IDPH
IOWA Department of PUBLIC HEALTH

Bureau of Family Health

MATERNAL HEALTH PROGRAMS

STRATEGIC PLAN 2021

ASSESS. COLLABORATE. SUCCEED.

> **"By working together we can support moms, save lives, and set the foundation for a healthier nation."**
>
> ***The Surgeon General's Call to Action to Improve Maternal Health, 2020***

WELCOME TO THE 2021 MATERNAL HEALTH STRATEGIC PLAN

We support the continuous improvement of maternal health outcomes in Iowa.

The Iowa Department of Public Health and the Bureau of Family Health have been charged with supporting the state's maternal health efforts for over eighty years. We are grateful for the tremendous efforts of the state's local public health agencies, health systems and community-based partners who also support Iowa's maternal health efforts.

As new data and information becomes available to inform the state's maternal health needs, it is vitally important we create awareness and elevate issues that require attention and advocacy.

We must be responsive, knowledgeable and consistent in identifying evidence based resources and best practice solutions to reduce disparities in maternal health outcomes, therefore improving population health across the state.

The 2021 Maternal Health Strategic Plan identifies strategic priorities to lead the state's maternal health efforts. Developed through engagement with community, clinical, and provider perspectives, and in alignment with national public health goals, our strategic priorities will guide IDPH efforts.

Current IDPH and partner activities supporting the strategic priorites have been identified and captured in a supplementary report.

We intend for this document to guide the work of Maternal Health programs to ensure resources are maximized, information sharing remains ongoing, and that we work collectively towards meeting the maternal health needs of all people living in Iowa.

WE ARE COMMITTED TO THE WORK.

WE HAVE PASSION FOR WHAT WE DO.

WE ARE PROUD OF OUR TEAM.

Several team members involved in Maternal Health Programs helped support the development the the 2021 Maternal Health Strategic Plan. Each member had a significant role in advising during the planning process, analyzing the data and providing feedback on what we have learned.

IDPH Maternal Health Strategic Planning Leadership Team:

- Molly Gosselink, BSN, MPH
- Nalo Johnson, PhD
- Marcus Johnson-Miller
- Debbie Kane, PhD, RN
- Sylvia Navin, MPH
- Stephanie Trusty, RN, BSN

Maternal Health Strategic Planning Advisory Committee:

- Mary Kay Brinkman, Oral Health
- Heather Strachan, NAMI IOWA, MCH Advisory Council Member
- Angie Friedmann, Oral Health
- Janet Horras, Home Visiting
- Lindsey Jones, Family Planning
- Stephanie Radke, IMQCC
- Olivia Samples, Health Equity Advisory Committee Community Advisor
- Faith Sandberg Rodriguez, Department of Human Services

GLOBAL GOALS & OUTCOMES

Our work has vital importance to save and improve the lives of pregnant and birthing mothers and their babies.

Our goals in pursuing the identified strategic priorities and general recommendations are to improve the state's number of healthy deliveries and births, along with ensuring that every woman has access to the care they need during pregnancy.

REDUCE MATERNAL MORBIDITY & MORTALITY

Reducing short- and long-term health problems or deaths that result from or are worsened by being pregnant and giving birth, from conception through one year postpartum.

REDUCE MATERNAL HEALTH DISPARITIES

Nationally, women of color have higher rates of severe maternal morbidity events. This also holds true for Iowa. Black women in Iowa have the highest overall SMM rate compared to White women and Hispanic women. Of SMM conditions, Black women in Iowa have higher rates of hemorrhage complications and renal complications compared to White women and Hispanic women. Hispanic women in Iowa have higher rates of respiratory complications compared to White women and Black women[1].

[1] SMM calculated by IDPH staff using the Iowa Hospital Discharge data file, calendar years 2018-2020. Iowa hospital discharge data are collected by the Iowa Hospital Association on behalf of IDPH in accordance with Iowa Code section 135.166. The Iowa Department of Public Health may use these data to conduct public health surveillance and evaluate public health surveillance programs.

MATERNAL HEALTH PRIORITIES

Balancing the feedback from our information-gathering process captured through surveys reaching wide audiences, focus groups to refine the themes, and assessing existing plans and strategies, we have determined the following strategic priorities:

Elevate Focus on Maternal Mental Health (MMH)

Advance Workplace Policies (WP)

Improve Health Before, During & After Pregnancy (IH)

ELEVATE FOCUS ON MATERNAL MENTAL HEALTH

The World Health Organization (WHO) defines maternal mental health as “a state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community.” Mental health conditions are the most common complication of childbirth impacting 1 in 5 individuals during pregnancy and the year following pregnancy. Untreated maternal mental health conditions can have negative and long-term impact on pregnant and postpartum women and her infant. Mental health conditions are a leading and preventable cause of maternal mortality. Despite these negative consequences, depression and anxiety largely goes undiagnosed and untreated during pregnancy and postpartum periods. The state’s shortage of all mental health provider types (psychiatrists, psychologists, social workers, and marriage and family therapists), contributes to the lack of access for maternal mental health supports.

General Recommendations to Improve Maternal Mental Health (MMH)

a. Empower healthcare providers and birthing hospitals to:
    1) Assure all pregnant and postpartum women are screened for depression and, when appropriate, referred to treatment.
    2) Embrace the necessity of recognition and treatment of mental health concerns and assure individuals receive counsel on ongoing care, follow-up and care coordination.

b. Implement system wide changes to support universal screening for depression, anxiety and substance use, as well as access to consultation and treatment for all pregnant and postpartum individuals.

c. Increase access to mental health providers and treatment for depression and other mental health issues.

d. Identify opportunities for the development of a statewide resource for health care providers and professionals caring for pregnant and postpartum individuals stuggling with mental health or substance abuse to easily link to mental health and addiction medicine experts for consultation and referral when needed. (Identified by the IMQCC Mental Health and Substance Use Disorder Subcommittee; and a 2021 Maternal Mortality Review Committee Recommendation)

ADVANCE WORKPLACE POLICIES

Workplaces benefit from addressing the needs of their employees, including the needs of pregnant and parenting people. Having a workplace that supports access to prenatal and postpartum care, including accommodations within the workplace to support pregnant and parenting people's physical and emotional needs during the perinatal period, and complying with medical recommendations, helps support successful pregnancies as well as healthy moms and babies.

General Recommendations to Advance Workplace Policies to Support Maternal Health (WP)

a. Normalize breastfeeding practices and ensure appropriate, dedicated space and time is provided while at work.

b. Review of current family leave policies to provide consideration for modern family structures, time to adjust to new life norms, and to recover mentally and physically from the birthing experience.

c. Expand insurance coverage (Medicaid and private insurance) for pregnancy related services such as lactation services, doula services, and extending postpartum Medicaid coverage for 12 months.

d. Support findings and recommendations of the Breastfeeding State Plan that is currently being developed (Anticipated Completion Date of September 2022).

IMPROVE HEALTH BEFORE, DURING & AFTER PREGNANCY

A healthy pregnancy begins before conception. Chronic illness can create complications in every phase of reproduction, can be exacerbated as a result of pregnancy and often contribute to maternal morbidity and mortality. Birth outcomes are improved with increased attention to the health of individuals of reproductive age before, during, and after pregnancy.

General Recommendations to Improve Health Before, During, and After Pregnancy (IH)

a. Elevate the focus on social determinants of health including screening and treatment for domestic violence and substance abuse, offering transportation support to maternal health care appointments, and improving neighborhoods and communities to increase safety, physical activity, and access to healthy food.

b. Encourage broader education about and use of family planning resources to support the full spectrum of maternal health needs.

c. Include chronic disease prevention and management in maternal health care, linking management of health complications to their impact on pregnancy. Common chronic diseases in women of reproductive age include obesity, diabetes, hypertension, and cardiac disease.

d. Explore solutions to strengthen postpartum follow-up, including referrals to support programs and services.

“In a modern healthcare system, pregnancy-related deaths should never occur.”

HRSA Maternal Health Action Plan, 2020

CRITICAL IMPACT AREAS

There are three critical impact areas the maternal health strategic priorities are designed to affect.

POPULATION HEALTH

Population health provides “an opportunity for health care systems, agencies and organizations to work together in order to improve the health outcomes of the communities they serve.” (CDC)

CLINICAL SERVICES

Strategies implemented within the healthcare system, such as hospitals and clinics, to improve maternal health outcomes, generally through services provided one-on-one with a patient.

POLICY

Large-scale policy, such as state and federal laws, that impact health outcomes, as well as smaller scale policies at the program or agency level that impact health outcomes.

ACTION STEPS

Having defined our strategic priorities, specific activities will need to be implemented to achieve our goals of reducing maternal mortality and morbidity and reducing disparities in maternal health outcomes. Three key areas identified as necessary to drive our maternal health activities include:

COMMUNICATION

- Amplify maternal health program branding and public awareness.
- Share the message of the scope of IDPH Maternal Health Programs.
- Increase access to and organize both state and federally funded resources.

EVIDENCED BASED STRATEGIES

- Modernize traditional health care approaches to meet patient expectations.
- Investigate best practices locally, regionally, and nationally.
- Test innovations through coordinated pilot projects.

ACCESS TO SERVICES

- Inform the public and providers on reasonable regional service ability based in modern, evidence-based structures.
- Ensure equal access to optimal maternal health services, programs, and providers.
- Ensure services are easy to understand and available to all including prenatal care, birthing facilities, postpartum care, oral health, breastfeeding support, doula, etc.

STRATEGIC PLANNING APPROACH

Multiple methods were used to capture information and perspectives to inform the planning process.

STATEWIDE SURVEY

IDPH administered a public, online survey to capture statewide perspectives about strengths, challenges, and areas of focus critical to the state's maternal health needs.

We received over 700 responses, representing 88% of Iowa's counties. Responses were analyzed using two lenses: **geographic impact** (using metropolitan, micropolitan and rural categorization) as well as **perspective insight** (using community member, public health provider and maternal health provider categorization.)

Respondents provided feedback on: focus areas that will have the greatest impact on health in Iowa; level of awareness of available maternal health programs; accessing information; and indicating the quality of available maternal health services.

FOCUS GROUPS

IPDH convened focus groups to review the survey results. These conversations helped to identify key themes and challenges as perceived by content experts.

IDPH hosted a separate meeting for each of the groups indicated below. Following each meeting, participants were allowed to submit additional feedback in writing.

- Title V and Title X Providers
- Iowa Maternal Quality Care Collaborative (IMQCC)
- IMQCC Community Advisory Board (CAB)
- Maternal and Child Health Advisory Council and the Health Equity Advisory Committee
- Maternal Health Strategic Planning Leadership Team
- Maternal Health Strategic Planning Advisory Committee

EXISTING RESOURCES

The information received through the survey, the focus group discussions and the development of the strategic priorities were balanced with data and reccomendations from the following reports:

- 2020 Title V Needs Assessment
- 2014 Obstetrical Care Statewide Strategic Plan
- 2021 Maternal Mortality Review Committee Report
- 2020 Surgeon General Call to Action to Improve Maternal Health
- 2020 HHS Maternal Health Action Plan

A comprehensive summary of the process is available in a supplementary report at www.idph.iowa.gov/family-health

ASSESS. COLLABORATE. SUCCEED.

THANK YOU FOR YOUR DEDICATION TO IMPROVING MATERNAL HEALTH IN IOWA.

The Iowa Department of Public Health and Bureau of Family Health work tirelessly with our partners, programs and providers to ensure the best quality of care, service, advocacy and attention are given to maternal health matters in the State of Iowa. We value the contributions made by our partners and providers and have organized the strategic priorities in an effort to further our collaborative conversations, prevent duplication of efforts, and recognize best practices already in place. We are grateful for our collaborative partnerships to assist us in positively impacting Maternal Health outcomes for families in Iowa.

We have noted many of our partners here to provide them special recognition to celebrate their work and their contribution to this strategic plan.

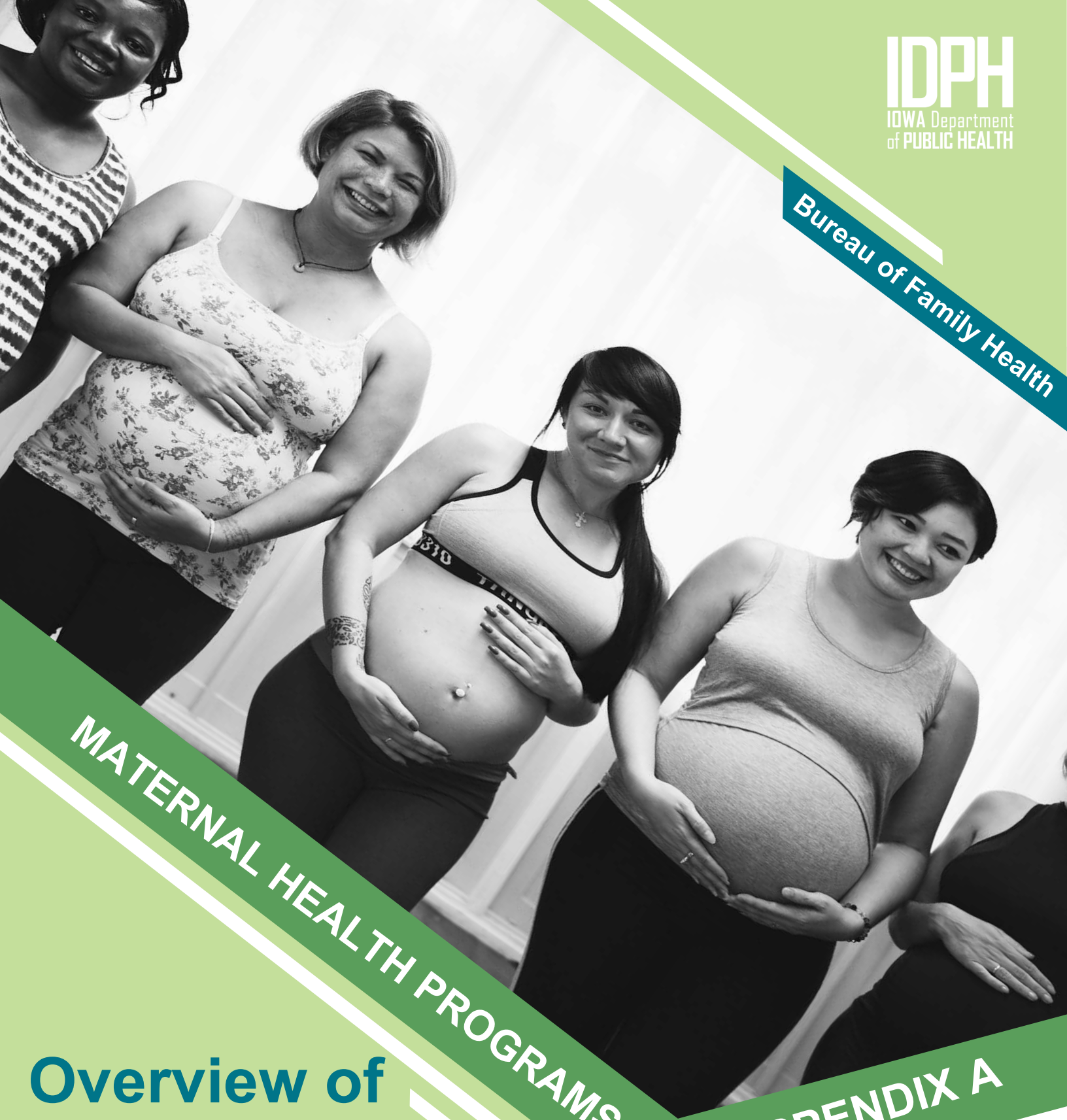
IDPH
IOWA Department of PUBLIC HEALTH

CONTACT US

Bureau of Family Health
Iowa Department of Public Health
321 East 12th St.
Des Moines, IA 50319
Phone : 1-800-383-3826
Fax : 515-725-1760
www.idph.iowa.gov/family-health

IDPH
IOWA Department of PUBLIC HEALTH

Bureau of Family Health



MATERNAL HEALTH PROGRAMS

APPENDIX A

Overview of Maternal Health in Iowa

2021

> **"By working together we can support moms, save lives, and set the foundation for a healthier nation."**
>
> The Surgeon General's Call to Action to Improve Maternal Health 2020

Overview of Maternal Health and Wellness

Strengths of Iowa's Maternal Health System

Iowa has a long history of promoting high quality maternal health care through many longstanding initiatives. Examples of these initiatives include the Statewide Perinatal Care Program, Regionalized System of Perinatal Care, Title V Maternal Health Block Grant activities and local Title V Maternal Health Centers, Maternal Mortality Review Initiative, Iowa Maternal Quality Care Collaborative, Alliance for Innovation on Maternal Health, Iowa Medicaid Maternal Health Task Force, and several initiatives focused on using data to improve outcomes, such as the Barriers to Prenatal Care Survey and the Pregnancy Risk Assessment Monitoring System (PRAMS), Medicaid Match Report, and OB Workfoce Report.

Maternal Health Care Access: Challenges and Gaps

The health of women of childbearing age and access to consistent medical care continues to be a problem in Iowa. In 2019, nearly 30% of women statewide reported they did not have any health care visits with a doctor, nurse, or other health care provider, including a dental or mental health professional in the 12 months before they got pregnant with their new baby. Additionally, according to the Pregnancy Risk Assessment Monitoring System, PRAMS, less than half of women in Iowa "wanted to be pregnant then" when asked about the timing just before their recent pregnancy.

Qualitative data gathered through the 2019 Title V Needs Assessment through interviews and surveys reflect similar findings to national data. Interviews and surveys revealed barriers to obtaining care including language barriers (such as difficulty scheduling appointments), other communication issues such as building trust with providers and other staff, feeling judgement because of the number and spacing of children, as well as problems with insurance and payment processes.

Maternal Health Care Access: Challenges and Gaps *(Continued)*

According to the most recent data from the American College of Obstetrics and Gynecology (ACOG), the State of Iowa has the fewest number of Obstetrician/Gynecologists per capita of any state in the US. Between 2000 and 2019, there has been a significant decline in the number of counties with Labor and Delivery (L&D) services: 70% of Iowa counties (69/99) had at least one L&D in 2000, and by 2019, only 48% counties had L&D services (48/99). Iowa has seen the closing of 31 labor and delivery units in rural areas of Iowa since 2001.

However, state maternal health indicators around health care access and quality have not declined, in spite of the number of closures of L&D units. For example, analysis of travel time from a mother's residence to the hospital where she delivered her newborn found that over 50% of mothers skipped their closest health care facility. This pattern remained consistent from the study period of 2013-2019 while over 20 L&D unites closed. Analysis found little variation in the mean infant birth weight and the mean gestational age by rurality and skipping behaviors over the study period (IDPH & University of Iowa, 2020).

Accessing perinatal health care in rural areas is complicated by both patient factors and factors related to the delivery care system itself. Ensuring optimal maternal and neonatal outcomes for rural populations poses unique problems and challenges, including providing basic maternity services to these rural areas. A broad spectrum of provider models, including the use of Certified Nurse Midwives, freestanding birth centers, and the use of additional emotional supports such as doula services, will need to be considered as public health research increasingly supports these options to increase maternal health quality and access, particularly in rural areas and for women of color.

Statewide, 55 counties in Iowa have a Primary Care Health Professional Shortage Area (HPSA) and additional counties also have one or more Facility HPSAs. The total population living in designated HPSAs statewide as of June 2021 is 746,344, and only 51% of the need is being met. Medically Underserved Areas and Populations (MUAs/MUPs) are also important to consider, and these are designated by HRSA based on factors such as low-income populations or not enough primary providers. As of July 2021, Iowa statewide has 94 designations for MUAs/MUPs, which has not changed since 2018.

Racial and Ethnic Disparities in Iowa

Iowa's total population is more than 3.1 million, of which 38.8% are between the ages of 14-44 years old. Over the past decade, there has been an increase in both the African American and Hispanic populations within Iowa. Hispanics now compose 6.3% of the population, and African Americans represent 5.2% of the population. Statewide in 2020, 8.16% of mothers were Black and 10.33% of mothers were Hispanic.

Disparities exist among key maternal health access and outcomes indicators, such as women seeking first trimester prenatal care. For example, among the Medicaid population, mothers who identify as Non-Hispanic African American/Black seek first trimester prenatal care at a substantially lower rate (69.2%) than mothers who identify as Non-Hispanic White (81.0%).

Racial and Ethnic Disparities in Iowa (continued)

Disparities in accessing prenatal care also hold true for preventive dental care during pregnancy in women who receive Medicaid benefits during pregnancy. Mothers who identify as Non-Hispanic African American/Black had a dental visit in pregnancy at a significantly lower rate (5.2%) than mothers who identify as Non-Hispanic White (7.0%).

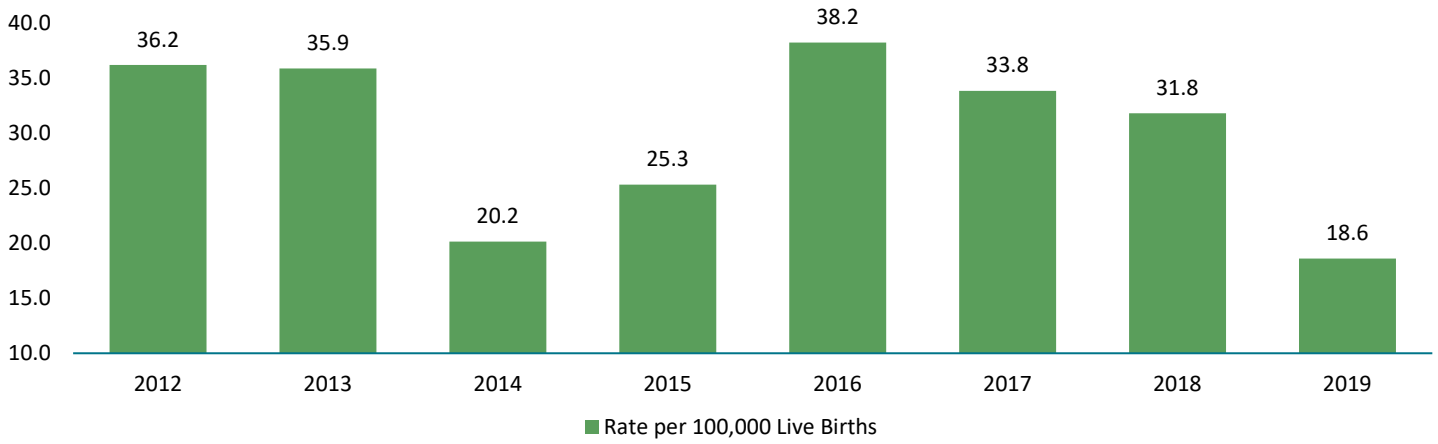
While Non-Hispanic Blacks and Hispanics comprise only 11% of Iowa's total population, they are disproportionately affected by disease states and social factors that negatively impact health outcomes. For example, a higher percentage of Non-Hispanic Black women report being obese (69.7%) than women identifying as Non-Hispanic White (54.7%) and Hispanic women (51.5%).

In 2019, women identifying as Black were more likely to have been diagnosed with diabetes (13.5%) than Non-Hispanic White women (5.6%) and Hispanic women (7.4%), and were much more likely to report being in fair or poor health than those identifying as White (15.9% vs 11.7%, respectively). Those identifying as Hispanic were even more likely to report fair or poor health at 24.6%. All of these factors are likely to be contributing to increasing maternal mortality and SMM in Iowa.

Maternal Mortality and Morbidity in Iowa

Maternal mortality continues to be an important focus in Iowa, and every maternal death is a tragedy (see Maternal Death Rate chart below illustrating data from the state's Maternal Mortality Review Committee Reports). The Bureau of Health Statistics calculates maternal deaths as the number of deaths due to pregnancy, childbirth, and the puerperium (ICD-10: O00 to O99) divided by the number of live births per calendar year per 100,000. Rates fluctuate over the years due to low total numbers of deaths from year to year.

Maternal Death Rate



Maternal Mortality Review

In 2019, Iowa began conducting Maternal Mortality Reviews on an annual basis. Prior to 2019, reviews were conducted every three years. Iowa's Maternal Mortality Review Committee (MMRC) is a multi-displinary committee responsible for reviewing identified maternal deaths for the purpose of reducing morbidity and mortality.

The Committee meets to determine if the pregnancy-associated death was pregnancy related or not, the cause of death (both primary and underlying causes), and whether the death was preventable. The Committee also looks for contributing factors and identifies opportunities for prevention after each case review.

The 2021 Maternal Mortality Review Committee (MMRC) met on February 27, 2021 to review deaths from July 2018 through calendar year 2019. View the full MMRC Report on the IDPH Maternal Health Website.

2021 MMRC Key Findings

Pregnancy Related Deaths

A death during or within one year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

- **Causes**:
  - Preeclampsia/eclampsia,
  - Hemorrhage,
  - Suicide
- **100%** were determined **preventable**

Pregnancy Associated but Not Related or Undetermined Relatedness to Pregnancy

A death during or within one year of pregnancy, from a cause that is not related to pregnancy.

- **Causes**:
  - Blunt force trauma from motor vehicle crashes,
  - Cerebral artery hemorrhage,
  - Pneumonia with sepsis,
  - Drug overdose,
  - Cardiac arrhythmia caused by cardiomegaly left ventricular hypertrophy,
  - Suicide, homicide (domestic violence),
  - Cardiac arrest
- **81%** were determined **preventable**

Summary of all cases reviewed found that:

- *Structural racism and/or discrimination were determined to be a contributing factor in 40% of the cases.*
- *Race and Ethnicity – 80% of deaths were non-Hispanic White, 6% non-Hispanic Black, and 13% of deaths the ethnicity was self-identified as Hispanic with no race identified.*
- *53% were post-partum deaths, and of those 26.6% were Medicaid eligible at the time of birth, and the death occurred between 60 days or up to one year after the end of the pregnancy.*

IDPH
IOWA Department of PUBLIC HEALTH

CONTACT US

Bureau of Family Health
Iowa Department of Public Health
321 East 12th St.
Des Moines, IA 50319
Phone : +1-800-383-3826
Fax : 515.725.1760
www.idph.iowa.gov/family-health

IDPH
IOWA Department of PUBLIC HEALTH

Bureau of Family Health

MATERNAL HEALTH PROGRAMS

APPENDIX B

STRATEGIC PLAN 2021

PROCESS AND ACTIVITIES IMPLEMENTED BY IDPH AND PARTNERS

ASSESS. COLLABORATE. SUCCEED.

9/2021

INTRODUCTION

The Iowa Department of Public Health (IDPH) and the Bureau of Family Health has completed a strategic planning process to update the priorities, impact areas and action steps required to continue advancing the work of the Maternal Health Programs.

The IDPH Maternal Health Strategic Planning Team leveraged multiple resources and discussions to inform the work. This included: a review of existing strategy and other planning documents, conducting a learning survey to capture state-wide perspective, and hosting facilitated focus group discussions to validate the findings of the survey along with comparison to lived experience.

This Appendix has been compiled to outline the steps taken as part of the planning process as well as document the aligned partner strategies.

STRATEGIC PLANNING PROCESS OVERVIEW

The Value of Existing Planning

Maternal Health Programs and Services are supported by a variety of partners who are intentional about meeting the needs of all Iowa residents. The IDPH Maternal Health Strategic Planning Team reviewed and referenced existing reports to complement their planning effort and ensure a comprehensive approach.

The existing reports reviewed included:

- 2020 Title V Needs Assessment
- 2014 Obstetrical Care Statewide Strategic Plan
- 2020 and 2021 Maternal Mortality Review Committee Report
- 2020 Surgeon General Call to Action to Improve Maternal Health https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf
- 2020 HHS Maternal Health Action Plan https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf?_ga=2.128388172.1986473965.1631114261-2134181420.1614010403

The reports listed can be viewed at: www.idph.iowa.gov/family-health or as otherwise indicated.

Leveraging a Learning Survey

The Bureau of Family Health recognizes there are multiple roles and perspectives that should be incorporated in shaping maternal health programs and services in Iowa. Respondents were asked to approach their responses to the survey as general residents of the state even if their professional role is in maternal health. This allowed access to knowledge about how others see strengths, challenges and focus areas critical to the state's maternal health program and service needs. The survey was issued utilizing the online tool Survey Monkey and included eight questions distributed via web link. The IDPH Maternal Health Strategic Planning Team promoted the survey through email distribution lists, Department and Bureau social media, and a press release. The survey reached multiple audiences:

- Providers
- Staff of Community Based Organizations
- Program Partners
- Association Members
- General Public

Timeframe for the Learning Survey:

Survey Issued: 6/1/2021
Survey Reminder: 6/7/2021
Survey Due: 6/11/2021

Survey responses are confidential, and results were reviewed in aggregate.

Learning Survey Respondent Data

A total of 707 responses were gathered from the learning survey, with respondents from nearly every county in Iowa. Data was analyzed from two lenses, community/provider perspective and geographic distribution. This approach was utilized to allow assessment of how people feel about programs and services, but to also account for geographic influences.

The percentages of perspective responses were fairly equal along with the geographic distribution being on par with population distribution.

Perspective Distribution

- Community Respondents: 32%
- Public Health Provider Respondents: 31%
- Maternal Health Provider Respondents: 37%

Geographic Distribution

- Metropolitan Respondents: 64%
- Micropolitan Respondents: 14%
- Rural Respondents: 22%

Actual Population Distribution:**

- Metropolitan: 55% (Survey captured – 98%)
- Micropolitan: 18% (Survey captured – 99%)
- Rural: 27% (Survey captured – 85%)

**With regard to the actual population distribution, the table above includes the percentage of population located within the geographic category indicated and the amount of population represented by survey respondents. Therefore, the Metropolitan regions contain 55% of the state's population, and 98% of the metropolitan region was represented by those responding to the survey.

FOCUS GROUP DISCUSSIONS

Focus Group discussions were hosted with a variety of maternal health program and service professionals and advisory committees. This open discussion allowed the IDPH Strategic Planning Team to vet the electronic survey findings and facilitate meaningful conversation with experts in the field about the themes that came forward. Focus Groups convened included:

Title V and Title X Providers: Representatives from agencies across Iowa that receive funding from Title V Maternal Child and Adolescent Health and/or Title X Family Planning. These agencies provide direct maternal health and family planning services to low-income individuals at the community level.

Community Advisory Board (CAB): The CAB is comprised of individuals who have lived experience with pregnancy within the past two years. Participants have a broad range of experiences from vaginal birth with and without complications, cesarean birth with and without complications, pre-term labor, and other pregnancy, labor and delivery, and postpartum experiences

Iowa Maternal Quality Care Collaborative (IMQCC): The Iowa Maternal Quality Care Collaborative (IMQCC) is a multi-disciplinary task force that serves as the principal oversight body responsible for improving communication and collaboration among groups addressing obstetrical care in Iowa. The IMQCC engages a broad, diverse group of stakeholders, and includes traditional providers of obstetrical care such as Obstetrician-Gynecologists, Maternal Fetal Medicine specialists, Family Physicians, Certified Nurse Midwives, and women's health nurses as well as Anesthesiologists and Nurse Anesthetists, rural General Surgeons, providers of mental health care and substance use disorder treatments, and allied health professionals. The Collaborative also engages patient stakeholders in the form of labor and postpartum doulas and representatives of various maternal and infant health advocacy groups in Iowa.

Title V MCH Advisory Council: The MCH Advisory Council contributes to the development of the state plans for Title V, WIC and Title X. The council assists with assessment of needs, prioritization of services, establishment of objectives, and

encouragement of support for MCH-related programs. The council also advises the director on health and nutrition services for women and children, supports the development of special projects and conferences, and advocates for health and nutrition services for women and children. Members of the council are appointed by the director, and includes representatives from professional groups, agency representatives, legislators, and parents with an interest in promoting health services for women and children.

IDPH Maternal Health Strategic Planning Leadership Team: This group consisted of core maternal health program staff and leadership within IDPH. This group was responsible for coordinating the process and moving the work forward.

Maternal Health Strategic Planning Advisory Committee: This team included broad representation from programs across IDPH that address maternal health and pregnancy-related programming, including Women, Infants, and Children (WIC), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Family Planning, Chronic Disease Prevention and Management, Oral Health, the IMQCC, MCH Advisory Council, the IDPH Health Equity Advisory Committee, and the Department of Human Services.

Each focus group evaluated the survey findings taking into account the strengths and weaknesses of the maternal health programs and services influenced by internal factors such as financial, physical, human, current processes, culture, and image. They also discussed opportunities and threats impacted by external factors and issues beyond local control such as market and economic trends, demographics, and policy changes.

PARTNER ALIGNMENT WITH MATERNAL HEALTH STRATEGIES

The Iowa Department of Public Health and Bureau of Family Health have multiple partner programs and services focused on improving maternal health outcomes across the state of Iowa. It is critical all efforts are united, and the collective momentum is focused in order to impact systems change.

Partner program details have been captured and organized in this section to document how current work is collaborative, complimentary, and supportive helping to accomplish the common priorities. Partners had an opportunity to submit specific related activities to be included in the strategic plan, which are included in this section. IDPH will continue to information on partner activities in support of the strategic priorities.

ELEVATE FOCUS ON MATERNAL MENTAL HEALTH

POPULATION HEALTH IMPACT

IDPH grant funding from HRSA for the Iowa Maternal Health Innovation (MHI) Funded Activities:

IMQCC (Access to Services Strategy) The Mental Health and Substance Abuse Subcommittee is interested in enhancing the care provide to women struggling with anxiety, depression or other mental health challenges and substance use disorder. Two ideas developed by the committee include the following:

1. Provide a resource for health care providers caring for women struggling with mental health or substance use disorders.
    a. Teleconsultation between OB health care providers and psychiatrist and/or addition specialists
    b. Provider education related to treatment and diagnosis of perinatal metal health disorders
    c. Encouraging universal screening for depression and substance use disorders.
    d. Provide information on community resources in Iowa to support perinatal mental health.
2. Developing centers of excellence for treatment of pregnant or postpartum women with substance use disorders. This model would be centered around the four

residential substance use treatment facilities in Iowa, for pregnant and postpartum women. Each center would have a Obstetrical provider and a social worker to help with care coordination and access to other support service (i.e. peer recovery, family planning, doula) Our goal with this initiative would be to reduce maternal morbidity and mortality secondary to mental health and substance use disorders (which we define more broadly than is currently stated in your strategic plan which limits m and m to labor and delivery related complications) as well as to enhance to provide respectful care and enhance the wellbeing of pregnant people, young children, and parents of young children in Iowa. We anticipate grant funding, state funding, or value based payments would need to be secured for these initiatives. In other states there is movement to extended Medicaid to a full 12 months postpartum, to support some of this work.

3. Working women with substance use disorder to keep their children. When the mother has to be separated allowing her to name who she wants to care for her children and only separating the mother and her infant when all other options have been eliminated, knowing that separating the mother from her children increases her risk suicide and overdose.
4. Expand the number of providers trained or willingness to refer pregnant and postpartum women with Opioid Use disorder to Medicaid Assistance Treatment (MAP). This has been shown to reduce morbidity and mortality.

University of Iowa: (Communication Strategy) Patient-Centered Outcomes Research Institute (PCORI) and HRSA funded work that is around patient-engagement with community stakeholders to identify facilitators and barriers to receiving maternal mental health support in their communities with a specific focus on rural communities. This project has a timeline of 1.5 years.

UIHC Telehealth Initiative: (Access to Services Strategy) Exploration of expanding access to behavioral health telehealth services for pregnant and postpartum clients. Implementation of the project will take place by September 2024, and if successful services will continue on an ongoing basis.

IDPH Activities:

Bureau of Family Health Family Support and Maternal, Infant and Early Childhood Home Visiting (MIECHV): (Evidence Based Strategy) Family Support programs including MIECHV and Healthy Opportunities for Parents to Experience Success (HOPES) implement evidence-based home visiting models. Models typically include screening for depression antepartum and/or postpartum as well as other screenings and supports related to maternal mental health. MIECHV also offers mental health consultation for home visitors to provide additional support to professionals working with pregnant and postpartum individuals.

Bureau of Family Health Title V Maternal Health: (Evidence Based Strategy) Title V Maternal Health Direct Care Clients are screened for depression and referred for services as needed. Title V agencies also offer Listening Visits to clients with moderate scores on depression screens if they are unable or unwilling to access counseling

services. Listening visits have been clinically shown to lower EPDS scores in pregnant and postpartum women. Anticipated outcome: Low-income pregnant women with depression, either antepartum or postpartum, are identified and referred for treatment. Clients receiving Listening Visits have a reduction in depression symptoms. This project is ongoing.

Bureau of Substance Use: (Evidence Based Strategy) The IDPH Substance Use and Problem Gambling Services Integrated Provider Network (IPN) is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services (prevention, early intervention, treatment, and recovery support). Treatment services are intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for treatment. Four locations provide services specifically for pregnant individuals through their Women and Children Treatment program. This project is ongoing.

Division of Behavioral Health: (Communication Strategy) Your Life Iowa Website offers one place for Iowans to go to find information and resources about mental health and substance abuse needs. Anticipated outcome: All Iowans are able to find, and access needed services for mental health. This project is ongoing.

Partner Activities:

Healthy Birth Day, Inc. (Evidenced Based Strategy) We survey Iowa app users on our Count the Kicks app about if they have resources Count the Kicks app users can turn to for help. We ask 4 questions and refer users to the Iowa Family Support Network for additional help. This project is ongoing.

MCO Care Coordination: (Access to Services Strategy) MCOs provide care coordination to Medicaid enrolled clients in need of services. Anticipated outcome: Medicaid beneficiaries are able to access needed services related to mental health and other needs that are covered by the MCO. This project is ongoing.

University of Iowa Hospitals and Clinics: (Evidence Based Strategy): Collecting data related to depression screening ACE (Adverse Child Experiences,) PhQ9, and EPDS scores. We can correlate these results with maternal health outcomes. This project is ongoing through Spring 2022.

University of Iowa Hospitals and Clinics (UIHC) Workforce Initiative: (Access to Services Strategy) Development of programs to train family medicine residency graduates with enhanced obstetric training. Expansion of the maternity service workforce will increase providers prepared to recognize and meet maternal health mental health care needs, especially in rural communities. Two physicians will complete the fellowship in 2021; programs are ongoing.

CLINICAL SERVICES IMPACT

Iowa Maternal Health Innovation (MHI) Funded Activities:

IMQCC: (Communication Strategy) Elevate Focus on Maternal Mental Health: The Obstetrical Simulation team is provided OB simulation, and education to Emergency Department physicians, staff including EMS staff who work in Iowa hospitals that have closed their maternity services and no longer deliver babies. In their planned training of Emergency Department staff and EMS personnel they are training them to recognize when birth people are struggling with mental health both before and after pregnancy. Using the Post Birth Warning Signs brochure from AWHONN – Our team has done training to Emergency Departments around Iowa on monthly didactic calls. This is an ongoing project thru the life of the HRSA Maternal Innovations Grant. All didactic and recordings are available on the IMQCC website for review.

UIHC Nurse Midwife Education Program: (Access to Services Strategy) Development of programs to train certified nurse midwives in Iowa. Expansion of the maternity service will increase providers prepared to recognize and meet maternal mental health care needs. Assuming accreditation is obtained in first class of CNM students will enter in fall of 2022 for a 2-year program which will be ongoing.

UIHC Workforce Initiative: (Access to Services Strategy) Development of a rural track to the University of Iowa OBG residency program. This will expand the maternity physician workforce especially in rural communities, increasing the providers prepared to recognize and meet maternal health care needs. The first resident began in July 2021 and will complete residency in June 2025. This is an ongoing program.

Partner Activities:

Mary Greeley Medical Center: (Communication Strategy) Maternal depression screening after delivery and during follow-up phone call. Referral to providers for those that score at high risk.

University of Iowa: (Access to Services Strategy) Women's wellness and counseling services. This project is ongoing.

ADVANCE WORKPLACE POLICIES

POPULATION HEALTH IMPACT

Iowa Maternal Health Innovation (MHI) Funded Activities:

University of Iowa: (Communication Strategy) HRSA funded work to examine the IDPH Barriers to Prenatal Care Survey looking at disparities that exist in breastfeeding education and workplace policies for supporting breastfeeding. This project has a six-month timeline.

IDPH Activities:

Bureau of Family Health Title V Maternal Health Agencies: (Communication Strategy) All Title V Maternal Health agencies are required to work with local employers to educate on existing Iowa breastfeeding laws, as well as encourage improved workplace breastfeeding policies. This project is underway: FFY2021 and FFY2022

Bureau of Nutrition and Physical Activity: (Evidenced Based Strategies) The Bureau is currently drafting the breastfeeding state plan and also has experience working with workplaces. The timeline for this project is September 2021.

Partner Activities:

Mary Greeley Medical Center: (Access to Services Strategy) Provide dedicated space and time for breastfeeding/pumping.

POLICY IMPACT

Relevant Policies:

Federal Law: FMLA - All individuals working at businesses with a minimum number of employees can take up to 12 weeks of time off (paid or unpaid) without risk of losing their job

Iowa Law: Workplace breastfeeding protections - Employers with more than 50 employees are required to provide a private space, that is not a bathroom, for employees to express milk. They are also required to allow break time, which can be unpaid, for the employee to express milk.

IMPROVE HEALTH BEFORE, DURING & AFTER PREGNANCY

POPULATION HEALTH IMPACT

Iowa Maternal Health Innovation (MHI) Funded Activities:

University of Iowa: (Communication Strategy): Identifying drivers of maternal and neonatal morbidity and mortality in the state of Iowa and nationally. This work includes quantitative, qualitative and mixed method approaches. This project is ongoing.

University of Iowa Hospitals and Clinics: (Evidence Based Strategy): Biological and clinical surveillance of women's health through gestation. Clinical data is also available before and after pregnancy. This project is ongoing.

IDPH Activities:

Bureau of Family Health Barriers to Prenatal Care Survey: (Communication Strategy) IDPH contracts with the University of Northern Iowa to administer this population based survey. The questionnaire is distributed by hospital staff to all new mothers in Iowa in the hospital after they deliver. In 2017, over 21,000 Iowa women completed this survey. Results of the survey are used to inform programming for maternal health and family planning.

Bureau of Family Health Family Support and Maternal, Infant and Early Childhood Home Visiting (MIECHV): (Access to Care Strategy) The Iowa Family Support Network (IFSN) is a new website made possible by collaboration and coordination between the Early ACCESS early intervention service system and the MIECHV program. This single, coordinated website includes information and referral for Early ACCESS, IDEA Part C services, Children at Home, along with Family Support Services and Group Based Parenting Programs. The IFSN website contains a statewide Resource Directory, Statewide Events, National Resources, and Projects and Research related to early childhood including early intervention.

Bureau of Family Health Family Support and Maternal, Infant and Early Childhood Home Visiting (MIECHV): (Evidence Based Strategy) Family support programs implement evidence-based home visiting models that include antepartum and postpartum support to eligible clients to improve maternal health, crime or domestic violence prevention and intervention, and family economic self-sufficiency and coordination with community resources and support. Participating clients are also eligible for financial support for emergency needs such as rent, utilities, gas, groceries, and other needs related to safe and healthy pregnancies and parenting. These projects are ongoing.

Bureau of Family Health Nine2Thrive Pilot: (Evidence Based Strategy) A family Resource Coordinator meets with pregnant individuals at their OB clinic appointments with a focus on social determinants of health and achieving a healthy birth outcome. This is available in two counties as a pilot and is ongoing.

Bureau of Family Health Maternal Mortality Review Initiative: (Evidence Based Strategies) The MMRC reviews all pregnancy-associated deaths of women with indication of pregnancy up to 365 days following the end of the pregnancy, regardless of cause. Members are appointed by the Iowa Medical Society, with reviews conducted annually and findings and recommendations disseminated to inform strategies to prevent maternal mortality.

Bureau of Family Health Pregnancy Risk Assessment Monitoring System (PRAMS): (Communication Strategy) The Iowa PRAMS project establishes and maintains an epidemiologic surveillance system of selected maternal behaviors and experiences. IDPH uses PRAMS data to identify gaps and opportunities to improve health care based on maternal attitudes and experiences before, during, and shortly after pregnancy.

Bureau of Family Health Title V Maternal Health Programs: (Communication Strategy) Title V agencies are required to collaborate with their local tobacco coalitions to provide community education on the risks of smoking during pregnancy and resources to help pregnant individuals who smoke quit. Anticipated outcome: Increase awareness of the risks of smoking during pregnancy and available resources to assist anyone wanting to quit. This project is underway: FFY2021 and FFY2022

Bureau of Family Health Title V Maternal Health Clinics: (Evidenced Based Strategy) Title V MH agencies provide direct services aimed at improving the health of clients during and after pregnancy, including individualized health education and psychosocial assessment, referrals to Quitline for clients who smoke, and education and assistance in obtaining health insurance if they will lose Medicaid coverage after 60 days postpartum. Anticipated outcome: low-income and high risk pregnant individuals living in Iowa have improved health outcomes due to increased education, screening, and referrals. This project is ongoing.

Bureau of Family Health Title X Family Planning Brochure in all Birth Certificate Envelopes: (Communication Strategy) Improved awareness of importance of inter-conception spacing for optimal health by placing a brochure in all birth certificate envelopes. Anticipated outcome: Improved birth outcomes due to increased knowledge about the importance of pregnancy spacing. This project is ongoing.

Bureau of Family Health Title X Family Planning Clinics: (Evidenced Based Strategy) Title X Family Planning Clinics provide pre- and inter-conception care to low-income individuals living in Iowa. This includes preventive exams, access to contraception, and contraceptive and/or preconception counseling, among other educational topics. Clients can access screening and treatment for STDs, ensuring

optimal health before and between pregnancies and reducing infertility. Title X agencies also provide enabling services to assist with access such as transportation and connection to insurance and other ancillary services. Clinics are required to be easily accessible (on bus lines, near other services, etc.) and accommodating for all clients (private waiting rooms/check-in areas, handicap accessible, etc.). Clinics provide referrals to other services as needed. Anticipated outcome: improve reproductive health for low-income individuals living in Iowa, and increased access to reproductive health services and contraception. This project is ongoing.

Bureau of Family Health Title V Doula Project: (Access to Services Strategy) Decrease maternal morbidity and mortality rates for African American/Black women. A pilot project is underway in four Iowa counties. Anticipated outcome: Improved rates of 1st trimester prenatal care, improved breastfeeding rates. This project is underway: expected 2-4 year project period.

Bureau of Nutrition and Physical Activity: (Evidenced Based Strategy) The Iowa WIC program interacts with the maternal population provided education on healthy eating and active living to improve health outcomes. This project is ongoing.

Bureau of Nutrition and Physical Activity Nutrition Education in WIC: (Communication Strategy) All clients receiving WIC benefits receive extensive nutrition education, breastfeeding support, and other support to ensure the health of the individual during and after pregnancy

Partner Activities:

Healthy Birth Day, Inc. (Evidenced Based Strategy) Through the use of our free kick counting app we provide the data to birthing people on how to track their baby's movements. We teach and empower expectant parents how to speak up if they notice a change in their baby's normal movement. This project is ongoing.

Healthy Birth Day, Inc. (Evidenced Based Strategy) Activities are centered around equity to achieve the goal where race is no longer a predictor of stillbirth. We have inclusive resources and materials, including a free app in 12 languages. Campaigns are implemented to reach more expectant parents through innovative ways like partnering with I-Smile Coordinators. We also work with home visitors, nurse family partnerships, and AWHONN to ensure everyone has the information they need to help save babies in their location. This project is ongoing.

Healthy Start: (Evidence Based Strategy) EveryStep, a home visiting agency in Des Moines, is Iowa's Healthy Start grantee. Healthy Start provides a community-based approach for reducing infant mortality and reducing perinatal racial/ethnic disparities in women and their infants.

CLINICAL SERVICES IMPACT

Iowa Maternal Health Innovation (MHI) Funded Activities:

IMQCC: (Evidenced Based Strategy) Training of ED's in both non birthing hospitals and low volume birth hospitals, Didactic and Simulation training is imperative to improve the health before, during and after pregnancy. Birth people will go to the nearest ED if they need immediate help or cannot make it to the intended delivery hospital. Most ED's are not comfortable to take care of these patients. As we look at the maternal mortality review results this is definitely a trend! Our team has started monthly didactics that give a review how to assess a pregnant person – known or unknown, or someone that has recently given birth. We are using many different tools to provide resources. We will also do simulation site visits to provide simulation training. This is an ongoing project thru the life of the HRSA Maternal Innovations Grant. All didactic and recordings are available on the IMQCC website for review.

IMQCC: (Evidenced Based Strategy) IMQCC has constructed a mobile simulation unit which will travel to community hospitals, to facilitate in-situ simulation drills which promote the use of AIM bundles in Maternal care. This project will be ongoing from the Fall of 2020 – 2024.

IMQCC: (Evidenced Based Strategy) UIHC is working with the IMQCC to distribute surveys to the birthing hospitals in Iowa and to aid in the implementation of AIM. This project has a 3-year timeline.

UIHC Maternal Transport: (Access to Services Strategy): Developing a dedicated maternal transport program to transport pregnant women to the nearest level appropriate hospital. This not only accomplishes the original goal, but also allows local hospitals keep their staff on site. This project is ongoing until 9/30/2024.

UIHC Workforce Initiative: (Access to Services Strategy) Development of programs to train family medicine residency graduates with enhanced obstetric training. Expansion of the maternity service workforce will increase providers prepared to improve maternal health before, during and after pregnancy. Two physicians will complete fellowship in 2021. The programs are ongoing.

UIHC Workforce Initiative: (Access to Services Strategy) We have facilitated development of a rural track to the University of Iowa OBG residency program. This will expand the maternity physician workforce especially in rural communities, increasing the providers prepared to improve maternal health before, during and after pregnancy. The first resident began in July 2021 and will complete residency in June 2025. This is an ongoing program.

UIHC Nurse Midwife Education Program: (Access to Services Strategy) Development of programs to train certified nurse midwives in Iowa. Expansion of the maternity service will increase providers trained to improve maternal health before, during and after pregnancy. Assuming accreditation is obtained for the first class of CNM students will enter in fall of 2022 for a 2-year program which will be ongoing.

Partner Activities:

Mary Greeley Medical Center: (Communication Strategy) Domestic violence and substance abuse screening.

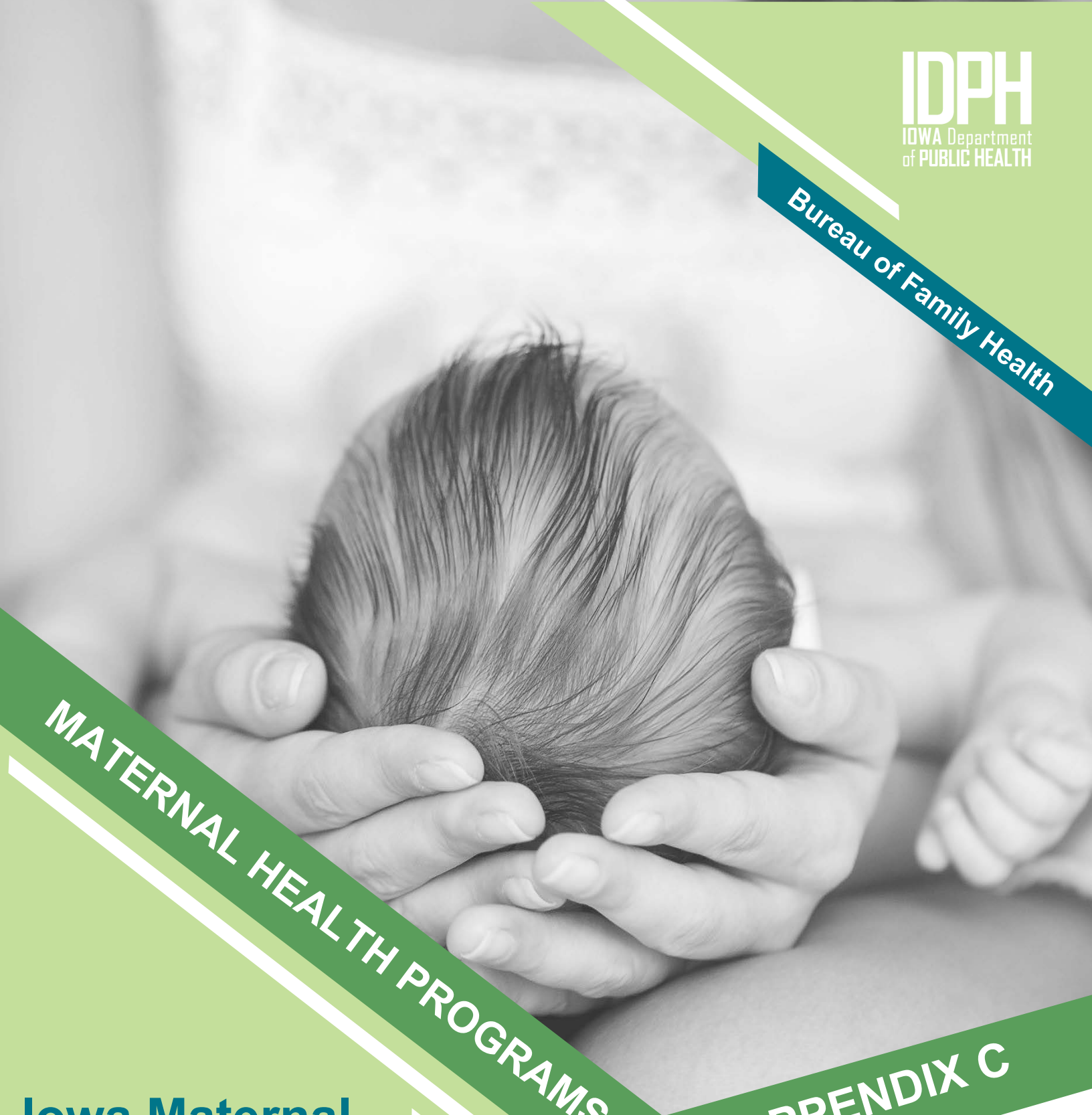
Healthy Birth Day, Inc. (Evidenced Based Strategy) We are an evidenced based stillbirth prevention campaign that educates providers on how to have the kick counting conversation with their patients. Through educational materials, videos and online trainings we provide the tools for providers to talk about stillbirth prevention. Research shows that stillbirth and maternal morbidity are intrinsically connected, so not only can we work together to save babies through our campaign but also mothers. One project we have underway is working with the health systems in Central Iowa on connecting pregnant patients without a health home, with one. Data shows us that there is a large percentage of pregnant women visiting the local Emergency Departments while pregnant with no prenatal care. Through focus groups and community conversations we will work to figure out barriers and solutions creating an upstream affect for health systems to then implement. This project is ongoing.

POLICY IMPACT

Iowa Medicaid: (Evidence Based Strategy) Iowa Medicaid covers pregnant and birthing people antepartum through 60 days postpartum up to 375% of the Federal Poverty Level, which is significantly higher than many other states.

IDPH
IOWA Department of PUBLIC HEALTH

Bureau of Family Health



MATERNAL HEALTH PROGRAMS

APPENDIX C

Iowa Maternal Quality Care Collaborative

ASSESS. COLLABORATE. SUCCEED.

9/2021

INTRODUCTION

The Iowa Maternal Quality Care Collaborative (IMQCC) is a multi-disciplinary task force that serves as the principal oversight body responsible for improving communication and collaboration among groups addressing obstetrical care in Iowa. The IMQCC serves as Iowa's Maternal Health Task Force, and engages a broad, diverse group of stakeholders, and includes traditional providers of obstetrical care such as Obstetrician-Gynecologists, Maternal Fetal Medicine specialists, Family Physicians, Certified Nurse Midwives, and women's health nurses as well as Anesthesiologists and Nurse Anesthetists, rural General Surgeons, providers of mental health care and substance use disorder treatments, and allied health professionals. The Collaborative also engages patient stakeholders in the form of labor and postpartum doulas and representatives of various advocacy groups in Iowa.

The primary role of the IMQCC is to make recommendations to the Director of the Iowa Department of Public Health for developing and administering policy to support maternal health.

IMQCC Mission:
To improve the quality, safety, and culture of maternity care provision for all Iowans by partnering with healthcare and community stakeholders, supporting data-driven and evidence-informed quality improvement initiatives, and promoting patient- and family-centered care.

IMQCC Vision:
For all birthing people to experience care that is safe, respectful, and accessible.

IMQCC Key Drivers:
Key drivers of maternal mortality in Iowa, as identified by the most recent report of the MMRC, include mental health and substance use disorders, motor vehicle accidents without appropriate use of seatbelts, cardiac disease including preeclampsia/eclampsia, and hemorrhage, particularly related to placenta accreta.

IMQCC Objectives:
1. Engage all of our key stakeholders for maternal health in Iowa in our Iowa Maternal Quality Care Collaborative.
2. Enhance data collection, accuracy, and analysis to improve our understanding of the maternity experience in Iowa, identify disparities, locate opportunities for care improvement, and guide initiatives.
3. Promote local capacity within Iowa birthing hospitals for data collection, analysis, and quality improvement expertise.
4. Implement evidence-informed best practices in maternity care as outlined by groups such as the National Partnership for Maternal Safety at all participatory birthing hospitals in Iowa.
5. Enhance the care experience in Iowa by promotion of patient- and family-centered care, partnership with community, recognition and resolution of bias and its subsequent impacts, and effective communication.

Leadership Team

The leadership of the IMQCC consists of representatives from the Iowa Department of Public Health as well as partners from the University of Iowa who collaborated with IDPH in writing the HRSA State Maternal Health Innovation award which currently funds our work. Following conclusion of our funding partnership we anticipate recruiting future iterations of leadership from across Iowa's healthcare systems.

Advisory Board

Membership by Organization Name and Roles

Each association listed below is represented on the IMQCC. The voting membership of the IMQCC is formally appointed by the director of IDPH or their designee after nomination from their respective society or group. The voting membership is complemented by permanent Iowa Department of Public Health staff from the Bureau of Family Health, experts in community-based participatory research, implementation science, and program evaluation.

Professional Medical Societies / Groups
American College of Obstetricians & Gynecologists (ACOG) Iowa Section
American Academy of Family Physicians (AAFP) Iowa
Society for Maternal Fetal Medicine (SMFM)
American College of Nurse Midwives (ACNM)
Association of Women's Health and Neonatal Nursing (AWHONN)
Iowa Anesthesia Society
Iowa Association of Nurse Anesthetists
American College of Emergency Physicians (ACEP) Iowa Section
American College of Surgeons (ACS) Iowa Section
Iowa Psychiatry Society
Title V Agency

Statewide Partnerships
Iowa Hospital Association (IHA)
Hospital CEO
Iowa Healthcare Collaborative (IHC)
Iowa Medicaid Enterprise
Iowa Board of Corrections
Des Moines University
Iowa Neonatal Quality Collaborative

Iowa Public Health Association
Iowa Medical Society
Iowa Department of Public Health
Director
MCH Title V Director
MCH Epidemiologist
Bureau of Family Health staff
Statewide Perinatal Care Program
Women, Infants, and Children (WIC) Program
Bureau of Substance Abuse
State Office of Rural Health
Patient Representatives
ICAN (International Cesarean Awareness Network)
Black Women's Maternal Health Collective
Independent Doula
Postpartum Support International (PSI)
Healthy Birth Day, Inc.
No Foot Too Small
Leadership Committee
Interim Director IDPH
Medical Director
Medical Director-elect
Implementation Scientist
Epidemiology and Data analysis support
MCH Epidemiologist
MCH Nurse Clinician
Maternal Health Community Health Consultant
Nurse Clinician / QI advisor

MEETING FREQUENCY AND PLANNED ACTIVITIES

The IMQCC convenes stakeholders and hospital contacts on a quarterly basis, with subcommittees meeting as needed. Our activities will include data collection and analysis, hosting of webinars to educate our teams on best-practices, and hosting of community calls to facilitate collaborative learning between our teams.
Full collaborative partnership requires dynamic input from all stakeholders. To accomplish this, the IMQCC will regularly query our stakeholders regarding content and format of our programming. We have already implemented this approach in both the selection of our first quality improvement initiative via vote by our hospital team and selection of topics for webinars based on requests from the stakeholder board. Additionally, to ensure the voice of our patient and family partners are heard, we have recruited a Community Advisory Board to suggest projects, review content and written materials, as well as provide overall strategic priority setting for our work.

ORGANIZATIONAL CHART