

## ALPQC Announces Quarterly Honor Roll

We are excited to announce our first-ever Honor Roll to recognize hospitals with outstanding initiative participation!

The hospitals recognized below completed 90% or more of the monthly and quarterly data reporting, 1-on-1 monthly meetings with the QI-RN, and participation in Action Period Calls. Thank you for your dedication to improving maternal and neonatal outcomes in Alabama!

### Neonatal Hypothermia Prevention

- Ascension St. Vincent's Birmingham
- Baptist Medical Center South
- DCH Northport Medical Center
- DCH Regional Medical Center
- East Alabama Medical Center
- Flowers Hospital
- Huntsville Hospital for Women & Children
- Jackson Hospital
- Madison Hospital
- Marshall Medical Center North
- Marshall Medical Center South
- Russell Medical Center
- UAB Women & Infants Center
- USA Children's & Women's Hospital
- USA Health Providence

### Obstetric Hemorrhage Initiative

- Ascension St. Vincent's Birmingham
- Athens-Limestone Hospital
- Baptist Medical Center South
- DCH Northport Medical Center
- DCH Regional Medical Center
- East Alabama Medical Center
- Gadsden Regional Medical Center
- Huntsville Hospital for Women & Children
- Madison Hospital
- Marshall Medical Center North
- Marshall Medical Center South
- Mobile Infirmary Medical Center
- North Baldwin Infirmary
- Russell Medical Center
- Thomas Hospital
- UAB Women & Infants Center
- USA Children's & Women's Hospital
- USA Health Providence
- Walker Baptist Medical Center



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## Neonatal Initiatives

The Neonatal Hypothermia Prevention (NHP) Initiative is up and running and off to a great start! Improvements are already being seen in the percentage of hypothermic infants across the state as well as other measures such as delayed cord clamping in our level 3 and 4 NICUs. Quarterly, many of our facilities have structural measures regarding policies and procedures related to hypothermic infants. We look forward to steady progress and continued improvements in the care of our smallest patients!

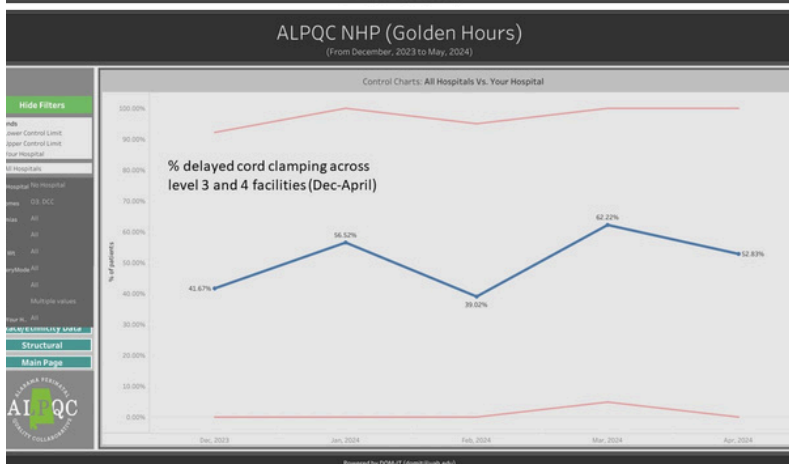
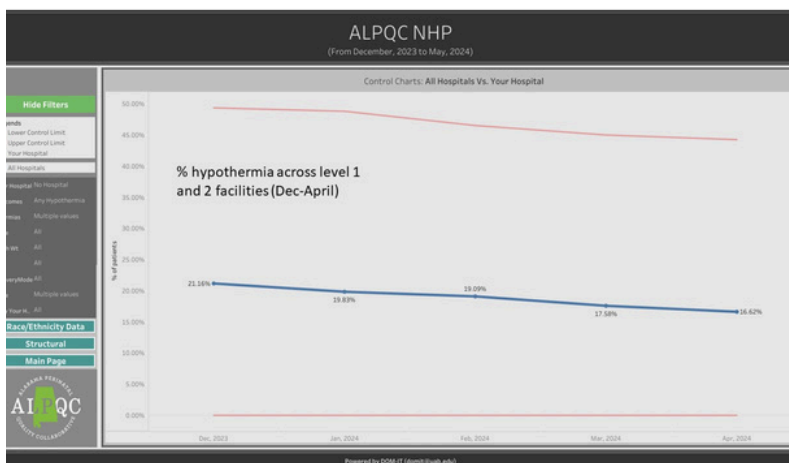
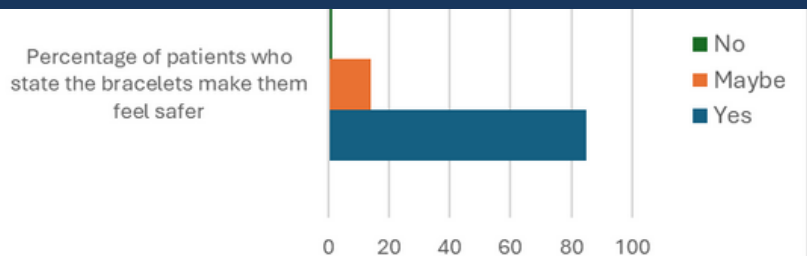
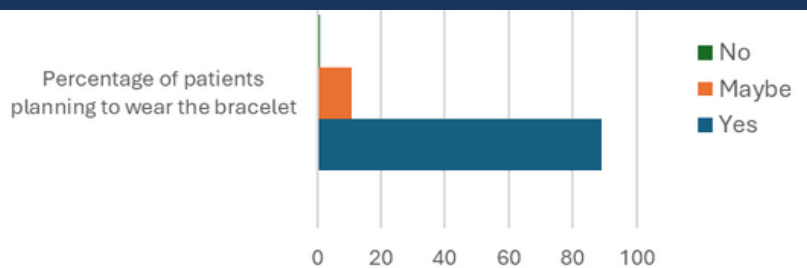
The Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative reported their sustainability data in March and saw improvements in all fields. Great job to our NOWS teams in maintaining the success of that initiative!

## Obstetric Initiatives

Thanks to your hard work, the Obstetric Hemorrhage Initiative is already seeing positive trends in process measures! Hemorrhage risk assessments have increased by almost 10% since January, QBL techniques are being used more frequently, more patients are receiving debriefs after a hemorrhage event and hospitals are reporting greater usage of PPH protocols.

Measures	Vaginal - April	Vaginal - January	Cesarean - April	Cesarean - January
P1. Hemorrhage Risk Assessment	93.10%	84.78%	88.10%	80.95%
P2. Quantified Blood Loss	77.59%	69.57%	80.95%	74.60%
P3. Patient Support After Obstetric Hemorrhage	37.93%	16.3%	40.48%	19.05%
P4. PPH Protocol	63.79%	46.74%	64.29%	60.32%
P5. Transfusions	27.59%	23.91%	59.52%	36.51%
<b>SMM</b>		<b>April</b>	<b>Baseline</b>	
O1. SMM (Total Deliveries)		0.97%	2.67%	
O2. SMM Among Patients with an ICD-10 Diagnosis Related to Obstetric Hemorrhage		8.67%	6.13%	

The postpartum bracelet pilot is now underway in all 7 pilot hospitals. The purpose of the bracelet program is to educate patients and family members regarding postpartum complications and to alert Emergency Departments, first responders, and urgent care clinics of the patient's recent pregnancy status. So far, patient feedback has been very positive.



## Collaboration Kudos!

Mobile Infirmary Medical Center, North Baldwin Infirmary, and Thomas Hospital held a joint call in June to discuss team debrief documentation and patient debriefs for obstetric hemorrhage events. Working together, they were able to identify opportunities for improvement on their current processes as well as generate possible solutions for documentation challenges.

Additionally, in the Neonatal Hypothermia Prevention Initiative, Gadsden Regional is working together with Flowers Hospital in the development of policies and procedures surrounding Neonatal Hypothermia! We love seeing teams come together to help ensure the best outcomes for our neonatal population. Keep up the good work!



## Upcoming Events

·**August 17th, 10am-2pm: Birmingham Babypalooza Baby & Maternity Expo.** A free day of fun and information to connect you with essential resources, education, and community support. Registration is free and the 1st 100 attendees will receive a swag bag. Location: BJCC East Ballroom. [Click Here to Register](#)

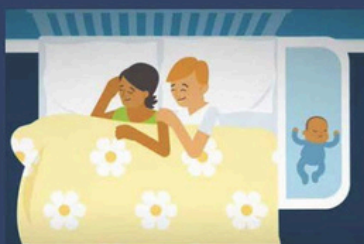
·**August 29th, 2024: IHI's Leading Quality Improvement: Essentials for Managers.** IHI is hosting a 16-week course discussing teaching methods to enhance engagement and deepen understanding of quality improvement to improve organizational efficiency. For more information, see: [Leading Quality Improvement: Essentials for Managers | Institute for Healthcare Improvement \(ihi.org\)](#). Register by September 12th, 2024.

## New Resources Available at ALPQC.ORG

Safe sleep is a key component of newborn care. Sudden unexpected infant deaths (SUIDs) happen all too often and spreading awareness of best safe sleep practices is key in prevention. See the flier that the ALPQC made below to help spread awareness of the importance of safe sleep. (Also available in Spanish)

### HOW TO CREATE A SAFE SLEEPING ENVIRONMENT FOR YOUR BABY

- B:** BACK IS BEST WHENEVER SLEEPING.
- E:** ENSURE BABY'S HEAD IS UNCOVERED.
- S:** SLEEP IN THE SAME ROOM, NOT THE SAME BED.
- A:** AREA SHOULD BE CLEAR OF OBJECTS.
- F:** A FIRM, FLAT, MATTRESS SHOULD BE USED.
- E:** EVERY TIME, NO EXCEPTIONS.



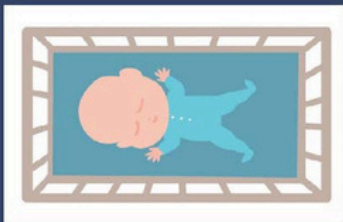
#### WHAT IS YOUR 2AM PLAN?

WHO WILL FEED THE BABY IN THE MIDDLE OF THE NIGHT?

BREASTFEED OR BOTTLE FEED?

HOW WILL YOU STAY AWAKE AND MAKE SURE THE BABY IS SAFE?

TALK ABOUT THESE THINGS WITH YOUR FAMILY/SUPPORT TEAM BEFORE YOUR BABY COMES HOME.



For more information and resources, please visit [www.alpqc.org](http://www.alpqc.org) or scan the QR code below to visit the CDC website on safe sleep:



Below are the ALPQC's latest resources on Congenital Syphilis. According to the Alabama Department of Public Health, there has been a 667% increase in the number of congenital syphilis cases reported in Alabama between 2015 and 2020 so the more education we can provide, the better! Check out the fliers below that discuss updated screening guidelines, how to access previous syphilis records and treatments, as well as other information for patients and providers throughout the state.

**ALPQC ACCESSING RECORDS & REPORTING IN ALABAMA FOR CONGENITAL SYPHILIS**

**ACCESSING PATIENT HISTORY**

- To access a patient's Syphilis history (including previous titers and treatments), you may call the Alabama Department of Public Health's Bureau of Communicable Diseases at 205-206-5350.

**WHAT YOU NEED**

- You will need the following information when calling about a patient's history:
  - Patient name
  - Date of birth
  - SSN (if able)
  - Partner's name (if applicable)

**REPORTING SYPHILIS**

- All physicians, nurses, medical examiners, hospital administrators, and lab directors are responsible for reporting Notifiable Diseases in Alabama. Syphilis is a Notifiable Disease.
- Report all cases of Syphilis (congenital or non-congenital) through the ADPH Website using the **REPORT CARD for Reportable Diseases/Condition**.
- Report cases of Syphilis within 3 days of diagnosis.

**WHAT YOU NEED**

- You will need the following information when reporting:
  - Patient Name
  - Address/Phone Number
  - DOB
  - Gender
  - Race/Ethnicity
  - Marital Status
  - SSN
  - Patient's Payor Source
  - Date of onset
  - Date of diagnosis
  - Date of lab results
  - Performing Lab
  - Lab Accession number
  - Specimen test site
  - Qualitative results
  - Quantitative results
  - Date of treatment

Scan the QR code for quick access to the ADPH REPORT CARD for Reportable Diseases/Condition.

**FIVE FAST FACTS ABOUT CONGENITAL SYPHILIS**

- 1 WHAT IS IT?** Congenital syphilis occurs when a mother with untreated syphilis passes the infection to her baby during pregnancy. It can result in serious health complications for the baby if left untreated.
- 2 SIGNS & SYMPTOMS**
  - For Mom:**
    - Rashes on palms or soles of the feet
    - Swollen lymph nodes
    - Pain in the joints
    - Fever
    - Headaches
    - Fatigue
    - Unexplained weight loss
  - For Baby:**
    - Swollen lymph nodes
    - Rashes on palms or soles of the feet
    - Swollen lymph nodes
    - Fever
    - Headaches
    - Fatigue
    - Unexplained weight loss
- 3 STI SCREENING**
  - Regular STI testing before and during pregnancy is highly recommended.
  - Many signs and symptoms can go unnoticed so regular STI screenings can help for early diagnosis and treatment. This may prevent transmission to the baby and protect both mother and child.
- 4 WHAT IT MEANS FOR MOM & BABY**
  - Congenital syphilis can have long-lasting effects on both the mother and the baby's health.
  - Babies born to mothers with syphilis require immediate medical attention and follow-up care to monitor and treat any potential complications including chest x-rays, blood tests, and antibiotics.
- 5 ADDITIONAL TIPS**
  - Keep track of your own health by obtaining all prenatal appointments and discussing any concerns with your healthcare provider.
  - Be proactive in asking about STI testing and treatment options before and during pregnancy.

To learn more about congenital syphilis and STI screenings, scan the QR code.

**Congenital Syphilis**

40%

**Alabama Perinatal Quality Collaborative**

**Contact Info**

Alabama Perinatal Quality Collaborative  
100 University Blvd., Suite 400  
Birmingham, AL 35294  
(205) 975-1000

**Congenital Syphilis 101**  
A Guide for Providers on Evaluation, Treatment, and Follow-Up Procedures

**Congenital Syphilis: New Screening during Pregnancy Guidelines**

**Updated Screening Protocols for Pregnant Individuals**

Congenital syphilis cases increased by 755% from 2012 to 2021.

**New Screening Guidelines**

1. Initial Screening
  - Serological screening at first prenatal care visit
2. Third Trimester Screening
  - Early third trimester between 28-32 weeks gestation
3. Screening at Birth
  - Be screening at the time of birth

**Rationale for New Guidelines**

- 3,755 cases of congenital syphilis reported in 2022
- 68% could have been prevented with timely screening and treatment
- 2 in 5 infants with congenital syphilis were born to individuals who received no prenatal care

**Key Considerations for Healthcare Providers**

- Use every healthcare encounter as an opportunity for screening
- Consider STI and syphilis care as part of annual check-ups
- Address stigma and barriers to completing treatment regimen (multiple injections). Follow reporting requirements.

For more information, click the QR code to visit the ACOG Website.

## Share your Success!

Hospital shares are an excellent way to share successes you have experienced or struggles you might be facing when it comes to ALPQC's initiatives! They are a great way to foster collaboration and teamwork between all of our facilities and open up great discussion that benefit all teams! Please email [info@alpqc.org](mailto:info@alpqc.org) to sign your team up for a Hospital Share on one of our upcoming Action Period Calls. We look forward to hearing from everyone!



## REMINDERS

July 17th - Obstetric Action Period Call, 1pm

July 24th- Neonatal Action Period Call, 12pm

July 31st- Neonatal Hypothermia & Obstetric Hemorrhage Monthly & Quarterly Data Due (June, April-June)

July 31st -NOWS & HTN Sustainability Data Due (April-June)

August 21st - Obstetric Action Period Call, 1pm

August 28th- Neonatal Action Period Call, 12pm

August 31st- Neonatal Hypothermia & Obstetric Hemorrhage Monthly Data Due (July)

September 18th - Obstetric Action Period Call, 1pm

September 25th- Neonatal Action Period Call, 12pm

September 30th- Neonatal Hypothermia & Obstetric Hemorrhage Monthly Data Due (August)

