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The IMQCC Newsletter

The Iowa Maternal Quality Care Collaborative is a multidisciplinary group of key stakeholders for maternal health including public health professionals, healthcare and allied health providers, payers, statewide partners, patient and community representatives, and quality improvement experts who have come together with the goal to improve maternal health in Iowa.

Our *mission* is to improve the quality, safety, and culture of maternity care provision for all Iowans by partnering with healthcare and community stakeholders, supporting data-driven and evidence-informed quality improvement initiatives, and promoting patient- and family-centered care.

Our *vision* is for all birthing people to experience care that is safe, respectful, and accessible.

IOWA Maternal Quality Care Collaborative

Iowa Department of Public Health's Title V Needs Assessment:

Iowa's **Title V Maternal and Child Health Block grant program** guides priorities and provides foundational support for community-based agencies and state level public health programs. The IDPH Bureau of Family Health and the Oral Health Center, along with partners at the University of Iowa Division of Child and Community Health, collaborated to conduct the five-year needs assessment for the FY2021 block grant.

The mission of the needs assessment is to ensure that mothers, infants, children and youth in Iowa, including those with special needs, and their families have access to the resources needed to thrive in their communities. The needs assessment also has a **health equity mission** to work to eliminate differences in health among ethnic, racial, and other population groups who have low income or have historically had less access, power, or privilege.

Women/Maternal and Infant/Perinatal Priority Areas:

- **National Performance Measures 13A:** Percent of women who had a preventative dental visit during pregnancy.
- **National Performance Measure 14A:** Percent of women who smoke during pregnancy.
- **State Performance Measure 1:** Number of pregnancy-related deaths for every 100,000 live births (maternal mortality ratio).
- **National Performance Measure 4B:** Percent of infants breastfed exclusively through 6 months.
- **National Performance Measure 5:** A) Percent of infants placed to sleep on their backs, B) Percent of infants placed on a separate approved sleep surface, C) Percent of infants placed to sleep without soft or loose bedding

IMQCC formed to help address the needs of the women of Iowa

The IMQCC was formed by IDPH with funding from the HRSA Maternal Health Innovation award received by the Iowa Department of Public Health in partnership with the University of Iowa. A key goal of this funding is to address priorities for our state as outlined in the Title V needs assessment.

The IMQCC will address key drivers of **maternal mortality** in Iowa by utilizing data to identify **opportunities** for improvement in care quality and **supporting** local hospital teams in implementing best practices. Together we will work to end preventable maternal morbidity and mortality!

Iowa Department of Public Health. Bureau of Family Health. *FFY2021 Title V Maternal and Child Health Needs Assessment: Women/Maternal Health Domain Summary.* Des Moines: Iowa Dept. of Public Health, 2020. Web. https://idph.iowa.gov/hpcdp/titlev-needs-assessment. [Access date – September 18, 2020]

The Iowa Maternal Mortality Review Committee (IMMRC):

Cases of pregnancy-associated death (death of a woman while pregnant or within 1 year of the end of pregnancy from any cause) have been continuously reviewed in Iowa since 1952. The IMMRC is coordinated by the **Iowa Medical Society** in partnership with the **Iowa Department of Public Health**. Highlights from the most recent report are noted below. Access the full report: *https://idph.iowa.gov/Portals/1/userfiles/38/Final%202020%20MMRC%20report.pdf*

- The committee reviews each case to determine the cause, pregnancy-relatedness, preventability, and recommends actions to prevent future deaths.
- The 2016-2018 review included 39 cases. 20 cases were pregnancy-related or associated. 22 cases (56%) occurred in the postpartum period.
- **Leading pregnancy-associated causes of death included cardiac-related and hemorrhage.** Non-pregnancy associated causes of death included motor vehicle accidents, suicide, homicide, drug overdose and cancer.
- Obesity, hypertension, diabetes, depression, and substance use were common co-occurring conditions.
- The overall pregnancy-associated mortality ratio was **9.4/100,000 live births,** however **significant racial/ethnic disparities were observed**. The ratio for non-Hispanic White women was 6.0, for non-Hispanic Black women it was 36.9 (6x that of Whites), for Asian/Pacific Islander women it was 23.5 (3.9x that of Whites), and for Hispanic women it was 9.7 (1.6x that of Whites).

Summary of the IMMRC Recommendations:

- Early detection of placenta accreta: women with a prior CS and placenta previa should have a Level 2 US with a MFM and percreta deliveries should occur at a tertiary care facility.
- Emergency department clinicians should ask about pregnancy history. Pregnant women with pneumonia should have a chest X-Ray and consult with OB.
- Offer patient education of cardiac conditions in pregnancy and postpartum.
- Optimize asthma management in pregnancy.
- Educate pregnant women on seatbelt use.
- Improve postpartum support for women with SUD.
- Screen and refer for intimate partner violence.
- Educate providers about medications for depression during pregnancy and breastfeeding.
- Promote gun safety. Safely store guns, if in the home.
- Consider extending Medicaid pregnancy coverage for 1 year postpartum

Black women were **6 times** as likely to experience pregnancy-related death than White women.

Asian & Pacific Islander women were **3.9 times** as likely to experience pregnancy-related death than White women.

IMQCC First Initiatives:

AWHONN POST-BIRTH Warning Signs

GOAL: Improve counseling and use of patient education materials on warning signs and when to seek care.

METHODS: Standardize patient education to ensure healthcare providers relay consistent messages. Nurses at all of Iowa's birthing hospitals and all Title V MCH agencies will be trained by AWHONN.

INTENDED RESULTS: Patients, families and communities will have increased knowledge of warning signs, when to seek care, and be empowered to call for help.

NEXT STEP: Contact us if your facility has not received training information.

Seatbelt Safety

GOAL: Increase use of seatbelts during pregnancy and the postpartum period to reduce maternal injury and death from motor vehicle accidents.

METHODS: Implementation of a public education campaign in partnership with the Governor's Traffic Safety Bureau, Iowa DOT, Zero Fatalities, and Safe Kids Iowa.

STATUS: Social Media Campaign is running August through October 2020. Brochures to be distributed to prenatal providers, birthing hospitals, and stakeholder agencies.

NEXT STEP: Survey study to understand why people may not be buckled.

Maternal Data Center (MDC)

GOAL: Increase use of data to understand trends, opportunities for improvement, and guide initiatives at the institutional and state level.

METHODS: Data from the Birth Certificate linked to the hospital discharge registry will be utilize to present key maternal metrics. Institutions will be able to view their own data in comparison to similar facilities in Iowa and national targets.

STATUS: The MDC team has compiled key metrics and has targeted to have an initial dashboard live by the January 2021.

Iowa has joined the AIM Program!

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

What is AIM?

The Alliance for Innovation on Maternal Health (AIM) Program is a **national data-driven maternal safety and quality improvement initiative**. AIM takes evidence-based approaches to improving maternity care and works with state teams to **align practices** and **increase the quality and safety of care**, all with the goal of improving maternal health outcomes in the United States. Once our team has completed contracting any hospital or health system in Iowa will be able to participate in the program. ***Learn more about the AIM Program at: safehealthcareforeverywoman.org.***

The benefits of partnering with AIM include:

- ***Access to Patient Safety Bundles & Tools proven to save lives and reduce maternal morbidity.*** The most common complications associated with childbirth involve denial and delayed response from the healthcare team.
- ***Joining a growing community dedicated to maternal safety and quality.*** AIM connects teams through peer-to-peer support networks via facilitated conference calls, online platforms, and face-to-face meetings.
- ***Championing a culture of maternal safety in the U.S.*** Participation in AIM will build our capacity to track our progress and benchmark outcomes through a national data center, which will support rapid-cycle and continuous quality improvement efforts

Save the Date for the AIM Kick-Off Virtual Event!

January 28 & 29, 2021

You voted! Iowa's first AIM bundle as selected by survey of birthing hospitals will be **Safe Prevention of Primary Cesarean / Support of Vaginal Birth**

Next Steps:

- IMQCC staff AIM orientation
- Hospital engagement and enrollment

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SAFE PREVENTION OF THE FIRST C-SECTION

In 2011, one in three births in the U.S. was via Cesarean Section (CS)[1]. While CS can be life-saving for mother and baby in certain situations, recent increase in use has come without clear evidence of benefit. **Birth by CS is associated with greater rates of maternal morbidity** in multiple population studies. Wide institutional and provider-level variation in the rates of CS among nulliparous, term, singleton, vertex-presenting (NTSV or "low risk") pregnancies indicate that clinical practice patterns influence the number of CS births.

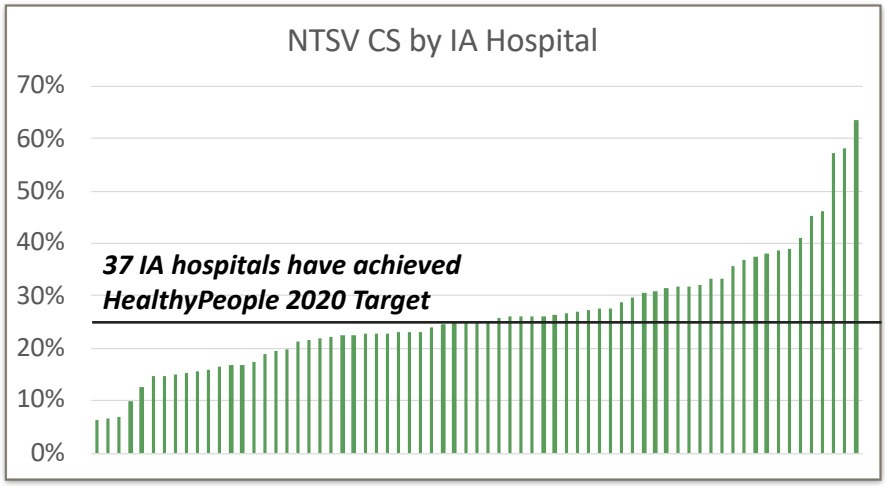
The World Health Organization (WHO) has considered 10-15% to be an ideal CS rate since 1985 and this was reaffirmed in the 2015 [2]. At the population level, CS rates above 10% are not associated with reduction in neonatal or maternal mortality.

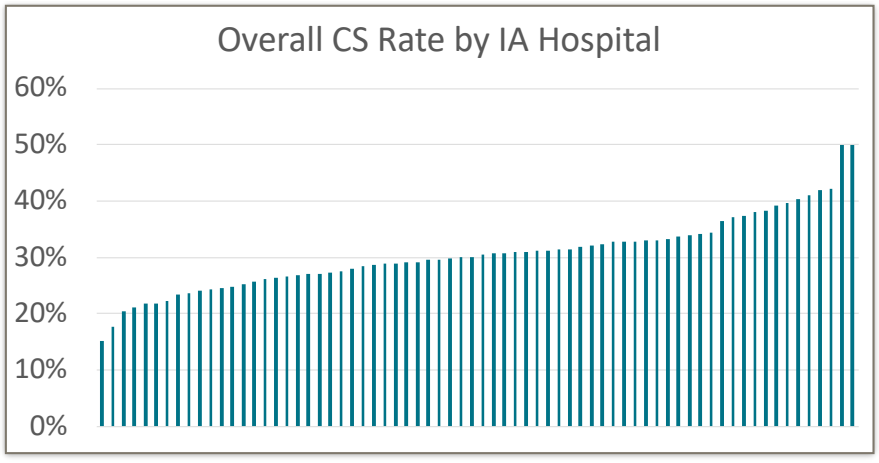
In the U.S., **HealthyPeople 2020 set a goal to reduce NTSV CS rates from 27.4% (2007) to 24.7% by 2020** [3]. The NTSV CS rate has also been adopted by The Joint Commission as a Core Measure for Perinatal Quality and the National Center for Health Statistics.

1. Safe prevention of the primary cesarean delivery. Obstetric Care Consensus No. 1. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:693–711.
2. WHO Statement on Caesarean section Rates. Department of Reproductive Health and Research, World Health Organization. 2015. Retrieved from: https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/
3. https://www.healthypeople.gov/node/4900/data_details

NSTV (Low Risk) CS Rates

- Arrest of labor and abnormal fetal heart rate (FHR) tracing together account for over half of the indications for primary CS.
- Use of **current definitions for labor arrest** and **standardized FHR interpretations** are key steps to safely reduce unnecessary CS.
- **Continuous labor support** by a nurse or doula is also shown to decrease rates of CS.





Overall CS Rates

- Following the first CS, the majority of subsequent births will also be by CS.
- Opportunity to deliver vaginally after a CS is limited in Iowa and only about **2.5% of births in Iowa are by VBAC.**
- Multiple CS places a woman at risk for **placenta accreta**, which is an increasing problem and cause of maternal death in Iowa.

Commitment to Community

IMQCC and the Community

The IMQCC is committed to partnership with patients, families, and the community in our work to improve maternal health outcomes in Iowa. We have recruited stakeholder advisors from Iowa chapters of the International Cesarean Awareness Network (ICAN), the Black Women's Maternal Health Collective, Postpartum Support International, Healthy Birth Day (Count the Kicks), and No Foot Too Small. Experience experts are involved in each of our committees and participate in guiding our initiatives.

HRSA Maternal Health Innovation Community Advisory Board (HRSA CAB)

- The IDPH-University of Iowa HRSA MHI team has recruited a Community Advisory Board (CAB) to weigh in on project initiatives.
- Community advisors will inform and assist our team to ensure projects meet the needs of our population and consider the patient perspectives.
- Participants were recruited via Social Media and through the Title V MCH clinics.
- Community advisors are fairly compensated for their time in service to our team.
- The first project for the CAB will be to advise qualitative researchers in development of a survey to better understand why pregnant and postpartum women may not have their seatbelt buckled. This project will be informative to future works of the IMQCC and IDPH around seatbelt safety.

Mark your calendar for the following events!

IMQCC Webinar:

Exploring Iowa's Maternal Morbidity & Mortality

October 15, 2020

12:00 - 1:00

University of Iowa OB/GYN Post-Graduate Virtual Conference:

The Challenge of Maternal Mortality

November 20, 2020

7:00AM - 5:00PM

Keynote by Dr. Elliott Main of the CMQCC

https://uiowa.cloud-cme.com/course/courseoverview?P=5&EID=35462

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