



STATEWIDE POSTPARTUM BRACELET PROJECT PILOT

As part of ALPQC’s aim of reducing perinatal morbidity and mortality, a statewide pilot of The Postpartum Bracelet Project will begin in early 2024. The pilot will supply 5-6 facilities with bracelets to be given to patients who have just delivered, who have experienced severe maternal hypertension or preeclampsia, or patients who have experienced a pregnancy/infant loss. The goal of the pilot is to determine if the bracelets effectively assist first responders and Emergency Departments in identifying and improving response to postpartum-related complications.

The Postpartum Bracelet Project is not new to Alabama. The University of South Alabama Children’s & Women’s Hospital in Mobile, AL, has been conducting a postpartum bracelet project since May 2023. Vicki Curtis, Director of Women’s Services at USA Health, was featured on a Maternal Health Innovation podcast on November 1st to discuss the facility’s journey with the program. To access the recording or transcript of the podcast, please click [here](#).

The ALPQC has received requests from collaborating hospitals for more information on the bracelets. In recognizing the potential impact that statewide implementation could have on postpartum outcomes, the ALPQC began laying the groundwork for the pilot program.

The bracelets will be sent to pilot hospitals attached to cards that list warning signs of post-birth complications. The post-birth complications card will be made available as a resource on the alpqc.org website. We hope the success of this pilot will lead to statewide implementation of the bracelet program and ultimately result in decreased perinatal morbidity and mortality rates in Alabama.



WARNING SIGNS OF POST-BIRTH COMPLICATIONS

CALL 911 IF YOU HAVE:



- Pain in chest**
- Obstructed breathing/short of breath**
- Seizures**
- Thoughts of hurting yourself or your baby**

CALL YOUR DOCTOR IF YOU HAVE:



- Bleeding through 1 pad an hour or large blood clots**
- Incision that is not healing**
- Red, swollen, or painful legs**
- Temperature higher than 100.4°F**
- Headache, vision changes**

TELL 911 OR YOUR HEALTHCARE PROVIDER

“I HAD A BABY ON [DATE] AND I AM HAVING [SYMPTOM]”



IN THIS ISSUE:

- Postpartum Bracelet Pilot · Page 1
- Obstetric Hemorrhage Initiative · Page 2
- Neonatal Hypothermia Prevention Initiative · Page 2
- Delivery Room Initiative · Page 2
- New Resources · Page 3
- NNPQC 2023 Annual Meeting · Page 4
- Reminders · Page 4



Obstetric Hemorrhage Initiative

Thank you to all the hospitals that have enrolled in our Obstetric Hemorrhage Collaborative. To date, 31 of Alabama's delivery hospitals have registered. If your facility has not yet registered, please click [here](#) to enroll.

Our Obstetric Hemorrhage Collaborative will officially begin on January 1st, 2024. Baseline measures consisting of data from October-December 2023 will be due on January 31st. Information and resources are available on the alpqc.org website. We have also added a "bootcamp" video series that provides short video sessions for reviewing the 5 AIM components, data measures, and trauma-informed care for providers.

During December, we will begin scheduling monthly 1-on-1 QI-RN calls to commence in January. The kickoff for our Action Period Calls is January 17th at 1pm. If there is a specific topic that you would like to request to be presented as a prerecorded video or as a focus for one of our upcoming Action Period Calls, please email us at info@alpqc.org.

Neonatal Hypothermia Prevention (NHP) & Expanded Delivery Room Bundles

Enrollment is underway for our 2024-2025 Neonatal Hypothermia Prevention (NHP) Initiative. The project aim is to optimize care for newborns by reducing risks and complications associated with neonatal hypothermia by implementing a Neonatal Hypothermia Prevention Bundle for all delivering hospitals. In addition to the NHP Initiative, hospitals with a NICU Level III or IV designation will be participating in an Expanded Delivery Room Bundle. The expanded bundle includes neonatal hypothermia prevention but will also incorporate measures related to delayed cord clamping and lung protection to improve outcomes in our most vulnerable population.

The Neonatal Hypothermia Prevention (NHP) & Expanded Delivery Room Collaboratives will officially begin in March of 2024 and will consist of Learning Sessions, Action Period Calls and monthly 1:1 calls with an ALPQC Quality Improvement RN. Baseline measures consisting of data from December 2023-February 2024 will be due on March 31st, 2024. Action Period Calls will be held on the 4th Wednesday of every month at 12:00 CST starting in January of 2024. Information, resources, and enrollment details are available on the alpqc.org website.



New Resources Available at ALPQC.ORG

A providers guide to **Trauma-Informed Care**

Alabama Perinatal Quality Collaborative



Avoiding Re-Traumatization

"Re-traumatization is reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident." (SAMHS,2017)

As providers, avoiding these incidents can allow for these principles of Trauma-Informed Care to begin implementation.

Tips:

- Don't have patients recount their traumatic experience
- Respect Emotional Boundaries
 - Speak in simple and direct language
 - Stay consistent



Empowerment/Choice 

Create an environment that promotes the patient's voice and affirmation. Acknowledge that each patient experience is unique. Focus on what staff, family, and community have to offer

Tips:

- Encourage patients by focusing on the positives. Be optimistic about how far your patient has come in their experience already.

Cultural Awareness 

It is important to gain an understanding of various cultural differences that exist, especially within the community that you serve. Avoid assumptions, these can act as a barrier to support.

Tips:

- Be aware that cultural differences can positively or negatively affect the perception of the care that your patient is receiving.
- Avoid Biases and Stereotypes

A PROVIDER'S GUIDE TO TRAUMA-INFORMED CARE







What is Trauma-Informed Care?

- Trauma-informed care is an approach where providers focus on how past traumatic experiences may affect a patient's response to current care.
- TIC understands that there is a high possibility of patients having past traumatic experiences that can influence their receptiveness to current care and services.

Signs of Trauma:


- Anxiety, Fear, or Worry
- Avoidance
- Addictions
- Trouble Sleeping
- Anger

6 Principles of Trauma-Informed Care

<p>SAFETY </p> <ul style="list-style-type: none"> • Establish a Safe and Welcoming Environment • Remind patients that they are safe now. Bringing them back to the realization that the environment they are currently in is safe. 	<p>TRUSTWORTHINESS/TRANSPARENCY </p> <ul style="list-style-type: none"> • Be open and transparent with your patient about your decision-making.
<p>PEER SUPPORT </p> <ul style="list-style-type: none"> • Actively Listen • Reflect on Concerns that are shared • Refer and offer resources that provide support among peers with similar experiences. 	<p>COLLABORATION/MUTUALITY </p> <ul style="list-style-type: none"> • Partner with your coworkers and patients, remember hope can be established through meaningful relationships.
<p>EMPOWERMENT/CHOICE </p> <ul style="list-style-type: none"> • Encourage patients by focusing on the positives. • Be optimistic about how far your patient has come in their experience already. 	<p>CULTURAL AWARENESS </p> <ul style="list-style-type: none"> • Be aware that cultural differences can positively or negatively affect the perception of the care that your patient is receiving. • Avoid Biases and Stereotypes

Avoid Re-Traumatizing by Avoiding Triggers

- Don't have patients recount their traumatic experience
- Respect Emotional Boundaries
 - Speak in simple and direct language
 - Stay consistent



Neonatal Hypothermia Initiative

alpqc.org/initiatives/nhp/

Obstetric Hemorrhage Initiative

alpqc.org/initiatives/obh/

What is Trauma-Informed Care


Trauma-Informed Care (TIC) is an approach where providers focus on how past traumatic experiences may affect a patient's response to current.

TIC understands that there is a high possibility of patients having past traumatic experiences that can influence their receptiveness to current care and services.

Signs of Trauma

It is important to be able to recognize when a patient is showing signs of having past trauma that you may not be aware of. Know what behavioral signs to look and listen out for so that you can operate well-informed and with the whole picture.

Anxiety, Fear, or Worry
Avoidance
Addictions
Trouble Sleeping
Anger



6 Principles of Trauma-Informed Care

Safety

Patients feeling safe is a big factor in effective care. As a provider, it is important for you to make your patients understand that they are currently safe and not in the environment of their past traumatic experiences.

Tips:


- Establish a Safe and Welcoming Environment
- Remind patients that they are safe now. Bringing them back to the realization that the environment they are currently in is safe.

Trustworthiness/Transparency

Be transparent with patient care and establish goals for care. Build trust and rapport with all those involved: staff, patients, and family members.

Tips:


- Be open and transparent with your patient about your decision-making.

Peer Support 

Your role as a provider should be to establish hope between the patient and the provider. Get familiar with resources and programs in your community that allow your patients to open up with individuals who have lived through the same experiences.

Tips:

- Actively Listen Reflect on Concerns that are shared
- Refer and offer resources that provide support among peers with similar experiences.

Collaboration/Mutuality 

Utilize your team and the various capacities in which they work. Understand the different perspectives that coworkers bring to the table and allow for a collaborative approach to patient care.

Tips:

- Partner with your coworkers and patients, remember hope can be established through meaningful relationships.

Click [here](#) for Trauma-Informed Care Resources

NNPQC 2023 Annual Meeting



The ALPQC participated in the 2023 National Network of Perinatal Quality Collaboratives (NNPQC) Annual Meeting in Denver, CO from December 5-6. The event was hosted by the National Institute for Children's Health Quality (NICHQ). This year's theme was "Putting the Network to Work: Building Capacity and Collaboration." The event was a great opportunity to engage with other PQCs throughout the country on active and future perinatal quality improvement initiatives, share successes and resources, and proudly display the progress that our outstanding hospitals are making to improve perinatal outcomes in Alabama.

Left to Right - Britta Cedergren, Dr. Samuel Gentle, Caitlin Lassiter, & Lora Ham

REMINDERS

January 1 - Obstetric Hemorrhage (OBH) Initiative Begins

January 17 - Obstetric Action Period Call, 1pm

January 24 - Neonatal/Pediatric Action Period Call, 12pm

January 31 - OBH Baseline Data Due

February 21 - Obstetric Action Period Call, 1pm

February 28 - Neonatal/Pediatric Action Period Call, 12pm

February 29 - OBH Monthly Data for January 2024 due

**March 1 - Neonatal Hypothermia Prevention (NHP)
& Expanded Delivery Room Initiatives Begins**

March 20 - Obstetric Action Period Call, 1pm

March 27 - Neonatal/Pediatric Action Period Call, 12pm

**March 31 - OBH Monthly Data for February 2024 Due
-Neonatal Baseline Data Due (Dec. 2023-
Feb. 2024)**