2023 ANNUAL REPORT

LaPQC
Louisiana Perinatal Quality Collaborative

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The Louisiana Perinatal Quality Collaborative

State perinatal quality collaboratives are part of a national strategy to improve maternal and child health outcomes by utilizing "collaborative learning, rapid response data, and quality improvement science support to achieve systems-level change."[1] The Louisiana Perinatal Quality Collaborative (LaPQC), established in 2017, is a network of perinatal care providers, health systems, public health professionals, payers, and advocates who work to improve outcomes for individuals giving birth, families, and newborns in Louisiana. The LaPQC was established as an initiative of the Louisiana Department of Health (LDH) Office of Public Health (OPH) Bureau of Family Health (BFH) and is an authorized activity of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission). Through its work, the LaPQC envisions **safe**, **equitable**, and **dignified** patient-centered care for all individuals giving birth and their infants in Louisiana. This inaugural report summarizes the history and formation of the LaPQC, how it works, an overview of initiatives and quality recognition programs implemented to date, and their results.

[1] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc/working-together-improve-maternal-outcomes/index.html

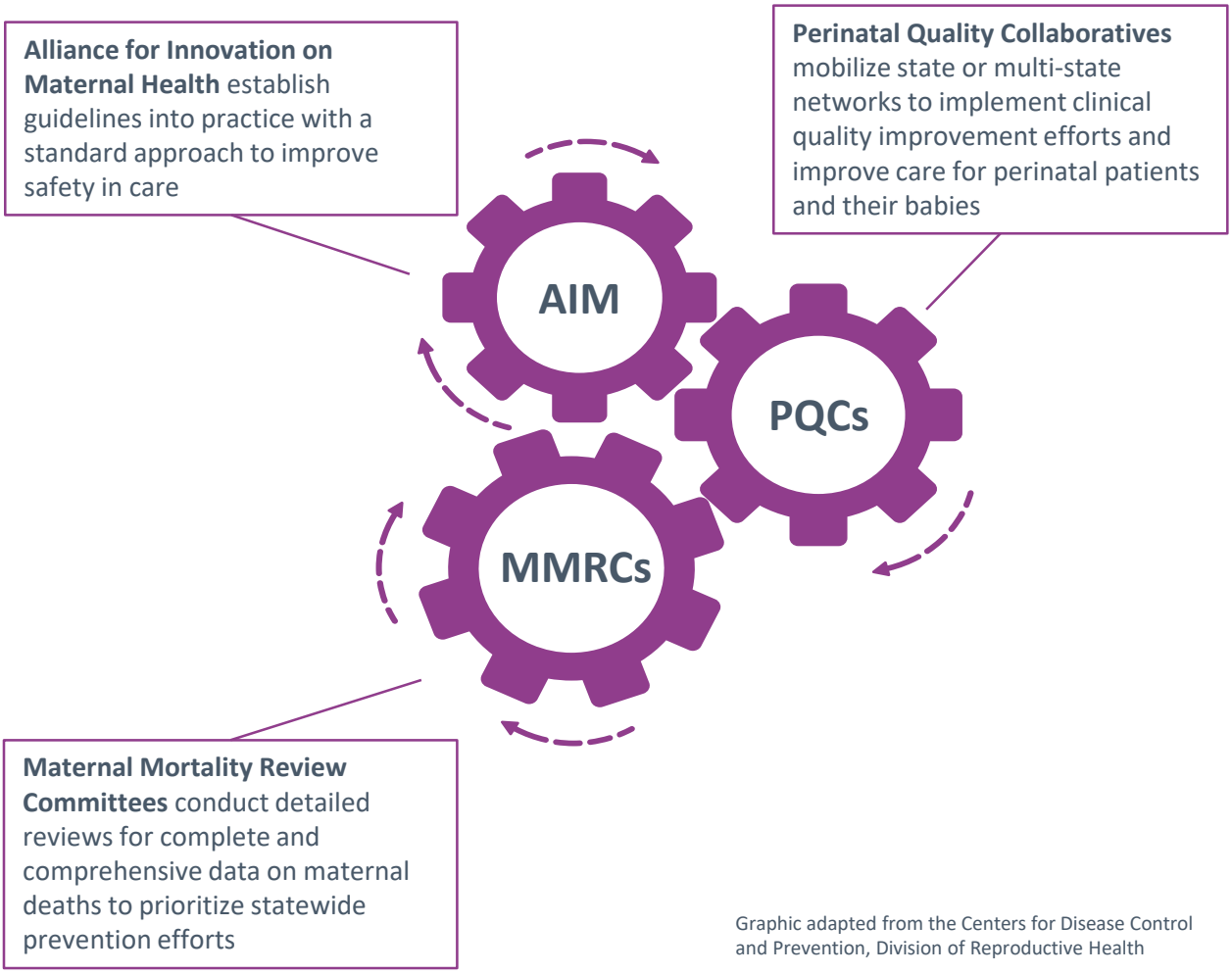
History and Formation of the LaPQC

Louisiana has a notable history of efforts to improve birth outcomes through cross-sector partnerships between hospital systems, the Office of Public Health, professional associations, legislative commissions, and others. As a result, Louisiana has advanced many changes in health policy, neonatal and obstetric hospital level of care designations, enhanced data collection and analytics to guide and improve care systems, established quality designation programs, and undertaken long- and short-term clinical improvement initiatives. These efforts have been instrumental in building capacity in the state to use data and improvement science to improve outcomes. However, until 2016, these efforts—sometimes led by the state, sometimes by health system partners—were short-term and were not available to all facilities in the state. Further, there was no formal support to help hospitals "sustain the gains" from those improvement efforts.

In 2016, LDH-OPH-BFH implemented three new core public health strategies to ensure a long-term sustained focus on improving perinatal outcomes in the state: 1) the establishment of the Louisiana Perinatal Quality Collaborative (LaPQC) to strengthen the systems of care and address the seemingly intractable public health crisis related to perinatal outcomes in the state; 2) the establishment of the Louisiana Pregnancy Associated Mortality Review (PAMR) a core public health infrastructure to monitor maternal outcomes and guide specific improvement efforts; and 3) staff support for the Perinatal Commission to research and advance national and state systems-change initiatives and related policy. Both the LaPQC and PAMR are formal ongoing activities of the Commission and the Bureau of Family Health. Overall, the alignment of these efforts are ensuring sustained, data-informed, evidence-based efforts to improve maternal and child health outcomes in the state.

History and Formation of the LaPQC

In Louisiana, many of the current improvement efforts are based in implementing "patient safety bundles", a collection of evidenced-informed practices developed by experts through the national Alliance for Innovation on Maternal Health.
While evidence-based medicine tells the "what" and "why" of certain practices, improvement science illuminates "how" to integrate these practices into care. The LaPQC uses improvement science because integrating practices into care using this method is highly effective. Research has shown that it takes 17 years for translational research to be integrated into practice at the bedside without improvement science. With improvement science, it takes 3 years.[2]



Graphic adapted from the Centers for Disease Control and Prevention, Division of Reproductive Health

[2] Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: understanding time lags in translational research. Journal of the Royal Society of Medicine, 104(12), 510–520. https://doi.org/10.1258/jrsm.2011.110180

History and Formation of the LaPQC

Over the years since its inception, the LaPQC has successfully advanced the use of quality improvement science in birthing facilities across the state through small-scale pilot initiatives, intensive statewide initiatives and quality designation systems.

In 2018, the LaPQC launched its first initiative — Reducing Maternal Morbidity Initiative (RMMI), which sought to address preventable maternal morbidity and mortality related to hemorrhage and hypertension. This initiative also aimed to reduce racial disparities in these outcomes. The same year, The Gift — the state's quality initiative and designation system that recognizes birthing facilities that implement practices that support early feeding and attachment — was integrated into the LaPQC. Now, the LaPQC has expanded to include short- and long-term structured quality improvement initiatives and designation programs that address many other drivers of maternal, perinatal and infant outcomes. Overall, all 47 birthing hospitals in Louisiana participate in at least one of these LaPQC activities, which covers more than 98% of births in Louisiana. The remaining 2% of births occur in freestanding birth centers, home, or other non-birthing hospital settings. The LaPQC is now also working in outpatient pediatric clinics and is expanding work to obstetric care settings, emergency care systems and freestanding birth centers (see "Looking to the Future" section). A summary of historical and current LaPQC activities is outlined on the next page.

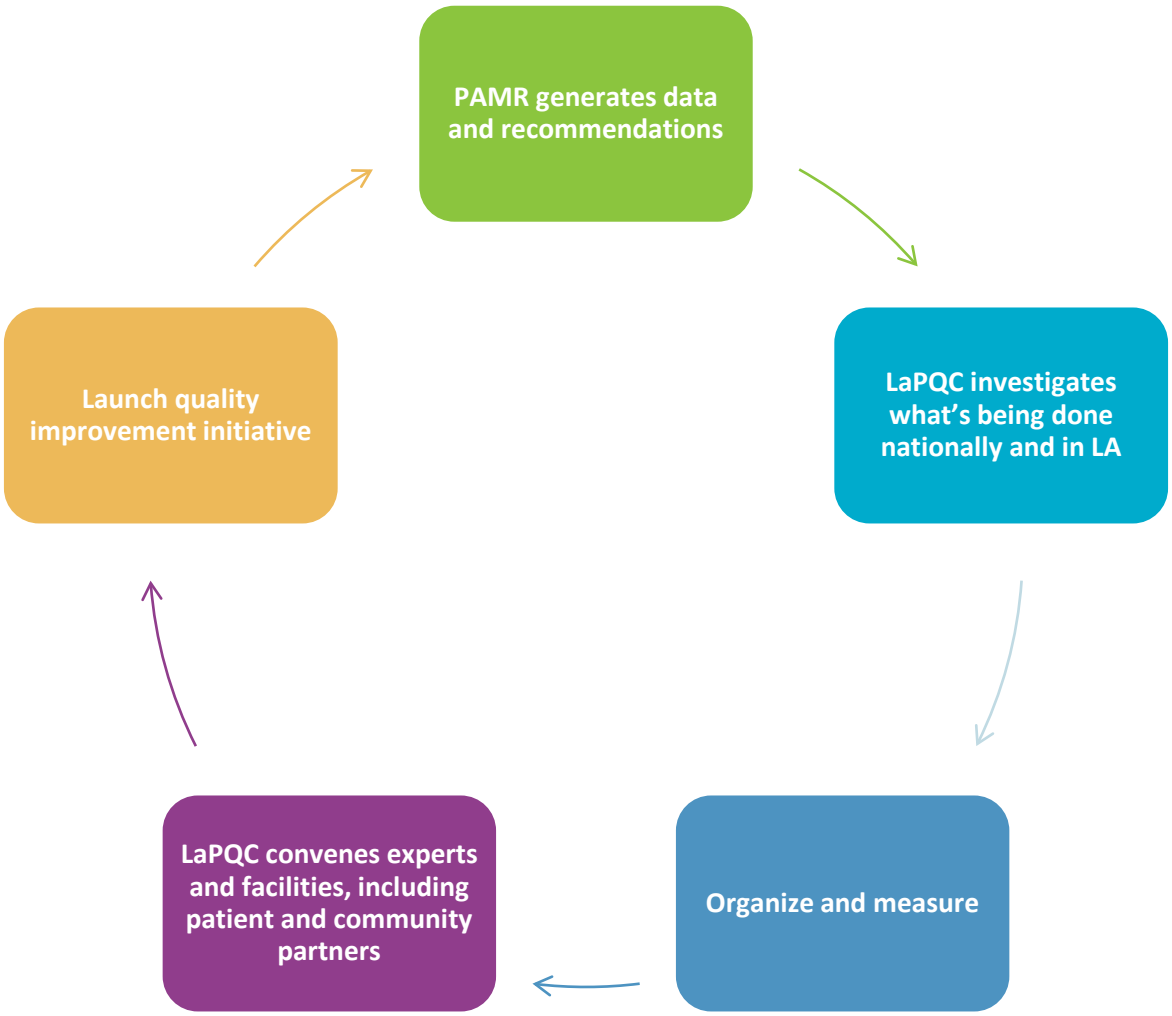
History of the LaPQC's Development and Initiatives

Year	LaPQC Activity	Goal
2017	Establishment of the LaPQC.	Strengthen systems of care by formalizing a long-term statewide platform for organizing and supporting perinatal and neonatal quality improvement efforts.
2018 - 2021	Implementation of the Reducing Maternal Morbidity Initiative (RMMI), a statewide Quality Improvement (QI) initiative for birthing hospitals. Clinical focus: hemorrhage and hypertension.	Improve maternal outcomes; reduce preventable deaths and life-threatening complications related to hemorrhage and hypertension through adoption of best practices promoted by the Alliance for Innovation on Maternal Health (AIM); reduce racial disparities in these maternal outcomes.
2018	Integration of the state's quality improvement breastfeeding/infant feeding initiative and quality designation program, The Gift, into the LaPQC. Clinical focus: early infant feeding and attachment	Improve breastfeeding outcomes; reduce racial disparities in breastfeeding outcome and process measures. The designation program provides formal public recognition to facilities that adopt specific best practices.
2019 - 2021	Implementation of the Neonatal Opioid Withdrawal Syndrome (NOWS) Pilot Project, a small-scale QI initiative for birthing hospitals. Clinical focus: NOWS	Test approaches to integrate clinical and supportive best practices into labor/delivery, postpartum and neonatal care for the mother/child dyad related to maternal substance use. Pilot developed in response to legislative call-to-action for a demonstration project to optimize outcomes associated with NOWS.
2021-	Implementation of the Safe Births Initiative (SBI), a statewide series of maternal-focused QI initiatives for birthing hospitals and other clinical systems caring for pregnant and postpartum patients aimed at improving readiness and recognition of maternal emergencies. Clinical focus: hemorrhage, hypertension, reduction of first-time cesarean birth, and obstetric sepsis	Improve maternal outcomes; reduce preventable deaths as identified by the Louisiana Pregnancy Associated Mortality Review (PAMR), and reduce life threatening complications by implementing the AIM patient safety bundles and adoption of other evidence-based best practices.
2021-	Implementation of Louisiana Birth Ready Designation (LaBRD), a statewide quality designation program for birthing hospitals. Clinical focus: maternal outcomes and ongoing QI	Improve perinatal outcomes through ongoing rigorous use of QI methods to promote adoption and sustainment of best practices. The designation provides formal public recognition to facilities that adopt specific clinical care and QI practices; two tiers of achievement — Birth Ready and Birth Ready+.
2021-	Implementation of the Improving Care for the Substance-Exposed Dyad (ICSED) Initiative, a statewide long-term QI initiative for birthing hospitals. Clinical focus: perinatal substance use/exposure	Improve the identification, care and treatment of perinatal substance use/use disorder and substance-exposed newborns.
2022	Implementation of the Caregiver Perinatal Depression Screening in Pediatric Practices Pilot (CPDS), a small-scale QI initiative for outpatient pediatric practices. Clinical focus: caregiver mental health	Support the implementation of perinatal depression screening and referral to resources in pediatric settings at the 1, 2, 4, and 6-month well-child visits. Complemented by Medicaid policy to reimburse for screening and the public health Developmental Screening Initiative resources for providers.

Our Approach

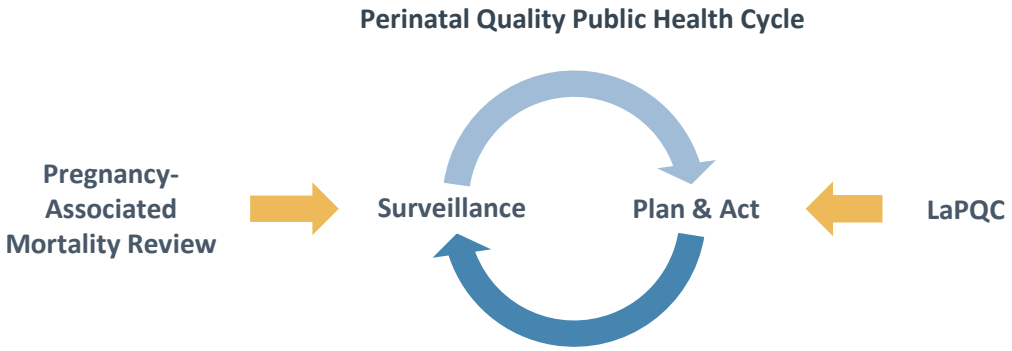
How We Plan an Initiative

Demonstrated in the figure below and described in greater detail in the sections that follow, the LaPQC uses a standard framework for planning its initiatives and work. This begins with using public health data to identify perinatal health issues, followed by researching best practices and approaches to addressing the perinatal health issue, then engaging with partners to effectively package those best practices and measures for an initiative.



Data to Inform Action

The LaPQC priorities and actions are guided by public health data and advisement from health system partners and advocates, in and outside of Louisiana. Data-related guiding priorities originate primarily from the Louisiana Pregnancy Associated Mortality Review (PAMR). PAMR is the state's ongoing systematic in-depth review of all deaths among all individuals within a year of their pregnancy. The PAMR case review process starts with vital records, birth and death records, indicating a possible maternal death. A multidisciplinary committee reviews the compiled case information to discern whether the death was specifically related to the pregnancy and factors contributing to the death and preventability. Each year, OPH-BFH publishes a report detailing the findings and recommendations from the PAMR committee. The LaPQC serves as the primary "action" arm of the public health cycle, advancing recommendations that apply to healthcare providers and healthcare systems.



Data from PAMR inform overall priorities. Data from other sources, such as hospital admission data or claims data, inform the specific measurable aims for initiatives. However, birthing facilities reviewing their own, real-time data is the foundation of the LaPQC approach to catalyzing transformational change in clinical practice and care systems. Participating facilities use their care system data to plan actions and measure progress. The LaPQC is grounded in improvement science, a key component of which is the use of data to track improvement and inform tests of change through Plan-Do-Study-Act (PDSA) cycles. LaPQC initiatives are also grounded in the Donabedian Model of quality measures as a function of the structures and processes in health care. While the aim of any LaPQC initiative is focused on an outcome, the facility-specific structures and processes truly determine the delivery of quality of care. From beginning to end, the LaPQC uses and supports facility-specific use of data to advance health outcomes.

Engage with Partners to Align with State and National Efforts

While data are integral to determining priorities, the LaPQC works to ensure alignment of LaPQC initiatives with state and national efforts. Specifically, the LaPQC is guided by an Advisory Committee that includes representatives from health systems, community partners, managed care organizations, health policy leaders and advocates. In addition, the LaPQC consults with the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality and local and national experts including the Alliance for Innovation on Maternal Health (AIM) to determine the evidence-based best practices needed to improve care and outcomes.

Structure of the LaPQC's Advisory Committee

Health Systems

Advise the LaPQC on what maternal and neonatal quality efforts are occurring within their health system; give feedback on how the LaPQC initiatives are working within their health system.

Community Partners

Advise the LaPQC on how to work with facilities to advance sensitive, equitable, patient-centered care by collaborating with mothers, fathers, and families.

Managed Care Organizations

Advise the LaPQC on efforts and initiatives within health plans related to maternity and newborn care.

Policy and Advocacy

Advise the LaPQC on policy that will affect the quality of maternity care and help identify gaps within the state in improving maternal and neonatal outcomes that can be addressed through legislation or policy.

The LaPQC Theory of Change

After identifying an area to address, the LaPQC develops a SMART (specific, measurable, achievable, relevant, and time-bound) aim for that initiative and a "Change Package" which is comprised of a driver diagram, change concepts, and change ideas. All LaPQC efforts are guided by four primary "drivers" that every initiative works to address: reliable clinical processes, respectful patient partnership, effective peer teamwork, and engaged perinatal leadership.

1 **Reliable Clinical Processes**

The change ideas associated with the reliable clinical process driver are actionable changes known to or have potential to improve the system, processes, or operating norms and that can be implemented by caregivers, management, and leadership.

2 **Respectful Patient Partnership**

The change ideas associated with the respectful patient partnership driver are actions or behaviors known to or have potential to improve the system, processes, or operating norms of facilities, teams, or providers that foster equitable respect, trust, partnership and engagement within patient care and improvement of the healthcare system.

3 **Effective Peer Teamwork**

The change ideas associated with the effective peer teamwork driver are actionable changes known to or have potential to improve equity and effectiveness in the behaviors, processes, system structure communication, and operating norms of the care team.

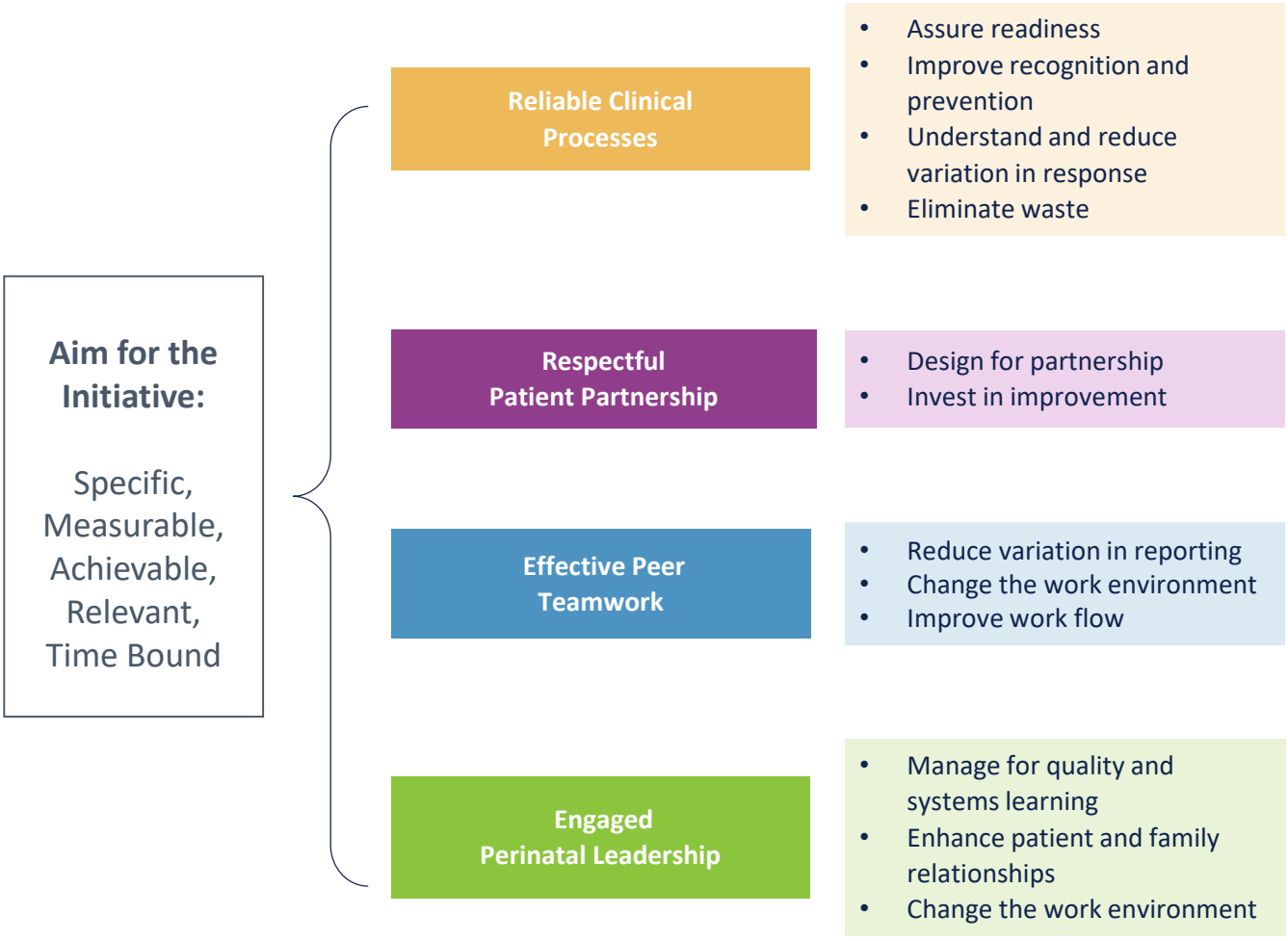
4 **Engaged Perinatal Leadership**

The change ideas associated with the engaged perinatal leadership driver are actionable changes known to or have potential to improve the system, processes, and operating norms that can be tested by those who work within or manage the system.

Develop a Driver Diagram and a "Change Package"

Driver diagrams are used by the LaPQC to identify key aspects of care or the care system that need to be addressed (primary drivers), as well as the more specific aspects of care that need to be implemented or changed (secondary drivers). Understanding these drivers helps elucidate the very specific changes in clinical practice, patient partnership, teamwork, and leadership to test and implement.

The LaPQC prepares a change package for every initiative and designation program that includes the driver diagram and corresponding specific evidence-informed or evidence-based practices that facilities can implement.

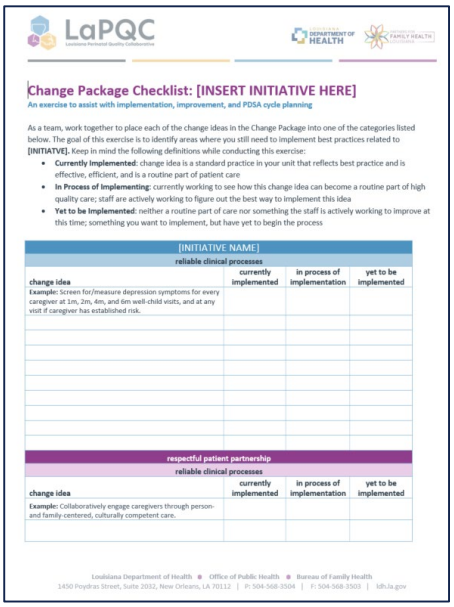


How it Works: Implementation of LaPQC Initiatives

Each LaPQC initiative utilizes a similar structure and cadence of activities in order to streamline and support high-quality and efficient quality improvement work, from planning through implementation. The LaPQC utilizes a modified version of the Institute for Healthcare Improvement's Breakthrough Series Model to launch, measure, and implement each new initiative. This model uses small tests of change called Plan-Do-Study-Act (PDSA) cycles to drive change and is characterized by high-touch coaching support to facilities-based and collaborative learning opportunities. At the beginning of each initiative, participating facilities and practices develop their own specific, measurable, achievable, relevant and time-bound (SMART) aim related to the overall LaPQC aim for that initiative. The LaPQC uses the Change Package for each initiative to develop a "Change Package Checklist".

By making the change package into a checklist, facilities are better able to determine which changes they have made and which changes they need to make to address the primary and secondary drivers in their specific facility. The LaPQC provides coaching to assist teams in planning the change they want to implement, designing their tests of change, and in making adjustments to their plans based on data and lessons learned through their PDSA cycles. Throughout the coaching process, facility/practice teams are specifically supported with interpreting their data to know if the changes made are having the intended result.

LaPQC's Change Package Checklist



LaPQC

Change Package Checklist: [INSERT INITIATIVE HERE]

An exercise to assist with implementation, improvement, and PDSA cycle planning

As a team, work together to place each of the change ideas in the Change Package into one of the categories listed below. The goal of this exercise is to identify areas where you still need to implement best practices related to [INITIATIVE]. Keep in mind the following definitions while conducting this exercise:

- **Currently Implemented**: change idea is a standard practice in your unit that reflects best practice and is effective, efficient, and is a routine part of patient care
- **In Process of Implementing**: currently working to see how this change idea can become a routine part of high quality care; staff are actively working to figure out the best way to implement this idea
- **Yet to be Implemented**: neither a routine part of care nor something the staff is actively working to improve at this time; something you want to implement, but have yet to begin the process

[INITIATIVE NAME]			
reliable clinical processes			
change idea	currently implemented	in process of implementation	yet to be implemented
Example: Screen for/measure depression symptoms for every caregiver at 1m, 2m, 4m, and 6m well-child visits, and at any visit if caregiver has established risk.			
respectful patient partnership			
reliable clinical processes			
change idea	currently implemented	in process of implementation	yet to be implemented
Example: Collaboratively engage caregivers through person- and family-centered, culturally competent care.			

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effective peer teamwork			
reliable clinical processes			
change idea	currently implemented	in process of implementation	yet to be implemented
Example: Identify roles and responsibilities of all team members when responding to both positive and negative screening results and ensure annual education on screening procedures, scripting and follow-up.			
engaged leadership			
reliable clinical processes			
change idea	currently implemented	in process of implementation	yet to be implemented
Example: Support development of a competent, trained, and available workforce.			

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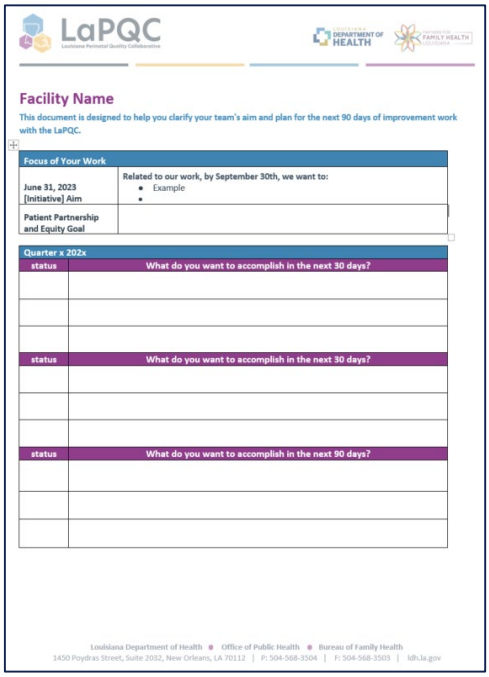
Measuring for Change

All improvement is change but not all change is improvement. To achieve the aim of each initiative, a set of structure, process and outcome measures, packaged in a "measurement strategy", must be met. Participating facilities/practices enter de-identified data on their structures, processes and outcomes in a secure data system that the LaPQC monitors. Together with the LaPQC improvement coaches and improvement advisors, participating teams track their implementation progress and use their data to identify new areas of improvement.

Since there are significant racial disparities in many perinatal outcomes, all initiatives and designation programs include looking at data broken down by race and ethnicity to identify any disparities in processes. If differences are identified, facilities are supported to develop strategies to address the root causes of those disparities. The LaPQC encourages and provides guidance on equity trainings as well as integration of patient partners for improvement teams to support ongoing equity work.

Overall, the quality improvement work of the LaPQC is characterized by high-touch support to facilities and participating practices. In the most intensive approaches, collaborative learning opportunities are provided through learning sessions, monthly topic and coaching calls, as well as quarterly one-on-one 30-60-90 day planning calls with facility teams, known as "Charter Chats". The collaborative nature of the LaPQC helps to create a culture of sharing and improvement and ensures readiness for change while increasing confidence in the ability to implement new processes for each health system team to reach its goals.

LaPQC's Charter Chat Template



LaPQC

Facility Name

This document is designed to help you clarify your team's aim and plan for the next 90 days of improvement work with the LaPQC.

Focus of Your Work	
June 31, 2023 [Initiative] Aim	Related to our work, by September 30th, we want to: • Example •
Patient Partnership and Equity Goal	

Quarter x 202x	
status	What do you want to accomplish in the next 30 days?
status	What do you want to accomplish in the next 30 days?
status	What do you want to accomplish in the next 90 days?

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LaPQC Initiatives

The LaPQC, in partnership with health systems, leaders and advocates, is achieving real change in the state. This section is an overview of LaPQC initiatives and their outcomes.

Reducing Maternal Morbidity Initiative (RMMI): Overview

In August 2018, the LaPQC launched the Reducing Maternal Morbidity Initiative (RMMI), which sought to address preventable maternal mortality and morbidity related to hemorrhage and hypertension, while also focusing on reducing racial disparities in these maternal outcomes. According to the Louisiana Maternal Mortality Review Report 2011-2016 published in August 2018, hemorrhage and hypertension were two of the leading causes of maternal death in Louisiana between 2011 and 2016, with around 50% of these deaths deemed preventable by the review committee.[3]

Specifically, the RMMI sought to:

- Reduce Severe Maternal Morbidity (SMM) by 20% among those women giving birth who experience hemorrhage and/or severe hypertension by the end of the initiative in May 2020.
- Decrease the Black-white disparity in SMM among women giving birth who experience hemorrhage and SMM among women giving birth who experience hypertension in the same time period.

SMM events are the "unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health".[4] For this initiative, the RMMI utilized the Centers for Disease Control and Prevention's (CDC) definition of SMM identified through hospital discharge data. The RMMI sought to reduce SMM events among women giving birth experiencing hemorrhage and/or hypertension by implementing those best practices related to improving readiness and recognition of hemorrhage and/or hypertension, such as timely treatment of severe hypertension, quantification of blood loss and risk assessment for hemorrhage upon admission to labor and delivery. Originally, 31 birthing facilities in Louisiana signed a pledge to participate in the LaPQC RMMI.

[3] Louisiana Maternal Mortality Review Report – 2011-2016. August 2018. https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf

[4] Severe Maternal Morbidity in the United States. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. February 2, 2021. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html. Retrieved July 5, 2023.

Reducing Maternal Morbidity Initiative (RMMI): Findings

While the LaPQC launched in August 2017, many facilities had already initiated some level of maternal improvement work in 2016 as part of the Louisiana Health Engagement Network (HEN). HEN was a hospital quality improvement initiative of the Louisiana Hospital Association Foundation that sought to address hemorrhage and hypertension through a structured learning collaborative. For this reason, the first quarter of the calendar year (January - March) in 2016 (Q1 2016) was chosen as the baseline for the outcome measure. The baseline for the process measures was August 2018. For this initiative, the following measures were utilized:

	Hypertension	Hemorrhage
Outcome Measure	SMM	SMM
Process Measure	Timely Treatment	Risk assessment for hemorrhage on admission to labor and delivery
		Quantification of blood loss during delivery

Hypertension

In Louisiana, SMM events among women giving birth with hypertensive disorders in participating facilities in Q1 2016 were 823.2 per 10,000 deliveries. By Q2 2020, SMM events among women with hypertensive disorders in participating facilities decreased to 727.6 per 10,000 deliveries.
This represents an 11.6% decrease in SMM events among women with hypertensive disorders.
At baseline, 14.7% of women received timely treatment of severe range blood pressures, defined as treatment with a first-line recommended medication within 60 minutes of presentation.
During the initiative, participating birthing facilities demonstrated consistent improvement in this process measure. There was a 210.8% increase in the number of women receiving timely treatment for severe hypertension.

Reducing Maternal Morbidity Initiative (RMMI): Findings

Hemorrhage

In Q1 2016, the rate of SMM among women giving birth experiencing hemorrhage was 1,037.3 per 10,000 deliveries. By Q2 2020, the rate had decreased to 676.1 per 10,000 deliveries. This represents a 34.8% decrease over the initiative. At baseline, about half of participating birthing facilities were performing a risk assessment for hemorrhage on patients being admitted to labor and delivery. During the initiative, there was an improvement in performing a hemorrhage risk assessment on admission to labor and delivery. By the end of the initiative, 9 out of 10 women admitted to labor and delivery received an assessment for their risk of hemorrhage. At the launch of the initiative, only 23.8% of facilities were performing quantitative blood loss (QBL – measuring blood loss through systematic means) during delivery. By the end of the initiative, almost 80% of the facilities in the collaborative were routinely performing QBL.

Reducing Maternal Morbidity Initiative (RMMI): Findings

Health Equity

At baseline, the ratio of SMM events among non-Hispanic Black women giving birth experiencing hypertension (733.9 per 10,000 deliveries) to non-Hispanic white women giving birth experiencing hypertension (1,095.9 per 10,000 deliveries) was 0.7. By the second quarter of 2020, the Black to white racial disparity ratio from SMM due to hypertension was 1.1 (793.7 per 10,000 deliveries for non-Hispanic Black women compared to 751.5 per 10,000 deliveries for non-Hispanic white women). While there was improvement in SMM among non-Hispanic white women giving birth with hypertension, the SMM rate among non-Hispanic Black women giving birth with hypertension increased by 8.1%.

The Black-white disparity ratio in SMM among women giving birth experiencing hemorrhage was 2.1 at baseline (1423.2 per 10,000 deliveries for non-Hispanic Black women compared to 682.7 per 10,000 deliveries for non-Hispanic white women). By Q2 2020, the ratio was 1.3 indicating an overall decrease in the disparity in the SMM rate (722.0 per 10,000 deliveries among non-Hispanic Black women and 575.5 per 10,000 deliveries among non-Hispanic white women). While non-Hispanic Black women giving birth experiencing hemorrhage were still more likely to experience SMM, the rate decreased almost 50% from baseline compared to a 15.7% decrease among non-Hispanic white women giving birth experiencing hemorrhage.

Note: There are limitations to using SMM as a measure of morbidity. Because the SMM data is based on hospital discharge codes, it only reflects an estimation of morbidity events. Coding practices are variable and unvalidated. SMM should only be used to understand trends over time at the facility level and not to compare one facility to another.

Reducing Maternal Morbidity Initiative (RMMI): Lessons Learned

The data gathered from participating birthing facilities demonstrates that the maternal morbidity among birthing patients who experience hemorrhage and severe hypertension is decreasing. The LaPQC surpassed the goal of a 20% reduction in SMM among women experiencing hemorrhage but did not meet the goal of a 20% reduction in SMM among women experiencing hypertension. The improvement seen in SMM among women with hemorrhage was not as significant in those women with hypertension. This may be due to Louisiana's longer history of engaging in quality improvement work to reduce outcomes related to hemorrhage.

Improvement work related to hypertension began over two years after work related to hemorrhage, so processes that reduce SMM among individuals experiencing hemorrhage are more resilient and engrained in birthing facilities. The first wave of COVID-19 started to peak in the second quarter of 2020, resulting in staffing and resource shortages. Less resilient processes, like those attached to reduction of SMM among patients experiencing hypertension, may have been affected by such dramatic shifts in the healthcare landscape.

While the SMM disparity gap still exists, there was an overall decrease in disparity for both SMM among women experiencing hemorrhage and SMM among women experiencing hypertension, though SMM among women with hypertension increased slightly for non-Hispanic Black women. Because systemic inequities are a major contributor to disparities, intentional and multi-faceted work will need to continue for many years to see consistent and constant change.

Reducing Maternal Morbidity Initiative (RMMI): Lessons Learned

Aim:

- Reduce Severe Maternal Morbidity (SMM) by 20% among those women who experience hemorrhage and/or severe hypertension by the end of the initiative in May 2020.
- Decrease the Black-white disparity in SMM among hemorrhage and SMM among hypertension in the same period of time.

Reducing Maternal Morbidity Initiative

		Baseline* (per 10,000 deliveries)	2020** (per 10,000 deliveries)	% change
SMM among women experiencing Hypertension	Total	823.2	727.6	**11.6% decrease**
	Non-Hispanic Black	733.9	793.7	**8.1% increase**
	Non-Hispanic White	1095.9	751.5	**19.3% decrease**
SMM among women experiencing Hemorrhage	Total	1037.3	676.1	**34.8% decrease**
	Non-Hispanic Black	1423.2	722.0	**49.3% decrease**
	Non-Hispanic White	682.7	575.5	**15.7% decrease**

*Q1 2016 **Q2 2020

Safe Births Initiative (SBI): Overview

The Safe Births Initiative (SBI) was launched in 2021 with a goal to ensure every individual giving birth in Louisiana experiences a **safe**, **dignified** and **equitable** birth. While continuing to strengthen processes to improve outcomes related to hemorrhage and hypertension, SBI also focused on reducing the first-time, low-risk cesarean section (C-section) delivery rate.

At the launch of SBI, 40 Louisiana birthing facilities pledged to participate in the LaPQC Safe Births Initiative. Using our traditional quality improvement approach, the LaPQC supported these facilities as they grounded their quality improvement work and prioritized equitable, patient-centered care in evidence-based practices.

Specifically, SBI sought to reduce the nulliparous, term singleton, vertex (NTSV), C-section delivery rate in participating birthing facilities from the baseline of 33% to 28% by December 2021 and to 24.7% by December 2022.

A **safe birth** is one where evidence-based best practices are employed by healthcare providers at all levels in an effort to increase readiness, decrease response time, and ensure high-quality communication across a care team.

An **equitable birth** is one where best practices are not only employed with every patient, every time, but that individuals of color – particularly Black people – are given access to the life-saving and sustaining resources they need throughout the birthing process.

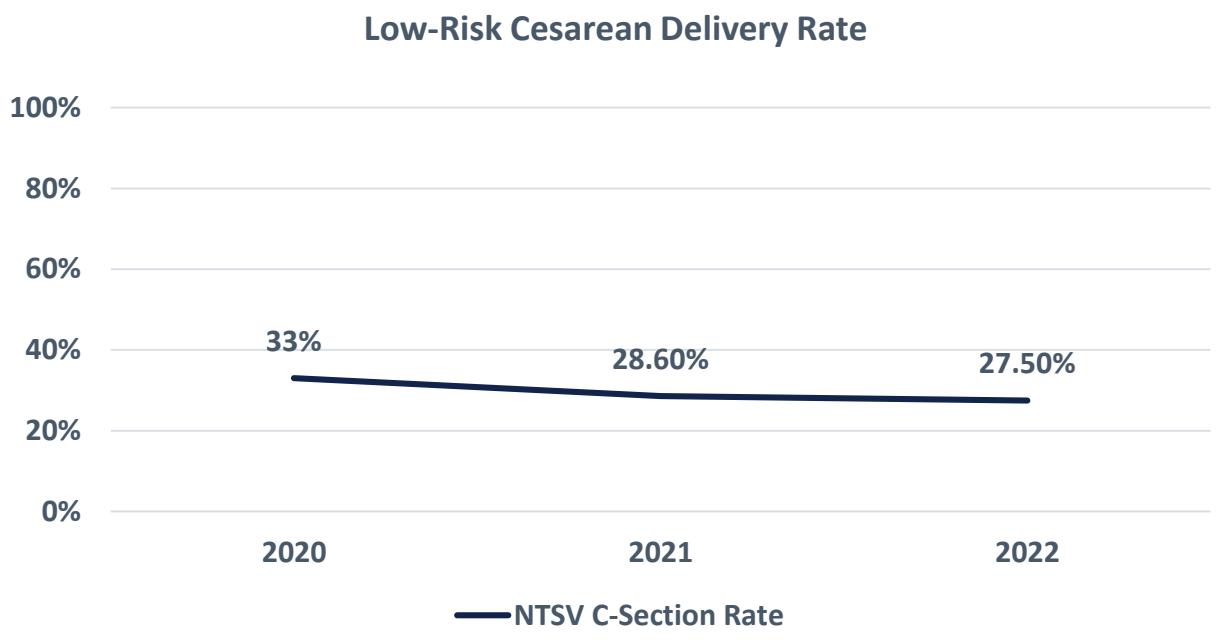
A **dignified birth** is one where, throughout the birth process, women giving birth experience timely and accurate communication with their healthcare providers, are acknowledged as informed healthcare consumers, and are included in decision-making about their healthcare.

Safe Births Initiative (SBI): Findings

Reduction of Low-Risk Cesarean Birth

For SBI, the Total Joint Commission Perinatal Care Measure (TJC), PC-02 was utilized for measuring the NTSV, C-section delivery rate. Participating facilities reported their TJC PC-02 to the LaPQC for this initiative.

Baseline data was determined by using the Q3 2020 TJC data reported by participating facilities. Q3 was used as the baseline as Q4 was not available at the time of the launch, January 2021.
The baseline NTSV C-section delivery rate for the initiative was 33%. By December 2021, the NTSV rate had decreased to 28.6%, representing an almost 5% decrease over a year. By December 2022, the NTSV C-section rate was 27.5% demonstrating continued improvement over the next year of the initiative.

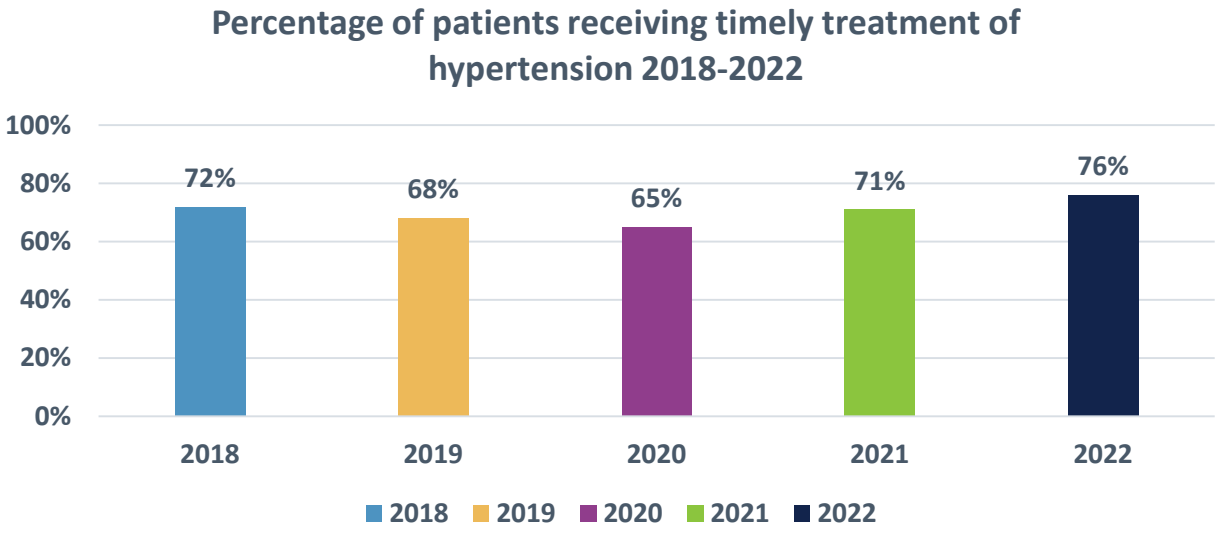


Safe Births Initiative (SBI): Findings

Hypertension

As with the Reducing Maternal Morbidity Initiative (RMMI), SBI measured success by continued reduction in SMM among Black women experiencing hypertension and/or hemorrhage. The following rates were among the 31 birthing facilities that originally participated in the RMMI plus 4 additional hospitals that joined in July 2019, just after the launch.

At the conclusion of the RMMI, the SMM among those women with hypertension was 727.6 per 10,000 deliveries*. By Q3 2022, the SMM among those women with hypertension was 547.2 per 10,000 deliveries representing a decrease of 35% from baseline. At the conclusion of the RMMI, the SMM among Black women with hypertension was 793.7 per 10,000 deliveries*. By Q3 2022, the SMM among Black women with hypertension was 685.3 per 10,000 deliveries representing a 6.6% decrease from baseline.



At the conclusion of the RMMI, the SMM among white individuals with hypertension was 751.5 per 10,000 deliveries*. By Q3 2022, the SMM among white individuals with hypertension was 352.9 per 10,000 deliveries representing a 70% decrease from baseline. Timely treatment of hypertension for all birthing facilities participating in SBI continued to improve. In 2020, 65% of individuals received timely treatment of severe hypertension. That percentage increased to 71% in 2021 and 76% in 2022, with improvement in the Black-white disparity gap.

Safe Births Initiative (SBI): Findings

Hemorrhage

At the conclusion of the RMMI, the SMM among women giving birth who experienced hemorrhage was 676.1 per 10,000 deliveries representing a 35% decrease from baseline. By Q3 2022, the SMM among women giving birth who experienced hemorrhage was 709.01 per 10,000 deliveries representing a 39% decrease from baseline.

At the conclusion of RMMI, the SMM among Black women giving birth who experienced hemorrhage was 722.2 per 10,000 deliveries representing a 49% decrease from baseline. By Q3 2022, the SMM among Black women giving birth who experienced hemorrhage was 681.0 per 10,000 deliveries representing a 58% decrease from baseline.

SMM among Patients with Hemorrhage and/or Hypertension

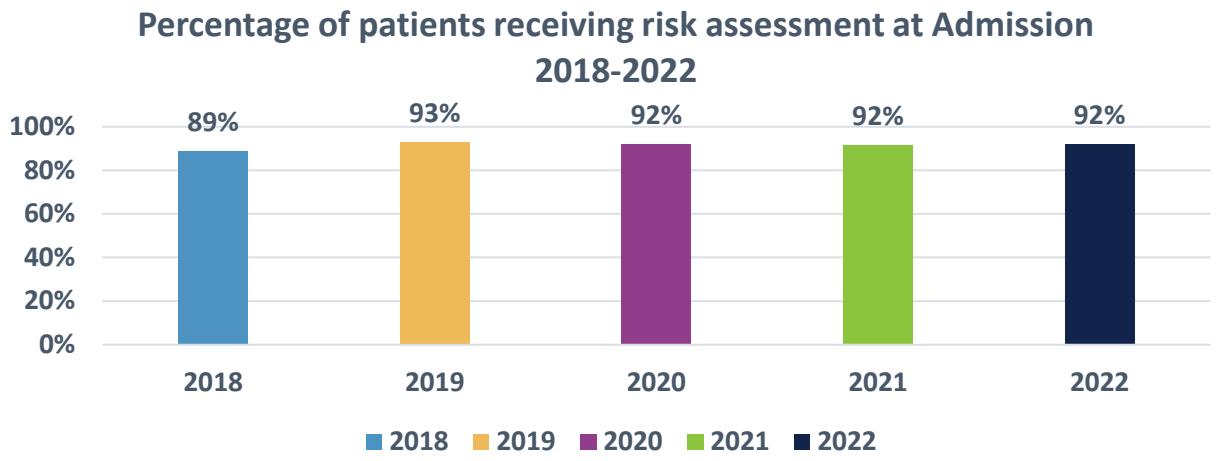
		Baseline* (per 10,000 deliveries)	2020** (per 10,000 deliveries)	2022** (per 10,000 deliveries)	% change
SMM among women experiencing Hypertension	Total	823.2	727.6	547.2	**35% decrease**
	Non-Hispanic Black	733.9	793.7	685.3	**6.5% decrease**
	Non-Hispanic White	1095.9	751.5	352.9	**70% decrease**
SMM among women experiencing Hemorrhage	Total	1037.3	676.1	709.0	**39% decrease**
	Non-Hispanic Black	1423.2	722.0	681.0	**58% decrease**
	Non-Hispanic White	682.7	575.5	771.9	**3% increase**

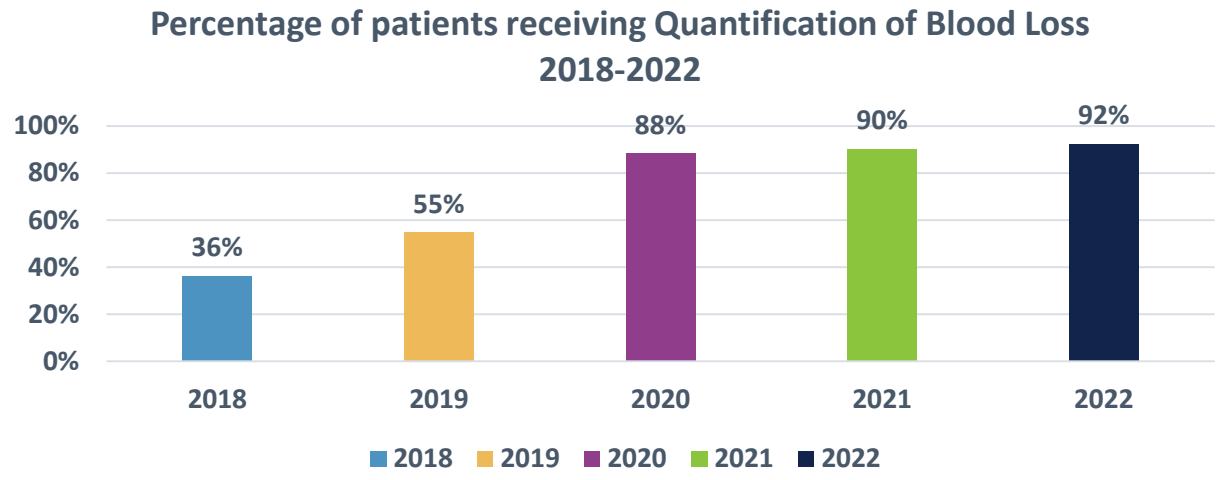
*Q1 2016; **Q2 2020; ***Q32022

At the conclusion of RMMI, the SMM among women experiencing hemorrhage was 575.5 per 10,000 deliveries*. By Q3 2022, the SMM among white women experiencing hemorrhage was 771.9 per 10,000 deliveries representing a slight increase from baseline at 3%. Risk assessment for hemorrhage on admission to labor and delivery remained steady at 92% between 2020 through 2022, while quantification of blood loss increased from 88% in 2020 to 90% in 2021 to 92% in 2022.

Safe Births Initiative (SBI): Findings

At the conclusion of RMMI, the SMM among white women experiencing hemorrhage was 575.5 per 10,000 deliveries*. By Q3 2022, the SMM among white women experiencing hemorrhage was 771.9 per 10,000 deliveries representing a slight increase from baseline at 3%. Risk assessment for hemorrhage on admission to labor and delivery remained steady at 92% between 2020 through 2022, while quantification of blood loss increased from 88% in 2020 to 90% in 2021 to 92% in 2022.





*Note: The data here represents changes to the SMM measure by the Alliance for Innovation on Maternal Health in 2022. As of October 31, 2022, ICD-9/ICD-10 codes that include hysterectomy were added and ICD-9/ICD-10 codes that exclude heart failure/arrest during surgery or procedure were excluded. The original RMMI data was recalculated to reflect this change.

Safe Births Initiative (SBI): Lessons Learned

Based on the experience of RMMI and subject matter experts in quality improvement, the LaPQC became aware of the importance of evaluating organizational readiness for change and assessing culture. Evaluating organizational readiness for change is a key component to the success of any quality improvement initiative. With that in mind, prior to the launch of SBI, the LaPQC assessed readiness for change in participating birthing facilities. Participating facilities completed a self-assessment survey that determined their organizational, leadership and staff capacity for change. This allowed facilities to address barriers to readiness prior to the launch of the initiative.

Equally as important to readiness is culture. The culture of a unit and its attitude toward birth is strongly associated with the NTSV C-section delivery rate.[5] Additionally, underestimating the level of resistance to change is a common reason for change initiatives to fail. Birthing facilities participating in SBI completed the Labor Culture Survey prior to their improvement work to reduce the NTSV C-section delivery rate. The Labor Culture Survey is a validated 29-item survey designed to assess a unit's beliefs about birth.[6]

While the NTSV C-section delivery rate did not reach the aim established at the onset of the initiative, there was an appreciable decrease. Reducing the NTSV C-section rate challenges some traditional clinical practices. In 2014, the American College of Obstetrics and Gynecology (ACOG) and the Society for Maternal Fetal Medicine (SMFM) published updated definitions of active labor, arrest of dilation, and failed induction.[7] Much of the work of SBI was educating nurses and physicians on the updated definitions as well as informing new workflows to change clinical practice to meet these evidence-based guidelines, including physiologic support of vaginal births.

[5] VanGompel EW, Perez S, Datta A, Wang C, Cape V, Main E. Cesarean overuse and the culture of care. Health Services Research. 2019; 54(2): 417-424.
[6] VanGompel EW, Perez S, Wang C, Datta A, Cape V, Main EK. Measuring Labor and Delivery Unit Culture and Clinicians' Attitudes Toward Birth: Revision and Valida-tion of the Labor Culture Survey. Birth. 2018; 11:1-11.
[7] Safe prevention of the primary cesarean delivery. Obstetric Care Consensus No. 1. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:693-711.

The Gift: Overview

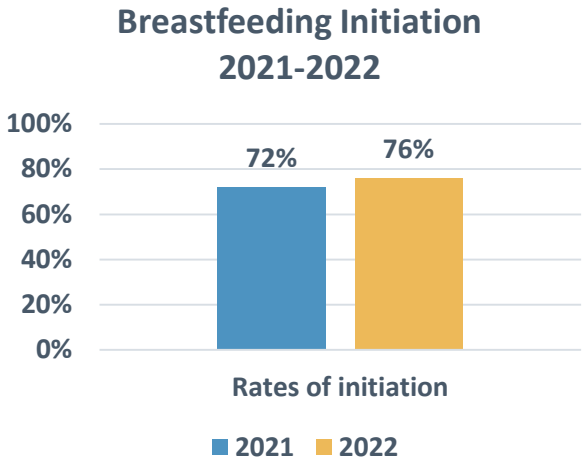
The Gift was launched in 2006 as an evidence-based program designed to assist Louisiana birthing facilities in increasing breastfeeding rates and hospital success by improving the quality of their maternity services and enhancing patient-centered care. The Gift is an equity-focused, evidence-based quality improvement and designation program that supports Louisiana birthing facilities to implement safe, equitable, and patient-centered internationally recognized best practices to improve breastfeeding outcomes.

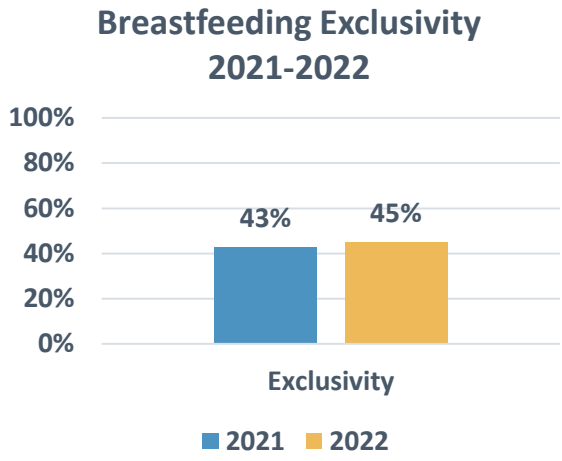
In 2018, The Gift came under the care of the LaPQC. Breastfeeding rates in Louisiana have historically been lower than the national breastfeeding rates. To meet the need of birthing facilities to improve breastfeeding rates, The Gift provides tools, training and technical assistance to birthing facilities working to improve their infant feeding rates.

The Gift: Findings

As of 2019, according to the March of Dimes, 75% of mothers in Louisiana reported breastfeeding or pumping with that rate decreasing to 66.8% at 1-month and 38.1% at 2-months.[8] Breastfeeding rates were the lowest among Black mothers at 58.5%. Based on data from the Pregnancy Risk Assessment Monitoring System, a study evaluating breastfeeding practices in Louisiana found that women delivering at birthing facilities between 2016 and 2019 that were Gift or Baby-Friendly designated were more likely to be exposed to evidence-based practices shown to facilitate breastfeeding, such as breastfeeding in the hospital, infant only receiving breast milk, and breastfeeding within one hour after birth, than women delivering in non-designated birthing facilities.[9] However, Black women were less likely to be exposed to these practices compared to white women. This study highlights the disparities in practices that may contribute to the disparity in breastfeeding rates.

To address Louisiana's low breastfeeding rates as well as the disparities in breastfeeding, The Gift, has made significant efforts to encourage and support birthing hospitals to equitably implement best practices to support breastfeeding. In 2021, The Gift launched its third iteration called "Gift 3.0". In this updated framework, participating facilities reported on breastfeeding initiation, breastfeeding exclusivity, skin-to-skin, rooming-in, community referral, and documented pediatric appointments prior to discharge. As part of this updated framework, hospital teams also disaggregated their data by race and ethnicity. By the end of 2022, overall breastfeeding initiation had increased from 72% in 2021 to 76% and breastfeeding exclusivity increased from 43% to 45%.





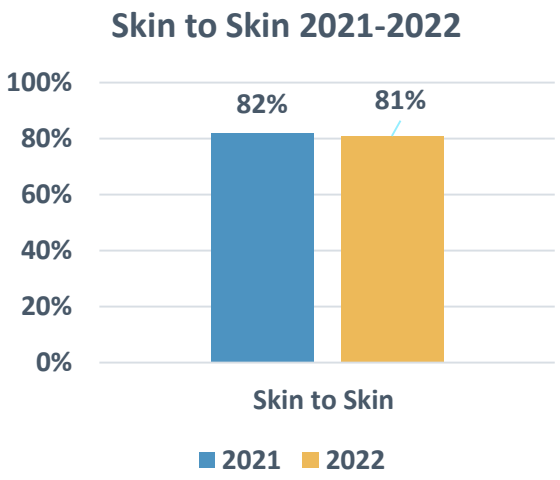
[8]Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Retrieved July 24, 2023, from www.marchofdimes.org/peristats.

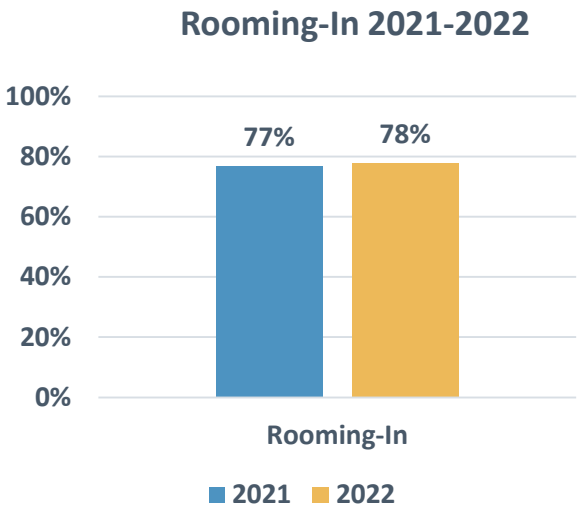
[9] Le, J., Dancisak, B., Brewer, M. et al. Breastfeeding-supportive hospital practices and breastfeeding maintenance: results from the Louisiana pregnancy risk assessment monitoring system. J Perinatol 42, 1465–1472 (2022). https://doi.org/10.1038/s41372-022-01523-1.

The Gift: Findings

The LaPQC team continued to work directly with birthing facilities to ensure evidenced-based practices were being effectively and equitably implemented in the hospital setting. While the overall rate of breastfeeding initiation and exclusivity increased from 2021 to 2022, disparities persisted. The breastfeeding initiation rate among Black individuals was 64%, while it was 82% for other races. Among Black individuals, the breastfeeding exclusivity rate was 30%, while it was 54% for other races.

By the end of 2022, the skin-to-skin rate had decreased across all racial groups. Among Black individuals, the skin-to-skin rate decreased from 79% to 78%, while it decreased from 82% to 81% for all other races.



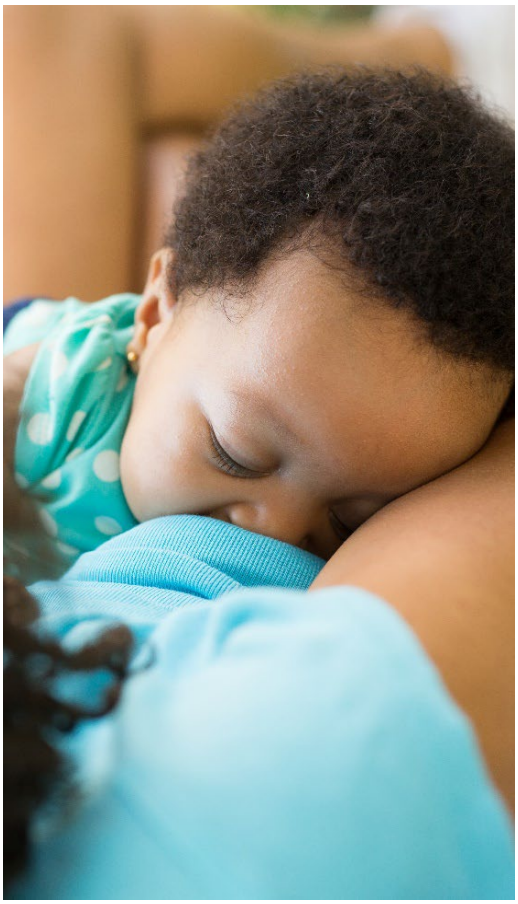


By the end of 2022, the rooming-in rate among Black individuals increased from 77% in 2021 to 78%. Among all other races, the rooming-in rate remained stable between 2021 to 2022 at 83%.

The Gift: Findings

By the end of 2022, the community referral rate among Black individuals increased to 93% up from 87% in 2021. Among all other races, the community referral rate increased from 84% to 93%.

Louisiana has continued to see improvements in national-level assessments of hospital-based best practices. The CDC's Maternity Care Practices in Infant Nutrition and Care (mPINC) 2022 survey is a national survey designed to assess best practices and policies that support breastfeeding. In 2022, 92% of Louisiana's birthing facilities completed the mPINC survey. Louisiana achieved a state score of 82, while the national score was 81. The mPINC survey is scored based on six core sections including immediate postpartum care; rooming-in; feeding practices; feeding education and support; discharge support; and institutional management. Louisiana scored above the national score in the areas of feeding education and support, discharge support and institutional management, as a result of focused support from The Gift.



The Gift: Lessons Learned

While improvements have been made in breastfeeding outcome and process measures, racial and ethnic disparities in those measures persist. Additional strategies and approaches to reduce disparities, such as targeted patient partnership strategies and integration of community support into the improvement work will be the primary focus in upcoming Gift updates. Despite significant challenges in facilities related to staffing shortages and leadership turnover, review of initiative-level data, national trends and facility feedback indicates readiness across birthing facilities to scale and spread quality improvement work beyond the birthing unit. At the same time, hospital staff and leadership turnover require ongoing reinforcement of improvement science fundamentals and testing new approaches to support hospitals in implementing and sustaining improvements.

In addition to strengthening patient and community partnerships, The Gift will support participating teams in transitioning to skills-based competency training, with a focus on equity, respectful care and communication. Previous methods of training staff in breastfeeding/infant feeding best practices are transitioning to new and improved ways to build staff competency and confidence, which includes more interactive training shown to improve knowledge retention.

Improving Care for the Substance-Exposed Dyad (ICSED): Overview

The Improving Care for the Substance Exposed Dyad (ICSED) was launched in 2021 as a limited statewide initiative focused on improving care for patients giving birth and neonates affected by substance use. The initiative was in response to findings of the Louisiana Pregnancy Associated Mortality Review (PAMR) 2017-2019 Report, which found that accidental overdose was the leading cause of pregnancy-associated deaths during that time period and that substance use disorder (SUD) contributed to more than 36% pregnancy-associated, but not related deaths.[10] To prevent future deaths, the review committee made several recommendations regarding SUD, including consistent verbal screening with a validated tool to assess for substance use, as well as referral for Medication for Opioid Use Disorder (MOUD) for an identified opioid use disorder, a best practice not occurring for pregnant and postpartum patient on a regular basis.

The ICSED builds on the work of the LaPQC's Neonatal Opioid Withdrawal Syndrome (NOWS) Pilot Project, conducted from May 2019 – July 2021. Although the NOWS Pilot accelerated the buildout of a large-scale initiative focused on substance use/use disorder, the success of the pilot, coupled with the increase in substance use-related deaths among women giving birth has made ICSED particularly relevant.

Through the ICSED initiative, the LaPQC with support from Louisiana's State Opioid Response (LaSOR) grant has worked with participating facilities to use quality improvement science and a dyadic approach to implement key hospital-based structures (policies, trainings, staff education, and procedures) related to supporting substance-exposed dyads and providing substance-use care in a respectful, informed, stigma-free, collaborative way.

[10] Evans, I., Hyde, R., & Gillispie-Bell, V. (2017-2019). Louisiana Pregnancy Associated Mortality Review 2017-2019 Report. New Orleans: The Louisiana Department of Health

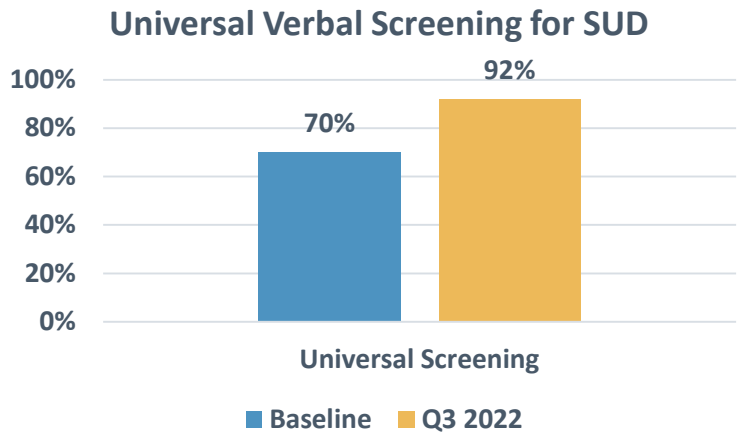
Improving Care for the Substance-Exposed Dyad (ICSED): Findings

By 2023, a total of ten birthing facilities, representing LDH Regions 2, 3, 5, and 9 of the state, were actively participating in the ICSED initiative. Despite the high will and high level of urgency, this work is challenging and complex with many change ideas needed to effect change. To make the initiative more manageable, the LaPQC team, in partnership with the birthing facility teams, identified five areas of focus:

- Screening
- Resource mapping
- Coordinated perinatal and infant discharge, including a referral and support plan
- Non-pharmacologic care
- Breastfeeding

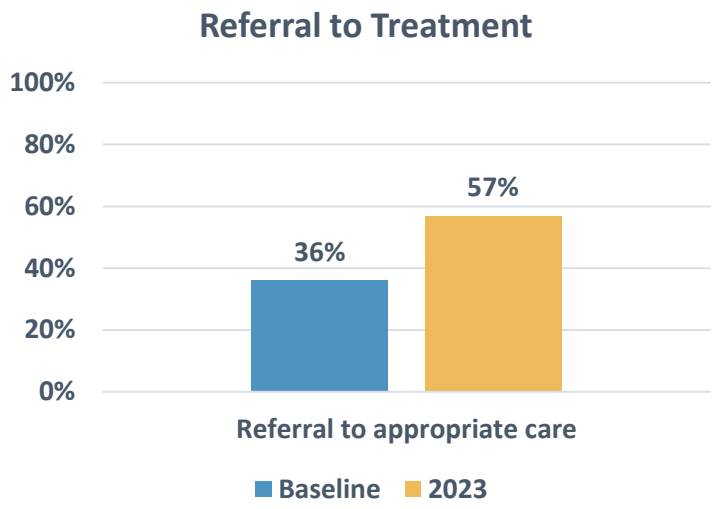
Universal verbal screening and referral to treatment and MOUD

Universal screening for substance use utilizing a standardized, validated screening tool (either an interview or written instrument method for identifying substance use) is recommended in all locations that provide medical care to pregnant and postpartum patients. Screening is used to detect illicit substance use disorder but also to identify any alcohol or drug use during pregnancy and/or postpartum that could result in a substance-exposed pregnancy, newborn, exposure through breast milk, or an overdose. A positive screening should trigger a brief intervention and referral to appropriate treatment and support services to address mental health and social needs using resources within our setting and community. Using data from Q1 and Q2 of 2022 as a baseline, universal verbal screening rates increased from 70% to 92% in 2023 among participating facilities.

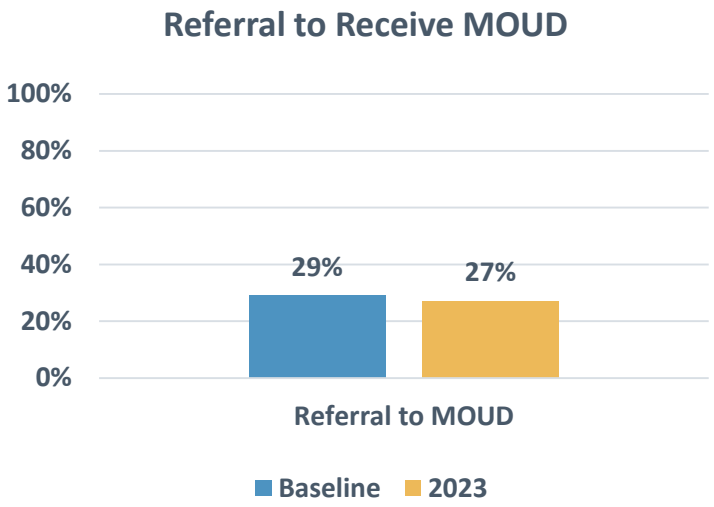


Improving Care for the Substance-Exposed Dyad (ICSED): Findings

Referral to appropriate recovery treatment services for patients who screen positive for substance use disorder increased from a baseline of 36% to 57% in 2023.



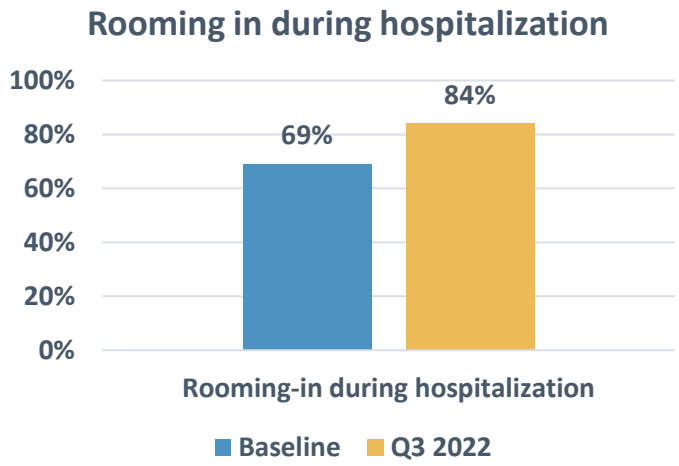
Referral to MOUD decreased from a baseline of 29% to 27%. Self-reported connection to recovery treatment services remained flat between 2022 and 2023 at 50%.



Improving Care for the Substance-Exposed Dyad (ICSED): Findings

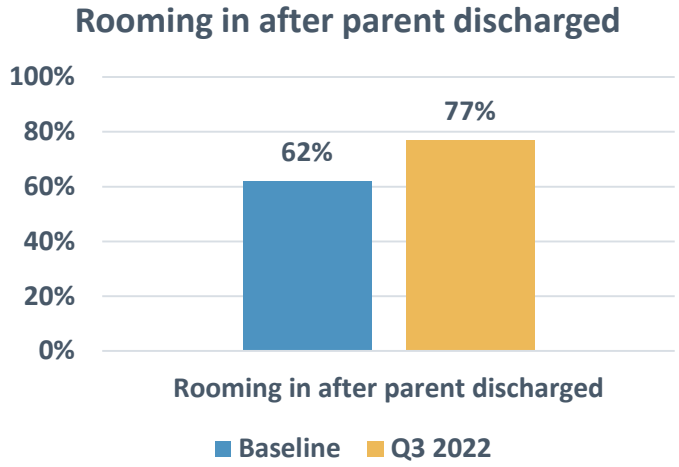
Non-pharmacologic care: Rooming-in during hospitalization of the birth parent

In ICSED participating teams in 2023, more infants at risk for neonatal abstinence syndrome (NAS)/NOWS roomed-in with the postpartum parent or caregiver compared to 2022. The rate increased from 76% to 85%.



Non-pharmacologic care: Rooming-in after parent hospitalization

A similar increase was seen during that same time period for substance-exposed infants who were still hospitalized and allowed to room-in with the birth parent after the birth parent had been discharged, indicating that some facilities are beginning to overcome this logistical barrier.



Improving Care for the Substance-Exposed Dyad (ICSED): Lessons Learned

Many lessons were learned throughout the implementation of the ICSED initiative. Implementing screening, brief intervention, and referral to treatment (SBIRT) in general was met with challenges. While rates of SUD screening improved throughout the initiative, challenges persisted including selecting the best screening tool, creating policies related to screening, comfort with providing brief intervention and uncertainty about where to send patients for treatment and support.

Referral to treatment and initiating MOUD did improve throughout the initiative but remained low. Connecting patients to recovery treatment services remained challenging due to factors such as lack of care coordination, limited treatment options and social determinant-related factors.
While providers can prescribe without additional certification, many providers remain uncomfortable with prescribing MOUD. To better understand what challenges face providers in treating pregnant and postpartum individuals with SUD, the LaPQC has worked with a research-based team to better identify the barriers providers face in treating pregnant individuals with SUD.

Participating birthing facility teams focused on two evidence-based best practices to support infants and their caregivers impacted by SUD: breastfeeding and rooming-in during hospitalization and after discharge. Although birthing facilities participating in ICSED have worked to incorporate best practices related to breastfeeding and substance use, breastfeeding initiation rates remained lower for Black mothers experiencing substance use who were eligible to breastfeed.

Logistical challenges within birthing facilities made rooming-in difficult to achieve, including having physical space for caregivers to remain in the hospital after being discharged. The lessons learned through the initial implementation of the ICSED initiative will inform the scale and spread of best practices for perinatal substance use and substance-exposed newborns across the care continuum in 2024.

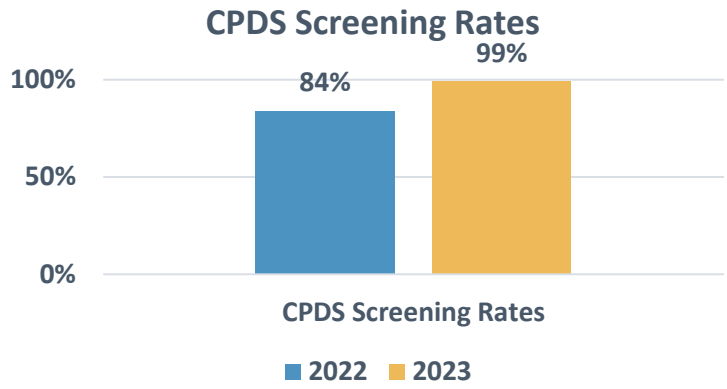
Caregiver Perinatal Depression Screening (CPDS): Overview

Beginning January 2021, policy change took effect with Louisiana Medicaid that allowed pediatric providers to be reimbursed for administering developmental screening, autism screening, and perinatal depression screening. To be eligible for reimbursement, providers must use a standardized tool, and complete robust documentation, referral, and follow-ups for each screening in accordance with recognized best practices.

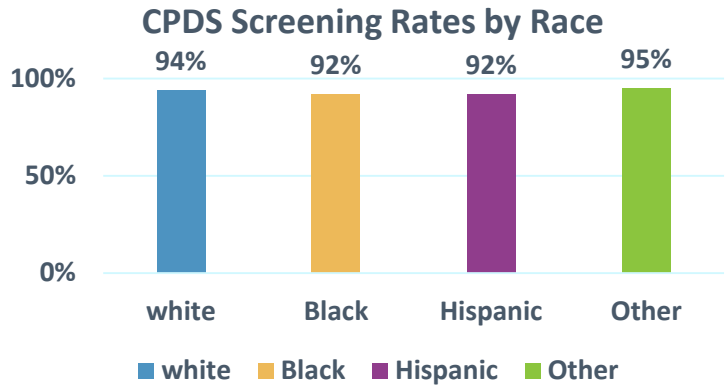
To support pediatric providers in implementing screening and referral to resources, in May 2022, the LaPQC launched the Caregiver Perinatal Depression Screen (CPDS) in the Pediatric Practices pilot. The pilot used quality improvement science to support the implementation of perinatal depression screening and referral to resources in pediatric settings at the 1, 2, 4, and 6-month well-child visits. Four practices were selected and aimed to achieve an 85% screening rate at the identified visits, as well as appropriate referrals when risk was identified. This LaPQC initiative complements the Bureau of Family Health Developmental Screening Initiative which provides resources and tools for providers.

Caregiver Perinatal Depression Screening (CPDS): Findings

At the launch of the initiative, 84% of caregivers received a screen for postpartum depression. By May 2023, screening rates had improved to 99% of individuals screened.



All participating facilities reported disaggregated data with similar screening rates among different races and ethnicities. By May 2023, 1,472 caregiver perinatal depression screenings had been conducted. Ninety-four percent of individuals who identified as white were screened; 92% of individuals who identified as Black were screened; 92% of individuals who identified as Hispanic were screened; and 95% of individuals who identified as “other” were screened.



By May 2023, of the individuals who screened positive, 100% of those individuals had been referred to a mental health resource. Though not all had received a warm hand off, all clinics in the pilot had implemented a process for warm-hand offs to ensure individuals were connected to the referral resource by the end of the pilot. A warm hand off is defined as a human-to-human connection and/or transfers of care between two members of a healthcare team

Caregiver Perinatal Depression Screening (CPDS): Lessons Learned

The CPDS initiative was the first endeavor of the LaPQC to partner with outpatient practices. One factor that contributed to the success of the initiative was the initiative's faculty, who were particularly engaged with the participating practices. While all LaPQC initiatives include faculty, who serve as subject matter experts guiding the LaPQC state-level activities and serving as a resource to participating facilities, the faculty supporting the CPDS cohort were notably active on calls and in providing direct technical assistance. Faculty included a pediatrician, a psychiatrist, an obstetrician, and an individual with lived experience, providing guidance and evidence-based best practices to the participating teams giving the teams confidence to complete the work.

Another notable success of the CPDS initiative is that three of the four practices identified a family partner to provide feedback on their quality improvement work. Integrating families and patients into quality improvement (QI) teams and projects is a new experience for many facilities and practices. However, the integration of family partners into QI work allows for solutions to be designed that meet patients where they are and address the specific needs of a practice's patient population.

The LaPQC will continue to build on the success of this pilot to launch a limited statewide initiative in 2024.

Data Sources

LaPQC Initiative Data Sources

Data sources for Reducing Maternal Mortality Initiative (RMMI):

- Structure measures submitted through REDCap
- Process measures submitted through a secure data platform
- Severe Maternal Morbidity is made available through the Louisiana Hospital Inpatient Discharge Database (LaHIDD)

Data sources for the Safe Births Initiative (SBI) include:

- Structure measures submitted through REDCap
- Balancing, process, and outcome measures submitted through a secure data platform
- Severe Maternal Morbidity is made available through the Louisiana Hospital Inpatient Discharge Database (LAHIDD)
- Louisiana Vital Records Registry

Data sources for the Improving Care for the Substance-Exposed Dyad (ICSED) initiative include:

- Structure measures captured through REDCap
- Outcome and process measures submitted through a secure data platform

Data sources for The Gift include:

- Qualitative and quantitative data and structure measures from The Gift 3.0 Survey, The Gift 3.0 Staff Survey, and The Birthing Person Survey captured through REDCap
- Outcome and Process measures submitted through a secure data platform
- State-level monitoring sources include LaPRAMS, Louisiana Vital Records Registry, and the CDC's County/Parish level data, mPINC, National Immunization Survey, and Breastfeeding Report Card

Data sources for Caregiver Perinatal Depression Screening (CPDS) include:

- Programmatic data sources include a secure data platform and staff survey
- State-level monitoring sources include Medicaid billing data

LaPQC Designation Programs: Birth Ready and The Gift

This section is an overview of the LaPQC's two designation programs and their outcomes.

Louisiana Birth Ready Designation

To recognize participating facilities for their improvement work and create a system that acknowledges and rewards sustained change related to implementation of evidence-based best practices for maternal care, the LaPQC developed the Louisiana Birth Ready Designation. This designation program has two tiers of recognition: Louisiana Birth Ready and Louisiana Birth Ready Plus. The designations acknowledge those birthing facilities committed to practices that promote safe, equitable, and dignified birth for all individuals giving birth in Louisiana.

Each designation level includes requirements across five dimensions:

- **Participation and Collaborative Learning**: Collaboration is a key element of sustained learning. As such, birthing facilities seeking designation must be active participants in LaPQC collaborative learning opportunities.
- **Equity and Patient Partnership:** Evidence-based equitable and patient-centered improvement are fundamental to the work of the LaPQC's mission to reduce disparities. To meet Designation requirements, birthing facilities must demonstrate consistent quality improvement efforts to identify and address health disparities in their institution.
- **Policies and Procedures:** Written policies and procedures assure standardization of care and contribute to readiness. In applying for Designation, birthing facilities must demonstrate the development and implementation of standardized policies informed by evidence-based best practices.
- **Structure Measures and Education:** Commitment to continuous learning through staff and patient education provides knowledge and enhances communication. Documentation of education meeting several milestones for both staff and individuals is a requirement for Designation.
- **Outcome and Process Measures:** Evaluating data is a key component of quality improvement and achieving certain aims leads to improvement. Regular reporting of process measures and achieving selected outcome thresholds is a requirement for birthing facilities applying for Designation.

Applications are open to all birthing facilities annually for Birth Ready Designation. Those that have already achieved designation must reapply each year. If a previously designated facility does not meet the qualifications when reapplying, they will have a 6-month (non-public) probationary period to regain their designation level. Currently, 22 birthing facilities are designated as Birth Ready and nine birthing facilities are designated as Birth Ready +.

Louisiana Gift Designation

To recognize participating facilities and create a system of sustained evidence-based change, The Gift also provides recognition through Gift designation. With two tiers of achievement – Gift and Shining Star – this designation recognizes birthing facilities that demonstrate consistent health care delivery and quality improvement work to improve the rates of breastfeeding. Gift designation also celebrates improved perinatal and neonatal health outcomes related to breastfeeding, the result of implementing safe and equitable internationally recognized best practices to improve breastfeeding outcomes.

Each designation level includes requirements across five dimensions:

- **Participation and Collaborative Learning**: Collaboration is a key element of sustained learning. As such, birthing facilities seeking designation must be active participants in LaPQC collaborative learning opportunities.
- **Equity and Patient Partnership:** Evidence-based equitable and patient-centered improvement are fundamental to the work of the LaPQC's mission to reduce disparities. To meet Designation requirements, birthing facilities must demonstrate consistent quality improvement efforts to identify and address health disparities in their institution.
- **Policies and Procedures:** Written policies and procedures assure standardization of care and contribute to readiness. In applying for Designation, birthing facilities must demonstrate the development and implementation of standardized policies informed by evidence-based best practices.
- **Structure Measures and Education:** Commitment to continuous learning through staff and patient education provides knowledge and enhances communication. Documentation of education meeting several milestones for both staff and individuals is a requirement for Designation.
- **Outcome and Process Measures:** Evaluating data is a key component of quality improvement and achieving certain aims leads to improvement. Regular reporting of process measures and achieving selected outcome thresholds is a requirement for birthing facilities applying for Designation.

The Gift does not replace Baby-Friendly, an international accreditation, but assists facilities in achieving and maintaining standards that position them for success in achieving and maintaining Gift and Baby-Friendly™ designation.

Looking to the Future

LaPQC – Moving Forward

National best practice recommendations, state surveillance data, and feedback from participating teams, subject matter experts, as well as patient and community partners, indicate the need and opportunity to expand quality improvement and collaborative learning-based approaches to care settings beyond hospital birthing units. As such, the LaPQC will continue to not only serve as a long-term QI hub, but also as a platform to coordinate multiple campaigns, pilots, and other improvement efforts beyond birthing facility settings, while increasing its visibility and building its team.

The LaPQC will continue to center its work on the following goals:

- Decreasing racial/ethnic disparities in outcome measures across all LaPQC initiatives.
- Routinizing data dissemination, including regular reporting to key stakeholder groups including individuals, communities, legislators, and healthcare systems.
- Increasing the readiness and response of statewide healthcare facilities to address and improve perinatal and neonatal outcomes.
- Strengthening statewide perinatal and neonatal/pediatric leadership support for quality improvement initiatives.

The LaPQC will continue to lead and expand several initiatives to improve readiness and response of statewide facilities. Key initiatives that the LaPQC will sustain and in some cases expand, include The Gift, Improving Care for the Substance Exposed Dyad (ICSED) and the Safe Births Initiative which will continue to focus on sustaining the implementation of the AIM Patient Safety Bundles for Obstetric Hemorrhage, Severe Hypertension in Pregnancy, Safe Reduction of Primary Cesarean Birth, but also begin the implementation of Sepsis in Obstetric Care and Postpartum Discharge Transition. As noted in the 2017-2019 Pregnancy Associated Mortality Review Report, improving readiness, recognition, and response is an area of opportunity to prevent maternal deaths.

Throughout 2024, the LaPQC will begin partnering with emergency departments across the state to implement the components of the AIM Patient Safety Bundles for Hemorrhage and Severe Hypertension as well as relevant breastfeeding/infant feeding best practices. The LaPQC will work with participating teams to extend The Gift QI work to their neonatal intensive care units to implement recommended breastfeeding/infant feeding best practices and patient-centered care.

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Building on the findings of the Caregiver Perinatal Depression Screening Pilot, the LaPQC will work closely with other Bureau of Family Health programs to develop a model to support screening for perinatal mood and anxiety disorder in pediatric outpatient clinics across the state.

The LaPQC will establish a cohort of patient and community-based organization advisors to support the integration of patient and community experience and needs into quality improvement work at the birthing facility participating in the LaPQC. With support from the Louisiana Department of Health's Office of Behavioral Health's Substance Abuse and Mental Health Services Administration (SAMHSA) funded LaSOR 3.0 grant, the LaPQC will continue to develop high-quality resources, training and technical assistance for use by facilities and state agency partners to support the implementation of evidence-based practices related to the identification, care and treatment of perinatal substance use disorder and substance-exposed newborns. As part of the ICSED initiative, the LaPQC will continue to work with subject matter experts to implement its Naloxone Pilot Project, providing tailored, one-on-one technical assistance to participating birthing facilities to develop the processes and ability to provide overdose education and naloxone directly to at-risk pregnant and postpartum individuals and families.

In 2024, the LaPQC will continue to work collaboratively with participating facilities to address racial and ethnic disparities across outcome and key process measures. The LaPQC will continue to work with data equity experts to implement a data equity framework, inclusive of data equity tools and scripting, develop a system for quick capture, dissemination, analysis, and sharing of data disaggregated by race and ethnicity. In addition, the LaPQC will develop and implement a health equity plan to support hospitals in taking the "what now" steps to address disparities identified from their data. The LaPQC will also create a roadmap to help participating facilities use and communicate data for equity at the facility level and to community partners.

The LaPQC is grateful to the nurses, providers, hospital administrators, public health professionals, patient partners, community-based organizations and other stakeholders who work collaboratively to implement evidence-based practices and partner on QI work led by the LaPQC to ensure better care for all individuals giving birth and their families in Louisiana.

Feedback from Participating Facilities

"The programs have provided our healthcare system a structure and platform for implementing best practices and tracking our progress. The programs drive our facility teams to not only implement best practice, but also sustain the changes. Over the years, we've seen improvements in patient outcomes and are now seeing reductions in racial disparities for some of our metrics. We are confident that we will continue to see improvements through our continued participation in the programs."

Hospital Executive Leader

"Working with the LaPQC made us look at safety more and want to be more safe and inclusive in our care!"

Nursing Leader

"It has really opened my eyes to maternal morbidity/mortality and the importance of evidenced-based practice. I have been working hard at my facility and it has made a big impact on our rates and improving our individuals experiences."

Labor and Delivery Nurse

"I love being able to work as a state to make improvements. All birthing facilities are able to share what worked for them. Also, sharing of policies and education is very helpful."

Hospital Leader

"The LaPQC team is authentic and passionate in their work. It is my belief that their approach in teaching birthing facilities how to improve outcomes for all pregnant and postpartum women is a major driver of birthing facilities embracing the collaborative."

Labor and Delivery Nurse

THANK YOU FOR READING

If you would like to learn more about or become involved with the Louisiana Perinatal Quality Collaborative, please visit our website at **lapqc.org**

LaPQC
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