Thanks to our Funders

Conference Sponsors:

Supporters:
OB Breakout Session: We're in the Same Room Again! Harnessing QI Energy through our Togetherness

Thursday October 27th, 2:45-4:15 PM
OB Breakout Session Objectives

• Opportunity to focus on key strategies we will need to consider in the year ahead to move from systems change to clinical culture change and help all hospitals achieve initiative aims

• We will share applied QI examples, break down into small discussion groups and have a panel discussion with QI leaders with each section

Please speak up with questions, comments and your perspective! Raise your hand for a microphone.
OB Breakout Overview

• Birth Equity (BE)
• Promoting Vaginal Birth (PVB)
• Mothers and Newborns affected by Opioids (MNO)- OB
• Discussion of future initiatives

Speaker Panel:
• Ann Borders, MD, MSc, MPH
• Zsakeba Henderson, MD, FACOG
• Lisa Kane Low, PhD, CNM, FACNM, FAAN
• Susan Ford MSN, CPNC-PC
ILPQC Community Advisory Board, Aug 2022

- Tayo Bande – Chicago Birthworks
- Charity Bean – Doula Bean
- Amanda Henley – MCH Patient Advisor
- Cecilia Macias – MCH Patient Advisor
- Sandra Martell – Winnebago County Health Department
- Tamela Milan-Alexander – MCH Patient Advisor and EverThrive IL
- Erin Miller and Jennifer Graham – Family Connects Peoria County
- Karie Stewart – Certified Nurse Midwife U of I Health Services
- Erin Stout and Kim Glow – Peoria County Bright Futures
- Susan Waltrip – Springfield WIC Office
Birth Equity
BE Aim: By December 2023, ≥75% will have all key strategies in place

- Optimize race and ethnicity data collection and review stratified data
- Screen all patients for social determinants of health and link to needed services
- Engage patients and community members for input
- Implicit bias, respectful care training for providers, nurses, other staff
- Standardize postpartum safety education and schedule early postpartum visit
- Share respectful care practices and survey patients on their care experience
Biggest success so far in implementing the BE Initiative

• Implementing social determinants of health (SDoH) screening on labor and delivery

• Healthcare team education on implicit bias

• Implementing the PREM survey
Challenges hospital teams identified to work on 2023

• Implementing SDoH screening for all patients
• Linking patients who screen positive for SDoH to community resources / identification of local resources
• Encouraging all patients to complete PREM survey
• Healthcare team buy-in
Birth Equity strategies teams focused on in the past year

- Provide patient postpartum safety education: 90%
- Optimize race & ethnicity data collection: 90%
- Implement universal SDoH screen & link: 83%
- Implement education for providers & staff: 74%
- Sharing expected respectful care practices: 62%
- Implement PREM survey: 48%
- Engage patients & communities: 39%
BE Structure Measures Implementation: Putting Systems Into Place

BE Structure Measure Implementation

- 7 SM In Place
- 7 SM In Place/Working On it
- ≥5 In Place

Timeline:
- Baseline
- Aug-21
- Sep-21
- Oct-21
- Nov-21
- Dec-21
- Jan-22
- Feb-22
- Mar-22
- Apr-22
- May-22
- Jun-22
- Jul-22
- Aug-22

Percentage:
- 7% (Baseline)
- 10% (Aug-21)
- 15% (Sep-21)
- 20% (Oct-21)
- 25% (Nov-21)
- 30% (Dec-21)
- 35% (Jan-22)
- 40% (Feb-22)
- 45% (Mar-22)
- 50% (Apr-22)
- 55% (May-22)
- 60% (Jun-22)
- 68% (Jul-22)
- 58% (Aug-22)
BE priority strategies in 2023 moving to culture change

<table>
<thead>
<tr>
<th>Implicit bias education</th>
<th>• Grand Rounds • Laboring with Hope (thru 2/2023)</th>
<th>• Diversity Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDoH</td>
<td>• Screen on L&amp;D • Process flow for linking to resources</td>
<td></td>
</tr>
<tr>
<td>Respectful Care</td>
<td>• Hang poster • Sign off team</td>
<td>• Engage clinical team members in activating RCP</td>
</tr>
<tr>
<td>PREM</td>
<td>• Implement • Review</td>
<td>• Share • Act</td>
</tr>
<tr>
<td>Schedule 2-week postpartum visit</td>
<td>• Provider buy-in • Process flow • Data review</td>
<td></td>
</tr>
<tr>
<td>Engage patients and community</td>
<td>• Just get started • Get input • Keep listening</td>
<td></td>
</tr>
</tbody>
</table>
Hospital readiness to implement state mandated implicit bias training

2022 Teams Survey

- Prepared: 28%
- Somewhat Prepared: 58%
- Not at all Prepared: 4%
- I am not aware of Public Act 102-0004 or its requirements: 9%

Public Act 102-0004 requires implicit bias awareness training for health care professionals’ license or registration renewals beginning January 1, 2023.
Implicit Bias Education and Hospital Team Buy-In

• Work with ILPQC to schedule and host BE Grand Rounds

• Combine with screening of Laboring with Hope by 2/2023

• Integrate Diversity Science e-modules into hospital Learning Management System by 6/2023
Birth Equity videos or films teams are using for education and buy-in

- Laboring with Hope (free access with ILPQC through February 2023)
- Kira Johnson’s story
- Shalon Irving’s story
- Patient stories from Hear Her campaign
- Aftershock
- ABC News--Racial Disparity US: Pregnancy Deaths are Preventable
Percent of patients with SDOH Screening Documented on L&D, by hospital, Baseline vs August 2022

Baseline Q4 2020

August 2022

ILPQC Average

ILPQC Average
SDOH screening and linkage to resources

- Implement SDOH screening tool
- Identify local resources: tip sheets and FindHelp.org
- Evaluate process flow for linking patients who screen positive to resources
- Implement missed opportunity review for patients screened positive and not linked to resources
Regional Community Engagement Meetings (RCEMs) across Illinois

- 10 RCEMs February – July 2022
- 29 community member/patient panelists
- 66 (77%) of BE teams participated
- Contributed to the development of relationships between hospitals and local community stakeholders
- Nearly 250% increase in teams working on patient/community engagement from start

74% of teams reported RCEMs "Extremely Helpful / Very Helpful" On AC 2022 Survey
Strategies to continue engaging patient advisors and community members for input in QI work

- Develop a patient community advisory board
- Engage as member of your BE QI Team
- Plan a followup Community Engagement Meeting with your perinatal network
- Invite to share at hospital grand rounds, organize patient focus group, or host a Community Meeting

• Just get started  • Get input  • Keep listening
Respectful care buy-in key steps

- Post respectful care posters in clinical and patient areas
- Review and activate respectful care practices with clinical team
- Facilitate clinical team member sign-off on practices
- Share stratified PREM data
Active implementation of respectful care – where are we?

To date, 550 PREM surveys submitted across 32 of 34 hospitals reporting live with PREM Survey

61% of teams providing expected Respectful Care Practices to patients

Q3 2022 PREM Completion by Hospital

23%
Active implementation of respectful care – where do we need to be?

What are key steps to active implementation of respectful care?

Implement PREM

Increase % completion

Share data

Take Action
To increase respectful care

PREM Survey Data
100% patients reporting
Strategies to launch PREM

1. Build clinical team buy-in
2. Customize PREM QR code and handout
3. Determine who will present PREM to patients
4. Develop process flow for patient completion

Process Flow
Strategies to optimize PREM Survey completion among all patients

• Identify care team member to request patient completes the PREM survey before discharge

• Identify tools to ensure access to QR code
  • Patient handout for nurse to provide patient before discharge with why PREM and how to complete
  • Tents with QR code at patient bedside
  • Laminated flyer with QR code posted in postpartum room
  • QR code in discharge folder

• Monitor completion rates and Review aggregate survey results through ILPQC PREM Reports (in REDCap) and share feedback with clinical team to increase completion and increase respectful care practices
PREM Survey Patient Handout

NEW – Now available!

• Tool to help facilitate patient's awareness of the PREM survey and increase PREM survey completion

• Nurse provides handout to patient to create a point of contact for PREM survey questions and communication about completion

• Direct links to patient for all currently available languages

• Customize with your hospital ID and logo

The purpose of this PREM survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

• Your survey responses will be anonymous (your name is not linked to your answers) and the survey should only take you a few minutes to complete.

• Choose your preferred language and scan the QR Code below to complete the PREM Survey.

• Please complete the survey before discharge. Let your nurse know when it is completed or if you have any issues. If you do not have a phone or other device available to take the survey, let your nurse know.

We are committed to providing you safe and respectful care.

Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.

Supporting respectful care for all patients: The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Illinois to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high quality compassionate, and respectful care.
Teams’ strategies to share Respectful Care Practices

Clinical care team

• Poster with our respectful care practices at each nurses' station throughout the unit
• All staff educated on respectful care practices and how to speak to patients about them
• All staff read and sign respectful care strategy poster
• Shared respectful care practices and initial PREM Survey data results in nurses break room with food

Patients

• Posted in each patient room and provided to prenatal class attendees
• Given in the patient admission folders
Strategies to encourage patients to complete the PREM Survey before discharge

- Goal for the day on their white board
- Primary nurse discusses and follows up with patient
- Offer an electronic device to complete survey on if they do not have one
- Hang QR code in all postpartum rooms
- Place in every patient's admission folder
- Provider reminders throughout stay

2022 Teams Survey
Group Activity: 30-60-90 Day Plan for PREM Survey Implementation (at any phase)

- Goal: Identify strategies with your table to develop a 30-60-90 day plan for implementing the PREM survey and increase % of patients that complete it before discharge

- Identify where people at your table are with respect to moving PREM survey implementation forward at their hospital
  - Implement PREM survey on postpartum before discharge
  - Increase % of patients completing PREM survey
  - Share PREM data back with clinical team members
  - Take action to increase respectful care FOR ALL to reduce disparities
Group Activity: 30-60-90 Day Plan for PREM Survey Implementation (at any phase)

- **Step 1: Split your table in two groups** (10 minutes for Step 1 and Step 2)
  
  **Group 1 work on** steps needed to implement the PREM survey for postpartum patients and increase % patient completion before delivery discharge

  **Group 2 work on** steps needed for reviewing and regularly sharing PREM reports with the clinical team to develop buy-in and actions needed to optimize respectful care for all patients

- **Step 2: Pull out your 30-60-90 day plan** from your folder and fill it out during your discussion and find worksheet with discussion questions on your table on back of the PREM patient hand out

- **Step 3: Come back to table and share** 30-60-90 day plan and strategies discussed with other group (5 minutes)
Birth Equity Panel Discussion

Panelists:

• Zsakeba Henderson, MD, FACOG
• Lisa Kane Low, PhD, CNM, FACNM, FAAN
• Susan Ford, MSN, CPNC-PC

Questions:

• How do we help teams achieve these initiative aims in 2023?
• What QI strategies could be most effective to drive culture change?
• Ideas to share from Table Discussions regarding PREM implementation?
Promoting Vaginal Birth

Moving from systems change to culture change to achieve success
PVB Aims and Measures

AIM

≥70% of hospitals will be at or below the Healthy People goal of 23.6% NTSV C-Section Rate

Measure

≥80% of NTSV C-sections meet ACOG/SMFM criteria for cesarean

Measure

≥80% of physicians, midwives, and nurses educated
Most Utilized PVB Strategies

2022 Teams Survey

- Identification of NTSV patients: 86%
- Cesarean Decision Checklist: 75%
- Cesarean Decision Huddles/Debriefs: 66%
- Individual Fallout Review of NTSV C-Sections That Did Not Meet ACOG/SMFM Criteria: 59%
- Sharing Unblinded Provider-Level NTSV C-Section Rates: 59%
- Recognition for successful NTSV C-Sections for providers and/or nurses: 48%

Percent of Hospitals Using

Illinois Perinatal Quality Collaborative
PVB Strategies Reported By Teams

Big focus on nursing education

Acknowledging nurses each month with the most NTSV deliveries

Labor support cards illustrating positioning and purpose

Sharing blinded data with the department and providers

Newsletter with position of the month and success stories

Sharing unblinded provider group-level C-section rates

Use of AgileMD Pathways in the EMR for labor management and delivery decision huddles

All nurses and some physicians have attended Spinning Babies and some are additionally completing the Bundle Birth education
NTSV C-Section Rate PVB Hospitals baseline to Q3 2022

Goal: 70% of hospitals achieving NTSV C-Section Rate Goal

55% of ILPQC Hospitals achieving NTSV C-Section Rate goal of <23.6%

All ILPQC NTSV C-Section Rate Meeting Goal!!
Addressing disparities:
NTSV C-Section Rate by Race and Ethnicity

NTSV C-Section Rate by Race and Ethnicity
Black vs White

Goal: 23.6%

Making some progress to reduce NTSV c/s disparity gap, can we sustain the gains?

71% of teams are tracking NTSV C-section rate by race, ethnicity and insurance status

ILPQC Data System Reports Available
Meeting ACOG/SMFM Criteria by stage of labor

- **2022 Success**
  - Second Stage Arrest: increase from 35% → 65%
  - Active Stage Arrest: increase from 69% → 81% (Goal >80%)

- **2023 Opportunities for Improvement**:
  - Failed Induction: only 45% of C-Sections meeting criteria
Improving % of NTSV C-sections meeting ACOG/SMFM Criteria

2022 Teams Survey

Strategies Utilized:

- Standards laminated at desk
- Checklist on each patient chart
- Sharing data at quality meetings
- Labor positioning training
- Huddles
- Reviewing fallouts

Biggest Challenges:

- Allowing time
- Changing culture regarding longer duration of pushing
- Provider buy-in
- Nurse burnout
- Legal worries for delaying delivery
PVB Key Strategies for Culture Change

- Clinical Team Education and Buy-in
- Sharing Unblinded Provider-level NTSV C-Section Rates
- Cesarean Decision Huddles and Checklist
- Educating patients and shared decision making
- Labor Management Support
- Fallout Reviews of cases not meeting ACOG/SMFM Criteria
Sharing Un-blinded Provider-Level NTSV C-Section Rates

What was your process for sharing data?

- Monthly OB provider
- Department meetings
- Email to providers
- Women and Children Service Line Meetings
- Unblinded data posted in provider lounge
- Reviewed at quarterly meetings
- Yearly letter to providers
- Perinatal committee meetings

Are you sharing provider level NTSV C Section Rates with providers at your hospital?

- Yes, unblinded: 49%
- Yes, blinded, but we are transitioning to unblinded: 14%
- Yes, blinded: 23%
- No: 14%
Sharing Un-blinded Provider Level NTSV C-Section Rates

<table>
<thead>
<tr>
<th>Tips to get started with sharing <strong>un-blinded</strong> data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve your PVB Provider Champion</td>
</tr>
<tr>
<td>Explain the “why” to providers and staff</td>
</tr>
<tr>
<td>Create a process and space to share provider-level data</td>
</tr>
<tr>
<td>Implement and communicate timeline</td>
</tr>
</tbody>
</table>
Key Resources and strategies for Sharing Provider-Level Data

CMQCC Guidance for Understanding and Unblinding Provider-Level NTSV Cesarean Rates

Step by Step Guidance and timeline to un-blinding data

Common Considerations and barriers to sharing un-blinded data

Troubleshooting and FAQs
Key Resources and Strategies for Provider and Nurse Education + Buy In

- **REDCap**
  - ILPQC PVB Dashboard

- **Missed Opportunity Review**
  - Review fallouts and debrief cases
  - Present successful NTSV vaginal deliveries

- **Provider Education Posters**
  - Hang education posters
  - Email pdf versions to providers and nurses

- **Labor Management E-modules**
  - Send out an email with a different video each week
  - Set up labor management skills day

- **PVB Grand Rounds**
  - Schedule a PVB Grand rounds
  - Include learners (Residents, fellows, etc.)
2022 Teams Survey

How have you incorporated skills and key content into your unit?

- Attended and incorporated spinning babies
- Labor support cards/handouts in patient rooms and shared in prenatal classes
- Comfort measures flowsheet built into EMR
- Peanut balls and new labor beds
- New position on bulletin board each week
- Unit created TikTok videos
- Incorporated into education materials
Consistent use of the Cesarean Decision Checklist and Huddles

Standard process to use the Cesarean Decision Checklist for every potential C-section

- Availability of checklist in patient's labor room or in EMR
- Standardization of who initiates the huddle and use of checklist
- Documentation of use of checklist

Standard process to perform Delivery Decision Huddles/Debriefs for every potential C-section

- Huddle performed with physician, nurse, any other care team members, and the patient to discuss potential C-section decision
- Use of checklist in huddle initiated by charge or bedside nurse
Cesarean Decision Checklist

Most Helpful:

- Better interdisciplinary communication between nurses and providers
- All staff on same page
- Consistent evidence-based decision making
- Bringing awareness to newer RNs of the length of labor and keeping providers aware of interventions

Implementation Challenges:

- Compliance with utilization
- Physician Buy-In
- Nurses not wanting to question providers’ decision making
- Consistent completion
- Medical legal concerns
Key Resources and Strategies for Checklists and Decision Huddles

- Integrate the checklist into your EMR
- Include checklist with admission packet to L&D
- Empower nurses to initiate use of checklist and huddles as a communication tool
- Require documentation of use of checklist
- Meet with providers who are resistant to use of checklist to better understand their concerns
Fallout Review of NTSV C-Section Cases Not Meeting ACOG/SMFM Criteria

- Identify cases not compliant with ACOG/SMFM guidelines in the PVB dashboard
- Review chart and identify which ACOG/SMFM guidelines were not met
- Utilize new Fallout Review Form to understand additional details of case
- Provide feedback to clinical team that performed C-Section
- Identify patterns among C-Sections not meeting criteria and areas to work on
Key ILPQC Resource for Fallout Review NTSV C-Section Cases Not Meeting ACOG/SMFM Criteria

- ILPQC has created a Fallout Review form to review NTSV C-Section Cases that do not meet ACOG/SMFM Criteria
PVB Small Group Scenario by Table

- At your table you will find the following items:
  - PVB Breakout Session Cases
  - PVB Fallout Review Form
  - PVB Items in Folder: Decision Checklist and Provider Education Posters

1. Review the NTSV C-Section Case scenario *(10 minutes for Steps 1-3)*

2. Complete the Fallout Review Form as a table, determine whether ACOG/SMFM criteria was met for the chosen indication

3. Identify any opportunities for improvement

4. Assign roles at your table: QI Champions and clinical team (Nurse and Provider)

5. Role play debriefing the case and providing feedback on any missed opportunities, those without assigned roles identify strategies to improve provider buy-in *(5 min)*
PVB Small Group: Scenario 1

- **6:00 AM**
  - G1 P0 patient came in for a scheduled elective induction at 39.0 weeks gestation with a Bishop Score of 4. Cervical Ripening Balloon (CRIB) placed and 25 mcg Miso placed vaginally

- **9:00 AM**
  - CRIB comes out when patient gets up to go to the bathroom. Exam performed and SVE: 4cm, 80, -1. Pitocin started per MD order.

- **10:00 AM**
  - AROM done, clear fluid

- **2:00 PM**
  - Cervix still 4 cm dilated, irregular contractions

- **4:00 PM**
  - Nurse checks on patient and continues to increase pit per protocol and turns patient from side to side, patient comfortable and not feeling contractions

- **5:30 PM**
  - Cervix still 4 cm dilated
  - Nurse calls physician to inform them patient has not progressed, provider instructs her to try peanut ball
  - Nurse places peanut ball between patients legs while she lays on her side

- **6:15 PM**
  - Physician examines patient and determines she is still 4 cm dilated and having irregular contractions
  - Physician and nurse discuss in the hallway that it might be time for C-section for Failed Induction
  - Nurse begins to prep for C-Section while physician tells patient that a C-section is recommended because they have been trying all day and they have not been able to get her into labor. The physician shares that waiting won’t likely make a difference and will just be putting off the C-section. The patient responds that she wants to do what the doctor recommends.
  - C-section performed for indication: failed induction
PVB Small Group: Scenario 2

- **9:00 AM**
  - G1 P0 patient comes into triage and is 6 cm dilated with regular contractions, after rupture of membranes at 6:00 AM
- **10:00 AM**
  - Patient gets epidural
- **1:00 PM**
  - Patient SVE 8 CM, 90% effaced, -1 Station
- **4:00 PM**
  - Patient completely dilated and starts pushing with nurse
- **5:30 PM**
  - OB comes to check on pushing progress and determines little progress has been made. Encourages nurse to try different pushing positions. Nurse calls charge nurse to help her with alternate pushing position
- **6:00 PM**
  - Physician returns and notes that different pushing position has been tried and some progress has been made but not ready to deliver. Starts discussing possibility of C-Section with patient. Patient expresses that she remains motivated for a vaginal delivery.
  - Nurse pulls out Cesarean Decision checklist and discusses with physician that ACOG/SMFM Criteria calls for 3 hours of pushing (consider 4 with epidural if progress is being made). Physician responds that the patient is getting tired, that 2 hours is usually long enough to tell if someone is going to deliver vaginally and she may need a C-section
  - Physician discusses with patient that she has already pushed for 2 hours, she is getting tired therefore additional pushing will probably not make a difference and they recommend a cesarean delivery
- **6:30 PM**
  - C-Section performed for indication: arrest in the second stage.
PVB Panel Discussion

Panelists:

• Zsakeba Henderson, MD, FACOG
• Lisa Kane Low, PhD, CNM, FACNM, FAAN
• Susan Ford, MSN, CPNC-PC

Questions:

• How do we best help teams get across the finish line to achieve initiative aims in 2023?
• What QI strategies could be most effective to drive culture change?
• Share ideas for fall out review, providing feedback or improving provider buy-in from Table Discussions?
Mothers and Newborns affected by Opioids - OB

Sustainability strategies for the next year
Sustainability strategies to facilitate optimal care for all pregnant & postpartum patients with OUD

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUD Order Set</td>
<td>34%</td>
</tr>
<tr>
<td>Prenatal Care Plan Conferences for patients with OUD</td>
<td>43%</td>
</tr>
<tr>
<td>Review of OUD cases for fallouts for optimal OUD care</td>
<td>60%</td>
</tr>
<tr>
<td>L&amp;D team huddles for patients with OUD</td>
<td>63%</td>
</tr>
<tr>
<td>OUD SBIRT Clinical Algorithm for L&amp;D</td>
<td>66%</td>
</tr>
<tr>
<td>OUD Clinical Care Checklist</td>
<td>74%</td>
</tr>
<tr>
<td>OUD L&amp;D/Postpartum Nursing Workflow</td>
<td>77%</td>
</tr>
<tr>
<td>MNO-OB Folders</td>
<td>83%</td>
</tr>
</tbody>
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2022 Teams Survey
Strategies implemented to assist the OB clinical team in providing Narcan counseling strategies and prescription offers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point-of-care Narcan kits available to provide before discharge (e.g., DHS Drug Overdose)</td>
<td>23%</td>
</tr>
<tr>
<td>Med to bed prescription</td>
<td>37%</td>
</tr>
<tr>
<td>Review of OUD cases for Narcan counseling fallbacks</td>
<td>43%</td>
</tr>
<tr>
<td>Provider education campaign materials (e.g., Save a Life Poster)</td>
<td>57%</td>
</tr>
<tr>
<td>Patient education materials provided (e.g., Narcan Quick Guide)</td>
<td>71%</td>
</tr>
<tr>
<td>OUD Clinical Care Checklist</td>
<td>74%</td>
</tr>
<tr>
<td>MNO-OB Folders</td>
<td>74%</td>
</tr>
</tbody>
</table>

Don’t miss out: Only 17% of teams have signed up to participate in DHS Drug Overdose Prevention Program!
Key resources teams are using to connect patients with OUD to MAT and RTS prenatally or by delivery discharge

46% ILLINOIS HELPLINE
for Opioids & Other Substances

Help navigate OUD patients to treatment and recovery services 24/7

49% Illinois DocAssist

Answering primary care behavioral health questions about children, adolescents, and perinatal patients

Warmline for free perinatal substance use technical/clinical support for providers caring for OUD patients
DHS/SUPR Drug Overdose Prevention Program (DOPP):

• Your hospital can apply now to receive free Narkan kits to hand out on L&D and ERs

• Hospitals can send general inquiries, e-mail: DHS.DOPP.Coordinator@Illinois.gov

• NEVER has there been an easier way to get patients Narcan kits before delivery discharge... and for free!
OUD Helpline Communication Campaign for OB & ED Units

Provider poster for OB & ED Units

**Recovery is possible.**

Overdose is a leading cause of death in pregnant women, and there’s no better time than pregnancy for a woman to begin treatment for opioid use disorder.

Medication-assisted recovery (MAR) is an evidence-based treatment proven to improve outcomes, decrease the risk of relapse, and reduce maternal death. And it’s perfectly safe for a pregnant woman and her unborn child.

To help your patient find the recovery, treatment, and services that she needs, connect with the IL Helpline.

Call 833-234-6343
Text 833234
Visit HelplineIL.org

Wallet Card for OB & ED Patients

Recovery is possible.

Pregnancy and post-delivery is an ideal time to connect to treatment and recovery services.

Call 833-234-6343
Text 833234
Visit HelplineIL.org

Magnet for OB & ED Units

Recovery is possible.

Find treatment, recovery, and other services for pregnant and post-partum women.

Call 833-234-6343 Text 833234
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Recovery is possible.

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Text 833234
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MAR NOW launched May 9, 2022 as Chicago Pilot

Program provides low-barrier, rapid access to buprenorphine, methadone, and naltrexone to all callers regardless of insurance status, income, ability to pay, documentation status within 48 hours of first call.

**Individual calls existing 24/7 IL Helpline**

**6am-10pm**
Connected to Care Manager & Provider

**10pm-6am**
Leave message, receive callback next day from Care Manager

**833-234-6343**

**Patient Options:**
1. Buprenorphine home induction
2. Same or next-day MAR appointment at FGC (methadone, buprenorphine, naltrexone)
3. Connection to other SUD care in the community (withdrawal management, residential treatment)

Care Managers provide free transportation, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care.
Angel's Story

- NEW ILPQC provider education video
- An inspiring patient story that touches on the importance of SBIRT, reducing stigma and providing Narcan to all at-risk patients
- Find this video on our youtube channel or ilpqc.org
Discussion of Future ILPQC Initiatives

10th Annual Conference
October 27, 2022
Potential Future Initiatives for 2024-2025

- Maternal Mental Health
- Cardiovascular Health
- Improving Access to Postpartum
### Future Initiative

<table>
<thead>
<tr>
<th>Future Initiative</th>
<th>% of support from OB Teams Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reducing Primary C-Section</td>
<td>62.5%</td>
</tr>
<tr>
<td>2. Maternal Mental Health</td>
<td>56.3%</td>
</tr>
<tr>
<td>3. Postpartum Care Basics for Maternal Safety</td>
<td>43.8%</td>
</tr>
<tr>
<td>4. Support after a Severe Maternal Event</td>
<td>40%</td>
</tr>
<tr>
<td>5. Reducing Racial/Ethnic Disparities</td>
<td>31.3%</td>
</tr>
<tr>
<td>6. Supporting/Promoting Breastfeeding</td>
<td>27.5%</td>
</tr>
<tr>
<td>7. Maternal VTE</td>
<td>26.3%</td>
</tr>
<tr>
<td>8. Obstetric Hemorrhage 2.0</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

**2018 OB Teams Survey Results**

(84 teams)

### Future Initiative

<table>
<thead>
<tr>
<th>Future Initiative</th>
<th>% of interest from OB Teams Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal Cardiac Conditions</td>
<td>65%</td>
</tr>
<tr>
<td>2. Maternal Mental Health</td>
<td>59%</td>
</tr>
<tr>
<td>3. Postpartum Discharge Transitions</td>
<td>41%</td>
</tr>
<tr>
<td>4. Shared Decision-Making</td>
<td>29%</td>
</tr>
</tbody>
</table>

**2022 OB Teams Survey Results**

(56 teams)
Figure 14: Underlying Cause of Death for Pregnancy-Related Deaths, Illinois 2015

Table 1. Top Four Underlying Cause of Death Categories for Pregnancy-Related Deaths, Illinois 2016-2017

<table>
<thead>
<tr>
<th>Cause of Death Category</th>
<th>Number of Pregnancy-Related Deaths</th>
<th>Percent of Pregnancy-Related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Conditions*</td>
<td>24</td>
<td>40%</td>
</tr>
<tr>
<td>Pre-existing Chronic Medical Condition**</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Hypertensive Disorders of Pregnancy</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>All Other Causes Combined***</td>
<td>21</td>
<td>35%</td>
</tr>
</tbody>
</table>

* Includes deaths due to depression, schizophrenia, and substance use disorder.

** These deaths were related to health conditions that women were known to have prior to pregnancy, including: lupus, sickle cell disease, and end-stage renal disease. These deaths are included as “non-cardiovascular deaths” by the CDC PMSS.

*** Each of the other cause of death categories accounted for fewer than five deaths during the two-year period and are not able to be reported individually.

Cardiomyopathy and other cardiovascular conditions included in all other causes combined (4 or less cases)
Mental Health

Aligns well with MMRC data as leading cause of maternal death in Illinois and increased challenge during pandemic.
Cardiovascular Health

AIM PATIENT SAFETY BUNDLES
AIM develops multidisciplinary, clinical-condition specific patient safety bundles to support best

Cardiac Conditions in Obstetrical Care

Other states have resources

CMQCC
California Maternal Quality Care Collaborative

Cardiovascular Disease Toolkit

National data on racial disparities in maternal cardiac conditions, an important cause of maternal death
Timing of Future OB Initiatives

- Continue support for teams still trying to get across the finish line to complete Key Strategies for PVB/BE through 2023
- PVB and BE goal to move into sustainability with some continued support after January 2024
- Additional input from hospital teams, community advisory board, leadership team, stakeholders on options for future initiative
- Goal to launch new OB initiative in 2024
SAVE the DATES

2023 OB & Neonatal Face-to-Face Meetings

Calling ALL Perinatal Leaders, Providers, Nurses, Advocates, and Friends!

Join us for an interactive day of collaborative learning with all the ILPQC initiative!

OB Teams:
May 24th 2023

Neonatal Teams:
May 25th 2023

More Information Coming Soon!

President Abraham Lincoln
Doubletree Hotel
Springfield, IL

ILPQC 11th Annual Conference Thursday, November 2, 2023