

# Illinois Perinatal Quality Collaborative (ILPQC): making change happen

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*Nothing to Disclose*

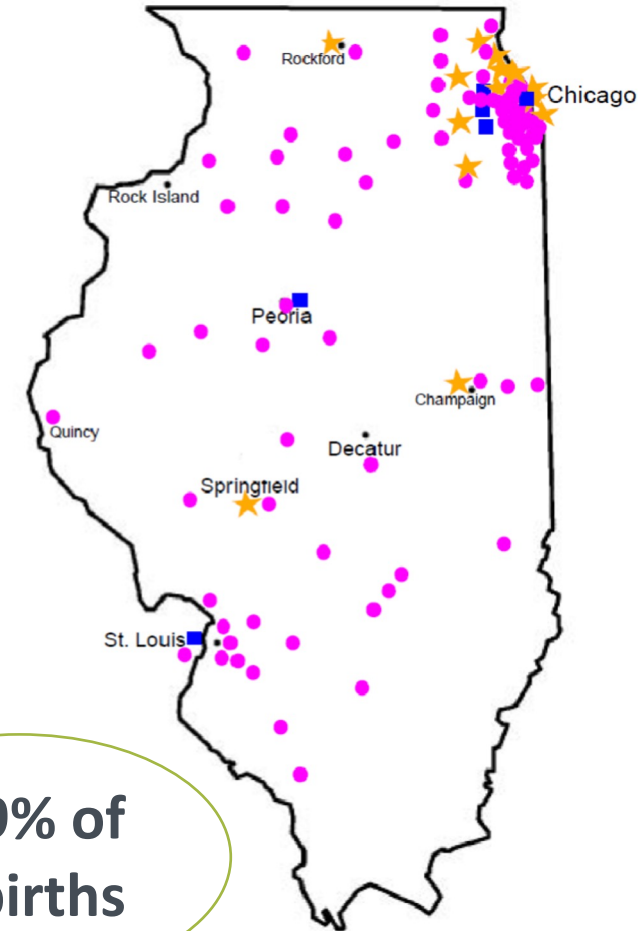
# Agenda

- ILPQC – making change together
- Mothers and Newborns affected by Opioids (MNO) Initiative
- Promoting Vaginal Birth (PVB) Initiative
- Birth Equity Initiative

# Illinois Perinatal Quality Collaborative (ILPQC)



- Statewide collaborative of perinatal clinicians, nurses, hospitals, patients, community stakeholders and public health leaders with Illinois hospitals
- Work together to implement data-driven, evidence-based practices to equitably improve outcomes and reduce disparities for mothers and babies across Illinois.

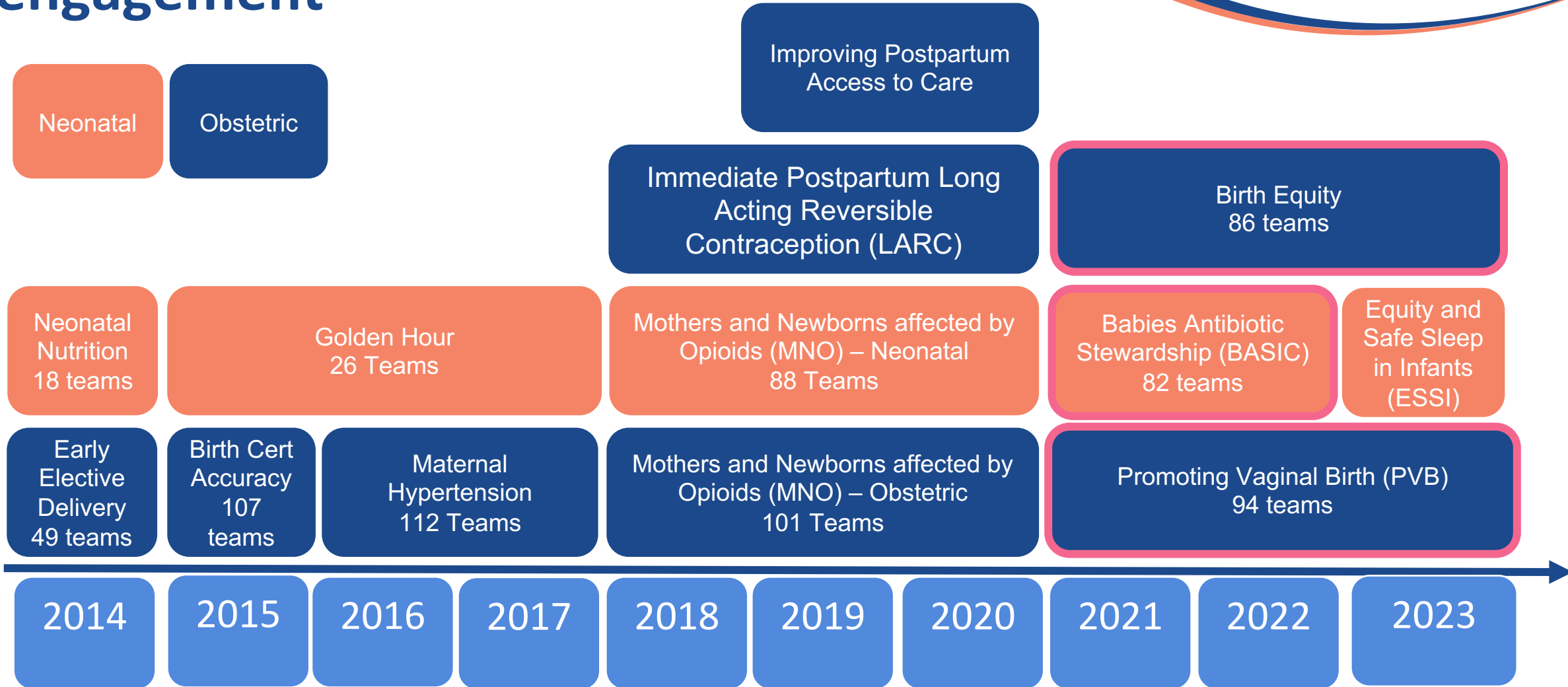




## Celebrating 11 years of ILPQC

- Working together
- Engaging patients and communities
- Making change happen

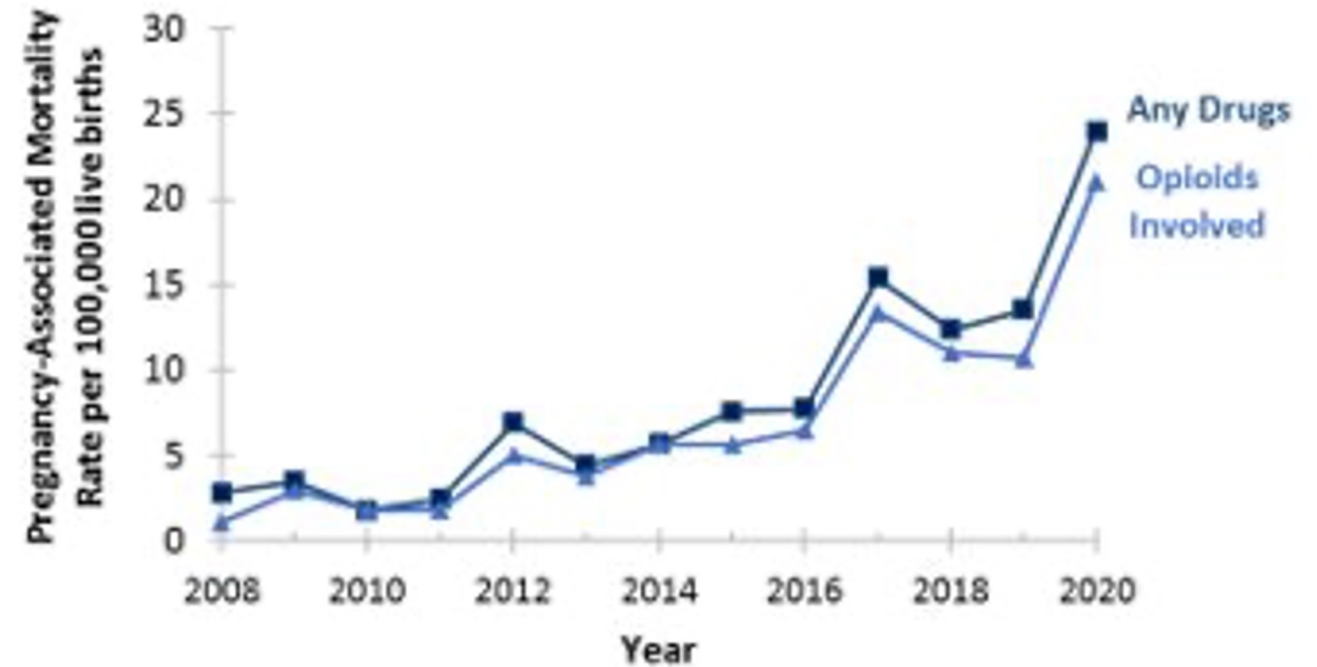
# Timeline initiatives and hospital engagement



# Maternal Deaths Due to Opioids in IL

**32%** Overdose is the leading cause of pregnancy-related deaths in Illinois\*

Pregnancy-Associated Mortality Ratio for Unintentional Drug Poisoning Deaths among Illinois Residents



\*preliminary data from IDPH, 2018-2019, final data to be released Fall 2023

# Mothers and Newborns affected by Opioids (MNO) Initiative



Opioid Use Disorder is an urgent obstetric issue



Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available



There are key steps OB providers must take prenatally and on L&D to care for women with Opioid Use Disorder

Linking moms to MAT / Recovery Services



- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # parents and babies staying together

# Optimal care for all pregnant / postpartum persons with OUD



Screen every pregnant patient for OUD with a validated screening tool



Provide Naloxone (Narcan) Counseling / prescription and screen for Hepatitis C



Assess readiness for Medication Assisted Treatment (MAT)



Warm hand-offs for MAT/recovery services and close OB follow up



Link to MAT and Recovery Treatment Services

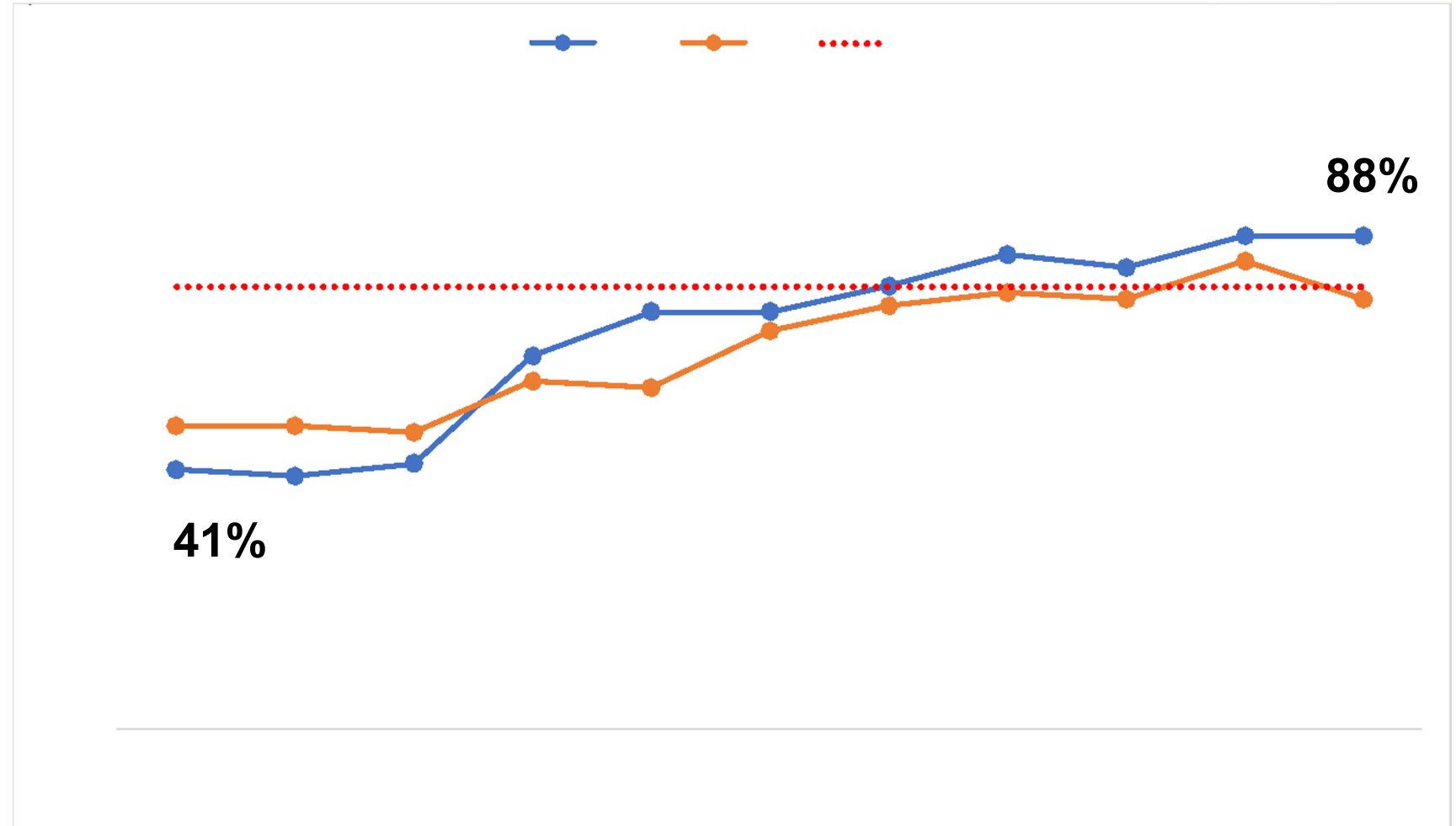


Provide patient education on OUD/NAS and reduce stigma, promote empathy across clinical team



# Linking to MAT and Recovery Treatment Services

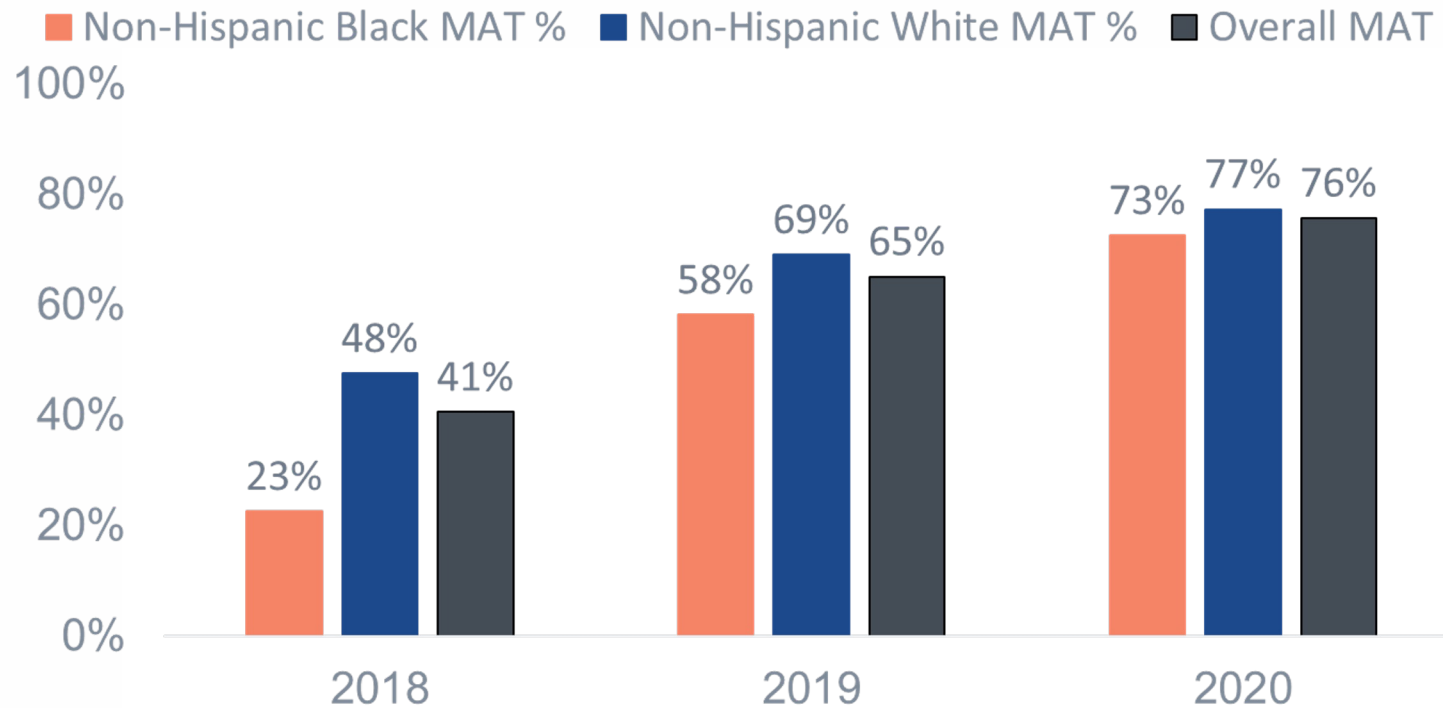
- Linkage to MAT and Recovery Treatment Services prenatally or before delivery discharge increased from 40% baseline to > 70% goal over 2 years of the initiative



# Improving equitable care and reducing disparities for patients receiving MAT

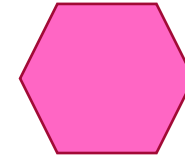
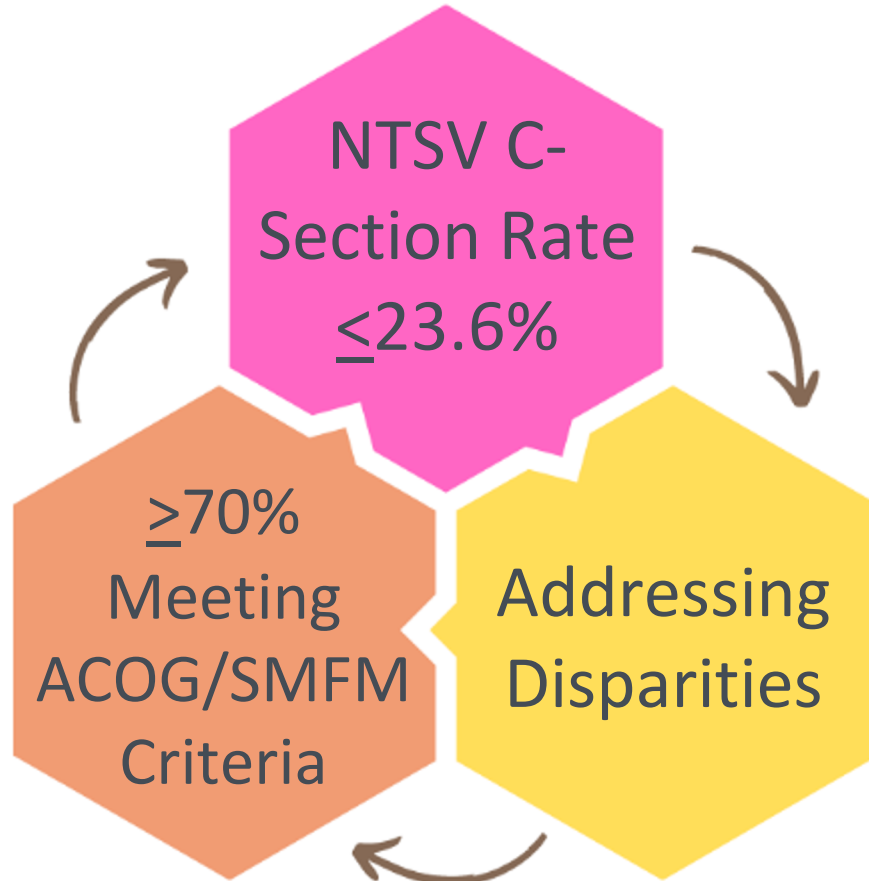
Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO Initiative

## MAT by Race and Ethnicity

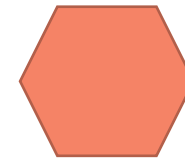


At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.

# Promoting Vaginal Birth Initiative (2021-current) 96 hospitals



Helping all PVB teams to bring their NTSV C-Section Rates below 23.6%



Increasing the % of NTSV C-Sections Meeting ACOG/SMFM Criteria with a focus on Failed Inductions and Second Stage Arrest to  $\geq 70\%$



Identifying and addressing disparities in NTSV C-Section rates

# PVB Key Strategies:



**Clinical Team  
Education  
and Buy-in**

**Unblinded  
Provider-level  
NTSV C-  
Section Rates**

**Educating  
patients and  
shared decision  
making**



**Cesarean  
Decision  
Huddles and  
Checklist**

**Fallout Reviews  
of cases not  
meeting ACOG/  
SMFM Criteria**

**Labor  
Management  
Support**



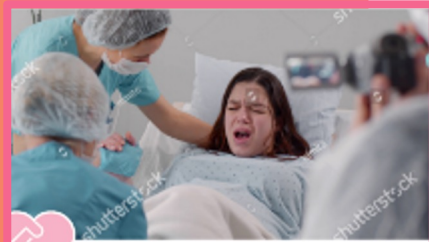
# PVB Key Resources

## Missed Opportunity Review



**REDCap**  
 REDCap is a secure, web-based application that allows you to capture and manage your data. It is a secure, web-based application that allows you to capture and manage your data.

## Provider Education Posters



### Are you Using ACOG/SMFM Guidelines to Safely Reduce Primary Cesarean Deliveries?

- Failed Induction:**
  - ✓ Cervix is administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions.
  - ✓ Cervical ripening used when starting with unfavorable Fetalove score.
  - ✓ Longer duration of labor phase, at least 8 hours or longer if clear and maximal and fetal distress present.
- Active Phase Arrest:**
  - ✓ Cervix is low.
  - ✓ Membranes ruptured.
  - ✓ No cervical change after at least a hour of adequate uterine activity or at least 4 hours of adequate uterine activity with inadequate work activity.
- Second Stage Arrest:**
  - ✓ Fetal position known and maximal FOP.
  - ✓ At least 1 hour of pushing in nulliparous patients.
  - ✓ At least 1 hour of pushing in multiparous patients.
  - ✓ Longer duration may be appropriate on individualized basis such as with an epidural.

## CMQCC Unblinding Provider Data



### Guidance for Understanding and Unblinding Provider-Level NTSC Cesarean Rates at CMQCC

Follow the process of unblinding CMQCC cesarean rates starting with Request for Access to Data. This involves logging in to the CMQCC data system. Once logged in, you will be able to view the data for your own practice. Follow the steps to unblind your data. The process involves several steps, including logging in, navigating to the data system, and unblinding your data.

## Cesarean Decision Checklist



**ACOG/SMFM Guidelines Checklist for Labor Dystocia & Arrest**  
 This checklist is designed to help providers assess and manage labor dystocia and arrest. It includes sections for Failed Induction, Latent Phase Arrest, Active Phase Arrest, and Second Stage Arrest.

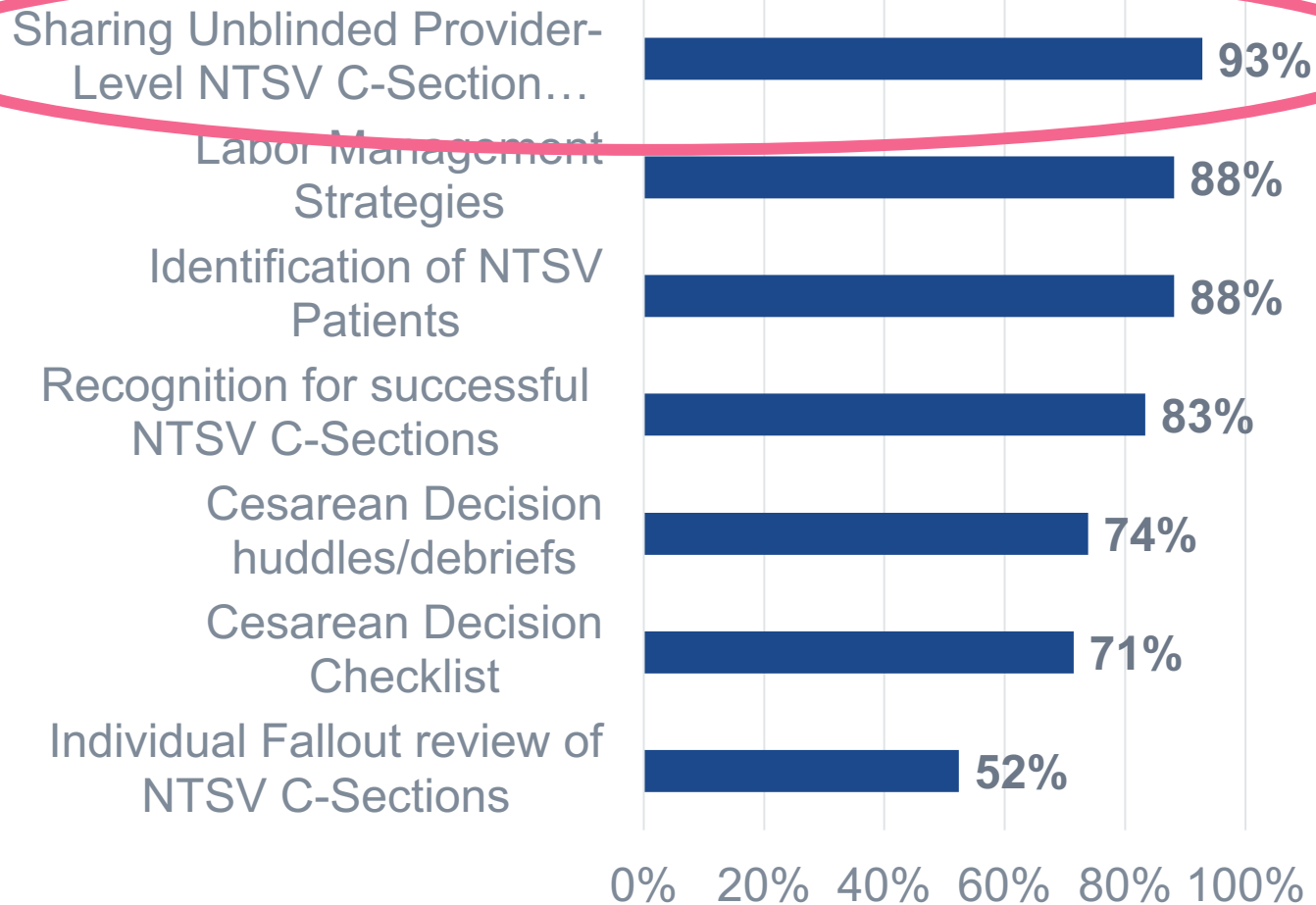
## Labor Management E-modules



ILPQC Promoting Vaginal Birth Initiative  
 Labor Management Support E-Modules

# Most Utilized PVB Strategies

2023 Teams  
Survey



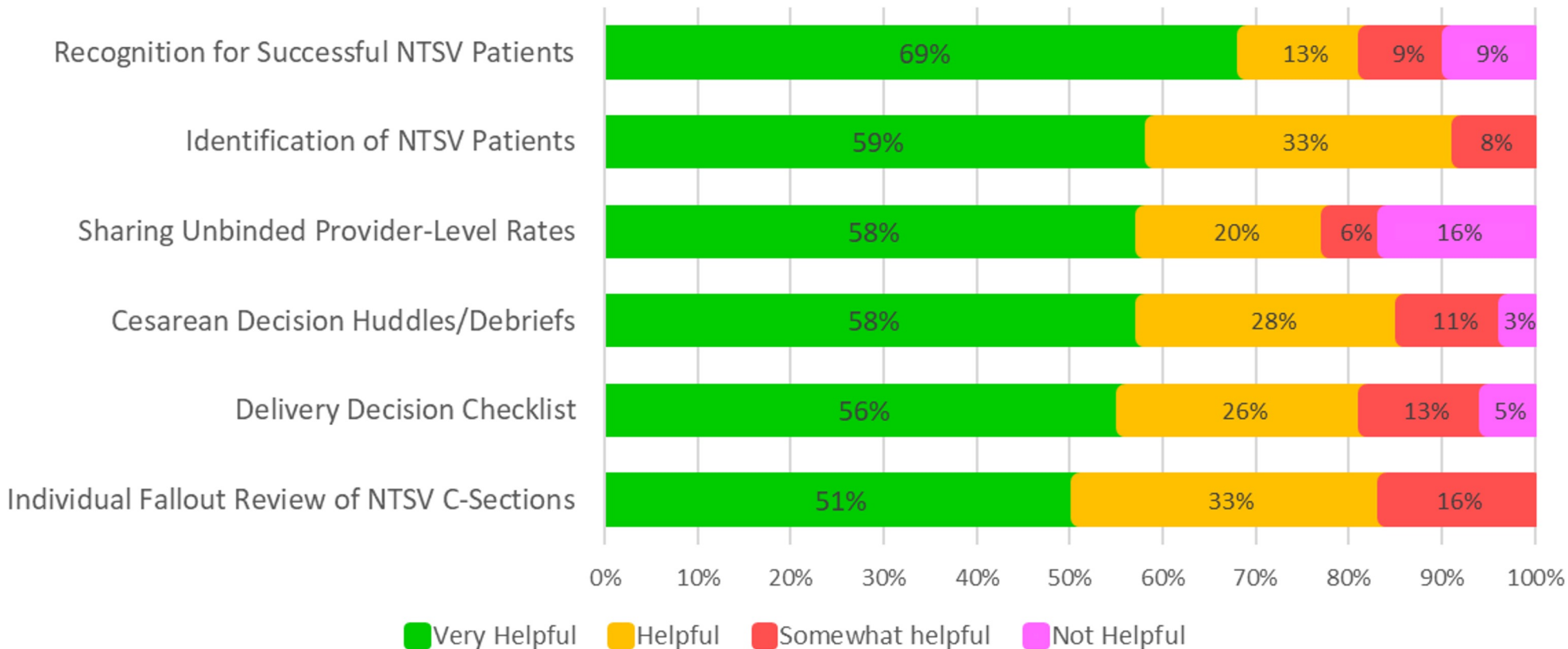
## • What was your process for sharing unblinded data?

- Service Line/Department Meetings
- Email to Providers
- Unblinded Data Posted
- Individual Meeting with Provider
- Dashboard/Scorecard
- Quarterly Practice Reports

■ % of Hospitals

# Most Effective PVB Strategies

### Most Helpful PVB Strategies



2023 Teams  
Survey

Each key strategy was reported as **Very Helpful** to over 50% of the teams.

# Improving % of NTSV C-sections meeting ACOG/SMFM Criteria

## 2023 Teams Survey

### Strategies Most Utilized

### ILPQC Fallout Review Form –

Fallout Review

ACOG/SMFM Guidelines posted

Use of Checklists and Huddles

Provider and Nurse Education

Patient Sticker \_\_\_\_\_ Date of C/S \_\_\_\_\_  
 RedCap Record ID \_\_\_\_\_

**Select primary indication for NTSV C/S as documented:**

- Failed Induction (Cervix <6cm)
- Latent Phase (Cervix <6cm)
- Active Phase Arrest (Cervix ≥ 6cm)
- Second Stage Arrest (Cervix 10cm/Pushing)
- Fetal Heart Rate Concern
- Other \_\_\_\_\_

**PVB Opportunity Review/Debrief Key Steps:**

1. Identify NTSV cases not meeting ACOG/SMFM criteria at least monthly.
2. Review PVB dashboard/ patient's medical record and complete the below form to understand why ACOG/SMFM criteria were not met.
3. Provide feedback to patient's clinical team regarding fallout review.
4. Use to improve understanding of why ACOG/SMFM criteria are not met to drive QI strategies.

**Was ACOG/SMFM criteria for cesarean indication achieved for primary indication below?**

**FAILED INDUCTION (Cervix <6cm)** (Both boxes should be checked yes to have met ACOG/SMFM criteria)

1. Was cervical ripening used for unfavorable cervix, Bishop Score <3 for nullipars?  
 Yes  No  Unknown If yes, type of cervical ripening? \_\_\_\_\_
2. Was oxytocin administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions? (Note: at least 24 hrs of oxytocin administration after membrane rupture is preferable if maternal & fetal statuses permit)  Yes  No  Unknown

**LATENT PHASE (Cervix <6cm)**

1. Not in labor, if <6cm does not meet criteria for arrest (active labor has not been achieved, consider giving more time).  
*\*Per ACOG/SMFM Guidelines as long as cervical progress is being made, a slow but progressive latent phase e.g. greater than 20 hours in nulliparous women and greater than 14 hours in multiparous women is not an indication for cesarean delivery as long as fetal and maternal statuses remain reassuring. Sufficient time should be allowed to enter the active phase.*

**ACTIVE PHASE ARREST (Cervix ≥6cm)** (Boxes should be checked yes to have met ACOG/SMFM criteria)

1. Cervix ≥6cm  Yes  No  Unknown
2. Were membranes ruptured (if possible)?  Yes  No  Unknown
3. Was there no cervical change after at least 4 hrs of adequate uterine activity (e.g. strong to palpation or MVUs >200) or was there at least 6 hrs of oxytocin administration with inadequate uterine activity?  
 Yes  No  Unknown

**SECOND STAGE ARREST (Cervix 10cm/Pushing)**

1. Was the fetal position known and rotation attempted if OP?  Yes  No  Unknown
2. For multiparous, was there 3 hours or more of active pushing (longer durations may be appropriate, e.g. with epidural or malposition)  Yes  No  Unknown

**FETAL HEART RATE CONCERN/INDICATIONS**

1. What was the FHR concern/indication?
  - Antepartum testing results which precluded trial of labor
  - Category III FHR tracing
  - Category II FHR tracing (Were these specific types present?)
    - Recurrent variable decelerations  Minimal/absent FHR variability w/out significant decelerations  Late Decelerations
  - Other concern: \_\_\_\_\_
2. Were corrective and evaluative measures used: (select all that apply)
  - Maternal position change or maternal fluid bolus
  - Reduced or stopped oxytocin or uterine stimulants
  - Used amnioinfusion with recurrent variable decelerations after other measures failed
  - Elicited stimulation (scalp, vibroacoustic, or abdominal wall) with minimal or absent FHR variability
  - None
3. Did the patient have uterine tachysystole?  Yes  No  Unknown
  - If yes, were appropriate interventions used: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other?  Yes  No  Unknown



# NTSV C-Section Rate

At Baseline

**38%**

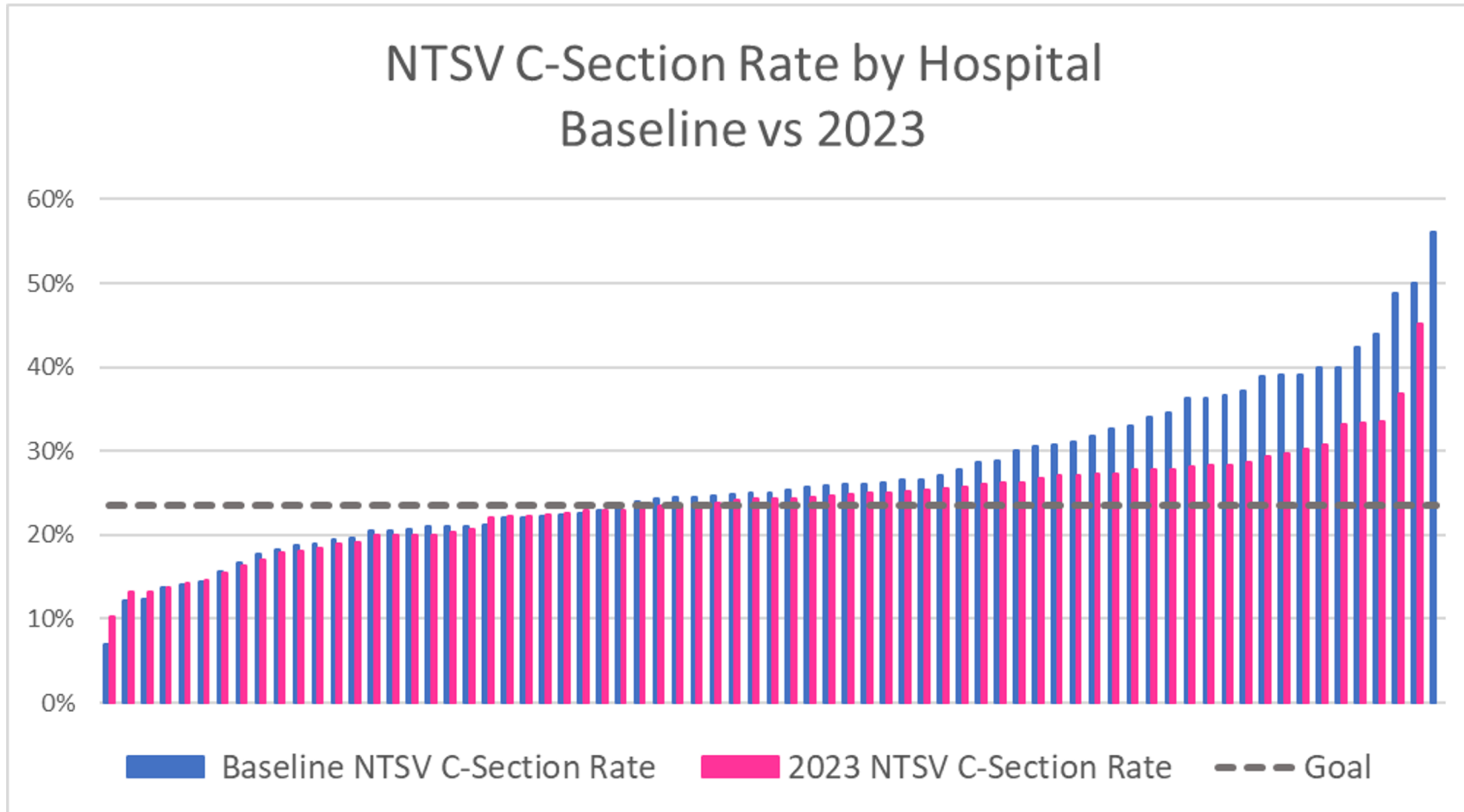
Of ILPQC hospitals had a NTSV C-  
Section Rate of  $\leq 23.6\%$

In 2023

**77%**

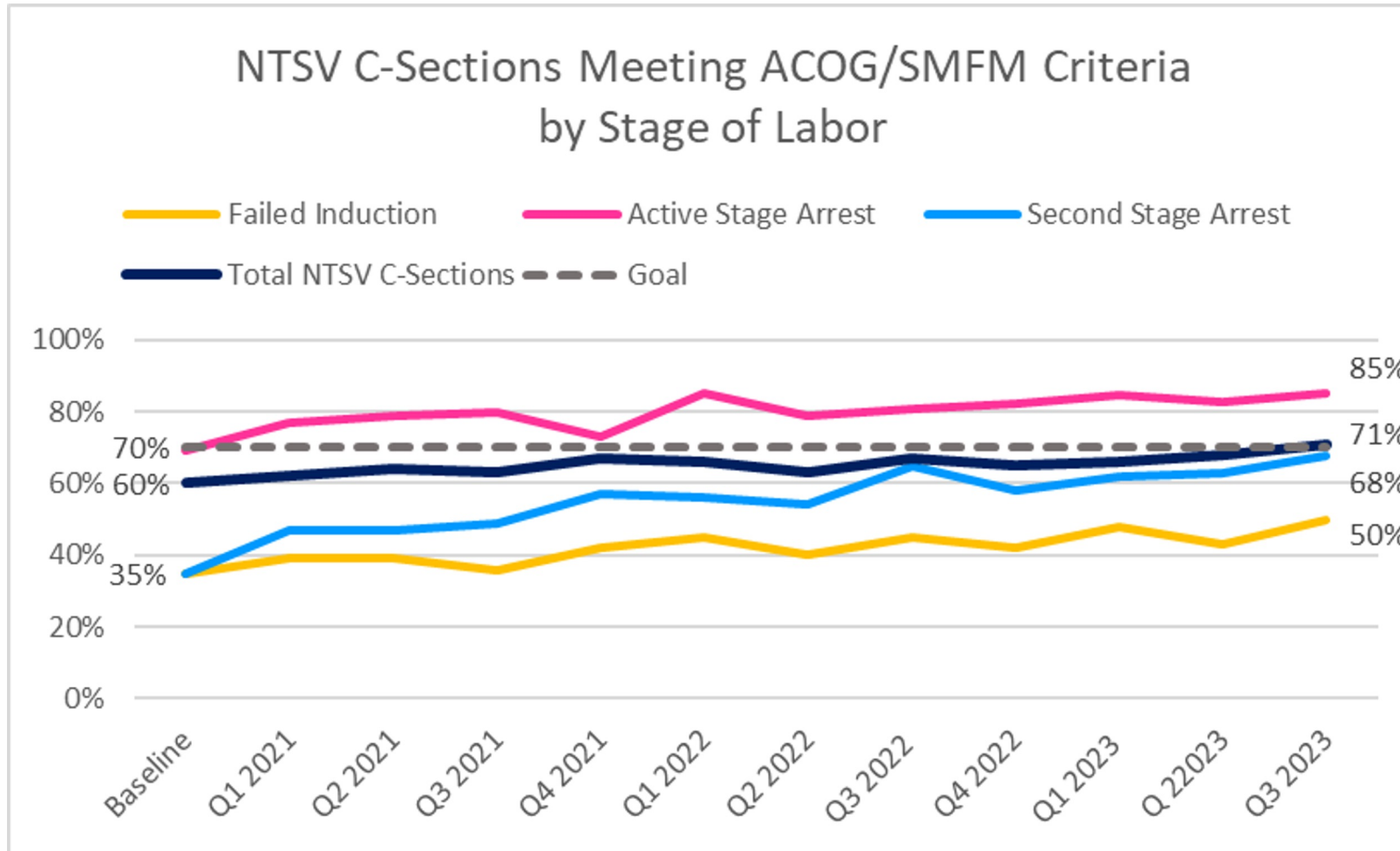
Of ILPQC hospitals have achieved  
an NTSV C-Section rate of  $\leq 23.6\%$   
for at least 1 quarter

# NTSV C-Section Rates for all ILPQC Hospitals



47% of Hospitals achieving the NTSV C-Section Rate goal of ≤23.6% for 2023

# NTSV C-Sections Meeting ACOG/SMFM Criteria

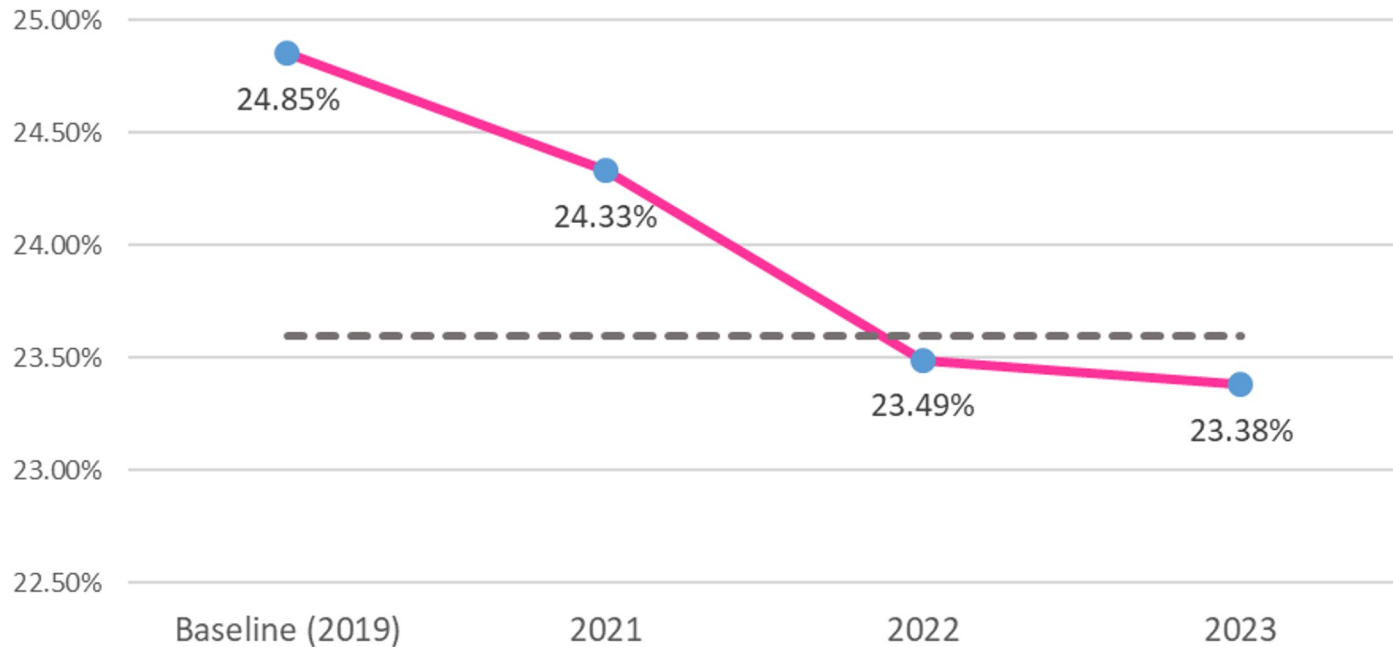


**GOAL  
ACHIEVED!**

**71%**  
of NTSV C-Sections  
Meeting ACOG/SMFM  
Criteria!

# Celebrating our PVB Success

NTSV C-Section Rate  
by year



ILPQC NTSV C-Section  
Rate in 2023

**23.38%**



# Birth Equity Initiative

6/2021 – current  
86/100 birthing  
hospitals



Foundational initiative that builds on existing hospital efforts to implement actionable strategies to address maternal disparities, improve patient care and promote birth equity

# Birth Equity Key Strategies

## Birth Equity Initiative Aim

By May 2024,  $\geq$  70% of participating hospitals will have implemented all key strategies



Optimize race and ethnicity data collection and review stratified data



Screen all patients for **social determinants of health** and link to needed services



Standardize **postpartum safety education** and schedule early postpartum visit



Engage patients and community members for quality improvement input



Implicit bias & **respectful care** training for providers, nurses, other staff



Share **respectful care practices** and survey patients on their care experience

# Engage and educate providers, nurses & staff

- Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing bias
- Implementing strategies for addressing diversity in health care team hiring



**SPEAK UP** AGAINST RACISM



Laboring with Hope

**Every Mom.  
Every Time**



Dignity in Pregnancy and Childbirth Course

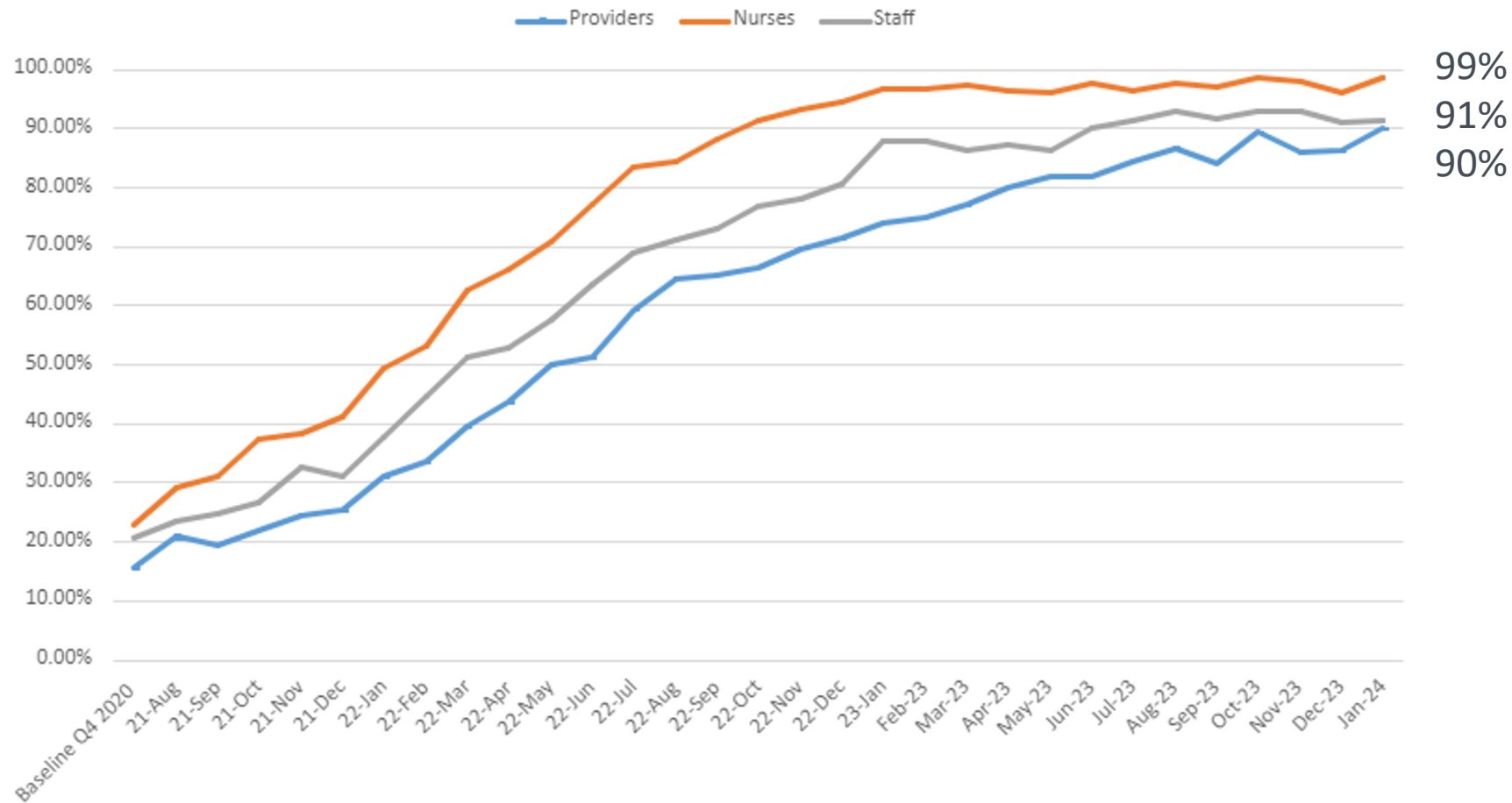


**THINK CULTURAL HEALTH** Education



# Provider and Staff Birth Equity Education

Cumulative proportion of providers, nurses, and other staff completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias



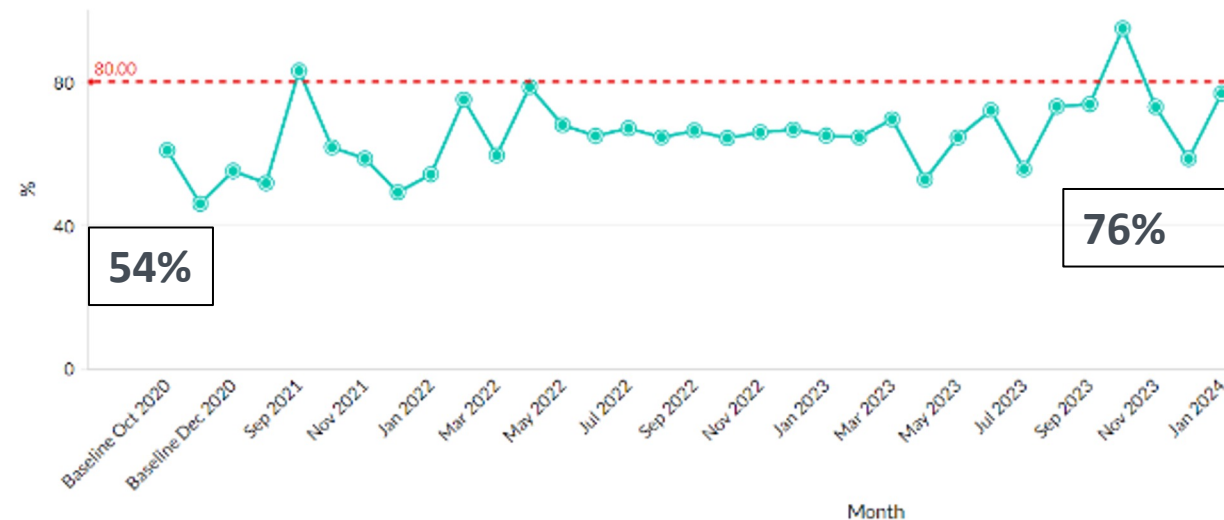


# Social Determinants of Health Screening and Linkage to Community Resources

## SDoH Screening (L&D)



## Screen Positive Patients Documentation of Linkage to Community Resources (L&D)



# Linking with Community Partners

- How do we more effectively link patients to community resources?
- By building relationships with community partners
  - Doulas, Community Health Workers, Home Visitors
  - Outpatient FQHCs

**IL & PQC**  
Illinois Perinatal Quality Collaborative

## DOULA

What are you doing to expand doula access for patients at your hospital?

Are there opportunities to connect low-income or at-risk patients with doula support in your community?

**Doulas can:**

- Provide information to support shared decision making during labor & delivery and postpartum
- Help explain the patient's birth plan and advocate for their emotional and physical needs to hospital staff
- Offer physical comfort through activities like massage and focused breathing
- Guide and support patient's family and loved ones
- Help with breastfeeding

Doulas do not provide medical advice, but they are part of the care team and their role is an important one. They provide continuous support and encouragement during labor and delivery.

**Benefits of doula care include:**

- Fewer C-sections (Cesarean sections)
- Less anxiety and depression for pregnant people
- Less pain-relief medication during labor
- Shorter time in labor
- Fewer negative childbirth experiences
- Better communication between pregnant people and their health care providers
- Lower healthcare costs

Discover Doulas serving your community by scanning this QR Code. Utilize Doulas across Illinois

**Support Near you**

- Peaceful Birthing Doula
- Trinity Doula Services
- Children's Home & Aid Doula Program
- Chicago Family Doulas
- Partum Health
- Chicago Volunteer Doulas
- Doulas ETC

## Search by community

Use the interactive map below to find contact information for home visiting programs.

Find Locations Near:

Place:

State:

Street:

Zip:

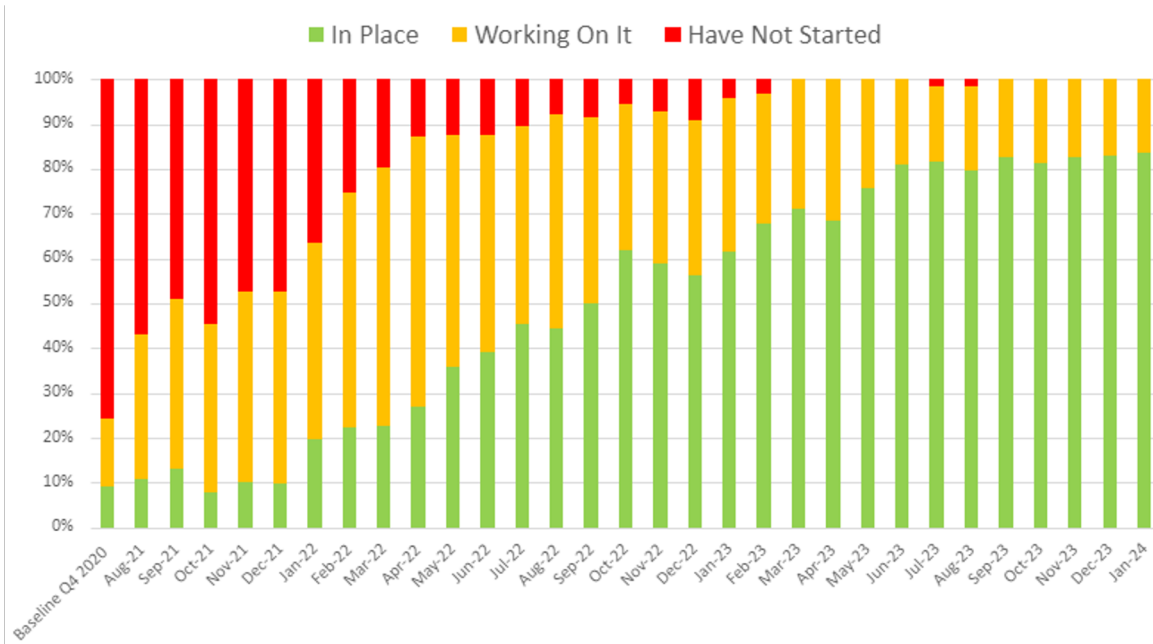
City:

Select a distance:

**IGROW Illinois Home Visiting Collaborative helps identify Home Visiting Programs**

# Sharing Respectful Care Strategies with Healthcare Team and Patients

9% --> 84%



FREE AWHONN Resource for each BE team

**Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline**

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

**Promoting Safe and Respectful Maternity Care for All Patients**

**Our Commitment to You**

**What does it mean to give and receive respectful care during labor and delivery?**

Maternal care teams throughout the world are coming together to address inequities in healthcare, and to improve birth experiences for all patients.

We are committed to providing you safe and respectful care. Respectful care means that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.

We believe that respectful care is an essential component of what it takes for all patients to thrive.

**IL & PQC**  
Illinois Perinatal Quality Collaborative

Supporting respectful care for all patients.

The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitalists, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality, compassionate, and respectful care.

**Here are our respectful care commitments to every patient**

We commit to...

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum. What is important to you for labor and birth? What are your concerns, regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your health care and your health history so we can make sure you receive the care you need during your birth and recovery
5. Communicating effectively across your health care team to ensure the best care for you
6. Partnering with you for all decisions so that you can make choices that are right for you
7. Practicing "active listening" to ensure that you and your support persons are heard
8. Validating personal boundaries and respecting your dignity and modesty at all times, including asking you a permission before entering a room or touching you
9. Recognizing your prior experiences with healthcare may affect how you feel during your birth, so we will strive at all times to provide safe, equitable and respectful care
10. Making sure you are discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with postpartum follow-up care visit arranged
11. Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
12. Protecting your privacy and keeping your medical information confidential
13. Being ready to hear any concerns or ways that we can improve your care

**QI Strategy: Healthcare team sign Respectful Care Commitment & share respectful care practices with patients, promote active implementation of respectful care**

Please call us about your care. Your name will not be collected. Your individual answers will not be shared with our provider.

Tell us about your care



Scan the QR code or enter the following link:  
Ucrw3M




**Our Respectful Care Commitments** to *Every Patient*

- Treating you with dignity and respect throughout your hospital stay
- Introducing ourselves and our role on your care team to you and your support persons upon entering the room
- Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
- Communicating effectively across your health care team to ensure the best care for you
- Partnering with you for all decisions so that you can make choices that are right for you
- Practicing "active listening"—to ensure that you, and your support persons are heard
- Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you
- Recognizing your prior experiences with healthcare may affect how you feel during your birth, we will strive at all times to provide safe, equitable and respectful care
- Making sure you are discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with postpartum follow-up care visits arranged
- Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
- Protecting your privacy and keeping your medical information confidential
- Being ready to hear any concerns or ways that we can improve your care

1. I could take part in decisions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I could ask questions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. My health care team did a good job listening to me, I felt heard.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. My health care choices were respected by the health care team.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. My health care team understood my background, home life and health history, and communicated well with each other.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. The health care team asked for my permission before carrying out exams and treatments.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Labor & Delivery

PREM

Respectful Care Practices

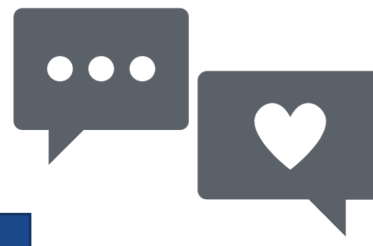


# Promote Respectful Care Practices

- 1. Treating you with dignity and respect** throughout your hospital stay
- 2. Introducing ourselves and our role** on your care team to you and your support persons upon entering the room
- 3. Learning your goals for delivery and postpartum:** What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- 4. Working to understand you,** your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery.
- 5. Communicating effectively** across your health care team to ensure the best care for you
- 6. Partnering with you for all decisions** so that you can make choices that are right for you
- 7. Practicing “active listening”**—to ensure that you, and your support persons are heard
- 8. Valuing personal boundaries and respecting your dignity and modesty at all times,** including asking your permission before entering a room or touching you
- 9. Recognizing your prior experiences with healthcare may affect how you feel during your birth,** we will strive at all times to provide safe, equitable and respectful care
- 10. Making sure you are discharged after delivery with an understanding of postpartum warning signs,** where to call with concerns, and with postpartum follow-up care visits arranged
- 11. Ensuring you are discharged with the skills, support and resources** to care for yourself and your baby
- 12. Protecting your privacy** and keeping your medical information confidential
- 13. Being ready to hear any concerns** or ways that we can improve your care



# Addressing Respectful Care



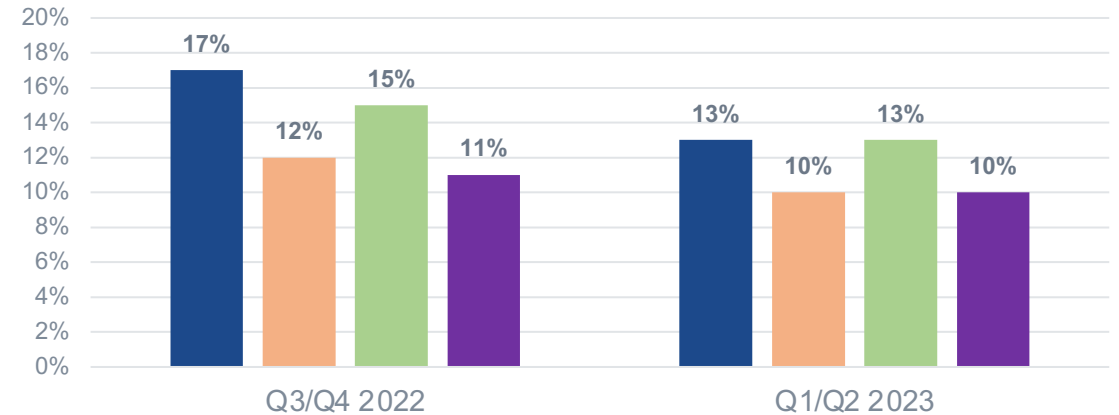
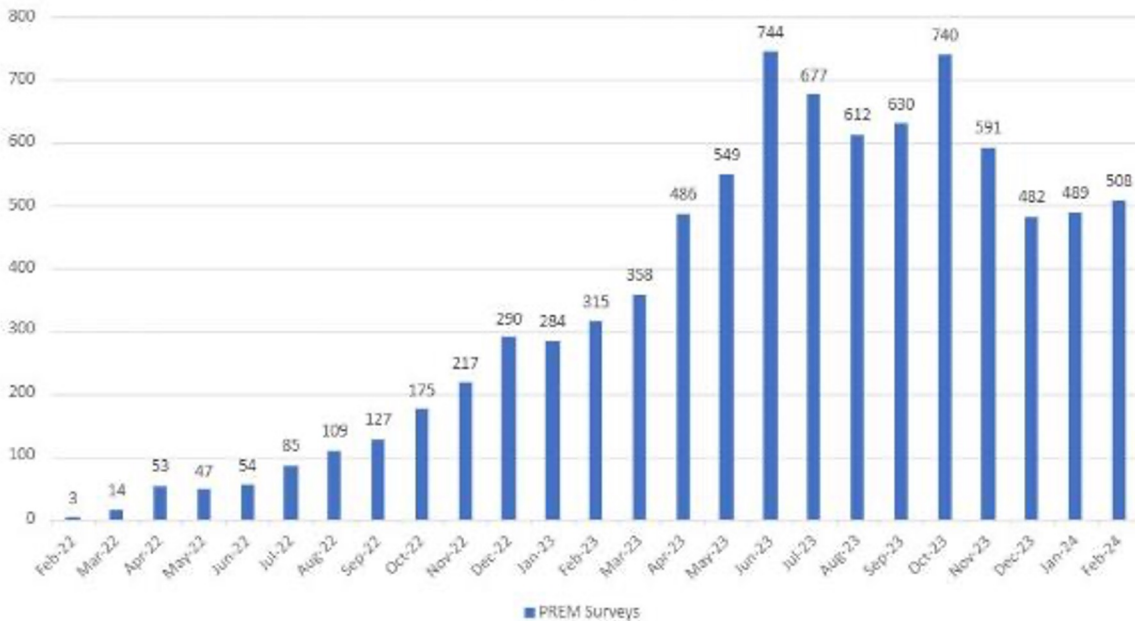
8,840 PREM surveys submitted among 75 hospitals

22% Black, 19% Hispanic, 5% Asian, 48% White

Feeling pressured into accepting care I did not want or did not understand (strongly agree/agree)

- Non-Hispanic Black
- Non-Hispanic White
- Public Insurance
- Private Insurance

Monthly PREM Survey Submissions



Improvement in patients reporting respectful care with progress towards reducing disparities for key PREM measures between 2022-2023

# Improving Respectful Care Requires Shared Decision-Making

## Recognizing

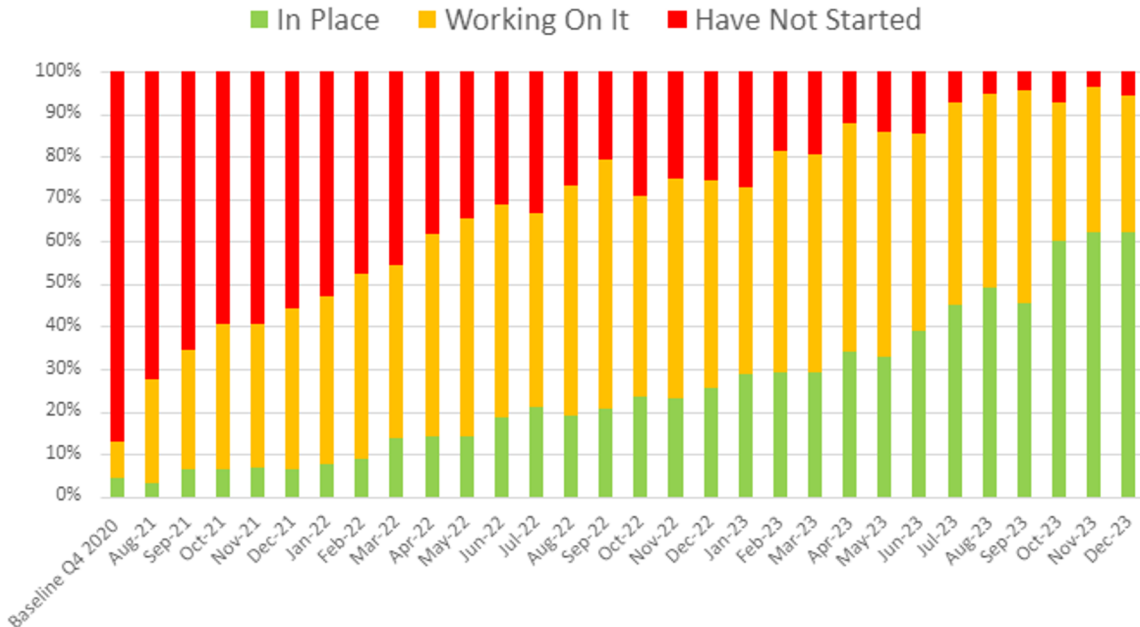
Patients as the experts of their own experience  
So that we improve active listening

## Empowering

Patients to make choices through accessible, nonjudgmental communication

# Engage Patients and Community in QI Work

4% --> 62%



**QI Strategy: Regional Community Engagement Meetings, Respectful Care Breakfasts, Patient / Community Partners on QI teams**

**ILPQC**  
Illinois Perinatal Quality Collaborative  
Patient and Community Engagement

**ABOUT ILPQC**  
Illinois Perinatal Quality Collaborative (ILPQC) is a statewide, regional, multidisciplinary coalition of hospitals, pediatric, obstetric, pediatric, community organizations, and public health leaders dedicated to quality, reducing disparities, and reducing disparities for birthing people and babies in Illinois. ILPQC works with hospitals to create individualized, family-centered, quality improvement and data-driven initiatives to reduce the risk of stillbirth, neonatal loss, and other adverse outcomes. ILPQC's mission is to improve the quality of care for birthing people and babies in Illinois.

**WHAT IS PATIENT & COMMUNITY ENGAGEMENT?**  
Patient & community engagement is the active partnering of patients, community, clinicians, and hospital staff to improve the quality of care.

**OUR COMMITMENT TO PATIENT AND COMMUNITY ENGAGEMENT**  
ILPQC partners with patient and community volunteers to serve as advisors to our perinatal quality improvement initiatives. Patient and community partners will participate in ILPQC's Obstetric and Neonatal Advisory Groups to inform state initiatives, engage patients and families to quality improvement work, and promote ILPQC's efforts and other patient/community members.

**WHAT ARE YOU DOING TO EXPAND DOULA ACCESS FOR PATIENTS AT YOUR HOSPITAL?**

ARE THERE OPPORTUNITIES TO CONNECT LOW-INCOME OR AT-RISK PATIENTS WITH DOULA SUPPORT IN YOUR COMMUNITY?

UTILIZE THE MANY DOULA SERVICES ACROSS ILLINOIS!

- CHILDREN'S HOME & AID**
- DOULAS ETC.**  
Collaborate to provide support for birthing people across Central IL.
- PEACEFUL BIRTHING DOULA**  
Professionally trained DONA Doulas. Service the Greater Chicagoland area and surrounding suburbs.
- TRINITY DOULA SERVICES**  
Changing the lives of families in and around St. Louis, MO and Southern IL.
- ST. LOUIS DOULA PROJECT**  
Provide access to full spectrum doula support to pregnant people in St. Louis.

FOR MORE DOULA SERVICES SERVING YOUR COMMUNITY AT DONA INTERNATIONAL: FIND A DOULA

**A Celebration of Respectful Care**

**ILPQC Respectful Care Breakfast**

**Steps to Planning your Respectful Care Breakfast**

1. Set the Date.
2. Invite patients, community partners, doctors, nurses, & staff.
3. Order coffee & breakfast items.
4. Host a Panel Discussion.
5. Celebrate Together!

**Invite Patients, Community Partners, and Clinical Staff**

**Patients**  
Invite NICU moms, engage our patients' clinics, post a flyer, or engage PP support groups.

**Community Partners**  
Connect with Coles, CHWs, local health department, WIC office.

**Clinical Staff**  
Providers, nurses, staff, and social workers.

**Sample Agenda**

**20 min:** Coffee/breakfast and mingling  
**30 min:** Welcome/Intro to BE initiative and share 15 Respectful Care Practices  
**30 min:** Patient and Community Panel Discussion How do we optimize Respectful Care?

**Host a Panel Discussion**

- Invite 3-4 patients/community partners to share their perspectives, experiences, and recommendations to promote Respectful Care.
- Identify a Panel Moderator to lead discussion.

**Sample Panel Discussion Questions**

- What does respectful care mean to each participant on the panel? Any examples to share where they have experienced Respectful Care in a clinical setting?
- How can clinical team members best take action on the Respectful Care Practices? How do we make sure patients feel listened to? How do we best practice shared decision making?

**Celebrate Together!**  
Celebrate respectful care and patient voices with clinical team members, patients, and community partners and enjoy breakfast and discussion together!

**Respectful Care Breakfast Feedback Survey for Participants**  
Please ask all participants to complete [this brief survey](#) at the end of the event! We will share anonymous results back with you.

Respectful Care Breakfasts are a great opportunity to identify Patient/Community Partners for ongoing engagement with your QI team!





Roseland Community Hospital



Carle Foundation Hospital



UI Health



Memorial Hospital of Carbondale



MacNeal Hospital



Carle Foundation Hospital



Barnes-Jewish/SSM St. Mary's



Vista Medical Center



Evanston Hospital

# Respectful Care Breakfast – Completed by 20+ Hospitals

*Focused on listening to patients*

2023 Teams  
Survey



Hearing from community members allowed clinical staff to have a better understanding of what respectful care means

Open conversations about experiences, positive feedback and constructive criticism

Listening to community questions and suggestions and shared how we are working towards more respectful care

Able to share what team had accomplished and hear feedback from patients



Hearing directly from patients about their care experience

# BE Teams Progress on Key Equity Strategies (goal > 70% by June 2024)

Structure Measures	Baseline (% In Place)	January 2024 (% In Place)
SDOH Screening (L&D)	17%	100%
Optimize Accurate Self-Reported Race and Ethnicity Data Collection	7%	85%
Review Maternal QI Data Stratified by Race, Ethnicity & Insurance	6%	90%
Engage Patients and Community in QI Work	4%	61%
Sharing Respectful Care Strategies with Healthcare Team and Patients	9%	80%
PREM Implementation	9%	75%
Postpartum Safety Patient Education	54%	100%

# TAKE ACTION! to Address NTSV CS Disparities

Putting equity strategies together to address NTSV cesarean disparities



## 01 Understand the Data



- Determine categories to stratify your NTSV CS% data based on your patient population.

## 02 Identify the Disparities



- Use your data to identify areas you can take action!
- Understand differences in indications for NTSV CS and differences in meeting ACOG/SMFM Criteria
- Make a plan, where can you get started?

## 03 Actively Listen



- Get input! Ask patients, community members, clinical team members on how we can do better!

## 04 Engage, Educate, Improve



- Expand access to community doulas / midwives for at-risk patients at your hospital
- Educate patient /family on labor expectations and optimize shared-decision making
- Improve active listening / respectful care
- Utilize fall out reviews / delivery decision check list and huddles

SCAN ME



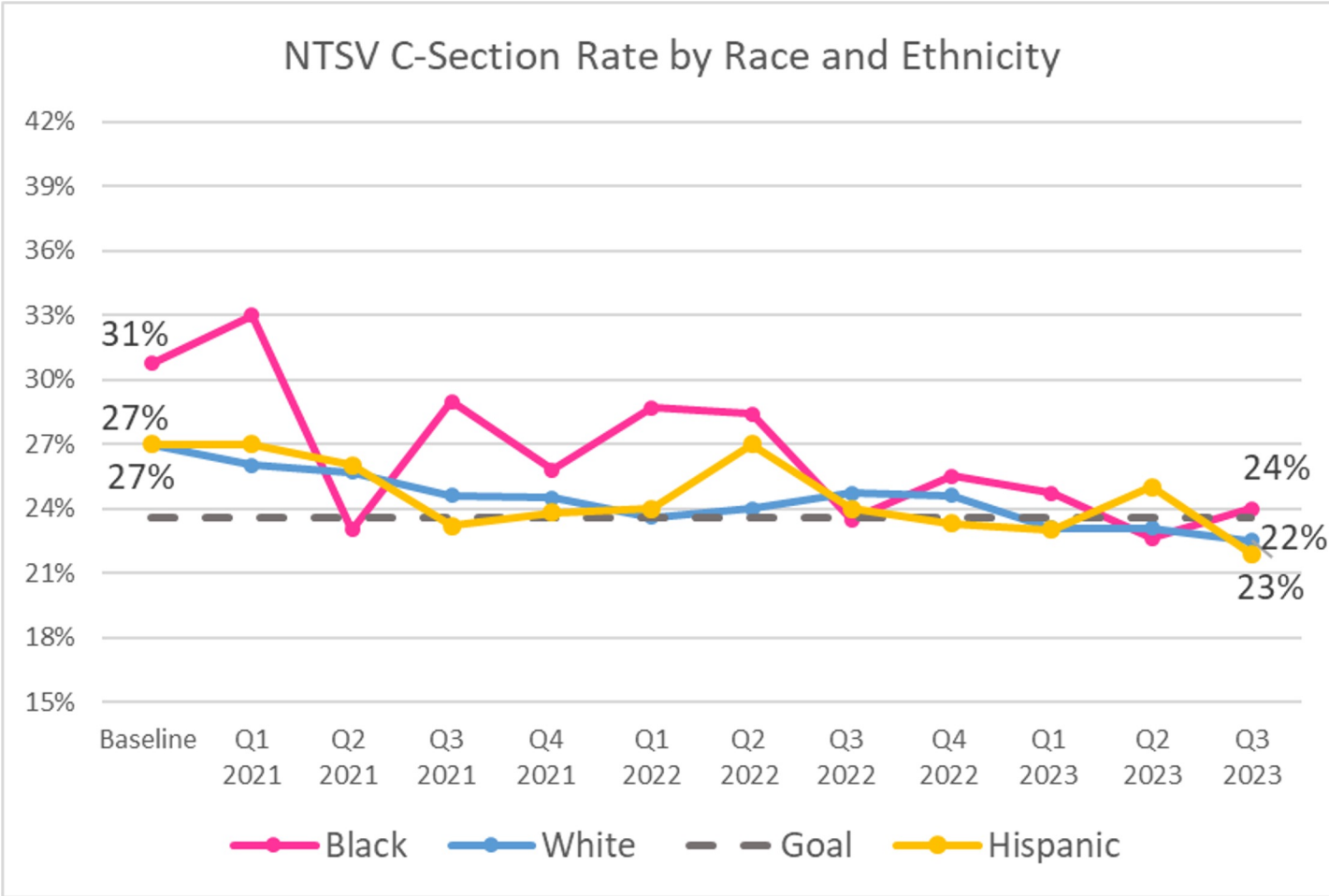
## 05 Connect your Clinical Team



- Engage providers, nurses, all staff to actively work towards the goals to reduce NTSV disparities

# Reducing Disparities in NTSV C-Section Rates

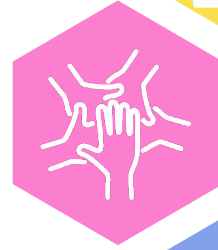
NTSV C-Section Rate by Race and Ethnicity



**Stratify the Data**



**Identify the Disparities**



**Share stratified data with your clinical team and take action!**



**Engage patient / community partners for input**



**Expand access to doulas and midwives**



**Improve shared decision making and respectful care**

# How do we build infrastructure for sustainable equity strategies?

Stratify data by race, ethnicity, insurance, review regularly and take action on identified disparities

*Are you sharing stratified data with clinical staff and identifying steps to take action?*

Engage community partners to improve linkage of patients to community resources

*Can you actively link patients to community doulas and home visiting programs?*

Establish ongoing patient/community input on QI strategies and respectful care to provide direct feedback to clinical staff

*How can you use PREM surveys, Respectful Care Breakfasts, Patient Partners for ongoing feedback?*

# Summary

- Maternal mortality and unacceptable disparities need urgent action
- Listening to patients /communities tells us what changes are needed
- Build collaboration and buy-in with clinical team members, patient / community partners where you can to help make change happen faster
- Consider how you can take action



“Alone we can do so little,  
together we can do so much”

Helen Keller

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# Thanks to our Funders



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## In kind support:

