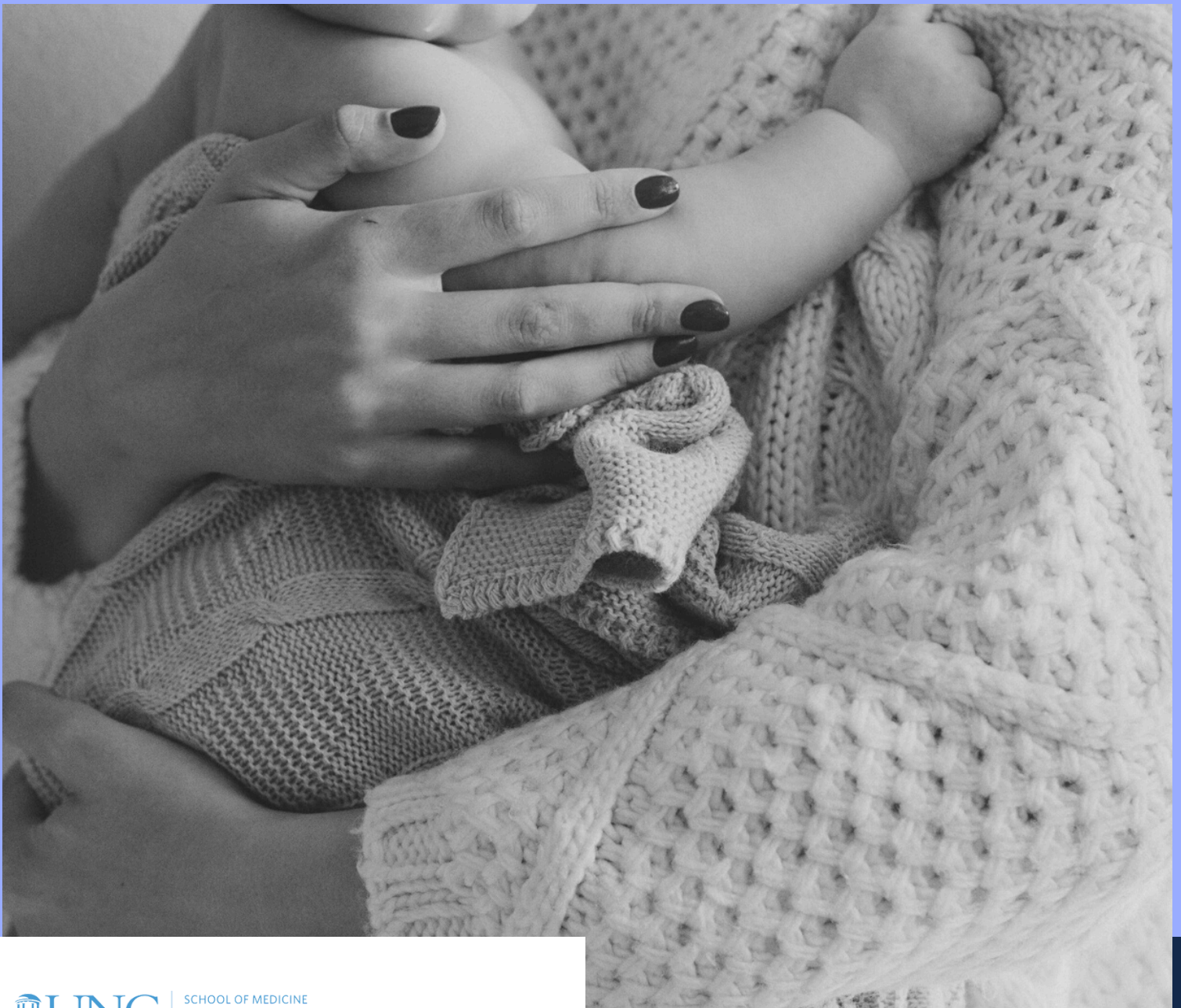


Implementing The *B* I Gave Birth Initiative TOOLKIT



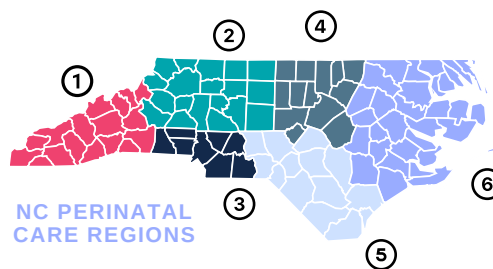


Contents

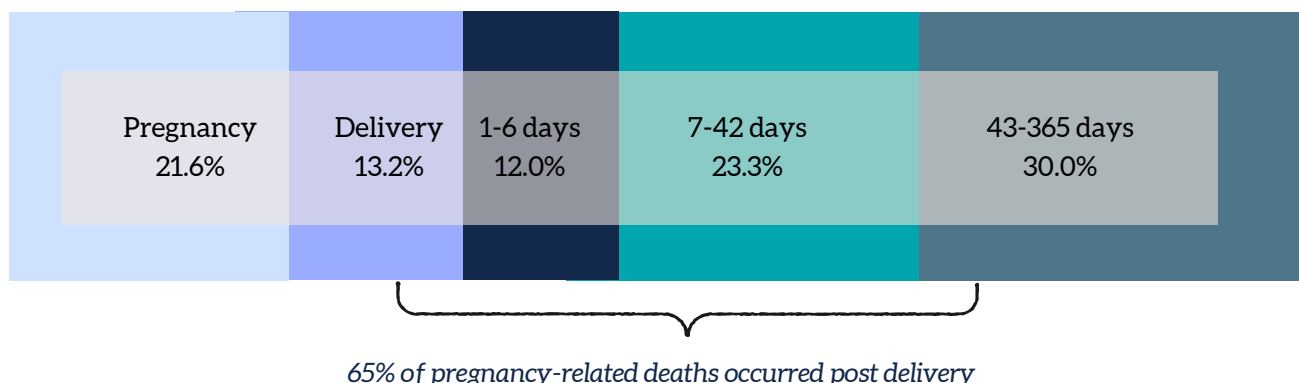
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Current State of Maternal Health



North Carolina's maternal mortality rate increased sharply from 22 deaths per 100,000 live births in 2019, to 44 deaths per 100,000 live births in 2021. This rate is significantly higher than the 2021 US average of 32.9 deaths per 100,000 live births. Additionally, the severe maternal morbidity rate in North Carolina in 2021 was 73.5 per 10,000 live births. Black women in North Carolina are disproportionately affected by maternal mortality. In 2020-2021, about 56% of Black women who died within a year of giving birth died from pregnancy-related causes, compared to only about a third of white women.



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, including step-by-step instructions on how to create a team and implement the steps of the initiative. This approach to the initiative is designed to create systems that support risk- appropriate 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. Providing education to healthcare team members not specializing in maternal health about the unique warning signs surrounding pregnancy and the postpartum year, particularly the fourth trimester, is outlined in this guide. Also provided are 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 health care staff. It is important to remember that the bracelet is only a tool and is not the intervention.

Suggested Timeline

This timeline organizes the phases and activities of the "I Gave Birth" initiative, illustrating the progression from preparation through ongoing sustainability efforts. Each phase outlines key actions and goals, providing a clear overview of the initiative's implementation and expansion.

It is essential to acknowledge that the duration of institutional processes may vary. Staff education should be prioritized to ensure completion before the implementation phase starts.



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 from 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 Department liaison
- Providers
- EMS/Paramedic liaison



Who from the community needs to be included?

- Urgent Care
- WIC Health
- Health Departments
- Federally Qualified Health Centers
- Early Childhood Care Centers
- Title X/Family Planning Clinics
- Family Medicine Clinics
- Internal Medicine Clinics
- Pediatric Clinics

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

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 think through implementation steps and communication strategies.

GUIDING QUESTIONS	RESPONSES	NEXT STEPS
<p>Who should be part of your team?</p> <p>What roles (e.g. providers, labor and delivery nursing,) should you include in your team?</p> <p>How will you make sure that a variety of viewpoints are represented?</p>		
<p>Who understands the needs of your initiative and can serve on a team designed to support implementation? Identify 4-8 specific people.</p>		

GUIDING QUESTIONS	RESPONSES	NEXT STEPS
<p>Does your team need more information to guide this work?</p> <p>What other help is needed to support implementation of the initiative?</p>		
<p>What existing meetings can be added to/changed to focus on planning and implementation?</p> <p>Can implementation team members be added to these meetings?</p>		
<p>What is the best day and time for your implementation team to meet to discuss and develop action plans?</p>		
<p>What supports are needed so that all team members can attend the meetings?</p> <p><i>Consider things such as virtual meeting technology.</i></p>		

Selecting Team Champions

Team champions are essential for 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 seeing a change through.



Leadership Champions

bring an innovative and strategic perspective to the table, with broader end-to-end understanding. They assist with communicating changes and training employees.

Consider risk management or quality experience



Nursing Champions

are designated as unit experts and show leadership characteristics. They help promote positive patient outcomes and help implement nursing models for change.

Have a nurse champion for each unit to support the implementation



Community Champions

are designated as experts in networking within the community. Their focus will be engaging with Emergency Department and Emergency Services educators to be aware of the initiative and post-birth warning signs.



Provider Champions

play a role in engaging with clinical implementation, motivating colleagues, and monitoring key metrics to identify any inefficiencies that need to be adjusted.

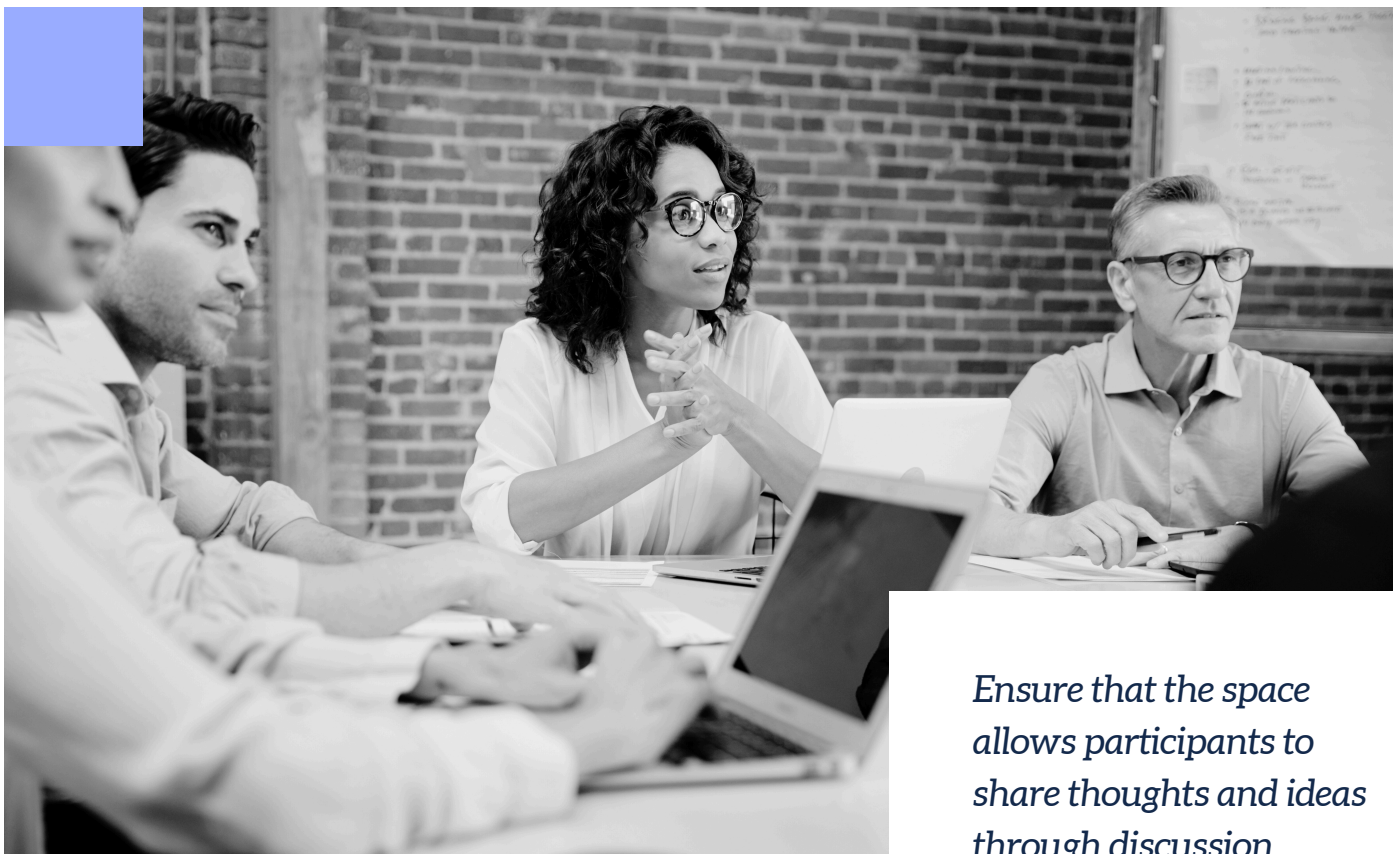


When identifying key members for champions on the team, consider having people with a diverse set of skills, experience, knowledge, and perspectives.

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



Communication Protocols

Communication is important for any program or innovation. Intentionally developing and using linked communication protocols for new or existing programs and innovation establishes a transparent feedback process and furthers the development of a hospitable policy, funding, and operational environment.

The specific purposes of linked communication protocols are to:

- Communicate progress and celebrate success throughout the system
- Report systemic barriers that are preventing or hindering implementation and
 - Should be resolved by one of the groups
 - Need to be moved 'up the line' to the group that can best address the barrier
- Report on actions taken related to resolve or address past issues
- Revisit past decisions and agreements periodically to ensure that solutions are still functional

In promoting system alignment, you may be developing a chain of protocols from the practice level to the leadership level, or you may be developing protocols between and among partners in a collaborative group. Depending on a number of factors (e.g. how new the relationships are, how cohesive the groups are, how much a common purpose is shared), it may take one or several meetings to work out the first draft of the protocols. After the protocols have been tried out a couple of times, the process should be evaluated for functionality and then adjusted.

Communication Protocol

<p>WHO Who are the partners who need to communicate?</p> <p>Who is responsible for their communication?</p>		
<p>WHY What is the communication goal?</p>		
<p>WHAT What needs to be communicated (e.g. updates, successes, challenges?)</p> <p>What data will be shared in communication?</p> <p>What action will be expected in response?</p>		

Meeting Agenda Template

Here is a suggested template that you can customize to fit your team's specific needs:

Meeting Information:

Date, Time, Meeting Location, Attendees

Meeting Results / Objectives:

Participants will...

Meeting Agenda

Overview of initiative

- Overview of initiative goals and progress
 - Discuss the expected outcomes and impact (postpartum care challenges)
 - Establish metrics for success
 - Plan for data collection and regular monitoring of progress
-

Implementation Plan

- Education and Training Updates
 - Review of educational materials for patients and families
 - Update on healthcare provider training across departments
-

Action Items

- What actions make sense based on these data?
 - What implementation supports might need to be strengthened?
 - What support do staff need?
 - How will we determine that progress is made?
 - Open floor for questions and additional input from attendees
-

Closing & Next Steps

- Assign responsibilities for follow-up tasks
- Set deadlines for upcoming deliverables
- Schedule next meeting

Identified Follow-up Actions and Plan

ACTION NEEDED	
RESOURCES	
PERSON RESPONSIBLE	
TIMEFRAME	

Timeline

We are providing this timeline as a blank template for your team to use and adapt to their requirements.



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.



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?



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.



Timeline

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



Share Essential Documents

Identify a location to share and update project materials.

SharePoint, Shared Drives, MS Teams, etc.

Sustainability

Post-implementation involves the continued measurement of key metrics to track utilization and adherence to continue to improve overall patient care, quality, and sustainability.

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

Patients who delivered at the hospital were given bracelets and Post-Birth Warning Signs education



- Proportion of patients within the last month (3 months, 6 months, year) with receipt of bracelet documented in the chart.
- Proportion of patients within the last month (3 months, 6 months, year) with delivery of PBWS education documented in the chart

Sample Goals By month 6, 80% of patients who deliver at hospital will receive bracelet and PBWS education. By month 12, 90% of patients who deliver at hospital will receive bracelet and PBWS education.

Patients who visited ED, urgent care, outpatient office, or were readmitted were screened for postpartum status



- Proportion of women seen in the last month (3 months, 6 months, year) who were screened for having delivered a baby in the last year
- Proportion of women in the last month (3 months, 6 months, year) who were postpartum that were wearing the “I gave birth” bracelet

Sample Goals By month 12, 100% of women screened; 70% of postpartum women wearing bracelet

Staff education is kept up to date



- Proportion of staff who have received training on PBWS and bracelets within the last year
- Proportion of new hires in the last year who received training within 60 days of start

Sample Goals By month 12, 100% of current staff are trained annually; 100% of new staff are trained within 60 days of start

Resources

The following pages contain resources for disseminating information to providers and practices, patient educational materials, and a section for ordering bracelets.

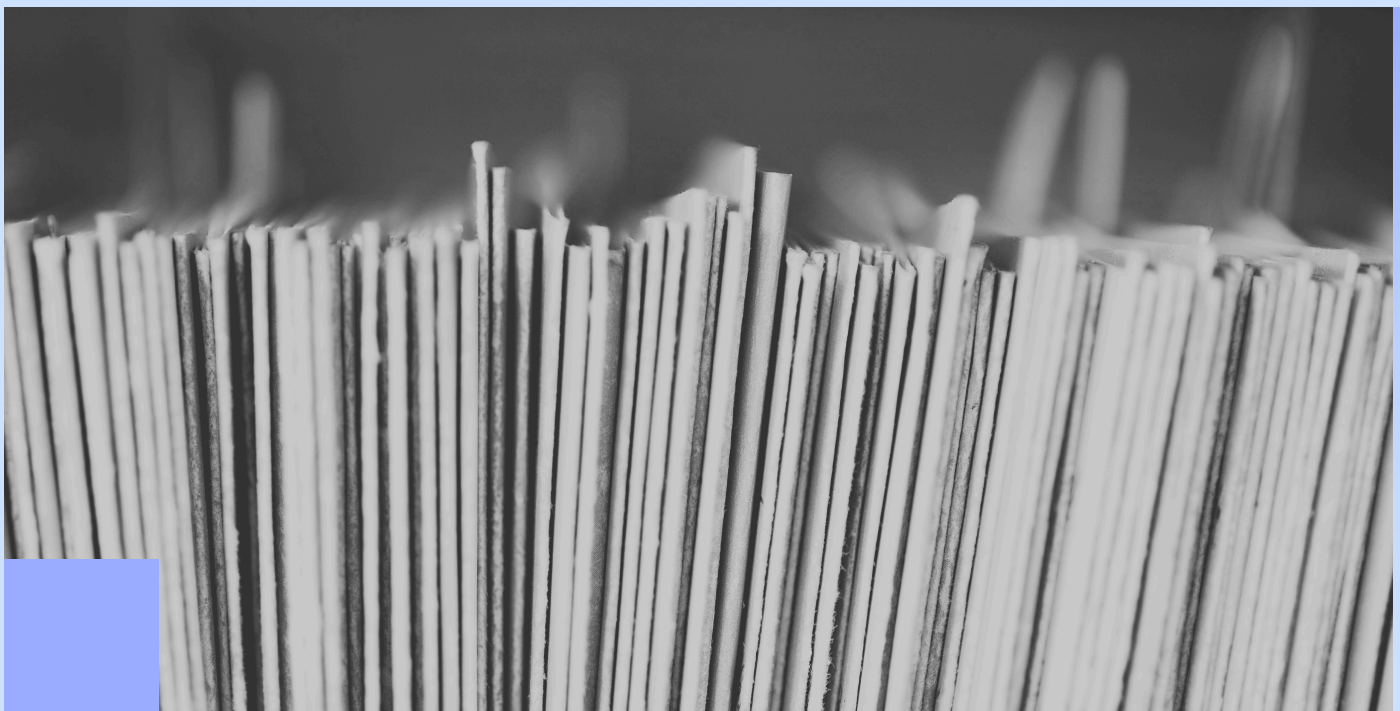
- Info Materials
- Quick Reference Cards
- Ordering Bracelets

Patient Education:

- What to do with you Blood Pressure Numbers
- Maternal Warning Signs Flyer
- Maternal Warning Signs Training for Communities & Families

Additional Resources and Printable Handouts

- [AIM Statement Worksheet](#)
- [IHI–QI Essentials Toolkit: Maternal Health](#)
- [IHI–Science of Improvement: Forming the Team](#)
- [Quality Improvement Project Measures Worksheet](#)
- [The Collaborative for Implementation Practice-UNC School of Social Work](#)



Info Materials

Informational flyers serve as a highly effective means of promoting awareness regarding the "I Gave Birth" Initiative among medical practices, communities, and families. Below are some sample materials that were used in Eastern North Carolina. Consider making similar ones for your community.



ERASE maternal mortality in eastern North Carolina

At ECU Health, we are committed to understanding and eliminating maternal mortality in our region—that's why we are participating in the ERASE MM program (Enhancing Reviews and Surveillance to Eliminate Maternal Mortality).

While most women recover from childbirth without any issues, postpartum complications can happen to anyone. After delivery, you'll receive an "I Gave Birth" bracelet to wear until your 6-week follow up. Your bracelet will serve as a reminder to look for post-birth warning signs like:

- Chest pain or shortness of breath
- Seizures or headache
- Thoughts of harming yourself or others
- Uncontrollable bleeding
- Fever of 100.4° or higher

It will also alert emergency personnel that you've recently given birth so that they can make sure you receive the right care quickly.



Eliminando la muerte materna en el Este de Carolina del Norte

En ECU Health, estamos comprometidos con el entendimiento y la eliminación de la muerte materna en nuestra región. Por tal motivo, participamos en un programa llamado ERASE, por sus siglas en inglés, cuyo objetivo es mejorar la investigación y vigilancia para la eliminación de la muerte materna.

Aunque la mayoría de las mujeres se recuperan del parto sin problemas, las complicaciones posparto pueden afectar a cualquiera. Después del parto, recibirá un brazalete que dice "I Gave Birth" (He dado a luz). Deberá llevarlo puesto hasta su cita de seguimiento de las 6 semanas. El brazalete le servirá de recordatorio para estar atenta a los primeros síntomas de complicaciones posparto, como por ejemplo:

- Dolor en el pecho o dificultad para respirar
- Convulsiones o dolor de cabeza
- Pensamientos de hacerse daño a sí misma o a otras personas
- Sangrado incontrolable
- Fiebre de 100.4° o más

En caso de alguna emergencia, el brazalete también alertará al personal de atención médica de que ha dado a luz recientemente para asegurar que reciba la atención adecuada rápidamente.



Quick Reference Cards

By implementing badge reel cards focused on maternal warning signs, Emergency Departments can enhance their ability to quickly identify and respond to postpartum complications, potentially improving outcomes for postpartum patients seeking emergency care.



POSTPARTUM
The 4th Trimester
Six to Eight Weeks Postpartum
WARNING SIGNS

P	Pain in chest
O	Obstructive breathing
S	Seizures
T	Thoughts of hurting yourself or others
B	Bleeding, soaking one pad an hour or large clots
I	Incision that is not healing
R	Red, swollen, or painful leg
T	Temperature > 100.4 F
H	Headache, vision changes



Preeclampsia
BP ≥ 140 systolic or ≥ 90 diastolic plus proteinuria (>300 mg/24 hr) after 20 weeks gestation

Blood pressure Management:

	Dose	Titrate	Max
Hydralazine	10 mg	q20 minutes	60 mg
Labetalol	10-20 mg IV	doubling q10 – 20 min	300 mg

Eclampsia Treatment: Magnesium sulfate
Loading Dose: 4 g over 5 minutes IV
Infusion: 1 g/h IV infusion

Postpartum Hemorrhage

Medication	Dose
Oxytocin	10-20 units in 500 to 1000 mL NS or 10 units IM
Methylergonovine	0.2 milligrams IM q 2-4 hr ** Avoid in HTN
Carboprost	250 micrograms IM q 15 max 8 ** Avoid asthma
Misoprostol	1000 micrograms rectal

Ordering Bracelets

Silicone bracelets are available for purchase online wherever custom wristbands are sold.

The following format was used:

Debossed Style Wrist band

- Solid Band size: 1/2 inch
- Size: Adult
- Band Color: Teal
- Band Style: Solid
- Font Name: Arial Bold
- Message Style: Front/Back
- Front Message: I GAVE BIRTH



What To Do With Your Blood Pressure Numbers

Blood Pressure Parameters 1-Pagers

The purpose of this tool

Most patients receive a lot of education in the office and hospital settings on blood pressure numbers and parameters. The UNC Collaborative for Maternal and Infant Health (CMIH) developed this one-page blood pressure parameter information sheet for pregnant and postpartum people to use as a guide to know when to seek medical attention.

Both one-pagers are available in English and Spanish, in color or black-and-white options.

How to use this document

This document outlines the different zones for blood pressure: Green, Yellow, and Red zones.

- Talk through the different zones, and warning signs with the patient and their companions, pointing out the different categories of ranges and symptoms.
- Suggest that patients place this document in a central location (e.g., the refrigerator) so they can reference the content and have their contact numbers in an easy-to-find place.
- Familiarity with their blood pressure ranges, the symptoms associated, and knowing what to do is critical.



When to give this tool

The 'What To Do With Your Blood Pressure Numbers' tool can be given at any time in their pregnancy or postpartum period. It can be introduced as early as their first OB appointment to understand the different values of blood pressure and what symptoms to look out for. We recommend early distribution for any patient with a history of blood pressure concerns.



Resources

For links to resources listed in this toolkit, follow the QR code.



What To Do With Your Blood Pressure Numbers



Yellow Zone: Caution
Contact your provider or provider's office.



Red Zone: Emergency
Seek immediate medical care.

Contact Numbers

	DAYTIME	AFTER HOURS
Healthcare Provider:		
Nurse or Clinic Call Line:		
Emergency Contact Line:		



Green Zone Good | Controlled Hypertension

Blood Pressure Ranges **Less than 140**
Less than 90

Symptoms: No Symptoms

What to Do: Continue to check your blood pressure and look out for any symptoms.



Yellow Zone Caution | Take Action

Blood Pressure Ranges **141-159**
91-109

You should take action if: the top number is high, the bottom number is high, or if you have symptoms.

What to Do: Call your provider's office tell them your blood pressure reading and any symptoms.



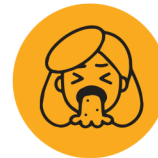
Pain in the upper right belly area or in the shoulder



Headaches that don't go away



Seeing spots or flashing lights, blurry vision, or sensitive to light



Feeling nauseated or throwing up



Swelling in face, hands and legs



Red Zone Emergency | Take Action!

Blood Pressure Ranges **160 or more**
110 or more

You should take action if: the top number is high, the bottom number is high, or if you have symptoms.

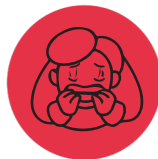
What to Do: This is an emergency! Seek immediate medical care!



Pain in the upper right belly area or in the shoulder



Headaches that don't go away with over the counter medicine



Increased anxiety and a sense of doom



Serious difficulty catching your breath



Any symptoms from Yellow Zone that are getting worse!



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Pediatrics, Obstetrics and Gynecology

Collaborative for Maternal and Infant Health

What To Do With Your Blood Pressure Numbers



Yellow Zone: Caution
Contact your provider or provider's office.



Red Zone: Emergency
Seek immediate medical care.

Contact Numbers

DAYTIME		AFTER HOURS
Healthcare Provider:		
Nurse or Clinic Call Line:		
Emergency Contact Line:		



Green Zone Good | Controlled Hypertension

Blood Pressure Less than 140
Ranges Less than 90

Symptoms: No Symptoms

What to Do: Continue to check your blood pressure and look out for any symptoms.



Yellow Zone Caution | Take Action

Blood Pressure 141-159
Ranges 91-109

You should take action if: the top number is high, the bottom number is high, or if you have symptoms.

What to Do: Call your provider's office tell them your blood pressure reading and any symptoms.



Pain in the upper right belly area or in the shoulder



Headaches that don't go away



Seeing spots or flashing lights, blurry vision, or sensitive to light



Feeling nauseated or throwing up



Swelling in face, hands and legs



Red Zone Emergency | Take Action!

Blood Pressure 160 or more
Ranges 110 or more

You should take action if: the top number is high, the bottom number is high, or if you have symptoms

What to Do: This is an emergency! Seek immediate medical care!



Pain in the upper right belly area or in the shoulder



Headaches that don't go away with over the counter medicine



Increased anxiety and a sense of doom



Serious difficulty catching your breath



Any symptoms from Yellow Zone that are getting worse!



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SUPPORT *New Moms*

And make sure she gets the care she needs.

Some health problems during pregnancy and after childbirth can be life-threatening and can happen up to a year after you have a baby.

Here are some signs and symptoms that are urgent:



Go to emergency care or call 911. Tell them you're pregnant or gave birth.



Suddenly very tired or weak.



Difficulty breathing and/or chest pain.



Severe headache and/or changes with vision.



If your blood pressure is higher than 160 (top number) or 110 (bottom number).



Extremely worried all of the time.



See or hear things that other people don't.



Thoughts of harming yourself or others.



Dizziness, disorientation, fainting, or seizures.

Learn more about urgent maternal warning signs and postpartum care at newmomhealth.com/hear-her.



Call your health provider. Don't wait for office hours. If you can't reach someone, call 911.



Soak through one or more pads in an hour.



Clots bigger than an egg or you pass tissue.



Headache that won't go away or gets worse over time.



Severe pain that doesn't go away, such as in chest or belly.



Fever of 100.4 F or more. Unable to drink for 8 hours or unable to eat for 24 hours.



Bad smells Vaginal discharge (fluid, wetness) smells bad.



If your blood pressure is equal to or higher than 140-159 (top number) or 90-109 (bottom number).



If you had a c-section, your incision is open, red, oozing, does not seem to be healing, or pain is not managed by medication.

You matter.

Find support, free resources, and more at:

NEWMOMHEALTH.COM





APOYANDO *Nuevas Mamas*

y asegurando que ella reciba la ayuda que ella necesita.

Algunos problemas de salud durante el embarazo y después de dar a luz puede ser un riesgo para la vida y puede pasar hasta un año después de que tengas un bebe.

Mama, aquí hay algunos síntomas que son urgentes:



Vaya a la sala de emergencias o llame 911. Dígalos que estas embarazada o has dado a luz.



Muy cansada o débil de repente



Dificultad respirando y/o dolor de pecho



Dolor de cabeza y/o cambios con la visión



Si su presión arterial es mas alta que 160 (numero de arriba) o 110 (numero de abajo)



Extremadamen te preocupada todo el tiempo



Vez o oyes cosas que otros no



Pensamientos de hacerse daño a usted misma u otros



Mareos, desorientación, desmayos, o convulsiones



Movimientos del bebe que cesan o disminuyen durante el embarazo

Aprenda más sobre los signos que pueden indicar complicaciones y cuidado posparto en saludmadre.com/escuchela



Llame a su médico. No esperes por las horas de oficina. Si no puedes llamar a alguien, llame 911.



Remojando una toalla sanitaria o más en una hora



Coágulos más grandes que un huevo o pasas tejido



Dolores de cabeza que no se alivian o se empeoran con el tiempo



Dolor severo que no se alivian, como en el pecho o el vientre



Fiebre de 100.4 F o más. Dificultad para tomar por 8 horas o no puedes comer por 24 horas.



Olores malos del flujo vaginal (liquido, mojado) que huele mal.



Si su presión arterial es igual o mas alto que 140-159 (numero de arriba) o 90-109 (numero de abajo).



Si has tenido una cesarí, y su herida está abierta, roja, rezumado, o no parece que se esta sanando, o el dolor no se alivia con medicamento.

Tu Vales.

Encuentre apoyo, recursos gratis y más en:

SALUDMADRE.COM



Knowing the maternal warning signs could save a mother's life.

Free,
Online

Maternal Warning Signs

Training for Communities & Families

This course is:

A quick overview of urgent maternal health signs & symptoms & action to take when something isn't right.

- <20 mins
- Online
- Free

Available in Spanish.



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Collaborative for Maternal and Infant Health



[UNC-CMIH.Thinkific.com](https://www.unc-cmih.org/Thinkific.com)

Free sign-in required to begin.

References, Authors, & Contacts

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Authors & Reviewers

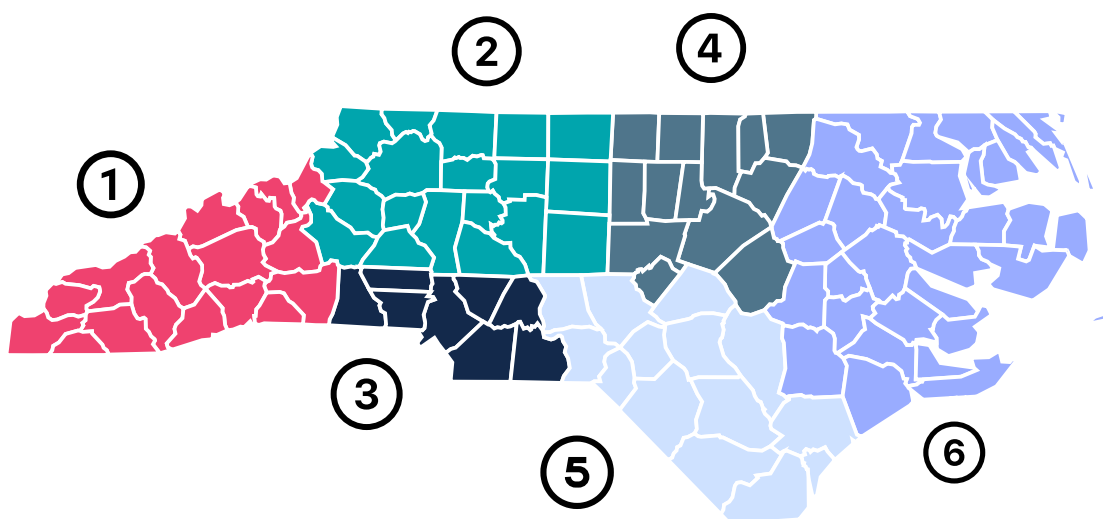
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Thank you for your valuable contributions to the development of the "I Gave Birth" toolkit. Your expertise, insights, and dedication have been instrumental in creating a resource that will support countless parents through their birthing journey.

-Liz Soto

NC Regional Contacts

For further information, support, and technical assistance, please reach out to the Perinatal Nurse Champion in your region.



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