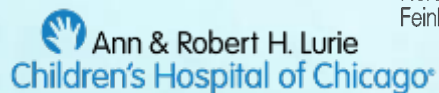


Thanks to our Funders



In kind support:



Illinois Perinatal Quality Collaborative

2021 Virtual OB Face to Face Meeting



Disclosures

Course Director- nothing to disclose

- Patricia Lee King, PhD

Planning Committee Members & Speakers – nothing to disclose

- | | |
|----------------------------|--------------------------------------|
| • Amanda Bennett, PhD, MPH | • Cecilia Lopez, MSN |
| • Ann E B Borders, MD | • Audra Meadows, MD, MPH |
| • Leslie A Caldarelli, MD | • Deborah Miller, MPH, BSN, RN, CPHQ |
| • Joseph Cantey, MD, MPH | • Xiaver Pombar, MD |
| • Peggy Cowling, APN, | • Shawn O'Connor, MD |
| • Mary Jarvis, BSN | • LaToshia Rouse, CD (DONA) |
| • Ieshia Johnson, MPH | • Karie Stewart, CNM |
| • Sherry Jones, MD | • Ellie Suse, MSN |
| • Justin Josephsen, MD | • C. Susie Swain, BSN, RNC, C-EFM |
| • Russell Kirby, PhD | • Dan Weiss, MPH |

Planning Committee Member- disclosure reported

- Joseph R Hageman, MD discloses contracted role with Owlet.

Panelists- provide implementation examples, not clinical guidance, and are therefore not required to disclose financial relationships

- Danielle Wittig BSN, RN
- Keri Schubert, BSN, RNC-MNN
- Linda Anderson, MD FACOG, MD
- Jennifer Malnati, MSN, C-EFM, RNC-OB
- Stephen Locher, MD, FACOG
- Lily J. Lou, MD, FAAP
- Jean Powlesland, MS, RNC-NNICU
- Sarah Davey, MS, LPC, CRC
- DeeJo Miller
- Shelia Sanders

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Email to follow at the conclusion of the neonatal meeting

In order to obtain your *AMA PRA Category 1 Credit(s)*™, at the completion of this activity please follow these steps:

1. Sign in to Northwestern University Feinberg School of Medicine's Office of CME website: www.cme.northwestern.edu **using the email and password used to register for this activity.**
2. After logging into Cloud CME, go to My CME and click on Evaluations & Certificates. You will see the activity **ILPQC OB & Neonatal Face-to-Face Meeting** listed. Click on "Complete Evaluation."
3. Once you complete the evaluation form, your certificate will auto-generate. Please print a copy for your records. A copy of your credits will be saved on your transcript that can be found under "My CME" then click "Transcript."
4. For additional questions or assistance, please email cme@northwestern.edu

Learning Objectives

- Define strategies to engage Obstetric /Neonatal providers and staff to optimize care and improve outcomes for mothers and newborns through the implementation of quality improvement initiatives.
- List key strategies for one or more of the following quality improvement initiatives: Promoting Vaginal Birth, Birth Equity and/or Babies Antibiotic Stewardship Improvement Collaborative.

Schedule

8:30-9:00am	Welcome & Overview; Working Together in 2021: Celebrating MNO sustainability and current PVB work and Launching Birth Equity Initiative Ann Borders, MD, MSc, MPH	11:20- 11:50am	Team QI Awards
9:00-9:45am	The PNQIN Birth Equity Journey: Co-Creating Culture & Strategy for Racial Equity in Maternal Care Audra Meadows, MD, MPH	11:50-1:00pm	Virtual Storyboard Review & Lunch
9:45-10:05am	Maternal Mortality in Illinois: Key Findings and Recommendations for Prevention Amanda Bennett, PhD, MPH	1:00-1:35pm	Breakout Session 1: Small Group Key Topic Discussions on Implementation Strategies <ul style="list-style-type: none"> MNO-OB: Strategies for Attaining and Sustaining Optimal OUD Care PVB: Making Progress on Key Strategies BE: Getting Started
10:05 -10:15am	Break	1:35-1:45pm	Break
10:15 -10:50am	PVB Hospital Team Panel: Sharing Strategies for Success PVB teams to collaboratively share strategies	1:45-2:20pm	Breakout Session 2: Small Group Key Topic Discussions on Implementation Strategies (See above)
10:50 -11:20am	Unpacking the Birth Equity: Starting our journey Ann Borders, MD, MSc, MPH Patricia Lee King, PhD, MSW	2:20- 2:30pm	Break
		2:30-3:15pm	Engaging patients and community in QI work LaToshia Rouse, CD (DONA)
		3:15-3:30pm	Wrap up and Next Steps for 2021 Ann Borders, MD, MSc, MPH

Navigating the Virtual Meeting

ILPQC OB Face to Face Webpage

- The ILPQC OB Face-to-Face Website is your home-base for all the information you should need! Here you will find:
 - Main Zoom link
 - Breakout session Zoom links
 - Help Desk Zoom link
 - Participant e-folder
 - CME information
 - Storyboards



Participant E-Folder

PVB

- ACOG/SMFM cesarean decision checklist
- PVB Online toolkit link
- PVB One-pager

Birth Equity:

- BE Online toolkit
- BE One-pager

Great
e-resources
for your
team

MNO:

- Sustainability plan
- MNO-OB Online toolkit
- MNO-OB One-pager

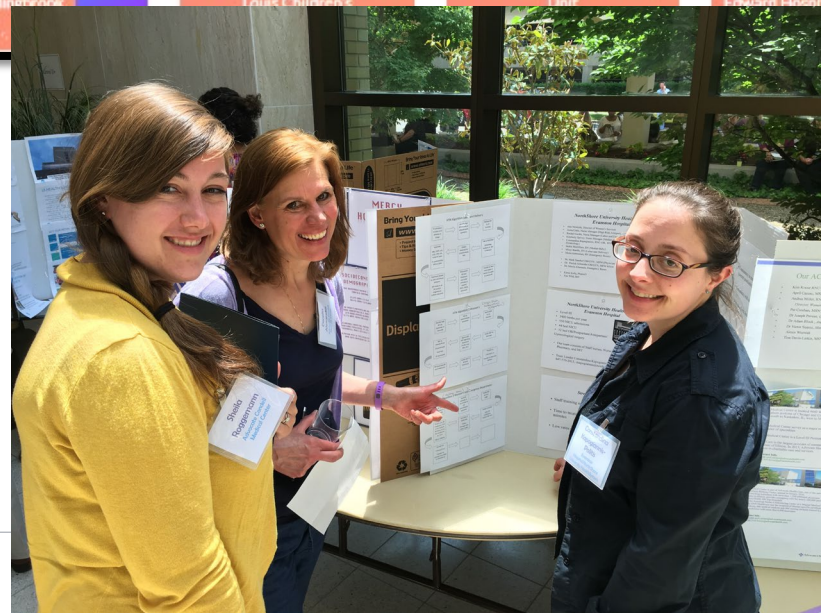
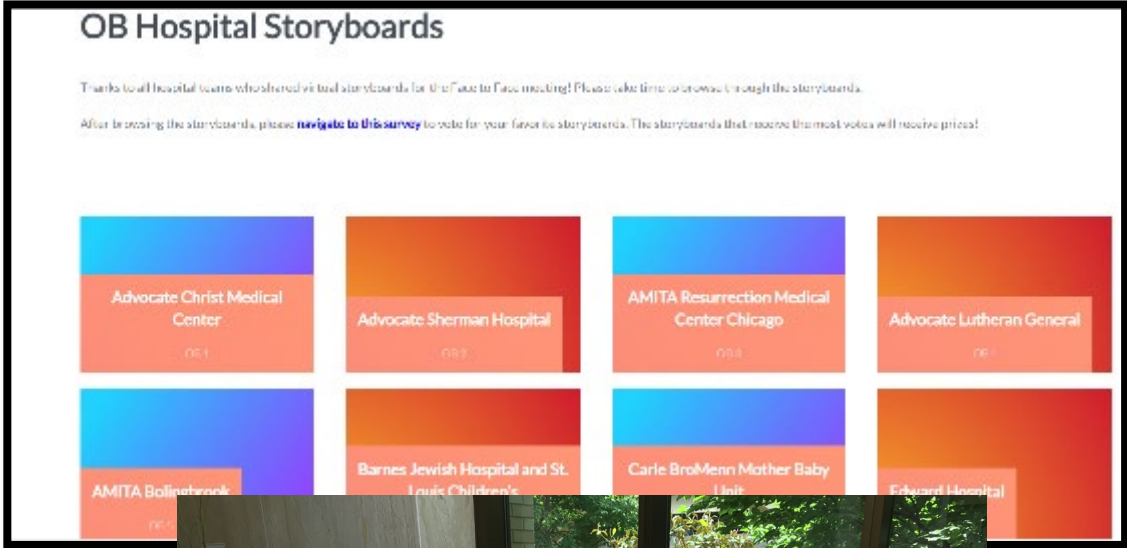
Storyboards

- Steal Shamelessly OB Worksheet or online link



OB Storyboards: learn and share

- Make sure you take the time to check out the virtual storyboards
- Hospital teams share their QI progress from this year
- Storyboards can be found on the Face to Face Home page
- Storyboard Lunch session
 - 11:50-1:00pm
- Review the storyboards, submit the review form, be entered into the RAFFLE to win 1 of 3 \$50 Amazon gift cards at the end of the day!



Breakout Sessions:

- Breakout sessions are all about a great discussion, please pick 2 sessions to attend and be ready to share (on video please!)
- 3 options:
 - MNO- B: Strategies for attaining and sustaining optimal OUD care
 - PVB: Making progress on key strategies
 - Birth Equity: Getting started
- When?
 - **Session #1:** 1:00pm - 1:35pm
 - **Session #2:** 1:45pm - 2:20pm



ILPQC Central Team

Ann Borders: ILPQC Executive Director, OB Lead



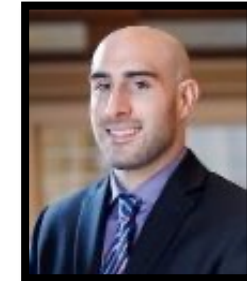
Leslie Caldarelli & Justin Josephsen: Neonatal Leads



Patricia Lee King: State Project Director, Quality Lead



Daniel Weiss & Autumn Perrault: Project Manager,
Nurse Quality Manager



Kalyan Juvvadi: Data System Developer



Ieshia Johnson & Ellie Suse: Project Coordinators



Welcome address

Congresswoman Lauren Underwood

Serves Illinois' 14th Congressional District in the U.S. House of Representatives



Working Together in 2021

Celebrating MNO sustainability, PVB progress and launching Birth Equity Initiative

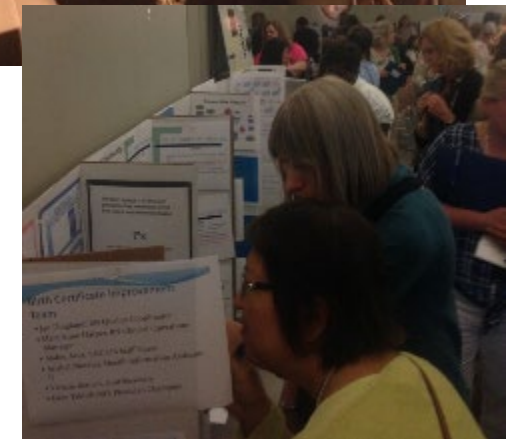


Overview

- Remembering our journey: coming together to share and learn
- Mothers and Newborns affected by Opioids (MNO-OB)
 - Celebrating teams hard work and commitment to sustain optimal OUD care in 2021
- Promoting Vaginal Birth
 - Teams are digging in and making progress
- Birth Equity Initiative
 - Getting ready to start this important journey together
- Goals for Today

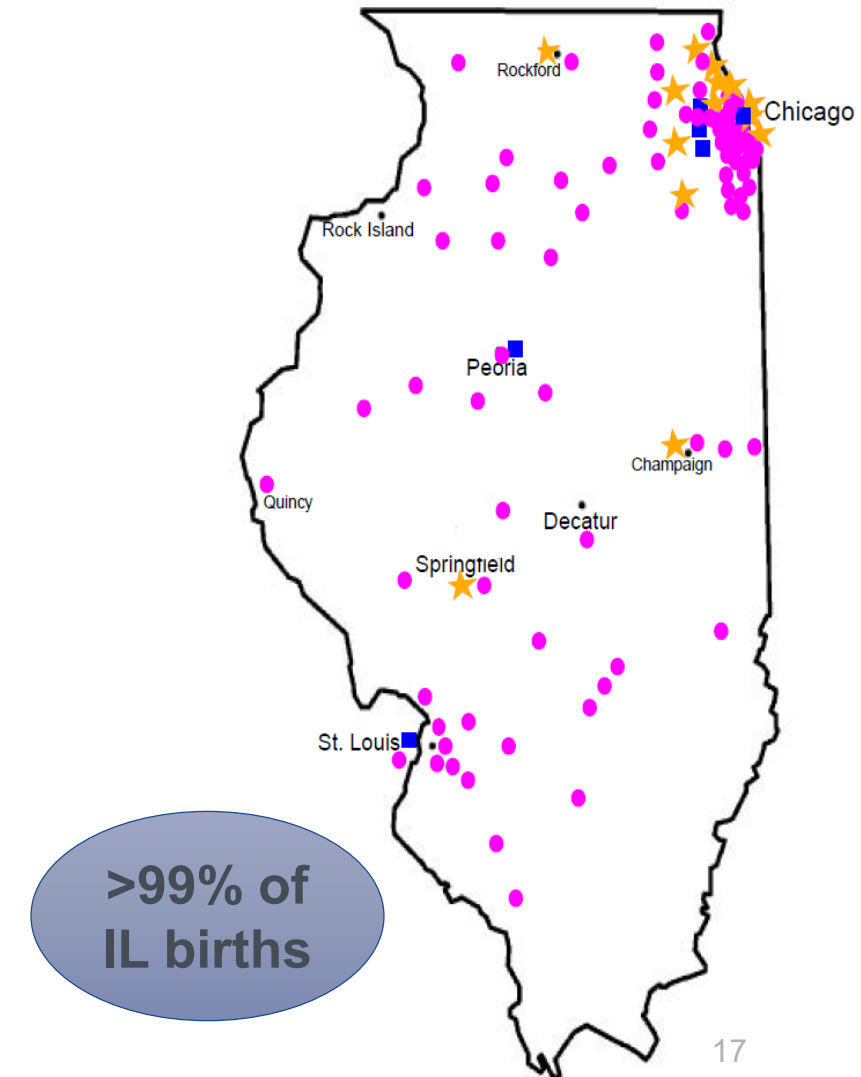
We have come a long way..

- Our first Face-to-Face was held 2015 in Springfield, IL
- This year has tested us all
- But our goal remains the same...
 - Providing opportunities for teams to come together to share and learn from one another.



Celebrating our work together

- We have grown into a collaborative of providers, nurses, patients, stakeholders, and public health leaders making a difference for IL moms and newborns
- Today we will focus on sharing and learning from each other as we continue to move ahead together:
 - MNO - OB: Strategies for attaining and sustaining optimal OUD care
 - PVB: Making progress on key strategies
 - Birth Equity: Getting started

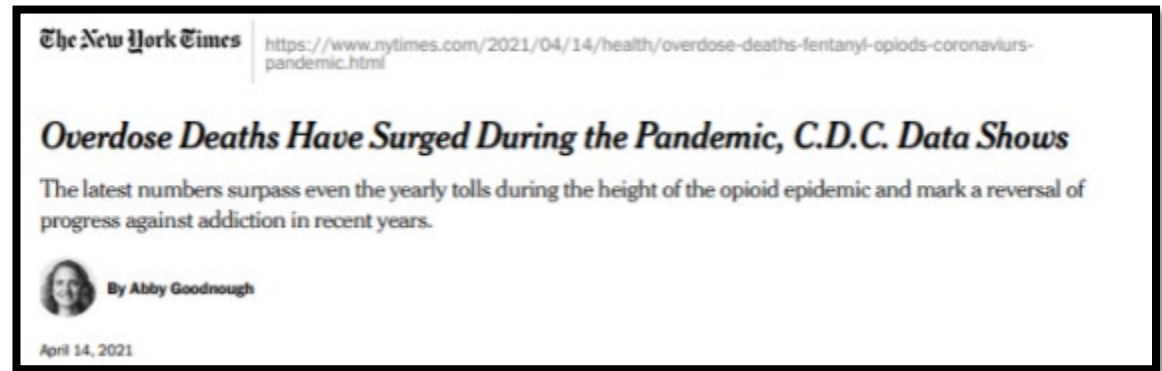
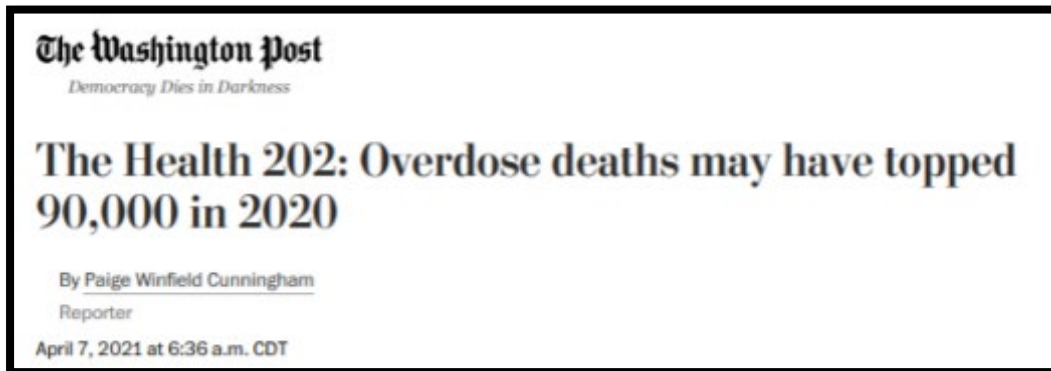


Mothers and Newborns affected by Opioids (MNO-OB)

Strategies to sustain optimal OUD care in 2021

The Opioid Epidemic – National Impact

Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the **highest number of overdose deaths ever recorded in a 12-month period**, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).

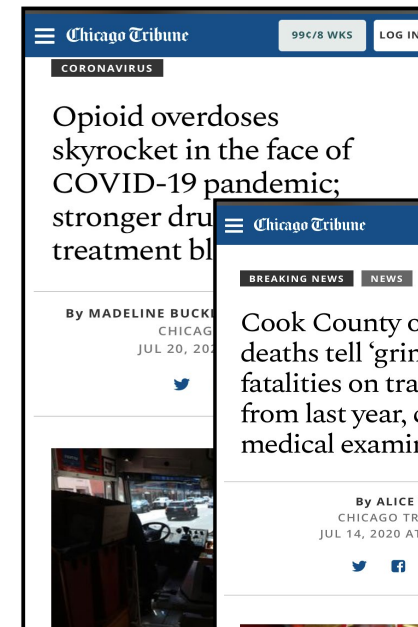
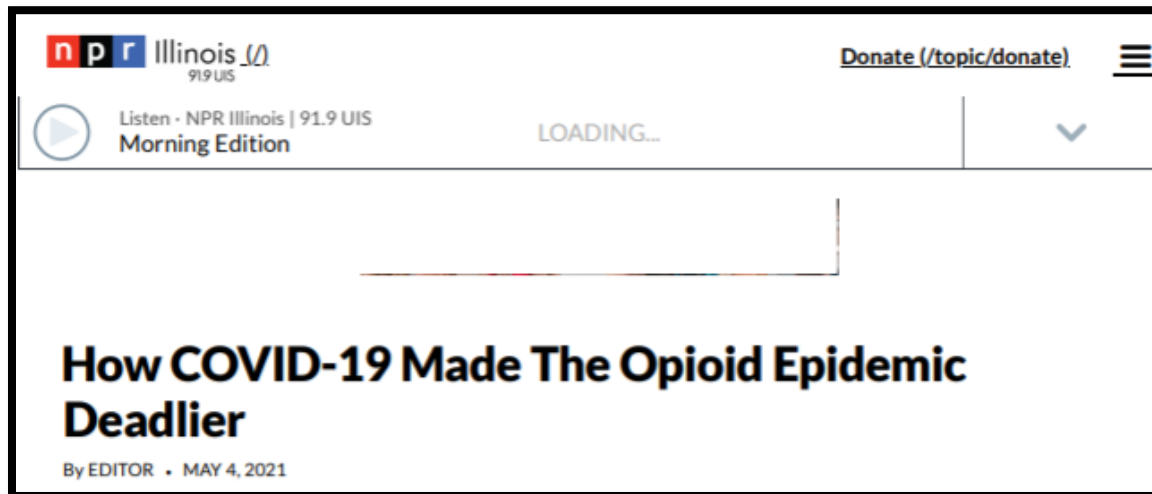
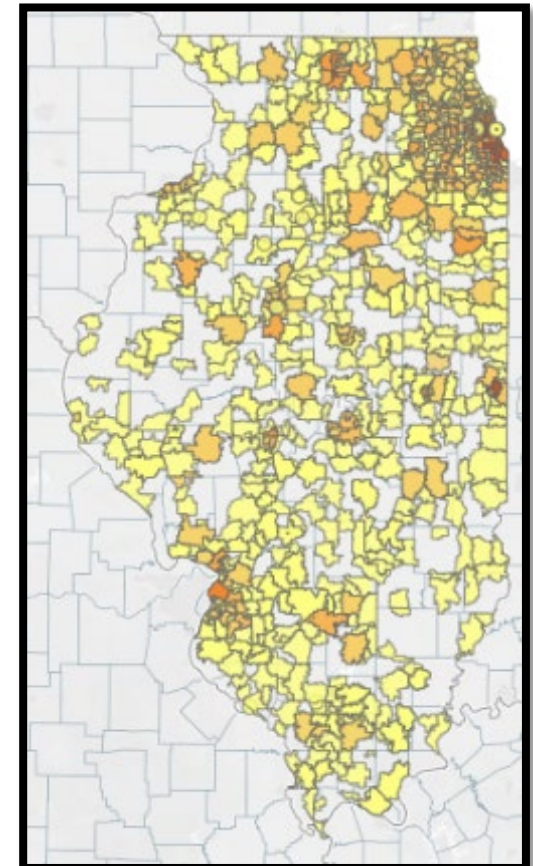


The Opioid Epidemic Impact in Illinois

There were 2,219 opioid overdose deaths in 2019, a 3% increase from 2018.

80% of drug overdose deaths in 2019 involved opioids

Overdose Counts by ZIP
2019 (IDPH)

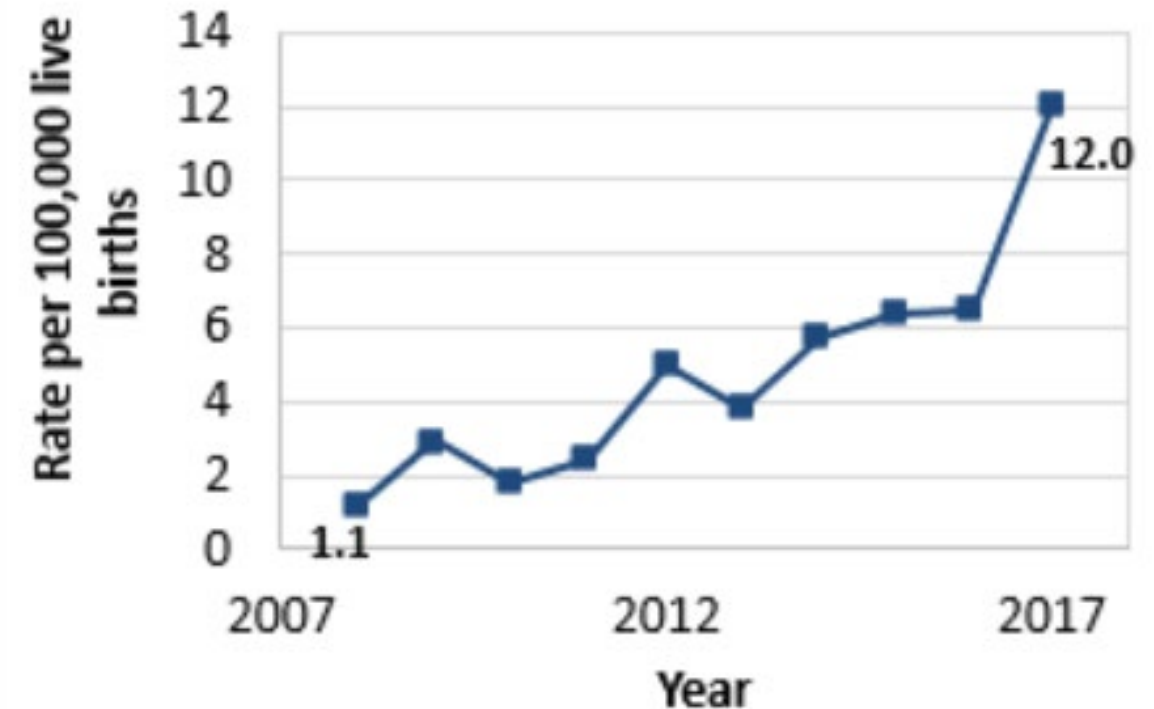


Maternal deaths due to opioids in IL

Mental health conditions, including substance use disorder, were the leading cause of pregnancy-related deaths

IDPH Maternal Morbidity and Mortality report on 2016-2017 deaths, released April 29, 2021.

Rate of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2008-2017



Data Source: Illinois death certificates, 2008-2017.

Our Goal: Optimal OUD care every time



Screen every pregnant patient for OUD with a validated screening tool



Assess readiness for Medication Assisted Treatment (MAT)



Start MAT and link to Recovery Treatment Programs



Provide Naloxone (Narcan) Counseling / prescription and screen for Hepatitis C



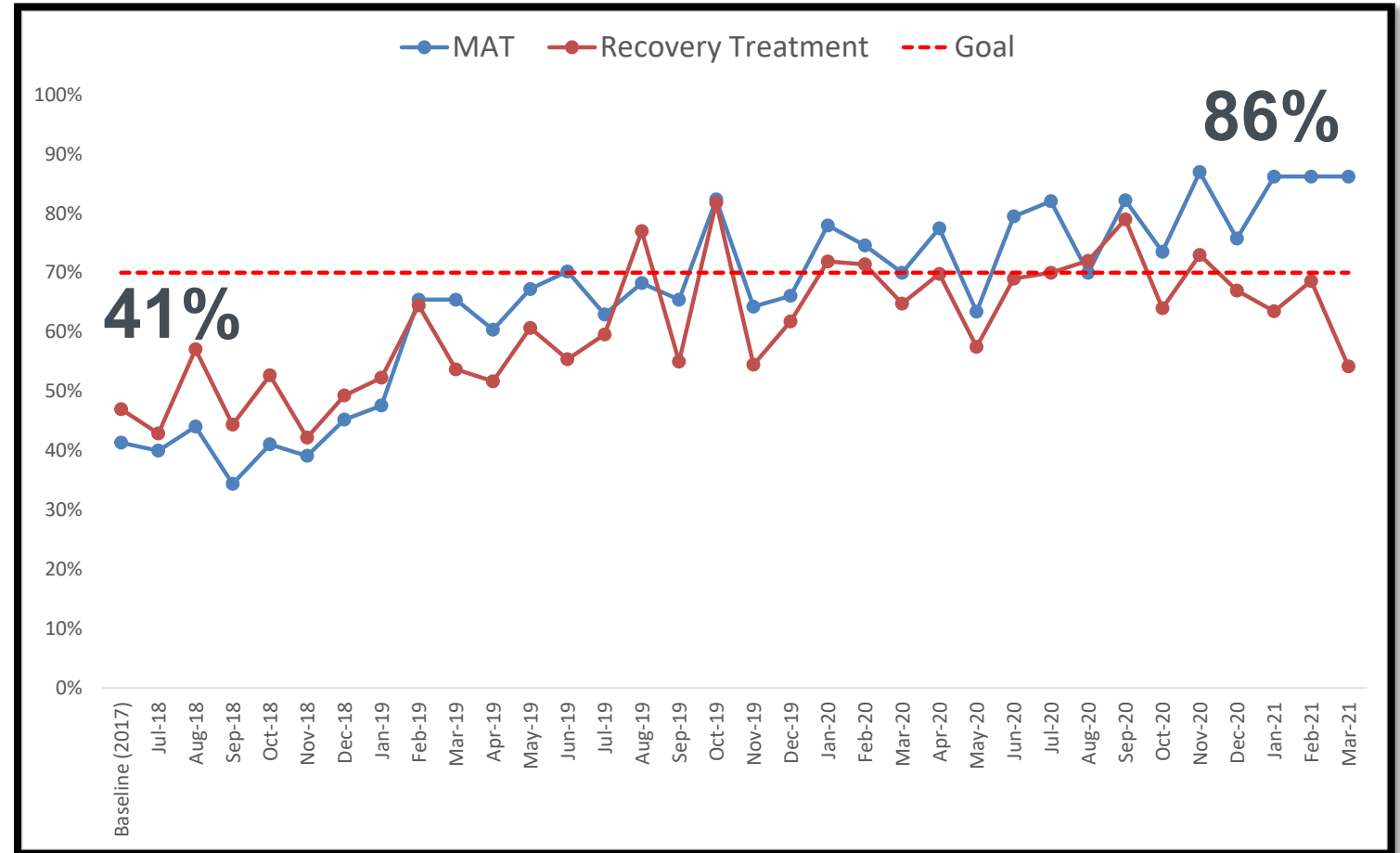
Warm hand-offs for MAT/recovery services and close OB follow up



Provide patient education on OUD/NAS and reduce stigma, promote empathy across clinical team

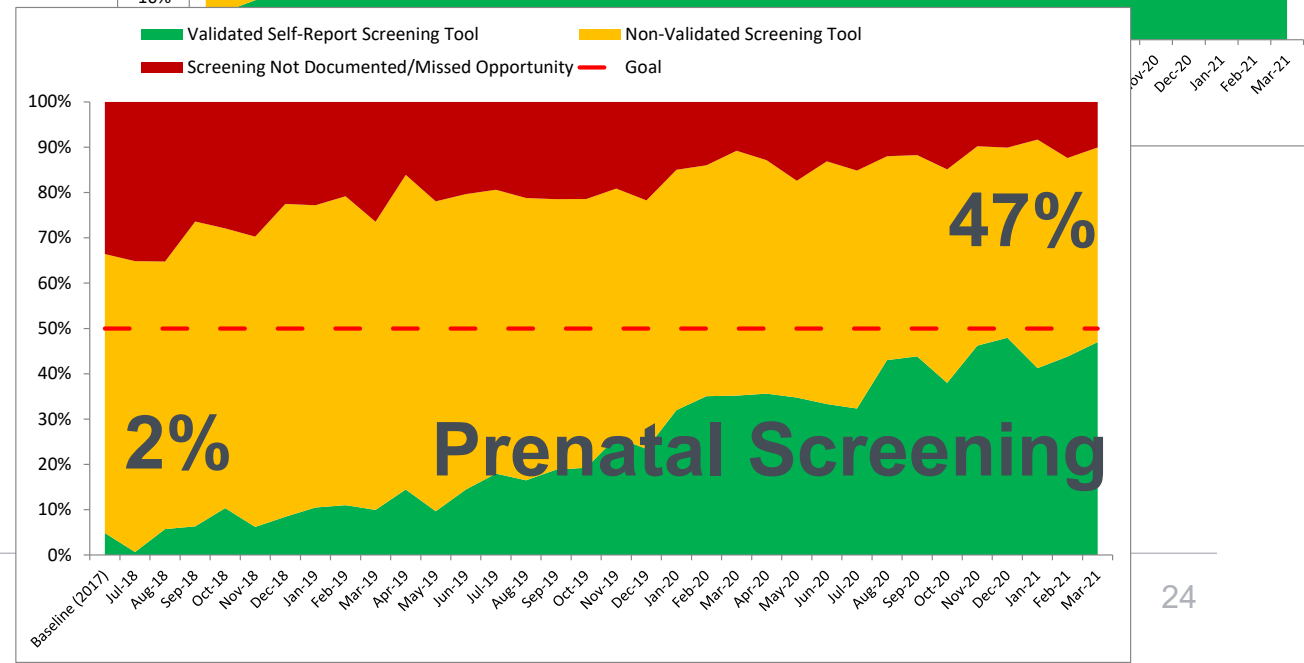
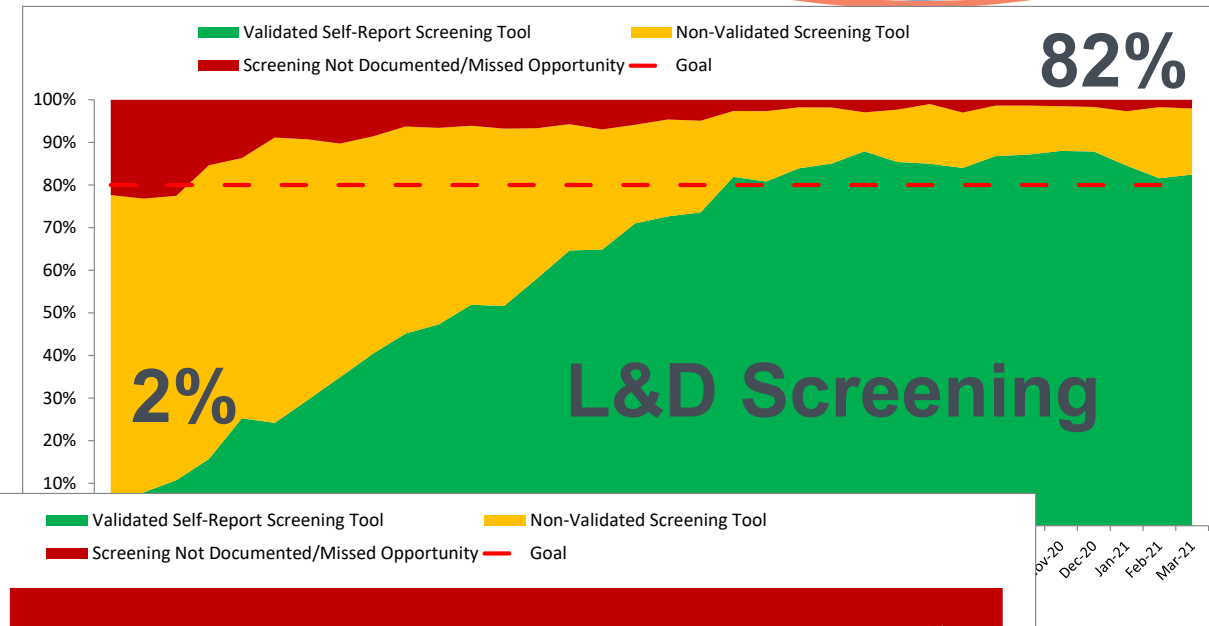
MNO's Impact Since 2018: MAT and Recovery Treatment Services

- Teams have cared for over **2,666 pregnant persons with OUD**
- Teams have connected **1,288 pregnant persons** to MAT & recovery treatment services across the initiative



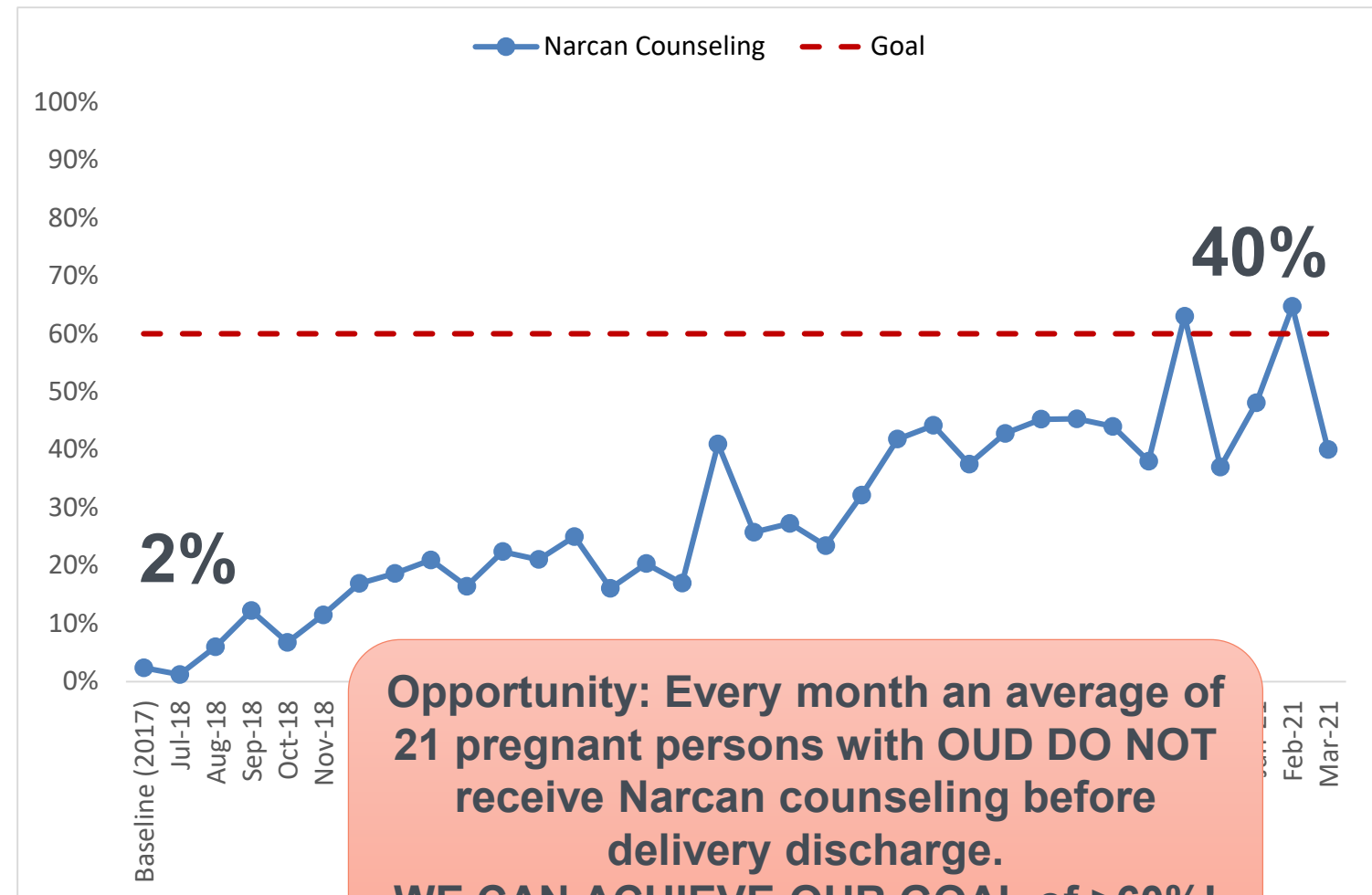
MNO's Impact Since 2018: Screening

- Teams have sampled over **24,430 charts** for documentation of screening with a validated screening tool and achieved and sustained the L&D goal of >80%
- Opportunity:** continue to improve prenatal screening to identify pregnant persons early in pregnancy to provide optimal OUD care. We are almost to our goal of >50%.



MNO's Impact Since 2018: Narcan

- Teams have increased Narcan counseling rates from 2% to over 40% across the initiative!
- Teams have ensured 534 pregnant persons receive Narcan counseling across the initiative!



Key Strategies to Achieve Optimal OUD Care in Sustainability



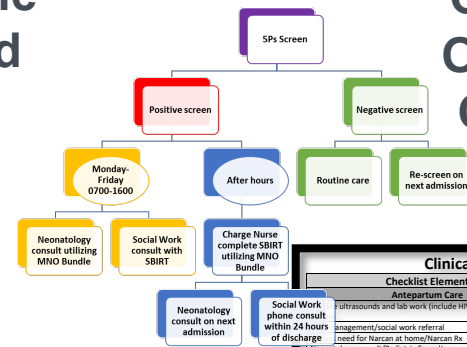
Hospital Strategies to Sustain Optimal OUD Care

**Memorial Hospital Carbondale
SBIRT, Narcan order set, and
community resources**

The screenshot displays a medical software interface with several sections:

- Best Practice Advisories:** A section with a search bar and a list of advisories.
- Care Everywhere Outside Records (View Only):** A section with a search bar and a list of care events.
- Admission Problem List:** A section with a search bar and a list of admission problems.
- Medications:** A table listing medications with columns for Name, Dose, Frequency, and Route.

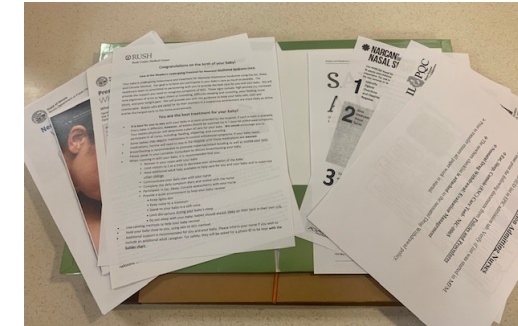
Name	Dose	Frequency	Route
naloxone (NARCAN) 0.4 mg/mL INJ	1 mg	Once	Subcutaneous
naloxone (NARCAN) 0.4 mg/mL INJ	1 mg	Once	Subcutaneous
naloxone (NARCAN) 0.4 mg/mL INJ	1 mg	Once	Subcutaneous
- External Links:** A list of links including UpToDate, Antibiogram, Empiric Abx Recommendations, Perfect Serve, Webex Remote, Midas Incident Reporting, Easy Button Resources, Illinois Prescription Monitoring Program, Advance Directive Forms, Optio, Passport OneSource, QHP, BlitTool, EBSCO, and Sepsis Care.



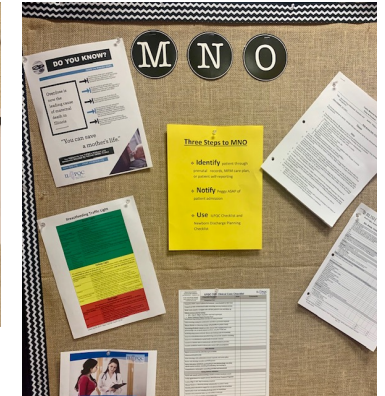
**Carle BroMenn
OUD Algorithm,
Checklist, and
Debrief**

The image shows two forms:

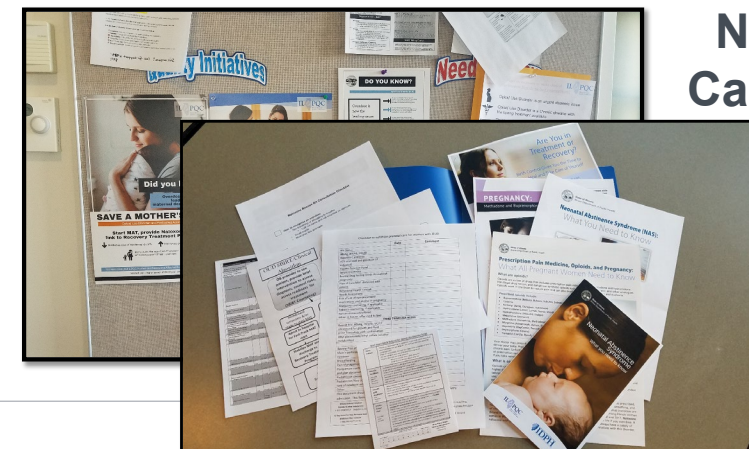
- Clinical Care Checklist:** A table with columns for Checklist Element, Date, and Comments. It includes sections for Antepartum Care, Social Work phone consult, and Neonatology consult.
- OBSTETRIC EVENT DEBRIEFING:** A form for debriefing obstetric events, including a section for COMMUNICATION and a table for DEBRIEFING.



**Rush Copley MNO
Folders & Bulletin
Board**



**NCH Education
Campaign & MNO
Folders**

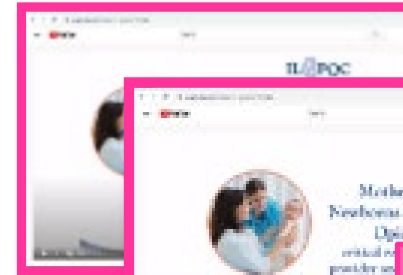


MNO Education for all OBs & RNs



Stigma & bias education

Implement stigma & bias education



Provider & RN e-Modules

Shares key strategies for caring for pregnant and pp women with OUD



SBIRT Simulations Guide and e-training

Train providers to talk to patients about readiness for MAT & linking to recovery treatment services.



Provider & RN education campaign

Post & distribute in clinical areas including prenatal sites

Resources Available to Help Achieve Optimal OUD Care



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



THE ASAM

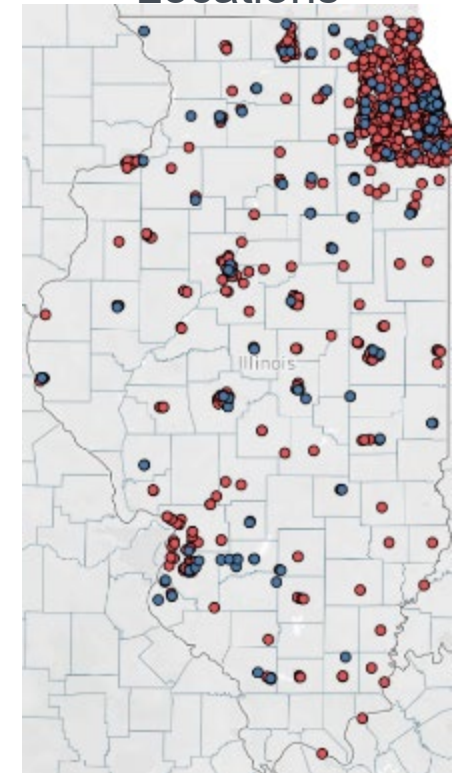
Treatment of Opioid Use Disorder Course

Includes waiver qualifying requirements

Illinois MAT
Providers



Naloxone Distribution
Locations



All links
available
on the
ILPQC
website

What Comes Next? Sustain in 2021

- Continue compliance monitoring to achieve optimal OUD care
- Work with your team to complete and implement your sustainability plan
- Attend MNO Sustainability webinars in 2021 to learn and share strategies with other IL hospitals
- ILPQC will provide QI support to teams not yet achieving AIMS

Sustainability Plan

- ✓ Compliance Monitoring
- ✓ New Hire Education
- ✓ Continuing Education
- ✓ Systems Changes



Promoting Vaginal Birth

Supporting vaginal birth and reducing primary Cesareans for optimal maternal and neonatal outcomes

Aim: 70% of participating hospitals will be at or below the Healthy People goal of 24.7% cesarean delivery rate among NTSV births by December 31, 2022

Goal: Increase the percent of cesarean section deliveries among NTSV births that meet ACOG/SMFM criteria for cesarean

Goal: Increase the % of physicians/ midwives/ nurses educated on ACOG/SMFM criteria for cesarean, labor management strategies/response to labor challenges, protocol for facilitating decision huddles and/or decision debriefs

PVB by the Numbers

- **95** Teams submitted rosters
- **5** Monthly webinars to date
- **2** PVB data calls
- **2** QI leader calls
- **2** QI topic calls



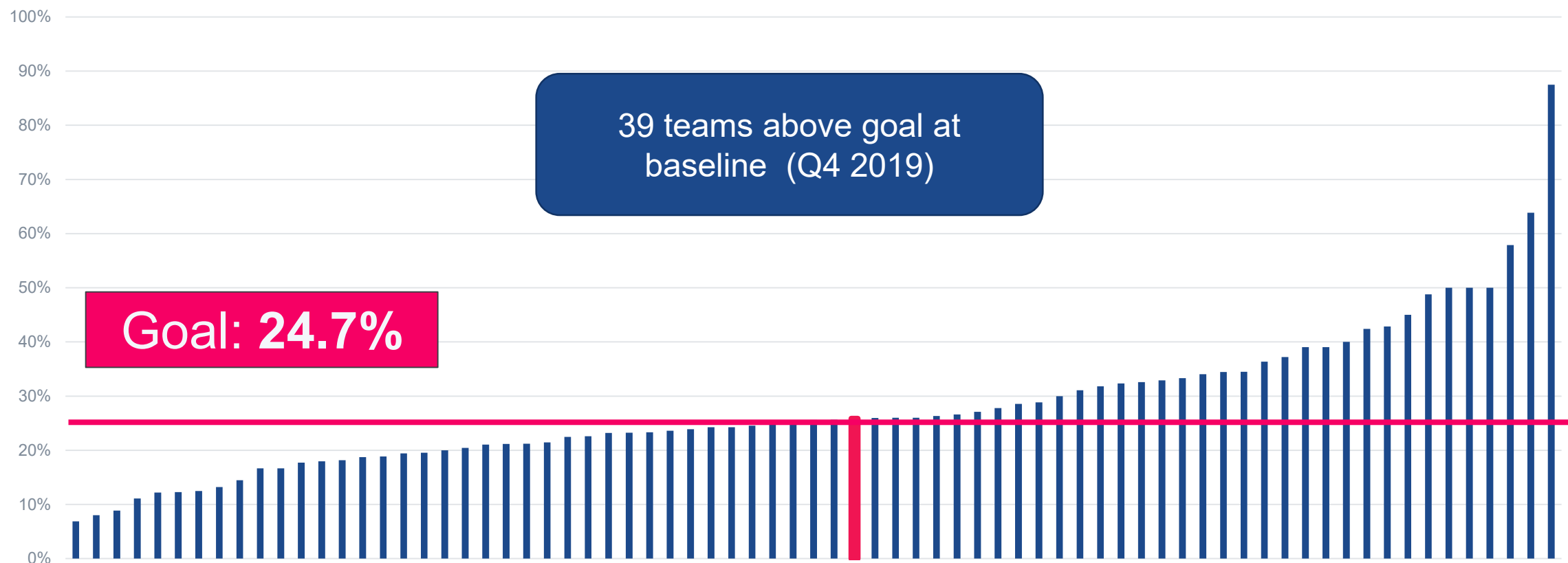
PVB Topics Covered

- January: Launching the Labor Culture Survey
- February: Creating Buy-in
- March: Incorporating ACOG/SMFM Guidelines for Cesarean Delivery
- April: Implementing the Cesarean Decision Checklist and Huddle



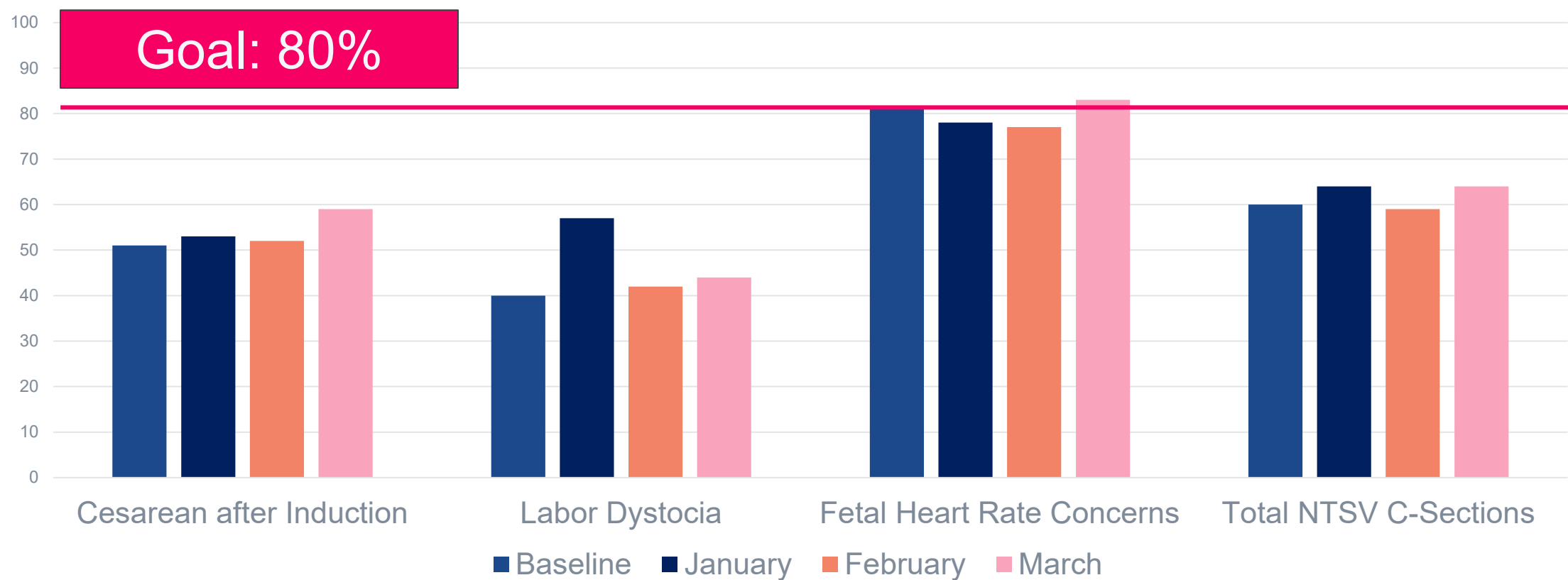
Baseline NTSV C-Section Rates, by hospital

Baseline (Q4 2019) NTSV C-Section Rate



NTSV C-sections meeting ACOG/SMFM Criteria, across hospitals

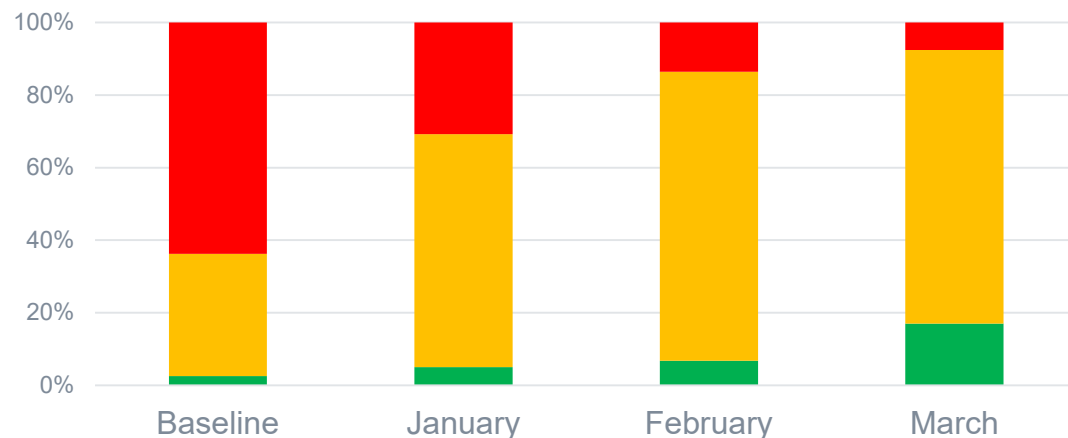
% of NTSV C-Sections Meeting ACOG/SMFM Criteria for ILPQC Hospitals
Baseline Data



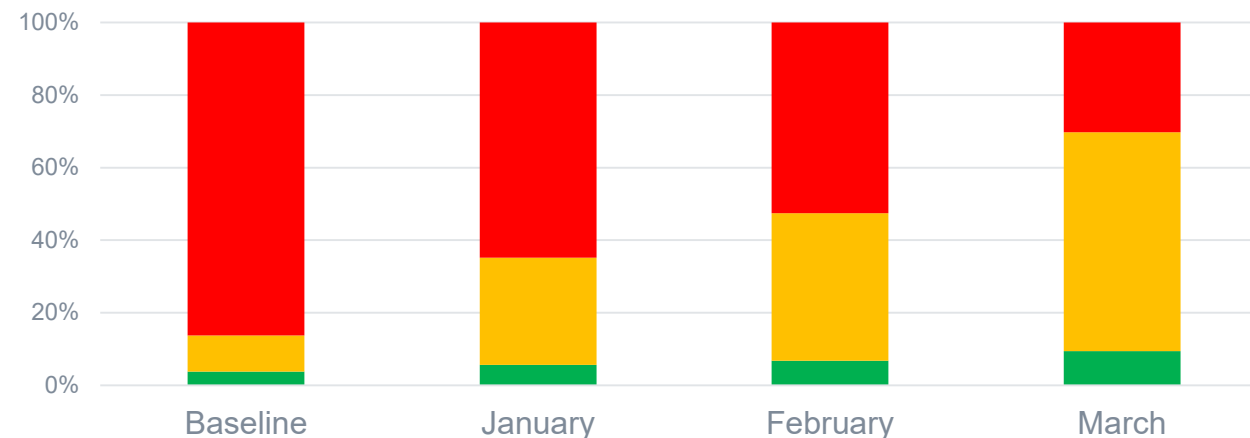
Structure Measures:

■ In Place ■ Working on it ■ Not Started

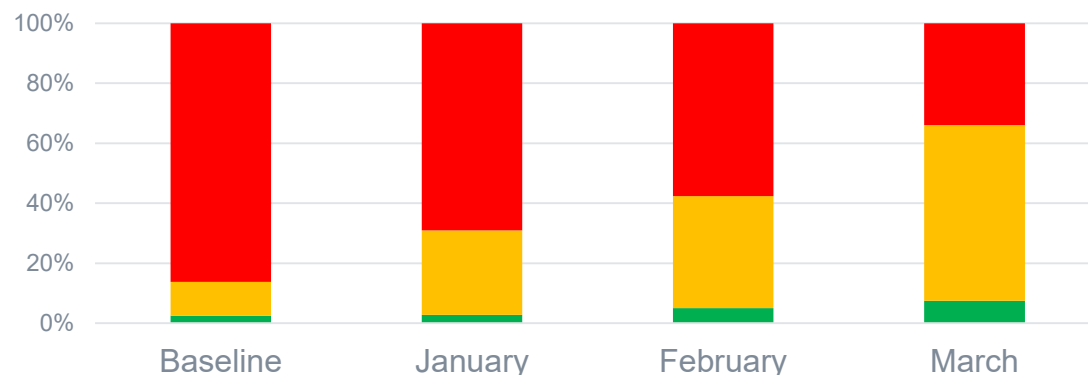
Provider and nurse education and other strategies to achieve buy-in



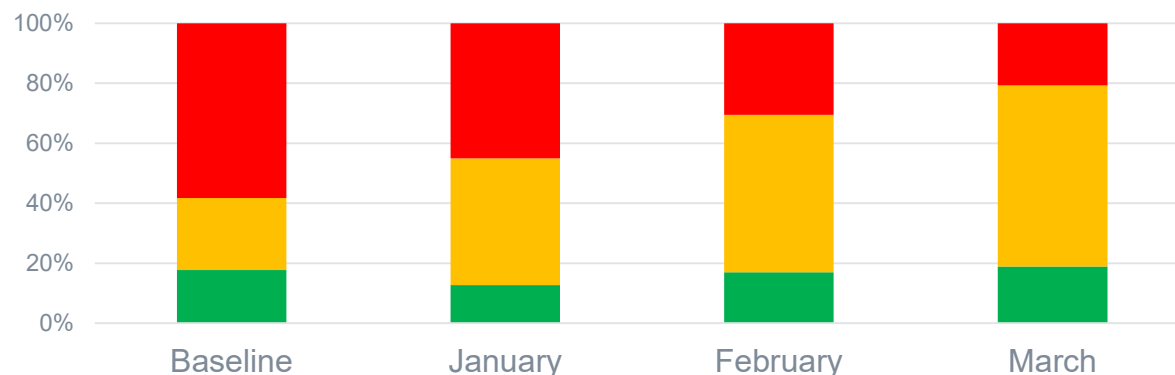
Cesarean decision checklist using ACOG/SMFM labor guidelines



Decision huddles and/or decision debriefs with to standardize use of ACOG/SMFM guidelines and checklist



Standardized protocol/processes for induction, labor support management and response to labor and FHR abnormalities



PVB Key Strategies



1. Identifying NTSVs
2. Education of ACOG/SMFM criteria for providers and nurses
3. Implementing cesarean decision checklists and huddles with patient centered decision making
4. Labor management support
5. Develop standardized processes/protocols for induction, early labor and labor challenges

Labor Culture Survey Results: Coming soon!

- Week of June 17th: Individual Hospital Reports to Hospital Liaisons
- Monday, June 28th: Webinar to Review Culture Change Implementation Guide

Labor Culture Survey Hospital Report
Hospital A

Who participated in our survey?

21 out of 28 CNMs
13 out of 23 OB/GYN & MFM
9 out of 20 OB/GYN Residents
41 out of 85 L&D RNs
15 out of 18 Family Medicine Physicians
14 out of 36 Family Medicine Residents

Our Hospital's Stats:

Total Deliveries	####
Total Births	####
Total Cesarean Deliveries	34.13%
Primary	19.12%
Repeat	15.01%
Total Vaginal Births after Cesarean	###
Successful	63.89%

What is the "Top Quartile" Group?

- Top Quartile Hospitals scored in the lowest 25th percentile of all California hospitals for primary cesarean delivery rates.
- All have primary cesarean rates of less than 22%.
- Survey Participants at Top Quartile Hospitals comprise:
 - 1,172 L&D Nurses
 - 321 Physicians
 - 47 Certified Nurse Midwives



CMQCC
California Maternal
Quality Care Collaborative

Culture Change Implementation Guide

CMQCC developed the Labor Culture and Attitudes Survey to explore the very large variation in hospital and physician cesarean section rates that are not explained by patient characteristics or practice. To make the results actionable, we have identified and linked culture themes with interventions.

Culture concerns the 'big' picture on an L&D unit. There are several primary interventions that have been useful for ALL L&D units: collaborate, communicate and celebrate.

- Collaborate: create a philosophy of staff actively helping each other out
- Communicate as a care team: establish open and transparent discussions about patient care issues
- Communicate as a unit: disseminate quality improvement (QI) team progress regularly
- Celebrate and acknowledge: share individual and team successes publicly and often
- Consider opportunities for alternative communication methodologies: keep team members engaged

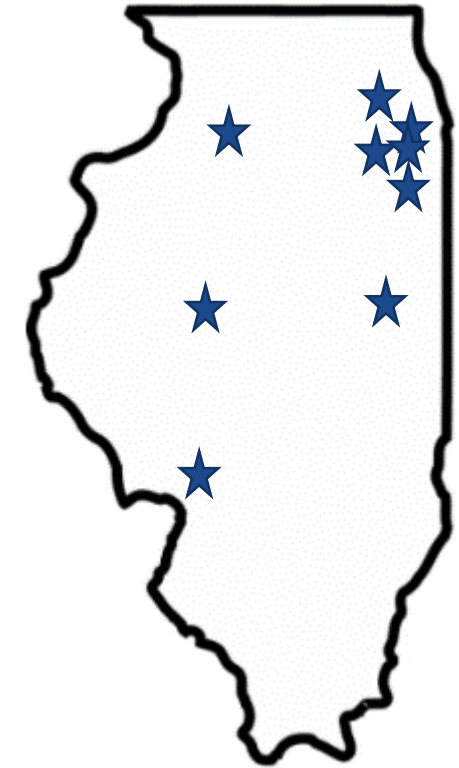
Culture change can be addressed through small actionable steps involving communication, shared decision making, action, reflection, and celebration.

So where to start?
The survey responses have been organized into seven (7) overarching themes:

1. Estimation of birth risks	5. Cesarean Case Reviews
2. Personal Concerns	6. Assessment of Unit Practices
3. Maternal Empowerment	7. Support for Best Practices

PVB Grand Rounds

- PVB Grand Rounds help facilitate buy-in and give your providers the opportunity learn more about the initiative
- Hear from an expert on the ILPQC Grand Rounds Speaker's Bureau
- Email ellie.suse@northwestern.edu to schedule your grand rounds or OB provider meeting



11 Grand Rounds
already scheduled for PVB

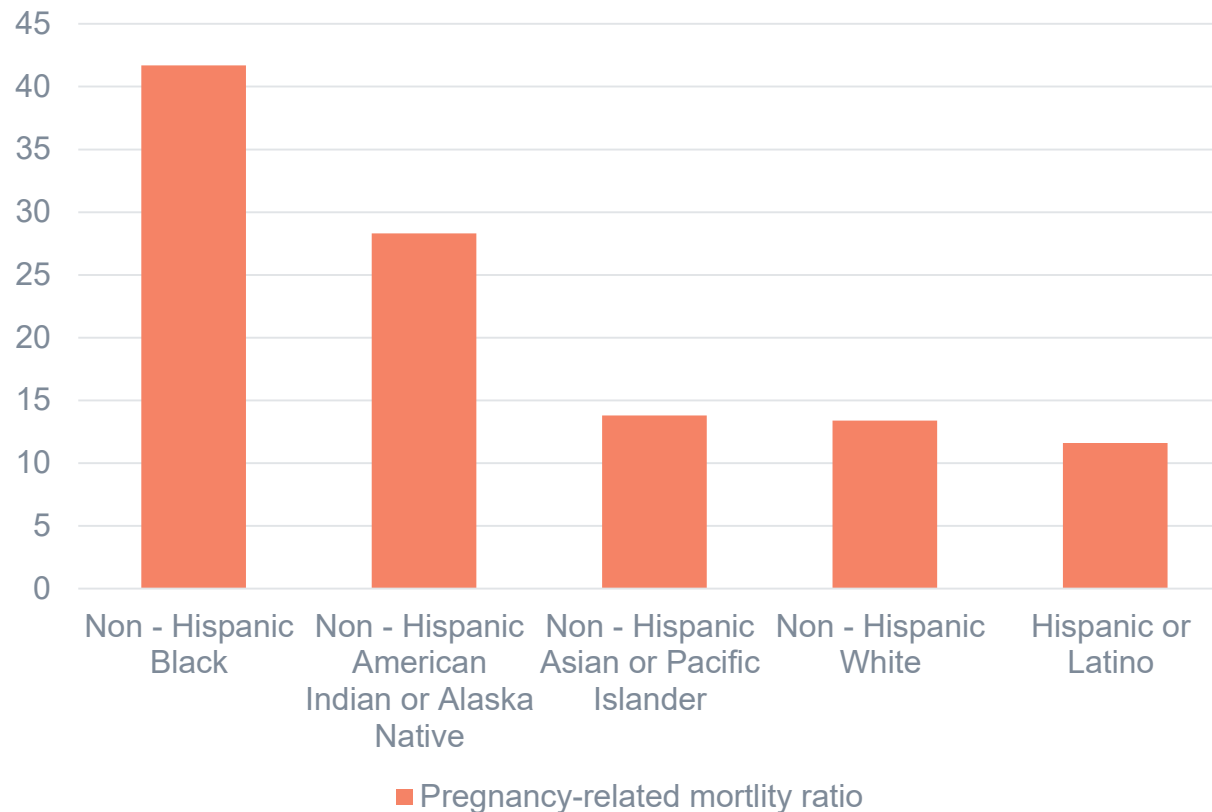
Birth Equity Initiative

Getting ready to start this important work together



National Data on Disparities

CDC: Pregnancy-Related Mortality Ratio by Race/Ethnicity: 2014-2017

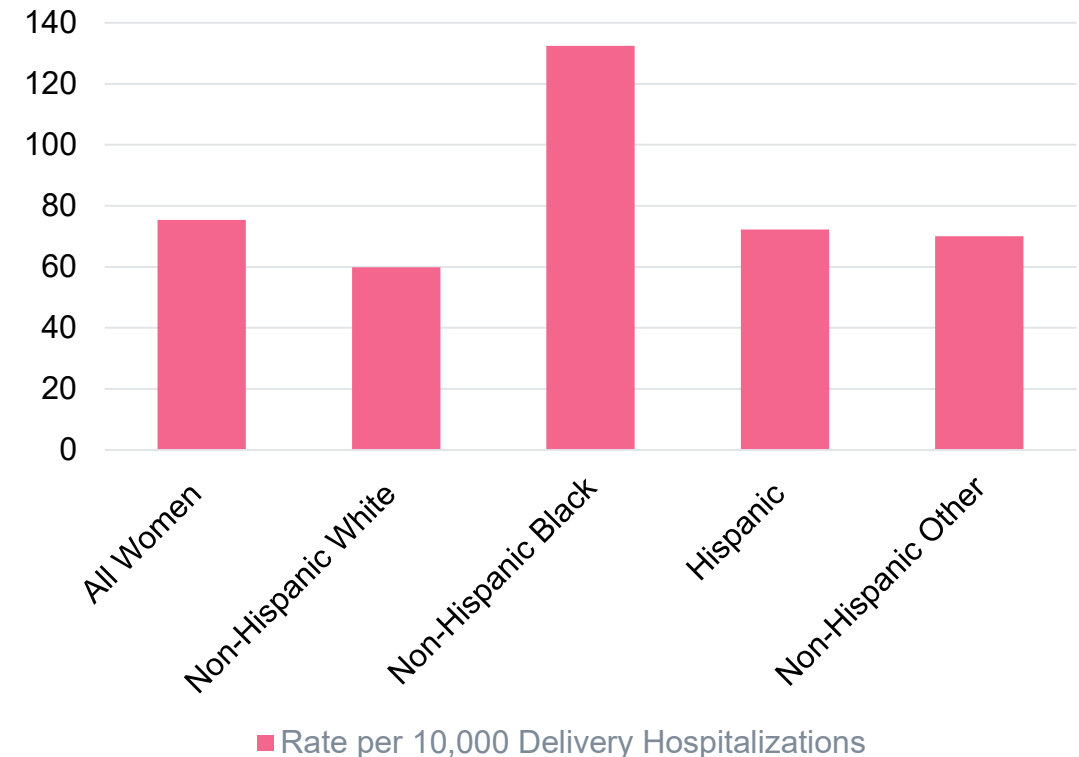


- About 700 women die each year in the U.S. as a result of pregnancy or its complications.
- American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than other race/ethnicity groups.

Illinois Data on Disparities: IL Maternal Morbidity & Mortality Report

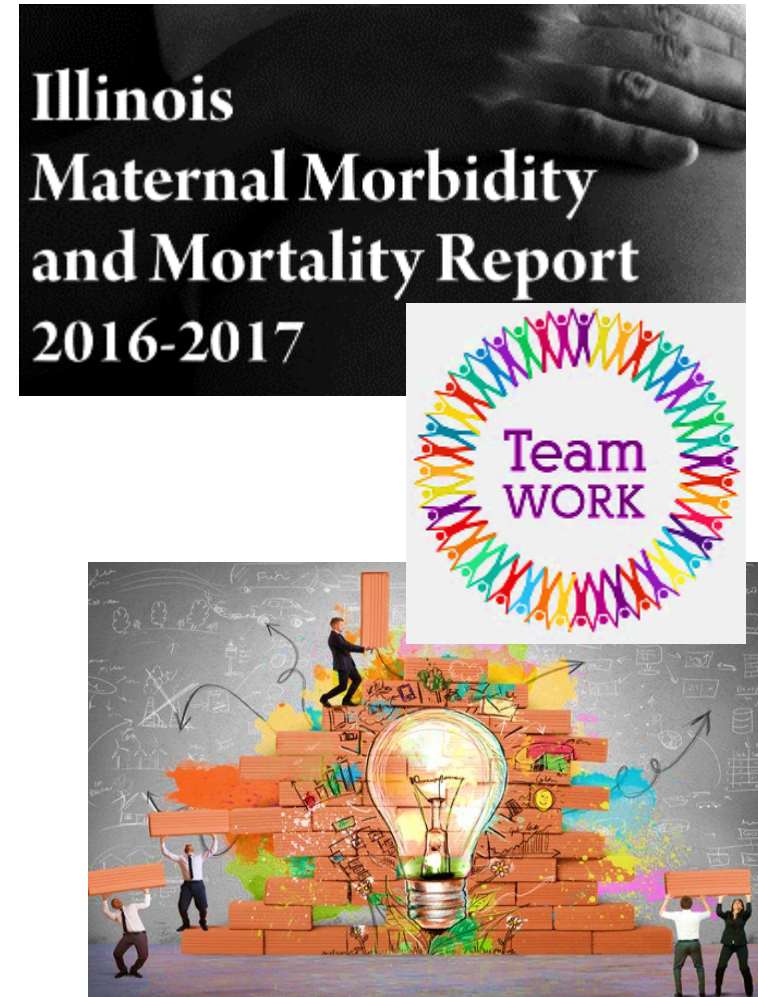
- Black women are about 3 times as likely to die as white women in Illinois.
- 83% of the pregnancy-related deaths were potentially preventable.
- Compared to non-Hispanic white women, all other racial and ethnic groups have higher rates of severe complications during pregnancy and in the year postpartum.

Severe Maternal Morbidity Rates
among Illinois Delivery Hospitalizations,
by Demographics, 2016-2017



Taking Steps to build a Foundation for Birth Equity

- The new IDPH Maternal Morbidity and Mortality Report recommends all Illinois birthing hospitals participate in the Birth Equity Initiative
- Foundational initiative to build on current hospital work and lay the groundwork for ongoing equity work in all initiatives



National Guidelines & PQC's Partners

**COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE**
safe health care for every woman

READINESS

Every health system:

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.

PATIENT SAFETY BUNDLE

**Reduction of
Racial/Ethnic**

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION
Number 649 • December 2015
(Reaffirmed 2016)
(Replaces Committee Opinion Number 317, October 2005)

Committee on Health Care for Underserved Women
This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Racial and Ethnic Disparities in Obstetrics and Gynecology

ABSTRACT: Projections suggest that people of color will represent most of the U.S. population by 2050, and yet significant racial and ethnic disparities persist in women's health and health care. Although socioeconomic status accounts for some of these disparities, factors at the patient, practitioner, and health care system levels contribute to existing and evolving disparities in women's health outcomes. The American College of Obstetricians and Gynecologists is committed to the elimination of racial and ethnic disparities in the health and health care of

CMQCC
California Maternal
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AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

PNQIN
PERINATAL-NEONATAL
QUALITY IMPROVEMENT NETWORK

**STRATEGIES TO OVERCOME
RACISM'S IMPACT ON PREGNANCY OUTCOMES**

Types of Racism
Individuals experience racism in many forms, and experiences are shaped by many factors. Racism can be experienced personally or vicariously. Personal racism includes individual acts of discrimination, such as slurs, jokes, or exclusion. Vicarious racism includes discrimination against others, such as family members or friends, or discrimination against a community or group.

Reproductive Justice
Reproductive justice means that all people have the right to make decisions about their own bodies, their own lives, and their own futures. It is the right to have control over one's own reproductive health and to have the resources and information needed to make those decisions.

Impacts
Black women are more likely to die from pregnancy-related causes than white women. Black women are more likely to be hospitalized during pregnancy than white women. Black women are more likely to have a cesarean section than white women. Black women are more likely to have a stillbirth than white women.

Strategies
Confront Your Own Racism and Act Against Personal Biases. 84% of Black women report experiencing racism in the last 12 months. 29% of Black women report experiencing racism in the last 12 months. Offer Implicit Bias and Anti-Racism Training for Health Care Professionals. Improve Maternal Health Data Collection and Reporting Methods. Increase Access to Quality, Comprehensive Reproductive Health Care. Commit to Diversifying the Health Care Workforce & Leadership.

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION
Number 770 • January 2016
(Replaces Committee Opinion Number 452, July 2011)

Committee on Health Care for Underserved Women
This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women in collaboration with committee members Gordon Zepke, MD, PhD, Andrew Greenberg, MD, PhD, and Glenn Mendonca, MD.

Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care

ABSTRACT: Awareness of the broader contexts that influence health supports respectful, patient-centered care that incorporates lived experiences, optimizes health outcomes, improves communication, and can help reduce health and health care inequities. Although there is little doubt that genetics and lifestyle play an important role in shaping the overall health of individuals, interdisciplinary researchers have demonstrated how the conditions in the environment in which people are born, live, work, and age, play equally as important a role in shaping health outcomes. These factors, referred to as social determinants of health, are shaped by historical, social, political, and economic forces and help explain the relationship between environmental conditions and individual health. Recognizing the importance of social determinants of health can help obstetrician-gynecologists and other health care providers better understand patients, effectively communicate about health-related conditions and behavior, and improve health outcomes.

MGH 1811
MASSACHUSETTS
GENERAL HOSPITAL

**PARTNERS FOR
FAMILY HEALTH
LOUISIANA**

New York State
nyspQc
Perinatal Quality Collaborative

What will we focus on?

To address maternal disparities and promote birth equity between June 2021 and December 2023

AIM: By December 2023, more than

- 75% of IL birthing hospitals will be participating in the Birth Equity Initiative and 75% of participating hospitals will have all key strategies in place



**Addressing Social
Determinants of
Health**

**Review race/ethnicity
medical record and
quality data**

**Promote patient-
centered approach to
engage patients and
communities**

**Develop respectful
care and bias
education for
providers, nurses,
and staff**

Key Strategies on our Journey to Equitable Care

We can
do it!

3. Take steps to engage patients and/or community members to provide input on quality improvement efforts

2. Review maternal health quality data stratified by race, ethnicity and Medicaid status to identify disparities and address opportunities for improvement

1. Implementation of universal social determinants of health screening prenatally and during delivery admission with linkage to appropriate resources and services

Team work
makes the
dream work!

Key Strategies on our Journey to Equitable Care

Awesome
Work!

6. Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias and provide opportunities for discussion and feedback

5. Standardize system to provide patient education prior to hospital discharge on postpartum safety including urgent maternal warning signs and tools to improve communication with providers

4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons and obstetric staff; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback

GO
TEAM!

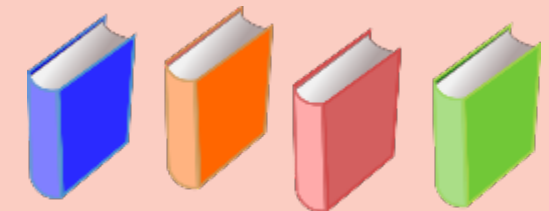
Sneak Peak at the Birth Equity Toolkit

1. Introduction
2. National Guidance ACOG/SMFM
 - A. ACOG Committee Opinions/Statements
 - B. SMFM Guidance
3. National Guidance Alliance for Innovation on Maternal Health (AIM)
4. Initiative Resources
5. Address social determinants of health (SDoH)
6. Utilize race and ethnicity medical record and quality data
7. Engage patients, support partners, and communities in patient-centered, respectful care
8. Engage and educate providers, nurses, and staff to improve birth equity

Learn more in
Unpacking the
toolkit plenary!

Birth Equity Toolkit now
available online:

<https://ilpqc.org/birthequity/>



Birth Equity Timeline

May	June	July	August
<p>May 26: OB Virtual Face-to-Face Meeting</p> <p>Submit Rosters & Readiness Surveys</p> <p>Recruit teams statewide</p>	<p>Teams Kickoff Webinar</p> <p>June 21st from 12-1:15 pm</p>	<p>Data Discussion Calls</p> <p>Review measures / data form and resources</p> <p>July 15th and 30th, 2021</p>	<p>Monthly Teams Webinars Begin</p> <p>August 16th: 12-1:00pm</p> <p>Every 3rd Monday of the month at 12:00 pm</p>

It's not too late to participate! Develop your Birth Equity Quality Improvement team and submit the [Birth Equity Roster Form](#) by **June 11**

Goals for today

Goals for Today

- Celebrate our work together
- Connect with your QI team and with other teams
- Share your successes, challenges and ideas
- Learn from each other, learn from our guests, listen for new voices to learn from
- Consider new strategies to approach your challenges
- Get motivated to continue this important work

Questions?

Please put your questions or comments in the chat