

Local Assistance for Maternal Health (LAMH)

Program The Local Assistance for Maternal Health Program was launched in 2008 with the goal of facilitating local health department leadership to implement maternal quality care improvement projects. LAMH is important because:

- Variation in practice patterns fosters a more regionalized approach to practice change in maternity care;
- Data collection on program and health outcomes is more reliable when in a regional approach allowing for aggregated data collection;
- The local public health agency is often seen as a neutral partner amongst highly competitive hospital organizations;
- The local public health agency can link maternity care improvements to other public health programs in maternal health and to other community groups with similar interests.

Start Date 2008

Fund Source Title V

History

In 2008, four local projects were successfully launched. But after one year, two had to be discontinued due to cuts in general budget funds in order to allocate funding to other essential MCAH services. In 2009, funding for the two remaining projects was continued for an additional year in order to collect health outcome data from all participating hospitals and to allow the counties to develop implementation guidelines to facilitate more widespread implementation. The California Maternal Care Quality Improvement Collaborative provides technical assistance to both projects including the development of resource “toolkits” in each topic area.

Program Opportunities

Areas that present significant opportunities for improvement with regard to maternal health in California include:

- 75+ pregnancy-related maternal deaths/year in California;
- Increasing maternal morbidity and a rising trend in rates of cesarean birth;
- More than 4-fold differences between rates of maternal death among African-American mothers than mothers of other racial/ethnic groups;
- Large (20-fold) variation in rates of obstetric hemorrhage and infection among childbearing women in California;
- Unrecognized cardiovascular disease may be contributing more to maternal morbidity than previously appreciated by care providers;
- New technologies in electronic medical records that can contribute to patient safety efforts and new proven strategies for quality improvement in healthcare

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plus a variety of agencies and organizations that share this goal and can contribute resources.

Program Activities

- **Analysis** - identification/validation of measures for program and health outcomes
- **Data** - induction rates in San Bernardino; hemorrhage rates in participating Los Angeles hospitals
- **Quality Improvement (QI)** – field testing of CMQCC toolkits for quality improvement
- **Communication** – improved data collection through cooperative learning among hospitals
- **Partners** – state and local health departments, professional organizations; hospital systems; quality organizations

Program Accomplishments to Date

MCAH has successfully implemented two local maternity care improvement projects called Local Assistance for Maternal Health (LAMH) in two counties.

- 1) **Los Angeles County has been working to improve maternity care regarding obstetrical hemorrhage.** Four hospitals were in the pilot project and ten more hospitals were added this fiscal year. All four hospitals have made concrete changes in patient care to promote patient safety in the case of obstetrical hemorrhage:
 - Implemented improvements for maintaining access to the necessary obstetrical hemorrhage supplies;
 - Identified roles and multi-disciplinary team responders for stages of hemorrhage;
 - Created simulation drills tailored to the hospital's policies and procedures;
 - Updated general and massive hemorrhage policies and procedures.

One HMO facility involved in the LAMH project has championed implementation of the postpartum hemorrhage project throughout the HMO system. All 18 Medical Centers plus 2 urgent care/after hours facilities in Southern California, and 26 Medical Centers in Northern California:

- Conducted hemorrhage drills as part of the annual Quality Improvement training;
- Developed hemorrhage treatment kits, which are stationed on the Labor and Delivery floors;
- Performed a hemorrhage risk assessment on every labor and delivery/triage patient on admission;
- One facility in the HMO group has also implemented an early alert wristband to identify patients at-risk for maternal hemorrhage.

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- 2) **San Bernardino County has been working to reduce the incidence of “elective” (non-medically indicated) induction of labor** because it is associated with poorer health outcomes for mothers and infants.
- San Bernardino LAMH developed labor induction education materials geared toward educating the community about labor induction and also promoting best practices among clinicians and providers. These materials include labor induction guidelines and recommendations for local area hospitals to follow when scheduling labor inductions.
 - A Patient Consent document was developed to promote patient education about induction at the point of entry into care.
 - Other patient education resources developed include a Labor Induction Curriculum, Train-the-Trainer PowerPoint, and English and Spanish versions of the 4 Key Questions Cards. These materials are meant to educate clients and empower them to proactively discuss induction with their medical service providers.
 - The San Bernardino LAMH project has been successful in recruiting and convening an Advisory and Stakeholder Council consisting of individuals representing diverse public and private community-based organizations. In November 2009, the Advisory Council conducted an education forum for clinicians and participants from local area hospitals.
 - In May 2010, the Comprehensive Perinatal Services Program (CPSP) held a workshop on labor induction for CPSP providers from San Bernardino and Riverside Counties.
 - Fourteen hospitals in San Bernardino currently participate in the project to reduce elective inductions. Six of fourteen hospitals have implemented protocols for scheduling labor induction; three now require patient consent forms prior to elective induction; thirteen are submitting data regarding patient outcomes. Outcome data is being submitted to the local public health department and will be analyzed in the next fiscal year.

Future Plans

- Complete and report on program and health outcomes regarding reduction of elective early term deliveries and implementation of obstetrical hemorrhage protocols.
- Complete and deliver implementation guidelines for both projects.
- Disseminate guidelines to other local health MCAH departments.
- Continue development and implementation of additional LMAH projects in the State.