

Better Maternal Outcomes Improvement Sprint: Safe Reduction of Primary Cesarean Birth



Begins
March
2021

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Register today at
ihi.org/MaternalHealth

Each year, at least 700 women in the US die due to complications in childbirth. For each instance of maternal mortality, approximately 100 women experience complication-related harm. US maternal mortality rates have worsened over the last 15 years, at a time when rates in other countries have improved. In the US, the burden of mortality and morbidity falls disproportionately on African-American women with maternal mortality rates three to four times higher than that of white women.^[i] Many of these deaths are avoidable if hospitals and health systems reliably implement care bundles and promising practices at the time of birth. These bundles are designed to quickly address the unwanted complications of hemorrhage, hypertension, C-section, and VTE during pregnancy and around the time of birth. There are also emerging ideas on prevention of deaths in African American mothers that could contribute to further improvement of US maternal mortality.^[ii]

The Better Maternal Outcomes Improvement Sprints are designed for hospitals and health care systems that are committed to improving maternal mortality and morbidity by adopting care bundles and improving efforts to deliver reliable, safe, equitable, and respectful care in their maternity services. Participating organizations will learn how to spread best practices through a variety of shared learning formats and practical, how-to guidance. The goal of the sprints is to equip

participants with the knowledge and skills needed to reliably implement promising practices and improve care delivery for all women and newborns.

What participants can expect

- Webinars focused on quality improvement topics including key change ideas, how to get started, how to build will, meaningful measurement, and how to improve equity.
- Real-world examples and learning from a wide array of hospitals and health care delivery organizations
- Quality improvement tools to help participants reach their goals and bridge the gap between “what we know” and “what we do”
- Support for hospital teams on rapid testing to identify what works in different contexts and conditions at scale
- Access to results and learning from other related initiatives, including partnerships with communities focused on reducing disparities and improving equity in maternal outcomes
- An action-orientation: IHI will use existing assets, projects, and relationships to move participants into actions that will improve birth equity, dignity, and maternal outcomes

Details about the sprints

Participants will enroll in six-week sprints focused on a specific clinical topic. All sprints will include:

- Six live webinars, and access to webinar recordings
- Virtual peer-to-peer networking opportunities around a variety of topics and interests
- How-to-guides and quality improvement tools customized to support bundle implementation and build local improvement skills
- Options to add on additional coaching with IHI faculty and clinical experts

Learn More

To learn more or register for the March 2021 Sprint, visit ihi.org/MaternalHealth

[i] Louis JM, Menard MK, & Gee RE. (2015). Racial and ethnic disparities in maternal morbidity and mortality. *Obstetrics and Gynecology*, 125(3):690-4.

[ii] Main, E. et al. (2015). Pregnancy-Related Mortality in California: Causes, Characteristics, and Improvement Opportunities. *Obstetrics & Gynecology*. 125(4):938-947.

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