



# 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. All findings and results in this report were calculated based upon patient encounters during calendar year 2021 for hospital-based birthing facilities in Hamilton and Butler County, Ohio.

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## Hospital Facility Information



### Christ Hospital – Mt. Auburn Hospital

At The Christ Hospital Health Network, we understand women face different health challenges decade by decade and our experts can guide you through each transition. With more than 125 years of maternity care experience and recognition as one of the top 50 hospitals in the nation for gynecology by U.S. News & World Report in 2017, you can trust us to deliver the experience you want—with the expert care you deserve.

#### Maternal Care

- Family Birthing Centers
- Your choice of obstetrician, certified nurse midwife or family doctor
- Preconception Care
- Prenatal Care
- Breastfeeding Support
- Childbirth and Parenting Education

#### Infant Care

- Level III Neonatal Intensive Care Unit (NICU)

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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
<a href="#">Health Equity on Race &amp; Ethnicity</a>	The hospital facility has tracking in place to address racial and ethnic disparities in health outcomes related to infant care.	<div style="width: 10%;"></div>
<a href="#">Breastfeeding</a>	The percentage of babies exclusively breastfed or fed breast milk while the newborn is at the hospital facility is above the 2021 Ohio Average of 51.7%. <sup>1</sup> The hospital facility participates in the Ohio First Steps for Healthy Babies breastfeeding program and has achieved Four-star Baby-Friendly status.	<div style="width: 80%;"></div>
<a href="#">Unexpected Complications in Term Newborns*</a>	Newborn complications at this hospital facility are lower than the 2021 Hamilton and Butler County average of 2.59% <sup>2</sup>	<div style="width: 95%;"></div>
<a href="#">Safe Sleep</a>	The hospital facility implements a safe sleep screening procedure and has Gold level accreditation with Crib for Kids.	<div style="width: 100%;"></div>
<a href="#">Promotion of Mama Certified</a>	The hospital facility demonstrates its public commitment to Mama Certified through the distribution of physical, digital and portable communication tools.	<div style="width: 100%;"></div>
<a href="#">Training and Staff Engagement</a>	The hospital facility participates in the training and engagement of staff as it relates to Mama Certified.	<div style="width: 100%;"></div>
<a href="#">Centering Voices of Patients with Lived Experience</a>	The hospital facility will actively work with Queens Village to center the voices of patients with lived experiences.	<div style="width: 70%;"></div>
<a href="#">Pathways for Improvement</a>	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	<div style="width: 50%;"></div>



The hospital facility received 81.3% of the available points for the Infant Care Focus Area.

81.3%

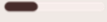





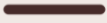






<sup>1</sup>Data | Ohio Department of Health. (n.d.). <https://odh.ohio.gov/know-our-programs/Breastfeeding/Data/>


<sup>2</sup> 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 this facility might be increased due to the level of neonatal intensive care unit (NICU) care offered.



# Maternal Care

Metrics	Findings	Progress
<a href="#">Health Equity on Race &amp; Ethnicity</a>	The hospital facility tracks Maternal Health performance measures by race and ethnicity.	
<a href="#">Scheduled Early Delivery (Elective Delivery) *</a>	The rate of elective deliveries at this hospital is lower than the Ohio 2022 average of 2%.	
<a href="#">Low-Risk Cesarean Births*</a>	The rate of low-risk cesareans is higher than the 2021 Ohio Average Rate of 26.3%. <sup>21</sup>	
<a href="#">Birthing-Friendly Hospital</a>	The hospital facility has met the criteria to be recognized as birthing friendly.	
<a href="#">Smoking Cessation Support</a>	The hospital facility provides smoking cessation resources for women and birthing people.	
<a href="#">Postpartum Mental Health</a>	The hospital facility provides perinatal depression screening and referral services.	
<a href="#">Postpartum Family Planning</a>	The hospital provides patients with options for family planning and contraceptive counseling at their postpartum visits.	
<a href="#">Access to early prenatal care</a>	The hospital facility collects information on early prenatal care.	
<a href="#">Patient Satisfaction</a>	The hospital facility collects patient satisfaction data during labor and delivery stay.	
<a href="#">Promotion of Mama Certified</a>	The hospital facility demonstrates its public commitment to Mama Certified through the distribution of physical, digital and portable communication tools.	
<a href="#">Training and Staff Engagement</a>	The hospital system participates in the training and engagement of staff as it relates to Mama Certified.	
<a href="#">Centering Voices of Patients with Lived Experience</a>	The hospital facility will work with Queens Village to center the voices of patients with lived experience.	
<a href="#">Pathways for Improvement</a>	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	



The hospital facility received 87.4% of the available points for the Maternal Care Focus Area.

87.4%

Focus Area

# Infant Care

How is the hospital facility tending to the needs of the infant pre- and post-birth? Measures include Infant Health Equity: Race and Ethnicity, unexpected newborn complications, initiation and support of breastfeeding, and sleep education.

## Advocate

The hospital facility received 81.3% 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.<sup>3</sup>

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

The hospital facility has tracking in place to address racial and ethnic disparities in health outcomes related to infant care.

- The hospital has the ability to stratify by race.
- Currently, there are no policies or procedures in place for root cause analysis that recognizes patient race/ ethnicity. The hospital can do this in the future.
- Actions are currently not being taken to address any disparities in health outcomes. The hospital can do this in the future.

<sup>3</sup> 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.<sup>4</sup>
- 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.<sup>5</sup>

## Why This is Important

- Breastfeeding boosts the immune system and brain development, reduces the risk of infection, and reduces the risk of infant mortality.<sup>6</sup> 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.<sup>7</sup>
- The national rate of exclusive breastfeeding in 2019 is 62.6%.<sup>8</sup>
- Ohio’s rate of exclusive breastfeeding in 2021 is 51.7%.<sup>9</sup>

## Hospital Facility Results

Score: 14/18

The percentage of babies breastfed or fed breast milk while the newborn is at the hospital facility is above the 2021 Ohio Rate of 51.7%.

- The hospital facility does not currently track its race and ethnicity specific to exclusive breast milk feeding. However, the hospital facility can do this in the future.

The hospital facility has received four stars from Ohio First Steps for Healthy Babies breastfeeding program.

- The hospital facility does participate in the Ohio First Steps for Healthy Babies breastfeeding program. This facility has achieved Four-star Baby-Friendly status.
- The hospital promotes, protects and supports breastfeeding in their organization through robust donor breastmilk program.

<sup>4</sup> 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>

<sup>6</sup> 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>

<sup>7</sup> 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>

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

<sup>9</sup> Data | 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"><li>• Unexpected Complications in Full-Term Newborns - Unexpected complications among full-term newborns with no pre-existing conditions.<sup>10</sup></li><li>• Severe complications include neonatal death, transfer to another hospital 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.</li><li>• 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 5 days.</li></ul>	<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"><li>• No existing national or Ohio baseline data exists yet for this metric as it is defined by the Joint Commission.</li><li>• The overall local rate for newborns with severe complications and moderate complications from 8 hospital-based birthing facilities in Butler and Hamilton County in 2021 is 2.59%*.<sup>11</sup></li></ul>

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

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

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

\* Rates at this facility might be increased due to the level of neonatal intensive care unit (NICU) 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.<sup>12</sup>

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.<sup>13</sup>

### Hospital Results

Score: 9/9

#### The hospital facility implements a safe sleep screening procedure.

- Yes, the hospital implements a safe sleep screening procedure that is provided during discharge planning and education. The hospital provides infants with a safe crib using its own resources.
- This facility participates has Gold level accreditation with Cribs for Kids.
- The hospital has implemented safe sleeping focused practices that include: delivered safe sleep healthcare team member training to nursing staff caring for patients less than one-year-old; provides safe sleep education to family/caregivers of infants less than one year old; identifies families needing a safe sleeping space and provided resources; distributes hospital-wide wearable blanket distribution (in-house use and/or gifted to infants less than one year); assigns Cribs for Kids Hospital-wide Safe Sleep Training Module to every hospital employee; identifies at-risk family/caregivers in need of infant safe sleep spaces and distributes safe sleep spaces before discharge.

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

<sup>13</sup> 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 cesarean rate, elective delivery rate, postpartum mental health and family planning, access to early prenatal care, smoking cessation support, and patient satisfaction.

## Advocate

The hospital facility received 84.3% of the available points for the Maternal Care Focus Area.

The badge level is a combination of points received in Maternal 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.<sup>14</sup>

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: 4.5/13.5

#### The hospital facility tracks Maternal Health performance measures by race and ethnicity.

- The hospital facility tracks its race and ethnicity specific performance on maternal performance measures for which racial and ethnic disparities may exist.
- There is not a policy or procedure in place for root cause analysis that recognizes patient race/ ethnicity related to maternal care. The hospital facility has the ability to do so in the future.
- There are not currently actions being taken to address disparities in health outcomes related to maternal care by currently collecting race/ethnicity data to identify disparities. The hospital facility has the ability to do so in the future.

<sup>14</sup> 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.<sup>15</sup>
- [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.<sup>16</sup>
- The national average rate of elective deliveries in 2022 is 2%.<sup>17</sup>
- The Ohio average rate of elective deliveries in 2022 is 2%.<sup>17</sup>

### Hospital Facility Results

Score: 9/9

The rate of elective deliveries at this hospital is lower than the Ohio 2022 average of 2%.

- This hospital facility has the ability to track disparities in this area by race and ethnicity

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

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

<sup>17</sup> 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 NTVS<sup>18</sup>
- 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 c-section 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.<sup>19</sup>
- In the United States in 2020, 25.6% of live births were low-risk cesarean deliveries.<sup>20</sup>
- In Ohio in 2020, 26.3% of live births were low-risk cesarean deliveries.<sup>21</sup>
- 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%).<sup>21</sup>
- 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 is 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

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

<sup>19</sup> 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>

<sup>20</sup> 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>

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

\* Rates at this facility might be increased due to the level of neonatal intensive care unit (NICU) 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?
- 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?

## 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.<sup>22</sup>

## 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 (AIM) Project in Hypertension and Hemorrhage projects as well as Babies First Steps.
- Patient safety practices that this hospital facility participate in include Maternal Hypertension; Obstetrical Hemorrhage, Breastfeeding, Sepsis; Reduction of NTSV (low-risk cesarean).

<sup>22</sup> 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?
- 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.<sup>23</sup>

### Hospital Facility Results

Score: 6/6

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

- The Hospital Facility provides smoking cessation resources for women and birthing people including NRT (nicotine replacement therapy) patch, referral to Ohio Quitline, referral to Quit Now Kentucky and tobacco cessation booklet.

<sup>23</sup> Smoking during pregnancy. (n.d.). March of Dimes. <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?
- 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.<sup>24</sup>

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.<sup>25</sup>

## Hospital Facility Results

Score: 6/6

### The hospital facility provides perinatal depression screening and referral services

- The Hospital provides perinatal depression screening and referral services using the Edinburgh depression screening tool and referral as needed.

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

<sup>25</sup> [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](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?
- 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's physician group discusses family planning and contraceptive counseling with patients in an outpatient setting.

- The hospital does provide patients with options for family planning and contraceptive counseling at their postpartum visits by offering LARC (Long-Acting Reversible Contraceptive), OCPs (Oral contraceptive pills) and Nexplanon.

## 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.<sup>26</sup>

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 outcomes<sup>27</sup>

- 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) was 77.7%.<sup>28</sup>
- In Ohio, 77.5% of infants were born to women receiving early prenatal care in 2020.<sup>29</sup>

### Hospital Facility Results

Score: 9/9

The hospital facility collects information on early prenatal care.

- 82.75% of women who gave birth at this hospital facility received a prenatal care visit in the first trimester at this facility.
- Hospital Facility collects information on early prenatal care through patient interviews and birth registrar

<sup>26</sup> 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>

<sup>27</sup> 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 Scale (MADM) or The Mother’s on Respect Index (MOR).

### 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: 9/12

#### The hospital facility collects patient satisfaction data during labor and delivery stay.

- Hospital facility collects patient satisfaction data through patient interviews during leadership rounds. Press Ganey Surveys are administered to patients.
- The hospital facility shares aggregate or summary results of patient satisfaction surveys with the internal care team at staff and leadership meetings.
- The hospital facility does not share summaries of patient satisfaction survey data to patients.

# Engagement in Mama Certified Practices

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

## Mama Certified Promotion

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The hospital facility has demonstrated its public commitment to Mama Certified through deploying communication tools.

- The hospital will utilize Mama Certified signage and digital tools.

## Training & Staff Engagement

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

- The majority (more than 50%) of Women's Health and OBGYN staff have participated in the online 'Intro to Mama Certified' training offered by Cradle Cincinnati.
- The majority (more than 50%) of Women's Health and OBGYN staff have participated in implicit bias training offered through the hospital system. Implicit bias training is provided to staff by The Christ Hospital via annual training.
- Two members of hospital facility leadership serve on the [Cradle Cincinnati Learning Collaborative](#) Circle of Advisors.

## Center the Voices of Patients with Lived Experiences with Queens Village

The hospital facility will meet with Cradle Cincinnati and Queens Village to outline opportunities to co-create strategies supporting equitable maternal and infant care.

- The hospital facility will collaborate with [Queens Village](#) to co-create strategies supporting equitable maternal and infant health.

## Pathways to Improvement

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

- Increase coordination between healthcare systems and social services to screen, refer, and follow up on patient's health related social needs in order to ensure mother's have basic safety needs for self and neonate prior to discharge.
- Increase the number of racially and ethnically diverse students in the healthcare education pipeline in order to promote trust of healthcare systems and providers.
- Increase healthcare workforce diversity for key positions in order to promote trust of healthcare systems and providers.
- The hospital is desingated [baby friendly](#) and has received [magnet accreditation](#).