



Maternal Initiatives Overview

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Vision

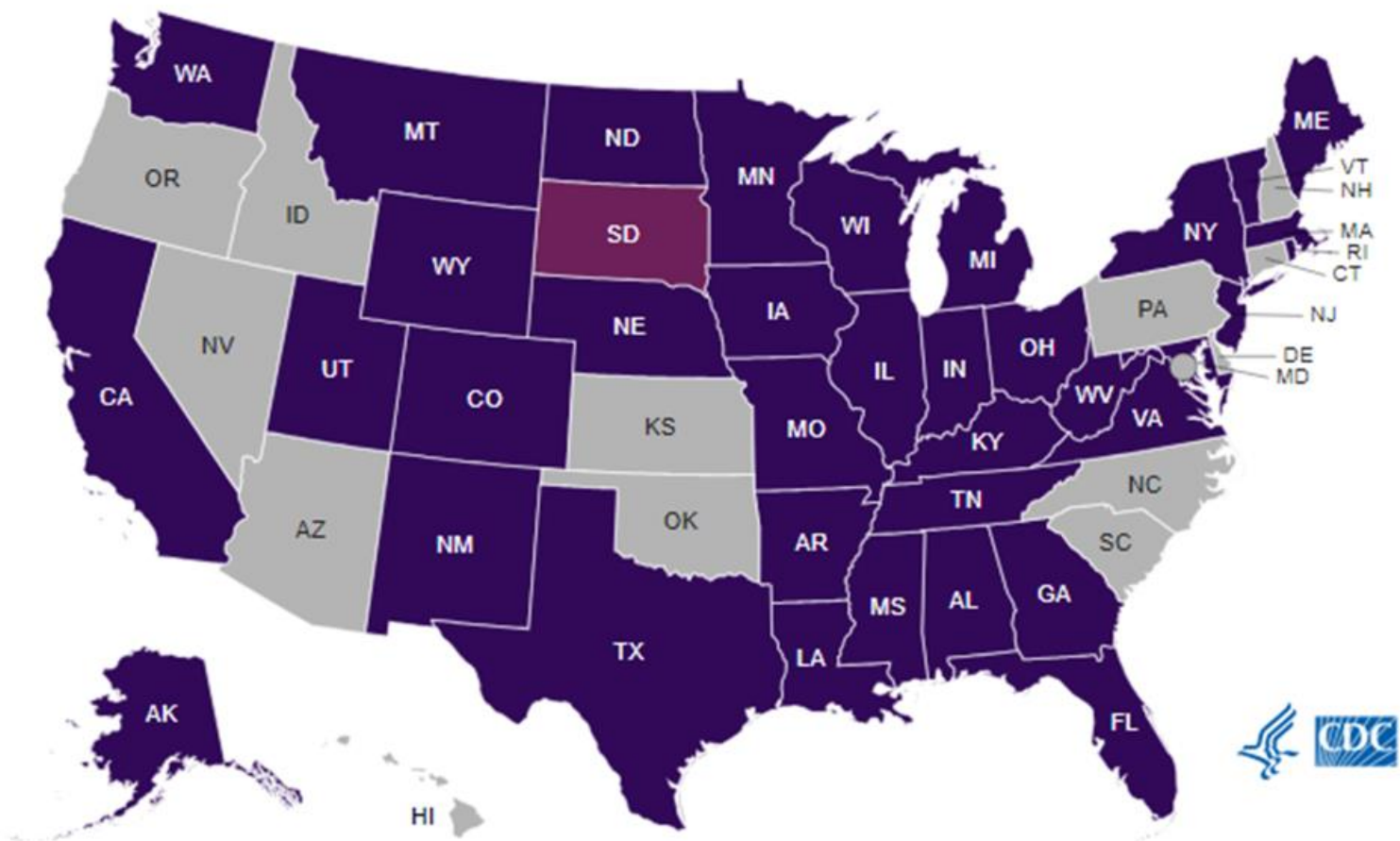
Better perinatal outcomes and health equity for every Georgia mother and baby.

Mission

To engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement collaborative.



PQCs Funded in the United States



Legend

- Not Funded
- Funded
- Participating

- PQCs in all 50 states
- 1:13 states to receive CDC funding (2017-2022)
- As of August, 2023 there are 36 state-based PQCs funded by CDC



CDC Division of Reproductive Health
Perinatal Quality Collaboratives (PQCs)



Mi
MARCH OF DIMES

NNPQC
National Network of Perinatal Quality Collaboratives

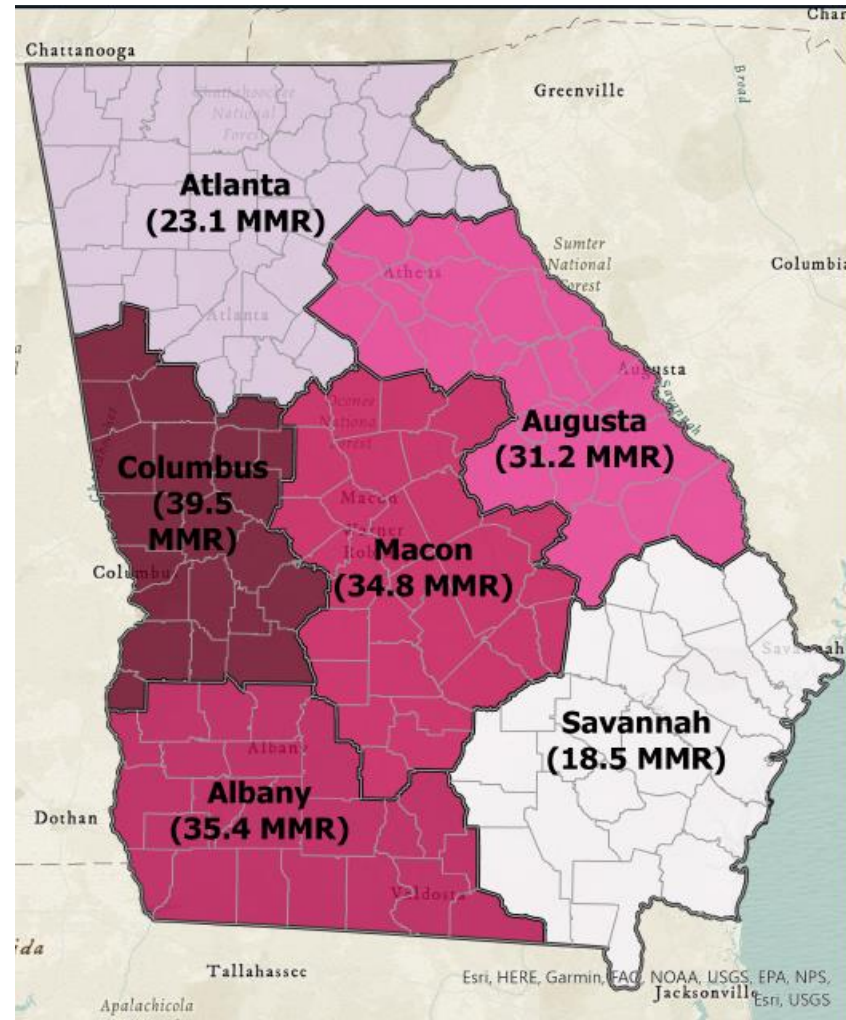
NICHQ
National Institute for Children's Health Quality

Pregnancy-Related Mortality Ratio by Year of Death, Georgia, 2012-2020

Years	Frequency	Live Births	Ratio *
2012-2014	101	389399	25.9
2015-2017	98	390431	25.1
2018-2020	113	374680	30.2

*Deaths per 100,000 Live Births

Pregnancy-Related Mortality Ratio by Perinatal Region of Residence, 2016-2020



Pregnancy-Related Mortality Ratio by Race/Ethnicity, Georgia, 2018-2020



22.7

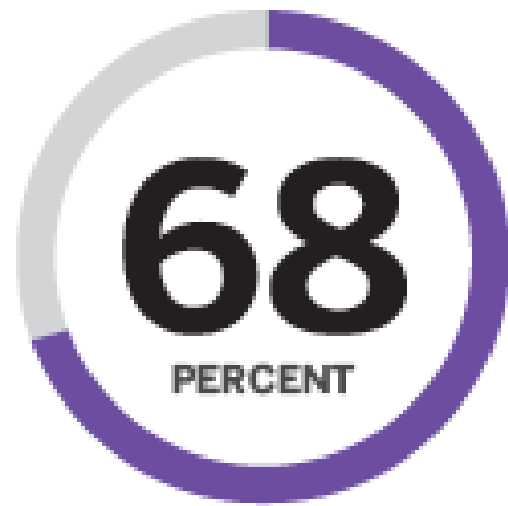
**PREGNANCY-RELATED
DEATHS**
PER 100,000 LIVE BIRTHS
**AMONG NON-HISPANIC
WHITE WOMEN**

48.6

**PREGNANCY-RELATED
DEATHS**
PER 100,000 LIVE BIRTHS
**AMONG NON-HISPANIC
BLACK WOMEN**



Pregnancy-Related Deaths by Payor Among Pregnancy-Related Deaths Occurring After Delivery with a Known Primary Payor



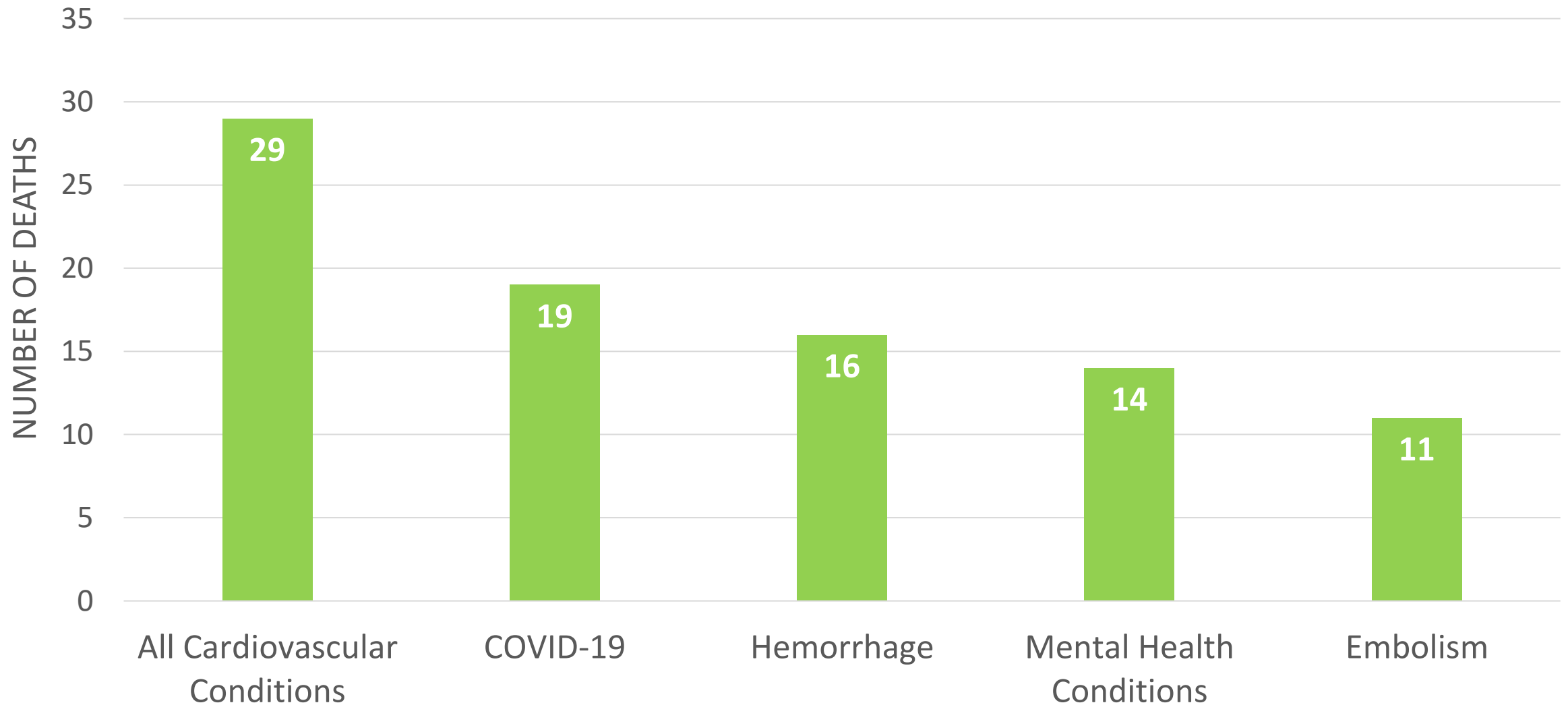
MEDICAID



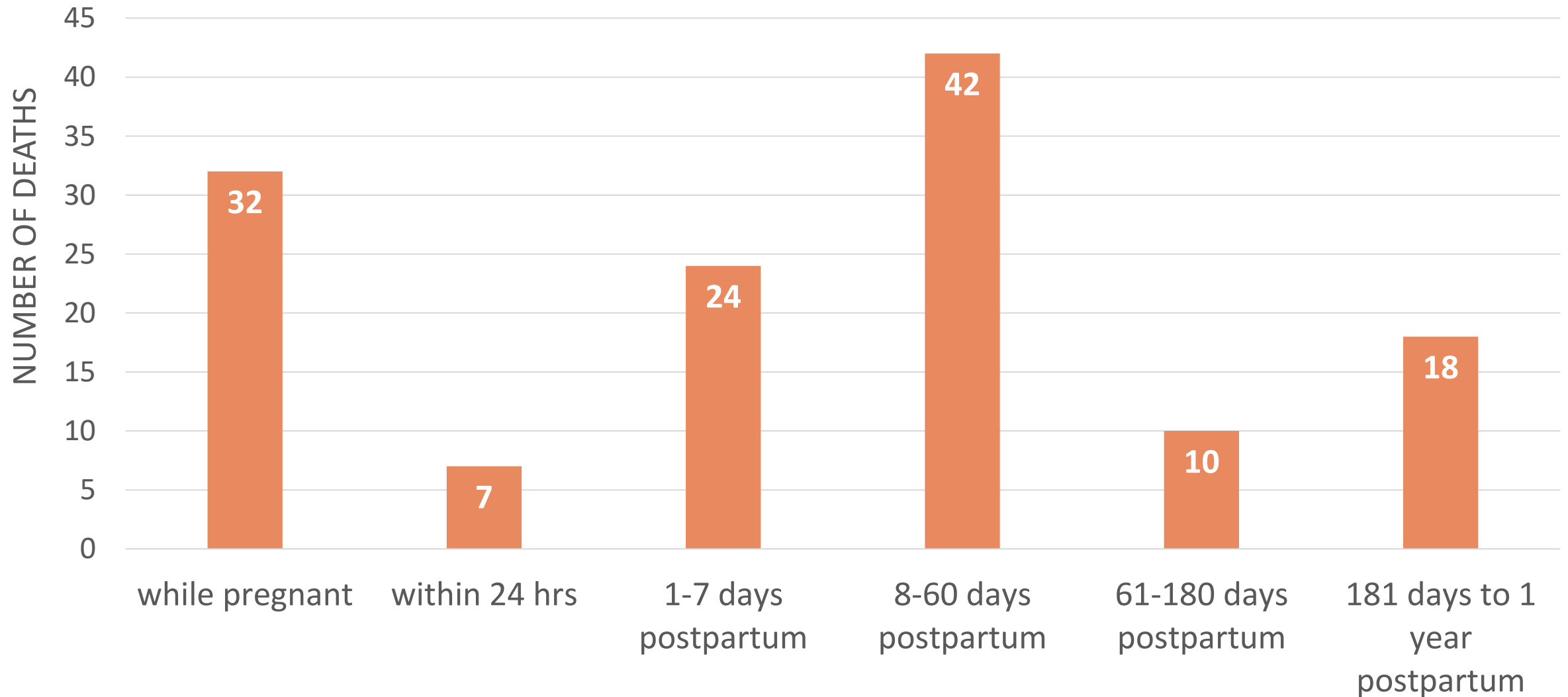
NON-MEDICAID



Leading Causes of Pregnancy-Related Deaths, Georgia, 2019-2021



Pregnancy-Related Deaths By Timing Of Death, Georgia, 2019-2021



Obstetric Hemorrhage



Severe Hypertension



Cardiac Conditions in
Obstetrical Care

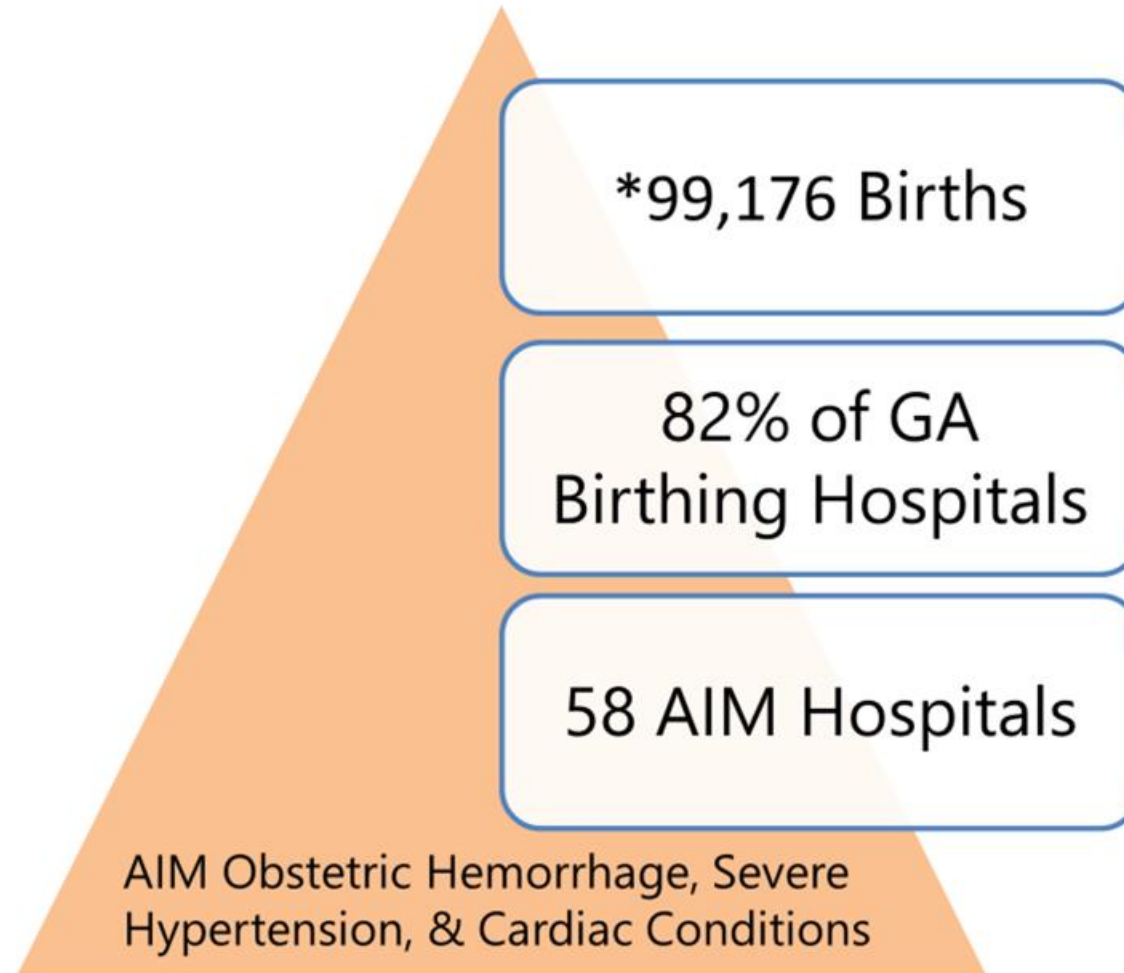
Statewide Maternal Initiatives

Health Equity



= Actively Engaged Initiative

Georgia Birthing Facilities Participation in GaPQC AIM Initiatives



OB Hemorrhage Initiative (In sustainability)



Launched 2018, in sustainability since 2022

Consistently staying below baseline SMM rate

Sustain the Gains

In your own words....



Successes:

Multiple hospitals have demonstrated hardwired processes including consistent order set usage, regular drills, and standardized HMG carts.

"The management of postpartum HMG has become a second nature process for the whole hospital system. Readily available equipment & medications in the OB HMG cart has been very helpful."

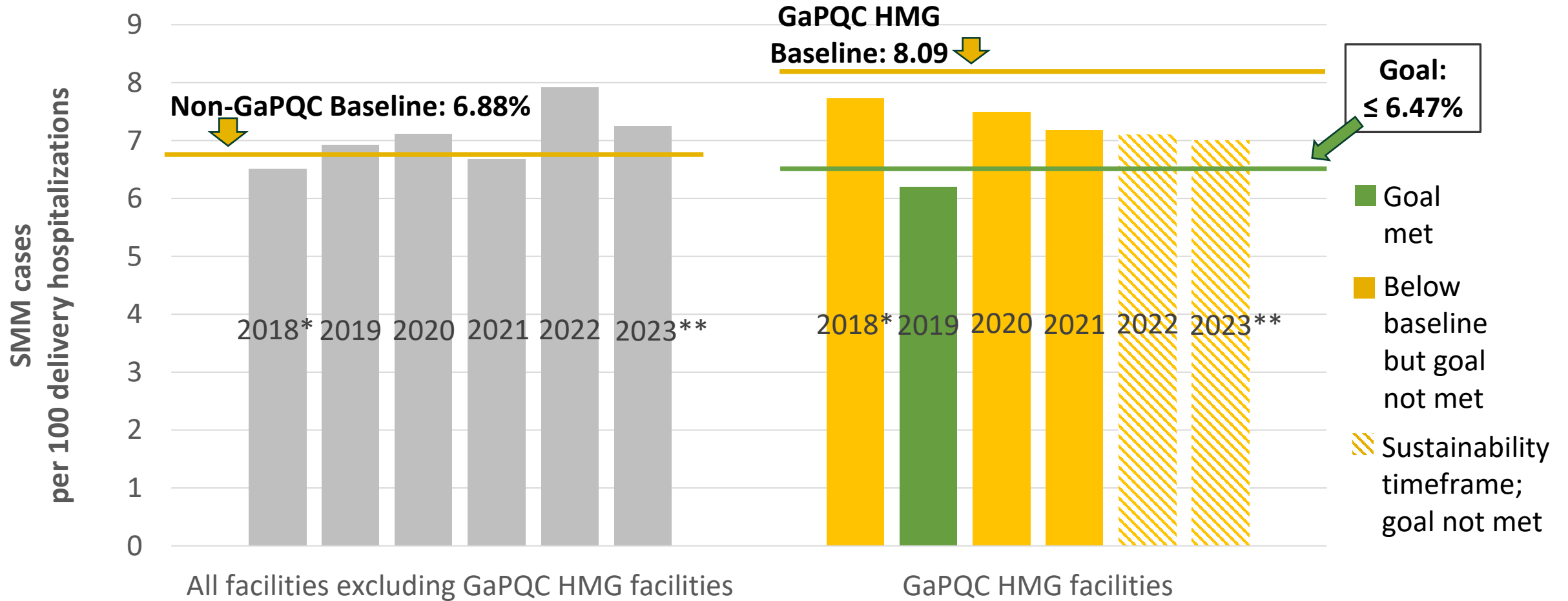
"Improved accuracy in reporting OB hemorrhage cases based on QBL"

"New staff appreciate the case debriefs and having drills...they feel more prepared....."

Ongoing Challenges:

- Staff turnover effects the on-going training. This includes contract staff and how educators are monitoring who has participated in drills and training.
- Ongoing compliance with measuring QBL

Severe Maternal Morbidity (SMM) Excluding Transfusions Among Birthing Persons with Hemorrhage



*2018 data include hospital discharges beginning after bundle initiation date of 04/01/2018

**2023 data include hospital discharges during 01/01/2023 through 09/30/2023 (Q1-Q3) and are provisional.

Key Points for Severe HTN Initiative

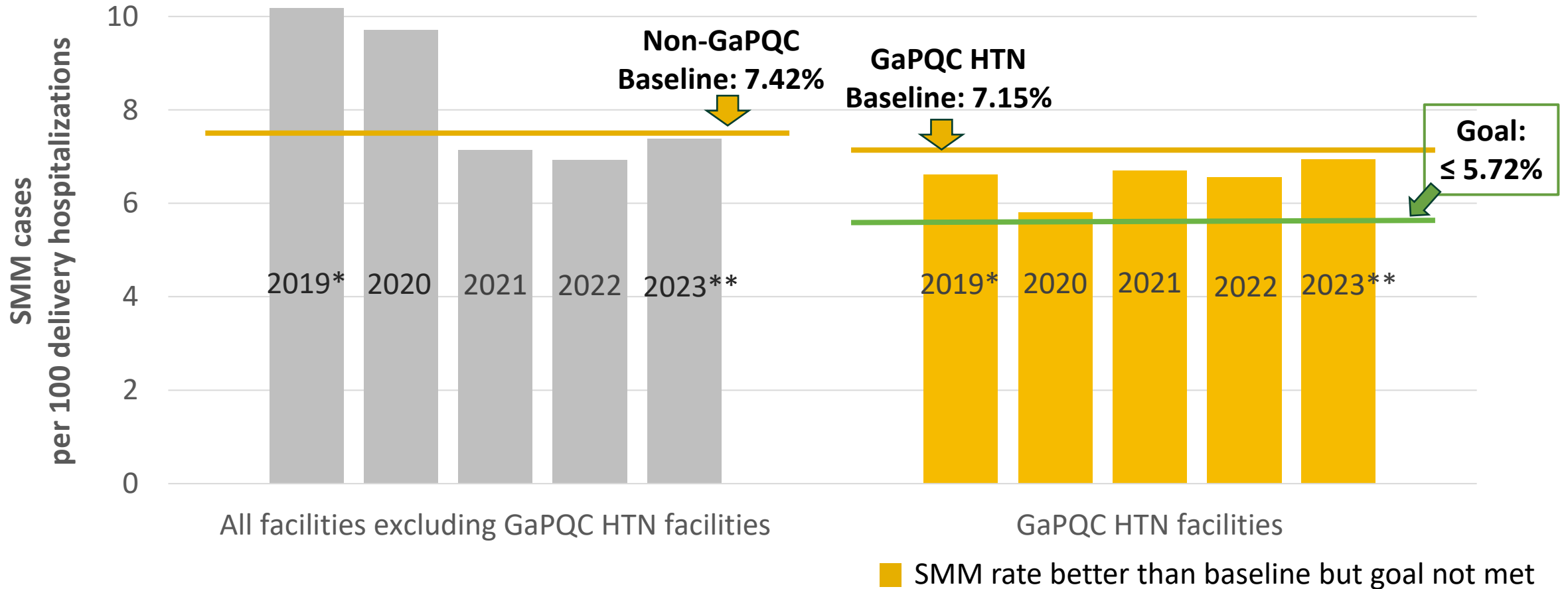


Remain below baseline but goal has not been met

Significant disparities continue to exist

Quality Improvement is data driven

Severe Maternal Morbidity (SMM) Excluding Transfusions Among Birthing Persons with Hypertension

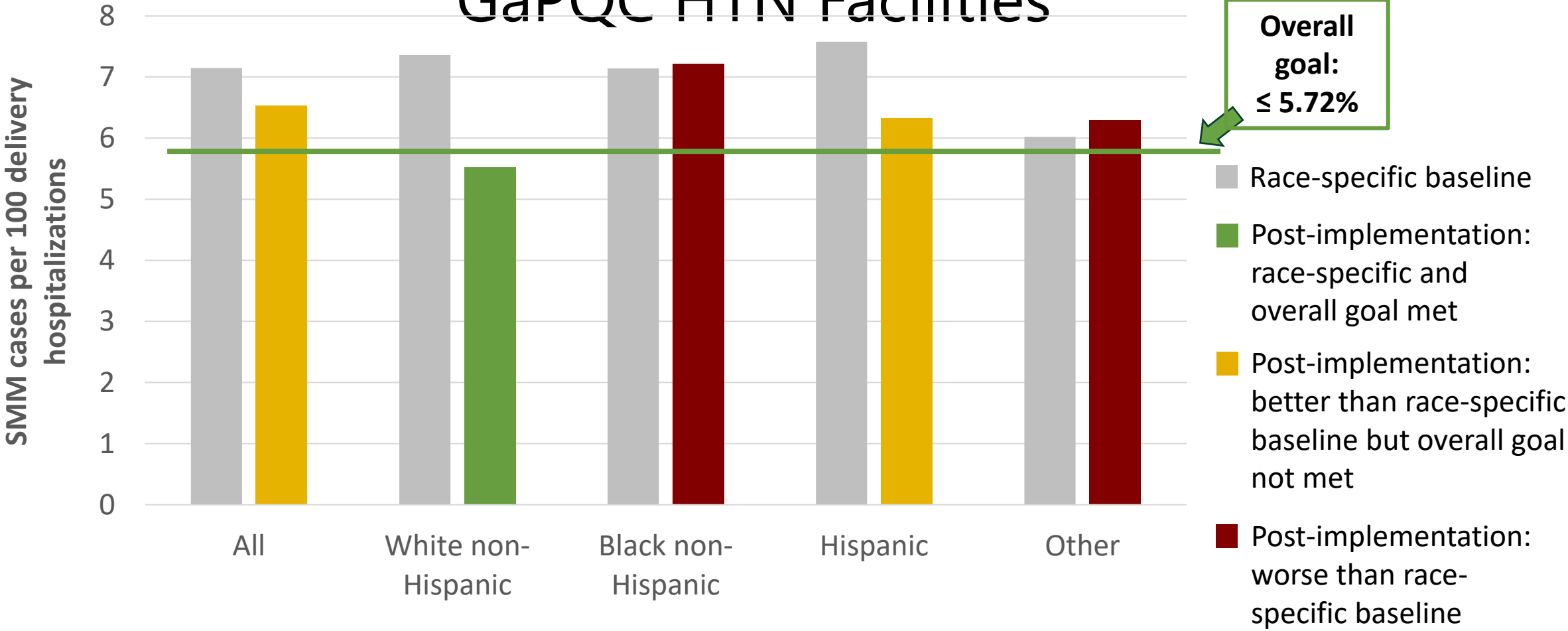


*2019 data include hospital discharges beginning after bundle initiation date of 07/01/2019.

** 2023 data include hospital discharges during 01/01/2023 through 09/30/2023 (Q1-Q3) and are provisional.

GaPQC HTN participating hospital numbers changed annually and ranged from n=35-53

SMM Rates Excluding Transfusions Among Birthing Persons with Hypertensive Conditions at GaPQC HTN Facilities

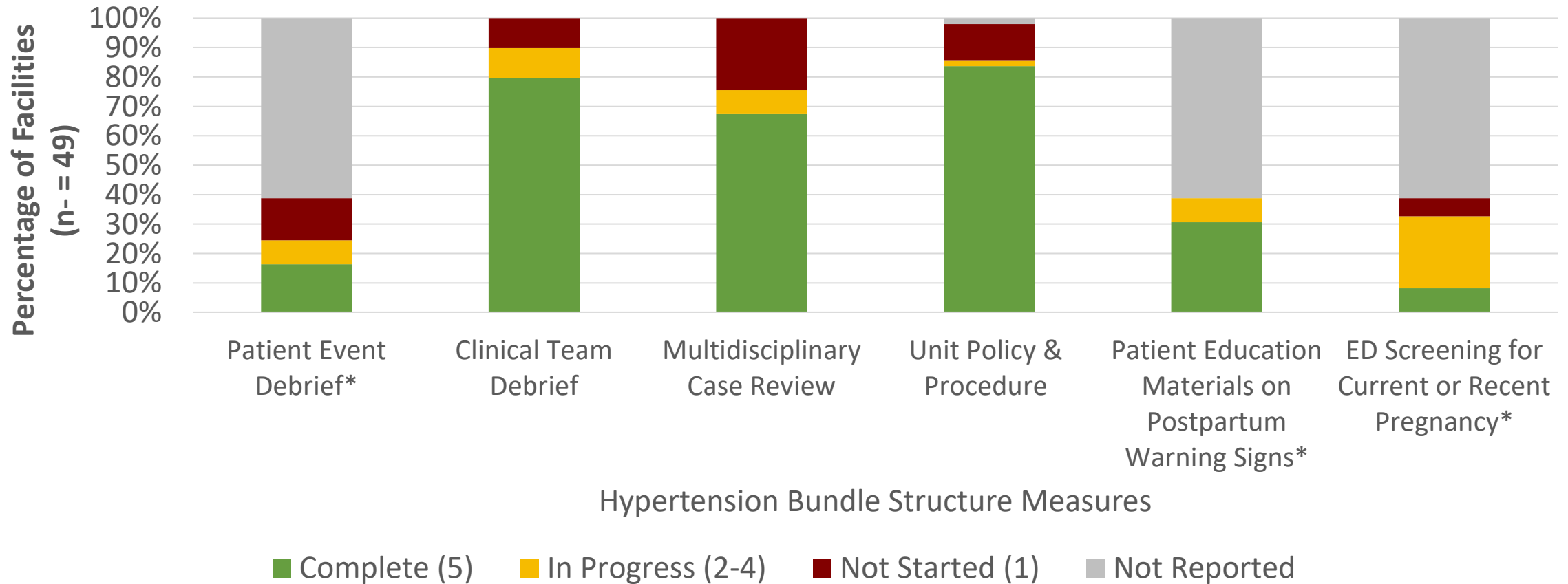


Note: Baseline and implementation timeframes differ by facility due to differing bundle start dates.

†Other race/ethnicity may include Asian, American Indian or Alaska Native, Native Island or Other Pacific Islander, Multiracial, other or unknown races, or unknown ethnicity.

Implementation of Hypertension Bundle Structure Measures as Last Reported by Facilities

Goal:
≥ 80%

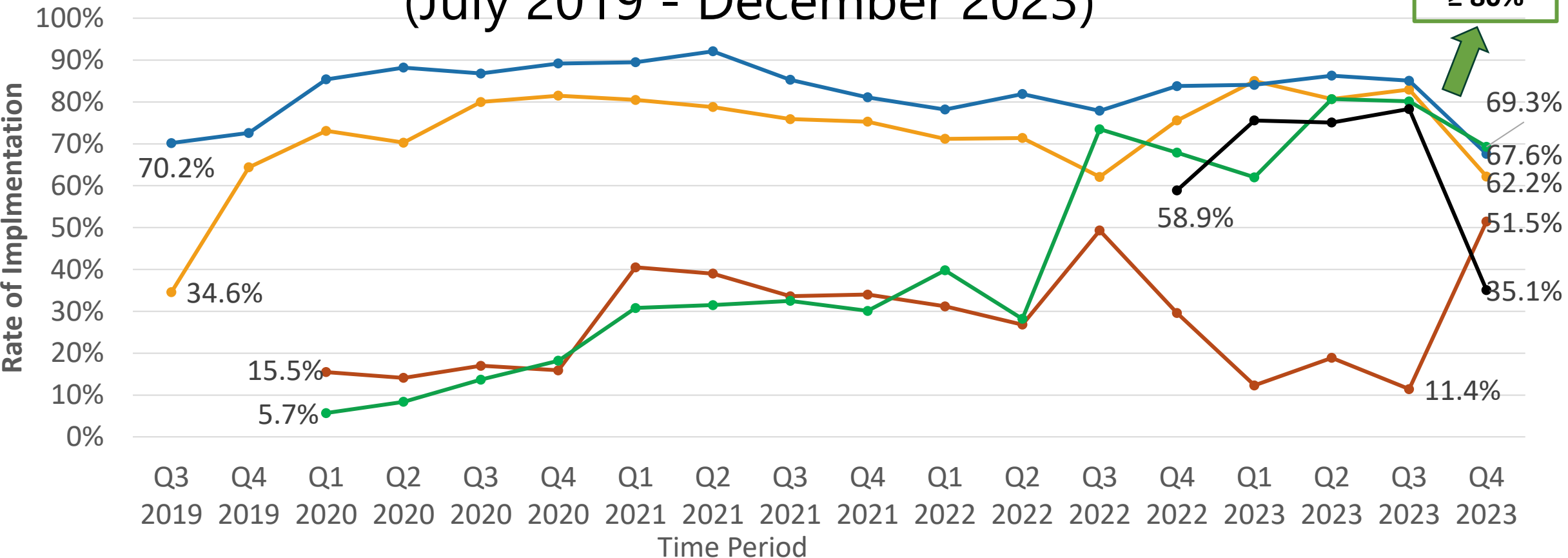


*Select process measures began data collection during the Hypertension Bundle in Q3 2022

Severe Hypertension Education Process Measures

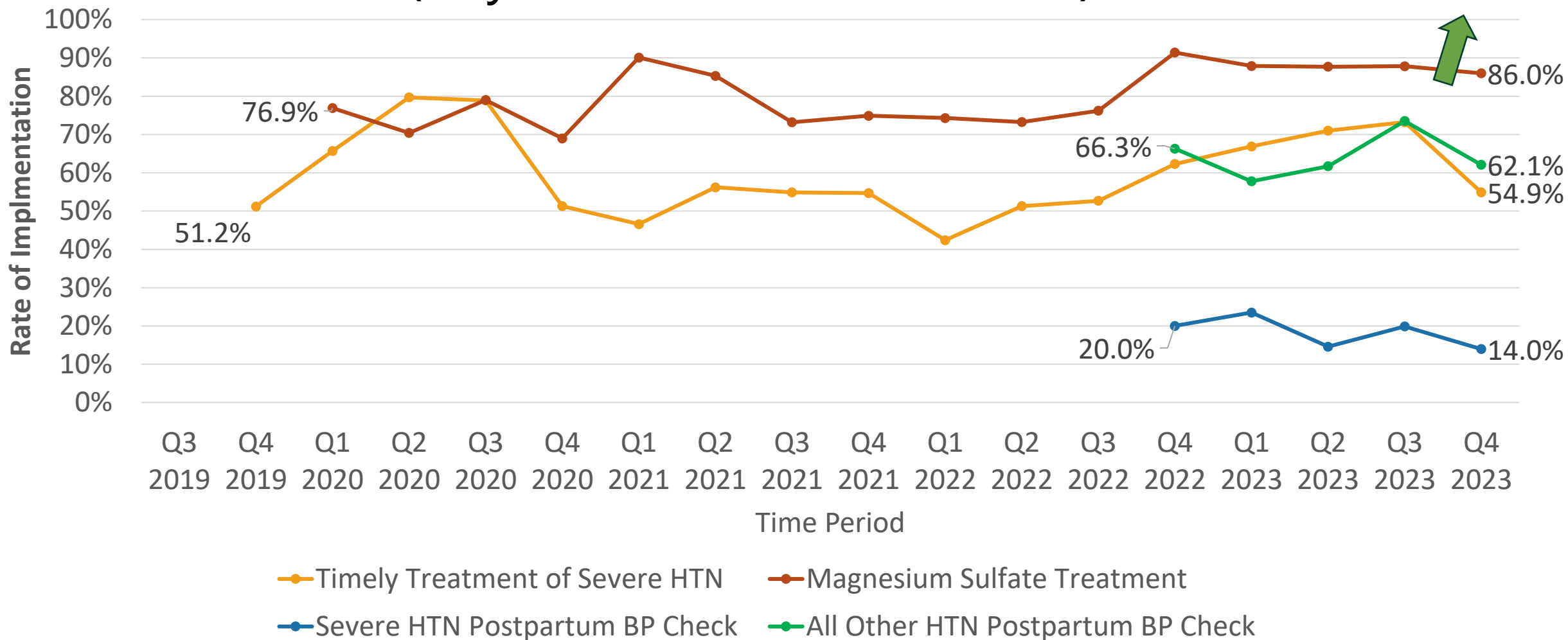
Georgia Collaborative-Wide Rate

(July 2019 - December 2023)



- Preeclampsia Provider Education
- Preeclampsia Nurse Education
- ED Provider & Nursing Education
- Implicit Bias/Equity Provider Education
- Implicit Bias Nurse Education

Severe Hypertension Management & Treatment Process Measure Georgia Collaborative-Wide Rate (July 2019 - December 2023)



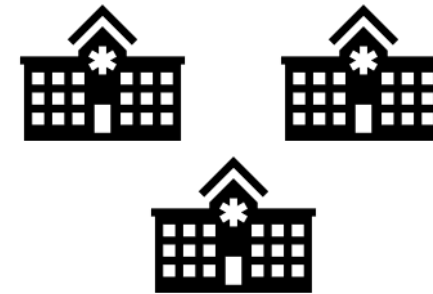
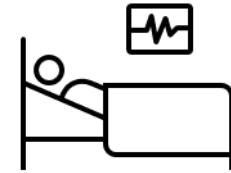
Wave 1 – July 2022

HOSPITAL	REGION	LEVEL OF CARE
Atrium Health Navicent	Macon	III
Augusta University Medical Center	Augusta	III
Northeast GA Medical Center-Braselton	Atlanta	III
Northeast GA Medical Center-Gainesville	Atlanta	III
Grady Health System	Atlanta	III
Liberty Regional Medical Center	Savannah	I
Memorial Health University Medical Center	Savannah	III
Northside Hospital Atlanta	Atlanta	III
Northside Hospital Cherokee	Atlanta	III
Northside Hospital Forsyth	Atlanta	III
Northside Hospital Gwinnett	Atlanta	III
Wellstar Kennestone Hospital	Atlanta	III

Wave 2 - January 2024

HOSPITAL	REGION	LEVEL OF CARE
Coffee Regional	Savannah	I
Northeast GA Medical Center-Habersham	Atlanta	I
Piedmont Columbus Regional	Columbus	III
Tift Regional Medical Center	Macon	II

16 Hospitals



Cardiac Conditions Initiative
Goal: 28 Hospitals by 2027

Key Driver Diagram: Maternal Cardiac Conditions

GOAL:

To reduce severe morbidity & mortality related to maternal cardiac conditions in Georgia.

SMART AIM:

By 02/6/2026, **National Wear Red Day**, to reduce harm related to existing and pregnancy related cardiac conditions through the 4th trimester by **20%**.

Key Drivers

Readiness: EVERY UNIT - Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

Recognition & Prevention: EVERY PATIENT - Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

Response: EVERY UNIT - Care management for every pregnant or postpartum woman with cardiac conditions in pregnancy and post-partum.

Reporting/System Learning: EVERY UNIT - Foster a culture of safety and improvement for care of women with cardiac conditions in pregnancy and post-partum.

Respectful, Equitable, and Supportive Care — EVERY UNIT/PROVIDER/TEAM MEMBER - Inclusion of the patient as part of the multidisciplinary care team.

INTERVENTIONS

- Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
 - Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
 - Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
 - Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period. S1**
 - Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.
 - Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care
 - Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care. *
- Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
 - In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. S2**
 - Assess if escalating warning signs for an imminent cardiac event are present.
 - Utilize standardized cardiac risk assessment tools to identify and stratify risk.
 - Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.
- Facility-wide standard protocols with checklists and escalation policies for management of **cardiac symptoms**.
 - Facility-wide standard protocols with checklists and escalation policies for management of people **with known or suspected cardiac conditions**.
 - Coordinate transitions of care including the discharge from the birthing facility to home and transition from postpartum care to ongoing primary and specialty care.
 - Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens. *
 - Provide patient education focused on general life-threatening postpartum complications and early warning signs, including instructions of who to notify if they have concerns, and time and date of a scheduled postpartum visit. S3**
- For pregnant and postpartum people at high risk for a cardiac event, establish a culture of multidisciplinary planning, admission huddles and post-event debriefs.
 - Perform multidisciplinary reviews of serious complications (e.g., ICU admissions for other than observation) to identify systems issues. S4**
 - Monitor outcomes and process data related to cardiac conditions, with disaggregation by race and ethnicity due to known disparities in rates of cardiac conditions experienced by Black and Indigenous pregnant and postpartum people. **Process Measures – 1-5**
- Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.
 - Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.
 - Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team. *S5**

Readiness and Recognition



Readiness: EVERY UNIT - Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

- Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
- Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
- Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
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Recognition & Prevention: EVERY PATIENT - Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

- Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
- In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. S2**
- Assess if escalating warning signs for an imminent cardiac event are present.
- Utilize standardized cardiac risk assessment tools to identify and stratify risk.
- Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.



Readiness and Recognition Processes

P1: Standardized Pregnancy Risk Assessments for People with Cardiac Conditions

(Screen all people of childbearing age & up to 365 days PP with CVD Risk Assessment Screening Tool)

P2: Multidisciplinary Care Plan for Pregnant People with Cardiac Conditions

(Establish a Multidisciplinary Care Team and Cardiac Referral Network for pathway of care for pregnant or PP patients with cardiac conditions)

P3: OB Provider and Nursing Education – Cardiac Conditions

(Train all OB providers & nurses on signs/symptoms of Cardiac Conditions in OB)

P4: OB Provider & Nursing Education– Respectful and Equitable Care

(OB Provider & Nursing Education on Respectful & Equitable Care training)

P5: ED Provider and Nursing Education – Cardiac Conditions

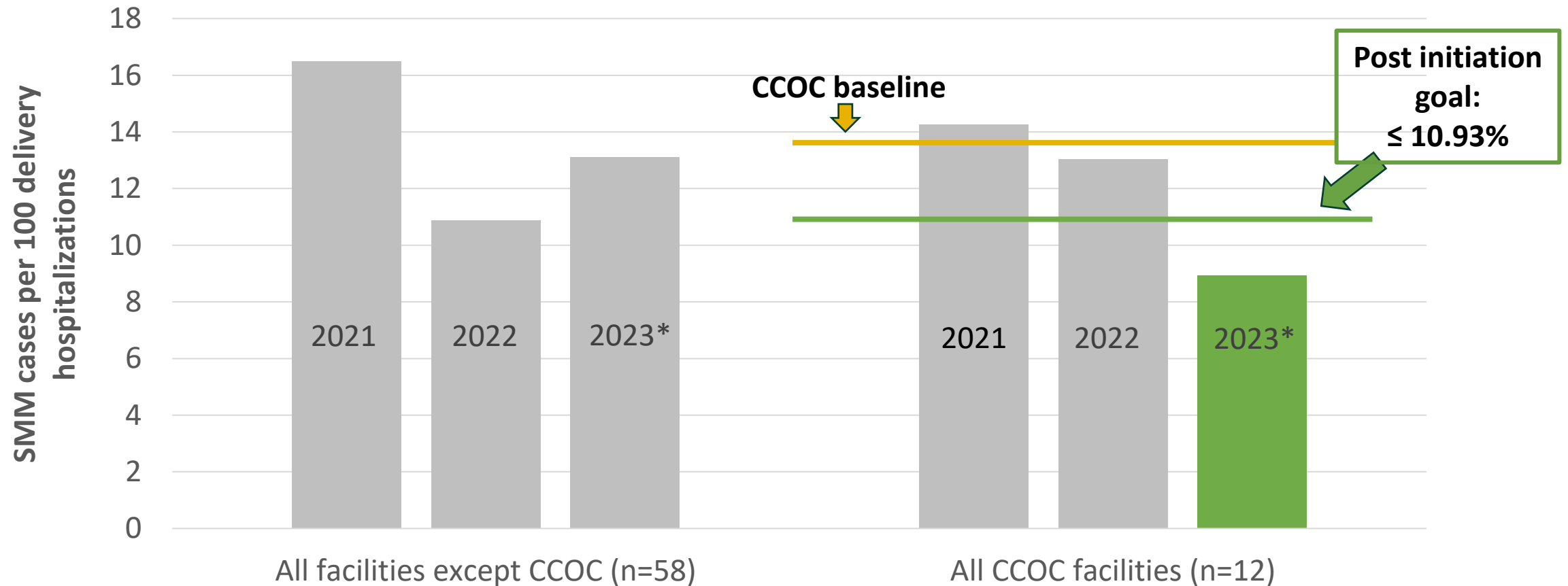
(Train all ED providers & nurses on basic signs/symptoms of Cardiac Conditions in OB patients)

S1: Multidisciplinary Pregnancy Heart Team

S2: ED screening for current or recent pregnancy

(“Pregnancy Heart Team” for appropriate screening, testing, appropriate regional center for LOC, and follow up care)

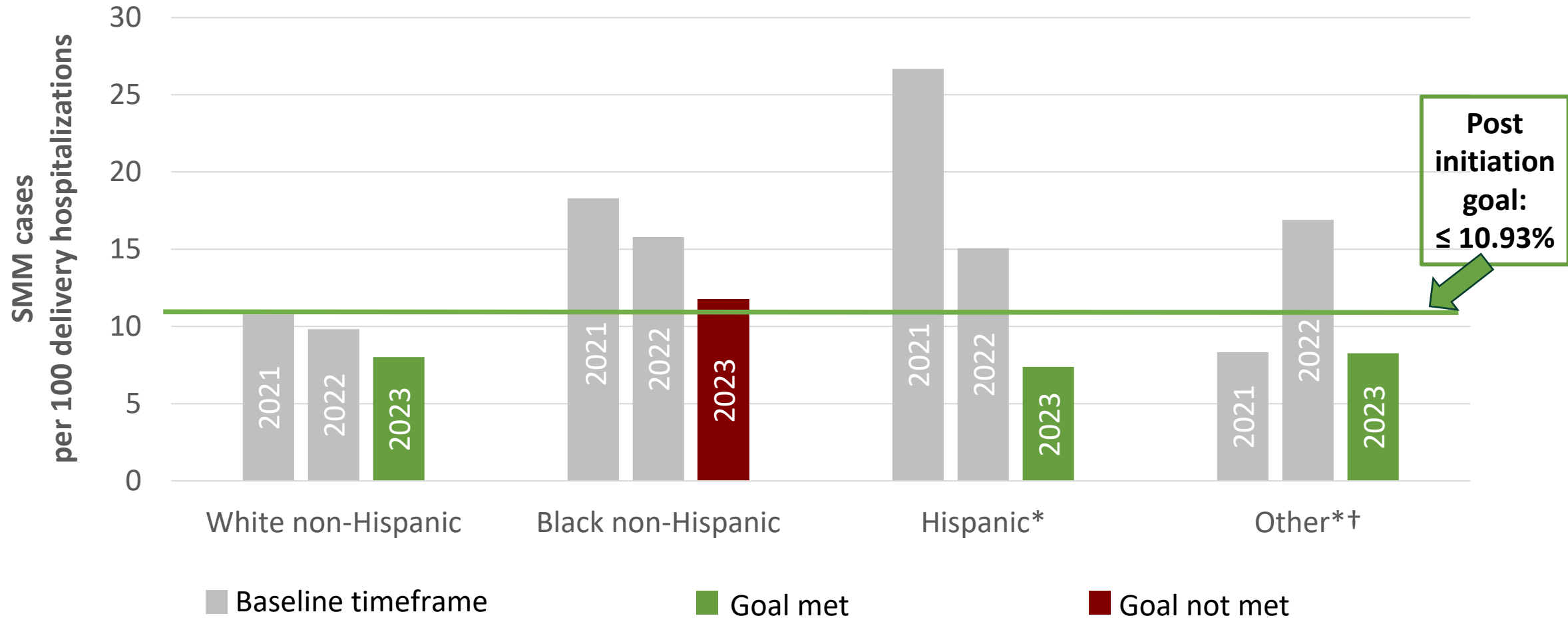
SMM Excluding Transfusions Among Persons with Cardiac Conditions, 2021-2023



Baseline period was 2021-2022.
CCOC Wave 1 began 1/1/2023 and included 12 facilities.
2023 data are for Q1 – Q3 and are provisional.

■ Goal met

SMM Rates Excluding Transfusions Among Persons with Cardiac Conditions at 12 GaPQC Cardiac Facilities

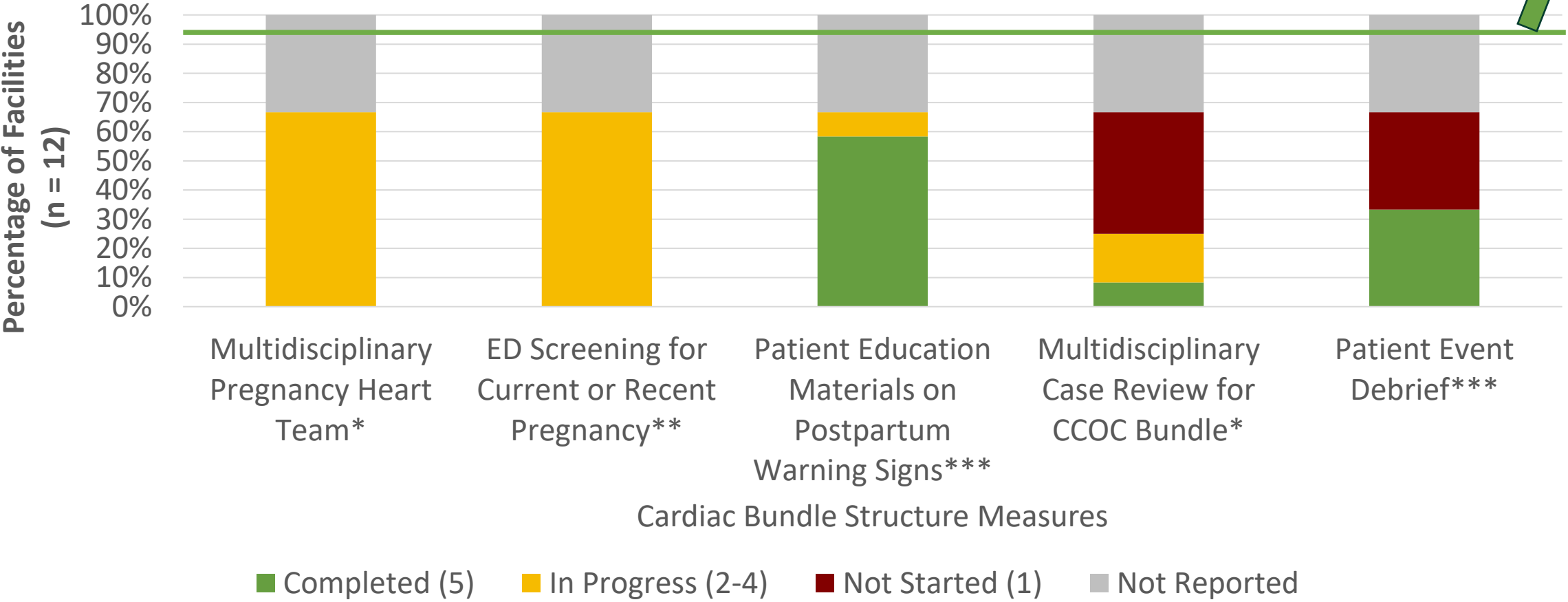


*Interpret data variation with caution due to small counts.

†Other race/ethnicity may include Asian, American Indian or Alaska Native, Native Island or Other Pacific Islander, Multiracial, other or unknown races, or unknown ethnicity.

Implementation of Cardiac Bundle Structure Measures as Last Reported by Facilities

Goal:
≥ 80%



* CCOC bundle-specific structure measure
 ** HTN & CCOC bundle structure measure
 *** HMG, HTN & CCOC bundle structure measure

GaPQC
Webpage



Home About Maternal Neonatal Members Resources

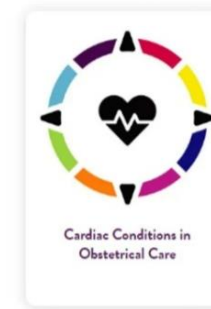
Maternal Initiatives



Obstetric Hemorrhage



Severe Hypertension in
Pregnancy



Cardiac Conditions in
Obstetrical Care

Our Partners



www.georgiapqc.org

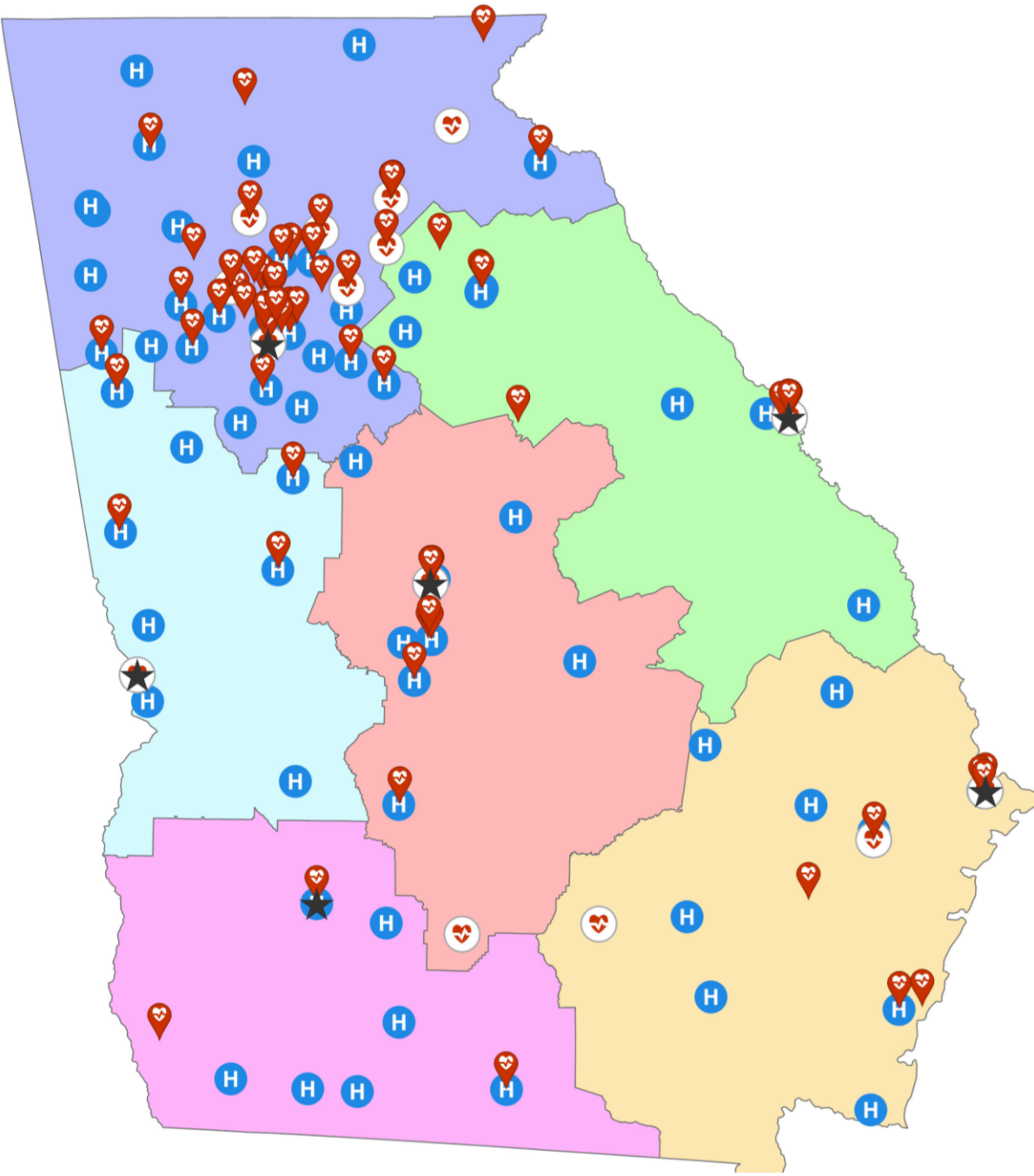
GA Cardiology Referral Network

For Pregnant and Postpartum People

- ★ Regional Perinatal Centers
- 📍 Cardiologist Locations
- 🏥 GaPQC Cardiac Hospitals
- 🏥 Birthing Hospitals

Perinatal Regions

- Albany
- Atlanta
- Augusta
- Columbus
- Macon
- Savannah





GaPQC Updates

Happy New Year to our hospital teams and partners! We hope you all had a wonderful holiday season. We are excited for the new year and look forward to supporting your neonatal and maternal QI efforts in 2024.

An implementation survey has been sent to our maternal teams to assess needs and evaluate progress with bundle implementation. We are hoping to collect survey responses from teams working on GaPQC's maternal initiatives so we can better support you all in 2024. If you haven't completed the survey yet, you may do so [HERE](#). This may help get your team recognized at our Annual GaPQC conference!

GaPQC attended the National Network of Perinatal Quality Collaboratives (NNPQC) meeting in Denver, Colorado Dec 5-6th. The team participated in a poster session focusing on GaPQC's Severe HTN in Pregnancy initiative and also presented on GaPQC's Cardiac Conditions in OB Care (CCOC) initiative during the implementation breakout session.

We are excited to announce the addition of hospitals to our Wave 2 Cohort for the CCOC initiative. Is your team interested in enrolling in the CCOC initiative? If so, you can download and complete the enrollment [HERE](#) or visit www.georgiapqc.org/cardiac-conditions to learn more.

Thank you to Atrium Health Floyd and Augusta University Health Medical Center/ Wellstar MCG Health for participating in ONN site visits.

Celebrating the Bright Spots

HOPE For Georgia Moms
Northeast Georgia Medical Center

To implement the CCOC AIM Bundle, Northeast Georgia Medical Center partnered closely with Northeast Georgia Physician Group (NGPG), The Longstreet Clinic (TLC) Obstetrics, The Women's Heart Center at Georgia Heart Institute (GHI) Cardiology, as well as staff from Emergency Medicine, Pharmacy, and Nursing.

A key focus of the CCOC AIM bundle is for providers to recognize the importance of screening pregnant and postpartum women for increased risk of cardiovascular disease (CVD). The IT Department built the CMOCC CVD Risk Assessment into EPIC, which included a standardized order panel for those identified "at risk," and a corresponding Best Practice Alerts (BPA) for both nursing and providers.

As of 1/4/2024, a total of 885 patients have been screened with either paper or EPIC integrated CVD Risk Assessment, which has resulted in 33 patients deemed "at risk" (3.7% positivity rate) and who have received a follow-up referral with The Women's Heart Center. Our next steps include implementing the CVD risk assessment in the systems OB and Primary Care offices, as well as the 9 Urgent Care offices.



SUBMIT YOUR "BRIGHT SPOT" [HERE!](#)

Resources

The 2023 March of Dimes Report Card highlights key indicators to describe the current state of maternal and infant health. New this year is the inclusion of maternal mortality, leading causes of infant death, and data describing selected risk factors for preterm birth. [View Georgia's report card here.](#)

[AHA, AAP Update Neonatal Resuscitation Guidelines](#)

[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Healthcare](#)

The Maternal Mental Health Leadership Alliance (MMHLA) recently released two new fact sheets:

- [Birth Trauma and Maternal Mental Health Fact Sheet](#)
- [Maternal Mental Health Overview Fact Sheet](#)

[Five Steps To A Maternity Value-Based Payment Demonstration That Advances Racial Equity](#)

Additional Training Opportunity

Foundations of Health Equity Self-Guided Training Plan: This self-guided online training plan is designed to facilitate foundational knowledge and skill development on topics related to health equity, health disparities, and structural and social determinants of health. This contains 13 on-demand trainings that cover 6 health equity-related domains. [Learn more here.](#)

Upcoming Events

January 18th from 12-1 pm EST
Reproductive Mental Health ECHO: 10 (plus) Commandments for Perinatal Mental Health. [Register here.](#)

January 23th from 3-4 pm EST
The Equity Exchange: A new equity-focused virtual event series hosted by NICHQ's Department of Health Equity and Innovation. [Register here.](#)

January 24th from 12:30-1:30 pm EST
EPIC Breastfeeding Education Series: Complementary Nutrition Before Age One: not just for fun! [Register here.](#)

January 30th from 12-1 pm EST
POI Innovation Free Webinar Series: A Narrative Review of the Role of Perinatal Quality Collaboratives in Promoting Birth Racial Equity. [Register here.](#)

April 11th & 12th
34th Annual Emory Breastfeeding Conference: In-person at the Emory Conference Center. Registration will open soon! Pre-Conference Workshop April 10th: Breastfeeding Fundamentals for Health Care Providers.

April 16th - 18th
AINCHP Conference: Partnering with Purpose; Oakland, CA. [Register here.](#)

April 14th - 18th
Synova NICU Leadership Conference Sunseeker Resort, Charlotte Harbor, FL. [Register here.](#)

April 25th & 26th
GaPQC's Annual Conference will be held at the Emory Conference Center. More info TBA.

Patient/Provider Corner

Welcoming our four new Individuals with Lived Experience!

Quantrilla Ard
Kate Carhart
TaShae Lawrence
Jennifer Mitchell

We look forward to all their expertise & support to GaPQC.

GaPQC Cardiac Webinars



GaPQC Cardiac Lectures – 2024

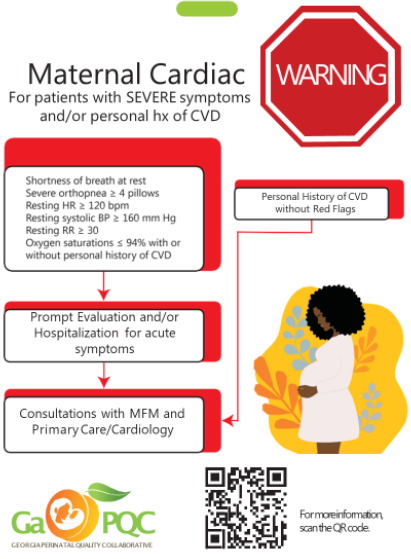
DATE	SUBJECT/TITLE	SPEAKER(S)
May 7, 2024	Equity, Bias, & Quality Care	Dr. Rose Horton
June 4, 2024	QI Change-Back to the Basics	Dr. Stephanie Radke
July 2, 2024	4 th Trimester Care & 3 Day Follow-up for BP Checks	Dr. Jamie L. Morgan
August 6, 2024	Pregnancy, Cardiac Conditions, and Bedside Care-Oh My!	Dr. Kathryn Lindley
September 3, 2024	It's Only Just Begun: Cardiovascular Risk Beyond Birth-Team Based Approach to Cardio-Obstetrics	Dr. Deirdre Mattina
October 2, 2024	Cardiac Care in the 4 th Trimester	Dr. Jennifer Lewey
November 5, 2024	Measuring & Communicating Blood Loss During OB Hemorrhage and the Why Behind It	Kristi T. Gabel
December 3, 2024	Cardiac Care in the 4 th Trimester through Text Messaging and Telemedicine	Dr. Monika Sanghavi
January 7, 2025	4 th Trimester Care for High-Risk Patients-Telemedicine to Reduce Re-admissions	Dr. Kathryn L. Berlacher



Improvement Coaching

- Eight out of the 12 Wave I hospitals received consistent Improvement Advisor Coaching (total of 26 coaching calls).
- The calls focused on the current state of maternal initiatives which included current barriers and health equity efforts.
- 67% (8 out of 12) have successfully demonstrated PDSA cycles as of March 31, 2024. The PDSA's included:
 - Physician order set usage
 - EMR implementation (staff feedback)
 - Paper SDoH Screening Tool
 - Hemorrhage Drills (including debriefs)

GaPQC Educational Materials



PEACH

Pregnant and Postpartum Heart Disease Warning Signs

Palpitations
Heart beating too fast or skipping beats

Edema
Swelling in your hands or feet

Abnormal Breathing
Hard time catching your breath

Chest Pains

High Blood Pressure

PEACH

Señales de advertencias de enfermedades cardiacas durante el embarazo y el posparto

Georgia se preocupa por la salud del corazón de las personas embarazadas y en el posparto. Esté atento a las señales de advertencia del corazón de PEACH que indican que algo puede estar muy mal.

El embarazo puede afectar la salud de su corazón hasta un año después de que termine el embarazo. No todos los médicos sabrán que ha estado embarazada. Recuerda decir "estuve embarazada este último año y ahora estoy teniendo..."

Palpitaciones
dolor de pecho, taquicardia o latidos irregulares

Edema
hinchazón en las manos o en los pies

Anormal Respiración
respiración anormal, dificultad para alcanzar el aliento

Corazón con Dolor
dolor en el pecho

Hipertensión

Use este código QR para obtener más información sobre las señales de advertencia de la salud del corazón.

RECOMENDACIONES PRECONCEPCIONALES	RECOMENDACIONES PRECONCEPCIONALES	RECOMENDACIONES PRECONCEPCIONALES
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CARDIO-OB

Quick Reference Guide

GaPQC Call to Action

Program Forms & Surveys

GaPQC Cardiac Initiative Enrollment Form



[Download Enrollment Form \(PDF\)](#)

Hospital Assessment of Cardiac Referral Networks



[Complete Hospital Assessment Survey](#)

Cardiologist Survey for Maternal Referrals



[Add Your GA Cardiologist Practice to the Referral List](#)

Thank You GaPQC Cardiac Workgroup!!

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Opportunities for Greatest Impact



- **Create Multidisciplinary Team (i.e. OB, MFM, Cardiologist, ED, EMS, Administrators, etc.)**
- **Engage in GaPQC Activities (i.e. Webinars, Office Hours, Newsletter, Surveys, etc.)**
- **Utilize GaPQC Improvement Advisor for Coaching and TA**
- **Collect and Submit Quarterly Data**
- **Incorporate Health Equity into all Aspects of this Work**



Resources



- Visit AIMs Website – Cardiac Conditions in Obstetric Care
<https://saferbirth.org/psbs/cardiac-conditions-in-obstetric-care/>
- Utilize AIM Patient Safety Bundle Learning Modules
<https://saferbirth.org/psb-learning-modules/>
- IHI Cardiac Conditions in Obstetric Care Change Package
https://saferbirth.org/wp-content/uploads/CCOC_CP_Final_V1_2022.pdf
- Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum: A California Toolkit to Transform Maternity Care
https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/RPPC/CDPH%20Document%20Library/CMQCC_CVD_Toolkit.pdf
- AIM Obstetric Emergency Readiness Resource Kit
https://saferbirth.org/wp-content/uploads/FINAL_AIM_OERRK.pdf
- CDC: Hear HER Campaign
<https://www.cdc.gov/hearher/index.html>



“These are the voyages,.....It’s continuing mission, to explore strange new worlds. To seek out,to **boldly go where no one has gone before.”**

*Captain Jean-Luc Picard
Star Trek: The Next Generation*