

# Utah Women & Newborns Quality Collaborative (UWNQC)

## 2024 annual report

Thank you for your work in quality improvement and connecting Utah families to UWNQC resources. We are excited about our new resources including the [birth trauma website](#), [infant warning signs](#), [Out of Hospital Birth Report](#) and [mental health resources summary](#). Our [Maternal Resource Guide](#) has had 68,108 unique site visits in both English and Spanish. We also created [infant warning signs](#) and the [substance use disorder community resources](#) in Spanish. What other resources do you want from us?

UWNQC launched the Alliance for Innovation on Maternal Health (AIM) [Perinatal Mental Health Conditions patient safety bundle](#). We hosted 2 trainings on birth trauma, training more than 90 clinicians. We shared our resources and quality improvement project data at annual meetings, including the Utah Public Health Association and the Utah Midwives Organization. Two pilot projects were completed on respectful maternity care at the University of Utah and Central Valley Medical Center. One nurse commented that the experience of being part of the respectful maternity care steering committee “changed the way I practice medicine.” Wow! We are so fortunate to have such amazing participants who want to improve the patient and provider experience.

Please welcome two new members to our team—Margaret Fullmer and Hillary Maxwell. Margaret is focused on faith-based community outreach for perinatal mental health. Hillary is a clinical consultant helping hospitals implement the Perinatal Mental Health Conditions AIM Patient Safety Bundle. Email us at [UWNQC@utah.gov](mailto:UWNQC@utah.gov) if you know of any faith-based groups, community organizations, or clinics where we can share information on perinatal mental health. Thank you for being part of the growing volunteer community to help improve health outcomes for Utah moms and babies.

Angela Anderson, CNM, DNP, FACNM, UWNQC board chair  
APP Director, Women’s Health, Intermountain Health

Utah Women and Newborn Quality Collaborative (UWNQC) is a statewide, multi-stakeholder network dedicated to improving perinatal health in the state.

**Vision:**

Save lives in Utah by improving perinatal health outcomes.

**Mission:**

Improve maternal and neonatal outcomes through collaborative efforts centered around quality improvement methodology and data sharing.



# UWNQC

Utah Women & Newborns Quality Collaborative

## Committee to improve maternal mental health

The committee had various presenters at their meetings, including Tima Clawson who graciously shared her birth and postpartum mental health story, Heidi Sylvester covered the Perinatal Mortality Review committee and Trisha Reynolds shared about supporting mothers and babies impacted by incarceration.

The committee formed Suicide prevention and unsheltered/low socio-economic workgroups. The Maternal and Infant Health Program published a Health Status report Barriers to Postpartum Care that discussed UWNQC resources. They shared information about the implementation of the AIM Perinatal Mental Health Conditions patient safety bundle and about Postpartum Support International (PSI) offerings and resources.

Meetings: Third Thursday of the month at 9:00 a.m.

Committee chair: Jamie Hales [jamie.hales@hsc.utah.edu](mailto:jamie.hales@hsc.utah.edu)

## Committee to implement AIM safety bundles

More than 100 people from hospitals, clinics, people with lived experience, and the community joined together on April 18-19, 2024 to launch work on the Alliance for Innovation on Maternal Health (AIM) Perinatal Mental Health patient safety bundle. Representatives from 33 of the 45 birthing hospitals in Utah attended the kickoff meeting, which represents 83% of hospital births in Utah. Meeting materials can be found [here](#).

The committee also created materials on mental health and provided training to more than 100 urgent care providers at the University of Utah, Intermountain Health, and Medallus. These activities are part of our outpatient strategy for the AIM patient safety bundle.

UWNQC has hosted 11 virtual telehealth learning sessions, which we call ACT sessions. ACT stands for: Ask, Collaborate, Teach. These ACT sessions cover topics relevant to perinatal mental health conditions and are taught by subject matter experts. Learning sessions are recorded and posted on the [UWNQC website](#). Thank you to participating hospitals and clinics for your hard work and dedication to implementing this AIM patient safety bundle. We look forward to seeing you during our site visits. And thank you to Dr. Lauren Gimbel for her leadership, along with members of the Steering Committee.

Meetings: First Thursday of the month at 12:00 p.m.

Contact: Morgan Harris [morganlh@utah.gov](mailto:morganlh@utah.gov)



## **Committee to improve maternal outcomes**

The committee continued to train providers and share information about the [Maternal Resource Guide](#) with the community. 622 providers have been trained at 32 health clinics and organizations. The Maternal Resource website has had more than 68,108 unique page views since it launched in August 2023. [Maternal focus group summary infographics](#) were created. We also collaborated with Community Health Clinics, Inc. to hold a [clinician focus group](#).

Several presentations were given at committee meetings. Topics for the presentations included how to reduce maternal health disparities, provide accessible care to patients with disabilities, culturally and linguistically appropriate service resources, respectful maternity care, home visiting programs, and updates on the Birth and Postpartum Trauma and AIM patient safety bundle projects.

Meetings: Second Friday of the month at 8:00 a.m.

Committee chair: Frank Powers [fpowers@chc-ut.org](mailto:fpowers@chc-ut.org)

## **Committee to develop out-of-hospital birth resources**

The committee updated resources to help increase the safety of out-of-hospital births. Resources included a [Planned out-of-hospital birth report](#) and a [critical congenital heart disease referral form](#) in the event of a failed screening. The committee also developed [infant warning signs](#) that lists symptoms for new parents to watch for that might indicate their baby needs immediate medical help. This resource is also available in [Spanish](#). The committee is developing tools and trainings for hospital providers, EMS, and midwives on receiving community birth transfers. Committee members have revised best practices guidelines and will launch a "Birth Bridges" training for hospitals and birth centers in 2025.

Meetings: Second Tuesday of the month at 3:00 p.m.

Committee chair: Erin Clark [erin.clark@imail.org](mailto:erin.clark@imail.org)

## **Committee to improve neonatal outcomes**

This committee is being revitalized and would love your involvement. Email us at [UWNQC@utah.gov](mailto:UWNQC@utah.gov) if you are interested in participating.

Meetings: Second Monday of the month at 2:00 p.m.

Committee chair: Jessica Davidson [jessica.davidson@hsc.utah.edu](mailto:jessica.davidson@hsc.utah.edu)

# CDC Perinatal Collaborative Agreement

The committee published two Utah Health Status Update Reports this year. One was on the CDC Perinatal Collaborative Agreement and the other was on birth and postpartum trauma. Community partners (Project Success, Comunidad Materna de Utah and Utah Pacific Islander Health Coalition) hosted 19 social connection events. 90 providers attended in-person birth and postpartum trauma training during 2 full-day sessions. 39 interviews were conducted with women who have experienced birth trauma, which helped us update the birth trauma website.

Contact: Sophie Silverstone [ssilverstone@utah.gov](mailto:ssilverstone@utah.gov)

Are you a patient or provider who has experienced or witnessed **Birth or postpartum trauma?**



Utah Women and Newborns Quality Collaborative will conduct interviews with patients and providers about birth and postpartum trauma with an aim to address gaps in care and provide resources to patients and providers. We are currently seeking patients and providers who would be interested in participating.



## How we define birth trauma

Birth and postpartum trauma is a patient-centered diagnosis and can stem from any birth-related experience the birthing person feels is traumatic, no matter how successful the delivery may have been. Birth trauma can occur due to the following events, but is not limited to:

- Emergency C-sections
- Loss of blood for the birthing person
- Pelvic floor injuries
- Need for resuscitation
- Other obstetric emergencies or medical complications
- Lack of respect and compassion from medical professionals
- Feeling extreme pain or lack of control during labor

## Patients and providers, connect with us:

Scan the code to fill out contact information, or contact: [birthtrauma@utah.gov](mailto:birthtrauma@utah.gov)

Or go to: <https://forms.gle/9GQCNR5aHnddF8M8>

We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this document uses both gendered terms such as "women" or "mothers" and gender-neutral terms such as "patients" and "birthing persons."



## Key stats

Up to **45%** of new mothers have had a traumatic childbirth experience (March of Dimes).

Symptoms of birth trauma may overlap with postpartum depression.

**“Provider perspective:** [Women] may feel ashamed or feel like a failure as a mother. And often, everyone around them is so focused on the baby that no one stops to ask how the mother is doing or what she needs.”

— Clinical Mental Health Counselor at the University of Utah

3/30/2024

## UWNQC highlights

**1** AIM patient safety bundle kickoff training

**2** Return Utah program graduates

**2** New staff members

**4** Simulations conducted with hospitals/outpatient clinics

**4** Interns

**5** Editions of the UWNQC newsletter published

**20** Hospital site visits conducted

**30** Hospitals submitted AIM data on their progress

**33** Hospitals participated in the AIM Perinatal Patient Safety Bundle kickoff training

**42** Resources (infographics, articles, one pagers) published or updated

# UWNQC member spotlight



## Annie Hatch RN, BSN, C-EFM

Annie Hatch is the Women and Newborn Nurse Manager at Central Valley Medical Center in Nephi, UT. She graduated from the University Of Utah School Of Nursing Program in May 2005. She has held her current position of nurse manager for the last 10 years of her extensive 20-year nursing career. Working in Obstetrics, including Labor and delivery, Postpartum, and Nursery, has always been her passion and where she feels she can make a difference. She loves her work and feels fortunate to work in women's health. Annie has been actively involved with UWNQC since 2015 working to implement patient safety bundles, serve on steering committees, implemented the RMC program and participates on the Perinatal Mortality Review Committee. She currently resides in Ephraim, a small town in Central Utah, is married and has two teenage sons.

## Thank you to our partners!



**We'd love to hear your ideas and suggestions.**

Send an email to [UWNQC@utah.gov](mailto:UWNQC@utah.gov) or call (801) 273-2865.