



OMNI INSTITUTE REPORT



The Virginia Neonatal Perinatal Collaborative Annual Report

The Virginia Neonatal Perinatal Collaborative Annual Report

2024

Submitted to:
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Contents

- Executive Summary 5**
- Introduction 13**
- 2024 Projects 16**
 - Project LOCATe..... 17
 - Turn the Page 21
 - Project SMILE 23
 - A Focus on Maternal Mental Health..... 24
 - Eliminating Bias in the Dyad Care (EBDC) 26
 - Late Pre-Term QI Project 28
 - VNPC Emerging Leaders Workgroup 29
 - VNPC Community Fund 30
 - Maternal and Infant Health Environmental Scan 31
 - Nationwide PQC Structure & Funding Assessment 33
- Key Events 34**
 - Webinars 34
 - Perinatal Mental Health Safety: Bear Bulletins..... 37
 - Podcast..... 37
 - 5th Annual Day of Learning 37
 - 8th Annual VNPC Summit 38
 - Staff Papers, Posters, and Presentations..... 40
 - VNPC in the Community..... 41
 - Partnership with Urban Baby Beginnings 42
- Infrastructure..... 43**
 - VNPC Infrastructure 43
 - Strategic Council 43
 - Advisory Committees..... 44
 - Perinatal Advisory Committee 44
 - Neonatal Advisory Committee..... 45
 - Community Advisory Committee..... 45
 - VNPC Vision Alignment Champion Execution (VACE) Roundtable 46
 - Staff 46

Funding.....	47
CDC Perinatal Quality Collaborative Grant	47
CDC Foundation Grant Award.....	48
Communication	49
Legislation Follow-Up.....	50
From Action to Outcome.....	54
References	55



2024

Virginia Neonatal Perinatal Collaborative Annual Report Executive Summary

The Virginia Neonatal Perinatal Collaborative (VNPC) was recognized in 2017 as the 42nd state perinatal quality collaborative (PQC) to improve maternal and infant health outcomes for all pregnant and parenting people, their families, and their infants.

The VNPC’s mission aims to ensure that every pregnant and parenting person has the best possible perinatal care and that every infant across Virginia is cared for in a way that gives them the best possible start to their lives. To accomplish this, the VNPC utilizes an evidence-based, data-driven collaborative process that brings together pregnant people and their families, maternal health providers, and state leadership to iteratively strengthen maternal health practices across a wide range of metrics. This report details the work that the VNPC completed in 2024.

Over the past eight years, the VNPC has worked towards developing a foundation for key health metrics, advocating for policy, and working towards a collaborative perinatal and infant care system across the state. In 2024 alone, the VNPC:

- ✓ Gathered service data on the majority of hospitals within Virginia to aid in classifying their level of care
- ✓ Launched funding to support community organizations that provide maternal care across the state
- ✓ Developed a task force to create a statewide strategic plan for maternal health
- ✓ Created an Emerging Leaders workgroup for future maternal and infant healthcare providers to foster a greater understanding of care needs
- ✓ Through federal grant funding in partnership with Urban Baby Beginnings expanded maternal health hubs, by creating infrastructure, workforce competencies, and data collection

Strategic Priorities for 2023-2026

The VNPC developed a strategic plan to guide their work for 2023-2026. This plan identified four major priority areas:

1 Respectful Care Ensure all those who are pregnant or have been pregnant and their families receive quality care reflective of their needs and desires before, during, and after pregnancy	2 Communities Strengthen relationships and build trust to engage diverse communities, that reflect the pregnant/parenting populations in the work of the Collaborative	3 Data Increase access, understanding, and utilization of perinatal and infant care data	4 Communication Share a vision of success that mobilizes our community to action and change
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2024 Projects

The VNPC has established many projects that work toward the goal of improving the health of those who are pregnant or have recently been pregnant and infants throughout the Commonwealth.

Project LOCATe (Levels of Care Assessment Tool)

Because definitions and monitoring levels of care vary widely among states, the CDC has developed LOCATe (Levels of Care Assessment tool), a web-based tool to help birthing hospitals and newborn care units to self-assess their levels of maternal and neonatal care. Hospitals also receive an additional assessment from the CDC. The VNPC is facilitating Project LOCATe with VHHA across the Commonwealth.

The VNPC used the results of the 2023 LOCATe assessment to further collaborate with hospitals and increase awareness of and access to care across the Commonwealth of Virginia.



Turn the Page

The Turn the Page project focuses on collecting stories of when birthing people overcame challenges or received exceptional support during their journey with the maternal health system and then shares those stories on social media. These stories serve to lead by example and provide ways to improve the maternal health system in the state. The VNPC has a total of 1,097 views across all Turn the Page stories on their YouTube Channel.



Project SMILE (Supporting Maternal mental health through Initiatives, Learning and Engagement)

Project SMILE, which is a component of an overarching project called Project EMBRACE, is a data-driven quality improvement project that works with birthing facilities to implement programming for the perinatal mental health needs for their facilities and populations. Birthing facilities can choose the focus of their educational programming based on the needs of their community. The goal of the project is to improve outcomes related to perinatal mental health.

The VNPC is gathering baseline data on perinatal mental health, including whether patients received or were referred to treatment, as well as provider and nursing education.



Eliminating Bias in the Dyad Care (EBDC)

Eliminating Bias in the Dyad Care (EBDC) is a quality improvement (QI) project that will focus on improving outcomes for Virginia’s pregnant and parenting families and infants impacted by substance use disorder.

The Eliminating Bias in the Dyad Care (EBDC) project is currently in the pilot planning phase for implementation in January 2025!



Late Pre-Term Quality Improvement (QI) Project

The Late Pre-Term QI Project seeks to identify practices across NICUs and Newborn nurseries in the Commonwealth to develop standards of care and best practices for infants.

Preliminary data show that late preterm birth rates are rising in recent years. In 2018, the preterm birth rate was 67.69 late preterm births per 1,000 live births and in July 2024 it was 73.76.

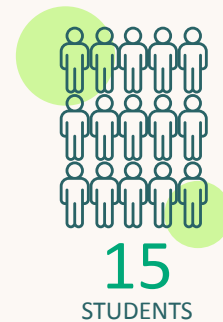
LATE PRETERM BIRTHS PER 1,000 LIVE BIRTHS



VNPC Emerging Leaders Workgroup

The Emerging Leaders Workgroup seeks to assist in establishing the next generation of perinatal and infant healthcare leaders through hands-on experience with the VNPC’s many initiatives.

The first cohort was made up of more than 15 undergraduate, master’s, and doctoral students across 4 schools: University of Virginia, Virginia Commonwealth University, Chamberlain University and University of North Texas.



VNPC Community Fund

The VNPC Community Fund provides funds to support local organizations engaging in improvements to maternal and infant health across the Commonwealth. Each organization that receives funds gets up to \$2,500 to focus on building sustainable programming.

Ten organizations were awarded funding in the first round and the VNPC will grant funds twice a year moving forward.



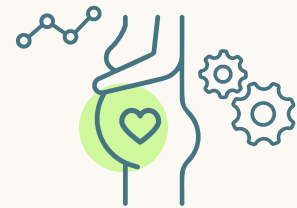
\$2,500
PER ORGANIZATION

10
ORGANIZATIONS

Maternal and Infant Health Environmental Scan

[Environmental Scan](#) provides an overview of maternal and infant health trends.

The environmental scan report provides detailed insights into maternal health before, during, and after pregnancy, infant health, and access to care, as well as highlighting maternal-care deserts around the state.

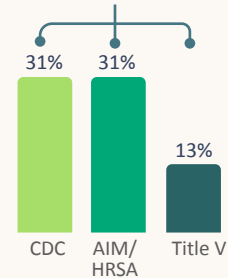


PQC Structure & Funding Assessment

The PQC Structure and Funding Assessment provides clarity surrounding PQCs across the United States offering a greater understanding of their funding, structures, and goals in an effort to strengthen PQC support across the country.

One interesting finding is that, on average, PQCs tend to have 3 funding sources. Federal funding sources make up most of PQC funding. The CDC funds 31% of PQCs, followed by Alliance for Innovation on Maternal Health/HRSA (31%), and Title V (13%).

PERINATAL QUALITY CARE FUNDING SOURCES

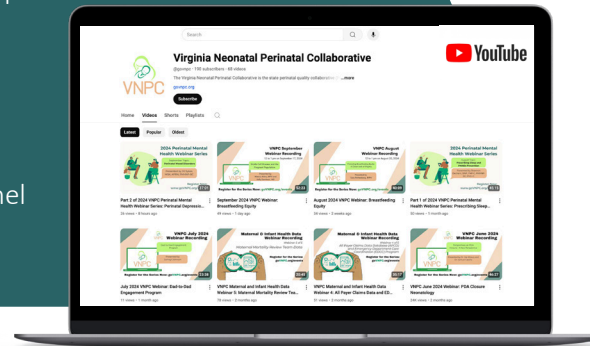


Key Events

Monthly Webinars

The VNPC holds a webinar on the third Tuesday of every month to provide additional information and education opportunities for providers around the state. Topics are determined in collaboration with providers to ensure they are as useful as possible.

All webinars are recorded and put on the VNPC YouTube channel to watch again or if missed during the live presentation.



Topic List for 2024 Webinars

- JAN** Perinatal Mental Health Fundamentals for the Practicing Clinician
- MAR** Harm Reduction Model of Care for Women Experiencing Substance Use Disorders
- APR** Evidence of Racial Disparities in Hospital Delivery Data (VNPC) and the Impact of Doulas (DMAS)
- MAY** Stress Injury & Trauma Informed Care for L&D Patients
- JUN** Perspectives in PDA Closure – A Neo Perspective
- JUL** Dad-to-Dad Engagement Program
- SEP** Sickle Cell Disease and the Pregnant Population
- OCT** Impact of Breast Cancer on Pregnancy
- NOV** The Virginia Prison Birth Project



In addition to the monthly webinar series, in 2024, the VNPC hosted additional topic specific series throughout the year.

VNPC 2SLGBTQIA+ Competency Series

The series was made up of the following sessions:

- 2SLGBTQIA+ 101
- Queer Fertility & Family Planning
- Advanced Mental Health Considerations for 2SLGBTQIA+ Families
- Intersectionality and Queer Identity of Families


5
PART SERIES


104
ATTENDEES

VNPC Maternal and Infant Health Data Series

The series was made up of the following sessions:

- Maternal Health Dashboard
- Queer Fertility & Family Planning
- Navigating State-level Data to Support Maternal Health
- All Payer Claims Data Database (APCD) and Emergency Department Care Coordination (EDCC) Program
- Maternal Mortality Review Team Data


5
PART SERIES


310
ATTENDEES

Perinatal Mental Health Safety Series

The series was made up of the following sessions:

- Prescribing Sleep and PMADs Prevention
- Perinatal Depression, Anxiety, and OCD
- Childbirth-Related Post-Traumatic Stress Disorder in the Perinatal Population
- Bipolar Disorder and Perinatal Psychosis
- Perinatal Psychiatric Safety Risk Assessment and Prevention in the Perinatal Period


5
PART SERIES


62
ATTENDEES
THUS FAR

Fifth Annual Day of Learning

The VNPC's Fifth Annual Day of Learning was held March 18th, 2024 at The Westin in Richmond, Virginia. The Conference's theme was "Connecting the Dots: Data to Action."


162
ATTENDEES


16
SPEAKERS


6
VENDORS

Eighth Annual VNPC Summit

The VNPC held its Eighth Annual Summit from October 20-21, 2024 in Wintergreen, Virginia. The summit continued the VNPC's theme for 2024 by focusing on "Connecting the Dots: Action to Outcome." This year's Summit brought together experts, advocates, and community members to discuss key issues and data surrounding perinatal and infant health. Attendees learned about the findings of the VNPC's projects and identified ways in which these learnings could inform ongoing and future healthcare practices in Virginia.


130+
ATTENDEES



Infrastructure Changes

In the seven years since the VNPC was established, the VNPC has been successful in increasing funding, expanding program offerings, and growing its staff. The VNPC welcomed a new Communications Manager, Terrance Dixon, and worked with over 15 undergraduate, masters, and doctoral students for its inaugural VNPC Emerging Leaders Workgroup.



Terrance Dixon,
Communications Manager

Funding

The VNPC has been awarded several high-profile grants to help them further their mission. These include:

 \$250,000

The Centers for Disease Control and Prevention (CDC) Perinatal Quality Collaborative grant which provides approximately \$250,000 per year over five years. This grant seeks to support activities that strengthen PQCs and improve perinatal outcomes.

 \$50,000

The CDC Foundation Grant Award which provides \$50,000 to implement quality improvement activities fostering respectful maternal care.



Legislation

Executive Order 32

Signed in June 2024, Executive Order 32: Task Force on Maternal Health Data and Quality Measures, sought to re-establish a task force focused on evaluating and improving data collected on maternal health for the purposes of improving maternal healthcare across the Commonwealth. The VNPC's Executive Director has been directed to participate in the re-convening of the task force and will play an active role in strengthening maternal health data across the Commonwealth.

H.B. 831

H.B. 831: Expanding the Composition and Scope of Work of the Maternal Mortality Review Team. Introduced in January 2024, this bill sought to expand the participants on the Maternal Mortality Review Team (MMRT) and outline the MMRT's expansion plan for data collection and review, as well as the development and implementation of their recommendations.

Looking Forward

In 2024, the VNPC broadened its reach and support for pregnant and parenting individuals, as well as infants, across the Commonwealth through enhanced infrastructure, new projects, events, and community partnerships. The VNPC has also examined policies and structures to identify areas of improvement and plans to further expand its efforts in 2025.



Introduction

The Virginia Neonatal Perinatal Collaborative (VNPC) seeks to ensure that the health, care, and welfare of every pregnant and/or parenting person, and their infant, meets the highest standards of care. The VNPC’s work has never been more important as, in the Commonwealth, maternal mortality rates climbed by almost 4% between 2021 and 2022 (32.7 deaths per 100,000 live births between 2018-2022 in comparison to 29.1 in 2018-2021 [Centers for Disease Control and Prevention, 2023c]). Infant mortality slightly increased as well with a rate of 6.21 in 2022 (a total of 594 deaths) in comparison to 5.61 in 2021 (CDC, 2023b). This places Virginia 33rd in the nation, meaning that 31 states and the District of Columbia have a lower rate of infant mortality than Virginia does.

Across the Commonwealth of Virginia:

- ★ The number of deliveries with a **severe maternal morbidity classification increased** from 664 in 2022 to 701 in 2023, continuing an increasing trend which began in 2020 (VNPC, 2024c);
- ★ **The maternal mortality rate for non-Hispanic Black mothers was 98.11** in comparison to 33.55 for non-Hispanic white mothers in 2021 (VNPC, 2024c);
- ★ **Perinatal mental health conditions were high for people who gave birth in 2023** with a rate of 154.25 per 1,000 hospital deliveries involving a diagnosis for depression and a rate of 109.41 for anxiety (VNPC, 2024c);
- ★ **1,582 births in 2021 involved the presence of a substance** with 440 births involving opioids, 100 showing the presence of alcohol, and 1,042 indicating the presence of cannabis; and
- ★ **Sepsis had a severe maternal mortality rate of 89.74 per 100 hospital deliveries** and disproportionately impacted Black mothers in 2021 (VNPC, 2024c).

Recognizing the healthcare needs of those who are pregnant or have recently delivered in the past year, the VNPC works collaboratively with healthcare partners across the Commonwealth to develop a stronger maternal and infant system of care. As shown in this report, the collaboration between the VNPC and its many partners takes the form of several initiatives, both new and ongoing. These initiatives have been designed to shift and evolve in order to align with maternal and infant data trends and to ensure that emerging health trends are consistently monitored and addressed.

Data from across Virginia shows a growing concern regarding maternal and perinatal mental health. **Mental health and substance use diagnosis rates are high for pregnant and/or parenting people in the Commonwealth, yet the mental health of new and expecting parents is often overlooked in healthcare.** To account for this, the VNPC has shifted a number of its initiatives, described below, to better address the mental health needs of new and expecting parents.

The Virginia Neonatal Perinatal Collaborative uses an evidence-based, data-driven, and collaborative approach to strengthen the quality of perinatal and infant care across the Commonwealth.

In 2026, the VNPC will celebrate its tenth year as an organization. Throughout this time, the VNPC has served as a leader in maternal and infant healthcare across the Commonwealth, moving the work of key groups, such as the Maternal Mortality Review Team, from findings towards tangible policies and programming. Over the past eight years, the VNPC has worked towards developing a foundation for key health metrics, advocating for policy, and working towards a collaborative healthcare system. In 2024 alone, the VNPC:



- ★ Gathered service data on the majority of hospitals within Virginia to aid in classifying their level of care;
- ★ Launched funding to support community organizations that provide maternal care across the state;
- ★ Developed a task force, in partnership with Urban Baby Beginnings, intended to address healthcare needs and disparities;
- ★ Created an internship program for future maternal and infant healthcare providers to foster a greater understanding of care needs; and
- ★ Increased community engagement to foster a greater understanding of maternal and perinatal care for providers, the public, and new and expecting parents.

While these actions alone have aided in increasing the quality of care available in Virginia, it is important to ensure that the impact of these actions are measurable. **With this in mind, in 2024, the VNPC has been guided by the goal of moving from action to outcomes and ensuring all programming and initiatives have a measurable impact on the quality of maternal and perinatal care across Virginia.** Across all the initiatives and activities listed in this report, the VNPC staff have asked themselves, “how can we show the impact of our work?”

To showcase the outcomes of its efforts, the VNPC has engaged in several activities that highlight the VNPC’s work across the Commonwealth, including:

- ★ Hosting the 2024 VNPC Day of Learning in March focused on moving data to action as a means of improving maternal and infant health outcomes;
- ★ Presenting the VNPC’s work at the Maternal Health Innovation Symposium and the Association of Maternal and Child Health Program’s annual conference;
- ★ Developing reports on key projects of the VNPC including an environmental scan of maternal and infant health in Virginia and late pre-term births across the state;

- ★ **Facilitating over a dozen webinars** focused on providing care providers, community organizations, and parents with information on a wide range of topics related to maternal and infant health;
- ★ **Advocating for legislation** that supports and strengthens maternal and infant healthcare; and
- ★ Hosting the 2024 Annual Summit which emphasized **changing the narrative around maternal and infant mental and physical health** to ensure greater health outcomes.

By collaboratively engaging with healthcare providers and community organizations, the VNPC continues to work towards developing a more holistic system of maternal and infant healthcare that aims to reduce the disparities found across the Commonwealth.

In all their activities and initiatives, the VNPC is driven by the four strategic priorities outlined in their 2022 – 2025 Strategic Plan. These priorities, initially developed in 2021, continue to ensure that all work conducted by the VNPC uses a data-driven approach to education and strengthens care practices for all communities within Virginia.



The strategic priorities drive the VNPC’s decision-making and align with the goals and impacts outlined in the Strategic Plan. As shown in the following sections, the VNPC is meeting its goals and, in moving from action to outcomes, is showing how its work is impacting the maternal and infant healthcare landscape in Virginia.

GOALS

1. Build and strengthen the capacity of PQCs to improve the quality of perinatal care statewide.
2. Build and strengthen data systems to improve identification and documentation of successes and barriers to optimal perinatal and infant health outcomes.
3. Invest in education and relationship building to reduce barriers and increase access to quality care.
4. Communicate the impact of PQCs to increase collaboration on perinatal initiatives and interventions.
5. Solidify the VNPC as the preferred partner in perinatal healthcare.

IMPACTS

1. Virginians have the best possible start to life.
2. All regions of Virginia will have access to the expertise, resources, and data to increase the quality of care for pregnant people and infants.
3. Reduction in bias and barriers resulting in increased access and improved quality of care for pregnant and/or parenting people and families.
4. Interventions will be evidence-based and adopted through communities, vested supporters, partners, and organizations collectively working together to decrease barriers and improve health outcomes for pregnant and/or parenting people and babies.
5. The VNPC is well positioned to lead the state efforts to improve perinatal healthcare.

2024 Projects

Much of the work that the VNPC does to improve the health of those who are pregnant and/or parenting is accomplished through projects. This section provides an overview of the nine projects that the VNPC worked on in 2024.

Project LOCATe

Because definitions and monitoring levels of care vary widely among states, the CDC has developed LOCATe (Levels of Care Assessment Tool), a web-based tool to help birthing hospitals and newborn care units to self-assess their levels of maternal and neonatal care. Hospitals also receive an additional assessment from the CDC. The VNPC is facilitating Project LOCATe with VHHA across the Commonwealth. CDC LOCATe is based on the most recent guidelines and policy statements issued by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine.

Across the United States, data highlights the need for available healthcare for pregnant people:

- ★ In 2022, **817 women died during childbirth** (a rate of roughly 22 women per 100,000 women in the United States; Hoyert, 2024)
- ★ **Non-Hispanic Black mothers have maintained the highest rate of deaths of any racial group** with 49.5 per 100,000 live births in 2022 (Hispanic = 16.9, Non-Hispanic White = 19; Hoyert, 2024)
- ★ **Pregnant persons aged 40 years and older have the highest mortality rate** (87.1 in 2022) per 100,000 live births of any age group in within the United States. Hoyert, 2024).
- ★ In 2023, **roughly three-quarters (75%-78%) of pregnant people were able to access prenatal care** beginning in the first trimester of pregnancy. About seven percent of pregnant people received late or no prenatal care throughout the entirety of their pregnancy (CDC, 2024b).

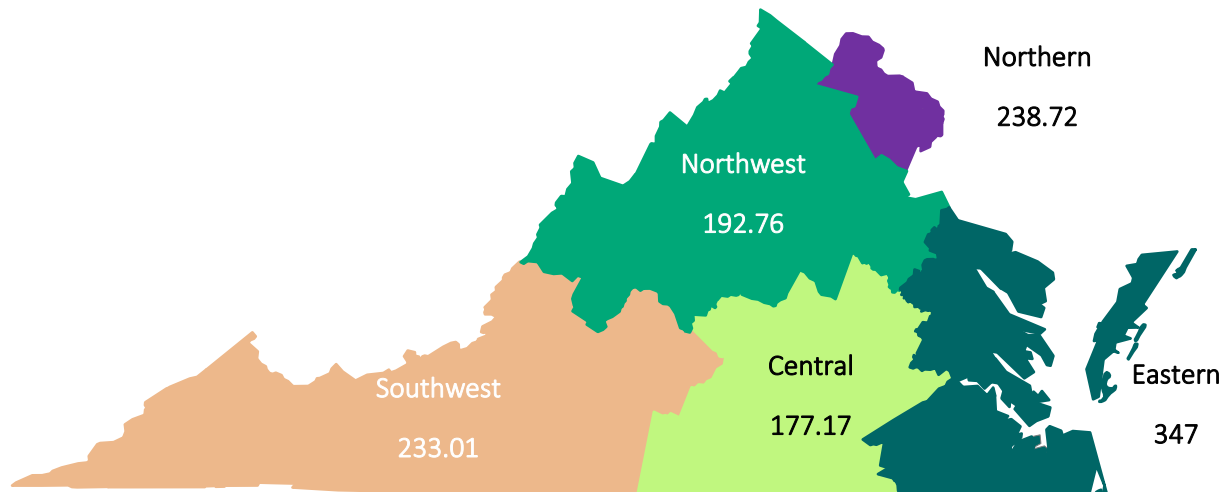
In the Commonwealth of Virginia, data shows a stark picture of the potential outcomes of inaccessible or underprepared maternal healthcare (VNPC, 2024c):

- ★ In 2023, 701 pregnant people were identified as having a **severe maternal morbidity condition** during their delivery.
- ★ In 2023, **8,779 children, 10% of all births, were born pre-term (before 37 weeks)**.
- ★ In 2021-2023, **13,843 total deliveries involved a pregnant person who was diagnosed with a chronic condition** including, but not limited to, acquired hypothyroidism, anemia, obesity, and drug use disorders.

Regionally, this data varies, with the most chronic condition and severe maternal morbidity cases taking place in the Virginia Department of Health's most populous regions, Eastern Virginia (over 1.8 million people) and Northern Virginia (over 2.5 million people). Although the highly populous areas of the Commonwealth have the highest numbers of maternal conditions that might impact pregnancies, the more rural areas of the Commonwealth also report thousands of deliveries involving severe maternal morbidity flags (Southwestern Virginia, approximately 1.1 million people). The potential dangers

associated with pregnancy and delivery require hospitals, birthing centers, and other medical providers to be prepared for all situations which may arise.

The Virginia Department of Health’s Eastern Region had the highest rate of births with a severe maternal morbidity flag per 10,000 births.



Project LOCATe (Levels of Care Assessment Tool), developed by the CDC, is a web-based assessment tool aimed at creating a standard of maternal healthcare availability and preparation across the United States (CDC, 2023a). LOCATe functions by being championed by a state-level agency or organization that works with birth facilities in the adoption of LOCATe. Once a facility has agreed to participate, they receive a link to the tool which collects data such as hospital equipment and staffing, hospital transportation, and policies/procedures (VNPC, 2023a). Once collected, this data is then sent to the CDC for analysis where they provide a score that indicates each facility’s level of preparedness. **This information can then be used to develop medical center protocols and state-level funding and policy which strengthens maternal and infant health outcomes. To date, Project LOCATe has been found to be extremely successful in highlighting discrepancies between medical providers’ perceived level of care and their actual ability to provide care to pregnant and/or parenting people and their newborns (Madni et al., 2022; Wilkers et al., 2023).**

In late 2022, the VNPC launched their first Project LOCATe survey intended to gather data from birth facilities across the Commonwealth. Sixteen facilities participated in the first wave of the survey providing information on: hospital equipment and staffing, sub-specialists and their availability, self-assessment level of care, volume of procedures, drills and protocols for maternal emergencies, and transportation and facility-level statistics. The second wave of the survey closed in May 2023, which included an additional 18 hospitals. The third wave closed in July 2023 with four additional hospitals participating, bringing the total to 38 hospitals. In late summer 2024, all hospitals began the first annual reevaluation of their care and service capabilities. As of October 2024, a total of 13 facilities have submitted data, four of which were complete reassessments of their care capacities, while two were new facilities (totaling 40 out of 49 birthing hospitals; 39 birth hospitals and 1 children’s hospital).

The most recent Project LOCATe data highlights the importance of consistently measuring the care capabilities of facilities across the Commonwealth. As of 2024,

- ★ Only six facilities rated themselves at level 1 maternal care, while the CDC’s assessment indicated that 17 of the 38 facilities rated at level 1
- ★ Half of the hospitals that self-assessed at level III infant care (eight out of sixteen) were assessed to be at a lower level by the CDC
- ★ Nearly all of the hospitals that self-assessed at level II maternal care (12 out of 15) were assessed to be at a lower level by the CDC
- ★ Although 20 out of 30 facilities rated themselves as level 3 or level 4 neonatal care facilities, only 10 were assessed at those levels by the CDC

With this, hospitals and the VNPC are working to promote patient and public awareness of the levels of care that each hospital can offer at the time of data collection. Such information allows pregnant and/or parenting people to determine the best choice of hospital to fit their healthcare and birthing needs. Further, these results are being used to inform providers on their facility’s care offerings. Through this provider education, doctors and other staff can better understand the instances in which their patients should be referred to other facilities that meet their care needs.

Project LOCATe Results to Date (based on CDC Assessment)

Participants	Levels of Maternal Care	Levels of Infant Care
★ Round 1 = 16	★ Level <I: 5	★ Level <1: 1
★ Round 2 = 18	★ Level I: 17	★ Level 1:8
★ Round 3 = 4	★ Level II: 12	★ Level II: 19
★ Round 4 = 13	★ Level III: 1	★ Level III: 8
★ Total = 40 of 49 birthing hospitals	★ Level IV: 3	★ Level IV: 2

The VNPC used the results of the 2023 LOCATe assessment to further collaborate with hospitals and increase awareness of and access to care across the Commonwealth of Virginia. In 2024, the VNPC shifted the focus of Project LOCATe from fully focusing on recruitment towards sustaining the program through annual opportunities for reassessment. Although this key focus has shifted, the VNPC will continue to support new facilities that would like to join the program by submitting their initial assessment. The VNPC further expanded Project LOCATe by adding two new questions to the survey about hospitals’ interest in participating in a quality improvement project, and their comfort with sharing their LOCATe results. All hospitals were asked these questions for potential future improvement and assessment work, even if they were not planning to complete a full assessment or reassessment in 2024.

Further, the VNPC worked with hospitals from around Virginia to identify which medical facilities are in their region for transferring purposes. For example, the goal is that all level II hospitals will be made

aware of the level III and IV hospitals that are in their region. In collaboration, existing level III and IV hospitals will develop mentorship networks with level II hospitals to establish protocols and identify at what time and under which circumstances a patient should be transferred to a higher-level facility.

The following key results from the 2024 Project LOCATe assessment highlight areas where facilities are excelling, as well as opportunities for improvement (VNPC, 2024e):

- ★ When asked what type of obstetric/maternal care patients the facility was equipped to accept for treatment, **66% of respondents fit into the low-risk, minimal, or complication category**. There is a concern that patients requiring more advanced care would struggle to find a facility to appropriately assist them.
- ★ 17.3% of respondents indicated that the birth facility **does not have a formal written plan for transporting maternal/obstetric patients**.
- ★ In fiscal year 2023, **77.8% of facilities said they provided 10 or more congenital cardiac surgeries** for neonates. This is vital to reduce infant mortality rates in Virginia.
- ★ 94% of respondents had **at least one neonatologist, pediatric hospitalist, or neonatal nurse practitioner**.

These findings highlight the need for annual evaluations of the care capacities of birth facilities across the Commonwealth. These annual evaluations assist in ensuring that transfer protocols and plans remain accurate and can assist hospitals in determining their progress towards program and service implementation. **In addition, the VNPC, providers, and the public can rest assured that pregnant people and those who have recently delivered know where to go for services and treatment when it is needed.** To further support these efforts, the VNPC is in the process of developing virtual badges that signify on an annual basis the rating level of each hospital. These badges, to be included on hospital websites, offer patients an easy-to-understand identifier of that hospital's level of care capabilities.

In addition, the Perinatal Advisory Committee (PAC) was established to provide subject matter expertise from a clinical perspective, and to support the implementation of Alliance for Innovation on Maternal Health AIM bundles as quality improvement projects. In addition, the committee serves as a working group of medical professionals that can address and plan approaches to enhance certain areas of the Virginia hospital system such as Level 0 hospitals and breaking down existing silos. Ten members comprise the PAC with one member being the chair of the committee. The members represent the American College of Obstetrician Gynecologists, Society for Maternal-Fetal Medicine, the five VDH regions, Virginia Chairs Group, Virginia Department of Health, Virginia Commonwealth University, and the VNPC.

Project LOCATe has allowed for better understanding of hospital care for mothers and has helped smaller hospitals advocate for their needs. The VNPC continues to investigate more ways to use the results of Project LOCATe to strengthen providers' and pregnant and/or parenting peoples' knowledge of service access across the Commonwealth. **Through Project LOCATe, the VNPC, and its care provider partners, will ensure that every pregnant and/or parenting person has the best perinatal care and that every infant cared for in Virginia has the best possible start to life.**

Next steps for Project LOCATe:

- ✳ Working toward a 100% participation rate for birth hospitals around the state and sharing aggregate results with providers and healthcare leaders around Virginia upon completion of the data collection
- ✳ Identifying ways to ensure that patients are receiving the ideal level of care to improve health outcomes in Virginia's communities
- ✳ Using the results from the 2024 LOCATe assessment to further collaborate with hospitals and increase awareness of and access to care across the Commonwealth of Virginia
- ✳ Collaborating with level 0 facilities (such as standalone birthing centers and emergency centers) to ensure that they have the proper training and equipment to provide care to those giving birth and safely transporting them when necessary

Turn the Page

The Turn the Page project focuses on collecting stories of times when pregnant and/or parenting people overcame challenges or received exceptional support during their journey with the maternal health system and then shares those stories on social media.

Turn the Page stands for Tracing Unheard Real-life Narratives to Pay Attention to Great Examples of patient-provider interactions, patient education and empowerment, and other events in maternal health. The project seeks to gather stories from pregnant and/or parenting people and their experiences with prenatal, labor, and postpartum stages of care in Virginia's health system. **These stories shine light on times when pregnant people or those who have delivered overcame challenges or received exceptional support from someone during their prenatal, perinatal, and postpartum journeys.** By gathering these stories together, the VNPC hopes that these stories will lead by example and provide examples of ways to improve the maternal health system.

1,097
Views



VNPC has a total of 1,097 views across all Turn the Page stories on their YouTube Channel.

Stacie's Story

Turn the Page Project

Virginia Neonatal Perinatal Collaborative

11 videos • 157 views • Last updated on May 6, 2024

Play all Shuffle

Stories shared by Virginians as part of our Turn the Page project, a digital storytelling workshop facilitated by StoryCollab. These are maternal and infant health-related stories about real, lived experiences by those who went through them firsthand. All storytellers own their stories and have consented to their stories being shared by the VNPC.

- 1 **Kate Dudley VNPC 2023 Turn the Page Project Round 1**
Virginia Neonatal Perinatal Collaborative • 162 views • 1 year ago
- 2 **Emily Carlin VNPC 2023 Turn the Page Project Round 1**
Virginia Neonatal Perinatal Collaborative • 75 views • 1 year ago
- 3 **Shannon Pursell VNPC 2023 Turn the Page Project Round 1**
Virginia Neonatal Perinatal Collaborative • 116 views • 1 year ago
- 4 **Allison Hicks VNPC 2023 Turn the Page Project Round 1**
Virginia Neonatal Perinatal Collaborative • 57 views • 1 year ago
- 5 **Freda Williams VNPC 2023 Turn the Page Project Round 1**
Virginia Neonatal Perinatal Collaborative • 65 views • 1 year ago
- 6 **Hilary Chavez VNPC Turn the Page Project Round 3**
Virginia Neonatal Perinatal Collaborative • 53 views • 1 year ago

“My clinical team was warm, supportive, and understanding, never once questioning my choice to start a family as a single woman at my advanced maternal age. When my first round [of in vitro fertilization] failed, they encouraged me to keep going. My doctor was straightforward and compassionate, showing no frustration with the millions of questions I had.”

– Turn the Page Participant

Since its inception, Turn the Page has grown into more than a series for people who are pregnant or have delivered to share their experiences. The project aims to share a broader, more diverse range of stories that not only highlight individuals overcoming challenges or receiving support from their providers, but also include stories of hardship without a happy ending, offering valuable lessons and insights. In addition, the project now includes a focus on substance use and mental health for pregnant and/or parenting people, highlighting these topics in participants’ stories. To complement the experiences of pregnant and/or parenting people, the VNPC began holding workshops in July 2024 to gather provider stories to eventually share in a similar format to the parenting stories. Furthermore, the VNPC hosts an online workshop for pregnant people and those who have delivered, and two in-person workshops focused on the challenges that mothers face in maternal healthcare deserts.

Next steps for Turn the Page:

- ★ Developing a facilitator guide and toolkit to help other organizations have discussion about maternal health opportunities
- ★ Continue holding workshops to gather provider stories and discuss challenges that mothers face in maternal healthcare deserts

Virginia Neonatal Perinatal Collaborative

Turn the Page

Digital Storytelling Workshop for Virginia Maternal Health Providers

Seeking providers now!

Learn more at goVNPC.org under "initiatives"

VNPC

STORY COLLAB

govnpc • Follow

govnpc Hey, Virginia maternal health professionals! 🙌 Are you looking for an opportunity to... Gather with your peers, 🧑🏻‍🤝‍🧑🏻‍🤝‍🧑🏻‍🤝‍🧑🏻 Reflect and share stories, 🗣️ 📖 and Learn from each other? 🙌 Consider applying to participate in Turn the Page, a free digital storytelling workshop. Led by the Virginia Neonatal Perinatal Collaborative's (VNPC) in collaboration with @StoryCollab_, this project provides for a sense of community and stories of lived experience. Participants who complete the workshop receive a stipend. 🙌 Visit www.goVNPC.org/initiatives to learn more about the program schedule and purpose. #govnpc #virginianpc #vnpc

14w

3 likes
June 4

Add a comment... Post

"[The stories are a] Connection of the mind and heart."

"True storytelling makes a difference."

"It's 3 minutes, but it's 3 minutes of power."

– Turn the Page Provider Participants

Project SMILE

Project SMILE, a component of an overarching project called Project EMBRACE, is a data-driven quality improvement project that works with birthing facilities to implement clinical quality improvement programming for the perinatal mental health needs for their facilities and populations.

Project SMILE was previously called Project EMBRACE and was originally designed to address several components of maternal care including Perinatal Mental Health, Prevention Care and Counseling, Human Milk Feeding, Maternal Health, and Reproductive Health. Birthing facilities that were interested in participating were able to choose a topic of focus to implement necessary changes throughout the pregnancy and postpartum period. After a season of trial and error, encountering many learning experiences, VNPC decided to shift the focus from a myriad of topics to one which the majority of birthing facilities had chosen as their focus: perinatal mental health. SMILE stands for Supporting Maternal mental health through Initiatives, Learning, and Engagement. The name SMILE was chosen as a gentle wave to change and new beginnings while bringing light to a space that may be a dark time in some pregnant and postpartum families' lives. The pivot to perinatal mental health was guided by the AIM Patient Safety Bundle: Perinatal Mental Health Conditions.

With the pivot that occurred, the VNPC did not remove EMBRACE as the umbrella title, the name speaks of a point in which the project started, and SMILE speaks to VNPC’s growth. The main focus in 2024 was reestablishing the data collection process. Utilizing new systems such as Redcap, the VNPC’s data analyst was able to create new efficient and functional surveys based on guidance from the AIM bundles. From there the VNPC utilized monthly technical assistance meetings and 1:1s as needed to inform the facilities of the change and be a guiding light within their busy schedules.

A Focus on Maternal Mental Health

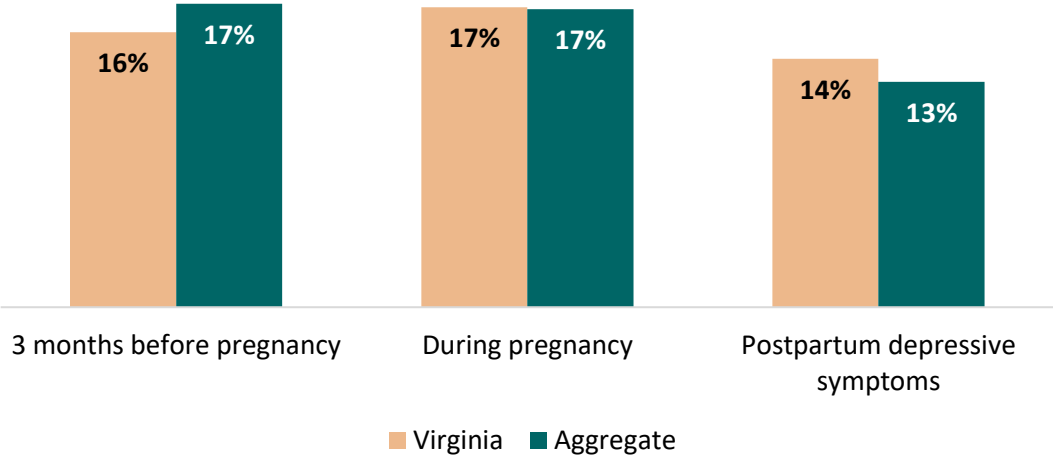
Focusing on maternal mental health is critical, as the data reveals its significant impact on pregnancy outcomes. Mental illness was identified as a contributing factor in 6.7% of pregnancy-related deaths (MMRT, 2023). Since 2017, rates of depression and anxiety have steadily increased, and in 2023, approximately 35% of all hospital deliveries in Virginia were flagged for mental, behavioral, or neurodevelopmental conditions (VNPC, 2023b).

In 2023 (up to Q3), the rates of deliveries with mental health conditions and severe maternal morbidity were as follows (VNPC, 2023b):

- ✳ Psychosis: 17.86 per 1,000 deliveries
- ✳ Depression: 14.19 per 1,000 deliveries
- ✳ Anxiety: 11.23 per 1,000 deliveries

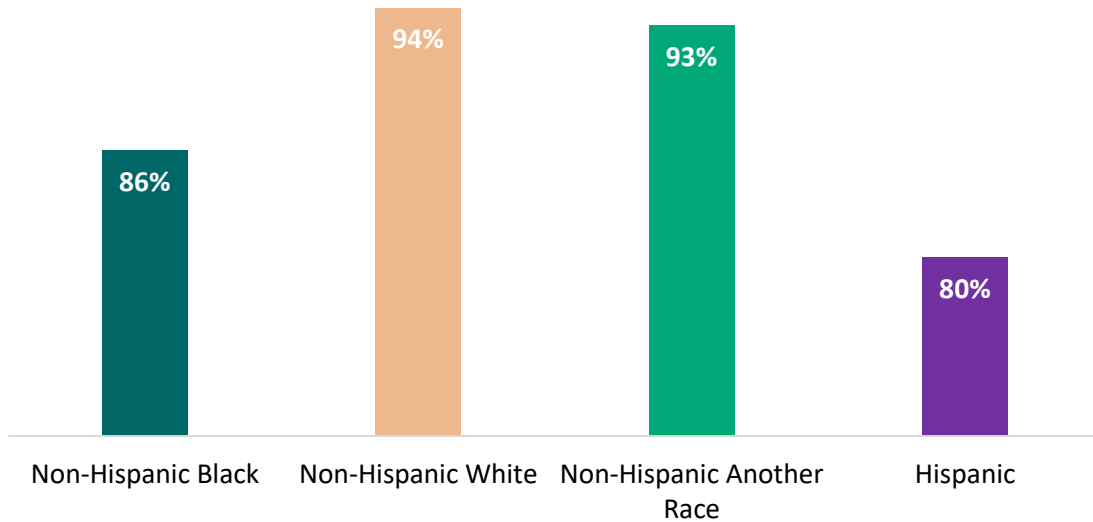
This data illustrates the growing need for focused intervention and support for maternal mental health.

According to the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS), Virginia mothers were less likely to self-report depression 3 months before pregnancy and during postpartum than the rest of the country (CDC, 2024d).



Postpartum depressive symptoms are more prevalent among BIPOC mothers than white mothers across the country. Project EMBRACE’s focus on equitable care can address the disparities in Virginia.

Postpartum check-ups were least common for Non-Hispanic Black and Hispanic mothers (CDC, 2024d).



The VNPC is gathering baseline data on perinatal mental health, including whether patients received or were referred to treatment, as well as provider and nursing education. The following data reflects the most recent findings from July 2024 across all Virginia hospitals (VNPC, 2024a):

- ★ 97.7% of patients received education on perinatal mental health conditions
- ★ 79.6% of pregnant and postpartum people with perinatal mental health conditions received or were referred to treatment
- ★ 61.3% of providers and nurses received education on respectful and equitable care
- ★ 46.9% of providers and nurses received education on perinatal mental health conditions

Patients are receiving education on perinatal mental health conditions; however, the percentages are notably lower for provider and nursing education. This indicates a potential need for enhanced training, ensuring that providers are well-equipped to offer the necessary resources and support.

Next steps for Project SMILE:

- ★ Data collection opened for one more round, allowing new hospitals to join in October 2024
- ★ Data collection will continue through mid-2025

Eliminating Bias in the Dyad Care (EBDC)

Eliminating Bias in the Dyad Care (EBDC) is a quality improvement (QI) project that will focus on improving outcomes for Virginia’s pregnant and parenting families and infants impacted by substance use disorder.

This project will focus on the dyad, both mom and baby, recognizing the unique needs for both mom, baby, and the dyad. In 2024, the EBDC project shifted to focus specifically on pregnant and/or parenting families who use substances or are impacted by substance use disorders. **All this work will be rooted in a framework of respectful care and eliminating bias among providers. This will ensure that pregnant and/or parenting families experiencing substance use disorder receive optimal care to improve outcomes among this population.**

The EBDC project will provide strategies and activities that incorporate:

- ★ Education
- ★ Care Coordination
- ★ Communication
- ★ Data
- ★ Screening

EBDC has three aims:

Aim 1 - Improve the care for pregnant and/or parenting people who use substances

Aim 2 - Improve the care of newborns exposed to substances prior to birth

Aim 3 - Eliminate the bias and stigma associated with perinatal substance use and exposure

The VNPC has selected **five hospitals** to pilot this QI project, to learn and ensure that the best version of the project is developed and implemented for communities across the Commonwealth. Hospitals participating in this pilot include:

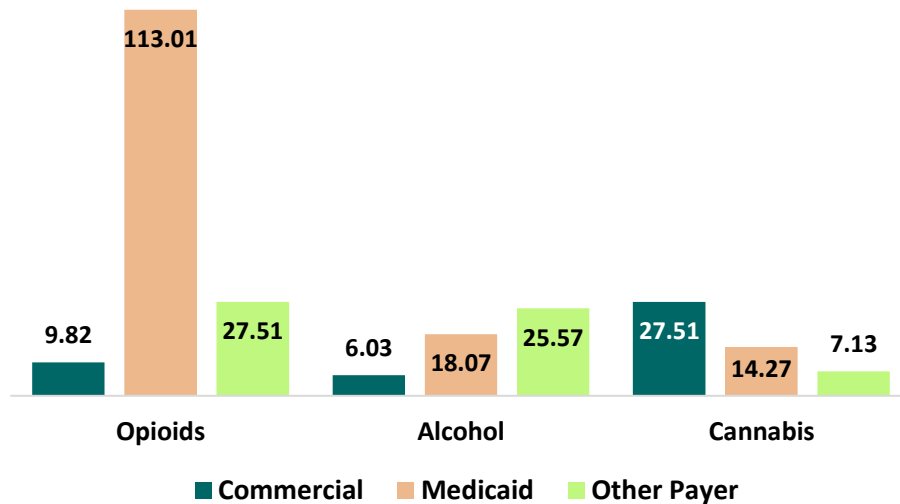
- ★ Sentara Norfolk General
- ★ UVA
- ★ Carilion Roanoke Memorial Hospital
- ★ Centra
- ★ Winchester Medical Center

An introductory meeting was held in mid-October 2023 to provide hospitals with information about the project and gain their buy-in. Once the pilot phase is complete, the EBDC project will be open to any hospital that would like to participate in the project. Recruitment will begin in January 2025 with implementation beginning in March 2025.

Addressing bias and focusing on substance use disorder is critical based on the available data. Discharge records reveal that opioid use diagnosed at the time of delivery has increased among Black individuals

who have given birth between 2020 and 2023, which can lead to disparities in the treatment of the individual when they seek prenatal and postpartum services (VNPC, 2023b).

Opioid use by Medicaid enrollees had the highest rate per 10,000 hospital deliveries across all substances and insurance types (VNPC, 2024d). Substance use can combine with Medicaid enrollment to increase bias in care as individuals navigate substance use and social welfare services.



In 2024, EBDC has refocused its efforts on supporting families affected by substance use. Six hospitals have been selected to participate in this initiative. Currently, the provider survey is gathering data, with the goal of completing data collection by early 2025.

As the EBDC Project continues to evolve, its targeted approach to supporting families impacted by substance use, combined with insights from the ongoing provider survey, will shape the next steps in advancing care and resources for those in need.

Next steps for EBDC:

- ★ Five hospitals are currently piloting the EBDC project and new hospitals will begin onboarding in early 2025.
- ★ Data collection will start in mid-2025

Late Pre-Term QI Project

The Late Pre-Term QI Project is a quality improvement project that seeks to improve the health outcomes of infants born between 34 and 37 weeks of gestation.

The Late Pre-Term QI Project is a quality improvement project that seeks to improve the health outcomes of infants born between 34 and 37 weeks of gestation. The initiative examines data from late pre-term births in Virginia to support quality improvement. The VNPC Late Pre-term Births report draws on data from 2018 to April 2024, highlighting disparities in late pre-term birth rates among racial groups, geographical variations, and pregnancy risk factors and conditions of the newborn associated with late pre-term births.

The following data highlights late pre-term births in Virginia (CDC, 2024c):

- ★ **Late term births accounted for over 72% of all pre-term births in Virginia**, and about 7% of all births
- ★ Preliminary data show that **late pre-term birth rates are rising in 2024**. In 2018, the pre-term birth rate was 67.69 late pre-term births per 1,000 live births and in 2024 it is 73.76/1,000.
- ★ **Black, non-Hispanic pregnant individuals have a higher incidence of late pre-term births**, seeing an increase from 86.9% in 2023 to 96.3% in April 2024. Additionally, Black, non-Hispanic people are the only racial group with an increased risk for late pre-term births.
- ★ Late pre-term births **fall within the 2500-gram threshold for low birth weight**. The mean birth weight for late pre-term births in Virginia from 2018 to April 2024 being 2596.01 grams.
- ★ **Infant mortality is nearly double in late pre-term births**. In 2021, the infant mortality rate for all live births was 5.96, compared to 10.33 for late pre-term births.

Ongoing monitoring of these trends is essential for informing and evaluating the effectiveness of interventions aimed at reducing disparities and enhancing overall health equity.

Next steps for Late Pre-Term QI Project:

- ★ A survey was sent out to all NICUs and special care nurseries in Virginia to assess protocols and procedures for late pre-term infant care
- ★ The VNPC will work with hospitals to identify and implement best practices
- ★ The VNPC will continue to share data back with the communities that are providing those data points to the EBDC project

VNPC Emerging Leaders Workgroup

The Emerging Leaders Volunteer Workgroup seeks to assist in establishing the next generation of perinatal and infant healthcare leaders through hands on experience with the VNPC's many initiatives.

The VNPC Emerging Leaders Volunteer Workgroup is a pilot program that seeks to assist the next generation of perinatal and infant healthcare leaders through hands on experience with the VNPC's many initiatives with the first cohort in Fall 2024. The program is coordinated by VNPC's Communications & Social Media Strategist, Sabrina Munro, with support from Terrance Dixon, VNPC's Communications Manager. Laurie Aronovici, the program mentor, is a retired L&D nurse with decades of experience and a wealth of connections and resources she can share with students. To participate in the program, participants must meet the following requirements:

- ★ Full-time student in good academic standing with an interest in current issues focusing on perinatal and/or infant health
- ★ One-year commitment with the possibility of being extended for up to four years
- ★ Completion of a group project in an area relevant to VNPC and the perinatal and/or infant health community
- ★ Biweekly virtual meetings with leadership for six months
- ★ Presentation of the group project either in-person at the VNPC Summit or a post presentation

The first cohort contains 15 undergraduate, masters, and doctoral students across 4 schools: University of Virginia, Virginia Commonwealth University, Chamberlain University and University of North Texas (this student is based in Richmond and takes classes online, so qualifies to be part of the program). The options of topics for their research projects were pregnancy criminalization, healthcare disparities, and perinatal mood disorders/anxiety. Participants shared their preferences for research topics, and then were split into 3 groups of 5 students based on their topic preference. Each group is set to complete a research project in the 2024-2025 academic year. Research projects are based on pre-existing literature and state-level data. By November 1, 2024, groups identified their research questions, compiled resources to support their direction of interest, established a project completion timeline, performed a literature review, met with the ELP mentor as needed, and met three times with their group and three times with the entire cohort. Projects are set to be presented in poster or slideshow format in October 2025 at the 2025 VNPC annual summit.

Next steps for Emerging Leaders Workgroup:

- ★ Students will work towards completing their research projects
- ★ Students will present their research at the 2025 VNPC Annual Summit

VNPC Community Fund

The VNPC Community Fund supports local organizations engaging in maternal and infant health work across the Commonwealth.



\$2,500
to
10 Organizations

The VNPC Community Fund provides funding to support local organizations engaging in maternal and infant health work across the Commonwealth. **It is a one-time fund of up to \$2,500** to be expended within six months of receipt and funds must be used to improve maternal and/or infant health in the specified community. There is a focus on sustainable programming, therefore, priority is given to programs or projects that will be sustainable after the funds are spent. At the end of the six-month period, awardees must provide an impact statement. Additionally, awardees are encouraged to provide a program story or update at 12 months or six months following the end of the program period. The VNPC will provide a template for the impact statement and program story. After 2024, funding will occur once on an annual basis.

Awardees are selected based on several categories including: impact on the local community maternal and infant health (MIH), program sustainability, promoting equity/preventing inequity, and collaboration with other MIH or social needs programs.

Applicants can earn up to 5 points in the first three categories and up to 3 points for the last category. The average score for each category is calculated, and the total score is the sum of all category averages. Applications with the highest total scores are selected.

In the first round of funding, 10 community-based organizations serving mothers and babies in Virginia were awarded. These included:

- ★ Augusta Health Foundation – Fishersville, VA
- ★ Branches of Birth, LLC – Virginia Beach, VA
- ★ Community Transformers Foundation – Hopewell, VA
- ★ Huddle Up Moms – Roanoke, VA
- ★ Jamii Birth and Wellness Collective – Chesapeake, VA
- ★ Little Hands Virginia – Richmond, VA
- ★ Nurturing Amenities – Virginia Beach, VA
- ★ The Diverse Birth Collective – Richmond, VA
- ★ Virginia Prison Birth Project – Charlottesville, VA
- ★ Zeta Phi Beta Sorority (Omicron Xi Zeta Chapter) – Williamsburg, VA

Maternal and Infant Health Environmental Scan

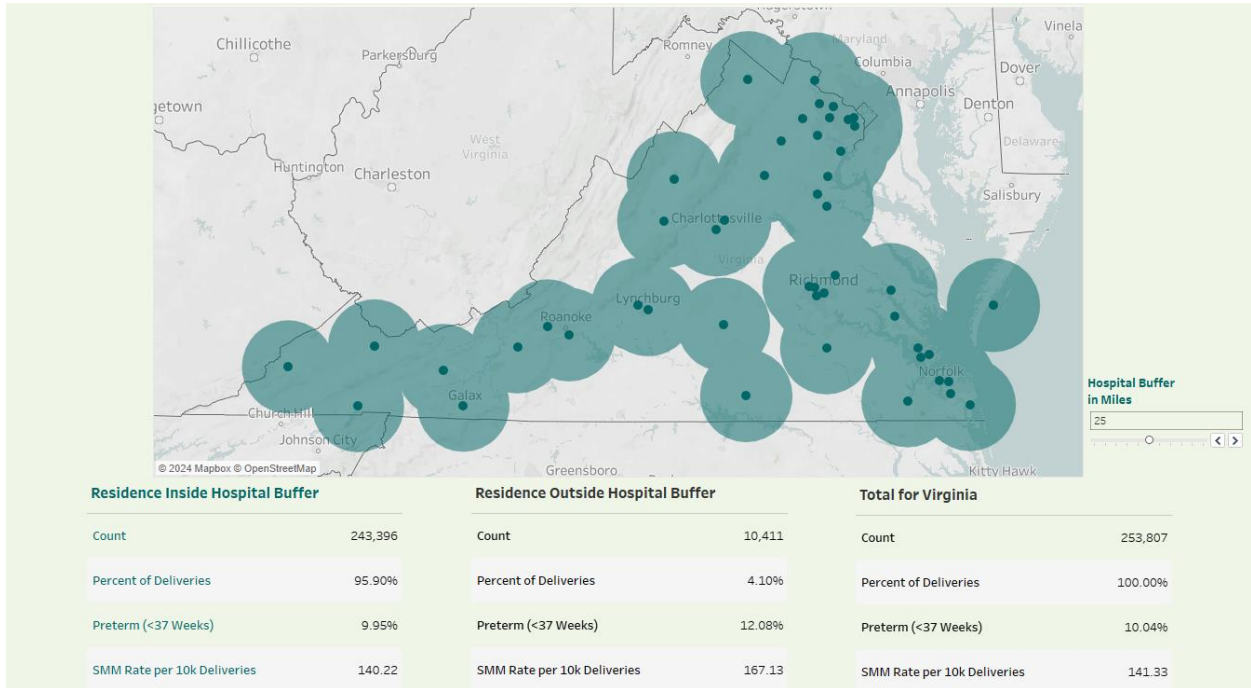
The Environmental Scan provides an overview of maternal and infant health trends around the Commonwealth of Virginia and serves as a tool for providers, vested partners, and policy makers to make data-driven decisions.

The purpose of the Environmental Scan is to gather the most up-to-date data in one place and use that to support data-driven decisions related to maternal and perinatal healthcare. The Environmental Scan, [which is available online at the VNPC's website](#), compiles comprehensive data from 2020 to 2023 collected through collaboration between the VNPC, VHHA, VDH, and DMAS. The report provides information on topics such as total births, hospital deliveries, delivery methods, and maternal mortality. It also provides detailed insights into maternal health before, during, and after pregnancy, infant health, and access to care. The data are organized by key indicators for more in-depth analysis. In alignment with the VNPC's priorities, and projects like Project LOCATe, Project SMILE, the Late Pre-Term Births QI Project, and EBDC, the scan reinforces the ongoing need for maternal and infant care in Virginia, particularly in areas such as substance use, mental health, and reducing barriers for marginalized populations.

In addition, the scan highlights areas in Virginia identified as maternity care deserts—regions where access to maternal and infant healthcare services is severely limited or nonexistent. These areas face significant challenges, such as long distances to healthcare facilities, a lack of trained healthcare providers, or both.

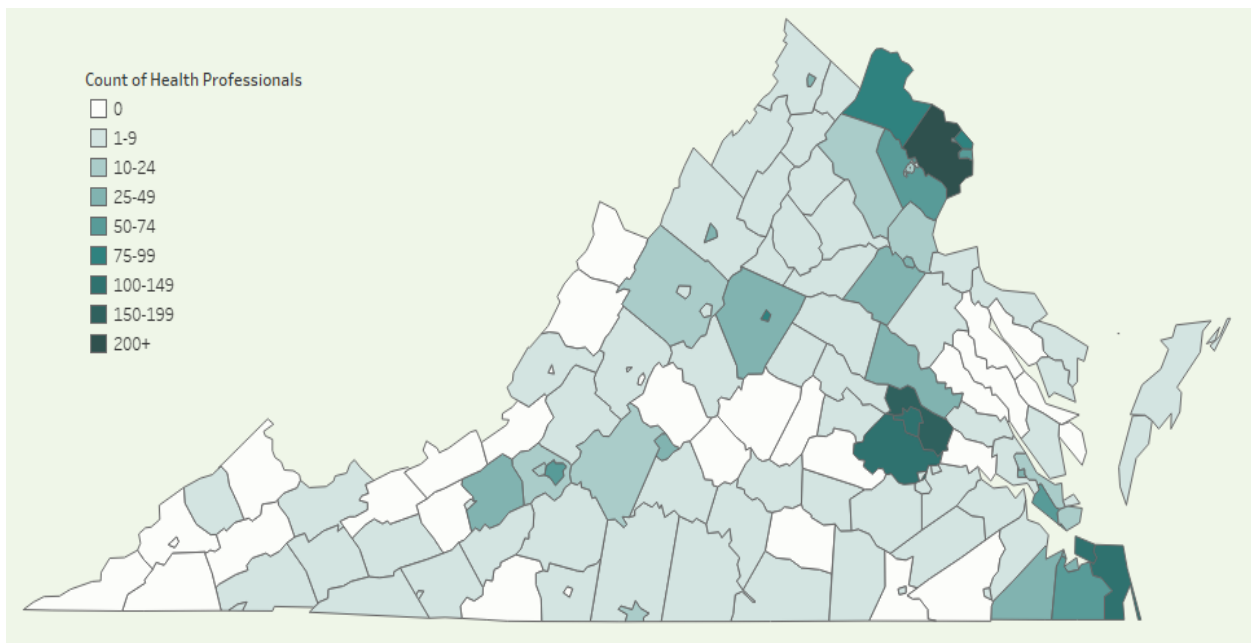
The map below shows each of the 49 Virginia birthing facilities that are operating as of April 1st, 2024. The dark circles signify the location, and the size is adjusted to represent delivery volumes reported to VNPC from facilities. Additionally, the shaded buffer shows an approximate 25-mile service area (as the crow flies) for the facility. This map demonstrates areas in Northwest and Southwest regions of Virginia that are more than 25 miles to the nearest birthing facility (VNPC, 2024d).

Virginia Birthing Hospitals and Inpatient Deliveries (2021-2023)



The map below shows the locations of each maternal/infant provider identified from the Virginia Department of Health Professions provider database (DHP, 2024). The map highlights specialties pertaining to infant and maternal health and includes physicians and nurses with active Virginia licenses as of February 29th, 2024.

Virginia Maternal & Infant Health Professionals by County/Locality



Both maps highlight the locations of maternity care deserts in Virginia, illustrating areas where access to maternal and infant care is challenging due to barriers such as distance or a shortage of providers.

The Environmental Scan is the VNPC's first step towards reconvening the Virginia Fetal Infant Mortality Review (VFIMR). To further support these efforts, the VNPC is hiring a data technician to assist with the VFIMR, specifically focusing on training and team development efforts. The VNPC, in collaboration with the data technician, will work towards gathering a team of experts to ensure that the revamped VFIMR successfully strengthens the fetal infant healthcare landscape across the Commonwealth.

Next steps for the Environmental Scan:

- ★ The Environmental Scan will be repeated in 2025 as part of the ongoing efforts to continue to share data back with communities.



VNPC staff and partners meeting in February 2024.

Nationwide PQC Structure & Funding Assessment

The Nationwide PQC Structure & Funding Assessment provides clarity surrounding PQC's across the United States offering a greater understanding of their funding, structures, and goals in an effort to strengthen PQC support across the country.

The Nationwide PQC Structure & Funding Assessment evaluates PQCs across the country to gain a deeper understanding of their funding, structures, and objectives, with the goal of enhancing PQC support nationwide. The assessment also examines variations in populations served, workforce size, number of paid employees, and regional disparities.

Major findings from the PQC Structure & Funding Assessment include (VNPC, 2024b):

- ★ Most PQCs have a budget between \$250k and \$1 million
- ★ Over half of PQCs have 6 or more paid individuals and many have zero full-time employees
- ★ 36% of PQCs are supported by universities, followed by 34% of PQCs supported by Departments of Health
- ★ On average, PQCs tend to have 3 funding sources. Federal funding sources make up most of PQC funding. The CDC funds 31% of PQCs, followed by AIM/HRSA (31%), and Title V (13%)
- ★ Mean population served by each PQC is 6,730,958

The VNPC plans to continue to develop a greater understanding of the structures and support for PQCs across the nation. Within the next year, the VNPC will develop a comprehensive survey that focuses on operational structure, sustainability, and outreach in PQCs. This survey will include an in-depth assessment of three areas key areas including infrastructure, projects, and communication. To assess infrastructure, the VNPC will investigate the job roles, governance bodies, community engagement efforts, and paid/volunteer positions for each participating PQC. In assessing projects, the survey will gather information on current initiatives, data collection frequency, and providers and data engagement roles to understand operational sustainability and data ownership. The VNPC will also review each PQC's website, social media presence, and additional outreach efforts like podcasts or webinars to better understand how they communicate with their communities. Finally, the VNPC will explore the collaboration between PQCs and Maternal Mortality Review Teams to assess the impact or identify barriers to joint efforts. Taken together, this assessment will provide a holistic view of PQC operations and sustainability across the United States.

Next steps for the Nationwide PQC Structure & Funding Assessment:

- ★ The VNPC will develop a comprehensive survey targeting operational structure, sustainability, and outreach.

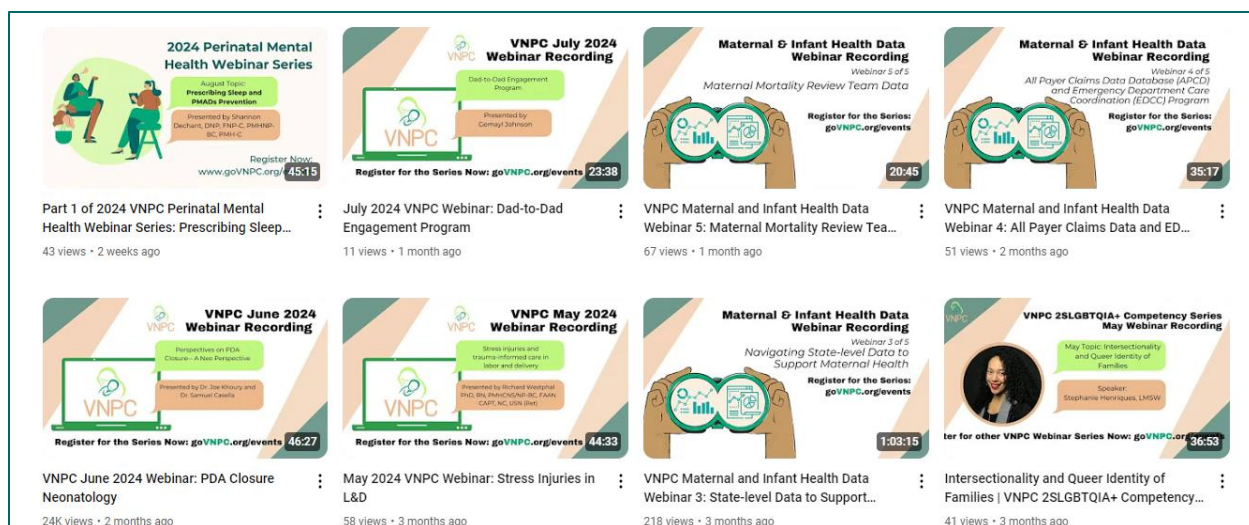
Key Events

The VNPC actively organizes and participates in numerous events throughout the year to further its mission of improving maternal and infant health outcomes. These initiatives include a monthly webinar series, perinatal mental health safety resources on their website, Maternal Health Task Force meetings, and presentations at conferences. Additionally, the VNPC hosts signature annual events such as the Day of Learning and the VNPC Summit, bringing together experts and key partners to collaborate and share insights. Through these efforts, the VNPC fosters continued education, engagement, and progress in maternal and infant health care.

Webinars

The VNPC holds monthly webinars on the third Tuesday of the month at noon Eastern Standard Time. In total, **236 people have attended the monthly webinar series and attendees are providers, midwives, doulas, nurses from local health districts and health systems, community partners, and representatives from state agencies.** All webinars are recorded and placed on the VNPC [YouTube channel](#) for viewing later if anyone misses the live webinar.





A survey is sent to the VNPC listservs annually to gauge areas of interest among maternal and infant health professionals across Virginia to determine the webinar topics. Topics discussed this year include perinatal mental health mental health, stress injury and trauma informed care, and father engagement programs, and specific health challenges and pregnancy.

Month	Topic
January	Perinatal Mental Health Fundamentals for the Practicing Clinician
March	Harm Reduction Model of Care for Women Experiencing Substance Use Disorders
April	Evidence of Racial Disparities in Hospital Delivery Data (VNPC) and the Impact of Doulas (DMAS)
May	Stress Injury & Trauma Informed Care for L&D Patients
June	Perspectives in PDA Closure – A Neo Perspective
July	Dad-to-Dad Engagement Program
September	Sickle Cell Disease and the Pregnant Population
October	Impact of Breast Cancer on Pregnancy
November	The Virginia Prison Birth Project

In addition to the monthly webinar series, in 2024, VNPC hosts additional topic-specific series throughout the year.

VNPC 2SLGBTQIA+ Competency Series was a 5-part series with 104 attendees.

Month	Topic
January	2SLGBTQIA+ 101
February	Queer Fertility & Family Planning
March	Advanced Mental Health Considerations for 2SLGBTQIA+ Families
April	Diverse Family Structures and Cultural Considerations for 2SLGBTQIA+ Families
May	Intersectionality and Queer Identity of Families

VNPC Maternal and Infant Health Data Series was a 5-part series with 310 attendees.

Month	Topic
March	Maternal Health Dashboard – VNPC & VHHA
April	Healthcare Effectiveness Data and Information Set (HEDIS) - DMAS
May	Navigating State-level Data to Support Maternal Health – VDH Office of Family Health
June	All Payer Claims Data Database (APCD) and Emergency Department Care Coordination (EDCC) Program - VHI
July	Maternal Mortality Review Team Data – VDH OCME

Perinatal Mental Health Safety Series is a 5-part monthly webinar series being held between August 2024 and January 2025. As of October 2024, there have been a total of 270 registrants for the series (with 189 registered for 2024 alone) and a total of 62 attendees across the first three webinars.

Month	Topic
August	Prescribing Sleep and PMADs Prevention
September	Perinatal Depression, Anxiety, and OCD
October	Childbirth-Related Post-Traumatic Stress Disorder in the Perinatal Population
November	Bipolar Disorder and Perinatal Psychosis
January	Perinatal Psychiatric Safety Risk Assessment and Prevention in the Perinatal Period

Continuing provider education is important to improve maternal and infant healthcare. Research shows that healthcare professionals participating in a perinatal continuing education program significantly increased their knowledge, and they saw significant changes in health care practices one year after completion of the program.

The continuous education and collaboration of Perinatal Quality Collaboratives have contributed to improving maternal and infant outcomes. The Illinois Perinatal Quality Collaborative’s (ILPQC) efforts to improve outcomes related to high blood pressure conditions during pregnancy is a great example:

- ★ The percentage of women with sustained new-onset severe hypertension **receiving timely treatment rose from 41% to 87%** (CDC, 2024a)
- ★ The number of women with severe hypertension who had a **postpartum follow-up appointment scheduled increased from 68% to 83%** (CDC, 2024a)
- ★ The number of **debriefings between nurses and other health care providers increased from 17% to 59%** (CDC, 2024a)

As noted above, the Illinois Perinatal Quality Collaborative improved timely treatment for pregnant people with severe blood pressure. Part of the organization’s strategic plan to achieve this was to hold face-to-face meetings and 1-hour collaborative learning webinars. The inclusion of these learning webinars in the strategic plan to reduce pregnancy complications in pregnant people with severe high

blood pressure shows the importance of these learning collaboratives to improve maternal and infant outcomes.

Perinatal Mental Health Safety: Bear Bulletins

The Bear Bulletin is the VNPC’s blog, hosted on the VNPC website at <https://govnpc.org/bear-bulletin/>. The Bear Bulletin serves as a free, easy-access hub of maternal and infant health updates and related articles written by the VNPC communications team. Since the blog’s inception in early 2024, there have been 7 blog posts on topics ranging from doula care to new grant awards.

Blogs posts have covered the following topics:

- ✳ The Promise of Doula Care for Maternal Health Outcomes
- ✳ Sneak Peek: VNPC Hospital Recognition Program
- ✳ Save the Date: 2024 VNPC Day of Learning
- ✳ Creating Bridges to Share Maternal Health Data
- ✳ VNPC’s Most-Used Maternal and Infant Health Resources
- ✳ Care Coordination: Meeting Evolving Maternal Health Needs
- ✳ VNPC Receives \$1 Million Subaward to Tackle Statewide Maternal Mortality

Podcast

As a part of the CDC Foundation Grant, the VNPC is launching a podcast focused on education, awareness, and resources for pregnant and/or parenting people and providers in Virginia. It will have a primary focus on respectful maternity care, as well as other maternal and infant health topics. The podcast will launch in early 2025.

The podcast will include:

- ✳ Episodes focused on community-facing education and provider-facing topics and recommendations for implementation of respectful maternal care
- ✳ Invitations to pregnant people in Virginia to participate in case studies by using the conversation guide and sharing their experiences
- ✳ Messaging and materials from the Hear Her campaign and tutorials on how to use the Hear Her conversation guides, as well as why this could be beneficial for pregnant people and their loved ones
- ✳ Conducting focus groups to evaluate listener and partner feedback on podcast quality, content, and usefulness

5th Annual Day of Learning

The VNPC’s 5th Annual Day of Learning was held March 18th, 2024, at The Westin in Richmond, Virginia. The VNPC welcomed about 130 attendees, 11 speakers, and held a reception the day before. The Conference’s theme was “Conference the Dots: Data to Action.” The day included a rich discussion and interactive education designed for both community and clinical care providers. The event featured a

range of relevant, current topics and dynamic speakers designed to inspire, educate, and increase awareness about how we can all improve maternal and infant health outcomes. Topics included maternal health data, perinatal mental health, and care coordination. The Day of Learning was a great opportunity for folks across different fields to organically collaborate and brainstorm ways to improve maternal and infant health.

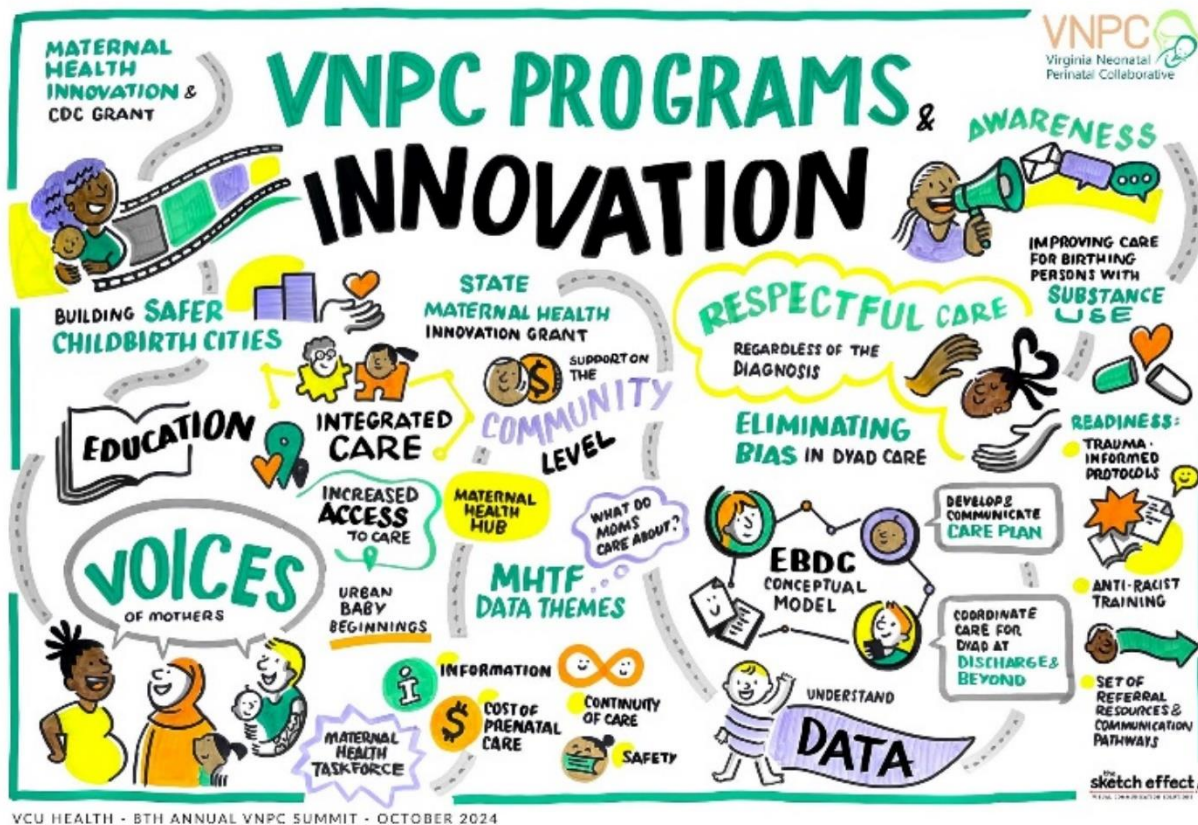
8th Annual VNPC Summit

The VNPC held its 8th Annual Summit from October 20-21, 2024 in Wintergreen, Virginia. The summit continued the VNPC's theme for 2024 by focusing on "Connecting the Dots: Action to Outcome." This year's summit was a resounding hit as it brought together over 130 experts, advocates, and community members from across the Commonwealth to discuss key issues and data surrounding perinatal and infant health.

The summit provides an excellent opportunity for Virginians to learn more about the work of the VNPC and their collaborative partners and provides opportunities for learning and growth in maternal and infant health practices. **Focusing on moving from action to outcome, attendees learned about the findings of the VNPC's wide portfolio of projects and identified ways in which these learnings could inform ongoing and future healthcare practices in Virginia.** This year's summit covered so much content that the VNPC worked with the artist Katya from The Sketch Effect to create a live graphic recording of the Summit which weaved together the day in a visual manner.

This year's attendees believed that the Summit was an excellent way to learn helpful information to support mothers, babies, and families across the Commonwealth. **Not only does the summit provide opportunities for providers and community members to learn, but it allows for organizations to better connect with one another and identify ways to strengthen their programming.** One Nurse Care Coordinator that attended the summit said, "There are so many organizations doing amazing work in the MIH space. [The] VNPC offers a great opportunity for alignment of organizations." Through breakout

sessions designed for discussion and collaboration, the VNPC continues to work towards strengthening the maternal and infant system of care in Virginia.



Finally, the VNPC gave out three awards to maternal and infant care providers in the Commonwealth. The Donald Dudley Hospital Recognition Bacon Award honors an individual who has made a significant impact on maternal and/or infant health in a hospital setting. **The winner of this year's Bacon Award was Dr. Travis Engel for his excellent work in pediatrics.** The Iced Tea award recognizes someone who has improved maternal and/or infant healthcare in a community setting. **The winner of this year's Iced Tea Award was Valerie Coleman, RN for her outstanding contributions to breastfeeding health within the state.**

Finally, the VNPC announced a new award at this year's summit, the Wonder Nurse Award. This award is in memory of Joan Williamson who was part of the founding leaders of the VNPC. Joan was an OB nurse for years and most recently represented VHHA on the VNPC as a patient safety quality nurse. Her expertise and high demand for excellence in care for all patients and their families remained at the forefront as she provided insight to the VNPC team. Joan and Shannon Pursell established these characteristics for this award:

- ★ Nurse who listens to their patient and enables them to be a part of their care
- ★ Nurse who communicates with their patients about their care and answers any questions
- ★ Nurse who treats each patient to their individual needs

- ★ Nurse who is empathetic to their patients as they process their care
- ★ Nurse who supports patients and their family

Joan was diagnosed with ovarian cancer in October 2019. She fought hard and became an outlying statistic, a fact that she was proud to mention every time she could along her journey. Joan peacefully passed away at home on October 28, 2024, but knew this award would be handed out annually, keeping her memory alive.

As always, the VNPC's Annual Summit provides two days filled with opportunities to learn, network, and collaborate for the many individuals who support maternal and infant care across Virginia. **The VNPC team hopes to see you in October 2025 at the next summit!**

Staff Papers, Posters, and Presentations

The VNPC creates a variety of materials such as papers, posters and presentations to support its educational mission. These resources are carefully designed by the VNPC staff to convey important information in an accessible and engaging way. The goal of these materials is to raise awareness and spread knowledge. The VNPC ensures that its educational efforts are informative, relevant, and impactful, reaching a wide audience and fostering a deeper understanding of maternal and infant health topics.

- ★ Shannon Pursell (VNPC Senior Director) published a paper *Are Health Care Providers Caring for Pregnant and Postpartum Women Ready to Confront the Perinatal Cannabis Use Challenge?* that discusses a study conducted to assess health care providers' knowledge and practices related to cannabis use among pregnant and postpartum women. The results of the study found that providers are not knowledgeable about perinatal cannabis, they lack resources and would like to receive training to further understand the impact of perinatal cannabis.
- ★ *The Partnership Through a Quality Improvement Project: EMBRACE Poster* (see next page) was presented at the Association of Maternal & Child Health Programs (AMCHP) conference. The poster highlights the topics and phases of Project EMBRACE and discusses the challenges and learnings from the project.
- ★ *The March of Dimes Student Poster* focused on exploring maternal health care deserts and how that impacts infant and maternal mortality. The student worked with Shannon Pursell on a literature review, data analyses, and used a health index metric to inform their poster and present at AMCHP. Additionally, the research for this presentation brought additional awareness to the lack of county-level data on maternal mortality.

The VNPC’s well-crafted materials effectively raise awareness and enhance understanding of maternal and infant health.

Partnership Through A Quality Improvement Project: EMBRACE

Paving a path forward to meet community-specific needs through education, resources, and support.

The Challenge and Needs

In Virginia, significant unmet needs include access to timely and comprehensive prenatal care, maternal health outcomes disparities, and maternal mental health. Virginia's Maternal Mortality Review Team (MMRT) Thematic Report identified 77 pregnancy-associated deaths from 2018-2020, an increase from 37.1 to 88.6 per 100,000 live births. The highest rate of pregnancy-associated deaths was related to "fetal death" which by definition includes "the manner of death when a disease alone causes death."

Based on the identification of racial disparities and the need for improved care coordination and management of chronic disease in pregnant and postpartum individuals, Project EMBRACE was launched. EMBRACE stands for Equitable care for Moms and Babies through Readiness, Access, and Community Expansion; hoped to address Virginia's unmet needs while creating a path for hospitals and communities to locate attainable solutions based on their community's unmet needs.

The objective of EMBRACE is to ultimately create a system of sustainable improvements through education, technical assistance, data collection and analysis and facility connection; all aspects of quality improvement.

EMBRACE and MMRT

With support and data from the Maternal Mortality Review Team Report, recommendations that helped to inform the Project EMBRACE Initiative are listed as follows:

1. Increasing provider and specialist training in chronic conditions
2. Improving women's health access in the emergency department (ED)
3. Awareness and training for providers in subject areas such as mental health, substance use disorder, intimate partner violence
4. Improving the communication and information distributed regarding maternal and infant health outcomes
5. Implementing policies that facilitate the care and coordination of patient navigation, identifying the appropriate barriers and resources needed to address barriers to the wellbeing of pregnant and parenting individuals

21 Participating Hospitals

Project EMBRACE achieved active participation from 21 out of the 49 birthing hospitals across Virginia, ensuring representation from various regions within the state. Among these, two health systems have enthusiastically joined the initiative. Hospital one health system boasts engagement from 10 facilities situated across Virginia, while the second health system has 5 of its hospitals participating throughout the Greater Richmond region. EMBRACE also aims to connect hospitals that may serve individuals on the border of neighboring states (Tennessee and North Carolina), where Virginia residents may seek care.

Phases

Topics

1. Maternal Health
2. Reproductive Health
3. Perinatal Mental Health
4. Preventative Care, Counseling
5. Human Milk Feeding

The Patient Voice

A patient returned for a subsequent childbirth experience at a hospital and was given the opportunity to provide feedback, educational insights, and increase awareness among hospital staff based on their previous stay at the facility. Upon their return, they noticed significant progress and development within the unit, particularly in addressing their previous needs and concerns.

The patient voice will be further utilized through feedback surveys and narrative experiences to provide insight into quality of care and areas of continued improvement. Engaging the community gives us depth and real time perspective as to what they need to feel cared for and supported while at the facility.

Data

Part of any quality improvement project, data is extremely important to assess baseline, measure progress and determine further needs for improvement.

Data used to influence the project was obtained by VHHA Maternal Health Dashboard, which was complete with All Payers Claim Data and the ability to be broken down by locality, facility, and even ICD-10 codes.

VNPC created metrics and a worksheet template for the facilities to gauge what should be measured on a monthly basis regarding the topics they have chosen as their focus. 85% of facilities that are participating in the EMBRACE project utilize Likert to write monthly data.

Learnings

As a Perinatal Quality Collaborative (PQC) we recognize that meeting the hospital facilities at their current stage of development and implementation of EMBRACE is crucial to identifying the possible limitations and further needs of support, as some teams also served as front line providers as well. We aim to serve as a safe space for facilities and staff to engage in connection, warning and program implementation.

We understood that some facilities may have never been involved in a quality improvement project, showing a learning curve. VNPC aimed to provide educational programs such as the Project EMBRACE groundwork class and monthly meetings with quality improvement subject matter experts. Also, with site visits conducted, facilities are able to meet the VNPC team and have 1:1 time to discuss needs relevant to their hospital and geographical location specifically, while allowing the PQC to see the environment in which the teams provide care to the birthing population.

We have conducted end of year surveys for facilities to share feedback, we have modified our data collection processes and systems to simplify and adapt to changes experienced like staff turnover, Co-site holidays, etc.

Education and Mentorship

Technical Assistance

Training

Equity

Diversity

Inclusion

Participation in QI Initiative

Hospitals

State & Locality Data

Belonging

Data

VNPC in the Community

VNPC continues to learn and further their skills and knowledge on maternal and infant health through active participation in national and regional conferences, workshops, and learning exchanges, as well as by fostering collaborations with key partners in the field. These efforts aim to enhance their capacity to support healthy maternal and infant outcomes in their community. The VNPC has travelled to the following events.

- ★ The VNPC attended the National Network of Perinatal Quality Collaboratives Annual Conference in Denver, CO, December 4-6th, 2023
- ★ The entire VNPC team travelled to the Association of Maternal and Child Health (AMCHP) Annual Conference in Oakland, CA, April 12-16th, 2024
- ★ Four VNPC team members travelled to Boston, MA to complete The Improvement Association’s Breakthrough Series College
- ★ The entire VNPC team went to the General Assembly building in Richmond, Virginia to spread the word about the VNPC

With the Maternal Health Innovation grant, the VNPC did a lot of community engagement to identify challenges and opportunities in the Virginia maternal health landscape. This effort included conducting:

- ★ Seven community focus groups, five of which were “moms only”.
- ★ A statewide survey for pregnant people to gather lived experiences. This survey gathered 178 responses.
- ★ A survey for community organizations to identify needs, which received 23 responses.
- ★ Six one-on-one interviews with subject matter experts.

Additionally, the VNPC continued recruitment and planned the first meeting for the VNPC's Community Care Advisory Committee which was held during the first week of July 2024.

Partnership with Urban Baby Beginnings

The VNPC has a strong partnership with Urban Baby Beginning. Urban Baby Beginnings (UBB) Maternal Health Hub provides care that is shaped not only by evidence-based practices but also by the lived experiences of the mothers and families it serves. Founded in 1994, UBB's mission is to reduce adverse outcomes and isolation that families experience during the perinatal and early childhood years. This community-informed approach ensures that UBB's model is responsive to local needs while being grounded in proven methodologies. As a central resource for pregnant and postpartum families, the hub creates a safe and supportive environment, offering comprehensive, culturally relevant care.

Programming includes care coordination, resource navigation, MCH paraprofessional workforce development, peer support through community doula and home visiting, and more.



In addition to its direct services, UBB plays a pivotal role in helping healthcare providers and hospital systems deliver more personalized, holistic care for pregnant and postpartum families and their newborns. By bridging the gap between clinical settings and community-based supports, UBB's integrated care model enhances healthcare outcomes through collaboration, advocacy, and the sharing of insights from the families themselves.

UBB has been a strong partner and community convener of the Virginia Neonatal Perinatal Collaborative (VNPC) since its inception in 2016. In collaboration with Urban Baby Beginnings and key partners, the VNPC is committed to addressing the following goals:

1. **Foster an inclusive and diverse workforce** that promotes equity, effectiveness, and retention in maternal health, ensuring equitable access to high-quality care and addressing the unique needs of diverse populations.
2. **Drive innovation in maternal health service delivery** by promoting and implementing forward-thinking approaches, technologies, and practices that enhance the quality, accessibility, and effectiveness of care for pregnant individuals and new mothers.
3. **Enhance state-level maternal health data and surveillance systems** to improve the collection, analysis, and reporting of comprehensive and accurate data, enabling a better understanding of maternal health trends, disparities, and outcomes.
4. **Establish a state-focused maternal health task force** that fosters collaboration and engagement among all relevant partners, promoting cross-system alignment and integration while working towards improved maternal health outcomes in Virginia.

Infrastructure

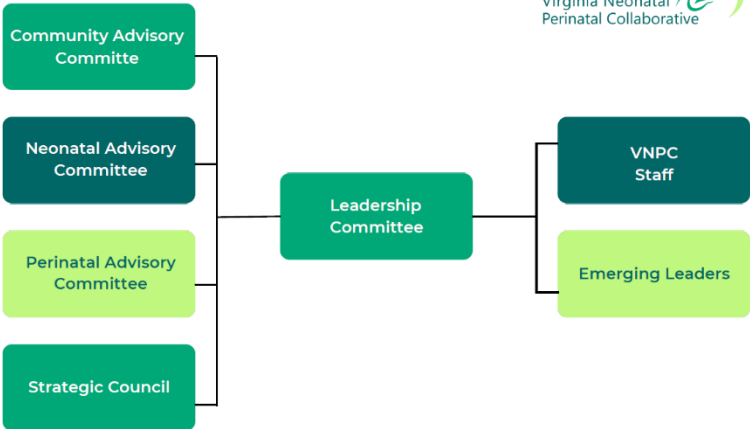
The VNPC’s growth over the past year has led to many new and exciting advancements in programming including new initiatives and activities intended to promote education and awareness of maternal and infant health across the Commonwealth. In line with these growing activities, the VNPC has grown its staff and committees, obtained new funding to support the various initiatives, and has developed new channels to communicate with health care providers and community members across Virginia.

VNPC Infrastructure



Strategic Council

The VNPC’s Strategic Council will serve as subject matter experts who represent numerous maternal and infant professional organizations across the Commonwealth. Their goal is to ensure the strategic alignment of the VNPC’s goals with the goals and priorities of various organizations. Through this alignment, they seek to ensure the removal of all silos and work collectively and collaboratively across organizations, geographic localities, and professions to improve outcomes for pregnant and parenting people, infants, and their families. The Strategic Council will meet monthly, and meeting minutes will be taken and made publicly available.



The list below provides the current roster of Strategic Council members. Additional members of the strategic council will be added soon. These new members will include a doula, a representative from Virginia’s Department of Behavioral Health and Development Services (DBHDS), a neonatologist, and a Certified Professional Midwife.

The VNPC's current Strategic Council consists of:

- ✳ Dr. Makunda Abdul-Mbacke (Virginia College of Obstetricians and Gynecologists)
- ✳ Dr. Mary Kate Bowser (Roanoke Health District)
- ✳ Jennifer Blue (U.S. Department of Veterans Affairs)
- ✳ Mary Brandenburg (Virginia Hospital & Healthcare Association)
- ✳ Adrienne Fegans (Virginia Department of Medicaid Services)
- ✳ Luis Figueroa, MSN, RNC-OB (The Association of Women's Health, Obstetric and Neonatal Nurses)
- ✳ Dr. Harry Gewanter (Medical Society of Virginia)
- ✳ Lauren Kozlowski, MPH, MSW (Virginia Department of Health)
- ✳ Dr. Caitlin Pedati (Virginia Beach Health District)
- ✳ Dr. Evelyn A. O. Oaboagye (University of Virginia Health)
- ✳ Dr. Elle Schnetzler (Virginia Affiliate of the American College of Nurse-Midwives)
- ✳ Dr. Barbara Snapp (National Association of Neonatal Nurses Advanced Practice)
- ✳ Dr. Verneeta Williams (Virginia Academy of Family Physicians)

Advisory Committees

In addition to the Strategic Council, the VNPC also has three advisory committees: the Community Care Advisory Committee, the Perinatal Advisory Committee, and the Neonatal Advisory Committee. These committees consist of representatives who are either respected high-level health professionals or community leaders who have knowledge relevant to the care community. The advisory committees are focused on different stages of care and are tasked with listening to the Strategic Council and identifying and advocating for the VNPC's projects, initiatives, and strategic priorities.

Each Advisory Committee is chaired by an Advisory Chair who specializes in obstetrics, pediatrics/neonatology, and community care. Advisory Chairs serve on three-year terms with the option of a second consecutive three-year term with approval from the Strategic Council.

Perinatal Advisory Committee

The Perinatal Advisory Committee is tasked with providing subject matter expertise from a clinical perspective and supports the implementation of AIM bundles in birthing facilities as a quality improvement project. Additionally, the Committee serves as a working group for medical professionals that can address and plan approaches to enhance certain areas of the Virginia hospital system including Level 0 hospitals and areas where perinatal care is siloed.

The VNPC's Perinatal Advisory Committee is chaired by Dr. Arthur Ollendorff, VNPC's Obstetric Co-Lead. **The full list of Perinatal Advisory Committee members includes:**

- ✳ Dr. Arthur Ollendorff (VNPC Obstetric Co-Lead)
- ✳ Dr. Christopher Chisholm (Region 1 Representative)
- ✳ Cynthia DeSa, MPH, MSW (Virginia Department of Health)
- ✳ Dr. Siobhan Dunnavant (Henrico Doctor's Hospital)
- ✳ Dr. Allison Durrica (MFM)
- ✳ Dr. Nancy Jallo (Virginia Commonwealth University)
- ✳ Lisa Johnston, RN (Region 3 Representative)
- ✳ Dr. Susan Lanni (MFM)
- ✳ Dr. George Maxwell (Virginia Chairs Group)
- ✳ Dr. Jaclyn Nunziato (AIM Lead ACOG)
- ✳ Dr. Scott Sullivan (MFM)

Neonatal Advisory Committee

The VNPC's Neonatal Advisory Committee provides subject matter expertise related to infant health from a clinical perspective and supports the Late Pre-term Infant project which evaluates how late pre-term infants are cared for in the Commonwealth. The project is currently ongoing but, once data collection is completed, the Neonatal Advisory Committee will assess the data and determine best practices for late pre-term infant management in Virginia. Several quality improvement projects will be developed based on the findings of their work.

The VNPC's Neonatal Advisory Committee is co-chaired by Lori Dippold, RN and Dr. Barbara Snapp. The full list of Neonatal Advisory Committee members includes:

- ✳ Lori Dippold, MSN, RN, NNP-BC (VNPC Neonatal Co-Lead)
- ✳ Dr. Barbara Snapp, DNP (Mary Washington Hospital)
- ✳ Dr. Arslan Arshad (Mary Washington Hospital)
- ✳ Dr. Barbara A. Reyna (University of Virginia)
- ✳ Dr. Bea Shikani (Northern Virginia Area)
- ✳ Peighton Terrill, BSN, RN (Children's Hospital of Kings Daughters)
- ✳ Dr. LaShawndra Walker (St. Mary's Hospital)
- ✳ Dr. Jessica Wolfe (St. Mary's Hospital)

Community Advisory Committee

The VNPC's Community Advisory Committee is still in development but is expected to be launched very soon.

VNPC Vision Alignment Champion Execution (VACE) Roundtable

To support the growth of the VNPC, the VNPC Vision Alignment Champion Execution (VACE) Roundtable is planned to launch in 2025 to aid with electing and voting in new members to the Strategic Council as well as selecting upcoming quality improvement projects. VACE members will represent:

- ★ Physicians
- ★ Advanced practice nurses
- ★ Midwives
- ★ Doulas
- ★ Community health workers
- ★ Staff nurses
- ★ Pharmacists
- ★ Social workers
- ★ Respiratory therapists
- ★ Hospital administrators
- ★ Public health personnel
- ★ Epidemiologists
- ★ Patient advocates

VACE membership will be ongoing, but members are required to stay in good standing, which requires each member to attend the Annual Summit each October. If the individual is not able to attend the Annual Summit, then they must participate in no less than two VNPC events each year. Being a VACE member will come with many benefits not limited to shaping the landscape of maternal and infant care across Virginia, but also access to educational and networking opportunities including webinars, training, and in-person meetings hosted by the VNPC.

Staff

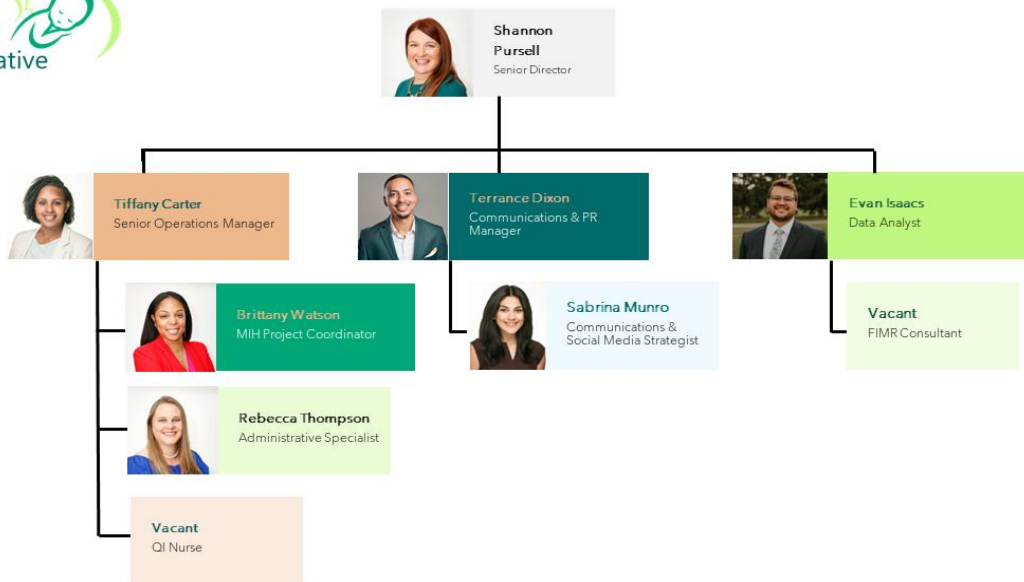
Alongside its many initiatives, the VNPC's staff continues to grow, filling new and exciting roles for the organization. In 2024, the VNPC welcomed its new Communications Manager, Terrance Dixon. Terrance brings to VNPC over a decade of experience in television and public relations with roles such as the Chief Communications Officer for Petersburg City Public Schools and the Digital Host & Good News Lifestyle Reporter for NBC12. His award-recognized and Emmy-nominated experience will help elevate the VNPC's communications and messaging across the Commonwealth.



In addition to Terrance joining the team, the VNPC brought on 15 undergraduate, masters, and doctoral students for its inaugural VNPC Emerging Leaders Workgroup. More detail about the program is available on page 29 of this report.

Additionally, the VNPC worked with two student interns in 2024, Ariana Sosa and Thuba Mnisi. Ariana graduated from the University of Richmond in May 2024 and served as a crucial member of the VNPC team over the three-year period that she was an intern. Ariana's work with the VNPC shaped her career as she changed her major to Public Health after learning more about the VNPC's work and, upon graduation, received a full scholarship to the London School of Hygiene and Tropical Medicine to pursue her master's degree in public health. Ariana was also a major advocate for the VNPC's work as she applied for and was accepted to present a poster at the 2024 Association of Maternal & Child Health Programs Annual Conference. The VNPC wishes Ariana the best in her future educational pursuits!

Thuba Mnisi is an undergraduate student at the University of Richmond who is double majoring in Health Studies and Geography. Thuba was heavily engaged in the VNPC’s projects during 2023-2024, having developed a data report for Project LOCATe and creating maps to aid in illustrating access to care across the Commonwealth. Additionally, Thuba conducted informational interviews with public health leaders in Virginia and developed a summative report which she presented as the capstone for her internship. The VNPC truly appreciates all Thuba’s hard work on their ongoing projects and wishes her the best as she completes her undergraduate studies!



Funding

CDC Perinatal Quality Collaborative Grant

The VNPC was awarded the CDC Perinatal Quality Collaborative Grant on September 30, 2022. This five-year grant provides approximately \$250,000 per year to the VNPC for a total of \$1,400,000. With these funds, the VNPC seeks to accomplish the following goals during its funding period:

- ★ Build and strengthen the capacity of PQCs to improve the quality of perinatal care statewide;
- ★ Engage facilities statewide to improve perinatal outcomes;
- ★ Support facilities to implement quality improvement initiatives;
- ★ Build and strengthen data systems to improve the identification and documentation of disparities;
- ★ Engage patients and communities in quality improvement initiatives; and
- ★ Build partnerships and conduct outreach and the dissemination of quality improvement results.

The VNPC has already been hard at work accomplishing these goals. In 2024, the VNPC moved forward its Project EMBRACE initiative aimed at increasing education and knowledge in birthing facilities. Over the course of the year, 21 hospitals focused on the AIM Perinatal Mental Health Conditions bundle, and 90% of those hospitals are reporting baseline data on knowledge of mental health conditions. The VNPC began to recruit additional hospitals in October 2024 for the next cohort.

In addition to the Perinatal Quality Collaborative Grant, the CDC provided \$65,000 in supplemental funding for one-year to support the VNPC's development of educational programming focused on substance use disorder (SUD) for new and expecting parents. This quality improvement project aims to better inform providers of the care needs of parents who are experiencing a SUD. With this supplemental funding, the VNPC will:

- ★ Develop provider and staff training on substance use disorders;
- ★ Develop and host substance use disorder screening tools;
- ★ Create and print materials for community partners and doctor's offices; and
- ★ Develop digital and social media marketing materials.

Over the course of 2024, the VNPC hosted a six session webinar series on SUD that can be found on its YouTube channel and developed social media materials to inform providers and the community about the stigma associated with SUD.



CDC Foundation Grant Award

In August 2024, the CDC Foundation awarded the VNPC a one-year grant of \$50,000 to implement quality improvement activities aimed at fostering respectful maternal care and birth equity across the Commonwealth. More specifically, the VNPC plans to use this funding to implement and promote the Hear Her campaign. This campaign, developed by the CDC's Division of Reproductive Health, provides important information regarding pregnancy-related complications and warning signs to prevent pregnancy-related deaths. Through this funding, the VNPC will collaborate with maternal and infant health partners to:

- ★ Develop a podcast focused on maternal health education related to various different topics; and
- ★ Collaborate with community-based organizations to integrate and disseminate the Hear Her campaign materials in the community.

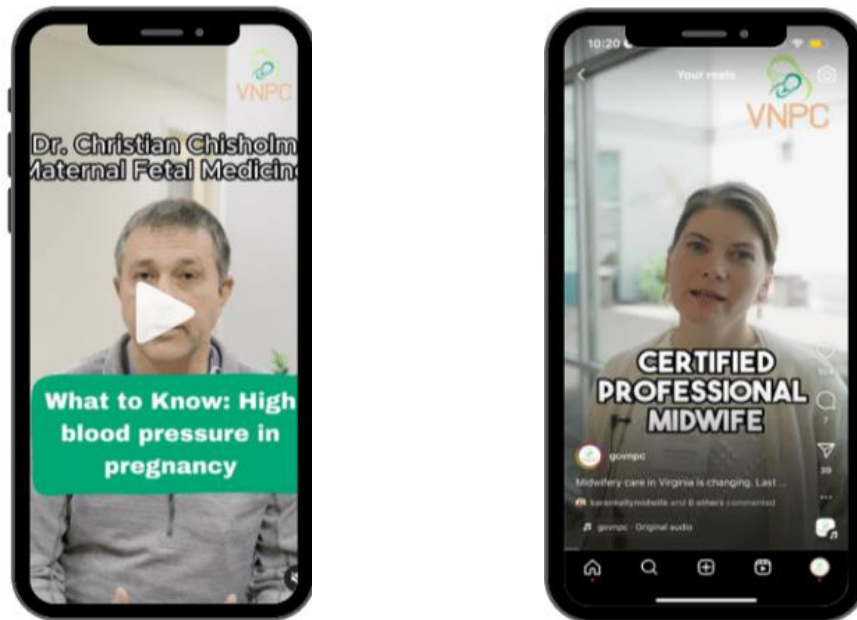
This funding provides an exciting opportunity for the VNPC to disseminate important information about maternal health to a wide audience across the Commonwealth and, perhaps, even a wider range of communities across the country. The goals for this podcast are detailed on pages 36-37 of this report.

To further aid in disseminating the Hear Her campaign in the Commonwealth, the VNPC plans to collaborate with a diverse group of maternal and infant health partners which includes state agencies, community-based organizations, birthing hospitals, professional associations, and clinical and social service providers. To facilitate this, the VNPC is creating a dissemination plan to ensure that local businesses and other community organizations are engaged in the sharing of Hear Her campaign materials.

Communication

Over the course of 2024, the VNPC has grown their communication channels across the Commonwealth to promote greater awareness of maternal and infant health as well as the VNPC's many activities. These efforts have led to a wider engagement across all the VNPC's social media channels including Facebook, Instagram, LinkedIn, and YouTube. From January to June 2024 alone, the VNPC's online activities led to 1,200 followers, nearly 33,000 post impressions, and 221 posts across all platforms.

Largely driving this engagement were new Instagram Reels, developed in partnership with local experts, on a wide range of topics. Of these Reels, a post involving University of Virginia Maternal-Fetal Medicine practitioner, Dr. Christian Chisholm, discussing perinatal hypertension and a Reel developed with a certified midwife discussing new legislation were the most popular. These two posts alone garnered nearly 3,000 views online and served as simple ways to better inform Commonwealth residents about important maternal and infant health information.



In addition to the VNPC's social media presence, the revamped website continues to draw in thousands of visitors from across the nation. In the first half of 2024 alone, the VNPC's website was visited over 10,000 times with nearly 4,000 unique users. Webpages featuring information about the VNPC's various initiatives, organizational background, and events were most visited.

Similarly, the VNPC's listserv, which provides information about events, resources, and important education reached thousands of individuals in 2024. The large number of individuals subscribed to the listserv, as well as the messages sent out to members, led to a total of over 25,500 sends. Of these sends, the monthly newsletter tends to be the most popular information.

The VNPC bears, VNPC's official mascots, continue to be popular amongst the many individuals and organizations who collaborate and engage with the VNPC and their work. Over the past year, the bears have been featured in much of the VNPC's messaging and are heavily featured in VNPC's new Bear Bulletin which serves as a blog on the website covering a wide range of topics related to education and new activities by the VNPC.



Legislation Follow-Up

The VNPC continues to track and engage with legislative efforts within the Commonwealth of Virginia. Below are descriptions for two pieces of legislation the VNPC has tracked in 2024.

Executive Order 32: Task Force on Maternal Health Data and Quality Measures

Signed in June 2024, this executive order sought to reestablish a Task Force focused on evaluating and improving data collected on maternal health for the purposes of improving maternal healthcare across the Commonwealth.

Governor Glenn Youngkin signed Executive Order 32 on June 26th, 2024. Executive Order 32 requires the State Health Commissioner to reestablish the Maternal Health Data and Quality Measures Task Force with the purpose of evaluating, strengthening, and developing new data collection procedures related to maternal health data in the Commonwealth of Virginia. Ultimately, the goal of the Task Force is to ensure that quality data exists that can be used to improve maternal care, quality, and outcomes for all mothers and their children across the state. As a part of its work, the Task Force would be required to complete all of its work and report all findings to the Governor and General Assembly by December 1, 2025.

Executive Order 32 requires that the following representatives participate in the Task Force:

- ★ The Director of the Department of Medical Assistant Services or her designee;
- ★ The Director of the Virginia Neonatal Perinatal Collaborative or her designee;
- ★ The Program Manager for the Maternal Mortality Review Team;
- ★ Individuals designated by the Secretary of Health and Human Resources, who to the extent possible should be;
 - Members of nonprofits related to health information or data;
 - Licensed obstetricians or gynecologists practicing in Virginia;

- Individuals who are licensed nurse practitioners or registered nurses who work in the area of maternal health in Virginia;
 - Individuals who are certified nurse midwives in Virginia;
 - Individuals who are licensed certified midwives in Virginia;
 - Experts in postpartum care and depression in Virginia;
 - Individuals who are experts in maternal health data collection processes;
 - Representatives from organizations or groups in Virginia that specialize in serving at-risk populations and improving equity and outcomes in maternal health;
 - Individuals who are licensed in neonatal and premature infant care and nutrition in Virginia;
 - Representatives in maternal health from each of the healthcare payers;
 - Health care experts who serve underserved and minority populations in the Commonwealth;
- ★ The Commissioner of Education or her designee, the Chief Diversity, Opportunity and Inclusion Officer or his designee, the Chair of the Virginia Council on Women, as well as any other stakeholders as may be appropriate appointed by the Governor.

During the course of its duties, the Maternal Health Data and Quality Measures Task Force will:

- ★ Monitor progress and evaluate all data from state-level stakeholders, including third-party payers, and all available electronic claims data to examine quality of care with regard to race, ethnicity, and other demographic and clinical outcomes data;
- ★ Monitor progress and evaluate data from existing state-level sources mandated for maternal care, including the Healthcare Effectiveness Data and Information Set (HEDIS) measure updates to Prenatal and Postpartum Care and Postpartum Depression;
- ★ Examine the barriers preventing the collection and reporting of timely maternal health data from all stakeholders, including payers;
- ★ Examine current maternal health benefit requirements and determine the need for additional benefits to protect women's health;
- ★ Evaluate the impact of Social Determinants of Health screening on pregnant women and its impact on outcomes data;
- ★ Analyze available data one year after delivery, including local-health district level data that will assist in better understanding the scope of the issue; and
- ★ Develop recommendations, based upon best practices, for standard quality metrics on maternal care.

The VNPC’s Director, Shannon Pursell, has been directed to participate in the re-convening of the Task Force and will play an active role in the strengthening of maternal health data across the Commonwealth. By participating in this task force, the VNPC will continue to shift from action to outcomes by working collaboratively with other experts in maternal health to strengthen the maternal health data infrastructure, thereby providing data-driven approaches to improving the mental healthcare system across Virginia.



To the right, the VNPC team working to educate the General Assembly in 2024.

H.B. 831: Expanding the Composition and Scope of Work of the Maternal Mortality Review Team

Introduced in January 2024, this bill sought to expand the participants on the Maternal Mortality Review Team (MMRT) and outline the MMRT’s expansion plan for data collection and review, as well as the development and implementation of their recommendations.

H.B. 831 directs the Office of the Chief Medical Examiner and the existing Maternal Mortality Review Team to convene a work group focused on expanding the scope and work of the MMRT. In addition to developing criteria and procedures for maternal health data collection across the Commonwealth, this work group must also create an expansion plan that outlines goals for data collection and data review, and procedures for the development and implementation of policies and recommendations made by the MMRT. The work group is expected to complete and report its work to the Chairmen of the House Committees on Appropriations and Health and Human Services and the Senate Committees on Finance and Appropriations and Education and Health by July 1, 2026.

Introduced into the Virginia House of Representatives in January 2024, H.B. 831 was unanimously supported by the Committee on Health and Human Services and the Committee on Appropriations. With this support, the bill passed the house with unanimous support in February 2024, where it was then passed to the Virginia Senate. The State Senate similarly showed support for the bill by passing it unanimously in March 2024 where it was then signed by Governor Youngkin in April 2024.

As approved by Governor Youngkin in April 2024, the work group shall develop:

- ★ Methods for collecting information about maternal morbidity in the Commonwealth;
- ★ Criteria for selecting cases for investigation and review;
- ★ Criteria for selecting cases for in-depth review, which may include interviews with families and community members who have information on such cases;
- ★ Procedures for maintaining confidentiality and security with regard to reviews undertaken by the Maternal Mortality Review Team;
- ★ A five-year plan for expansion and operation of the Maternal Mortality Review Team, which shall include (i) identification of necessary staff and equipment; (ii) identification of annual goals; (iii) provisions for coordination among stakeholders; (iv) identification of funding sources available to support and sustain the Maternal Mortality Review Team; (v) a proposed annual budget for each year; and (vi) a proposed data dissemination plan that includes data to be disseminated, methodology for dissemination, frequency of dissemination, and a list of key stakeholders and community partners who may be interested in data and other outputs; and
- ★ Any recommendations for further study, legislative actions, or implementation of the Maternal Mortality Review Team.

The approval of H.B. 831 also mandated the following entities participate in the work group:

- ★ The Chief Medical Examiner;
- ★ The Director of the Office of Family Health;
- ★ The State Registrar of Vital Records;
- ★ The Commissioner of Behavioral Health and Developmental Services;
- ★ The Commissioner of Social Services;
- ★ The Director of the Department of Corrections;
- ★ The Maternal Child Health Epidemiologist;
- ★ The Maternal Mortality Program Manager;
- ★ The Director of the Department of Criminal Justice Services, or their designees;
- ★ The Director of the Virginia Neonatal Perinatal Collaborative or her designee;
- ★ Community Stakeholders, including doulas working with impacted communities, local nonprofit organizations, mental health treatment providers, and other community stakeholders;
- ★ Representatives of medical professionals with experience in maternal health;
- ★ Staff and members of such state agencies as may be appropriate; and
- ★ The presidents of (i) the Virginia Hospital and Healthcare Association, (ii) the Virginia Chapter of the American College of Obstetrics and Gynecology, (iii) the Virginia Chapter of the American Academy of Pediatrics, and (iv) the Virginia Affiliate of the American College of Nurse-Midwives, or their designees.

By serving as a part of the Maternal Mortality Review Team's work group, the VNPC will continue to make great strides towards ensuring the safety and health care of every pregnant and/or parenting person across the Commonwealth. Participation in this work group again shows the VNPC's strides from action towards outcome by ensuring greater data quality to support decision making and ensuring the best health care available to all pregnant and/or parenting persons across the Commonwealth.

From Action to Outcome

The VNPC's goal for 2024 was to move from action to outcome and their many efforts across the year showcased the impact that they've had on improving maternal and infant health outcomes across the Commonwealth. In moving towards outcomes, the VNPC:

- ★ **Provided \$25,000 to support the work of local organizations** in improving maternal and infant health
- ★ Began **re-evaluating hospitals care and services to determine improvements in care** over the past year
- ★ Developed a **badging system for hospitals to indicate their care capabilities** for expecting parents
- ★ Hosted several workshops, webinars, and social media series that **provided practitioners and parents with data-informed information about care**
- ★ Conducted an environmental scan which **highlights areas of need and ways to improve care across Virginia's various regions**
- ★ Provided educational opportunities to ten future maternal and infant health leaders to **strengthen knowledge around important gaps and needs in healthcare**
- ★ Conducted an assessment of Perinatal Quality Care organizations across the country **and provided data to support advocacy for PQC's needs**
- ★ Developed the Perinatal and Neonatal Advisory Committee which are actively working with providers to **strengthen the quality of their care**

While 2024 served as a landmark year where many of the VNPC's initiatives led to tangible activities and recommendations for care, their work is not done until every mother has the best possible perinatal care, and every infant cared for in Virginia has the best possible start to life. As a national leader in PQC's, the VNPC and its staff continue to work tirelessly in developing new and innovative practices aimed at strengthening the Virginia healthcare system.

References

- Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, MPH, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. *MMWR. Morbidity and Mortality Weekly Report*, 69(19), 575–581. <https://doi.org/10.15585/mmwr.mm6919a2>
- Centers for Disease Control and Prevention. (2023a). *CDC Levels of Care Assessment Tool (CDC LOCATE)*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/cdc-locate/index.html>
- Centers for Disease Control and Prevention. (2023b). *Infant mortality rates by state*. https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- Centers for Disease Control and Prevention. (2023c). *Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2022*. <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>
- Centers for Disease Control and Prevention, Maternal Infant Health. (2024a) *PQC Impacts: Reducing Pregnancy Complications From High Blood Pressure*. https://www.cdc.gov/maternal-infant-health/pqc/success-stories-illinois.html?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc/success-stories/illinois/index.htm
- Centers for Disease Control and Prevention. (2024b). *Provisional estimates for selected maternal and infant outcomes by month, 2019-2023*. <https://www.cdc.gov/nchs/covid19/technical-notes-outcomes.htm>
- Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System. (2024c). *Nativity Records on CDC WONDER Online Database*. <http://wonder.cdc.gov/nativity-expanded-current.html>
- Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2022. (2024d). *Selected 2016-2022 Maternal and Child (MCH) Indicators*. <https://www.cdc.gov/prams/php/data-research/mch-indicators-by-site.html>
- Hoyert, D. L. (2024). *Maternal mortality rates in the United States, 2021 and 2022*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2022/maternal-mortality-rates-2022.pdf>
- Madni, S. A., Ewing, A. C., Beauregard, J. L., Brantley, M. D., Menard, M. K., & Goodman, D. A. (2022). CDC LOCATE: Discrepancies between self-reported level of maternal care and LOCATE-assessed level of maternal care among 462 birth facilities. *Journal of Perinatology*, 42, 589-594. <https://doi.org/10.1038/s41372-021-01268-3>
- Virginia Department of Health Professions. (2024). *DHP Website, Provider License Database*. <https://dhp.virginiainteractive.org>
- Virginia Maternal Mortality Review Team. (2023). *Virginia Maternal Mortality Review Team Annual Report*. [Virginia-Maternal-Mortality-Review-Team-Annual-Report---2023.pdf](https://www.vmmrt.org/Virginia-Maternal-Mortality-Review-Team-Annual-Report---2023.pdf)
- Virginia Neonatal Perinatal Collaborative. (2023a). *Initiatives*. <https://gotheVNPC.org/initiatives/>

Virginia Neonatal Perinatal Collaborative. (2023b). *Maternal Health Dashboard*.

Virginia Neonatal Perinatal Collaborative. (2024a). *EMBRACE SMILE Baseline Data*.

Virginia Neonatal Perinatal Collaborative. (2024b). *PQC Structure and Funding Across the U.S. in 2024*.

Virginia Neonatal Perinatal Collaborative. (2024c). *Virginia Hospital & Healthcare Association Dashboard*.
<https://vhha.okta.com/app/tableau/exk12hqe3bkKd0oTt4x6/sso/saml>

Virginia Neonatal Perinatal Collaborative. (2024d). *Virginia Maternal Health Task Force Environmental Scan*.

Virginia Neonatal Perinatal Collaborative. (2024e). *VNPC Project LOCATe 2023 Findings*.

Virginia PRAMS. (2024). *Pregnancy Risk Assessment Monitoring System 2018-2021*. VDH Office of Maternal and Child Health.