



Equity Centered Maternal Care Report

2023-2024



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About Mama Certified



Mama Certified is a collective impact approach to maternal and infant health equity with the purpose of providing Black parents-to-be with visibility into the maternal-related efforts of local hospital networks and promoting increased efforts toward maternal equity.

Hospitals earn points to become certified and receive a badge level for each focus area. Points are earned by answering questions about their maternal and infant health efforts and agreeing to share that information with the public. Points are not awarded based on specific outcomes, but on the hospital, facility completing the questions and being involved in Mama Certified.

Partner organizations include The Christ Hospital Health Network, Mercy Health, TriHealth, UC Health, Cradle Cincinnati, Queens Village, and The Health Collaborative. Mama Certified is powered by bi3 and supported by Anthem Blue Cross and Blue Shield Foundation and Caresource.

About This Report

This report is intended to provide general information to the public collected from Cincinnati-area hospitals by The Health Collaborative and analyzed by Cradle Cincinnati with leadership input from the Queens Village Advisory Board and the Mama Certified Hospital Implementation Committee. Results were calculated based upon patient encounters during the calendar year 2021 for hospital-based birthing facilities in Hamilton and Butler County, Ohio.

This information is provided “as-is.” The Health Collaborative and Cradle Cincinnati make no representation or warranty, express or implied, including without limitation any warranties of merchantability, fitness for a particular purpose, non-infringement, or warranties as to the quality, accuracy, or completeness of the information. Any use or reliance on this information is at the user’s sole risk. Reference to any specific commercial product, process, or services, or the use of any trade, firm or corporation name is for the information and convenience of the user, and does not constitute endorsement, recommendation, or favoring by The Health Collaborative or Cradle Cincinnati. This report should not be used as a substitute for medical advice from a licensed healthcare professional.

Hospital Facility Information



TriHealth promises patient-centered care focused on you, your baby, and your birth plan. Our OB-GYN physicians offer comprehensive maternity care, but we also provide care for women seeking services including midwifery, natural childbirth, and high-risk pregnancy care.

Maternal Care

- Family Birthing Centers
- Maternal-fetal medicine
- Midwife Services
- Preconception Care
- Prenatal Care
- Childbirth and Parenting Education
- Maternity and Parenting Classes
- Obstetrical Services
- Centering Pregnancy
- Natural Childbirth
- Lactation Services (Breastfeeding)
- Welcomes Doulas

Infant Care

- Level II Harold and Margaret Thomas Special Care Nursery
- Pediatric Specialty Services
- Neonatal Care
- Gold Safe Sleep Champion

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Report Snapshot

Hospitals earn points to become certified and receive a badge level for each focus area. Points are earned by answering questions about their maternal and infant health efforts and agreeing to share that information with the public. Points are not awarded based on specific outcomes, but on the hospital facility completing the questions and being involved in Mama Certified.



Infant Care

Metrics	Findings	Progress
Health Equity on Race & Ethnicity	This hospital facility has the ability to track infant health performance measures by race and ethnicity to assess potential disparities but does not do so at this time.	<div style="width: 10%;"></div>
Breastfeeding	The percentage of babies exclusively breastfed or fed breast milk while the newborn is at this hospital facility is lower than the 2021 Ohio Average of 51.7%. ¹ The hospital facility promotes, protects and supports breastfeeding in their organization.	<div style="width: 20%;"></div>
Unexpected Complications in Term Newborns*	Newborn Complications at this facility are slightly lower than the 2021 Hamilton and Butler County average of 2.59%. ²	<div style="width: 10%;"></div>
Safe Sleep	The hospital facility implements a safe sleep screening procedure and has a gold level accreditation from Cribs for Kids.	<div style="width: 10%;"></div>
Promotion of Mama Certified	The hospital facility demonstrates its public commitment to Mama Certified through the distribution of physical, digital and portable communication tools.	<div style="width: 10%;"></div>
Training and Staff Engagement	The hospital facility participated in the training and engagement of staff as it relates to Mama Certified.	<div style="width: 10%;"></div>
Centering Voices of Patients with Lived Experience	The hospital facility is actively working with Queens Village to center the voices of patients with lived experiences.	<div style="width: 10%;"></div>
Pathways for Improvement	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	<div style="width: 10%;"></div>



The hospital facility has received 83.9% of the measurable points for the Infant Care Focus Area.

83.9%









¹ Data | Ohio Department of Health. (n.d.). <https://odh.ohio.gov/know-our-programs/Breastfeeding/Data/>

² Results were calculated based upon patient encounters during the calendar year 2021 for 8 hospital-based birthing facilities in Hamilton and Butler County, Ohio. The Health Collaborative. (January 17, 2024). Mama Certified Region. MamaCertified database.

* Rates at some facilities might be increased due to the level of NICU (neonatal intensive care unit) care offered.



Maternal Care

Metrics	Findings	Progress
Health Equity on Race & Ethnicity	The hospital facility tracks Maternal Health performance measures by race and ethnicity to assess potential disparities.	
Scheduled Early Delivery (Elective Delivery)	The hospital facility did not have any deliveries scheduled earlier than recommended during the reporting period.	
Low-Risk Cesarean Births*	The rate of low-risk C-sections is slightly higher than the 2021 Ohio Average rate of 26.3%.	
Birthing Friendly Hospital	The hospital facility has met the criteria to be recognized as Birthing-Friendly.	
Smoking Cessation Support	The hospital facility provides smoking cessation resources for women and birthing people.	
Postpartum Mental Health	The hospital facility provides perinatal depression screening and referral services including CSSR (Suicide Severity Rating Scale) on admission and Edinburgh in the Mother and Baby Unit.	
Postpartum Family Planning	The hospital facility provides counseling for all forms of birth control and prescriptions for oral birth control.	
Access to early prenatal care	Hospital facility collects information on early prenatal care.	
Patient Satisfaction	Hospital facility collects patient satisfaction data during labor and delivery and post-charge stays.	
Promotion of Mama Certified	The hospital facility demonstrates its public commitment to Mama Certified through the distribution of physical, digital and portable communication tools.	
Training and Staff Engagement	The hospital facility participated in the training and engagement of staff as it relates to Mama Certified.	
Centering Voices of Patients with Lived Experience	The hospital facility is actively working with Queens Village to center the voices of patients with lived experiences	
Pathways for Improvement	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	
		<p>The hospital facility has received 97.1% of the measurable points for the Maternal Care Focus Area.</p> <p>97.1%</p>

* Rates at some facilities might be increased due to the level of NICU (neonatal intensive care unit) care offered.

Focus Area

Infant Care

How is the hospital facility tending to the needs of the infant pre- and post-birth? Measures include Preterm Birth, Extreme Preterm Birth, Initiation and support of Breastfeeding, Sleep Education.

Advocate

The hospital facility received 83.9% of the available points for the Infant Care Focus Area.

The badge level is a combination of points received in Infant Care metrics and Mama Certified Engagement Metrics.

Infant Health Equity: Race & Ethnicity

Metric & Definition

- The hospital facility tracks its race- and ethnicity-specific performance on infant performance for which racial and ethnic disparities exist.
- There are policies or procedures in place for root cause analysis that recognizes patient race/ethnicity.
- Actions are being taken to address any disparities in health outcomes.

Why This is Important

Infant mortality rates are substantially higher for Black infants than for White infants in the United States. In 2021, Black babies were nearly 5 times more likely to die than white babies.³

Health disparities are preventable poor health outcomes experienced by populations disadvantaged by their social or economic status, geographic location, and environment. By monitoring health outcomes by race and ethnicity, hospitals can adapt processes and policies to provide more equitable quality care and improve the health outcomes of their patient populations.

Hospital Facility Results

Score: 4.5/13.5

This hospital facility has the ability to track infant health performance measures by race and ethnicity to assess potential disparities but does not do so at this time.

- Actions are being taken to address disparities in health outcomes related to infant care.
- The hospital facility utilizes a case management model in the OBGyn Center to manage health disparities for underserved women and children. This model specifically supports Black and brown mothers in ensuring a healthy pregnancy and birth, and the hospital facility tracks infant outcomes that result from this measure (birth weight and gestation).

³ Cradle Cincinnati 2021 Annual Report, Cradle Cincinnati, April 2022. <https://www.cradlecincinnati.org/the-issues>

Breastfeeding

Metric & Definition

- Exclusive Breast Milk Feeding: Rate of newborns exclusively fed breast milk during the newborn’s entire hospitalization.⁴
- Babies First Steps: The Ohio First Steps program is a five-step program developed, with one step awarded for every two steps achieved in the Ten Steps to Successful Breastfeeding as defined by [Baby-Friendly USA](#) which has been successful in narrowing racial gaps in breastfeeding across the country.⁵

Why This is Important

- Breastfeeding boosts the immune system and brain development, reduces the risk of infection, and reduces the risk of infant mortality.⁶ Racial disparities in breastfeeding rates can have a significant impact on infant health outcomes. Studies have found that Black mothers are less likely to initiate breastfeeding than their White counterparts and are more likely to stop breastfeeding before their infant is six months old.⁷
- The national rate of exclusive breastfeeding in 2019 is 62.6%.⁸
- Ohio’s rate of exclusive breastfeeding in 2021 is 51.7% (ODH)⁹

Hospital Facility Results

Score: 12/18

The percentage of babies exclusively breastfed or fed breast milk while the newborn is at this hospital facility is lower than the 2021 Ohio Average of 51.7%.

- The hospital facility does not currently track its race and ethnicity specific to exclusive breast milk feeding. However, the facility would be able to report if needed.

The hospital facility promotes, protects and supports breastfeeding in their organization.

- The hospital facility does not participate in the Ohio First Steps for Healthy Babies breastfeeding program. The facility participates in a similar program but has not been awarded any stars to date.
- The hospital facility promotes, protects and supports breastfeeding in their organization through inpatient and outpatient clinical education; prenatal breastfeeding education; breastfeeding classes; lactation support after delivery; postpartum breastfeeding support in breastfeeding clinic; and a breastfeeding support line.

⁴ PC-05. (n.d.). <https://manual.jointcommission.org/releases/TJC2015B/MIF0170.html>

Small, J. (2020, July 15). Baby-Friendly USA - Baby-Friendly practices help reduce racial gaps in US South. Baby-Friendly USA. <https://www.babyfriendlyusa.org/news/baby-friendly-practices-help-decrease-racial-gaps-in-breastfeeding-in>

⁶ World Health Organization: WHO. (2023, December 20). Infant and young child feeding. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

⁷ Jones, K. M., Power, M. L., Queenan, J. T., & Schulkin, J. (2015). Racial and ethnic disparities in breastfeeding. *Breastfeeding Medicine*, 10(4), 186–196. <https://doi.org/10.1089/bfm.2014.0152>

⁸ 2022 Breastfeeding Report Card. (2023, April 13). Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

⁹Data | Ohio Department of Health. (n.d.). <https://odh.ohio.gov/know-our-programs/Breastfeeding/Data/>

Unexpected Complications in Term Newborns

Metric & Definition	Why This is Important
<ul style="list-style-type: none">• Unexpected Complications in Term Newborns - Unexpected complications among full-term newborns with no preexisting conditions.¹⁰• Severe complications include neonatal death, transfer to another hospital facility for a higher level of care, severe birth injuries such as intracranial hemorrhage or nerve injury, neurologic damage, severe respiratory and infectious complications such as sepsis.• Moderate complications include diagnoses or procedures that raise concern but at a lower level than the list for severe. For example, use of CPAP or bone fracture, respiratory complications such as Transient Tachypnea of the Newborn, infections with a longer length of stay not including sepsis, and infants who have a prolonged length of stay of over five days.	<p>The most important childbirth outcome for families is bringing home a healthy baby. While there have been measures developed to assess clinical practices and outcomes in preterm infants, there is a lack of metrics that assess the health outcomes of term infants who represent over 90% of all births. (PC-06 (V2018B), n.d.)</p> <ul style="list-style-type: none">• No existing national or Ohio baseline data exists yet for this metric as it is defined by the Joint Commission.• The overall local rate for newborns with severe complications and moderate complications from eight hospital-based birthing facilities in Butler and Hamilton County in 2021 is 2.59%*.¹¹

Hospital Facility Results	Score: 6/6
<p>Newborn complications at this hospital facility are slightly lower than the 2021 Hamilton and Butler average of 2.59%.*</p> <ul style="list-style-type: none">• This hospital facility has the ability to track this performance measure by race and ethnicity to assess potential disparities but does not do so at this time.	

¹⁰ PC-06 (V2018B). (n.d.). <https://manual.jointcommission.org/releases/TJC2018B/MIF0393.html>

¹¹ The Health Collaborative. (January 17, 2024). Mama Certified Region. MamaCertified database.

* Rates at some facilities might be increased due to the level of NICU (neonatal intensive care unit) care offered.

Safe Sleep

Metric & Definition

- Implementation and practices of a safe sleep screen procedure as defined by [Ohio Department of Health](#).
- Participation in [Cribs for Kids](#) Hospital Accreditation.

Why This is Important

Safe sleep is important because it helps to reduce the risk of sudden unexplained infant death (SUID). It is recommended that babies sleep on their back, in a crib or bassinet that meets current safety standards and is free of loose bedding, pillows, and stuffed animals. Sudden infant death syndrome (SIDS) is a well-known category of SUID.¹²

Racial disparities in sleep-related infant deaths are significant and contribute to the overall disparity in infant mortality rates. Black infants are more than twice as likely to die from a SUID as white infants.¹³

Hospital Facility Results

Score: 9/9

The hospital facility implements a safe sleep screening procedure and has a Gold level accreditation from Cribs for Kids.

- Upon admission to the Mom Baby Unit (MBU), the facility asks each family if they have a safe place for baby to sleep. If the answer is no, there is a social work and Ohio Department of Health referral and the family receives a pack and play before discharge from the hospital facility.
- The Ohio Department of Health safe sleep video is also played for each family upon admission to the MBU. The NICU Care Coordinators and Social Workers talk to families about their preparedness for baby's discharge and needed supplies /resources. They help with procuring whatever resources are needed.

¹² PC-06 (V2022A1). (n.d.). <https://manual.jointcommission.org/releases/TJC2022A1/MIF0393.html>

¹³ Data and statistics for SIDS and SUID | CDC. (n.d.). <https://www.cdc.gov/sids/data.htm#race>

Focus Area

Maternal Care

How is the hospital facility tending to the needs of the birthing person pre- and post-birth? Measures include maternal health equity, birthing-friendly hospital, low risk cesarian rate, elective delivery rate, postpartum mental health and family planning, access to early pre-natal care, smoking cessation support, and patient satisfaction.

Leader

The hospital facility received 97.1% of the available points for the Maternal Care Focus Area.

The badge level is a combination of points received in Infant Care metrics and Mama Certified Engagement Metrics.

Maternal Health Equity: Race & Ethnicity

Metric & Definition

- Does the hospital facility track its race- and ethnicity-specific performance on maternal performance measures for which racial and ethnic disparities may exist?
- Is there a policy or procedure in place for root cause analysis that recognizes patient race/ethnicity?
- What actions are being taken to address any disparities in health outcomes?

Why This is Important

Black mothers die at more than two and half times the rate of other mothers in Ohio (Ohio Department of Health, 2020) regardless of their parents’ socio-economic status or health behaviors. Multiple factors contribute to these disparities, such as variations in quality healthcare, underlying chronic conditions, structural racism, and implicit bias.¹⁴

Health disparities are preventable disparate outcomes to optimal health experienced by populations disadvantaged by their social or economic status, geographic location, and environment. By doing so, hospitals can adapt processes and policies to provide more equitable quality care and improve the health outcomes of their patient populations.

Hospital Facility Results

Score: 9/13.5

The hospital facility tracks maternal health performance measures by race and ethnicity to assess potential disparities.

- Patients are assessed at new OB visit for SDOH and assigned TriHealth clinical and support resources according to needs. Patients are also connected to community resources and provided with supplies such as cribs and car seats as necessary.
- This facility participates in the Ohio Department of Health (ODH) Alliance for Innovation in Maternal Health (AIM) Hypertension Project and the ODH/AIM Hemorrhage project.

¹⁴ Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC. (n.d.). <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

Scheduled Early Delivery (Elective Delivery)

Metric & Definition

- Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary.

Why This is Important

- The Center for Medicare & Medicaid Services has identified this measure as a key area to improve maternal and infant health. By providing care to pregnant individuals that follows best practices that advance health care quality, safety, and equity, hospitals and doctors can improve chances for a safe delivery and a healthy baby.¹⁵
- [Guidelines developed by doctors and researchers](#) say it's best to wait until the 39th completed week of pregnancy to deliver the baby because important fetal development takes place in the baby's brain and lungs during the last few weeks of pregnancy.¹⁶
- The national average rate of elective deliveries in 2022 is 2%¹⁷
- The Ohio average rate of elective deliveries in 2022 is 2%.¹⁷

Hospital Facility Results

Score: 9/9

The hospital facility never scheduled deliveries earlier than recommended during the reporting period.

¹⁵ PQDC. (n.d.). <https://data.cms.gov/provider-data/topics/hospitals/maternal-health>

¹⁶ Cesarean birth. (n.d.). ACOG. <https://www.acog.org/womens-health/faqs/cesarean-birth>

¹⁷ Medicare.gov. (n.d.-b). <https://www.medicare.gov/care-compare/details/hospital/360001/?city=Cincinnati&state=OH&zipcode=45230#ProviderDetailsQualityIndicatorsContainer>

Low-Risk Cesarean births

Metric & Definition

- Cesarean Birth: Low-Risk Cesarean delivery is considered low risk when the baby is a single infant, is positioned head-first and the mother is full-term (at least 37 weeks), and has not given birth prior also known as NTVS¹⁸
- For some women and babies, a c-section is safer than vaginal birth. If mom or baby has medical conditions that affect the pregnancy, a cesarean may be needed to protect the health of the baby. [For more information, see the March of Dimes website.](#)

Why This is Important

- Cesarean deliveries place birthing individuals and infants at higher risk for adverse outcomes. Reducing the rate of cesarean births for individuals at low risk from a vaginal birth provides an opportunity to improve both maternal and infant health.¹⁹
- In the United States in 2020, 25.6% of live births were low-risk cesarean deliveries.²⁰
- In Ohio in 2020, 26.3% of live births were low-risk cesarean deliveries.²¹
- The average rate for low-risk cesarean rates for 2018 - 2020 in Ohio were highest for American Indian/Alaska Natives (29.7%) followed by Black infants (28.9%), Asian/Pacific Islander infants (27.4%), White infants (25.2%) Hispanic infants (23.8%).²¹
- The Healthy People 2030 target for the low-risk cesarean rate is 23.6%.

Hospital Facility Results

Score: 9/9

The rate of low-risk cesareans at this facility is slightly higher than the 2021 Ohio average rate of 26.3%.

- This hospital facility has the ability to track disparities in this area by race and ethnicity but currently does not.

¹⁸ PC-02 (V2022A1). (n.d.). <https://manual.jointcommission.org/releases/TJC2022A1/MIF0167.html>

¹⁹ Low-Risk cesarean delivery | Medicaid. (n.d.). <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/Low-Risk-Cesarean-Delivery/index.html>

²⁰ Total cesarean deliveries by maternal race: United States, 2019-2021 Average. (n.d.). March of Dimes | PeriStats. <https://www.marchofdimes.org/peristats/data?reg=99&top=8&stop=355&lev=1&slev=1&obj=1>

²¹ [Total cesarean deliveries by maternal race: United States, 2019-2021 Average | PeriStats | March of Dimes](#)

* Rates at some facilities might be increased due to the level of NICU (neonatal intensive care unit) care offered.

Birthing-Friendly Hospital

Metric & Definition

- Does the hospital facility or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery, and postpartum care? (Yes/No)
- Has the hospital facility implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia, or sepsis? (Yes/No)

Why This is Important

The Center for Medicare & Medicaid Services has identified this measure as a key area to improve maternal and infant health. Perinatal Quality Improvement Collaborative programs can help reduce racial disparities in maternal health outcomes by promoting access to evidence-based practices, providing education and training on racial disparities and health disparities, and engaging with communities to create culturally sensitive care models.²²

Hospital Facility Results

Score: 6/6

The hospital facility has met the criteria to be recognized as Birthing-Friendly.

- Hospital facility participates in a statewide and/or national perinatal quality improvement collaborative program aimed at improving maternal outcomes during inpatient labor, delivery, and postpartum care.
- Hospital facility has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but limited to, hemorrhage, severe hypertension/preeclampsia or sepsis.
- Hospital facility participates in Ohio Department of Health/Alliance for Innovation in Maternal Health Hypertension and Hemorrhage projects.

²² PQDC. (n.d.-b). <https://data.cms.gov/provider-data/topics/hospitals/maternal-health>

Smoking Cessation Support

Metric & Definition

- Are patients provided with resources to quit smoking? (Yes/No)
- If yes, what options are patients provided?

Why This is Important

Smoking cessation is important to maternal health because smoking can cause serious health risks for pregnant people and their babies. Smoking during pregnancy increases the risk of premature birth, low birth weight, stillbirth, and birth defects. Additionally, smoking can lead to a host of other health problems including increased risk of miscarriage, increased risk of ectopic pregnancy, and increased risk of placenta previa. Quitting smoking before or during pregnancy can help reduce these risks and ensure a healthier pregnancy.²³

Hospital Facility Results

Score: 6/6

The hospital facility provides smoking cessation resources for women and birthing people.

- Smoking cessation resources for women and birthing people include nicotine patches, referral to Ohio Quitline, and Maternity Resource Guide.

²³ [Smoking during pregnancy. \(n.d.\). March of Dimes. https://www.marchofdimes.org/find-support/topics/pregnancy/smoking-during-pregnancy](https://www.marchofdimes.org/find-support/topics/pregnancy/smoking-during-pregnancy)

Postpartum Mental Health

Metric & Definition

- Does the hospital facility provide on-site perinatal depression screening and referral services? (Yes/No)
- If yes, what options are patients provided?

Why This is Important

Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. The American College of Obstetricians and Gynecologists recommends that obstetrician–gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.²⁴

Postpartum depression (PPD) affects one in eight women; however, the risk is 1.6 times higher for Black women than White women. Black women are less likely to receive help due to factors such as financial barriers, stigma associated with mental health struggles, structural racism and a historical mistrust of the health care system. Maternal mental health symptoms and issues among Black women are often overlooked and under-addressed.²⁵

Hospital Facility Results

Score: 6/6

The hospital facility provides perinatal depression screening and referral services.

- The hospital facility provides perinatal depression screening and referral services including CSSR (Suicide Severity Rating Scale) on admission and Edinburgh in the Mother and Baby Unit.
- Hospital facility refers patients to services if needed.

²⁴ Screening and diagnosis of mental health conditions during pregnancy and postpartum. (n.d.). ACOG. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>

²⁵ Supporting Black women’s maternal mental health journey | AHA News. (2022, July 19). <https://ifdhe.aha.org/news/news/2022-07-19-supporting-black-womens-maternal-mental-health-journey>

Postpartum Family Planning

Metric & Definition

- Are patients provided with options for family planning and contraceptive counseling? (Yes/No)
- If yes, what options are patients provided?

Why This is Important

Postpartum family planning is the process of planning for the future of a family after the birth of a child. This includes discussing and deciding on contraception, spacing of pregnancies, and other family planning options.

Postpartum family planning is important for maternal health because it helps to reduce the risk of unintended pregnancies and the associated health risks. It also helps to ensure that women have the time and resources to recover from childbirth and to bond with their newborns. Additionally, postpartum family planning can help to reduce the risk of maternal mortality and morbidity, as well as to improve the overall health of mothers and their families.

Hospital Facility Results

Score: 6/6

The hospital facility provides counseling for all forms of birth control and prescriptions for oral birth control.

- Patients are provided with a variety of family planning resources depending on the patient's need.
- The hospital facility offers contraceptive counseling at all postpartum visits.
- Often, clinicians discuss family planning during prenatal visits.
- Patients may choose to have birth control administered surgically while the patient is still in the hospital after the birth of the baby.

Access to early prenatal care

Metric & Definition

- Does the hospital facility collect information about prenatal care in the first semester?
- Percentage % of mothers of live births with reported first prenatal visit during the first trimester (before 13 weeks gestation)

Why This is Important

This outcome corresponds with the 2030 Healthy People initiative Healthy People Maternal, Infant, and Child Health (MICH 08) to increase the proportion of pregnant women who receive early and adequate prenatal care.²⁶

Early prenatal care can reduce risks for complications related to pregnancy or birth. Early identification can ensure that women with complex problems, chronic illnesses, or other risks are connected to appropriate specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes²⁷

- Healthy People 2030 aims for 80.5% of women to receive prenatal care in their first trimester.
- In the United States in 2020, the rate of early prenatal care for the 47 states and the District of Columbia using the revised certificates (96% of all births) is 77.7%.²⁸
- In Ohio, 77.5% of infants were born to women receiving early prenatal care in 2020.²⁹

Hospital Facility Results

Score: 9/9

Hospital facility collects information on early prenatal care.

- 58.32% of mothers who had live births at this facility reported first prenatal visit during the first trimester.
- Information on prenatal care is collected and shared via Epic, an electronic health records system, collected through various encounters.

²⁶ Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 - Healthy People 2030 | health.gov. (n.d.). <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08>

²⁷ ODH Maternal Child Health (MCH) Document Indicator March 2019 s Resource 1 National Vital Statistics Reports Volume 70, Number 17, February 7, 2022 (cdc.gov) Early prenatal care: Ohio, 2011-2021. (n.d.). March of Dimes | PeriStats.

<https://www.marchofdimes.org/peristats/data?reg=39&top=5&stop=21&slev=4&obj=1&sreg=39>

Patient Satisfaction

Metric & Definition

- Does hospital facility collect patient satisfaction data during a labor and delivery stay?
- If yes, please describe the source of information, e.g., patient survey, patient interview, or standardized tool ((e.g. The Mother’s Autonomy in Decision Making (MADM scale) or The Mother’s on Respect (MOR index)

Why This is Important

By collecting patient feedback, hospitals can identify areas of improvement and make necessary changes to ensure the delivery experience is as positive as possible. Collecting patient satisfaction related to the experience of care during labor and delivery can help reduce racial disparities by providing insights into the quality of care received by people from different racial backgrounds, allowing hospitals to identify and address disparities. By understanding the unique challenges faced by different racial groups, hospitals can better tailor their services and create a more equitable healthcare system.

Hospital Facility Results

Score: 12/12

The hospital facility collects patient satisfaction data during a labor and delivery stay and postpartum care for all patients.

- Patient satisfaction data is collected via Hospital Consumer Assessment of Healthcare Providers Systems (HCAHPS) and during patient rounds.
- The hospital facility shares aggregate or summary results of patient satisfaction surveys with the internal care team. This information is shared monthly through emails and meetings. Staff are also able to look at reports in real time on a hospital-wide basis.

Engagement in Mama Certified Practices

The following metrics are designed to understand and assess hospital facilities' commitment and efforts to champion Mama Certified and overall efforts to improve maternal and infant health.

Mama Certified Promotion

The hospital facility demonstrates its public commitment to Mama Certified through the distribution of physical, digital and portable communication tools.

- The hospital facility will share graphics/ messaging on TriHealth social channels, TriHealth.com, BabyScripts (prenatal app) and MyChart.
- The hospital facility will include physical signage in the practices and in the hospital facility.

Training & Staff Engagement

The hospital facility has actively participated in training and engagement of staff as it relates to Mama Certified.

- Implicit bias training has been provided to 100% of Perinatal Programs and Services staff at both hospital facilities by the Vincent Brown Group. This work has been completed over the past two years and remains ongoing as new hires enter the organization.
- TriHealth's Diversity, Equity, Inclusion, Belonging (DEI+B) department offers implicit bias training to all TriHealth team members, including ED staff, throughout the year.
- The majority (>50%) of Women's Health and OBGYN staff have participated in the online 'Intro to Mama Certified' training offered by Cradle Cincinnati.
- Four members of hospital facility leadership serve on the [Cradle Cincinnati Learning Collaborative Circle of Advisors](#).

Center the Voices of Patients with Lived Experiences

The hospital facility is actively working with Queens Village to center the voices of patients with lived experiences.

- The hospital facility will participate in quarterly dialogue meetings with a facility-specific [Queens Village](#) Patient Family Advisory Board (PFAC) composed of Black mothers, hospital staff and leaders to collaborate on co-creating strategies supporting equitable maternal and infant health.

Pathways to Improvement

The hospital facility has outlined the following strategies to improve maternal and infant health.

- OBGyn Center will provide obstetrics and gynecological services to all, with special attention to health disparities and the underserved, improving mortality outcomes and women’s health.
- Woman-Centered Medical Home model will provide a complex network of care, delivered by dedicated case managers, social workers, lactation consultants, behavioral health consultants, community health workers, financial counselors, and legal aid consultants to provide excellent care while addressing social determinants of health.
- HOPE program will provide patient-centered care to chemically dependent pregnant women improving birth outcomes and maternal substance-free outcomes.
- The Compassionate Respectful and Equitable (CaRE) Project will address social determinants of health for pregnant and postpartum patients through screenings and connection to community resources, receive patient feedback and adjust care delivery models to meet patient needs, and offer race stratification of patient feedback.
- The hospital facility participates in the following initiatives to improve maternal and infant health: Ohio Council to Advance Maternal Health (OH-CAMH).