



Supporting Excellence In Prenatal Care

“Bridging the Gap between Knowledge and Practice”



Care Quality Improvement (CQI)

Background:

- Guidelines have been established; but are not consistently implemented.
- Current systems of care are not designed to support delivery of highest quality care
- The CQI will assist in systems change to support use of evidence-based practice guidelines and linkage of health care providers to community-based services and resources.

We AIM to Improve

- Office systems and links to community services and referral networks.
- Pregnancy and birth outcomes by supporting quality, culturally competent prenatal care (PNC).

Guiding Principles for Quality of Care

- Productivity
- Respect
- Integrity
- Teamwork
- Accountability
- Shared responsibility
- Dedication and commitment

State of the Community

- In 2003, 90% of women in LA County begin PNC in the 1st Trimester.
- 1 infant in 10 is born preterm
- Up to 11,000 births are affected by diabetes
- Up to 45,000 women will have one or more common infection in pregnancy.
- In CA, 9.8% of pregnant women smoke during pregnancy.
- Estimated 11% of pregnant women have clinical depression.

Population of Focus

- Prenatal Care Providers in LA County
- Pregnant women at risk for a poor pregnancy outcome

Builds on Three Models

Improvement Model - Plan, Do, Study, Act (PDSA)

- Aims** - What are we trying to accomplish?
- Measures** -How will we know that a change is an improvement?
- Ideas** - What changes can we make that will result in an improvement?

The Learning Collaborative Model

- Shared learning that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.

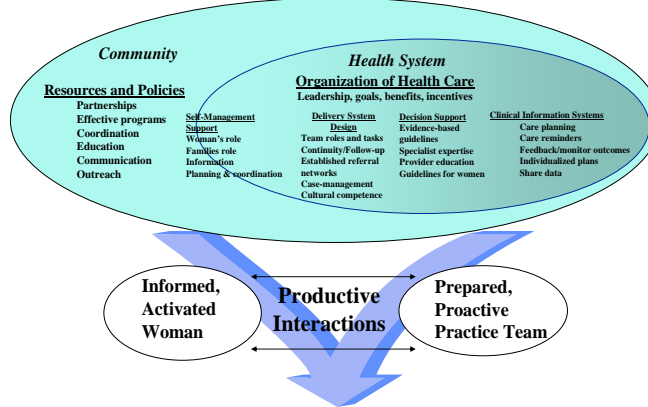
The Care Model

- Essential elements of good care.
- Deliver evidence-based clinical management and self-management support.

Prenatal Care Model Introduction

- The model below describes the basic areas of focus for improving care in health systems, communities, organizations, clinics or office practices and individuals.
- This model for intervention is adapted to focus on caring for pregnant women. Goals have been defined for each area of focus.
- The ultimate goal is to build on what we know and adapt it for our use.

Prenatal Care Model



* Adapted from the Chronic Care Model by the MacColl Institute for Healthcare Innovation.

Breakthrough Series Collaborative (BTS)

BTS is a collaborative improvement method that assists “teams” from health care settings to use quality improvement tools to make rapid system changes that will improve the health of their clients.

Objectives

- Identify up to 15 clinical sites and their community partners to participate in this initiative to improve the content, quality and cultural competency of PNC.

Topics for Improvement

Pre Gestational and Gestational Diabetes

- 6-8% of women develop gestational diabetes.
- Women with uncontrolled diabetes at conception are 4 to 10 times more likely to have an infant with a serious birth defect.

Urinary and Reproductive Tract Infections

- Between 60% and 80% of women delivering under 30 weeks have evidence of bacterial infection and/or inflammation.
- Estimates suggest that under 50% of PNC providers in LA County screen for asymptomatic urine infections using a urine culture at the 1st prenatal visit.
- Treatment of asymptomatic urine infections reduces preterm birth by 40%; Chlamydia and bacterial vaginosis treatment with recommended antibiotics can reduce preterm birth by up to 50%.

Smoking Cessation

- Nationally, cigarette smoking is responsible for up to 10% of all preterm births and 25% of all births affected by intrauterine growth restriction.
- Interventions increase cessation rates by 45%, and show a 21% reduction in LBW.

Alcohol and Substance Use and Abuse

- 40% of physicians ask about alcohol use
- 20% of physicians ask about other substance use
- Comprehensive programs for substance using women show up to 70% reduction in the number of PTB; 84% reduction in LBW; 67% reduction in infant deaths

Intimate Partner Violence (IPV)

- 9% to 11% of primary care physicians routinely screen for IPV at onset of PNC
- When surveyed women favor physician inquiry

Prenatal Nutrition

- Use of WIC services between 1977-1988 demonstrated a 25% decrease in the LBW (under 2500 grams) and 44% decrease in very LBW (under 1500 grams)

Maternal Depression and Stress

- The majority of women with clinical depression respond at least in part by 3-6 wks after beginning treatment.

Cost Data

50% of charges for infant hospital stays are for care for preterm infants.

Smoking Cessation

- It is estimated that \$21 million a year can be saved with an annual decrease of just 1% in the prevalence of maternal smoking.

Intimate Partner Violence (IPV)

- Annual cost for direct medical treatment related to domestic violence exceeds \$8.1 billion (U.S.).

Diabetes

- In CA for every \$1 spent for PNC for women with diabetes between \$3 and \$5 is saved.