

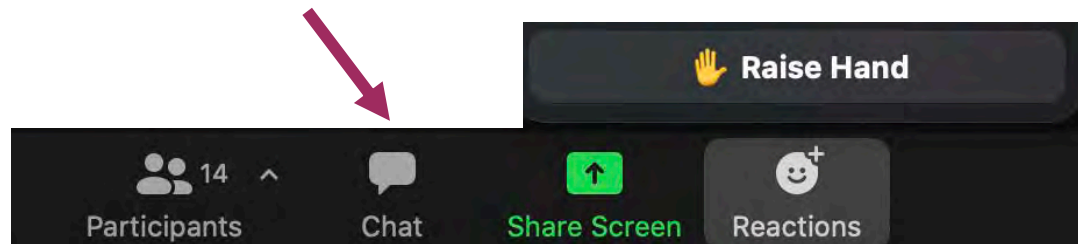
Levels of Maternal Care in Massachusetts: Webinar #1

Thank you for joining! We will begin in a few moments.



Tech support

- All attendees are **muted** automatically.
- Click the **Chat** button to ask questions at any time.



- Chat **Everyone** for general comments or questions.
- Chat **Meaghan Carey** for technical support.
- During Q&A, use the **Chat** feature or **Raise Hand** if you would like to speak.

You can find this info on the right hand of your screen during the whole presentation →

Levels of Maternal Care in Massachusetts

February 9, 2021

Introduction to Levels of Maternal Care

Dr. Sarah Rae Easter, Perinatal-Neonatal Quality Improvement Network of Massachusetts

Overview of the Levels of Care Assessment Tool (LOCATe)

Jennifer Wilkers, Centers for Disease Control & Prevention

Massachusetts-Specific Questions

Dr. Hafsatou Diop, Massachusetts Department of Public Health

LOCATe Demonstration and Q&A

Natalia Ciesielska, Betsy Lehman Center for Patient Safety

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Our teams

PNQIN

- Sarah Rae Easter, MD (LoMC Task Force Chair)
- Ronald Iverson, MD, MPH (Co-Chair)
- Hafsatou "Fifi" Diop, MD, MPH (DPH; PNQIN PI)
- Bonnie Glass, RN, MN (MPQC Co-Founder, RN Lead)
- Kali Vitek, MPH (AIM Project Coordinator)
- + 36 members of LoMC Task Force!

Betsy Lehman Center

- Natalia Ciesielska, MPH (Research Analyst and Coordinator)
- Godwin Osei-Poku, MBCHB, MPH (Research Analytics Manager)
- Charlie Carter, MPP (Senior Program Manager)

Centers for Disease Control and Prevention

- Dave Goodman, MS, PhD (Lead, Maternal Mortality Prevention Team)
- Jennifer Wilkers (ORISE Fellow, Maternal Mortality Prevention Team)
- Carla DeSisto, PhD, MPH (Maternal and Child Health Epidemiologist, Epidemic Intelligence Service Officer)
- Alex Ewing, MPH (Associate Service Fellow)

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Agenda

12:00 - 12:15pm: Introduction to Levels of Maternal Care

- *Dr. Sarah Rae Easter, Perinatal-Neonatal Quality Improvement Network of Massachusetts*

12:15 - 12:35pm: Overview of the LOCATe Tool

- *Jennifer Wilkers, Centers for Disease Control & Prevention*

12:35 - 12:45pm: Massachusetts-Specific Questions

- *Dr. Hafsatou Diop, Massachusetts Department of Public Health*

12:45 - 1:00pm: LOCATe Demonstration and Q&A

- *Natalia Ciesielska, Betsy Lehman Center for Patient Safety*

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Webinar objectives

- Review regionalized maternity care and the process to implement Levels of Maternal Care
- Introduce LOCATe, the timeline for its administration, and its intended use in Massachusetts
- Discuss rationale informing the addition of Massachusetts-specific questions to LOCATe
- Address questions about Levels of Maternal Care and LOCATe in our state

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Introduction to Levels of Maternal Care

Sarah Rae Easter, MD

Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN)



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Levels of Maternal Care



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Society for
Maternal-Fetal
Medicine
High-risk pregnancy experts

SMFM Special Report

smfm.org

Obstetric Care Consensus, Number 9: Levels of Maternal Care

(Replaces Obstetric Care Consensus Number 2, February 2015)

The American Association of Birth Centers; the American College of Nurse-Midwives; the Association of Women's Health, Obstetric and Neonatal Nurses; the Commission for the Accreditation of Birth Centers; and the Society for Obstetric Anesthesia and Perinatology endorse this document. The American Academy of Family Physicians supports this document. The American Society of Anesthesiologists has reviewed this document. This document was developed jointly by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine in collaboration with Sarah J. Kilpatrick, MD, PhD; M. Kathryn Menard, MD, MPH; Christopher M. Zahn, MD; and the Centers for Disease Control and Prevention's representative William M. Callaghan, MD, MPH.

Levels of maternal care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;134:e41–55.

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Examples of Levels of Care

Level	Patient	Hospital
Birth Center	Term, singleton, vertex Low-risk mother	Licensed midwives Transfer relationship
Level I (Basic Care)	Term twins Uncomplicated cesarean "Mild" term preeclampsia TOLAC / VBAC	Cesarean delivery Anesthesia available
Level II (Specialty Care)	Term severe preeclampsia Placenta previa, no prior surgery	Basic imaging Med/Surg consultants
Level III (Subspecialty Care)	Placenta previa, prior surgery Suspected accreta Preterm preeclampsia Adult respiratory syndrome	MFM OB anesthesia Med/Surg subspecialists Advanced imaging
Level IV (Regional Center)	Severe maternal cardiac Organ failure / transplant Neuro or cardiac surgery	Subspecialty surgeons Critical care obstetrics Subspecialty leadership

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What are the Goals?

Objectives

- To introduce uniform designations for levels of maternal care that are complementary but distinct from levels of neonatal care and that address maternal health needs, thereby reducing maternal morbidity and mortality in the United States
- To develop standardized definitions and nomenclature for facilities that provide each level of maternal care
- To provide consistent guidelines according to level of maternal care for use in quality improvement and health promotion
- To foster the development and equitable geographic distribution of full-service maternal care facilities and systems that promote proactive integration of risk-appropriate antepartum, intrapartum, and postpartum services

- Uniform designations
- Complementary but distinct from NICU
- Standardized nomenclature
- Consistent guidelines
- Equitable geographic distribution
- Proactive integration
- Risk-appropriate services

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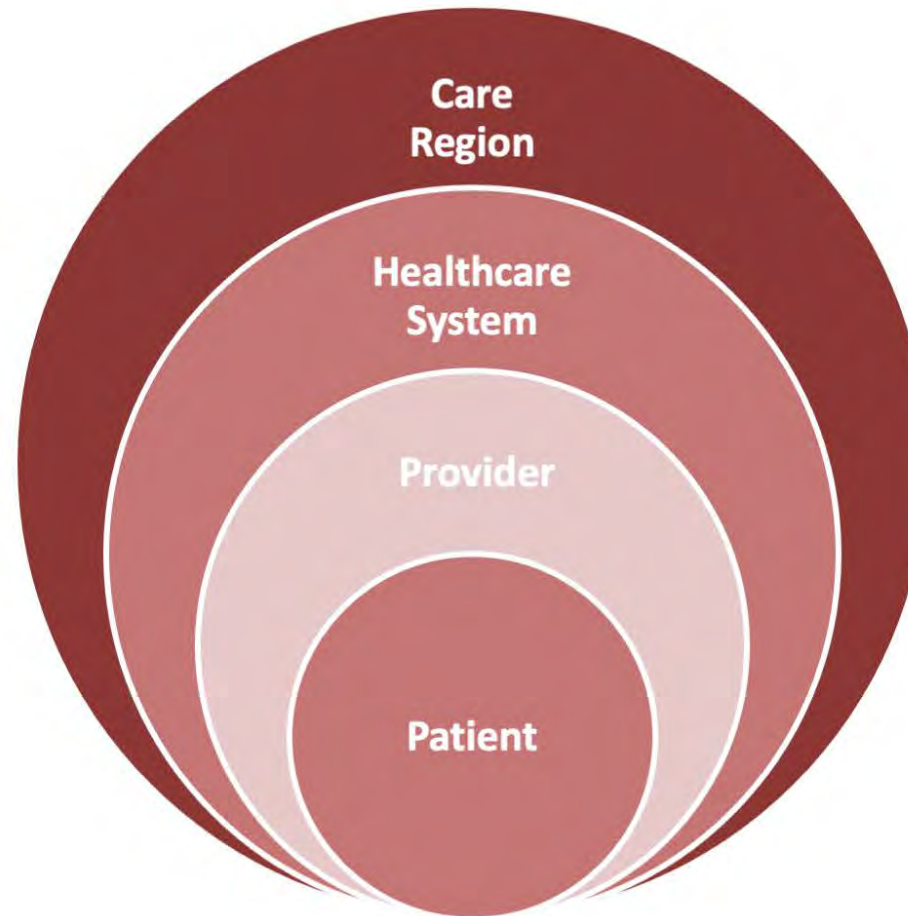
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What are the Barriers?

- Lack of Evidence
- Burden of Implementation
- Psychosocial Considerations
- Equitable Access
- Financial Impact
- Provider Skill
- Medicolegal Implications
- Geography
- Population Health



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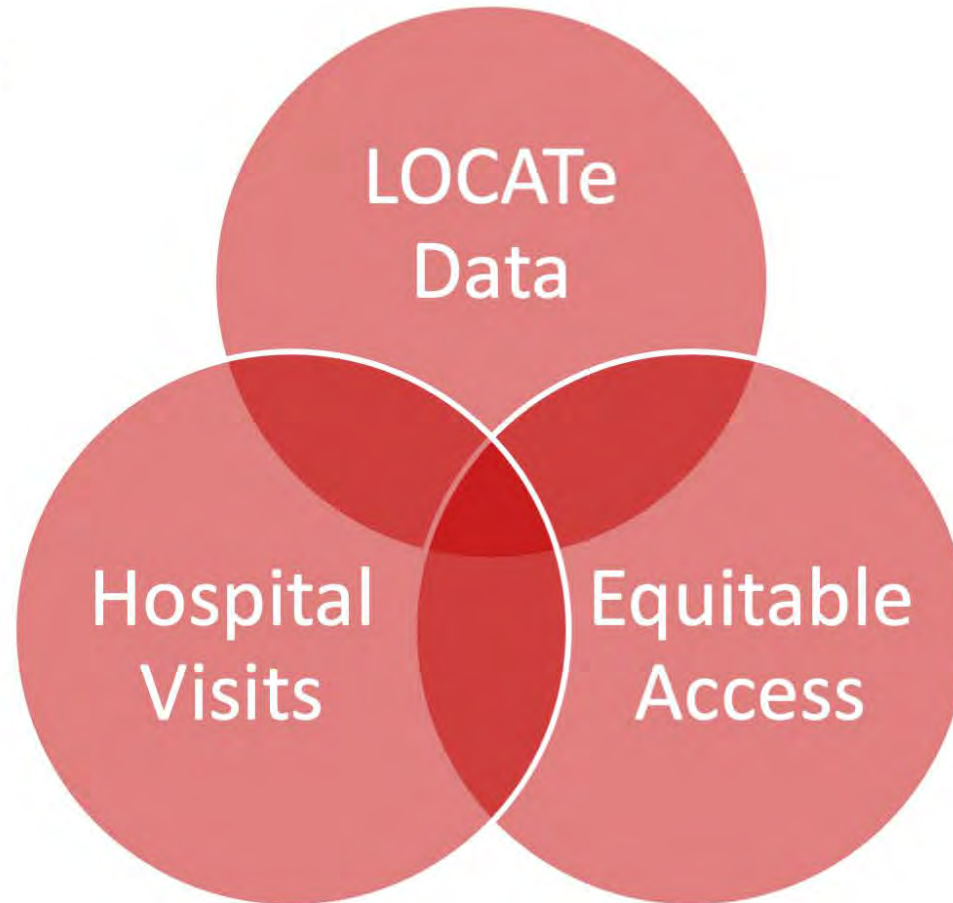
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Levels of Maternal Care Task Force

- Geographic Diversity
- Hospital Representation
- Training Background
 - Obstetricians
 - MFMs
 - Anesthesiologists
 - Neonatologists
 - Midwives
 - Nurses
 - Family Medicine
- Anticipated Skillset



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Organizational Representation



Massachusetts
Department of
Public Health



BETSY
LEHMAN
CENTER
for Patient Safety



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



MASSACHUSETTS
Health & Hospital
ASSOCIATION



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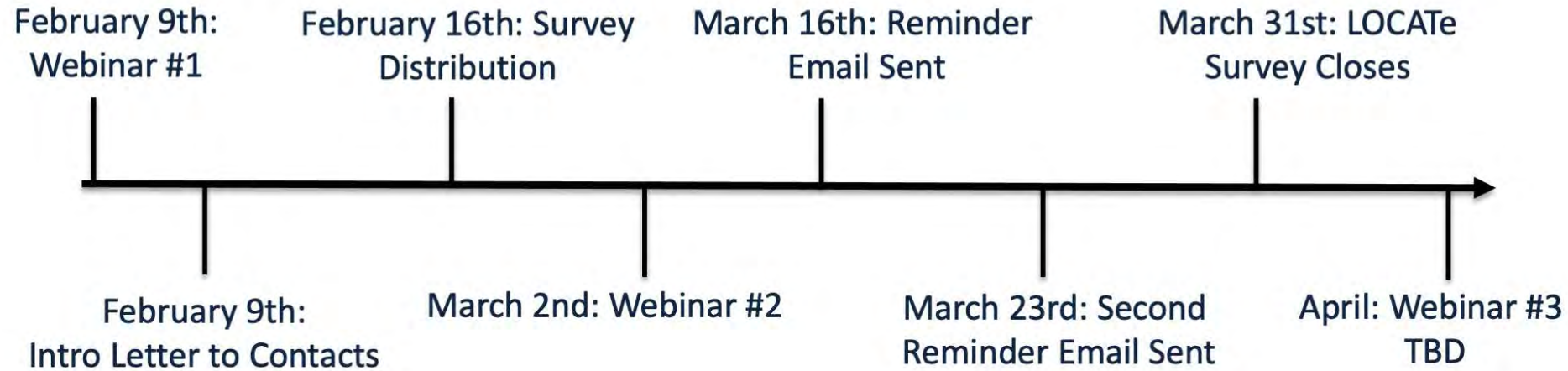
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Timeline for LOCATe



Massachusetts
Department of
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Special Considerations for Massachusetts

- Offer Voluntary Virtual Consultation
 - Site Visit was mutually informative in other states including ACOG pilots
 - Opportunity to see how PNQIN can support risk-appropriate care
- Eliminate Barriers to Equitable Care
 - Targeted questions about racism and disparities
 - Modified from best practices set forth in Disparities Bundle aligned with existing initiatives
- Reinforce Quality Collaborative Care
 - Assessment of existing hospital quality improvement and assurance processes
 - Identify opportunities for collaborative care within defined care networks and within existing PNQIN initiatives



Fig. 1. Summary of steps involved in the development and implementation of the levels of maternal care verification program.

Zahn. Levels of Maternal Care Verification Pilot. Obstet Gynecol 2018.

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Jennifer Wilkers

Centers for Disease Control and Prevention

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Risk-appropriate care (Perinatal Regionalization)

- Strategy promoted in 1976 March of Dimes report*
- Guidelines set by AAP and ACOG/SMFM
- Simple concept quickly embraced by many states
- Enhanced by public health research



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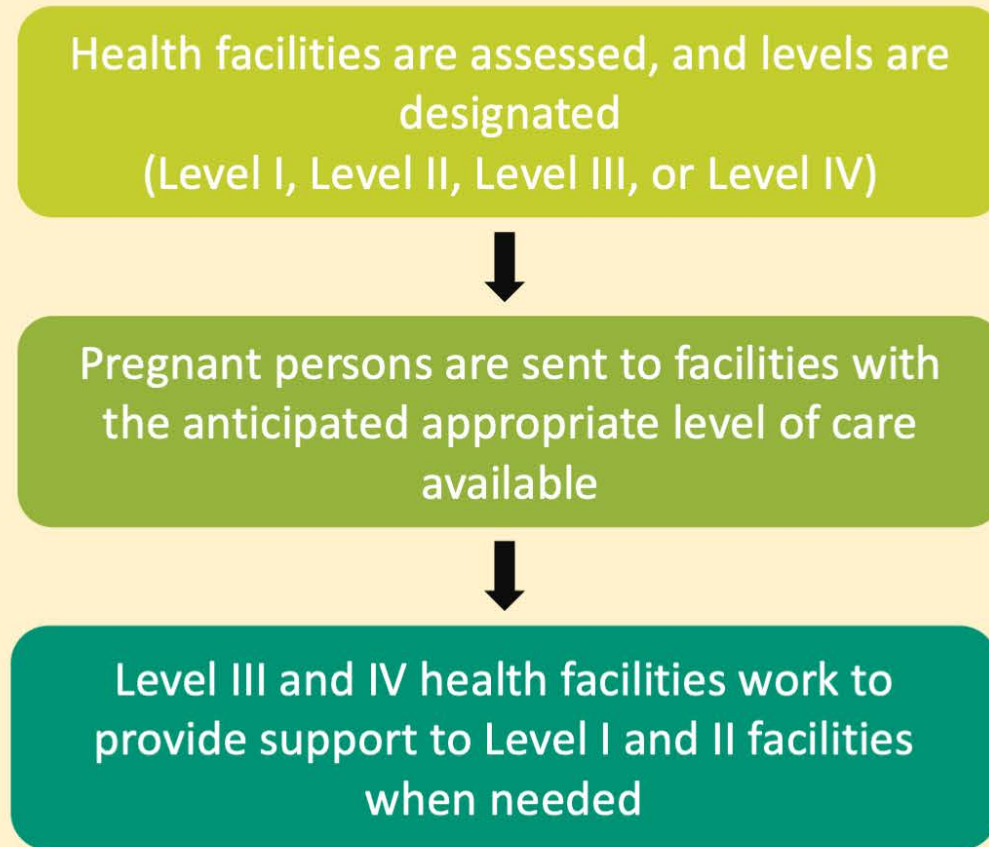
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*Committee on Perinatal Health. Toward Improving the Outcome of Pregnancy: Recommendations for the Regional Development of Maternal and Perinatal Health Services. White Plains, NY: March of Dimes National Foundation, 1976.

How should risk-appropriate care work?



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Levels of Neonatal Care

Facility Level	Definition
Level I	Well born nursery – Provide basic levels of care to neonates who are low risk and have the capability to perform neonatal resuscitation at delivery and provide postnatal care for healthy newborn infants.
Level II	Special care nursery – Provide care to stable or moderately ill newborn infants who are born at or before 32 weeks' gestation or who weigh 1500 g or less at birth with problems that are expected to resolve rapidly, without anticipated need of subspecialty-level services of an urgent basis.
Level III	NICU – Meet level II requirements and have continuously available personnel (neonatologists, neonatal nurses, and respiratory therapists) and equipment to provide life support for as long as necessary. A broad range of pediatric medical and surgical subspecialists should be readily accessible on site or by prearranged consultative agreements.
Level IV	Regional NICU – Meet level III requirements, have considerable experience in the care of the most complex and critically ill newborn infants, and have pediatric medical and surgical consultants available on-site 24 hours a day, with the capability for surgical repair of complex conditions.

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Levels of Maternal Care

Facility Level	Definition
Accredited Birth Center	Care for low-risk pregnant persons with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth.
Level I	Care for low- to moderate-risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.
Level II	Level I facility plus care of appropriate moderate- to high-risk antepartum, intrapartum, or postpartum conditions.
Level III	Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions.
Level IV	Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant persons and fetuses throughout antepartum, intrapartum, and postpartum care.

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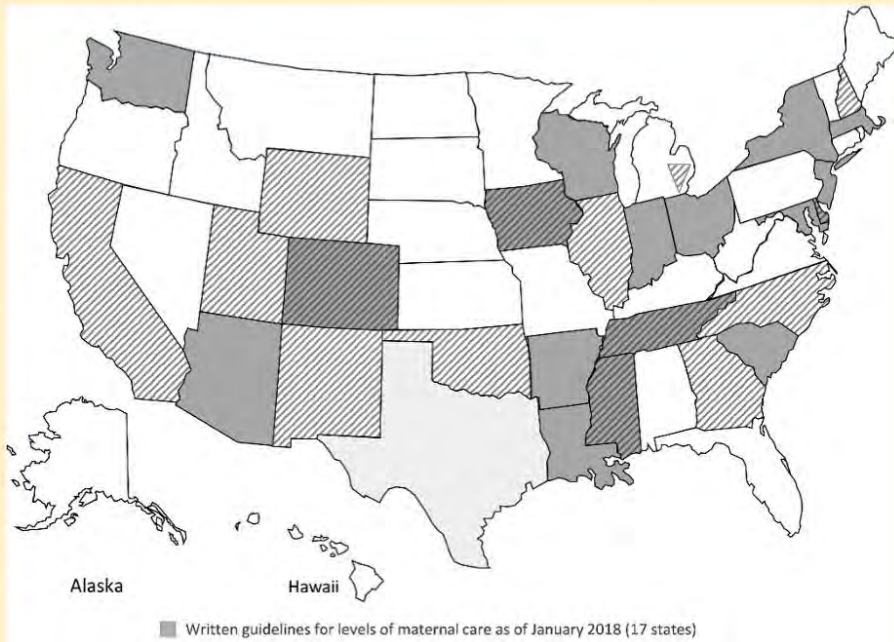
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Challenges



In this national review of state-level guidelines for LoMC, we found that, as of January 2018, only one-third of all U.S. states have publicly available guidelines for levels of perinatal care that incorporate LoMC criteria. The definitions, nomenclature, and criteria for these levels of care vary across states. While nearly all of these 17 states incorporate obstetrician-gynecologists, MFM specialists, and obstetric anesthesia into the LoMC guidelines, the availability of these specialists is not consistently specified. Furthermore, the language used to describe availability varies. For example, the 2015 consensus

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What is LOCATe?

Produces standardized assessments

- Addresses guidelines by AAP and ACOG/SMFM
- Strengthens available evidence for informing increased specificity in criteria

Facilitates stakeholder conversations

- Increases (common) understanding of perinatal landscape
- Inform data driven improvements in facilities & systems

...while, minimizing burden on respondents



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What LOCATe is NOT...

- **NOT**... A comprehensive assessment of all neonatal and maternal criteria
- **NOT**... A tool for formal designation of levels of care
- **NOT**... A tool for health care regulation

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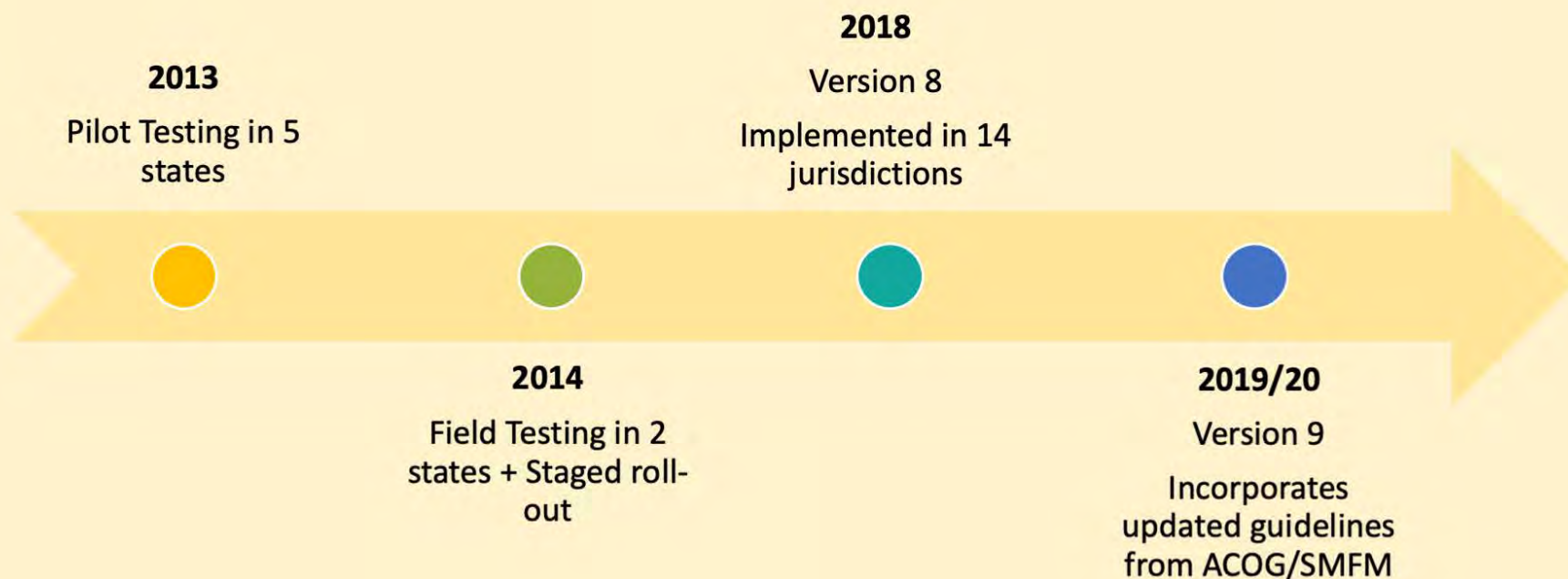
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Development of LOCATe



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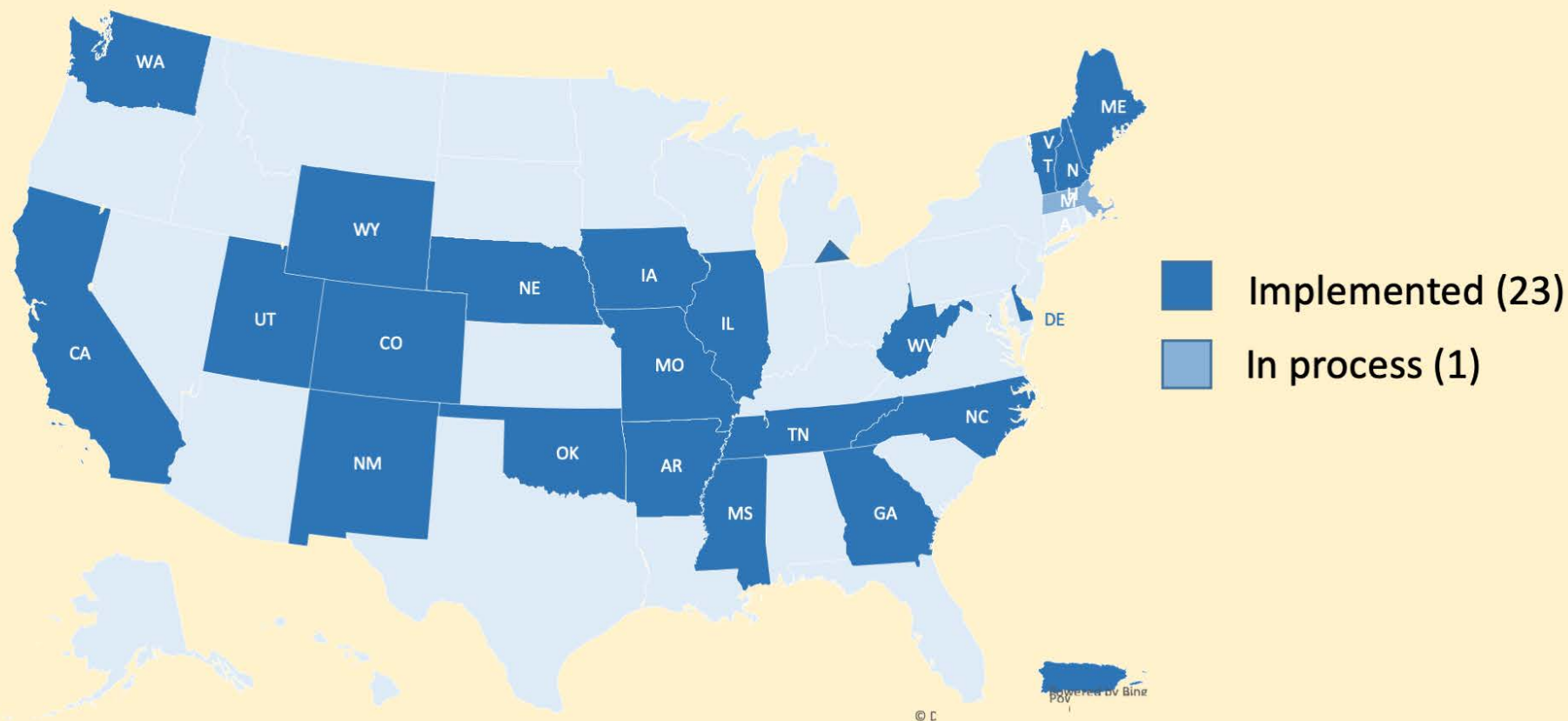
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LOCATe states and other jurisdictions*



* As of Jan 2021

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LOCATe content

Assessment includes questions about:

- Facility services & their availability
- Facility personnel & their availability
- Self-reported levels of care [Understanding where there may be discrepancies and why]
- Volume of services [Understanding where/how experience matters]
- Drills & protocols for maternal emergencies [Helping identify QI opportunities]
- Transports [Availability for stakeholder conversations]
- Facility-level statistics [Facilitating rapid development of summary information]

} [Assessing levels of care]

Web-based platforms: Survey Monkey or REDCap

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The LOCATe process



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LOCATe results can be used to...

Examine differences in maternal/neonatal outcomes within and between levels of care by merging LOCATe results with birth record data.

Identify priority areas and leverage perinatal quality collaborative (PQC) for implementation.

Use aggregate findings as talking points to encourage prioritization of levels of care in the state.

Use results to coordinate maternal and neonatal emergency preparedness plans and drills.

Present results to stakeholders to increase buy-in and work locally to address challenges.

Analyze differences in mortality based on specific facility characteristics and advocate for adoption of new guidelines based on findings.

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Successes



The Illinois Department of Public Health was motivated to use LOCATe to compare their state's perinatal system to the AAP and ACOG guidelines for levels of care. Additionally, staff wanted to use LOCATe results to inform policy decisions to improve care for mothers and infants.

Following completion of LOCATe, a state epidemiologist performed several analyses including describing current hospitals' neonatal and maternal levels of care, the **potential impact of changing levels of care to current national guidelines, as well as neonatal mortality across and within levels of care.**

The findings from these analyses assisted the state of Illinois in the **adoption of the current AAP guidelines for neonatal levels of care.**



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Successes



Wyoming implemented LOCATe in hopes of capturing responses from facilities in WY as well as those in bordering states who receive high-risk pregnant and postpartum patients from WY. WY attained a 100% response rate and provided individual results to all hospitals.

Following implementation, WY conducted an **analysis of severe maternal morbidity by combining severe maternal morbidity data with LOCATe levels data.**

Results from LOCATe identified that several WY facilities did not have specific maternal care protocols in place. As a result, **WY facilities participated in the Utah Department of Health's Extension for Community Healthcare Outcomes (ECHO) for hypertension in pregnancy.**

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Tips for Successful LOCATe Implementation

Completion:

1.

Have someone double check responses before submitting!

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Thank you!
Questions?

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Hafsatou Diop, MD, MPH

Massachusetts Department of Public Health

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We emphasize equity in all of our work

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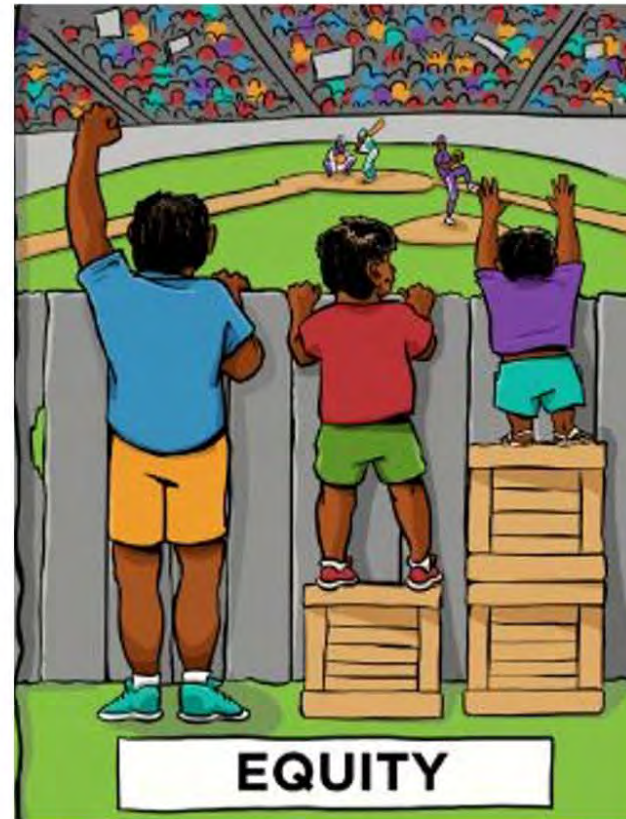
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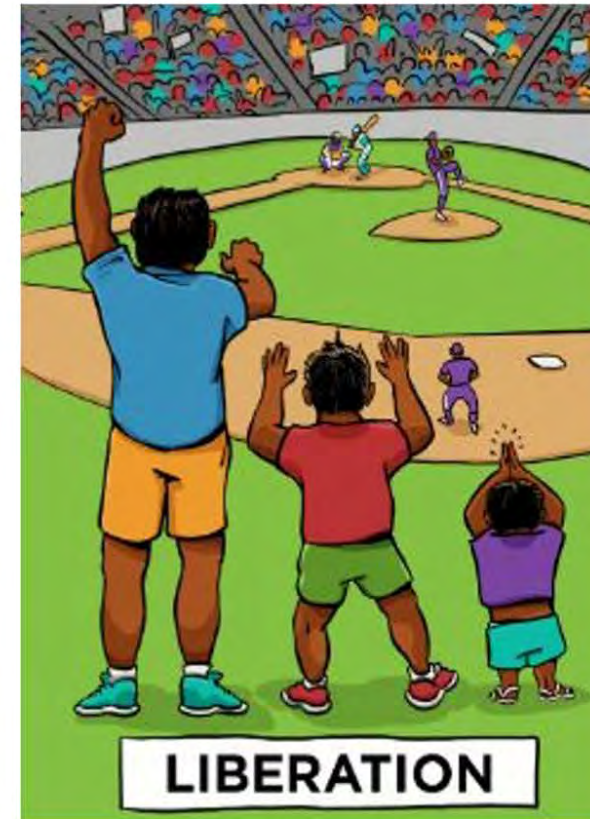
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Assumption: Everyone benefits from the same (equal) support



Everyone gets the support they need

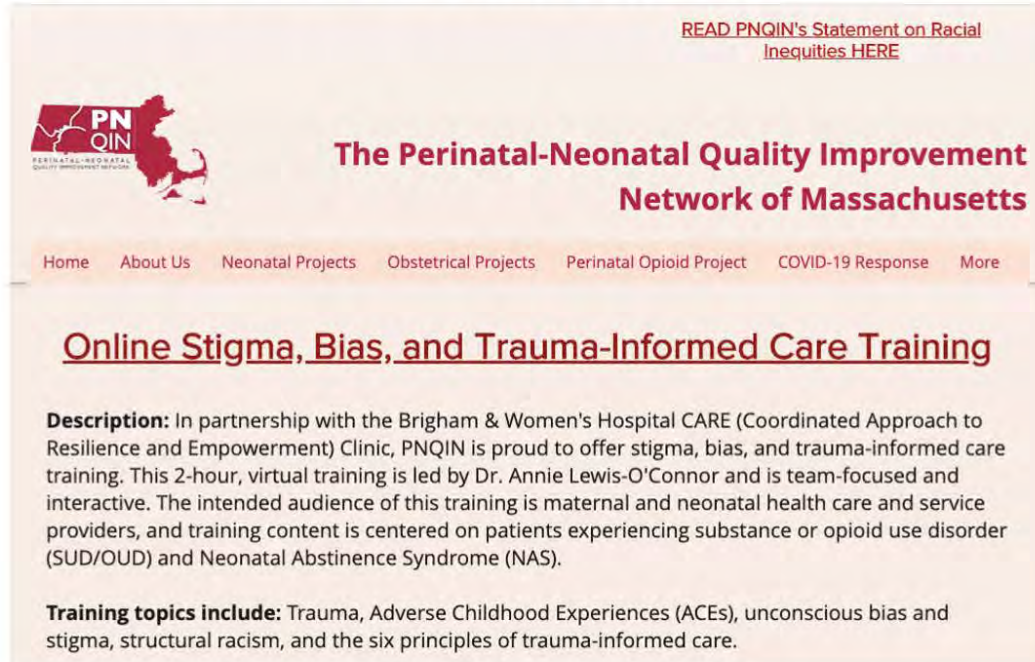


Systemic Barriers Removed


Stigma, Bias, and Trauma-Informed Care Training

PNQIN partnered with Dr. Annie Lewis-O'Connor at BWH's C.A.R.E. clinic to provide 2-hour, virtual trainings to hospitals teams July-Sept 2020

- Hospital sites trained: 15
- Providers trained: 185
- Created 1-year enduring CE credit program to host a training recording on our website; CMEs, CNEs, and SW credits available



READ PNQIN's Statement on Racial Inequities [HERE](#)

 **The Perinatal-Neonatal Quality Improvement Network of Massachusetts**

[Home](#) [About Us](#) [Neonatal Projects](#) [Obstetrical Projects](#) [Perinatal Opioid Project](#) [COVID-19 Response](#) [More](#)

Online Stigma, Bias, and Trauma-Informed Care Training

Description: In partnership with the Brigham & Women's Hospital CARE (Coordinated Approach to Resilience and Empowerment) Clinic, PNQIN is proud to offer stigma, bias, and trauma-informed care training. This 2-hour, virtual training is led by Dr. Annie Lewis-O'Connor and is team-focused and interactive. The intended audience of this training is maternal and neonatal health care and service providers, and training content is centered on patients experiencing substance or opioid use disorder (SUD/OD) and Neonatal Abstinence Syndrome (NAS).

Training topics include: Trauma, Adverse Childhood Experiences (ACEs), unconscious bias and stigma, structural racism, and the six principles of trauma-informed care.

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AIM Racial and Ethnic Disparities

- 8 hours of live virtual interactive learning
- Teaches quality improvement strategies to support individuals and groups with dismantling racism, providing quality equitable care, and reducing health disparities
- Trainings in Jan, March, May, and September 2021
- Free to MA providers thanks to MDPH!



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DPH Racial Equity Data Road Map

- This tool, created to help eliminate structural racism, is a collection of guiding questions, tools, and resources to assist programs in taking concrete steps to better identify, understand, and act to address racial inequities.
 - Visit <https://www.mass.gov/service-details/racial-equity-data-road-map> to download a PDF or DOCX of the road map tool and overview.
 - Feel free to email RESPIT@mass.gov for additional details or with questions.

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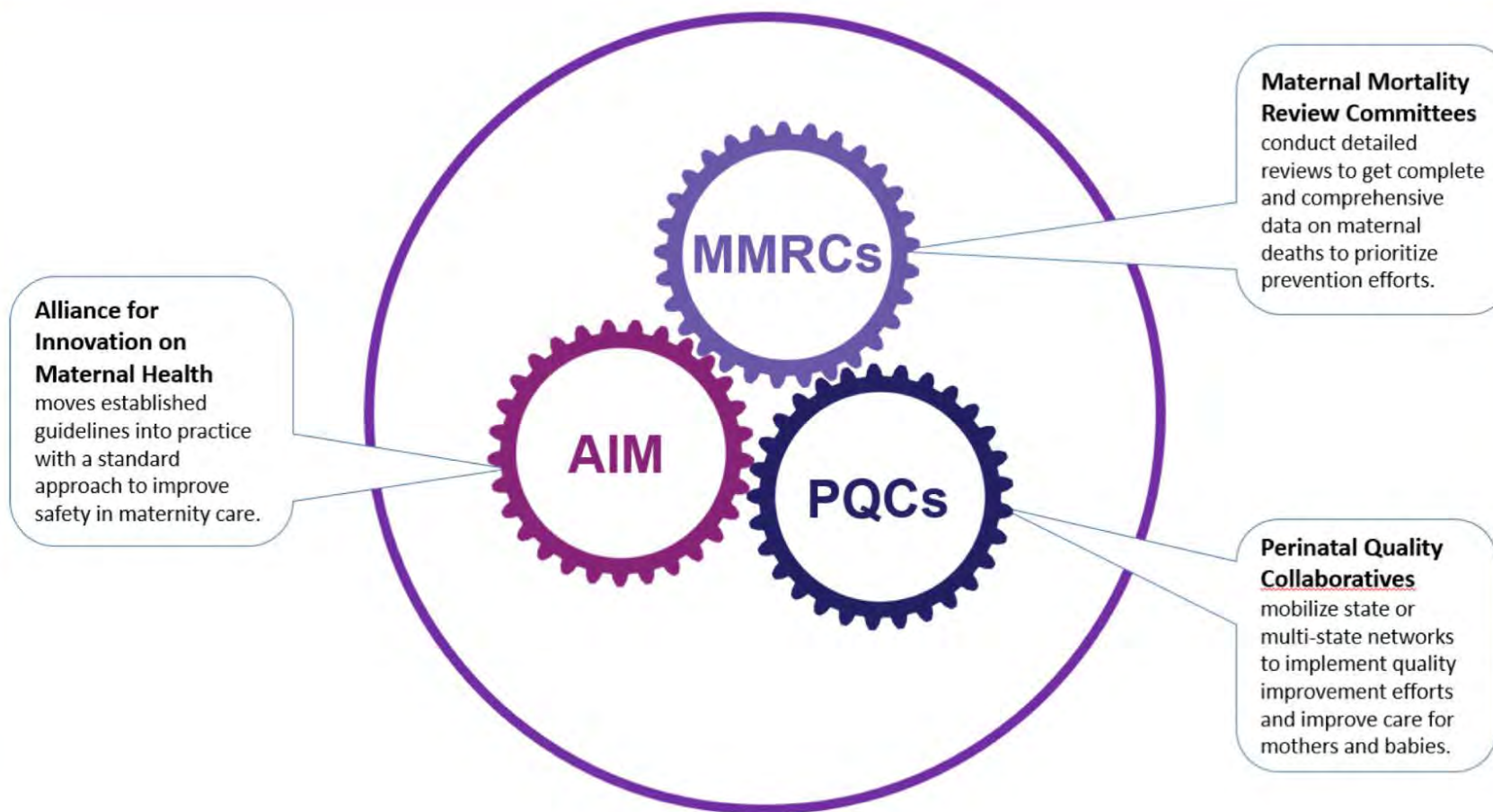
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We have infrastructure to drive improvement in maternal health



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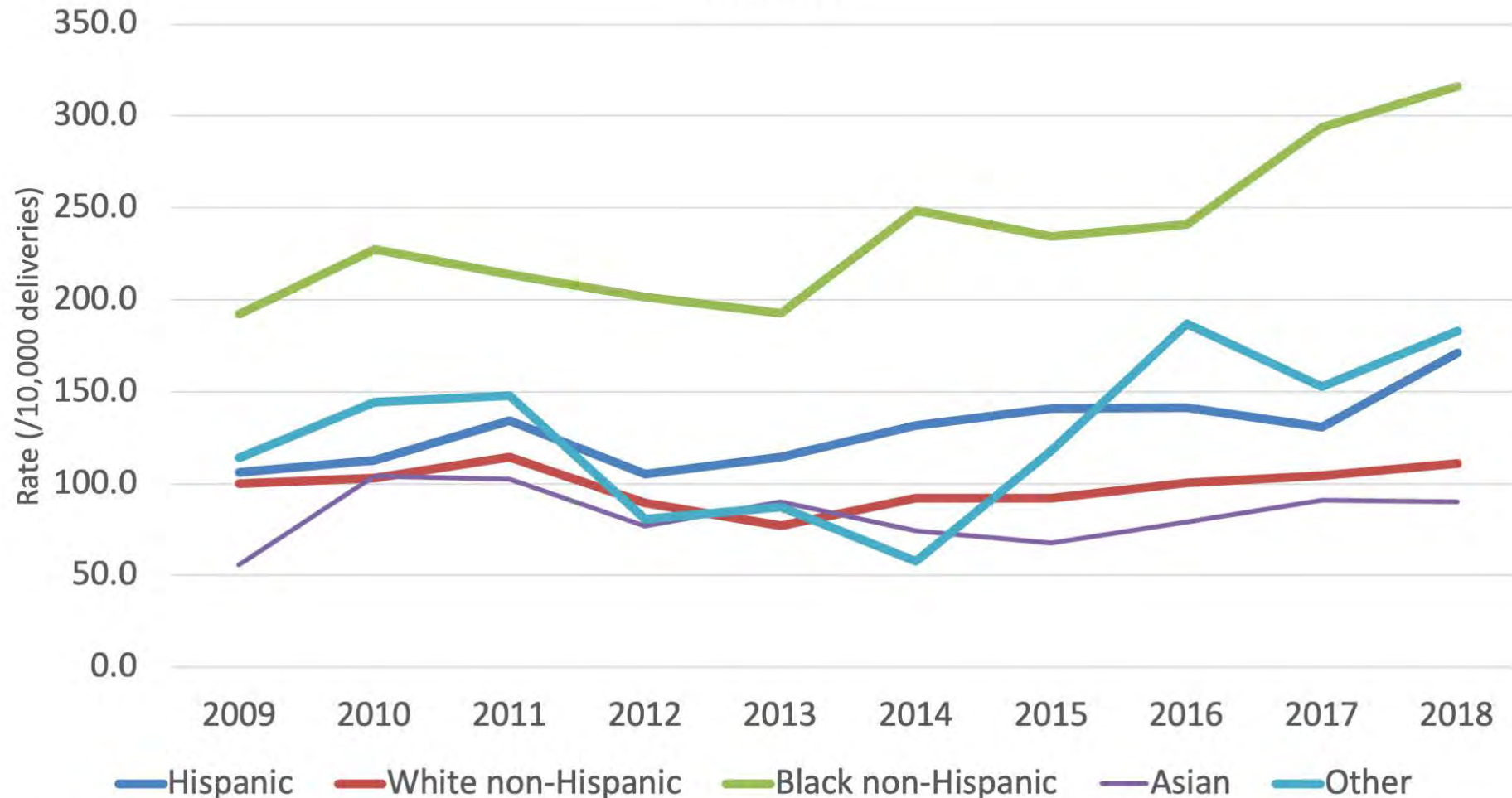
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SMM is going up for all groups, but highest for Black/Non-Hispanic over time

SMM20 among Deliveries in MA, 2009-2018



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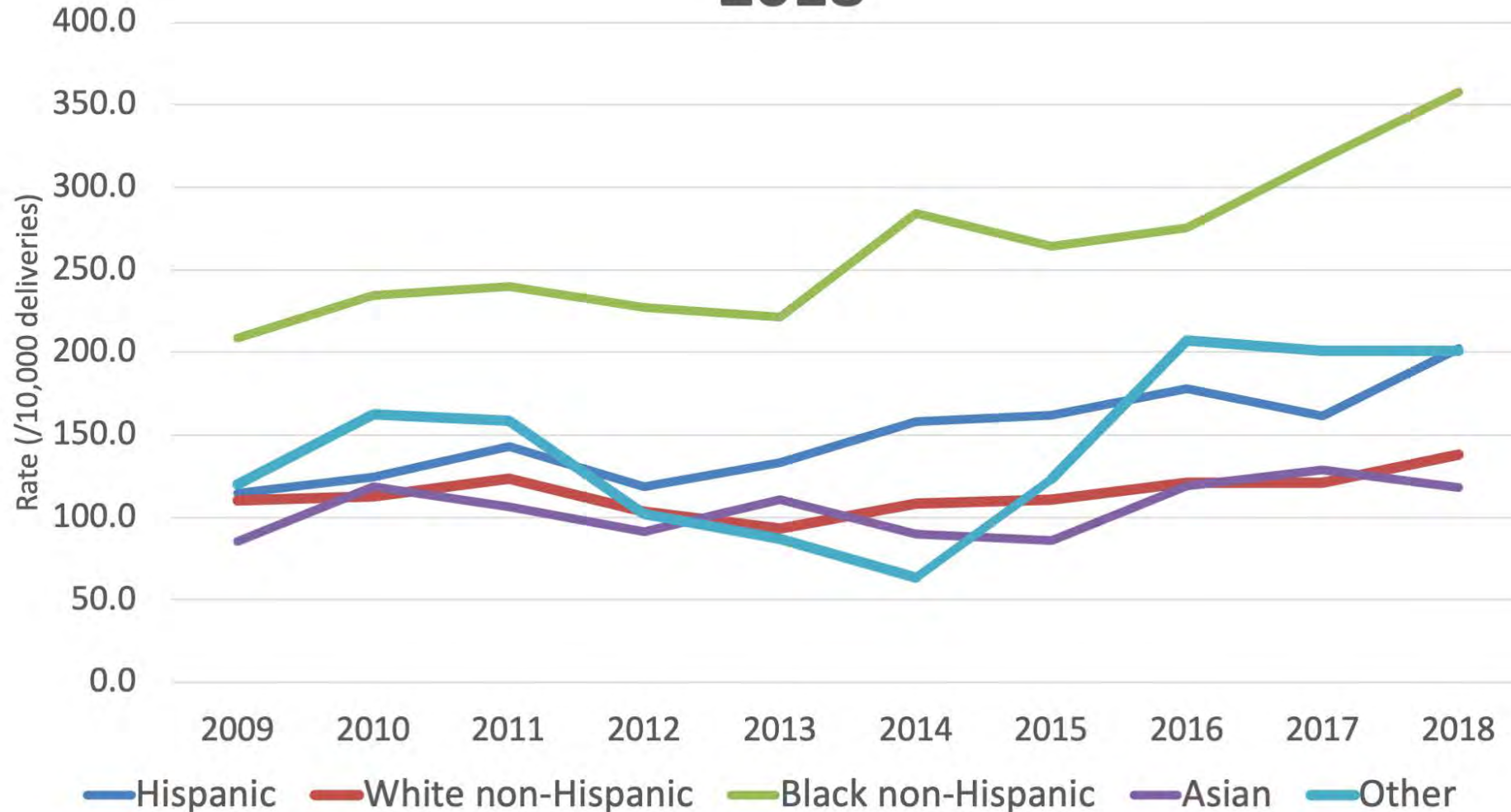
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Next steps

- Webinar #1: Ongoing Follow Up
 - Today: Share Questions or Concerns
 - Feb. 16th: Formal Introductory Letter and Survey Link
 - March 31st: Survey Closes to Participants
- Webinar #2: March 2nd, 2021 from 12-1pm
 - Review challenges to implementing levels of maternal care
 - Address questions and concerns after exposure to LOCATe
 - Seek to engage others with interest in the paradigm
- Webinar #3: April 2021
 - Lessons from LOCATe about Levels of Maternal Care

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Questions or concerns?



Email: PNQINadmin@pnqinma.org

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