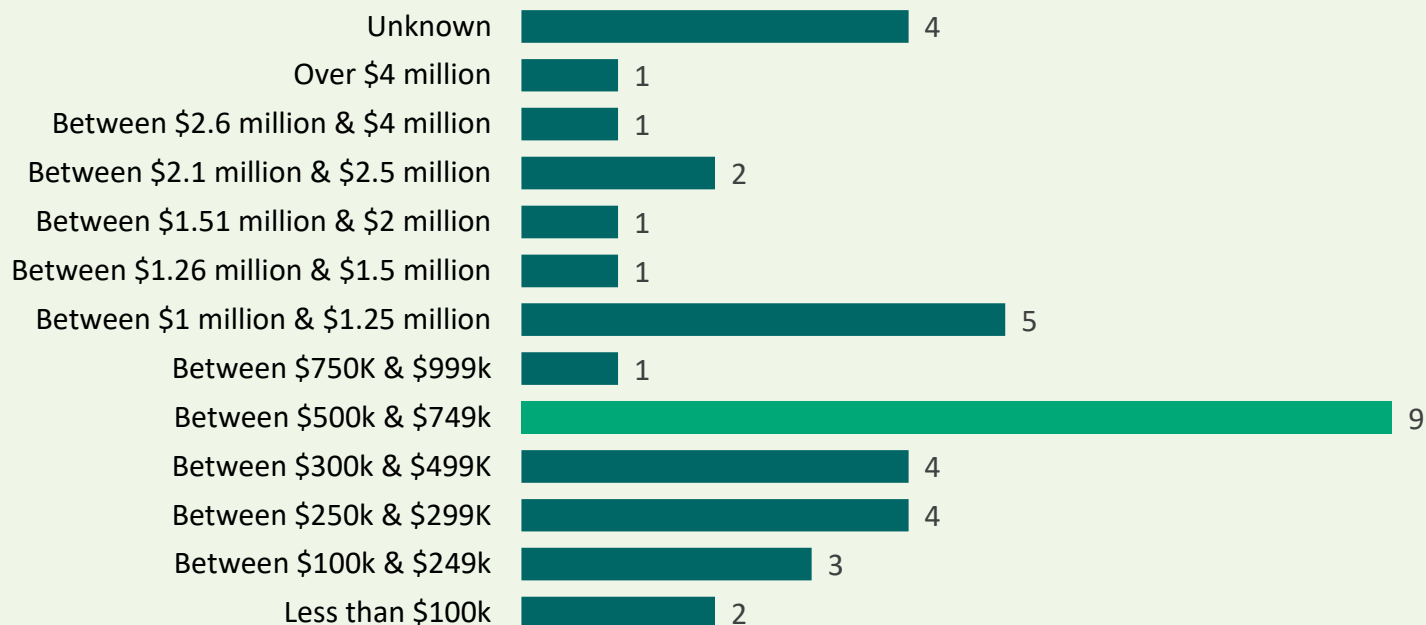


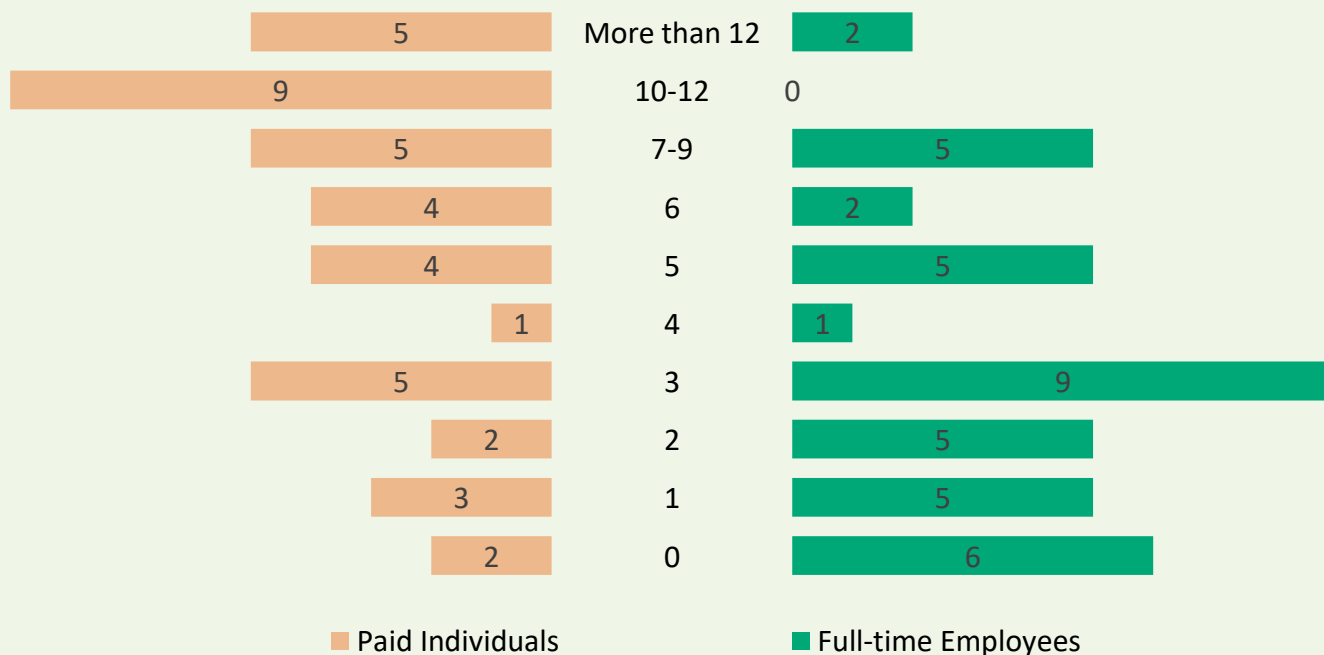
# PQC Structure and Funding Across the U.S. in 2025; 40 States



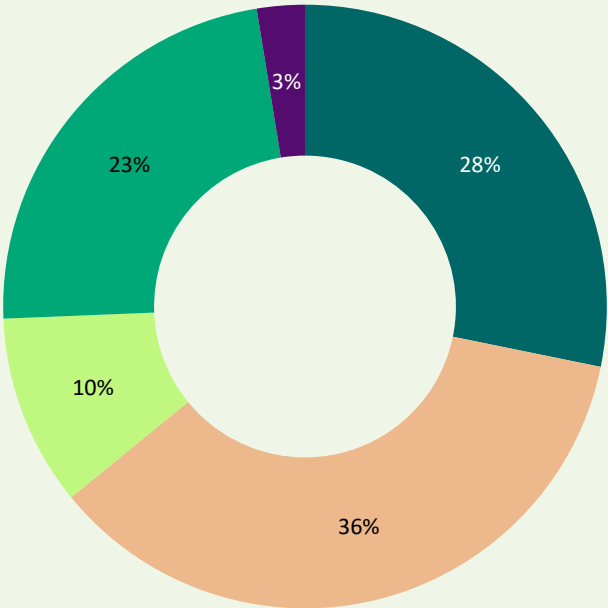
## Most PQCs have a budget between \$500k & \$749k



## Over half of PQCs have 7-9 or more paid individuals, and majority have 3 full-time employees.

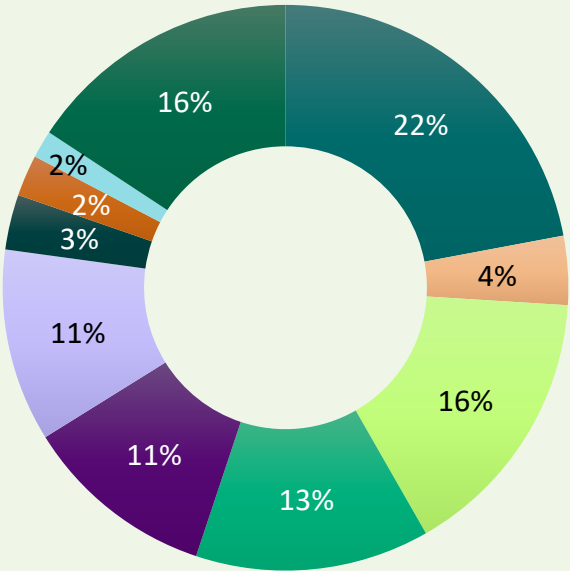


Departments of Health are the prevailing backbones for PQCs. Followed closely by Academic/Universities.



- Academic/University (N=11)
- Department of Health (N=14)
- Healthcare and Hospital Association (N=4)
- Non-Profit (N=9)
- Other (Department of Health and Human Services/Medicaid) (N=1)

Federal funding sources make up the most of PQC funding. CDC, HRSA AIM and HRSA Maternal State Innovation funding are federal funding sources.



- CDC PQC Funding
- CDC Preventing Maternal Deaths
- HRSA AIM Funding
- HRSA Maternal State Innovation Funding
- General Assembly/State Funding
- State Title V Funding
- Medicaid Funding
- Hospital Pay-to-Participate



Mean Population Served by each PQC  
**6,037,644**  
\*based on US Census Population Estimates for July 1, 2024



Median PQC Budget  
**Between \$500k and \$749k**



Median Number of Paid Employees  
**6 Employees**



Median Number of Full-Time Employees  
**3 Employees**



Median Number of PQC Funding Sources  
**3 Funding Sources**

\*Median calculations were determined by utilizing midpoints when a range was reported. Additionally, budgets reported as less than \$100k are represented at \$50k, and budgets surpassing \$2 million are depicted at \$2.5 million. These changes were only made to streamline the data analysis process. Budgets that were reported as “Unknown” have been omitted from analysis, but employee counts at “0” are included.

# Comparisons from 2024 to 2025

## 2024



Mean Population Served

**6,730,958**

\*based on US Census Population Estimates for 2023



Median Budget

**Between \$500k and \$999k**



Median Number of Paid Employees

**5.5 Employees**



Median Number of Full-Time Employees

**3.5 Employees**



Median Number of Funding Sources

**3 Funding Sources**

## 2025



Mean Population Served

**6,037,644**

\*based on US Census Population Estimates for 2024



Median Budget

**Between \$ 500k and \$749k**



Median Number of Paid Individuals

**6 Individuals**



Median Number of Full-Time Employees

**3 Employees**



Median Number of Funding Sources

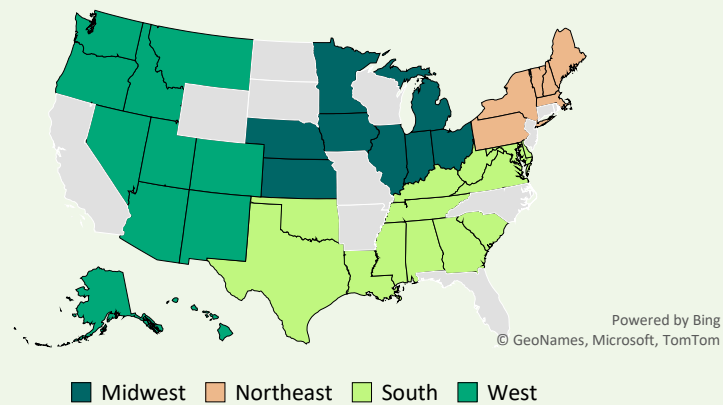
**3 Funding Sources**

## Comparisons:

- Population served across PQCs has decreased overall from 2024 to 2025 (mainly from nonresponse from several PQCs).
- Median Budget across PQCs has decreased overall from 2024 to 2025.
- The number of paid individuals across PQCs in 2025 has increased from 2024.

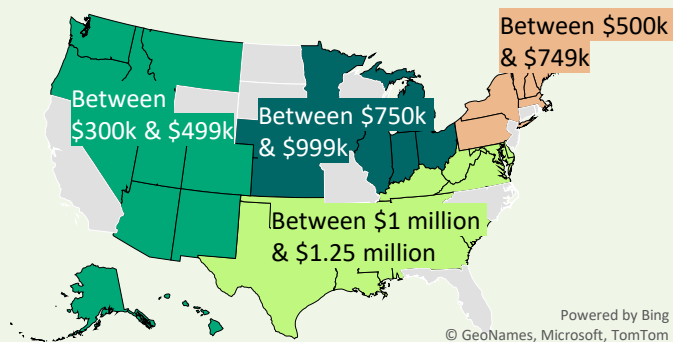
# Regional Differences

## PQCs can be stratified into 4 regions

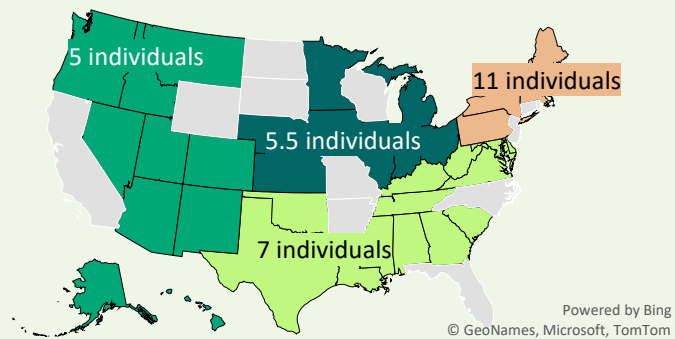


Perinatal Quality Collaboratives (PQCs) operate in each of the 50 US states and Washington D.C. Above is a map highlighting the states that responded to the survey from the Virginia Neonatal Perinatal Collaborative, and the regions that they reside.

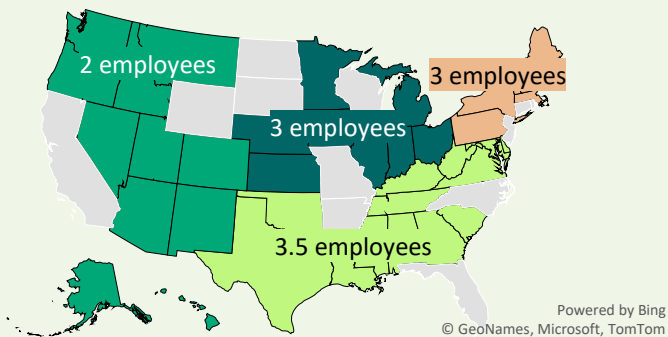
## Southern PQCs have budgets larger than other regions.



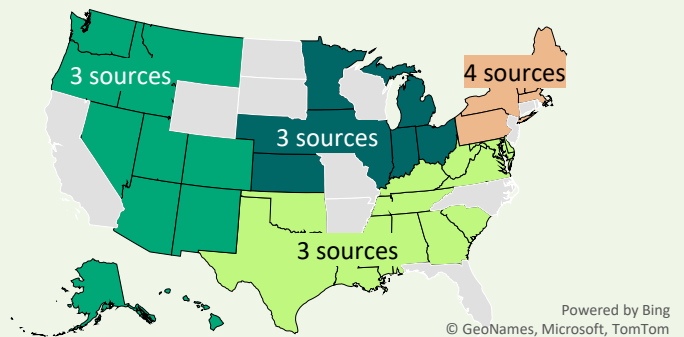
## Northeast PQCs have the most paid individuals.



## West PQCs have the least full-time employees.



## Northeast PQCs have the most funding sources.



# Backbone Differences

**Academic/University** backbones have the largest budgets.



Academic/University  
Between \$1 million &  
\$1.25 million



Department of Health  
Between \$500k & \$749k



Non-Profit  
Between \$500k & \$749k



Hospital Association  
Between \$300k & \$499k

**Academic/University** backbones have the most paid individuals.



Academic/University  
11 Employees



Department of Health  
4 Employees



Non-Profit  
7 Employees



Hospital Association  
6 Employees

**Academic/University** and **Hospital Association** backbone PQC's have the most full-time employees.



Academic/University  
4 Employees



Department of Health  
2 Employee



Non-Profit  
2 Employees



Hospital Association  
4 Employee

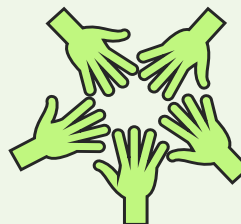
**Department of Health** backbone PQC's have the least funding sources.



Academic/University  
3 Sources



Department of Health  
2 Sources



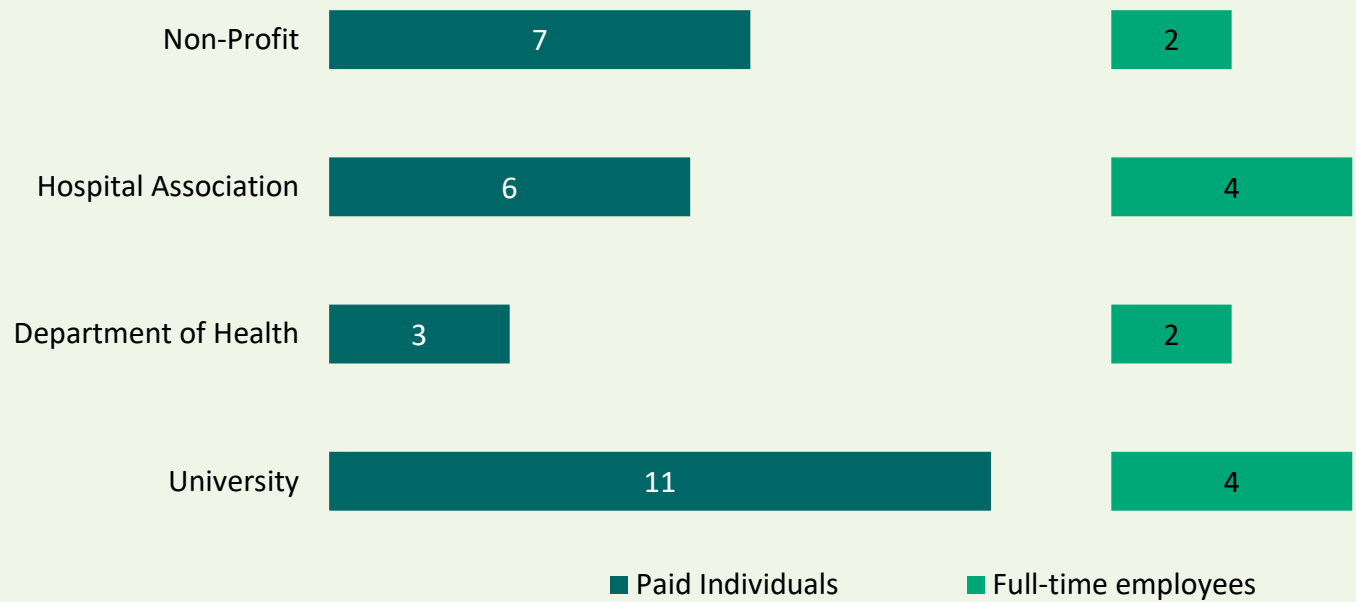
Non-Profit  
3 Sources



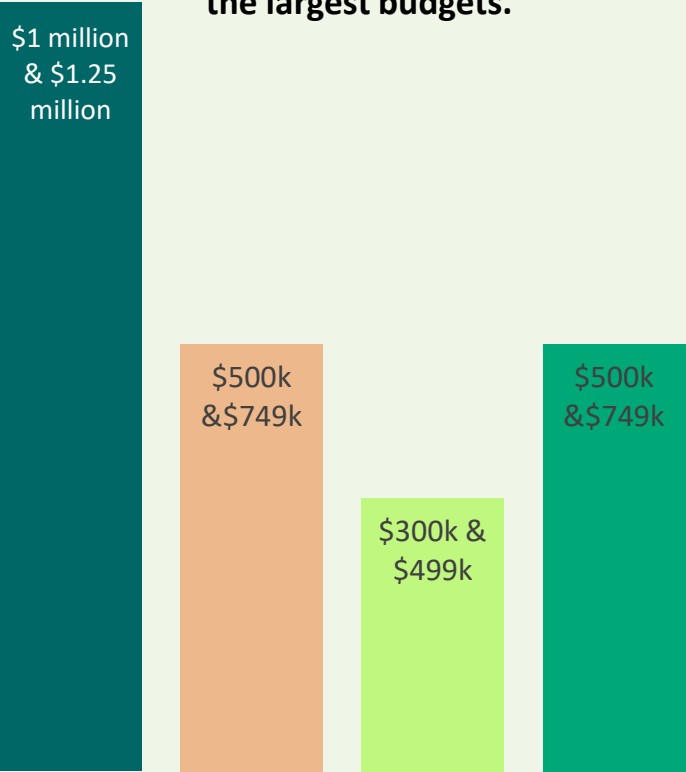
Hospital Association  
3 Sources

# Backbone Differences

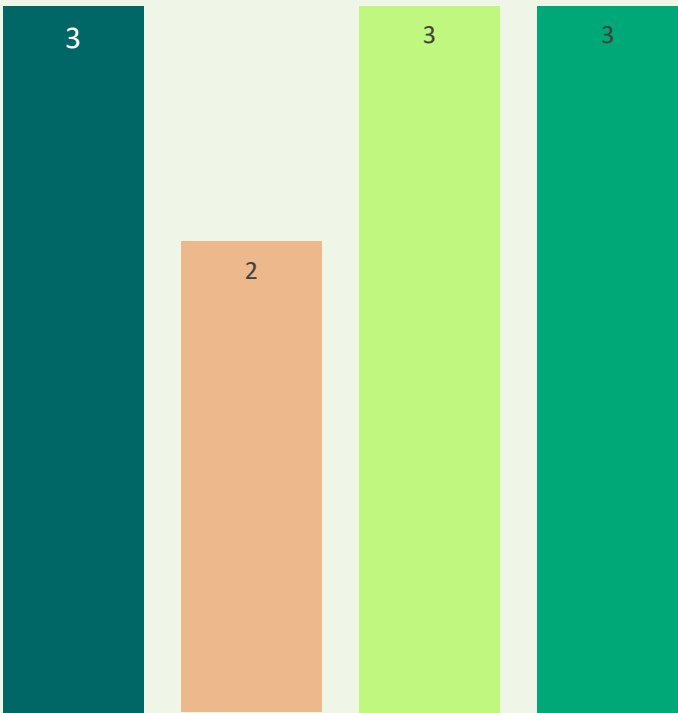
Academic/University PQCs have the most paid individuals and Academic/University and Hospital Association PQCs have the most paid individuals.



Academic/University backbones have the largest budgets.



Department of Health PQCs have the least amount of funding sources.

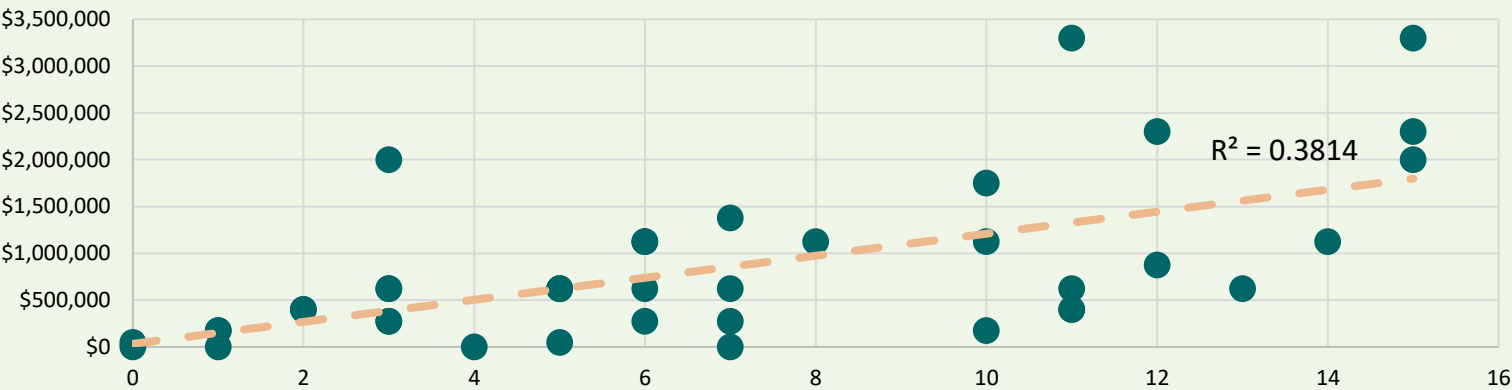


Academic/University    Department of Health  
Hospital Association    Non-Profit

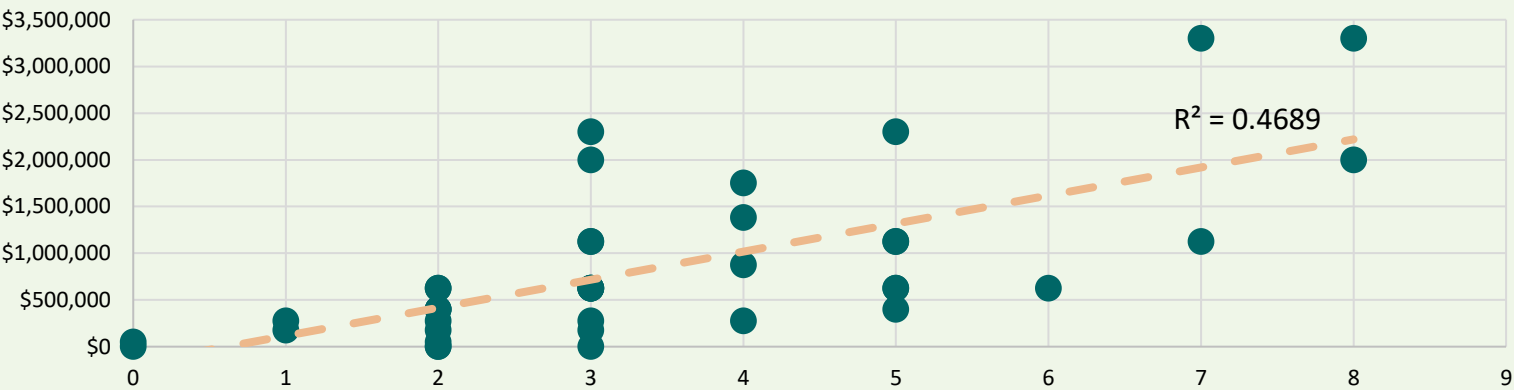
Academic/University    Department of Health  
Hospital Association    Non-Profit

# Budget Differences

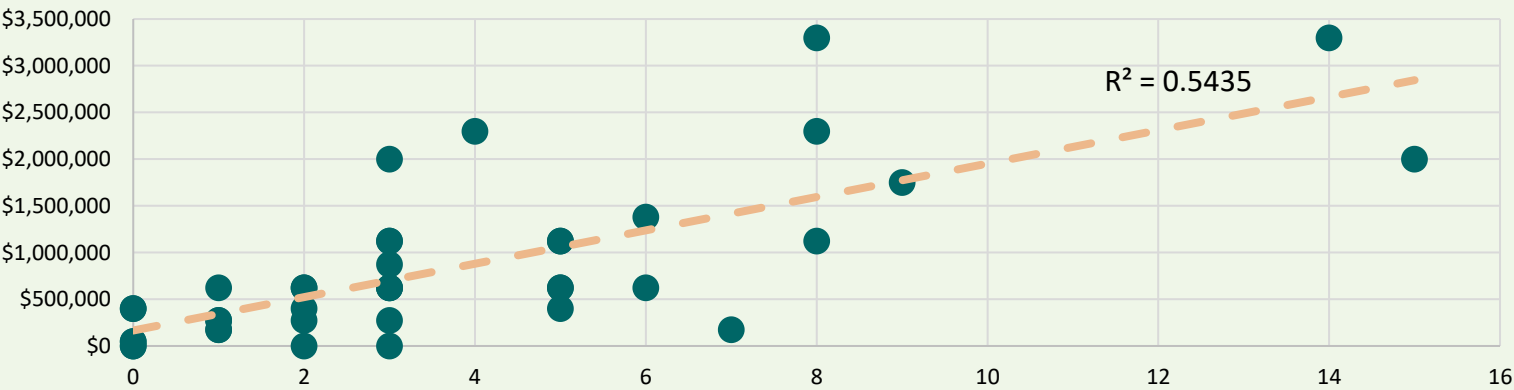
Larger budget linked to more paid individuals.



Larger budget linked to more full-time employees.



Larger budget linked to more funding sources.



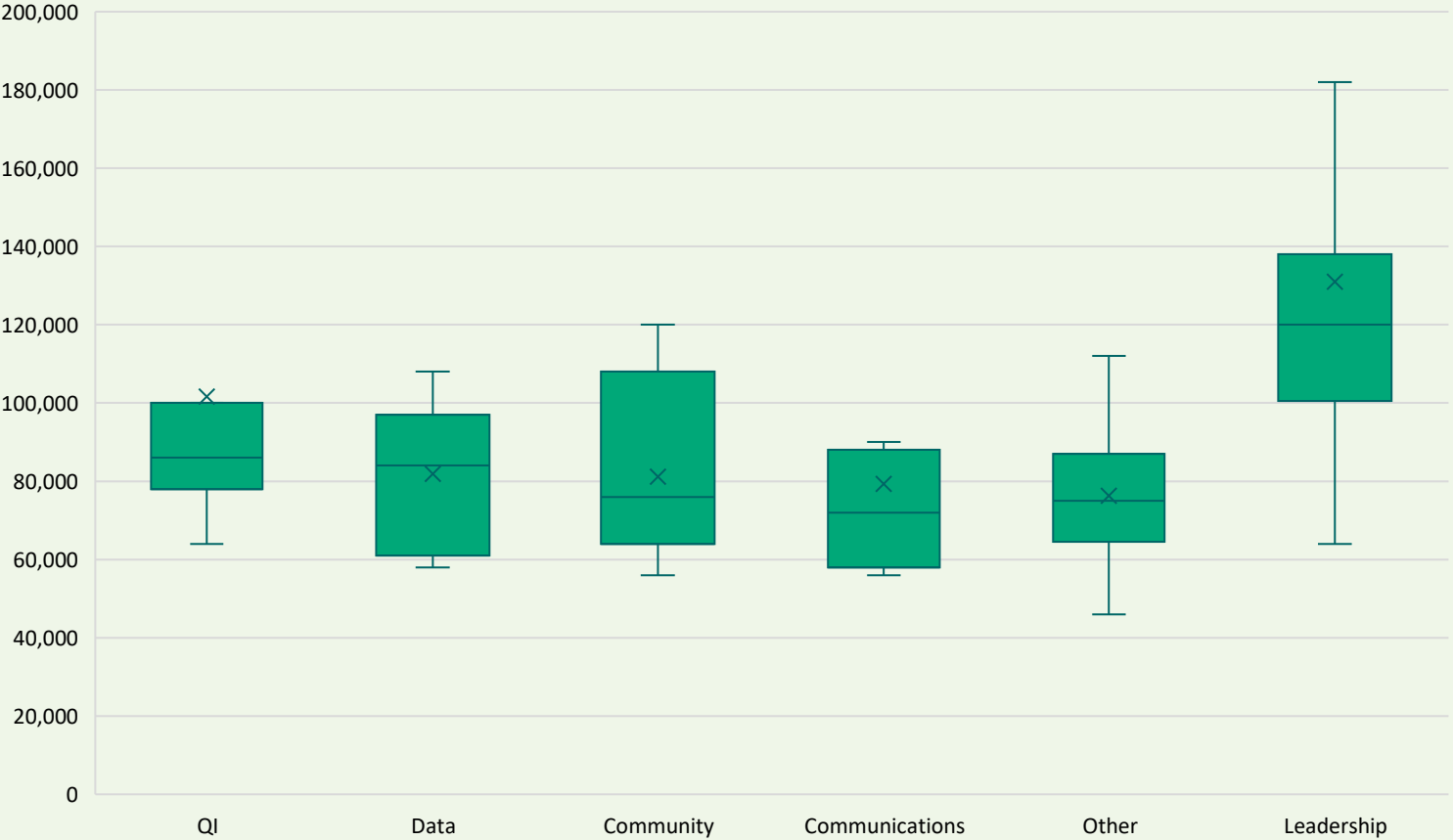
\*Budgets are derived from the midpoints of reported estimated annual budget ranges. In instances where budgets are reported as less than \$100k, they were represented at \$50k, while budgets exceeding \$2 million were depicted at \$2.5 million.

# Roles Across PCQs

| Quality Improvement             | Leadership                                  | Data                               | Community                            | Communications                        | Other                                       |
|---------------------------------|---|------------------------------------|--------------------------------------|---------------------------------------|---|
| Nurse QI                        | Governing Board                             | Epidemiologist (2)                 | Community Engagement Coordinator (2) | Administrative Operations Coordinator | Grants and Technical Writing Specialist (2) |
| MD QI                           | Maternal/Neonatal Co-Chair                  | Data and Analytics program manager | Outreach Specialist                  | Health Equity Coordinator             | Project Manager (2)                         |
| QI Advisor (3)                  | Executive Director (9)                      | Biostatistician                    | Patient and Family Advisory Council  | Communications Specialist (2)         | Postdoctoral Research Fellow                |
| Quality Improvement Manager (3) | Professor and Dean                          | Volunteer team                     | Community Lead                       | Project Manager - Communications      | Hospital Certification Manager              |
| Nurse Manager                   | Program Coordinator (2)                     | University Contracted              | Volunteers                           | Communications Manager                | Program Coordinator (2)                     |
| Maternal QI Coordinator         | CEO   | Improvement Advisor                | Perinatal Community Advocacy Council | Coordinator                           | Evaluator                                   |
| Volunteer team                  | Program Manager (2)                         | Program Manager                    | CDC Grant Director/project manager   | Educational Conference Coordinator    | Nurse Program Manager                       |
| QI Director (3)                 | Principal Investigator                      | Data Analyst (5)                   | Patient Advocate                     | Marketing                             | Medical Director                            |
| Improvement coaches (3)         | Perinatal Quality Collaborative Coordinator | Research Analyst                   | Patient Partner                      | Communications Director               | Maternal Infant Vitality Specialist         |
| Perinatal Outreach Nurse        | Perinatal Nurse Coordinator                 | Women's Health Epidemiologist      | Community Advisor Board Member       |                                       | Women and Maternal Health Nurse Consultant  |
| CDC Assigned Epidemiologist     | Medical Advisor                             | Data Manager (2)                   |                                      |                                       | Perinatal Outreach Nurses                   |
|                                 |   | AIM Data Coordinator               |                                      |                                       | Educational Conference Coordinator          |
|                                 |   |                                    |                                      |                                       | Nursing Consultant                          |
|                                 |   |                                    |                                      |                                       | Perinatal Clinical Liaison (2)              |

Parenthesis and numbers used to identify specific roles mentioned multiple times by multiple people.

Salaries Across PQC Jobs



# Population Differences

## 10 Largest States



Mean Population Served  
**13,450,339**  
\*based on US Census Population  
Estimates for 2024



Median Budget  
**Between \$1 million &  
\$1.25 million**



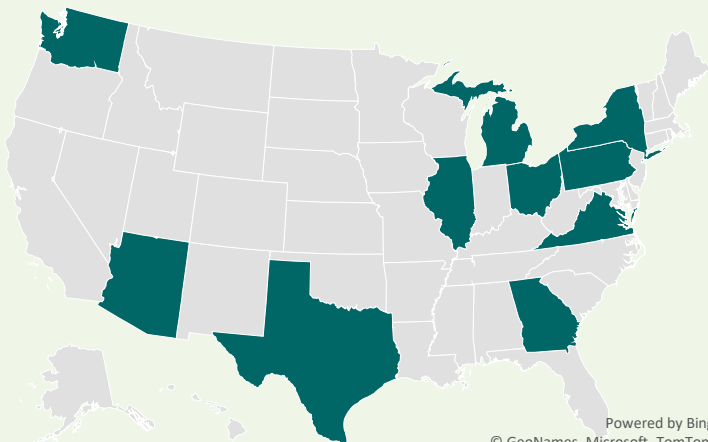
Median Number of Paid Employees  
**9.5 Individuals**



Median Number of Full-Time Employees  
**3.5 Employees**



Median Number of Funding Sources  
**3.5 Funding Sources**



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## 10 Smallest States



Mean Population Served  
**1,231,181**  
\*based on US Census Population  
Estimates for 2024



Median Budget  
**Between \$250k and \$299k**



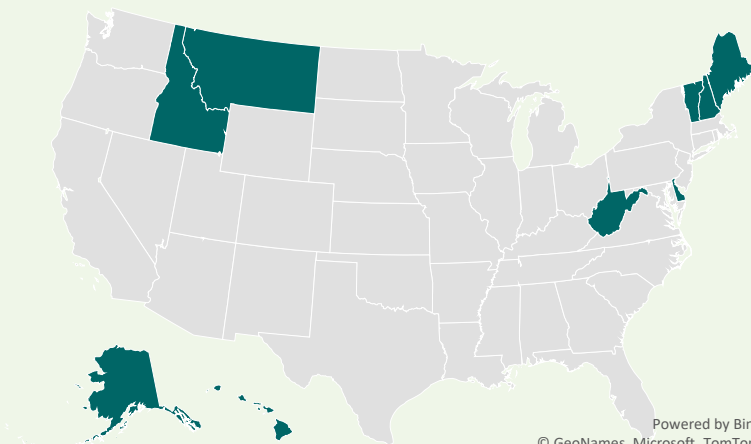
Median Number of Paid Individuals  
**6 Individuals**



Median Number of Full-Time Employees  
**1 Employee**



Median Number of Funding Sources  
**2.5 Funding Sources**



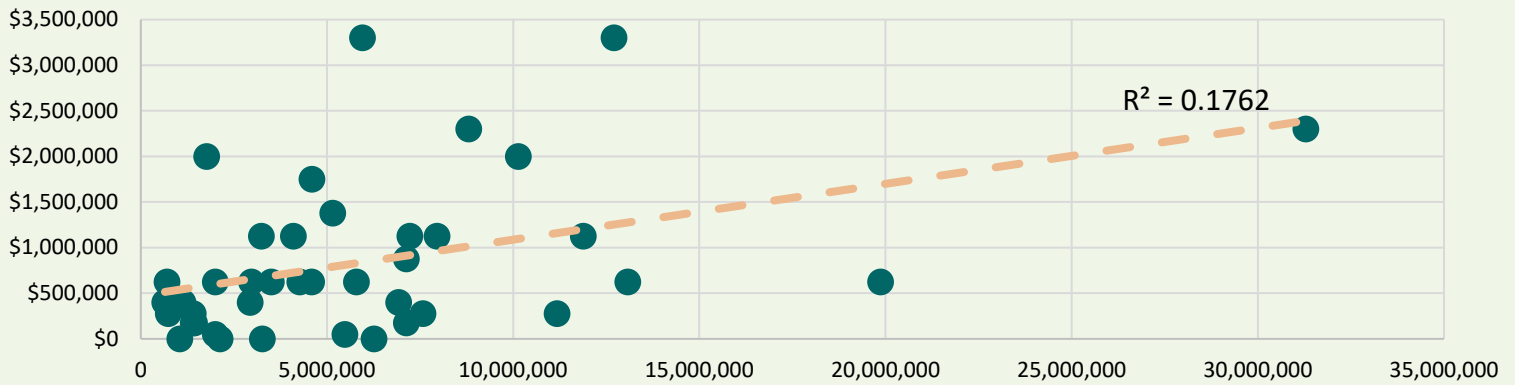
Powered by Bing  
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\*DC not pictured above.

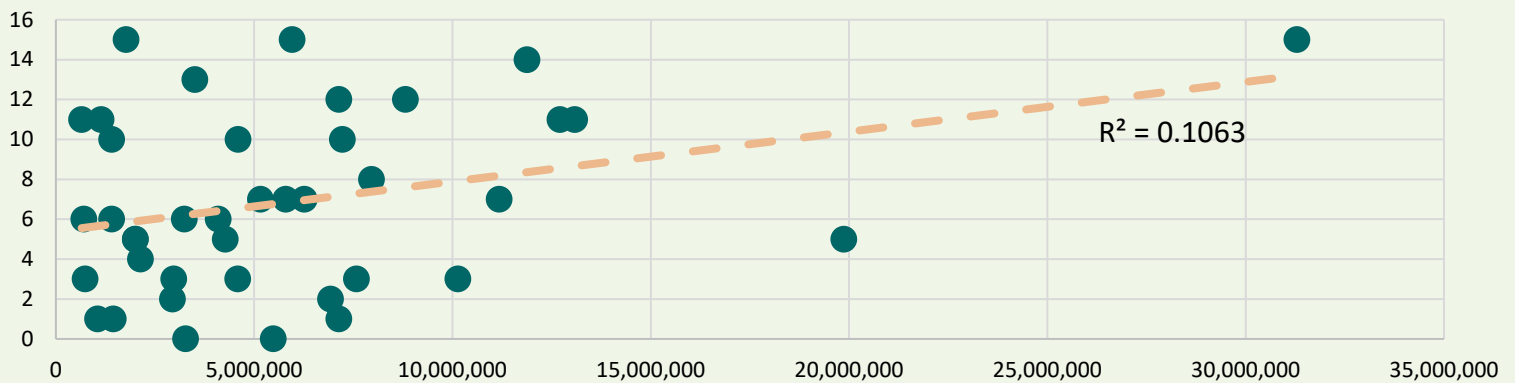
\*Only displaying data from State PQC's that responded.

# Population Differences Cont.

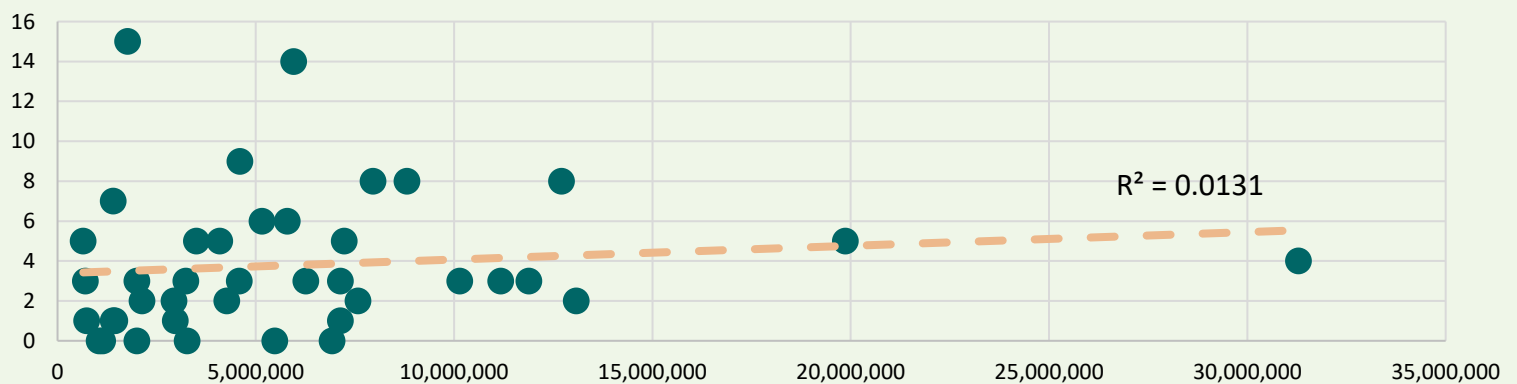
## Bigger population related to larger PQC budget



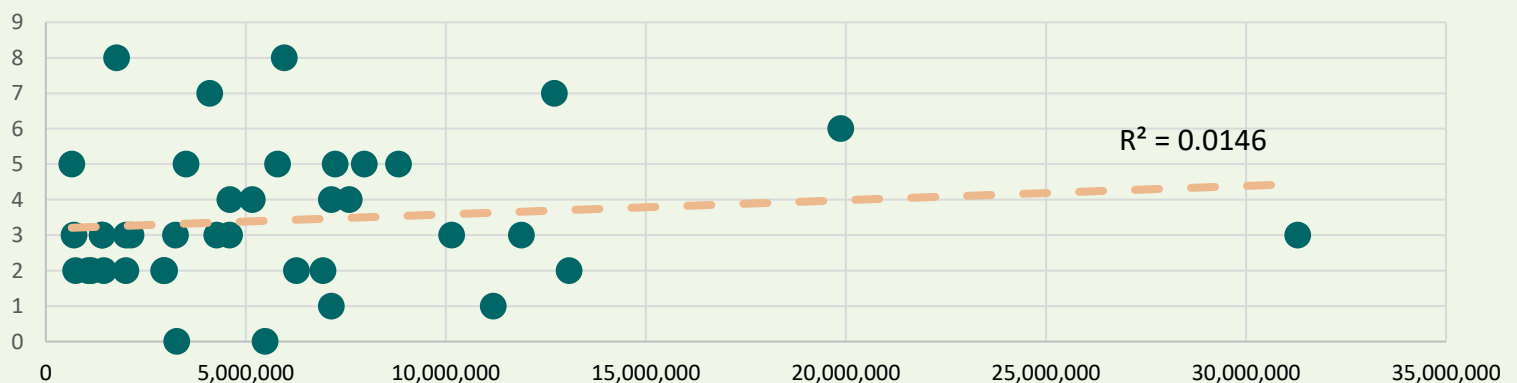
## Bigger population related to larger PQC workforce



## Bigger population does not mean more full-time PQC employees

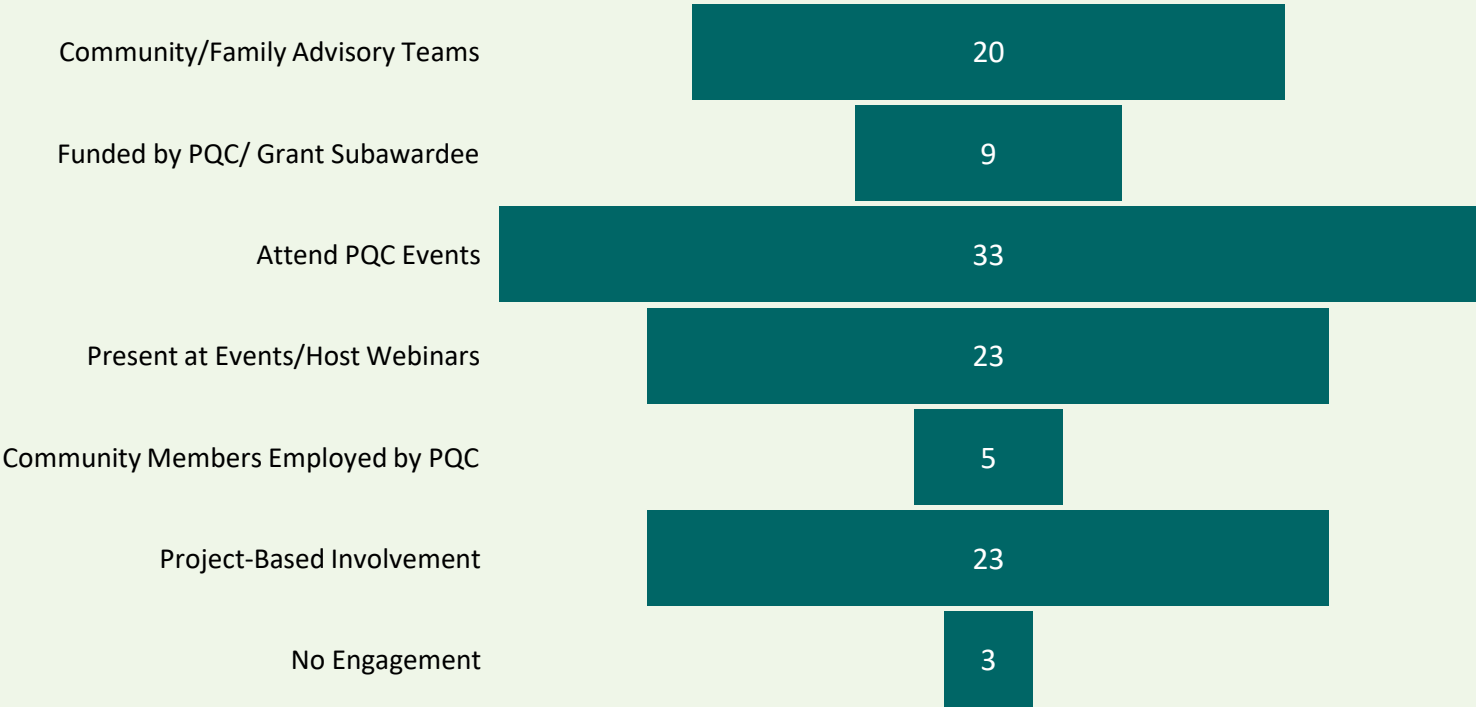


## Smaller population size does not mean fewer funding sources.

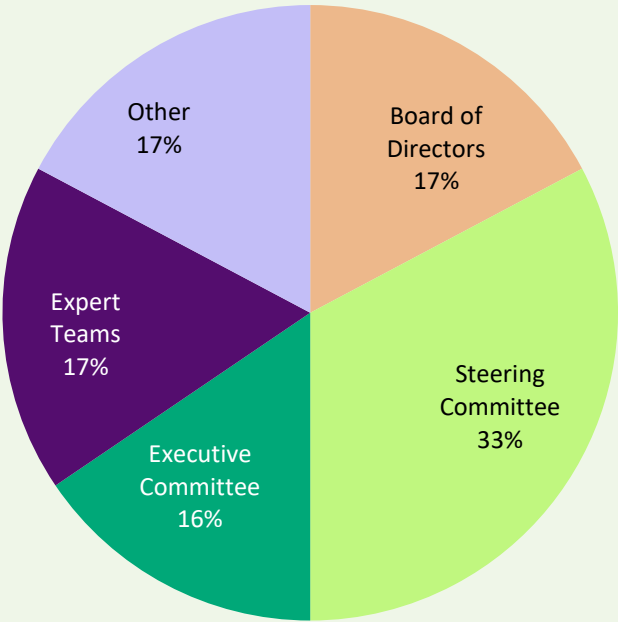


# PQC Operations

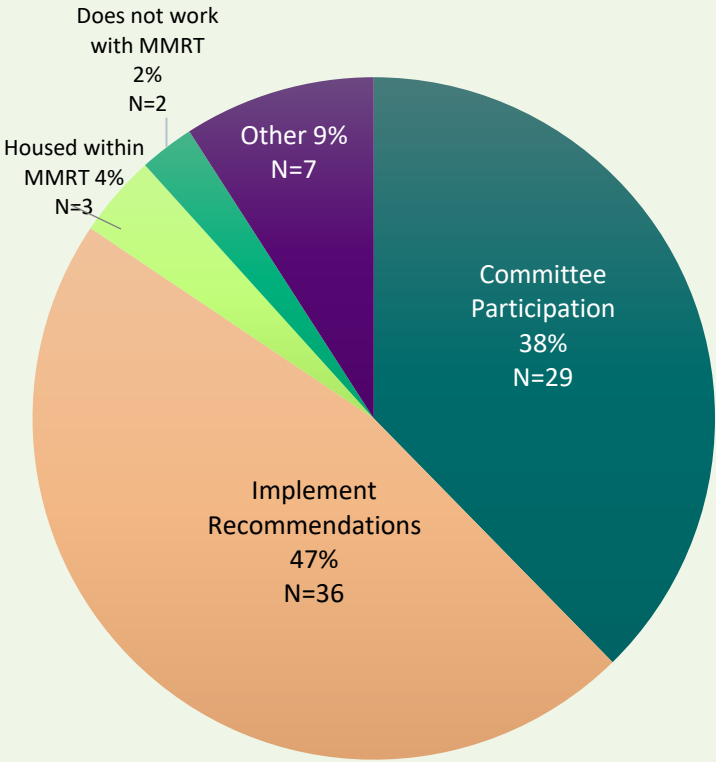
Highest community engagement for PQCs is shown through Attending PQC Events.



More PQCs reported having a Steering Committee for executive leadership teams.

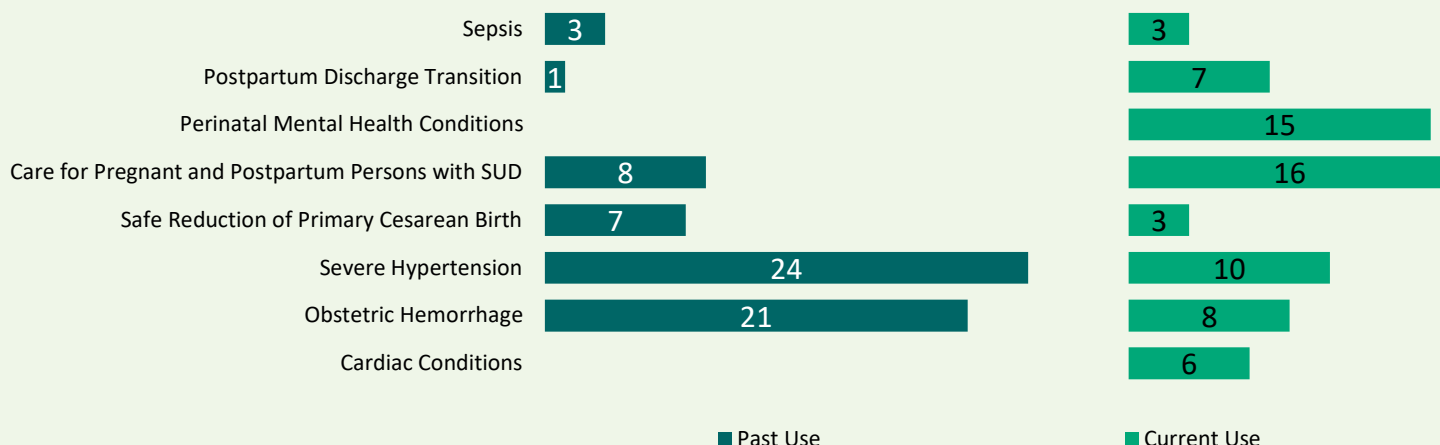


More PQCs reported engagement with MMRTs through Committee Participation.



# AIM Bundles and The Future of PQCs

Highest past used/sustainability AIM bundle among PQCs was Severe Hypertension. The highest current use AIM bundle among PQCs is Care for Pregnant and Postpartum Persons with Substance Use Disorder.



State PQCs were asked to share their top three priorities for 2025. The results are provided below in a chart. This highlights the focus of PQCs across the US, over the next year.

| Number 1 Priority                         | Number 2 Priority                       | Number 3 Priority                              |
|---|---|--|
| Severe Hypertension in Pregnancy (6)      | Chronic Lung Disease                    | Maternal Mental Health (3)                     |
| Substance Use Disorder (6)                | Substance Use Disorders (6)             | Substance Use Disorders (2)                    |
| Perinatal mental health (6)               | Mental Health (6)                       | Patient Partner Family Program                 |
| Obstetric Hemorrhage (5)                  | Rural Perinatal Care (3)                | Newborn Nutrition/Breastfeeding and Safe Sleep |
| Postpartum Transitions Safety Bundle (2)  | Obstetric Hemorrhage (3)                | Newborn Resuscitation                          |
| Access to Care                            | Emergency Department OB Readiness (2)   | ER Care  |
| Obstetrical Emergency Management Training | Expanding Respectful Maternity Care     | Perinatal Levels of Care                       |
| Maternal Mental Health                    | AIM Bundles                             | Community Birth / Transfer Improvement         |
| Establishing a PQC                        | Engage Patients and Communities         | Perinatal Health Data Leadership               |
| Engage and support facilities             | Convening Diverse Partners              | Cardiac Conditions in OB Care                  |
| Levels of care/rural health               | Safe Sleep for Infants                  | Birth Transfers                                |
| Events                                    | Safe Reduction of NTSV cesarean births  | Communication                                  |
| Engaging family representatives           | Hypoglycemia Bundle                     | Cardiac Care Efforts                           |
| Community engagement                      | MOUD in Pregnancy Regional Trainings    | QI Capacity                                    |
| Educational conferences                   | Primary Reduction of C-Section          | Neonatal Hypothermia/Golden Hour               |
| Obstetric sepsis                          | Bundle Shifting to Sustainability       | Guideline Creation and Revision                |
| AIM CCOC bundle                           | Neonatal Initiatives                    | Neonate and OB skills training                 |
|   | Hypoxic-Ischemic Encephalopathy         | Breastfeeding and skin to skin care            |
|   | Lactation in relation to early delivery | Trauma and Respectful Care                     |
|   |   | Postpartum Care                                |

## Sources

US Population Data: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>

US Geographical Regions: <https://www.cdc.gov/nchs/hus/sources-definitions/geographic-region.htm>

Data used in the report collected by VNPC from online survey shared privately with all PQCs across the US.