

MISSOURI PQC

Perinatal Quality Collaborative

Healthy Moms. Healthy Babies. Healthy Missouri.

2023-2025 PROGRESS REPORT

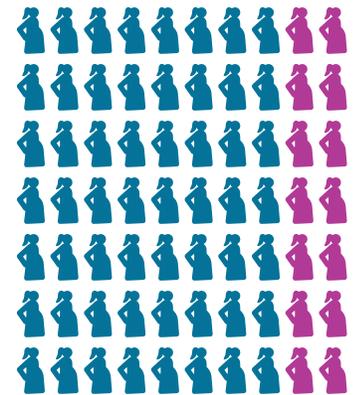
Missouri continues to face significant maternal and infant health challenges. Tragically, about 70 women die each year during pregnancy or within one year postpartum, and reviews of maternal deaths consistently show that **we have the opportunity to prevent roughly four in five of these deaths when the right systems, screening and follow-up are in place.** These risks are intensified by workforce shortages, limited access to obstetric services in many regions, and gaps in care that often emerge after delivery — specifically with transitions of care from an OB provider to a primary care provider and coordination of community-based support.

Across Missouri, a broad coalition of clinicians, community-based organizations and providers, public health partners, emergency responders, hospitals, patients and families is working together to address these challenges through the Missouri Perinatal Quality Collaborative. This work is grounded in the understanding that **improving maternal and infant health requires coordinated action across the full continuum of care** — from prenatal visits to delivery, from emergency response to postpartum follow-up and from clinical settings into communities.

Since 2023, participants across this system have achieved measurable, statewide improvements that reflect the power of aligned, collaborative work, including the following.

- » **faster treatment of severe high blood pressure,** reducing the risk of stroke and other life-threatening complications
- » **a 29% reduction in babies diagnosed with neonatal abstinence syndrome,** helping decrease NICU utilization and support healthier starts for families
- » **nearly universal hemorrhage risk assessments,** strengthening early identification and response to one of the leading causes of maternal deaths
- » **recommendations for expanded postpartum follow-up and guidance through 12 months,** addressing a critical period when many preventable deaths occur
- » **evidence-based safety practices embedded in hospitals and supported through community referral pathways, education and follow-up**

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These improvements demonstrate how shared data, consistent practices and strong partnerships can reduce duplication, close gaps and improve outcomes for mothers and babies regardless of where care begins or continues. Emergency departments, non-birthing hospitals, community health providers and rural teams are better prepared to recognize risk, stabilize patients and connect individuals to the right level of care at the right time.

Workforce development and shared learning remain central to this progress. **More than 3,100 clinicians, nurses and community partners across Missouri have participated in training and education focused on maternal safety, emergency preparedness, substance use, mental health and postpartum care.** Patients and family partners also play a vital role, bringing lived experience into quality improvement efforts and helping ensure that strategies reflect real-world barriers and needs.

Importantly, this work is improving outcomes with reductions in severe maternal morbidity related to eclampsia, cardiac conditions and substance use, which illustrates the impact of coordinated, system-level approaches. Real-time dashboards and shared metrics help participants track progress, identify disparities and drive accountability across settings. At the same time, community-focused initiatives, such as education campaigns and community-based role integration guidance, are strengthening continuity of care beyond traditional clinical encounters.

The progress outlined in this report reflects the collective leadership and commitment of all who participate in the Missouri PQC — hospitals, clinicians, doulas, community organizations, public health agencies, patients and families — each contributing within their role to a shared mission: Healthy Moms, Healthy Babies, Healthy Missouri. Together, these partners are building a more connected, reliable system of care that supports safer births, healthier families and stronger communities across Missouri.

How to use this report

This report is designed to be used as a shared learning and action tool for everyone involved in improving maternal and infant health across Missouri, including clinicians, community-based organizations, public health partners, emergency responders, patients and families, and hospital and system leaders. Readers are encouraged to explore the sections most relevant to their role, reflect on where progress is occurring and where gaps remain, and identify opportunities to strengthen coordination across settings. The data, examples and tools highlighted throughout the report are intended to support conversation, alignment and decision-making — whether that means refining clinical practices, strengthening referral pathways, improving postpartum follow-up, expanding education and training, or deepening community partnerships. Progress reflected here is the result of collective effort, and continued improvement depends on shared ownership, learning and collaboration across the full continuum of care.

BY THE NUMBERS



42

birthing hospitals actively participating in QI



99+

statewide leaders collaborating through the MC LAN



61

educational events



3,100+

clinicians, nurses and community partners trained



23

postpartum projects funded



96

Ask Me 5 pledges to date

\$800K+

distributed to support best practices, pilots and access to training

We connect providers, community organizations, public health, advocates, patients and families, and state leadership into a coordinated system focused on preventing complications before they become tragedies, improving the experience of health care, and addressing the significant barriers and gaps that exist for mothers and infants in Missouri. The change is happening.

Missouri's Maternal Health Reality

Missouri faces significant challenges in maternal health, with one of the highest rates of pregnancy-associated deaths in the U.S.: **an average of about 70 women die each year while pregnant or within one year postpartum, and around 80% of these deaths are considered preventable**, with leading causes including mental health conditions and cardiovascular issues.

More than **half of Missouri counties (51.6%)** have **no access to obstetric services**, ranking Missouri **fourth highest** in the nation for maternal care deserts (March of Dimes, 2024).

Women in these areas face long travel times, delayed care, and limited follow-up — increasing the risk of hemorrhage, high blood pressure, mental health crises, substance use complications and related poor infant outcomes like preterm birth, low birth rate and injury. At the same time:

- » **10% of Missouri moms** have a diagnosed substance use disorder — known to be underreported due to fear of legal repercussions
- » **Nearly 20%** have a mental health diagnosis
- » Severe maternal morbidity affects **thousands of families every year**

Disparities are pronounced: Black women and those on Medicaid experience disproportionately higher risks of maternal mortality, and rural residents often must travel long distances for care. Additionally, postpartum care engagement is low, with nearly **two-thirds of new mothers missing recommended follow-up visits**, which are crucial for identifying life-threatening conditions after childbirth and supporting preventive health and wellness.

Safer Births, Better Outcomes

MO PQC supports hospitals across five high-impact areas with well-established evidence-based practices.

HEMORRHAGE

HYPERTENSION

SUBSTANCE USE DISORDER

MENTAL HEALTH

CARDIAC CONDITIONS

Ensuring evidence-based practices are implemented across all birth settings is a critical task of MO PQC. Often, this care requires more extensive coordination with non-hospital care settings and community-based organizations — an area MO PQC is actively supporting. Work is underway to ensure patients, families and broader communities know the factors that increase the risk of poor pregnancy outcomes through education initiatives and patient/family partner efforts.

Hemorrhage (36 hospitals)

Since 2023

- 98% of pregnant patients are assessed for hemorrhage risk
- 49% of deliveries include quantified blood loss
- 20% receive a patient/family debrief after hemorrhage

These measures directly prevent shock, organ failure and death; improve patients' ability to recognize danger after discharge; and minimize long-term health impacts.

Severe Hypertension (37 hospitals)

Since 2023

- Timely BP treatment improved from 80% → 89%
- Three-day postpartum follow-up scheduled increased from 44% → 71%

Fast treatment saves lives. Severe range BP (>160 mm Hg and/or >110 mm Hg) should always be treated with anti-hypertensive medication within one hour. Early follow-up prevents stroke, seizures and long-term heart disease.

Substance Use & Newborn Outcomes (11 hospitals)

Since 2023

- » SUD screening rates are between 97%–100%
- » 29% reduction in diagnosed NAS cases
- » Implementation support for ESC and SBIRT models through \$175,000 in stipend support

Early screening, brief intervention and referral to treatment for mothers increases access to recovery treatment options and decreases poor outcomes for moms and babies. Mothers receiving medication support for substance use issues experience increased stability with fewer instances of relapse and overdose, improved prenatal care follow-up, and give birth to babies often with less withdrawal complications, resulting in shorter hospital stays, less NICU use and better long-term development.

Quality improvement efforts also are underway for pregnancy-related cardiac conditions and perinatal mental health conditions.

Hospitals Are Changing How They Practice

MO PQC does more than provide guidelines — it builds durable systems inside hospitals and helps connect them to referral options within their community and across the state.

AIM Bundle Adoption

Noteworthy statistics from MO PQC hospitals participating in patient safety bundles:

- Hemorrhage emergency management: **95%**
- Hemorrhage risk assessment: **95%**
- Hemorrhage carts: **87%**
- Hypertension medications: **87%**
- Hypertension triage: **79%**
- Comprehensive community SUD resources list: **44%**
- Discharge pain management prescribing guidelines: **50%**
- Implemented Eat, Sleep, Console model policy: **72%**

Hands-On Support

The MO PQC team provides extensive, hands-on support to hospitals and their partners to implement these evidence-based practices.



55
monthly QI calls



75+
one-on-one coaching sessions



Peer-to-peer connections for shared learning



Support to collect data and measure change



Starts
recognition program developed



\$27,000
in stipends given to support emergency response simulations

“I have had wonderful support from the MO PQC. I discuss our projects with our hospital leadership team monthly. I have enjoyed attending webinars and other educational offerings. The resources are amazing to utilize to continue improving our processes. We are very fortunate to have the partnerships we already have. Our hospital has always supported our goal to improve and grow our birthing center. I would ask that it continues.”



Missouri's First Maternal Health Dashboards

In partnership with the Hospital Industry Data Institute, MO PQC launched real-time dashboards showing:

- Severe maternal morbidity
- Race, payer and age disparities
- Hospital and provider scorecards
- Patient-level detail

60 users from 26 hospitals are actively using the system to identify trends, set improvement goals and better understand the factors impacting health outcomes in their community.

Based on data included in the PQC dashboards, **rates of SMM from eclampsia have fallen by 10.5%, SMM from cardiac diagnosis have fallen by almost 2% and SUD-related SMM has seen a 9% decrease since 2023.** Focus is still needed to continue these reductions and see impacts in SMM related to hemorrhage, renal and behavioral health conditions.

Digital Outreach

Since launch (2024), **more than 40,000 users** have visited the MO PQC website **more than 281,000 times.**

More than 3,800 resources have been downloaded from the website.

The PQC Pulse, a weekly email newsletter, has **more than 1,200 subscribers and an average open rate of 40%.**



Building Missouri's Maternal Health Workforce

The MO PQC hosts regular complimentary educational events to support continuous learning and best-practice adoption across the maternal and infant health system. These offerings include statewide webinars, clinical learning sessions, and topic-specific training that bring together hospitals, clinicians, public health professionals, community partners and patients.

16 in-person trainings — 1,167 attendees

45 webinars — 1,933 attendees

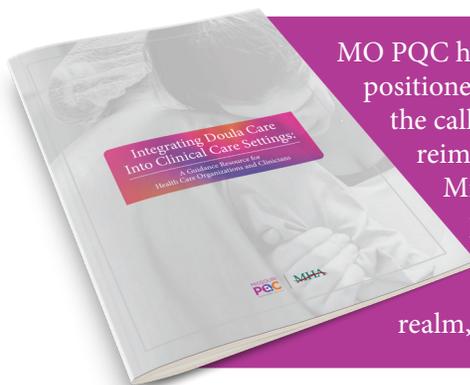
28 hospitals leveraging complimentary access to Relias OB for education

126 continuing education certificates provided

“This whole conference lit a fire under me for the work we do! I’m excited about the networking I got to do and the friends I made! It’s an exciting time to work in maternal-child health!”

“Feeling energized by the number of invested, engaged individuals wanting to change the landscape of maternal/child health.”

“The amount of passion and clear direction — the focus is on how we can do better, not just ‘what isn’t working’ but ‘how do we solve it?’”



MO PQC has engaged in efforts to broaden recognition of workforce roles positioned to make a strong impact on maternal-infant health and to answer the call in areas with limited services. With recent changes in Medicaid reimbursement for doula care, the MO PQC felt an imperative to partner with Missouri-based doula experts to author a guidance document on best practices to integrate doula care into clinical settings. This guidance recognizes and supports that pregnant and postpartum mothers and their families need additional care and support outside of the clinical realm, which doulas provide with great success.

READ THE REPORT



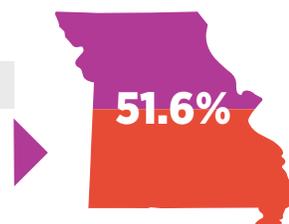
Distance Should Not Mean Danger

A recent survey of non-birthing hospitals found:

Average **27.8 miles** to the nearest delivery center

Some as far as **65 miles**

51.6% of Missouri counties
are classified as a maternal care desert



MO PQC responded by:

Holding rural convenings in four Missouri regions

Supporting further action in the Northwest
and Southeast regions

Deploying a survey across 42 non-birthing hospitals
to understand training needs

Training 16 facilities in OB emergencies

Creating a new pool of peer trainers to sustain
OB emergency training opportunities

Providing \$16,000 in rural stipends for implementation
and education

Rural teams are leveraging their emergency departments, emergency responders, community-based organizations and connections to higher levels of care to be better prepared to stabilize and save mothers and babies.

“I cannot thank you enough for the opportunity to take the AWHONN OPS course. I’ve been in OB 22 years, and I don’t think I’ve ever taken an eight-hour course as engaging and enriching as this. Truly, excellent! I am already taking what I learned and trying to integrate different pieces into our work.”

Care Doesn't End at Delivery

With Medicaid extending reimbursement through 12 months postpartum, the MO PQC identified a gap in clear, evidence-based guidance on what comprehensive care during the extended postpartum period should include. In response, the MO PQC launched the **Missouri Optimizing Postpartum Care Task Force** in 2024, bringing together 30 subject matter experts across care settings and disciplines to review the literature, assess real-world experiences and develop practical recommendations.

30-member expert task force

16 organizations and voices represented

13 meetings held

\$360,000 invested in **23** postpartum projects across Missouri clinical and community settings

SLUCare providers at SSM Health are helping redefine what comprehensive postpartum care can and should look like — guided by a vision to include maternal-fetal medicine, generalist obstetrician and family practice providers to add a diverse approach to care in the immediate and longer-term postpartum period.



[Learn how](#) the Fourth Trimester Integration and Transition (FIT) Center is rethinking postpartum care and supporting health in the fourth trimester and beyond.



This work culminated in the development of “The One-year Postpartum Pathway” that provides a framework for **12 months** of postpartum care across provider types and settings.

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The MO PQC will continue to build resources to support the spread and adoption of these recommendations, including patient and community education.

MO PQC also has supported three large case studies focused on piloting improved comprehensive screening and provider hand-offs to improve care during the postpartum period and connect patients to primary care.

Ask Me 5: Changing Conversations

Through more than 400 reviews of maternal deaths, the Missouri Pregnancy-Associated Mortality Review Board found a common theme — providers throughout clinical and community settings are simply not asking patients the important questions critical to reducing preventable deaths.

A statewide campaign, **Ask Me 5**, was developed to increase patient and provider awareness of these issues and to better equip them to have conversations about the five factors highly correlated with death and poor outcomes:



H	<i>High Blood Pressure</i>
E	<i>Emotional and Mental Health</i>
A	<i>Access to Care</i>
R	<i>Recognizing Substance Use</i>
T	<i>Trauma, Abuse and Safety</i>

A workshop was held with more than 60 attendees to launch the provider-facing campaign and support implementation of the Ask Me 5 framework. Since launch:

96 pledges (and counting!) from providers and community partners who are building trust and saving lives.

12 Ask Me 5 Ambassadors have been recruited to increase awareness of the Ask Me 5 movement throughout the state, and patient/community-facing efforts to improve knowledge and empowerment are underway.



If you provide care or services to moms and babies, we encourage you to learn more and take the pledge to lead the change!



Missouri Is Organized for Impact

MO PQC was never designed to act alone. Stakeholder engagement and partnerships have been a foundational element of the strategy. Since 2018, efforts to align and reduce duplication statewide have been a mainstay of the Maternal-Child Learning and Action Network — the advisory group of the MO PQC. Membership is voluntary and we strive to ensure a broad representation of expertise, geography and roles. Together, we create synergy and a significantly stronger impact.

99-member MC LAN

87% report active cross-sector collaboration

Why are you part of the MC LAN?

“Involvement with the MC LAN and MO PQC has significantly increased my awareness of local, state and national maternal health initiatives. This knowledge empowers me to critically examine institutional practices and provide valuable feedback to leadership to help drive necessary process changes to improve outcomes.”

— Rebecca Aguayo, M.D., Family Medicine,
University Health Lakewood Medical Center, Kansas City, Mo.

A subset of the MC LAN membership was activated in 2025 to also serve as the State Maternal Health Task Force responsible for facilitating development of a five-year strategic plan to improve maternal health.

32-member Maternal Health Task Force

Five-year draft state maternal health plan completed

Final draft to be published in late 2026



We couldn't do this work without the critical voice of the patient — the reason for all we do.

The MO PQC work has benefited from our nine patient family partners, recruited to be intentionally representative of different regions and points of view from across the state to form a MO PQC PFP Advisory Group.

- » Compensated engagement of nine individuals with lived experience: three in central Missouri, two in northwest Missouri, two in the Kansas City region, one in southwest Missouri and one in southeast Missouri
- » MoMMA's Voices training prepared the PFPs to advocate and actively participate in maternal-infant health quality improvement
- » Three PFPs participate in the State Maternal Health Task Force, helping produce content to raise awareness of critical issues and barriers as well as areas of success and are supporting development of resources for patients by patients.

What's Next

While the work highlighted throughout this report is far from complete and will certainly continue, we are excited to embark on three significant new efforts in the coming year.

Project STORK

- » (Supporting Treatment access and Ongoing Recovery for Key maternal populations) is an emerging initiative focused on creating a sustainable model that connects pregnant and postpartum individuals affected by SUD to maternal peer recovery specialists.
- » Peer recovery specialists are uniquely qualified for their roles as they are individuals with lived experience with SUD, have been in recovery for at least two years and have completed an extensive certification program.
- » The project aims to more efficiently bridge prenatal and postpartum clinical care with long-term recovery support, including SUD treatment, recovery resources and wraparound services by integrating peers into clinical referral workflows.
- » The goal is to strengthen referral pathways and care coordination, ensuring individuals are connected as early as possible to reduce maternal morbidity and mortality and improve outcomes for mothers and infants impacted by SUD.

New Infant QI Project

- » MO PQC will complete the discovery and planning phase of a new infant QI project focused on improving care for infants at risk of neonatal encephalopathy — a brain injury from a lack of oxygen and blood flow during and around birth. This project will serve to improve screening of moderate/severe neonatal encephalopathy to help identify and treat infants who qualify for therapeutic hypothermia — a treatment needed within a six-hour window to reduce brain injury impacts.
- » The aim is to improve long-term health outcomes for infants across the state by developing a standardized response and transport process.

Perinatal Mental Health Patient Safety Bundle Implementation

- » With the leading cause of death for Missouri moms being mental health-related and approximately 20% of pregnant and postpartum women diagnosed with a mental health condition, the MO PQC will make a significant effort to leverage partnerships, support mental health referrals and increase the overall rate of screening to reduce poor outcomes.
- » It is time to normalize mental health conditions and improve knowledge of and access to treatment.

Why Continued Support Matters

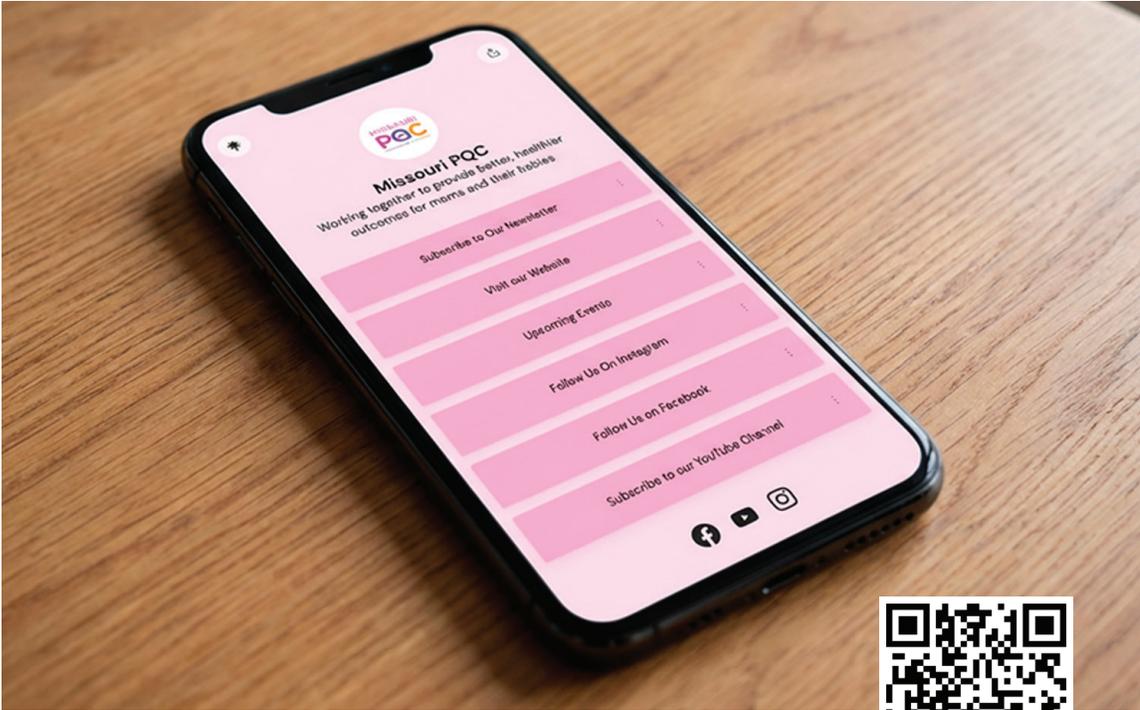
Maternal-infant health improvement is a systems investment — and Missouri has done an excellent job in convening the right partners to activate the critical systems needed to move our state from “worst to first.” But we are not there yet. Organizations and initiatives like MO PQC need continued funding and partners ready to support barrier reduction, policy that serves Missourians best and reimbursement models that cover the costs of the care required to achieve long-term, sustained impact.

Continued funding ensures:

- » Hospitals sustain lifesaving practices
- » Rural areas remain prepared
- » Postpartum care continues
- » Data drives accountability
- » Referral pathways are strengthened
- » Workforce is activated
- » Community is engaged

How To Get Involved

- » Learn about and implement evidence-based practices and recommendations.
- » Discuss these practices within your care setting — are you meeting or missing the mark?
- » Provide leadership support and resources to increase the speed of implementation.
- » Attend an event to learn, network and contribute.
- » Follow us on social media (Facebook, Instagram and YouTube) and share content.
- » Subscribe to our weekly newsletter, the *PQC Pulse*.
- » Implement the Ask Me 5 initiative into your practice.
- » Contact MO PQC at mopqc@mohospitals.org.



Scan to visit the MO PQC LinkTree ►

Acknowledgements

Today, the Missouri Perinatal Quality Collaborative, in partnership with MHA, partners with state and federal funding agencies through both direct and subcontractual arrangements to complete scopes of work designed to address the poor outcomes of mothers and infants in Missouri.

The progress outlined in the following pages was not achieved by one single entity; rather, it is the collective force of stakeholders who engage in MO PQC activities and the MC LAN that is responsible — each working within their sphere of influence and scope of work to contribute to the greater whole, leveraging funding resources in exponential ways. We continue to be excited by these partnerships and the synergy of collaborative impact, and we look forward to continuing these important efforts.

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- Health Resources and Services Administration, Missouri Collaboration for Clinical Community Integration of Maternal Health, award number: 1U7AMC53395-01-00
- Centers for Disease Control and Prevention, Maternal Mortality Prevention Contract, Missouri Department of Health and Senior Services, contract number: CS250038001

