What is the Safe Motherhood Initiative (SMI)?

- The Safe Motherhood Initiative (SMI) is a multi-year, multi-stakeholder project in New York State to demonstrate that specific preventable obstetric emergencies associated with maternal mortality and morbidity can be addressed and evaluated through the implementation of standardized protocols in 131 obstetric hospitals in the state – reaching nearly 10,000 obstetric providers.

- The SMI focuses on the three leading causes of maternal death – obstetric hemorrhage, severe hypertension in pregnancy, and venous thromboembolism.

- The SMI is funded by Merck for Mothers, a ten-year commitment to tackle the leading causes of death during pregnancy and childbirth globally, including here in the United States.

- New York State is joining New Jersey, California, Florida, Georgia, and Washington, DC in implementation of parallel maternal safety projects.

- The SMI has been working with a team of clinical experts since January 2013 to develop, implement, and evaluate best practices for these 3 maternal safety bundles.

- These 3 bundles (obstetric hemorrhage, severe hypertension in pregnancy, and venous thromboembolism) consist of a variety of tools, including key elements, protocols, checklists, algorithms, and laminated posters for your implementation needs.

Why is there a focus on maternal mortality in New York State?

- In comparison to the rapid advances in fetal and neonatal medicine over the last few decades, progress in improving maternal obstetric outcomes has languished in the United States.

- Research funded by the Bill & Melinda Gates Foundation found that maternal mortality increased from 12 to 17 women per 100,000 live births between 1980 and 2008 in the US. African American women are particularly at risk of dying during childbirth.

- How does New York State fare? New York State currently ranks 47th in the country for its abysmal maternal mortality rates according to a recent report by Amnesty International.
In 2009, the maternal mortality rate in New York State was 20.7 maternal deaths per 100,000 live births. This rate far exceeds the established Healthy People 2020 goal for the state of 12.7 maternal deaths per 100,000 live births.

The leading causes of maternal death are: hemorrhage, preeclampsia, & pulmonary embolism. These causes of death have remained unchanged for over a decade and are representative of national trends.

New York State is but a microcosm of the country. However, despite some of the world’s leading medical and teaching centers located within our state borders, we are desperately lacking a strategy to assess and treat the most common causes of maternal death.

In developing a systematic strategy to reduce maternal mortality, the challenges New York State faces are representative of the United States as a whole.

There is an urgent need for specific, standardized perinatal safety protocols and clinical checklists to facilitate effective safety systems for inpatient obstetrics for these leading causes of death.

**Why does your hospital need to be involved?**

Success in reducing maternal mortality is contingent upon understanding and evaluating sources of maternal morbidity and mortality which may differ in small, medium, and large academic and community obstetric centers.

In other clinical areas, individual hospitals and health systems have demonstrated improvement in patient care by employing protocols to standardize clinical management. There is no doubt that the same can be accomplished in obstetrics.

Although there are numerous, reasonable approaches to improving patient care, broad use of specific standardized guidelines may reduce medical errors, simplify clinical management, and decrease preventable maternal deaths of which, nearly half are preventable.

The adoption of standardized clinical protocols to optimize the diagnosis, prevention, and management of leading causes of maternal mortality can help reduce the incidence of mortality and morbidity. This is the cornerstone upon which the SMI project is built upon.

There is no question that hospitals across New York State need to improve communication, management, and leadership efforts to reduce maternal mortality. ACOG District II wants to help you accomplish this and become a nationally-recognized leader and role model in obstetric quality improvement processes through the SMI.
**What will the SMI offer you?**

The SMI will offer participating hospitals the following:

- A unique and unprecedented opportunity to review and amend existing clinical practices to reflect current evidence-based management guidelines in a non-punitive setting.

- Access to expert opinion leaders across the country to help guide you through the implementation process.

- The ability to conduct internal identification systems changes to reduce the risk of adverse events. You will be provided with the infrastructure and tools to collect quality data associated with maternal mortality and morbidity, and compensated for your efforts. In turn, you will be able to share the data across your obstetrics department to better assess where deficiencies may exist and, over time, reduce maternal mortality and morbidity.

- Tools to understand important nomenclature for obstetric hemorrhage, severe hypertension in pregnancy, and venous thromboembolism. These bundles include key elements, guidelines, policies, best practices, and outcome assessment tools.

- Education that promotes teamwork and communication by standardizing core clinical knowledge for the multidisciplinary obstetric team.

- A public relations campaign, giving you the ability to not only showcase your hospital as a community and statewide leader in obstetric care, but also as an initial stakeholder in a much larger nationwide effort to decrease maternal mortality and morbidity.

- A private, encrypted web portal for your team to input quality data measures.

**What does hospital involvement entail?**

- All obstetric hospitals in New York State will implement the three maternal safety bundles (obstetric hemorrhage, severe hypertension in pregnancy, and venous thromboembolism) in accordance with evidence based practice, national clinical guidelines and protocols.

- Hospitals will be paid to offset costs associated with the collection of minimal data to assess whether guideline concordant care is followed.

- ACOG District II will offer hospitals peer-to-peer communication including on-site visits, webinars, grand rounds, etc. The goal of the peer-to-peer linkage is to support the Obstetrics Department’s implementation of the maternal safety bundles as well as the education of providers regarding the importance of standardizing clinical practice.
• Hospitals will need to identify key leaders to implement the bundles consisting and ACOG District II suggests:
  
  o 1 obstetrician or gynecologist (e.g., OB/GYN Department Chair)
  o 1 nurse (e.g., Labor and Delivery Nurse Manager)
  o 1 hospital administrator (e.g., Patient Safety Officer/Risk Manager)

• Participate in regional teaching days, webinars, and conference calls to share implementation stories with peers across the state, including successes and challenges.

**What is the timeframe for the Safe Motherhood Initiative’s activities?**

**Winter 2013 – Spring 2014**

ACOG District II will:

• Finalize 3 maternal safety bundles and conduct hospital outreach.

• Promote hospital engagement and schedule implementation activities.

• Conduct informational conference calls for hospitals to learn more about the SMI.

**Spring 2014 - Spring 2015**

ACOG District II will:

• Visit participating hospitals, as requested to assist with on-site implementation.

• Provide staff support on an as-needed basis to help answer questions about the initiative, including data collection.

• Offer all obstetric hospitals a targeted, paid-for, public relations campaign and other marketing opportunities to promote the hospital before maternity patients in regional catchment areas.

Participating hospitals will:

• Begin data collection via an Excel spreadsheet on quality measures using a private, encrypted web portal. ACOG District II will assist individual hospital staff to incorporate minimal data entry processes as required by the SMI.
• Engage in informal monthly conference calls with ACOG ob-gyn experts to offer clinical guidance.

• Amend protocols and checklists based on individual hospital need.

• Promote teamwork and communication by standardizing core clinical knowledge for the obstetric team.

More details to follow.

1/22/14