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## COVID-19 IN ALABAMA

The emergence of the Delta variant during summer of 2021 resulted in an increased number of infections and hospitalizations in Alabama. This included a sharp rise in the number of pregnant individuals admitted to the intensive care unit and needing services such as mechanical ventilation and heart/lung bypass.

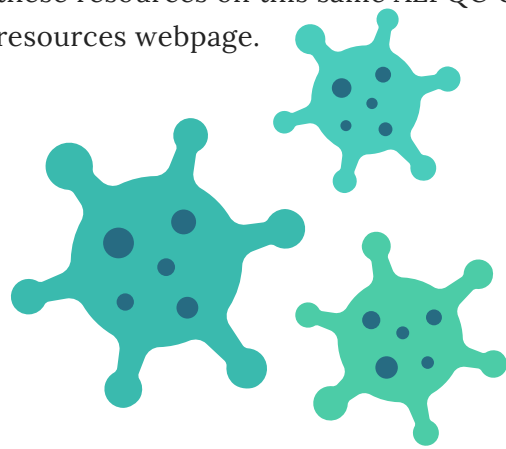
In August 2021, the ALPQC released a joint statement with the major perinatal organizations across Alabama including the American College of Obstetricians and Gynecologists (ACOG), the Medical Association of the State of Alabama (MASA), the American Academy of Pediatrics (AAP), the Alabama Academy of Family Physicians (AAFP), and the March of Dimes. The statement followed national recommendations regarding COVID-19 vaccination as the most effective tool to prevent serious illness from COVID-19.

Due to significant constraints on hospital resources during the delta surge, the ALPQC decided to pause the Maternal Hypertension and Neonatal Opioid Withdrawal Syndrome (NOWS) Initiatives to allow our healthcare facilities to focus on their pandemic response.



ALPQC is planning on restarting the initiatives in the early part of next year while continuing to monitor developments and will reassess and respond accordingly as the situation evolves.

We have continued to support Alabama birthing hospitals by holding monthly webinars related to COVID-19 discussing the latest research and recommendations for treatment and vaccination particularly relevant to pregnant patients. You can find the slides and recordings of our webinars on our resources webpage at [alpqc.org/resources/covid-19](http://alpqc.org/resources/covid-19). We continue to update our list of national and state resources to aid healthcare workers respond to the COVID-19 crisis. You can find these resources on this same ALPQC COVID-19 resources webpage.



## HEALTH EQUITY AT ALPQC



The U.S. faces a maternal health crisis, with American Indian/Alaska Native and Black women having pregnancy-related mortality rates two to three times higher than the rate for White women. As part of our commitment to advance health equity we offered the *March of Dimes Breaking Through Bias in Maternity Care* training to Alabama birthing hospitals and stakeholders. This training is specifically tailored to healthcare workers and can help improve patient-provider communication and begin a culture shift that accelerates achievement toward improved outcomes for all moms and babies.



[@ALPQC](https://twitter.com/ALPQC)



[ALPQC.ORG](https://alpqc.org)

## ALABAMA JOINS AIM

Alabama joined the Alliance for Innovation on Maternal Health (AIM). AIM is a national program working to reduce preventable maternal deaths and severe maternal morbidity by engaging multidisciplinary partners at the national, state and hospital levels, promoting utilization of data-driven quality improvement strategies for implementation of patient safety bundles, and providing tools and aligning efforts for disseminating evidence-based resources. We are thrilled to join the majority of U.S. states in being a part of the AIM community. You can find out more about AIM by visiting [safehealthcareforeverywoman.org/aim](https://safehealthcareforeverywoman.org/aim)



## INITIATIVES : NOWS AND MATERNAL HYPERTENSION

ALPQC launched the NOWS and Maternal Hypertension initiatives in January 2021. The NOWS initiative aims to reduce variation in treatment and improve the care of infants with NOWS, with the goal of optimizing nonpharmacologic management, pharmacologic treatment, and providing a safe discharge for infants and mothers. The Maternal Hypertension initiative aims to reduce severe maternal morbidity among patients with preeclampsia, with key goals of improving timely treatment of severe hypertension and increasing the proportion of patients receiving preeclampsia discharge education and follow-up appointments. Over a third of Alabama birthing hospitals are participating in the NOWS and Maternal Hypertension initiatives, capturing over 50% of births in the state.

Healthcare facilities attended learning sessions where participants became familiar with the components of safety bundles, learned about quality improvement methodologies, had a chance to network with peers, and heard directly from patients with lived experiences related to severe hypertension and NOWS. Since the launch ALPQC has held coaching calls, as well as monthly webinars that have included reviews of collaborative-wide data, evidence-based components of the initiatives, and team time where hospitals share lessons learned with each other. During the delta surge monthly calls focused on COVID-19. In the coming year we hope to relaunch the initiatives and return to topics specific to the implementation of the NOWS and Hypertension patient safety bundles.





## NEW TEAM MEMBERS

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Earlier this year we welcomed Donna Dunn, PhD, CNM, FNP-BC as ALPQC's *Nurse Consultant*. Donna has received advanced degrees in nursing from Vanderbilt University and UAB. Her interests include providing maternity care for complex patients and improving health outcomes, and she currently serves in the ADPH Office of Women's Health Steering Committee as Vice Chair. Welcome, Donna!

We are excited to have welcomed to the ALPQC Steering Committee Mallory Camerio of the Medical Association of the State of Alabama, Dr. Ginnie Prater of Blue Cross Blue Shield of Alabama, Honour McDaniel of the March of Dimes Alabama, Jessica Hardy of the Alabama Department of Public Health (ADPH) Office of Women's Health and Maternal and Child Health Services Program, and April Montgomery of the ADPH State Perinatal Program. We look forward to working with all of you.