



Cardiac Conditions in Obstetric Care (CCOC)

Elevating Patient Involvement and Experience
in Health Care

March 26, 2025

IN PARTNERSHIP WITH THE



MO PQC Team for CCOC Collaborative and Dr. Karen Florio



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Housekeeping

- We have over 100 participants registered for today's webinar, please take a moment to put your name, title and organization in the chat.
- Please mute your audio.
- You are encouraged to be on camera if comfortable to do so.
- Today's webinar will be recorded, and the resources and slides will be shared with all of those that registered.
- The resources will also be available on the [MO PQC Website](#) under the Cardiac Conditions in Obstetric Care Initiative.
- Pre and post poll questions.
- Please take the time to complete the survey when leaving the webinar to give us feedback on today's education.

Pre - Poll Questions

Elevating Patient Involvement and Experience in Health Care



Sarah Thordsen, M.D.,
FACC



Brandy Wilson, R.N.,
Patient Family Partner



Lora Ham, R.N., Quality
Improvement, ALPQC

Sarah Thorsden

MD, FACC,

Clinical Associate Professor of Medicine

Director of Nuclear Cardiology

Cardiovascular Medical Director East Madison Hospital and Eastpark Medical Center

A photograph of the West Virginia University building, a large brick structure with many windows and a central entrance. In the foreground, there is a large, rectangular flower bed filled with red and white flowers. The text 'STRONG HEARTS, HEALTHY PREGNANCIES: PATIENT RESOURCES' is overlaid on the bottom half of the image.

STRONG HEARTS, HEALTHY PREGNANCIES: PATIENT RESOURCES

Sarah Thordsen, MD, FACC – Clinical Associate Professor – March 2025



KEY RESOURCES

- National Organizations
- Disease Specific Organizations



NATIONAL ORGANIZATIONS

- 1. Access to up-to-date and standardized information**
- 2. Patient education aim and patient level resources**
- 3. National level organizations have critical mass to generate results with political advocacy.**
- 4. Most resources are available in multiple languages.**



AMERICAN HEART ASSOCIATION



Mission: To be a relentless force for a world of longer, healthier lives.

Focus:

- Funding CV research
- Education the public about health living
- Promoting Appropriate Cardiac Care
- Advocating for public health policies

AHA CV & PREGNANCY EDUCATIONAL CONTENT

American Heart Association



Heart Attack and Stroke Symptoms in Women Volunteer

[Heart Disease in Women](#) ▾ [Know Your Risk](#) ▾ [Healthy Living](#) ▾ [Stages of Life](#) ▾ [Get Involved](#) ▾ [About](#)

[Home](#) / [Know Your Risk for Heart Disease and Stroke](#) / [Pregnancy and Maternal Health](#)

Pregnancy and
Maternal Health



What is Peripartum Cardiomyopathy?

Peripartum is the time shortly before, during and immediately after giving birth. Cardiomyopathy means heart muscle disease. So peripartum cardiomyopathy (PPCM), also known as postpartum cardiomyopathy, is an uncommon form of heart failure that happens during the last month of pregnancy or up to five months after birth.



What are the symptoms of PPCM?

Symptoms are often similar to those of third-trimester pregnancy, such as fatigue, shortness of breath and swollen ankles. But with PPCM, symptoms are magnified. If there's doubt, a thorough workup is needed.

Other signs include:

- Shortness of breath during activity
- Trouble breathing while lying down
- Extreme fatigue
- Fluid buildup in the ankles and legs
- Racing heart or palpitations
- Low blood pressure

What's happening to the heart when PPCM occurs?

PPCM is a dilated form of cardiomyopathy when the heart chambers enlarge and the muscle weakens. This causes a decrease in the percentage of blood ejected, also known as the ejection fraction (EF), from the left ventricle of the heart with each contraction. That leads to less blood flow. Then the heart can't meet the demands of the body's organs for oxygen, affecting the lungs, liver and other body systems.

A normal EF is between 55% and 70%; usually in PPCM, the EF weakens to less than 45%. All women are different, which is why it's very important to talk with your health care provider about what EF means for your specific condition.

How rare is PPCM, and who's at risk?

The occurrence varies globally, from 1 in 132

deliveries in Nigeria to 1 in 15,533 live births in Japan. In the United States, the incidence is fairly rare, between 1,000 and 1,300 women develop the condition every year. But some reports predict increasing numbers due to:

- Rise in maternal age
- More multiple gestation pregnancies
- Rising rates of chronic hypertension and preeclampsia
- Better recognition of the disease

What causes PPCM, and what are other risk factors?

- Diabetes
- Malnutrition
- Obesity
- Maternal age of 30+
- African American heritage
- Preeclampsia or hypertension
- Multiple gestations
- Genetic components, even if a woman is not known to have heart failure in her family

Not all causes of PPCM are known, but studies suggest it may be due to:

- Inflamed heart (myocarditis) potentially caused by a virus
- Abnormal immune response
- Abnormal adaptation of the heart in response to normal physiologic changes during pregnancy

(continued)

BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

IN THE 30 MINUTES BEFORE YOUR BLOOD PRESSURE IS TAKEN:

- NO SMOKING
- NO EXERCISE
- NO CAFFEINATED BEVERAGES
- NO ALCOHOL

RIGHT BEFORE:

- PLACE THE BOTTOM OF THE CUFF ABOVE THE BEND OF THE ELBOW.
- WRAP IT AGAINST YOUR BARE SKIN, NOT OVER CLOTHING.

USE A PROPERLY CALIBRATED AND VALIDATED DEVICE. CHECK THE CUFF SIZE AND FIT.

REST FOR AT LEAST 5 MINUTES. SIT CALMLY AND DON'T TALK.

WHILE YOU PREPARE TO TAKE YOUR BLOOD PRESSURE:

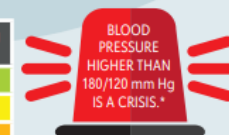
- RELAX.
- DON'T TALK.
- REST YOUR ARM COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL.
- SIT UPRIGHT, BACK STRAIGHT AND SUPPORTED.
- KEEP LEGS UNCROSSED AND FEET FLAT ON THE FLOOR.

TAKE AT LEAST TWO READINGS 1 MINUTE APART IN THE MORNING BEFORE TAKING MEDICATIONS, AND IN THE EVENING BEFORE GOING TO BED. RECORD ALL RESULTS.

(IF YOU NOTICE THAT ONE ARM SHOWS A HIGHER READING THAN THE OTHER, USE THE ARM WITH THE HIGHER READING.)

American Heart Association recommended blood pressure levels

Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or higher	or	90 or higher
Hypertensive Crisis (Consult your doctor immediately)	Higher than 180	and/or	Higher than 120



* WAIT A FEW MINUTES AND TAKE BLOOD PRESSURE AGAIN.

* IF YOUR BLOOD PRESSURE IS STILL HIGH AND THERE ARE NO OTHER SIGNS OR SYMPTOMS, CONTACT YOUR HEALTH CARE PROFESSIONAL IMMEDIATELY.

* IF YOU ARE EXPERIENCING SIGNS OF POSSIBLE ORGAN DAMAGE, SUCH AS CHEST PAIN, SHORTNESS OF BREATH, BACK PAIN, NUMBNESS/WEAKNESS, CHANGE IN VISION OR DIFFICULTY SPEAKING, CALL 911.

LEARN MORE AT [HEART.ORG/BP](https://heart.org/bp)



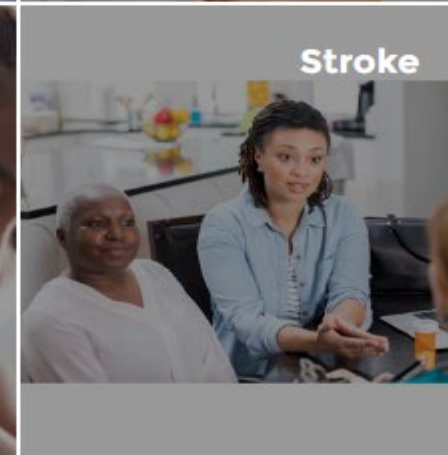
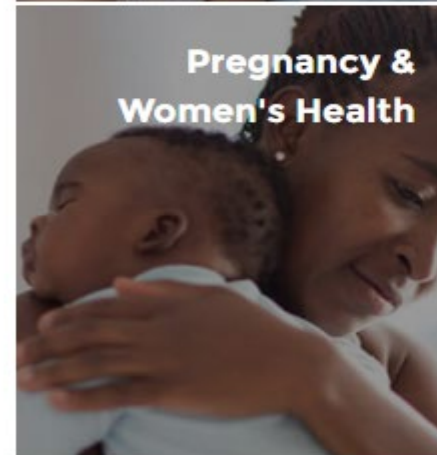
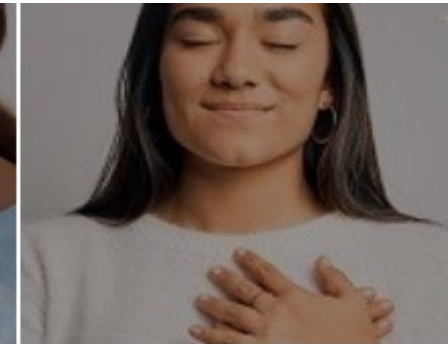
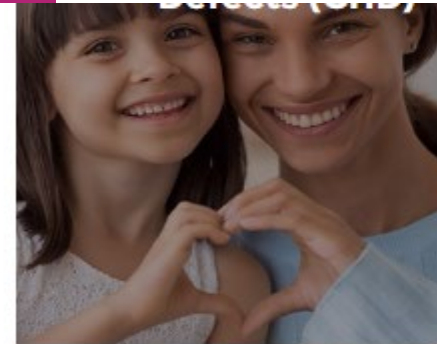
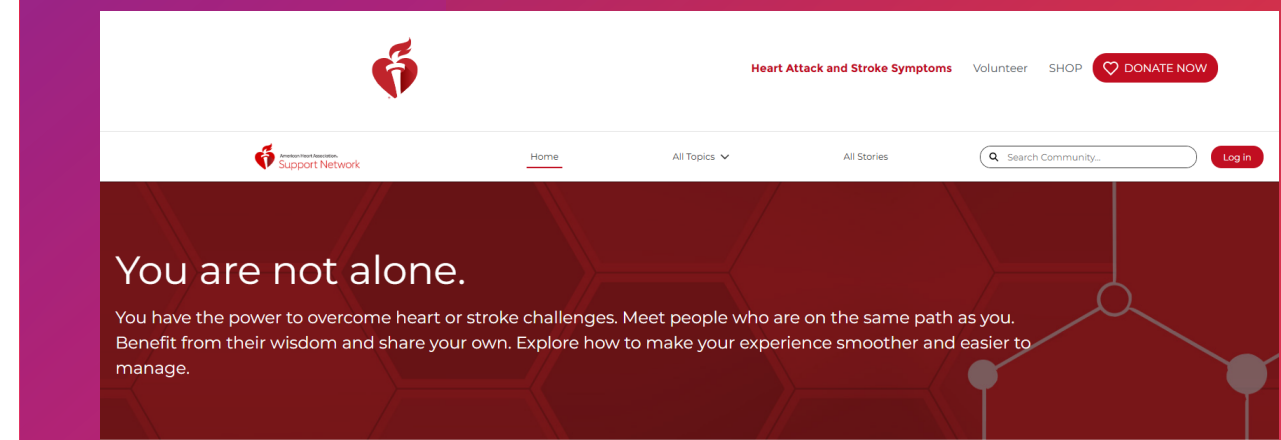
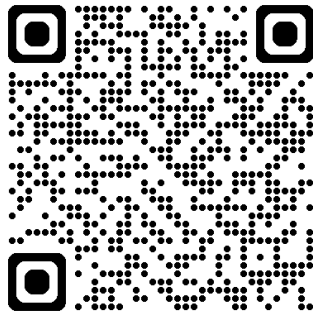
The American Heart Association's recommended blood pressure levels are intended for individuals who are not pregnant. Blood pressure targets may differ during pregnancy, and it is important for individuals who are pregnant to consult their health care professional for personalized guidance and management.

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AHA SUPPORT NETWORK RESOURCES

Moderated topical chat
boards

Positive patient outcome
stories



Join for Online Conversations



WomenHeart in Communities

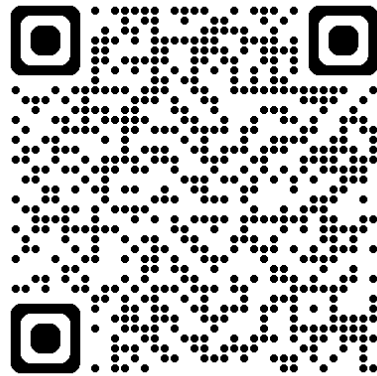
See how we're making a difference in communities across the nation.

[Find Out More](#)

Mission: to improve the lives of women with or at risk for heart disease while fighting for equity in heart health

- Patient centered
- Empowerment
- Equality
- Inclusiveness
- Collaboration
- Quality

WOMENHEART



BIRTH CONTROL & HEART DISEASE

Birth control for women with heart disease falls into **three main categories** — each with its own unique list of pros and cons.

1 Hormonal options:

Many oral contraceptives have a combination of two hormones — **estrogen** and **progestin**. These options are effective at preventing pregnancy and can have the added benefit of more regular periods. Estrogen should be used with caution in some women because it can increase the risk of blood clots.

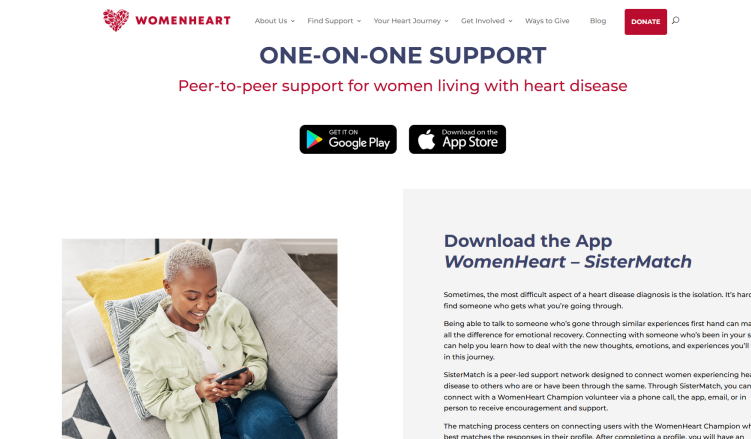
- Combined oral contraceptive pill
- Combined hormonal vaginal ring

WOMENHEART

EDUCATIONAL CONTENT

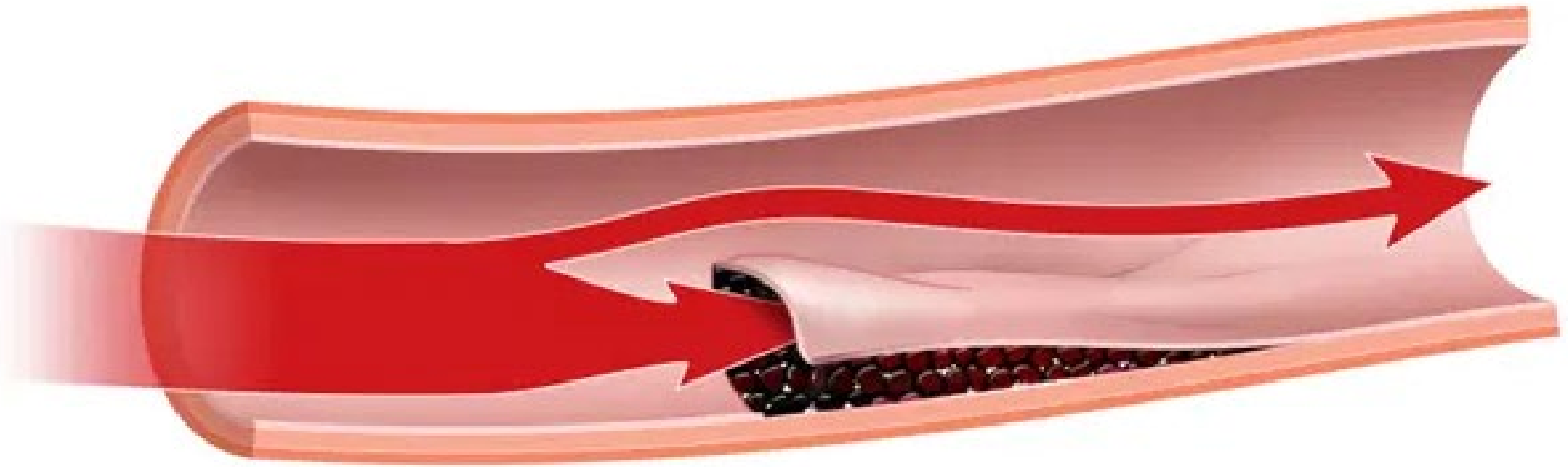


- Access to Local in person / hybrid support groups
- If none locally, access to virtual support groups nationally
- SisterMatch - connects patients and trained survivors with similar disease process
- Training for survivors who want to be advocates
- Heartsistersonline@womenheart.org



TRAINED PEER TO PEER SUPPORT

DISEASE SPECIFIC RESOURCES



SPONTANEOUS CORONARY DISSECTION

*pregnancy

*assisted reproductive therapies

* About 40% of all AMI in pregnancy

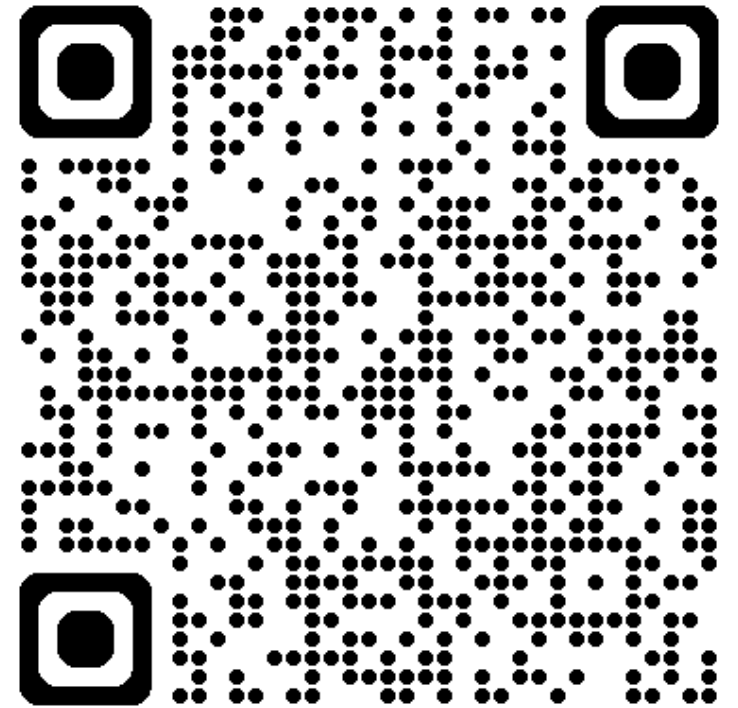
SCAD ALLIANCE

[For Patients ▾](#)[News ▾](#)[About Us ▾](#)[iSCAD Registry ▾](#)[Shop ▾](#)[GIVE TODAY](#)

Get Support

You're not alone. Resources and support groups are available for you.

SCAD is a challenging diagnosis and you've done nothing to cause it. Empowering yourself with knowledge is key to living a healthy and hopeful life. We're a growing network of fellow Spontaneous Coronary Artery Dissection survivors, researchers, and clinicians devoted to the mission of supporting you, your family and your healthcare team.



SCAD ALLIANCE

Mission: improved knowledge and cooperation among health care professionals, patients and their families. We pursue this mission by educating key audiences and fostering unique, interdisciplinary research collaborations.

- * education
- * research
- * advocacy

I-SCAD REGISTRY

iSCAD Registry is to develop and maintain an independent, multi-center data repository to advance the pace and breadth of SCAD research around the world

- 29 sites through the US and UK
- ~2000 patients
- Several publications

STOP SCAD SAVE A HEART

Spontaneous coronary artery dissection (SCAD) is a tear or split in the artery's lining, which creates a blockage of blood clot or tissue. It is an under-recognized cause of acute coronary syndrome (ACS), heart attack, and sudden cardiac arrest.



"I'm young. I've done everything right. How can my heart betray me like this?"

SCAD BY THE NUMBERS

42 A
V
G

Average age of person with SCAD (teens to 60s)

1 to 4%

1-4% of all ACS may be SCAD

20%

20% of SCAD survivors have another SCAD

25%

25% of SCAD patients present with multiple dissections

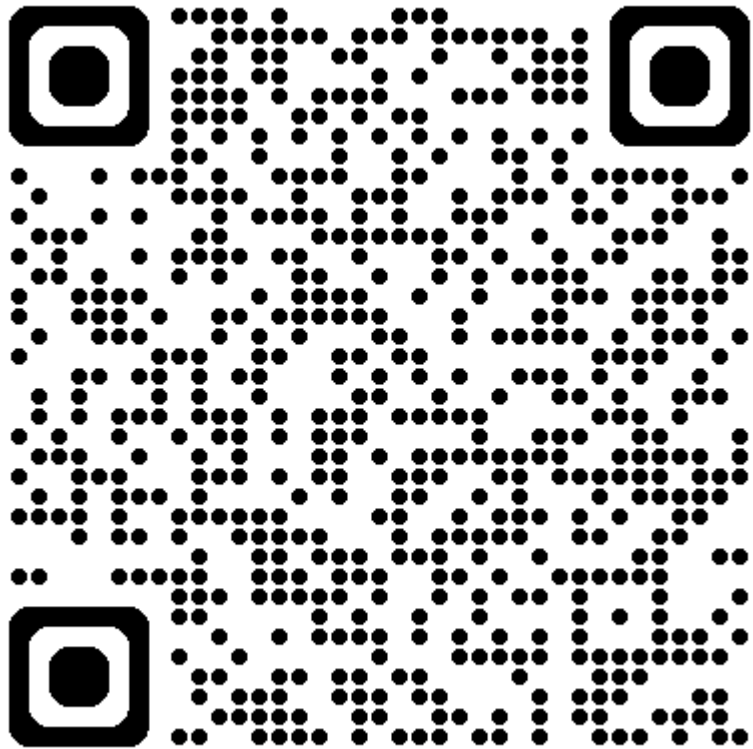
50%

50% of SCADs cause STEMI heart attacks that damage muscle

25%

25% of women with SCAD are pregnant or recently gave birth

SCAD WARRIOR EDUCATION



The SCAD Warrior App

The SCAD Warrior app is a collection of self-paced modules designed to help you and your loved ones in your recovery from SCAD. Our team from the University of Colorado, Stanford, Massachusetts General Hospital/Harvard, Vancouver General Hospital, SCAD Alliance, and other contributors have created this resource to be helpful to you whether you just experienced SCAD or if you are weeks, months or years out from your SCAD. We hope you'll find ideas and strategies to help you:

- navigate a new reality
- manage stress
- care for yourself behaviorally, cognitively, emotionally, and physically
- pace your activities
- manage expectations of yourself
- identify values and enact behaviors and choices
- form healthy relationships with others
- access the kind of social support you need
- develop and maintain a social network.

Although SCAD can be distressing, it also can be a transformative experience in positive ways. We hope that the tools and information presented here will help you make healthy and meaningful transformations in your post-SCAD life. ♥

As a contributor to the SCAD Warrior project, SCAD Alliance is proud to host the SCAD Warrior resources on its website. The SCAD Warrior team is grateful for this valuable collaboration, and we hope this new platform will create a seamless and user-friendly experience for SCAD survivors.

CENTERS AND PROGRAMS

SPONTANEOUS CORONARY ARTERY DISSECTION
(SCAD) RESEARCH PROGRAM

About ▾ Research ▾ For Participants ▾ For Medical Professionals Clinical Trials News and Publications ▾ Videos ▾ Contact



Contribute to SCAD research

SCAD research at Mayo Clinic was started by patients who'd had SCAD to meet the needs they themselves identified. Mayo offers many resources to help people with SCAD take part in research. This includes enrollment information, answers to FAQs, clinical trials, links to useful websites and clinical care at Mayo Clinic's SCAD Clinic.

SCAD VIDEOS

Watch SCAD Research Program leaders talk about SCAD basics, life after SCAD, and SCAD discoveries and research at Mayo Clinic.

[Watch Videos](#)

**MAYO CLINIC SPONTANEOUS
CORONARY ARTERY DISSECTION
RESEARCH PROGRAM**

MAYO CLINIC SCAD VIDEO LIBRARY

CENTERS AND PROGRAMS

SPONTANEOUS CORONARY ARTERY DISSECTION (SCAD) RESEARCH PROGRAM

About ▼

Research ▼

For Participants ▼

For Medical Professionals

Clinical Trials

News and Publications ▼

Videos ▼

VIDEO LIBRARY

Watch SCAD Research Program leadership talk about SCAD basics, life after SCAD, and SCAD discoveries and research at Mayo Clinic. Or view each section individually:

SCAD Fundamentals, Care and Research at Mayo Clinic



FOR HEALTH PROFESSIONALS

Find the most recent information about how to recognize and manage SCAD:

[Top Five Facts That You Should Know About Spontaneous Coronary Artery Dissection \(SCAD\)](#)

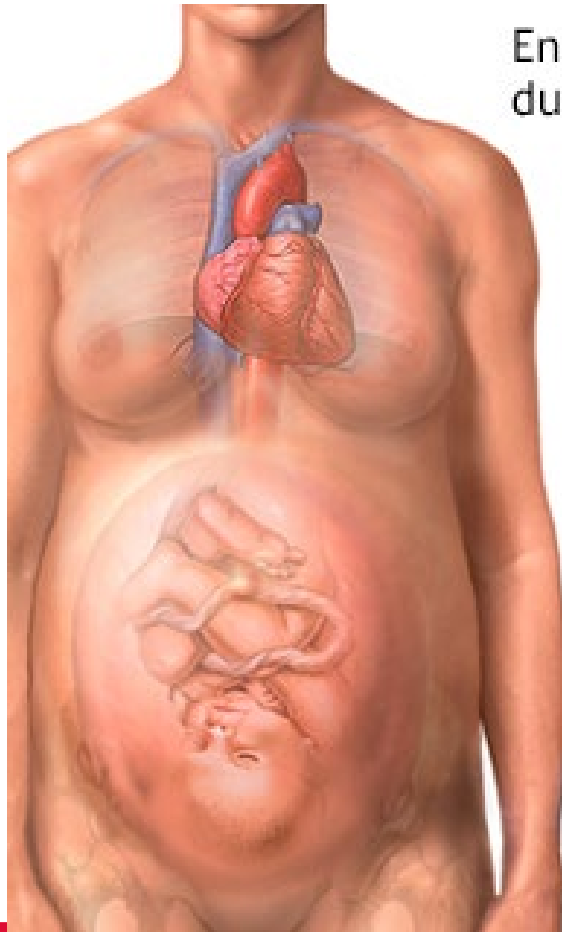
[Medicine/Disease Spotlight: Spontaneous Coronary Artery Disease \(SCAD\)](#)

[University of Ottawa Grand Rounds](#)

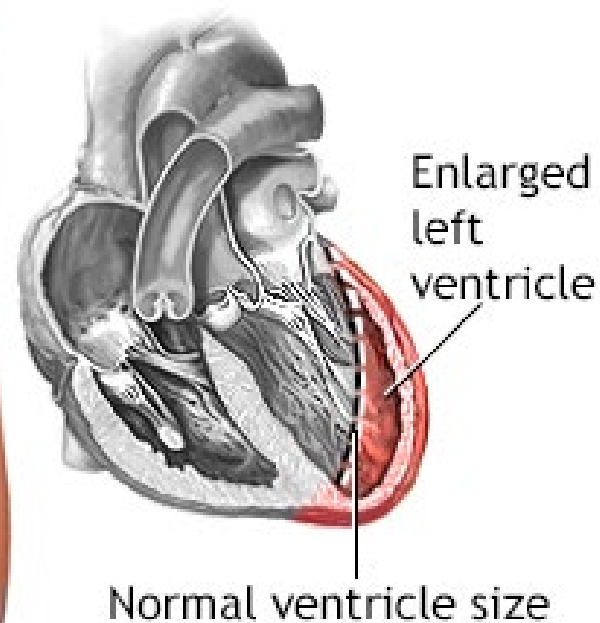
[Penn Medicine Grand Rounds](#)

[Additional Resources for Health Professionals](#)

PERIPARTUM CARDIOMYOPATHY



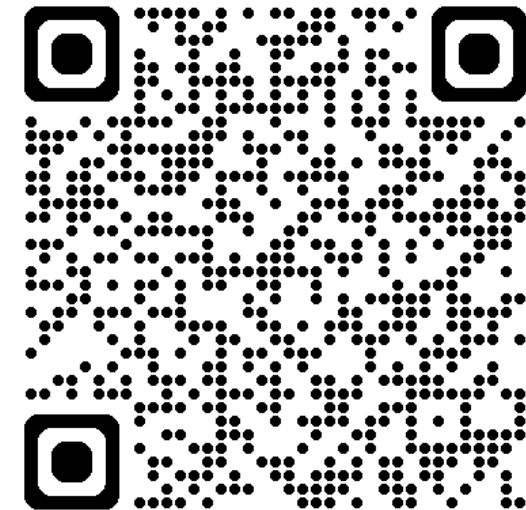
Enlargement of left ventricle
due to dilated cardiomyopathy



- 1:1000 live births in US
- Symptoms:
 - Swelling
 - Shortness of breath
 - Fatigue

PERIPARTUM CARDIOMYOPATHY NETWORK

- Is a network of physicians, nurse practitioners, physician assistants and nurses at clinical sites across the United States and Canada.
- 30 North American sites
- Educational resources, research resources and links to centers with physician experts in PPCM
- Link to information re REBIRTH Study
- Run out of UPMC



PERIPARTUM CARDIOMYOPATHY NETWORK

NIH Study Evaluating New Therapy!



REBIRTH

Are you suffering from PPCM and would like to find out more information and if you are eligible to participate in a new therapy?

[Learn More](#)

APPOINTMENT LOCATIONS NEAR YOU

Find Locations Near:

[My Location](#)

Enter an address

Search Radius

Unlimited

[Reset](#)

Alabama

The University of Alabama at Birmingham

Gretchen Wells, MD, PhD, FACC

University of Alabama at
Birmingham

Heart and Vascular Clinic at
TKC Acton Road

2145 Bonner Way

2nd Floor, Suite 200

Birmingham, AL 35243

205.978.4300

gretchenwells@uabmc.edu

[Show on Map](#)

Arizona



University of Arizona Sarver Heart Center

Elizabeth Juneman, MD



PPCM-R

- Mission: Aim to prevent, treat and cure PPCM through education and research.
- Adjudicated education on PPCM (updated) and natural history registry
- Aimed at connecting survivors to existing and reputable resources




GENETICS OF PPCM

1:1000
WOMEN ARE AFFECTED
WITH PPCM

BLACK WOMEN 4X
AS LIKELY TO BE
AFFECTED BY PPCM

**KNOWN GENETIC
CONTRIBUTION:**
**15% of
cases**

GENES AFFECTED:
TTN GENE **TITIN**



**MUTATIONS
CAUSE TITIN**

[Home](#) [About the Registry](#) - [Meet the Team](#) - [Education Resources](#) - [Suppo](#)



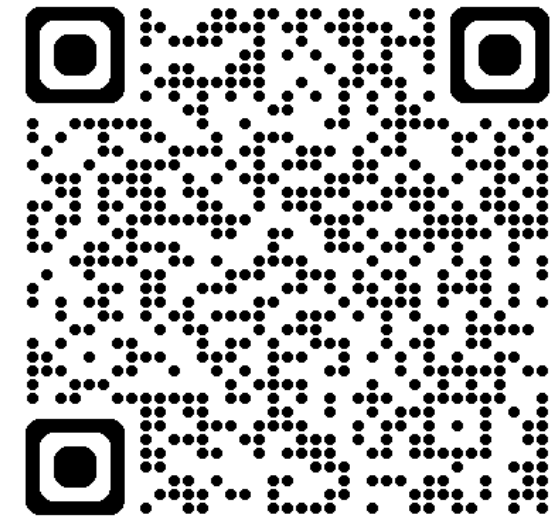
Dr. Arany's review of the latest PPCM research published in the New England Journal of Medicine.

[Learn M](#)

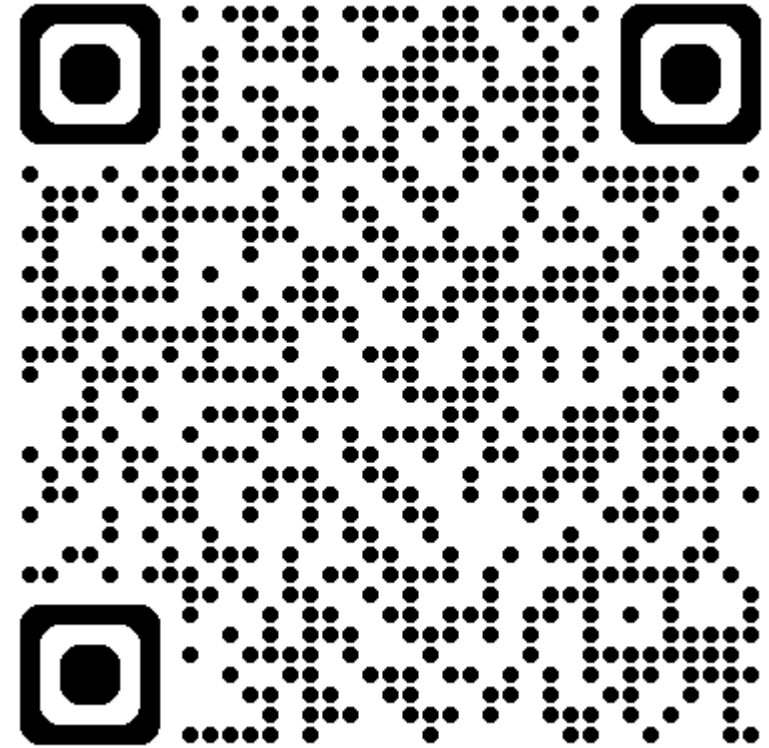


[Get involved >](#)

PPCM-R is an online research registry for PPCM survivors. We aim prevent, treat and cure PPCM through education & research.



PRE-ECLAMPSIA FOUNDATION



WELCOME TO

PREECLAMPSIA FOUNDATION

HEALTHCARE PROVIDERS

RESEARCH

Adjudicated information on all HTN disorders of pregnancy

Survivor support stories, adjudicated Q/A

Link to mental health (birth trauma, maternal near miss) resources

Opportunities for research participation

Emphasis on future maternal CV health

FIND AN ADVANCED EXPERT IN PREECLAMPSIA AND HELLP SYNDROME

Looking for a doctor who knows a lot about preeclampsia? You deserve to have a top-tier expert on your healthcare team!

Our "Expert Directory" map below allows you to quickly identify a doctor who has not only the advanced training of all maternal-fetal medicine specialists, but is a "super specialist" in preeclampsia, HELLP syndrome, eclampsia, postpartum preeclampsia, and long-term high blood pressure. These providers conduct research, develop and lead quality improvement initiatives, teach and mentor, and are available for remote patient consultations.

The image shows a map of the United States with various colored pins indicating the locations of experts. A sidebar on the left allows filtering by specialty: All (dark blue), Obstetrics (dark blue), Cardiology (pink), and Other Specialties (yellow). A pop-up window for Karen Florio is displayed over the map, showing her profile, contact information, and a list of services offered.

All

Obstetrics

Cardiology

Other Specialties

Karen Florio

Karen Florio
University of Missouri
500 N Keene St
Suite 406
Columbia, MO 65201
Languages: English
Contact Me: [Email](#) | 5734996041
Appointments Offered: In Office and Via Telehealth
Available For:
Preconception/Interconception
During Pregnancy
Postpartum
Case Review with Patient
Peer Consultation with other Physicians
Speaking Engagements and/or other Educational Opportunities

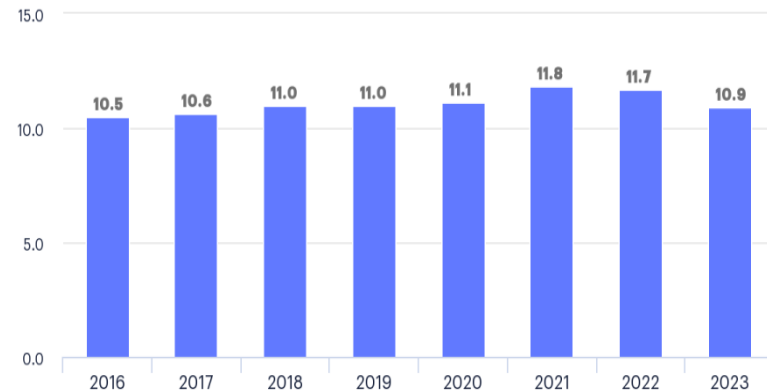
OTHER NOTABLE ORG

marchofdimes.org

PRETERM BIRTH RATE

Jackson, 2016-2023

Percent of live births



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Preterm is less than 37 weeks gestation.

National Center for Health Statistics, final natality data. Retrieved March 10, 2025, from www.marchofdimes.org/peristats.

HEALTHY MOMS. STRONG BABIES.

Find support ▾ Ways to give ▾ Our work ▾ About us ▾

Help us improve the health of all moms and babies

The US is facing an urgent maternal and infant health crisis—but together with our partners and supporters, we can end preventable maternal health risks and death, end preventable preterm birth, and close the health equity gap for every family.

[Our Mission](#)

American Heart Association	Heart.org goredforwomen.org
WOMENHEART	womenheart.org
SCAD Alliance	scadalliance.org
Mayo Clinic SCAD Registry	mayo.edu/research/centers-programs/spontaneous-coronary-artery-dissection-scad
PPCM Network	peripartumcmnetwork.pitt.edu
PPCM-R	ppcmr.org
Pre-eclampsia foundation	preeclampsia.org
March of Dimes	marchofdimes.org



THANK YOU

Sarah Thordsen, MD

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sthordsen@medicine.wisc.edu

Brandy Wilson
R.N.
Patient Family Partner

Patient's Lived Experience

Brandy Wilson, R.N., Acute Care Director and
Patient Family Partner

Brandy Wilson, R.N., Acute Care Director and Patient Family Partner

Brandy Wilson is a Registered Nurse and patient family partner based out of Sedalia, Missouri. She is a survivor of a spontaneous coronary artery dissection (SCAD) that resulted in a heart attack 10 days after giving birth in 2008. She has lived with heart failure and arrhythmias, requiring a defibrillator. Her passion is patient advocacy and giving a voice to women having cardiac events. She would like to bring awareness to atypical signs and symptoms that a woman may experience that are often overlooked. She has shared her story through various platforms including the American Heart Association and Go Red for Women events and the #NoMOHeart Disease campaign.



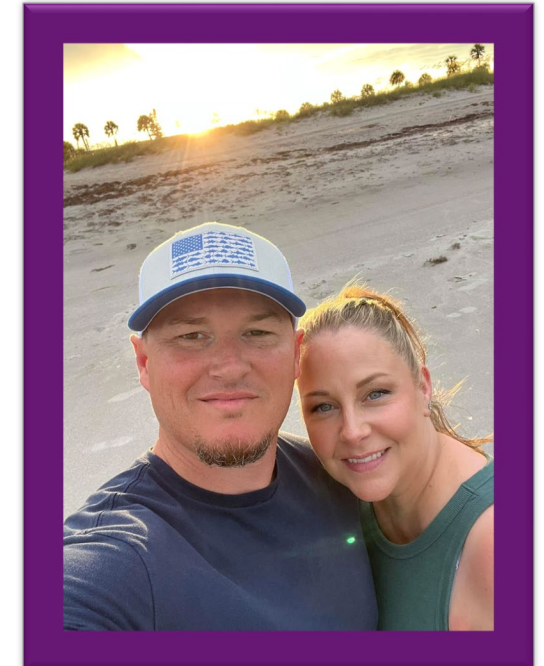
Lived Experience

- The morning after delivering, hypertension and significant edema
- Discharged home, no discussion of what to monitor for or why I had sudden hypertension or edema, no follow up
- Edema increased, 2 visits to the clinic and ER, w/out recognition of CHF or impending cardiac event
- 10 days postpartum, chest pain, left arm pain, back pain between my shoulders, vomiting, sweating, severe hypertension, impending doom (severe anxiety), heart palpitations



Lived Experience

- EMS refused transfer
- Husband transported to ER, triage refused evaluation due to age, significant delay in time of care
- Life flight to cath lab
- Dissected left main coronary artery, flash pulmonary edema, stents placed
- Discharged w/ cardiac rehab, lots of education
- Returned many times for arrhythmias, placement of ICD



Discharge Education

- In hospital education with specialized nurse
- Several weeks of outpatient cardiac rehab with education classes focusing on lifestyle
- Women should be taught to advocate for themselves and be in tune to what may be a cardiac-related event
- May have non-specific signs of heart attacks that are presumed to be something non-cardiac related
- Non-specific signs that women may experience include:
 - Anxiety
 - Nausea/Vomiting
 - Indigestion that doesn't resolve with simple treatment
 - Shortness of breath
 - Backpain
 - Diaphoresis
 - Shoulder pain
 - Neck or jaw pain



Questions?

Lora Hamm

R.N.

Quality Improvement
Alabama Perinatal Quality Collaborative

The logo features a dark blue background with a light blue chevron shape pointing to the right. The text "SPEED Pass" is centered within this shape.

SPEED Pass

Swift Postpartum Evaluation in Emergency Departments

Postpartum Education and Advocacy

Lora Ham, MSN, RN

Lora Ham, MSN, RN

- Quality Improvement RN for Maternal Initiatives at the Alabama Perinatal Quality Collaborative (May 2023)
- 1-on-1 QI Coaching
- Design, Implementation, and Support for Patient Care Bundles
- Previous roles include Patient Care Supervisor, Clinical Instructor, MedSurg RN, & Procedure RN
- Executive DNP student at the University of Alabama at Birmingham (anticipated graduation December 2025)



Maternal Outcomes in Alabama

40 of Alabama's 67 counties do not have a hospital with L&D services



```
graph TD; A[40 of Alabama's 67 counties do not have a hospital with L&D services] --> B[Alabama ranks 3rd in the U.S. for maternal mortality (38.6 deaths per 100,000 births)]; B --> C[>60% of maternal deaths in AL in 2018 & 2019 were preventable]; C --> D[50% of the maternal deaths occurred within the first 6 weeks after delivery];
```

Alabama ranks 3rd in the U.S. for maternal mortality (38.6 deaths per 100,000 births)

>60% of maternal deaths in AL in 2018 & 2019 were preventable

50% of the maternal deaths occurred within the **first 6 weeks** after delivery

ALPQC's Postpartum Bracelet Program

- Piloted from June – December 2024
- 7 hospitals
- 10,500 bracelets distributed
- Engaged Emergency Departments and Regional EMT Services
- Positive patient survey results
- BCBS of AL sponsored statewide program (bracelets being delivered now)

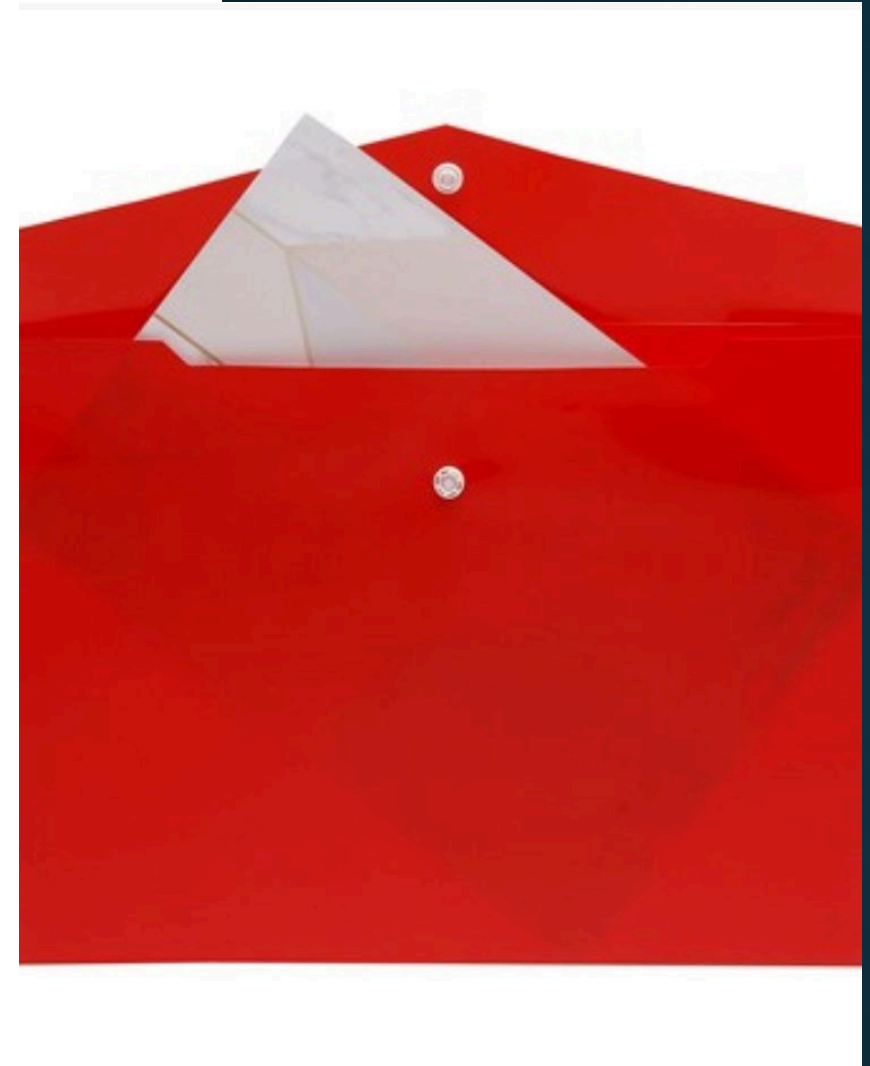


Discharge Education

- A hospital at a conference stated education was given to patients in red envelopes
- Told to take envelope to ED if they need to go
- Family member used the envelope to advocate for postpartum patients in the ED


QI Mindset...

- Lengthy discharge education
- Unlikely patient will open envelope
- Inconvenient to keep available at all times




SPEED Pass

Front

**SPEED Pass**
Swift Postpartum Evaluation in Emergency Departments

Postpartum complications can look like less serious issues but can quickly become life-threatening. Quick recognition and response in the Emergency Department is important.

SPONSORED BY  BlueCross BlueShield of Alabama

Inside

POST-BIRTH WARNING SIGNS

Pain in chest
Obstructed breathing/shortness of breath
Seizures
Thoughts of hurting yourself or your baby

Bleeding through 1 pad an hour or passing large blood clots
Incision that is not healing
Red, swollen, or painful legs
Temperature higher than 100.4°F
Headache, vision changes, or BP >140/90

CONSULT AN OB/GYN IF POSTPARTUM
COMPLICATIONS ARE SUSPECTED

Back

NAME: _____

DELIVERY DATE: _____

OB/GYN: _____


PROVIDER'S #: _____

Note: This card is intended to alert ED staff of postpartum status and does not guarantee shorter wait times in Emergency Departments.

SPONSORED BY  BlueCross BlueShield of Alabama

SPEED Pass Education

- Scripting for nurses
- Education for patients
- Spanish Translation
- Empowers the patient to say “I was told to give this card to you”



SPEED Pass

Swift Postpartum Evaluation in Emergency Departments

The Alabama Perinatal Quality Collaborative (ALPQC) SPEED Pass card helps women who were recently pregnant get the right care quickly if they need to go to the Emergency Room or Urgent Care in the first six weeks after delivery.


What is the ALPQC SPEED Pass?
The ALPQC SPEED Pass is a card you should keep with your ID or insurance card. When you go to the Emergency Room or Urgent Care, give this card to the nurse. It helps them know you were recently pregnant and might need special care.

Why is it important?
After pregnancy, women can have health problems that need quick attention. The ALPQC SPEED Pass makes sure the doctors and nurses know you need help fast.

How to use the ALPQC SPEED Pass:

1. **Keep the card with your ID or insurance card:** Put the ALPQC SPEED Pass in your wallet with your ID and insurance card. This way, you can find it easily if you need it.
2. **Give the card to the nurse:** If you go to the Emergency Room or Urgent Care, give the ALPQC SPEED Pass to the nurse with your ID and insurance card. This tells them you were recently pregnant and need special care.


Remember, the ALPQC SPEED Pass is there to help you get the care you need quickly. Keep it with you and use it if you need medical help.



SPEED Pass

Swift Postpartum Evaluation in Emergency Departments

Postpartum complications can look like less serious issues but can quickly become life-threatening. Quick recognition and response in the Emergency Department is important.

SPONSORED BY


NAME: _____
DELIVERY DATE: _____
OB/GYN: _____
PROVIDER'S #: _____

Note: This card is intended to alert ED staff of postpartum status and does not guarantee shorter wait times in Emergency Departments.

POST-BIRTH WARNING SIGNS

Pain in chest
Obstructed breathing/shortness of breath
Seizures
Thoughts of hurting yourself or your baby

Bleeding through 1 pad an hour or passing large blood clots
Incision that is not healing
Red, swollen, or painful legs
Temperature higher than 100.4°F
Headache, vision changes, or BP >140/90



SPEED Pass

Swift Postpartum Evaluation in Emergency Departments

La tarjeta SPEED Pass de Alabama Perinatal Quality Collaborative (ALPQC) ayuda a las mujeres que han estado recientemente embarazadas a recibir la atención adecuada rápidamente si necesitan ir a la sala de emergencias o a la sala de urgencias en las primeras seis semanas después del parto.

¿Qué es el ALPQC SPEED Pass?
El ALPQC SPEED Pass es una tarjeta que debe conservar junto con su documento de identidad o tarjeta de seguro. Cuando vaya a la sala de emergencias o a la sala de urgencias, entréguele esta tarjeta a la enfermera. Les ayuda a saber que usted estuvo embarazada recientemente y que podría necesitar cuidados especiales.

¿Por qué es importante?
Después del embarazo, las mujeres pueden tener problemas de salud que requieren atención rápida. El ALPQC SPEED Pass garantiza que los médicos y el personal de enfermería sepan que necesita ayuda rápidamente.

Cómo utilizar el ALPQC SPEED Pass:

1. Guarde la tarjeta con su documento de identidad o tarjeta de seguro: Ponga el ALPQC SPEED Pass en su cartera con su documento de identidad y tarjeta de seguro. De esta manera, podrá encontrarlo fácilmente si lo necesita.
2. Entregue la tarjeta a la enfermera: Si va a la sala de emergencias o a la atención de urgencias, entregue el ALPQC SPEED Pass a la enfermera con su identificación y tarjeta de seguro. Esto les indica que usted estuvo embarazada recientemente y necesita cuidados especiales.

Recuerde que el ALPQC SPEED Pass está ahí para ayudarla a obtener la atención que necesita rápidamente. Manténgalo consigo y úselo si necesita ayuda médica.



SPEED Pass

Swift Postpartum Evaluation in Emergency Departments

Las complicaciones posparto pueden parecer problemas menos graves, pero pueden convertirse rápidamente en mortales. El reconocimiento rápido y la respuesta en el Departamento de Emergencias es importante.

PATROCINADO POR


NOMBRE: _____
FECHA DEL PARTO: _____
OB/GYN: _____
DEL PROVEEDOR: _____

Nota: Esta tarjeta está destinada a alertar al personal del departamento de emergencias sobre el estado posparto y no garantiza tiempos de espera más cortos en los departamentos de emergencias.

PATROCINADO POR


SEÑALES DE ADVERTENCIA DE COMPLICACIONES POSPARTO

- Dolor en el pecho
- Respiración obstruida/falta de aliento
- Convulsiones
- Pensamientos de lastimarse a sí misma o a su bebé
- Sangrado a través de 1 toalla higiénica por una hora o coágulos de sangre grandes
- Incisión que no cicatriza
- Piernas enrojecidas, hinchadas o doloridas
- Temperatura superior a 100.4°F
- Dolor de cabeza, cambios en la visión, o presión arterial >140/90

DIGALE A SU PROVEEDOR DE ATENCIÓN MÉDICA O VAYA AL DEPARTAMENTO DE EMERGENCIAS

Lived Experience



Questions?



Post Poll Questions

Ask Me 5 Campaign



QUALITY
questions
QUALITY
care

Ask Me 5: Background and Questions

- Grew out of findings from PAMR reports
- Workshopped with MC LAN and patient family partners
- Developed as a tool for providers as well as patients



Ask Me 5 Resources

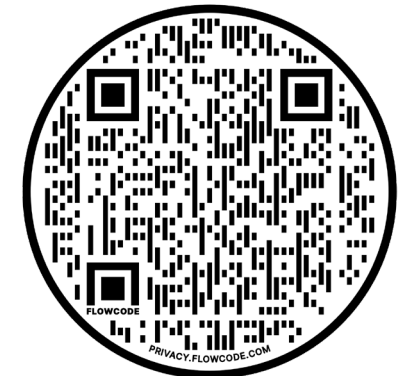
The image shows a screenshot of the Missouri PQC Ask Me 5 website. The website header includes the Missouri PQC logo, a search bar, and navigation links for ABOUT US, INITIATIVES, RESOURCES, EVENTS, NEWS, and ASK ME 5. The main content area features the text "BETTER QUESTIONS. BETTER CARE. BETTER OUTCOMES." and a sub-headline "Transforming maternal health in Missouri, one conversation at a time." Below this are buttons for "For Providers" and "For Patients".

Three resource booklets are displayed in the foreground:

- Booklet 1:** "raise your VOICE empower your HEALTH". It features a drawing of a pregnant woman and lists "HERE ARE 5 TOPICS THAT MAKE A DIFFERENCE: Blood pressure issues, Your emotional well-being, Getting to appointments, Substance use support, Your safety and comfort." It also mentions "QUALITY QUESTIONS. QUALITY CARE." and "ASK ME five MISSOURI PQC".
- Booklet 2:** "GETTING started". It features a photo of a healthcare provider and a pregnant woman. The text says "Ask Me 5 is more than just a campaign; it's a movement toward a better future for maternal health in Missouri." It lists "1 PREPARING FOR SUCCESS", "2 BUILDING TEAM CONFIDENCE", and "3 MAKING IT WORK IN YOUR SETTING". It also mentions "RESOURCES AT YOUR FINGERTIPS" and "QUALITY QUESTIONS. QUALITY CARE.".
- Booklet 3:** "YOUR STORY MATTERS". It features a photo of a pregnant woman and a quote: "My sister had preeclampsia. But I felt fine. Until my doctor asked about family history. One simple question. One blood pressure check. One life-saving intervention. Sometimes the biggest dangers are the ones you can't feel. Your history matters. Your story matters. Share it." It also mentions "ask me five MISSOURI PQC" and "VISIT ASKME5.ORG TO LEARN MORE".

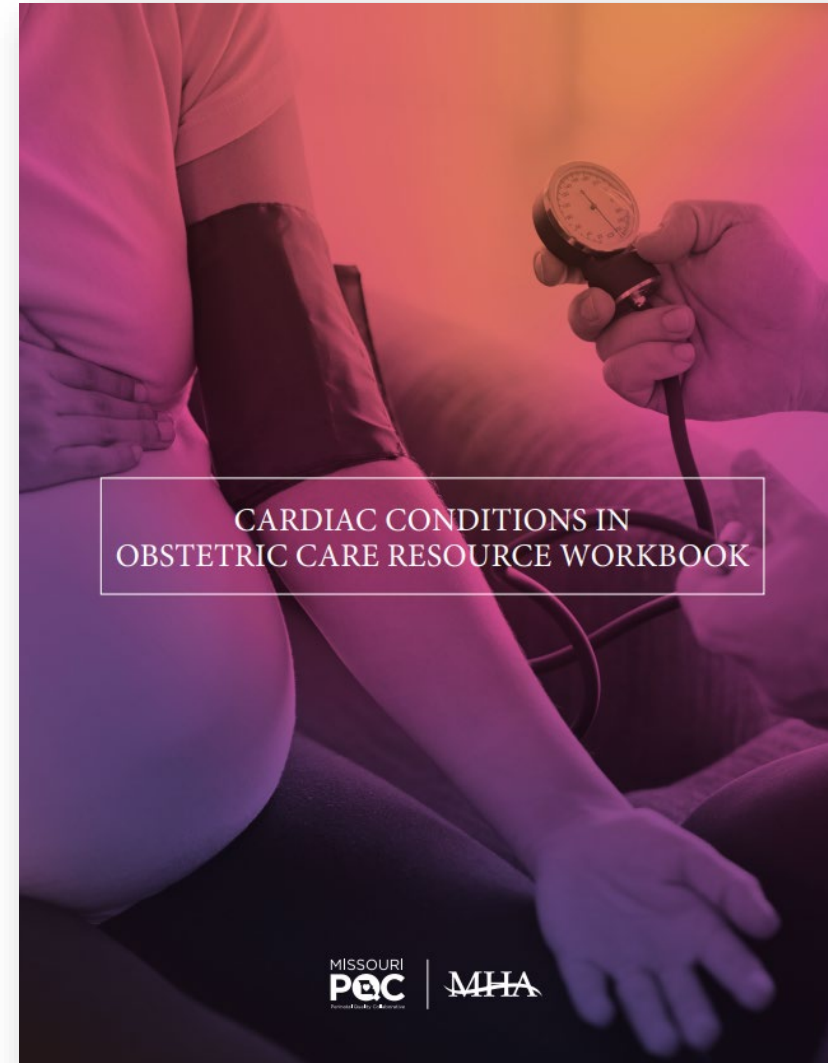
- AskMe5.org
- Booklets
- Posters
- Reference Cards
- Training Video
- Informational Webinar

Scan here



Cardiac Conditions in Obstetric Care Project

CCOC Workbook



Data Specification Manual



Missouri Perinatal Quality Collaborative Cardiac Conditions in Obstetric Care (CCOC) Data Specification Manual

Cardiac Conditions Measurement Statement: For this bundle's purposes, cardiac conditions refer to disorders of the cardiovascular system that may impact maternal health. Such disorders may include congenital heart disease or acquired heart disease, including but not limited to cardiac valve disorders, cardiomyopathies, arrhythmias, coronary artery disease, pulmonary hypertension and aortic dissection. These disorders are captured as part of a severe maternal morbidity diagnosis. Outcome measures and P1 and P2 should be stratified by the following race and ethnicity categories and reported accordingly in Life QI. The race and ethnicity categories are Non-Hispanic Black, Non-Hispanic White, Hispanic, Mixed Race, Other or Declined. In the event no data exists for a specific R/E category, a zero numerator and/or denominator should be entered with a notation made in the Life QI chart.

Instructions

1. This document is intended as a reference for the MO AIM CCOC Collaborative for all state surveillance, outcome, process and structure measures definitions. Additional information on the CCOC patient safety bundle may be found at www.saferbirth.org.
2. The information below outlines who will collect each data measure and how the measure is to be reported, along with reporting deadlines and inclusion and exclusion criteria, if applicable.
3. The Life QI data platform will be used to capture outcome and process measures, except for P3 and P4, which are included in the structure measure survey. The structure measure survey will be completed via a Microsoft Forms link sent annually and allows the organization to assess the extent of the bundle implementation using a Likert scale as well as identifying the percent of staff and providers completing project-specific training outlined in P3 and P4 measures.

Data

- P1

- Oct – 6/10
- Nov – 6/10
- Dec – 6/10
- Jan – 5/10
- Feb – 2/10 (due April 1)

- P2

- Oct – 5/10
- Nov – 5/10
- Dec – 5/10
- Jan – 3/10
- Feb – 0/10 (due April 1)

Data

- P1

- Oct – 6/10
- Nov – 6/10
- Dec – 6/10

➤ Jan – 5/10

➤ Feb – 2/10 (due April 1)

baseline

- P2

- Oct – 5/10
- Nov – 5/10
- Dec – 5/10

➤ Jan – 3/10

➤ Feb – 0/10 (due April 1)

Data

- O1

- Baseline Q4 2024 – 6/10
- Intervention Q1 2025, due May 1

- O2

- Baseline Q4 2024 – 6/10
- Intervention Q1 2025, due May 1

Data Stars

- MU Healthcare
- Saint Luke's (3 sites)
- University Health
- Ste. Genevieve



Additional Process Measures

- Make sure you are tracking education completed.
- This data will be gathered early summer 2025 in the next structure measure survey.

CCOC P3: Provider and Nursing Education on Cardiac Conditions	<p><u>Denominator: Total number of obstetric providers and nurses.</u></p> <p>Numerator: Among the denominator, those OB providers and nurses who received education/training in the past two years on signs and symptoms of potential cardiac conditions in pregnant and postpartum people.</p> <p>Note: Organizations should determine which providers and staff to include in the denominator and should consider including both inpatient OB unit staff and prenatal care clinic staff relevant to the project.</p>	MO PQC collects through MS Form Baseline Structure Survey	Annual data will be submitted through MS Form Baseline Structure Survey link sent out when due.
CCOC P4: Emergency Department (ED) Provider and Nursing Education on Cardiac Conditions	<p><u>Denominator: Total number of ED providers</u></p> <p>Numerator: Among the denominator, those ED clinicians who received education/training in the past two years on signs and symptoms of potential cardiac conditions in pregnant and postpartum people.</p> <p>Note: Organizations should determine which ED providers and staff to include in the denominator.</p>	MO PQC collects through MS Form Baseline Structure Survey	Annual data will be submitted through MS Form Baseline Structure Survey link sent out when due.
ALL P1 Version 2: Provider and Nursing Education on Respectful and Equitable Care	<p><u>Denominator: Total number of obstetric providers and nurses.</u></p> <p>Numerator: Among the denominator, those OB providers and nurses who received education/training in the past two years on respectful and equitable care.</p> <p>Note: Organizations should determine which providers and staff to include in the denominator and should consider including both inpatient OB unit staff and prenatal care clinic staff relevant to the project.</p>	MO PQC collects through MS Form Baseline Structure Survey	Annual data will be submitted through MS Form Baseline Structure Survey link sent out when due.

CCOC Project Check-in

- Focus on the data submission, education, structure/process improvements
- Structure measure form will be sent in May
- Key Project Implementations
 - Screenings
 - Pregnancy heart teams
 - Emergency Department engagement
 - Transition of care and referrals
 - Education on cardiac conditions and respectful and equitable care

Trauma Informed Workplace: Foundational Concepts of Health Care

Four Part Webinar Series

Thursdays 12:00-1:00 p.m.

- April 10th
- April 17th
- April 24th
- May 1st



Upcoming Events

EDUCATIONAL WEBINARS

- SAVE THE DATE: Two Part Webinar series
- Aligning SDOH/Z Codes Workflow with Close Loop Referral Processes
 - Session 1: Tuesday, June 3, 10-11:30 a.m.
 - SDOH Screening, Coding, & Utilizing Closed Loop Referral Network to Address Care Gaps.
 - Session 2: Thursday, June 26, 10-11:30 a.m.
 - Payer and Provider Perspective of SDOH/Z Codes and Closed Loop Referral Network

Educational Webinars



- Wednesday, April 2nd, 12-12:30 p.m. [PQC Toolkit Webinar – Reduction of Cesarean](#)
- Tuesday, April 22nd, 12-1:00 p.m. [The Ask Me 5 Campaign: Quality Questions, Quality Care](#)
- Tuesday, April 29th, 12-1:00 p.m. [Doula Integration: Guidance for Health Care Settings](#)
- Wednesday, May 7th, 12-12:30 p.m. [PQC Toolkit Webinar: Perinatal Mental Health Conditions](#)
- Wednesday, June 4th, 12-12:30 p.m. [PQC Toolkit Webinar: Oral Health](#)
- Wednesday, July 9th, 12-12:30 p.m. [PQC Toolkit Webinar: Fatal Injury and Prevention](#)

2025 LEADERSHIP FORUM ~~MHA~~

JUNE 19-20, 2025

DoubleTree by Hilton Springfield, Mo.

MHA MEMBERS ONLY

\$450 early-bird rate
through Monday, April 21;
\$500 after

Join executive and physician leaders and trustees from Missouri's hospitals and health systems to learn about emerging trends and practical solutions you can implement to drive innovation and improve patient care.



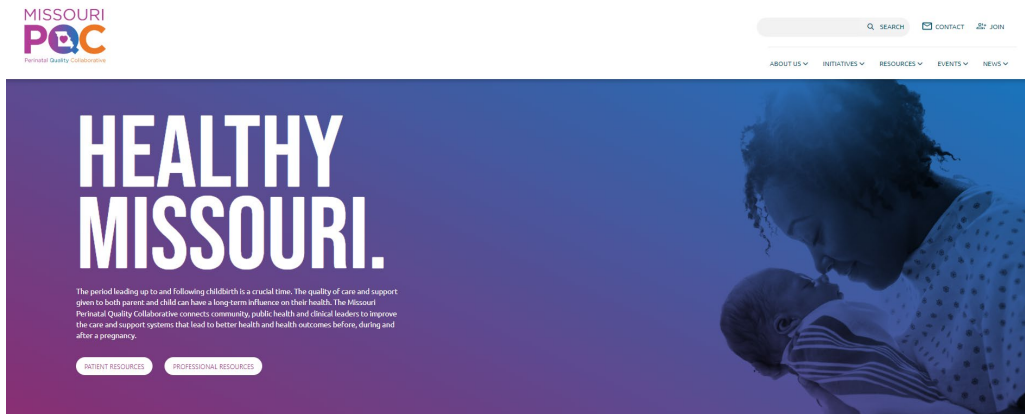
SPRINGFIELD CARDINALS EXPERIENCE INCLUDED

Thursday, June 19 | 6-9 p.m.
Hammons Field

Network with colleagues and relax in a suite-level, open-air seating area while you absorb the sights, sounds and feelings of the ballpark in the exclusive atmosphere of the Coca-Cola Redbird Roost. Enjoy an all-you-can-eat traditional ballpark buffet complimentary with your ticket.

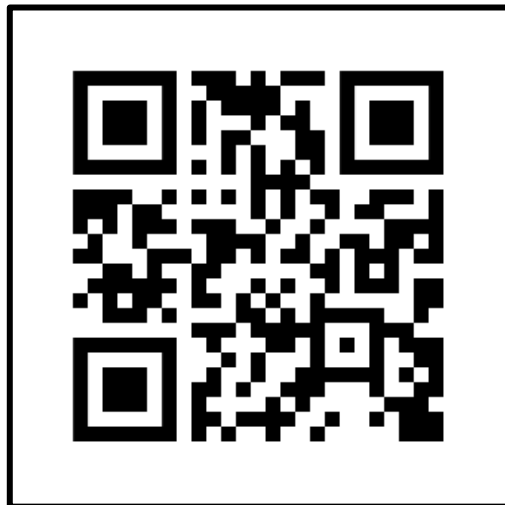
Guests are welcome and round-trip shuttle service will be available.

MO PQC Website - Resources



Our website is live!

www.mopqc.org



**Find the Missouri Perinatal
Quality Collaborative on:**



Instagram



**Like, Follow, & Subscribe to
MO PQC!**

Questions?