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.

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

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

MAP KEY
- States that received CDC funding from 2017-2022

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

GO TO MAP

ROLE OF STATE PQCs

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
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

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)
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

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

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

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.

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

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