



MATERNAL CARE

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South Carolina Quality Achievement Program

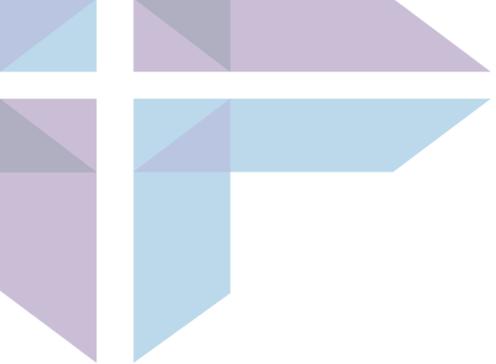
**Diabetes
ED Utilization
Hypertension
Maternal Care
Health Equity**



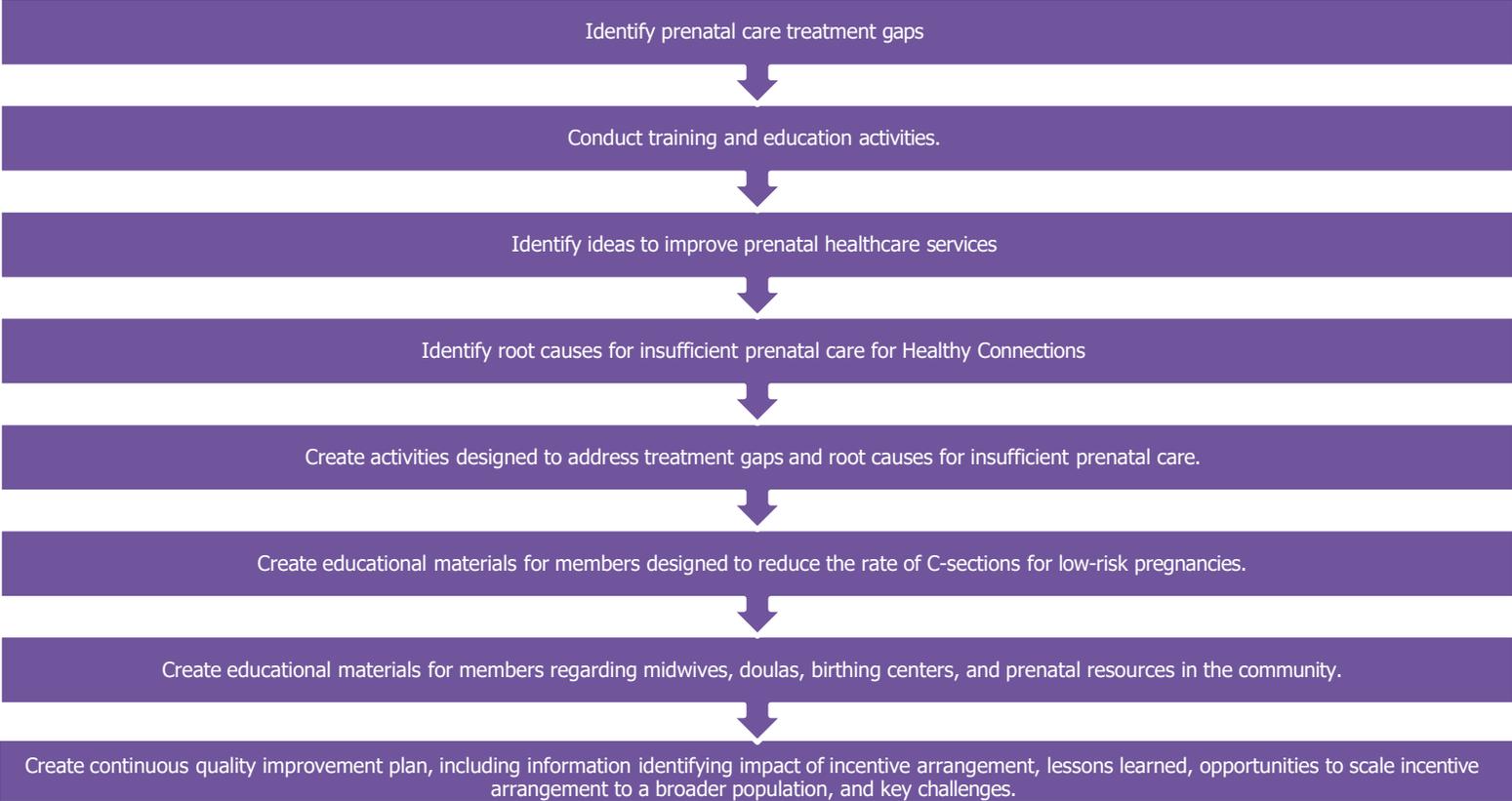


Maternal Care

Goal	Goal #1 – Decrease percentage of enrollees with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.
Goal	Goal #2 – Decrease preterm birth rates.
Goal	Goal #3 - Decrease percentage of enrollees with live births that weighed less than 2,500 grams.



Project Years 1-5



Preterm Deliveries & Infant Birth Weights



- ❖ OB navigators, Centering, Doulas, Midwives, prenatal classes, home visiting programs

Support, Resources

- ❖ Increased contraceptive screening/counseling, access to LARCs

Birth Spacing

Reducing Barriers to prenatal Care

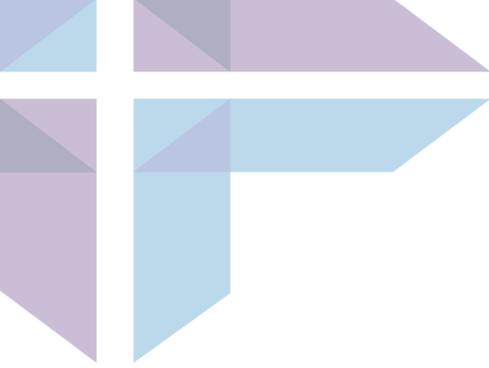
- ❖ Hours of operation, transportation, processes

Smoking Cessation

Comorbidities

Nutrition

- ❖ Screening, brief intervention, and referral to treatment (SBIRT)



Screenings

√ Pre-Pregnancy BMI > 30	597
First Trimester	88
Second Trimester	257
Third Trimester	251
[No Value]	1
√ Tobacco Use During Pregnancy	207
First Trimester	27
Second Trimester	75
Third Trimester	101
Maternal Age > 35 Years	216
First Trimester	22
Second Trimester	90
Third Trimester	86

- Know your patients
- Review your data
- Standardize Processes
- Resource awareness

Alcohol During Pregnancy	116
First Trimester	10
Second Trimester	43
Third Trimester	55
Drug Use During Pregnancy	57
First Trimester	7
Second Trimester	23
Third Trimester	25

Maternity Management



Wellness Management Program



Every three to six weeks mom receives a call:

- Provide support and expert advice on how to have a healthy pregnancy and a healthy baby.
- Discuss your health history
- Advise you on safe diet and exercise routines
- Identify potential pregnancy risk factors
- Discuss ways to minimize risks to you and your baby
- Answer questions and provide written materials on pregnancy and childcare issues that are a concern to you
- Direct you to available community resources for additional information



Goals

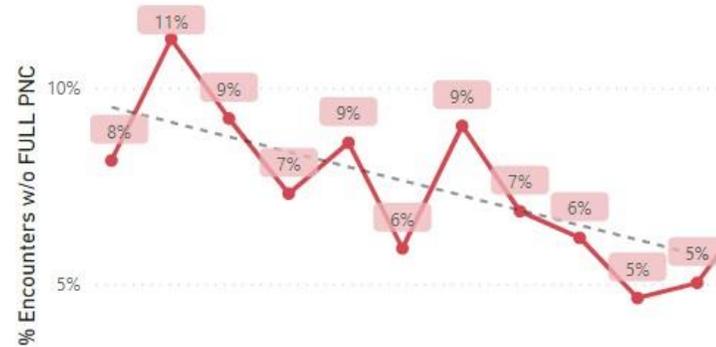
Measurable

- Decrease late or no prenatal care
- Decrease preterm deliveries
- Decrease low birth weight infants

Unmeasurable

- Support
- Resource impact
- Prepared
- Informed

% Encounters w/o FULL PNC by Month

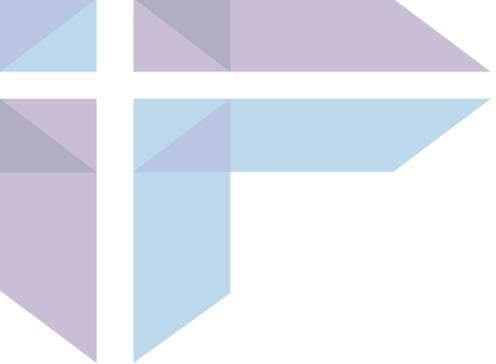


Cases > 1 Referral	Focus Studies	Referrals
7	377	33
72	232	253
14	98	50
3	45	11
96	753	348

Nurse Family Partnership

Outcome	SC	SMC NFP
Inadequate prenatal care (PNC beginning in the 5 month)	18%	15%
PTB < 37 weeks	12.1%	9.3%
Breastfeeding Initiation	78.5%	91%
Up to date immunizations	71%	88.2%
Birth spacing < 18mos	31%	8.9%



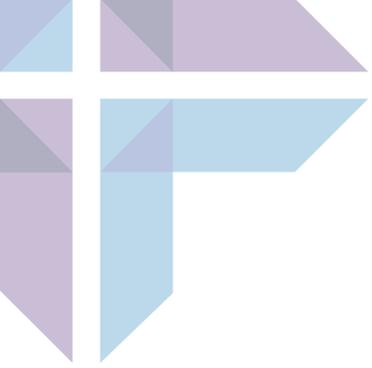


Family Connects

Shortly after the baby's birth, a registered nurse will visit the home of the newborn, provide health checks for both the infant and the birth mother, assess needs and offer supportive guidance on a wide variety of child and infant health-related topics. The nurse documents the visit — including the physical assessments and community referrals — and relays the appropriate information to the family's healthcare providers.

Family Connects links parents to the individual community resources they need regardless of income.





Program Reach

Data Extract Date: 08/28/23
Report Range: 02/01/23 - 07/31/23

Eligible Births - Past 6 Months: 349

Population Reach - Past 6 Months: 71%

Population Reach - Implementation

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total
Eligible Births	76.0	54.0	41.0	69.0	67.0	42.0	349.0
Scheduled Visits	69.0	53.0	37.0	63.0	61.0	37.0	320.0
Declined Visits	6.0	0.0	4.0	5.0	6.0	5.0	26.0
Completed IHV	46.0	40.0	31.0	54.0	47.0	30.0	248.0
Completed SCs	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Home Follow Up	0.0	0.0	1.0	0.0	1.0	2.0	4.0
Phone Follow Up	0.0	0.0	0.0	2.0	2.0	0.0	4.0
Scheduling Rate	91%	98%	90%	91%	91%	88%	92%
Completion Rate	67%	75%	84%	86%	77%	81%	78%
Population Reach	61%	74%	76%	78%	70%	71%	71%
Follow Up Rate	0%	0%	3%	4%	6%	7%	3%

Scheduling Rate



Completion Rate



Population Reach

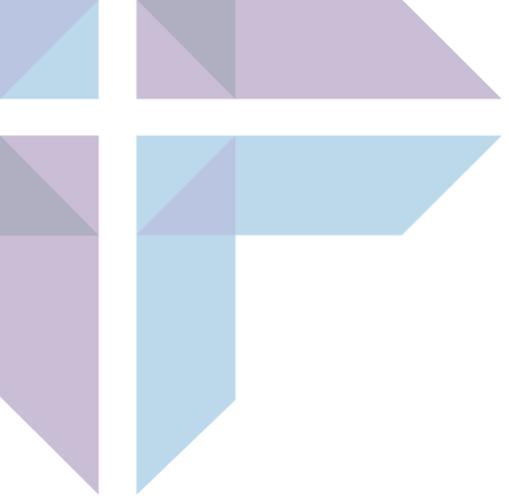


$$\text{Scheduling Rate} = \frac{\text{Scheduled Visits}}{\text{Eligible Births}}$$

$$\text{Completion Rate} = \frac{\text{Completed Visits}}{\text{Scheduled Visits}}$$

$$\text{Population Reach} = \frac{\text{Completed Visits}}{\text{Eligible Births}}$$





Spartanburg
Medical Center