CARE FOR CONNECTICUT'S WOMEN AND CHILDREN BACKGROUND, PROGRESS AND FUTURE WORK

Medical Assistance Program Oversight Council
Women & Children's Health Committee
Monday, October 19
9:30 a.m. – 11:00 a.m.
- CPQC: Connecticut Perinatal Quality Collaborative
- AIM: Alliance for Innovation on Maternal Health
- MMRC: Maternal Mortality Review Committee
2010: Originally established as the Northern Regional Neonatal Collaborative in partnership with the March of Dimes

2014: CPQC was established with a grant from March of Dimes

2017: CPQC was established as a CHA collaborative by the Committee on Population Health and Board of Trustees
Chairpersons:
- Marilyn R. Sanders, MD, Attending Neonatologist at the Connecticut Children's and Professor of Pediatrics, University of Connecticut School of Medicine
- Chris Morosky, MD, Associate Professor of Obstetrics and Gynecology, University of Connecticut Health Center

179 committee members
Representative from all 24 birthing hospitals
Community partners and state agencies
Strongly connected to March of Dimes
CHAP has hosted meetings and conferences for CPQC since 2017

CHA provides support for communication and initiatives:
- Hi-MOM (Healthy Infants Mothers Own Milk)
- NAS and NASCENT (Neonatal Abstinence Syndrome Comprehensive Education and Needs Training) Eat, Sleep and Console
- INDEED (Improving kNowledge to Decrease Early Elective Deliveries)
Leadership: Naveed Hussain and Matthew Bizzarro
Engaged: 22/24 birthing hospitals
OB/Newborn and NICU
Toolkit developed
Technical assistance provided
Reduced the mean time of first milk expression from 14.08 hours to 9.77 hours
Results:

- 83% of providers would change their practice
- 84% of providers indicated there were risk management interventions that could be implemented in their practice
- 87.3% indicated that the information presented was useful
- 40 office practices trained 177 providers and staff
- 86% reported that they intended to use the information presented
EAT, SLEEP AND CONSOLE

- Based on a quality improvement project by Matthew Grossman, MD
- Toolkit was developed
- Demonstrated decreased length of stay
- Demonstrated decreased morphine dosage for opioid-exposed infants
2012 INDEED dropped EED (early elective deliveries) from 13% in 2012 to 1% at present

Prior to beginning the improvement work in Connecticut, of the 24 birthing hospitals:
- 10 had EED rates below the national average of EED
- 3 had EED rates that were at average
- 11 had EED rates that were above average with 5 hospitals with a rate more than double the state average
Every day in 2017, approximately 830 women worldwide die from preventable causes related to pregnancy and childbirth, most in under-resourced countries.

Between 1990 and 2015, maternal mortality worldwide dropped by about 38%.

In the US, pregnancy-related deaths occur in approximately 700 women a year: 1/3 before birth, 1/3 during perinatal period and 1/3 up to one year after.

Black and American Indian/Alaska Native women were about three times as likely to die from a pregnancy-related cause as white women.

1 https://www.who.int/news-room/fact-sheets/detail/maternal-mortality
2 https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html
U.S. PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS PER YEAR

*Note: Number of pregnancy-related deaths per 100,000 live births per year.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm#trends
Total cesarean deliveries by race: United States and Northeast, 2014-2016 Average

Percent of live births

<table>
<thead>
<tr>
<th>Race</th>
<th>United States</th>
<th>Northeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>37.3</td>
<td>32.1</td>
</tr>
<tr>
<td>Black</td>
<td>35.3</td>
<td>35.9</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>28.4</td>
<td>33.4</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>33.0</td>
<td>34.4</td>
</tr>
<tr>
<td>Total</td>
<td>32.1</td>
<td>33.0</td>
</tr>
</tbody>
</table>

https://www.marchofdimes.org/Peristats
U.S. PRE-TERM BIRTHS BY RACE/ETHNICITY

Percentage of live births in 2014-2016 (average) that are preterm

- **Asian/Pacific Islander**: 8.3%
- **White**: 8.4%
- **Hispanic**: 10.3%
- **Black**: 12.2%

Weekly touch-base calls began March 15, 2020

- Collaboration and support
- Best practice sharing
- Evaluation of evolving practices regarding management of childbirth admissions:
  - Visitation
  - Testing
  - Managing COVID-positive deliveries
  - Rooming-in with COVID positive moms
- Two mini conferences on June 30 and July 21
- Lessons from the Surge - Chris Pettker, MD
AIM is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S.

Goal is to eliminate preventable maternal mortality and severe morbidity across the United States.

AIM strategies
- Broad partnership
- Tools & technical assistance
- Implementation training
- Real-time data
- Build on existing initiatives
- Incremental bundle adoption
AIM REQUIREMENTS

- Data collection
- Conference kickoff
- Oversight Committee in place
- Maternal Mortality Review Committee (MMRC) in place
- Bundle adoption and implementation
- Attendance at AIM annual meeting next summer
AIM BUNDLES

- Maternal Mental Health: Depression and Anxiety
- Maternal Venous Thromboembolism (+AIM)
- Obstetric Care for Women with Opioid Use Disorder (+AIM)
- Obstetric Hemorrhage (+AIM)
- Postpartum Care Basics for Maternal Safety
  - From Birth to the Comprehensive Postpartum Visit (+AIM)
  - Transition from Maternity to Well-Woman Care (+AIM)
- Prevention of Retained Vaginal Sponges After Birth
- Reduction of Peripartum Racial/Ethnic Disparities (+AIM)
- Safe Reduction of Primary Cesarean Birth (+AIM)
- Severe Hypertension in Pregnancy (+AIM)
Donna Novella RN, MSN
Director of Patient Safety and Quality
Connecticut Hospital Association
Phone: 203.265.7216
E-mail: novella@chime.org