

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



Medical Assistance Program Oversight Council  
Women & Children's Health Committee  
Monday, October 19  
9:30 a.m. – 11:00 a.m.





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## GLOSSARY

- CPQC: Connecticut Perinatal Quality Collaborative
- AIM: Alliance for Innovation on Maternal Health
- MMRC: Maternal Mortality Review Committee



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## CPQC HISTORY

- 2010: Originally established as the Northern Regional Neonatal Collaborative in partnership with the March of Dimes
- 2014: CPQC was established with a grant from March of Dimes
- 2017: CPQC was established as a CHA collaborative by the Committee on Population Health and Board of Trustees



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## CPQC STRUCTURE

- Chairpersons:
  - Marilyn R. Sanders, MD, Attending Neonatologist at the Connecticut Children's and Professor of Pediatrics, University of Connecticut School of Medicine
  - Chris Morosky, MD, Associate Professor of Obstetrics and Gynecology, University of Connecticut Health Center
- 179 committee members
- Representative from all 24 birthing hospitals
- Community partners and state agencies
- Strongly connected to March of Dimes



## CHA COLLABORATIVE

- CHA has hosted meetings and conferences for CPQC since 2017
- CHA provides support for communication and initiatives:
  - Hi-MOM (Healthy Infants Mothers Own Milk)
  - NAS and NASCENT (Neonatal Abstinence Syndrome Comprehensive Education and Needs Training) Eat, Sleep and Console
  - INDEED (Improving kNowledge to Decrease Early Elective Deliveries)



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# HI-MOM

- Leadership: Naveed Hussain and Matthew Bizzarro
- Engaged: 22/24 birthing hospitals
- OB/Newborn and NICU
- Toolkit developed
- Technical assistance provided
- Reduced the mean time of first milk expression from 14.08 hours to 9.77 hours



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NASCENT

## Results:

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



# EAT, SLEEP AND CONSOLE

- Based on a quality improvement project by Matthew Grossman, MD
- Toolkit was developed
- Demonstrated decreased length of stay
- Demonstrated decreased morphine dosage for opioid-exposed infants





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INDEED

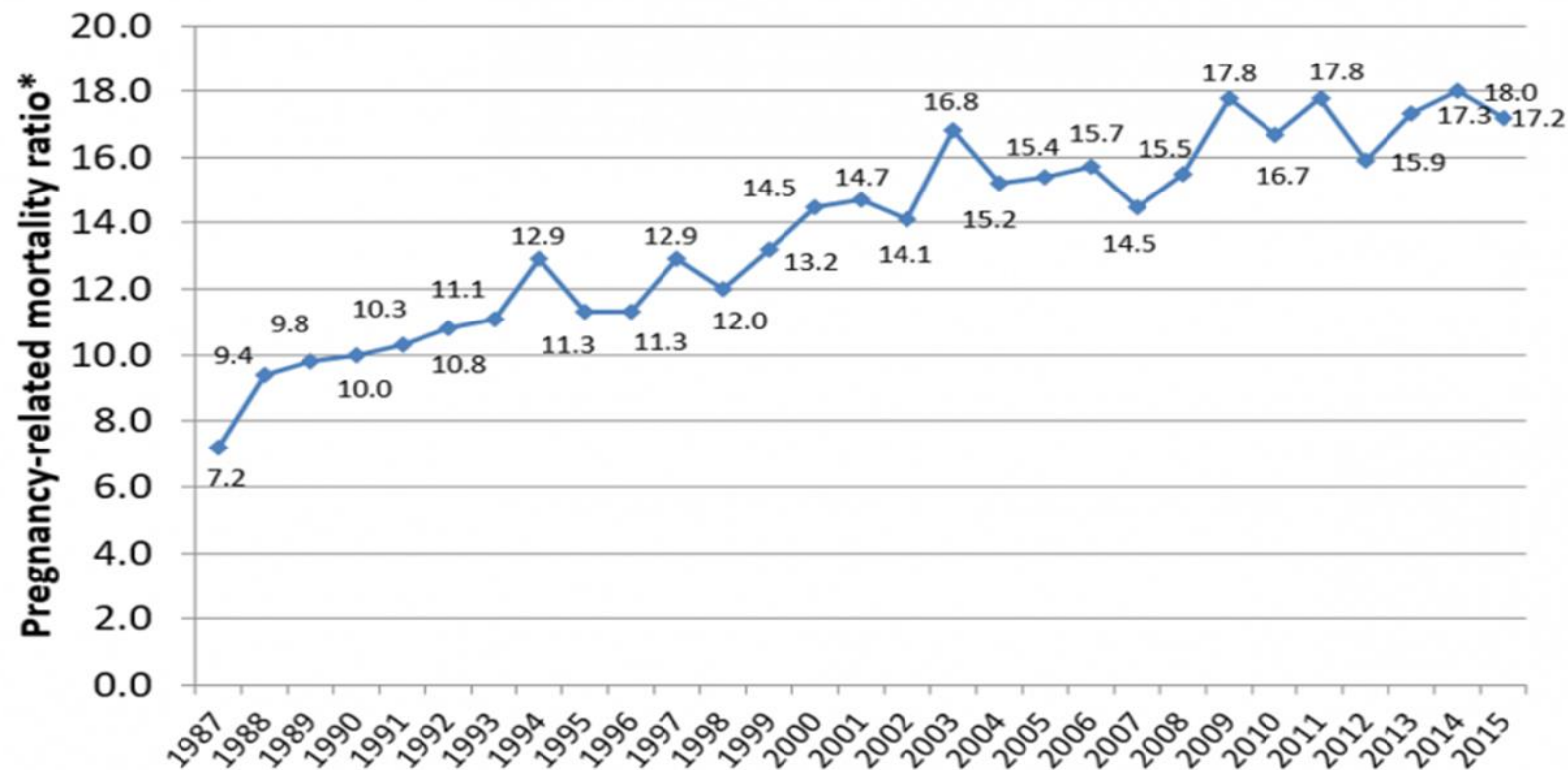
- 2012 INDEED dropped EED (early elective deliveries) from 13% in 2012 to 1% at present
- Prior to beginning the improvement work in Connecticut, of the 24 birthing hospitals:
  - 10 had EED rates below the national average of EED
  - 3 had EED rates that were at average
  - 11 had EED rates that were above average with 5 hospitals with a rate more than double the state average

- Every day in 2017, approximately 830 women worldwide die from preventable causes related to pregnancy and childbirth, most in under-resourced countries
- Between 1990 and 2015, maternal mortality worldwide dropped by about 38%<sup>1</sup>
- In the US, pregnancy-related deaths occur in approximately 700 women a year: 1/3 before birth, 1/3 during perinatal period and 1/3 up to one year after<sup>2</sup>
- **Black and American Indian/Alaska Native women were about<sub>2</sub> three times as likely to die from a pregnancy-related cause as white women**

<sup>1</sup> <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

<sup>2</sup> <https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html>

# U.S. PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS PER YEAR



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

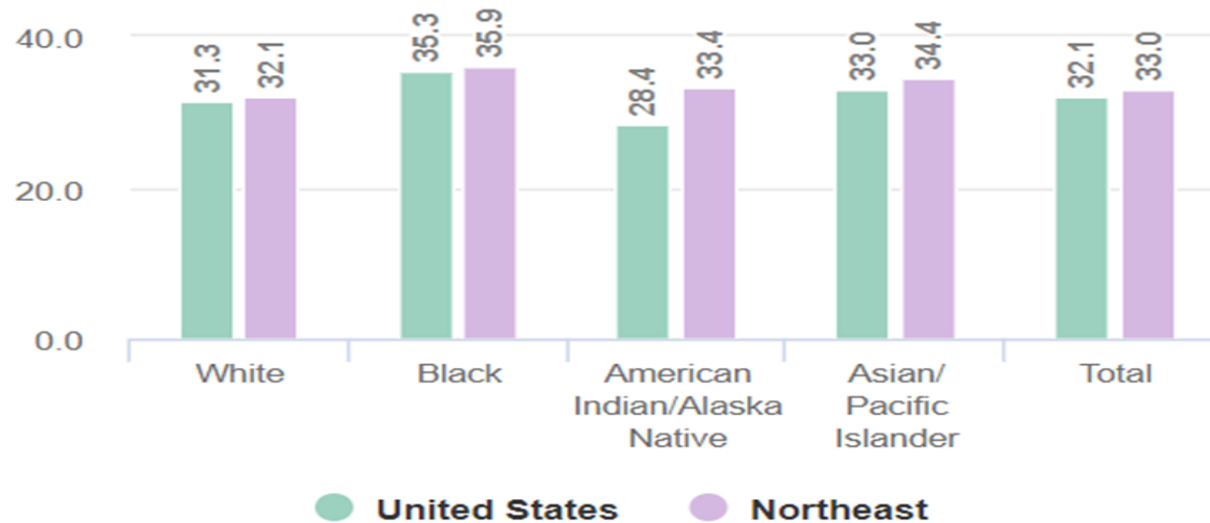


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# CESAREAN DELIVERY BY RACE

## Total cesarean deliveries by race: United States and Northeast, 2014-2016 Average

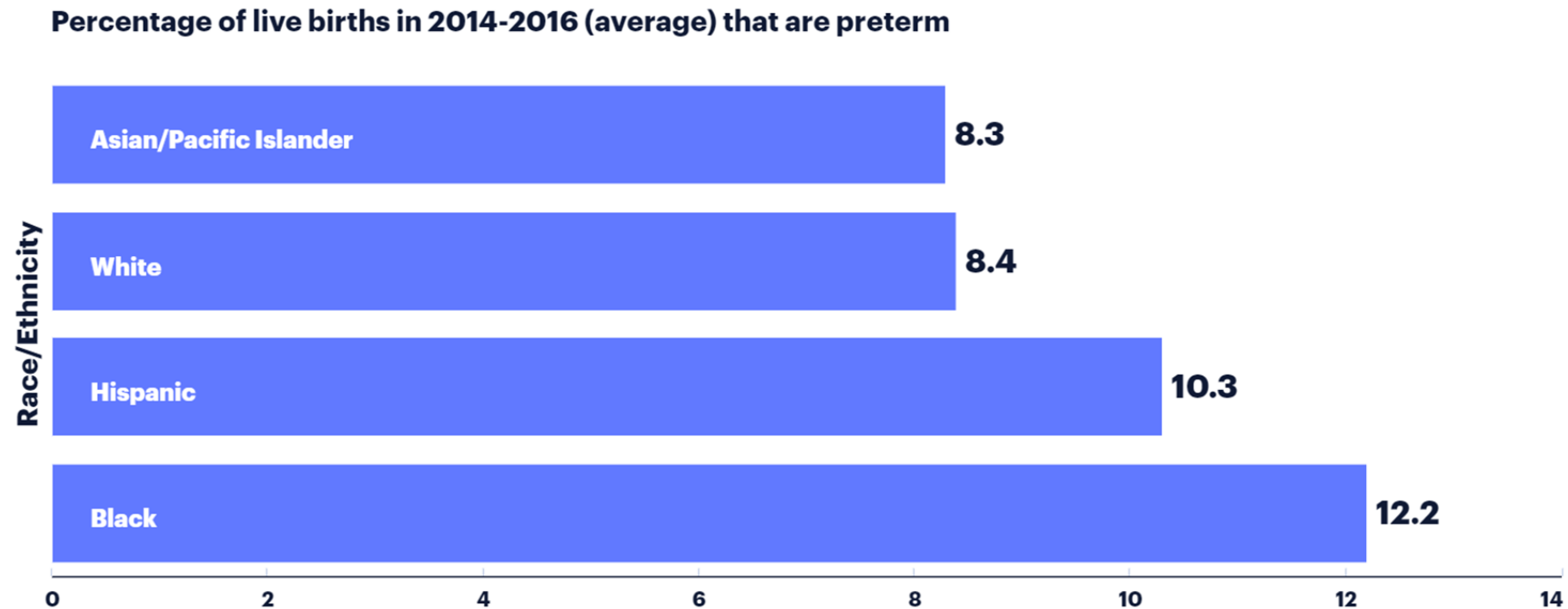
Percent of live births





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# U.S. PRE-TERM BIRTHS BY RACE/ETHNICITY





## CPQC DURING COVID-19

- Weekly touch-base calls began March 15, 2020
  - Collaboration and support
  - Best practice sharing
  - Evaluation of evolving practices regarding management of childbirth admissions:
    - Visitation
    - Testing
    - Managing COVID-positive deliveries
    - Rooming-in with COVID positive moms
  - Two mini conferences on June 30 and July 21
  - Lessons from the Surge - Chris Pettker, MD



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## AIM INITIATIVE

- AIM is a **national data-driven maternal safety and quality improvement initiative** based on proven implementation approaches to improving maternal safety and outcomes in the U.S.
- Goal is to eliminate preventable maternal mortality and severe morbidity across the United States
- AIM strategies
  - Broad partnership
  - Tools & technical assistance
  - Implementation training
  - Real-time data
  - Build on existing initiatives
  - Incremental bundle adoption



# AIM REQUIREMENTS

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





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## AIM BUNDLES

- Maternal Mental Health: Depression and Anxiety
- Maternal Venous Thromboembolism (+AIM)
- Obstetric Care for Women with Opioid Use Disorder (+AIM)
- Obstetric Hemorrhage (+AIM)
- Postpartum Care Basics for Maternal Safety
  - From Birth to the Comprehensive Postpartum Visit (+AIM)
  - Transition from Maternity to Well-Woman Care (+AIM)
- Prevention of Retained Vaginal Sponges After Birth
- Reduction of Peripartum Racial/Ethnic Disparities (+AIM)
- Safe Reduction of Primary Cesarean Birth (+AIM)
- Severe Hypertension in Pregnancy (+AIM)



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QUESTIONS?

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