



OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE



Creating a culture of excellence,
safety and equity in perinatal
care



What's new with OPQIC?

- 6 staff members (+2)
- Moved to new location
- New Grants
 - 6 Miscellaneous
 - 1 OSDH
 - 2 OSDH RHTP
- Renewed Grants
 - 4
- Pending Grants
 - 2





Oklahoma Rural Health

Transformation Program

- OPQIC
 - Rural Regional Reorientation Program
 - OB Readiness in the ED
 - Postpartum Support Internation Training
 - Postbirth Warning Signs
 - Newborn Warning Signs
 - Newborn Resuscitation Support



Oklahoma Rural Health

Transformation Program

- OPQIC
 - Expanding Care: Doulas Program – OKBEI
 - Training for Doulas
 - Education for community members
 - Partnerships between doulas and perinatal clinicians

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](#)


OPQIC.org



OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE



FOUNDATION FOR A
Healthy OKLAHOMA



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Katie Morgan, BSN, RN

Program Manager



Melissa Warde, MHA,
CAPM

Program Manager



Chad Smith, MD,
FACOG, FACHE

Medical Director

The Landscape of Maternal and Infant Health in Oklahoma

41 birthing hospitals

53% rural location

47% urban location

48,544 annual births in 2025

~76% in urban hospitals

~24% in rural hospitals

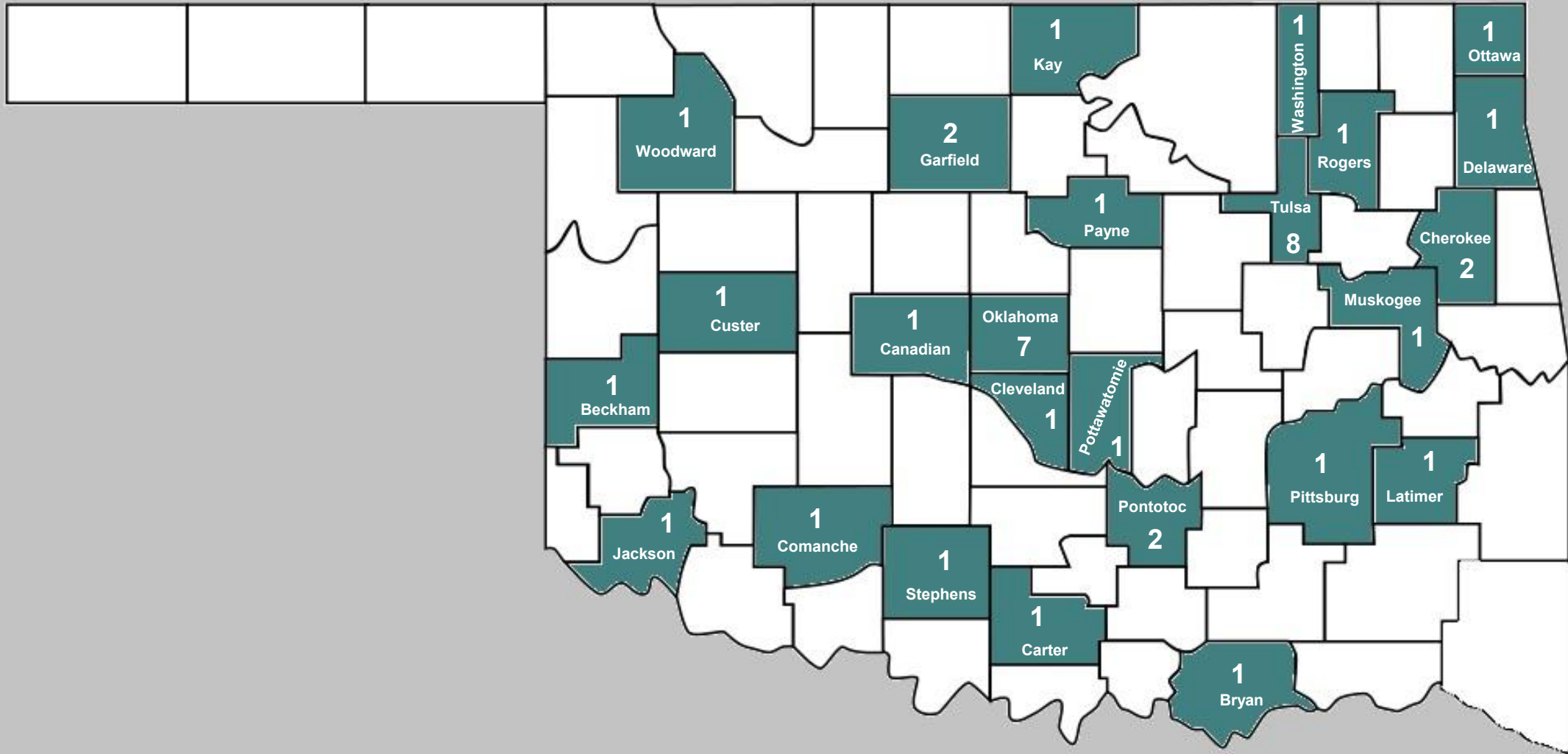
Range in 2025 = <10 – 4,859 births

~57% covered by Medicaid

3 tribal birthing hospitals

9 Birth Centers (>5 annual births)

7 Level III or IV NICUs



Oklahoma Birthing Hospitals 2026 = 41

State Profile – Oklahoma

1. Oklahoma population: 4,123,288

- 69.1% NH White
- 14.0% Hispanic
- 9.4% NH American Indian/Alaska Native
- 7.9% NH Black/African American
- 3.1% NH Asian/NHPI

2. Females of childbearing age (15-44 years): 821,290 (19.9%)

- 53.8% NH White
- 16.5% Hispanic
- 8.2% NH American Indian/Alaska Native
- 7.6% NH Black/African American
- 3.6% NH Asian/NHPI

3. Female median age: 38.6 years

1- Source: U.S. Census Bureau – QuickFacts July 1, 2025 state population estimates

2- Source: U.S. Census Bureau – 2025 Population Estimates, Population Division

3- Source: U.S. Census Bureau – ACS 1 Year Estimates 2024

State Profile – Oklahoma

	Medicaid deliveries July 2023 – June 2024	# Live births 2024 (OSDH)	~% of live births paid for by Medicaid
Overall	27,920	47,947	58.2%
White	16,857	30,620 (63.9%)	55.1%
Hispanic	7,258	9,379 (19.6%)	77.4%
Am. Indian	3,107	4,360 (9.1%)	71.3%
AA/Black	2,663	3,611 (7.5%)	73.7%
Asian/PI	795	1,563 (3.3%)	50.9%

Source: Oklahoma Health Care Authority, SoonerCare Delivery Fast Facts SFY 2024

Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, OK2SHARE on Sep 29, 2025

Race/ethnicity of some births/claims are unknown or declined to answer

MATERNAL MORTALITY

Maternal and Child Health Data Portal

Our Goal

Provide a platform for quality health-related data to promote evidence-based programs, assist in policy development, and improve health outcomes for mothers and children.

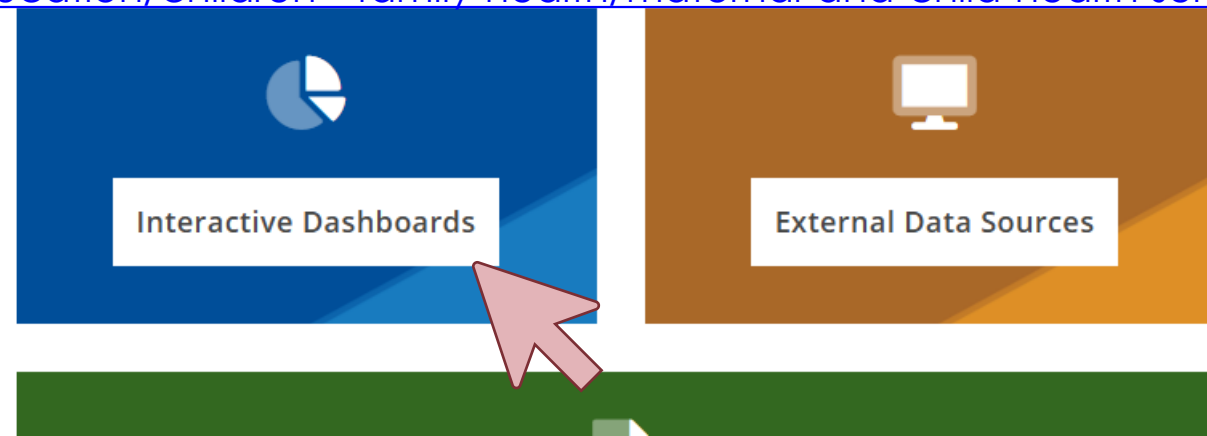
About

The Data Portal provides quick access to maternal, infant, and children's health information. This includes reports, factsheets/infographics, interactive dashboards, and maps.

Data displayed on the portal comes from a variety of sources, including Oklahoma Vital Records, the Youth Risk Behavior Survey (YRBS), the Pregnancy Risk Assessment Monitoring System (PRAMS), The Oklahoma Toddler Survey (TOTS), and CDC WONDER. The quality of the data from each internal source is carefully reviewed, and standardizations are made when necessary. Aggregating data over multiple years ensures confidentiality.

Technical notes are provided under each reporting domain. Send any requests for additional information about portal indicators to Maternal and Child Health Assessment.

<https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/mch-data-portal.html>



[Children & Family Health](#) > [Maternal and Child Health](#) > [MCH Data Portal](#) > **Interactive Dashboards**

Interactive Dashboards

Perinatal and Reproductive Health

[> View Dashboard](#)

- Live Births
- Infant Deaths
- Fetal Deaths
- Women's Health
- Maternal Health

Child and Adolescent Health

[> View Dashboard](#)

- Youth Risk Behavior Survey (YRBS)
- Teen Birth Statistics

Perinatal and Reproductive Health Dashboard

Live Births

Infant Deaths

Fetal Deaths

Technical Notes

Severe Maternal Morbidity

Severe Maternal Morbidity (SMM)

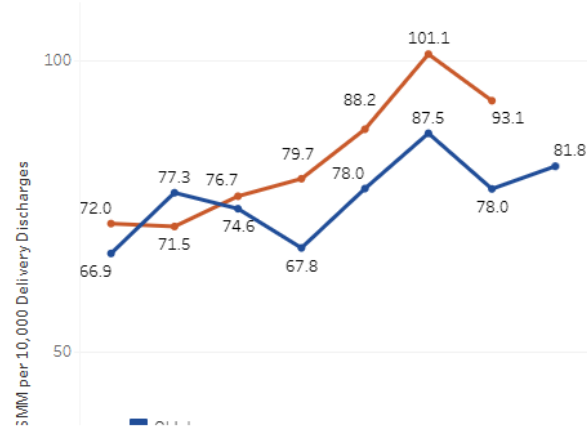
Severe Maternal Morbidity (SMM) refers to unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences. SMM is characterized by identifying in-hospital deliveries where a mother develops severe complications during labor and delivery based on a list of 21 indicators that correspond to applicable International Classification of Diseases (ICD) codes (20 excluding blood transfusions).

Rates for SMM are reported as in-patient delivery discharges with any SMM indicator per 10,000 in-patient delivery discharges.

This dashboard presents SMM in Oklahoma from 2016 through 2023 by selected variables. Blood transfusions are excluded from the working definition for the data in this dashboard. Of note, only state-licensed facilities contribute to the collection of SMM data in Oklahoma. Deliveries that occur outside of state-licensed acute care hospitals (e.g., home births, birthing centers, tribal facilities not regulated by the state) are not included in the inpatient discharge data from which SMM rates are calculated.

SMM Data Technical Notes

Trends in Rates of SMM
Oklahoma, 2016-2023

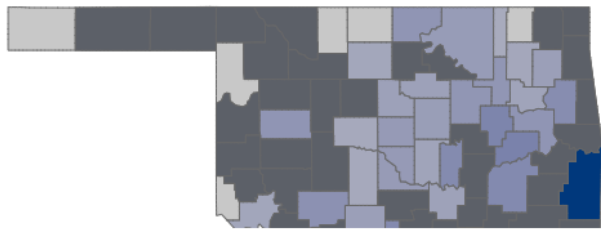


Rate of SMM by County of Residence

2019-2023 *5-year aggregate used due to low SMM counts

Select Years:

2019-2023



Definitions Related to Maternal Mortality

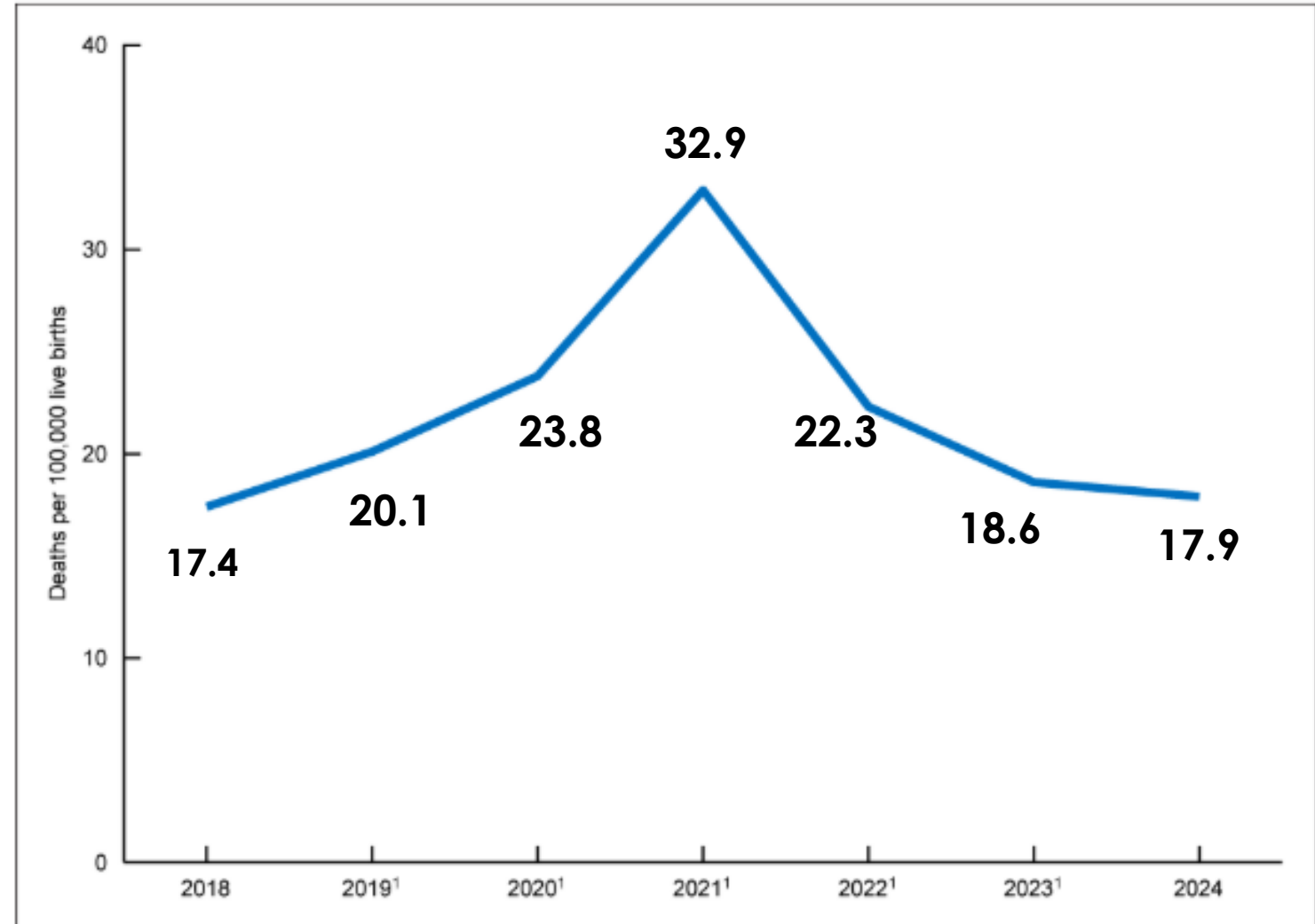
- **Maternal Mortality:** The death of a woman **while pregnant or within 42 days** of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO Definition) Rate obtained from vital statistics and administrative data and 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.)
- **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 obtained by MMRC case review 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.)

Maternal Mortality - US

Historically, over 700 women die yearly in the US as a result of pregnancy or delivery complications.

In 2024, 649 women died of maternal causes in the United States.

Figure 1. Maternal mortality rate: United States, 2018–2024



¹Statistically significant change in rate from previous year ($p < 0.05$).

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.



2025 March of Dimes Report Card

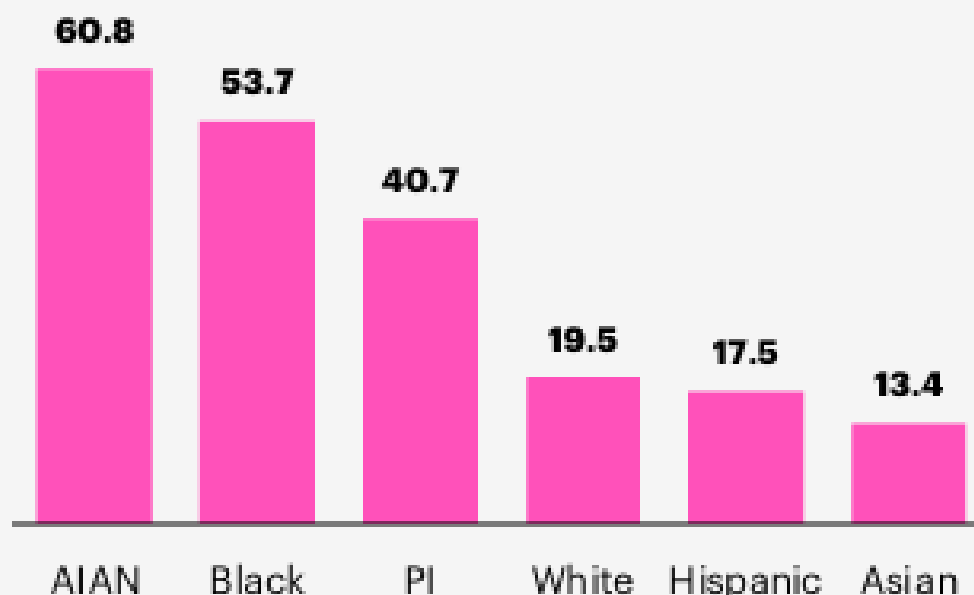
Maternal health in the US

Maternal mortality has returned to pre-pandemic rates. Still, **669 maternal deaths occurred in **2023** and disparities by race/ethnicity persist**

**MATERNAL
MORTALITY
RATE**
18.6

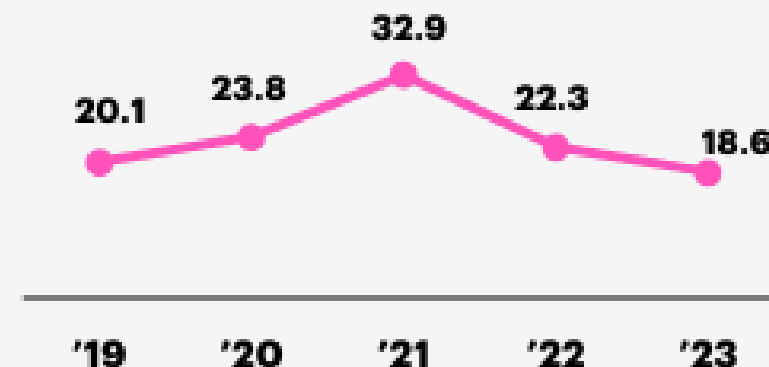
Death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2019-2023



Maternal mortality rate, 2019-2023

Changes in maternal mortality rates were statistically significant for all years shown.



Maternal Mortality Rate

- Healthy People 2030 Goal = 15.7
- ▶ 2022 - 2024 **Oklahoma** Maternal Mortality Rate* for maternal deaths within 42 days of termination of pregnancy is **19.4** (decreased from 29.0 in last year's presentation)
- ▶ 2022 - 2024 **United States** Maternal Mortality Rate* for maternal deaths within 42 days of termination of pregnancy is **19.6** (decreased from 24.6 in last year's presentation)

*MMR = number of maternal deaths (while pregnant or within 42 days of end of pregnancy) excluding accidents and incidental causes, per 100,000 live births

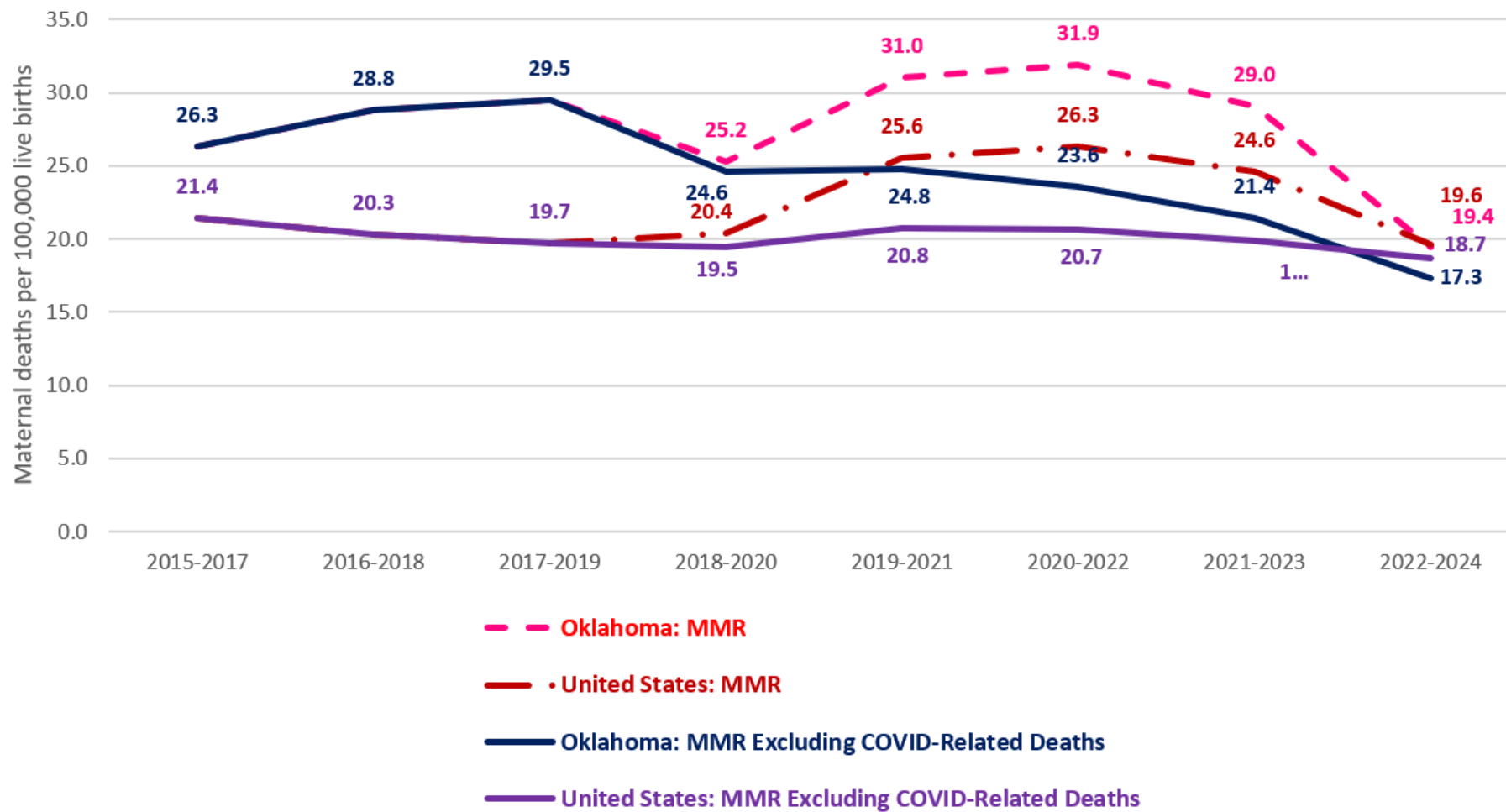
Source: Oklahoma Vital Statistics, 2022 - 2024; CDC Wonder, Mortality and Natality, 2022 - 2024



Three-year rolling maternal mortality rate (MMR) excluding and including COVID-related deaths, Oklahoma and United States 2015 - 2024

Source: Oklahoma Vital Statistics, 2015-2023; CDC Wonder, Mortality and Natality, 2015 - 2024

Definitions: Maternal death - underlying cause of death A34, O00-O95, O98-O99; COVID-related death - any multiple cause of death U07.1



The measures below are important indicators for the health of pregnant and postpartum women in Oklahoma

25.4

PERCENT

LOW-RISK CESAREAN BIRTH

Percentage of Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.



77.9

PER 10,000 HOSPITAL DELIVERIES

SEVERE MATERNAL MORBIDITY

Rate of unexpected outcomes of labor and delivery that result in significant short or long-term health consequences.



27.3

PER 100,000 BIRTHS

MATERNAL MORTALITY

Rate of death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.



Sources: National Center for Health Statistics, Natality data, 2024; National Center for Health Statistics, Mortality data, 2019-2023; HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2024. Agency for Healthcare Research and Quality, Rockville, MD. <https://datatools.ahrq.gov/hcup-fast-stats>.

	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.

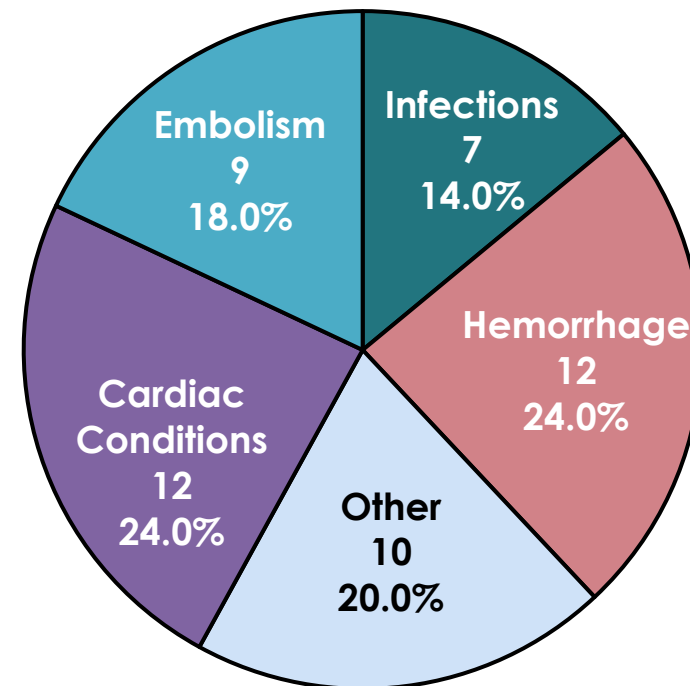
Maternal Mortality Review

- The MMRC has reviewed 118 deaths occurring from 2019 - 2023
- Age range: 15 - 43 years
- 34 (28.8%) were of advanced maternal age (35+ years)
- 79 cases had any Medicaid coverage (74.5%*)
- 50 deaths (42.4%) were pregnancy-related

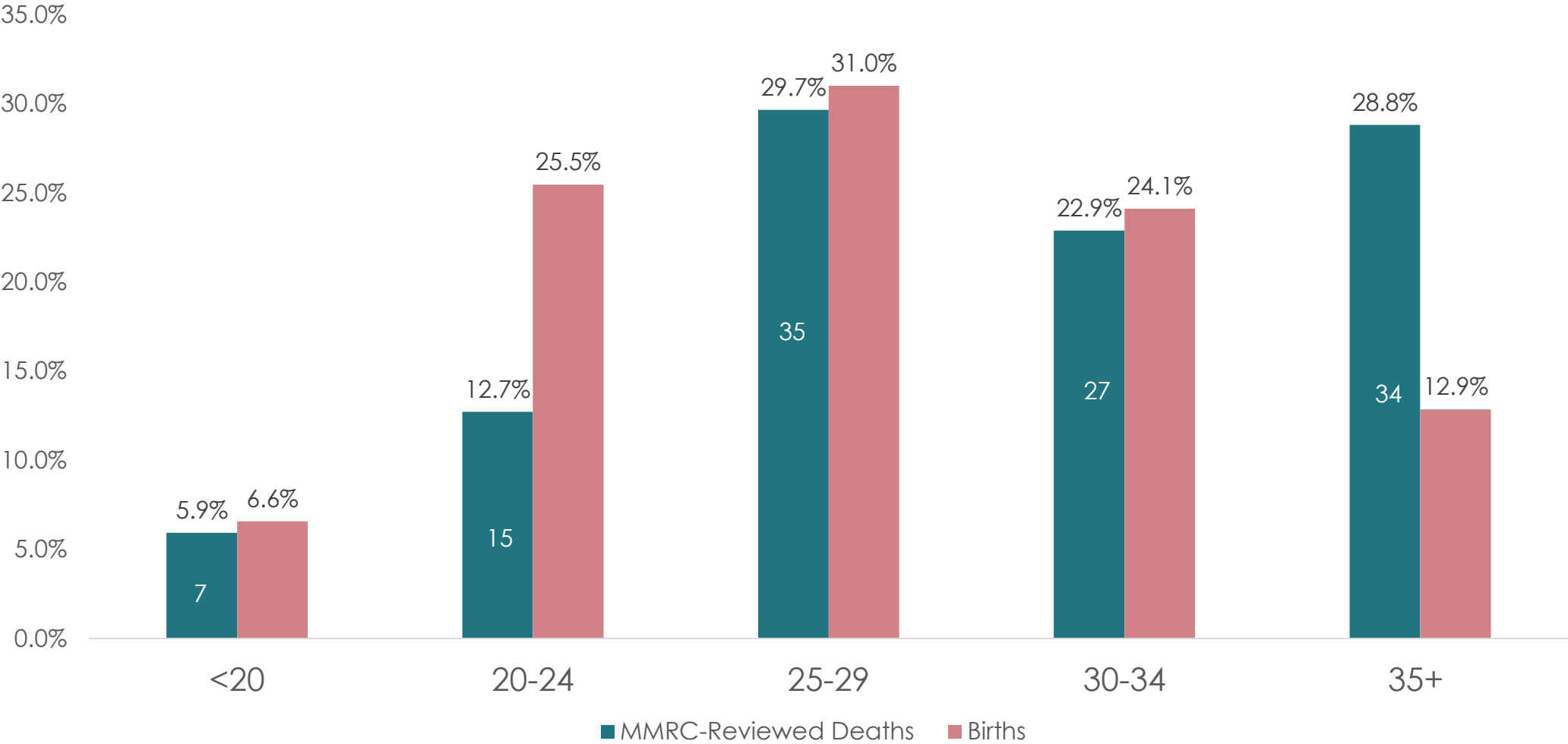
*Among deaths with known insurance status for health care before, during, or after pregnancy (N=106)

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

Top causes among pregnancy-related deaths with an MMRC determination of cause of death (n=50)

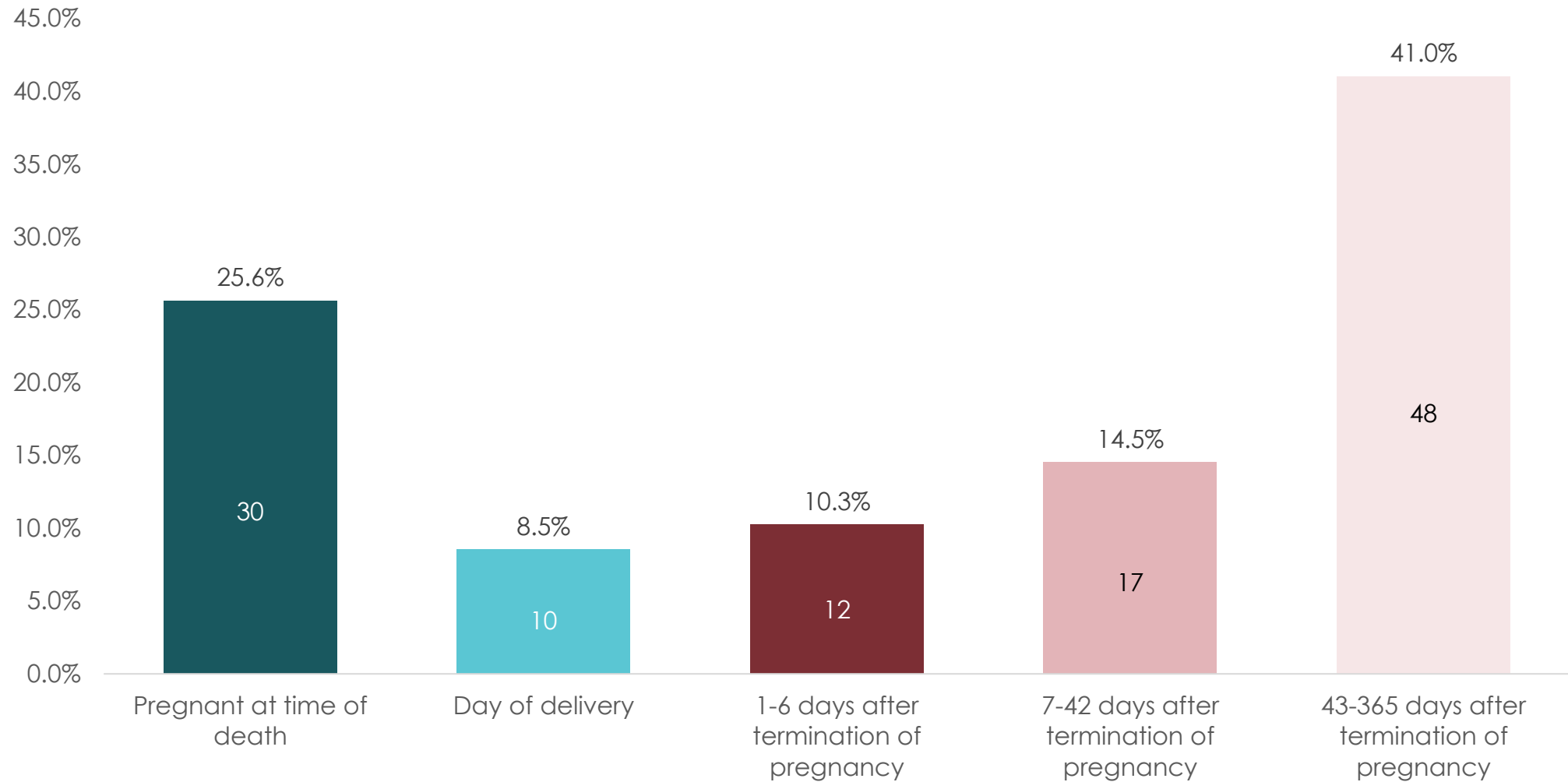


MMRC-Reviewed Deaths and Live Births by Age, 2019 - 2023



Source: Oklahoma Maternal Mortality Review Committee (Deaths), Oklahoma Vital Statistics (Births), occurring from 2019 - 2023

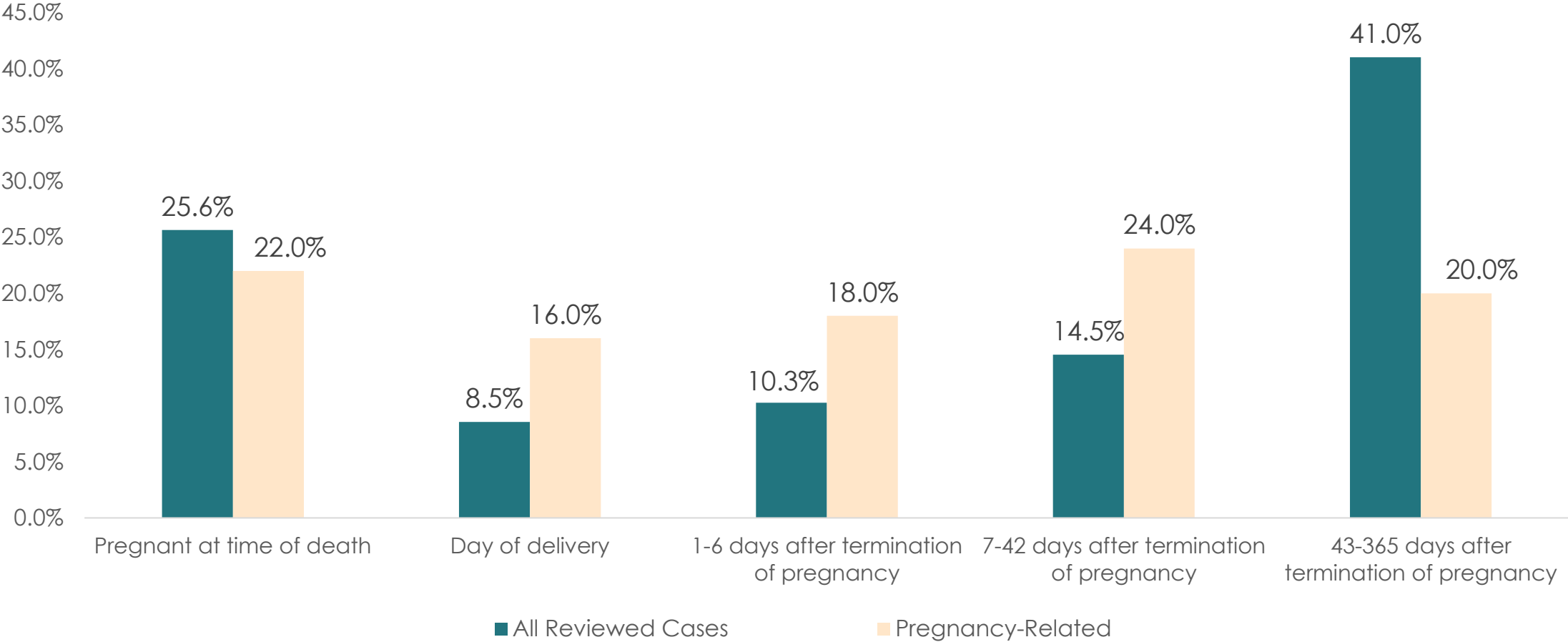
MMRC-Reviewed Deaths* by Timing of Death, 2019 - 2023



*With known timing of death (N=117)

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

MMRC-Reviewed and Pregnancy-Related Deaths* by Timing of Death, 2019 - 2023



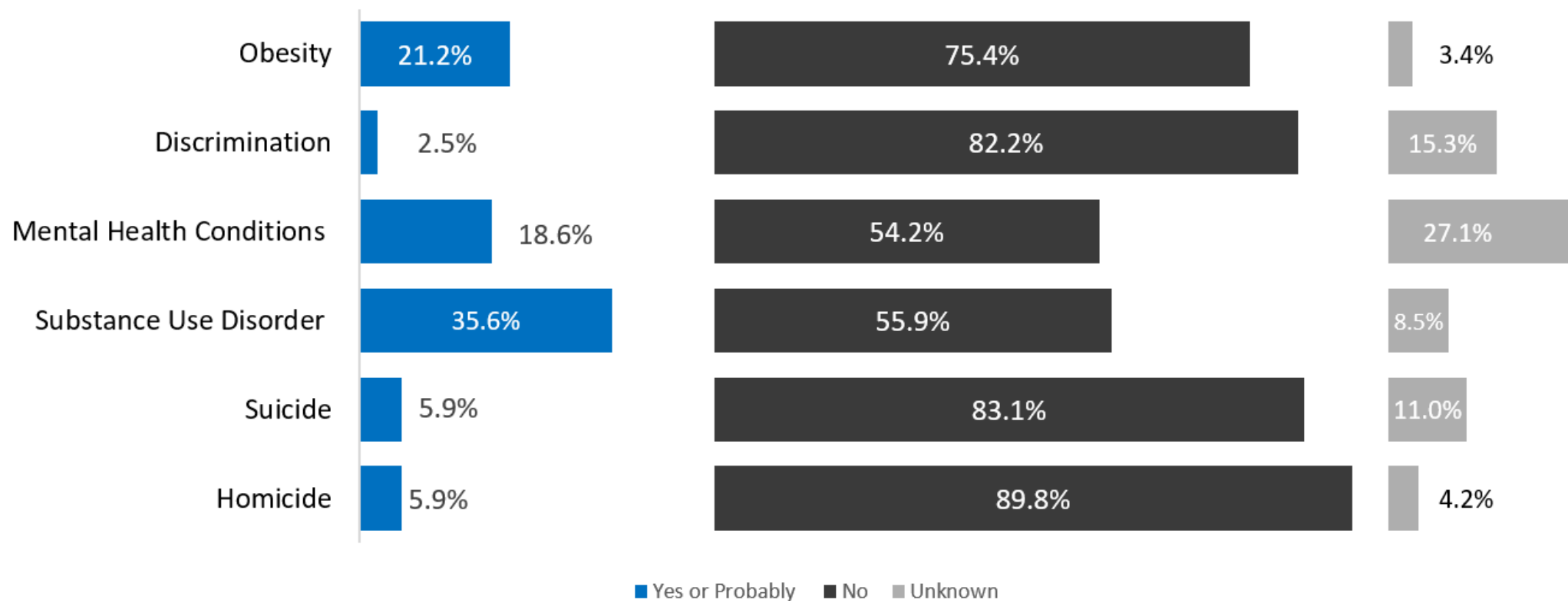
*With known timing of death

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

Circumstances contributing* to pregnancy-associated deaths in Oklahoma, 2019 - 2023

Source: Oklahoma Maternal Mortality Review Committee, 2019 - 2023

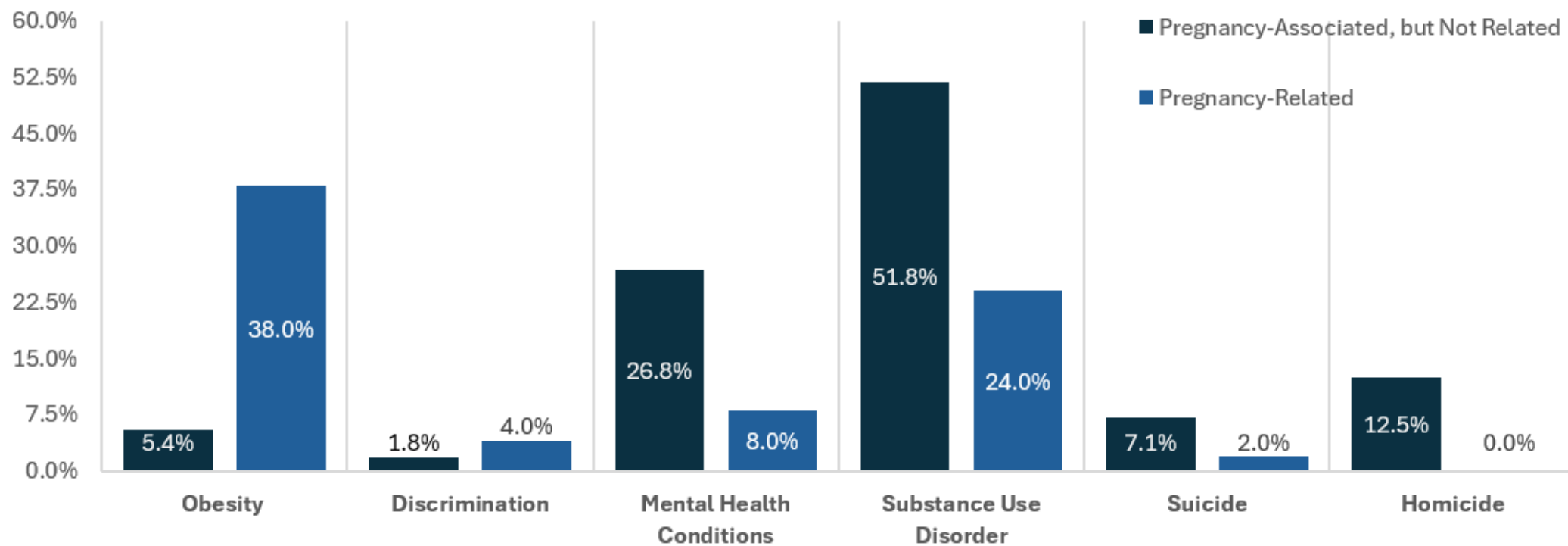
*Circumstances were considered contributing to the death if the MMRC determined "Yes" or "Probably" for "Did [circumstance] contribute to the death?" or "Was this death a [circumstance]?" for suicide and homicide



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

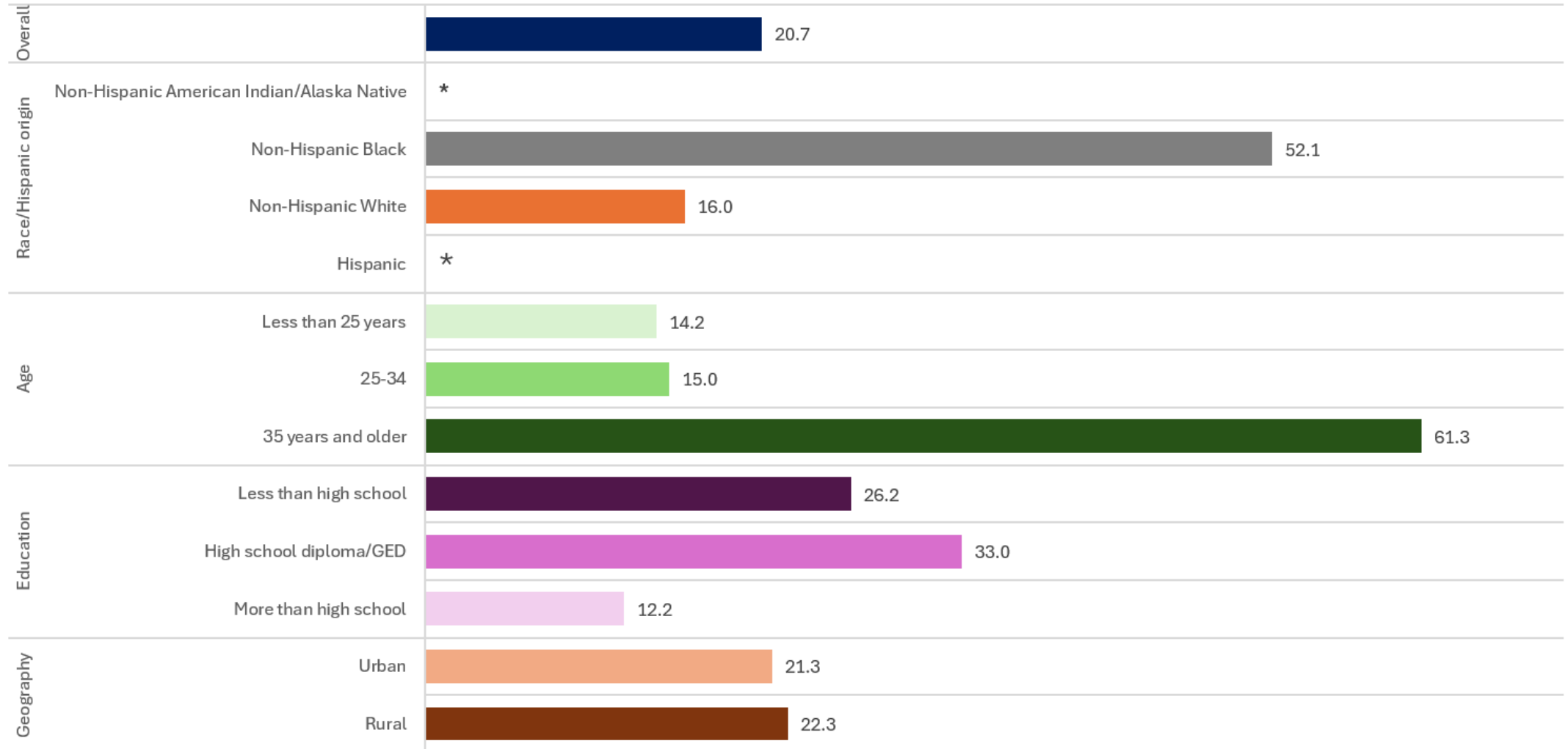




Pregnancy-related mortality rates by demographic characteristic, Oklahoma 2019 - 2023

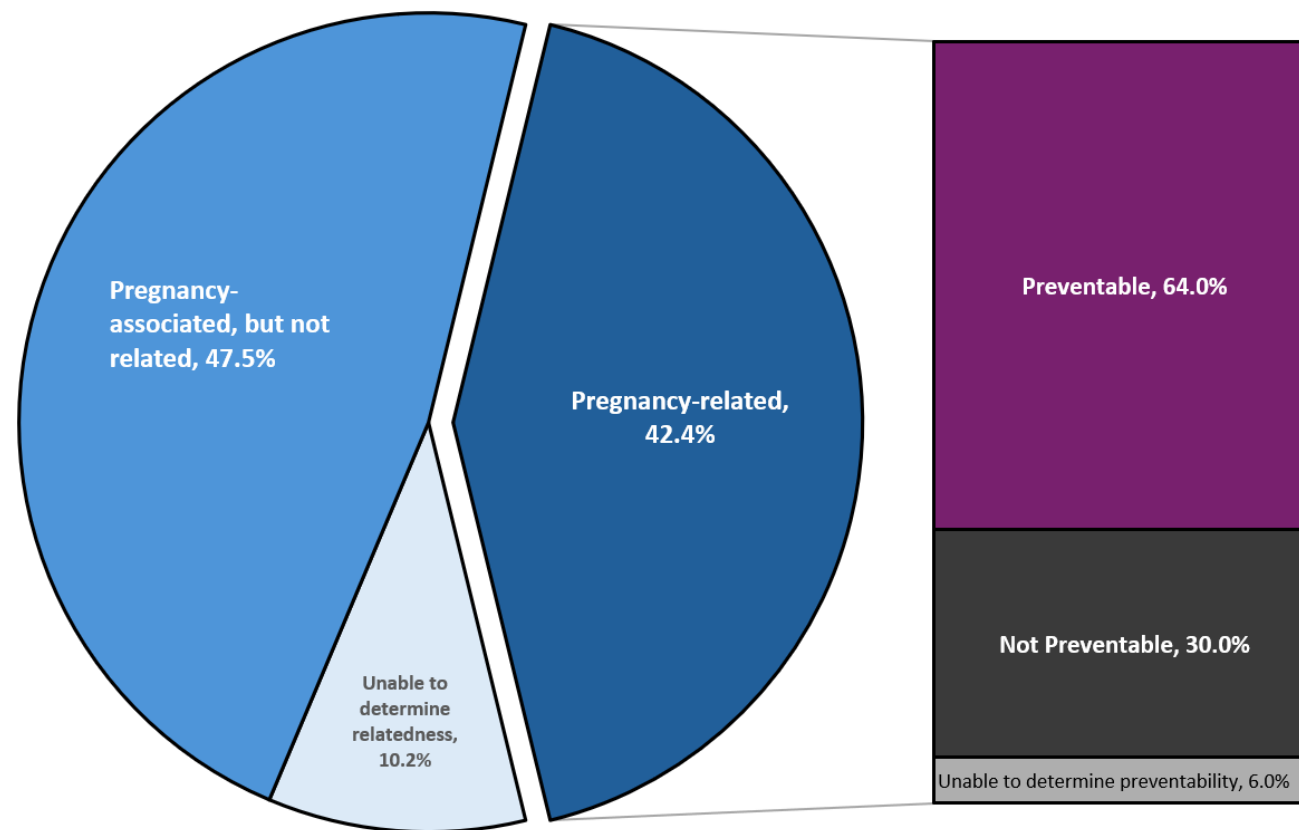
Source: Oklahoma Maternal Mortality Review Committee, 2019 - 2023

*Less than 8 deaths

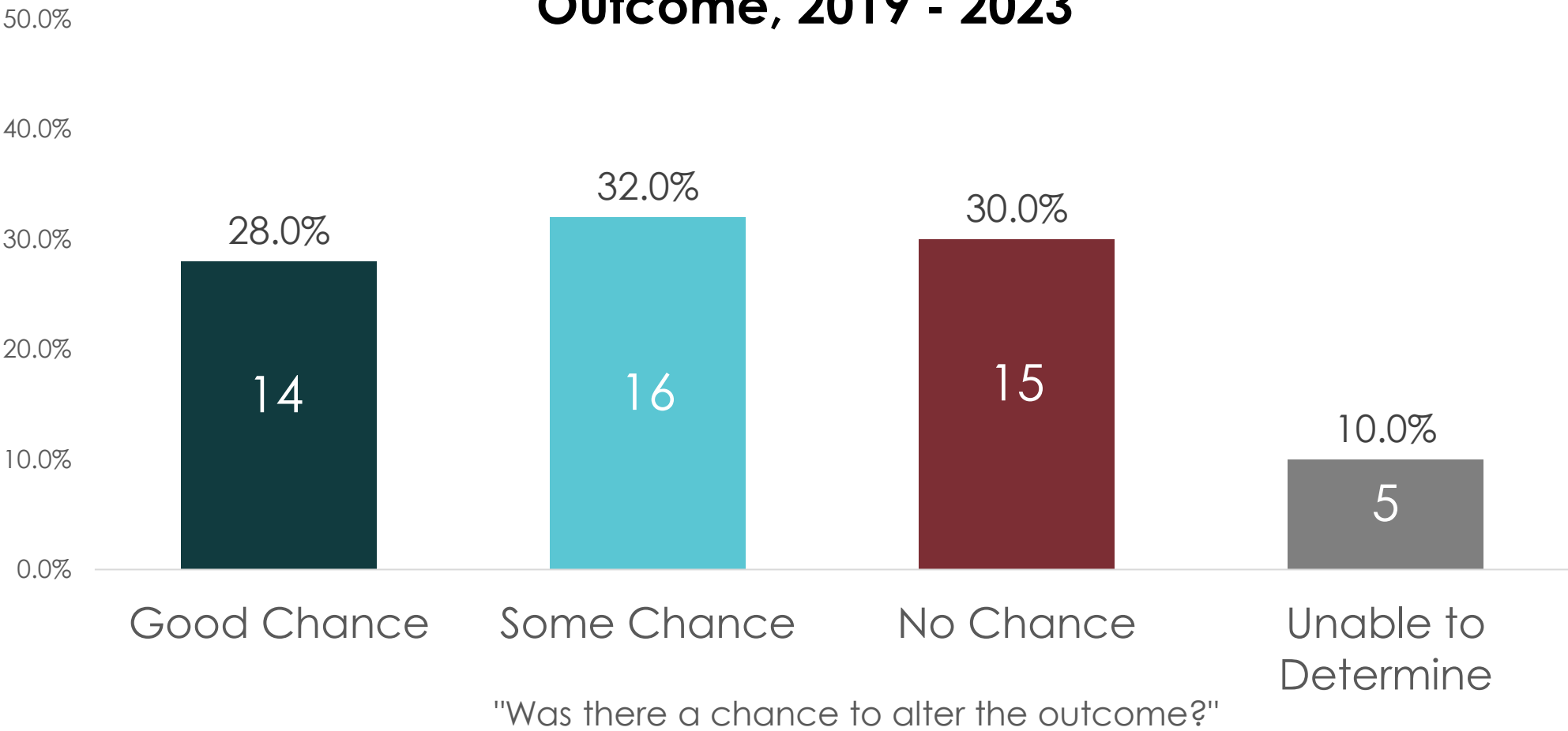


Relatedness of pregnancy-associated deaths and preventability of pregnancy-related deaths, Oklahoma 2019 - 2023

Source: Oklahoma Maternal Mortality Review Committee, 2019 - 2023



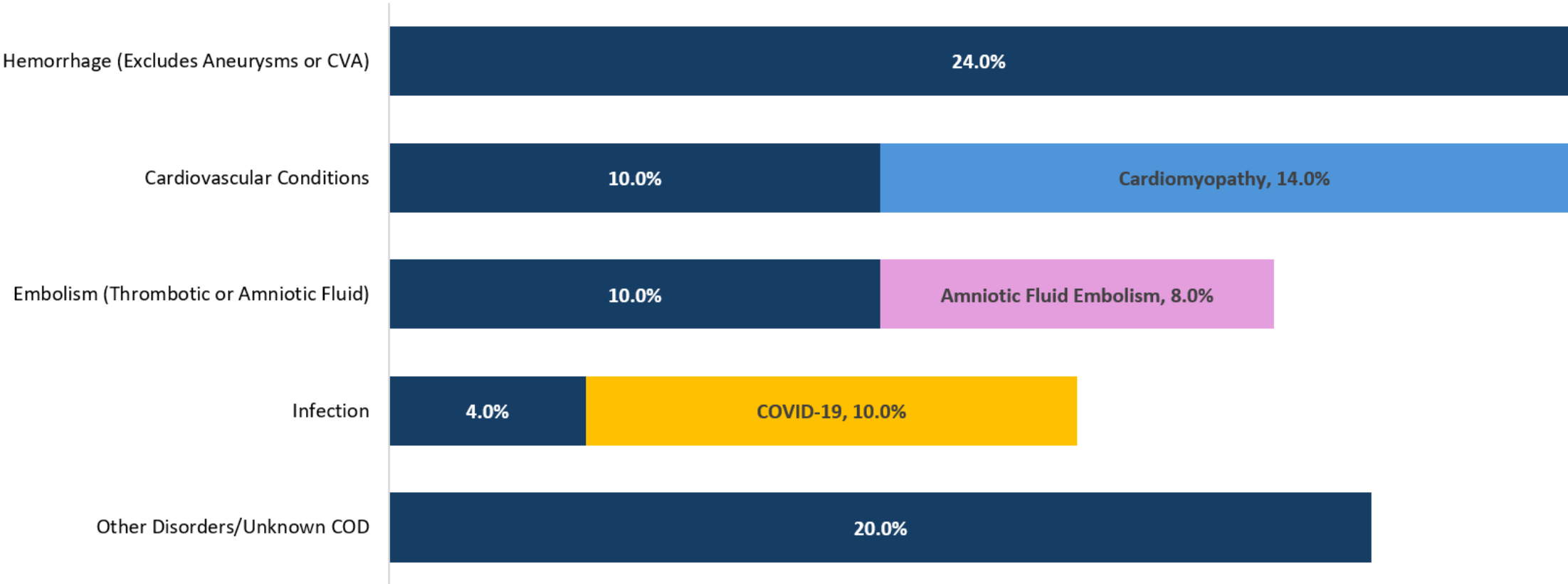
Pregnancy-Related Deaths by Chance to Alter Outcome, 2019 - 2023



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

Top causes of pregnancy-related deaths, Oklahoma 2019 - 2023

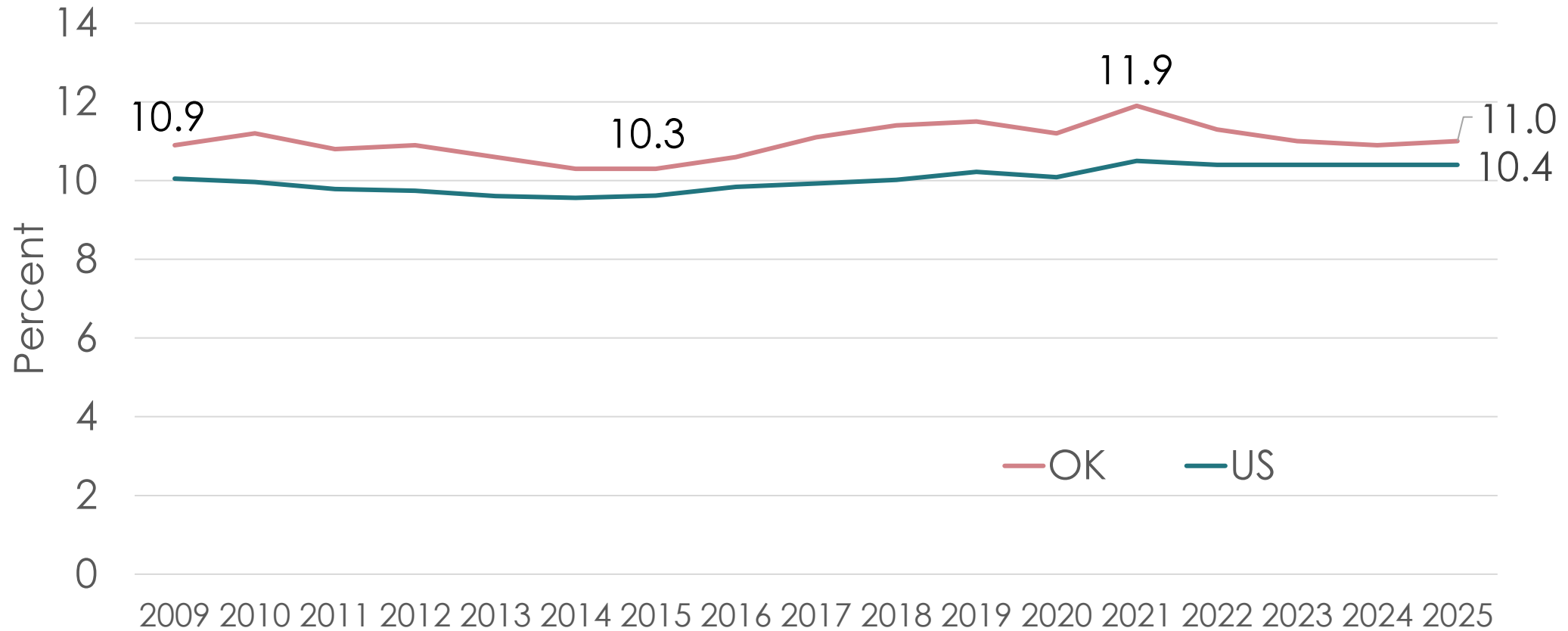
Source: Oklahoma Maternal Mortality Review Committee, 2019 - 2023



INFANT MORTALITY

PRETERM BIRTH PREVENTION

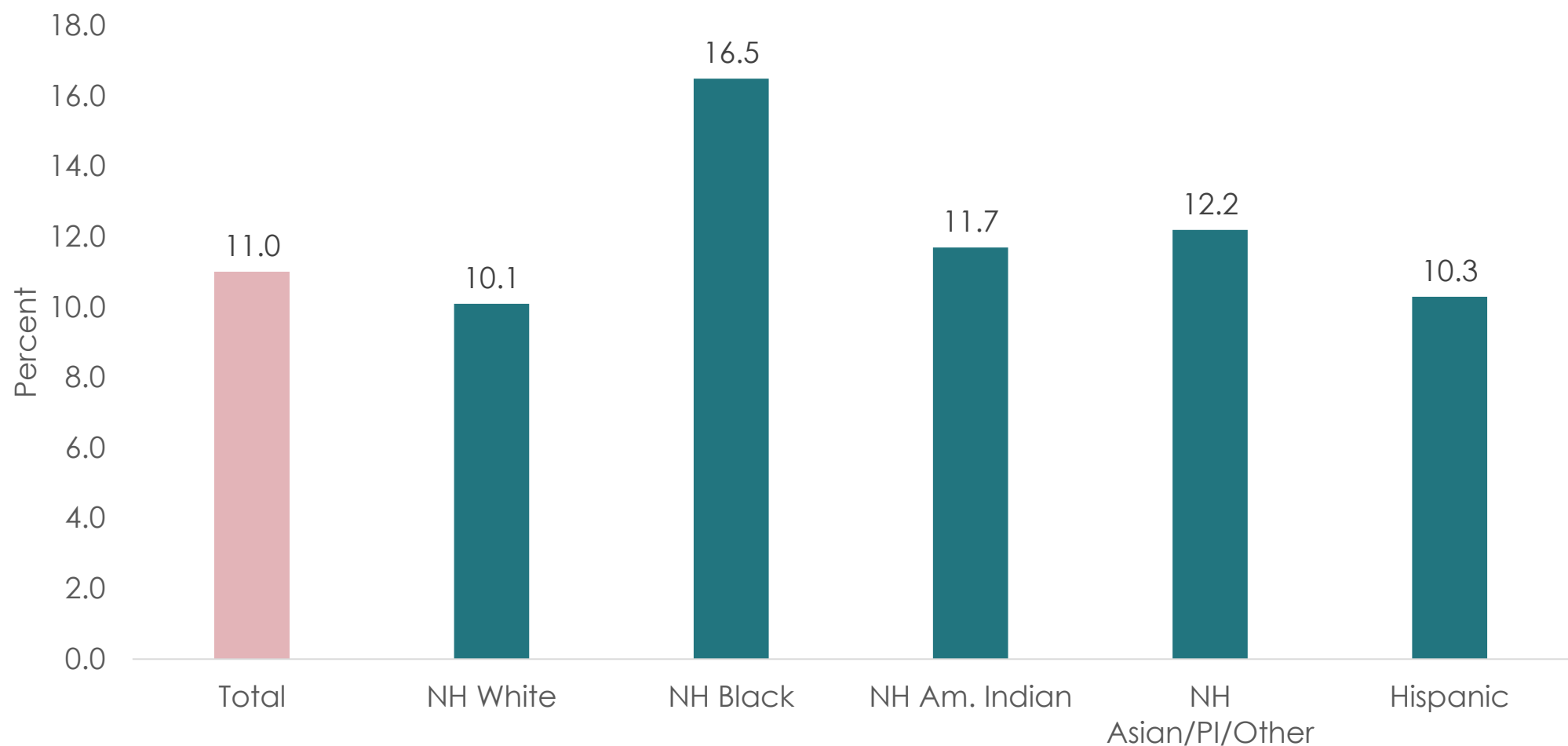
Percent of Births Delivered Preterm U.S. and Oklahoma, 2009-2025



Preterm birth = Delivery < 37 completed weeks gestation, based on obstetric estimate

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database; MCH Standardized Birth File, 2010-2024

Percentage of Births Delivered Prior to 37 Weeks Gestation by Race/Hispanic Origin Oklahoma, 2025



BREASTFEEDING

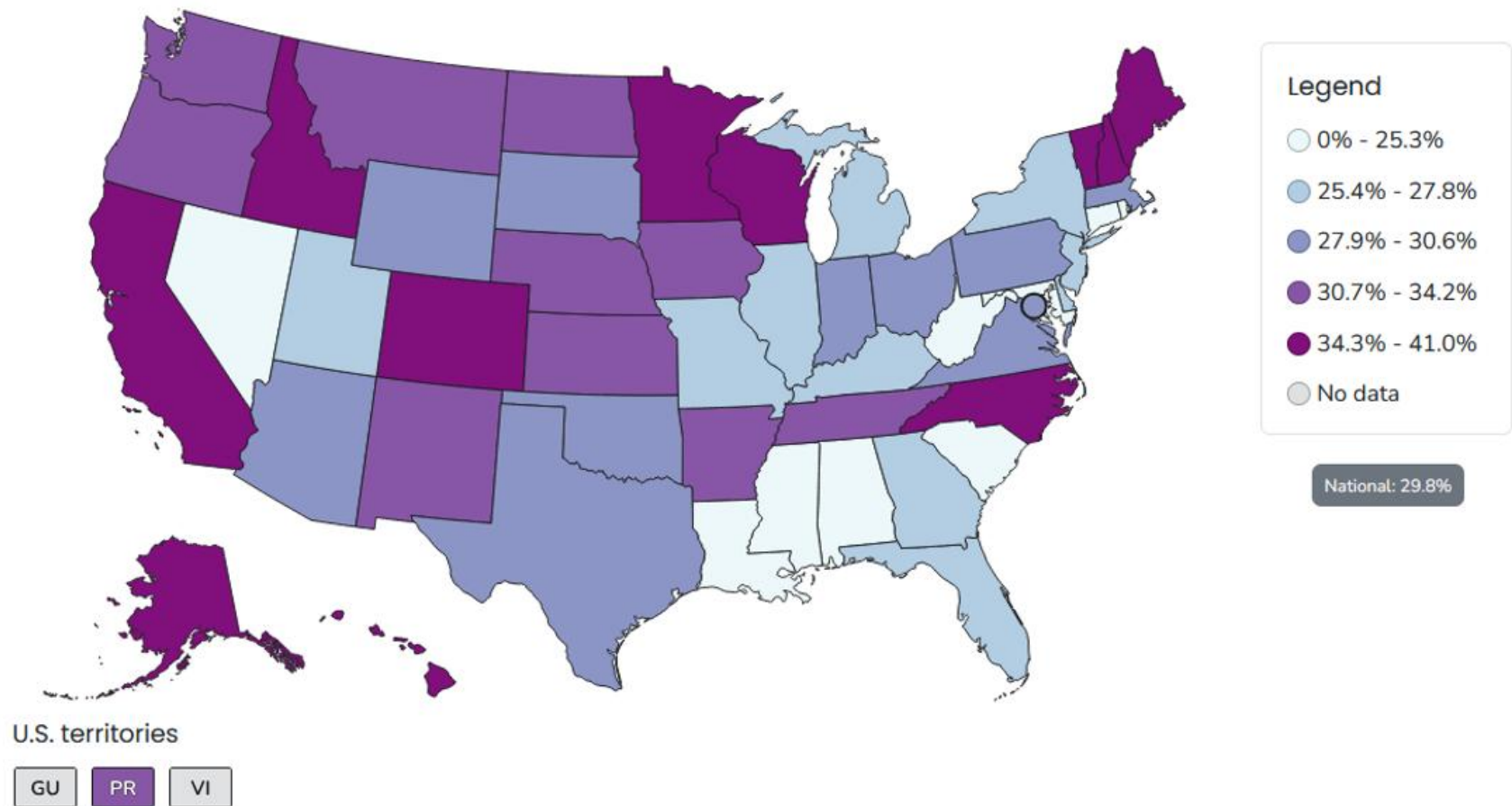


Oklahoma Breastfeeding Rates

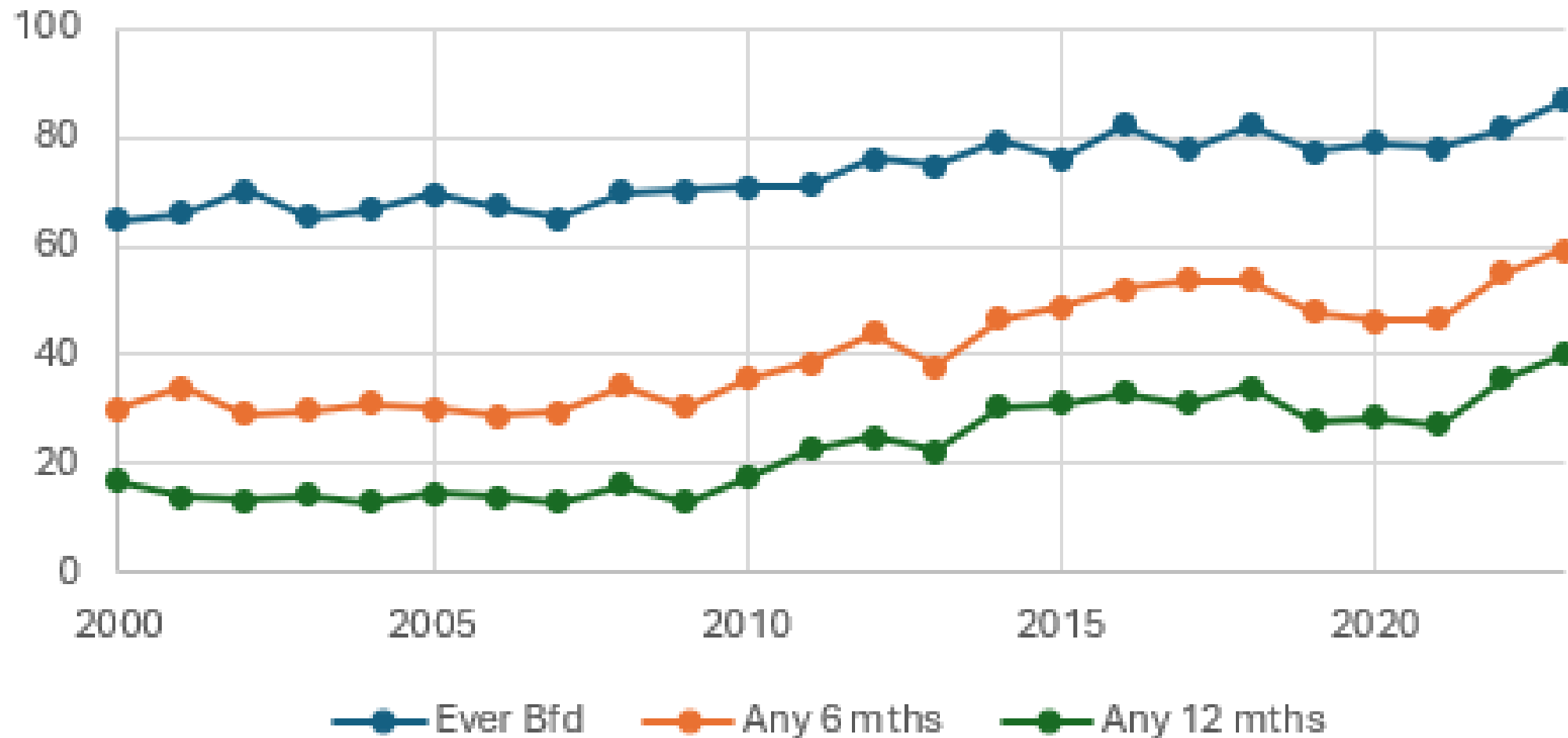
Babies Born in 2023 (CDC 2026)

2026 (CDC)	National	Oklahoma	Ranking (out of 50)
Ever breastfed	86.1%	86.6%	26th 
Any <u>Bfdg</u> at 6 months	62.8%	59.2%	37th 
Any <u>Bfdg</u> at 12 months	40.8%	40.1%	32nd
EBF at 3 months	48.5%	49.6%	24th
EBF at 6 months	29.8%	28.8%	28th

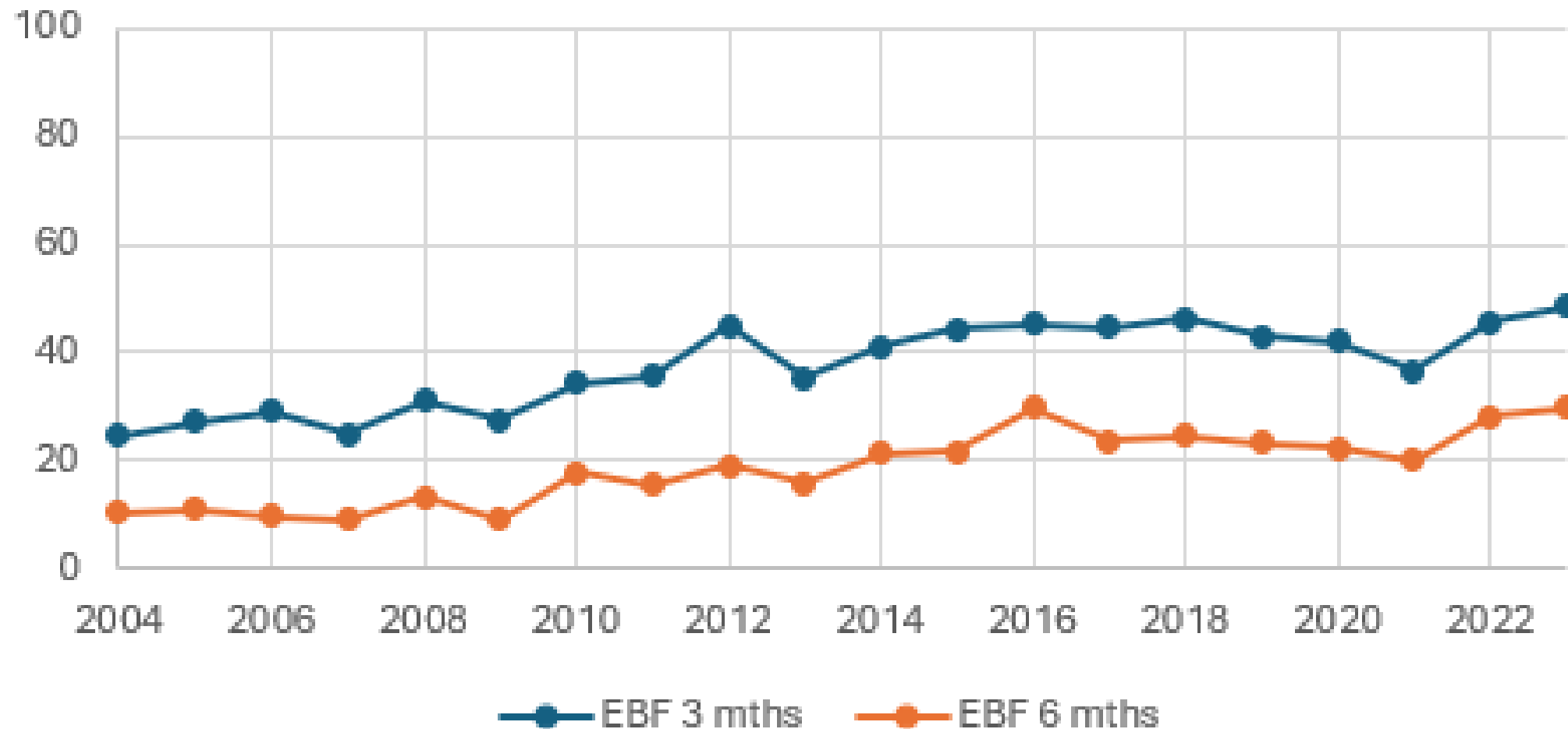
Percent of Infants EBF through 6 months Born in 2023, CDC 2026



Oklahoma Any Breastfeeding Rates Babies Born, 2000-2023 (CDC, 2026)



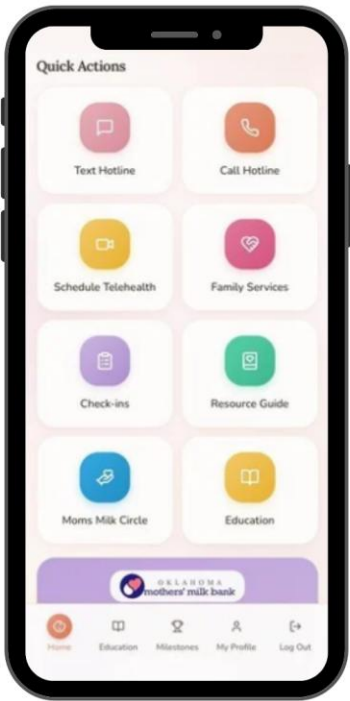
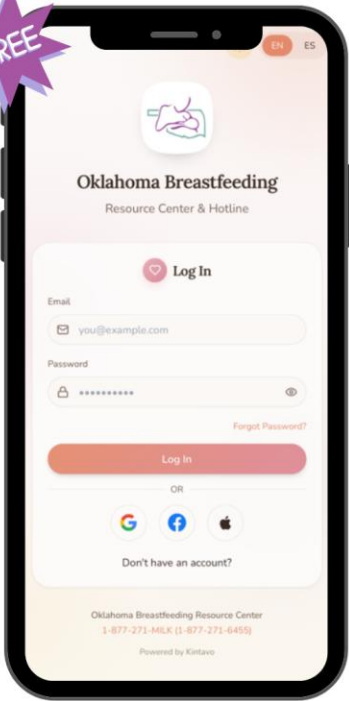
Oklahoma Exclusive Breastfeeding Rates babies Born in, 2004-2023, (CDC, 2026)



Download the OK BF App

From the Oklahoma Breastfeeding Resource Center & Hotline

All of our **FREE** services and more in one place!



OK BF Mobile App

Everything
breastfeeding families
need,
all in one place!

Descarga la aplicación OK BF

Del Centro de Recursos de Lactancia Materna de Oklahoma y la Línea Directa

¡Todos nuestros servicios **GRATIS** y más en un solo lugar!



Search “**OK BF**” in your app store or scan the QR Code

All services are offered by breastfeeding experts, International Board Certified Lactation Consultants.



Busca “**OK BF**” en tu tienda de aplicaciones o escanea el código QR

Todos los servicios son ofrecidos por expertos en lactancia, consultores en lactancia certificados por la Junta Internacional.



**WE APPRECIATE YOUR PARTNERSHIP TO IMPROVE
OUTCOMES FOR OKLAHOMA'S MOTHERS AND INFANTS**

THANK YOU!



Thank you!

info@opqic.org

Oklahoma Statewide Needs Assessment of Neonatal Resuscitation Readiness

Sam Levin, MD

Background

- 1/3 of counties in the United States qualify as Maternity Care Deserts
- 48.1% of Oklahoma Counties qualify
- Neonatal Mortality is higher in rural vs. urban areas (3.8 vs. 3.3 deaths per 1000 live births)
- A survey was disseminated OPQIC Summit 2025 survey representatives from Oklahoma Delivery hospitals and Oklahoma Children's Transport team regarding the current Neonatal Resuscitation abilities & challenges

Community Hospital Responses

Figure 1: Highest Level of Newborn Care Available at Respondents' Facility

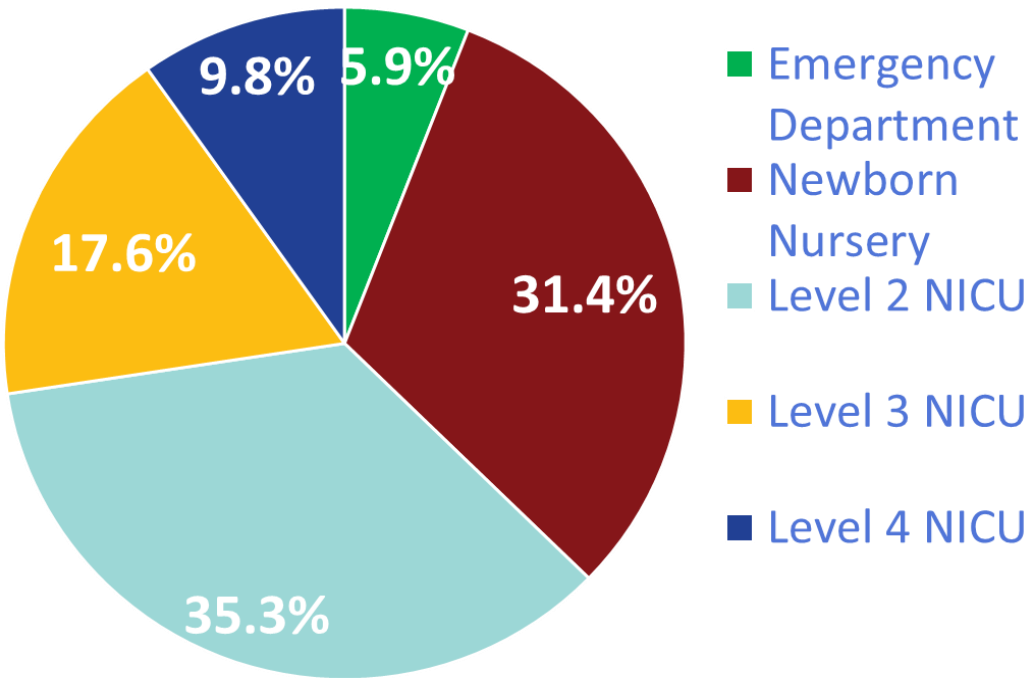
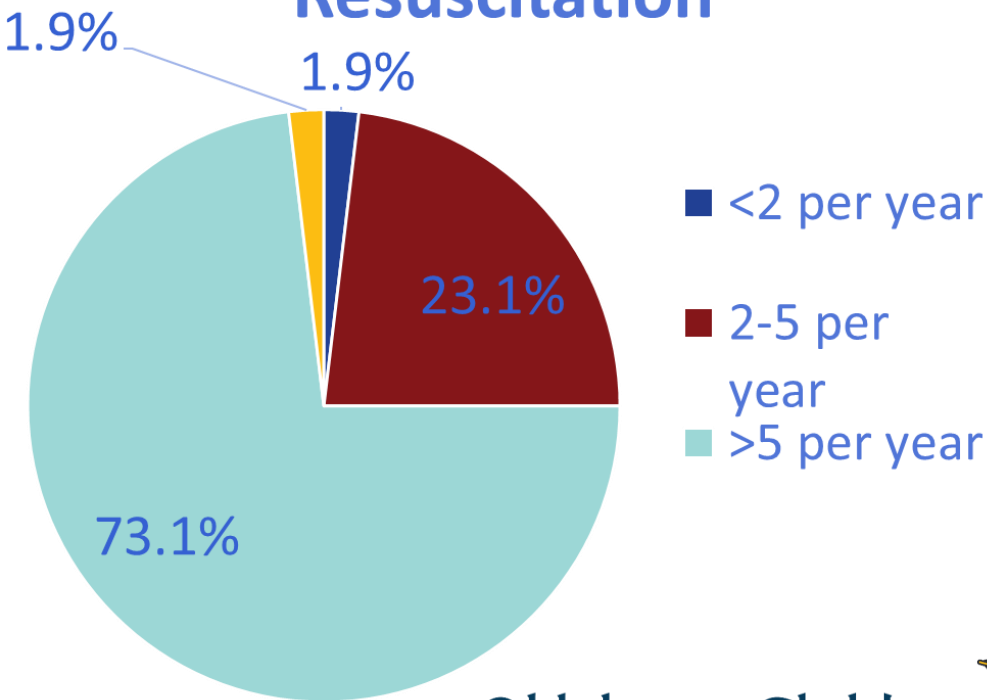


Figure 2: Frequency of Facility Neonatal Resuscitation



Community Hospital Responses

Figure 3: Neonatal Resuscitation Leader (Most Common Responses of Multiple Response Option)

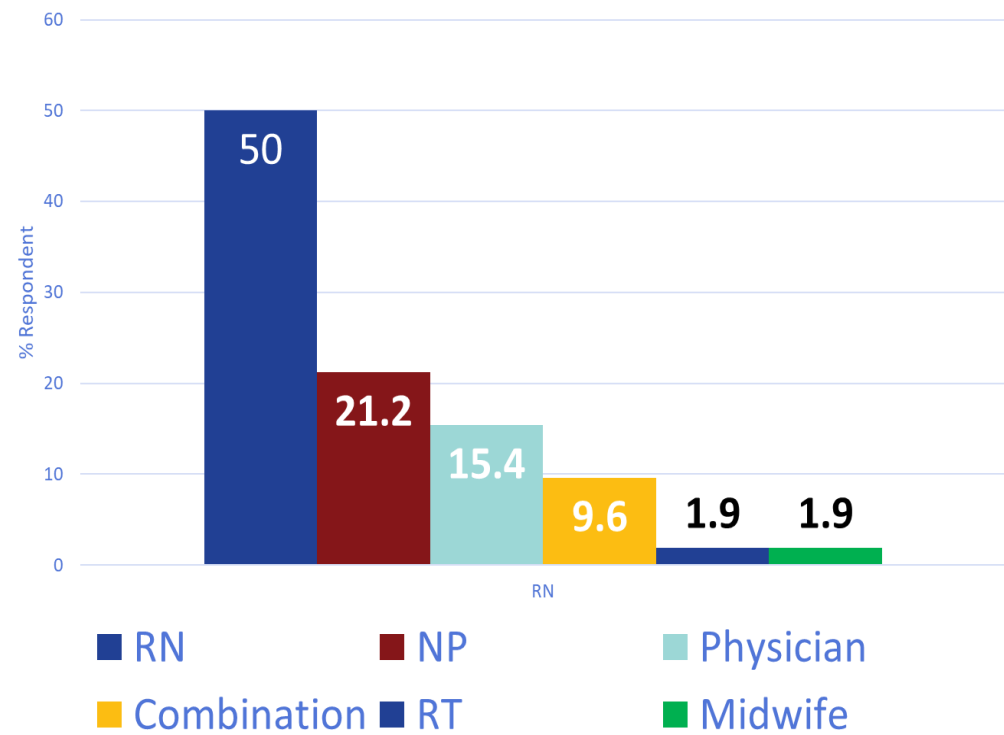
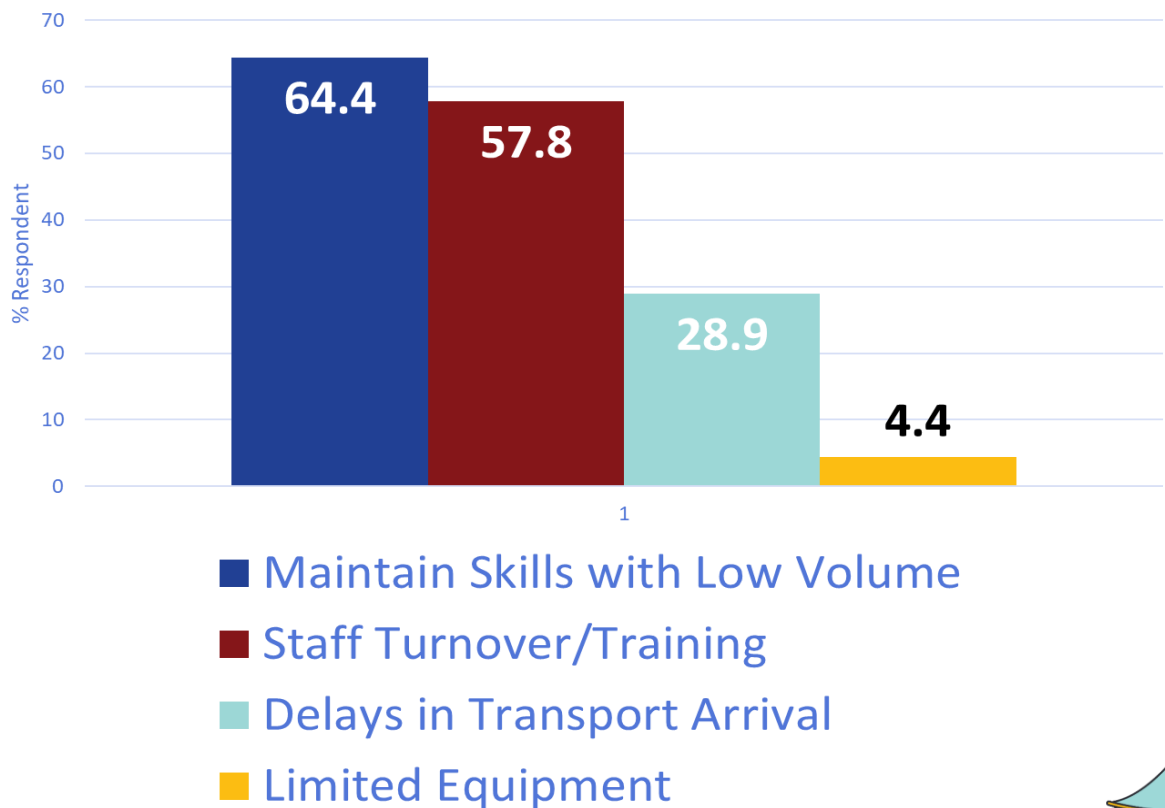
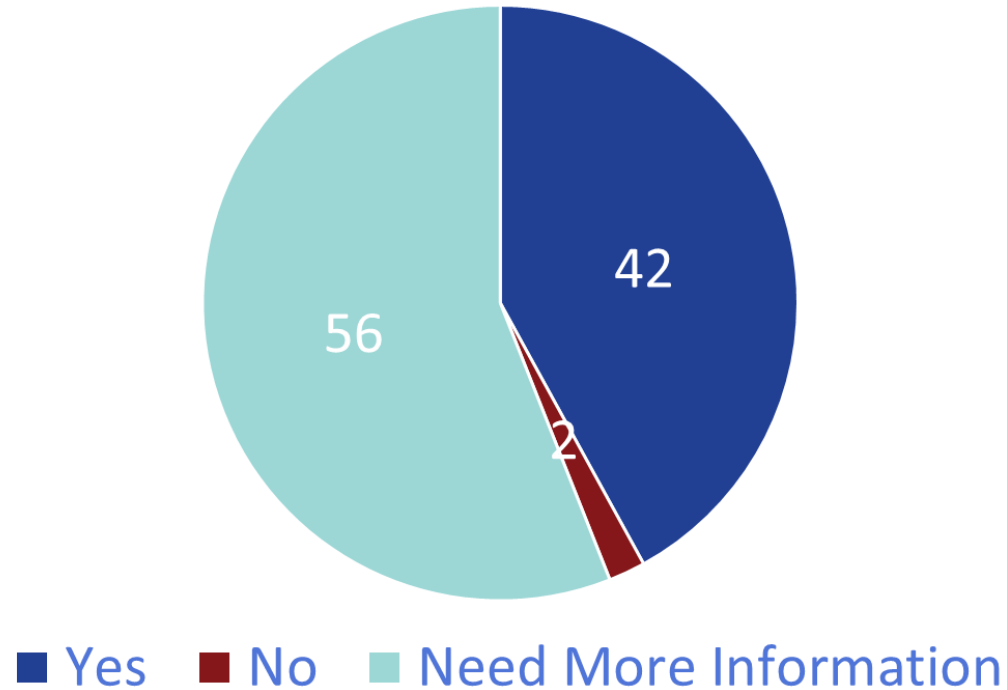


Figure 4: Challenges Faced (Multiple Response Option)



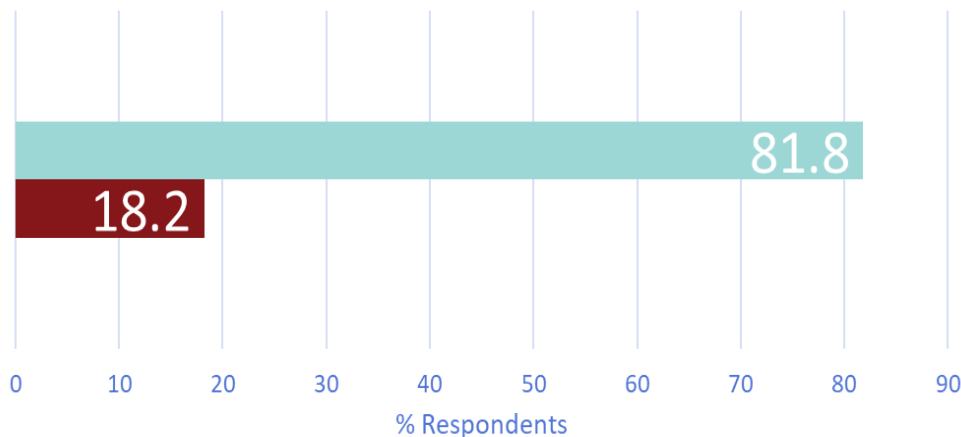
Community Hospital Responses

Figure 5: Willingness to Participate in Resuscitation Outreach Project (%)



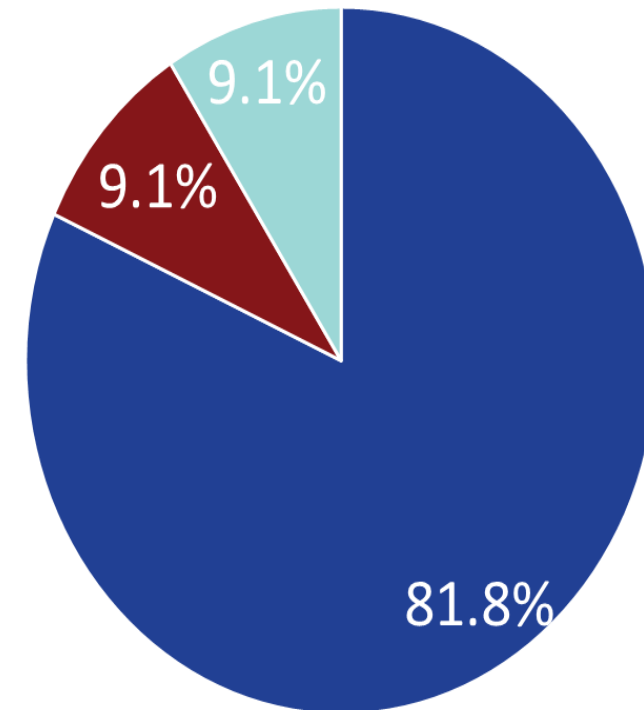
Transport Team Responses

Figure 6: Frequency of Additional Resuscitation Upon Arrival by Transport Team



Almost Always Often
Sometimes Rarely

Figure 7: Could Outreach Reduce Transfer to Higher Care?



Yes No Unsure



Where do we go from here?

- Outreach
- Feedback on transferred newborns
- Tracking of transfers
- LMA support & training
- Apps to aid decision making and call initiation to higher centers
- Simulation
- Tele-resuscitation
- Tele-simulation
- Workshops
- State Level Work Groups

OPQIC Neonatal Work Group

- OPQIC is adding additional focus groups to concentrate on needs of Perinatal services in Oklahoma
- If you are interested in being part of the OPQIC Neonatal Work Group, please contact:

Sam Levin, MD: Samuel-Levin@ou.edu

Denise Cole, Associate Director of OPQIC: denise@okoha.com

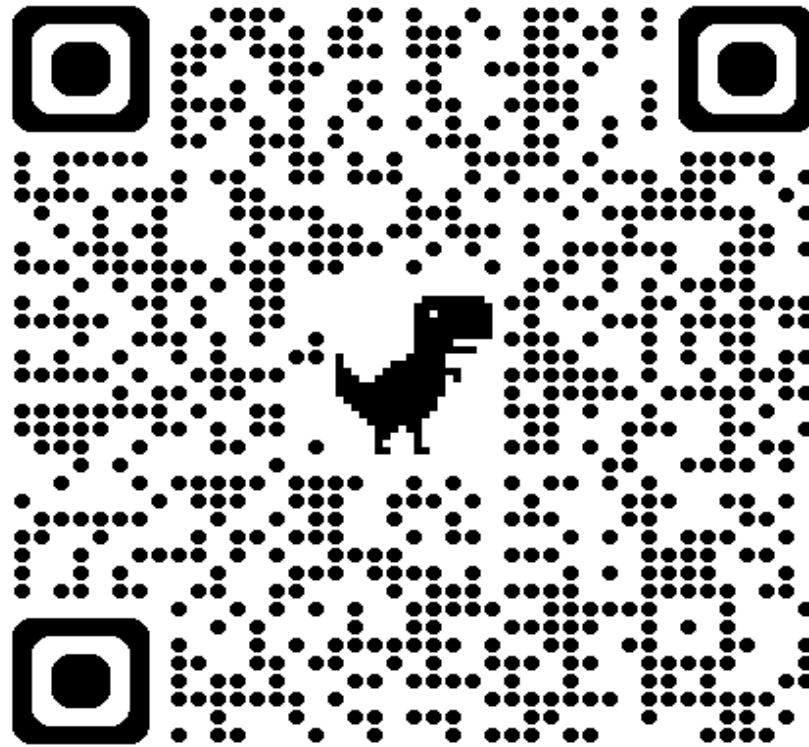
Oklahoma Neonatal Resuscitation Needs Assessment

Please complete the survey
if you did not last year.

Please share with your
colleagues at your home
institute.

Do not respond if you have
already done so.

[https://forms.gle/J1yMLV3r
Shp8TZn86](https://forms.gle/J1yMLV3rShp8TZn86)



If you are interested in being
part of the OPQIC Neonatal
Work Group, please contact:

Sam Levin, MD:
Samuel-Levin@ou.edu

Denise Cole, Associate
Director of OPQIC:
denise@okoha.com

Oklahoma Children's
Health • The UNIVERSITY of OKLAHOMA



OKLAHOMA PERINATAL **QUALITY**
IMPROVEMENT COLLABORATIVE

Hospital Recognition

Providing Excellence in Perinatal Care

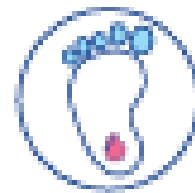


Advancing
**MATERNITY
CARE** Together



TEAMBIRTH
RECOGNIZED

NEWBORN
SCREENING



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



**SAVE
YOUR
LIFE:**

**Get Care for These
POST-BIRTH Warning Signs**

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



Call 911
if you have:

- ☐ Pain in chest
- ☐ Obstructed breathing
- ☐ Seizures
- ☐ Thoughts of hurting yourself or your baby

Call your healthcare provider
if you have:

- ☐ Bleeding, soaking through the size of an egg or larger
- ☐ Incision that is not healing
- ☐ Red or swollen leg, thigh or calf
- ☐ Temperature of 100.4 or higher
- ☐ Headache that does not go away with medicine, or bad headache



Tell 911 or your healthcare provider:

"I had...
I am having..."

These post-birth warning signs can become life-threatening if you don't get care right away. If you have any of these signs, call 911 or go to the hospital right away.

- 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 your baby 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 properly may mean you have an infection.
- Red, swollen, painful leg, thigh or calf may mean you have a blood clot.
- Temperature of 100.4 or higher may mean you have an infection.
- Headache that does not go away with medicine, or bad headache may mean you have high blood pressure.

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
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

OPQIC Spotlight Hospital Award Criteria - 2026

Modified 8/2026. Criteria assessed on 8/31/2026

Category	Criteria	Points
PC-02 Rate	Submitted most recent PC-02 Rate to OPQIC	2
PC-07 Rate	Submitted most recent PC-07 Rate to OPQIC	2
CMS "Birthing Friendly" Designation	Designated	2
OPQIC Check-in Calls	Participated in at least one check-in call in 2026	2
OK-MAMA (Oklahoma Maternal Addiction and Mental Health Assistance)	Submitted Commitment to Participate	3
	Submitted Baseline Data	3
TeamBirth Participation	Nationally TeamBirth Recognized	3
	Recognition Application submitted prior to 8/31/2026	2
	Fully Implemented, did not apply for recognition prior to 8/31/2026	1
EPPP Toolkit Utilization (Empowering Pregnant and Postpartum Patients)	Reported distribution of PBWS handout to >90% of patients	2
EPPP Toolkit Utilization (Empowering Pregnant and Postpartum Patients)	Reported distribution of Helpful Information handout to >90% of patients	2
Breastfeeding OK mPINC 2024 Total mPINC Score: 79 National 2024 Total mPINC Score: 82	Baby Friendly Designation	3
	On the Baby Friendly Pathway/AIM-HI	2
	2024 mPINC score ≥ 90	2
	2024 mPINC score above OK average (79), <90	1
Cribs for Kids Safe Sleep Certification	Gold	3
	Silver	2
	Bronze	1
TJC Advanced Certification in Perinatal Care	Nationally Certified	3
Newborn Screening-Transit Times (Aug 2025-July 2026)	>95% arrive within 48 hrs of collection	3
	>90% arrive within 48 hrs of collection	2
Newborn Screening-Unsat rates (Aug 2025-July 2026)	<2% declared unsat for testing	1

Max Points Possible 34

2026 Spotlight Hospital Award Criteria



Level Determination

Gold	26+
Silver	24-25
Bronze	22-23

Criteria assessed as of 8/31/2026

- Gold Awards: 15
- Silver Awards: 9
- Bronze Awards: 4

OKLAHOMA PERINATAL **QUALITY**
IMPROVEMENT COLLABORATIVE

Spotlight Hospital Award

Providing Excellence in Perinatal Care

2026

Bronze Award



Saint Francis Hospital Muskogee



Saint Francis Hospital South



St. Mary's Regional Medical Center



SSM Health St. Anthony – Shawnee

OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

Spotlight Hospital Award

Providing Excellence in Perinatal Care

2026

Silver Award



Ascension St. John Owasso



Chickasaw Nation Medical Center



Hillcrest Hospital South



INTEGRIS Health Southwest Medical Center



Lakeside Women's Hospital



Mercy Hospital OKC



Northeastern Health System



SSM Health St. Anthony Hospital – Oklahoma City



Weatherford Regional Hospital

OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

Spotlight Hospital Award

Providing Excellence in Perinatal Care
2026

Gold Award



Ascension St. John Medical Center



Choctaw Nation Health Care Center



Duncan Regional Hospital



Hillcrest Medical Center



INTEGRIS Health Baptist Medical Center



INTEGRIS Health Canadian Valley Hospital



INTEGRIS Health Edmond Hospital



INTEGRIS Health Enid Hospital



McAlester Regional Health Center



Memorial Health System of Southwest Oklahoma



Mercy Hospital Ardmore



Norman Regional Health System



Oklahoma Children's Hospital at OU Health



Saint Francis Hospital



Stillwater Medical Center

CONGRATULATIONS!



CBS CORRESPONDENT SPEAKS AT OHA CONFERENCE

Hospitals at the Heart of It

#HospitalsAtTheHeartOK

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