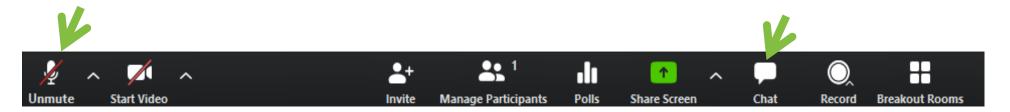


Neonatal Initiatives

Action Period Call July 24th, 2024 12:00 – 1:00 PM CT

Welcome

- Please type your name and the organization you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are <u>automatically</u> muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at http://www.alpqc.org/initiatives/nhp
- We will be recording this call to share, along with any slides.



Agenda

| Activity: | Time: |
|------------------------------|-------------|
| Welcome, Updates & Reminders | 12:00-12:05 |
| NHP May Data Review | 12:05-12:20 |
| Expanding our Focus | 12:20-12:35 |
| Poll Questions | 12:35-12:40 |
| Q&A | 12:40-12:45 |
| Reminders & Next Steps | 12:45-12:50 |





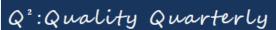
Updates

Updates & Reminders



- Monthly (June) NHP data will be due <u>July 31st</u>
 - Links to survey sent on July 15th
 - Please let us know if you did not receive links and we will send them out ASAP
- Quarterly Data (April, May, and June) will also be due <u>July 31st for:</u>
 - NHP and NOWS
 - Links sent on July 15th

Quarterly Newsletter



Vol. 5, Issue 2 July 2024



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 OI-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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Collaboration Kudos · Page 3

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New Resources - Page 4

Hospital Share Request - Page 5

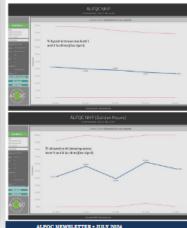
Reminders - Page 5

ALPOC NEWSLETTER

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.

| | 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% |
| P.S. Transfusions | 27.59% | 23.91% | 59.52% | 36.51% |
| SMM | | | April | Baseline |
| O1. SMM Total Deliver | 0.97% | 2.67% | | |
| O2. SMM Among Patie Related to Obstetric He | 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.



ALPOC NEWSLETTER

VEBRMA PERIA

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@alpgc.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 Duc (June, April-June)

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

August 21st - Obstetric Action Period Call, 1pm

August 31st- Neonatal Hypothermia & Obstetric

Hemorrhage Monthly Data Due (July)

September 18th - Obstetric Action Period Call,

September 25th- Neonatal Action Period Call.

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



ALPQC NEWSLETTER • JULY 2024

ALPQC 2024 2nd Quarter Honor Roll



Neonatal Hypothermia Prevention Initiative

- 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





ALPQC Quarterly Honor Roll

AIPQC

The next Honor Roll will be posted this October

- Hospitals will earn points for each of the following activities:
 - 1 point earned for each activity completed in July, August, & September
 - Monthly Data Reporting
 - Participation in Monthly Action Period Calls
 - 1-on-1 Monthly Meetings with QI-RN
 - 1 point earned for completing Quarterly Reporting due July 31st
- Total of 10 points possible per quarter
- Hospitals with ≥9 points will be recognized on our quarterly Honor Roll
- The Honor Roll will be posted on our website and shared with our partners including ALAHA and BCBS.



| Hospitals who have entered 100% of their Monthly Data | tor June | | | | | |
|---|----------|--|--|--|--|--|
| (as of 07/23/24) | | | | | | |
| | | | | | | |

1. East Alabama Medical Center (x2)

5. DCH Regional Medical Center (x2)

11. Huntsville Hospital for Women & Children

3. Baptist Medical Center South

7. Russell Medical Center

9. USA Children's & Women's

13. Grandview Medical Center

15. Medical Center Enterprise

| Hospitals who have entered 100% of their Monthly Data for June (as of 07/23/24) |
|---|
| |
| |

2. Madison Hospital

10. UAB (x2)

4. Gadsden Regional Medical Center

6. Brookwood Medical Center

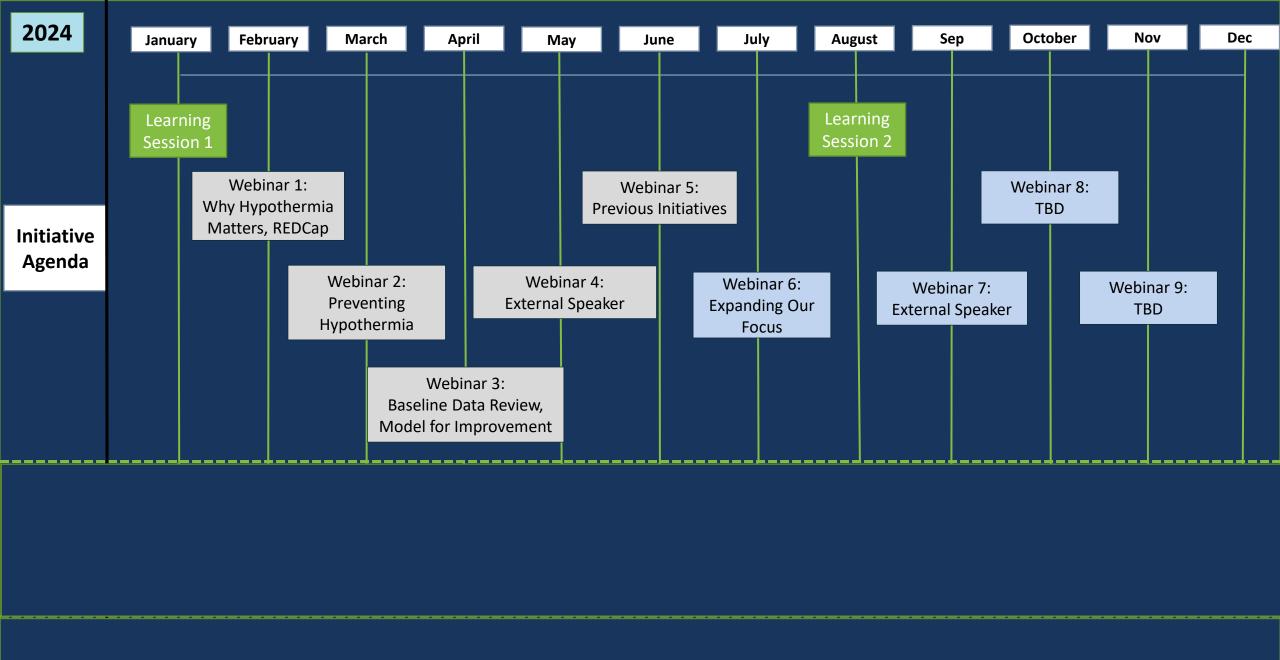
12. St. Vincent's Hospital

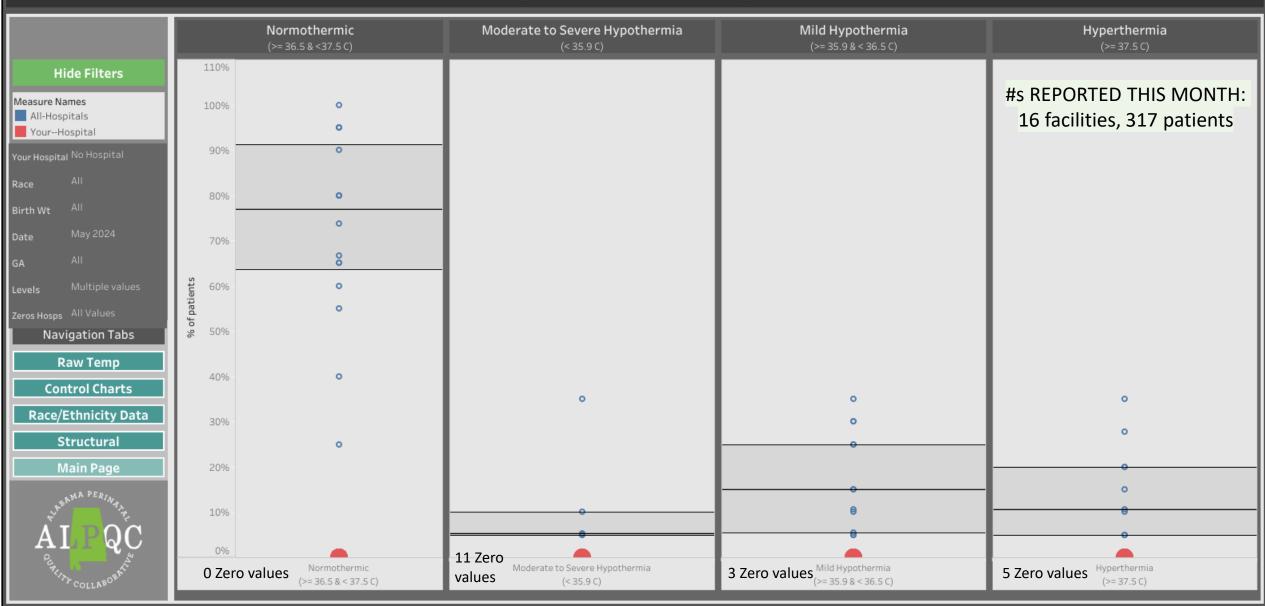
14. DCH Northport

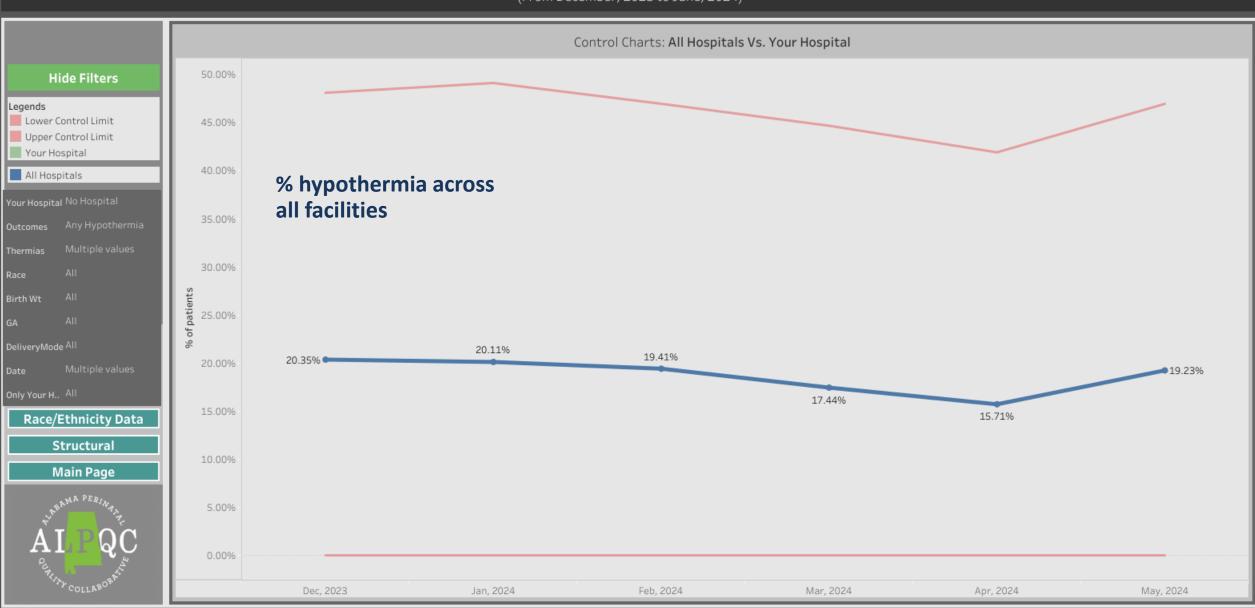
8. Marshall Medical Center North

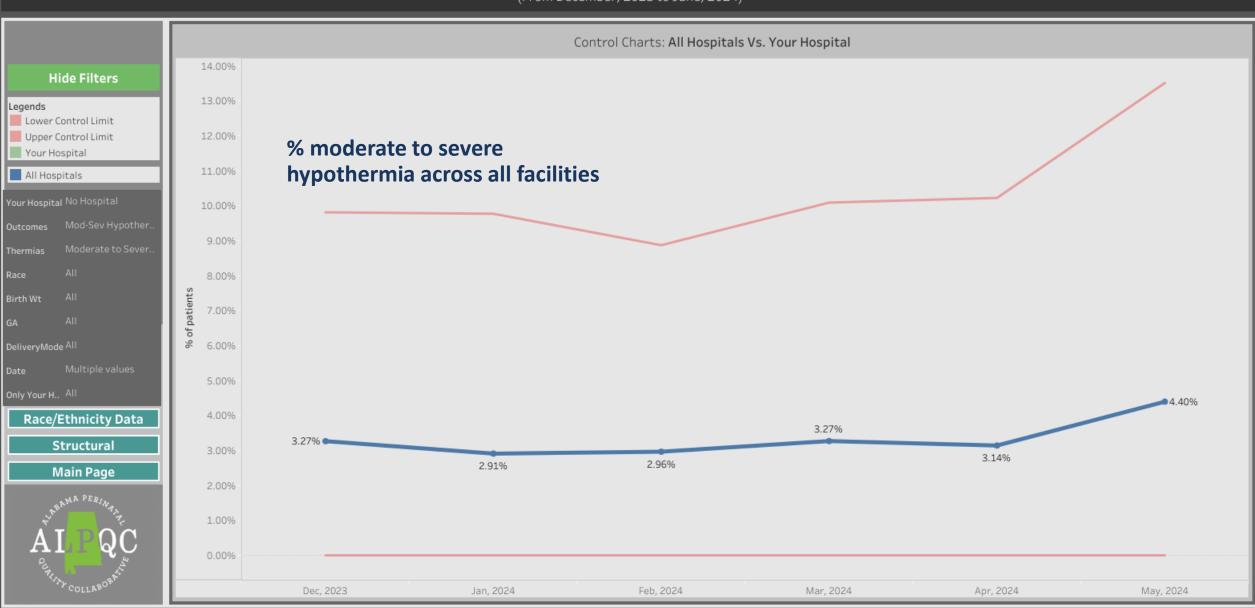


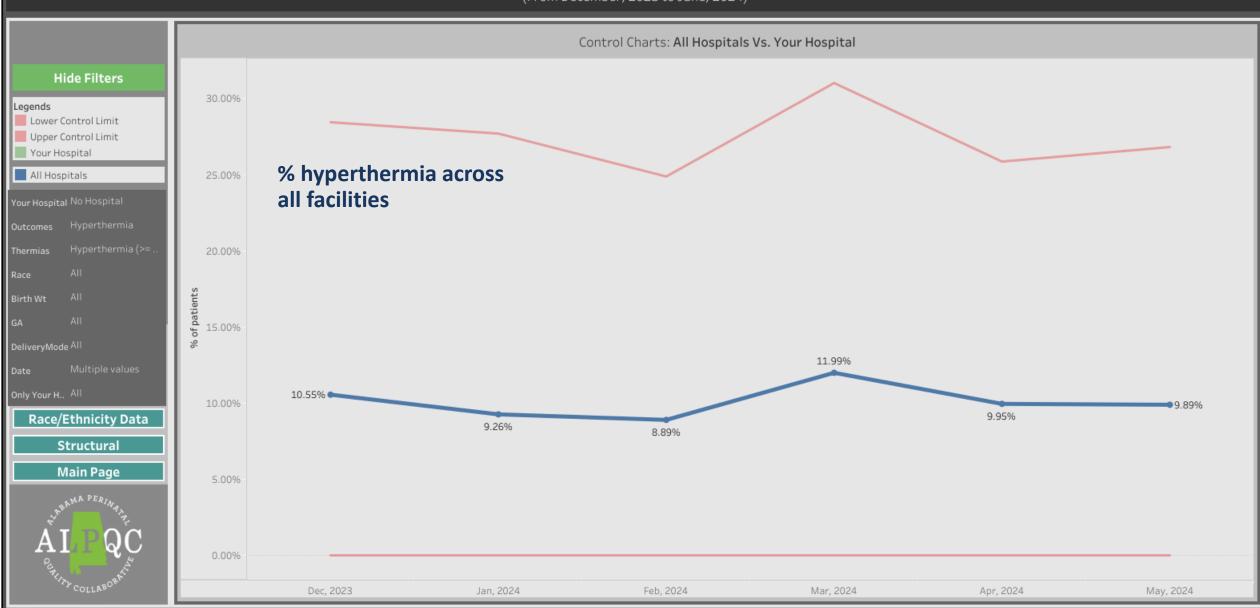
May Data Review Levels 1 and 2





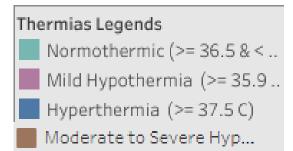


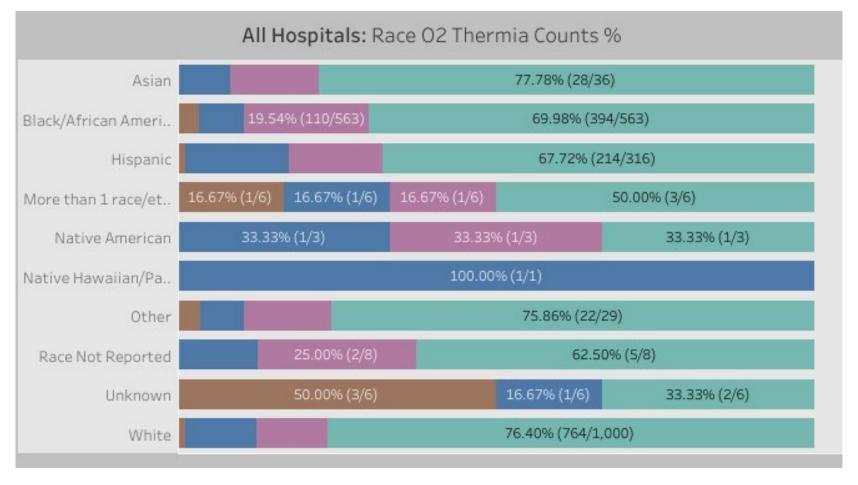




Level 1 and 2: Race/Ethnicity Breakdown (Dec-May)

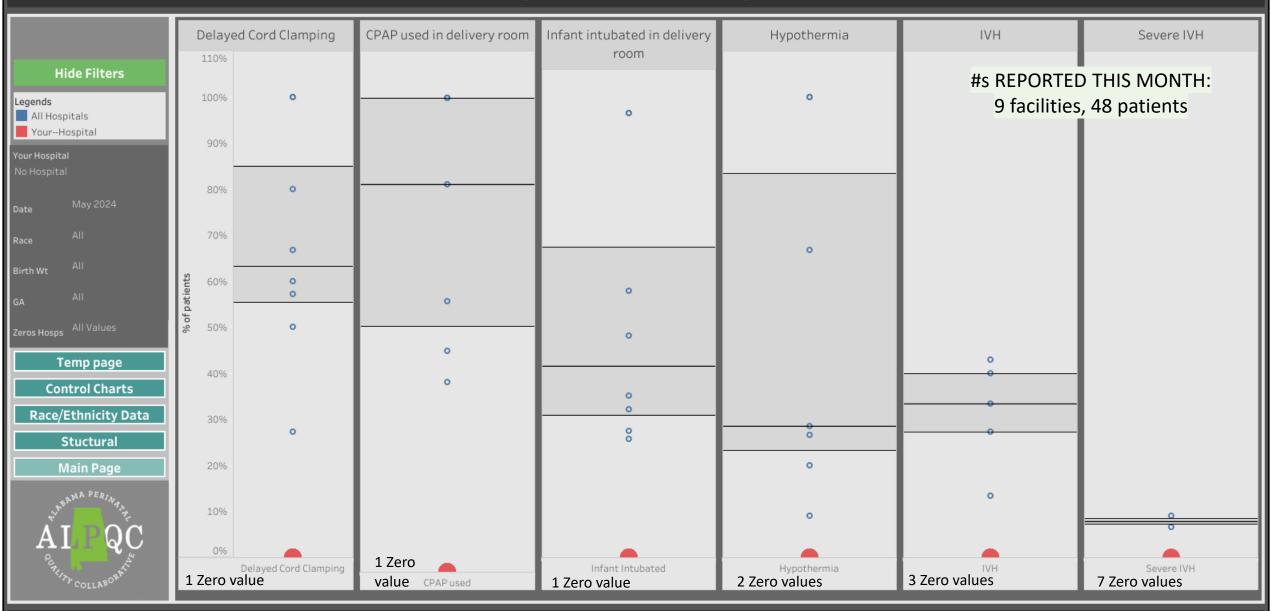


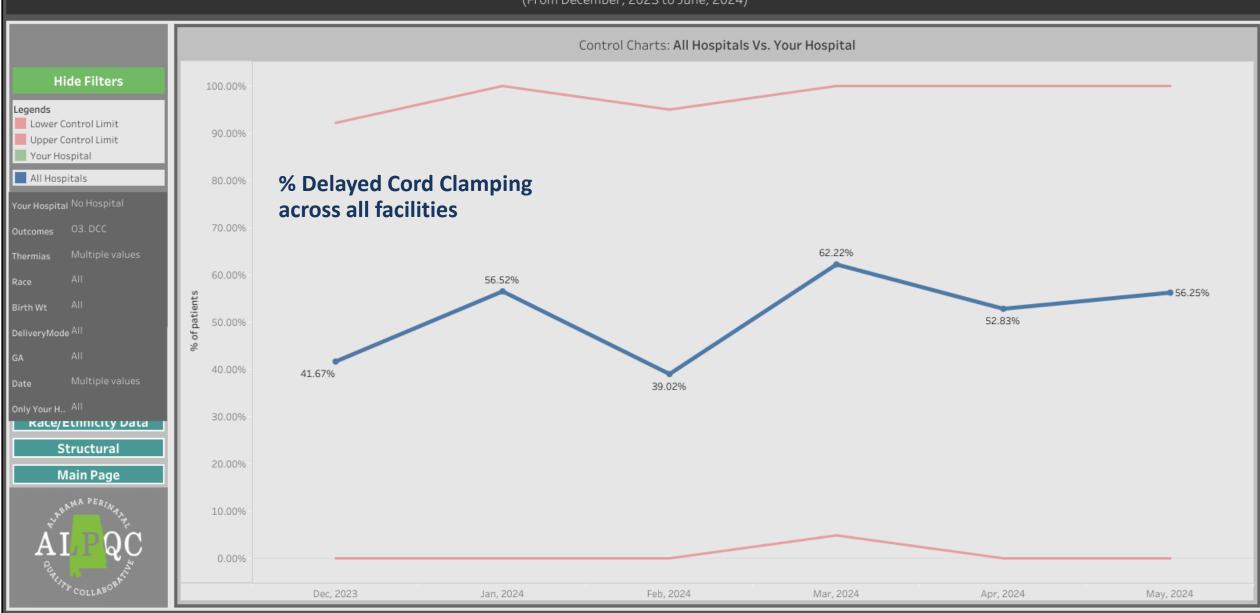


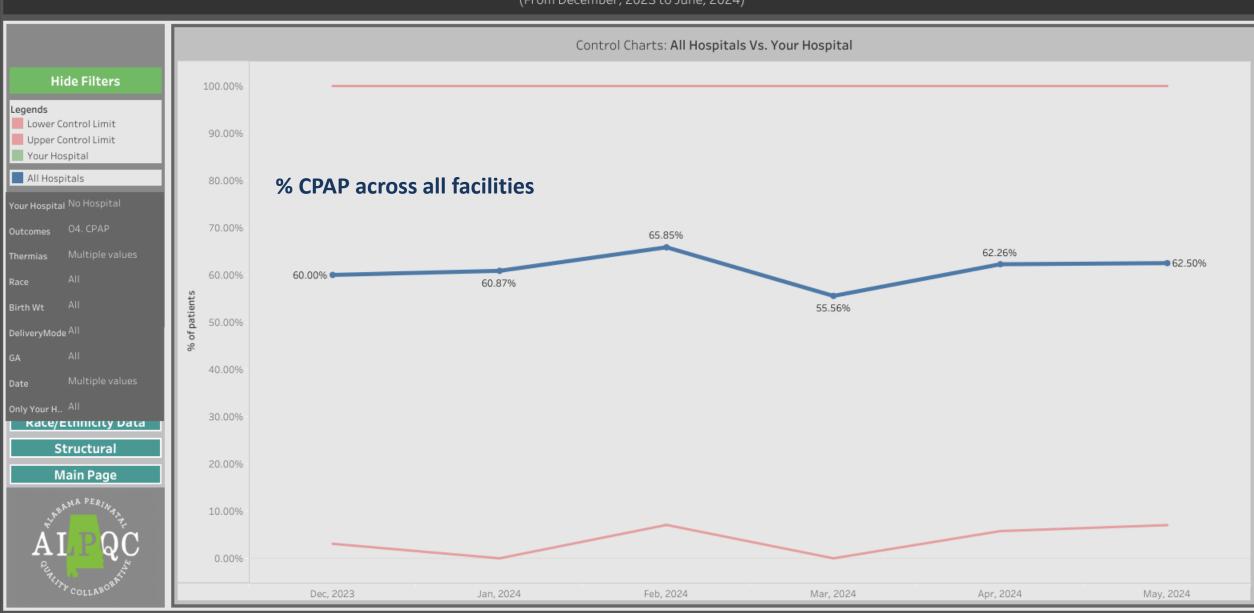


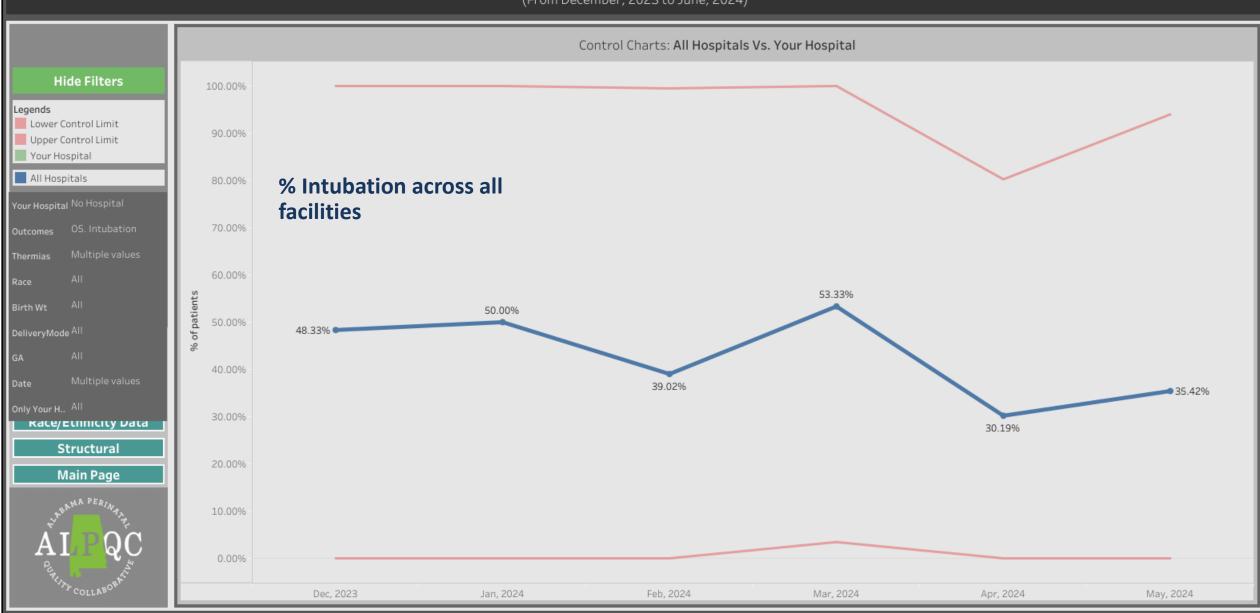


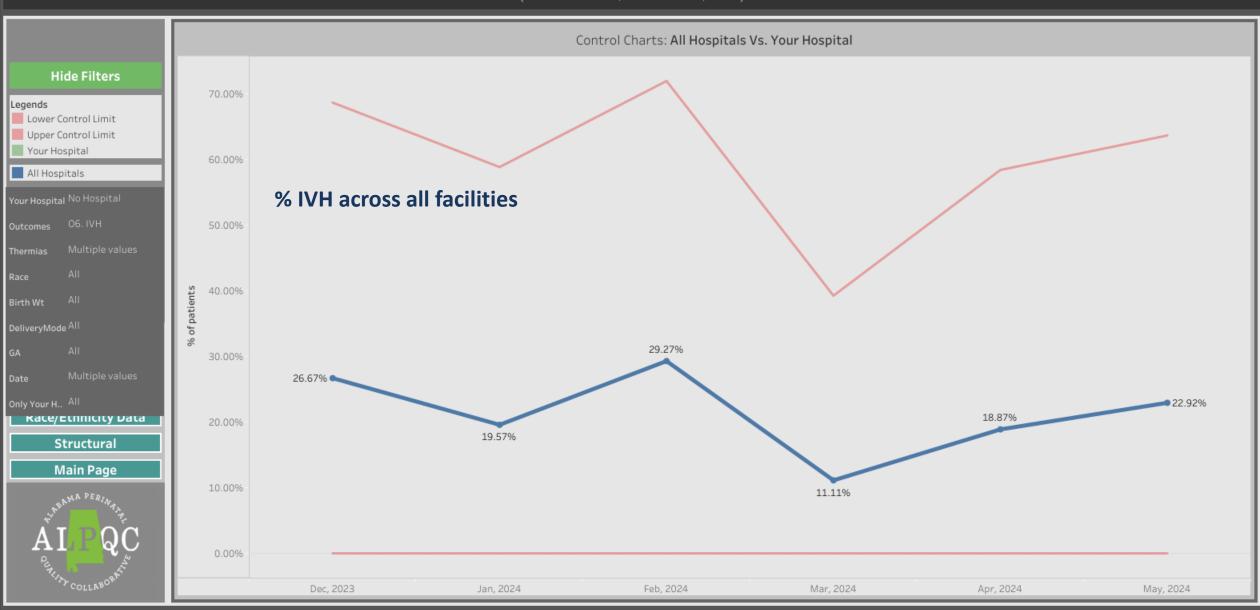
May Data Review Levels 3 and 4

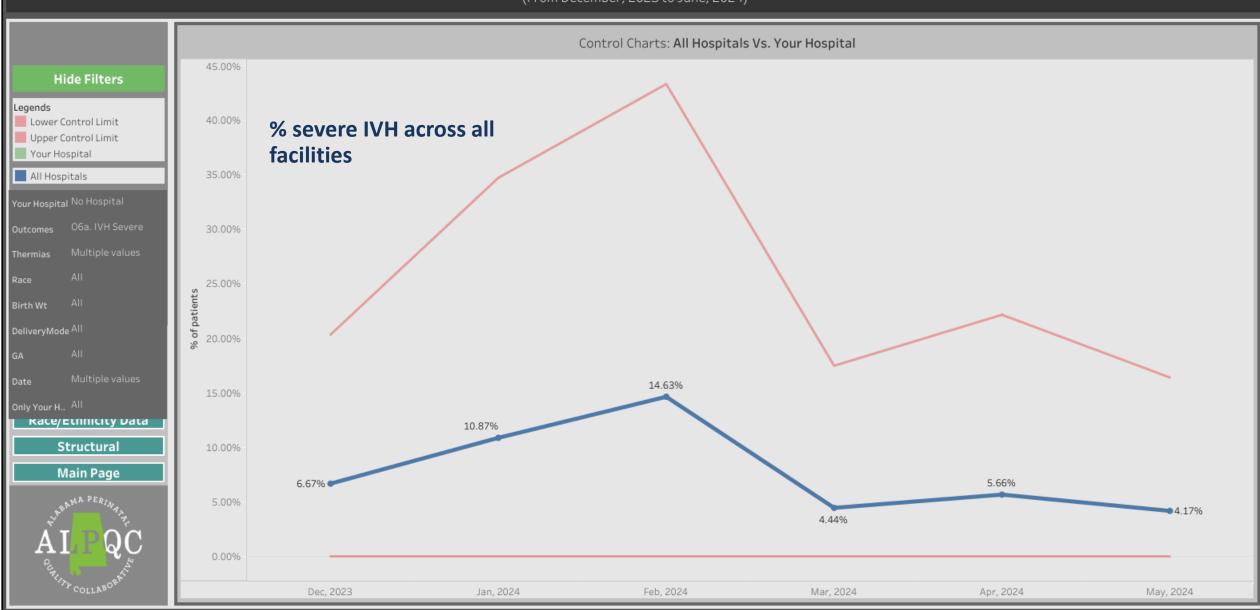


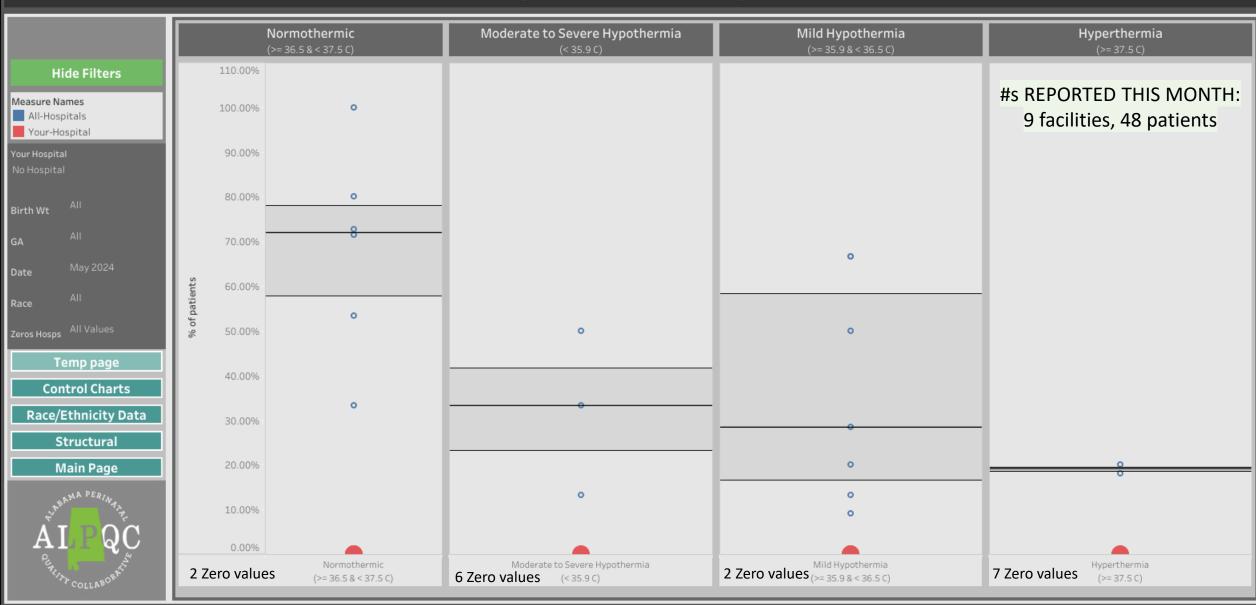


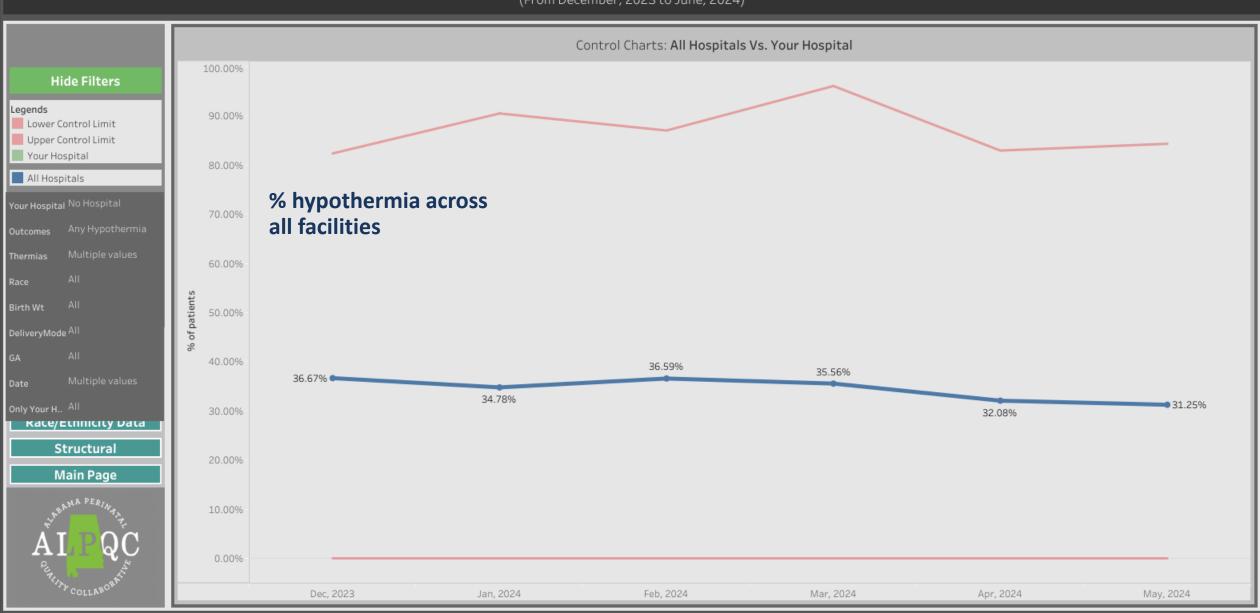


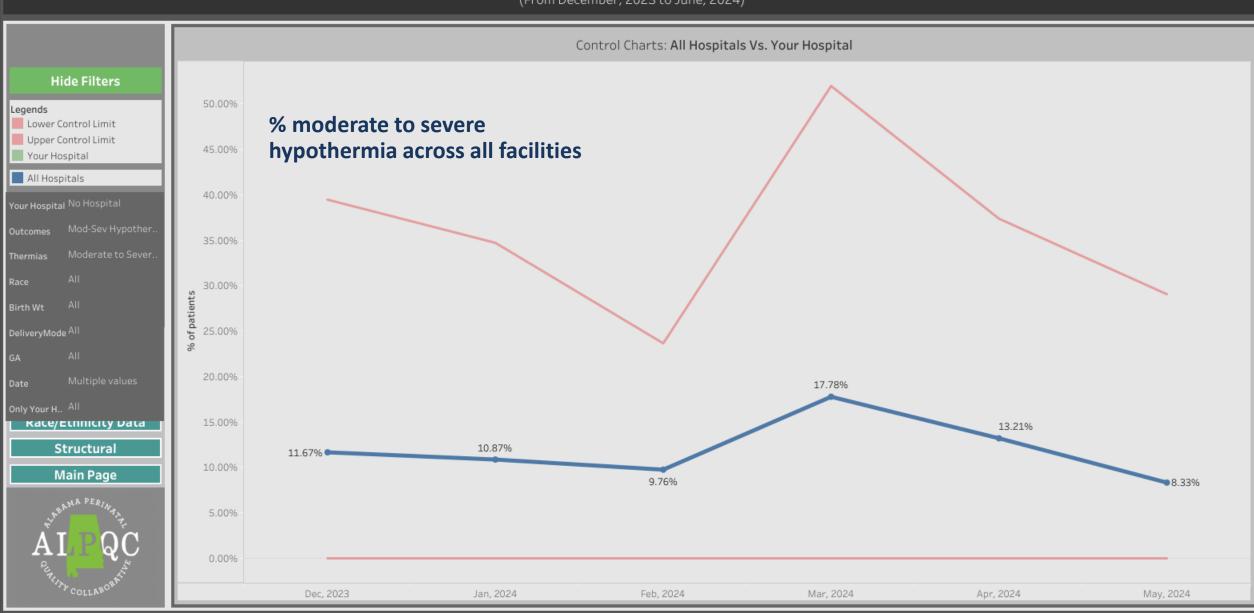


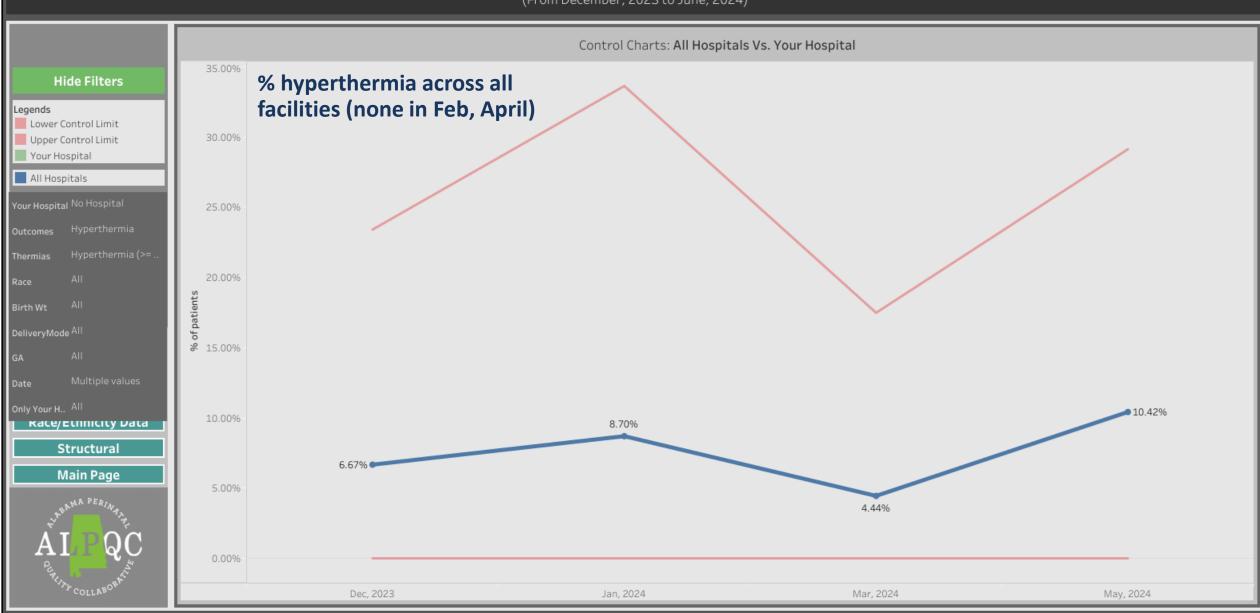






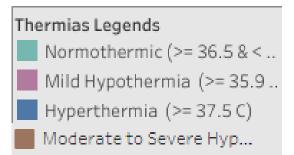


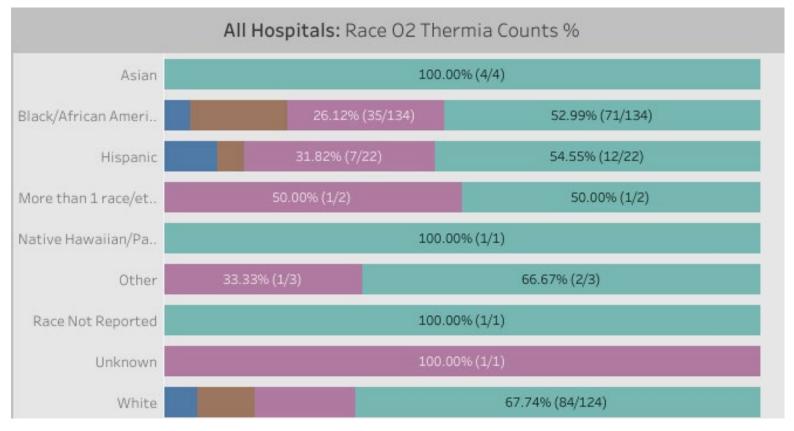




Level 3 and 4: Race/Ethnicity Breakdown (Dec-May)

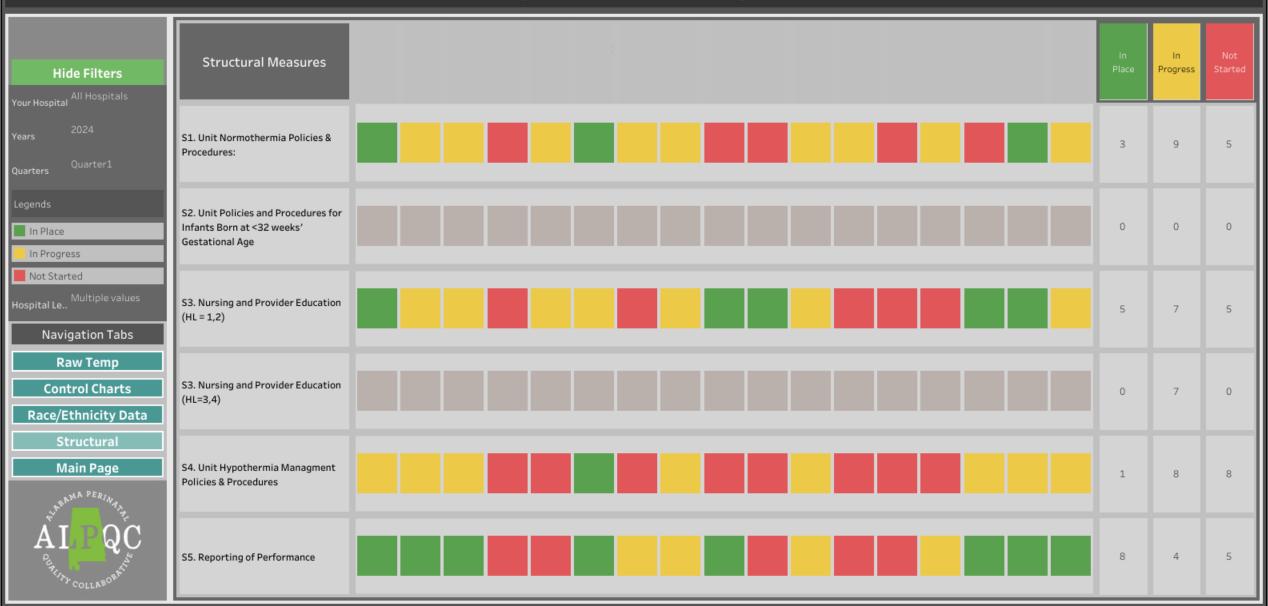






Levels 1 and 2 1st Quarter Data (Jan-March 2024)

ALPQC NHP



Levels 3 and 4 1st Quarter Data (Jan-March 2024)

ALPQC NHP



| Outcome | Benchmark | Baseline | | Current Rate | |
|--------------------------|-----------|----------|--|--------------|--|
| | | L1-2 | | L1-2 | |
| Normothermia | 80-90% | 80% | | 79% | |
| Delayed Cord Clamping | ~70% | | | | |
| Intubation | 37-54% | | | | |



Expanding Our Focus

Delayed Cord Clamping

Contents of Cord Blood



- "Placental transfusion" can contribute up to 1/3 to 1/4 of a neonates' blood volume (30 ml/kg)
- An iron supply for 4 to 12 months after birth
- Millions of stem cells = autologous transplant that may impact infants' susceptibility to neonatal and age-related disease
- Progesterone which may be neuroprotective
- Volume to provide an increase in pulmonary artery pressure to assist with neonatal adaptation

DCC Improves Survival



Analysis 1.1. Comparison 1 DCC with immediate neonatal care after cord clamping vs ECC (subgroup analysis by gestation), Outcome 1 Death of baby (up to discharge).

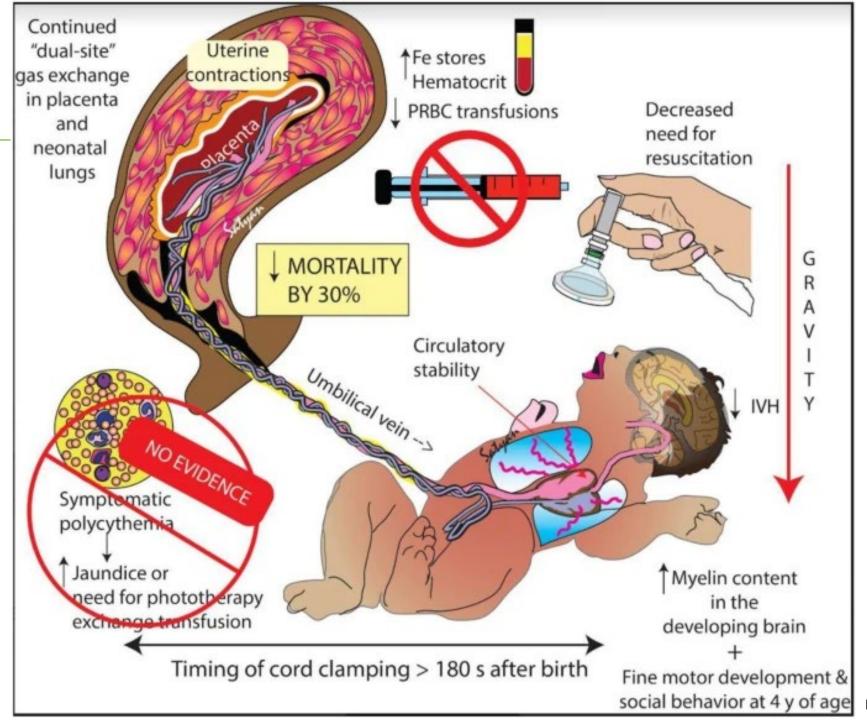
| Study or subgroup | DCC ECC | | Risk Ratio | Welght | Risk Ratio | |
|--|---------------------------------|--------|---------------------|--------|------------------------|--|
| | n/N | n/N | M-H, Random, 95% CI | | M-H, Random, 95% CI | |
| 1.1.1 < 32-34 weeks gestation | | | | | | |
| Armanian 2017 | 2/32 | 1/31 | + | 1.62% | 1.94[0.18,20.3] | |
| Backes 2016 | 2/18 | 4/22 | + + | 3.58% | 0.61[0.13,2.96] | |
| Baenziger 2007 | 0/15 | 3/24 | | 1.07% | 0.22[0.01,4.04] | |
| Chu 2011 | 0/19 | 1/19 🗲 | | 0.91% | 0.33[0.01,7.7] | |
| Hofmeyr 1988 | 5/24 | 0/14 | | 1.12% | 6.6[0.39,111.1] | |
| Kinmond 1993 | 0/17 | 0/19 | | | Not estimable | |
| Kugelman 2007 | 0/30 | 1/35 | | 0.89% | 0.39[0.02,9.16] | |
| McDonnell 1997 | 0/23 | 2/23 | | 1% | 0.2[0.01,3.95] | |
| Mercer 2003 | 0/16 | 0/16 | | | Not estimable | |
| Mercer 2006 | 0/36 | 3/36 | | 1.04% | 0.14[0.01,2.67] | |
| Oh 2011 | 2/16 | 3/17 | + | 3.27% | 0.71[0.14,3.7] | |
| Rabe 2000 | 0/20 | 1/20 | | 0.9% | 0.33[0.01,7.72] | |
| Tarnow-Mordl 2017 | 55/784 | 75/782 | | 80.33% | 0.73[0.52,1.02] | |
| Subtotal (95% CI) | 1050 | 1058 | - | 95.74% | 0.71[0.52,0.96] | |
| Total events: 66 (DCC), 94 (ECC) | | | | | | |
| Heterogeneity: Tau ² =0; Chi ² =6.21, di | f=10(P=0.8); I ² =0% | | | | | |
| Test for overall effect: Z=2.2(P=0.03) | | | | | Rabe et al. <i>C</i> o | |





Analysis 1.19. Comparison 1 DCC with immediate neonatal care after cord clamping vs ECC (subgroup analysis by gestation), Outcome 19 Blood transfusion in infant.

| Study or subgroup | DCC | ECC | Risk Ratio | Welght | Risk Ratio |
|---|------------------------------------|---------|---------------------|--------|---------------------|
| | n/N | n/N | M-H, Random, 95% CI | | M-H, Random, 95% CI |
| 1.19.1 < 32-34 weeks gestation | | | | | |
| Armanian 2017 | 4/30 | 7/30 | | 5.09% | 0.57[0.19,1.75] |
| Chu 2011 | 4/19 | 7/19 | | 5.66% | 0.57[0.2,1.63] |
| Dipak 2017 | 3/51 | 11/27 | | 4.59% | 0.14[0.04,0.47] |
| Dong 2016 | 4/46 | 11/44 | | 5.52% | 0.35[0.12,1.01] |
| Kugelman 2007 | 3/30 | 5/35 | | 3.69% | 0.7[0.18,2.69] |
| Mercer 2006 | 18/36 | 22/36 | -+ | 19.21% | 0.82[0.54,1.24] |
| Rabe 2000 | 9/19 | 16/20 | | 15.34% | 0.59[0.35,1] |
| Tarnow-Mordl 2017 | 406/780 | 468/773 | • | 33.65% | 0.86[0.79,0.94] |
| Subtotal (95% CI) | 1011 | 984 | • | 92.76% | 0.64[0.47,0.87] |
| Total events: 451 (DCC), 547 (ECC) | | | | | |
| Heterogenelty: Tau ² =0.08; Chl ² =14.38, | df=7(P=0.04); I ² =51.3 | 4% | | | |
| Test for overall effect: Z=2.84(P=0) | | | | | |
| | | | ı | | |







| Organ system | Effects of immediate cord clamping | | |
|-------------------------|---|--|--|
| Hematology | ↓ RBC Volume, ↓ Hematocrit, ↓ Hemo- globin † Hypovolemia | | |
| Body Iron Stores | ↓ Ferritin (out to 4–8 months) ↓ Total Body Iron (at 6 months) | | |
| Cardiovascular | ↓ Adaptation ↓ B lood Pressure ↑ Vascular resistance ↓ RBC flow to brain (18%) ↓ RBC flow to gut (15–20%) | | |
| Birth weight | ↓ Lighter by 60-101 g | | |
| Skin | ↓ Cutaneous perfusion ↓ Peripheral temperature | | |
| Renal function | ↓ Renal blood flow ↓ Urine output ↑ Sodium excretion | | |
| Respiratory circulation | ↓ Pulmonary vasodilatation | | |

RBC: red blood cells; † increase; 1 decrease [1-3, 79]

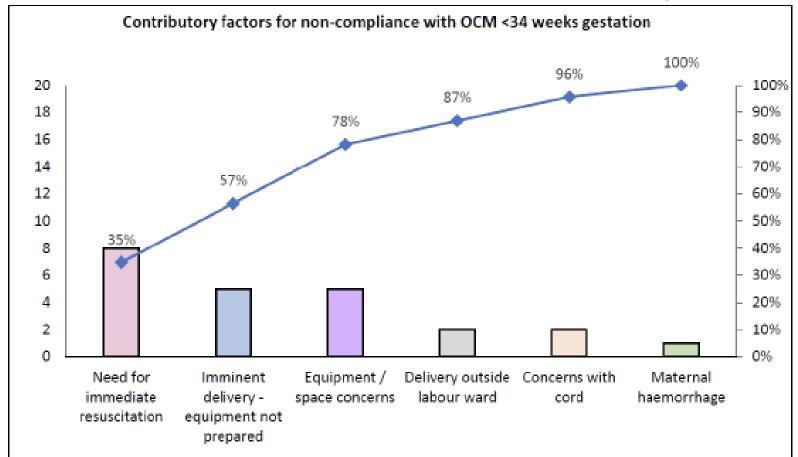


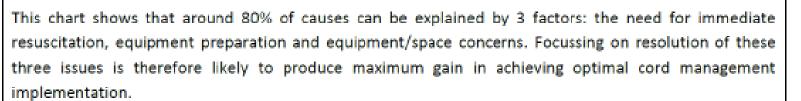
Who Should Receive DCC?



- There may be benefits for all infants, not just those preterm
- Term neonates may also benefit from higher hemoglobin levels, less iron deficiency in infancy, and improvements in motor and social development at 4 years of age
- The impact of DCC on other outcomes such as mortality and IVH have been demonstrated in RCTs
- Importantly, there is no risk for an increase in hyperbilirubinemia from this influx of RBC mass
- Can be applied in any health care setting free of charge

Potential barriers to compliance







Poll Question



 What do you perceive as barriers to delayed cord clamping at your institution?

Drivers to Consider

Primary Drivers

Readiness &

Support

Recognition &

Implementation

Performance &

Measurement

Optimal Cord Clamping

Key Driver Diagram



WARRAMA PERING

Aims

Project
To increase to 90%
the percent of
infants born in
participating TN
delivering facilities
that do not have
their umbilical cord
clamped until at
least 60 seconds
after birth by March
2023.

Global

To promote Optimal Cord Clamping (OCC) in all infants born in Tennessee to support better outcomes.

Secondary Drivers

Education & motivation of all providers attending deliveries

Parent engagement & education

Policies & procedures

Informed decision making

Optimization of delivery room

Data capture, tracking, & reporting

Change Ideas / Potentially Better Practices (PBPs)

Identify key obstetricians to serve as advocates of OCC & contact points for disseminating accurate & consistent recommendations

Accept standard of care from national organizations (WHO, ACOG, AAP, AAFP, etc.) Educate providers on physiology, background, & evidence-based studies supporting OCC & OCC's low-risk to mother

Provide simulation training, OCC education, toolkits, & resource maps for providers.

Provide parent education on benefits of OCC & encourage discussion with providers

Develop/revise an evidence-based policy to promote acceptance adherence

Implement protocol for identifying infants eligible for OCC

Ensure delivery room has timer & dedicated personnel at delivery

Provide flow chart (based on the developed protocol) for reference in every delivery room

Integrate documentation into EMR

Track & share metrics (performance) – institution- & provider-level Compare performance to similar institutions

Conduct case reviews (specific cases)

Special Circumstances vs Contraindications



Special Circumstances

- Complete placental abruption
- Short cord length
- Multiple gestation

Contraindications

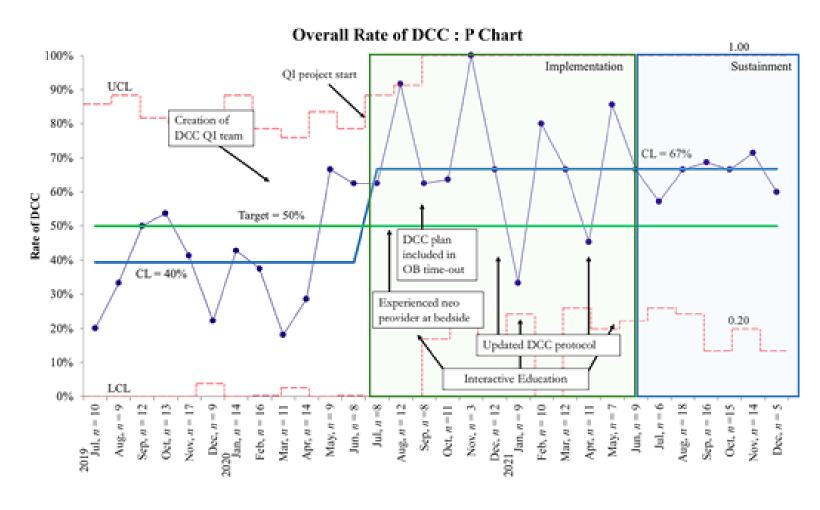
- Maternal resuscitation in setting of acute hemorrhage
- Ruptured vasa previa, snapped cord, or other trauma



Given circumstantial challenges, what should be our goal?

Rates of DCC in QI Studies





Rates of DCC in QI Studies

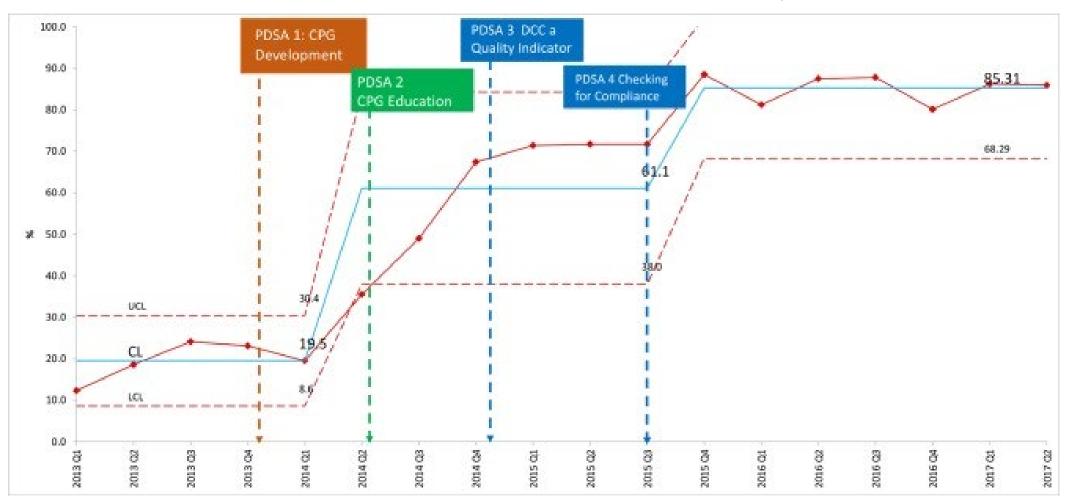


Table 1 Demographic data

| | Cohort 1 (n = 136) | Cohort 2 (n = 142) | Р |
|--------------------------------|-----------------------|-----------------------|--------|
| Gestational age (weeks) | 27.8 ± 3.0 | 28.3 ± 2.8 | 0.17 |
| Birth weight (grams) | 1010 ± 297 | 1050 ± 306 | 0.27 |
| Multiple gestation | 34 (25.0 %) | 24 (16.9 %) | 0.10 |
| Received delayed cord clamping | 1 (0.7 %) | 104 (73.2 %) | <0.001 |
| Mortality | 15 (11.0 %) | 12 (8.5 %) | 0.47 |
| 1 min Apgar score less than 5 | 66 (48.5 %) | 56 (39.4 %) | 0.13 |
| 5 min Apgar score less than 5 | 18 (13.2 %) | 15 (10.6 %) | 0.49 |









Just wait a minute, it could save a life





 What are aspects of delayed cord clamping that could be improved at your institution?



Q&A





Please feel free to unmute and ask questions

You may also enter comments or questions in the "chat" box

Reminders



- Hospital Shares are encouraged!
 - A great way to celebrate your successes or share your challenges
 - Fosters collaboration and builds relationships
 - Sign up sheet sent out with last follow up email
 - Please sign up to share by emailing info@alpqc.org. We look forward to hearing from everyone!

Reminder- ALPQC Event

Numbers Represent People: Navigating Racial Equity in Data

Join us for an insightful session on utilizing the Racial Equity Road Map to dismantle data health disparities in maternal and child health. Esteemed experts Dr. Susan Manning, Dr. Christin Price, and Christine Silva, MPH, will guide us through practical strategies and tools to foster equity.

Date: Wednesday, July 24, 2024

Time: 1:00 PM CT



THE BAMA PERING

Stay Connected!



Website:

http://www.alpqc.org

Email:

info@alpqc.org

X (Twitter): @alpqc

https://twitter.com/alpqc

Next Meeting



Wednesday, August 28th at 12pm

Action Period Call Evaluation



 Please scan the QR code below to receive the evaluation link for this Action Period call.



ALPQC - AP Call Evaluation - 2024-2025 (qualtrics.com)

Thank you!



Thank you for all your hard work!! We will see you next month!