

Perinatal Quality Collaboratives (PQCs)

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Perinatal Quality Collaboratives (PQCs) are state or regional networks comprised of healthcare professionals, public health officials, and other stakeholders dedicated to improving perinatal health outcomes. PQCs adopt various structural configurations, including integration within a state health department, affiliation with an academic medical center, association with a state hospital consortium, or establishment as a distinct nonprofit entity. PQCs typically rely on a combination of funding sources to support their operations and quality improvement initiatives. These funding sources may include grants, state health departments, healthcare institutions, membership dues, and partner collaborations. Leveraging multiple funding streams and engaging stakeholders across the healthcare continuum, PQCs can sustain their operations and drive meaningful improvements in perinatal health outcomes.

PQCs scrutinize data from their Maternal Mortality Review Committees alongside other population datasets, such as prominent indicators for severe maternal morbidity, to discern distinct priorities to guide their efforts. As PQCs gain invaluable insights into the root causes and contributing factors behind these tragic occurrences, PQC's use this data to tailor interventions that enhance quality care throughout their areas of focus.

Most collaboratives focus their initiatives surrounding five pillars of quality improvement:

1. **Quality Initiatives with Implementation Support:** PQCs develop and help hospital systems, community programs, and other stakeholders implement evidence-based interventions and quality improvement initiatives aimed at addressing identified gaps in perinatal care.
2. **Rapid-Response Data-Driven Initiatives:** PQCs utilize data collection, analysis, and benchmarking to identify areas for improvement and track progress over time to drive state-wide change.
3. **Multidisciplinary Approach:** PQCs bring together a diverse group of stakeholders, including obstetricians, neonatologists, nurses, midwives, quality improvement experts, public health professionals, and policymakers, to collaborate on improving perinatal care. This approach serves to create bundles, make best-practice suggestions and guidelines, and build state-wide quality improvement projects.
4. **Collaborative Learning and Sharing:** PQCs provide an educational platform for collaborative learning and sharing of best practices among participating healthcare institutions and providers.
5. **Policy & Advocacy:** PQCs may engage in advocacy efforts to promote policies and initiatives that support improved perinatal care at the state or regional level. If their infrastructure allows for advocacy, PQC's can wield significant influence in driving governmental financial allocations toward maternal health initiatives.

Examples:

California Maternal Quality Care Collaborative (CMQCC): Established in 2006, CMQCC is a statewide collaborative dedicated to improving maternal and infant health outcomes in California through quality improvement initiatives, data-driven research, and policy advocacy. Through partnership with hospital



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systems, community non-profits, stakeholders, and government support, CMQCC has reduced serious pregnancy complications. In one of their first efforts, between February 2013 and June 2014, 13 participating hospitals with complete data demonstrated a 12% reduction in severe complications among women with severe preeclampsia/eclampsia, from 20% to 17.6%. Excluding women who experienced hemorrhage or blood transfusion (the majority of the complications), showed a more dramatic reduction of 36% in severe complications, from 7.2% to 4.6%. As of January 2015, the CMQCC preeclampsia toolkit had been downloaded approximately 4,000 times, from all 50 states and 38 countries.¹

Alliance for Innovation on Maternal Health (AIM): A national initiative led by the American College of Obstetricians and Gynecologists in partnership with other professional organizations and government agencies. AIM operates through state-based teams that work on implementing maternal safety bundles. Examples of these bundles include obstetric hemorrhage, severe hypertension in pregnancy, maternal mental health, and many others. These bundles are disseminated and implemented through state or regional PQCs, creating a synergistic relationship between AIM and PQCs in driving quality improvement efforts in perinatal care.

References

1. Centers for Disease Control and Prevention. Perinatal quality collaborative success story. https://www.cdc.gov/maternal-infant-health/media/pdfs/California-Success-Story_508tagged.pdf. Published January 2015. Accessed 5.27.2024.

Additional Resources

1. Centers for Disease Control and Prevention. Perinatal Quality Collaboratives. https://www.cdc.gov/maternal-infant-health/pqc/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm. Published May 15, 2024. Accessed 5.27.2024.
2. Alliance for Innovation On Maternal Health. <https://saferbirth.org/>. Accessed 5.27.24