



Los Angeles Best Babies Collaborative
Building Blocks for Better Babies
A Program of First 5 LA

Los Angeles Best Babies Collaborative First 5 LA: Healthy Births Initiative

Approach 5

Prenatal Care Quality Improvement



CEDARS-SINAI MEDICAL CENTER.



March
of Dimes
Saving babies, together



Approach (5)

Prenatal Care Quality Improvement

Goal: To improve pregnancy and birth outcomes by improving the quality and content of prenatal care.

Objectives: To increase screening, referral, and treatment for several risk factors of poor birth outcomes by assisting organizations to implement the system changes required to support implementation of standard, evidence-based, and nationally recommended Clinical Practice Guidelines. The following eight components of prenatal care will be addressed:

1. Smoking screening, cessation counseling, and referral
 2. Nutrition screening, counseling, and referral
 3. Screening and referral for intimate partner violence (domestic violence)
 4. Screening and referral for maternal depression and stress
 5. Screening and treatment for urinary, reproductive tract, and periodontal infections
 6. Screening, treatment, and referral for substance use
 7. Screening for pregestational and gestational diabetes
 8. Cultural competency
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Rationale

Over 95% of pregnant women in Los Angeles receive prenatal care at some point during pregnancy. Prenatal care is still the most widely-used, individual-focused, population-wide intervention for improving birth outcomes, and the best way for reaching the greatest number of pregnant women. Evidence-based clinical guidelines have been established to address a number of factors that can impact pregnancy outcomes. However, in practice these guidelines are often not followed. According to one national survey, one third or more of U.S. women who had a live birth reported receiving no advice on tobacco or other substance use from their prenatal care providers (269). Other national and local studies demonstrated low rates of screening for infection, maternal depression, intimate partner violence, and nutritional counseling.

Implementation

Based on the community assessment, literature review, and input from the HBLC participants and Advisory Board, eight topics have been identified for prenatal care quality improvement. These are: smoking cessation, nutrition, intimate partner violence, depression and stress, urinary and reproductive tract infections, substance use, diabetes, and cultural competency.

Each of these factors were chosen specifically because:

- 1) They are linked to birth outcomes,
- 2) There is evidence-based best-practice guidelines that have been established, and
- 3) The literature review and reports from the community based Advisory Board and HBLC members suggest that these guidelines are not universally implemented in prenatal care.

The plan to improve the quality of prenatal care is drawn from successful efforts to improve the care for individuals with chronic illnesses such as diabetes, hypertension, and asthma. The components of the so called “Chronic Care Model” demonstrate the basic elements for improving care in health systems at the community, institutional, and individual levels, and can easily and effectively be applied to caring for

pregnant women¹. The goal of this model is to change the system through which prenatal care is provided to promote client centered, up-to-date clinical management through team care and community partnerships. This model of healthcare recognizes that life's impact on pregnancy extends beyond the provider's office and clinic. This model recognizes that improved health can best be accomplished by involving the pregnant woman and her "family"² in her care, and further by forming partnerships with community agencies and businesses to expand the support and resources serving new families. To accomplish this system change the healthcare team, pregnant woman and her family, agencies and businesses, community, and society as a whole needs to be informed and pro-active.

The Breakthrough Series (BTS) method for healthcare quality improvement has been successfully employed to introduce the rapid and broad-based system and organizational change that this strategy outlines. The BTS method integrates evidence-based best practice guidelines with the types of system changes suggested by the chronic care model and through rapid quality improvement cycles assist teams with change efforts. The BTS has shown remarkable improvements in health of individuals living with diabetes, hypertension, asthma, improved child immunizations rates, and chlamydia screening among adolescent girls (270-273). In addition, these improvements were associated with increased client satisfaction with their care and decreased staff turnover. The BTS method can easily and effectively be applied to teach and implement the concepts of organizational, system, practice, provider and individual level changes that will improve the care of pregnant women.

To implement this recommendation, 20 to 30 teams of providers and staff will come together to learn the BTS techniques for integrating rapid quality improvement cycles with the components of organizational and system change and the content and principles of standard evidence-based clinical guidelines to achieve improved outcomes. Teams will work collaboratively for one year to develop and share the plans that are implemented in their practices. The rapid cycles of change at the system, organizational, practice, and individual level along with community partnerships for referral and treatment services, can lead to a real "Breakthrough" in the quality of prenatal care received by pregnant women in Los Angeles County.

Implementation of the BTS is described in greater detail in the Appendix H (see Brief: the Breakthrough Series).

A targeted partnership with the *National Initiative for Children's Healthcare Quality (NICHQ)* is needed to provide training and coordination for implementing the BTS model. NICHQ is a non-profit organization that grew from the Boston-based Institute for Healthcare Improvement (IHI), the founders and leaders of the BTS model. Since 1999, NICHQ has used the BTS model extensively to address a number of children's health issues such as asthma, cystic fibrosis, and attention deficit hyperactivity disorder. Most recently, NICHQ partnered with a collaborative in Vermont to work on improving the quality of prenatal healthcare.

To implement this strategy, healthcare organizations (Teams) in Los Angeles County will be asked to apply and 20-30 teams will be selected in Year 1 to participate in the Breakthrough Series (BTS). NICHQ will guide the development of a BTS Collaborative on Prenatal Care Quality Improvement in Los Angeles County in Year 1. It will serve as the convener, trainer, and coordinator of the collaborative. In Year 2, interested participants trained during Year 1 will assume leadership roles and provide training and coordination to Year 2 BTS teams. NICHQ will transition into a consultative role during Year 2. As a result of this strategy, the LABBC will have strengthened local capacity in Los Angeles County for implementing healthcare quality improvement methodologies.

¹ The adaptation of the "Chronic Care Model" to the Prenatal Care Model is described in the BTS Brief in Appendix H.

² Family is placed in quotation marks to indicate the concept of family as including a broad array of supportive individuals in persons life who may or may not be related by blood.