

# MATERNAL, PERINATAL, AND CHILD HEALTH IMPROVEMENT PROJECTS



## Perinatal Quality Collaborative for Maine

The Perinatal Quality Collaborative for Maine (PQC4ME) was established in 2017 and utilizes evidence informed practices to improve outcomes for infants, mothers, and families. It is under the direction of expert perinatal clinicians who represent the full range of perinatal health care choices and options, and who work to be inclusive of all interested stakeholders in QI initiatives. PQC4ME has led several groundbreaking QI initiatives in recent years – examples include newborn opiate withdrawal (Eat, Sleep, Console) and Safe Sleep. The Collaborative is managed and supported by staff from MMA-CQI.

MMA-CQI provides support to the Executive and Steering Committees by:

- Maintaining the member list
- Scheduling meetings and sharing agendas
- Disseminating meeting notes and follow-up materials

## Alliance for Innovation on Maternal Health Patient Safety Bundle

In 2021, MMA-CQI became the state lead for the American College of Obstetricians and Gynecologists, Alliance for Innovation on Maternal Health (AIM). AIM is a quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives. They have developed multidisciplinary, clinical-condition specific patient safety bundles to support best practices that make birth safer.

In the fall of 2021, the Severe Hypertension in Pregnancy Bundle was launched with nine of Maine's birthing hospitals with a goal to have all of Maine's birthing hospitals eventually join the project. A kick-off webinar was held in January 2022 and a learning community was formed. Hospital team members come together bi-monthly to learn and share their experiences in implementing the bundle.

MMA-CQI and its contracted clinical quality experts provide technical assistance for the project that includes:

- Assisting hospital teams with establishing data collection processes and providing them with data collection tools
- Submitting hospital data to the AIM Data Dashboard
- Coordinating and facilitating the bi-monthly learning community sessions via Zoom
- Providing one-on-one technical assistance
- Providing feedback on progress toward the project goal of having 85% of patients with new onset severe hypertension receive antihypertensive medication within one hour

Funding for this project is from ACOG, AIM and the Maine Department of Health and Human Services.





## The Maternal Naloxone and Harm Reduction Project

The Maternal Naloxone and Harm Reduction project brings together hospital staff and providers and community-based organizations with experience in overdose recovery resources to provide all postpartum people with a take-home first aid kit that contains naloxone. The project began in January 2021 as a pilot project at Franklin Memorial Hospital and the Franklin County Healthy Community Coalition with a goal to increase naloxone saturation in the community which can reduce the risk of overdose deaths. The project consists of 1) educating hospital staff and providers on implicit bias, harm reduction, and overdose prevention; 2) offering naloxone as part of a home first aid kit to all postpartum persons; and 3) improving coordination of community recovery resources with hospital-based services through linkage of these services.

The pilot project was successful in having more than 75% of postpartum people take home the naloxone and has now been expanded to three additional hospitals that are linked to their local community-based organizations.

Funding for this project comes from the Maine Department of Health and Human Services.



## The Risk Assessment and Transport Tool Pilot Projects

The Risk Assessment and Maternal Transport Pilot Projects are quality improvement projects led by the Perinatal Quality Collaborative for Maine (PQC4ME). The project aligns with the Perinatal System of Care work in Maine and is being managed by the Maine Medical Association, Center for Quality Improvement.

A 2020 needs assessment of factors related to Maine's high rate of infant mortality identified optimizing hospital maternal risk assessment and transport processes as priority actions to improve maternal and infant outcomes. Two multidisciplinary workgroups met over nine months to develop the tools that will be evaluated in this pilot project.

The goals of the project are to improve the systems of care for pregnant women and their infants in Maine birthing and non-birthing hospitals, and to reduce maternal and infant morbidity and mortality. The objectives of the project are to 1) pilot test and refine a preterm labor algorithm to strengthen risk assessment, and 2) pilot test a maternal transport data collection form to identify numbers of women needing transport to a facility with a higher level of care and to identify systems issues to address in improving the maternal transports.

Funding for these projects comes from the Maine Department of Health and Human Services and the Betterment Fund.

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