MORE: Maternal Opioid Recovery Effort

More:
- Attention
- Support
- Services
- Follow up
- Compassion

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM
Florida HEALTH
CDC
Welcome!
23 Hospitals
MORE
Welcome!
Health Start Coalitions

Florida Healthy Start
Florida Association of Healthy Start Coalitions

Partnering to Improve Health Care Quality for Mothers and Babies
Welcome!
Medicaid Health Plans

AETNA BETTER HEALTH COMMUNITY CARE PLAN
FLORIDA COMMUNITY CARE
HUMANA MEDICAL PLAN
LIGHTHOUSE HEALTH PLAN
MIAMI CHILDREN’S
MOLINA HEALTHCARE

PRESTIGE
SIMPLY HEALTHCARE
STAYWELL
SUNSHINE HEALTH
UNITEDHEALTHCARE
VIVIDA HEALTH

Agency for Health Care Administration

Partnering to Improve Health Care Quality for Mothers and Babies
FPQC Partners & Funders

Florida HEALTH

CDC

Agency for Health Care Administration

Alliance for Innovation on Maternal Health

USF HEALTH

The American College of Obstetricians and Gynecologists

AWHONN FLORIDA

Florida Alliance for Healthcare Value

Florida Blue

March of Dimes

FHA

Mission to Care. Vision to Lead.

Floridas Healthy Start

Florida Society of Neonatologists

Partnering to Improve Health Care Quality for Mothers and Babies
Neonatal Abstinence Syndrome
Florida, 2014 to 2017

33 NAS Hospitals
A Mother’s health and involvement is essential to success in this opioid crisis.

60% of babies in FPQC’s NAS initiative go home with the mother.
Pregnancy-Associated Mortality Ratios that are not Pregnancy Related, Florida 2008-2017

![Graph showing pregnancy-associated mortality ratios over time for various causes such as drug-related, MVA, suicide, homicide, and other causes.](image)
Percent of Pregnancy-Associated Deaths that are not Pregnancy Related, Florida 2017

- Total n=126
- Drug Related n=45

- Pregnancy & Birthday: 24.6% and 24.4%
- 1 to 3 days: 4.0% and 0.0%
- 4 days or later: 71.4% and 75.6%
MORE: Maternal Opioid Recovery Effort

More:
✓ Attention
✓ Support
✓ Services
✓ Follow up
✓ Compassion
Six Implementation Strategies Led to Implementing More Bundles in MD

- Conducted a local needs assessment.
- Developed a formal implementation blueprint.
- Staged implementation scale up.
- Identified/prepared physician champions.
- Conducted consensus discussions.
- Tailored recommended strategies and interventions.

Can you really do this without a team?
Save the Date: April 16-17, Tampa
FPQC 2020 Conference

Reducing Cesarean Deliveries – Elliott Main, MD
Clinical Professor, Obstetrics & Gynecology-Maternal Fetal Medicine, Stanford University; Medical Director, California Maternal Quality Care Collaborative

Antibiotic Stewardship – Martin J. McCaffrey, MD
Professor, University of North Carolina; Director, Perinatal Quality Collaborative of North Carolina

Shared Decision-Making in Perinatal Care – Neel Shah, MD, MPP, FACOG
Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Director, Delivery Decisions Initiative

For More Information, go to www.fpqc.org