

Project Impact Statement



At the National Institute for Children's Health Quality, we are dedicated to making measurable improvements in maternal and infant health care and health outcomes. One of the ways we do this is through NICHQ's role as the coordinating center for the National Network of Perinatal Quality Collaboratives, or the NNPQC.

ROLE OF STATE PQC's

Perinatal Quality Collaboratives (PQCs) are state or multi-state networks of multidisciplinary teams working to improve outcomes for maternal and infant health. PQCs do this by:

Advancing evidence-informed clinical practices and processes using quality improvement (QI) principles to address gaps in care



Working with clinical teams, experts, and patients and families to spread best practices, reduce variation, and optimize resources to improve perinatal care and outcomes

Achieving improvements in population-level outcomes in maternal and infant health

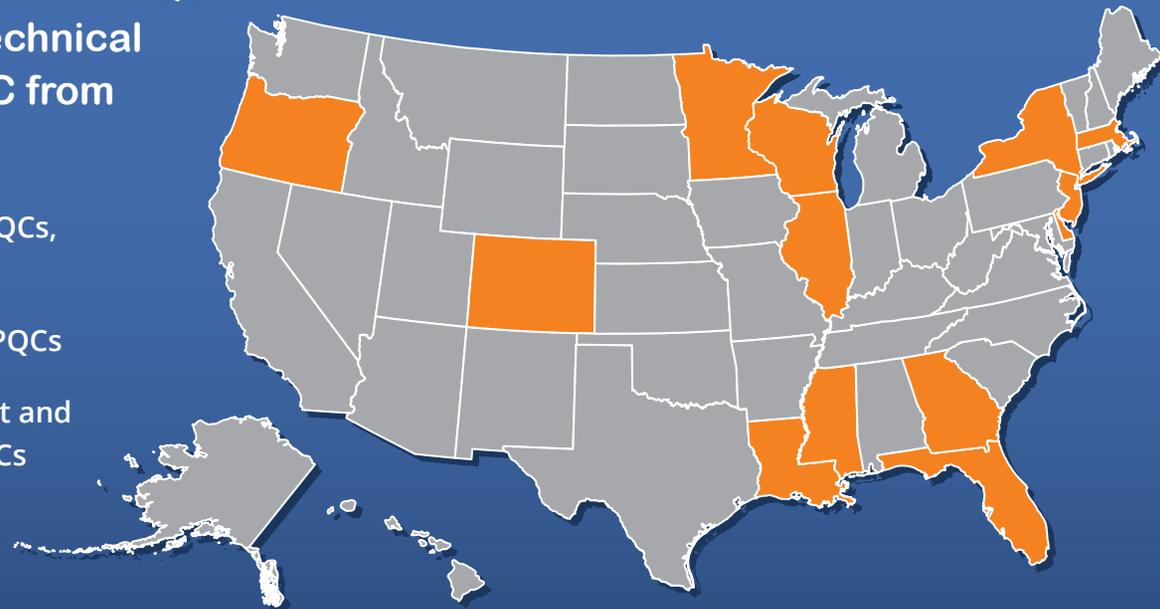


The NNPQC provides technical assistance to all PQC's nationally, including additional targeted technical assistance for the 13 PQC's funded by CDC from 2017-2022. The NNPQC does this by:

- 1** Increasing connection and communication among PQC's, their partners, and community members
- 2** Expanding quality improvement knowledge among PQC's
- 3** Increasing the capacity of PQC's in early development and expanding and sustaining more fully functioning PQC's

MAP KEY

 States that received CDC funding from 2017-2022



*Interactive map details each PQC's activities and contact info

[GO TO MAP](#) 

PQC INFANT HEALTH IMPROVEMENTS



- > Increased the percentage of opioid exposed newborns who had a coordinated discharge plan from 20% in 2018 to 70% in 2022 (**Illinois**)
- > Increased the percentage of newborns diagnosed with Neonatal Abstinence Syndrome (NAS) who were enrolled in early intervention within one year of birth from 26% in 2010 to 42.5% in 2018 (**Massachusetts**)

Key PQC Strategies



Collaborative Learning



Rapid Response Data



Quality Improvement Science Support

Perinatal Quality Collaboratives: Working Together to Improve Maternal Outcomes

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"We really believe that the wellbeing of a community, from the community level all the way up to a nationwide level, can be judged based on how its birthing people and infants are doing."

Kristen Lawless, Director, New York State Perinatal Quality Collaborative

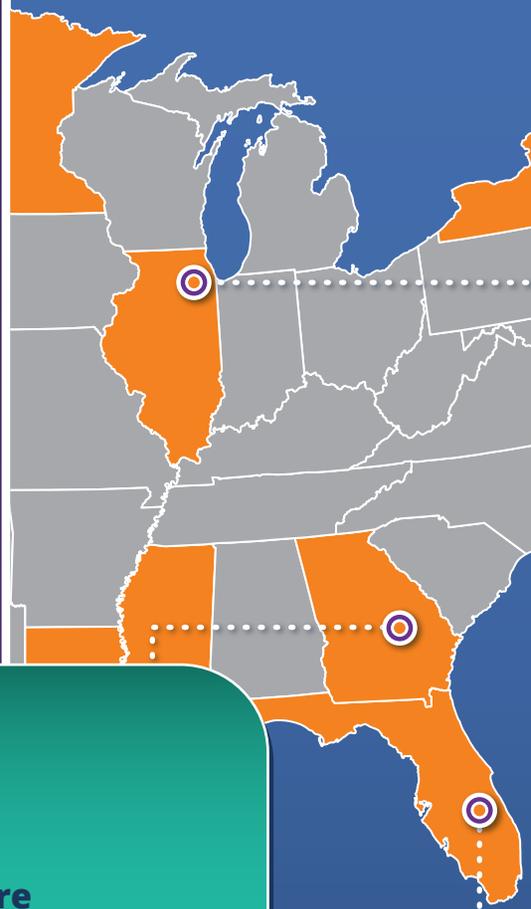
"The most important thing about PQCs is that we're able to evaluate every layer of a healthcare encounter that a patient connects to, sees, visits – everything. And we look at every single opportunity to improve the quality of care that we give patients, all in the underlying goal of decreasing infant and maternal morbidity and mortality in the United States."

Kim Petrella, MSN, RNC - OB Consultant, Nurse Coordinator, Delaware Perinatal Quality Collaborative

THE POWER OF PQC'S



- > Active, "on the ground," measurable change
- > Ability to scale up improvements statewide
- > Hospital-level leadership and ownership of efforts
- > Synergy of multiple partners
- > Power to change culture of care



ILLINOIS

Decreased from 12% to 8%
the rate of severe pregnancy complications and maternal deaths within 1 year of pregnancy



Increased from 17% to 59%
the number of debriefings between nurses and other health care providers

Increased from 41% to 80% the rate of patients being treated for severe hypertension within one hour of severe range blood pressure among 112 hospitals



GEORGIA



Rural hospitals met **20% severe maternal morbidity reduction goal** for severe hypertension

51% improvement among transfusion cases and **55% improvement** among non-transfusion cases



16 rural facilities received **GAPQC Rural Hospitals Maternal Outcomes Achievement Award**

FLORIDA



Decreased the Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean rate from 31%, the highest in the U.S., to 28.7%, representing an 8% reduction over the course of the funding period, compared to the nation's 1.5% reduction

Responded more quickly and appropriately to obstetrical hemorrhage and acute hypertension



Delivered more appropriate identification and care for mothers using opioids and their infants

PQC MATERNAL HEALTH IMPROVEMENTS



- > Increased the number of provider and nursing teams providing regular education on obstetric hemorrhage from 50% to 90% among responding hospitals (**Oregon**)
- > Achieved a 49% reduction in severe maternal morbidity from hemorrhage among Black women and a 35% reduction overall between 2018 and 2020 (**Louisiana**)

NNPQC Project Impact Video



Hear directly from PQCs across the U.S. about their work to improve maternal and infant health outcomes and how the National Network of Perinatal Quality Collaboratives supported their efforts.

WATCH ▶

The project was supported by Cooperative Agreement Number CDC-RFA-17-1702 from the Centers for Disease Control and Prevention (CDC). The contents of this material are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

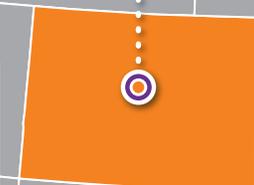
COLORADO

2 weeks → 6 days:

decrease in length of stay for newborns



70% → 0%: the reduction in need for medication care used to treat newborns for neonatal abstinence syndrome



"Perinatal quality collaboratives allow hospital teams to play at the top of their game to really make their team as efficient and safe and effective as possible, and that trickles down really significantly to help improve patient outcomes."

Rachel Pilliod, Managing Director,
Oregon Perinatal Collaborative