

The Hard Work of Improving Outcomes for Mothers and Babies

Obstetric and Perinatal Quality Improvement Initiatives Make a Difference at the Hospital, State, and National Levels

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KEYWORDS

• Quality • Improvement • Obstetrics • Perinatal

KEY POINTS

- Quality improvement and patient safety efforts are a growing focus for perinatal care providers.
- The maternal-focused and perinatal-focused quality improvement initiative results offer strong examples of the impact that perinatal quality improvement and safety work have in improving the delivery of care.
- Expanded work at the hospital, state, and national levels is essential to drive sustainable quality improvement and patient safety efforts that will make every hospital a safer and better place to give birth and be born.

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INTRODUCTION

Quality improvement and patient safety efforts are a growing focus for perinatal care providers. This work has developed in response to major public health goals to reduce maternal and neonatal morbidity and mortality while balancing pressures from consumers and payers to ensure that care is safe, reliable, and effective.¹ Although quality improvement work has been present in medicine for more than 3 decades, it is only recently that a focus on quality improvement and patient safety has become an integral part of perinatal care.²⁻⁸

In obstetrics, quality improvement efforts have gradually expanded from local initiatives at single institutions to statewide efforts through state-based perinatal quality collaboratives (PQCs), and recently to national initiatives incorporating multiple state PQCs. Hospital-level work continues to expand as hospitals and health care networks realize the benefits of standardized data measures, quality improvement science, and team-based training and communication strategies to drive improvements in outcomes for mothers and babies.⁹⁻¹³ At the state level, PQCs are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes through continuous quality improvement. At the national level, numerous initiatives now seek large-scale improvements in obstetric outcomes. The Centers for Disease Control and Prevention (CDC) have taken a leadership role in supporting state PQCs, recognizing PQCs in 39 of 50 states, and supporting 6 (California, New York, Ohio, Illinois, Massachusetts, North Carolina) with Division of Reproductive Health funding for further project development.¹⁴

In addition, the CDC has developed a guide, *Developing and Sustaining Perinatal Quality Collaboratives*, outlining how to initiate and support state-based perinatal quality improvement collaboratives with a goal of achieving a PQC in every state.¹ A launch meeting for the National Network of Perinatal Quality Collaboratives (NNPQC) in 2016, sponsored by the March of Dimes/CDC, was attended by teams representing PQCs in different stages of development from 49 of 50 states.¹⁵ Other national organizations designed to help state collaboratives and hospital perinatal quality improvement teams have also launched major initiatives. These groups include The Alliance for Innovation on Maternal Health (AIM) program with the American Congress of Obstetricians and Gynecologists (ACOG) and the Council for Patient Safety in Women's Health Care; the Collaborative Improvement and Innovation Network (COIN) to Reduce Infant Mortality; Hospital Engagement Networks; March of Dimes Big 5 State Prematurity Collaborative (including California, New York, Texas, Illinois, Florida); and National Institute for Children's Health Quality.¹⁶⁻¹⁹ Most of these national initiatives have developed since the mid-2000s and have progressed rapidly. At all of these levels, the need for better obstetric data and appropriate performance measures has been clear.

This article highlights key perinatal-focused and obstetric-focused quality improvement initiatives at the local, state, and national levels that have shown improved patient outcomes and clinical care. Quality improvement work with published data is divided into initiatives focused on birth and neonatal outcomes (perinatal quality improvement), reducing maternal morbidity and mortality (obstetric quality improvement), and team-based training. Birth and neonatal outcome-focused quality initiatives include reducing early elective delivery before 39 weeks' gestation, increasing antenatal corticosteroid administration for eligible women, increasing risk-appropriate perinatal care, optimizing prenatal care and access, and optimizing breastfeeding at discharge. Maternal-focused topics include cesarean section rates,

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