Implementing the **"I gave birth"** initiative



EUNC SCHOOL OF MEDICINE Pediatrics, Obstetrics and Gynecology

Collaborative for Maternal and Infant Health

Purpose

The purpose of this document is to provide a suggested process for implementing the "I gave birth" initiative within a birthing facility or outpatient practice. This document will provide step-by-step instructions on how to create a team and implement the "I gave birth" initiative.

The "I gave birth" initiative is designed to create systems that support riskappropriate care of mothers and birthing people when they experience maternal warning signs.

This tool kit includes guidance on creating systems and workflows across Women's Services and Emergency Services to support timely access to care. It also provides key educational topics to share with pregnant and postpartum patients.

The "I gave birth" bracelet acts as a visual reminder to the patient's family and staff. It is important to remember that the bracelet is only a tool and is not the intervention.



Getting Started: Building Your Team

Who on your team is part of planning and implementing the "I gave birth" initiative?

How well is your team working together to make sure that the planning and implementation of the initiative is successful?

The chart below is designed to help active implementation teams and communication strategies. Implementation teams support the planning and implementation.

Guiding Questions	Responses	Next Steps
Who should be part of your team? What roles (e.g. providers, labor and delivery nursing,) should you include in your team? How will you make sure that a variety of viewpoints are represented?		
Who understands the needs of your initiative and can serve on a team designed to support implementation? <i>Identify 4-8 people.</i>		
Does your team need more information to guide this work? What other help is needed to support implementation of the initiative?		
What existing meetings can be changed to focus on planning and implementation? Can implementation team members be added to these meetings?		
What is the best day and time for your implementation team to meet to discuss and develop action plans?		
What supports are needed so that all team members can attend the meetings? Consider things such as virtual meeting technology.		

Implementing an initiative that crosses multiple service lines requires the engagement of an interdisciplinary team. Organizations that have implemented the "I gave birth" initiative have found it beneficial to have the following team members involved in the planning at the beginning:



For inpatient settings our suggestions include:

- Labor and Delivery Leadership Team (Nurse Manager or Representative)
- Postpartum Leadership Team (Nurse Manager or Representative)
- Obstetrical Medical Director
- Emergency Department Medical Director
- Staff representation from involved departments (labor and delivery, postpartum unit, emergency department, and some have included the NICU staff)
- Patient/Family Advisor
- Data Managers
- IS/IT (to support build and development of needed documentation within EHR)



For outpatient settings our suggestions include:

- Administrative Staff
- Front desk receptionist
- Emergency Departments
- Emergency management
- Providers
- Staff
- Office Manager

Who from the community needs to be included?

These members don't need to be on the inpatient team, but they are necessary for supporting full implementation

- Urgent Care
- WIC
- Health Departments
- Federally Qualified Health Centers
- Early Childhood Care Centers





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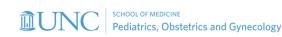
Selecting Team Champions

Team champions are essential in providing direction and feedback when a change in process is going to happen. Champions assist with encouraging collaboration from all involved in the process, providing support and encouragement to staff implementing a change, and ensuring on-going organizational commitment to continuing a change.

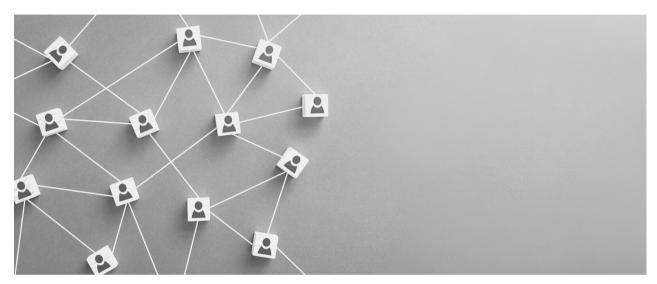


broader end-to-end understanding. They assist with communicating changes and training employees.

Consider risk management or quality experience



Meetings and Communication



When preparing an effective team meeting, choose a date when all key members and champions can be present, consider setting objectives, and include an agenda.

During the initial meeting, the agenda should include an introduction of team members (roles and contributions to the process) and team guidelines and protocols (team expectations and how decisions will be made).

For all meetings ensure that the physical or virtual space allows participants to share thoughts and ideas through discussion and include a wrap-up time and/or follow-up email to document the next steps and follow-up actions for subsequent meetings. Ensure that the space allows participants to share thoughts and ideas through discussion

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Implementation Plan

Now that the team has been established, consider the following areas for your implementation plan:



Workflows: Understand the current workflows to determine how this project integrates into everything else already happening in the care environment(s)

• This can be done via a meeting with the project team to assess the next steps.



Timeline: Develop a timeline for the project and share it with the team to help keep the project on track.



Staff Education: Understand and make a plan to fill any applicable training or skills gaps for staff who will be expected to carry out the project.



Share Essential Documents: Identify a location to share and update project materials.

• SharePoint, Shared Drives, MS Teams, etc.



Measure Progress: Determine an approach for tracking the implementation of project steps and outcomes and agree on the frequency of reporting to ensure a timely implementation across teams.



Questions: Provide a forum for questions and answers to monitor and address common concerns



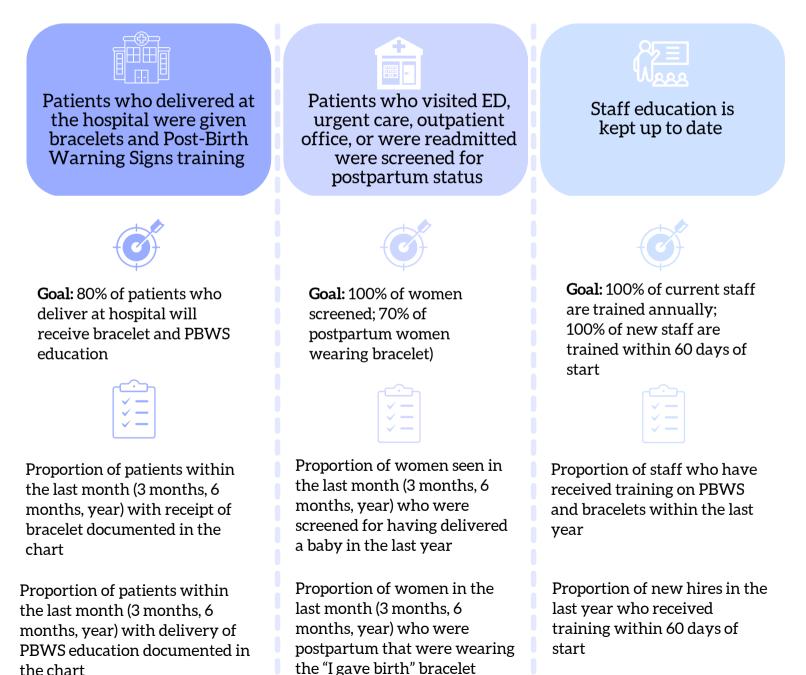
Measure Success: How will your team decide if the current approach is successful? How will the results be measured and how often?



Post Implementation

Post Implementation involves the continued measurement of key metrics to track utilization and adherence will improve overall patient care and quality.

Below are examples of measures that teams may want to continue to track, even once the project is up and running:



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References

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CDC. (2016, January 1). CDC Newsroom: Hear Her: CDC campaign highlights Warning Signs of Pregnancy https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html.

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<u>Noble J, Harper KD, Mitchell K, McClain EK. "I Gave Birth"—An Initiative to Improve Postpartum</u> <u>Care. North Carolina Medical Journal [Internet]. 2023 Jan 10 [cited 2023 Mar 3];84(1). Available from:</u> <u>https://ncmedicaljournal.com/article/67788-i-gave-birth-an-initiative-to-improve-postpartum-care</u>

Roosa Tikkanen et al. (2020, November 18). Maternal mortality and maternity care in the United States compared to 10 other developed countries. <u>https://doi.org/10.26099/411v-9255</u>

Resources and printable handouts

<u>AIM Statement Worksheet</u> <u>IHI–QI Essentials Toolkit: Maternal Health</u> <u>IHI–Science of Improvement: Forming the Team</u> <u>Quality Improvement Project Measures Worksheet</u> <u>The Collaborative for Implementation Practice-UNC School of Social Work</u>



For Technical Assistance & Educational Support

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> We thank you for your continued support and work in our community

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