



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



Mercy Health – West Hospital

At Mercy Health, our gynecologists, urologists, and women's health specialists deliver personal, high-quality care for women of all ages and at every stage of life. Our women's health care covers the full scope of women's pelvic and reproductive health. This includes gynecology, obstetrics, maternity services, reproductive health, and preventive medicine. Our board-certified specialists also provide routine gynecological care, infertility evaluations, and advanced gynecological surgery.

The Mercy Health family has welcomed a new addition — a state-of-the-art hospital on the west side. With a Family Birthing Center that offers family-centered maternity care, childbirth education, lactation services, 24-hour anesthesia coverage, neonatal care, a Level II Special Care Nursery and the home-like ambiance of all private patient rooms, expecting families like yours, can welcome new additions in the comfort of your home community.

Maternal Care

- Family Birthing Centers
- Preconception Care
- Prenatal Care
- Lactation Services (Breastfeeding)
- Childbirth and Parenting Education
- Obstetrical Services

Infant Care

- Level II Special Care Nursery
- Pediatric Specialty Services
- Neonatal Care
- Safe Sleep

Table of Contents

- About Mama Certified..... 2
- About This Report..... 2
- Hospital Facility Information..... 3
- Mercy Health – West Hospital..... 3

- Table of Contents 4**

- Report Snapshot 5**
- Infant Care..... 5
- Maternal Care 6

- Infant Care..... 7**
- Infant Health Equity: Race & Ethnicity 7
- Breastfeeding..... 8
- Unexpected Complications in Term Newborns..... 9
- Safe Sleep..... 10









- Maternal Care..... 11**
- Maternal Health Equity: Race & Ethnicity..... 11
- Scheduled Early Delivery (Elective Delivery)..... 12
- Low-Risk Cesarean births 13
- Birthing-Friendly Hospital 14
- Smoking Cessation Support 15
- Postpartum Mental Health 16
- Postpartum Family Planning 17
- Access to early prenatal care 18
- Patient Satisfaction..... 19


- Engagement in Mama Certified Practices 20**
- Mama Certified Promotion 20
- Training & Staff Engagement..... 20
- Center the Voices of Patients with Lived Experiences with Queens Village 21
- Pathways to Improvement..... 21

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	The hospital facility has tracking, policies, and procedures in place to address racial and ethnic disparities in health outcomes related to infant care.	
Breastfeeding	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%. ¹ The hospital facility participates in the Ohio First Steps for Healthy Babies breastfeeding program and has achieved Five-star status.	
Unexpected Complications in Term Newborns*	Newborn complications at this hospital facility are lower than the 2021 Hamilton and Butler County average of 2.59% ²	
Safe Sleep	The hospital facility implements a consistent safe sleep screening procedure and provides education and resources to support families with safe sleep practices.	
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 participates 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.	



The hospital facility received 93.5% of the available points for the Infant Care Focus Area.

93.5%

¹Data | 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 this facility might be increased due to the level of neonatal intensive care unit (NICU) 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 cesareans is slightly lower than the 2021 Ohio Average Rate of 26.3%. ²¹	██████████
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.	██████████
Postpartum Family Planning	The hospital facility's physician group discusses family planning and contraceptive counseling with patients in an outpatient setting.	██████████
Access to early prenatal care	The hospital facility collects information on early prenatal care.	██████████
Patient Satisfaction	The hospital facility collects patient satisfaction data during and after labor and delivery stay.	██████████
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 system participates in the training and engagement of staff as it relates to Mama Certified.	██████████
Centering Voices of Patients with Lived Experience	The hospital facility works with Queens Village to center the voices of patients with lived experience.	██████████
Pathways for Improvement	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	██████████



The hospital facility received 100% of the available points for the Maternal Care Focus Area.

100%

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

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.

Leader

The hospital facility received 93.5% 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. Engagements 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: 13.5/13.5

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

- There are policies or procedures in place for root cause analysis that recognizes patient race/ethnicity. The procedure for root cause analysis and investigation is all safety events are entered into our electronic reporting system. This reporting system includes demographic fields such as race and ethnicity. Demographic data is analyzed and considered for our root cause action plans to improve patient care.
- Actions are being taken to address any disparities in health outcomes. Examples include Lactation support, Cradle Cincinnati, Social work support for discharge needs, Perinatal outreach teams, WIC & Help Me Grow.

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%.⁹

Hospital Facility Results

Score: 15/18

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 has the ability to track its race and ethnicity specific to exclusive breast milk feeding. The hospital facility would be able to report if needed.

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

- The hospital facility participates in the Ohio First Steps for Healthy Babies breastfeeding program and has achieved Five-Star status.
- The hospital promotes, protects and supports breastfeeding in their organization through providing Certified Lactation Consultants; Staff Education; Lactation rooms within birthing units; breast pump availability; YoMINGO App-free to patients/families 24/7; Zoom Lactation classes; discharge phone call to breastfeeding moms; and donor milk program.

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>

⁹ 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">• Unexpected Complications in Full-Term Newborns - Unexpected complications among full-term newborns with no pre-existing conditions.¹⁰• 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.• 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.	<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 8 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 facility are lower than the 2021 Hamilton and Butler County average of 2.59%</p> <ul style="list-style-type: none">• This hospital facility has the ability to track disparities by race and ethnicity in this category.	

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 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.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 Results

Score: 6/9

The hospital facility implements a safe sleep screening procedure.

- The hospital facility implements a safe sleep screening procedure aligned with the 2022 American Academy of Pediatrics (AAP) guidelines.
- This hospital facility does not participate in Cribs for Kids Accreditation. Mercy Health West meets all the requirements of Gold Level certification for the national cribs for kids initiative but has never sought formal certification.
- Mercy Health Cincinnati is a subgrantee to the Cincinnati Health Department as part of Ohio Dept. of Health's Cribs for Kids program. Participation requires a written agreement, safe sleep assessments, education, and crib delivery during a home visit and a follow-up phone call or home visit at 6 weeks postpartum.

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

Leader

The hospital facility received 100% 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.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: 13.5/13.5

The hospital facility has tracking, policies, and procedures in place to address racial and ethnic disparities in health outcomes related to maternal care.

- There is a policy or procedure in place for root cause analysis that recognizes patient race/ ethnicity related to maternal care. The procedure for root cause analysis and investigation is all safety events are entered into our electronic reporting system. This reporting system includes demographic fields such as race and ethnicity. Demographic data is analyzed and considered for our root cause action plans to improve patient care.
- There are actions being taken to address disparities in health outcomes related to maternal care by currently collecting race/ethnicity data to identify disparities through root cause analysis.
- Any disparities identified receive follow-up resources based on the need and concerns identified from Social Determinant of Health (SDOH).

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 did not have any deliveries scheduled earlier than recommended during the reporting period.

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

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 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.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 is slightly lower 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

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 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.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 ODH 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).

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?
- 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.

- Treatment options include Nicotine Replacement Therapy (NRT) patch, referral to Ohio Quitline, tobacco cessation booklet and smoking cessation information added to Mercy Health West YoMingo site which has links to the CDC and smokefree.gov.

²³ 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.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

- This hospital facility completes the CSSRS (Columbia Suicide Severity Rating Scale) upon admission. Edinburgh Postpartum Depression screen is completed by patient prior to discharge. Patients are provided with AVS depression information.

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?
- 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.

- This hospital facility has an employed physician group affiliated with our campus. The employed and contracted physician groups discuss family planning and contraceptives with patients.

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) was 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

The hospital facility collects information on early prenatal care.

- 76.37% of women who gave birth at this hospital facility received a prenatal care visit in the first trimester at this facility.
- This hospital facility works with providers offices to collect and share information via EPIC, an electronic medical record system, on prenatal care.
- Providers are able to access Care Everywhere for patient information.

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 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: 12/12

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

- Hospital facility collects patient satisfaction data during a labor and delivery stay.
- Sources of information for patient satisfaction while inpatient include leader rounding and employee recognition awards. Press Ganey Surveys are sent to a sample of inpatient discharges and follow-up phone calls are placed to all patients.
- The hospital facility shares aggregate or summary results of patient satisfaction surveys with the internal care team. During monthly unit meetings, monthly nursing leadership meetings. Hospital Consumer Assessment of Healthcare Providers Systems (HCAHPS) data is posted on Hospital care & Leapfrog Hospital Survey.

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

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

- Community fliers and stickers will be distributed by Family Medicine/Pediatric Practices and Perinatal Outreach Team.
- Patient fliers prenatal/postpartum will be distributed by the Family Birthing Center.
- Physical signage will be the placard at L&D Registration as well as printable posters and static clings throughout the Family Birthing Center.
- Internal communications will include BSMH Central, Friday Feels Newsletter, Leadership Townhalls, Market Newsletter.
- External communications will include press release, website, addition of the logo/info on participating hospital location pages and promotion on social media: Facebook, Instagram, and the Mercy Health Blog.

Training & Staff Engagement

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

- The majority (>50%) of Women's Health and OBGYN staff will participate in the online 'Intro to Mama Certified' training offered by Cradle Cincinnati.
- The Mama Certified training was built into this facility's internal learning system. Workday module for Mama Certified training was assigned January 2, 2024 to current birthing center nurses, technicians and Hospital Unit Coordinators. New hires to the birthing center will be assigned the training as part of orientation.
- Each year Mercy Health determines required learnings for associates. The following trainings are currently available and assignable in our Learning System: 3R Bias and Anti-racism, Race Ethnicity Data Collection, Cultural Competency Essentials, Sexual Orientation and Gender Identification (SOGI). All Managers and above in the Cincinnati Market are required to complete 3R Bias and Anti-Racism training and New Leader Onboarding Plans include completion of this training within 90 days. Sexual Orientation and Gender Identification (SOGI) was required for all staff in 2023. The training draws specific attention to common inclusive behaviors and promoting environments of safety and respect.
- 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 is actively working with Queens Village to center the voices of patients with lived experiences.

- The hospital facility has met with Cradle Cincinnati and [Queens Village](#) representatives to outline opportunities to co-create strategies supporting equitable maternal and infant care.
- The hospital facility will participate in quarterly dialogue meetings with a hospital facility-specific Queens Village Hospital Advisory Board with community representative and staff.
- Mercy Health Cincinnati is working with Cradle Cincinnati to seat a Queen's Village Advisory Board that will support all Mercy Health birthing hospitals in Greater Cincinnati including Anderson Hospital. The team has recruited five Queens Village Board Members comprised of patients and staff who will work alongside the hospital facility's representation to identify areas for focus and collaboration.
- The hospital facility will collaborate with Queens Village to co-create strategies supporting equitable maternal and infant health.

Pathways to Improvement

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

- Bon Secours Mercy Health, with leadership representation from the Cincinnati Market, is participating in two national equity collaboratives: Premier's Health Equity Collaborative and The Institute for Healthcare Improvement's Pursuing Equity Collaborative.
- Mercy Health participates in Premier Perinatal Improvement Collaborative (PPCI) and Ohio Perinatal Quality Collaborative (OPQC).
- Mercy Health is working on Social Determinants of Health (SDOH) Collection in Ambulatory and Acute Care to increase awareness of social needs and connections to community-based support.
- Mercy Health is working on increasing access to critical education and support for all parents regardless of their ability to pay through free childbirth education and free lactation support.
- Mercy Health has developed a Leadership Council for Diversity and Inclusion (LCDI) with the goal to increase inclusion and equity in all strategic focus areas including Community, Workplace, Workforce, Patient Experience & Quality, and Innovation & Growth.
- Mercy Health's Perinatal Outreach Program is a team of Community Health Workers that provide education, advocacy, and support to pregnant mothers. They assess social needs and help remove obstacles contributing to high infant mortality rates, pre-term births, and racial disparities in maternal and infant health. The team as a particular focus on Black families and neighborhoods with historically high infant mortality rates.
- Mercy Health collaborates with Produce Perks Midwest to provide healthy fruits and vegetables to pregnant moms who are experiencing food insecurity.
- Mercy Health hosts weekly Baby Cafés. These breastfeeding support groups are designed to provide new parents with a safe and comfortable space to share their experiences and receive professional guidance.
- Mercy Health has 100 associates engaged in Employee Resource Groups (ERG): ABLE, Emerging Leaders, Nursing ONE Voice, PRIDE, Race Relations, Stars & Stripes, Women's Network, Working Parents