

Perinatal Quality Collaboratives (PQCs)

What Are PQCs?

PQCs are networks of clinical teams, public health leaders, and other stakeholders and partners, including patients and families, that work together to improve pregnancy and infant outcomes. Members of PQCs identify health care processes that need improvement within their state, then use the best available methods to affect change as quickly as possible. PQCs are critical for rapid dissemination of best practices and implementation of effective initiatives to improve outcomes for pregnant women and newborns.

Nearly every state has a PQC or one in development. CDC has supported state-based PQCs since 2011 and currently funds 27 state-based PQCs in Alaska, Arkansas, California, Colorado, Florida, Georgia, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Maine, Michigan, Mississippi, Montana, North Dakota, (and South Dakota as participating state), Nebraska, New Jersey, New York, Ohio, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and West Virginia.

Why Are PQCs Important?



PQCs are a platform for collaborative learning.

PQCs develop relationships across multiple stakeholders including hospitals, community health centers, state health departments, patients, insurers, and nonprofit organizations. They provide a framework to implement best practices and address emergent issues affecting maternal and neonatal health.



PQCs are positioned to make changes quickly.

PQCs work to cultivate health care facility “buy-in,” in multiple ways, including engaging key clinical leads and organizational partners across the state. This helps PQCs to mobilize hospitals to adopt best practices in clinical care quickly. Members of PQCs apply a community of change model shown to be successful for rapid dissemination of evidence-based approaches.



PQCs make population-based improvements.

PQCs aim to improve care across a population, not just within one facility. PQCs can identify a specific outcome to improve, support large-scale systematic quality improvement efforts across facilities, and compare the performance of health care facilities within the state.



PQCs closely monitor health care facility progress.

After identifying an area for change, PQCs provide rapid data collection and feedback to clinical teams. This enables them to track their progress in meeting the objectives for the project and adapt interventions to improve success.

What Have PQCs Accomplished?

States and health care facilities participating in PQC quality improvement efforts have made population health improvements. These accomplishments address important issues affecting maternal and infant health, including:

- ↓ Reductions in elective deliveries without a medical indication before 39 weeks gestation.
- ↓ Reductions in unnecessary cesarean births among low-risk pregnant women.
- ↓ Reductions in health care-associated bloodstream infections in newborns.
- ↓ Reductions in severe maternal morbidity from hemorrhage and hypertension.
- ↓ Reductions in preterm births.
- ↑ Improvements in breastfeeding rates.



How Does CDC Support PQCs?

In addition to directly funding 27 PQCs, CDC supports the National Network of Perinatal Quality Collaboratives (NNPQC) to help PQCs nationwide make measurable improvements. Since 2017, the National Institute for Children's Health Quality (NICHQ) has coordinated the NNPQC and provides a forum for all PQCs to share experience and knowledge that includes webinars, an online community network, and in-person meetings.



What Is the Future of PQCs?



PQCs can adapt and address critical current and emergent perinatal health issues facing our nation.



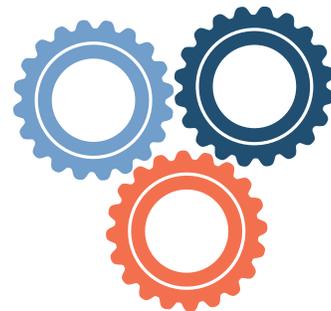
CDC will continue to support strong science that demonstrates the impact of using a collaborative population-based approach to improve the quality of care for our nation's moms and babies.



As state maternal mortality review committees (MMRCs) develop clinical recommendations to improve maternal outcomes, PQCs will be a key partner to facilitate the implementation of recommendations more broadly across health facility networks.

How Does CDC's PQC Program Collaborate with Other Federal Agencies?

CDC collaborates with state and federal partners to improve maternal and neonatal outcomes. For example, the Health Resources and Services Administration manages the Alliance for Innovation on Maternal Health (AIM), a program focused on reducing maternal deaths and morbidity by implementing evidence-based safety bundles, best practices for improving safety in maternity care. PQCs are the quality improvement infrastructure that supports the dissemination and implementation of the AIM bundles.



State PQC Highlight: A Story From the Field

To address rising maternal deaths associated with preeclampsia, the Illinois PQC (ILPQC) conducted a project to improve care for pregnant and postpartum women with severe preeclampsia (including women with preexisting hypertension) and eclampsia in 112 Illinois hospitals. The number of women receiving medication within 60 minutes increased from 42% to 85% during the project, and the rate of severe pregnancy complications among pregnant women experiencing hypertension at delivery in Illinois decreased by 41% during this initiative. This project is now in a sustainability phase, which includes hospital planning support from ILPQC, continued monthly review and reporting of data in the ILPQC data system, and quarterly team webinars.

Learn More

- CDC PQC Website:
www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm
- National Network of Perinatal Quality Collaboratives:
www.nichq.org/project/national-network-perinatal-quality-collaboratives
- AIM States and Systems:
<https://saferbirth.org/about-us/>



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