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**CDC Awards UAMS \$1.2 million to Establish
Statewide Collaborative to Improve Maternal, Infant Health**
Arkansas Joins National Alliance for Innovation on Maternal Health

LITTLE ROCK — The University of Arkansas for Medical Sciences (UAMS) has received an award of \$1.2 million in federal funds over five years to help establish a Perinatal Quality Collaborative (PQC) to improve the quality of care for mothers and babies throughout Arkansas.

The collaborative will work with the Arkansas Department of Health to improve maternal and infant health outcomes by identifying health care processes that need to be improved and that use the best available methods to make changes as quickly as possible.

“Our goal will be to engage all birthing hospitals in Arkansas,” said Jennifer Callaghan-Koru, Ph.D., an associate professor in the UAMS College of Medicine Department of Internal Medicine whose research is focused on improving maternal and child health.

The funds, beginning with an award of \$274,931 for the first year, came in the form of a grant from the U.S. Centers for Disease Control and Prevention Division of Reproductive Health, part of the U.S. Department of Health and Human Services. The CDC distributed \$8.2 million altogether to help 27 statewide collaboratives, including the one under development in Arkansas, as well as the national network that supports them.

Meanwhile, Arkansas recently was accepted into the Alliance for Innovation on Maternal Health (AIM), a national quality improvement initiative that supports best practices to make births safer, improve maternal health outcomes such as mortality and postpartum infection, and save lives. To enroll in the alliance, the state had to make commitments to implement maternal safety bundles. A safety bundle is a structured way of improving care processes to attain desired outcomes. AIM states also contribute to a national data center that tracks progress in reaching improvement goals.

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“Becoming an AIM state has been a UAMS goal for our state for several years,” said Nirvana Manning, M.D., chair and associate professor in the UAMS College of Medicine Department of Obstetrics and Gynecology.

The collaborative will build on existing perinatal quality improvement work lead by the Perinatal Outcomes Workgroup Through Education Research (POWER) team at UAMS, a part of the High-Risk Pregnancy Program.

“The POWER team looks forward to working with the AIM program as we transition into a fully function PQC,” said Dawn Brown, BSN, clinical program director for POWER. “This will only enhance what we have been doing and provide support as we work to move the needle in the right direction when it comes to maternal and neonatal outcomes across our state.”

“As an AIM state, Arkansas will benefit from clinical and data resources, including support for implementing maternal safety bundles and tracking our progress,” said Callaghan-Koru.

William W. Greenfield, M.D., medical director for family health at the Arkansas Department of Health and a professor in the UAMS Department of Obstetrics and Gynecology, will provide clinical leadership for the Arkansas PQC.

“With this collaboration we will impact maternal and infant health by strengthening our health infrastructure, promoting best practices statewide and improving patient outcomes,” Greenfield said.

Wanda Barfield, M.D., director of the CDC Division of Reproductive Health, said the center “recognizes the unique and important roles PQCs have in understanding the drivers of adverse pregnancy outcomes and in developing recommendations designed to equitably improve maternal and infant health.”

She said the grants more than doubled the amount of CDC funding provided to the network of collaboratives.

“This significant expansion of CDC support for PQCs builds capacity to improve the quality of perinatal care for mothers and babies in their states,” Barfield added. “The CDC is committed to addressing health disparities and improving outcomes for every mother and child.”

The collaboratives focus on improving key maternal health outcomes, such as reducing preterm births, reducing severe pregnancy complications associated with high blood pressure and hemorrhage, reducing racial/ethnic and geographic disparities, reducing cesarean births among low-risk pregnant women, and improving screening and treatment for mothers with substance abuse disorder and newborns with neonatal abstinence syndrome.

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“Establishing a perinatal quality improvement collaborative in Arkansas will help the state continue to strengthen the safety of maternal health care for all maternity patients,” Callaghan-Koru said. “Additionally, participating in the state perinatal quality collaborative will give birthing hospitals the opportunity to earn the ‘Birthing Friendly Hospital’ designation under the new proposal from the Centers for Medicare and Medicaid Services (CMS).”

CMS has proposed the designation to “assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through implementation of best practices that advance health care quality, safety and equity for pregnant and postpartum patients.”

“In order to have a successful collaborative, we need to make sure it is sustainable for the unforeseen future,” Manning said. “This works intimately with our Vision 2029 goals of decreased maternal and infant mortality for our state.”

Vision 2029 is UAMS’ strategic plan to make Arkansas the healthiest state in the region through education, clinical care, research and purposeful leadership.

Arkansas ranks as one of the worst states in America for maternal health. In the CDC’s 2018 comparison of 26 states with available data, Arkansas had the highest maternal mortality ratio.

Multiple factors contribute to Arkansas’ poor maternal health outcomes, including relatively high rates of poverty and large rural areas with limited obstetric care.

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