

Welcome to OPQIC's 11th Annual Summit



Thank you to our **Gold** sponsor
Brown's Medical Imaging
for providing today's lunch!



healthcare
solutions

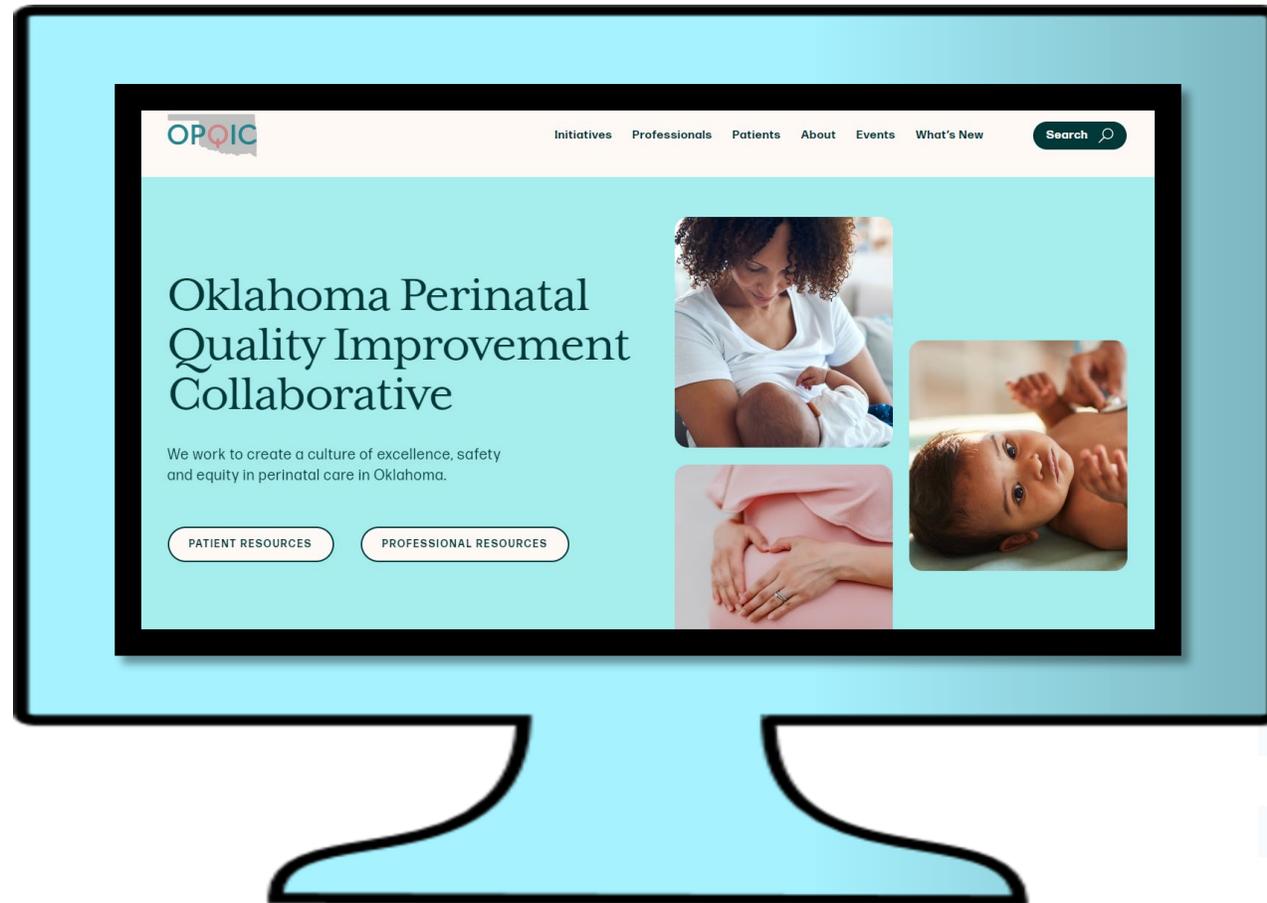
BROWN'S
MEDICAL
IMAGING

Milk Donation

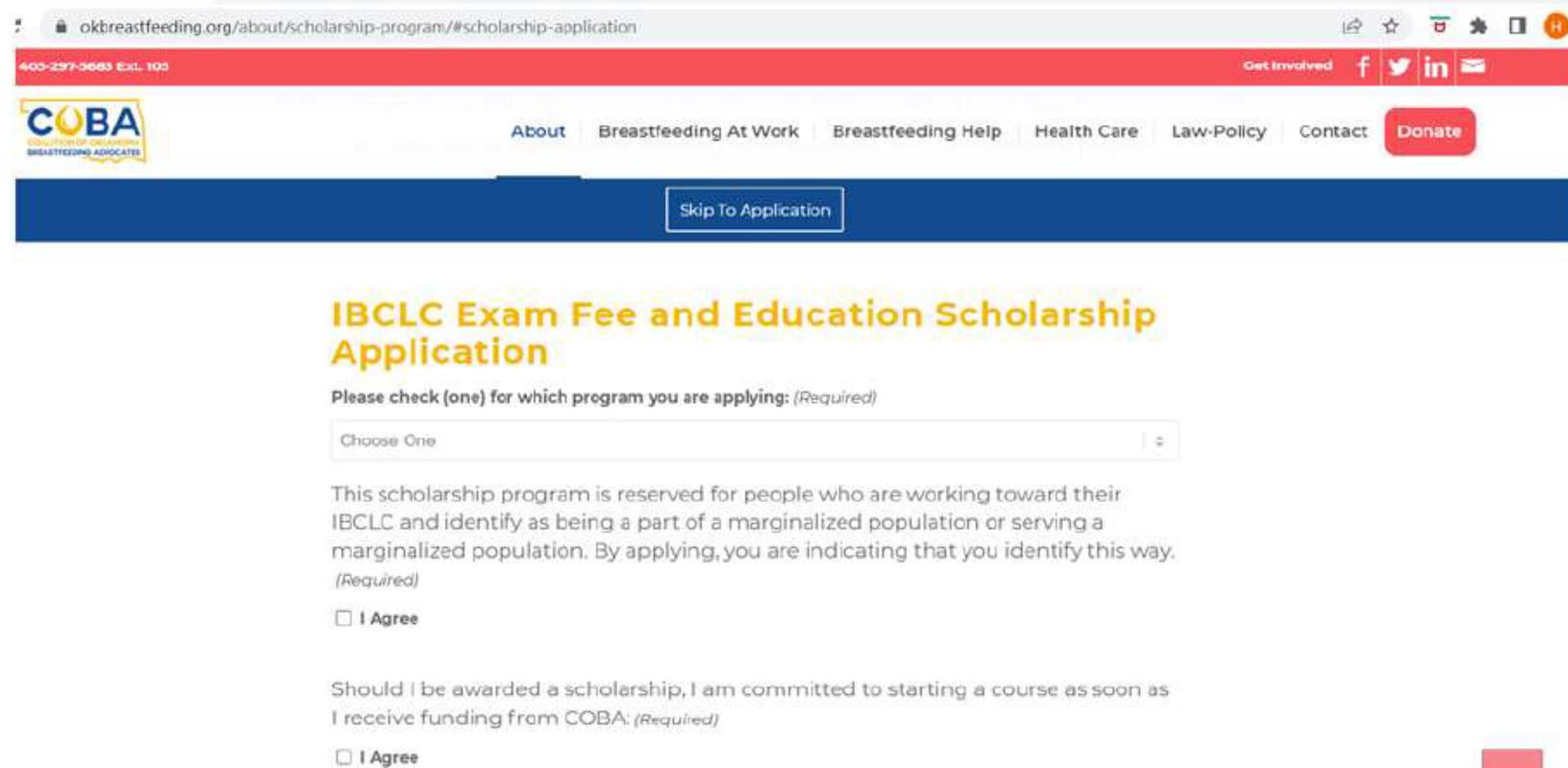
Home / Forms / Milk Donation

Learn more about human milk donation at okmilkbank.org.

You can find us at opqic.org



- COBA Scholarship Application NOW online!
- Next deadline: IBCLC Exam Fee, January 30th
- Education category deadline: March 31st
- Info@okbreastfeeding.org



The screenshot shows a web browser window with the URL okbreastfeeding.org/about/scholarship-program/#scholarship-application. The page features a red header with the phone number 405-297-9683 ExL 100 and a 'Get Involved' button with social media icons for Facebook, Twitter, LinkedIn, and Email. Below the header is a navigation menu with links for 'About', 'Breastfeeding At Work', 'Breastfeeding Help', 'Health Care', 'Law-Policy', 'Contact', and a red 'Donate' button. A blue banner contains a 'Skip To Application' button. The main content area is titled 'IBCLC Exam Fee and Education Scholarship Application' in yellow. It includes a dropdown menu labeled 'Please check (one) for which program you are applying: (Required)' with the text 'Choose One' and a dropdown arrow. Below this is a paragraph: 'This scholarship program is reserved for people who are working toward their IBCLC and identify as being a part of a marginalized population or serving a marginalized population. By applying, you are indicating that you identify this way. (Required)'. There are two radio button options: I Agree and I Agree. At the bottom, there is another paragraph: 'Should I be awarded a scholarship, I am committed to starting a course as soon as I receive funding from COBA: (Required)' with a radio button option: I Agree.

What's the Latest in Perinatal Care?

Get the latest updates on perinatal care in Oklahoma and more by subscribing to our monthly newsletter!



opqic.org/subscribe



BIG CONGRATULATIONS TO OUR NEWEST TEAMBIRTH-RECOGNIZED HOSPITALS!



Oklahoma Leads the Nation in TeamBirth Recognized Hospitals

OPQIC congratulates Saint Francis Hospital in Tulsa, Oklahoma Children's Hospital at OU Health, Duncan Regional Hospital, and Norman Regional Health System for achieving TeamBirth Recognition in August. With these accomplishments, Oklahoma now has nine TeamBirth Recognized hospitals — more than any other state.

Search...



[ABOUT](#)

[BABY-FRIENDLY HOSPITALS](#)

[RESOURCES](#)

[EVENTS/TRAININGS](#)

[FAMILIES](#)

[BECOME AN IBCLC](#)

[BREASTFEEDING HOTLINE](#)

[BREASTFEEDING CLINIC](#)



Breastfeeding resources *for clinicians and families* available at OBRC.ouhsc.edu

OPQIC/Maternal Health Task Force Quarterly Meetings

2026 Meetings:

January 20

April 21

July 21

October 20

opqic.org/register/



OKLAHOMA
State Department
of Health

Preparing for a Lifetime

It's *everyone's* responsibility.



Access
Preparing for a Lifetime
Resources Here





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

[Isabel Griffith](#) · [Vanessa Neergheen](#) · [Lynn El Chaer](#) · [Yara Altaher](#) · [Trisha Short](#) · [Amber Weiseth](#)  

Article Info 

- Patients who experienced a TeamBirth huddle had higher trust (HCRTS-R) and autonomy (MADM) scores.
- Positive effects remained after adjusting for demographic and clinical factors.
- Benefits were consistent across all racial and ethnic groups.
- TeamBirth reduced variation in trust and autonomy scores between groups.
- *Findings suggest TeamBirth may strengthen trust, autonomy, and equity in childbirth experiences.*



Find Us On Instagram



[Instagram.com/opqic](https://www.instagram.com/opqic)

DYK?

November is Prematurity Awareness Month

IN OKLAHOMA, 1 OUT OF EVERY 9 BABIES IS BORN PREMATURELY



MacKenzie Megan Malerie

Prematurity Awareness Month

BEING BORN TOO SOON CAN AFFECT A BABY'S HEALTH NOT JUST AT BIRTH, BUT FOR YEARS TO COME.

OPQIC

**2025
REPORT CARD GRADE
OKLAHOMA**



**Preterm
birth rate
11%**

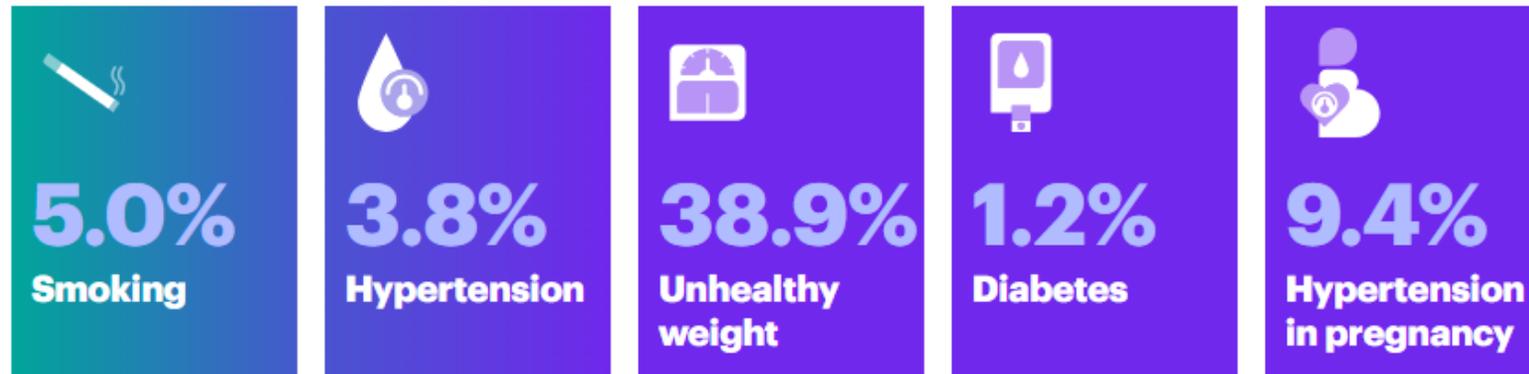
**Black
babies are
1.4 times
more
likely to be
preterm than
all other
babies.**

**Preterm
birth grade
D**

March of Dimes 2025 Oklahoma Report Card

Some health conditions make people more likely to have a preterm birth or experience other poor birth outcomes

The tiles display the percentage of all live births exposed to each condition in 2024.



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. US percentages are as follows: smoking: 3.0%; hypertension: 3.4%; unhealthy weight: 34.8%; diabetes: 1.3% and hypertension in pregnancy: 10.4%.

Source: National Center for Health Statistics, Natality data, 2024.

March of Dimes 2025 Oklahoma Report Card

SUMMARY TABLE

Refer to each individual section for more info on each measure.

	Preterm birth	Infant mortality	Low-risk Cesarean	Adequate PNC*	Severe maternal morbidity	Maternal mortality
Measure	11.0%	7.1	25.4%	78.9%	77.9	27.3
Rank	37th of 52	46th of 52	23rd of 52	21st of 52	12th of 47	31st of 48
Direction†	No change	Worsened	Improved	Improved	Improved	Improved
HP2030 Target	9.4% of live births	5.0 deaths per 1k births	23.6% of low-risk births	80.5% of live births	64.4 per 10K hospital deliveries	15.7 deaths per 100k births

Note: *Measure differs from inadequate PNC. Adequate is presented to align with Healthy People 2030 target. Rank determined for all states with available data with 1 being the best. †Denotes statistically significant change from prior year (P <0.05). See [Technical Notes](#) for details.

Save the Date for Summit 2026!

12th Annual OPQIC Summit

Save The Date

September 29, 2026

Location: Oklahoma City Convention Center

100 Mick Cornett Dr.

Oklahoma City, OK 73109

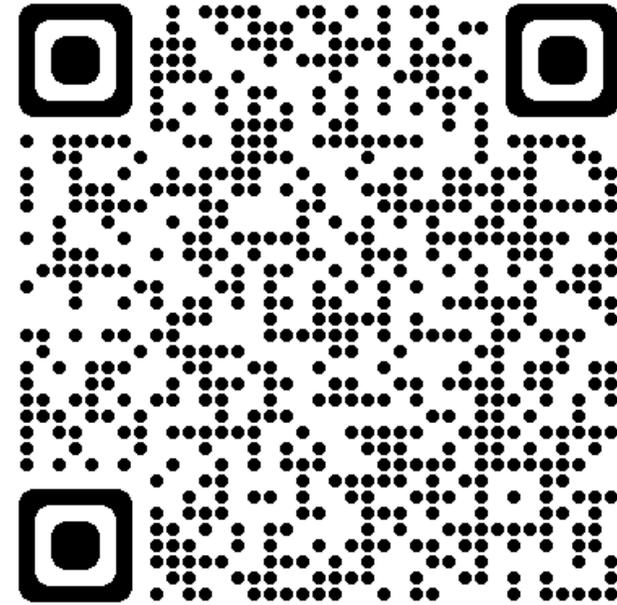
Registration Opens Summer 2026

 opqic.org

OHA OKLAHOMA
HOSPITAL
ASSOCIATION

OPQIC

You Can Find Us On LinkedIn



[LinkedIn.com/opqic](https://www.linkedin.com/company/opqic)



parentPRO 
Free parenting support. Delivered to your door.

CALL TODAY!

1-877-271-7611

parentPRO.org



OKLAHOMA
State Department of Health

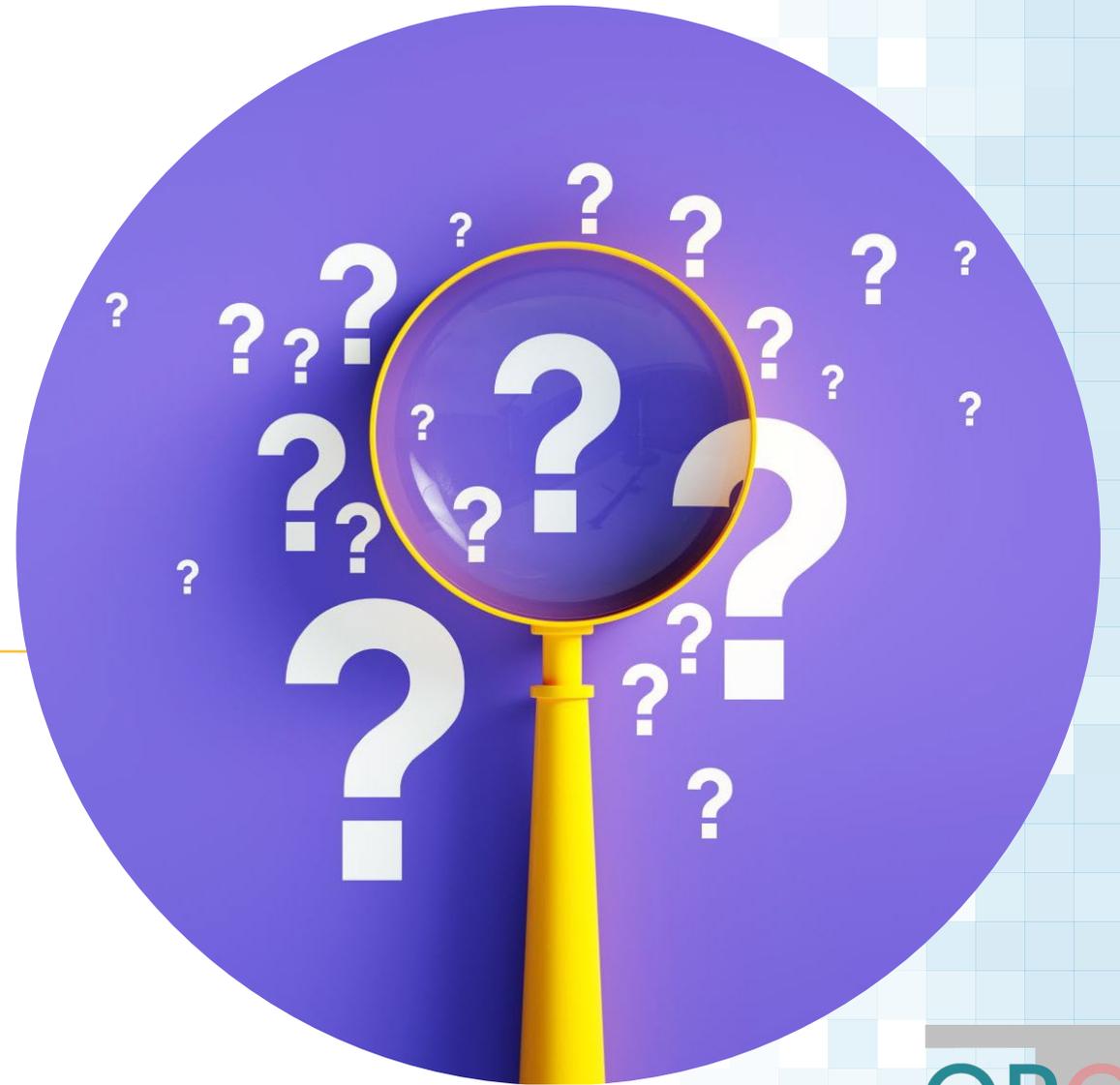


You Can Find Us On Facebook



[Facebook.com/opqic](https://www.facebook.com/opqic)

**Ask your patients the
one key question...**



The One Key Question:

“Would you like to become pregnant in the next year?”

By asking the **ONE KEY QUESTION**[®], health care providers can support the needs of all reproductive-age women whether they want to become pregnant or prevent a pregnancy.

For more information on both birth control and preparing for pregnancy, visit:
www.onekeyquestion.org

Did You Know?

Pregnant people should receive the flu vaccine during any trimester of pregnancy.



FLU FACT

Flu vaccine has been shown to reduce the risk of adults and pregnant women being hospitalized from flu by 40%.

#FIGHT FLU



Did You Know?

Pregnant women should receive the *Tdap vaccine* ideally between 27-36 weeks gestation.

Those in close contact to the infant should *also* receive the *Tdap vaccine*.





In 2022-2023, only **55.4%** of pregnant women received the Tdap vaccine.

Make sure to protect yourself and your baby. Get vaccinated.

www.cdc.gov/flu/protect/vaccine/pregnant.htm



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Did You Know?

The CDC recommends that people who are pregnant, breastfeeding, trying to get pregnant now, or who might become pregnant in the future, ***get vaccinated and stay up-to-date with their COVID-19 vaccines.***

Coming Soon: Oklahoma's 2025 MMRC Report



Did You Know?

New RSV Vaccination

The CDC recommends two ways to protect babies from getting very sick with Respiratory Syncytial Virus (RSV):

- **RSV vaccination during pregnancy:** Pfizer's RSV vaccine and RSVpreve (Abrysvo) are recommended for use during pregnancy (maternal RSV vaccination). It's given during RSV season to people who are 32 through 36 weeks pregnant.
- **RSV immunization given directly to infants and some high-risk babies.**



Did You Know?

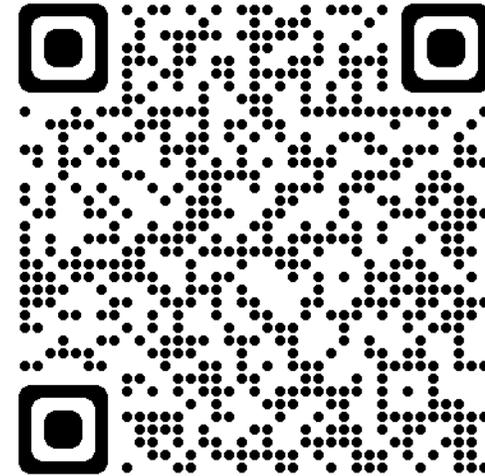
Babies born to mothers who get RSV vaccine at least 2 weeks before delivery will have protection and, in most cases, should not need an RSV immunization later.

Perinatal Mental Health Tool Kit

Perinatal mood and anxiety disorders are among the most common complications that occur in pregnancy or in the first 12 months after delivery. Despite the negative effects on maternal, obstetric, birth, offspring, partner, and family outcomes, perinatal mental health disorders often remain underdiagnosed, and untreated or under-treated.

Toolkit includes:

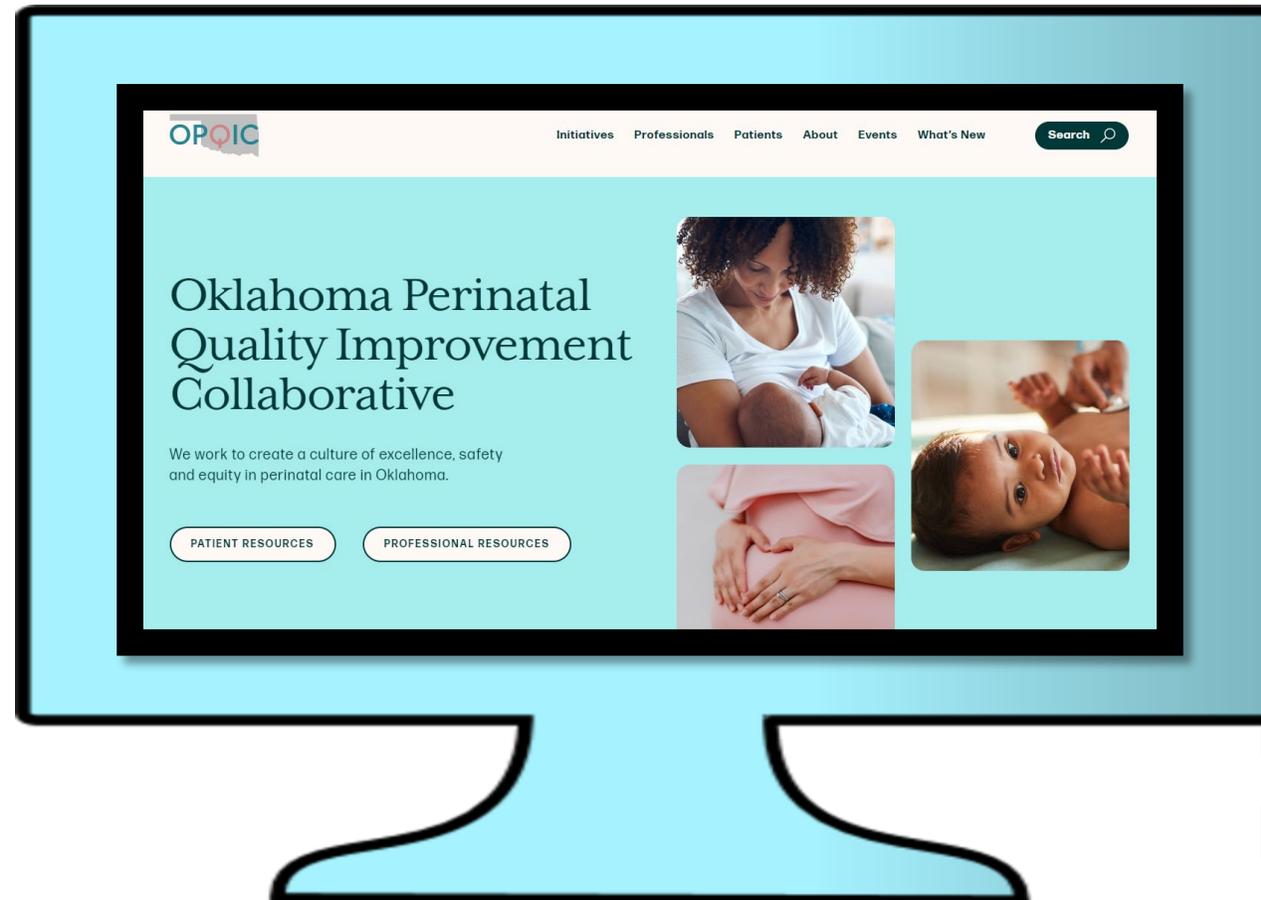
- ❖ Summary of perinatal mental health conditions.
- ❖ Patient screening tools.
- ❖ Assessment of and treatment of perinatal mental health conditions.
- ❖ Educational resources for providers, patients, & families.
- ❖ A guide to integrate mental health care into an OBGYN practice.



Find Us On YouTube



You can find us at opqic.org



Did You Know?

1-800-QUITNOW

OKhelpline.com

Provides *free* support 24/7 for your patients who use tobacco products.

 Free help	Oklahoma Tobacco Helpline	
	1 800	QUIT NOW
	784-8669	OKhelpline.com



Oklahoma's 10 Baby-Friendly Hospitals!

- | | |
|--|---------------------|
| ▪ <u>Cherokee Nation W. W. Hastings Hospital</u> | (07/2015) (01/2022) |
| ▪ <u>INTEGRIS Health Baptist Medical Center</u> | (01/2015) (03/2023) |
| ▪ <u>SSM Health St. Anthony Hospital - OKC</u> | (11/2016) (01/2023) |
| ▪ <u>Chickasaw Nation Medical Center, Ada, OK</u> | (05/2017) (07/2023) |
| ▪ <u>Comanche County Memorial Hospital, Lawton, OK</u> | (10/2015) (03/2020) |
| ▪ <u>Integris Canadian Valley Hospital</u> | (02/2019) |
| ▪ <u>Oklahoma Children's Hospital at OU Health</u> | (12/2019) |
| ▪ <u>Duncan Regional Hospital</u> | (01/2022) |

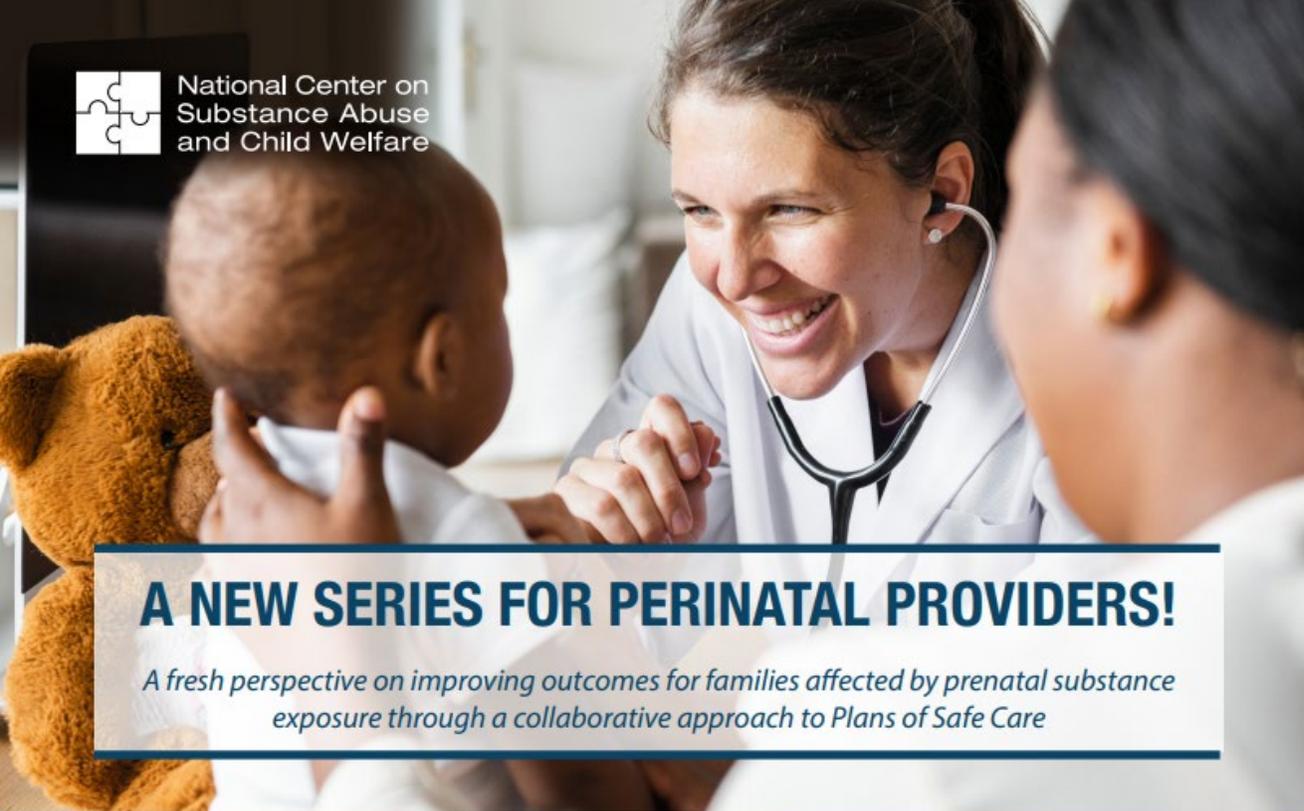
On the pathway to become Baby-Friendly:

- Stillwater Medical Center
- Jackson County Memorial
- Choctaw Nation Healthcare Center





National Center on
Substance Abuse
and Child Welfare



A NEW SERIES FOR PERINATAL PROVIDERS!

A fresh perspective on improving outcomes for families affected by prenatal substance exposure through a collaborative approach to Plans of Safe Care

A four-part video series examining the role healthcare providers play in collaborative initiatives to improve outcomes for infants

Scan here to
access the
video!



This 4-Part video series will focus on the Child Abuse Prevention and Treatment Act (CAPTA) as it applies to infants affected by SUD and care coordination.

← *Scan the QR code to access the video series.*

#healthybabieshealthyfamilies



Did you know?

Your hospital can sign up for the *Becoming Baby Friendly in Oklahoma* initiative.

Interested?

Contact Rebecca-Mannel@ouhsc.edu

Did You Know?

Low-dose aspirin taken daily from 12 weeks gestation until birth can reduce the risk of:

- Preeclampsia (15%),
- Perinatal mortality(21%),
- Preterm birth (20%)
- Fetal growth restriction (18%)

WHY TAKE ASPIRIN DURING PREGNANCY?



Your provider told you that **low-dose aspirin** could help you during your pregnancy. You've never heard of someone taking **low-dose aspirin** while pregnant before.

Let's find out why!

What is Preeclampsia?

Preeclampsia (pre-eclamp-sia) is a high blood pressure disorder of pregnancy and postpartum that can affect multiple organ systems within your body. In severe cases, preeclampsia can lead to seizures and even stroke.

In addition to high blood pressure, a urine test may show too much protein in a pregnant person's urine. Too much protein means your kidneys may be damaged. If you get preeclampsia, you risk having your baby too early.

What is Eclampsia?

Eclampsia (e-clamp-sia) is when a person with preeclampsia develops seizures. Eclampsia is a serious medical emergency that can cause strokes or death. Eclampsia only occurs in 3% of people with preeclampsia.



What are the symptoms of preeclampsia?

- High blood pressure (greater than 140/90)
- Increased swelling in hands and feet and/or rapid weight gain
- A severe headache that doesn't resolve with Tylenol
- Nausea or vomiting
- Abdominal and/or shoulder pain
- Changes in vision
- Shortness of breath or anxiety (feeling of doom)
- Changes in reflexes.
- Some people do not notice symptoms.

Long-term Impact

4 out of 5 preeclampsia patients did not receive any information about long-term health risks of preeclampsia following their pregnancies.



I'm not old enough to have high blood pressure!

Women who experience preeclampsia are 2-4 times more likely to experience high blood pressure, heart disease, and stroke within the next 5 to 15 years of their life.

Patient Journey



The more you know...

More than 50% of patients who develop preeclampsia are diagnosed with chronic hypertension on average 14 years after pregnancy.

Access the QI toolkit at opqic.org/lda

Preparing for a Lifetime

It's *everyone's* responsibility.



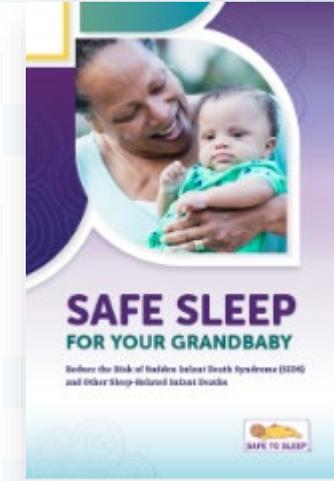
Access
Preparing for a Lifetime
Resources Here



Promoting Safe Sleep

The NICHD has updated **Safe to Sleep®** campaign materials available for free download.

Visit safetosleep.nichd.nih.gov





The National Safe Sleep
**Hospital Certification
Program**

Helping Every Baby Sleep Safer



SIDS is the 3rd leading cause of death in Oklahoma infants. Providing safe sleep education before discharge is key to reducing unsafe sleep-related deaths. Get certified today!

Find Us On Instagram



[Instagram.com/opqic](https://www.instagram.com/opqic)

Did you know?

The Period of PURPLE Crying® program is available for your hospital.

Contact: Alicia Lincoln
alicial@health.ok.gov



Welcome to Oklahoma Mothers' Milk Bank

Vision: Every baby has a healthy start

Mission: To improve the health of babies through safe donor milk

LEARN MORE

Learn more at okmilkbank.org
facebook.com/okmilkbank

FACT: Most maternal deaths occur in the postpartum period.

Save a life by educating every discharging family using this flyer

→ Available in 50 languages

SAVE YOUR LIFE:

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.

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

<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <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
<p>Call your healthcare provider if you have: (you only need one sign) <small>(if you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <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
(Date)
I am having _____"
(Specific warning sign)



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 March through March for Mothers. March for Mothers is known as MCO for Mothers outside the United States and Canada.

AWHONN thanks Kenvue for commercial support of the translation of this handout.

©2025 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. Unlimited print copies permitted for patient education only. For all other requests to reproduce, please contact permissions@awhonn.org.

**Maternal mental health
flyers available to print
and distribute.**

 ***mchb.hrsa.gov***



**National
Maternal
Mental Health
Hotline**

HRSA
Health Resources & Services Administration

 **For Emotional Support & Resources
CALL OR TEXT 1-833-TLC-MAMA
(1-833-852-6262)**

ALWAYS FREE — 24/7 — CONFIDENTIAL — 60+ LANGUAGES

The more you know...

Who could benefit from low-dose aspirin during pregnancy?

70% of pregnant Oklahomans are eligible based on 2021 ACOG guidelines.

Access the QI toolkit at opqic.org/lda

Patient has <u>one</u> of the following high-risk factors:	Patient has <u>more than one</u> of the following moderate risk factors:
History of preeclampsia	Nulliparity
Multifetal gestation	Obesity (BMI>30)
Pregestational diabetes (type 1 or 2)	Family history of preeclampsia
Chronic hypertension	Black race
Kidney disease	Lower income
Autoimmune disease	Age 35 or older
Any combination of 2 moderate risk factors	Personal history factors (low birthweight, >10 years since pregnant)
**Source ACOG, USPSTF	Conceived via IVF



The more you know...

Hospitals with an approved Infant Safe Sleep policy can receive free sleep sacks to distribute to families through the OSDH Hospital Sleep Sack Initiative.

Visit opqic.org/safesleep

Perinatal Mental Health Toolkit

Find all your perinatal mental health resources in one place:

- Summaries of perinatal mental health conditions
- Patient screeners
- How to assess and treat perinatal mental health conditions
- Educational resources for providers, patients and families
- A QI guide to integrate mental health care into an OBGYN practice

What if the “happiest time of your life” doesn’t feel so happy?



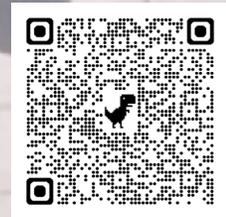
Low-Dose Aspirin for Preeclampsia Prevention:

Implementation Guide
for Clinical Teams



**LOW DOSE
BIG BENEFITS™**

CMQCC
California Maternal
Quality Care Collaborative



Now Available!
**QI Toolkit for clinical teams seeking to reduce rates of
preeclampsia.**

We want your feedback!



**Scan the QR code to complete our
Summit evaluation.**



You know your body best

If you experience something that seems unusual or is worrying you, don't ignore it.

HEAR
HEAR HER CONCERNS

Learn about urgent warning signs and how to talk to your healthcare provider.

During Pregnancy

If you are pregnant, it's important to pay attention to your body and talk to your healthcare provider about anything that doesn't feel right. If you experience any of the urgent maternal warning signs, get medical care immediately.

After Pregnancy

While your new baby needs a lot of attention and care, it's important to remain aware of your own body and take care of yourself, too. It's normal to feel tired and have some pain, particularly in the first few weeks after having a baby, but there are some symptoms that could be signs of more serious problems.

Tips:

- Bring this conversation starter and any additional questions you want to ask to your provider.
- Be sure to tell them that you are pregnant or have been pregnant within a year.
- Tell the doctor or nurse what medication you are currently taking or have recently taken.
- Take notes and ask more questions about anything you didn't understand.

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

Urgent Maternal Warning Signs

If you experience any of these warning signs, 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 100.4° 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 leaking fluid that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

This list is not meant to cover every symptom you might have. If you feel like something just isn't right, talk to your healthcare provider

Use This Guide to Help Start the Conversation:

- Thank you for seeing me.
I am/was recently pregnant. The date of my last period/delivery was _____ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having _____ (symptoms) that feel like _____ (describe in detail) and have been lasting _____ (number of hours/days)
- I know my body and this doesn't feel normal.

Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

Notes:



Asking whether my patient had been pregnant in the last year may have helped save her life.

Life-threatening complications can happen up to a year after pregnancy. Most pregnancy-related deaths are preventable.

Ask whether your patient is pregnant or was pregnant in the last year.

Connect her to the care she needs right away.



Learn more at cdc.gov/HearHer



Mom's health matters too.

Women can suffer from life-threatening complications up to a year after giving birth. **When she comes in for her infant's visit, listen for urgent maternal warning signs.**

It could help save her life.



Recognize the warning signs at cdc.gov/HearHer



Clinician and patient health equity resources available at CDC.gov/HearHer



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





TEAMBIRTH

Process innovation for clinical safety, effective communication, and dignity in childbirth.

OKLAHOMA IS THE FIRST STATEWIDE INITIATIVE

This project 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.

Congratulations to Oklahoma's *TeamBirth Recognized* Hospitals

- OSU Medical Center
- INTEGRIS Health Edmond Hospital
- Hillcrest Medical Center
- Northeastern Health System
- Chickasaw Nation Medical Center
- Norman Regional Health System
- Duncan Regional Hospital
- Oklahoma Children's Hospital at OU Health
- Saint Francis Hospital

Tobacco Use During Pregnancy

★ Oklahoma is experiencing an increased number of people using, or being exposed to, e-cigarettes in the perinatal period.

★ Refer to 1-800-QUIT-NOW for free quit-smoking resources.

EVERY BREATH REACHES YOUR BABY - PROTECT THEM FROM SMOKE AND VAPE EXPOSURE 

INCREASES THE RISK OF:

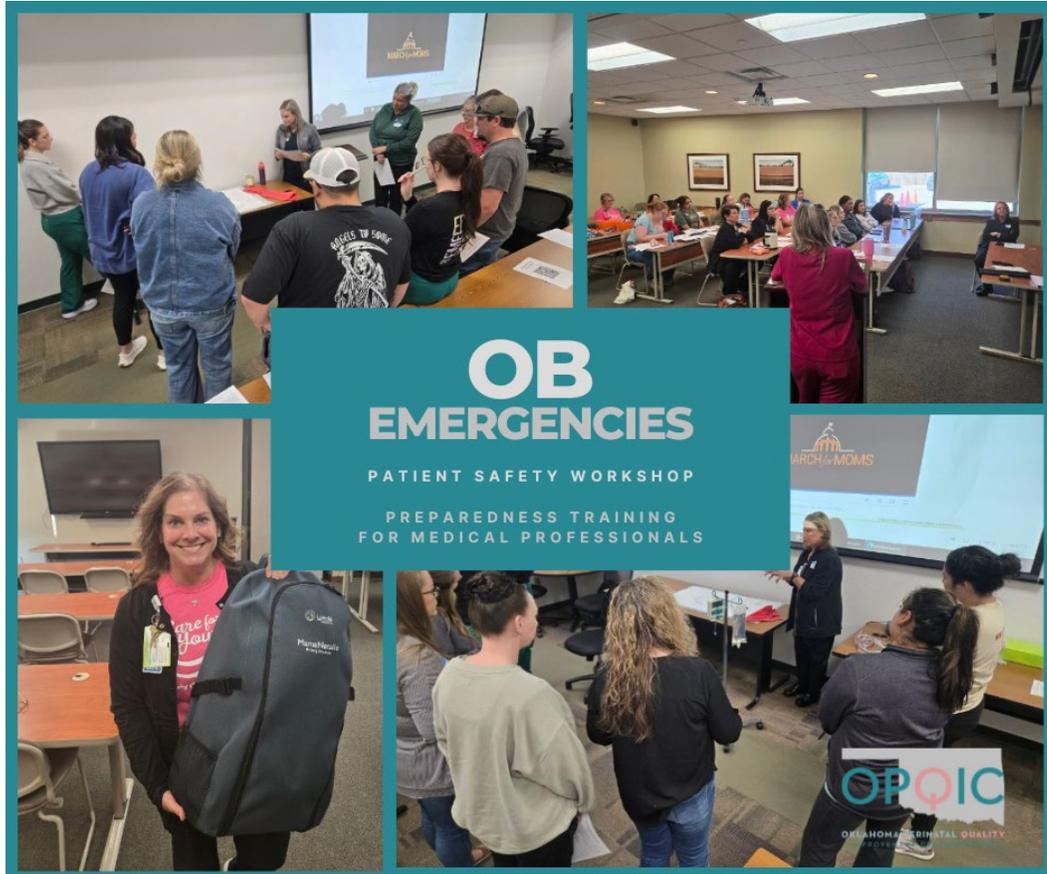
- STILLBIRTH
- BABY BEING BORN TOO EARLY (PREMATURE BIRTH)
- LOW BIRTH WEIGHT
- BIRTH COMPLICATIONS



READY TO QUIT SMOKING OR VAPING - OR HELP SOMEONE YOU CARE ABOUT QUIT?
CALL 1-800-QUIT-NOW FOR FREE RESOURCES

OPQIC OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

OB Emergencies Workshops



- 2025 October Workshops were hosted by Jackson County Memorial Hospital and Great Plains Regional Medical Center.
- 31 Participants from ICU, ED, Med-Surg, L&D, and other hospital teams.
- Interested in hosting a workshop? Contact Katie Morgan at Katie@okoha.com

EPPP Toolkit

Access Here



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

Overview

<u>Urgent Maternal Warning Signs</u>	Most useful in the Prenatal Care Setting <ul style="list-style-type: none">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. Document this Conversation
<u>AWHONN POST-Birth Warning Signs</u>	Give to every patient before hospital discharge <ul style="list-style-type: none">Educate patients and support persons using AWHONN POST-BIRTH Warning Signs as a toolProvide 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
<u>OPQIC Helpful Information Handout</u>	Give to every patient before hospital discharge <ul style="list-style-type: none">Review OPQIC Helpful Information Handout with all patients and support persons.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
<u>Birth Hospital Clinical Summary</u>	Give to every patient before hospital discharge <ul style="list-style-type: none">Educate all patients and support persons on the clinical circumstances of their birth experience by using the Birth Hospital Clinical Summary as a tool.This is particularly useful for those patients that experience complications.Instruct patients to keep this accessible in case they need to reference it for future hospitalizations or questions about their birth experience.Urge patients to bring this clinical summary to future clinical visits or hospitalizations. Document this Conversation

Helpful Information Patient Handout:



opqic.org/for-patients/



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
www.postpartum.net

Expert Advice



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

Breastfeeding



COBA 24/7 Hotline
Text OK2BF to 61222
1-877-271-MILK (6455)
www.okbreastfeeding.org

More Resources



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

Don't hesitate!

Call 911 for a medical emergency
Call 988 for a mental health emergency
Contact your provider with Questions



Those with a history of Hypertensive Disorders of Pregnancy (HDP) have a *lifelong* increased risk of cardiovascular disease.



The Role of Cardiovascular Health in Maternal Health eModule

Register Here

LEARN.HEART.ORG

Free maternal health eModule

Register now, get CE credit

Learn more

<https://education.heart.org/productdetails/the-role-cardiovascular-health-in-maternal-health>

Registration for *Perinatal Nursing Boot Camp* is Now Open!

Visit opqic.org/opnf for dates and details.



Perinatal Nursing Boot Camp: Spring 2026

Course Objectives:

This course is designed to provide high quality, cost effective, didactic education to nurses (**both recent graduates and experienced nurses who would like a refresher**) who are **new to the field** of Obstetric and Newborn Nursing. It is intended to augment the hospital clinical orientation to the obstetrical and newborn units.

Basic course content includes pathophysiology, assessment, medical and nursing therapeutics and evaluation of nursing care. A precepted perinatal clinical experience on non-class days is encouraged for the successful application of class content. Competency of knowledge and skills is to be determined by participant's facility.

Classroom Details:

Classes are in a hybrid format (in-person and virtual). *We strongly recommend attending in person if you can.* The educational experience is enhanced in a group setting. If travel is a barrier to attending, a virtual option is included. **Each day will have a hands-on learning component. Day 5 will ONLY be hands-on learning with no virtual option.**

Links to course materials and WebEx meeting site will be e-mailed to participants attending virtually and their managers the prior week. It will be the hospital's decision whether participants join in person or virtually.

FACULTY: All classes will be taught by clinical experts from the Oklahoma Perinatal Nurses Forum hospitals, Universities, and State Health Department representatives.

Registration:

REGISTRATION FEES: Registration includes instruction, course materials, refreshments and certificate of attendance. **Lunch is on your own.**

- No charge for OPNF member hospital (see list on next page). However, registration is required.
- Non-Member Tuition: \$300 for single participant for the entire course or \$75/day.
- Make check payable to Oklahoma Perinatal Nurses Forum, or pay via PayPal at paypal.me/OPNFTreasurer.

REGISTRATION LINK: <https://opqic.org/opnf/bootcamp-registration/>

Registration Deadline: February 20th, 2026

Location Information:

Dates: February 25th, 26th, 27th (Wed, Thurs, Fri.)
and **March 12th** (Thurs.)

Location: Oklahoma Hospital Association
4000 N. Lincoln Blvd., OKC, OK 73105

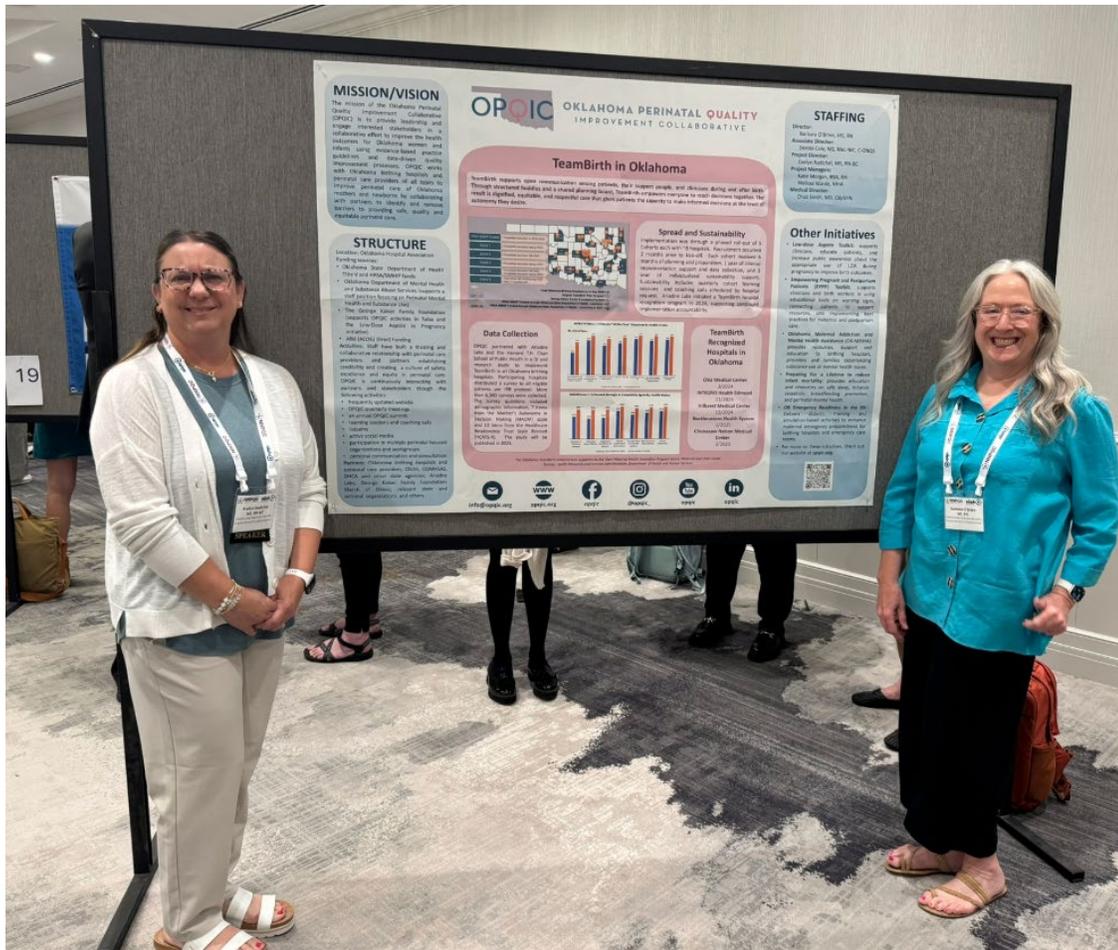


In-Person ONLY: March 13th (Friday)
Location: OU College of Nursing
1100 N. Stonewall Ave., OKC, OK 73117

2025 OPNF Spring Bootcamp



National Network of Perinatal Quality Collaboratives (NNPQC) 2025 Conference



2025 OB Emergencies Workshop at Stillwater



TeamBirth Launch INTEGRIS Health Woodward



TeamBirth Launch (12/2024) INTEGRIS Health Southwest Medical Center



TeamBirth Launch (12/2024) Claremore Indian Hospital



2025 Alliance for Innovation on Maternal Health(AIM) Annual Meeting



TeamBirth Launch (02/2025) Lakeside Women's Hospital



2025 AWHONN Convention Oklahoma Chapter



2025 OB Emergencies Spring Workshop at Waggoner Hospital



Hospitals in Action – *Spinning Babies*



Spotlight on Hospitals – Ascension St. John



More OB-GYN providers.
Now including certified nurse midwives.



Labor & Delivery nurses from several Ascension St. John hospitals recently participated in a [Spinning Babies](#) workshop.

Obstetric Emergencies in the ED Workshops



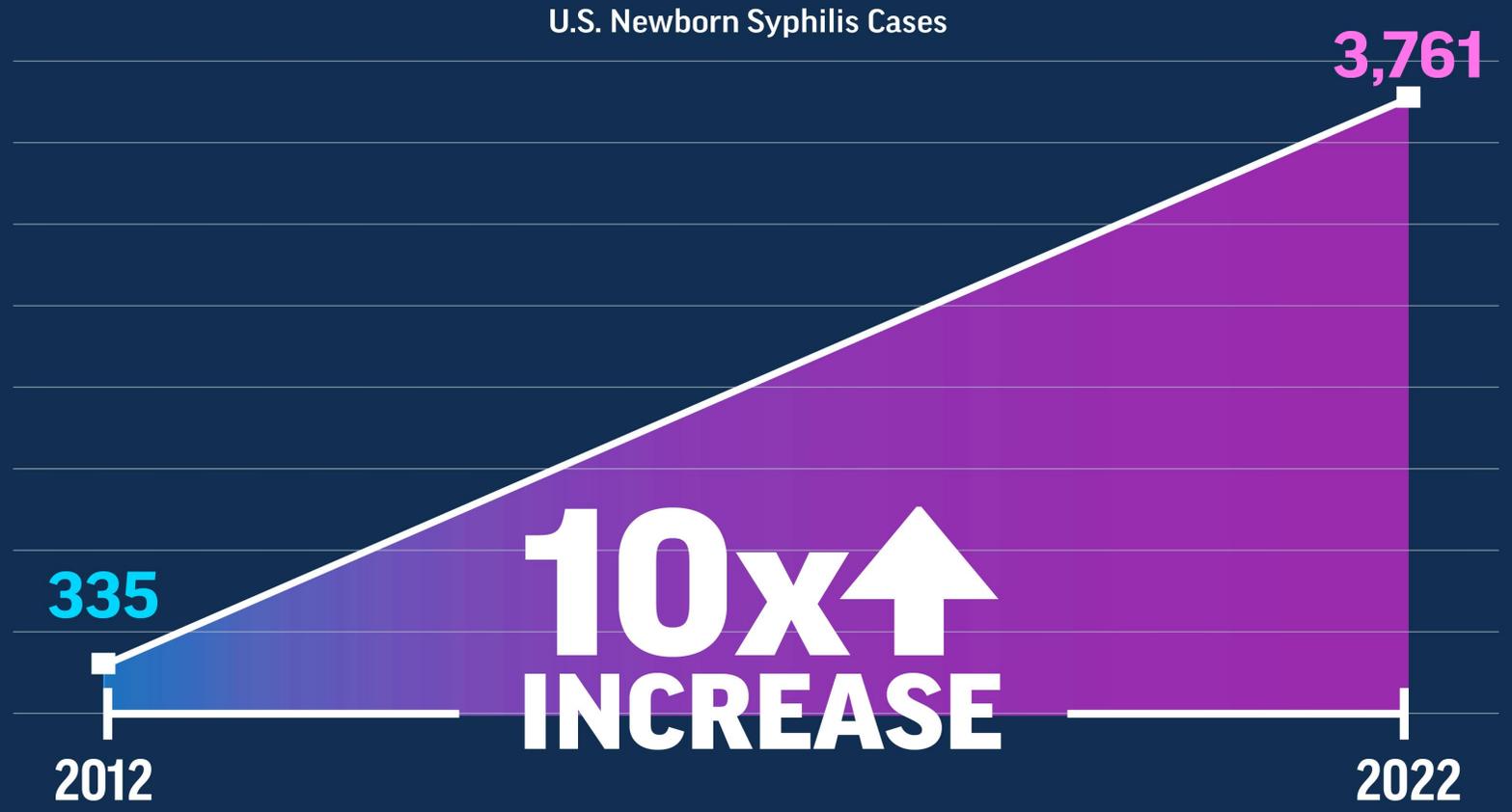
More workshops coming in Spring 2026!

OPQIC facilitated 8 workshops throughout Oklahoma to train ED and OB staff on how to respond to obstetric emergencies.

Mama Natalie simulation tools were distributed to multiple hospitals across the state.

2025 workshops were funded by the Oklahoma State Department of Health (OSDH) through State Maternal Health Innovation Program (SMHIP) funds.

U.S. Newborn Syphilis Cases Surge Over 10 Years



Vital^{CDC}signs™

Source: November 2023 Vital Signs



CS341746

[New CDC data](#) reveal that more than 3,700 babies were born with syphilis in 2022, which was more than 10 times the number in 2012.

Syphilis Testing During Pregnancy

CDC Recommendation:

It is important for pregnant women to be tested for syphilis **three times** during pregnancy:

First prenatal visit,
In the third trimester,
When the baby is born.



Preparing for a Lifetime

It's *everyone's* responsibility.



Access
Preparing for a Lifetime
Resources Here





4000 Lincoln Blvd
Oklahoma City, OK 73105
Phone: (405) 427-9537
Fax: (405) 424-4507
oha@okoha.com



www.linkedin.com/company/opqic/



www.facebook/opqic