

# OPQIC/Oklahoma Maternal Health Task Force Quarterly Meeting

*July 15, 2025*

**This meeting will be recorded.**



**Please rename yourself on Zoom or  
type your name into the chat box.**



# Agenda

- OSDH/MHTF Updates
- OHCA Updates
- OPQIC Updates
  - Oklahoma TeamBirth Research
- OHA Updates
- Oklahoma Breastfeeding Resource Center Updates

**Lorri Essary**

Director,  
Family Support and  
Prevention Services

**OKLAHOMA STATE  
DEPARTMENT OF HEALTH  
UPDATES**



**OKLAHOMA**  
State Department  
of Health

# **OHCA UPDATES**

Jennifer Colbert and Ashley Johnson

July 15<sup>th</sup>, 2025



# UPDATES

1. TMaH - All SOW has been submitted to CMS. CMS has asked for some more explanations. Working to submit that to them.
2. Semi-annual report is due 7/30
3. OHCA is working with medical/CSP plans to increase primary care spend to 11% over a 4-year period
4. Working with health plans to address doula reimbursement challenges
5. OHCA has created a reimbursement pathway for CHWs who work through OSDH and the Oklahoma City HD and Tulsa HD.
6. Rules for midwifery and birth centers have been promulgated. Will go to MAC and OHCA Board in Sept and will be in effect by Nov 2025.



**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonercare.org](http://mysoonercare.org)

Agency: 405-522-7300  
Helpline: 800-987-7767



**Barbara O'Brien, MS, RN**  
Director, OPQIC



# **OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE UPDATES**

# Introducing Our New Team Member!

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Spencer Denison, MPH  
Data Analyst





OKLAHOMA  
State Department  
of Health



ARIADNE LABS

DELIVERY DECISIONS INITIATIVE



OKLAHOMA PERINATAL QUALITY  
IMPROVEMENT COLLABORATIVE

# Empowering Autonomy: Centering the Patient within the Perinatal Journey using TeamBirth

*The Oklahoma TeamBirth Initiative is supported by the State Maternal Health Innovation Program Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.*



# TeamBirth Oklahoma Hospitals:

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## Cohort 1:

1. Ascension St. John Tulsa
2. Bailey Medical Center
3. Hillcrest Hospital Claremore
4. Hillcrest Hospital South
5. Mercy Hospital OKC
6. Saint Francis Muskogee
7. Saint Francis South
8. Saint Francis Yale
9. St. Mary's Regional Medical Center - Enid

## Cohort 4:

1. Comanche County Memorial Hospital
2. Duncan Regional Hospital
3. INTEGRIS Health Grove
4. INTEGRIS Health Ponca City
5. Jackson County Hospital
6. Mercy Ada
7. Northeastern Health System
8. Oklahoma Children's Hospital
9. Stillwater Medical Center

## Cohort 2:

1. Ascension St. John -Jane Phillips
2. Ascension St. John Owasso
3. INTEGRIS Health Baptist Medical Center
4. INTEGRIS Health Canadian Valley
5. INTEGRIS Health Edmond
6. INTEGRIS Health Enid
7. INTEGRIS Health Miami
8. McAlester Regional Medical Center

## Cohort 5:

1. AllianceHealth Durant
2. Choctaw Nation Health Care Center
3. Claremore Indian Hospital
4. Great Plains Regional Medical Center
5. INTEGRIS Health Southwest Medical Center
6. INTEGRIS Health Woodward Hospital
7. Lakeside Women's Hospital
8. Southwestern Medical Center
9. Weatherford Regional Hospital

## Cohort 3:

1. Cherokee Nation - W.W. Hastings
2. Chickasaw Nation Medical Center
3. Mercy Hospital Ardmore
4. Norman Regional Health System
5. SSM St. Anthony Hospital OKC
6. SSM St. Anthony Hospital Shawnee

## OK Patient Survey Overview (cohort 1-4 combined)

**6,528**

total surveys  
completed

**9/8/2022**

starting date

**6/30/2024**

ending date

**22**

months of data  
collection



**32 Hospitals** across Oklahoma  
implemented TeamBirth AND  
participated in research

# Effect of TeamBirth on Patient Trust and Autonomy During Childbirth in Oklahoma

Isabel Griffith, Vanessa Neergheen, Lynn El Chaer, Yara Altaher, Trisha Short, and Amber Weiseth

## Correspondence

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## Keywords

care delivery models,  
systems, programs  
intrapartum care  
labor and delivery  
nursing roles  
quality improvement

## ABSTRACT

**Objective:** To examine the effect of experiencing a TeamBirth huddle during labor on patient trust and autonomy in decision-making during childbirth in Oklahoma.

**Design:** A cross-sectional survey with a two-group comparison.

**Setting:** Hospitals in Oklahoma at which patients gave birth between March 2022 and June 2024.

**Participants:** Patients who were 15 years and older and had live births ( $N = 6,528$ ).

**Methods:** We surveyed participants who gave birth at participating hospitals on their demographic and clinical characteristics, experience with TeamBirth huddles, and responses to the Health Care Relationship Trust Scale-Revised (HCRTS-R) and the My Autonomy in Decision-Making (MADM) scale. We used descriptive analyses to compare participant characteristics by receipt of a TeamBirth huddle during labor and robust multivariable linear regression models to assess the association between TeamBirth exposure and HCRTS-R and MADM scores. We performed subgroup analyses to explore variations in scores among racial and ethnic groups.

**Results:** Participants who were exposed to TeamBirth huddles during labor exhibited significantly higher mean HCRTS-R ( $b = 1.81, p < .001$ ) and MADM scale ( $b = 2.59, p < .001$ ) scores than those who were not exposed. Across all racial and ethnic groups, participants who experienced TeamBirth huddles during labor had elevated trust and autonomy scores, and exposure to huddles reduced variations in scores across groups.

**Conclusion:** Experiencing a TeamBirth huddle during labor was associated with increased patient trust and autonomy scores in our study, which suggests its potential to improve equity, patient outcomes, and childbirth experiences.

JOGNN, ■, ■-■; 2025. <https://doi.org/10.1016/j.jogn.2025.05.113>

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Lynn El Chaer, MPH, is a research assistant, Delivery Decisions Initiative, Ariadne

In the United States, there is an urgent need to improve the safety and quality of care during childbirth (Fleszar et al., 2023; McGregor et al., 2024). Although the maternal mortality ratio decreased from 32.9 to 22.3 deaths per 100,000 live births between 2021 and 2022, it remains unacceptably high, especially for Black and American Indian/Alaska Native (AIAN) women (Gunja et al., 2022; Hoyert, 2024; Ibrahim & Kozhimannil, 2023). Each year, an estimated 60,000 women in the United States experience severe maternal morbidity that leads to short- and long-term health consequences and often

improving the quality of childbirth experiences is essential to advance maternal health outcomes (Edmonds, 2021). The World Health Organization (2018) defined a positive childbirth experience as one that takes place in a clinically and psychologically safe environment, when the woman is supported by compassionate and skilled health care professionals and actively involved in decision-making. However, researchers found that women often lack comprehensive information and understanding about their care (Vedam et al., 2019), and an estimated one in five women in the United States experiences mistreatment from providers, including

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[https://www.jognn.org/article/S0884-2175\(25\)00183-2/fulltext](https://www.jognn.org/article/S0884-2175(25)00183-2/fulltext)

High-fidelity implementation of TeamBirth supports meaningful and measurable improvements in patient experiences, as shown in this statewide evaluation of TeamBirth in Oklahoma (N= 6,528).

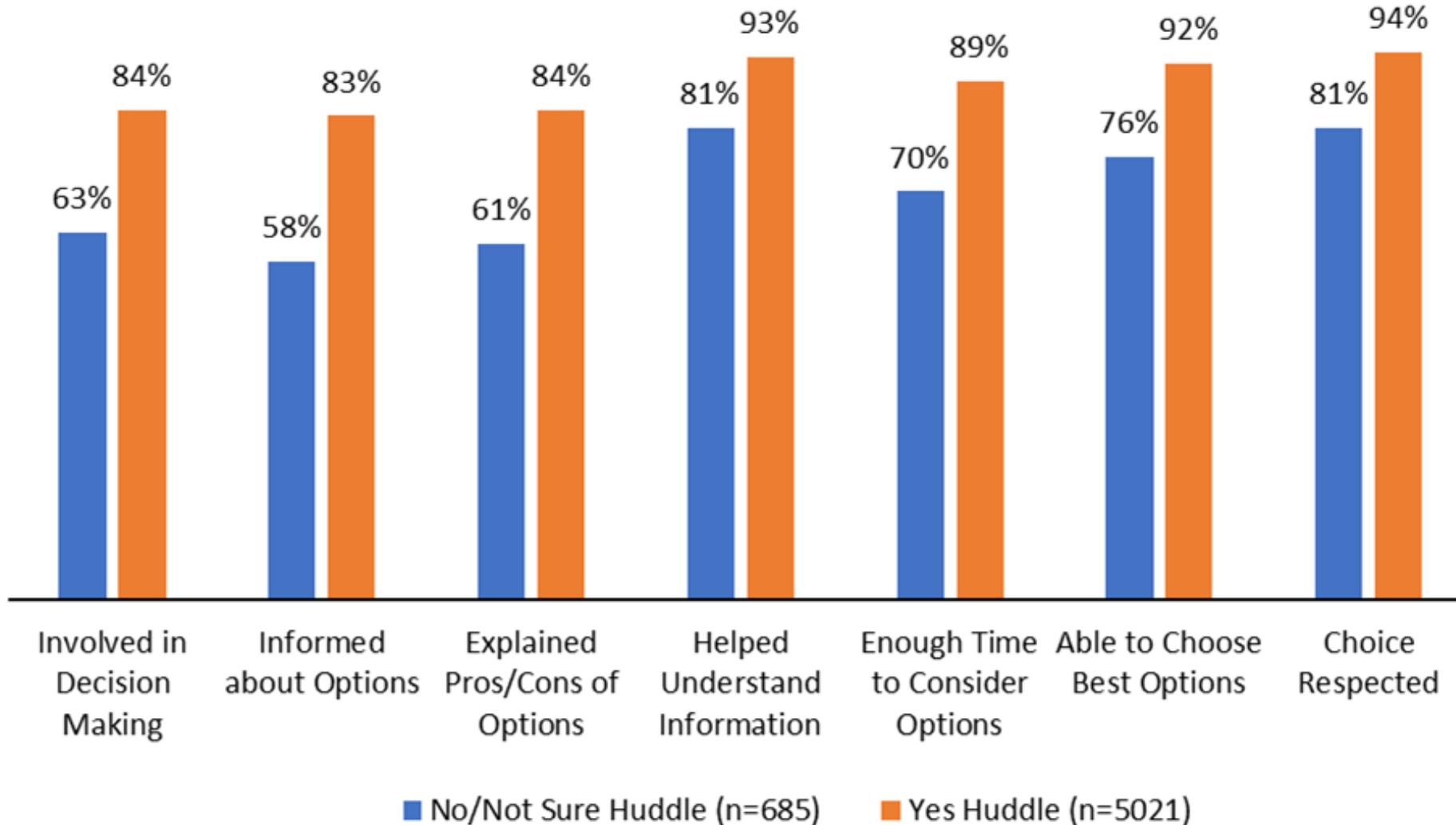
Patients who participated in a TeamBirth huddle during labor reported significantly higher trust in their care team and autonomy in decision-making compared to those who did not.

Improvements in trust and autonomy were consistent across all racial and ethnic groups in the study, highlighting TeamBirth's potential to support equitable and respectful childbirth care.

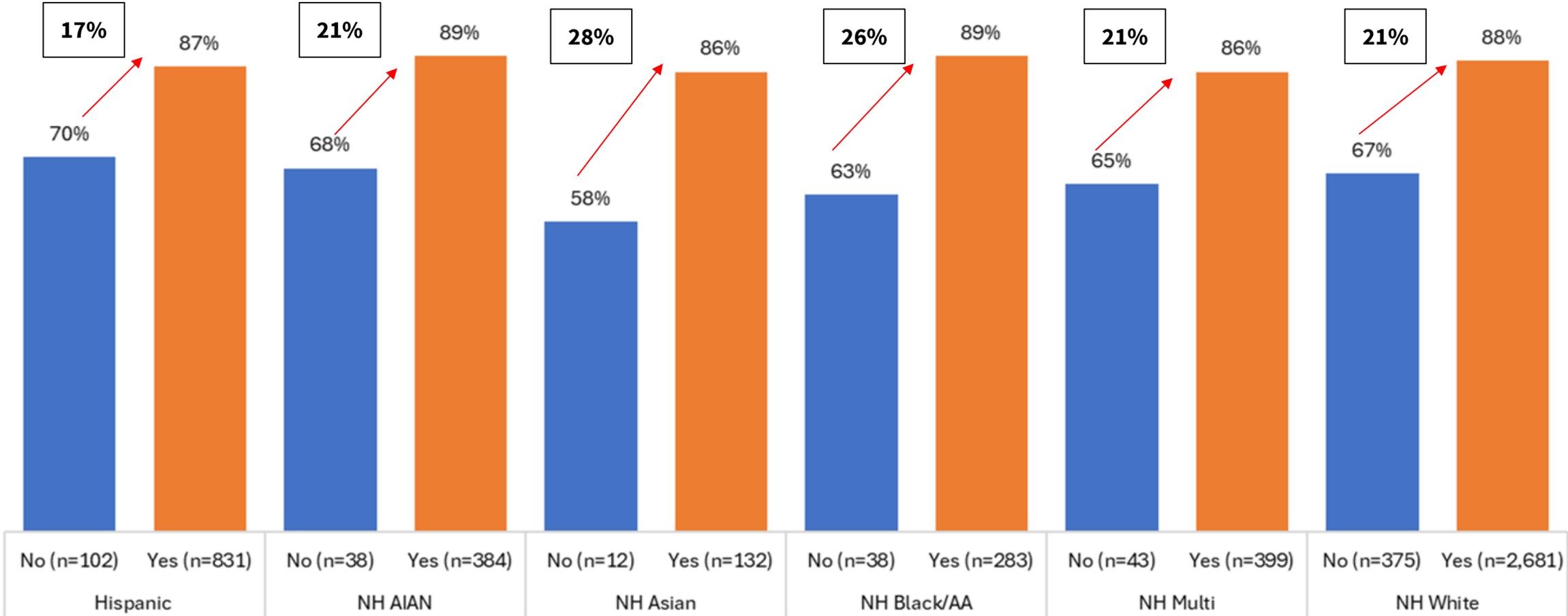
# Oklahoma **TeamBirth** Research: Mothers Autonomy in Decision Making (MADM)

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to the Oklahoma State Department of Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)"

## MADM Items 1-7: Percent Strongly or Completely Agree by Huddle Status



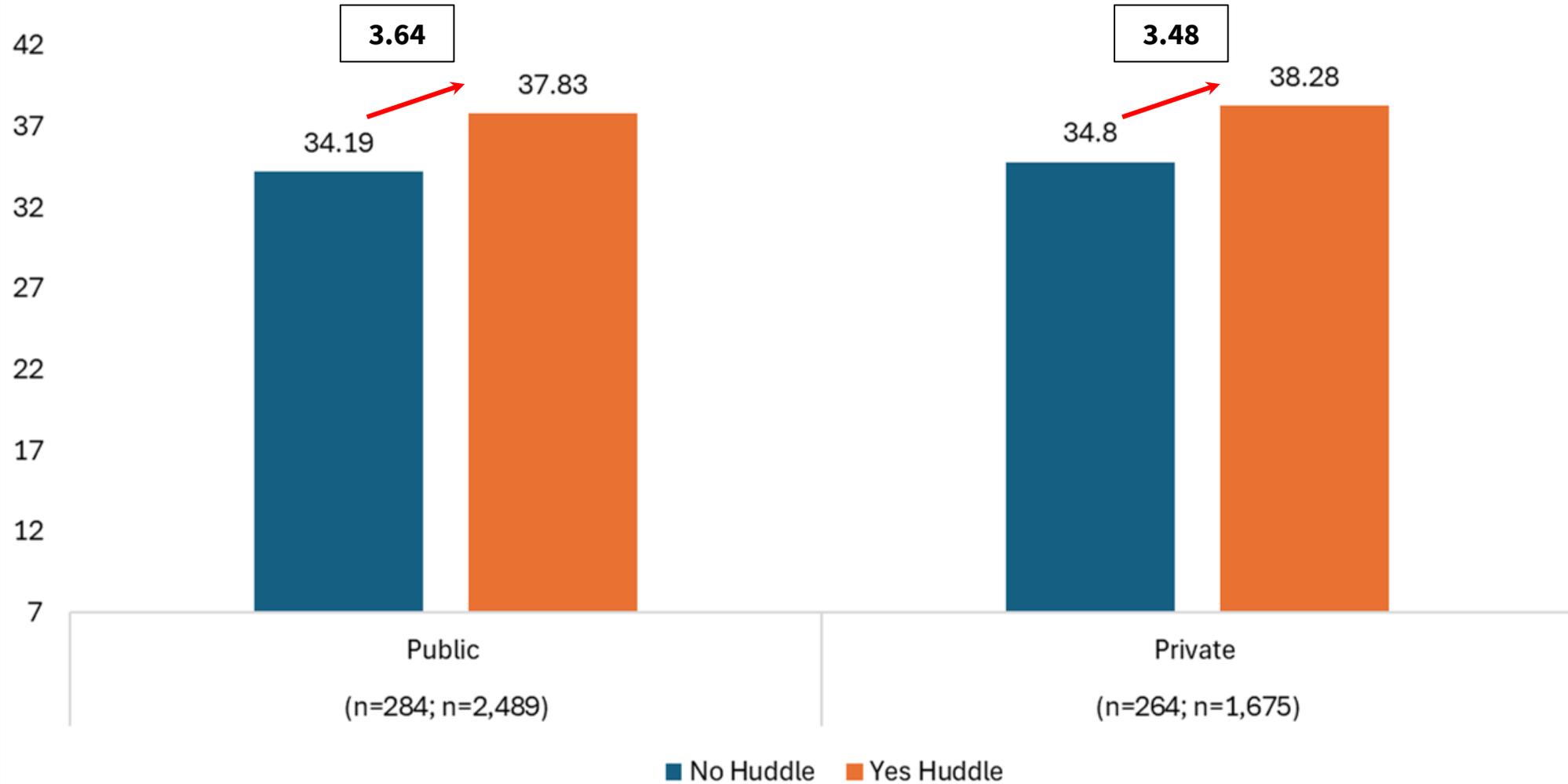
# MADM: Patients in “High Autonomy” Quartile by Labor Huddle Status & Race/Ethnicity



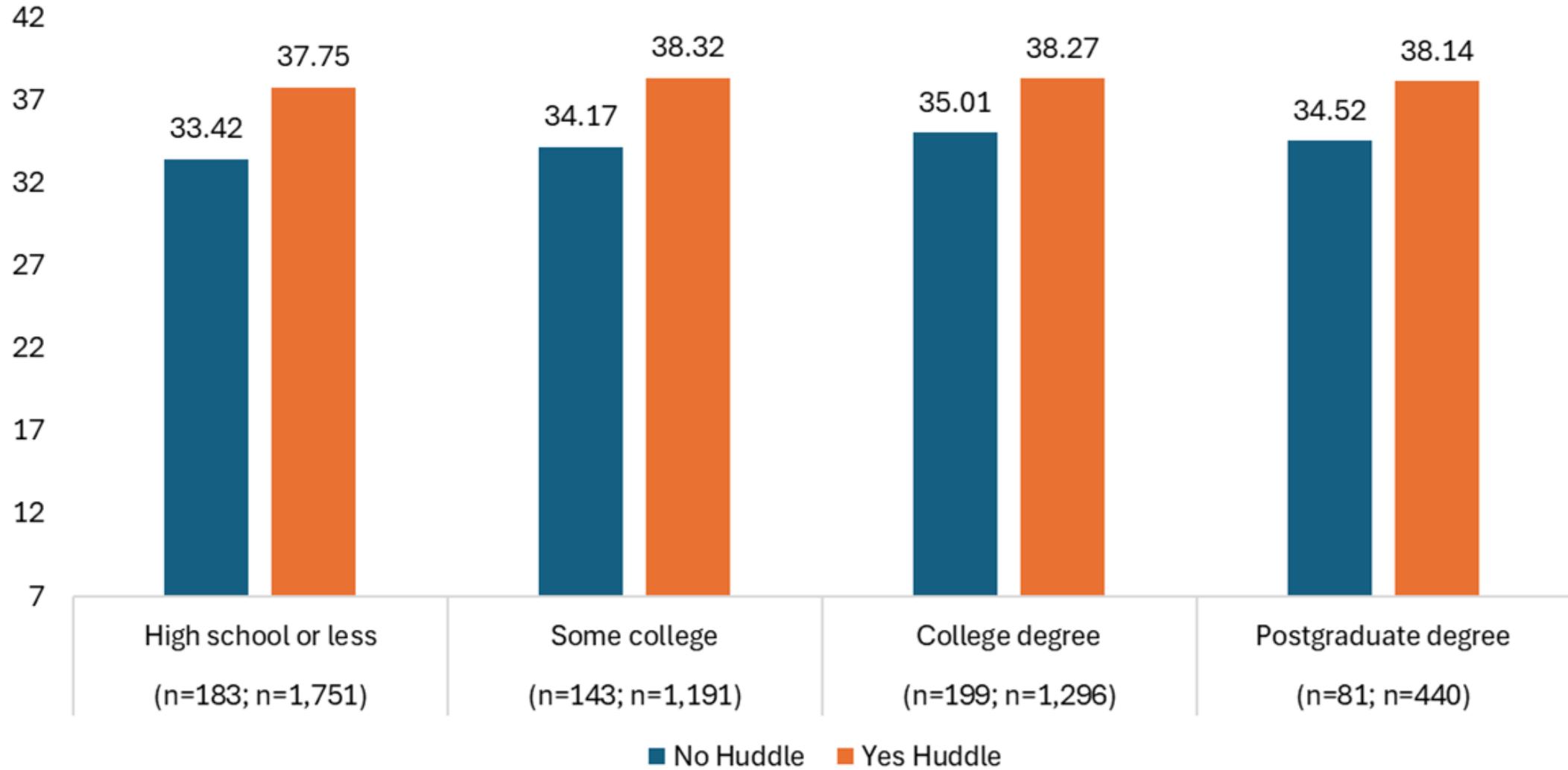
\*NH = Non Hispanic

\*Caution when interpreting data for NH Asians due to the small sample size (fewer than 30), which may result in unstable percentages.

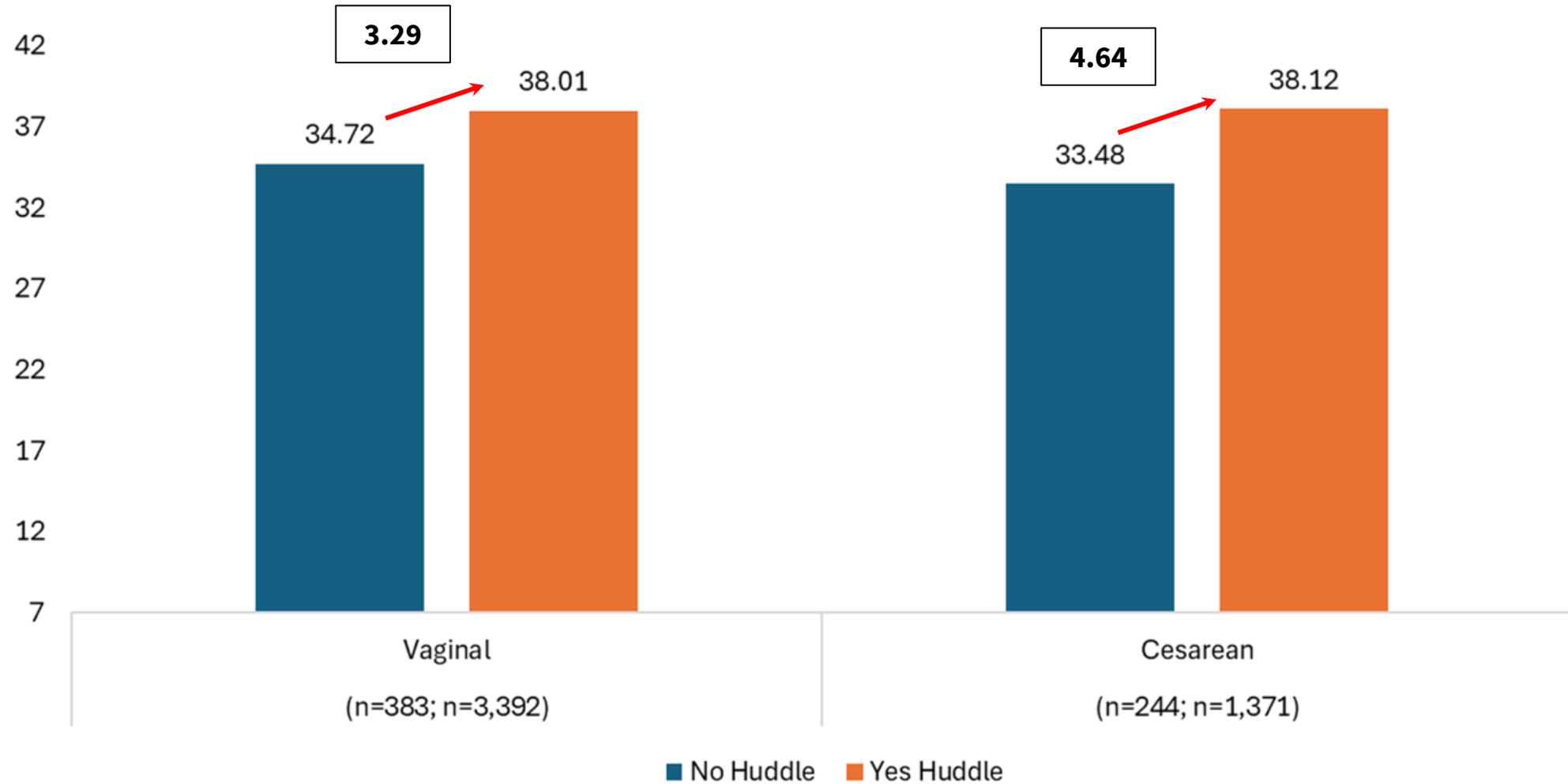
## Mean MADM Score (7-42) by Labor Huddle Status & Insurance Type



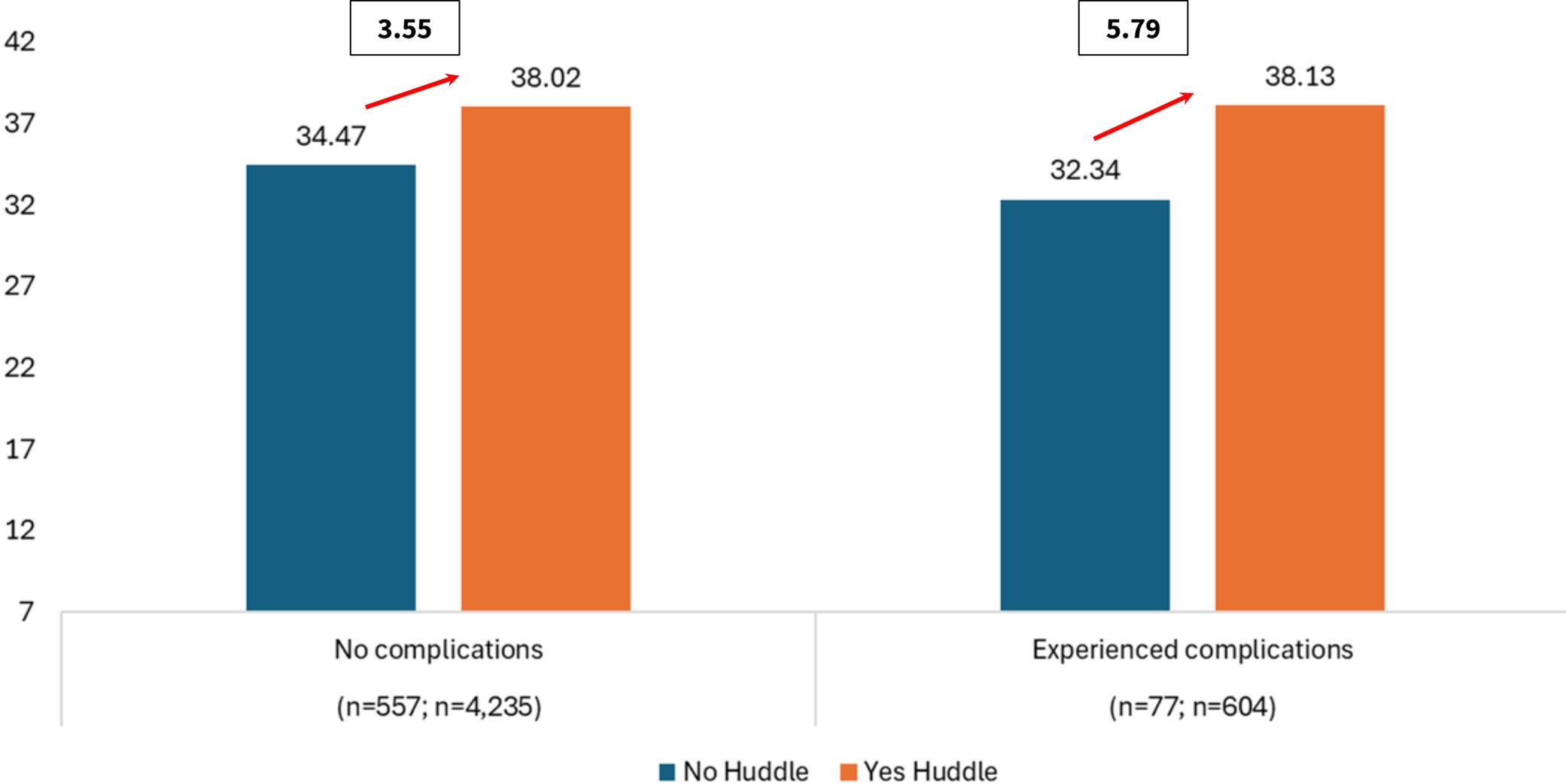
## Mean MADM Score (7-42) by Labor Huddle Status & Education Level



## Mean MADM Score (7-42) by Labor Huddle Status & Delivery Type



# Mean MADM Score (7-42) by Labor Huddle Status & Experience of Complications

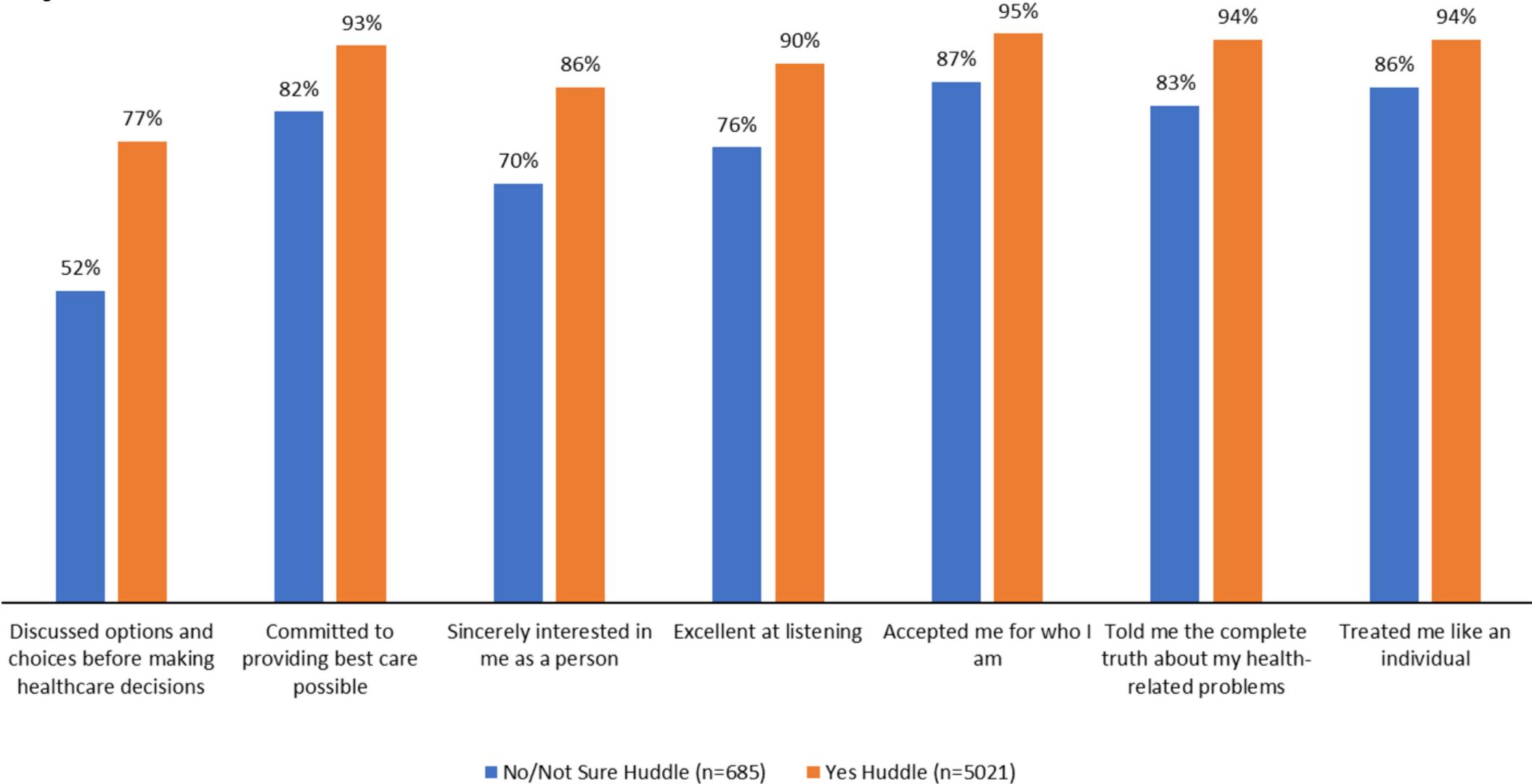


# Oklahoma **TeamBirth** Research: Health Care Relationship Trust Scale-Revised (HCRTS-R)

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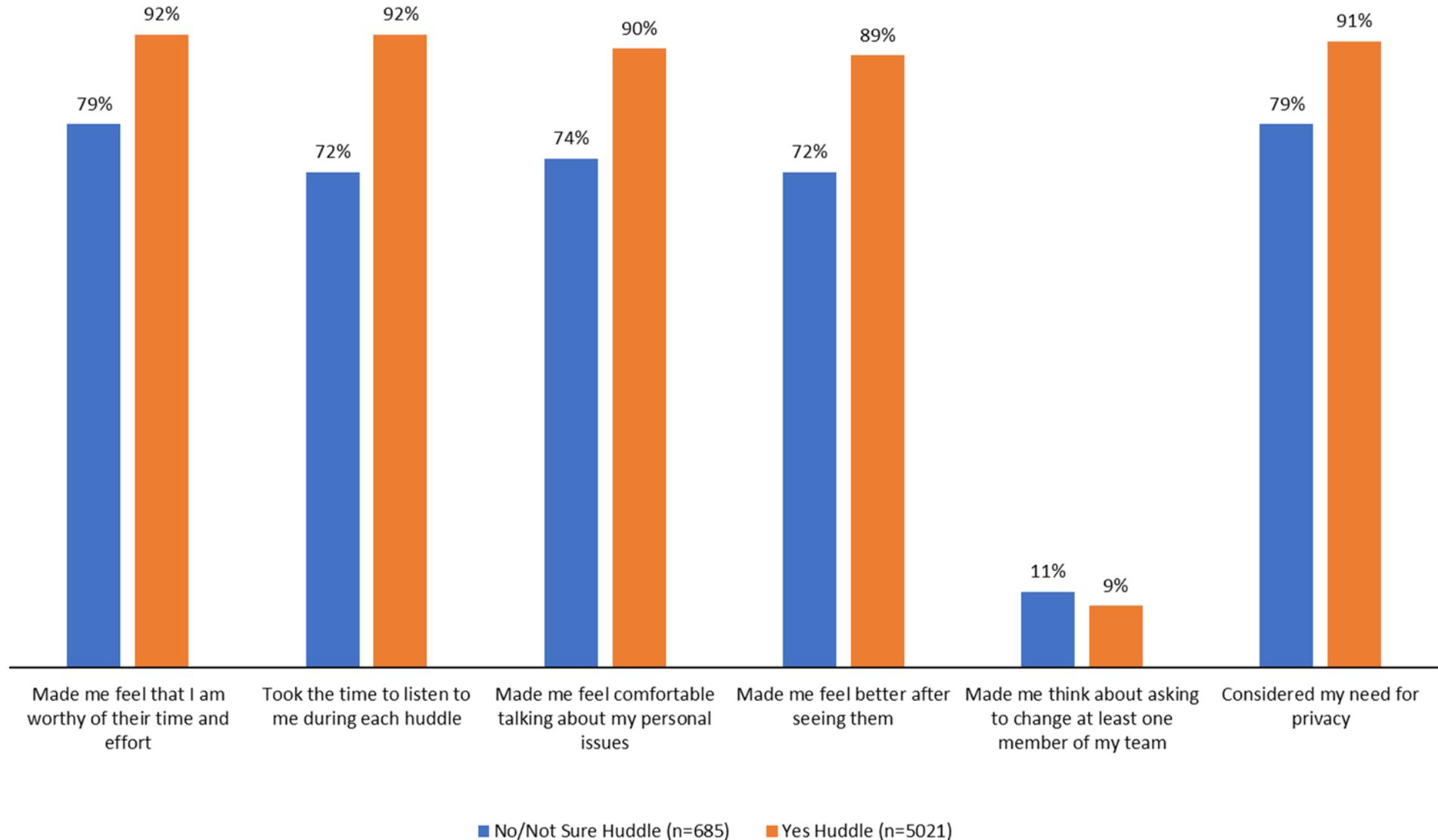
# HCRST-R Items 1-7: Percent “All the Time” Responses by Huddle Status

*My clinical team...*

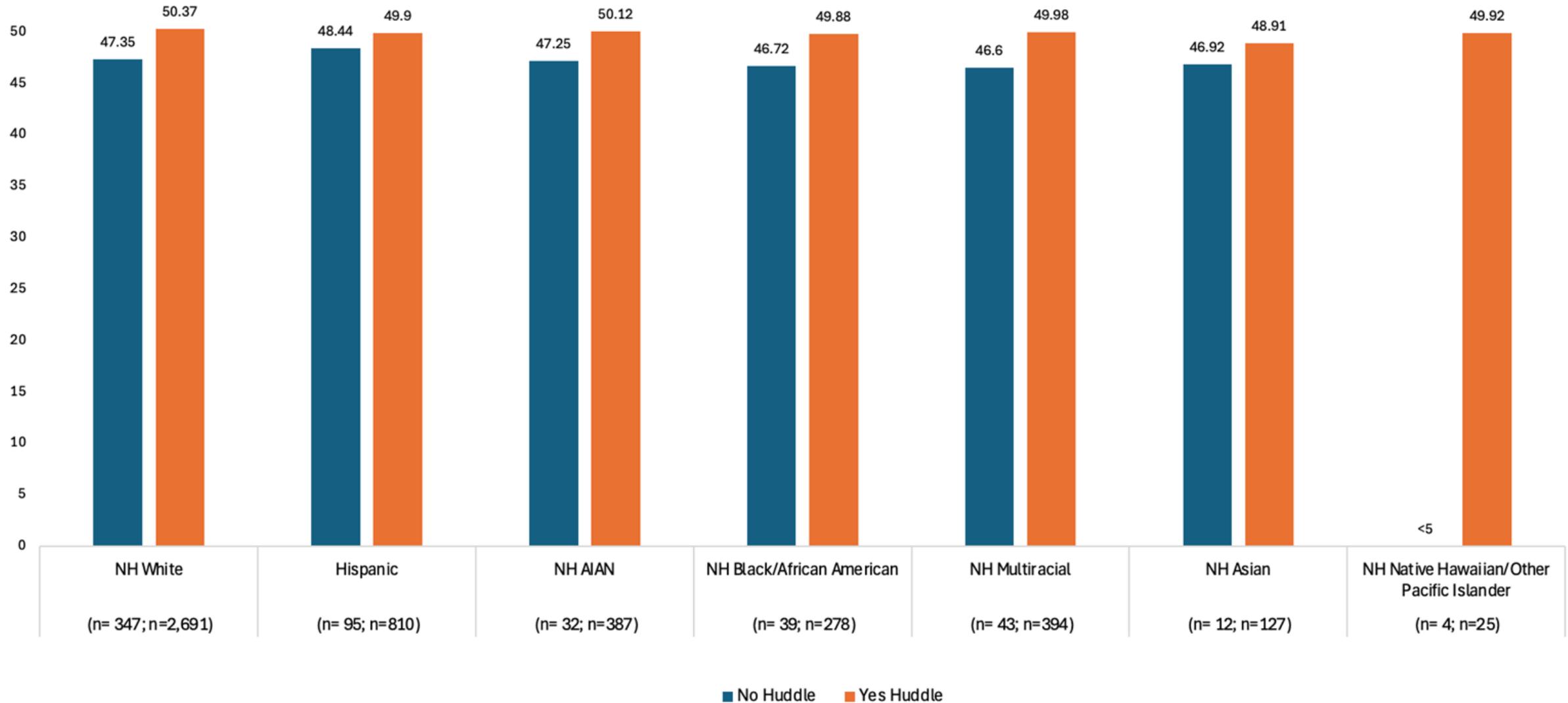


## HCRST-R Items 8-13: Percent “All the Time” Responses by Huddle Status

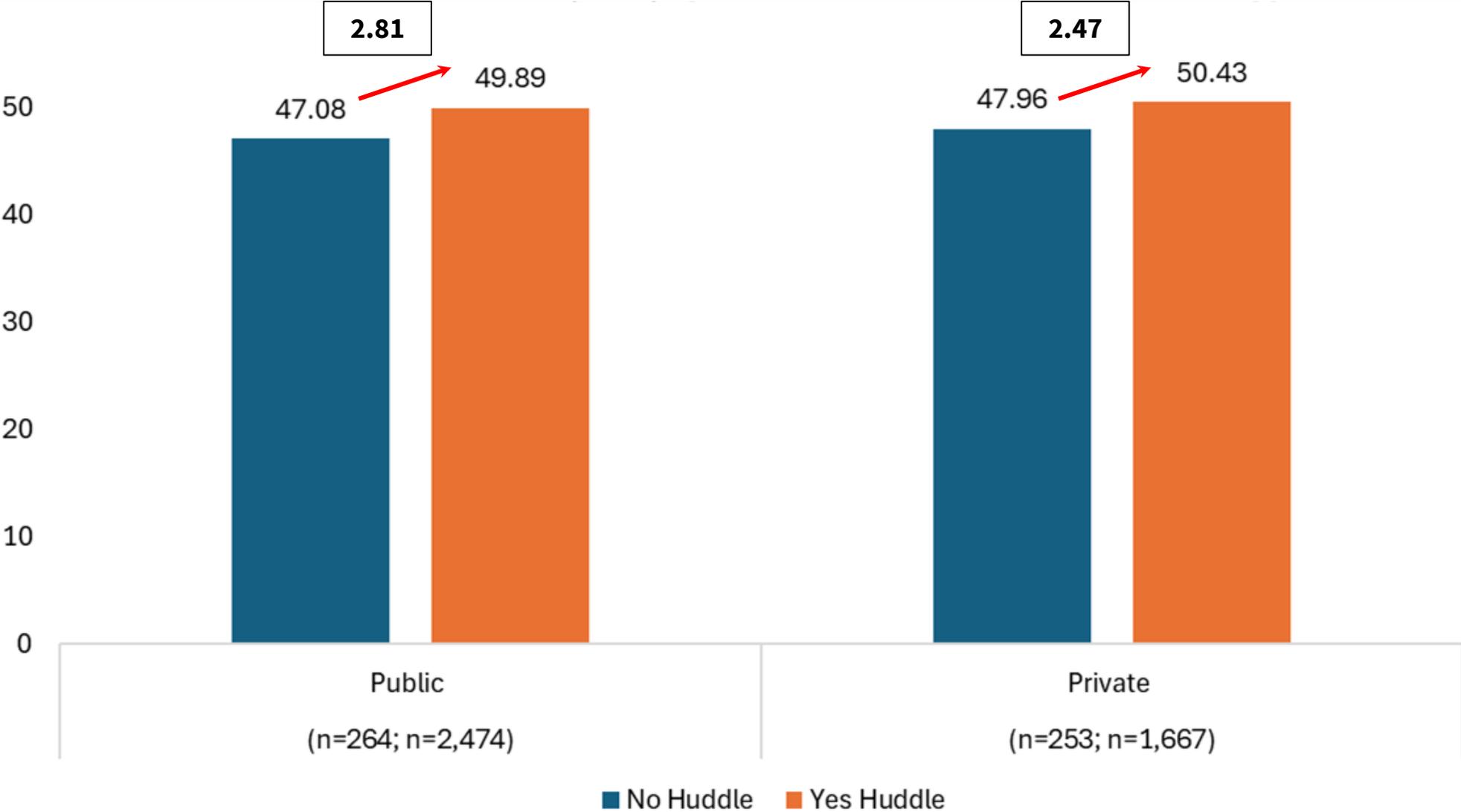
### *My clinical team...*



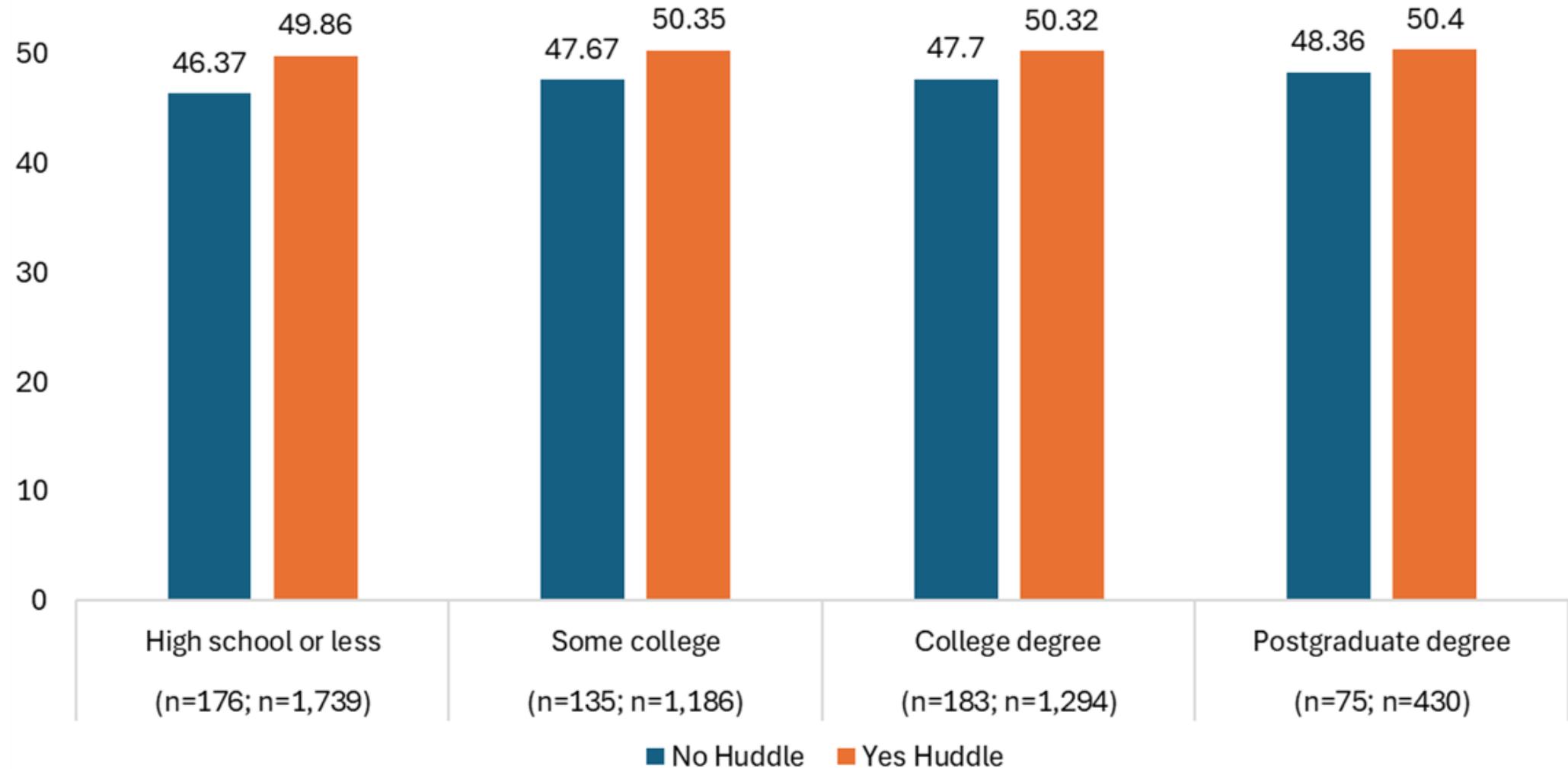
# Mean HCRTS-R Score (0-52) by Labor Huddle Status & Race/Ethnicity



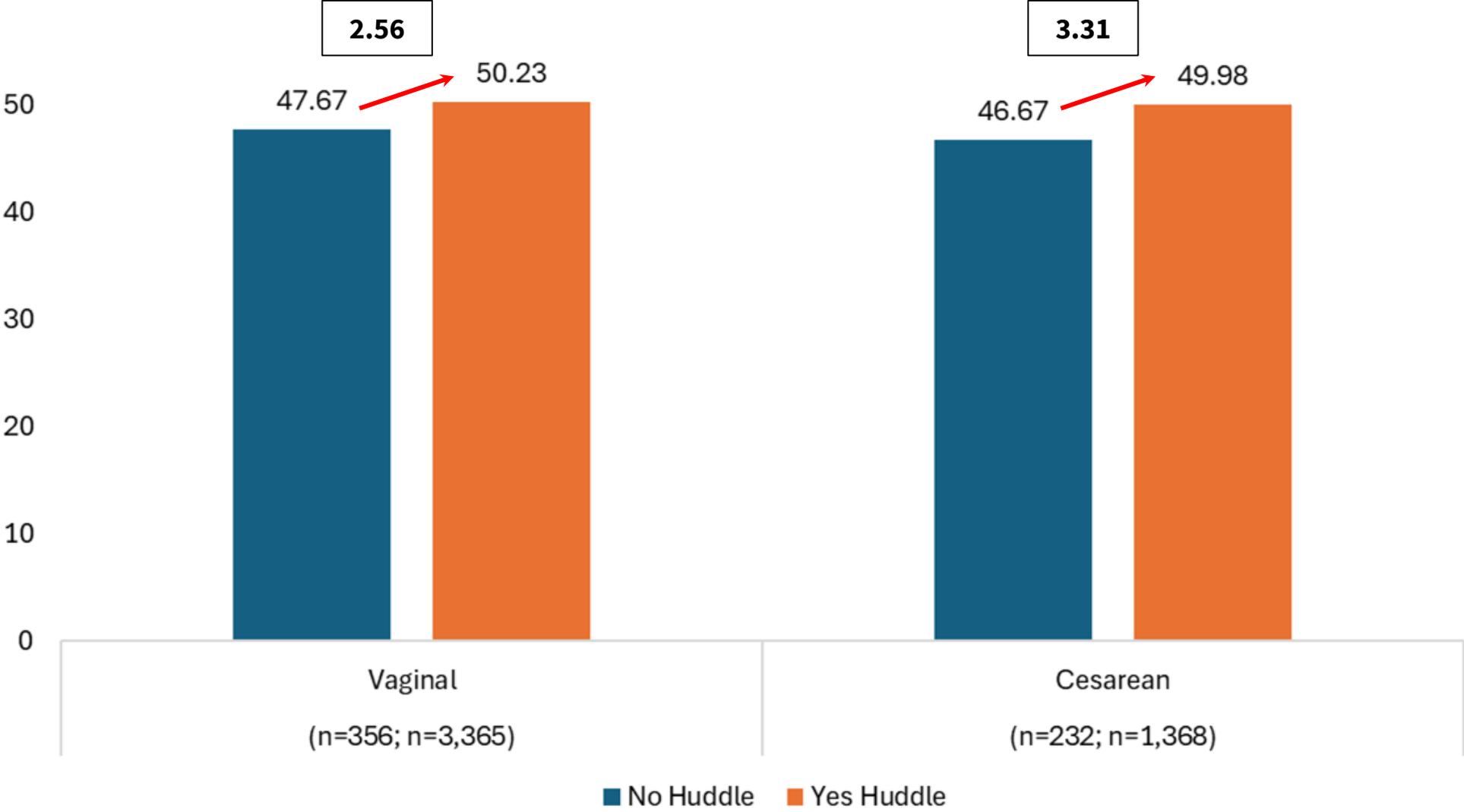
# Mean HCRTS-R Score (0-52) by Labor Huddle Status & Insurance Type



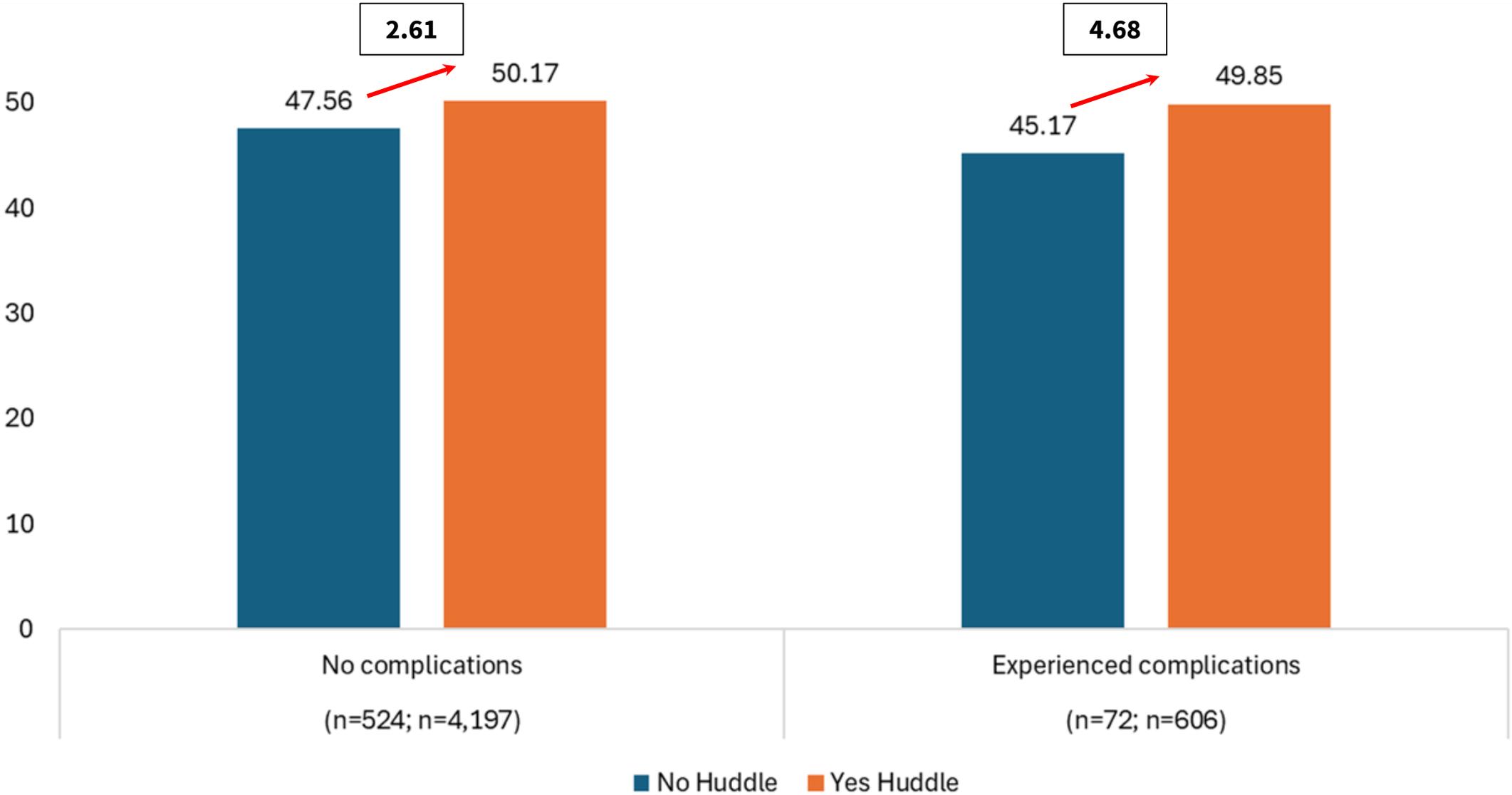
## Mean HCRTS-R Score (0-52) by Labor Huddle Status & Education Level



# Mean HCRTS-R Score (0-52) by Labor Huddle Status & Delivery Type



# Mean HCRTS-R Score (0-52) by Labor Huddle Status & Experience of Complications



# TeamBirth Patient Feedback



*I loved how everyone I met introduced themselves and explained what they were going to do to ensure the health of me and my baby.*

***Having a team environment during labor was beneficial in me being comfortable***

*This was my second urgent C-section but first at this hospital. I felt included in a collaborative effort here instead of a victim of unfortunate circumstances.*

*They made sure I **understood every decision and the options I had for my care.***

*I always felt in the loop and **like I had an important role in decision making***

*They kept me informed on what was happening and it put me at ease and gave me confidence in the team*

*We loved the huddles and felt very **involved and respected in the decisions** that were made*

*Very happy with the team and **how involved they were in including me when my birthing plan changed.***



# OB Readiness in the Emergency Department



[Learn More](#)

## When an OB Emergency Happens, Every Second Matters—So Does Your Preparation

AWHONN's newly updated [Obstetric Patient Safety \(OPS\): OB Emergencies Workshop](#) equips clinicians across care settings with the latest clinical practices and simulation strategies to prepare you for high-risk moments before they happen.

In this [two-part learning experience](#), you'll:

- Practice real-world OB emergencies in a live, instructor-led simulation
- Earn 10.75 nursing contact hours/CME, including:
  - ABOG MOC Part IV credit
  - NCC credit for Inpatient OB, Inpatient Antepartum, Maternal Newborn Nursing, and Women's Health
- Train via a [self-paced online course](#) and hands-on [in-person workshop](#)
- Meet Joint Commission requirements for hemorrhage and preeclampsia
- Fulfill CMS OPPS CoP education/documentation requirements for OB and ED settings

Whether you're in L&D, OB triage, emergency medicine, med-surg, ICU, EMS, or a critical access hospital—[OPS will prepare you](#) to respond confidently when seconds count.



# AIM Obstetric (OB) Readiness Summer Spring Learning Series

**Session 1:** Obstetric Care in Rural Environments: A Review of the Landscape and Opportunities for Care

June 25, 2025, from 3:00-4:15PM (EST)

**Session 2:** Planning and Assessment of Obstetric Emergency Readiness: Moving Information to Action

July 9, 2025, from 3:00-4:15PM (EST)

**Session 3:** Pre-Hospital Care: Collaboration with Emergency Medical Services (EMS) in OB Readiness

July 23, 2025, from 3:00-4:15PM (EST)

**Session 4:** Sharing Best Practices in Obstetric Simulations for the Emergency Department

August 6, 2025, from 3:00-4:15PM (EST)

**Session 5:** Obstetric Care Assessment for Resource Limited Environments

August 13, 2025, from 3:00-4:15PM (EST)

# OHA Legislative Brief

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Maggie Martin, Chief Legal Officer, Oklahoma Hospital Association



**OKLAHOMA  
BREASTFEEDING  
RESOURCE CENTER**



# **Updates for Oklahoma Perinatal Quality Improvement Collaborative July 15, 2025**

Becky Mannel, MPH, IBCLC, FILCA  
Clinical Associate Professor  
Director, Oklahoma Breastfeeding Resource Center

# Free Oklahoma Breastfeeding Hotline Services



## Telehealth Consult

Breastfeeding Hotline  
Call: 1-877-271-6455 (MILK)  
Text: OK2BF to 61222



## Breastfeeding Class

## Hotline PreCheck



# Servicios Gratuitos de Amamantamiento



## Citas Virtuales

24/7 Línea Directa  
Llame Al: 1-877-271-6455  
Texto: OK2BF to 61222



## Curso de Dar el Pecho

## Línea Directa PreCheck





## MOMS MILK CIRCLE

The Oklahoma Mothers' Milk Bank invites you to join Moms Milk Circle, a free virtual breastfeeding support group created to uplift, inform, and inspire nursing moms just like you!

English Groups:  
1<sup>st</sup> Tuesday at 12pm  
3<sup>rd</sup> Thursday at 12pm



Scan to sign up  
Escanea para registrarte

Grupos en Español:  
2do Martes del Mes a las  
12pm  
4to Jueves del Mes a las  
12pm

### WHAT TO EXPECT:

- Caring, expert-led info from lactation consultants
- Meet fellow moms
- Live, judgment-free zone
- Open Question and Answer time
- Access to free resources

The Oklahoma Mothers' Milk Bank  
invites you to join

## Moms Milk Circle

a free virtual  
breastfeeding support group  
created to uplift, inform, and  
inspire  
nursing moms just like you!



**FREE BREASTFEEDING TRAINING FOR  
HEALTH CARE STAFF  
6.5 CNES**

# **BREASTFEEDING BASICS: MAKING BREASTFEEDING EASIER**

**LEARN CURRENT INFORMATION AND SKILLS TO SUPPORT  
BREASTFEEDING FAMILIES, PARTICULARLY DURING THE  
PRENATAL AND EARLY POSTPARTUM PERIODS.**

**THIS CLASS IS APPROPRIATE FOR HOSPITAL AND CLINIC  
STAFF AS WELL AS PROVIDERS IN COMMUNITY SETTINGS  
(E.G. DOULAS, MIDWIVES, PEER COUNSELORS, ETC.).**

Taught by the Oklahoma Breastfeeding Resource Center. Funded by a Title V grant from OSDH - MCH Division  
Jointly provided with the Oklahoma Nurses Association

**Schedule  
on demand  
for your  
facility!**

# Making Breastfeeding Easier for NICU Families



- 1- day Class
- Earn 6.5 Contact Hours / CNEs

**Schedule today for  
OBRC staff to bring  
this training to your  
facility**

# Online training for Providers

**3-Hour training on breastfeeding basics**

**6 x 30-minute self-paced modules that meet Step 2 requirements**

**\$30 per enrollment.**

***\*50% discount available for Oklahoma hospitals that join the BBFOK Program***



# Online training for Healthcare Staff

15-Hour training on basic breastfeeding management

\$90 per enrollment

*\*50% discount available for Oklahoma hospitals that join the BBFOK Program*

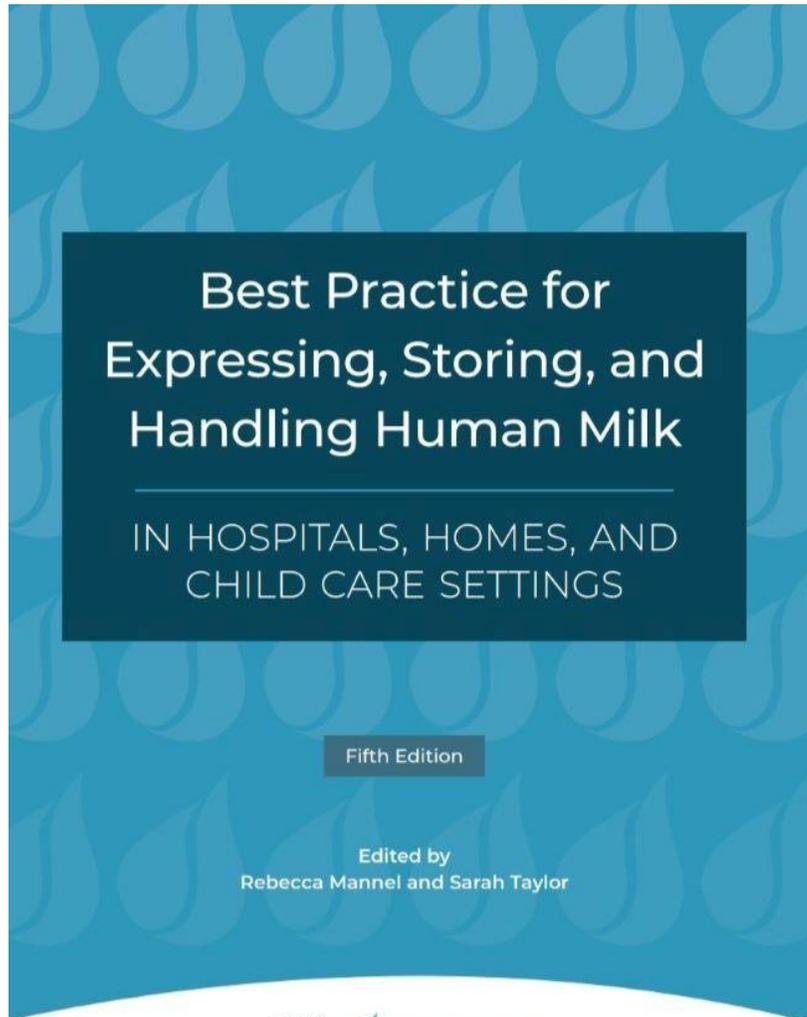


# FREE Online Breastfeeding Course for Families

- ➔ FREE interactive course on breastfeeding for families.
- ➔ Families move through the course at their own pace.
- ➔ This session works best in **Chrome**.



To order: [www.hmbana.org](http://www.hmbana.org)



Fifth edition of

**Best Practice for Expressing, Storing, and Handling Human Milk in Hospitals, Homes, and Childcare Settings**

from the Human Milk Banking Association of North America (HMBANA).

This fifth edition was co-edited by OBRC's own Becky Mannel!

**Proceeds from book sales support the nonprofit Human Milk Banking Association of North America**

# The Listening to Mothers IV Survey is now live!

National Partnership for Women & Families



**Anyone that gave birth in 2023 can take the survey.**

**For more info: <https://listeningtomot.wpenginepowered.com/>**

# AIM-HI

## Advancing Infant and Maternal Health Initiative

Oklahoma Breastfeeding Resource  
Center

University of Oklahoma Health  
Sciences Center



# What is AIM-HI?

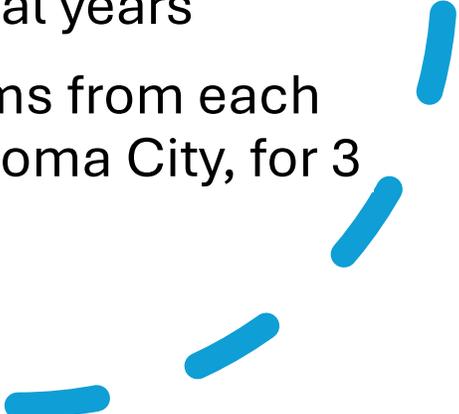
A new initiative funded by a TSET Discovery Grant  
to advance infant and maternal health  
**through increased breastfeeding support  
and evidence-based hospital practices**  
with the goal of reducing Oklahoma's  
tragically high obesity rates



# Why participate?

**TOTAL VALUE FOR  
EACH RURAL  
HOSPITAL:  
\$35,000**

## **Participating rural hospitals will receive:**

- 100% coverage of all fees required during the journey to Baby-Friendly designation
  - Free online didactic education for 30 staff and/or providers per year
  - Special early access for prenatal patients to the Oklahoma Breastfeeding Hotline
  - Free prenatal and postpartum telehealth lactation sessions for patients
  - 100% coverage of pasteurized donor human milk from the Oklahoma Mothers' Milk Bank during year 1 with some continued coverage for 2 additional years
  - Free annual leadership seminar for teams from each hospital, including travel costs to Oklahoma City, for 3 years
- 



**O K L A H O M A**  
**BREASTFEEDING**  
**RESOURCE CENTER**

**For more information on  
AIM-HI, telehealth or to request trainings or flyers:**

**[OBRC@ouhsc.edu](mailto:OBRC@ouhsc.edu)**

**[Rebecca-mannel@ouhsc.edu](mailto:Rebecca-mannel@ouhsc.edu)**

# Upcoming Events

- **OPNF Perinatal Nursing Boot Camp**
  - August 6, 7, 8, 21, 22
- **November 18 – OPQIC Annual Summit**

## 11th Annual OPQIC Summit

*Save The Date*

**11.18.2025**

Location: Oklahoma City Convention Center

100 Mick Cornett Dr.

Oklahoma City, OK 73109

*Details and agenda coming soon!*

 [opqic.org](http://opqic.org)

**OHA** OKLAHOMA  
HOSPITAL  
ASSOCIATION

**OPQIC**

# Future Meetings

Register now to be added to all upcoming OPQIC Quarterly Meetings.

You will be added to a recurring Outlook invite.

Go to <https://opqic.org/register>

## Future Meeting Dates:

- October 21, 2025

5:00pm – 7:00pm

## Quarterly Meeting Registration

FIELDS

After completion of this registration form, the participant will receive the Zoom meeting information in an email.

**Please select the meeting:\***

- April 23, 2024; 5 PM - 7 PM ONLY
- Please sign me up for all upcoming quarterly meetings (a recurring Outlook meeting invite will be sent)

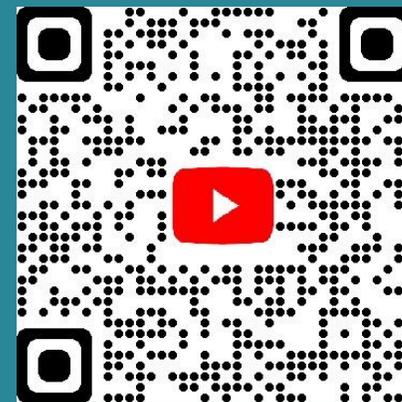
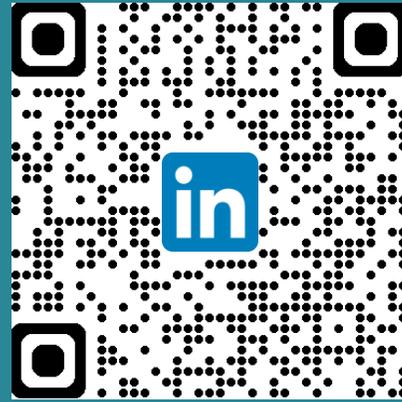
**Participant Name\***

First

Last

**Participant Email\***

# QUESTIONS OR OTHER BUSINESS?



[info@opqic.org](mailto:info@opqic.org)

