

# PA PQC Maternal Mortality Key Driver Diagram

AIMS	DRIVERS	INTERVENTIONS
<p><b>Global Aim</b> Decrease maternal mortality and severe morbidity across races, ethnicities, and regions in the Commonwealth</p>	<p>Recognition of and Response to Racial and Ethnic Disparities</p>	<ul style="list-style-type: none"> <li>Implement training, assessment, and re-assessment of organizations' systemic racism and individuals' implicit bias</li> <li>Build a culture of equity, including systems for reporting, response, and learning, and applying resources towards identified problems</li> <li>Engage diverse patient, family, and community advocates on quality and safety leadership teams</li> <li>Train staff and provide ongoing coaching on shared decision making and motivational interviewing methods</li> </ul>
	<p>Comprehensive Perinatal Assessments &amp; Connections to Behavioral Health and Wraparound Supports</p>	<ul style="list-style-type: none"> <li>Administer validated social determinants of health, mental health, and substance misuse screens during prenatal and postpartum visits</li> <li>Connect patients to mental health, substance misuse services, and community-based social services through warm handoffs, co-location, or integration models</li> <li>Engage women who smoke in smoking cessation programs</li> <li>Establish processes for screening, managing, and preventing intimate partner violence</li> <li>Apply trauma-responsive principles</li> <li>Offer access to comprehensive prenatal care that adheres to guidelines, including group education models and virtual options</li> <li>Implement policies on risk factor assessment, counseling, and follow-up for high risk patients prior to discharge</li> <li>Create and implement communication and referral workflows between hospitals/clinics and care manager, home visiting, and community support programs to meet patients where they are</li> <li>Deploy care managers (with health plans) for women with individualized needs, to ensure connections to wrap around supports, track outcomes, and increase self-efficacy in identifying warning signs and when to seek care</li> </ul>
	<p>Establish Levels of Maternity Care</p>	<ul style="list-style-type: none"> <li>Establish levels of risk and levels of maternity care to properly triage patients and connect to the right provider</li> <li>Educate families and providers to make informed decisions about the appropriate place of birth</li> <li>Ensure integration and communication across levels of maternity care to ensure appropriate transfers</li> </ul>
	<p>Review of Mortality &amp; Severe Maternal Morbidity</p>	<ul style="list-style-type: none"> <li>Review records of severe maternal morbidity and mortality with multi-disciplinary teams and support the PA Maternal Mortality Review Committee's (PA MMRC) collection of complete medical records</li> </ul>
	<p>Team-Based Care</p>	<ul style="list-style-type: none"> <li>Educate families and providers to make informed decisions regarding diverse clinical provider options and appropriate scope of practice (e.g., licensed physicians (OBGYNs and family physicians) and midwives)</li> <li>Increase the use and impact of integration of CHWs and doulas in prenatal, laboring/intrapartum and postpartum care</li> <li>Create workflows and establish procedures related to communication and coordination between providers (supported by technology)</li> </ul>
	<p>Standardized Protocols for Hemorrhage, VTE, and Severe Hypertension</p>	<ul style="list-style-type: none"> <li>Establish and implement standardized protocols for identifying and reducing delays in diagnosis and effective treatment, missed diagnosis, and ineffective treatments for hemorrhage, VTE, and severe hypertension</li> </ul>
	<p>Expand Postpartum Care</p>	<ul style="list-style-type: none"> <li>Document postpartum care plans with warning signs, responses, and support teams</li> <li>Provide post-partum care within three weeks from delivery with ongoing care as needed (based on ACOG's fourth trimester guidelines, including telehealth, home visits, and other innovative patient-centered approach)</li> <li>Ensure that each woman has a source of ongoing primary care and a pediatrician</li> <li>Use evaluation and management strategies for issues facing the mother-infant dyad</li> <li>Increase access to immediate postpartum contraception LARC and other options</li> </ul>
	<p>Pre-Conception and Inter-conception Care</p>	<ul style="list-style-type: none"> <li>Increase utilization of pre-conception and inter-conception care, and prevent or control various conditions (e.g., high blood pressure and diabetes, depression, multivitamin use)</li> </ul>
	<p>Availability of Comprehensive Reproductive Services</p>	<ul style="list-style-type: none"> <li>Optimize and measure utilization of comprehensive reproductive services</li> </ul>