

Hospital Highlight: Walker Baptist Medical Center

During ALPQC's Maternal Initiatives Action Period call on 2/21/24, Walker Baptist Medical Center shared its journey from using estimated blood loss (EBL) to the evidence-based best practice of quantified blood loss (QBL). Measuring postpartum blood loss using quantified methods is one of the components of ALPQC's Obstetric Hemorrhage Initiative developed by the Alliance for Innovation in Maternal Health (AIM) to improve maternal health outcomes.

Rachael P. Winston, Director of Women's Services at Walker, presented her team's transition from EBL to QBL, which began in January 2023 and had a "go-live" date of 7/1/23. After addressing concerns and educating the staff and providers on the proven benefits of using QBL vs EBL, the process was implemented into practice and has helped provide evidence-based care to their postpartum patients.

The recording of Walker Baptist Medical Center's Hospital Share, as well as the entirety of February's Maternal Initiatives Action Period call can be found on www.alpqc.org.

We encourage all of our hospitals to share their own journey implementing evidence-based practices and improving patient outcomes using one of ALPQC's QI Initiatives. Please email info@alpqc.org.



Dr. Gentle pictured far left

Dr. Samuel Gentle Awarded SSPR Young Investigator Award

Dr. Samuel Gentle, assistant professor at UAB's Division of Neonatology and ALPQC's Neonatal Lead, was awarded the Southern Society for Pediatric Research (SSPR) Young Investigator Award during SSPR's Annual Meeting in New Orleans. The award was presented for his research titled, "Reducing Adverse Delivery Outcomes Through Teleneonatology: A Randomized Simulation Trial."

The goal of the study was to connect lower-acuity care centers with experienced care providers to improve the quality of neonatal resuscitation. The study included an assisted resuscitation simulation of a 25-week gestational age infant at delivery.

Congratulations, Dr. Gentle!

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Neonatal Initiatives

We are excited to announce our Neonatal Hypothermia Prevention and Expanded Delivery Room Package Initiative's official kick-off this month! This initiative includes 24 Hospitals and comprises 28 patient care units where we will be using data and quality methods to optimize care for newborns by reducing risks and complications associated with neonatal hypothermia. We are so excited to have such great hospital representation for babies being born throughout the state!

Baseline data will cover the months of December, January, and February and will be due at the end of March. Information and resources can be found on the alpqc.org website.

Our Neonatal Opioid Withdrawal Syndrome (NOWS) initiative entered its sustainability phase this winter and the results are seen below:

ALPQC NOWS Sustainability Data Dashboard

Measures	Initiative Average (April '22-Oct '23)	Sustainability Phase (Oct-Dec '23)
Referred to addiction services (%yes)	75.29%	74.55%
Narcan Counselling Documented (%yes)	35.53%	40.00%
Days old at Discharge- Length of stay (days)	12.79	12.29
Collaborative Discharge Plan completed (%yes)	89.88%	94.55%

Through sustained data collection and 1:1 Quality Improvement calls with these teams, we continue to see improvement in our care for these patients!

Obstetric Initiatives

January 1st marked the beginning of the Obstetric Hemorrhage Initiative. Baseline data for the project, spanning October-December 2023, was reported from the collaborating hospitals and the results were unveiled during the February Maternal Initiatives Action Period Call. Baseline data provides a snapshot of current processes and outcomes, helps identify opportunities for improvement, and enables us to measure progress towards the project's goal. The chart below displays key findings regarding our starting point.

Process Measures	Vaginal Deliveries	Cesarean Deliveries
Hemorrhage Risk Assessment Performed prior to Delivery	88.82%	76.44%
Patient Debriefing Documented After Hemorrhage	21.18%	21.84%
Transfusions Among Reported Hemorrhages	31.18%	44.25%
Benchmark	Alabama	National
Hemorrhage Rate (Based on ICD-10 Codes)	6.54%	5%
SMM	1.92%	0.88%

The baseline survey reflects that a majority of patients receive a hemorrhage risk assessment prior to delivery. The data also revealed an opportunity to improve the documentation and completion of debriefings and support provided to patients following a hemorrhage event. The hemorrhage and Severe Maternal Morbidity (SMM) rates in Alabama were notably higher than the national average. We are grateful for the 35 hospitals that have joined together in this initiative to improve maternal outcomes in Alabama. By working together and providing evidence-based care, we will make Alabama the best place to give birth.

1-on-1 Quality Improvement Coaching with ALPQC's QI-RNs

The ALPQC is committed to providing support for all collaborating hospitals to help your facility improve the perinatal outcomes in your community. One of the expectations of participating in an ALPQC Quality Improvement Initiative is meeting 1-on-1 with our Quality Improvement RNs - Caitlin Ballard, MSN, RN, CNL, (Neonatal & Pediatric Initiatives) and Lora Ham, MSN, RN (Obstetric Initiatives). During the 1-on-1 calls, the QI-RNs review the data reported for your facility, discern trends in care, and discuss successes and challenges that your facility encounters during the QI journey. Additionally, the QI-RNs will help provide resources to help ensure your facility's success in the initiative. The calls are scheduled on a recurring monthly basis and last anywhere from 20 minutes to 1 hour, depending on the unique challenges of your facility. Please email info@alpqc.org if you have not yet scheduled your monthly 1-on-1 QI-RN call. Let us help you help others! Working together, we can make a difference in perinatal outcomes in Alabama.

Upcoming Events

3-19-24- MoMMA's Voices and the Alliance for Innovation of Maternal Health (AIM) classes for healthcare providers on the Lived Experience Integration® into Quality Improvement (QI). <https://www.mommasvoices.org/col>

4-3-24- Alabama's March for Change:

Use your voice to urge policymakers to pass legislation that can improve the health of moms and babies and create #BlanketChange for families in Alabama. Register and learn more: <https://marchofdimes.quorum.us/event/15044/>

4-13-24- Black Maternal Health Expo, Mobile, AL

<https://babypalooza.com/event/black-maternal-health-expo-mobile-al/>

4-13-24- Mobile Babypalooza Baby Expo 2024: Equipping You For Motherhood

<https://babypalooza.com/event/mobile-babypalooza-baby-expo/>

5-4-24- Black Maternal Health Expo | Huntsville, AL (May 4, 2024)

<https://babypalooza.com/event/black-maternal-huntsville/>

5-4-24- Huntsville Babypalooza Expo | Huntsville, AL (May 4, 2024)

<https://babypalooza.com/event/babypalooza-babyexpo-huntsville/>

New Resources Available at ALPQC.ORG

Postpartum Hemorrhage Patient Debriefing Tool

Life After Postpartum Hemorrhage

Use this tool to learn what to expect and to identify topics you would like more information on.



Key Points about Postpartum Hemorrhage (PPH)

	I Would Like More Information About This Topic
Losing a lot of blood quickly can cause a severe drop in your blood pressure. It may lead to shock and death if not treated.	<input type="checkbox"/>
Quickly finding and treating the cause of bleeding can often lead to a full recovery.	<input type="checkbox"/>
Postpartum hemorrhage can occur up to 12 weeks after birth. Talk to your healthcare provider about your risk and symptoms to watch for.	<input type="checkbox"/>

Physical Recovery

Losing a lot of blood can leave you feeling tired and weak. Your provider may want to do tests to find out how your body is coping with blood loss. This will help them decide what treatment to recommend.	<input type="checkbox"/>
When your body is having trouble coping with blood loss, it is normal to: <ul style="list-style-type: none"> Feel weak and get tired more easily Feel dizzy Be grumpy, cranky or angry Have headaches Look very pale Feel out of breath Have trouble focusing or concentrating Have ringing in ears 	<input type="checkbox"/>
If you have any of the symptoms listed above, your healthcare provider may want you to take iron. If your iron levels are very low, you may be offered iron by injection, IV or even a blood transfusion.	<input type="checkbox"/>
Even if you are taking iron pills, your diet can be an important source of iron. Examples of iron-rich foods include beef, shrimp, spinach, lentils, and almond butter.	<input type="checkbox"/>

Emotional Recovery

The "baby blues" and postpartum depression and anxiety can affect anyone. You may be more likely to have postpartum depression, anxiety or even post-traumatic stress disorder (PTSD) after a postpartum hemorrhage.	<input type="checkbox"/>
Some symptoms of postpartum depression, anxiety and PTSD include: <ul style="list-style-type: none"> Feeling low (depressed mood) or angry most days Loss of interest in activities that you used to enjoy Having trouble concentrating Having trouble falling asleep or staying asleep Anxiety or excessive worry Loss of confidence or self esteem Loss of appetite or overeating Recurrent thoughts of suicide or death Reliving the event 	<input type="checkbox"/>
If you have any of the symptoms listed above, contact your healthcare provider right away.	<input type="checkbox"/>
Whether you've had a hysterectomy or face a higher risk of postpartum hemorrhage with future pregnancies, there is often a grieving process to work through. Talk to your healthcare provider about support available.	<input type="checkbox"/>

A "Frequently Asked Questions" document for commonly asked questions on the Neonatal Hypothermia Prevention Initiative



Neonatal Hypothermia Prevention Initiative Frequently Asked Questions

What is the ALPQC?

The Alabama Perinatal Quality Collaborative (ALPQC) exists to promote optimal health for Alabama mothers and babies by connecting clinical and community stakeholders, sharing opportunities for education and training, and advancing the quality and safety of care through collaborative cooperation, evidence-based practices, and equitable approaches to care.

The ALPQC is based out of the University of Alabama at Birmingham School of Public Health and has a presence in over 75% of hospital labor and delivery, and neonatal units in the state.

For more information on the ALPQC, please visit www.alpqc.org

What is the Neonatal Hypothermia Prevention Initiative?

The Neonatal Hypothermia Prevention (NHP) Initiative was created to equip neonatal/pediatric providers, clinical staff, and hospitals, with evidence-based strategies to prevent neonatal hypothermia and its associated complications, including increased infant morbidity and mortality. Throughout the NHP initiative, the ALPQC will work in collaboration with hospitals and providers throughout Alabama to reduce by 20% the proportion of infants that are hypothermic on admission to the NICU or well-baby nurseries by July 1, 2025.

Implementation of the NHP initiative in delivery hospitals includes establishing standardized, facility-wide protocols and checklists, improving speed and accessibility to equipment (radiant warmer) and supplies (thermometers, pre-warmed blankets, head caps, polyethylene bags/occlusive plastic wrap, etc.), timely staff debriefs, and education regarding best care practices for hypothermia prevention disseminated to staff, patients, and families.

Why Hypothermia?

One in 8 babies in Alabama are born pre-term. Regardless of gestational age, neonatal hypothermia occurs in about 21.7% of infants, with 4.6% experiencing moderate/severe hypothermia.¹ Hypothermia is a contributing factor to neonatal mortality and morbidity. It is associated with a higher risk of infants developing hypoglycemia, jaundice, respiratory distress syndrome, sepsis, and suffering from intraventricular hemorrhage.¹

Newborns are at the highest risk of experiencing hypothermia immediately after birth. Newborns are more prone to rapid heat loss due to many factors including having less subcutaneous fat, a higher body water content, and their metabolic mechanisms not yet being fully developed.² With each degree decrease in body temperature, there is an 80% increase in the risk of infant mortality.¹ Preterm infants

The ALPQC frequently adds and updates content documents on www.alpqc.org. Please check the website often for new resources.

If you have a suggestion for any helpful resources or notice any revision needed to any of the content, please email us at info@alpqc.org.

We Want To Hear From You!

We are here to help! If there are any resources, education, or quality improvement tools you feel like your facility would benefit from, please reach out to the ALPQC team and we will do our best to provide what you need. We would also love to hear from you with general ideas for improvement processes, upcoming project ideas, questions, or stories you would like to share! Please reach out to info@alpqc.org with any of the above.



REMINDERS

March 1st- Neonatal Hypothermia Prevention (NHP) and Expanded Delivery Room Package Initiative Begins

March 20th - Obstetric Hemorrhage Action Period Call, 1pm

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

March 31st- Neonatal Baseline Data Due (Dec, Jan, Feb)

March 31st - Obstetric Hemorrhage Monthly Data Due (Feb)

April 17th - Obstetric Hemorrhage Action Period Call, 1pm

April 24th- Neonatal/Pediatric Action Period Call, 12pm

April 30th- Neonatal Hypothermia Monthly & Quarterly Data Due (March, Jan-March)

April 30th- NOWS Sustainability Data Due (Jan, Feb, March)

April 30th - Obstetric Hemorrhage Monthly (March) & Quarterly Data Due (Jan - March)

April 30th - Severe Maternal HTN Sustainability Data Due (Jan, Feb, March)

May 15th - Obstetric Hemorrhage Action Period Call, 1pm

May 22nd- Neonatal/Pediatric Action Period Call, 12pm

May 31st - Obstetric Hemorrhage Monthly Data Due (April)

May 31st- Neonatal Hypothermia Monthly Data Due (April)