



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 Mama Certified Hospital Implementation Committee. Results 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



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

- Neonatal Intensive Care

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Report Snapshot

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

Infant Care

Metrics	Findings	Progress
Health Equity on Race & Ethnicity	The hospital facility tracks infant health performance measures by race and ethnicity to assess potential disparities.	██████████
Breastfeeding	The percentage of babies exclusively breastfed or fed breast milk while the newborn is at this hospital facility is lower than the 2021 Ohio Average of 51.7%. ¹ The hospital facility participates in the Ohio First Steps for Healthy Babies breastfeeding program and has achieved Five-star Baby-Friendly status.	██████████
Unexpected Complications in Term Newborns*	Newborn complications at this facility are slightly lower than the 2021 Hamilton and Butler County average (2.59%) ²	██████████
Safe Sleep	The hospital facility has a Gold level accreditation from Cribs for Kids and participates in the Cradle Cincinnati safe sleep program.	██████████
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 participated in the training and engagement of staff as it relates to Mama Certified.	██████████
Centering Voices of Patients with Lived Experience	The hospital facility is actively working with Queens Village to center the voices of patients with lived experiences.	██████████
Pathways for Improvement	The hospital facility shared its strategies, initiatives, or programs designed to advance maternal and infant health equity.	██████████



Infant Care
Leader

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

100%

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


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

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



Maternal Care

Metrics	Findings	Progress
Health Equity on Race & Ethnicity	The hospital facility tracks maternal health performance measures by race and ethnicity to assess potential disparities.	██████████
Scheduled Early Delivery (Elective Delivery) *	The hospital facility has lower-than-average elective deliveries.	██████████
Low-Risk Cesarean Births*	The rate of low-risk C-sections at this hospital facility is lower than the 2021 Ohio Average Rate of 26.3%.	██████████
Birthing Friendly Hospital	The hospital facility has met the criteria to be recognized as Birthing-Friendly.	██████████
Smoking Cessation Support	The hospital facility provides smoking cessation resources for women and birthing people.	██████████
Postpartum Mental Health	The hospital facility provides perinatal depression screening and referral services.	██████████
Postpartum Family Planning	The hospital facility provides options for family planning and contraceptive counseling.	██████████
Access to early prenatal care	The hospital facility collects information on early prenatal care.	██████████
Patient Satisfaction	The hospital facility collects patient satisfaction data during labor and delivery and post discharge.	██████████
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 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 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 facility tending to the needs of the infant pre- and post-birth? Measures include Preterm Birth, Extreme Preterm Birth, Initiation and support of Breastfeeding, Sleep Education.

Leader

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

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

Infant Health Equity: Race & Ethnicity

Metric & Definition

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

Why This is Important

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

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

Hospital Facility Results

Score: 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).
- Actions currently being taken to address any disparities in health outcomes include a partnership with the Perinatal Institute (PI) at CCHMC where PI staff implement quality improvement initiatives to eliminate disparities in breastfeeding/breastmilk provision, family engagement, discharge readiness, and hospital readmission.

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

Breastfeeding

Metric & Definition

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

Why This is Important

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

Hospital Facility Results

Score: 18/18

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

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

The hospital facility has received five stars from Ohio First Steps for Healthy Babies breastfeeding program and is designated Baby-Friendly.

- This hospital facility received a Baby-Friendly Designation 2014 and was redesignated in 2018.
- The hospital 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, and Baby Café for follow-up and support.

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

- Unexpected Complications in Term Newborns - Unexpected complications among full-term newborns with no preexisting conditions.¹⁰
- Severe complications include neonatal death, transfer to another hospital 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.

Why This is Important

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.)

- 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 Results

Score: 6/6

Newborn complications at this facility are slightly lower than the 2021 Hamilton and Butler County average of 2.59%.*

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

Safe Sleep

Metric & Definition

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

Why This is Important

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

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

Hospital Results

Score: 9/9

The hospital facility has a Gold level accreditation from Cribs for Kids and participates in the Cradle Cincinnati safe sleep program.

- This facility has a gold level accreditation from Cribs for Kids and works with Cradle Cincinnati on safe sleep practices.
- This facility connects parents with community organizations that provide infants with a safe crib.

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

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

Focus Area

Maternal Care

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

Leader

The hospital facility received 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 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.

- 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 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.

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 has lower-than-average elective deliveries.*

- 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>

* 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 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 c-section rate is 23.6%.

Hospital 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 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 some hospital facilities might be increased due to the level of 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 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 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

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

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	Why This is Important
<ul style="list-style-type: none">• Does the hospital facility provide on-site perinatal depression screening and referral services?• If yes, what options are patients provided?	<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.²⁴</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.²⁵</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">• Patients are screened for depression multiple times throughout care using the validated Edinburgh Depression Scale.	

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 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.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 outcomes.²⁷

- 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

Hospital facility collects information on early prenatal care.

- 42.62% 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 42.62%.

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 the 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. MADM or 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 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 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 there is an unsatisfactory result and the 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 Center for Medicare and Medicaid Services (CMS), the Press Ganey website for patient review.

Engagement in Mama Certified Practices

The following metrics are designed to understand and assess hospitals' 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.

- Hospital facility will display information on Mama Certified in its prenatal clinics, website, and social media
- Clinical staff will provide paper communication, flyers, etc. directly to patients for information and/or as part of discharge packets.
- Clinicians and staff will wear lapel/lanyard pins to promote the program.
- Mama Certified messages will also displayed on electronic monitors throughout the hospital and OB service areas and on table tents in clinics.

Training & Staff Engagement

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 participated in the online "Intro to Mama Certified" training offered by Cradle Cincinnati.
- 85% of Women's Health and OB GYN staff participated in unconscious bias training starting in 2021 through summer 2023.
- UCMC partnered with the March of Dimes and Humana in 2022 to complete an online education titled "Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare." Core staff have completed these training courses in real time and the curriculum is added to the onboarding for new employees.
- 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.
- Three 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 system 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 facility-specific 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

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

- **Building data and analytics infrastructure to evaluate key 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 Ohio Alliance for Innovation (AIM) collaborative to increase compliance for hypertension intervention bundle
 - Care Innovation and Community Improvement Program (CICIP)-improving prenatal and postpartum visit adherence, connection to outpatient OB care if have positive pregnancy test in the Emergency Department
 - Prenatal Risk Assessment Form (PRAF) risk assessment completion
 - 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), and anesthesia safety (unintentional dural puncture during c-section, improvement of labor epidural analgesia).
 - Infection reduction/prevention improvement work; creating standardized care protocols with compliance for decision to incision for emergent c-section and pain assessment compliance.
 - Babyscripts app (virtual maternity care prenatal and postpartum).
- **Efforts to recruit/retain diverse workforce**
 - Recruitment specifically for Community Health Workers (CHW), Tobacco Cessation with the anticipated impact of higher trust from patients, reduction in implicit bias, and more cross collaboration.
- **Active/ongoing projects to address infant health and equity**
 - Babysteps (mom/baby visit between admission and outpatient follow-up to provide continuity of care)
 - Babyscripts app (virtual maternity care prenatal and postpartum)
 - Baby-Friendly Designation
 - Safe Sleep Education, interventions to decrease sleep related deaths in inpatient (collaboration with L&D, postpartum staff)
- **NICU - Perinatal Institute at CCHMC partnership**
 - Through the partnership with the Perinatal Institute at CCHMC, the NICU at UC is the main clinical site for the neonatal Health Equity Network (HEN) team. Using equity-focused QI methodology, this team has significantly improved interpreter use and communication for NICU families with PLOE status (preferred language other than English) and breastmilk provision for Black infants. This work will continue over the next year, with additional interventions to improve family engagement.
 - Additional work includes infection reduction/prevention improvement work; reduction of chronic lung disease (regional collaborative); and the readmission reduction project
- **This Hospital Facility participates in the following state and national initiatives:**
 - Ohio Alliance for Innovation (AIM) in Maternal Health Hypertension Pathway through OPQC
 - Care Innovation and Community Improvement Program (CICIP) through Ohio Department of Medicaid

- UC and Perinatal Institute are part of an NIH-funded multi-center study to implement standardized social determinants of health screening and referral for NICU families and assess the impact on maternal mental health and infant respiratory and growth outcomes in first year of life
- Ohio Council to Advance Maternal Health (OH-CAMH)
- Premier Perinatal Improvement Collaborative (PPCI)
- Ohio Perinatal Quality Collaborative (OPQC)
- Baby Friendly Designation
- Centering Pregnancy