

OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

Empowering Pregnant and Postpartum Patients

A toolkit for Patients, Providers and Hospitals





















- MMRC Recommendation
- Hear Her Campaign





Oklahoma Maternal Health

Morbidity & Mortality

Annual Report 2024

https://opqic.org/mmrcre port



MMRC Recommendations



Conclusion: Delays in medical intervention occurred when complications developed during pregnancy and the postpartum period, contributing to mortality.

 Recommendation: Expand education to healthcare providers, pregnant women, and their families about pregnancy and postpartum warning signs and how to seek care.



Conclusion: Opportunities exist to improve the quality of prenatal/intrapartum/ postpartum care through communication.

- Recommendation: Increase awareness of possible complications by educating pregnant women and their families on pregnancy and post-birth warning signs.
- Recommendation: Promote the CDC "Hear Her" Campaign to encourage pregnant women and their families to speak up and to encourage healthcare providers to listen and respond.
- Recommendation: Encourage providers and hospitals to adopt the TeamBirth initiative to ensure transparent communication and shared decision making occur with the patient and among the clinical team.²¹
- Recommendation: OSDH, OMHTF, and OPQIC will share this annual report with additional partners including the Oklahoma Hospital Association, Oklahoma Healthcare Authority, hospital system administration, and healthcare providers.

HEAR HER CAMPAIGN

CDC 2020

https://www.cdc.gov/hearher/index.html



Listening and Acting Quickly

could help save her life



How Can You Help?

If a pregnant or recently pregnant woman expresses concerns about any symptoms she is having, take the time to Hear Her. Listening and acting quickly could help save her life.

- · Learn the urgent maternal warning signs.
- · Listen to her concerns.
- Encourage her to seek medical help. If something doesn't feel right, she should reach out to her provider. If she is experiencing an urgent maternal warning sign, she should get medical care right away. Be sure that she says she is pregnant or was pregnant within the last year.
- Offer to go with her to get medical care and help her ask questions. Visit https://www.cdc.gov/hearher/ pregnant-postpartum-women/index.html#talk.
- Take notes and help her talk to a healthcare provider to get the support she needs.
- · Support her through follow-up care.

Urgent Maternal Warning Signs

If someone who is pregnant or was pregnant within the last year has any of these symptoms, she should get medical care immediately.

- . Severe headache that won't go away or gets worse over time
- · Dizziness or fainting
- . Thoughts about harming yourself or your baby
- · Changes in your vision
- . Fever of 100.46 F or higher
- · Extreme swelling of your hands or face
- . Trouble breathing
- · Chest pain or fast-beating heart
- · Severe nausea and throwing up (not like morning sickness)
- · Severe belly pain that doesn't go away
- · Baby's movement stopping or slowing down during pregnancy
- · Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or fluid leaking that smells bad after pregnancy
- · Swelling, redness or pain of your leg
- · Overwhelming tiredness

This list is not meant to cover every symptom a woman might experience during or after pregnancy. Learn more about urgent maternal warning signs at cdc.gov/HearHer.

Hear Her

Pregnancy complications can happen up to a year after birth. If your loved one shares that something doesn't feel right, support her to get the care and answers she may need. Learn the urgent warning signs that need immediate medical attention. Here are some talking points to help with the conversation:

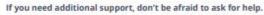
During Pregnancy

- It's hard to tell what's normal with everything that's changing right now. It's better to check if there's anything you are worried about.
- It's important that we share this information with your doctor and make sure everything is okay.
- I am here for you. Let's talk to a healthcare provider to get you the care you need.

After Pregnancy

- It's normal to feel tired and have some pain after giving birth, but you know your body best. If something is worrying you, you should talk to your doctor.
- Although your new baby needs a lot of attention and care, it's important to take care of yourself, too.
- You are not alone. I hear you. Let's talk to a healthcare provider to get you the care you need.







Learn more about CDC's Hear Her Campaign at www.cdc.gov/HearHer.

Hear Her







LISTENING TO WOMEN

#judgmentfreecare

#individualizedcare

Oklahoma Perinatal Quality Improvement Collaborative

We work to create a culture of excellence, safety and equity in perinatal care in Oklahoma.

PATIENT RESOURCES

PROFESSIONAL RESOURCES







https://opgic.org/





Areas of Focus Professionals Patients About Events What's New

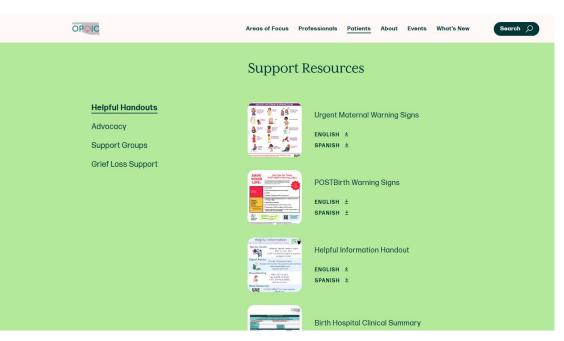
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Resources for Professionals



OPQIC is committed to improving maternal health outcomes and enhancing the perinatal system of care for mothers and their infants. To achieve this goal, we offer a range of resources including educational courses and continuing education (CE) opportunities. Our offerings include patient handouts that focus on post-birth resources for patients, as well as a clinical summary for healthcare providers. These resources aim to ensure that mothers and infants receive the best possible care throughout the perinatal period.





OPQIC Empower Pregnant and Postpartum Patients Toolkit

Education and Support Resources for patients during and after pregnancy





Views: 1810

Table of Contents

OPQIC Website

EPPP Implementation Guide

Support Documents

- Clinical Summary
- POST-Birth Warning Signs
- POST-Birth Warning Signs (sp)
- Helpful Information
- Non-Obstetric Pregnancy Poster
- Urgent Maternal Warning Signs
- Urgent Warning Signs (sp)
- Urgent Warning Signs (Vietnamese)
- Urgent Warning Signs (Marshallese)





EMPOWER

Pregnant & Postpartum Patients --through education and resources-The Toolkit

Overview

Urgent Maternal Warning Signs	Engage patients and support persons by educating them on Urgent Maternal Warning Signs. Place Urgent Maternal Warning Signs posters in clinic exam rooms and waiting areas. Give patients and support persons written materials to keep as a reference. Urge patients to ask questions and seek help when they have concerns. Offer real-time provider contact and after hours contact information.
AWHONN POST-Birth Warning Signs	Educate patients and support persons using AWHONN POST-BIRTH Warning Signs as a tool Provide a hard copy to patients and support persons. Urge patients to ask questions and seek help when they have concerns. Offer real-time provider contact and after hours contact information. Document this Conversation
OPQIC Helpful	Give to every patient before hospital discharge Review OPQIC Helpful Information Handout with all patients and support persons.
Information Handout	 Encourage them to use this resource for the non-emergent needs that will arise when they return home. Urge patients to reach out with questions or concerns. Document this Conversation

URGENT MATERNAL WARNING SIGNS



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in yourvision



er da



Trouble breathing



Chest painor fast-beating heart



Severe belly pain that doesn't go away



Severe nausea and throwing up (not like morning sickness)



Baby's movements stopping or slowing



Vaginal bleeding or fluid leaking during pregnancy



Vaginal bleeding or fluid leaking after pregnancy



Swelling, redness, or pain of your leg



Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.



Learn more: https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning- signs/



Take a photo to learn more

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Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

instincts.

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

Tell 911 or your healthcare provider:





Scan here to download this handout in multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- · Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- · Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- . Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- . Incision that is not healing, increased redness or any pus from episiotomy, vaginal tear, or C-section site may mean an infection
- . Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- . Temperature of 100.4°F or higher or 96.8°F or lower, bad smelling vaginal blood or discharge may mean you have an infection.
- . Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia



This program is supported by funding from Merck through Merck for Mothers. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

AWHONN thanks Kenyue for commercial support of the translations of this handout.

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		Birth H	ospital Clini	cal Summary	
		very important to			
Bring	this fo	rm with you to an	y follow-up	appointments o	r hospitalizations.
Next OB Appoin	tment:		Next P	ediatric Appointr	ment:
Patient Name		•			•
Date of Delivery					
Hospital				Phone Number	
OB Clinician Name				Phone Number	
Pediatrician Name				Phone Number	
Clinical Summery					
Type of Birth	☐ Vagi		sarean		Blood Type Postperturn
Type or bear	Comm	ents:			Hemoglobin
Diagnosis (list all)	•				
•					
•					
•					
•					
D					
Pregnancy Outcome Baby Gestational		unabr)	Birthweight		Length
Gestational	Date	weeksj	birtiweign		Lengur
Surgery	Туре				
Man d Townshire		Blood Products	☐ Red Blood	Cells Platelets D	Plasma
Blood Transfusion		r of units	Red Bloc	d Cells Platelet	tsPlasma
		Date			
Imaging Tests	Yes	Туре			
	□ No	Result			
t-re		Date			
Interventional Radiology	Yes	Туре			
reciology	□ No	Result			
Medical Treatments					
Notes					

Helpful Information

Place on your refrigerator along with Post-Birth Warning Signs



Mental Health



Maternal Mental Health Hotline TEXT or CALL 24/7 1-833-TLC-MAMA English & Español or visit postpartum.net

Expert Advice



The 4th Trimester Project
Expert information for parents and families
newmomhealth.com
saludmadre.com

Breastfeeding



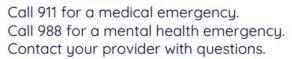
FREE 24/7 Hotline Text OK2BF to 61222 1-877-271-MILK (6455) obrc.ouhsc.edu

More Resources



Contact OPQIC for more support OPQIC.org
PatientSupport@opqic.org

Don't hesitate!







QUESTIONS?



2025 Spotlight Hospital Award Criteria

 OPQIC will be assessing the criteria on 9/30/2025

 Awardees will be recognized at the Annual Summit on

November 18

Empowering Pregnant and Postpartum Patients

EPPP Toolkit Utilization (Empowering Pregnant and Postpartum Patients)	Reported distribution of PBWS handout to >90% of patients	1
EPPP Toolkit Utilization (Empowering Pregnant and Postpartum Patients)	Reported distribution of Helpful Information handout to >90% of patients	1

Perinatal Measures

• PC-02: Cesarean Birth

• PC-07: Severe Obstetric Complications

Category	Criteria	Points
PC-02 Rates	At or below HP2030 Goal (23.6%)	3
	Between 23.6% and 26.8%	2
	Between 26.8% and 30%	1
	Greater than or = to 30%	0
PC-07 Rates (Most recent rate available as of 9/30/2025)	Below National Average	2

Category	Criteria	Points
CMS "Birthing Friendly" Designation	Designated	2

"Birthing Friendly" Designation

- Self-reported Structure Measure reported to CMS
- Criteria for Designation:
 - Participate in a statewide or national perinatal quality improvement collaborative program
 - Implement evidence-based care practices to enhance maternal health outcomes

Breastfeeding

mPINC reports can be submitted to OPQIC

Category	Criteria	Points
Breastfeeding	Baby Friendly Designation	3
	On the Baby Friendly Pathway/AIM-HI	2
	Current mPINC score >90	2
	Current mPINC score above OK average, <90	1

Infant Safe Sleep

Category	Criteria	Points
	Gold	3
Cribs for Kids Safe Sleep Certification	Silver	2
	Bronze	1

OK-MAMA

Oklahoma Maternal Addiction and Mental Health Assistance

OK-MAMA (Oklahoma Maternal Addiction and Mental Health Assistance)	Survey completed	2
OK-MAMA (Oklahoma Maternal Addiction and Mental Health Assistance)	Committed to Sprint, OR	1
	Participating in Sprint (if sprint started prior to 9/30/25)	2

TeamBirth

Category	Criteria	Points
TeamBirth Participation	Nationally TeamBirth Recognized	3
	Recognition Application submitted prior to 9/30/2025	2
	Fully Implemented after 9/30/2024	2
	Fully Implemented before 9/30/2024, have not yet applied for recognition	1

TJC Perinatal Care Certification

Category	Criteria	Points
TJC Perinatal Care Certified	Nationally Certified	3

Newborn Screening

Newborn Screening-Transit Times (Oct 2024-Sept 2025)	>95% arrive within 48 hrs of collection	3
	>90% arrive within 48 hrs of collection	2
Newborn Screening-Unsat rates (Oct 2024-Sept 2025)	<2% declared unsat for testing	3
	2.0 to 2.99% declared unsat for testing	2
	3.0% declared unsat for testing	1

QUESTIONS