



West Chester Hospital

# 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



# West Chester Hospital

At UC Health, your journey through pregnancy, childbirth, and beyond is our priority. Our compassionate, innovative approach means our experienced team works closely with you to create a birth experience that specially fits you and your baby's needs. Plus, as the only academic health system in the region, we incorporate the latest research and breakthroughs so that you are receiving the newest treatments and therapies. From high-risk pregnancy management and Neonatal Intensive Care to childbirth education and breastfeeding support, we're committed to providing unparalleled support and care every step of the way.

### Maternal Care

- High-Risk Pregnancy
- Breastfeeding Support Services
- Postpartum Care
- Perinatal Treatment Services
- Childbirth Education
- Centering Pregnancy

### Infant Care

- Level II Special Care Nursery

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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 tracks infant health performance measures by race and ethnicity to assess potential disparities.	<div style="width: 100%;"></div>
<a href="#">Breastfeeding</a>	<p>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%.<sup>1</sup></p> <p>The hospital facility participates in the Ohio First Steps for Healthy Babies breastfeeding program and has achieved Four-star status.</p>	<div style="width: 20%;"></div>
<a href="#">Unexpected Complications in Term Newborns*</a>	Newborn Complications at this hospital facility are slightly higher than the 2021 Hamilton and Butler County average (2.59%). <sup>2</sup>	<div style="width: 100%;"></div>
<a href="#">Safe Sleep</a>	The hospital facility participates in Cribs for Kids and the Cradle Cincinnati safe sleep program.	<div style="width: 20%;"></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 participated 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 is actively working with Queens Village to center the voices of patients with lived experiences.	<div style="width: 100%;"></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: 100%;"></div>



The hospital facility received 92.5% of the available points for the Infant Care Focus Area.

92.5%

<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 some facilities might be increased due to the level of NICU (neonatal intensive care unit) 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 to assess potential disparities.	██████████
<a href="#">Scheduled Early Delivery (Elective Delivery) *</a>	The hospital facility has higher-than-average elective deliveries.	██████████
<a href="#">Low-Risk Cesarean Births*</a>	The rate of low-risk cesarean sections at this facility is lower than the 2021 Ohio Average Rate of 26.3%	██████████
<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 facility provides options for family planning and contraceptive counseling.	██████████
<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 and post-charge stays.	██████████
<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 facility 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 is actively working with Queens Village to center the voices of patients with lived experiences.	██████████
<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 100% of the available points for the Maternal Care Focus Area.

100%

\*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 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.

## Leader

The hospital facility received 92.5% 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.

## 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, hospital facilities 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.

- Breastfeeding and breastmilk are tracked by racial and ethnic disparities
- UC Health's standard practice is to collect root cause analysis (RCA) data stratified by race and ethnicity, and this is reported to the Patient Safety Organization (PSO).
- UC West Chester Hospital engages in a mortality and morbidity review committee to evaluate care inequities within the hospital facility and with the Butler County Health Department. Education and practice of safe sleep curriculum is also in place to address Black sleep-related deaths.

<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% (ODH).<sup>1</sup>

## Hospital Facility Results

Score: 14/18

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

- The hospital facility tracks race and ethnicity disparities specific to exclusive breast milk feeding.

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

- The hospital facility promotes, protects and supports breastfeeding in their organization through providing pump friendly mother conditions, initiating pumping within 30 minutes of delivery, skin to skin, providing lactation consultants, Baby Café for follow-up and support

<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>



# 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 preexisting conditions.<sup>9</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 five 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 eight hospital-based birthing facilities in Butler and Hamilton County in 2021 is 2.59%*.<sup>10</sup></li></ul>

Hospital Facility Results	Score: 6/6
<p>Newborn complications at this hospital facility are slightly higher 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.</li></ul>	

<sup>9</sup> PC-06 (V2018B). (n.d.). <https://manual.jointcommission.org/releases/TJC2018B/MIF0393.html>

<sup>10</sup> 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.<sup>11</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>12</sup>

### Hospital Facility Results

Score: 6/9

The hospital facility participates in Cribs for Kids and Cradle Cincinnati safe sleep program.

- This hospital facility connects parents with community organizations who provide infants with a safe crib, provides safe sleep education to health care providers and families, implemented quality improvement initiatives

<sup>11</sup> PC-06 (V2022A1). (n.d.). <https://manual.jointcommission.org/releases/TJC2022A1/MIF0393.html>

<sup>12</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 tending to the needs of the birthing person pre- and post-birth? Measures include maternal health equity, birthing-friendly hospital facilities, 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 100% 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 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>13</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, hospital facilities 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.

- UC Health's standard practice is to collect root cause analysis (RCA) data stratified by race and ethnicity, and this is reported to the Patient Safety Organization (PSO).
- This hospital facility evaluates key maternal outcomes by race to determine inequities in care - examples include postpartum hemorrhage safety bundle compliance, hypertension intervention compliance, access to prenatal and postpartum visits, and c-section prevalence and outcomes. Interventions or workflows are revised accordingly to incorporate equity evaluations in the process and standard work.

<sup>13</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>14</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>15</sup>
- The national average rate of elective deliveries in 2022 is 2%.<sup>16</sup>
- The Ohio average rate of elective deliveries in 2022 is 2%.<sup>16</sup>

### Hospital Results

Score: 9/9

The hospital facility has higher-than-average elective deliveries.

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

<sup>14</sup> PQDC. (n.d.). <https://data.cms.gov/provider-data/topics/hospitals/maternal-health>

<sup>15</sup> Cesarean birth. (n.d.). ACOG. <https://www.acog.org/womens-health/faqs/cesarean-birth>

<sup>16</sup> Medicare.gov. (n.d.-b). <https://www.medicare.gov/care-compare/details/hospital/360001/?city=Cincinnati&state=OH&zipcode=45230#ProviderDetailsQualityIndicatorsContainer>

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

## 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>17</sup>
- For some women and babies, a cesarean 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.<sup>18</sup>
- In the United States in 2020, 25.6% of live births were low-risk cesarean deliveries.<sup>19</sup>
- In Ohio in 2020, 26.3% of live births were low-risk cesarean deliveries.<sup>20</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>20</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 cesarean sections at this facility is 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.

<sup>17</sup> PC-02 (V2022A1). (n.d.). <https://manual.jointcommission.org/releases/TJC2022A1/MIF0167.html>

<sup>18</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>19</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>20</sup> 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?
- 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>21</sup>

## Hospital Facility Results

Score: 6/6

The hospital facility has met the criteria to be recognized as birthing friendly.

- This hospital facility participates in the Ohio Perinatal Quality Collaborative - Alliance for Innovation on Maternal Health Hypertension statewide project and Care Innovation and Community Improvement Program - Ohio Department of Health statewide project.
- This hospital facility has implemented patient safety practices or bundles related to maternal morbidity to address complications including postpartum hemorrhage safety, hypertension safety/intervention bundle

21 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>22</sup>

### 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 and lozenge, referral to Ohio Quitline, Baby and Me Tobacco Free, and Tobacco Treatment Specialists.

<sup>22</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	Why This is Important
<ul style="list-style-type: none"><li>• Does the Hospital provide on-site perinatal depression screening and referral services? (Y/N)</li><li>• If yes, what options are patients provided?</li></ul>	<p>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>23</sup></p> <p>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>24</sup></p>

Hospital Facility Results	Score: 6/6
<p>The hospital facility provides perinatal depression screening and referral services.</p> <ul style="list-style-type: none"><li>• Patients are screened for depression multiple times throughout care using the validated Edinburgh Depression Scale.</li></ul>	

<sup>23</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>

<sup>24</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>



# 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 provides options for family planning and contraceptive counseling.

- Multiple options are offered for all patients for all known forms of contraception.

## 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>25</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>26</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>27</sup>
- In Ohio, 77.5% of infants were born to women receiving early prenatal care in 2020.<sup>28</sup>

### Hospital Facility Results

Score: 9/9

The hospital facility collects information on early prenatal care.

- 59.86% of women who gave birth at this facility received a prenatal care visit at this facility in their first trimester.
- This facility regularly receives patients for delivery who did not receive prenatal care at this facility.
- If a patient received prenatal care at another facility, they were included in total deliveries but not in the 59.86%.

<sup>25</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>26</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 this 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, hospital facilities 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 hospital facilities to identify and address disparities. By understanding the unique challenges faced by different racial groups, hospital facilities 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.

- Rounds are routinely conducted with patients during inpatient stays to collect verbal qualitative data and feedback on stay, needs, etc.
- Surveys from third parties, Press Ganey and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), are completed after discharge to collect patient feedback.
- Internal Care teams review Press Ganey survey results on internal dashboards. Women's Health teams review these in monthly Labor and Deliver management and Hospital Administration meetings, and results are continually monitored within the Women's Health Clinical Domain.
- If an unsatisfactory result and survey is identifiable, care teams may call patients to discuss the issue or identify learnings for what could be improved. Results are also available on CMS, Press Ganey website for patient review.

# 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

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

- Pending approval from UCH digital manager, traffic will be directed to Mama Certified Website and information about Mama Certified included on the UC Health website on the Women's Health page.
- Clinical staff may provide paper communication, flyers, etc. directly to patients for information and/or as part of discharge packets.
- Clinicians and staff to wear lapel/lanyard pins to promote program.
- Mama Certified messages will also be displayed on electronic monitors throughout the hospital facility and OB service areas and on table tents in clinics.

## Training & Staff Engagement

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

- The majority (>50%) of Women's Health and OBGYN staff have participated in the online 'Intro to Mama Certified' training offered by Cradle Cincinnati.
- 85% of Women's Health and OB GYN staff have participated in unconscious bias training starting in 2021 through summer 2023
- Staff completed UCH implicit bias training in 2022 ("Diversity Equity and Inclusion") - more than half of staff completed training and it is still available for internal learners to help with onboarding new staff.
- Additionally, 100% of physicians completed a 4 hour implicit bias training through Cradle Cincinnati in 2018; physician turnover has remained low since so training has been retained within the culture.
- 1 member of the hospital facility leadership will be joining 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 system level Queens Village Hospital Advisory Board with community representative and staff.
- As ideas and issues are raised, feedback will be routed through the Women's Health Clinical Domain to be addressed and communicated. The Clinical Domain structure includes a leadership team comprised of physician, nursing, and operations representatives and includes managers and bedside staff from Labor and Delivery, Obstetrics, Gynecology, and outpatient and inpatient operational areas. Active work in the domain is inclusive of operations, clinical, and financial projects and priorities. This provides adequate infrastructure for sharing feedback, creating clear and direct communication pathways, and turning ideas into improvements where needed.

## Pathways to Improvement

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

- **Building data and analytics infrastructure to evaluate key (White House Survey) WHS performance measures by race and ethnicity**
  - Work is underway to assess all Joint Commission core measures and severe maternal morbidity by race. Existing charts analyzed by race and ethnicity include prenatal access, adherence to postpartum care/visits, and postpartum hemorrhage
  - Analyzing data in this manner allows transparent identification of care inequities to trigger root cause analyses and improvement work.
- **Active/ongoing projects to address maternal health and equity**
  - Statewide AIM collaborative to increase compliance for Hypertension intervention bundle
  - Hypertension collaborative with Butler County to provide BP cuffs
  - Actively improving access to new OB visits
  - Postpartum hemorrhage compliance to safety bundle/interventions
  - Reducing preventable general anesthesia (unscheduled c-section communication improvement, failed epidural), anesthesia safety (unintentional dural puncture during c-section, improvement of labor epidural analgesia)
  - Infection reduction/prevention improvement work
  - Compliance for decision to incision for emergent c-section
  - Pain assessment compliance
- **Neonatal Butler County infant death case reviews**
  - Data stratified by race, reported to county to identify next steps for maternal and infant health education for county
- **PRIM with Butler Co Health District**
  - Committee of community members to review infant mortality rate
- **Safe Sleep initiatives**
  - Partnerships with Cincinnati Children's Hospital, Cribs for Car Seats with Butler Co Health District
- **The Hospital Facility participates in the following initiatives:**
  - Ohio Perinatal Quality Collaborative (OPQC)
  - Magnet Accreditation