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The U.S. has the worst rate of maternal deaths in the developed world, and 60 percent are preventable

Propublica  
"The Last Person You’d Expect to Die in Childbirth"  
Lauren Bloomstein, a neonatal nurse, died from preeclampsia in the hospital where she worked, and illustrates the need for focus.

Why are more American women dying after childbirth?  
PBS NewsHour  
August 18, 2017

If Americans Love Moms, Why Do We Let Them Die?  
The New York Times  
July 20, 2017
AIM Goals:

- Reduce maternal mortality by 1,000 deaths
- Reduce severe maternal morbidity by 100,000 cases

By:

- Promoting safe maternal care for every US birth.
- Engaging multidisciplinary partners at the national, state, and hospital levels.
- Developing and implementing evidence-based maternal safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing safety efforts and developing/collecting resources.

such an effort requires National Mobilization!
Examples of AIM National Partners’ Contributions

- ACOG – Hosts national staff and meetings. Highlighted at national and district meetings. MD leadership for every state, national education and lobbying efforts.
- AWHONN – Postpartum discharge teaching; AIM highlighted throughout Annual Meeting; monthly calls with state nursing leaders.
- ACNM – Birthtools web info, Leadership on Supporting Intended Vaginal Birth bundle; AIM at annual meeting.
- AMCHP – Maternal mortality review web tools; AIM breakout at annual meeting. Engage and support state MCH sections.
- ASTHO – Engages state health officers to provide support. AIM discussed at bi-monthly calls.
- AAFP – Content on bundle work groups and consultation for rural state issues.
- ABOG – Maintenance of Certification credit for MDs working on AIM.
- SOAP – Consultation on bundle implementation and disparities.
- SMFM – M in FM annual meeting; leadership and mentorship on state teams. Annual sessions on OB QI and population health.

AIM Works at National, State, and Facility Levels

- National PH and Professional Organizations
  - Engage/coordinate national partners and resources
  - Develop QI tools
  - Support multi-state data platform
  - Support inter-state collaboration

- Perinatal Collaborative: DPH, Hospital Assoc., Professional Groups
  - Support/coordinate hospital efforts
  - Share tools, resources, and best practices
  - Use state data for outcome metrics
  - Share and interpret progress

- Hospitals, Providers, Nurses, Offices and Patients
  - Create QI team
  - Implement bundles
  - Share best practices
  - Collect structure and process metrics
  - Review progress

The Core Principle of AIM is Sharing:

- State to State
- Hospital to Hospital

- Best Practices
- Implementation Tools
- Strategies for Overcoming Barriers
Maternal Safety Bundles

What are they?
• “Checklist” of items and practices for every birthing site
• Not a national protocol!!
• Facilities will modify content based on local resources

Uniform Structure:
• Readiness
  Every unit—prepare and educate
• Recognition & Prevention
  Every patient—before event
• Response
  Every Event—team approach
• Reporting/Systems Learning
  Every unit—systems improvement

Available at:
safehealthcareforeverywoman.org
with resource links

AIM Safety/Quality Improvement Bundles

Just Released
Obstetric Care of Women with Opioid Dependence

Creating multi-disciplinary national consensus Safety Bundles is actually the easy part...

Implementation is the hard part!

Goal: Move established guidelines into practice with a standardized approach localized for each facility
AIM Implementation Efforts

- Support state teams
  - Monthly and ad hoc calls with team members
  - Creating the “collaborative of collaboratives” among state teams
  - Clinical and data technical assistance
  - Identify and address common issues – Examples:
  - Protocols for treating severe HTN
  - Shortages of critical pharmaceuticals
  - Supporting quantification of blood loss
- Implementation (“How-To”) Tool Kits
- E-modules
- Resource platform
- Safety Action Webinars

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Thank You!