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- **Warren M. Crosby**
Champion for
Maternal and
Infant Health





Warren M. Crosby Champion for Maternal and Infant Health

***Annette Troxell,
MS, RNC-OB***





OK-MMA

**OKLAHOMA MATERNAL ADDICTION AND
MENTAL HEALTH ASSISTANCE INITIATIVE**



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What we learned in 2024

Nancy Byatt, DO, MS, MBA, DFAPA, FACLP

Executive Director, Lifeline for Families Center and Lifeline for Moms Program
Tenured Professor of Psychiatry, Ob/Gyn, PQHS, UMass Chan Medical School
Medical Director of Research and Evaluation, MCPAP for Moms

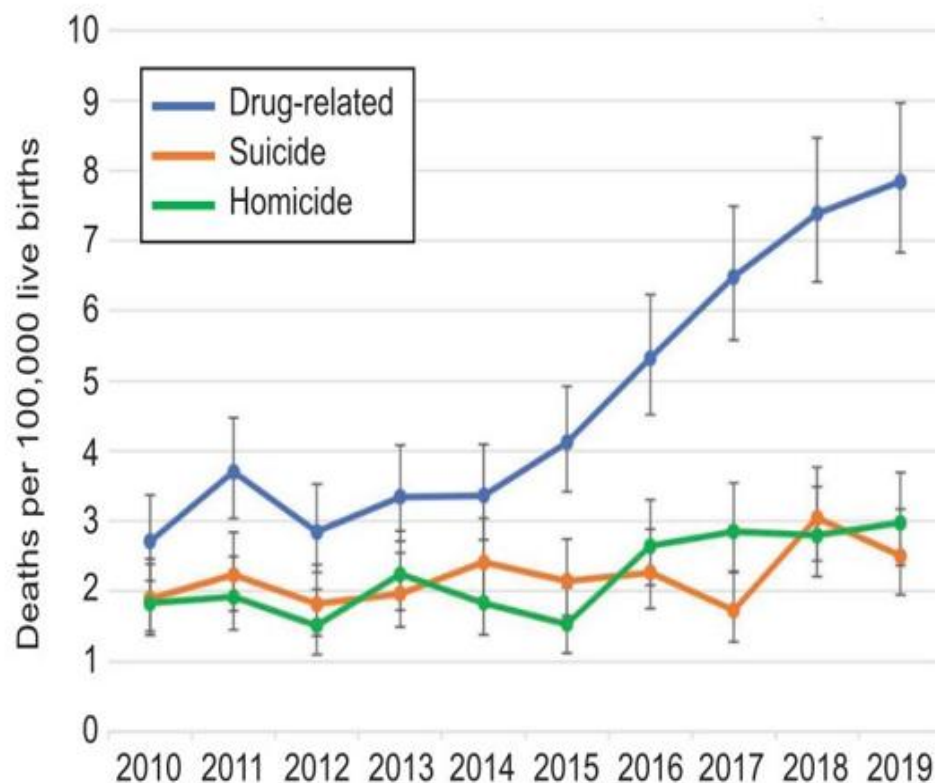
Katie Harrison, MHR

Senior Manager of Adult MOUD and Family Centered Substance Use Treatment &
Recovery Services
Interim State Opioid Treatment Authority (July, 2024)

- ❖ Perinatal mood and anxiety disorders are **common** and **undertreated**.
- ❖ **1 in 5** women around the world will suffer from a maternal mental health complication.¹
- ❖ Maternal health and substance use disorders are becoming **more common in the perinatal time-period**.
- ❖ National health agencies have declared these as **major public health issues**.
- ❖ **Screening** should be completed and coupled with **adequate systems** to ensure accurate diagnosis, effective treatment and appropriate follow

2024: Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States

2010 – 2019



22.2% of all Maternal Deaths are due to:

- Drugs (11.4%)
- Suicide (5.4%)
- Homicide (5.4%)

From 2010-2019:

- Drug-related deaths increased 190%
- Suicide increased 30%
- Homicide increased 63%

OMNO

Oklahoma Mothers and Newborns affected by Opioids

2019/2020: launched to improve care for pregnant patients with
Opioid use disorder + pain-management needs

What were some challenges?

COVID

Buy In

Just not ready to face it...

So...in 2026:

How many in this room would say you have seen improvement in screening?

How many in this room would say that in your community, there is improved access to resources for Perinatal Mental Health and Substance Use Disorder?

How many in this room would say that you and/or your health care team are more confident in identifying and navigating support for women identified to have Perinatal Mental Health or Substance Use Disorder?

2026

Maternal Mortality Rate for maternal deaths within 42 days of termination of pregnancy

- US Maternal Mortality Rate decreased from 24.6 to 19.6
- OK Maternal Mortality Rate decreased from 29.0 to 19.4

Definitions Related to Maternal Mortality

- **Maternal Mortality:** The death of a woman ***while pregnant or within 42 days*** of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO Definition) Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (This definition used to compare U.S. to other countries.) NOT REVIEWED BY MMRC.
- **Pregnancy Related Deaths:** The death of a woman ***while pregnant or within 1 year*** of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (This definition most often is produced from state MMRCs.)
- **Pregnancy Associated Deaths:** The death is the death of any women, from any cause, while pregnant or within 1 year of termination of pregnancy, regardless of duration and the site of pregnancy. Rate used in the U.S. and OK for reporting purposes-denominator of **100,000 live births**. (Generally, a definition associated with timing only.)

CDC Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees

2022: Circumstances Surrounding Death:

“these charts highlight the percentages of pregnancy-related deaths determined to have, or probably have, the listed circumstance as a circumstance contributing to the death”

- Mental Health Conditions
- Substance Use Disorder
- Discrimination

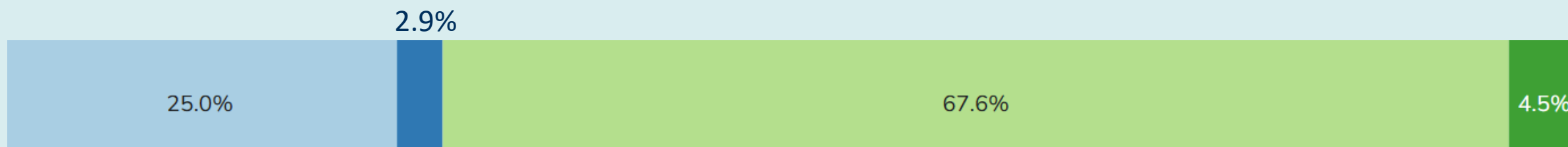
Committee determination on **mental health conditions** as a circumstance contributing to the death, 2022



● Yes ● Probably ● No ● Unknown

Lives Impacted = 274

Committee determination on **substance use disorder** as a circumstance contributing to the death, 2022



● Yes ● Probably ● No ● Unknown

Lives Impacted = 223

Committee determination on **discrimination** as a circumstance contributing to the death, 2022

Discrimination is defined as treating someone less or more favorably based on the group, class, or category they belong to. For example, a clinician dismissed symptoms of abdominal pain described by a woman with a history of substance use disorder, which led to a delay in diagnosis and care for ruptured ectopic pregnancy.



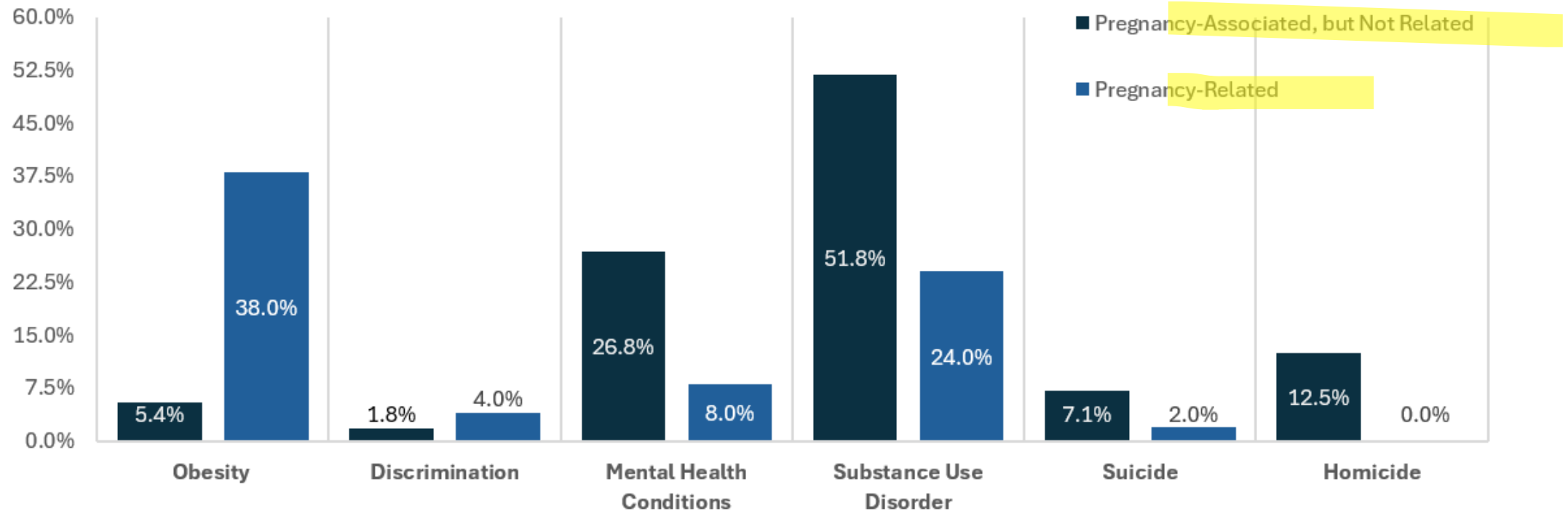
● Yes ● Probably ● No ● Unknown

Lives Impacted = 262

Circumstances contributing or probably contributing to pregnancy-associated deaths* by pregnancy relatedness, Oklahoma 2019 - 2023

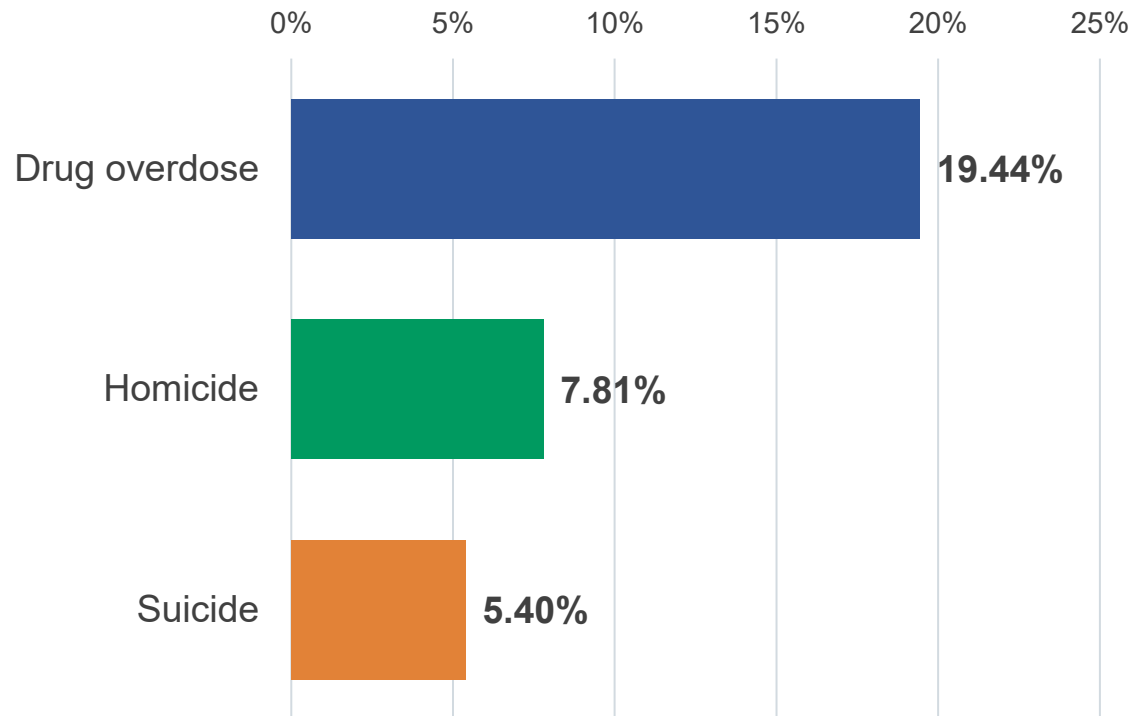
Source: Oklahoma Maternal Mortality Review Committee, 2019 - 2023

*Circumstances were considered contributing to the death if the MMRC determined "Yes" or "Probably" for "Did [circumstance] contribute to the death?" or "Was this death a [circumstance]?" for suicide and homicide



- **Pregnancy Associated:** The death is the death of any women, from any cause, while pregnant or within 1 year of termination of pregnancy, regardless of duration and the site of pregnancy.
- **Pregnancy Related Deaths:** The death of a woman while pregnant or within 1 year of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Pregnancy-Associated Deaths Due to Drug Overdose, Suicide, and Homicide 2018–2022



32.65%

of all pregnancy-associated deaths
3,499 of 10,715 deaths

Drug overdose 2,083 (19.44%)

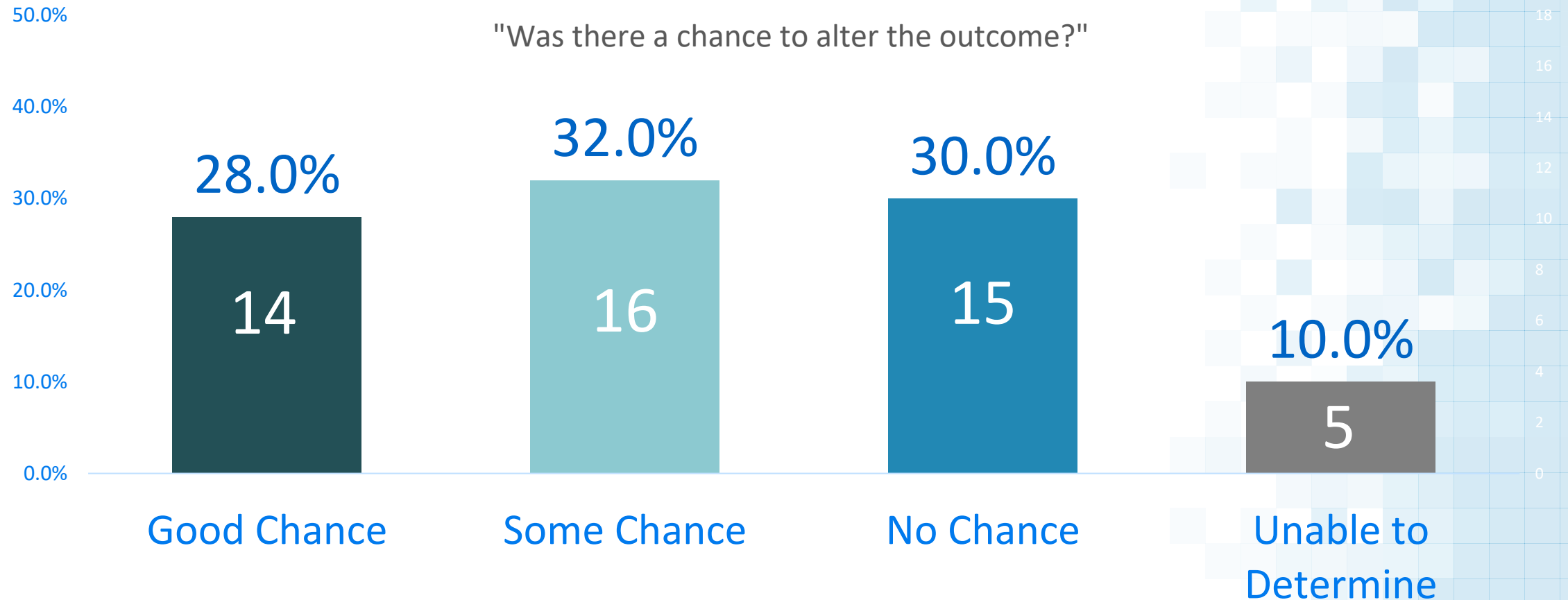
Homicide 837 (7.81%)

Suicide 579 (5.40%)

Wallace ME, Jahn JL. Pregnancy-Associated Mortality Due to Homicide, Suicide, and Drug Overdose. *JAMA Netw Open*. 2025;8(2):e2459342.
doi:10.1001/jamanetworkopen.2024.59342.

Pregnancy-Related Deaths by Chance to Alter Outcome, 2019 - 2023

Source: Oklahoma Maternal Mortality Review Committee, deaths occurring from 2019 – 2023



AIM

The Alliance for Innovation on Maternal Health (AIM)

So, who exactly is AIM?

- National Data-driven maternal safety and quality improvement (QI) initiative
- Work through state and community-based teams to align national, state, and hospital-level QI efforts.
- Goal: reduce preventable maternal mortality and severe morbidity across the US.
- Partner with the Institute for Healthcare Improvement (IHI) to produce change packages implemented through patient safety bundles.
- Their focus is to support Perinatal Quality Collaboratives (PQCs) and other state-based initiatives to implement change.

AIM Patient Safety Bundles

Perinatal Mental Health Conditions (PMHC)

- Perinatal mental health conditions (including substance use disorder and suicide) are the leading cause of pregnancy-related deaths in the United States (CDC, 2022).
- Maternal Mortality Review Committees determined that all pregnancy-related deaths due to mental health were **preventable** (Trost, 2021).

Care for Patients with Substance Use Disorder (CPPPSUD)

- SUD is a leading contributor to pregnancy-associated deaths and causes over 50% of pregnancy-related mental health deaths in the United States (CDC, 2022).
- Maternal Mortality Review Committees determined that all pregnancy-related deaths due to SUD were **preventable** (Trost, 2021).

Each bundle will follow a pillar type framework of:

- Readiness
- Recognition and Prevention
- Response
- Reporting and Systems Learning
- Respectful, Supportive, and Patient-Centered Care

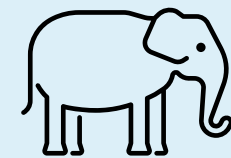
Each pillar will provide:

- The AIM Bundle Element: describe the focus
- Change ideas: Actionable ideas to promote change
- Key Resources and Tools

What we will provide:

- Education & support through team meetings, cohorts and peer to peer learning.
- Connection to state and national support and resources through parallel projects co-occurring.
- Data and analytics, with technical assistance, to understand impact of change.

The elephant in the room



STIGMA

Can meaningful improvement occur before
respectful care?

Readiness begins with Respect

Respect is a readiness requirement

Katie Harrison shared in 2024:

Substance Use Disorders (SUD) are a **treatable, chronic, medical disease** than can impact the whole family when one person is struggling

and yet...

- ❖ 75.2% of the public do not believe that a person with a SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease
- ❖ Healthcare professionals had similar levels of public and structural stigma toward those with a SUD compared to the general population

Stigma associated with Maternal Mental Health Disorders

- ❖ 2025: 62% of mothers stated they felt judged or treated unfairly during the perinatal period related specifically to issues including postpartum depression.¹
- ❖ Additionally, the fear of mandatory reporting of maternal mental health symptoms and SUD to state agencies with the possibility of family separation is a strong barrier to seeking treatment.²

1. United Healthcare. (2025, July 27). 5 key findings from new maternal mental health research. <https://www.uhc.com/agents-brokers/employer-sponsored-plans/news-strategies/key-findings-from-2025-womens-health-research> ↵

2. Task Force on Maternal Mental Health. (2024, May). *National strategy to improve maternal mental health care*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. https://content.govdelivery.com/attachments/IACIO/2024/05/30/file_attachments/2893098/mmh-strategy.pdf

MISTRIAL AND MISTRUST

Open mic

Reflections on the impact of the Lindsay
Clancy case

So where do we start?

OK-MAMA begins with The National Institute for Children's Health Quality (NICHQ) toolkit:

“Creating a Culture of Respectful Maternity Care”

(Respectful Maternity Care (RMC) Toolkit)

Respect First

Every patient. Every family. Every
encounter.

The foundation for every improvement
effort.

NICHQ Respectful Maternity Care Toolkit

- Based on evidence and tools focused on improvement of respectful maternity care issued by national organizations including:
 - ACOG
 - AWHONN
 - ACNM
 - CDC
 - HRSA
- Builds on the AHRQ Safety Program for Perinatal Care Toolkit (SPPC)

Domains

Dignity

Communication

Autonomy in Decision-Making

Informed Consent

Accountability

Core Elements of each Domain

- *Practices for individual clinicians and teams**
- *Strategies for clinical institutions**
- *Tools and resources for implementation**

OPQIC OK-MAMA Respectful Maternity Care AIM Statement

By March 2028, at least 80% of participating Oklahoma birthing hospitals will implement selected Respectful Maternity Care practices as part of Phase 1 of the OK-MAMA initiative.

OPQIC will support all birthing hospitals serving Oklahoma patients with opportunities for **collaborative learning**, access to a **data system** to identify opportunities for improvement and evaluate progress over time and in comparison, to other hospitals, and **individualized quality improvement** support to help hospitals achieve their improvement goals.

RMC Toolkit Adoption

4 Quarterly Sprints:

Sprint One: **January-March**

Introduction & Dignity

Sprint Two: **April-June**

Communication

Sprint Three: **July-September**

Autonomy in Decision-Making &
Informed Consent

Sprint Four: **October-December**

Accountability

Example Sprint: Introduction & Dignity

Objective: Build the foundation for Respectful Maternity Care while focusing on patient dignity across maternity services.

Activities

- Establish multidisciplinary implementation team.
- Identify physicians, nursing, and leadership champions.
- Complete baseline readiness assessment.
- Introduce NICHQ Respectful Maternity Care framework.
- Review dignity domain resources.
- Educate staff on:
 - Respectful language
 - Privacy
 - Cultural sensitivity
 - Validation of patient concerns
 - Introductions and relationship-building practices
- Use the RMC Toolkit to assess the current state of dignity practices and identify practice change opportunities.

Practice Change

Select one dignity-focused intervention:

- Standardized staff introductions
- Commit-to-Sit initiative
- Privacy rounding
- Respectful language campaign
- Or another item of choice from team findings

Sustainability Focus

- Add dignity expectations to staff onboarding.
- Include respectful language in departmental meetings.
- Designate Respectful Care Champions.
- Create monthly review process for patient feedback

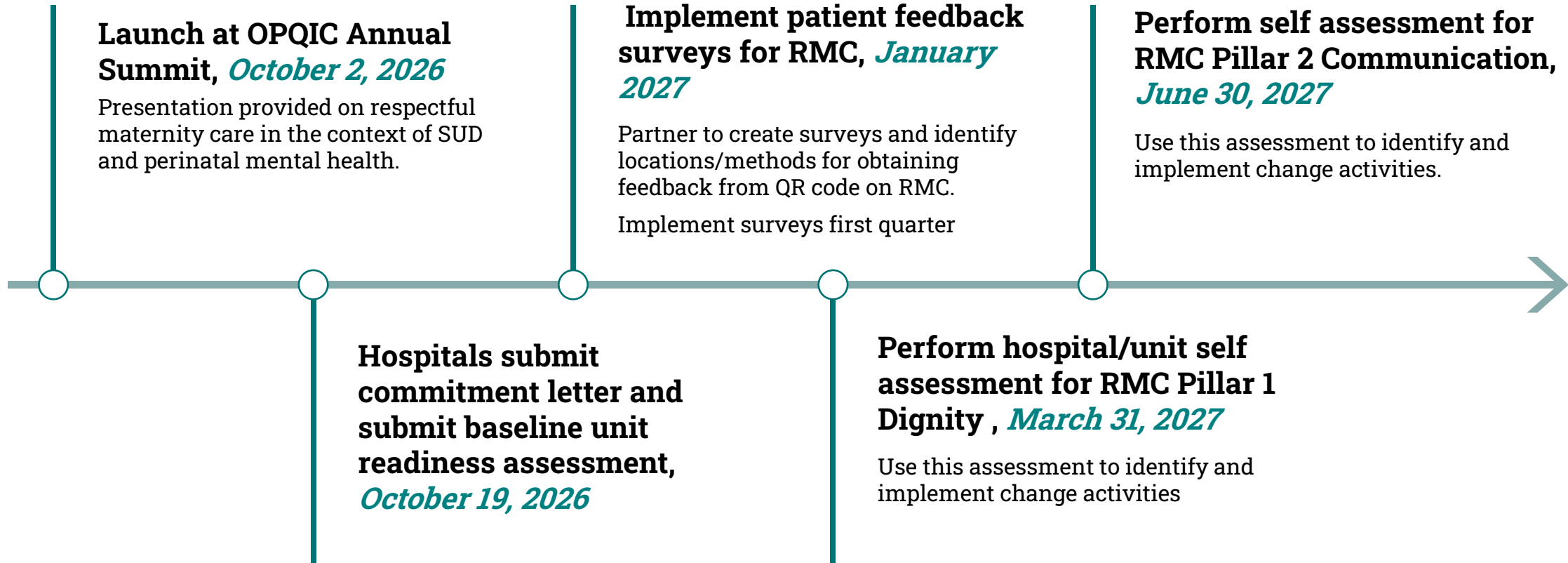
Key Milestones

- ✓ Implementation team established
- ✓ Baseline assessment completed
- ✓ 80% staff complete foundational RMC education
- ✓ One Dignity-focused practice change implemented
- ✓ Baseline patient experience measure selected

Deliverables

- Baseline assessment
- Champion roster
- Dignity action plan

Timeline



As we close...

- Every patient
- Every family
- Every encounter

Respect First