Healthy Texas Mothers and Babies

A State Update
February 11, 2021

Michelle L. Cook, PhD, MPH
Director, MCH Epidemiology

Julie Stagg, MSN, RN, IBCLC, CPHQ
Manager, Healthy Texas Mothers & Babies Branch

Objectives

- To understand the trend for specific risk factors associated with women's health and birth outcomes
- To identify the major contributors of maternal morbidity and mortality in Texas
- To understand the impact of TexasAIM on quality improvement efforts in hospitals

Available Data Books

Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Data Book

- Cross-sectional surveillance study to determine trends in maternal and infant health
- Before, during, and after pregnancy
- Last updated in October 2019
  - The latest updated version will be undergoing leadership review soon
- Details include:
  - Chronic conditions prior to pregnancy (obesity, diabetes, hypertension, depression)
  - Prenatal care
  - Breastfeeding
  - Safe sleep

TEXAS
Health and Human Services

Texas Department of State
Health Services

Healthy Texas Mothers & Babies Data Book

- Provides the most current data available on maternal and infant health from multiple data sources
- Details include:
  - Birth demographics
  - Infant mortality and morbidity
  - Infant health practices
  - Prenatal care
  - Maternal health
  - Delivery
- Last updated in November 2019
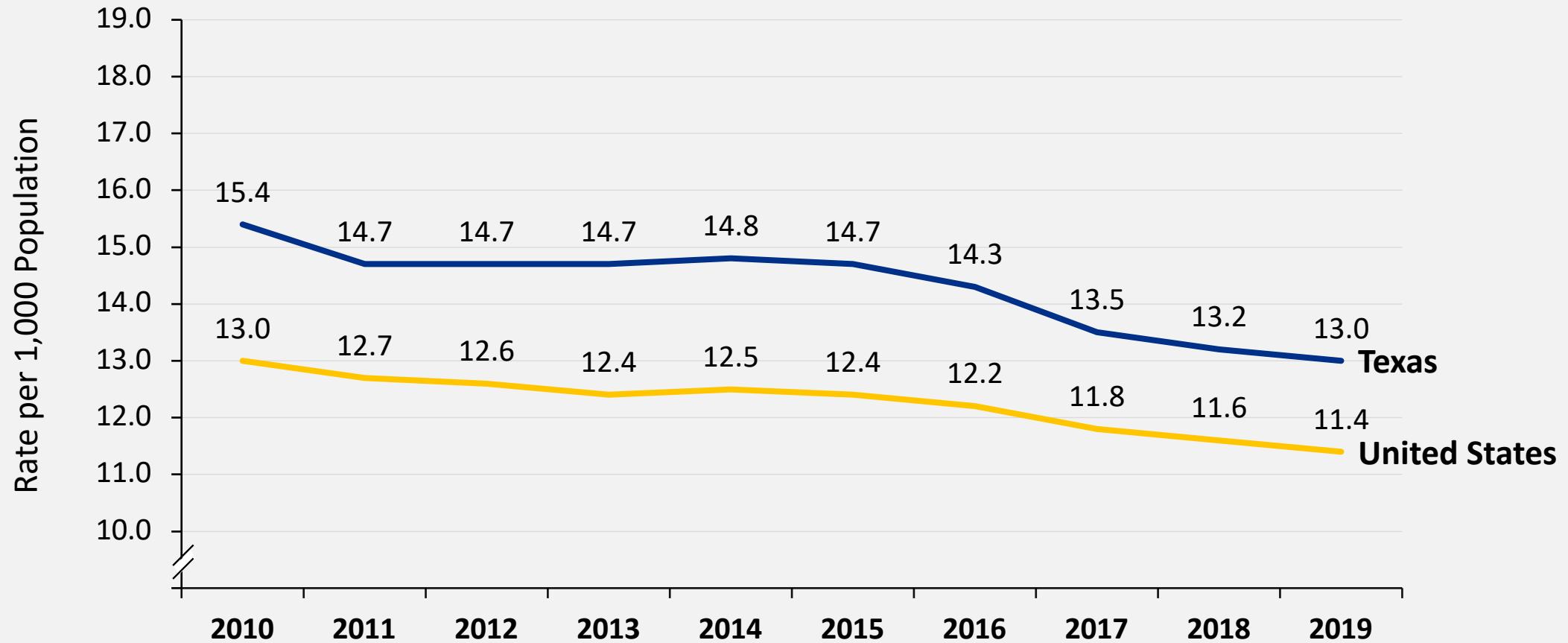 - The latest updated version is undergoing leadership review
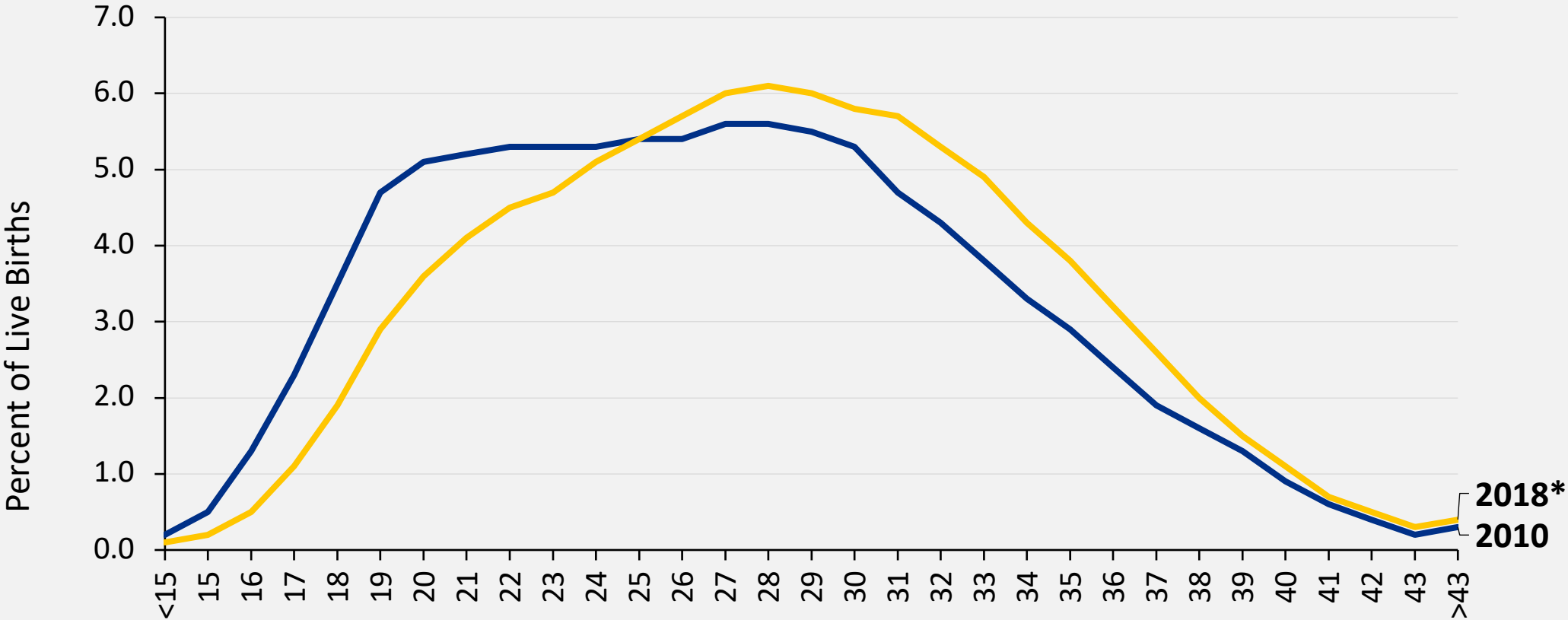
TEXAS
Health and Human
Services

Texas Department of State
Health Services

Data Results

Birth Rate in Texas and the United States, 2010-2019

Rate per 1,000 Population

19.0
18.0
17.0
16.0
15.0
14.0
13.0
12.0
11.0
10.0

Texas: 15.4, 14.7, 14.7, 14.7, 14.8, 14.7, 14.3, 13.5, 13.2, 13.0

United States: 13.0, 12.7, 12.6, 12.4, 12.5, 12.4, 12.2, 11.8, 11.6, 11.4

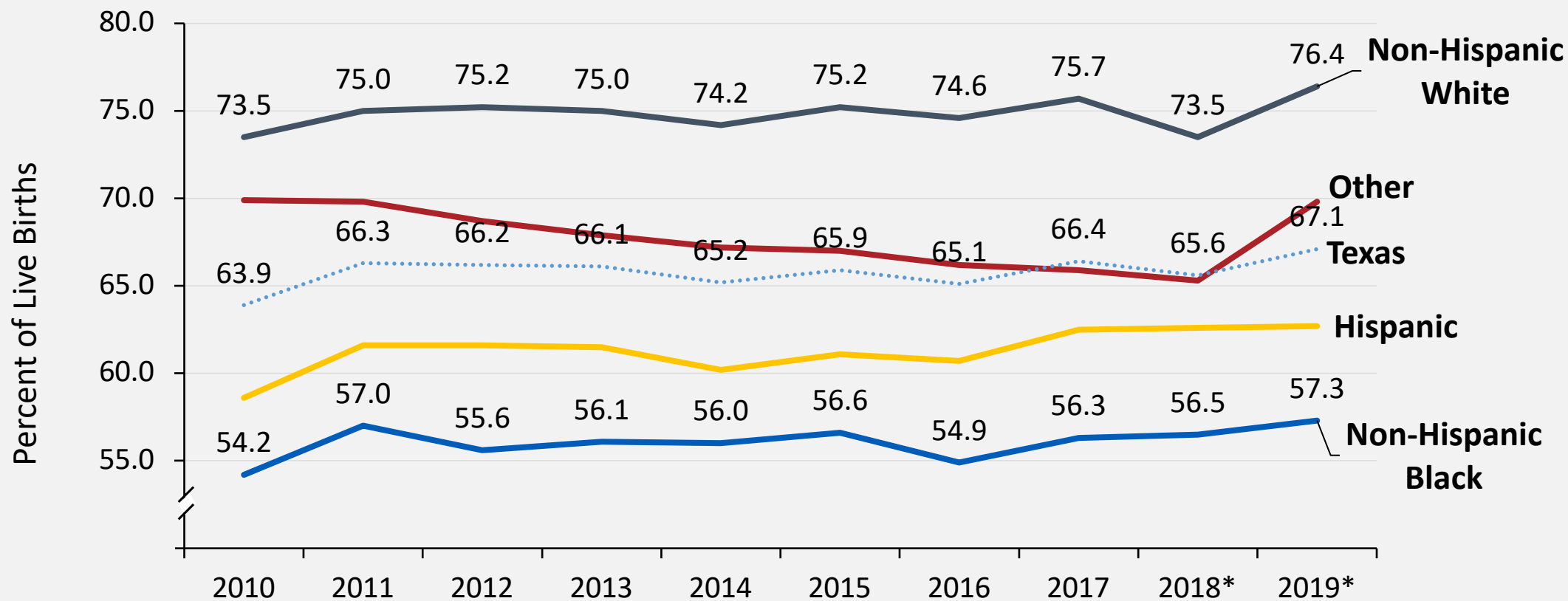2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Source: National Center for Health Statistics
Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Maternal Age Distribution in 2010 and 2018

*2018 Texas data are provisional
Source: 2010 and 2018 Birth Files
Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Prenatal Care in the First Trimester by Race & Ethnicity, 2010-2019

Percent of Live Births

Non-Hispanic White: 73.5, 75.0, 75.2, 75.0, 74.2, 75.2, 74.6, 75.7, 73.5, 76.4

Other / Texas: 66.3, 66.2, 66.1, 65.2, 65.9, 65.1, 66.4, 65.6, 67.1

Texas (dotted): 63.9

Non-Hispanic Black: 54.2, 57.0, 55.6, 56.1, 56.0, 56.6, 54.9, 56.3, 56.5, 57.3

2010 2011 2012 2013 2014 2015 2016 2017 2018* 2019*

*2018 and 2019 Texas data are provisional
Source: 2010-2019 Birth Files
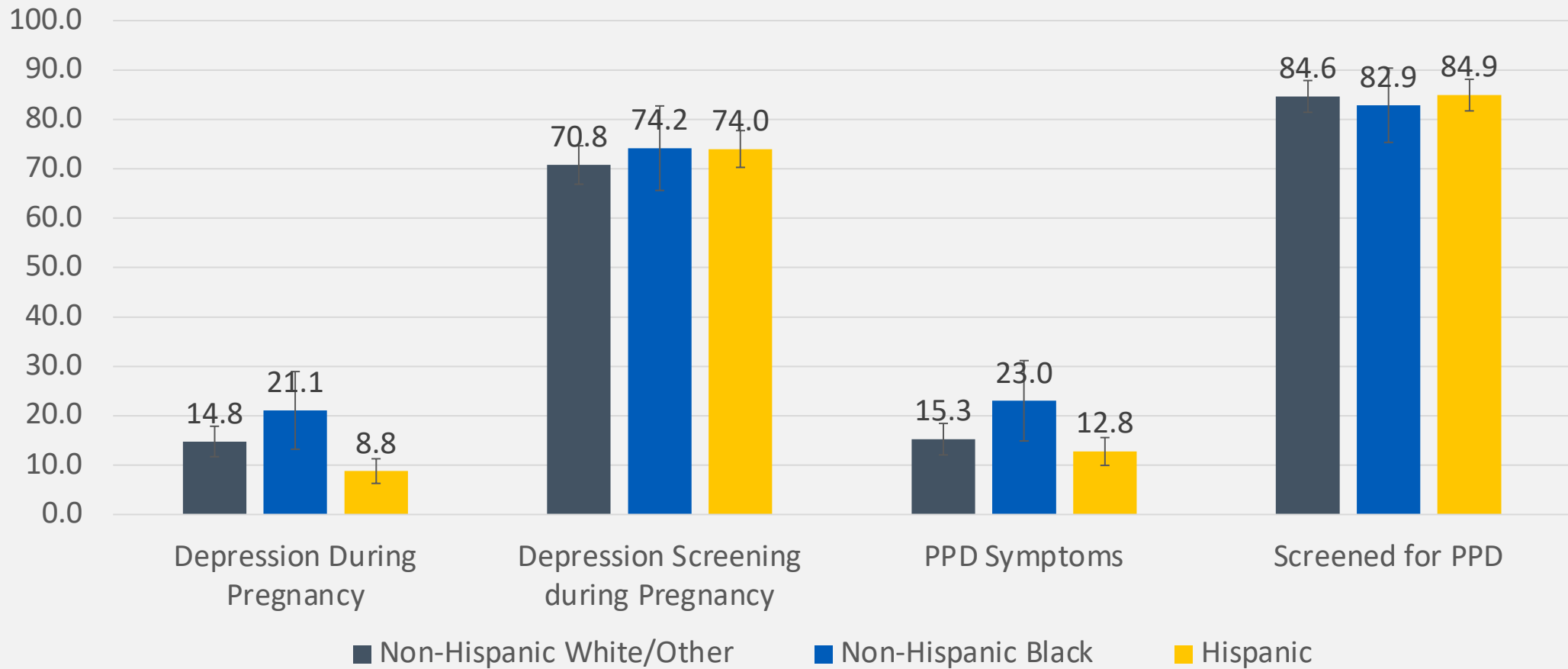Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Partner Abuse

- 2.4% (1.5-3.3) of women experienced physical abuse the year before becoming pregnant
  - 5.6% (1.1-10.1) of Non-Hispanic Black women
  - 2.6% (1.2-3.9) of Hispanic women
  - 1.8% (0.6-3.0) of Non-Hispanic White women
  - 0.4% (0.0-1.2) of Non-Hispanic Other women
- 49.1% (46.2-51.9) of women who had recently given birth had a healthcare professional discuss physical abuse during their prenatal visits
  - 55.7% (46.2-65.2) of Non-Hispanic Black women
  - 56.1% (51.8-60.3) of Hispanic women
  - 40.0% (35.4-44.6) of Non-Hispanic White women
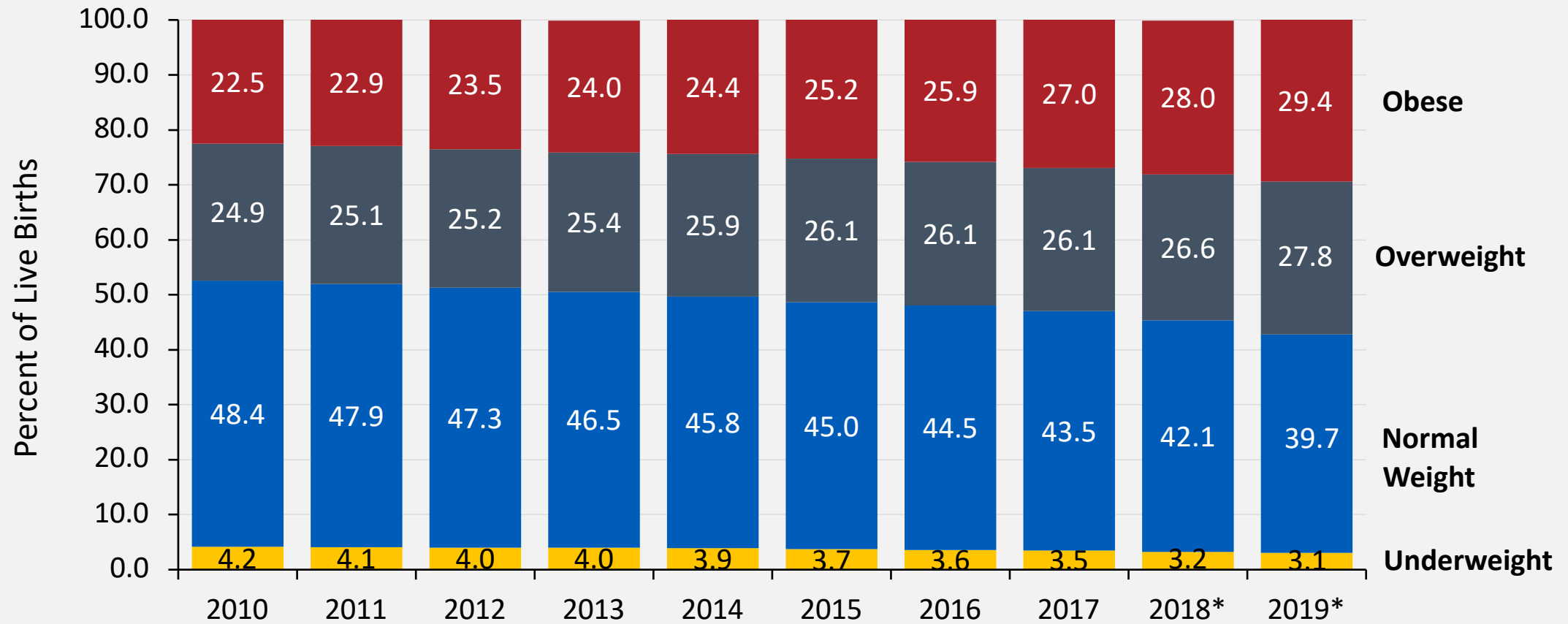 - 41.1% (31.4-50.9) of Non-Hispanic Other women

Depressive Symptoms & Screening, 2018 Texas PRAMS

Source: 2018 Texas Pregnancy Risk Assessment Monitoring System.
Prepared by: Maternal and Child Health Epidemiology Unit.
Nov 2020

Pre-Pregnancy Obesity, 2010-2019

*2018 and 2019 Texas data are provisional
Source: 2010-2019 Birth Files
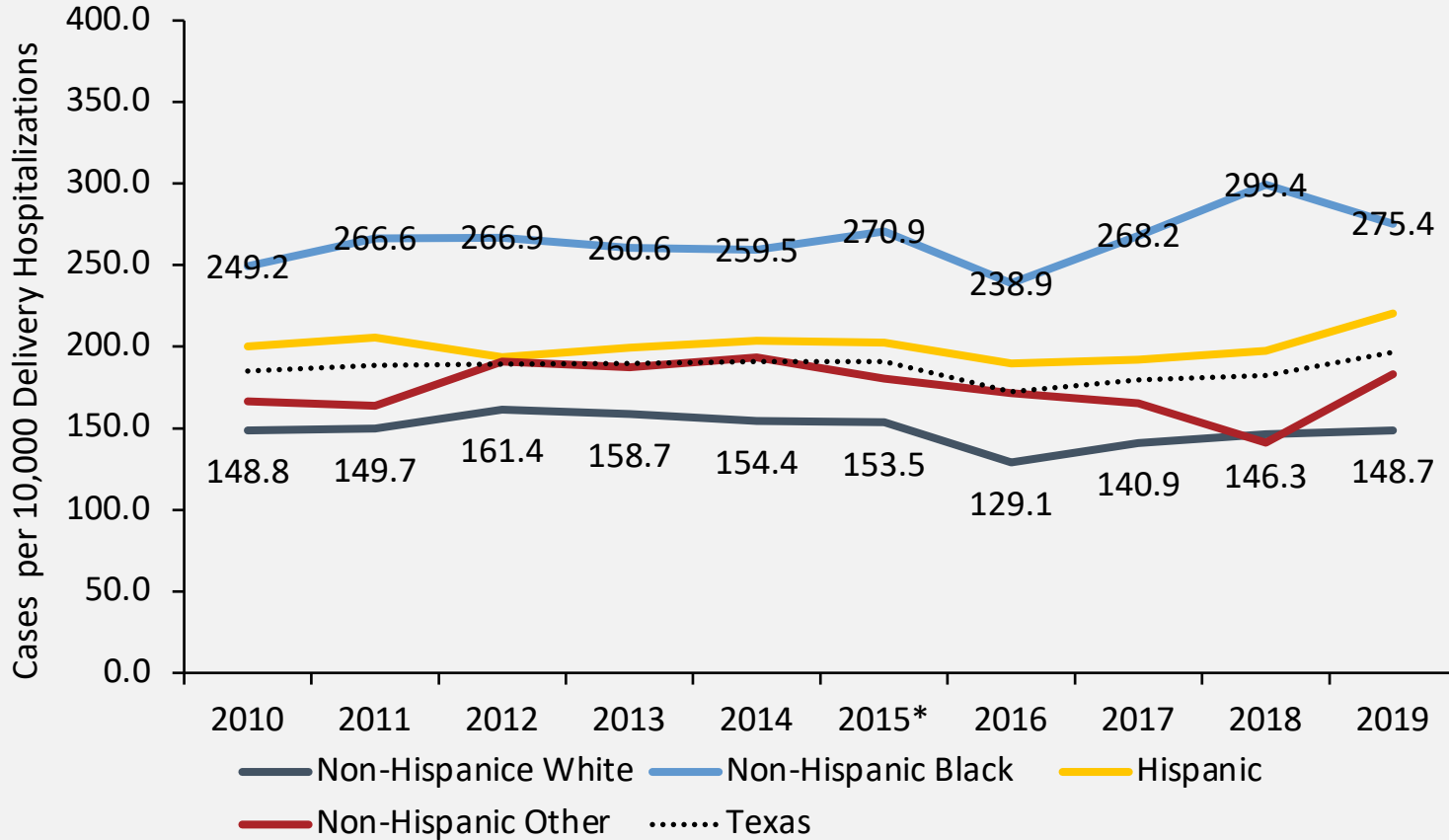Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

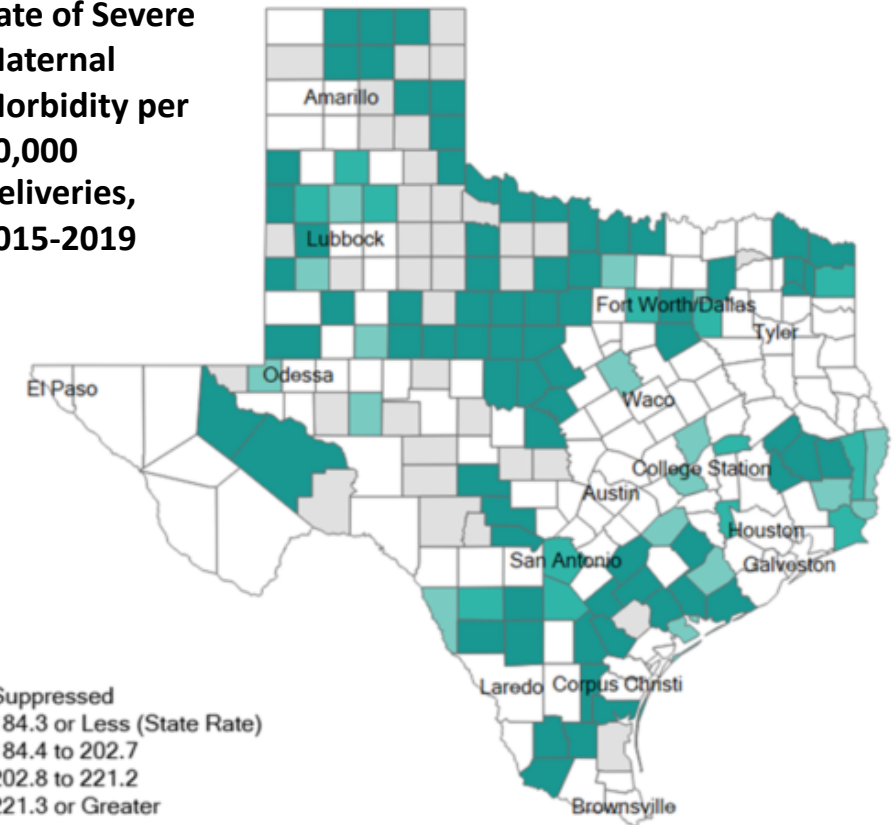# Pre-Pregnancy Obesity by Race & Ethnicity, 2010-2019
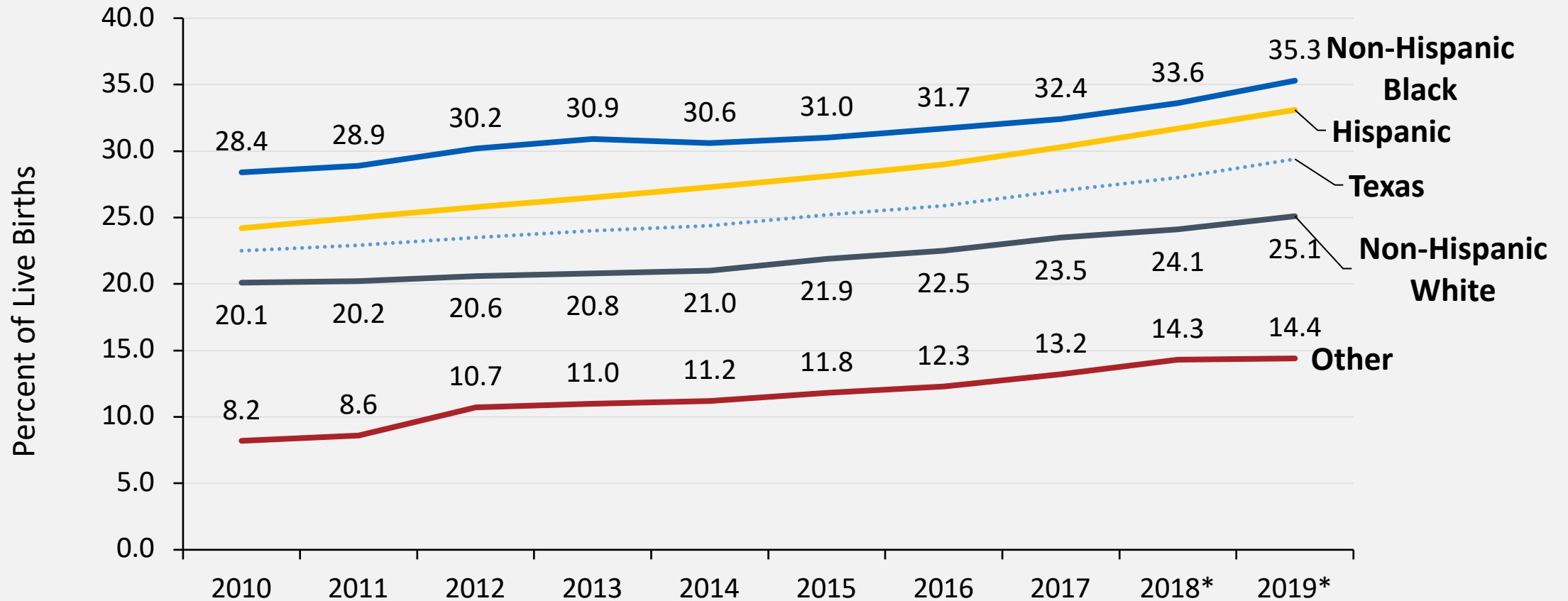
*2018 and 2019 Texas data are provisional
Source: 2010-2019 Birth Files
Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Severe Maternal Morbidity per 10,000 Deliveries

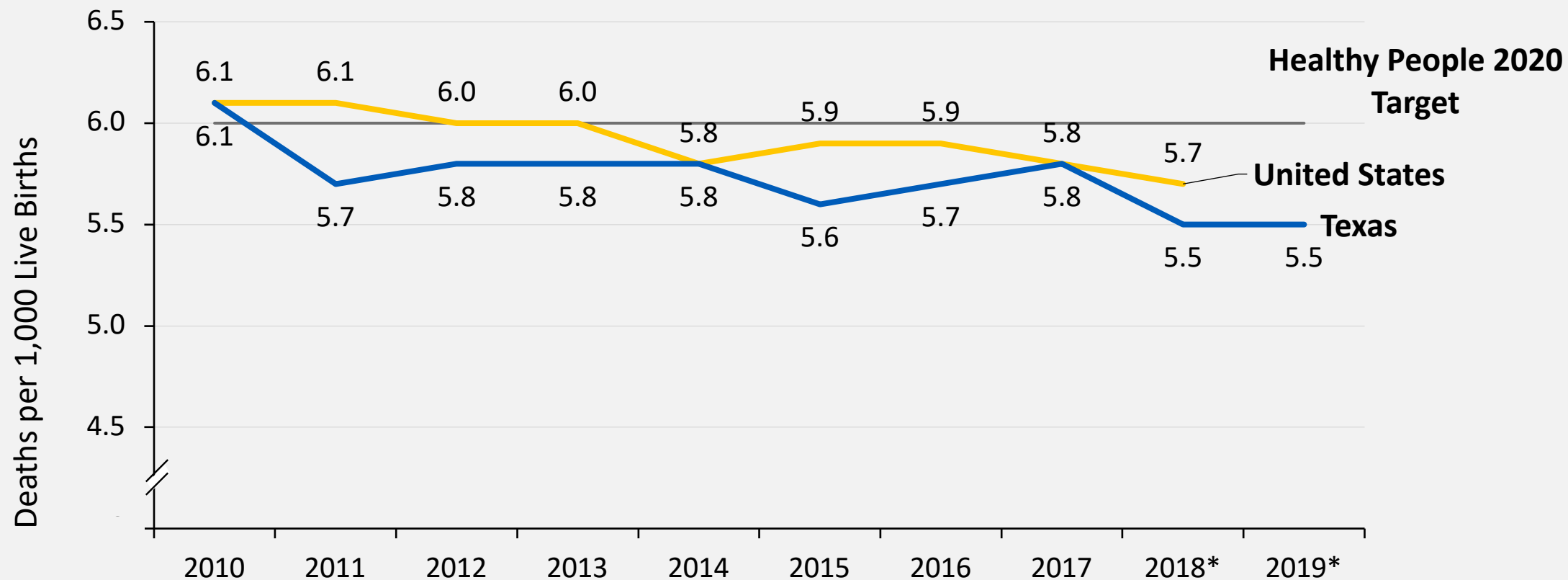## Rate of Severe Maternal Morbidity (SMM) in Texas, 2010-2019

Non-Hispanic Black values: 249.2, 266.6, 266.9, 260.6, 259.5, 270.9, 238.9, 268.2, 299.4, 275.4

Non-Hispanic White values: 148.8, 149.7, 161.4, 158.7, 154.4, 153.5, 129.1, 140.9, 146.3, 148.7

Legend: Non-Hispanice White — Non-Hispanic Black — Hispanic — Non-Hispanic Other — Texas

*Data transitioned to ICD-10-CM in the last quarter of 2015.
Source: 2009-2018 Texas Hospital Inpatient Public Use Data Files
Prepared by: Maternal & Child Health Epidemiology Unit
Jan 2021

Rate of Severe Maternal Morbidity per 10,000 Deliveries, 2015-2019

Legend:
- Suppressed
- 184.3 or Less (State Rate)
- 184.4 to 202.7
- 202.8 to 221.2
- 221.3 or Greater

Data transitioned to ICD-10CM in the last quarter of 2015
Source: 2015-2019 Texas Hospital Inpatient Public Use Data Files
CDC SMM codes list as of March 2019 was used to identify SMM
Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Infant Mortality Rate in Texas and the United States, 2010-2019

Deaths per 1,000 Live Births

Healthy People 2020 Target

United States

Texas

6.1 6.1 6.0 6.0 5.8 5.9 5.9 5.8 5.7
6.1 5.7 5.8 5.8 5.8 5.6 5.7 5.8 5.5 5.5

2010 2011 2012 2013 2014 2015 2016 2017 2018* 2019*
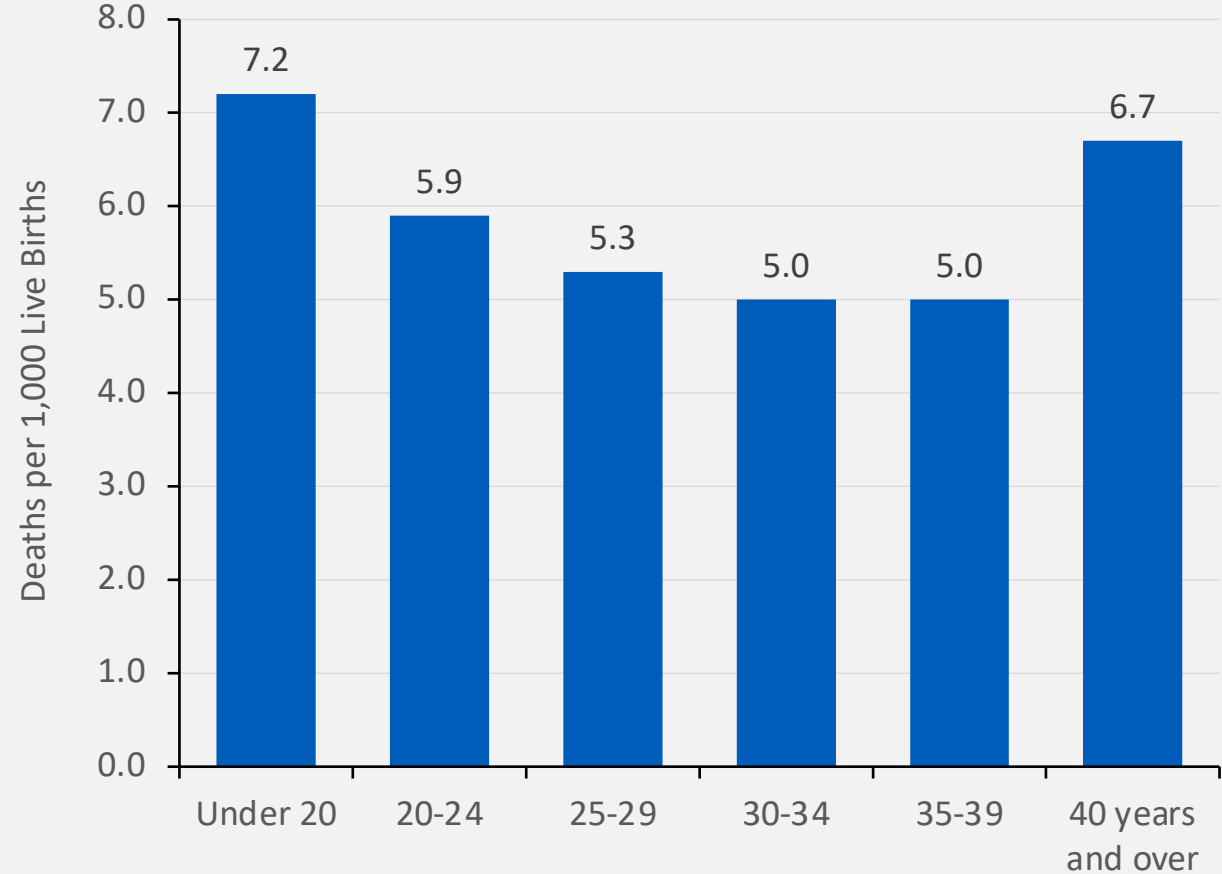
*2018 and 2019 Texas data are provisional
Source: 2010-2019 Texas Birth and Death Files,
        National Center for Health Statistics
Prepared by: Maternal & Child Health Epidemiology Unit

Infant Mortality Disparities

Infant Mortality Rate in Texas by Race/Ethnicity, 2010-2018

Deaths per 1,000 Live Births

Non-Hispanic Black: 11.4, 11.0, 11.6, 11.9, 11.1, 10.9, 11.1, 11.0, 10.9

Texas: 6.1, 5.7, 5.8, 5.8, 5.8, 5.6, 5.7, 5.8, 5.5

Years: 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018*

Legend:
— Non-Hispanic White   — Non-Hispanic Black   — Hispanic
— Other   ····· Texas

*2018 Texas data are provisional
Source: 2010-2018 Texas Birth and Death Files
Prepared by: Maternal & Child Health Epidemiology Unit
Jan 2021
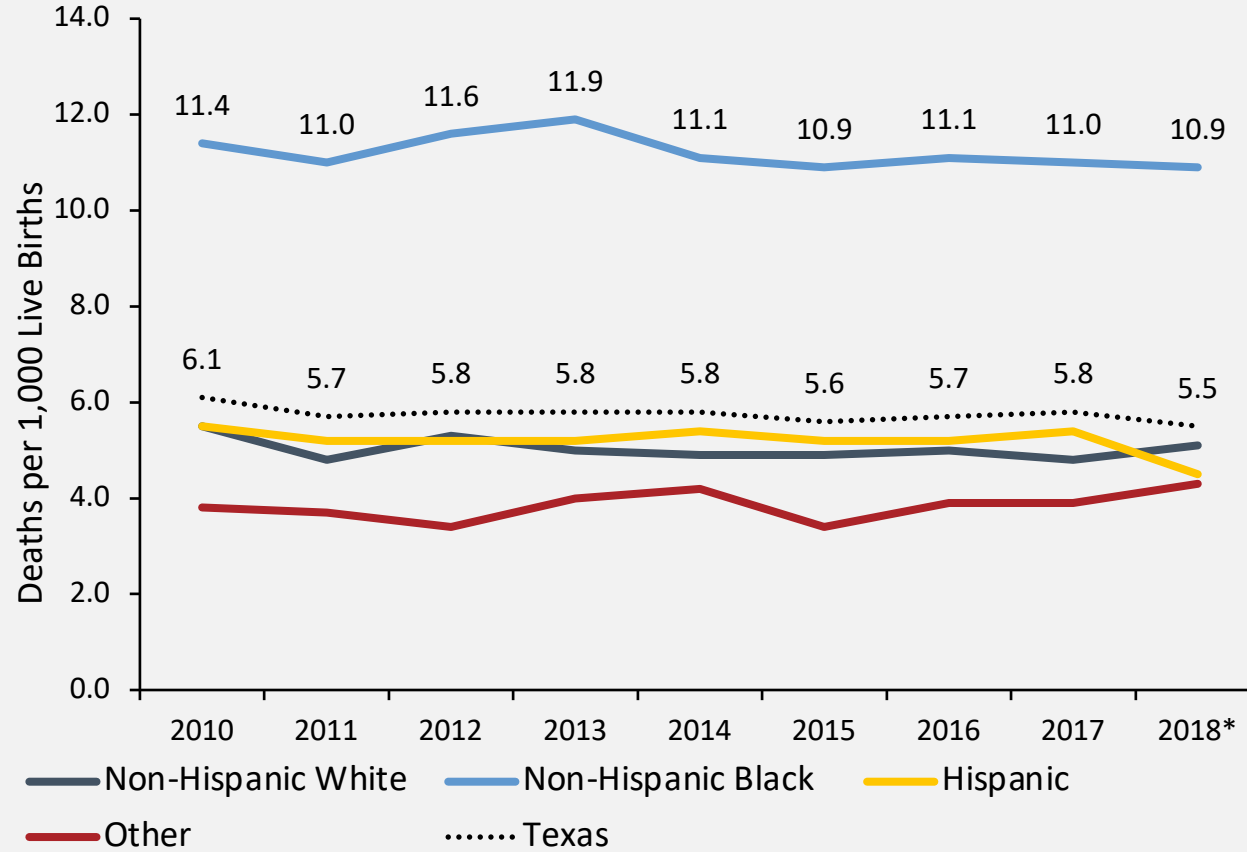
Infant Mortality Rate by Age Group, 2018

Deaths per 1,000 Live Births

Under 20: 7.2
20-24: 5.9
25-29: 5.3
30-34: 5.0
35-39: 5.0
40 years and over: 6.7

Source: 2018 NCHS Linked Birth-Death Files
Prepared by: Maternal & Child Health Epidemiology Unit
Nov 2020

Report Access

- HTMB Data Book
  - https://www.dshs.texas.gov/healthytexasbabies/data.aspx
- Texas Pregnancy Risk Assessment Monitoring System (PRAMS)
  - https://www.dshs.Texas.gov/mch/PRAMS.aspx

TexasAIM

Current Progress

TEXAS
Health and Human
Services | Texas Department of State
Health Services

Maternal Health & Safety Initiatives

As Required by
Texas Health and Safety Code,
Section 34.0156, 34.0158, and
1001.262

TEXAS
Health and Human
Services

Texas Department of
State Health Services

December 2020

Reports available at
https://www.dshs.texas.gov/legislative/Reports-2020.aspx

Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report

As Required by
Texas Health and Safety Code,
Section 34.015

TEXAS
Health and Human
Services

Texas Department of
State Health Services

Maternal Mortality and
Morbidity Review Committee

September 2020

The Action Plan outlines THREE SPECIFIC TARGETS to help the nation improve its maternal mortality outcomes:

TARGET 1:
Reduce the maternal mortality rate by 50 percent in 5 years.

TARGET 2:
Reduce the low-risk cesarean delivery rate by 25 percent in 5 years.

TARGET 3:
Achieve blood pressure control in 80 percent of women of reproductive age with hypertension in 5 years.

Read more about the *HHS Action Plan* and the *Surgeon General's Call to Action* here:
www.womenshealth.gov

4 KEY GOALS

designed to achieve the overall vision, which reflect the importance of bringing a life course perspective to improving maternal and infant health outcomes.

Check out the **HHS ACTION PLAN & THE SURGEON GENERAL'S CALL TO ACTION** for more info.

www.womenshealth.gov

GOAL 1
Healthy Outcomes for All Women of Reproductive Age

GOAL 2
Healthy Pregnancies and Births

GOAL 3
Healthy Futures

GOAL 4
Improve Data and Bolster Research

POSTPARTUM
maintain ongoing touch points for women with medical and social service providers to ensure warning signs are identified and addressed, and by providing accessible information on parenting skills, self-esteem building and stress management, as well as other family supports

PRE-PREGNANCY
perform recommended screenings and treat all young girls, adolescents, and women for a variety of health risk factors

DURING PREGNANCY
continue prevention efforts into pregnancy to prevent or mitigate the development of complications

About TexasAIM

Core Alliance for Improvement on Maternal Health (AIM) Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Obstetric Care for Women with Opioid Use Disorder

Overarching Program Goals

1. Obtain participation from more than 75% of Texas hospitals with OB lines of service

2. Engage 50% or more participating hospitals in a Learning Collaborative:

3. Support hospitals with tools and technical assistance in quality improvement as they implement bundles

4. Foster partnerships to develop and align infrastructure and resources to support Learning Collaborative goals

About TexasAIM

Core Alliance for Improvement on Maternal Health (AIM) Patient Safety Bundles

- Obstetric Hemorrhage

- Severe Hypertension in Pregnancy

- Obstetric Care for Women with Opioid Use Disorder

Overarching Program Goals

✓ 1. Obtain participation from more than 75% of Texas hospitals with OB lines of service

   98% of Texas' hospitals with OB Services

✓ 2. Engage 50% or more participating hospitals in a Learning Collaborative:

   83% of enrolled hospitals were Plus

✓ 3. Support hospitals with tools and technical assistance in quality improvement as they implement bundles

✓ 4. Foster partnerships to develop and align infrastructure and resources to support Learning Collaborative goals

TexasAIM OBH Reach (Enrolled Hospitals)

TexasAIM Enrollment by the Numbers

Hospitals participating in TexasAIM serve:

>378,600 WOMEN EVERY YEAR

>99% OF TEXAS BIRTHS

10% OF NATION'S BIRTHS

Hospital Enrollment:

98% of Birthing Hospitals in Texas
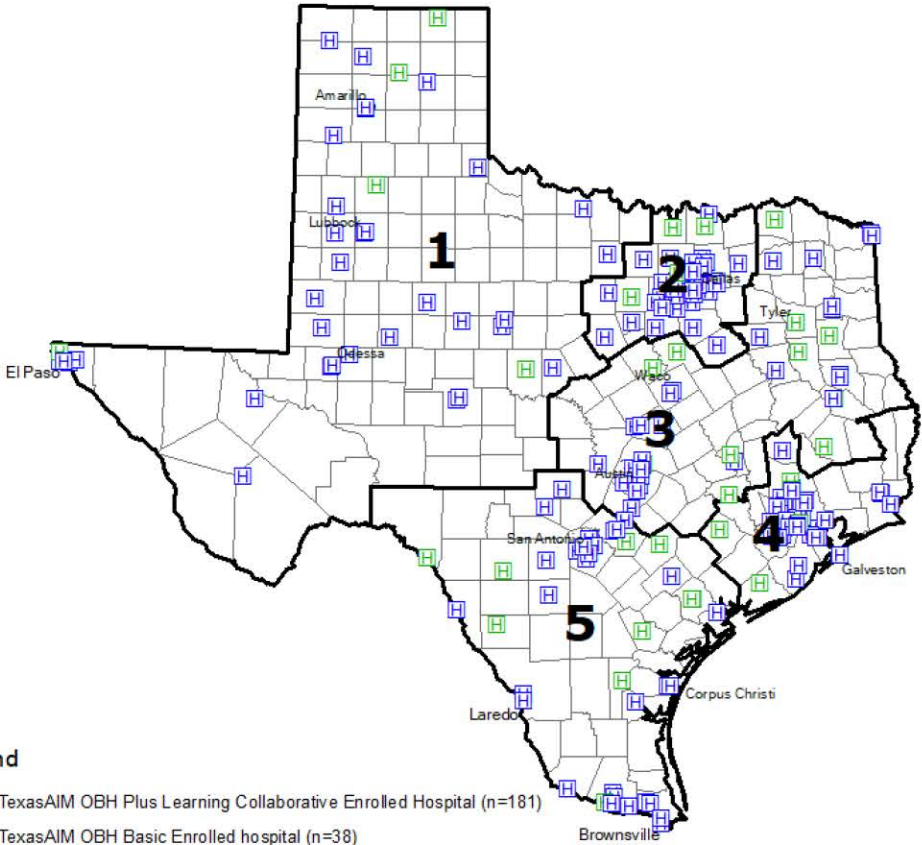
92% of Rural Texas Hospitals

100% of Urban Texas Hospitals

TexasAIM Severe Hypertension in Pregnancy Learning Collaborative **Enrolling Now**

https://dshs.texas.gov/mch/TexasAIM

TexasAIM@dshs.texas.gov

Hospitals Enrolled in the TexasAIM Obstetric Hemorrhage (OBH) Initiative as of September 15, 2020 By TexasAIM Cohort Region
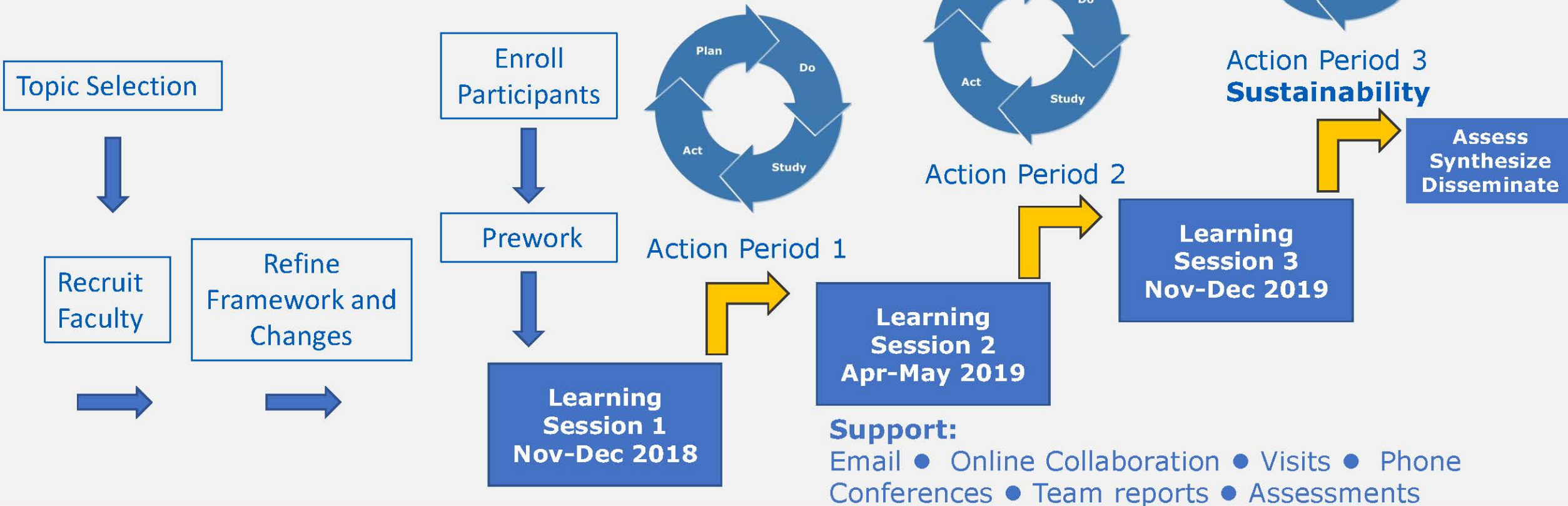
Legend

H TexasAIM OBH Plus Learning Collaborative Enrolled Hospital (n=181)

H TexasAIM OBH Basic Enrolled hospital (n=38)

☐ TexasAIM OBH Plus Learning Collaborative Cohort Region

Source: TexasAIM Enrollment Data
Prepared by: Maternal & Child Health Epidemiology, 9/17/2020.

Our Method
TexasAIM Plus OBH Learning Collaborative

Method: IHI Breakthrough Series: Vehicle for identifying, testing, and spreading changes that are effective for improving care and outcomes for defined populations.

Topic Selection

Recruit Faculty

Refine Framework and Changes

Enroll Participants

Prework

Learning Session 1 Nov-Dec 2018

Action Period 1

Learning Session 2 Apr-May 2019

Action Period 2

Learning Session 3 Nov-Dec 2019

Action Period 3 **Sustainability**

Assess Synthesize Disseminate

Support:
Email ● Online Collaboration ● Visits ● Phone Conferences ● Team reports ● Assessments

Measure Types

AIM Data Types

OUTCOME MEASURES
Assess changes in health that are attributable to specific interventions. Important to development of QI efforts. Drawn from statewide administrative data.
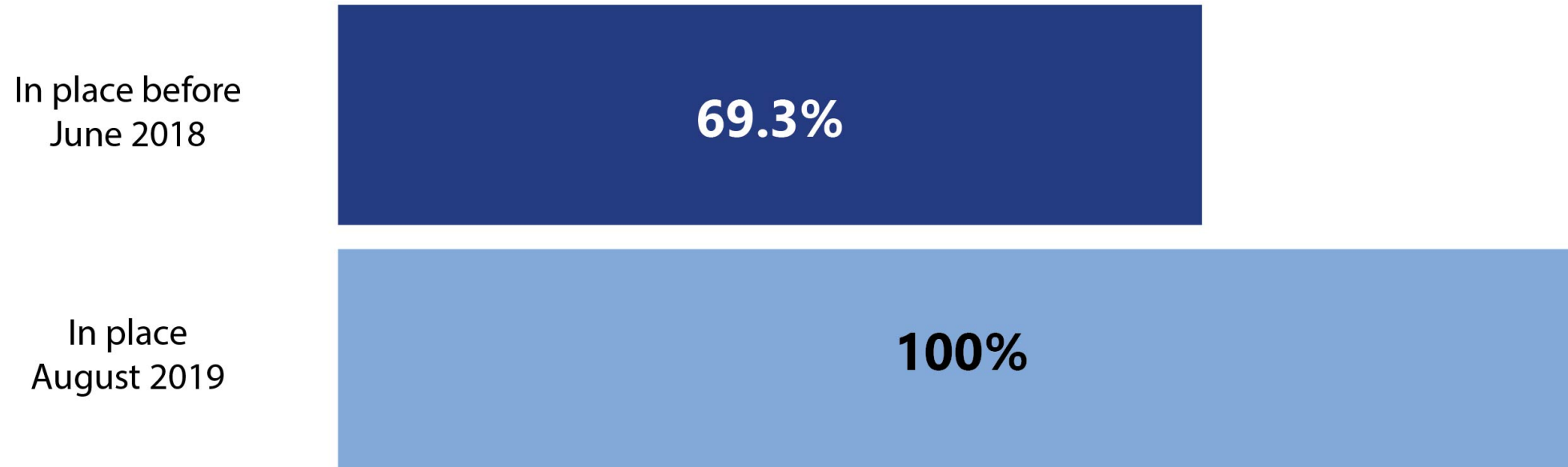
PROCESS MEASURES
Evidence-based best practices adopted to aid in improving outcomes. Key to improving health care delivery and outcomes. Directly collected by hospitals participating in AIM.

STRUCTURE MEASURES
Examine infrastructural capacity, systems and processes. Work in tandem with process measures to identify areas for QI efforts. Directly collected by hospitals participating in AIM.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have OB hemorrhage supplies readily available, typically in a cart or mobile box.

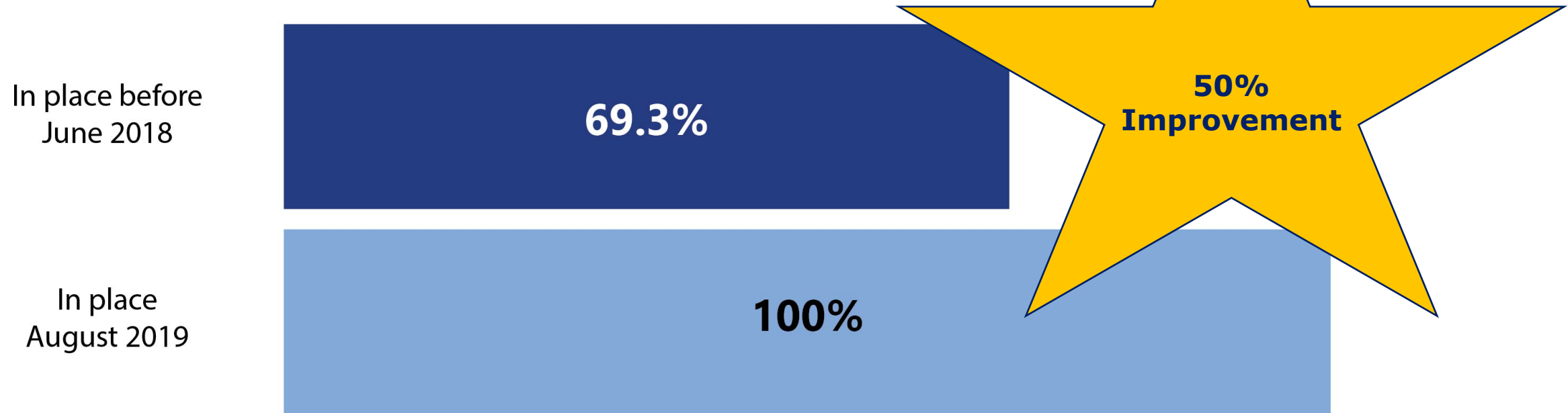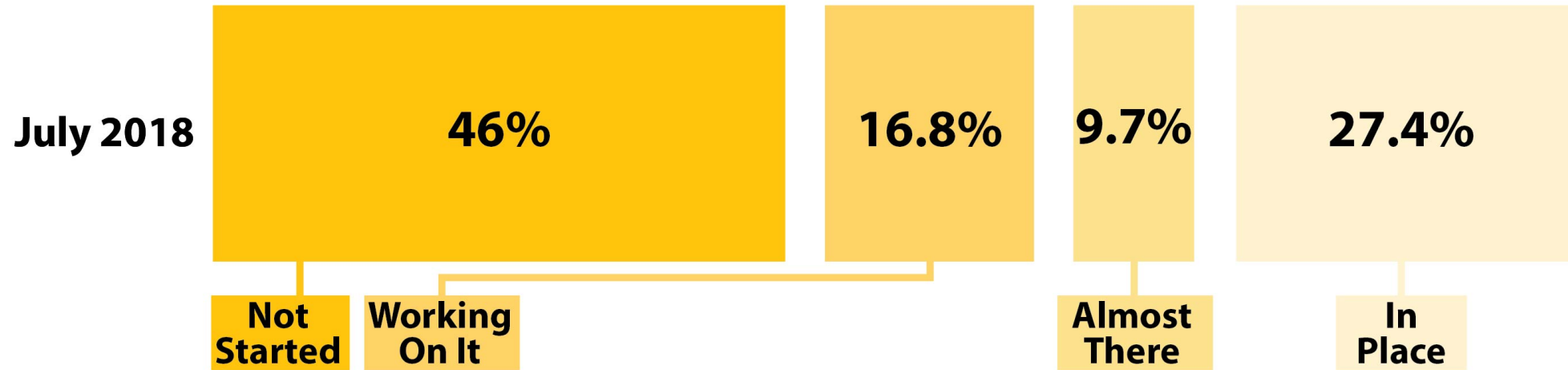|	
In place before June 2018	69.3%
In place August 2019	100%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have OB hemorrhage supplies readily availa[ble] typically in a cart or mobile box.

In place before June 2018 — **69.3%**

In place August 2019 — **100%**

50% Improvement

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline
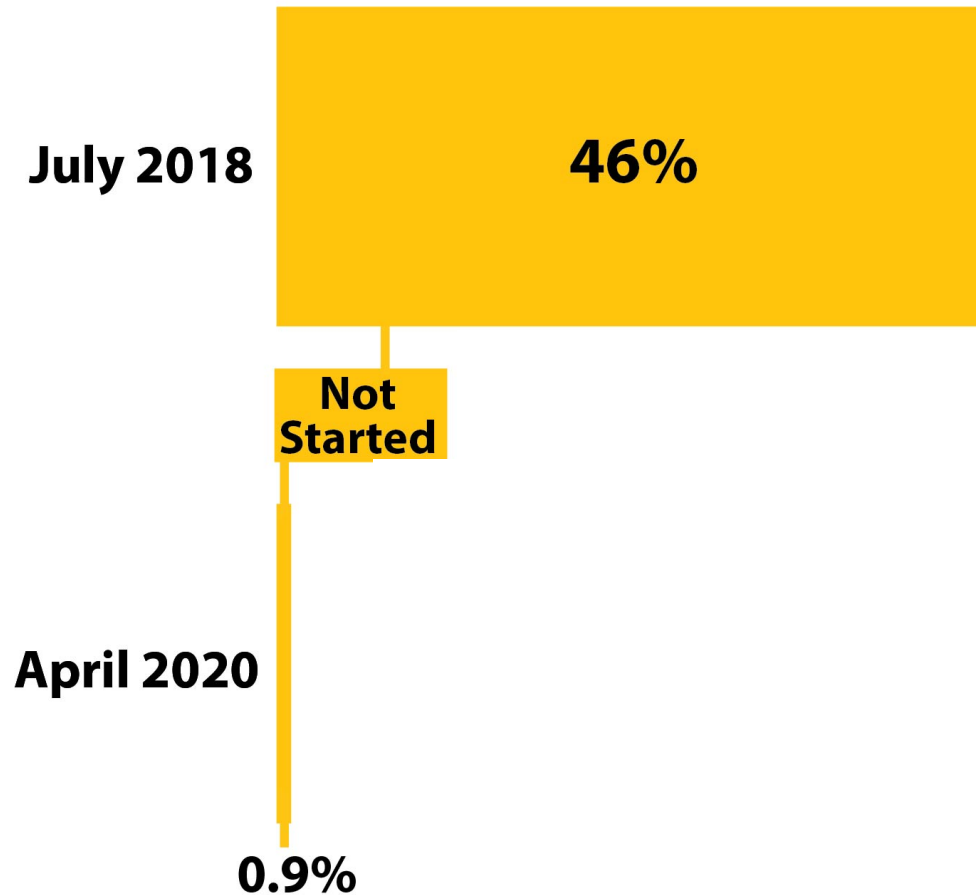
Hemorrhage Risk Assessment

July 2018

| 46% | 16.8% | 9.7% | 27.4% |

Not Started | Working On It | | Almost There | In Place

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Risk Assessment

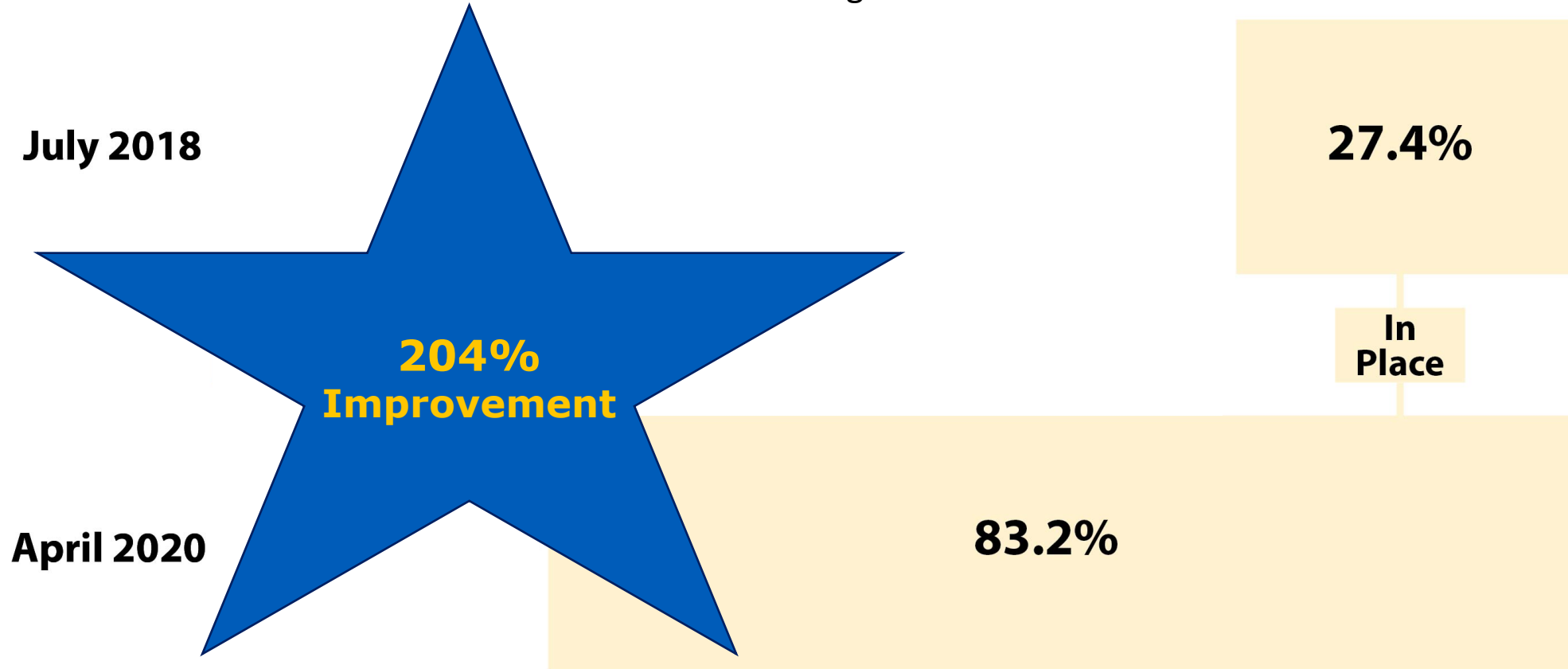**July 2018**

46%

Not Started

April 2020

0.9%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percent-age of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Risk Assessment

July 2018

27.4%

In Place

April 2020

83.2%

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Risk Assessment

July 2018

204% Improvement

27.4%

In Place

April 2020

83.2%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

Dry Weights

Peach peripad = 25 gm
Green Chux pad = 540 gm
Pink Chux pad= 440 gm
Patient gown = 365 gm
Large gown = 460 gm
Towel = 280 gm
Wash cloth = 40 gm
Raytex 4 X 4 = 5 gm
Blue Towel = 55 gm
Baby Blanket = 125 gm
Bed sheet = 460 gm
Blanket- adult = 805 gm
Comforter = 1280 gm
Extra large gown = 515 gm
Lap = 20 gm

Procedure for Quantification of Blood Loss (QBL)

- Weigh all bloody items in grams
- Subtract dry weights in grams
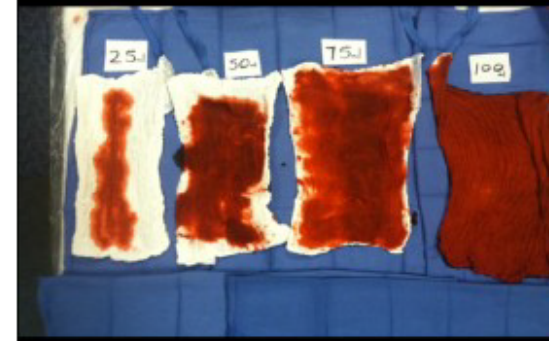- Remaining weight in grams = ml blood loss

1 gram = 1 ml

Photos: Tricia Walton and Hedy Edmund

Use of a calibrated under the buttocks drape clearly shows an amount of 275 ml of blood loss.

Visual Estimation of Blood Loss

25 ml blood saturates about 50% area

50 ml blood saturates about 75% area

75 ml blood saturates entire surface

100 ml blood will saturate entire lap and drip
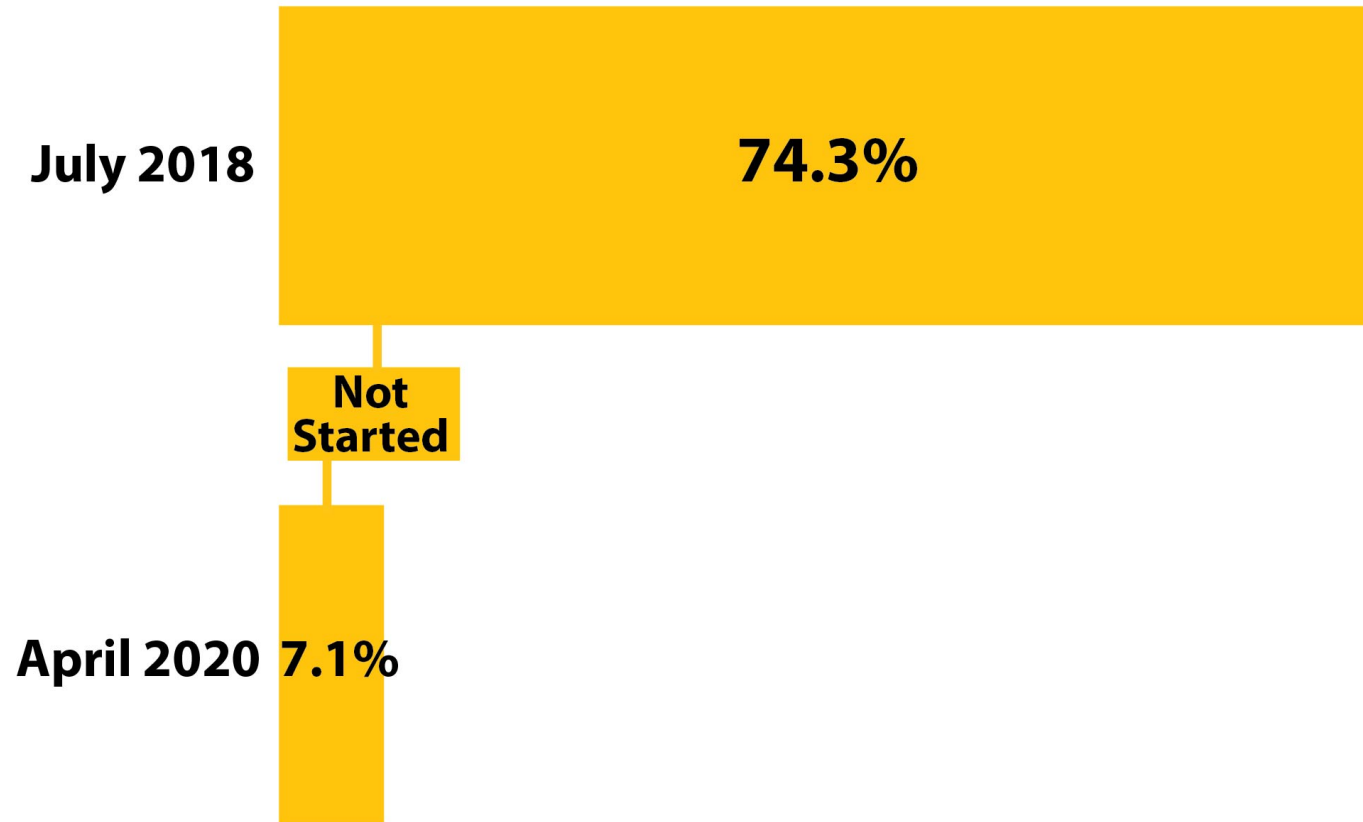

50 ml   100 ml   200 ml   500 ml   700 ml

FPQC

Partnering to Improve Health Care Quality for Mothers and Babies

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline
Quantitative Blood Loss Measurement Through Recovery

July 2018 — 74.3%

Not Started

April 2020 — 7.1%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline
Quantitative Blood Loss Measurement Through Recovery

July 2018
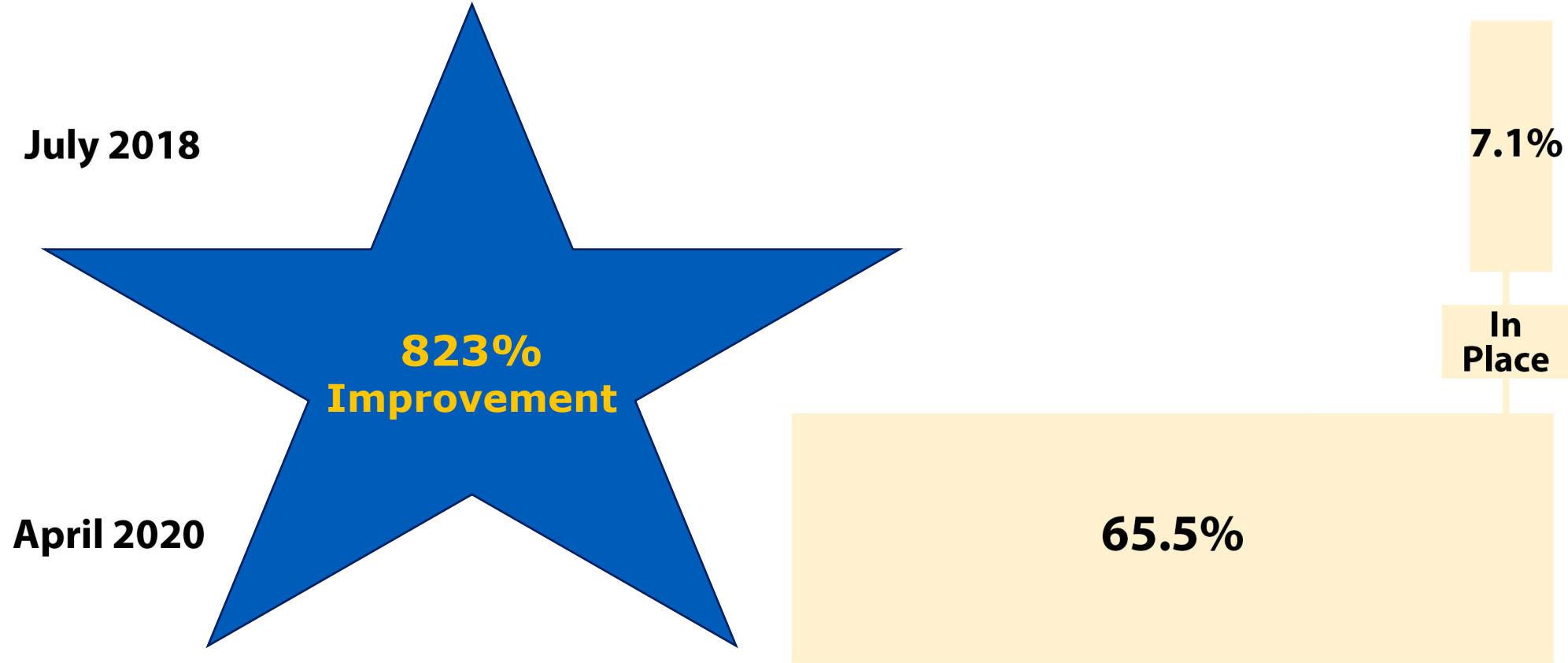
7.1%

In Place

April 2020

65.5%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percent-age of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Quantitative Blood Loss Measurement Through Recovery

July 2018
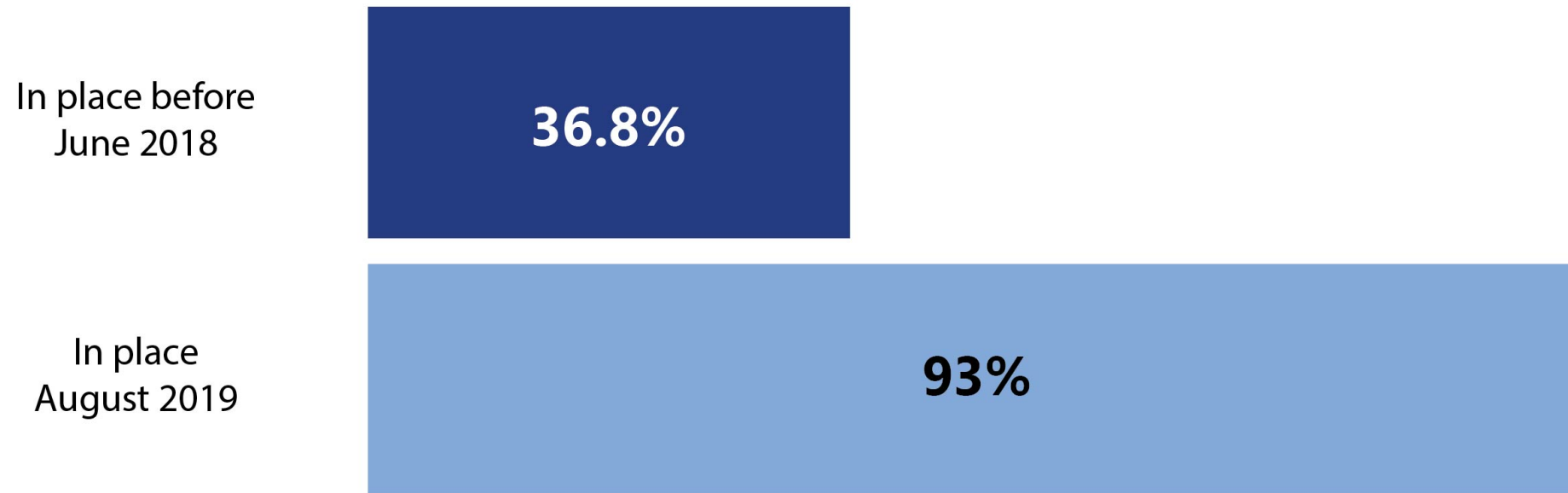
7.1%

823% Improvement

In Place

April 2020

65.5%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals with an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists.

In place before June 2018: **36.8%**

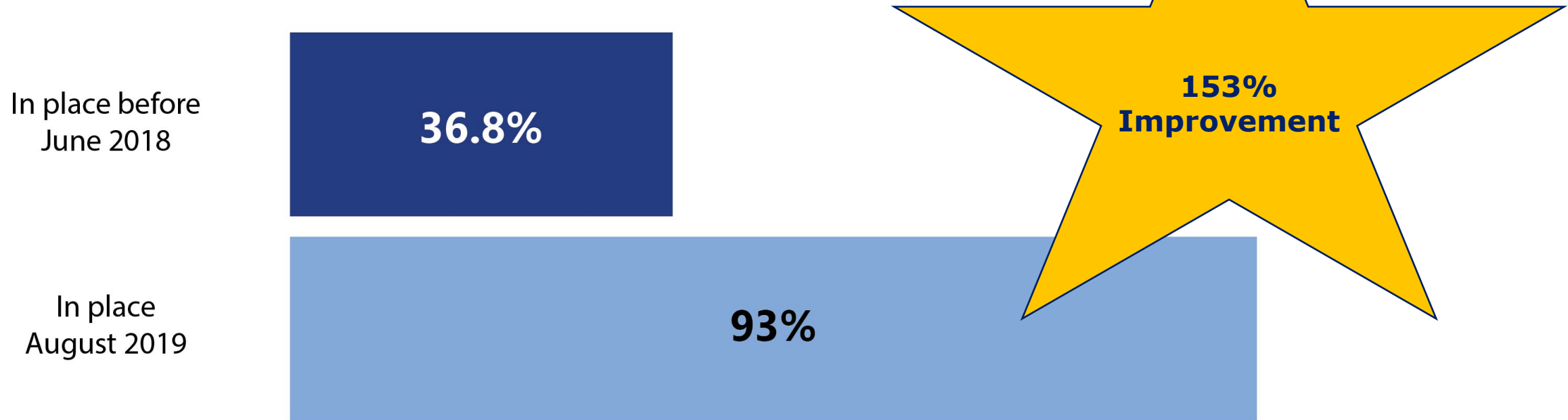In place August 2019: **93%**

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals with an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to a stage-based management plan with checklists.

In place before June 2018

36.8%

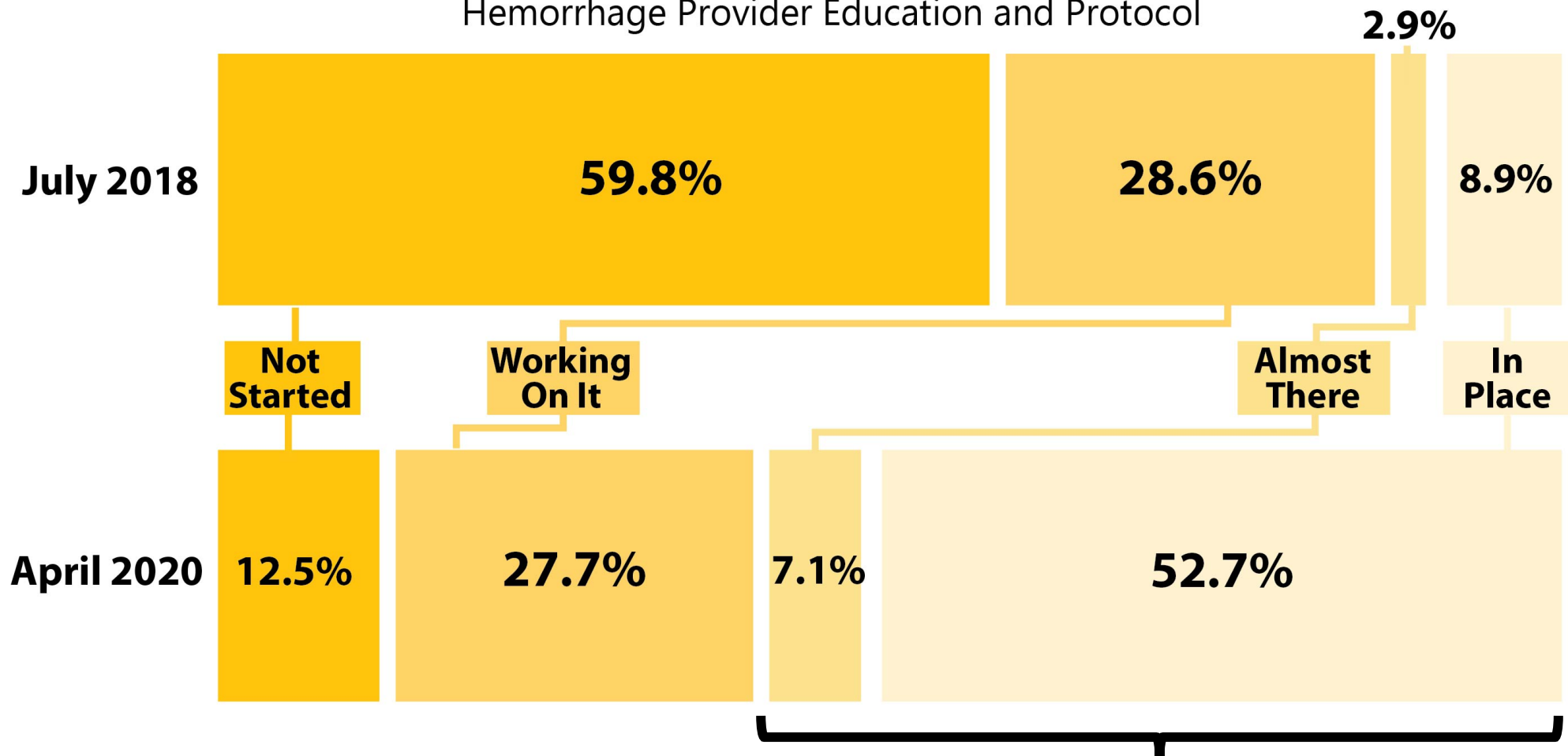**In place August 2019**

93%

153% Improvement

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

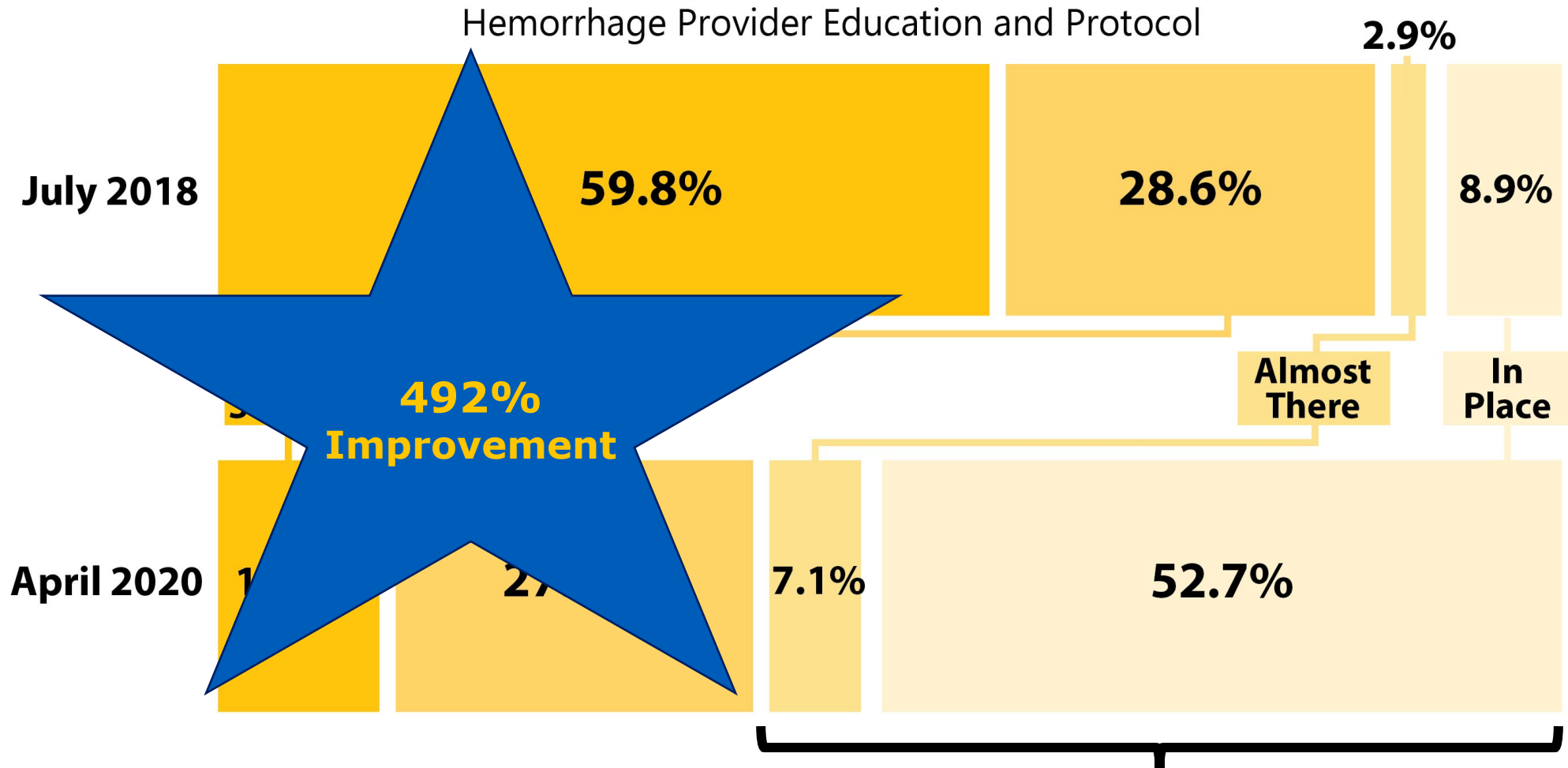# AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Provider Education and Protocol

July 2018

Not Started	Working On It	Almost There	In Place
59.8%	28.6%	2.9%	8.9%

April 2020

Not Started	Working On It	Almost There	In Place
12.5%	27.7%	7.1%	52.7%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Provider Education and Protocol

2.9%

July 2018

59.8%

28.6%

8.9%

492% Improvement

Almost There
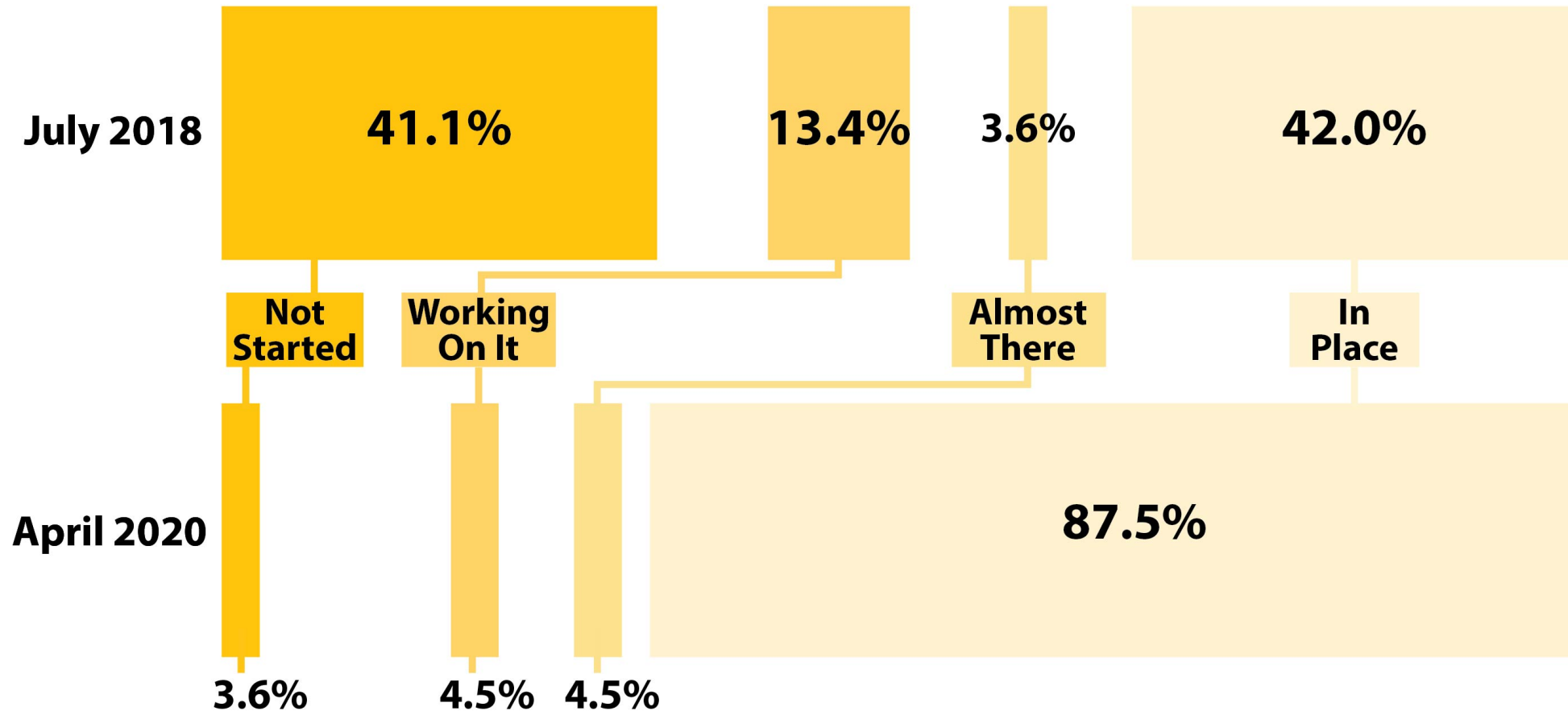
In Place

April 2020

7.1%

52.7%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Nursing Education: Obstetric Bundle Elements/Protocols

July 2018

Not Started	Working On It		Almost There	In Place
41.1%	13.4%	3.6%		42.0%

April 2020

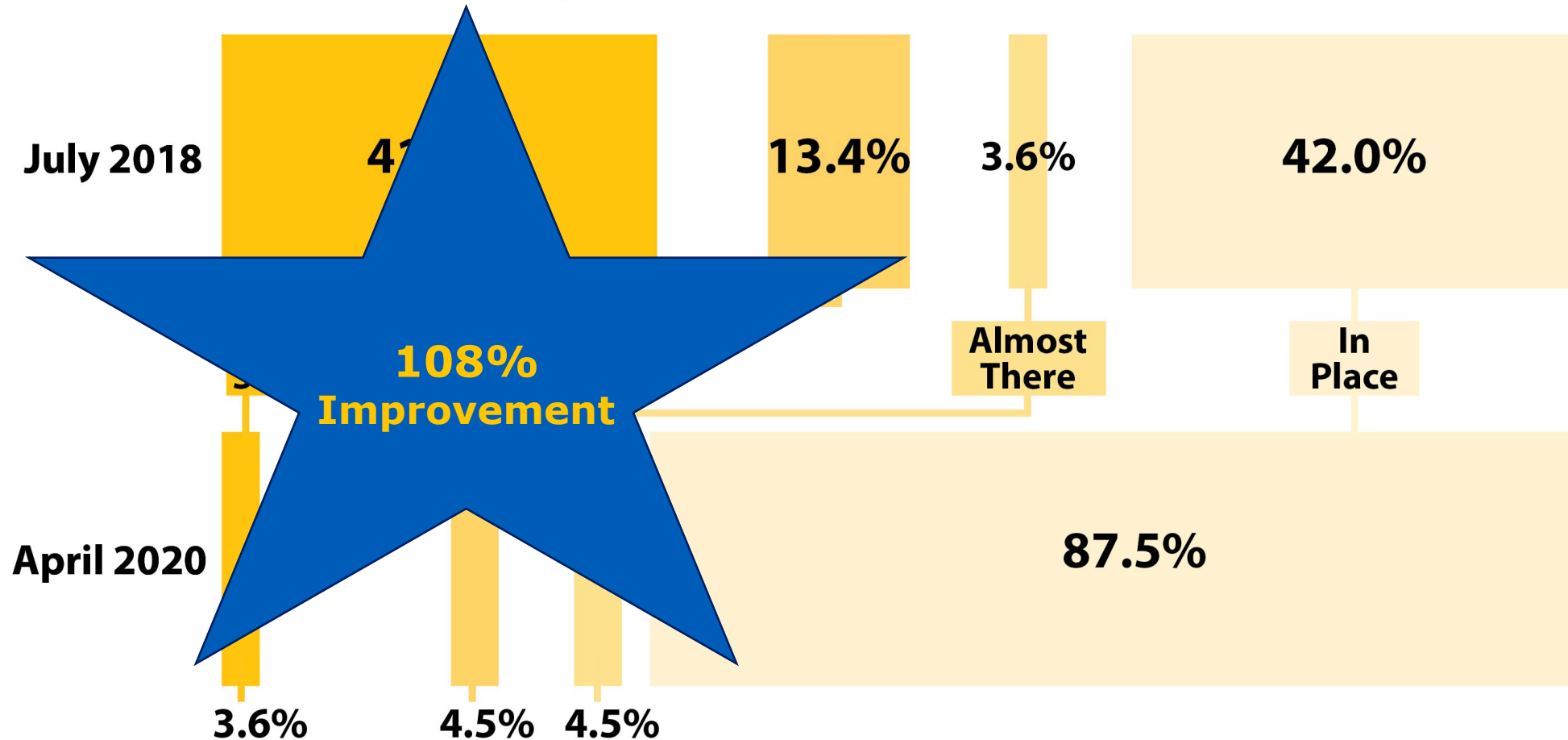| Not Started	Working On It	Almost There	In Place
3.6%	4.5%	4.5%	87.5%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Nursing Education: Obstetric Bundle Elements/Protocols

July 2018   4?   13.4%   3.6%   42.0%

108% Improvement

Almost There

In Place

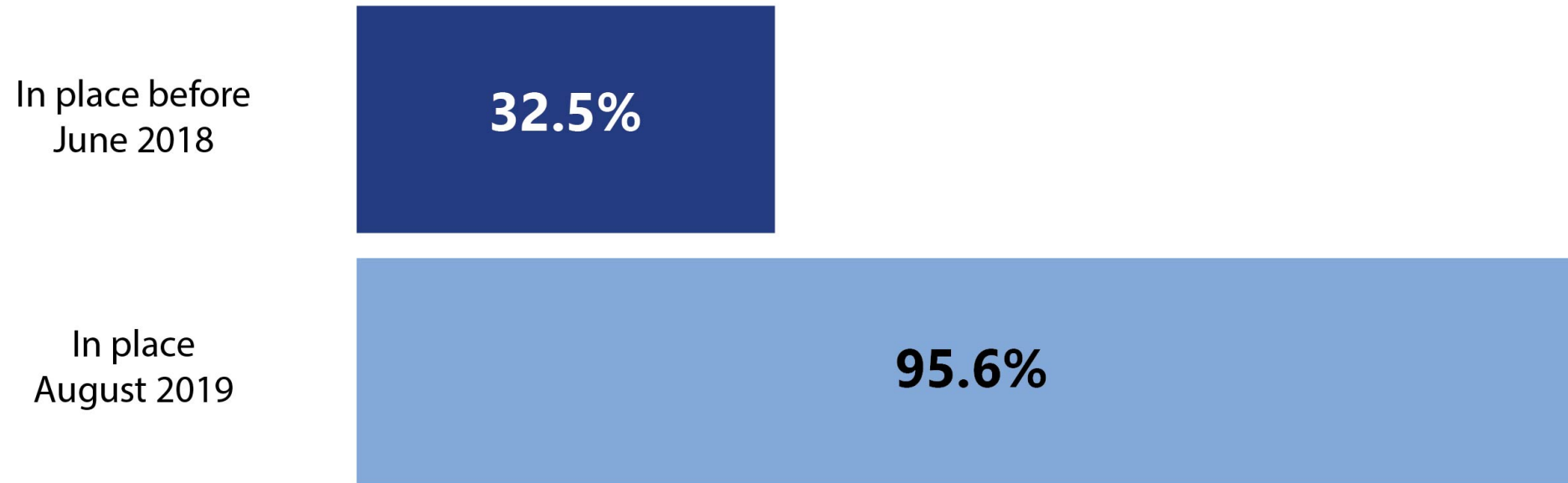April 2020   87.5%

3.6%   4.5%   4.5%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a system to perform regular formal debriefs after cases with major complications.

In place before June 2018
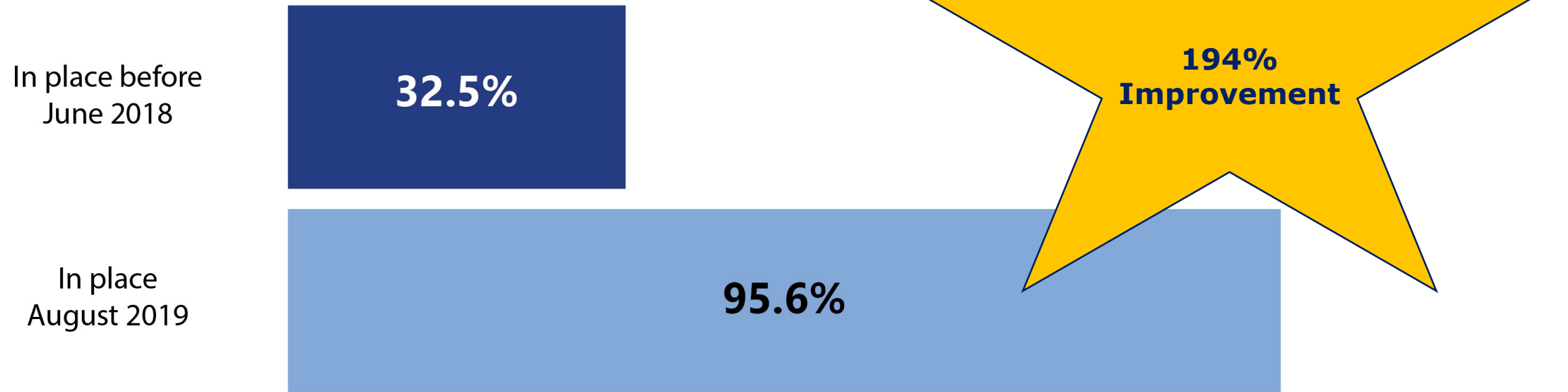
32.5%

In place August 2019

95.6%

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a system to perform regular formal debriefs after cases with major complications.

In place before June 2018 — **32.5%**

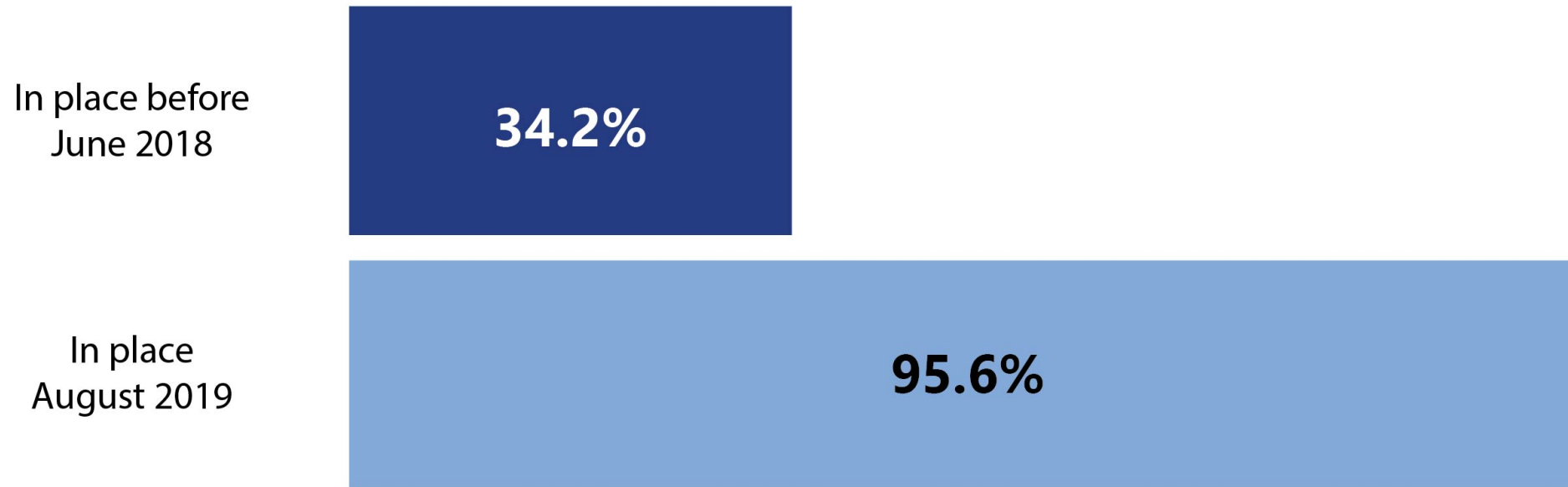In place August 2019 — **95.6%**

194% Improvement

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with a VTE).

In place before June 2018 — **34.2%**
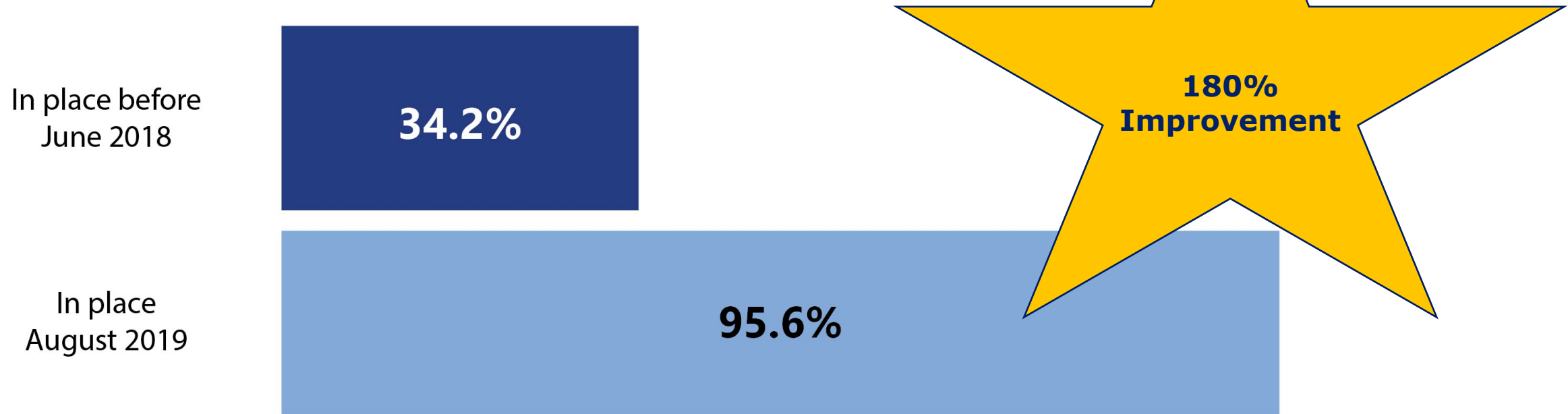
In place August 2019 — **95.6%**

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

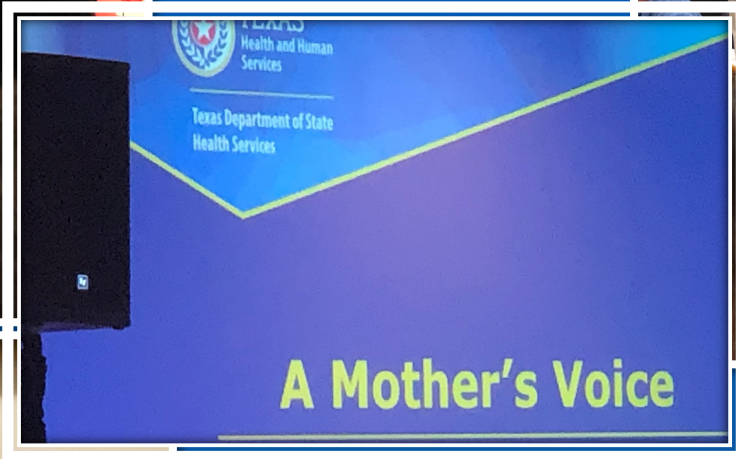# AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including when admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with VTE).

In place before June 2018 — **34.2%**

In place August 2019 — **95.6%**
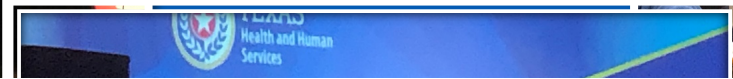
180% Improvement

Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

A Mother's Voice

The TexasAIM Way:
Share Seamlessly
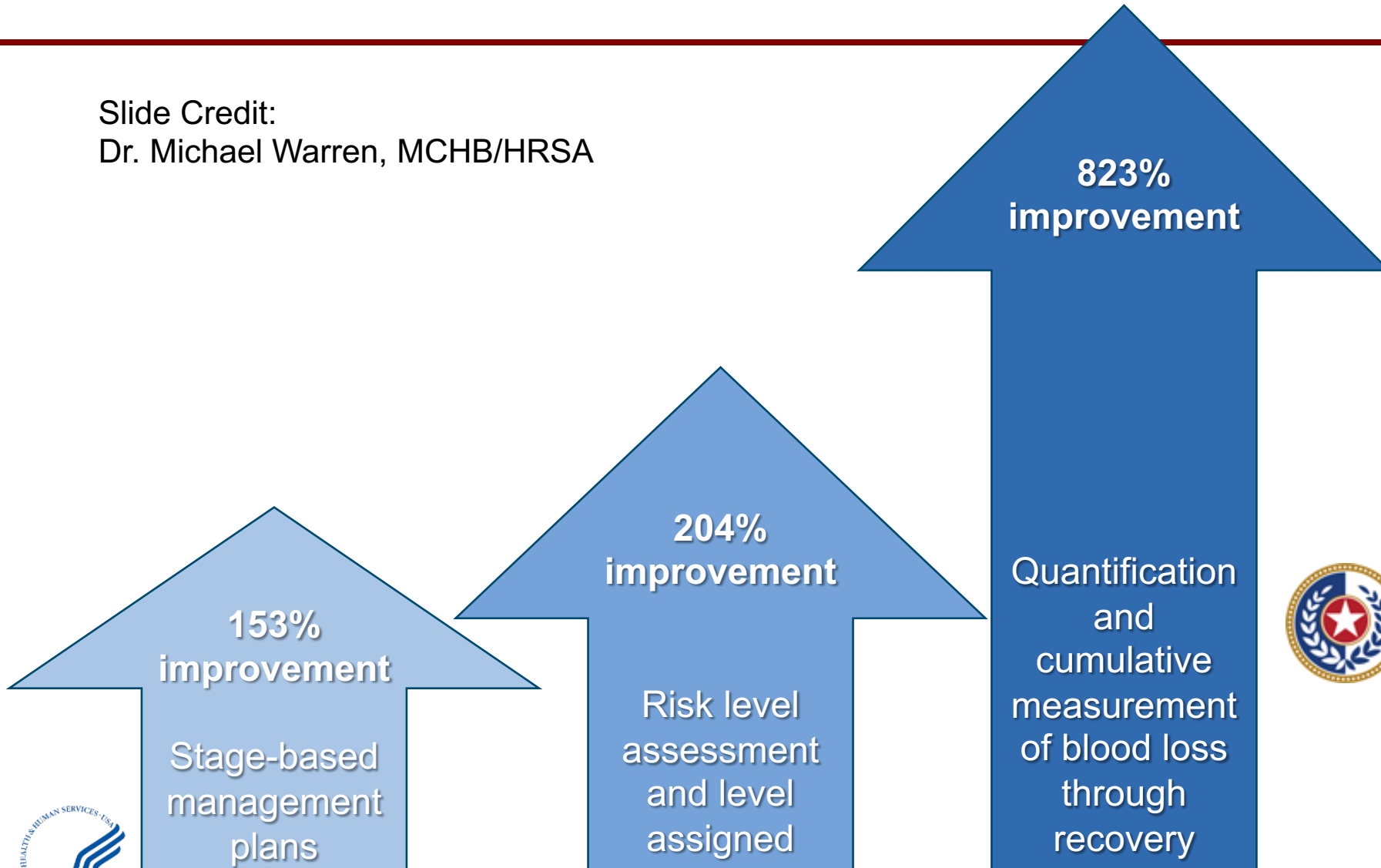
Steal Shamelessly*
*with credit

To make health care safer

for every mother

51

ACCELERATE: Reducing Hemorrhage in Texas

Slide Credit:
Dr. Michael Warren, MCHB/HRSA

153% improvement

Stage-based management plans

204% improvement

Risk level assessment and level assigned

823% improvement

Quantification and cumulative measurement of blood loss through recovery

Provisional Finding

- 14% reduction from baseline (2017) in the rate of Severe Maternal Morbidity* among Hemorrhage Cases occurring during initial intervention period [Oct. 2018-Dec. 2019].

(excludes cases with only a transfusion code)

TEXAS HOSPITALS ARE COMMITTED TO

SAFE CARE FOR EVERY MOTHER

TexasAIM Plus OBH Volunteer Faculty

Carey Eppes, MD, MPH
TexasAIM Faculty Chair

Carlos Carreno,
MD

Carroll Deighton,
MSN, RNC-OB, C-EFM

Jamie Morgan,
MD

Karin Fox,
MD, M.Ed.

Kendra Folh,
BSN, RNC-OB

Linda H. Beaverstock,
BSN, RNC-OB, C-EFM

Rakhi Dimino,
MD, MMM, FACOG

Renee' Jones,
DNP, RNC-OB, WHNP-BC

Suzanne Lundeen,
PhD, RNC-OB, NEA-BC

Patricia Heale,
DNP, RNC-OB, C-EFM

TexasAIM
Reducing Maternal Mortality & Morbidity in Texas

LEARNING SESSION

TexasAIM Plus HTN Learning Collaborative **Enrolling Now**

https://dshs.texas.gov/mch/TexasAIM

TexasAIM@dshs.texas.gov

Thank you!

Healthy Texas Mothers & Babies: A State Update

Michelle L. Cook, PhD, MPH

Michelle.Cook@dshs.state.gov

Julie Stagg, MSN, RN, IBCLC, CPHQ

Julie.Stagg@dshs.state.gov