

The Alliance for Innovation in Maternal Care: A National Partnership to Improve Maternal Safety



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Introduction

Responding to a disturbingly rising maternal mortality rate in the U.S, a national partnership of provider, public health and advocacy organizations, administrated by the American College of Obstetricians and Gynecologists, developed the Alliance for Innovation on Maternal Health (AIM). AIM aligns national, state, and hospital level efforts to improve maternal health and safety and is poised to reduce severe maternal morbidity by 100,000 events and maternal mortality by 1,000 deaths by 2018. With funding received from the Health Resource Services Administration, AIM provides evidence-based front-line resources for birth facilities and provider/public health teams to adapt and implement a series of action steps (bundles) on high risk maternal conditions. AIM support harmonized data-driven, rapid-cycle, continuous quality improvement processes to engage providers and birth facilities. Starting with states that have high rates of maternal mortality, AIM utilizes a broad variety of partners to develop state level teams for bundle implementation.

Short Communication

Bundles are standardized evidence-informed processes to reduce variation in response to maternal care. They are developed by multidisciplinary work groups of experts in the field representing each of our Alliance partners and specialty organizations.

Below is the current listing of bundles completed or underway.

- I. Severe hypertension/Preeclampsia
- II. Obstetric hemorrhage
- III. Prevention of maternal venous thromboembolism

- IV. Safe reduction of primary cesarean births/supporting intending vaginal births
- V. Reduction of peripartum racial disparities
- VI. Postpartum care basics for maternal safety (first 6 weeks)
- VII. Transition to well woman care (6 weeks to 1 year)
- VIII. Patient, family and staff support
- IX. Obstetric care of women with opioid use disorder.

Bundle tools include

- i. Maternal early warning signs
- ii. Reporting forms for severe maternal morbidity

The Alliance partners are national organizations ready to share their expertise and guide the AIM program (Table 1). AIM works through state teams. These teams must have a leader; be able to provide deidentified hospital administrative data quarterly to the AIM data center; engage state public health officers; conduct multidisciplinary maternal mortality review reviews and identify champions among nursing, midwifery, and physicians. AIM is a data driven quality improvement initiative. The AIM team has identified low burden metrics for measuring bundle adoption and maternal outcomes within states and hospitals implementing the bundles. Deidentified outcome, structure and process data reported to the AIM data center, is benchmarked with other similar hospitals within states and networks and reported back to the participating hospitals and states. Hospitals and states are guided to actively use the data for quality improvement.

Table 1:

The AIM Alliance
Am. College of Obstetricians and Gynecologists
Am. College of Nurse Midwives
Am. Academy of Family Practitioners
Am. Society of Healthcare Risk Management
Am. Society for Addiction Medicine
Assoc. of Maternal and Child Health Programs
Assoc. of State and Territorial Health Officers
Assoc. of Women’s Health, Obstetric and Neonatal Nurses
Black Mamas Matter
Every Mother Counts
Genetic Alliance
Healthy Start
March of Dimes
National Institute for Children’s Health Quality
National Perinatal Information Center
National WIC Assoc.
Nurse Practitioners for Women’s Health
Preeclampsia Foundation
Premier, Inc.
Society for Maternal Fetal Medicine
Society for Obstetric Anesthesia and Perinatology
Trinity Health Care

The AIM team develops, identifies and provides an increasing number of resources for hospitals and state teams to implement the Maternal Safety Bundles. These include online, interactive and brief learning modules for staff education; check lists; work plans; direct links to tool kits and other published resources. The AIM website (www.safehealthcareforeverywoman) holds these resources and provides assistance with data management, and a contact/help center. AIM participants from hospitals and state

teams are encouraged to engage in monthly calls with other states and hospital network participants as learning communities. AIM has developed a 14-state collaborative to identify the national metrics and resources required to implement the AIM bundle: Obstetric care of women with opioid use disorder. AIM is continually reviewing and revising resources for implementation and growth. All resources are open access and can be shared freely.

AIM supports participants by offering Part IV maintenance of certification for physicians and offer CEUs for nurses utilizing the online modules. AIM is developing an award program for participating hospitals. AIM programs in low resource U.S. settings and countries are dramatically proving the basic concepts of AIM. Dedicated, health care professionals of multiple disciplines and training levels use the AIM bundles and work in concert to reduce barriers and improve communication to reduce maternal mortality and severe morbidity. And though only 3 years since development, AIM is showing significant reduction in the rate of severe maternal morbidity (7.8 to 22% decrease) within the 5 states that began bundle implementation in 2015. Below are the States currently engaged in AIM (Table 2). At the time of publication another 13 states have indicated interest to enroll in AIM.

Table 2:

Oklahoma	New Jersey	North Carolina
Louisiana	Illinois	Utah
Maryland	Florida	California
Michigan	Georgia	West Virginia
Mississippi	Tennessee	Texas
New York	Virginia	South Carolina
AIM Networks		Other AIM Settings
Trinity Healthcare		Malawi
Premier, Inc.		No. Mariana Islands
National Perinatal Information Center		Indian Health Service

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