VNPC
Virginia Neonatal
Perinatal Collaborative

SAFE Birth VA

Annual Report 2026

Preparing Virginia facilities to respond to maternal emergencies

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Introduction

SAFE Birth VA (Standardized Approaches for Emergencies in Birth – Virginia), a Virginia Neonatal Perinatal Collaborative (VNPC) initiative ordered in 2025 through HB2753/SB1279, ensures the greatest possible standards of maternal care across healthcare facilities in the Commonwealth. Through this initiative, the VNPC works with all Virginia hospitals that have a labor and delivery unit or emergency department, freestanding emergency departments, and birthing centers. The goal of this work is to equip facilities with evidence-based emergency protocols, checklists, and templates for identifying and responding to a wide range of obstetric emergencies.

During the initial launch phase (July 1 – September 30, 2025), the VNPC built infrastructure to manage SAFE Birth activities, including a public webpage (https://govnpc.org/initiatives/safebirthva/), two informational webinars, and a quality improvement survey that closed with responses from 71 facilities, yielding a picture of facility readiness and gaps related to obstetric emergencies across the Commonwealth.

Initial Launch Phase Metrics (July 1 – September 30, 2025)

Webinars: 400 attendees; purpose of and need for SAFE Birth VA

Survey reach: 71 hospitals, freestanding EDs, and birthing centers; 86% have an ED, 61% have L&D, 52% have a well-baby unit, 32% have a NICU

QI experience is strong, but training can be inconsistent: 66% of facilities have 10+ years of quality-improvement experience, but only 27% report formal QI training reaching most of their staff

AIM patient safety bundle uptake is uneven across topics: obstetric hemorrhage (83%) and severe hypertension in pregnancy (79%) are the most commonly implemented; sepsis, cesarean reduction, and perinatal mental health lag around 48-51%

Interest is strong and SAFE Birth initiatives can help close knowledge gaps: facilities rated their knowledge of recognizing and responding to obstetric emergencies lower than their interest in all areas; maternal cardiac patients was rated lowest in knowledge (2.5 of 5) despite near-top interest (4.2 of 5), the widest gap in the survey

The results above positioned the VNPC for its work in 2026 and laid the groundwork for the planning that has been done this year to build SAFE Birth initiatives that will best support improvements in maternal care.

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A Note About Perinatal Care Access and the Scope of SAFE Birth Work

The landscape of perinatal care is complex and involves many different types of facilities and providers. While most deliveries occur in birthing hospitals, the work of ensuring healthy pregnancy expands to other sites like emergency departments and birth centers, especially in areas where access to prenatal care is inconsistent or challenging. As of 2024, **1 in 3** counties in Virginia are maternity care deserts – where there are no hospitals or birth centers with labor and delivery services, and no obstetric clinicians. On average, women in maternity care deserts in Virginia have to travel about **40 minutes** to reach their closest hospital with labor and delivery services. Long travel times to care can increase risk for adverse outcomes during delivery and obstetric emergencies.

Additionally, **15.8%** of counties have an uninsured rate for women ages 19–54 higher than 10.9%. Because patients at an emergency department will not be turned away for their inability to pay, the ED is frequently called on to care for pregnant people who are uninsured or need care for co-morbidities. Pregnant people also seek care from providers outside of obstetricians. For example, hospital births attended by midwives increased from **8.6%** of all hospital births in 2016 to **16.3%** in 2024, emphasizing the importance of collaboration with midwives as an essential element of the SAFE Birth work.

The mix of providers and settings where perinatal care is delivered means the VNPC will need to work with a variety of different professionals to ensure that standards of care for obstetric emergencies are implemented consistently.

For a list of terms and definitions that illustrate the range of care providers and facilities, please see Appendix A.

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Workgroup

The SAFE Birth workgroup meets monthly (fourth Thursday) to support the VNPC in planning for SAFE Birth initiatives, bringing expertise from members' experiences across the Commonwealth and different settings. The group consists of emergency responders, providers, educators, and medical directors from the following institutions:

Hospitals

- Augusta Health
- Bon Secours
- Carilion Clinic
- Centra Health
- HCA Healthcare
- Inova Health System
- Sentara Healthcare
- UVA Health
- VCU Health
- VHC Health

Organizations

- Virginia Department of Health
- Virginia Emergency Nurses Association
- Virginia College of Emergency Physicians
- Virginia chapter of American College of Obstetricians and Gynecologist

In meetings across summer 2026, the group:

- Established group infrastructure and plans for addressing the group goals
- Identified five priority quality improvement areas to focus resource development on
- Began brainstorming resources and how to tailor them to each important audience for the information

Five Priority Quality Improvement Topics

The five quality improvement topics that the SAFE Birth workgroup identified and formed subgroups to address are:

Hypertension in Pregnancy

Focus: Building standardized recognition and response guidance for hypertensive disorders in pregnancy. These protocols should be broad enough to be applied by emergency physicians, midwives, and family physicians, in addition to obstetricians.

Urgent Maternal Warning Signs

Focus: Helping staff, especially at less-equipped facilities, recognize the early signs of a maternal emergency. The main goal is to build protocols that cover minimum requirements from various existing tools to quickly recognize signs and respond adequately.

Obstetric Hemorrhage

Focus: Developing a stepwise, ED-friendly hemorrhage response protocol, drawing on existing tools, protocols, and training materials. In addition, the group will establish equipment/cart recommendations so equipment availability does not hinder appropriate care responses.

Maternal Sepsis

Focus: Identifying tools and workflows that can help create alert systems on electronic charting programs for maternal sepsis, based on existing adult sepsis parameters. The group will aim to identify standardized approaches and best practices for staff education.

Obstetric Emergencies

Focus: A group covering the broad and various obstetric emergencies that would trigger EMS involvement, transfers/transport protocols, and stabilization in various medical settings. Obstetric emergencies also include medical crises that might occur to the mother or infant after delivery. The group plans to develop EMS-facing tools and weave in transfer/transport protocols through the other four workgroups' deliverables.

Webpage

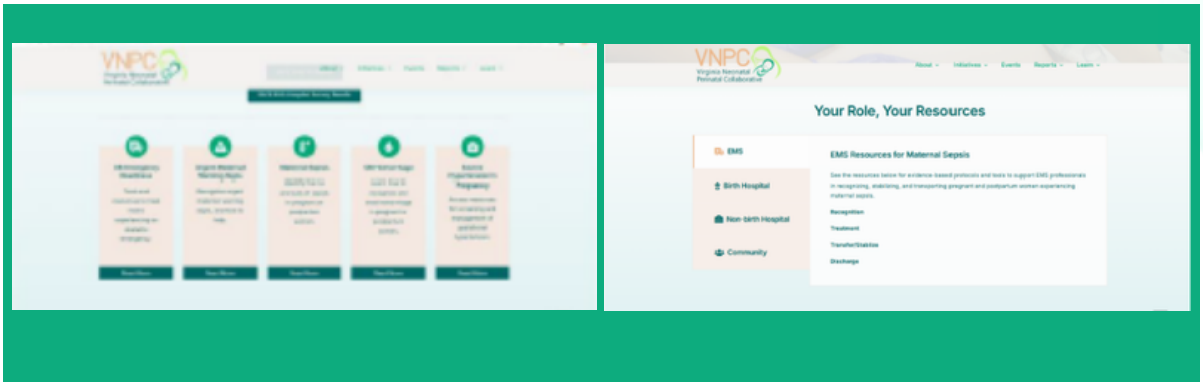
The SAFE Birth webpage was established in 2025 to serve as a hub for information about progress on the SAFE Birth initiative: https://govnpsc.org/initiatives/safebirthva/. Since its launch, the workgroup has focused on developing the webpage so that it can serve as the primary location for all resources and tools that will be developed from the initiative. All relevant providers and facilities will be able to easily access materials on the webpage to engage in SAFE Birth offerings.

Currently, each of the five topic-focused workgroups is compiling tailored resource information on their topic, geared to each of the following care settings:

Care Settings Featured on the SAFE Birth Webpage

- Emergency Medical Services (EMS)
- Birth Hospitals – hospitals with labor & delivery units and emergency departments that have access to an L&D unit
- Non-birth Hospitals – local emergency departments and freestanding emergency departments
- Community – this includes birth centers and all other locations that employ or rely on doulas, midwives, and community health workers. In addition, there will be resources for the general public on supporting family members.

These pages will bring key protocols and resources into a single, Virginia-specific hub, so facilities have what they need for their setting without translating from general guides.
Stay tuned for the rollout of these setting-specific resources in October 2026!



Funding & Sustainability

The VNPC recommends $345,000 in annual funding for SAFE Birth VA (see budget below) to support consistent coordination, staffing, supplies, and technical assistance implementation. Despite the current lack of dedicated state funding this year, the VNPC has been advancing SAFE Birth work and coordination, pursuing other funding pathways, and building sustainability for its efforts.

Grant applications to external funders, including a recent application to expand SAFE Birth VA from protocol development into statewide implementation, will help build workforce readiness and strengthen emergency response systems, resulting in improved care coordination and reduced preventable maternal and infant complications, ensuring that evidence-based obstetric emergency care reaches all communities across Virginia.

Strategies

- Grant applications to external funders
- Partnerships with hospital systems and other stakeholders
- Planning initiatives designed for durability

Partnerships with hospital systems and other stakeholders will facilitate future implementation of SAFE Birth initiatives and convene experts who can contribute to training and technical assistance. Planning initiatives with long-term sustainability in mind helps facilities maintain learned practices, adopted protocols, and safety bundles over time, reducing reliance on repeated VNPC intervention.

Together, these efforts keep SAFE Birth VA moving forward in its early work. With further resources committed in the future, the VNPC will be able to increase the pace and scale of impact.

Funding & Sustainability, Cont.

Recommended Budget Details

The recommended $345,000 per year would be used as detailed in the budget table below.

Budget Item	Details	Budget Amount
VNPC SAFE Birth Coordinator	1 FTE with fringe	$121,875
Data Coordinator	0.5 FTE with fringe	$59,555
Supplies to support hospitals and this initiative	Hemorrhage supplies/bag, resuscitation kits for preterm babies, printed protocols and checklist, etc.	$25,000
Travel to EDs, freestanding EDs, birth centers and L&Ds	Relationship building, training, and education. Travel costs in accordance with VCU per diem rates and travel guidance.	$25,000
Simulation aids, training supplies and communication materials	Posters for awareness, print-outs for staff/patients, SME presenters for training, development of training aids, Simulation mannequins and babies, supplies for simulation scenarios for hospitals/EMS, etc.	$60,000
Pay for health providers to assist in trainings on site	Use of MFMs or OBs to assist in the on-site trainings at local EDs, freestanding EDs, birth centers, etc	$40,000
SAFE Birth Recognition Program	Establish a recognition program to highlight who is actively participating with initiative and running training drills to ensure optimal outcomes	$7,570
Data Resources	Data tools, survey resourcse, data software, dashboard	$6,000
Total		$345,000

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Upcoming Work

Through input from birthing facilities and other partners, as well as discussion with the workgroup, the VNPC has established a set of SAFE Birth initiatives to implement as funding is available:

Planning Commonwealth-Wide Coordination

- Clearly define which facilities are covered under the SAFE Birth legislation so that the VNPC engages comprehensively across Virginia (for example, clarifying birth center designations and requirements for participation in SAFE Birth initiatives)
- Develop a recognition program specific to SAFE Birth to recognize facilities that are adhering to standards of maternal care for addressing obstetric emergencies

Training & Technical Assistance

- Assess gaps in care or training so that efforts are tailored to local needs and formats.
- Establish a training schedule for both on-site training and virtual training in all continuum of care sites. Trainings will be managed by a Quality Improvement Nurse, accompanied by OB providers to ensure accuracy.
- Facilitate monthly training calls for providers to answer questions, talk through scenarios, and learn from each other.
- Hold monthly office hours as an additional opportunity to answer questions and provide specific assistance.
- Purchase simulation training aids, ideally one for each site for continued training, and/or teach the sites how to create a low fidelity training aid for simulation of the scenarios for each location for continued training or to establish a low fidelity training aid

Resource Development and Communications

- Develop the resource pages on the SAFE Birth webpage on the five quality improvement topics identified by the workgroup, with information tailored across the continuum of care settings
- Send out new scenarios for training quarterly to support sites in maintaining their knowledge base over time

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Stay Connected

Follow the VNPC's work on the SAFE Birth initiative on the SAFE Birth VA webpage and look for more information about resources, trainings, and technical assistance that will be implemented in communities and facilities across the Commonwealth.

Through collaboration between the VNPC and their many partners, Virginia is working toward a safer and healthier standard of care for all pregnant and parenting mothers and is ensuring that all infants have the best possible start to life.

Contact Information

Website
www.goVNPC.org

Email
info@goVNPC.org

Social Media
@goVNPC

Working towards healthier moms and babies across Virginia.

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Appendix A: Definitions and Key Terms

Birth Center: According to Virginia law codes, a birth center was initially defined to serve as an auxiliary location to a birthing hospital for unwed parents to legally establish the paternity of their newborn child. This code was established in 1994 and has not been revised for 24 years.[6] In that time, birth centers have evolved to be understood as health care facilities where care is provided for low-risk births in the midwifery and wellness model and are accredited by the national Commission for the Accreditation of Birth Centers. As of 2026, the two accredited birth centers in Virginia are both located in Fairfax County.[7] Definitions for birth centers vary greatly by state depending on the state regulatory environment. The American Association of Birth Centers defines a freestanding birth center as a facility where birth is planned to take place away from the hospital and away from the person's residence, where care is provided in the midwifery and wellness model, with birth center care integrated into the healthcare system.[8]

Birthing Hospital: Birthing hospitals in Virginia are hospitals with organized obstetric and newborn services that have the following[3]:

1. An administrative manager for obstetric and newborn services.
2. Periodic reviews, redevelopments, and revisions of service management plans to comply with state and federal regulations.
3. 24/7 Clinical laboratory services and blood bank services, with staff on-site or on call, as well as portable radiological services.

Emergency Department: Hospital facility that is staffed 24 hours a day, 7 days a week, and provides unscheduled outpatient services to patients whose condition requires immediate care.[4]

Freestanding Emergency Department: A freestanding emergency department (ED) is a licensed facility that is structurally separate and distinct from a hospital and provides emergency care. There are 2 distinct types of freestanding EDs: a hospital outpatient department (HOPD), also referred to as an off-site hospital-based or satellite ED, and independent freestanding emergency centers (IFECs). HOPDs are owned and operated by medical centers or hospital systems. IFECs can be owned by any individual or business entity.[5]

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Appendix A: Definitions and Key Terms, Cont.

Certified Nurse Midwife: An advanced practice clinician that specializes in providing primary, sexual, and reproductive care to people from all communities; from adolescence through menopause and beyond. Midwifery care includes provision of care throughout pregnancy including during labor and birth and care for infants the first 28 days of their lives.[9]

Midwife credentials vary in terms of educational requirements and settings where they practice[10]:

Title:	Nursing Education:	Graduate level (6+ years of College Education:	Insurance Reimburse-ment:	Certified by:	Birth Setting:
Certified Nurse Midwife (CNM)	✓	✓	✓	American Midwifery Certification Board	Birth center, hospital, sometimes home birth
Certified Midwife (CM)		✓	✓	American Midwifery Certification Board	Birth center, community settings, sometimes hospital
Certified Professional Midwife (CPM)				North American Registry of Midwives	Home birth, some birth centers

Doula: Doulas are non-clinical professionals that attend to emotional, educational, and physical needs during every stage of pregnancy.[11]

Community Health Worker: Community health workers are frontline workers who are trained to bridge various health and accessibility gaps for underserved communities, and CHW interventions for pregnancies have led to healthier outcomes and increased knowledge for resources.[12]

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Appendix B: Resources

The following resources represent a preliminary list of sources the SAFE Birth workgroup has reviewed and prioritized for inclusion in the webpage resources being developed.

1. AJOG, "Society for Maternal-Fetal Medicine Consult Series #67: Maternal sepsis" - https://www.ajog.org/action/showPdf?pii=S0002-9378%2823%2900327-7
2. AIM, "Sepsis in Obstetric Care" - https://saferbirth.org/psbs/sepsis-in-obstetric-care/
3. AWHONN, Post Partum Hemorrhage Risk assessment Tools - https://www.awhonn.org/resources-and-information/nurse-resources/pph-risk-assessment-tools/
4. CMQCC, Hemorrhage Toolkit - https://www.cmqcc.org/toolkits-quality-improvement/hemorrhage
5. ALSO — Advanced Life Support in Obstetrics Training - https://www.aafp.org/cme-and-events/topics/maternity-reproductive-womens-health/also
6. Indian Health Service Obstetric Readiness in the ED Manual - https://www.ihs.gov/sites/MCH/themes/responsive2017/display_objects/documents/obredmanualdec2024.pdf
7. Jada System device page - https://organonpro.com/en-us/product/the-jada-system/the-jada-system/
8. CDC's Hear Her Campaign - https://www.cdc.gov/hearher/about/index.html
9. March of Dimes 2026 Report - https://www.marchofdimes.org/sites/default/files/2026-08/MCDR_2026_Report_English.pdf
10. AIM Patient Safety Bundles - Patient Safety Bundles For Safer Birth | AIM