



TIPQC

Tennessee Initiative for
Perinatal Quality Care

Maternal SMM Data Institute August 29, 2024

The Tennessee Initiative for Perinatal Quality Care (TIPQC) seeks to promote meaningful change, advance health equity, and improve the quality of care through pregnancy, delivery, and beyond for all Tennessee families.

<https://tipqc.org>



Agenda

TIPQC Overview

Opportunities for Improvement

SMM Form

Site Visits

Join A TIPQC Project

Our work

- 16-year proven track record
- Over 34 quality improvement projects
- Educational opportunities, networking, and trainings, resource sharing, annual meetings, learning sessions, webinars, SIMS trainings, and MORE

www.tipqc.org



Current TIPQC Projects



Cardiac
Conditions in OB
Care



Best for All
Learning
Collaborative



Team Birth



Intraventricular
Hemorrhage



Chronic Lung
Disease



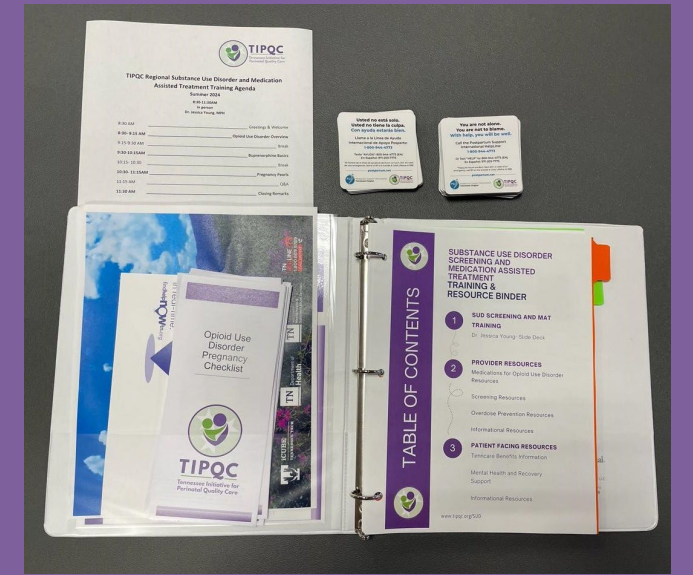
Promotion of
Safe Vaginal
Delivery



TIPQC Resources & Trainings



Lactation Workforce



SUD Trainings



Simulation Trainings



Doula Inservice Training

Annual & Regional Meetings

Community Resource Council

Patient & Family Partner Training

Mental Health



Patient Discharge Resources

SAVE YOUR LIFE: Get Care for These **POST-BIRTH Warning Signs**

Most postpartum patients who give birth recover without problems. But anyone can have complications for up to one year after birth.

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: (you only need one sign) (If you can't reach your healthcare provider, call 911 or go to an emergency room)	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher or 96.8°F or lower <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on _____ and I am having _____"
(Date) (Specific warning signs)

 Scan here to download this handout in multiple languages.

PSI POSTPARTUM SUPPORT INTERNATIONAL

For Parents

We Can Help with Perinatal Mental Health

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, "You must be so happy!" But what if you're not? What if you're depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don't know how to talk about it? You're not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, postpartum, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S. Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it's simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we've provided resources and programs to help give new families the strongest and healthiest start possible. (Turn this sheet over to learn more about our programs.)

1 in 5 women and 1 in 10 men experience depression or anxiety during the perinatal period.

Ask Yourself

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can't get out of your mind?
- Do you feel as if you are "out of control" or "going crazy"?
- Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder. The good news is that you can get treatments that will help you feel like yourself again. There is no reason to continue to suffer. Go to postpartum.net for more information.

postpartum.net

You are not alone. You are not to blame. With help, you will be well.

Call the Postpartum Support International HelpLine:
1-800-944-4773

Or Text "HELP" to: 800-944-4773 (EN)
En Español: 971-203-7773

**HelpLine hours are 8am-11pm EST. In case of an emergency, call 911 or the Suicide & Crisis Lifeline at 988.*

postpartum.net

PSI Postpartum Support International Tennessee Chapter

TIPQC Tennessee Initiative for Perinatal Quality Care

AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

You need to sign in before continuing. ✕

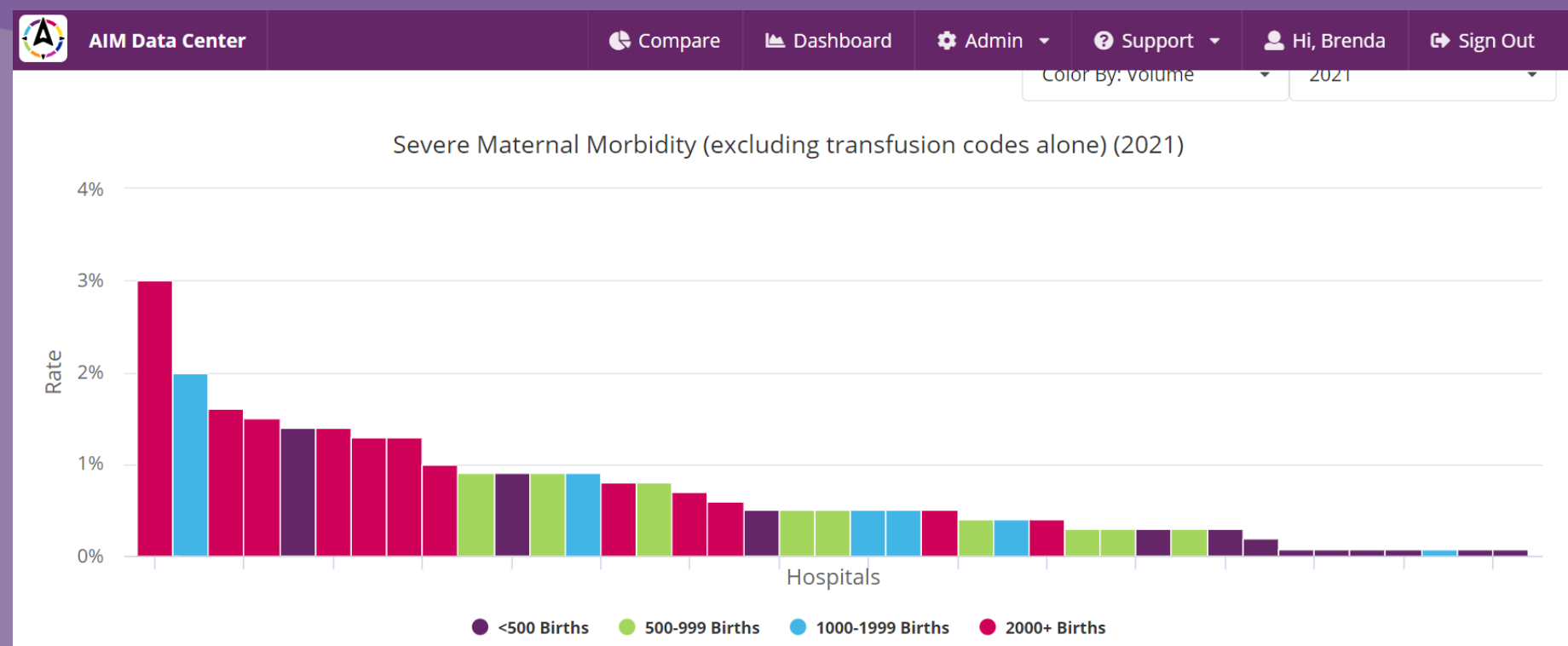
Welcome to the AIM Data Center!

Your Hospital AIM Data

How do I use it?

What does it mean?

Opportunities for Improvement



Abstraction	
Abstraction Date	Abstractor Name
Name of Facility for Chart Review	
Admission Date	Discharge Date
Peripartum Transport <input type="radio"/> To Facility (Specify)	
<input type="radio"/> From Facility (Specify)	

MR # or Patient ID

Case Identified for Review By (Select All that Apply) ICD
 ICU Admission Patient and Family Advocacy Heal
 Per Institution Policy or Guidelines (e.g., conditions list)

Reason(s) for Chart Review (Select All that Apply) Hemo
 Cardiac Complications Renal Complications Sep:
 Other Obstetric Complications (Write-In)
 Other Medical Complications (Write-In)
 Unable to Specify (Write-In)

Timing of SMM-Related Care (Select All that Apply) Ante
 Postpartum (after 8 hours) Readmission

Patient Char.

Age Weight at Admission

Obesity Class

Race (Select All that Apply) American Indian/Alaska Natv
 Native Hawaiian or Pacific Islander White Other

Hispanic or Latino Yes No Not Documented

Payer Source (Select All that Apply) Medicaid Medi
 Accountable Care Organization/Managed Care Organization

Abstraction			
Obstetric History			
Gravida	Para	Term	Premature
Aborted (Spontaneous or Induced)		Living	
# Previous Fetal Deaths		# Previous Infant Deaths	
Gestational Age at Time of SMM Onset weeks days			

Delivery Information

Singleton Multiple (Specify) M

Gestational Age at Time of Delivery weeks days

Birth Status Delivery Type

Labor

If Cesarean Birth Occurred:

Type of Cesarean

Reason(s) for Cesarean (Select All that Apply) Acreta Arrest of Descent
 Elective Elective Repeat Fetal Indications Malposition Matern.
 Nonvertex Presentation Placenta Not Applicable Not Documented
 Other (Write-In)

Type of Anesthesia (Select All that Apply)

Not Applicable None Epidural Spinal Combined Spinal-Epid.
 Other (Write-In)

Location(s) of Care

Location(s) SMM Care Received (Select All that Apply) Hospital with Obstetric Ser
 Hospital without Obstetric Services Community Setting Other (Write-In)
 Not Applicable

Abstraction	
Level(s) of Maternal Care for Location(s) SMM Care Received (Select All that Apply) <input type="checkbox"/> 1 (Basic Care) <input type="checkbox"/> 2 (Specialty Care) <input type="checkbox"/> 3 (Subspecialty Care) <input type="checkbox"/> 4 (Regional Perinatal Health Care Center) <input type="checkbox"/> Accredited Birth Center <input type="checkbox"/> Other (Write-In) <input type="checkbox"/> Not Applicable	
Prenatal Care	
Documentation of Prenatal Care <input type="radio"/> Yes <input type="radio"/> No	
Documented Gestational Age for Start of Prenatal Care weeks days	
Documented Disruptions in Prenatal Care <input type="radio"/> Yes <input type="radio"/> No Notes	
Assisted Reproductive Technology <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Specify	
Prenatal Care Source or Location (Select All that Apply) <input type="radio"/> Private Practice <input type="radio"/> Community Birth Practice <input type="checkbox"/> Hospital-affiliated Clinic <input type="checkbox"/> Community-based Public Clinic <input type="checkbox"/> FQHC <input type="checkbox"/> No Prenatal Care <input type="checkbox"/> Not Documented <input type="checkbox"/> Other (Write-in)	
Planned or Intended Delivery Location <input type="radio"/> 1 (Basic Care) <input type="radio"/> 2 (Specialty Care) <input type="radio"/> 3 (Subspecialty Care) <input type="radio"/> 4 (Regional Perinatal Health Care Center) <input type="radio"/> Accredited Birth Center <input type="radio"/> Community Setting <input type="radio"/> Not Documented	
Documented Completed Peripartum Consultation(s) Prior to SMM (Select All that Apply) <input type="checkbox"/> Anesthesia <input type="checkbox"/> Cardiology <input type="checkbox"/> Critical Care <input type="checkbox"/> Endocrinology <input type="checkbox"/> Hematology <input type="checkbox"/> Mental Health or Psychiatry <input type="checkbox"/> MFM <input type="checkbox"/> Nephrology <input type="checkbox"/> Social Work or Care Management <input type="checkbox"/> Oncology <input type="checkbox"/> Other (Write-In) <input type="checkbox"/> None	

SMM Data Form



SMM Reviews

Resources for Implementation

Standardized Severe Maternal Morbidity Review

Rationale and Process

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Severe maternal morbidity and mortality have been rising in the United States. To begin a national effort to reduce morbidity, a specific call to identify all pregnant and postpartum women experiencing admission to an intensive care unit or receipt of 4 or more units of blood for routine review has been made. While advocating for

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Jeanne Mahoney RN, BSN, is an employee of the American College of Obstetricians and Gynecologists (the College). All opinions expressed in this article are the authors' and do not necessarily reflect the policies and views of the College. Any remuneration that the authors receive from the College is unrelated to the content of this article.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Financial Disclosure

The authors did not report any potential conflicts of interest.

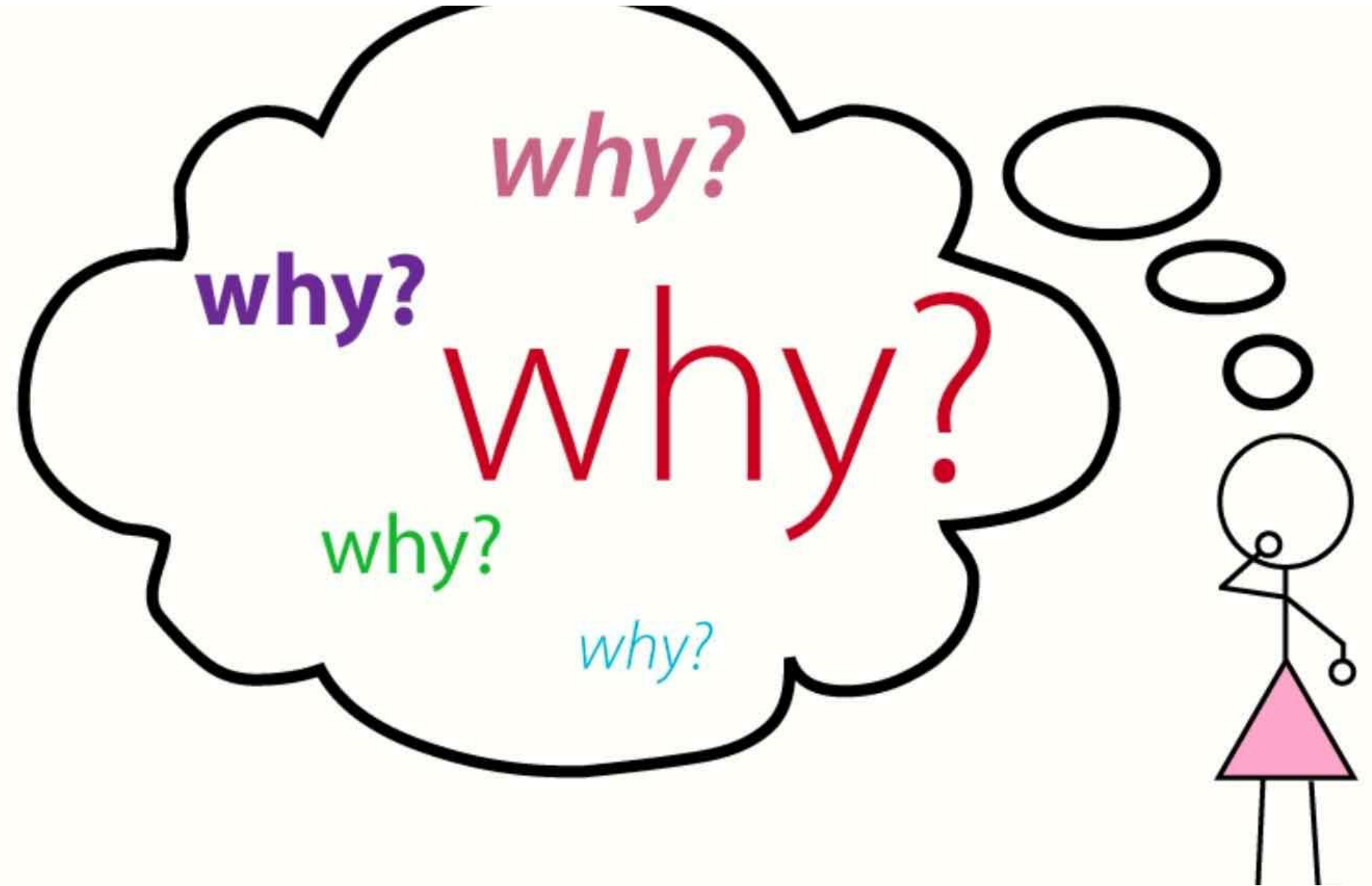
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review of these cases, no specific guidance for the review process was provided. Therefore, the aim of this expert opinion is to present guidelines for a standardized severe maternal morbidity interdisciplinary review process to identify systems, professional, and facility factors that can be ameliorated, with the overall goal of improving institutional obstetric safety and reducing severe morbidity and mortality among pregnant and recently pregnant women. This opinion was developed by a multidisciplinary working group that included general obstetrician-gynecologists, maternal-fetal medicine subspecialists, certified nurse-midwives, and registered nurses all with experience in maternal mortality reviews. A process for standardized review of severe maternal morbidity addressing committee organization, review process, medical record abstraction and assessment, review culture, data management, review timing, and review confidentiality is presented. Reference is made to a sample severe maternal morbidity abstraction and assessment form.

(Obstet Gynecol 2014;124:361-6)

DOI: 10.1097/AOG.0000000000000397

To begin a national effort to reduce maternal morbidity, a specific call to identify all pregnant and postpartum women experiencing admission to an intensive care unit or receipt of 4 or more units of blood for routine review has been made.¹ The increasing rates of maternal mortality and severe morbidity in the United States have been well-documented in recent publications.²⁻⁵ It is therefore appropriate that efforts should be focused on reducing maternal severe morbidity and death.⁶⁻⁸ Reviews of maternal deaths in order to identify likely preventable deaths and interventions to reduce preventable deaths have been widespread for years.^{9,10} However, the call to similarly implement routine standardized identification and evaluation of severe



Abstraction	
Abstraction Date	Abstructor Name
Name of Facility for Chart Review	
Admission Date	Discharge Date
Peripartum Transport <input type="checkbox"/> To Facility (Specify) _____ <input type="checkbox"/> From Facility (Specify) _____ <input type="checkbox"/> No	
MR # or Patient ID	Date SMM Identified
Case Identified for Review By (Select All that Apply) <input type="checkbox"/> ICD-10 Dx Code <input type="checkbox"/> ICD-10 Px Code <input type="checkbox"/> ≥ 4 Units RBC <input type="checkbox"/> ICU Admission <input type="checkbox"/> Patient and Family Advocacy <input type="checkbox"/> Healthcare Team Request <input type="checkbox"/> Safety Report <input type="checkbox"/> Per Institution Policy or Guidelines (e.g., conditions list) <input type="checkbox"/> Other (Write-In) _____	
Reason(s) for Chart Review (Select All that Apply) <input type="checkbox"/> Hemorrhage Complications <input type="checkbox"/> Respiratory Complications <input type="checkbox"/> Cardiac Complications <input type="checkbox"/> Renal Complications <input type="checkbox"/> Sepsis Complications	

Guide to SMM Chart Reviews

This document is intended to provide overarching considerations for establishing effective processes for and implementing severe maternal morbidity (SMM) chart reviews at a birthing facility. These reviews are intended to assess instances of SMM for quality of care and whether SMM could have been prevented or minimized, and to identify actionable, birthing facility-specific quality improvement opportunities. SMM reviews do not replace root cause analysis but are intended to augment it. SMM reviews may overlap with or be done in conjunction with peer review processes. It is important to note state and facility peer review protection and specific legal and reporting policy guidelines when implementing SMM reviews.

Readiness - Every Unit/Team

- Develop a process for review of severe maternal morbidity (SMM) outcomes including:
 - Establish a designated multidisciplinary standing committee at each birthing facility that reflects the professional makeup of clinicians and staff within the birthing facility.
 - Example members may include but are not limited to:
 - Obstetric providers (i.e., obstetricians, certified nurse midwives, family physicians, or advanced practice nurses)
 - Anesthesia providers
 - Obstetric care nurses from clinical area (i.e., outpatient, intrapartum, and postpartum units)
 - Quality improvement (QI) team
 - Birthing facility leaders (i.e., department chair, medical director, nurse manager, or service line director)
 - Other members as determined by the facility, including community birth providers if home birth or community birth transfer
 - Ascertain peer review protections and considerations for the facility based on policy and facility legal counsel recommendations.
 - Train all committee members in a standardized process to understand the purpose for the review, protections and confidentiality considerations, and review processes.
 - Follow a standard format to support the collection of data and the intended purpose of the SMM review, including a narrative which ideally includes a patient discharge interview. Reviews should conclude with identified recommendations for improvements in future care or processes.²
 - Review all pertinent patient medical records and facility records regarding care the patient received that contributed to this SMM outcome, including from other facilities if the patient was transferred to or from the facility reviewing care.
- Establish a mechanism, such as a QI team or department charged with implementation of recommendations and evaluation of effectiveness of changes made because of the SMM review.

Resource	Description	Link
<p><i>Guidelines for Perinatal Care</i>. American College of Obstetricians and Gynecologists and American Academy of Pediatrics; 2017.</p>	<p><i>Guidelines for Perinatal Care</i> was developed through the cooperative efforts of the American Academy of Pediatrics (AAP) Committee on Fetus and Newborn and the American College of Obstetricians and Gynecologists (ACOG) Committee on Obstetric Practice. This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology.</p>	<p>@</p>
<p>Kilpatrick SJ. Understanding severe maternal morbidity: hospital-based review. <i>Clin Obstet Gynecol</i> 2018;61(2):340-6. doi: 10.1097/GRF.0000000000000351</p>	<p>Cases of severe maternal morbidity (SMM) share similarities to maternal deaths, including increasing in frequency and having similar rates of preventability. This article reviews steps for organizing and implementing standard reviews of all cases of SMM. These steps include create multidisciplinary SMM review committee; identify potential SMM cases and confirm true SMM; identify the morbidity; abstract and summarize data; present case to review committee for discussion; determine events leading to morbidity; determine opportunities to improve outcome; assess provider, system and patient factors in cases with opportunities to improve outcome; make recommendations; and effect change and evaluate improvement.</p>	<p>@</p>

Implementation Resources

This tool is intended to guide reviewers through specific factors that may have contributed to morbidity or care during severe maternal morbidity (SMM) chart review. Use of this tool may support completion of the SMM Review Form, particularly in determining whether there was any chance to prevent or minimize morbidity and which factors may have contributed to morbidity. This tool can also be used to further identify opportunities for improvement if used as part of an SMM chart review.

System Factors

Factor	Guiding Questions	Case-Specific Rationale
System Culture Considerations		
Patient Care Team Hierarchy	Was patient management hierarchy a noted or reported contributor to the SMM outcome? (I.e. between care team members, RN to MD, resident physician to attending physician)	
Team-based Communication	Was communication of concerns, needs, and plans to optimally manage and support the patient's care limited by timeliness, thoroughness, and appropriateness of communication amongst the healthcare team? • Prior to birth	

Factors Worksheet

Condition Specific Questions

This sheet is intended to accompany the Severe Maternal Morbidity (SMM) Review Form. This tool's intention is to guide SMM reviewers through key, condition-specific considerations for chart abstraction and review to ensure sufficient assessment to identify opportunities for quality improvement. This list of questions is not meant to be exhaustive but should serve as a starting point for assessing care based on expert, multidisciplinary review. Determining whether care was timely and appropriate should be based on reviewer judgment in relation to current evidence, policies, and knowledge of facility-specific considerations.

Respectful, Equitable, and Supportive Care

These questions should be considered in addition to condition-specific questions listed below.

- Was documentation in the patient's chart non-stigmatizing and respectful?
- Was there documentation of screening for social and structural determinants of health needs?
- Was there documentation of timely referral to identified needed resources and social supports?
- Was there documentation of a referral to social work and/or other support services after the event?

Obstetric Hemorrhage

- Were the following available in an appropriate and timely manner:
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- Were the following recognized in an appropriate and timely manner:
 - Risk factors for hemorrhage in advance of the event, if present
 - Recognition of the obstetric hemorrhage event
 - Recognition of presenting signs of hypovolemia
- Did the following occur in an appropriate and timely manner:
 - Appropriate preparations for an obstetric hemorrhage based on the patient's level of risk
 - Laboratory studies, in an ongoing manner throughout care
 - Administration of fluid replacement, blood, and blood products
 - Management of the obstetric hemorrhage based on etiology and the facility stage-based protocol

SMM Review Implementation Resources

← → ↻ saferbirth.org

NEW RESOURCE AIM for Safer Birth Podcast Season 2 - Ep 3 now available. [CLICK HERE](#) to learn more!



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ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

[Learn More About AIM](#)



- Overview
- Data Process
- Data Center Login
- Data Resources**
- Impact Statements
- All

- Data Resource Category
- Data Resource Category**
- Archive
- Data Collection & Analysis Tools
- Data Collection Plan
- File Formatting
- Reporting & Evaluation
- Severe Maternal Morbidity**
- Webinar



SITE Visits!!

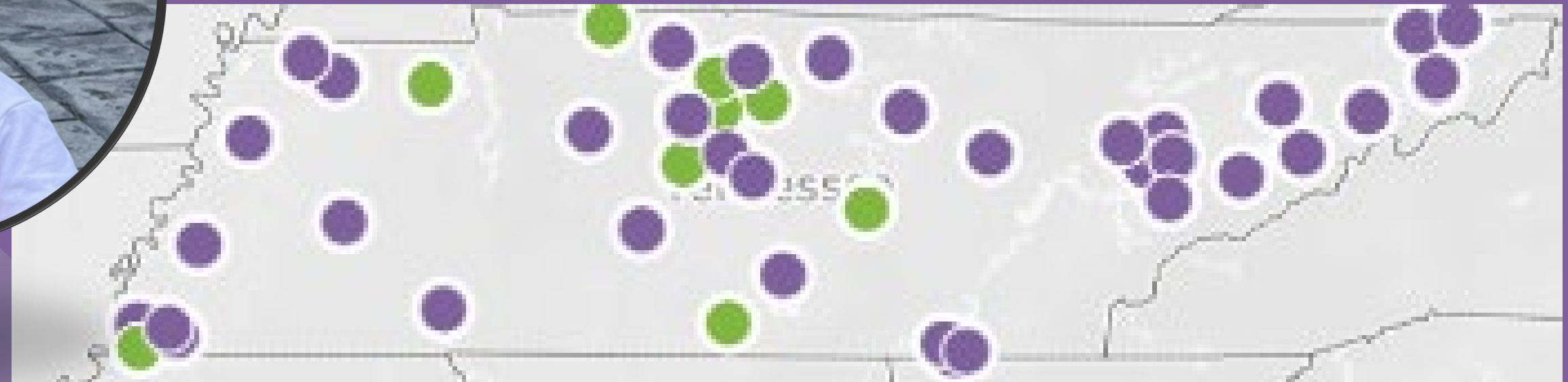
We are coming to you.



42 Hospitals* = 82% of Births

Involved in TIPQC improvement projects

AIM Projects = 36



Join a TIPQC Project

Cardiac
Conditions in OB
Care



Best for All
Learning
Collaborative

There have been a total of 25,033 all-time downloads. An average of over 150 listens per episode.



25 K



TIPQC has published 145 podcast episodes.



10,154



The TIPQC podcast has reached 10,154 unique listeners over the 145 episodes released

Healthy Mom Healthy Baby TennesseeTM

A Podcast
Presented by:



TIPQC
Tennessee Initiative for
Perinatal Quality Care

Episodes have been listened to in over 55 countries across the globe.

Top downloads:

- United States
- Tanzania
- Azerbaijan
- India





TIPQC Annual Meeting

March 24-25, 2025

Coming Soon:
SIMS Trainings
SUD Grand Rounds
Cardiac Webinar Series



QUESTIONS

ANSWERS



TIPQC

Tennessee Initiative for
Perinatal Quality Care

HELP US IMPROVE

PLEASE COMPLETE
THE BRIEF EVALUATION
AT THE END OF THE DAY



Partners



Thank you!

For your incredible work to
improve the lives of
Tennesseans!

