbidity Structural measure in the Hospital Inpatient Quality Reporting (IQR) Program for the prior calendar year

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## Maternal Morbidity Structural Measure

- Developed by CMS in 2019 for the Hospital Inpatient Quality Reporting (IQR) Program
- High priority for CMS to address the maternal health crisis
  - Increasing rates of severe maternal morbidity (SMM) in U.S., nearly doubled from 1993 to 2014\*
  - More than 50,000 women affected by severe maternal morbidity in 2014\*
- Intended to fill a gap in which CMS did not have any hospital-level measures addressing maternal morbidity

\* Centers for Disease Control and Prevention. *Severe Maternal Morbidity in the United States. 2019*  
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

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## Other Maternal Health Measures

- Two maternal health electronic clinical quality measures (eQMs) have been added to the Hospital Inpatient Quality Reporting (IQR) and Promoting Interoperability programs
  - **These measures are NOT currently in the Birthing Friendly Designation**
- Severe Obstetrics Complications eQCM
  - Proportion of patients with severe obstetrical complications that occur during the inpatient delivery hospitalization
- Cesarean Birth eQCM
  - Rate of nulliparous women with a term, singleton baby in a vertex position delivered by C-section
- Voluntary reporting for CY2023
- Mandatory reporting for CY2024

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## Maternal Morbidity Structural Measure Conceptualization

- Goal: To develop a structural measure that incentivized hospitals to engage in meaningful quality improvement to reduce maternal morbidity
- Aims:
  - Participation in a quality improvement initiative aimed at improving maternal outcomes during inpatient labor, delivery and post-partum care
  - Specific focus on morbidities known to be associated with mortality
  - Low burden
- Considerations:
  - State-based and national quality improvement initiatives could be advantageous to hospitals, resulting in improved quality quickly

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## Maternal Morbidity Structural Measure

Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and postpartum care, and has it implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia, or sepsis?

*Select a Response:*

(A) Yes

(B) No

(C) N/A (Our hospital does not provide inpatient labor/delivery care.)

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## Measure Reporting

- Hospitals report the measure to CMS on an annual basis with regard to their maternal health efforts for the prior calendar year
  - Hospitals submit responses once a year via a CMS-approved web-based tool within the Hospital Quality Reporting (HQR) Secure Portal
  - Reporting period: January 1 through December 31 of a given measurement year
  - Submission period: April 1 through May 15 following the year of the applicable reporting period

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## Measure Reporting

- More information on the Maternal Morbidity Structural Measure is available on the [Web-based Data Collection](#) page of CMS' QualityNet website
- On that page, you can also access the Maternal Morbidity Structural Measure [Quick Reference Guide](#) and [Frequently Asked Questions](#) documents
- An Attestation Guide is in development and will soon be posted

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## Perinatal Quality Improvement Collaborative

- Can be national or state-based
- Hospitals must be actively engaged in maternal and child health quality improvement activities established and/or coordinated by the collaborative including implementation of patient care safety practices and/or bundles in conjunction with the collaborative
- Examples:
  - Centers for Disease Control and Prevention's (CDC's) National Network of Perinatal Quality Collaboratives
  - Health Resources and Services Administration's (HRSA's) Alliance for Innovation on Maternal Health (AIM) program
  - California Maternal Quality Care Collaborative (CMQCC)

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# Focus on Rural Hospitals

- We do not yet have a full picture
- Critical access hospitals (CAHs) are not required to participate in the Hospital IQR Program but can voluntarily report data and receive the designation
- As of 2023, 470 CAHs voluntarily reported



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# STATEWIDE PERINATAL QUALITY COLLABORATIVES

Maternal Health Learning Series  
 Federal Office of Rural Health Policy  
 March 12, 2024



**JACQUELINE WALLACE MD, MPH**  
 MEDICAL OFFICER, PERINATAL QUALITY COLLABORATIVE PROGRAM  
 PERINATAL & INFANT HEALTH TEAM  
 MATERNAL AND INFANT HEALTH BRANCH, DIVISION OF REPRODUCTIVE HEALTH

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



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## OUTLINE

- Perinatal Quality Collaboratives (PQCs)
- State PQC initiatives
- PQCs and AIM
- PQCs moving forward



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## Perinatal Quality Collaboratives (PQCs)

**State or multi-state** networks of **multidisciplinary teams** working to improve **population-level maternal and infant health care and outcomes statewide**

- Advance **evidence-based** clinical practices and processes using **quality improvement (QI) principles**
- **Convene and collaborate** with **diverse representatives** (clinical teams, experts, partners, patients, families) to **address gaps** and **reduce variation** in care and outcomes



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# THREE PILLARS OF PQC QI INITIATIVES

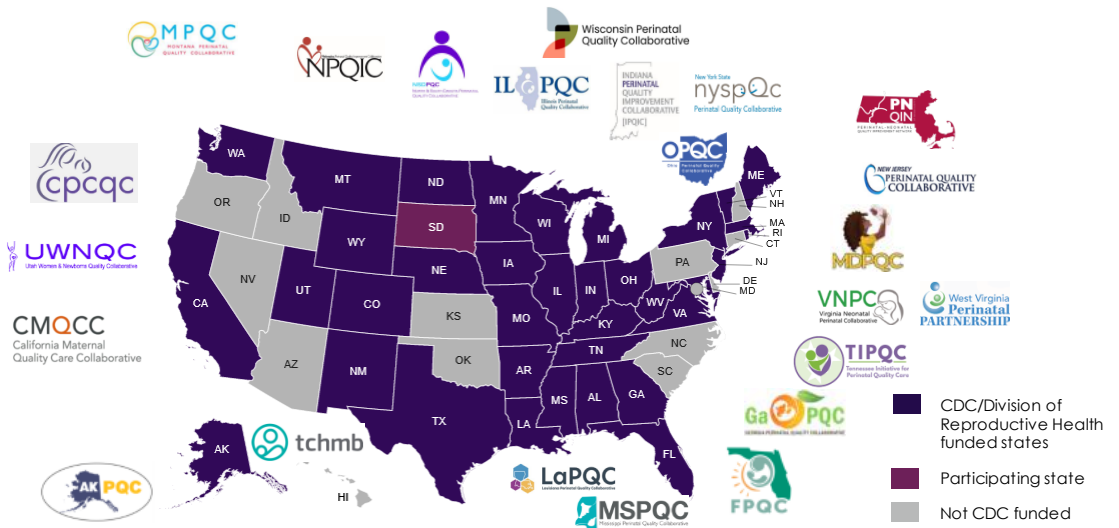


Achieve improvements in population-level maternal and infant health outcomes



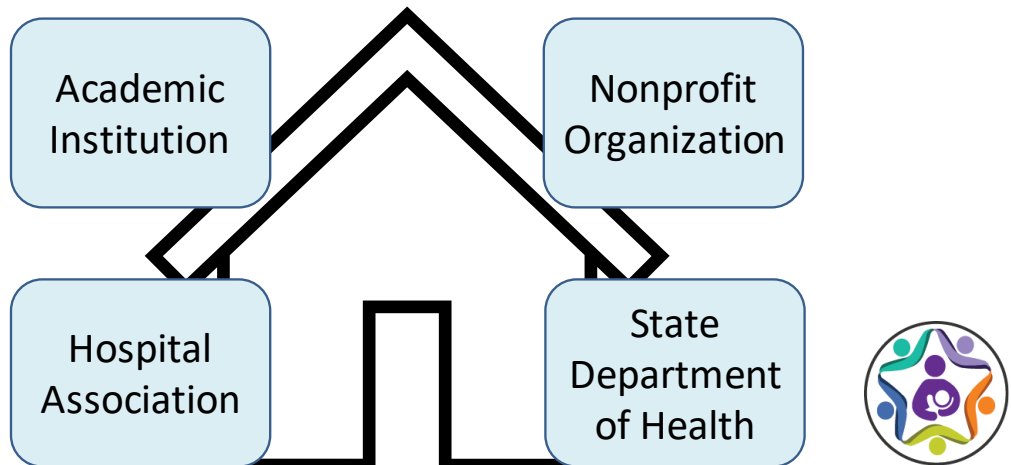
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## 2022 – 2027 Statewide Perinatal Quality Collaboratives



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## Institutional Home of PQC's



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## CURRENT INITIATIVES-CDC FUNDED PQC's



- Care for pregnant and postpartum people and newborns affected by substance use disorder
- Cardiac Conditions in Obstetric Care
- Hypertensive Disease of Pregnancy
- Birth Equity/Social Determinants of Health
- Neonatal Initiatives
- Reduction of low-risk cesarean births/ Support of vaginal birth
- Obstetric hemorrhage

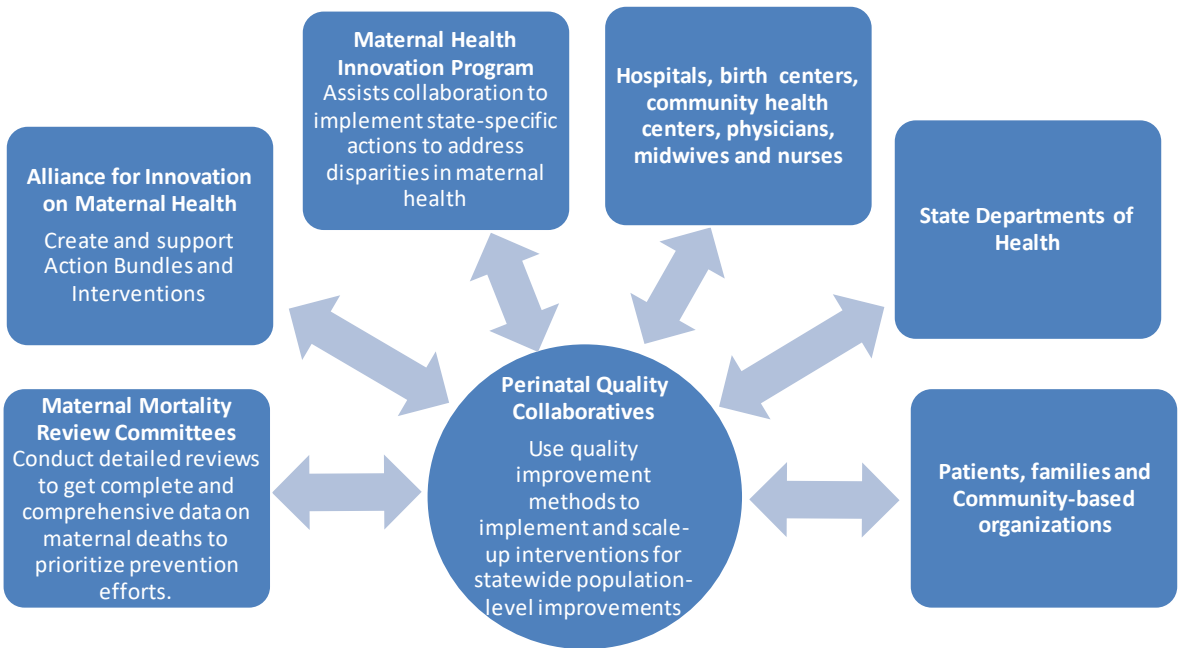
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# EXAMPLES OF IMPROVEMENTS IN MATERNAL/INFANT HEALTH and DISPARITIES

- Reduced central line-associated infections among neonatal intensive care unit newborns by 71%
- Improved percentage of patients with severe high blood pressure treated within 60 minutes from 41% at baseline to 79%
- Reduced severe maternal morbidity from hemorrhage among Black women by 49%, overall reduction of 35%



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## PQCs and Alliance for Innovation on Maternal Health



- AIM develops multidisciplinary, condition-specific patient safety bundles to support best practices that make birth safer
- PQCs consider leading causes of pregnancy-related deaths and disparities, as determined by their state Maternal Mortality Review Committee (MMRC) data, to chose patient safety bundles to implement in their state's hospitals to improve maternity care and save lives
- PQC activities extend beyond implementing AIM bundles, including:
  - Neonatal initiatives
  - Partnerships with community-based organizations, community health centers and outpatient providers to improve maternal and neonatal health

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## PQCs MOVING FORWARD

- Emphasis on **Health Equity**
- Engage all facilities where prenatal, delivery, postpartum or infant care is provided
- Increased **patient/community engagement** in planning, implementation, evaluation and interpretation of results of QI initiatives
- Increased **emphasis on partnerships and collaborations** with community-based organizations
- **Increased partnership with MMRCs**
- Increased support from National Network of Perinatal Quality Collaboratives



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# THE POWER OF PQC<sub>s</sub>

- Active, measurable, facility-level change
- Ability to scale-up statewide
- Hospital-level leadership and ownership of efforts
- Synergy of multiple partners
  - Collaborate closely with AIM to align efforts to improve maternal health
- Power to change culture of care



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## Thank You!

Jackie Wallace  
 Medical Officer  
 Perinatal Quality Collaborative Program  
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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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# Division of Healthy Start and Perinatal Services

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH OVERVIEW

*March 12, 2024*

Cassie Phillips, Team Lead  
 Maternal and Women's Health Branch, Division of Healthy Start and Perinatal Services  
 Maternal and Child Health Bureau (MCHB)

**Vision: Healthy Communities, Healthy People**



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AIM: Primary Objective

**Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the United States.**

**By:**

- Promoting safe care for every U.S. birth.
- Engaging multidisciplinary partners at the national, state and hospital levels.
- Developing and providing tools for implementation of evidence-informed patient safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing efforts and disseminating evidence-informed resources.

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## Bundles



- Collections of evidence-informed best practices
- Contain strategies for improving care processes and clinical outcomes
- Informed by known evidence and expert clinical consensus
- Since 2021, all bundles include strategies focused on promoting respectful, equitable, and supportive care

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## Bundle Structure



**Readiness — Every Unit**

**Recognition & Prevention — Every Patient**

**Response — Every Event**

**Reporting and Systems Learning — Every Unit**

**Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member**

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# Bundles



Obstetric Hemorrhage



Severe Hypertension in Pregnancy

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# Bundles



Safe Reduction of Primary Cesarean Birth



Care for Pregnant and Postpartum People with Substance Use Disorder

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Bundles



Perinatal Mental Health Conditions



Postpartum Discharge Transition

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Bundles



Cardiac Conditions in Obstetric Care



Sepsis in Obstetric Care

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# AIM: National, State, and Local Engagement



**National PH and Professional Organizations**

- Engage/coordinate national partners and resources
- Develop QI tools
- Support multi-state data platform
- Support inter-state collaboration



**Perinatal Collaborative: DPH, Hospital Assoc., Professional Groups**

- Support/coordinate hospital efforts
- Share tools, resources, and best practices
- Use state data for outcome metrics
- Share and interpret progress



**Hospitals, Providers, Nurses, Offices and Patients**

- Create QI team
- Implement bundles
- Share best practices
- Collect structure and process metrics
- Review progress

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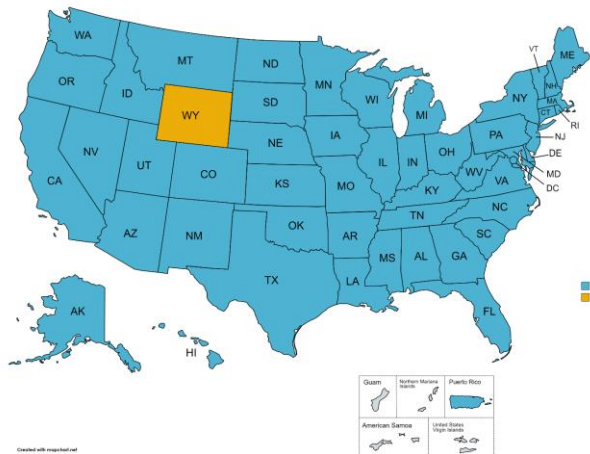
## Alliance for Innovation on Maternal Health (AIM)

Birthing facilities in all 50 states and DC are implementing AIM patient safety bundles. Wyoming is not enrolled at the state level.

States with AIM



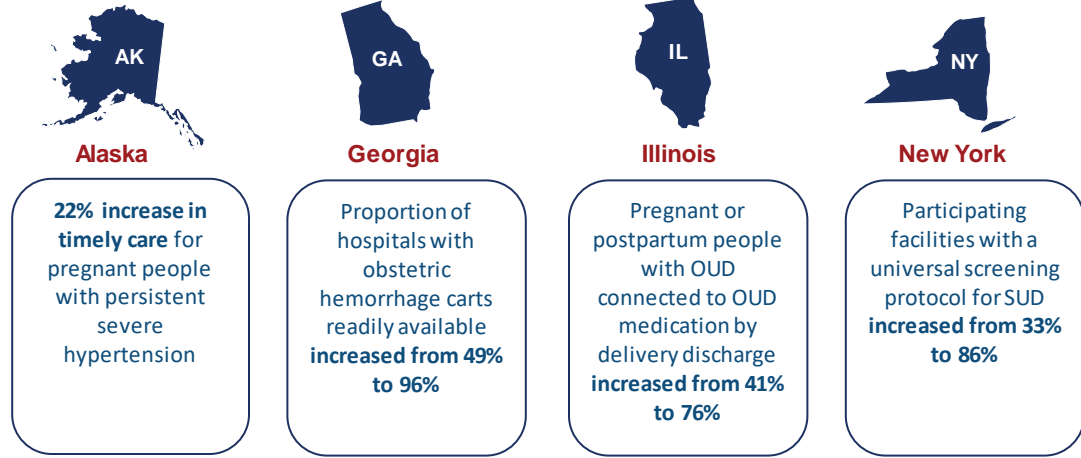
[www.saferbirth.org](http://www.saferbirth.org)



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# Examples of AIM Impacts

Among birthing facilities implementing AIM patient safety bundles...



OUD = opioid use disorder; SUD = substance use disorder

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## Contact Information

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AIM: [www.saferbirth.org](http://www.saferbirth.org)

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# Questions?

RHIhub  
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Your *First* **STOP** for  
*Rural Health*  
**INFORMATION**

Examining Rural Cancer Prevention and Control Efforts from the  
National Advisory Committee on Rural Health and Human Services

Question and Answer

Welcome  
Feel free to ask the host and panelists questions

Type your question here...

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## Thank you!

- Contact us at [ruralhealthinfo.org](https://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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