

State Quality Collaborative Leaders Panel:

National Perspectives on Improving Perinatal Care

Perinatal Quality Collaborative Leaders



State Quality Collaborative Leaders Panel



- **Julie S. Bosak, DrPH, CNM, MSN**
 - Director, New Hampshire Perinatal Quality Care Collaborative (NHPQC)
- **Stephanie Radke, MD, MPH, FACOG**
 - Executive Director, Iowa Perinatal Quality Care Collaborative (IPQCC)
- **Deirdre J. Lyell, MD**
 - Co-Chair, California Maternal and Perinatal Quality Care Collaboratives (CMQCC/CPQCC)

Julie S. Bosak, DrPH, CNM, MSN

Director, New Hampshire Perinatal Quality Care Collaborative
(NHPQC)





Leading Perinatal Care Improvements in NH

ILPQC

November 12, 2025



Topics

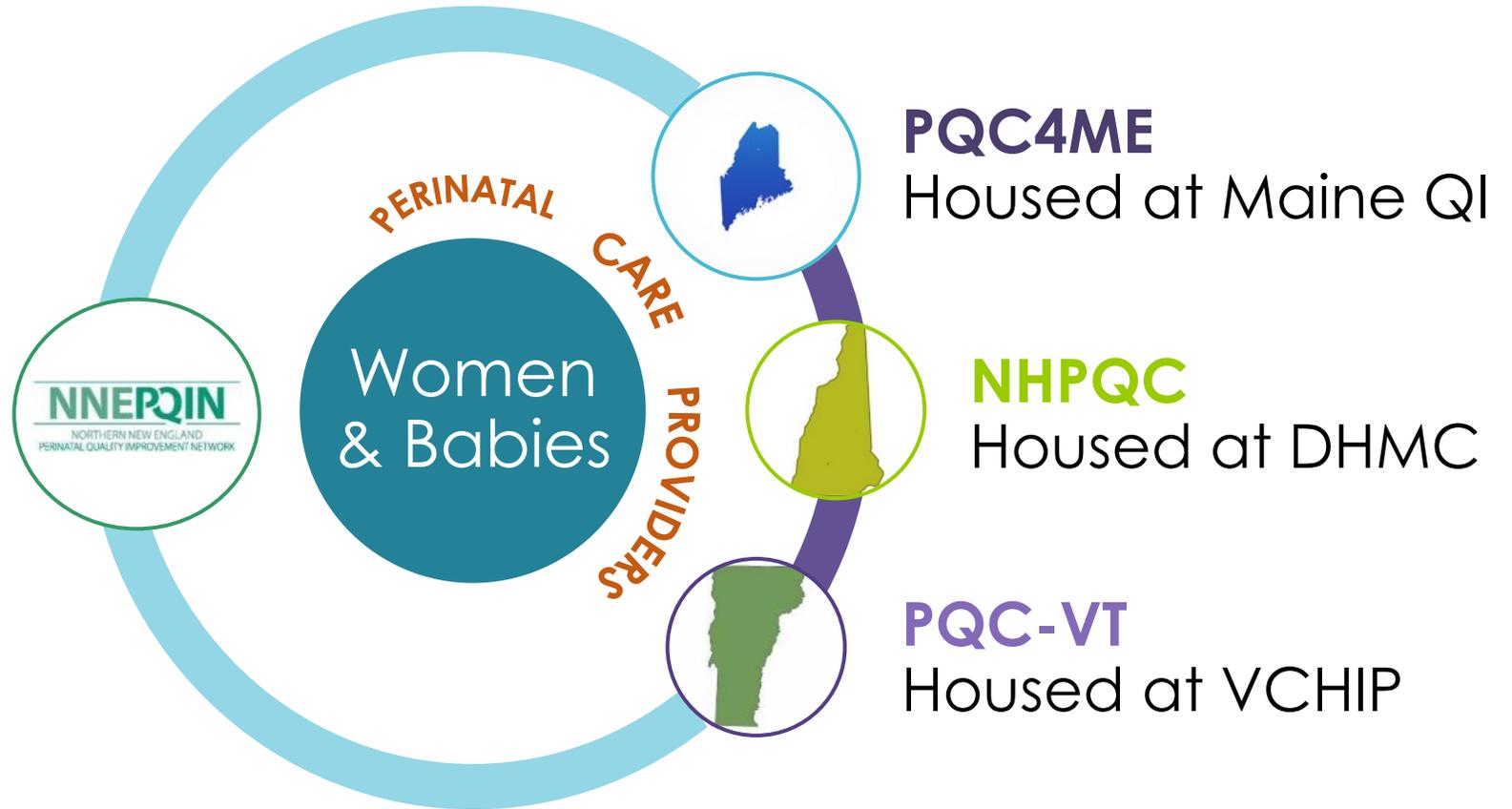
Overview of Northern New England & the NHPQC

Our AIM work: Perinatal Mental Health Conditions Bundle

The full perinatal continuum

- **Hospitals**
Innovative strategies
- **Community**
Leveraging coalitions
- **Pediatric**
Maternal Mental Health Navigator

NNEPQIN
Tri-state
Maine, NH, Vermont





The NHPQC represents a statewide network working collaboratively towards improving maternal and infant health care and outcomes for all in our state.

NHPQC Member Composition



Policy Influencers

Community Services

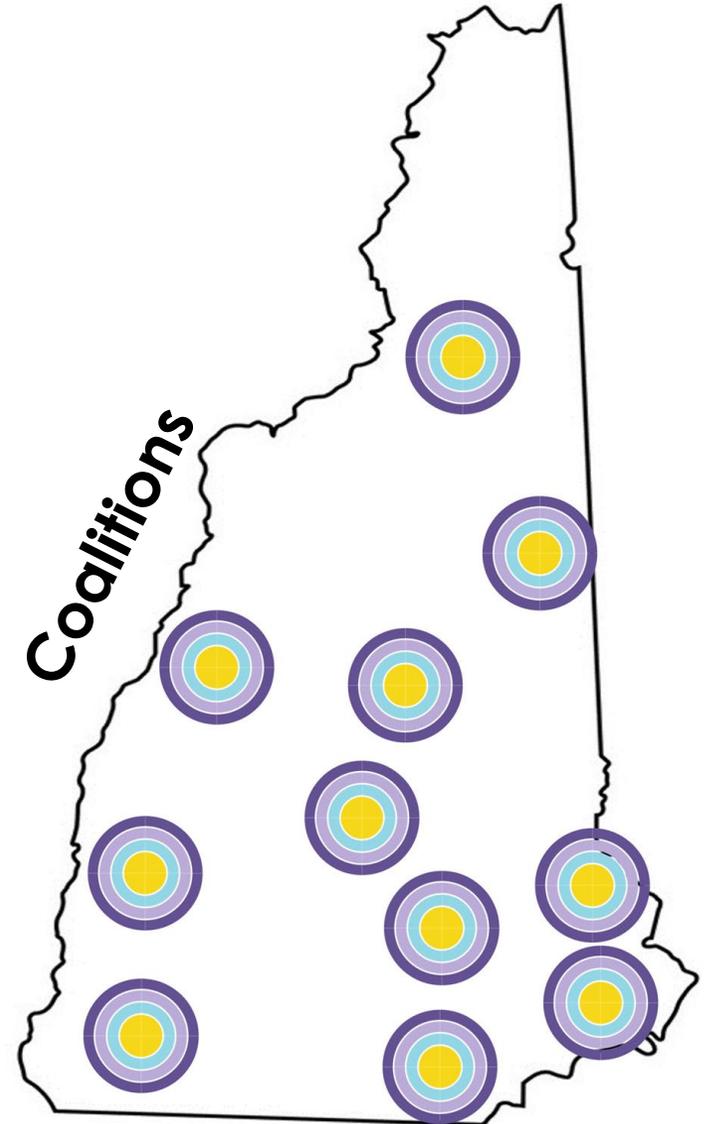
Clinical Providers

**Patient &
Family Network**

What is the NHPQC?



Maternal Health Task Force





AIM

Patient Safety Bundles



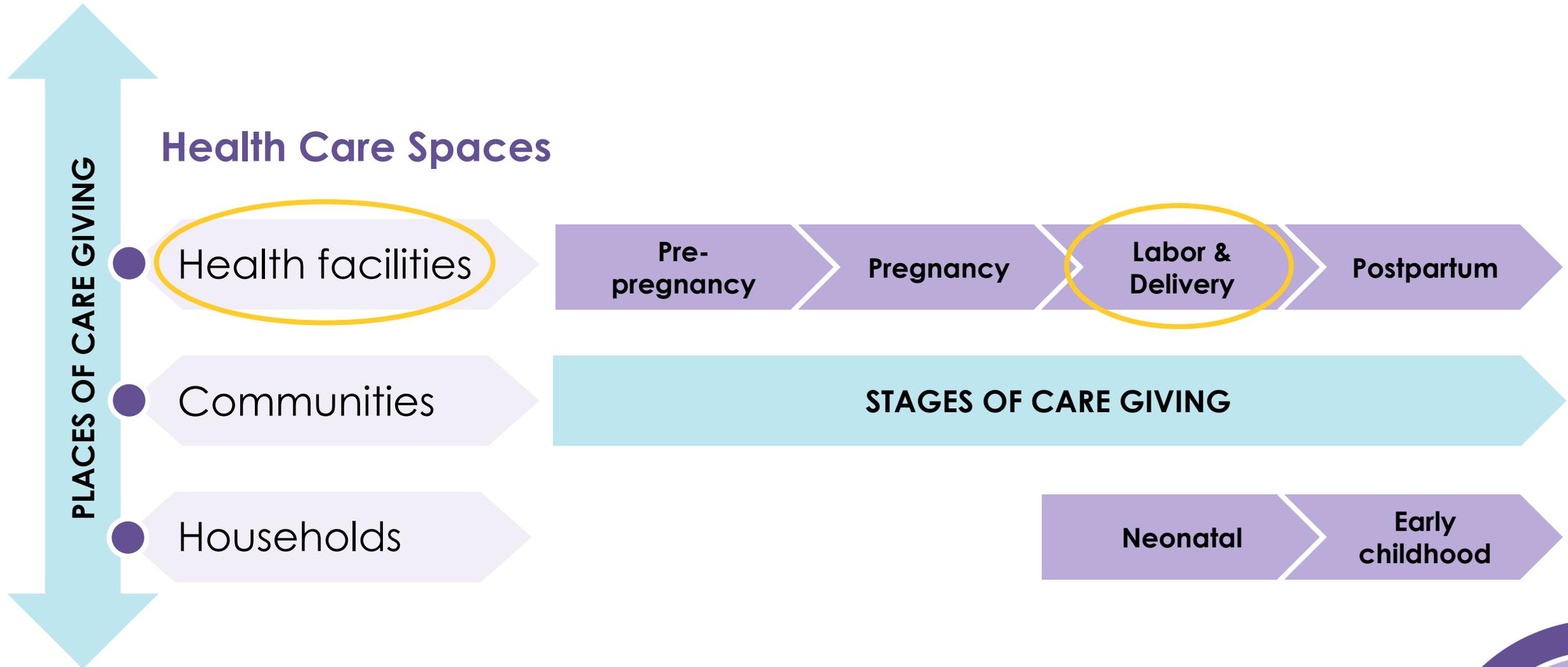
Care for Pregnant and Postpartum People with Substance Use Disorder (in maintenance mode)

Perinatal Mental Health Conditions (active implementation)

Goals for the PMHC bundle:

- Improve ability of providers and services **along perinatal spectrum** to screen, identify, respond and refer for perinatal mental health conditions
- Collect, understand and **improve the NH data** on frequency, experience and outcomes

Perinatal Continuum of Care: Hospital improvements

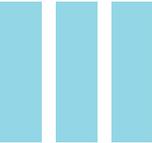


Source: Adapted from Knowledge Against Hunger

Supporting Hospitals' PMHC Bundle work

Challenges identified in our baseline survey & 1:1 site discussions

Specific to PMHC bundle



- Data on outpatient OB service practices
- Understanding of local and state resources
- Collaboration and referral with community services

General:

- Staff capacity to implement the work

Innovative solutions by hospital staff

Hospitals incorporated PMHC screening, response and referral into inpatient workflows

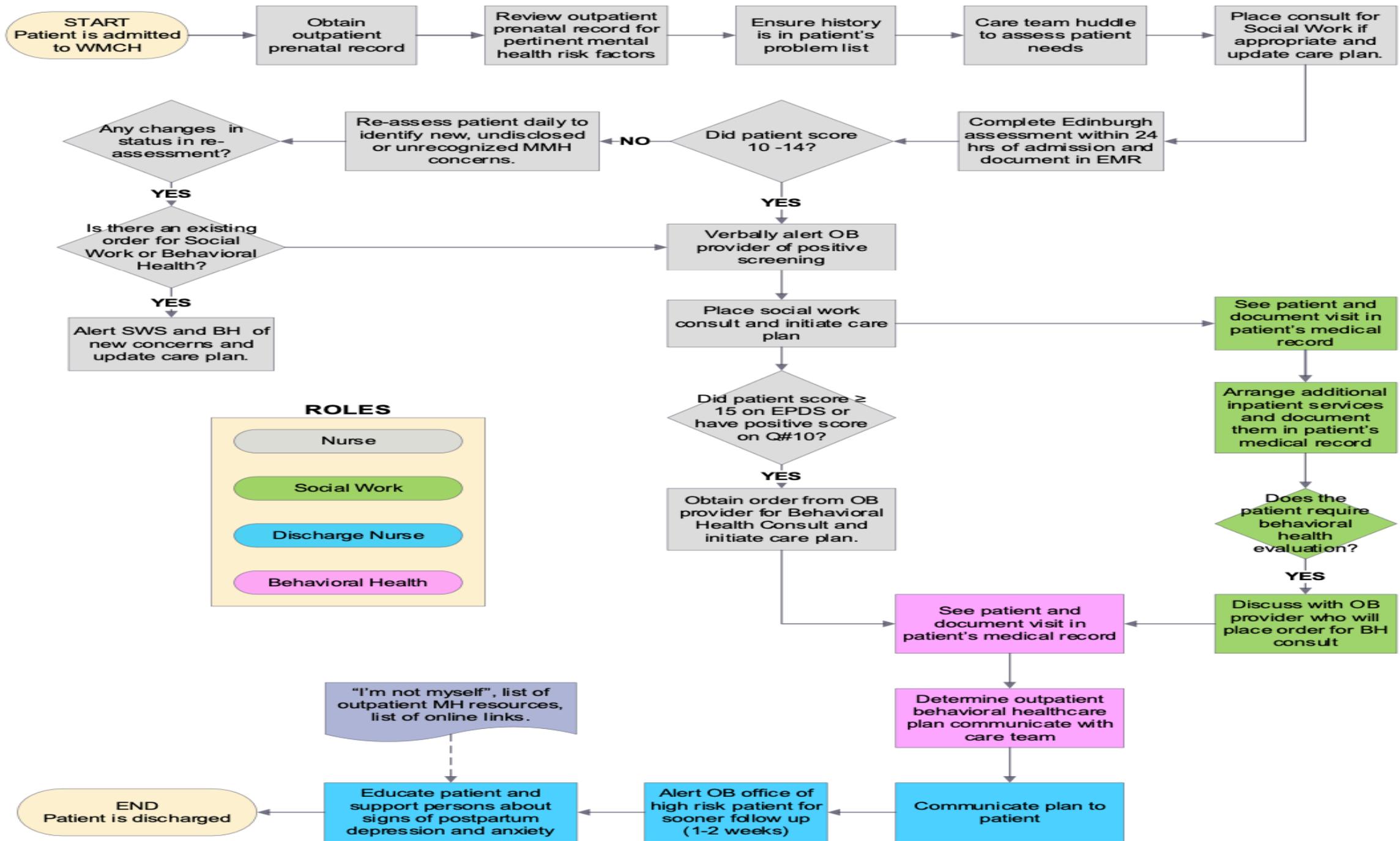
At admission to Labor & Delivery:

Integrated a validated screener into the admission process
Admitting nurse verbally collects the responses and enters into the EMR at bedside

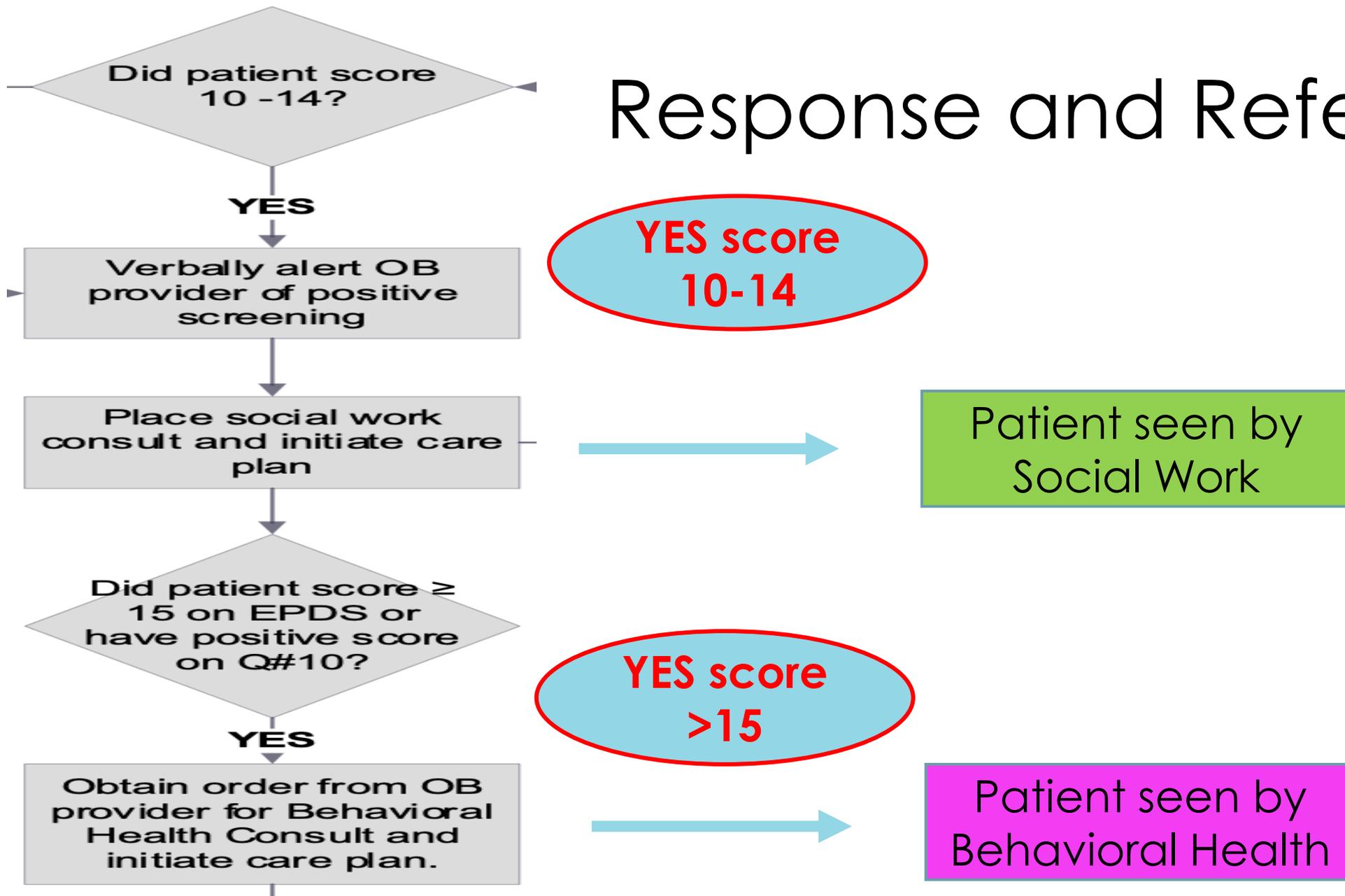
Postpartum: On transfer to postpartum unit

Discharge process:

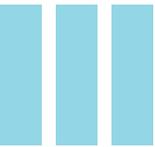
RN collects validated screener responses & enters into EMR



Response and Referral



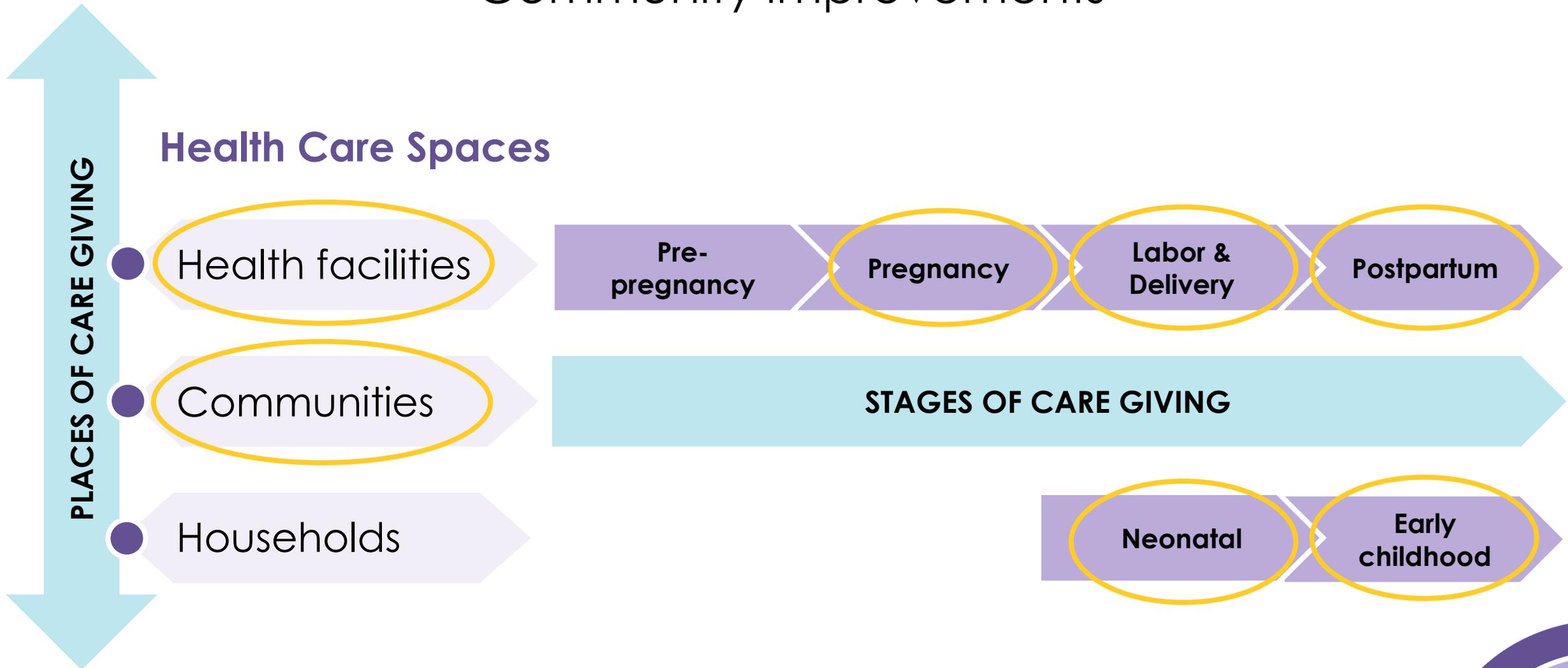
Innovative solutions by hospital staff



Successes: Ensured almost 100% screening
Staff buy-in to ensuring effective process for response and referral
Achieved 100% of sites at fully in place for “Education at Discharge”

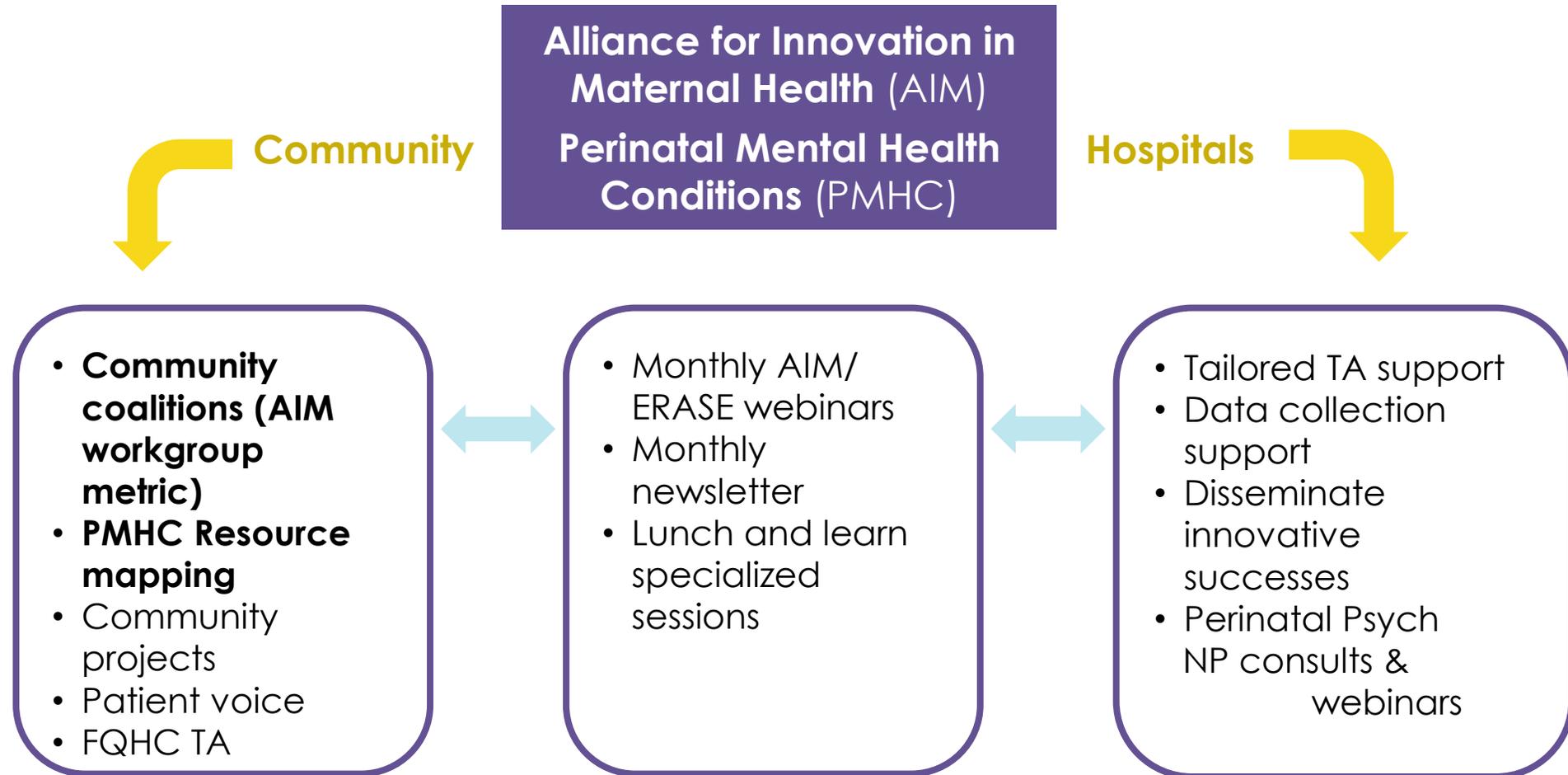
Challenges: Adaptation that avoided integration with prenatal provider

Across the Perinatal Continuum of Care: Community improvements

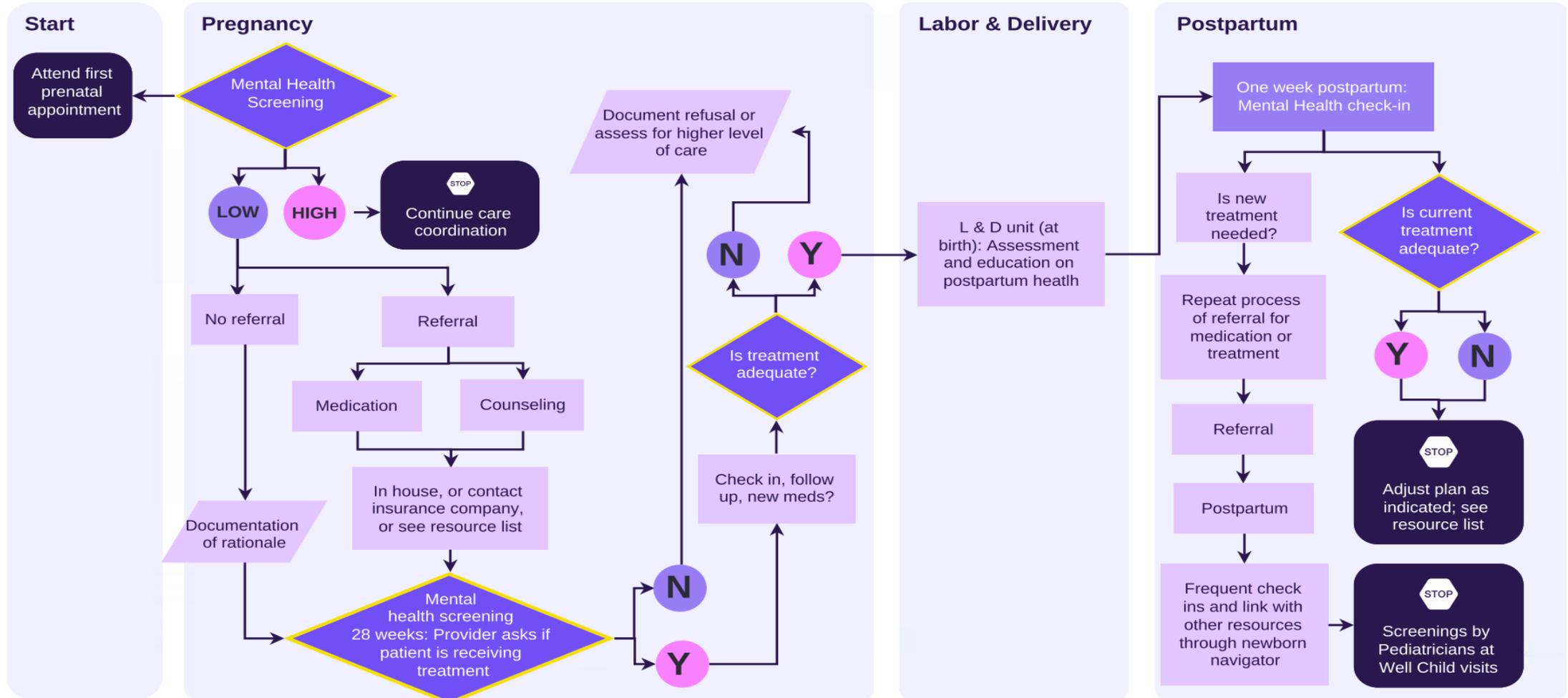


Source: Adapted from Knowledge Against Hunger

Connecting improvements along the continuum



Big Picture of Community-Level Perinatal Mental Health Pathway



PMHC data metrics

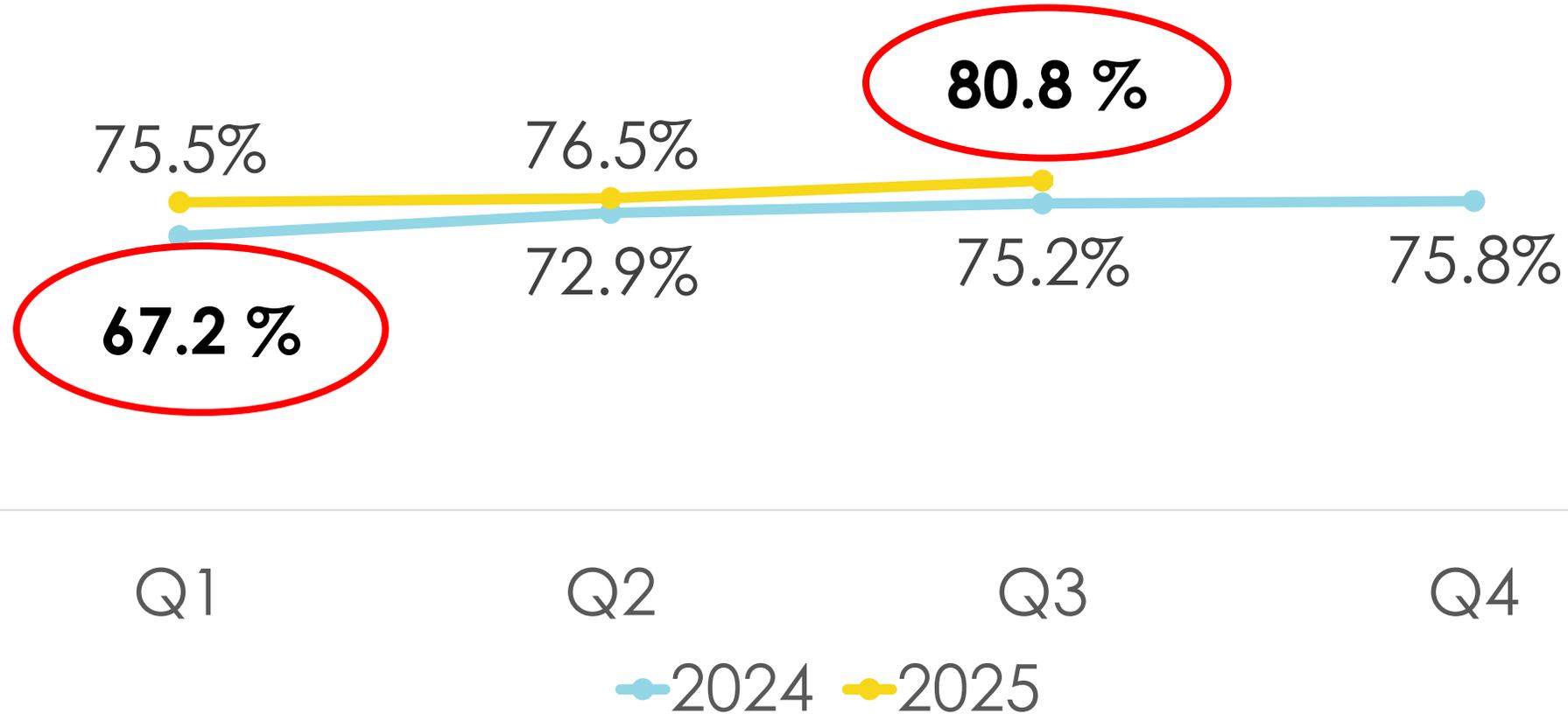
Successes

- Inpatient-Outpatient Workgroup & Identifying Community Resources
 - 11/15 sites (73%) increased to fully in place (rating 5)

Challenges

- Outcome measures data collection process and overall data quality

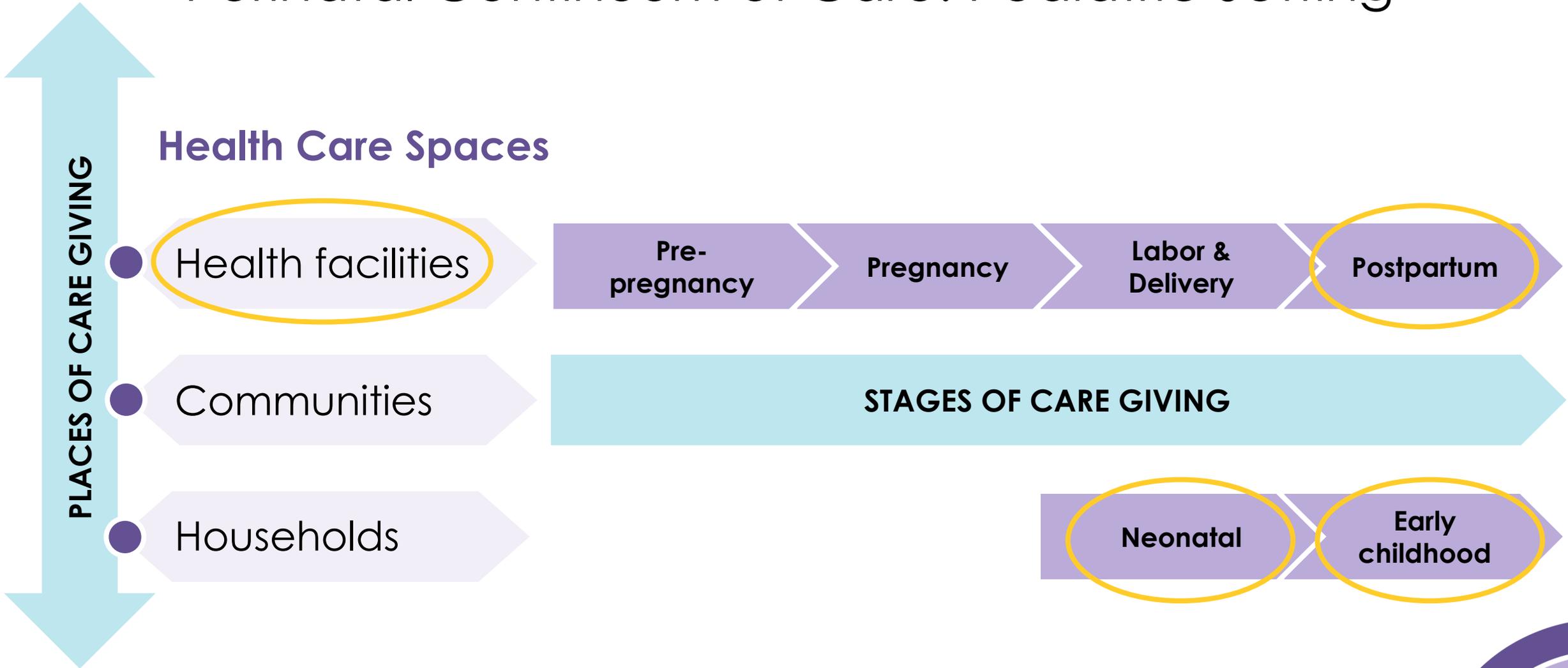
Percentage of Mothers with a PMHC who Received Treatment or Referral to Treatment



Data source: NH Vital Records Birth Certificate Data

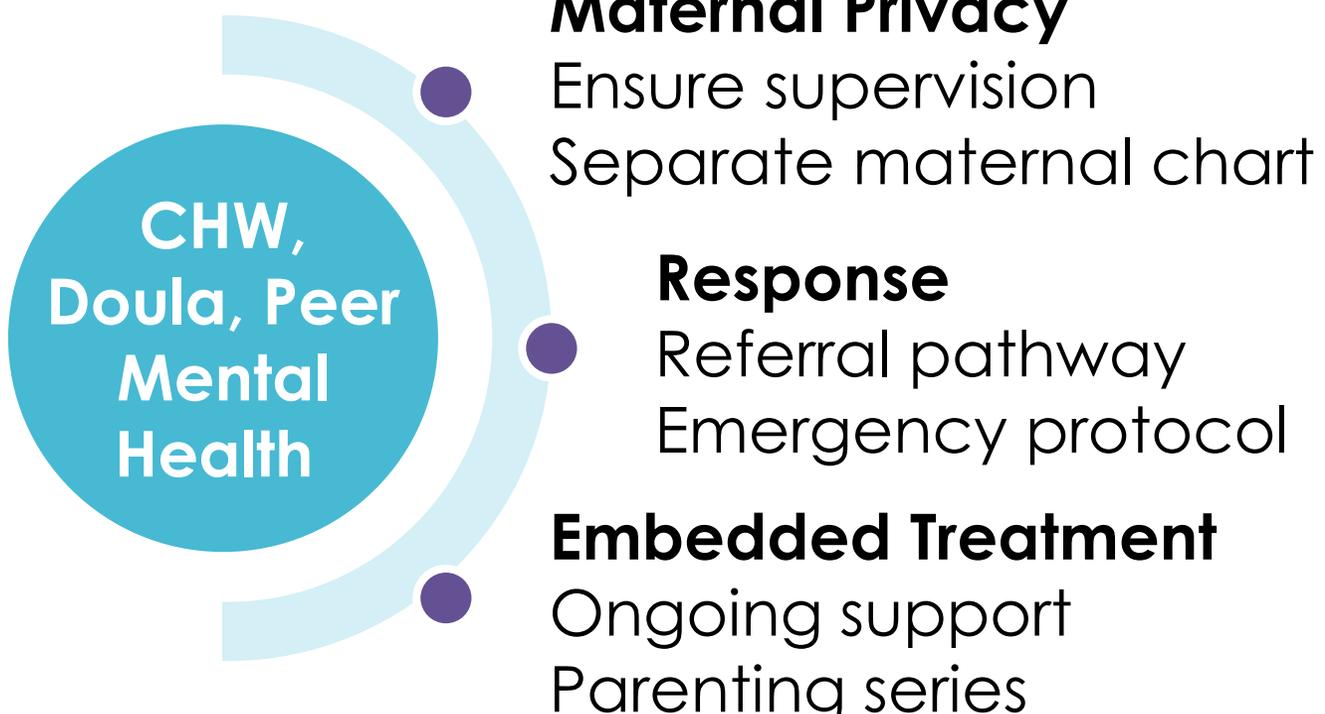
*Preliminary data, Prepared by MCH Epidemiologist

Perinatal Continuum of Care: Pediatric Setting



Source: Adapted from Knowledge Against Hunger

Maternal Mental Health Navigator



CHW,
Doula, Peer
Mental
Health

The diagram features a central teal circle containing the text 'CHW, Doula, Peer Mental Health'. To its right, a light blue arc with three purple dots connects to three text blocks: 'Maternal Privacy', 'Response', and 'Embedded Treatment'. Each block lists specific implementation details. On the far left, there are three vertical teal bars of varying heights. On the bottom right, there is a decorative graphic of overlapping purple, teal, and yellow curved shapes.

Maternal Privacy

Ensure supervision
Separate maternal chart

Response

Referral pathway
Emergency protocol

Embedded Treatment

Ongoing support
Parenting series

Maternal Mental Health Navigator Pilot

Successes:

- Created hardwired process for screening, responding, referring
- Offer 1:1 evidence based support program for Mothers and Babies
- Achieved 96% screening rate

Challenges

- Sustainability- Ability to bill for CHW and peer mental health delayed
 - Added doula training for billing purposes

Gratitude

Thank you to all of our NH birthing hospitals and our state and community partners.

A special thank you to Dartmouth Health and NH Department of Public Health Services at DHHS

Our team



HRSA recognition

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The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



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References

- Mothers and Babies program <https://www.mothersandbabiesprogram.org/>
- Knowledge Against Hunger. (n.d.). READ: Introduction to the Continuum of Care (CoC). Retrieved [date you accessed it], from <https://knowledgeagainsthunger.org/uncategorized/read-introduction-to-the-continuum-of-care-coc/>
- Meadows, Audra R. MD, MPH; Byfield, Renée MS, FNP; Bingham, Debra DrPH, RN; Diop, Hafsatou MD, MPH. Strategies to Promote Maternal Health Equity: The Role of Perinatal Quality Collaboratives. *Obstetrics & Gynecology* 142(4):p 821-830, October 2023. | DOI: 10.1097/AOG.0000000000005347

Stephanie Radke, MD, MPH, FACOG

Executive Director, Iowa Perinatal Quality Care Collaborative (IPQCC)



The Iowa Perinatal Quality Care Collaborative (IPQCC)

Stephanie Radke, MD, MPH

November 12, 2025

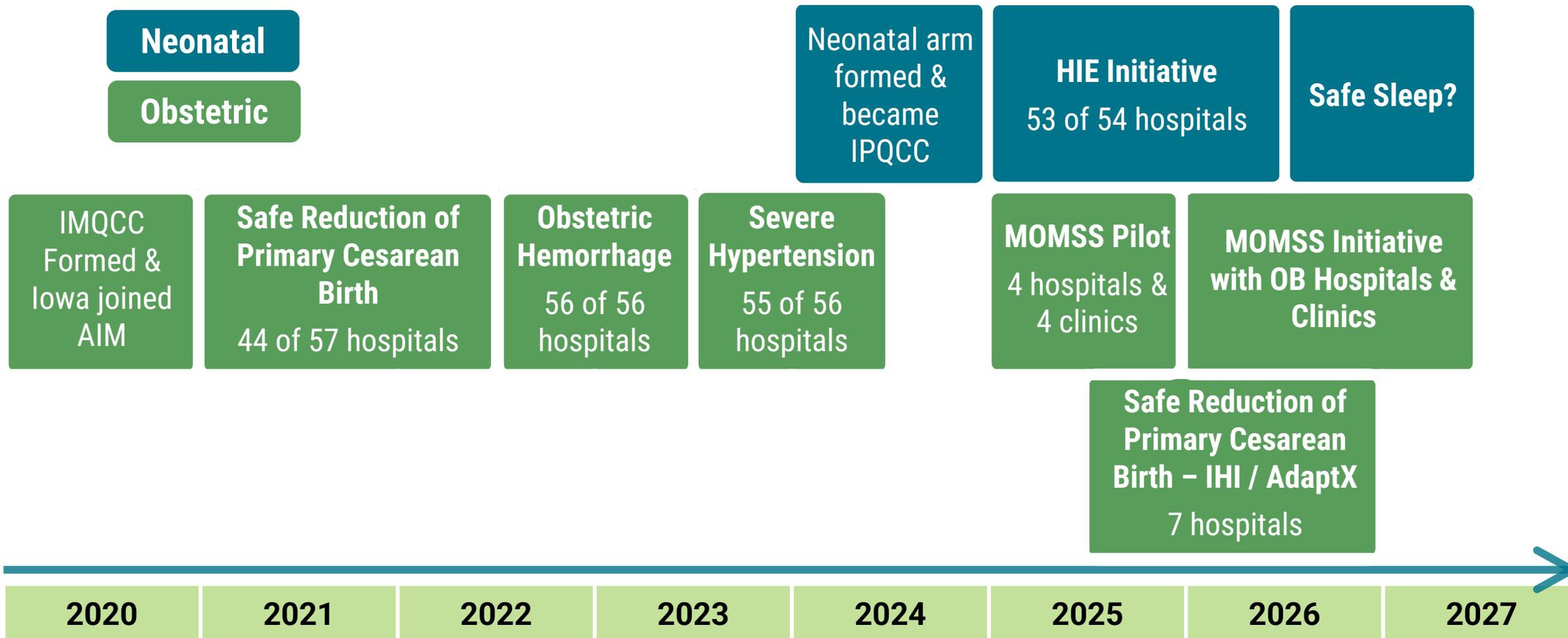
Support acknowledgement: HRSA State Maternal Health Innovation Program & AIM Capacity CDC Perinatal Quality Collaborative

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The AIM program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

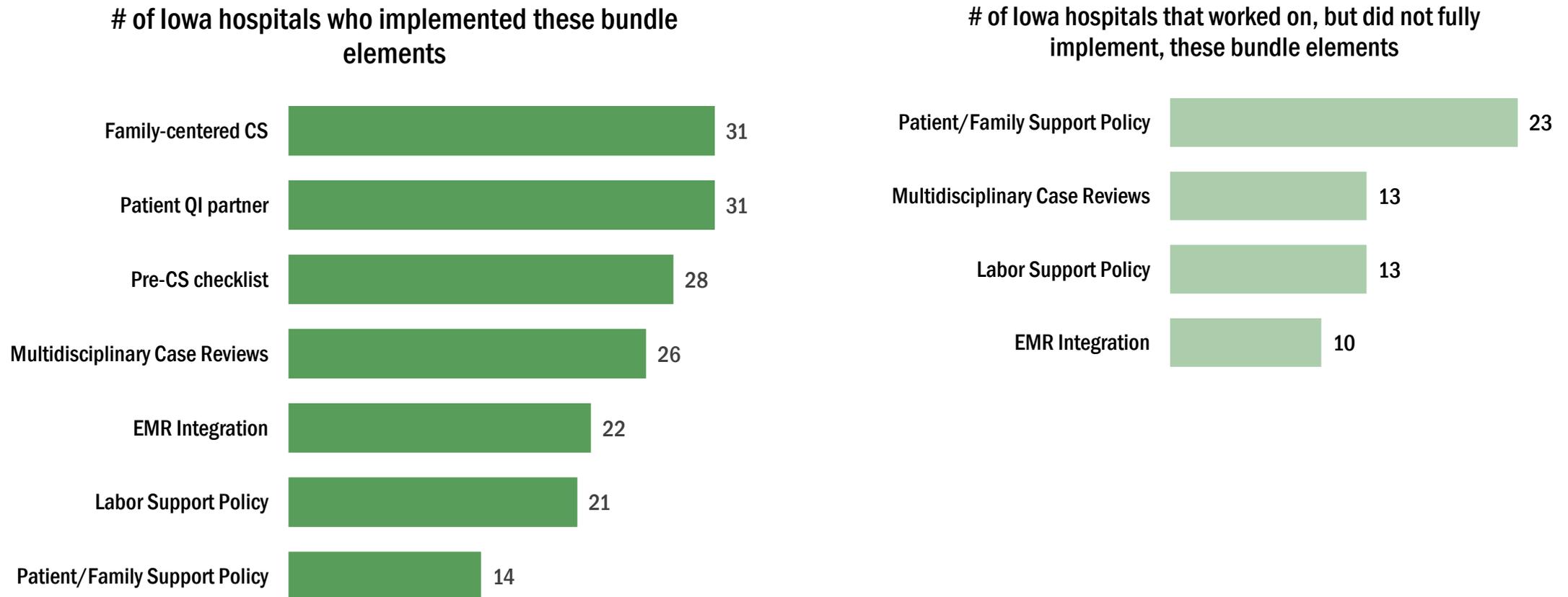


IPQCC's Timeline



CS: Iowa hospitals **implemented** an average of 4 bundle elements and **worked on** an additional 1-2 elements.

Data as reported by hospital team leads on 7 key bundle elements.
44 Iowa hospitals participated in the collaborative.

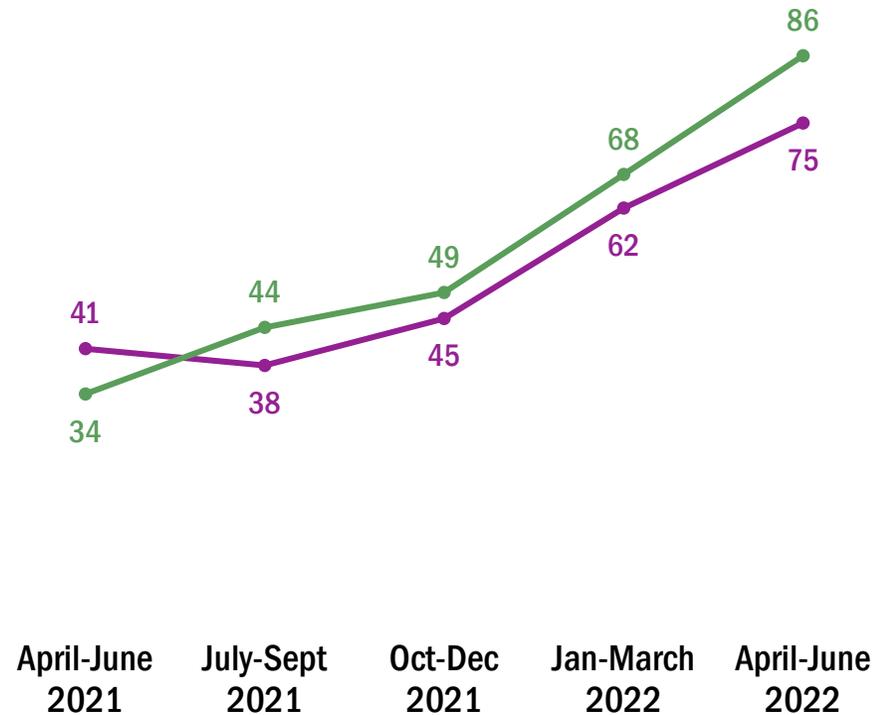


Cases of primary cesareans for **non-progressive labor** and **concerns for fetal status** that align with national guidelines.

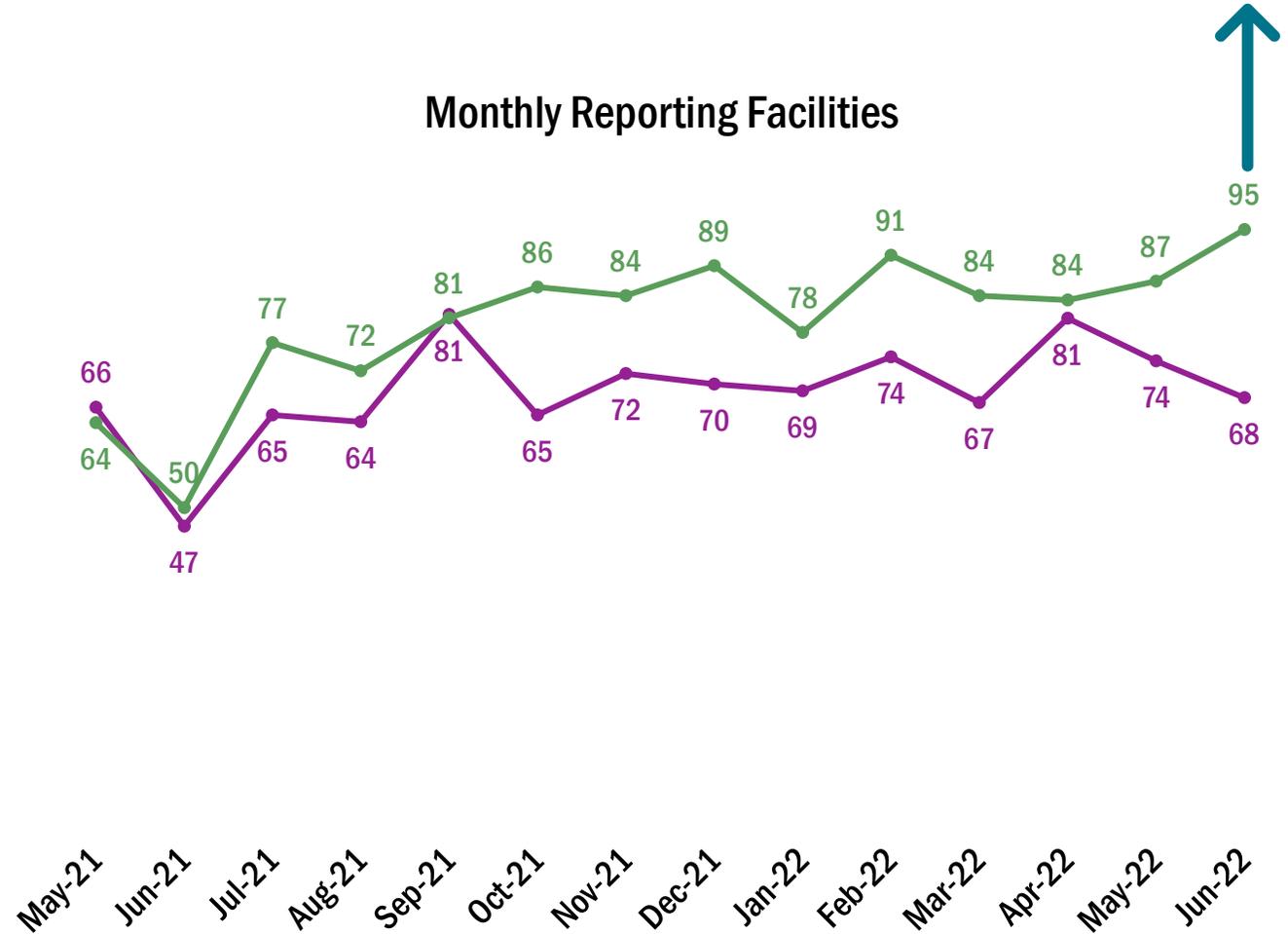
Data as reported by hospital team leads on case reviews of term, primary cesareans.

Hospitals with <1000 annual births reported cases quarterly, those with >1000 reported monthly.

Quarterly Reporting Facilities

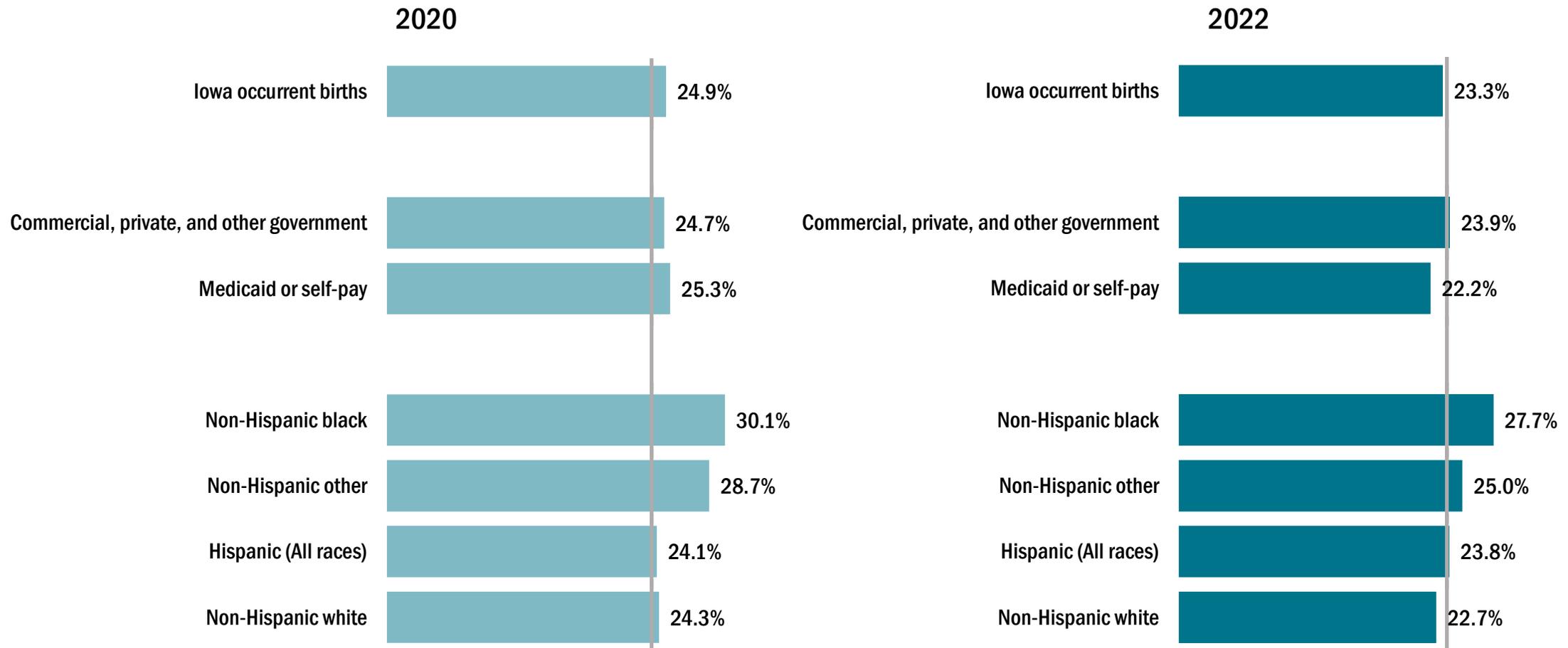


Monthly Reporting Facilities



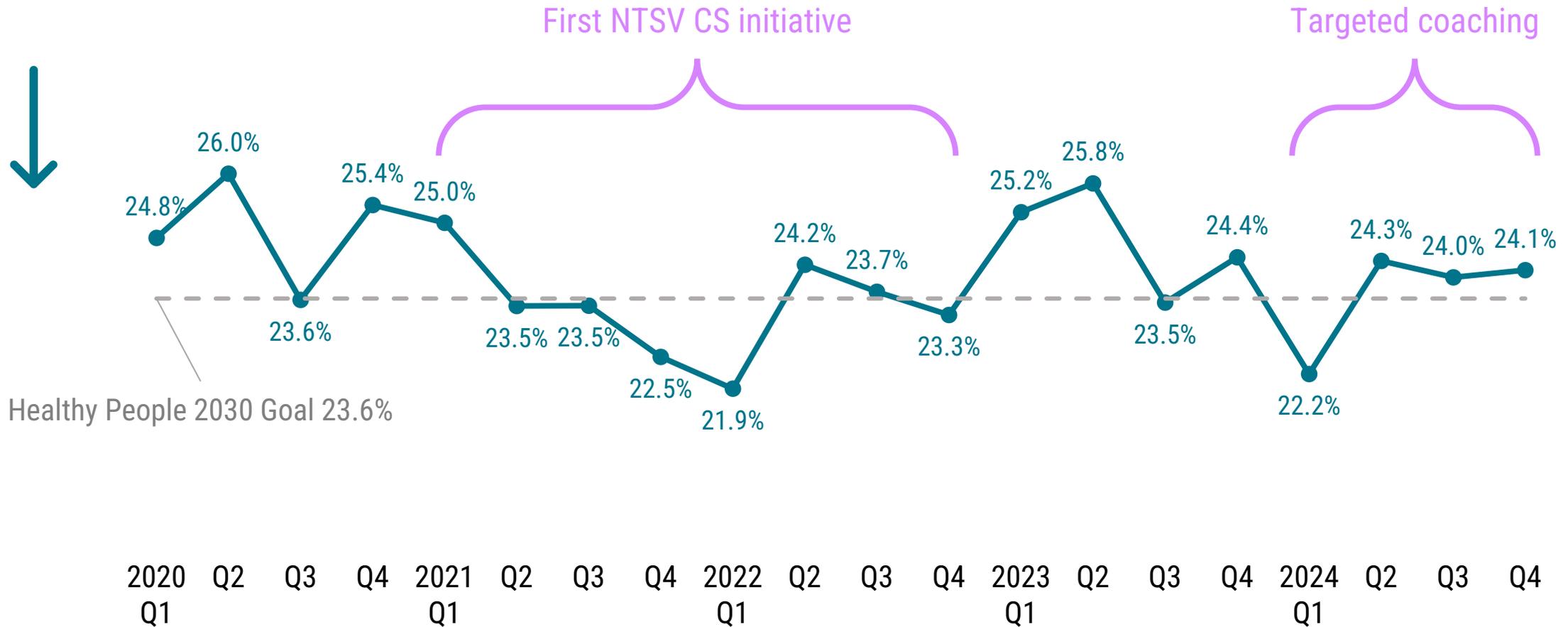
Between 2020 and 2022, Iowa achieved the HealthyPeople 2030 NTSV Cesarean goal and reduced disparities by race and income.

HealthyPeople 2030 goal for NTSV Cesarean is 23.6%

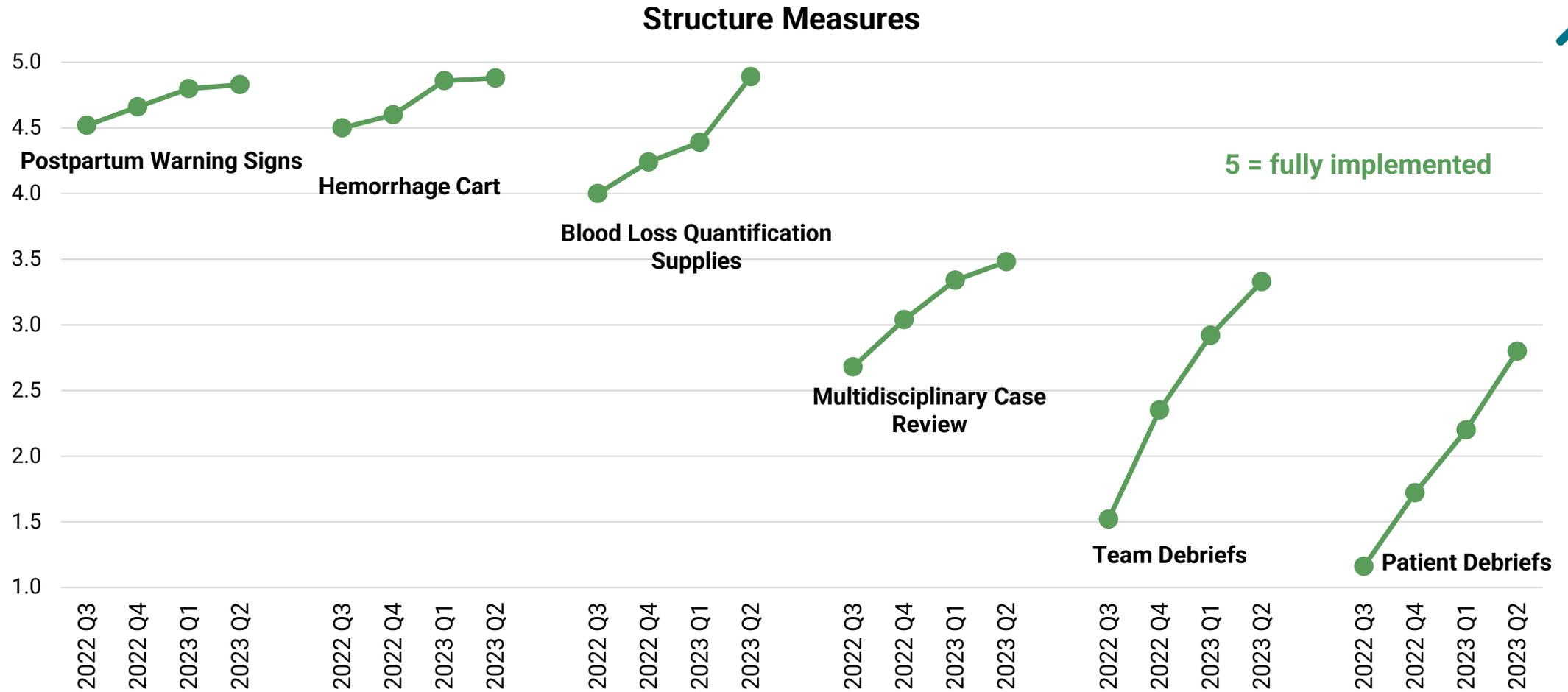


Sustainability has been a challenge:

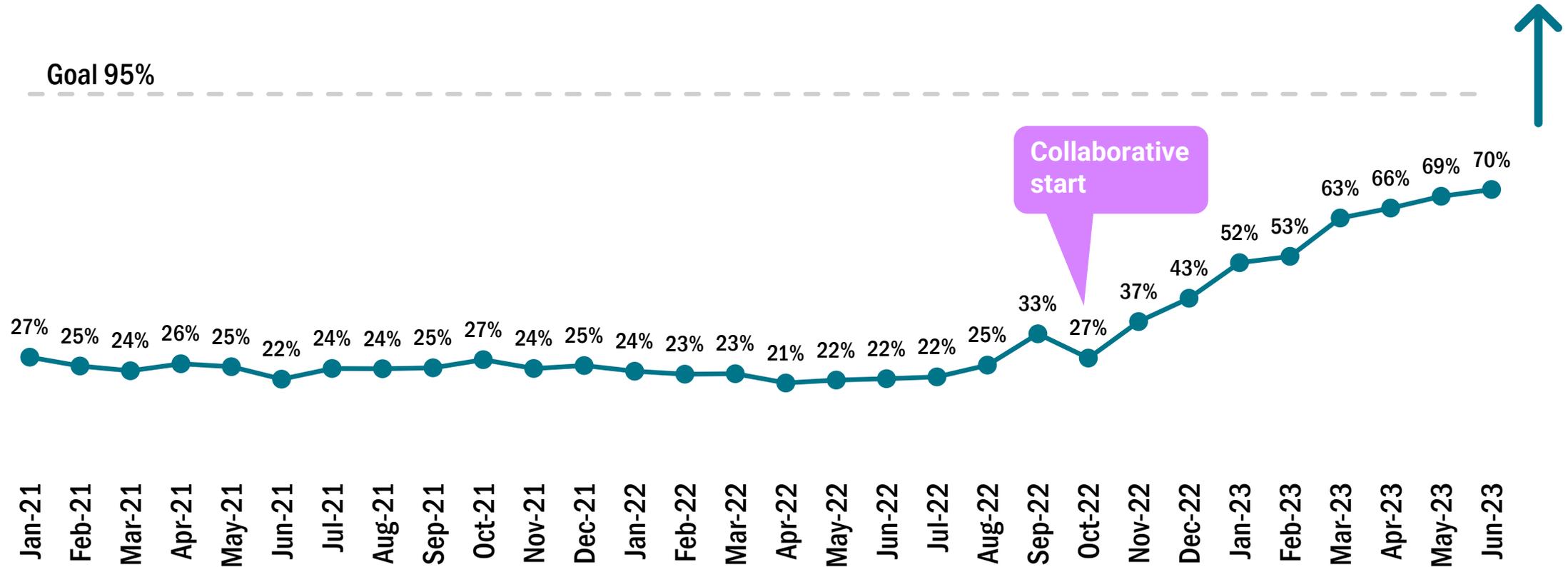
Iowa's NTSV cesarean rate rose above the Healthy People 2030 target in 2023, then back to 23.6% in 2024.



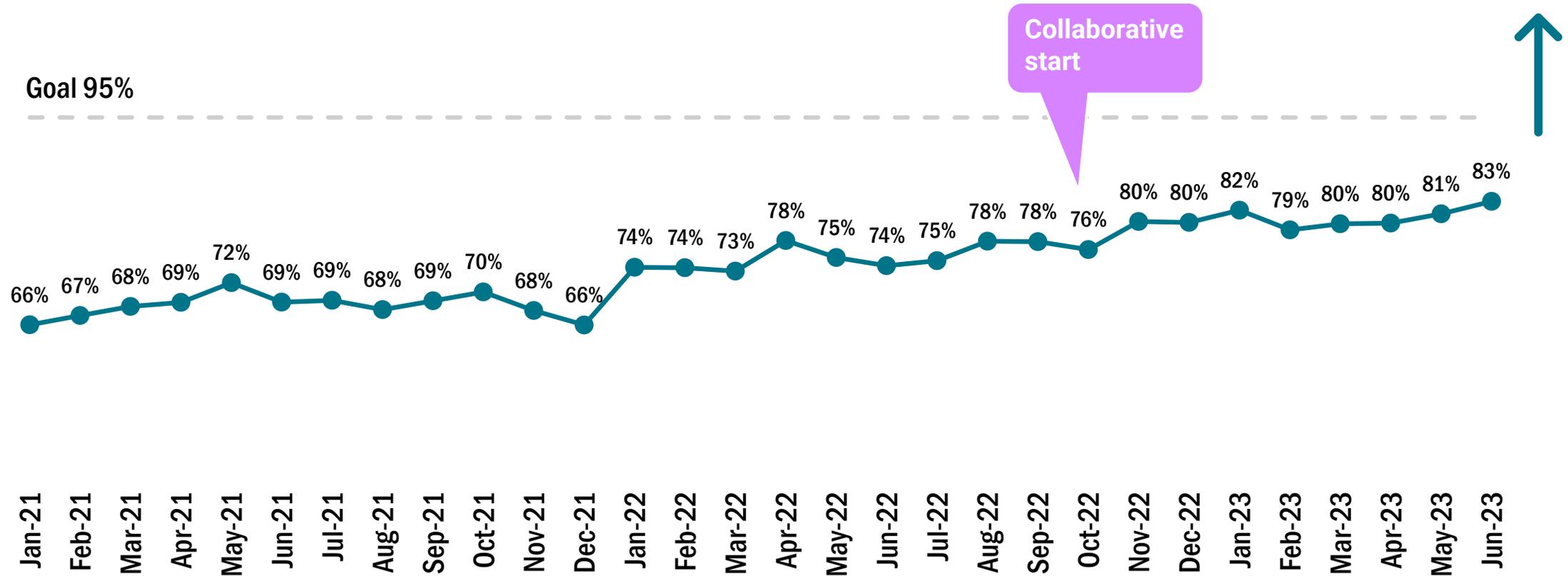
OB Hemorrhage Bundle Element Implementation



Percentage of OB patients who had a hemorrhage risk assessment performed

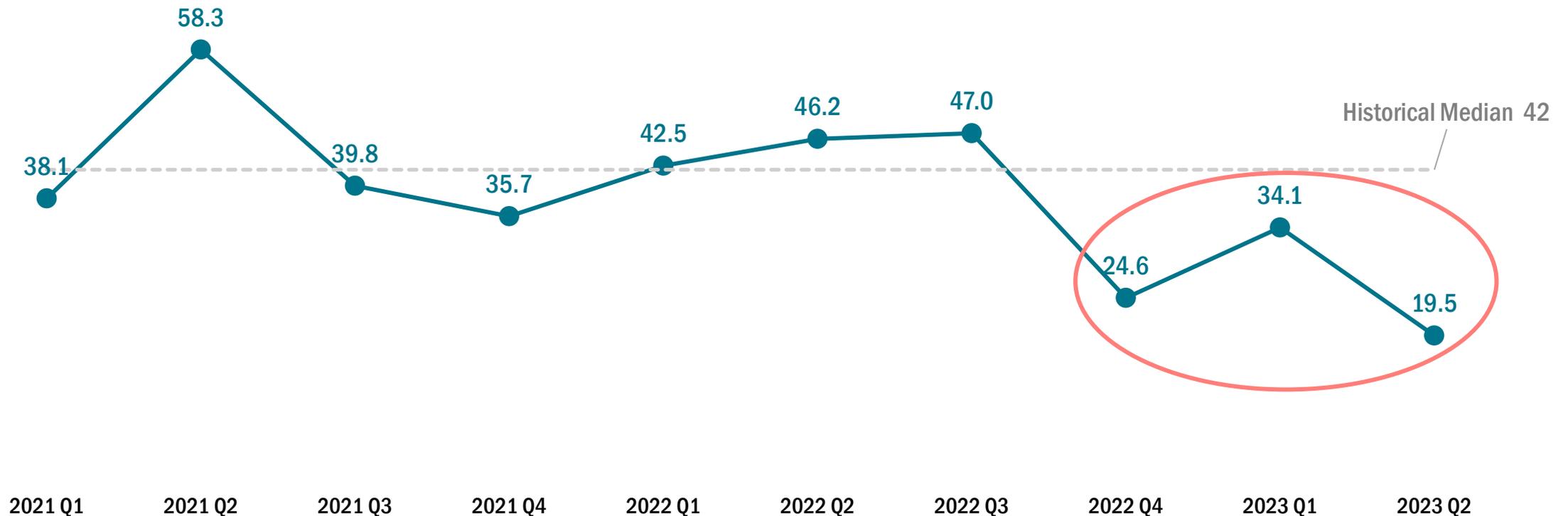


Percentage of deliveries with quantified blood loss (QBL)

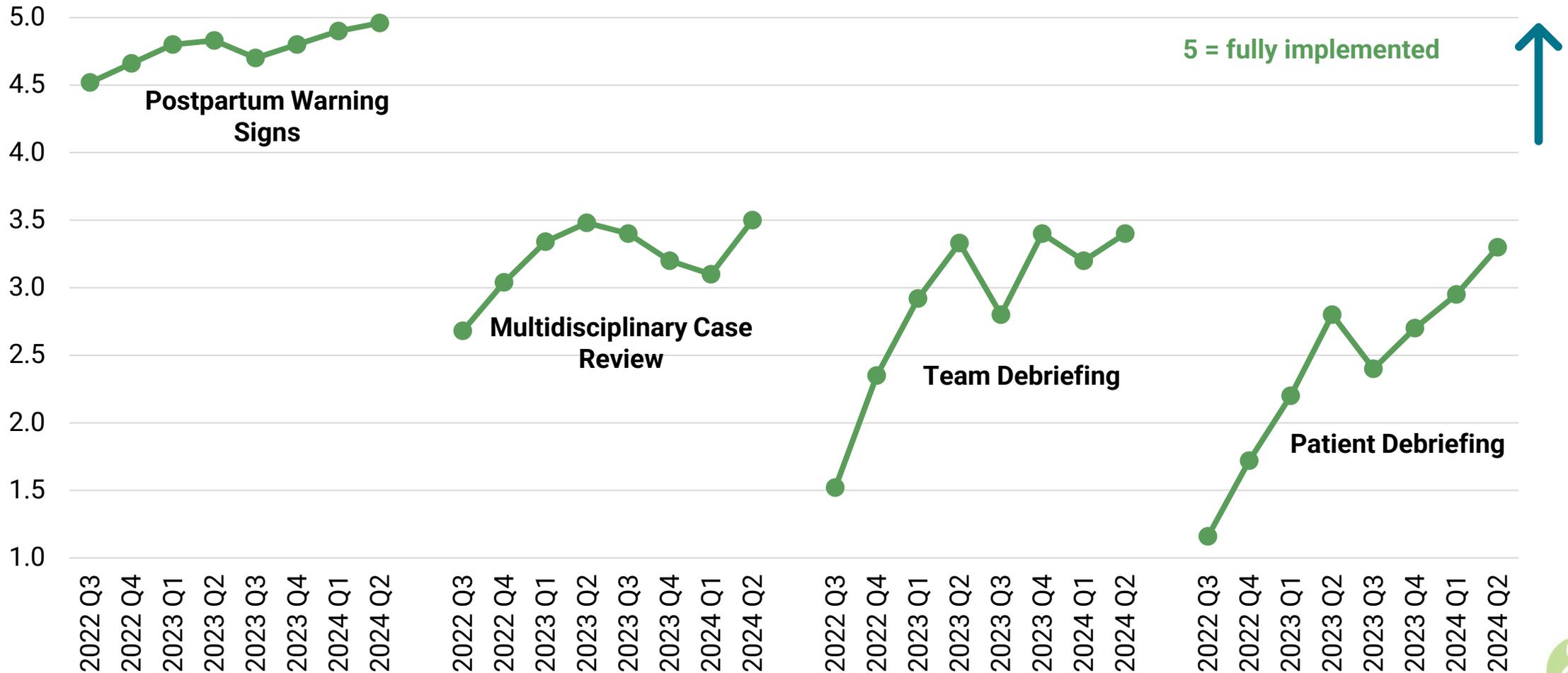


Near-miss events of SMM from hemorrhage have declined significantly during the Iowa AIM OB Hemorrhage collaborative.

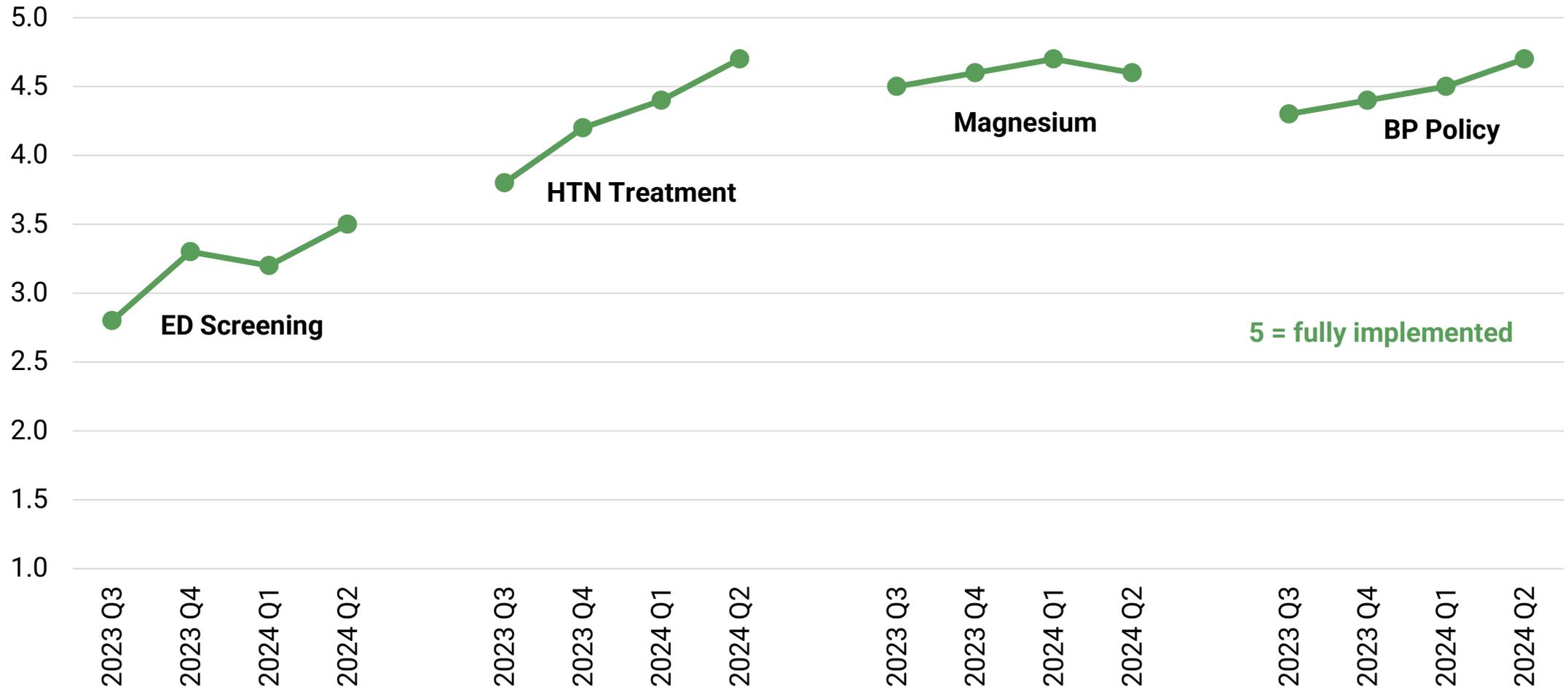
We defined SMM from hemorrhage as transfusion of 4 or more units of blood, hysterectomy, or ICU admission due to hemorrhage. Presented as cases per 10,000 births as reported by AIM facilities.



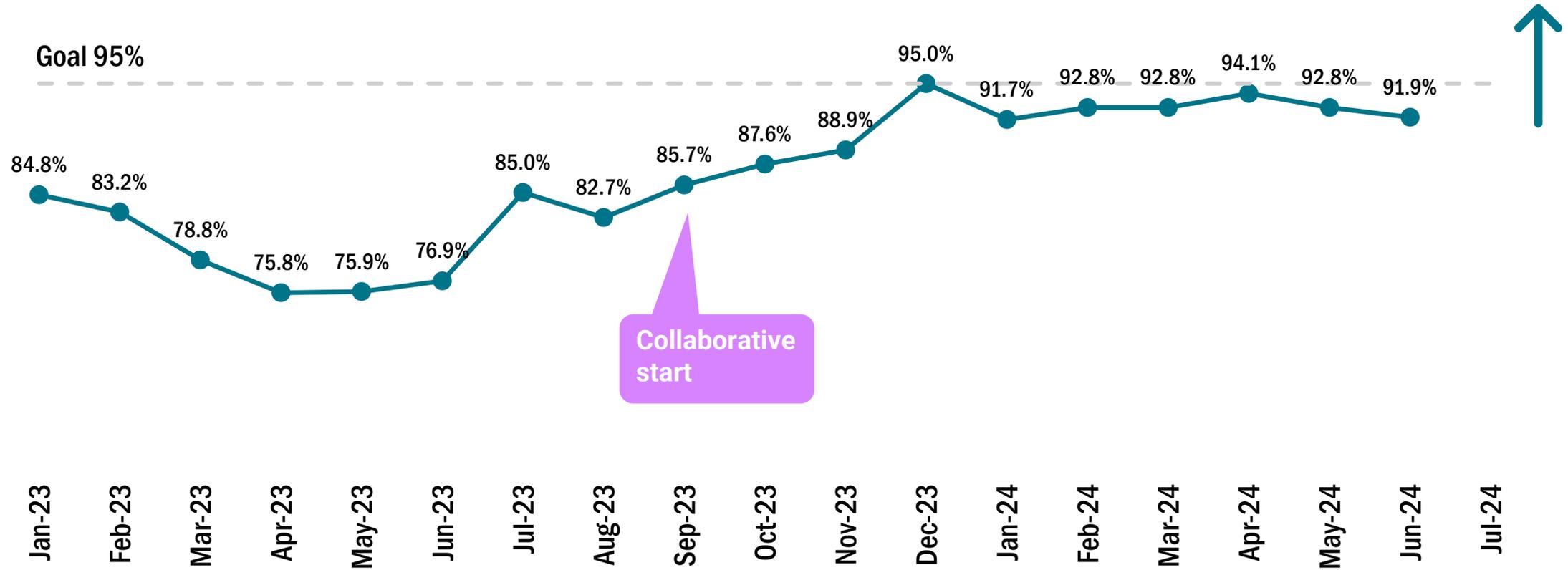
Common Bundle Elements from HEM and HTN



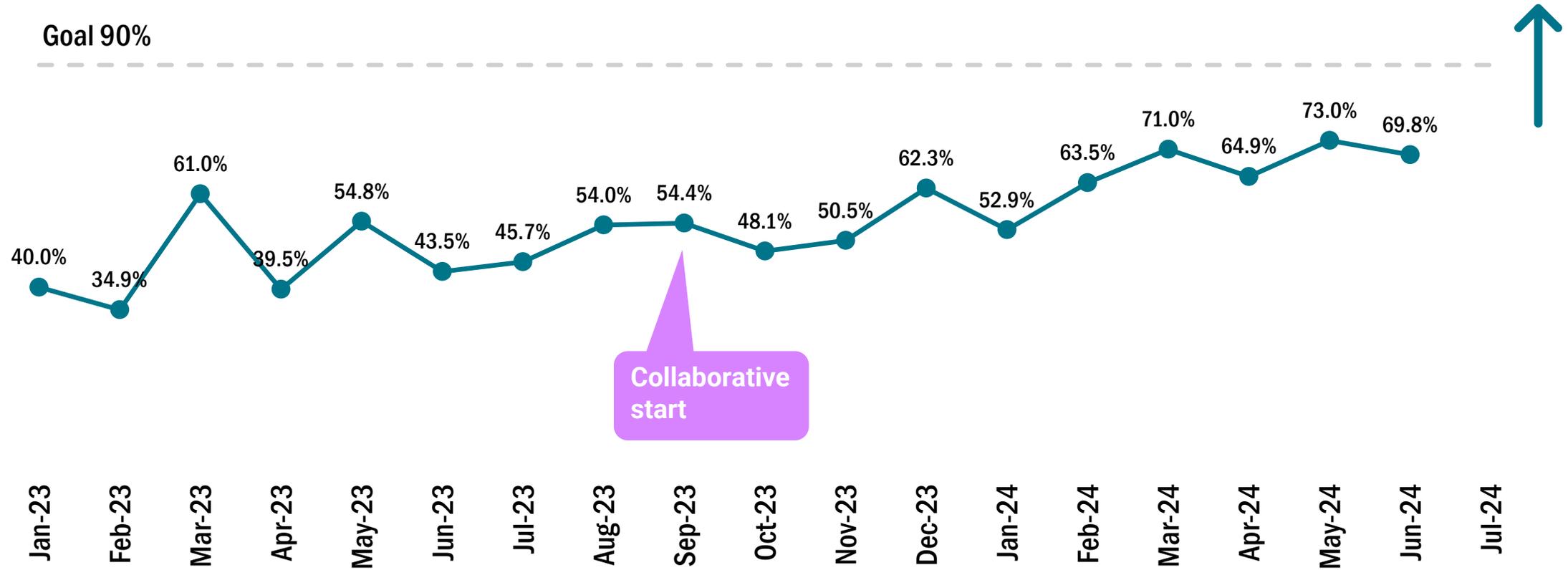
HTN Policy Measures



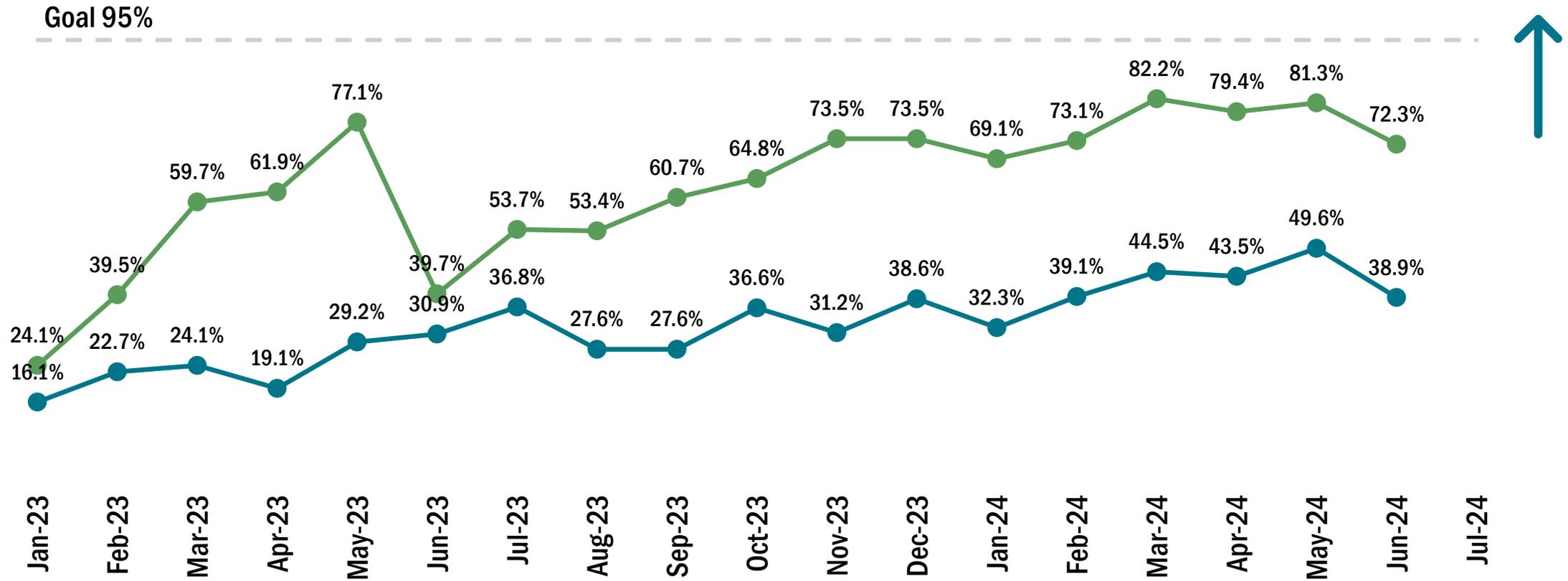
Percentage of OB patients with severe hypertension who had their blood pressure rechecked in a timely manner



Percentage of OB patients with severe hypertension who received acute treatment within 60 minutes



Percentage of OB patients with hypertensive conditions who had early postpartum visits planned

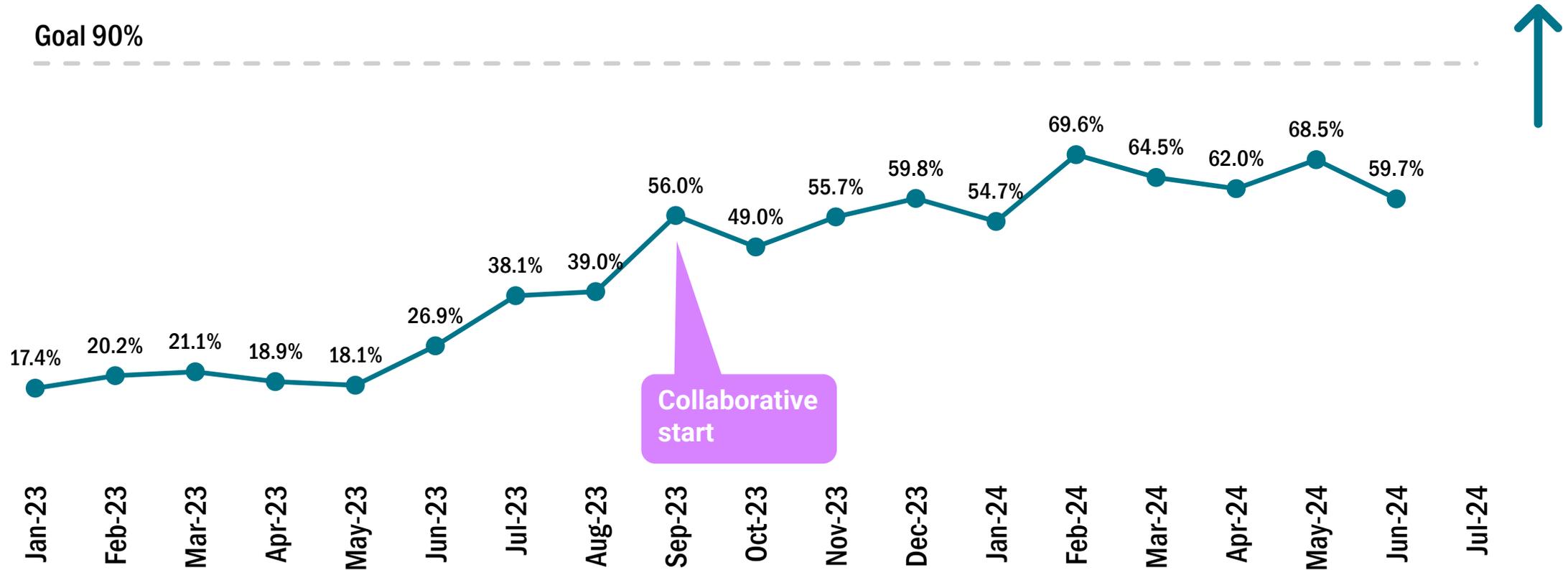


Visit planned within 7 days
Visit planned within 3 days

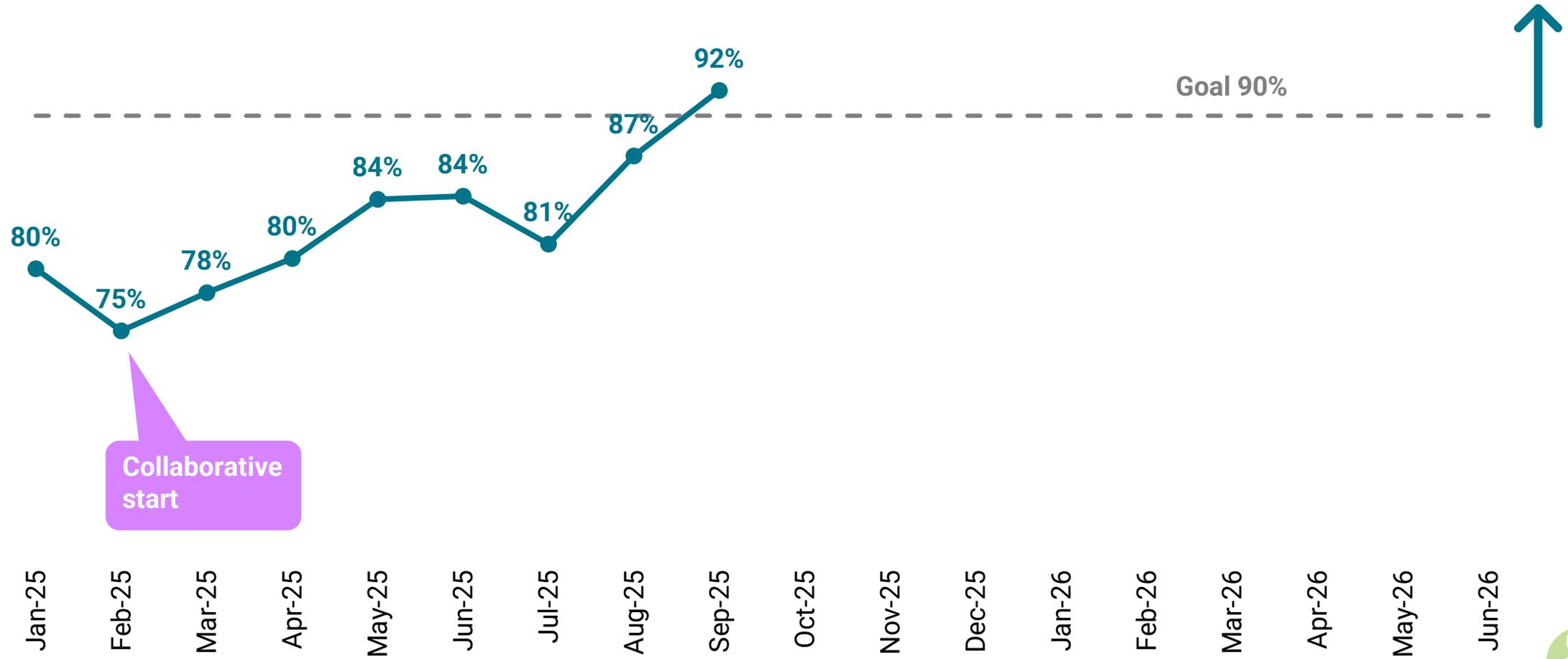
Collaborative start

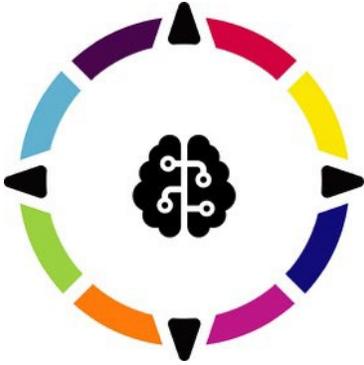


Percentage of at-risk OB patients who were advised to take low-dose aspirin for preeclampsia risk reduction



Percentage of newborns with HIE risk factors who had a cord gas collected





MOMSS

Mood, Mental Health,
Substance Use &
Social Support Initiative

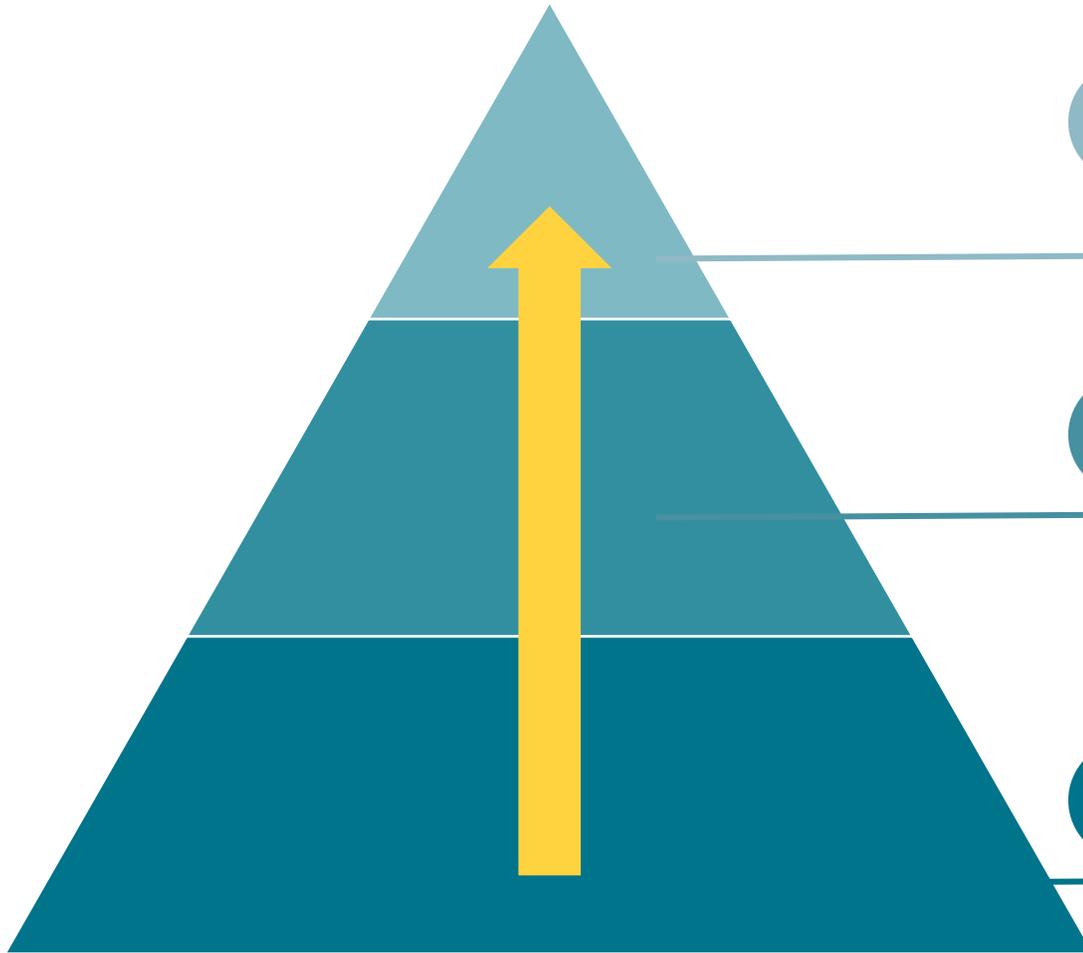


Our vision for MOMSS

- Bring together practice guidelines for interrelated conditions and situations:
 - Perinatal mood and anxiety disorders (PMADs)
 - Substance use / use disorders (SUD)
 - Social influence on health / social environment
 - Interpersonal violence
- Expand our QI program beyond birthing hospitals into the community
 - Support community-led collaborative improvement
 - Improve the quality of perinatal healthcare
 - Improve utilization of existing community programs
 - Improve care coordination for vulnerable perinatal lowans
 - Reduce stigma around mental health and social conditions



MOMSS Collaborative *Framework*



3

Resources: Connect our patients to needed resources and treatments via warm and welcoming handoff

2

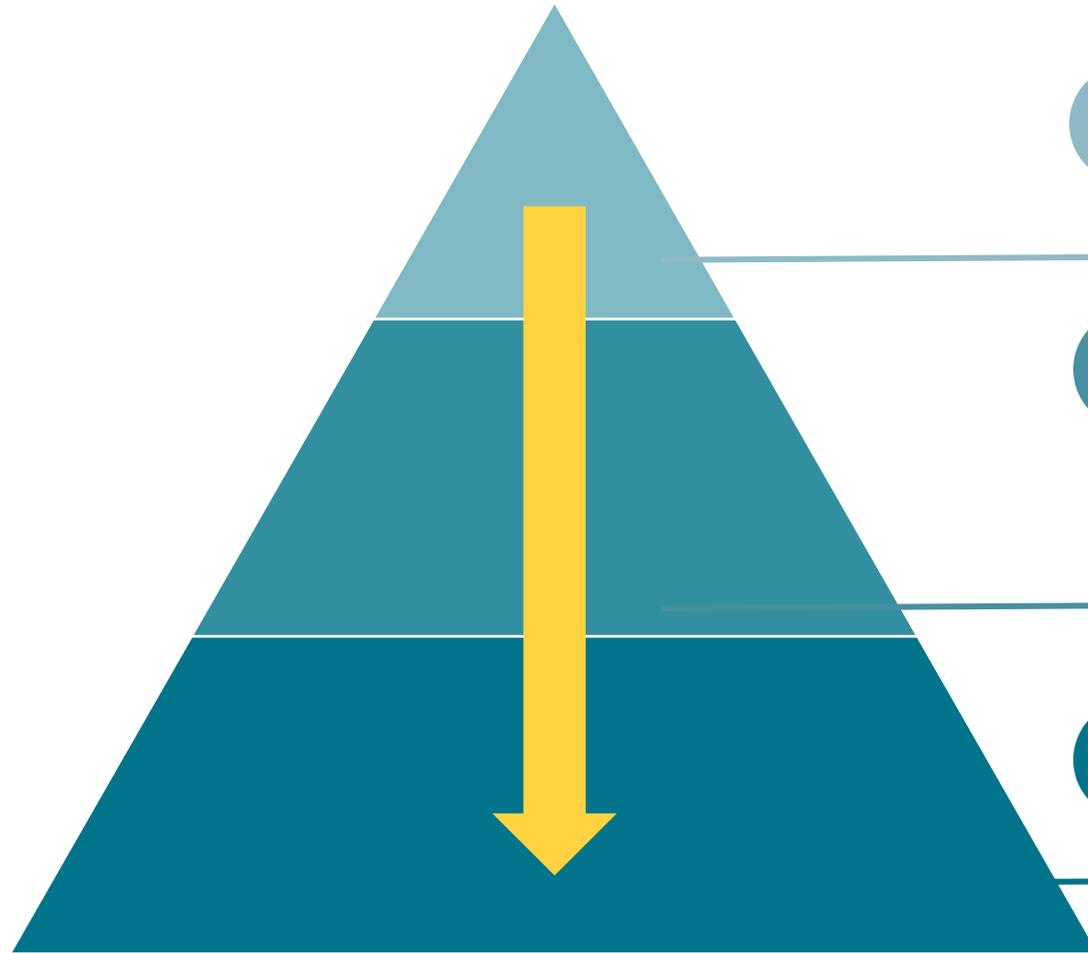
Response: Improve empathy and respectful encounters between staff and vulnerable patients

1

Recognition: Standardize our screening processes. SMART Aim: >90% of patients receive comprehensive screening with validated instruments or approach



MOMSS Collaborative *Approach to Improvement*



1

Resources: Hospitals and clinics will catalog resources and providers will increase comfort with treatments, if interested

2

Response: Staff are trained on proper screening methods, empathy, and creating a safe space for a patient to screen positively. Staff are prepared to provide treatment and connect a patient to necessary resources.

3

Recognition: Hospitals and clinics will implement universal screening using validated methods and instruments.



Deirdre J. Lyell, MD

Co-Chair, California Maternal and Perinatal Quality Care Collaboratives (CMQCC/CPQCC)



Toward Ongoing Improvement: CMQCC's Recent Work

Deirdre Lyell, MD

Chair and PI, CMQCC

Co-Chair and Co-PI, CMQCC/CPQCC

IL PQC, November 12, 2025

Active CMQCC Initiatives

Initiative	Key Drivers
Learning Initiative: Supporting Vaginal Birth Through an Equity Lens <i>Funder: CDC</i> Reducing Rates of Cesarean Birth and Cesarean-Linked Hemorrhage through Improved Obstetric Care <i>Funder: NIH</i>	NTSV, Cesarean Birth, Hemorrhage, Respectful Care, Inequities
Improving Diagnosis and Treatment of Obstetric Sepsis, v2.0 <i>Funder: NIH</i>	Sepsis, SMM, Inequities
Community Birth Partnership Initiative <i>Funder: Skyline Foundation</i>	CPQCC MOMMS and CARE Collaboratives Certified Nurse Midwives, Licensed Midwives Community to Hospital Transfers Respectful Care
In progress: broadening partnership with the state	Inequities, broader health ecosystem
In progress: Postpartum Landing Page <i>Funder: Merck for Mothers</i>	Hospital Discharge, Early Warning Signs, Care Linkages, Inequities
Outpatient: Low Dose Aspirin Collaborative <i>Funder: March of Dimes</i>	Preeclampsia, Preterm Birth, Inequities
Outpatient: Reducing Perinatal Anemia through Patient Centered Community and Clinical Approaches <i>Funder: NIH</i>	Anemia, Hemorrhage, Severe Maternal Morbidity (SMM), Inequities

Pregnancy-Related Mortality Ratio by Race/Ethnicity and Cause

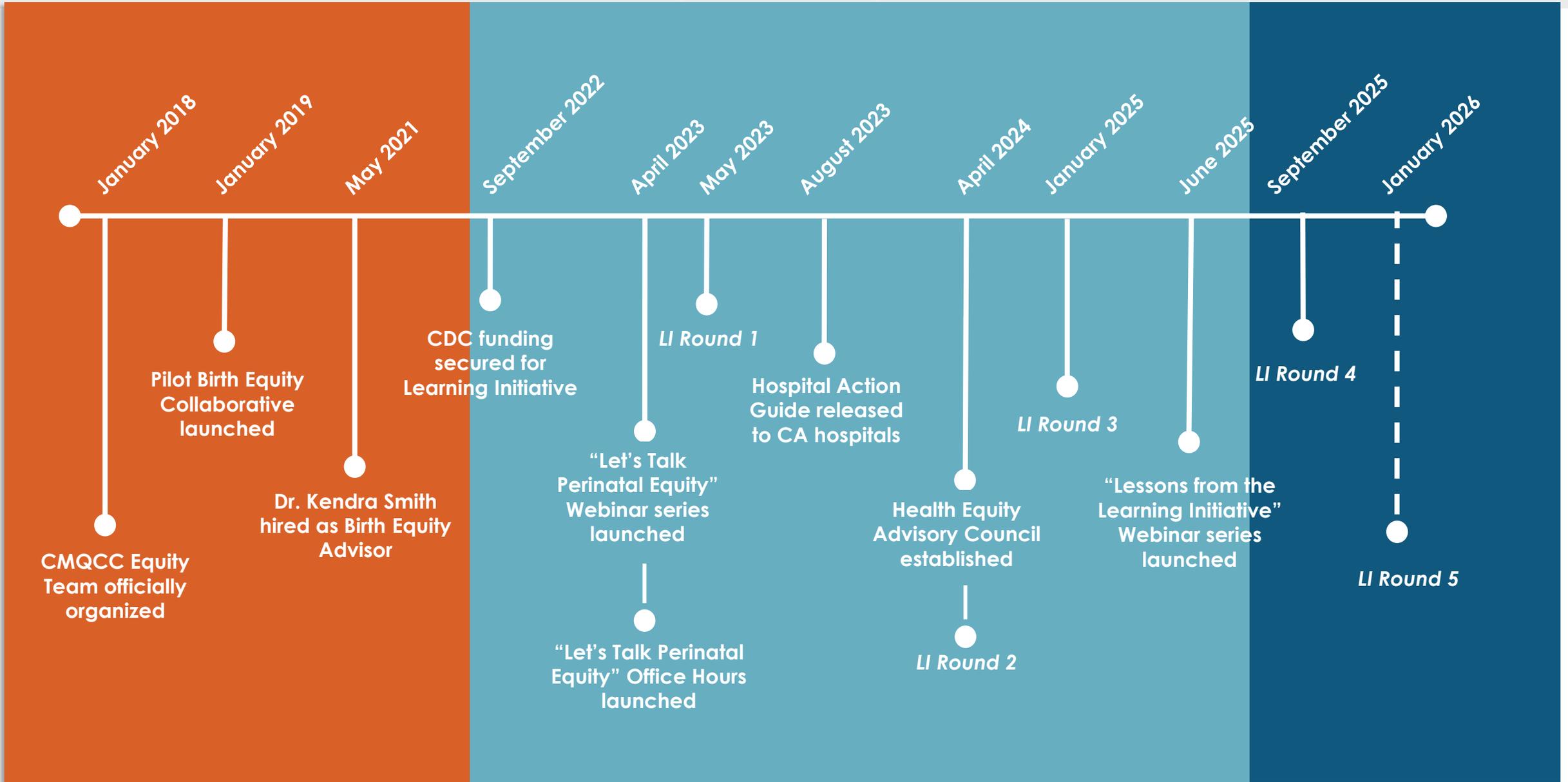
California 2013-2021 (N=607)



Cesareans are contributory

Data source: California Department of Public Health

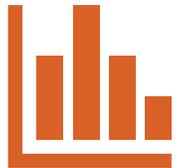
Our Perinatal Equity Journey: 200+ Hospitals





Community of Equity Learning

**Goal: all patient groups reach the Healthy People 2030 target NTSV rate of <23.6%
Close the disparity gaps**



Reduce **racial and ethnic differences** in NTSV Cesarean rates



Hospitals with high NTSV rates **increase participation**



Increase **community and patient awareness** of existing racial disparities in NTSV rates



Increase the number of hospitals with **patient and community engagement practices**



Learning Initiative Curriculum

Introduction

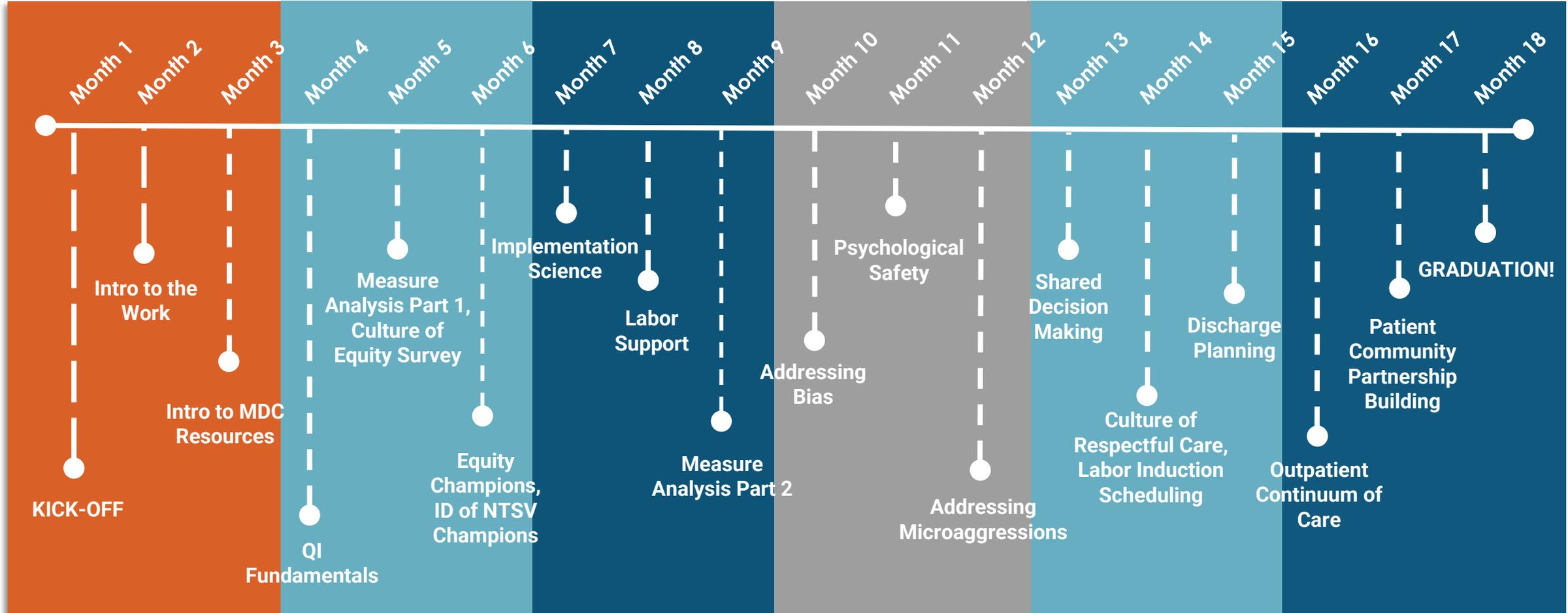
Collecting Data and Experience

Examining Equity Practices

Leveraging Processes and Data

Creating a Respectful Care Culture

Building Partnerships





Create a community of learning

- Create unit council to address equity concerns, elevate patient voice
- Define unity equity champion role
- Complete annual equity readiness assessment (SWOTT analysis, IHI)
- Administer “Culture of Equity Survey” annually
- Develop an ongoing equity education process that goes beyond implicit bias training
- Develop ongoing review schedule for auditing policies/processes with an equity lens
- Create equity-oriented onboarding process
- Develop a “Commitment to Respectful Care” document and dissemination process
- Develop a process for equity-oriented patient feedback
- Engage with community organizations serving perinatal patients

Preliminary results are promising
Qualitative work underway

Supporting Vaginal Birth: Doula Enhancement Awards CMQCC

11 awardee organizations

Goals. Support organizations to:

- Increase number of doulas in Medi-Cal birthing communities
- Expand the workforce by geography and language spoken
- Expand organizations that unite public health, providers, and communities to improve referrals for Medi-Cal patients during pregnancy, birth and postpartum



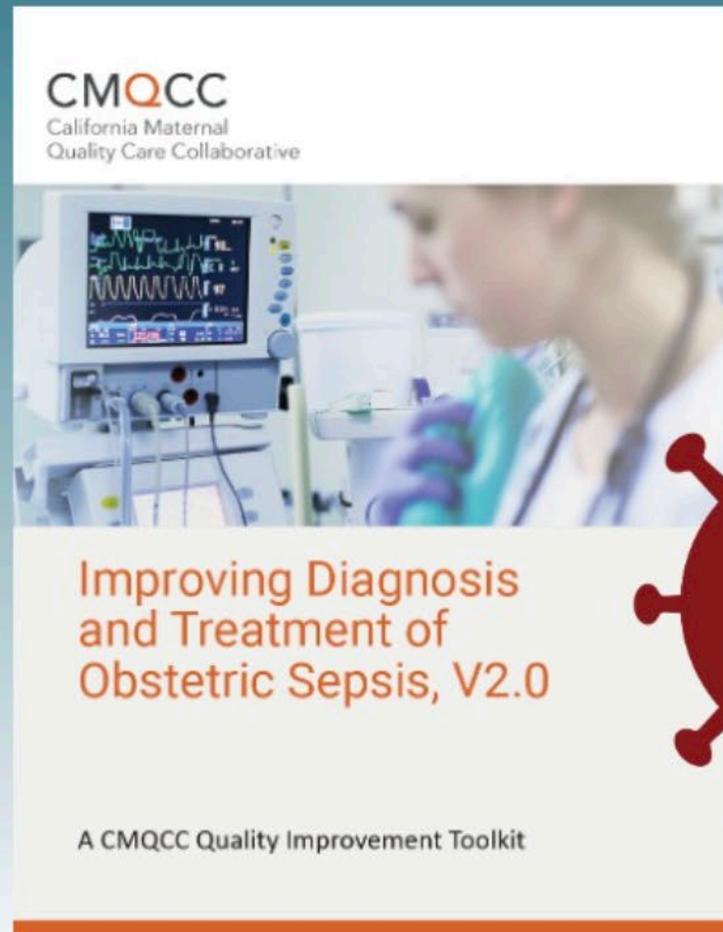
Prevent Obstetric Sepsis, Save Lives!

Obstetric Sepsis Toolkit, V2.0

- a leading cause of maternal mortality
- racial and ethnic inequities
- v2.0 created by a diverse 65-member task force: a wide range of medical professionals, experts in social determinants of health, individuals with lived experience
- holistic approach, patients, community, clinicians and other experts co-designed screening and educational tools

Next: sepsis QI sprints

2026 Download the Sepsis Toolkit:



Next, Sepsis Sprint!

Key Topics to Be Covered:

- Implementation of the screening algorithm utilizing the Electronic Health Record (EHR)
- Documentation of the bedside evaluation
- Evaluation of lactate/blood cultures
- Ideal treatment antibiotic selection
- Patient support after a maternal adverse event
- Case review practices that inform systems improvement
- Alignment of Sepsis-3 definitions with the CMS SEP-1 measure

Register today!

bit.ly/SepsisSprint



Why Should Your Hospital Participate?

Teams will receive access to training materials, educational webinars, and implementation assistance from obstetric sepsis experts, as well as the opportunity to network with others nationwide. A short cycle format provides the advantage of a concentrated learning opportunity without an extended time commitment. *Required sessions on 1/20, 2/17, 3/17, and 4/21.*

Registration is open
nationally!

Register by January 9, 2026

Visit CMQCC's website for full details



Stanford | MEDICINE
Dunlevie Maternal-Fetal Medicine
Center for Discovery, Innovation and Clinical Impact

CMQCC

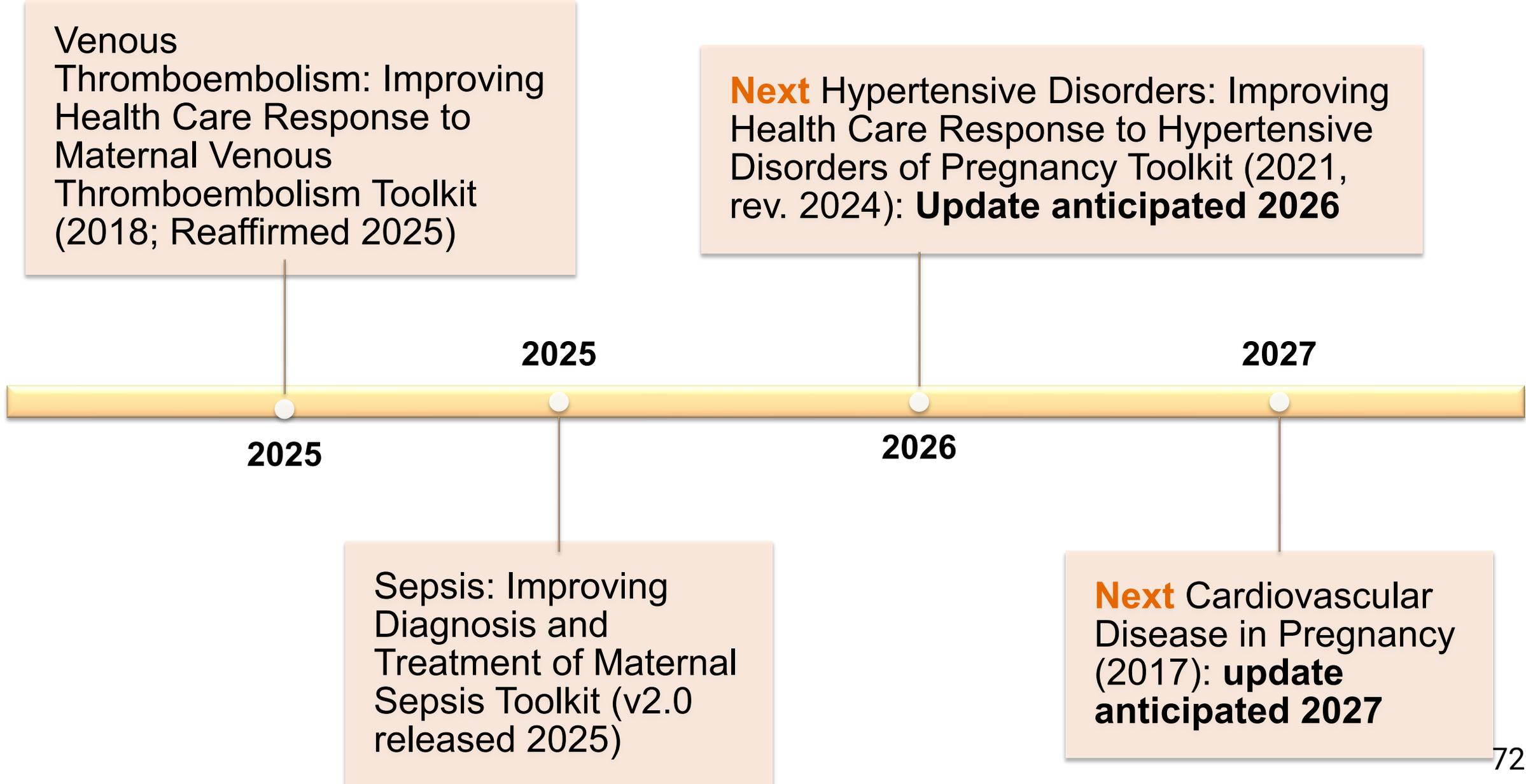
California Maternal
Quality Care Collaborative

Problem: lack of standardized maternity discharge processes, limited resource linkages

Solution

- A Discharge “Landing Page” for both providers (birthing facilities, primarily discharge nurses) and patients for **easy access to resources, including benefits**
- At discharge:
 - Provide a one-page **two- sided handout** with AWHONN emergency signs/symptoms and immediate discharge info for mom and baby
 - Patient receives a **QR code** to CMQCC website for patient education handouts that are available when a patient is ready to learn.

Pilot testing underway: launching early 2026



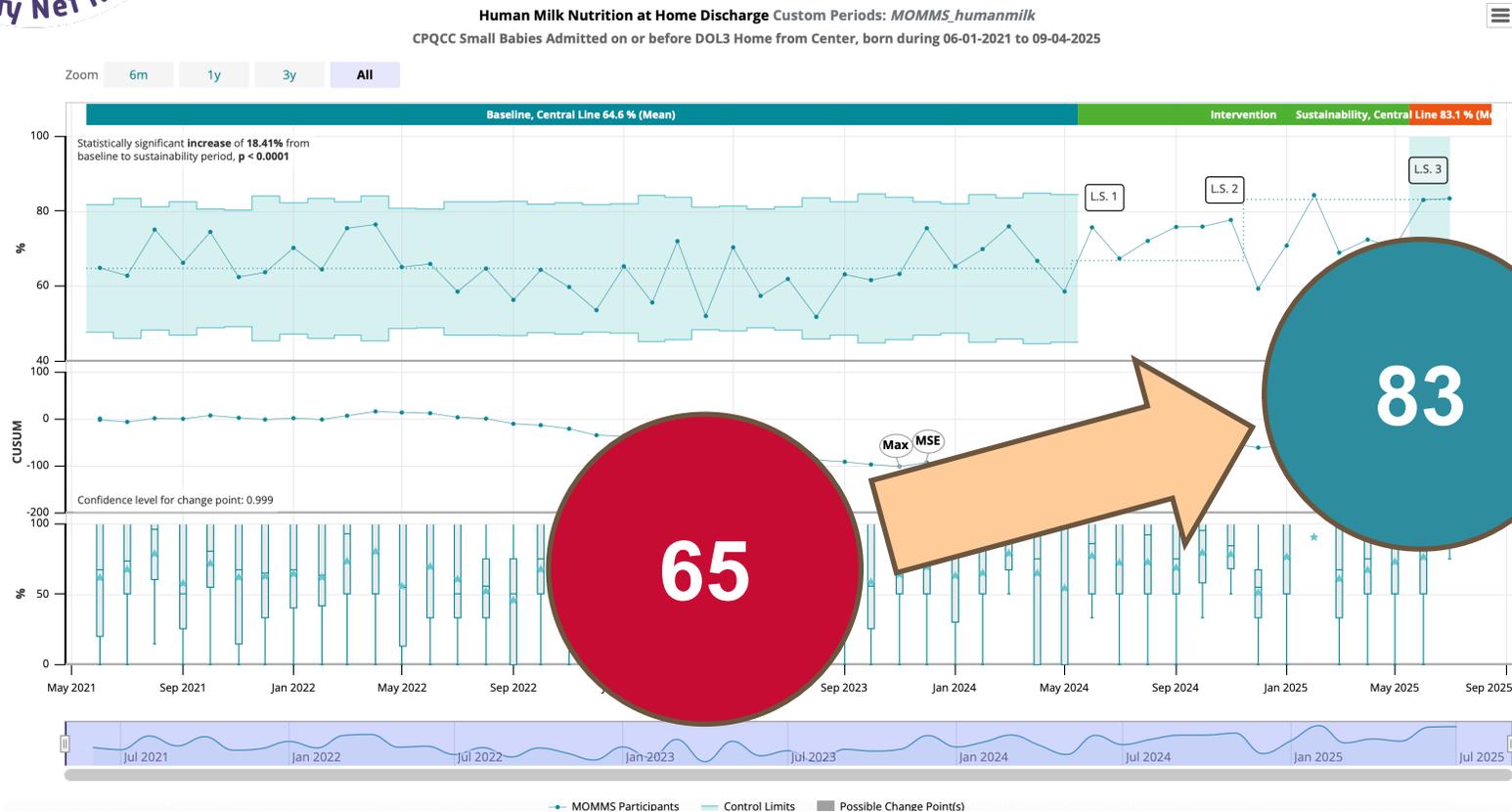


California Perinatal
Quality Care Collaborative

Motivating Maternal Milk in Safety Net NICUs (MOMMS) Collaborative



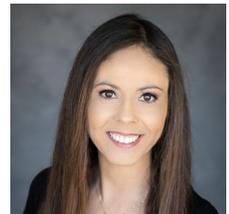
Increase human milk prior to discharge home from **67%** to **75%** for all eligible VLBW infants by June 1, 2025



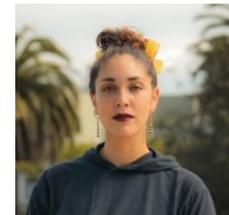
Kimberly Novod
Community Lead



Diana Hurtado
Family Lead



Ruta Lauleva Aiono
Community Lead



Teams:

- Neonatology lead (or OB), Nursing lead, social worker, lactation consultant, QI specialist, family lead

Structure:

- Monthly Zoom: site lead, NICU teams, families
- Monthly report outs
- Establish data collection system for breastmilk feeding, volume
- Site lead: context and process surveys

Timeframe: pre-work, 5/24

Launch - Active Phase: 6/24 – 5/25

Culture Survey: 7/24 – 8/24

Sustainability: 6/25 – 5/26

Wins:

- Identification of individual patient barriers (loaner pumps)
- Identification of low volume milk production, support
- Earlier identification of breastfeeding issues

For infants, unmet social needs correlate with...

Estimated that 1/3-2/3 of variation in health outcomes can be accounted for by social determinants of health
Dept of HHS



- Risk of preterm birth
- Risk of developmental delay
- Frequency of hospitalizations
- Overall medical encounters
- Missed scheduled appointments
- Unplanned healthcare utilization
- Risk of infant mortality
- ACE scores



- Baby birth weights
- Health outcome quality
- Life expectancy

Of families with VLBW preterm infants...

>40% experience food insufficiency

>40% struggle to cover basic needs (e.g., transportation, housing)

~50% struggle to pay medical bills

Sources: See Comments

Addressing HRSNs: aligns with State/Federal Mandates

Launching January, 2026

Spot Needs Early:

Screen for HRSNs for all NICU families

Connect Families with Support:

Make strong referrals to resources

Close the Loop:

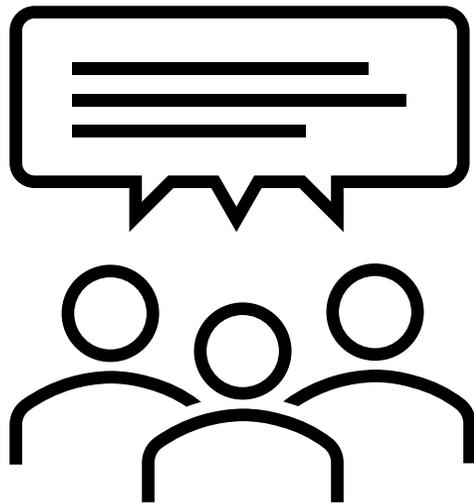
Track and boost connection rates so families get the help they need after discharge



Make high-quality referrals to community and State resources

Leveraging partnership with the Vermont Oxford Network (VON)

State Quality Collaborative Leaders Panel Q&A



- What have you found to be your hospital teams go to tools/ most effective QI strategies for implementing QI initiatives that make change happen?
- How do you help teams get from system changes to clinical culture change and make a sustained change?