Delaware Perinatal QUALITY COLLABORATIVE

DPQC Public Meeting

October 14, 2025 | 4pm | BayHealth, Kent Campus

Minutes

Attendance—

Dr. Garrett Colmorgen, DPQC Chair
Dr. Prsiclla Mpasi, DHMIC Chair
Dr. Mark-Anthony Umobi, ACOG DE Chair
Dr. David Hack, AAFP DE President
Bridget Buckaloo, Beebe Hospital Rep
Julia Paulus, Freestanding Birth Center Rep
Dr. Dede Hesse, PhD – DPH
Brit Seidt – DPH
Dr. Margaret Chou, Nemours
Vik Vishnubhakta, Forward Consultants
April Thomas-Jones, Planned Parenthood DE
Asia Summers, Children and Families First

1. **Welcome**
2. **DPQC Grant Updates**
    - **AIM Capacity Grant – Improving Postpartum Access to Care (IPAC)**
        1. The *Improving Postpartum Access to Care (IPAC)* initiative focuses on optimizing the transition to postpartum care using the "fourth trimester" model.
        2. Delaware data from the Maternal and Child Death Review Commission (MCDRC) show most maternal deaths occur after hospital discharge, emphasizing the need for early and consistent postpartum follow-up.
        3. Key objectives:
            1. Educate birthing patients before discharge on postpartum warning signs, contraception, and follow-up importance.
            2. Schedule a 2–3 week "safety check" visit and a comprehensive visit between 6–12 weeks postpartum.
            3. Encourage providers to use Delaware's extended Medicaid coverage to also schedule a well-woman visit.
        4. Hospitals report challenges in scheduling visits due to provider shortages. Some are piloting nurse or care coordinator follow-up models.
        5. A Project Coordinator was hired to manage implementation, education materials, and billing code validation.
        6. Data collection templates are being finalized to track postpartum scheduling and visit completion rates.
    - **Innovation Grant – Peer Support Doula Model for Pregnant & Parenting People with Substance Use Disorder (SUD)**
        1. The Innovation Grant supports a peer recovery doula model to serve individuals with SUD during pregnancy and up to one year postpartum.

2. Peer recovery specialists are trained as doulas through Impact Life, which has hired five doulas currently following nine clients.
3. The Maternal Health Task Force (MHTF), created under this grant, continues to meet monthly and is finalizing a five-year strategic plan.
4. Evaluation and CQI plans are complete. Key performance indicators include:
    1. Reduction in Severe Maternal Morbidity (SMM)
    2. Improved recovery capital (via pre/post 10-item survey)
    3. Reduced foster care placement and infant maltreatment
5. Listening sessions with women with lived experience, MAT providers, and the Division of Family Services have informed the development of a statewide resource map and care coordination model.
6. Discussion included sustainability planning beyond the grant period and integration of nurse navigator roles to support doulas.

3. **MHTF Strategic Plan**
    - The third draft of the Five-Year Maternal Health Strategic Plan has been completed and was developed through the MHTF convened under the Innovation Grant.
    - The Task Force meets monthly and includes representation from birthing hospitals, state agencies, community-based organizations, Medicaid MCOs, and people with lived experience.
    - The plan aligns with Delaware's maternal health goals under the federal State Maternal Health Innovation (SMHI) and Capacity grants.
    - Evaluation and CQI frameworks have been finalized. Key performance indicators (KPIs) focus on:
        1. Reducing severe maternal morbidity (SMM) statewide.
        2. Improving coordination of care for postpartum individuals and those with chronic conditions or SUD.
        3. Integrating peer support doulas within clinical and community systems to improve engagement and recovery outcomes.
    - The plan establishes several subcommittees, including Data & Evaluation, Care Coordination, and Workforce Development, each responsible for advancing a specific portion of the strategic objectives.
    - The Care Coordination Subcommittee is developing a shared "care map" or navigation model to standardize how birthing hospitals, outpatient providers, and community supports connect during pregnancy and postpartum.
    - The Data Subcommittee will use the CQI plan to monitor outcomes tied to the Innovation and IPAC grants and to ensure sustainability beyond the grant cycle.
    - The plan also emphasizes language and systems alignment, such as exploring a shift from "Plan of Safe Care" terminology to "Family Plan" language, to reduce stigma and promote family-centered care.
    - Next steps include final review of the draft plan by stakeholders and preparing for submission to HRSA in early 2026.
4. **DPQC Initiatives**
    - *Low-Dose Aspirin*
        1. Administration rates among high-risk patients increased from roughly 10% (2021) to 75–80% (2025).

2. Improvements followed provider education, standardized EMR templates, and use of tear-off prescription sheets.
3. Remaining gaps stem from outpatient data capture and patient understanding of aspirin use.
4. Future goals include expanding patient-facing education campaigns and integrating aspirin screening into prenatal workflows.

- *OB Hemorrhage*
  1. Statewide hemorrhage rates remain stable at around 10%.
  2. Hospitals are exploring the relationship between hemorrhage, labor induction, and anemia.
  3. No significant racial or geographic disparities observed.
  4. Participants noted improved recognition and reduced transfusion volumes following protocol standardization and inventory reviews.
- *Time To Treat*
  1. The metric tracks the percentage of patients with persistent severe hypertension who receive antihypertensive treatment within 60 minutes.
  2. Statewide performance improved from ~60% to ~80% between January 2024 and August 2025.
  3. Success attributed to clearer definitions, better EMR tracking, and faster nurse-provider communication.
  4. No significant racial disparities noted; Medicaid patients had slightly higher treatment rates.
- *Severe Maternal Morbidity*
  1. Delaware's SMM rates have increased, similar to national trends.
  2. Acute kidney injury (AKI) and sepsis are the most common contributing indicators.
  3. Members discussed potential coding inconsistencies (ICD-10) and the need to review the 20 component measures individually.
  4. The MHTF Data Subcommittee will present deeper analyses of these components for targeted interventions.
- *Eat. Sleep. Console.*
  1. Four of Delaware's six birthing hospitals are implementing the ESC model; three have submitted data through September 2025.
  2. Preliminary analysis (≈50 infants) shows no significant change yet in length of stay; data remain limited.
  3. Next steps include refining data definitions and encouraging timely submission from remaining hospitals.

5. **Public Comments, Discussion and Closing**
   - Dr. Colmorgen commended Delaware's progress relative to other states, emphasizing strong collaboration among hospitals and agencies.
   - Members noted Delaware achieved key "Time to Treat" improvements faster than comparable states.
   - The board reaffirmed its commitment to data-driven improvement and sustainability of successful models.
6. **Adjourn**