

# The PNQIN Maternal Equity Bundle

Optimizing Racial Equity Action Across Massachusetts



**Team Presentation:  
Lowell General Hospital**

**May 21, 2024**



# WELCOME!

- Please type your name and institution into the chat
  - *Optional: Share a QI success, big or small, that your hospital team has had over the last month!*
- Please mute yourselves when not speaking.
- Feel free to type your questions into the chat during the webinar.
- We will record this session and upload the recording and webinar slides to our website afterwards!

## Agenda

12:00–12:15 Welcome &

PNQIN

Announcements

12:15–12:35 Team

Presentation

12:35–1:00 Discussion,

Q&A



# AGENDA

**12:00-12:15**

**Welcome & PNQIN  
Announcements**

Kali Vitek

**12:15-12:35**

**Team Presentation**

Lowell General Hospital

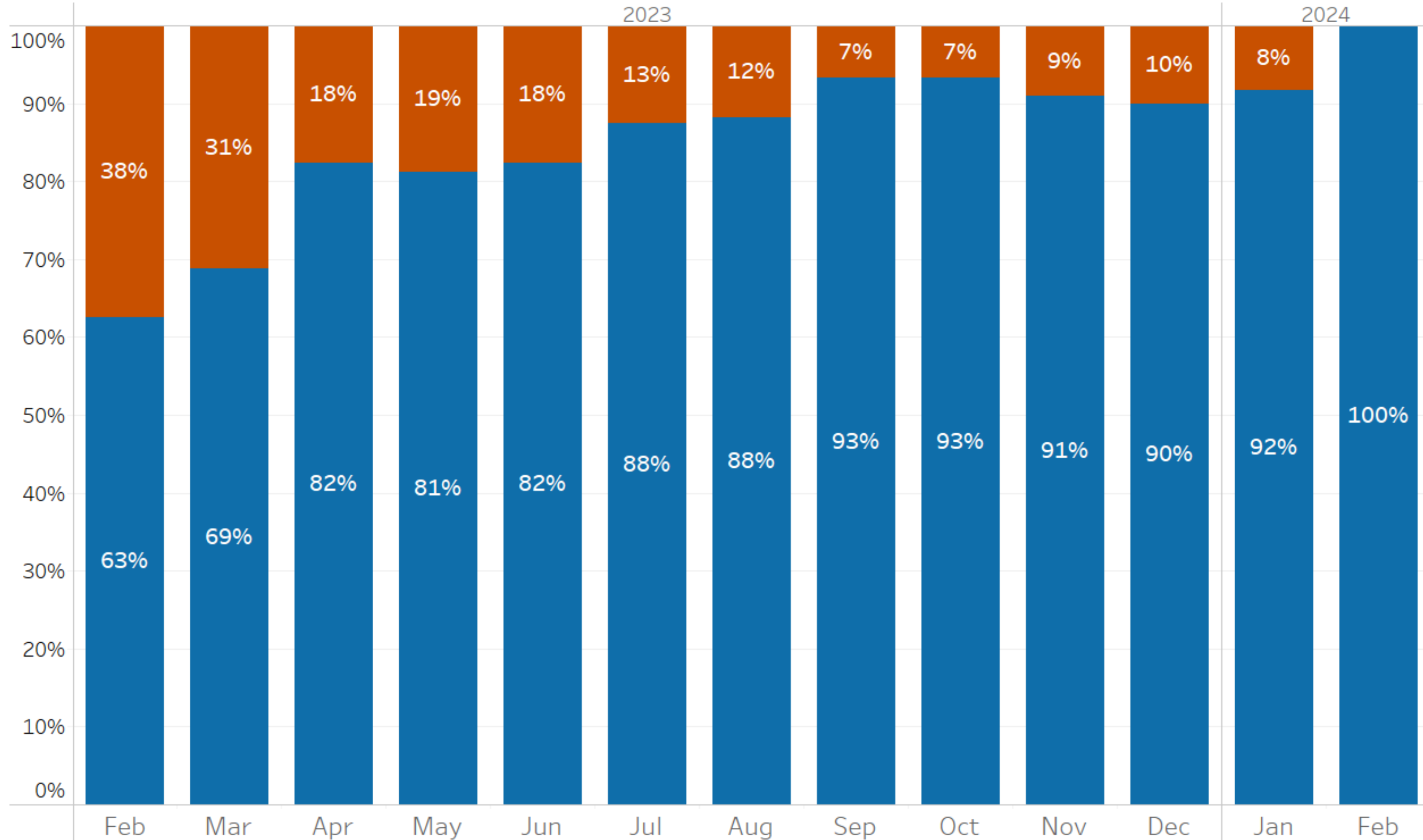
**12:35-1:00**

**Discussion, Q&A**

All



## S1.1 Formal Equity Team Based in Obstetrics/Reproductive Health

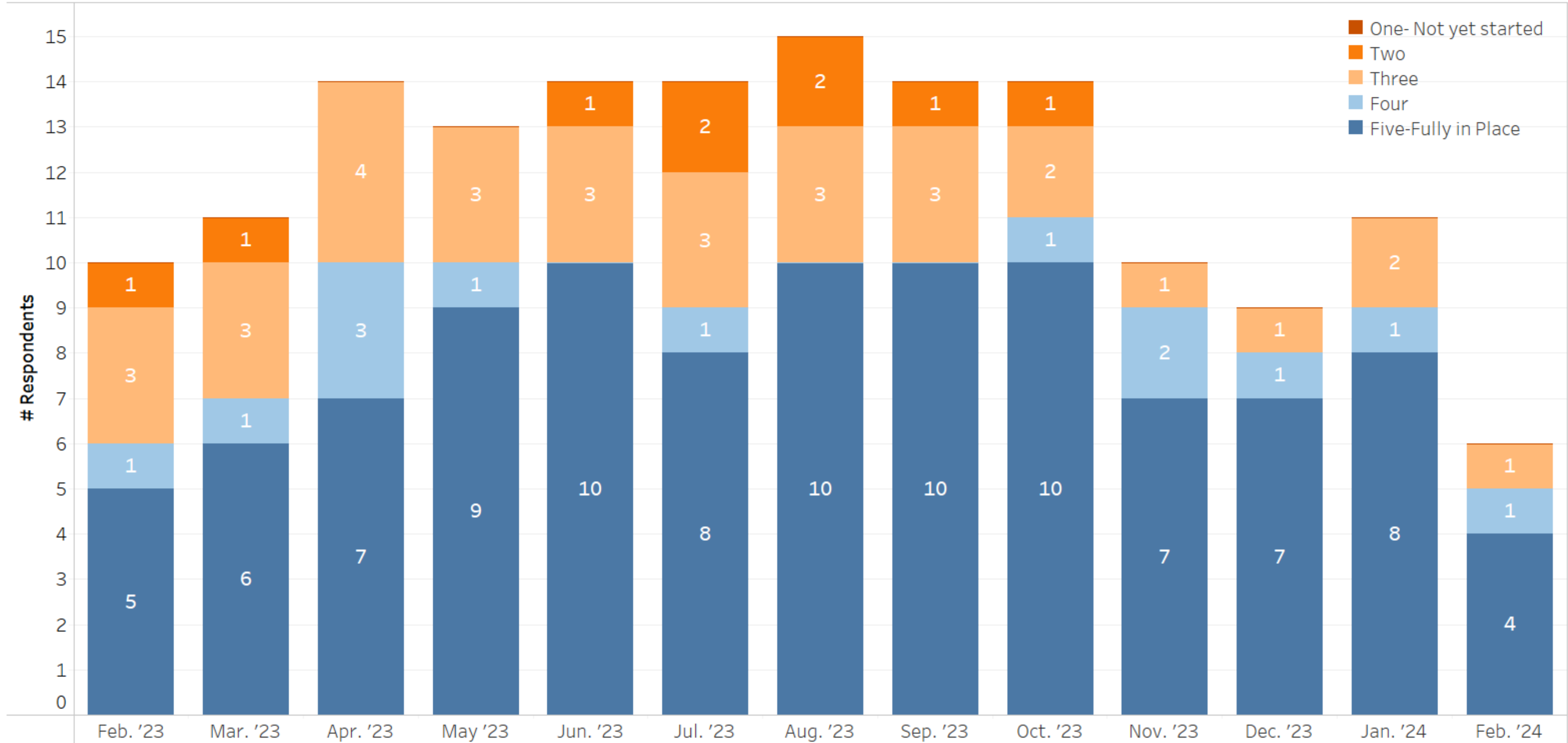


■ No  
■ Yes

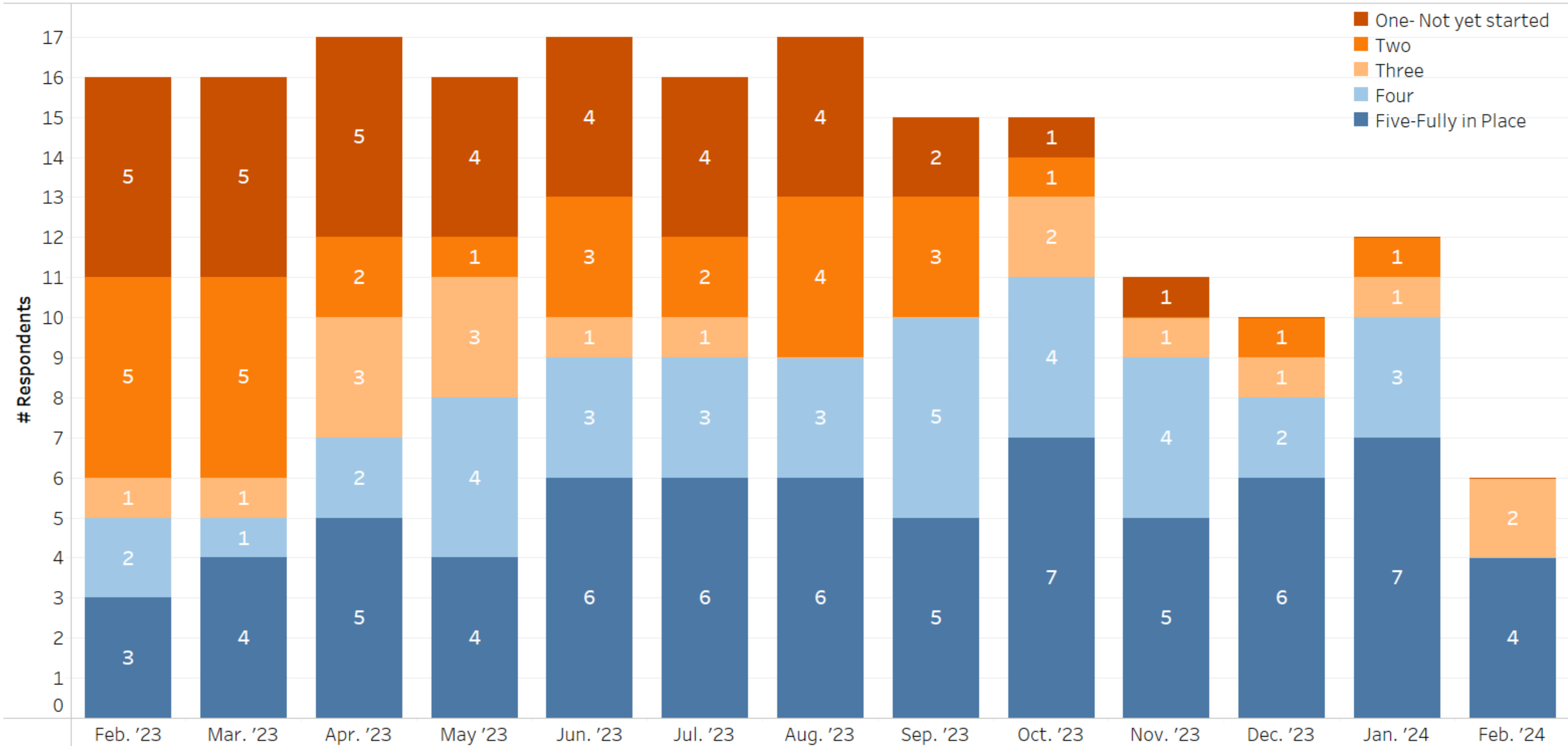
Total N

|                |    |
|----------------|----|
| February 2023  | 16 |
| March 2023     | 16 |
| April 2023     | 17 |
| May 2023       | 16 |
| June 2023      | 17 |
| July 2023      | 16 |
| August 2023    | 17 |
| September 2023 | 15 |
| October 2023   | 15 |
| November 2023  | 11 |
| December 2023  | 10 |
| January 2024   | 12 |
| February 2024  | 6  |

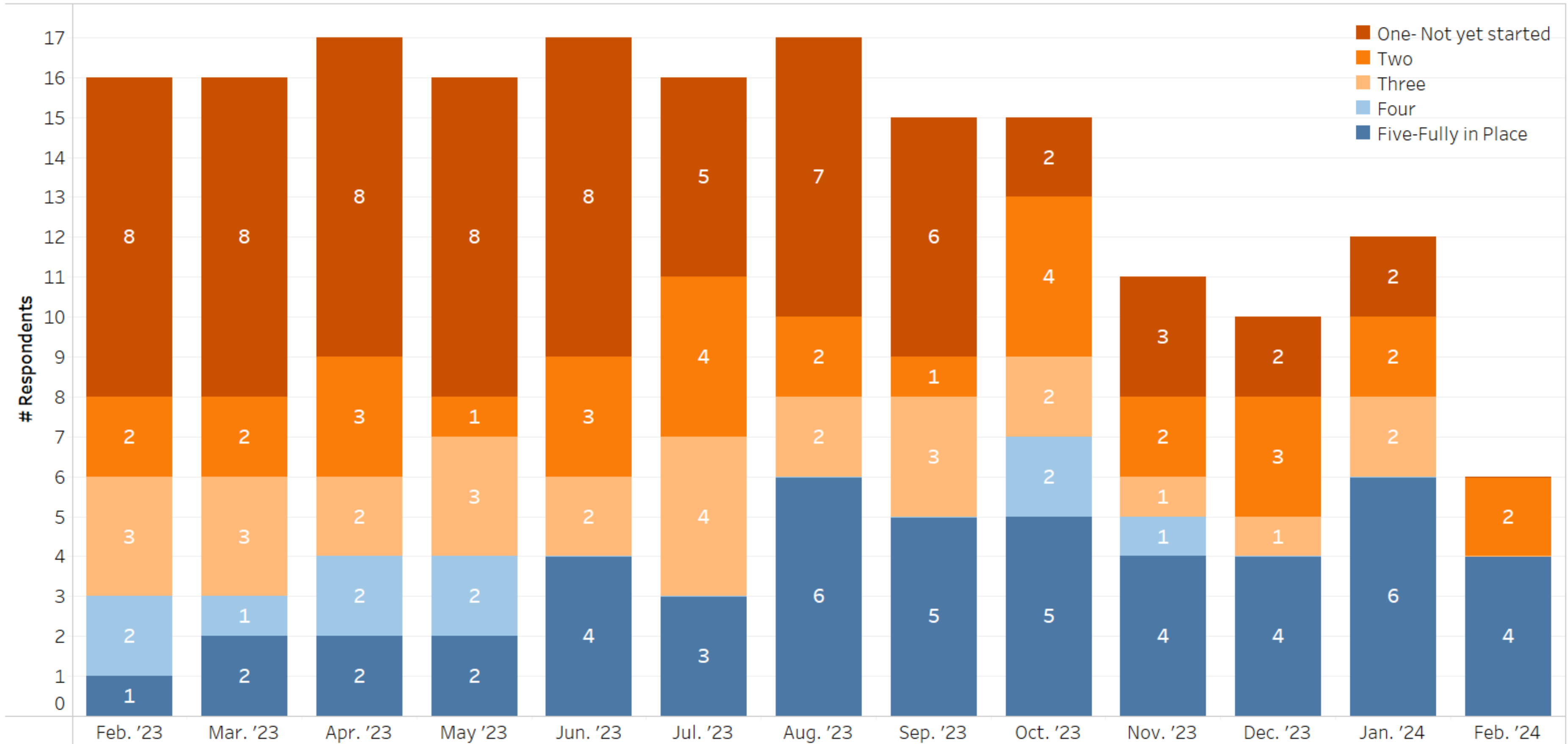
## S.1.2. Progress Towards Diversity of Formal Equity Team: Diversity of Roles



## S.2 Obstetric Equity Goals Include: Anti-Racism Statement

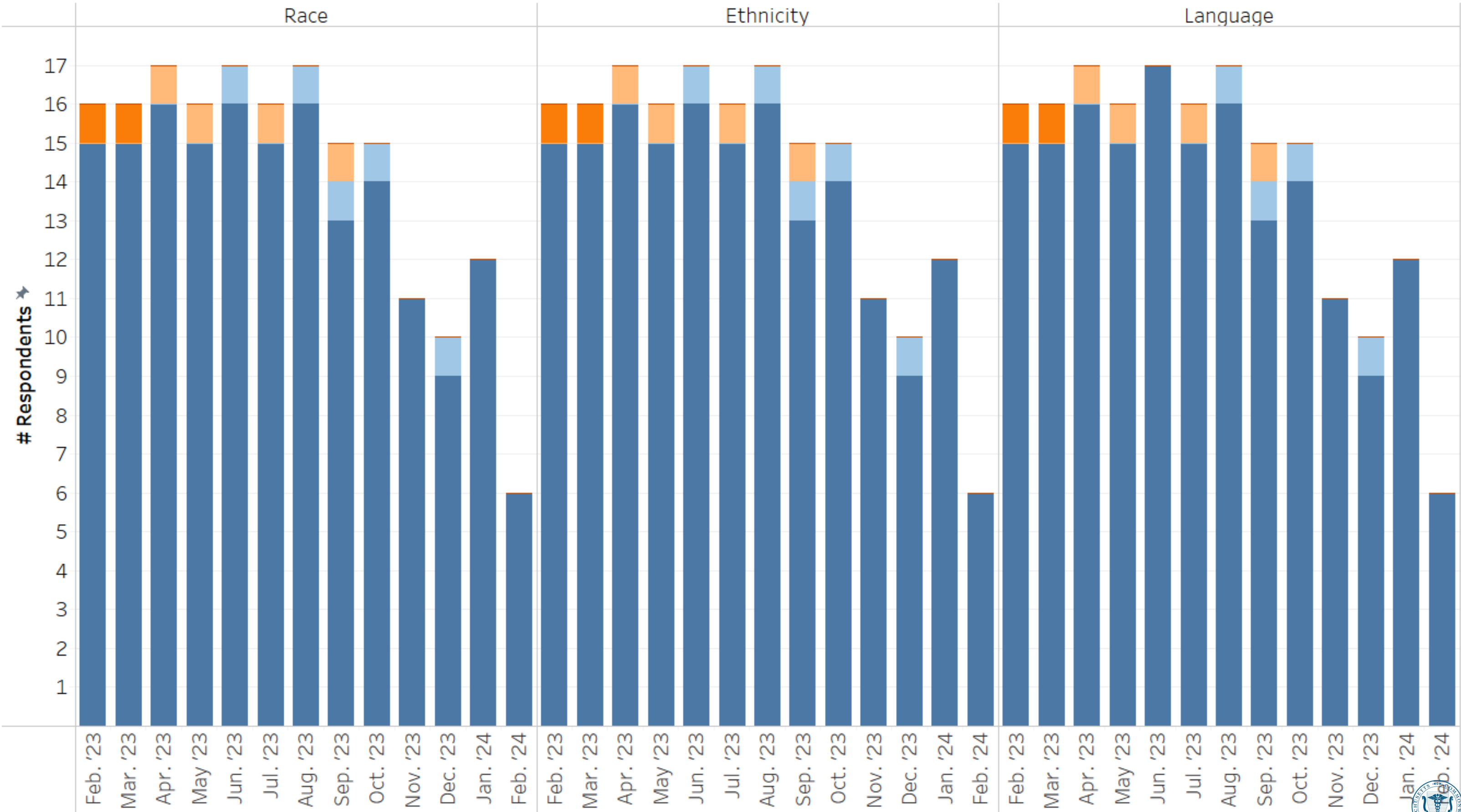


## S.2 Obstetric Equity Goals Include: SMART Goals/AIM Statement



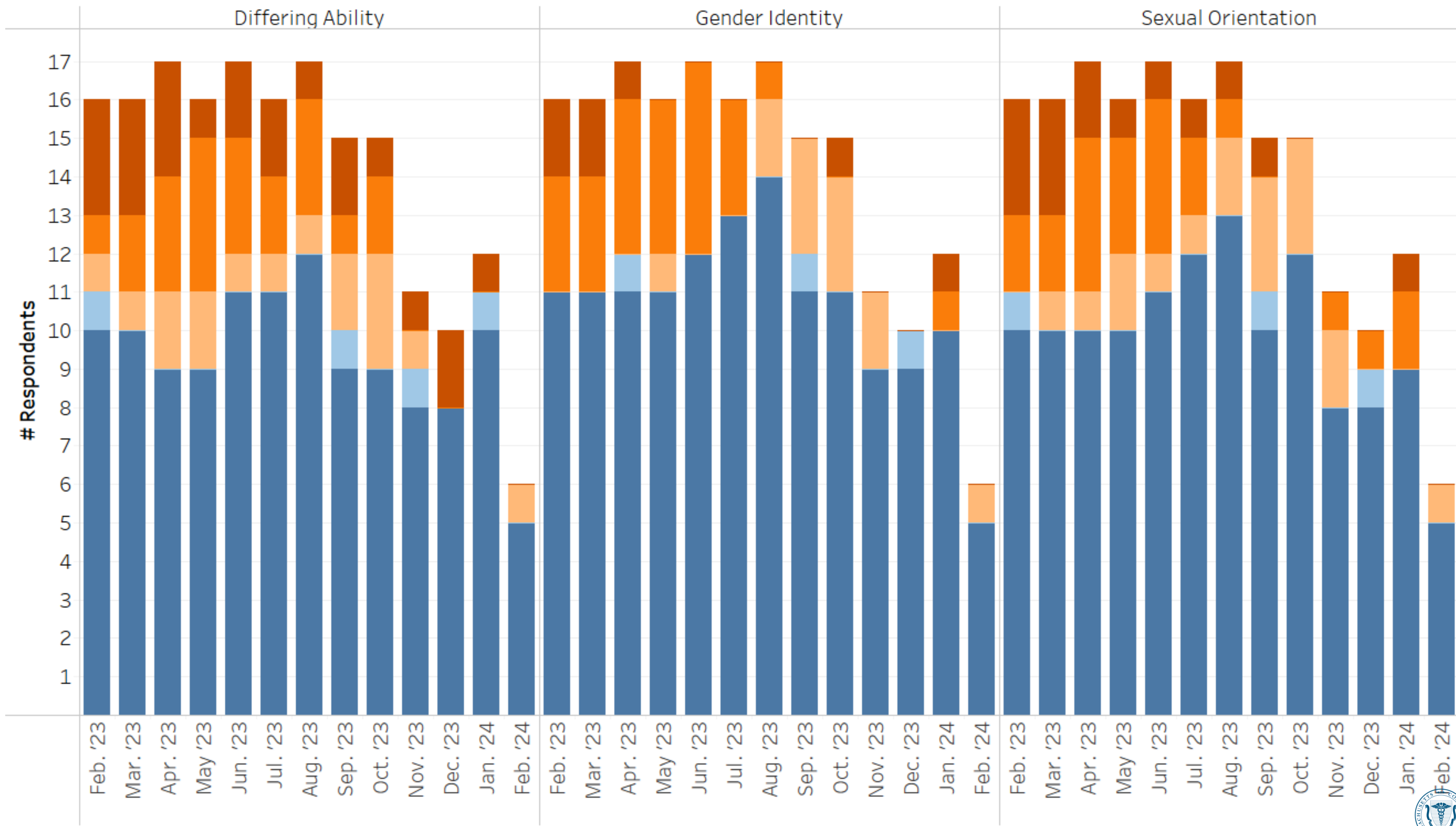
# S3. Demographic Data Collection

- One- Not yet started
- Two
- Three
- Four
- Five-Fully in Place



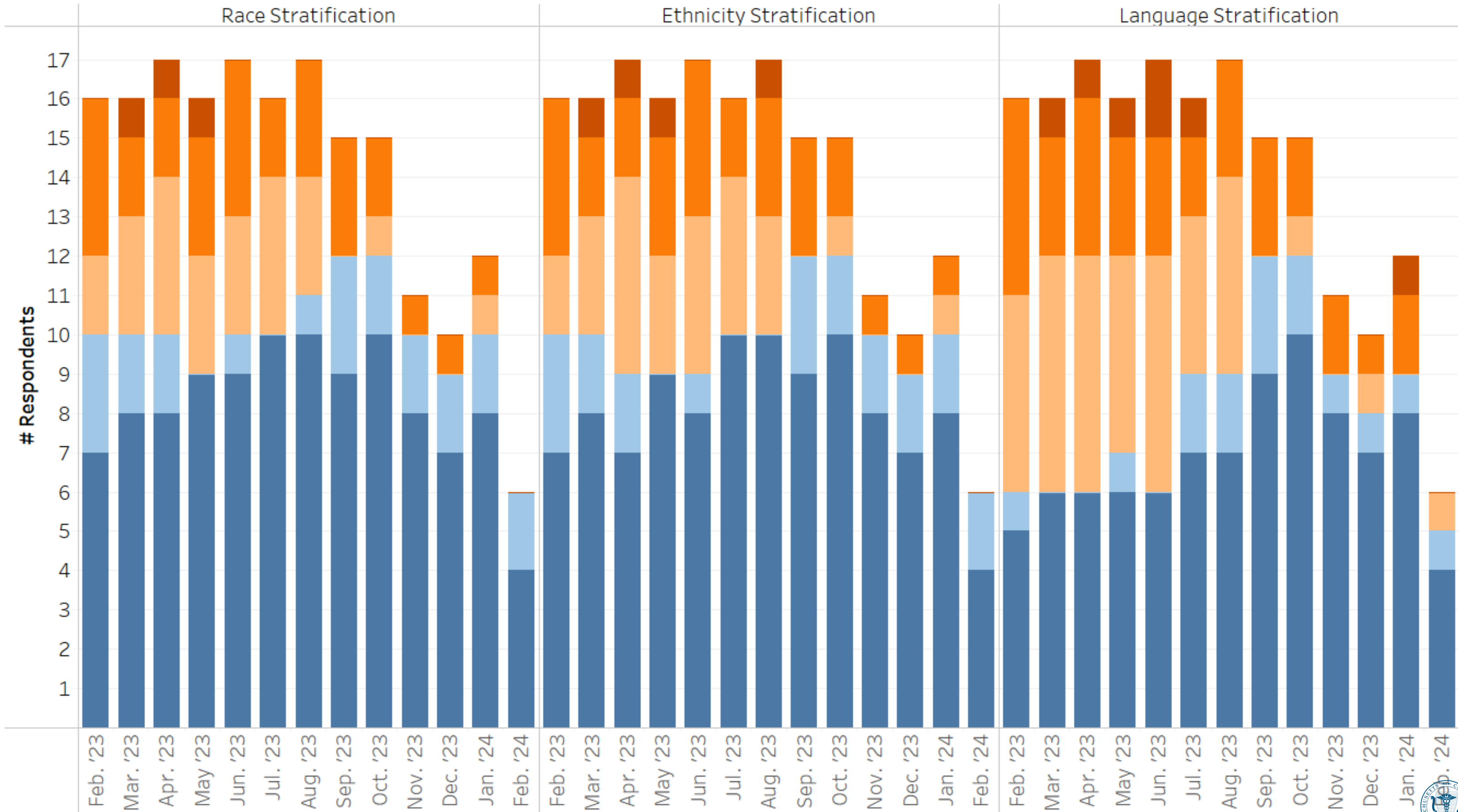
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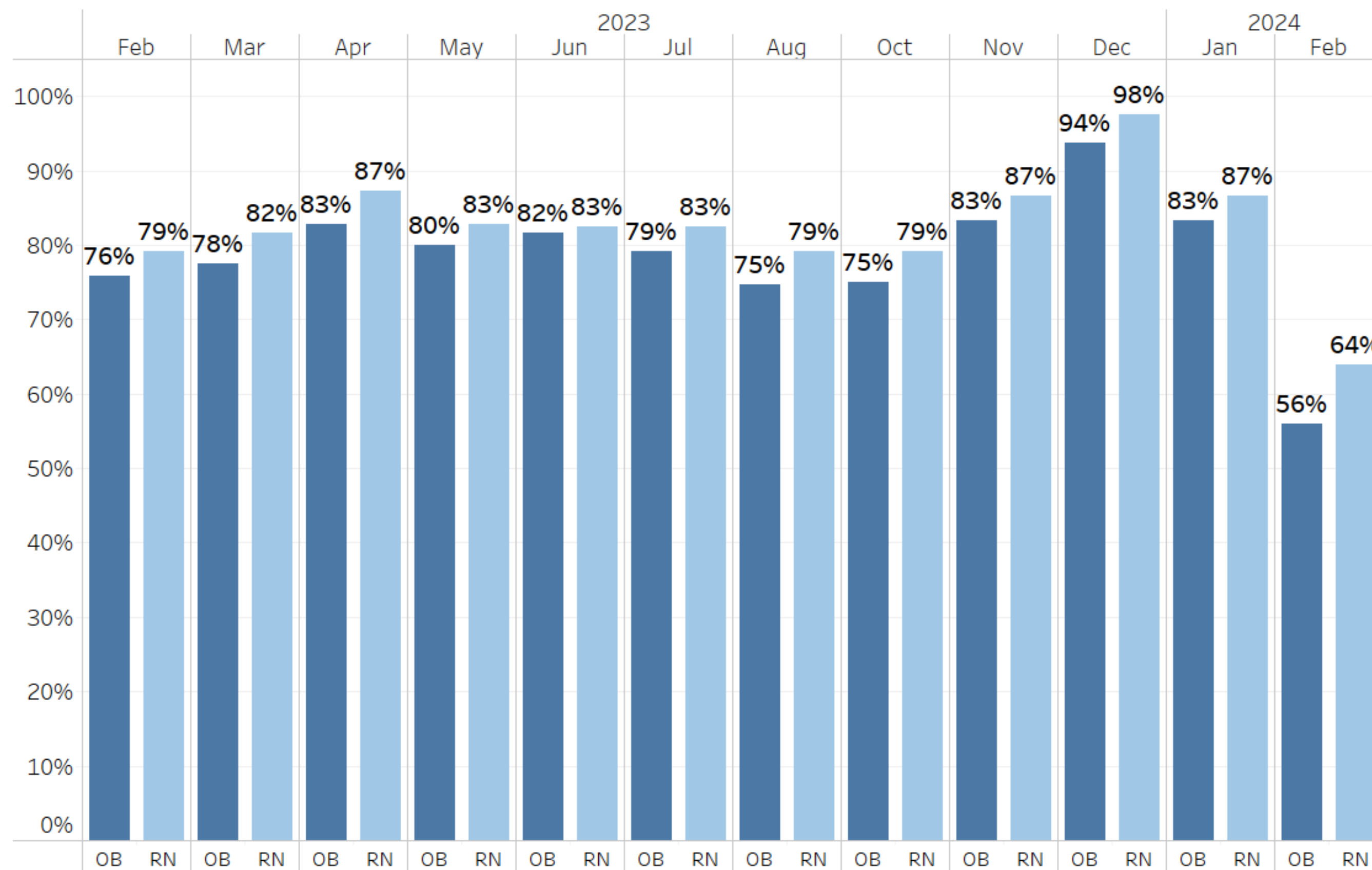


# S4. Data Stratification

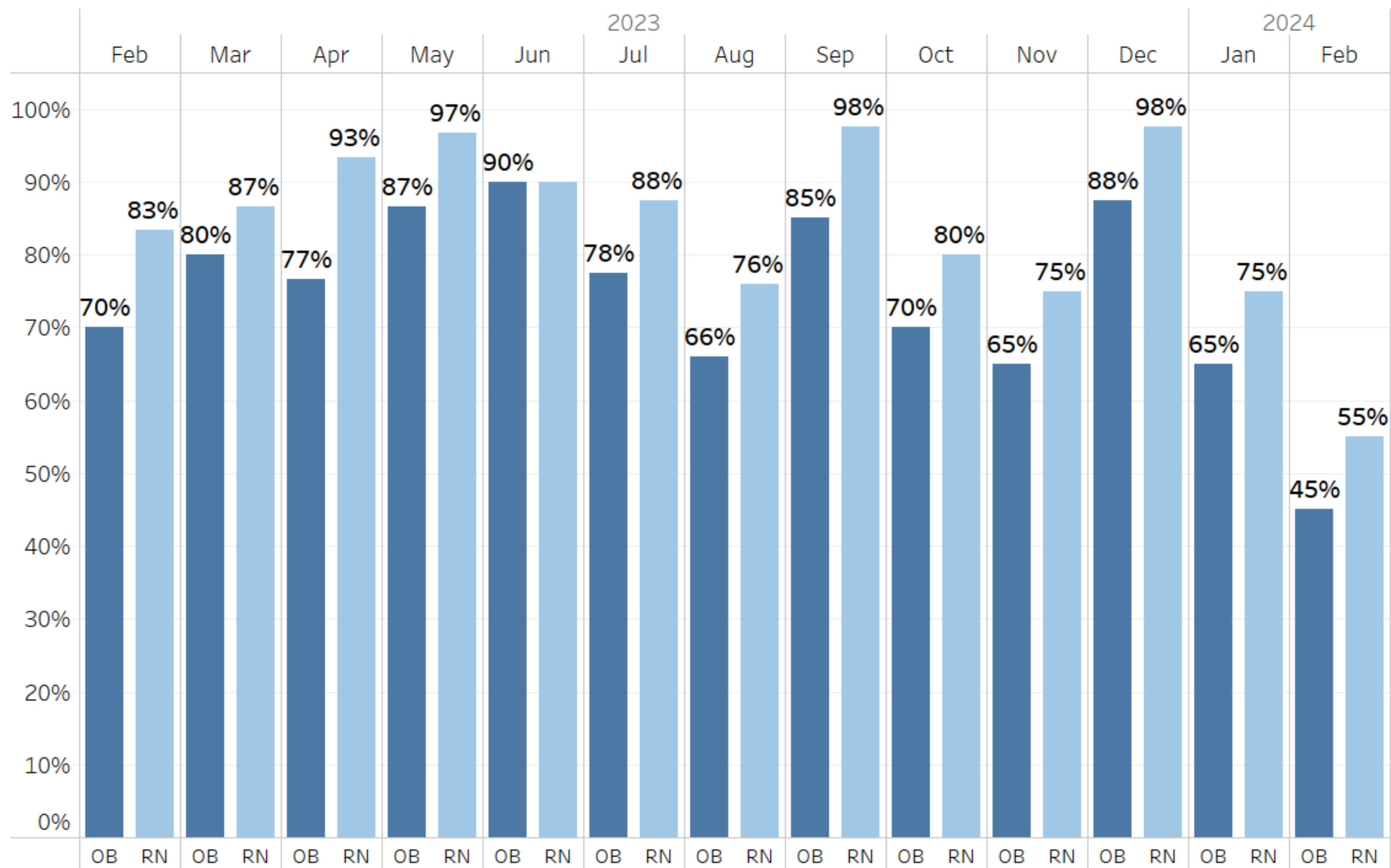
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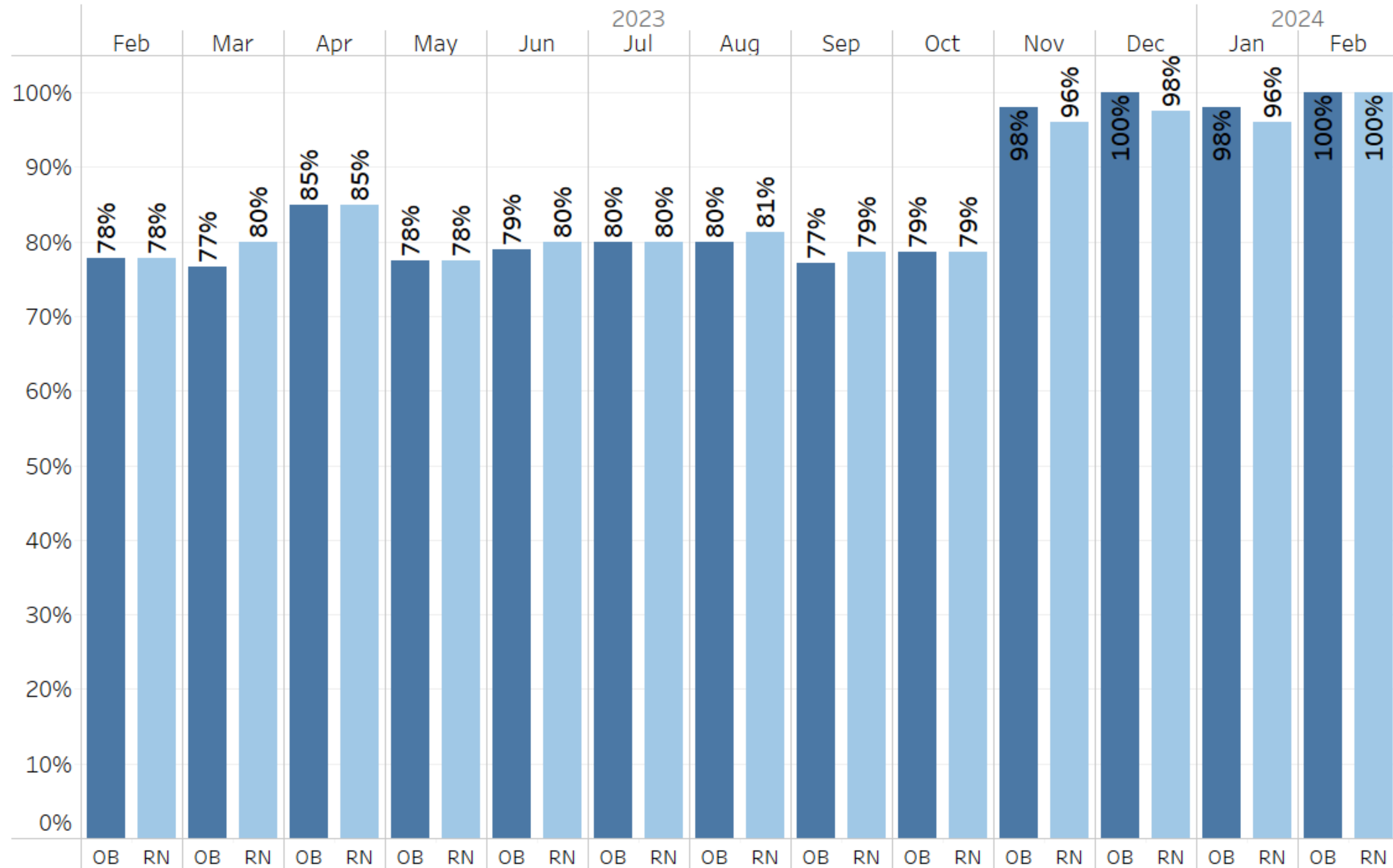
## P1.1 Proportion of Providers Who Completed a Training, Within the Last 2 Years, on Implicit Bias, Racism, and Racial Disparities



## P1.1 Proportion of Providers Who Completed a Training, Within the Last 2 Years, on Implicit Bias, Racism, and Racial Disparities in Hospitals with <1500 Deliveries



## P1.1 Proportion of Providers Who Completed a Training, Within the Last 2 Years, on Implicit Bias, Racism, and Racial Disparities in Hospitals with 1500+ Deliveries





# PNQIN MATERNAL EQUITY BUNDLE WORKGROUP



Audra Meadows, MD  
PNQIN



Kali Vitek, MPH  
PNQIN



Hafsatou Diop, MD  
DPH



Andrew Healy, MD  
Baystate/PNQIN



Anna Kheyfets  
PNQIN/Tufts



Bonnell Glass, MN  
PNQIN/UMass



Candice Belanoff, ScD  
BUSPH



Caroline Somerville  
PNQIN/JHU



Claire Conklin  
PNQIN/UCSD



Chloe Zera, MD  
PNQIN/BIDMC



Christin Price, MD  
PNQIN



Elysia Larson, ScD  
HMS/BIDMC



Karen Manganaro, DNP  
PNQIN/BWH



Lee Edwards  
First Alter Doula Services



Luu Ireland, MD  
UMass



Maryanne Bombaugh,  
MD, CHC



Matt Medina, CNM  
BWH



Melissa Abell-Bardsley,  
RN, CHA



Michaela Farber, MD  
BWH



Michele Sinopoli, MD  
St. Vincent



Mimi Pomerleau, DNP  
PNQIN/BWH



Rachel Wood, MD  
BWH



Raj Reddy, MD  
BWH



Ron Iverson, MD  
PNQIN/BMC



Sarah Thibodeau, RN  
Lowell



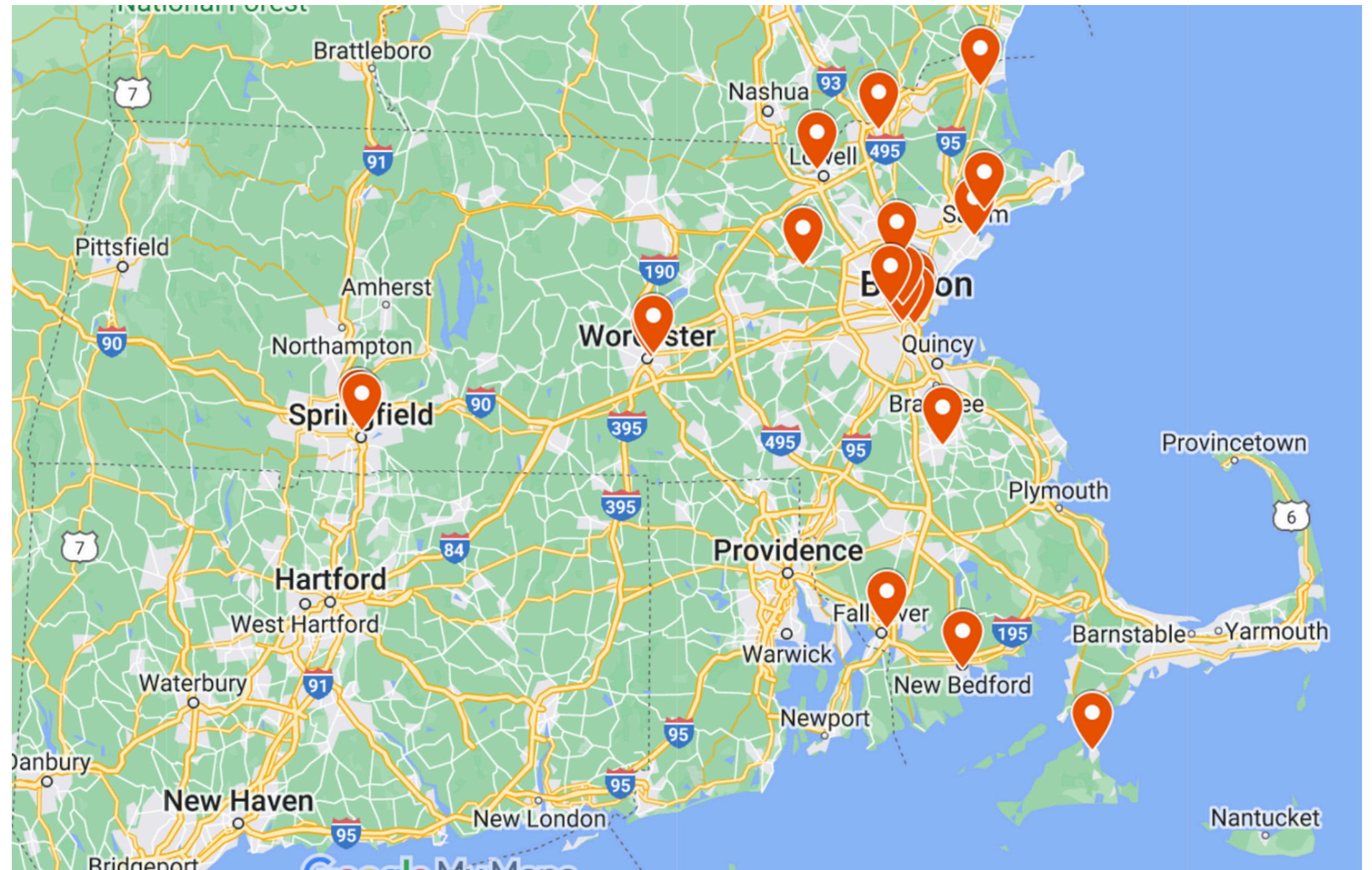
Shaniqua Choice  
PNQIN



Teju Adegoke, MD  
BMC

# EQT BUNDLE: PARTICIPATING HOSPITALS

1. Anna Jaques Hospital
2. Baystate Medical Center
3. Beth Israel Deaconess Medical Center
4. Beverly Hospital
5. Brigham and Women's Hospital
6. Boston Medical Center
7. Cambridge Health Alliance
8. Charlton Memorial Hospital
9. Emerson Hospital
10. Holy Family Hospital
11. Lowell General Hospital
12. Mount Auburn Hospital
13. Massachusetts General Hospital
14. Martha's Vineyard Hospital
15. Mercy Medical Center
16. Saint Vincent Hospital
17. Salem Hospital



18. Signature Healthcare Brockton Hospital
19. St. Luke's Hospital
20. Tufts Medical Center
21. UMass Memorial Medical Center
22. Winchester Hospital



# Maternal Equity Bundle: Reminders & Announcements



Kali Vitek, MPH  
PNQIN Project Manager

## Agenda

12:00–12:15 Welcome &

PNQIN

Announcements

12:15–12:35 Team

Presentation

12:35–1:00 Discussion,

Q&A



We hope you had a happy

# National Nurses Week 2024!

Every year in May, we recognize nurses for their service and dedication to caring for others and improving the health of patients nationwide.

We also recognize that nurses are the cornerstone of quality improvement efforts -- PNQIN would not be where we are today without our nursing leaders and colleagues! Thank you!!!



# Upcoming Team Presentations!

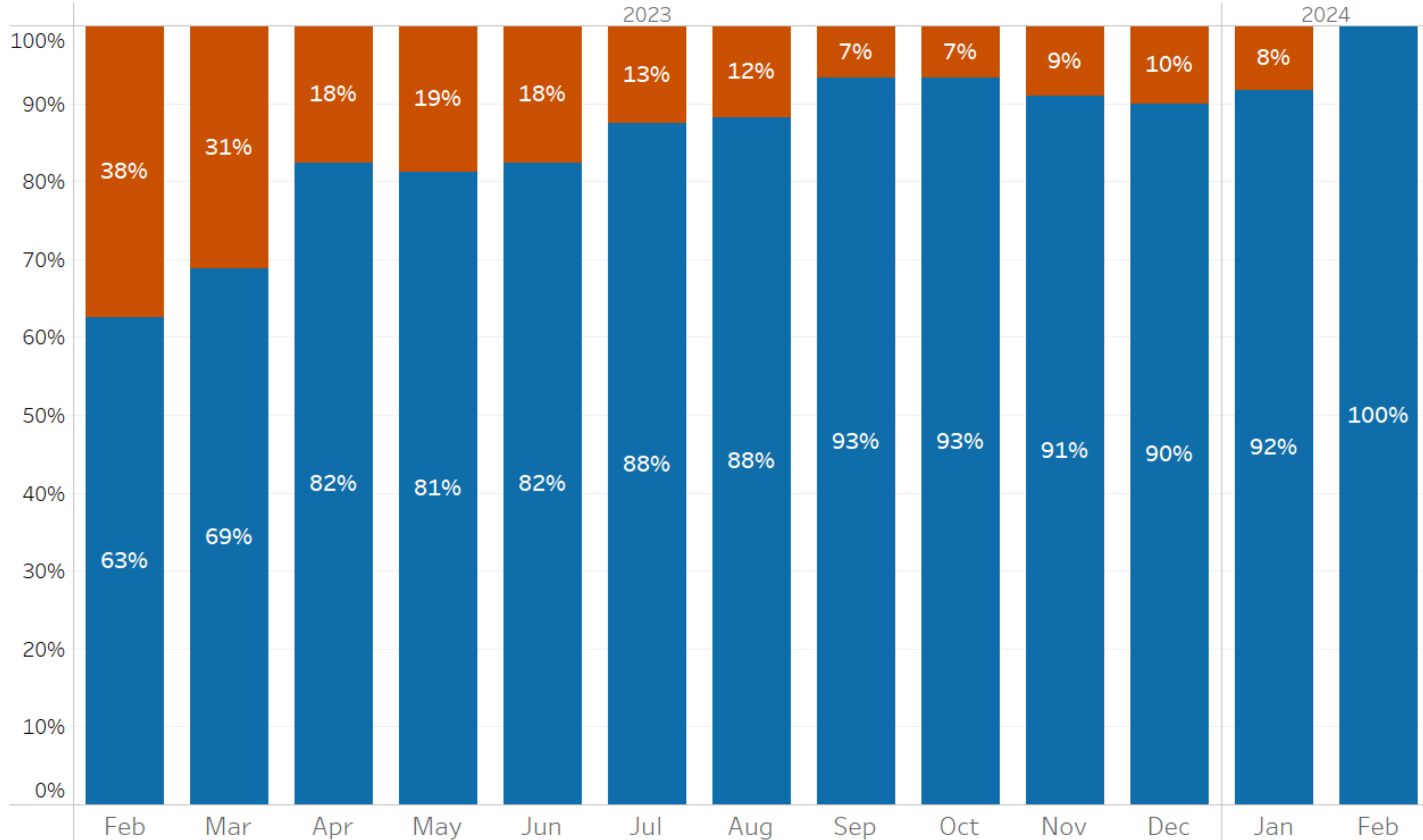
## 2024 Webinars (12-1pm ET):

*May 21st, 2024 (Lowell General)*

*July 16th, 2024 (Tufts)*



## S1.1 Formal Equity Team Based in Obstetrics/Reproductive Health

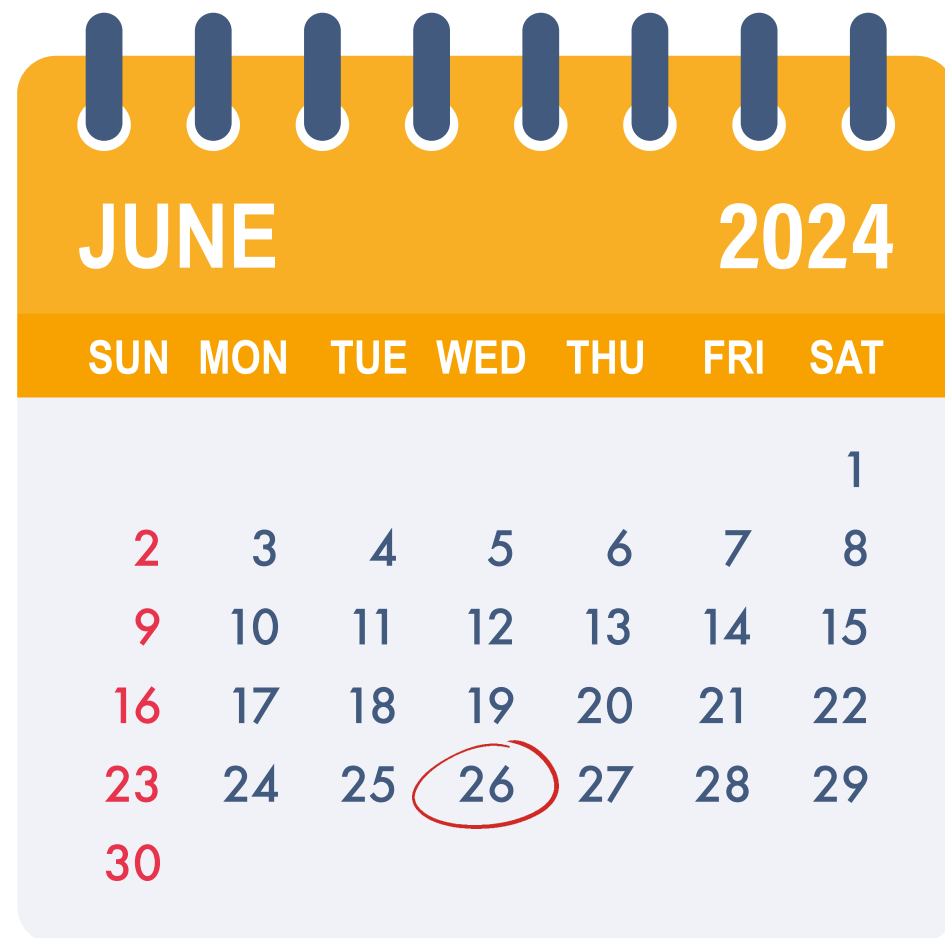


■ No  
■ Yes

Total N

|                   |           |
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| <b>March 2024</b> | <b>11</b> |

# Future Bundle Implementation



**Equity Bundle (current version) ending at the PNQIN Spring 2024 Summit.**

**Perinatal Mental Health Bundle Kickoff also at the summit! Join us in the afternoon Maternal Breakout Session!**

# AIM Bundle Data Reports

## Reports Available Upon Request

If you have submitted data for any of the AIM Bundles (OUD, HEM, HTN, Equity, or C/S) and would like a report of your hospital's performance thus far, please email Kali to make a request! *Reports are created in the order they are received.*



# ANNOUNCEMENT

## Become SPEAK UP Faculty!

If you have completed the Champion and Ambassador courses, applying to become SPEAK UP Faculty is the next step on your SPEAK UP journey.

PQI developed a train-the-trainer approach to prepare a cohort of SPEAK UP Faculty to spread the program. This is an opportunity for SPEAK UP Faculty to host their own SPEAK UP course.

**Application Deadline:**

June July 1, 2024

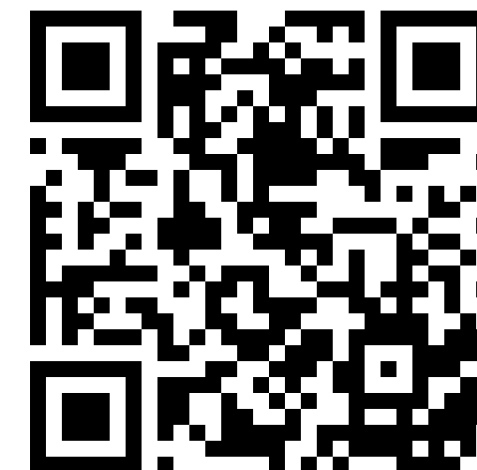
## SPEAK UP Faculty

After completing the SPEAK UP Champion and Ambassador Courses, participants can apply to become SPEAK UP Faculty which allows them to teach the education with the support of PQI.



PERINATAL  
QUALITY  
IMPROVEMENT

**Learn more & apply here:**



# Limited Seats Available!



## National SPEAK UP Champion™ Implicit and Explicit Racial Bias Education June 14th & 21st, 2024

The SPEAK UP Champion™ Implicit and Explicit Racial Bias Education is a total of eight hours over two days of live virtual interactive learning that outlines quality improvement strategies to support individuals and groups with dismantling racism, providing quality equitable care, and reducing health disparities. **Access the full brochure & agenda [here!](#)**

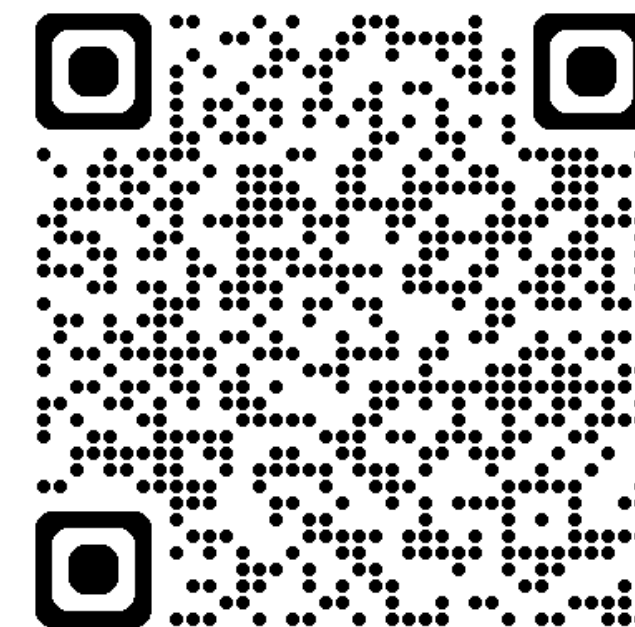
**Time:** 8:30am-12:30pm EST, both days

**Location:** Zoom (link provided after registration)

**Cost:** FREE using code

SPEAKUPMAJUNE2024CONFERENCE100%

**Only 20 seats for  
MA available!  
Register ASAP!**



Save the Date!

# PNQIN Spring Summit

**June 26, 2024**

**8:30am - 4:30pm**

**Please join us in-person for our biannual meeting at the Four Points Sheraton in Norwood, MA!**

The theme of this summit agenda is *Partners in Purpose: Collaboration is Key to Family Health and Equity*. You will also hear from hospitals participating in PNQIN's grant-funded work under the CDC Equity Grant, Perinatal Opioid Project, and more!

**Register here!**



**Register here!**  
<https://cvent.me/l3BONG>

# FREE EDUCATION 4/1 - 9/30

## **PQI Birth Equity Modules Course, V1 (Non-CNE)**

The Birth Equity Modules course includes four ~30 minute web-based modules that provide interactive education designed for perinatal healthcare professionals who are working to ensure health equity in their organizations.

1. Creating an Anti-Racism Statement for Perinatal Facilities
2. Improving Data Collection and Data Review by Race and Ethnicity
3. Performing Team and Family Debriefs From a Racial Equity Lens
4. Ensuring Perinatal Care Standards Are Met for Birth Equity

Free access for MA perinatal providers from April 1st through September 30th, 2024! Use the code **BEMSMAPR2024100%** at check out.

**Access here:**



# UPCOMING WEBINAR

## **Multiple Marginalized Identities: Addressing the Discrimination Faced by People of Color with Substance Use Disorder in the Perinatal Period**

The Health Policy Commission (HPC) and Massachusetts Department of Public Health (DPH) invite you to join us on May 23, 2024, for a webinar presenting the findings of the Inviting Narratives of SUD treatment in the Perinatal period: a focus on Race and Equity (INSPIRE) Project, a community-engaged qualitative project aimed at understanding the perspectives of women of color with substance use disorder during pregnancy and in the postpartum period.

This webinar will highlight the main findings from previously conducted interviews, launch an infographic depicting key themes, and feature a panel discussion around needed clinical and policy changes to address inequities in perinatal substance use disorder care and treatment.

**Date and time:**  
**May 23, 2024**  
**2-3 pm ET**

**Register Here:**



# RESOURCES

## Archived PQI-PNQIN Equity Webinar Series

*These were created to help you complete structure measures!*



- **Webinar #1 (Jan 2022):** Creating Anti-Racism Statements for Perinatal Facilities
- **Webinar #2 (Feb 2022):** Improving Data Collection and Review Process by Race/Ethnicity
- **Webinar #3 (April 2022):** Performing Team and Family Debriefs from a Racial/Equity Lens
- **Webinar #4 (May 2022):** Ensuring Maternal Care Standards are Met for Birth Equity



# RECORDED WEBINAR

Tuesday, January 30  
12 - 1 PM ET

PQI Innovation FREE Webinar Series:

## A Narrative Review of the Role of PQCs in Promoting Birth Racial Equity



**Audra Meadows**  
MD, MPH, FACOG



**Renée Byfield**  
MS, RN, FNP, C-EFM



**Hafsatou Diop**  
MD, MPH

*Learn more and Register!*

### Webinar Objectives:

- Describe why birth equity efforts are needed in the United States.
- Discuss the role of quality improvement methods and tools to achieve birth equity.
- Outline the findings from the narrative review that was published in the Green Journal: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10510807/>

**Watch  
Recording  
Here!**



# RESOURCES

## March of Dimes Report

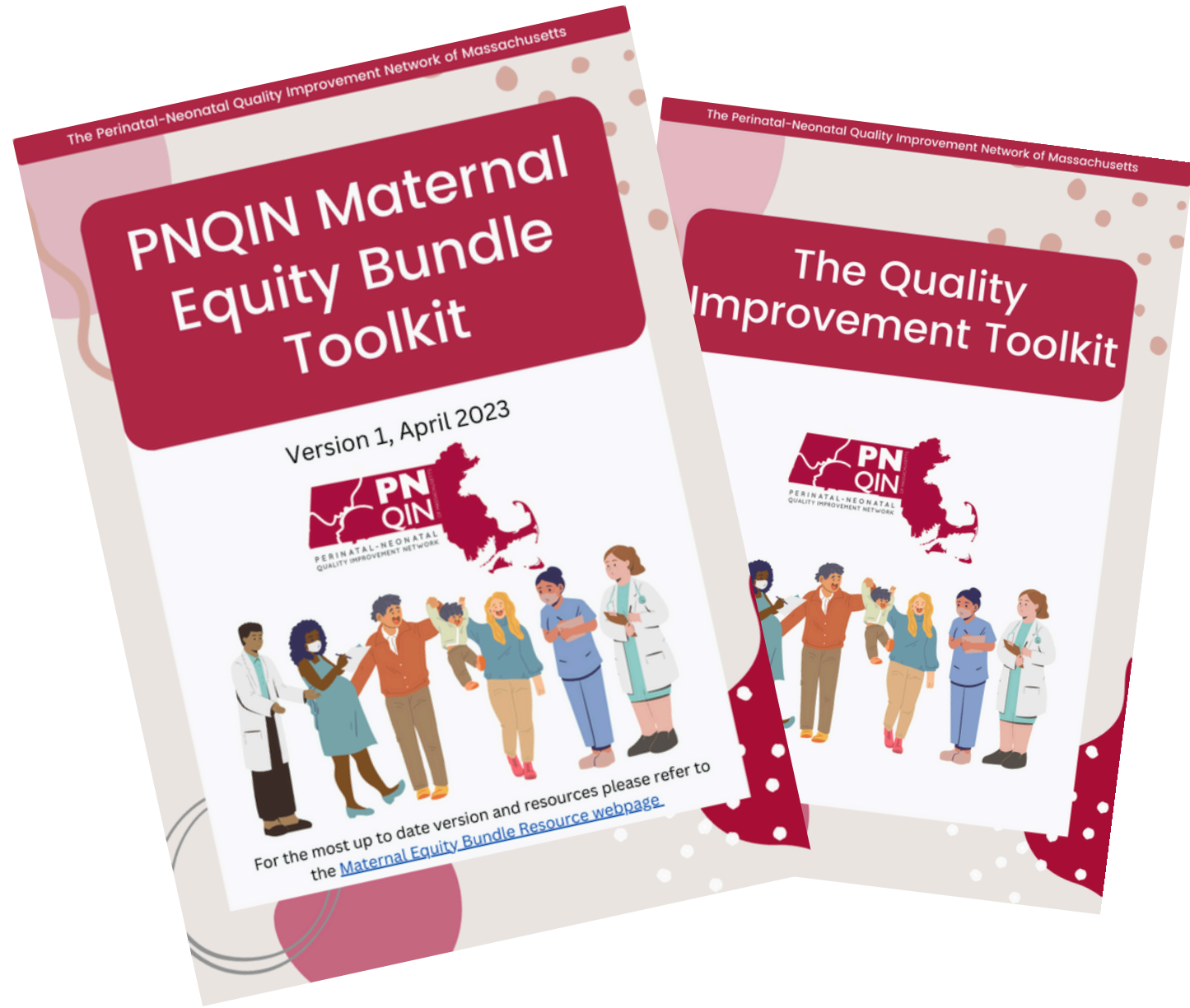
### Where You Live Matters: Maternity Care in Massachusetts

As part of March of Dimes' continued commitment to exploring the state of maternal and infant health in the U.S., they've released [Where you Live Matters: Maternity Care Deserts and the Crisis of Access and Equity](#), their latest set of reports reflecting their work in maternity care deserts.

Download the report here:



# RESOURCES



Download these  
& more on  
our website!



## Our Respectful Care Commitments to *Every* patient



- 1 **Treating you with dignity and respect**  
*throughout your hospital stay*
- 2 **Introducing ourselves and our role**  
*on your careteam to you and your support persons upon entering the room*
- 3 **Learning your goals for delivery and postpartum:**  
*What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?*
- 4 **Working to understand you,**  
*your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery*
- 5 **Communicating effectively**  
*across your health care team to ensure the best care for you*
- 6 **Partnering with you for all decisions**  
*so that you can make choices that are right for you*
- 7 **Valuing personal boundaries and respecting your dignity and modesty at all times,**  
*including asking your permission before entering a room or touching you*
- 8 **Practicing “active listening”**  
*to ensure that you, and your support persons are heard*
- 9 **Recognizing your prior experiences with healthcare may affect how you feel during your birth,**  
*we will strive at all times to provide safe, equitable and respectful care*
- 10 **Making sure you are discharged a er delivery with an understanding of postpartum warning signs,**  
*where to call with concerns, and with postpartum follow-up care visits arranged*
- 11 **Ensuring you are discharged with the skills, support and resources to care for yourself and your baby**
- 12 **Protecting your privacy**  
*and keeping your medical information confidential*
- 13 **Being ready to hear any concerns**  
*or ways that we can improve your care*
- 14 **Timely attention to your needs,**  
*including taking your pain level seriously*



Ariadne Labs and the Perinatal-Neonatal Quality Improvement Network (PNQIN) of Massachusetts work with patients, nurses, midwives, doctors, hospitals and community organizations to making birthing safer and eliminate maternal disparities by ensuring all patients receive respectful and high-quality care.



# Zoom Poll: VBAC Calculator

**Background:** The vaginal birth after cesarean (VBAC) calculator is a clinical tool designed to predict trial of labor after cesarean delivery (TOLAC) success. Previously, the calculator came under scrutiny for its inclusion of race and ethnicity, which systematically predicts a lower likelihood of success for patients who identify as African American or Hispanic. Some studies have gone on to show that the use of race and ethnicity did not contribute to the accuracy of VBAC prediction.

**Question: My institution uses a VBAC calculator that...**

- a) Includes race and ethnicity
- b) Does not include race and ethnicity
- c) I am unaware of which VBAC calculator my institution uses

# Agenda

12:00–12:15 Welcome &  
PNQIN Announcements

12:15–12:35 Team  
Presentation

12:35–1:00 Discussion,  
Q&A

## Team Presentation

**Tufts**Medicine  
Lowell General Hospital

Sarah Thibodeau, BSN, RNC–OB,  
C–EFM



# TM Lowell General Hospital Maternal Child Health Equity Working Group

Our journey so far....

Sarah Thibodeau, BSN, RNC-OB, C-EFM  
OB Clinical Nurse Educator

Libby Cino, BSN, RNC-EFM

L&D Clinical Leader



May 2024



# Equity Work

**2020** - Tufts Medicine created the **Center for Diversity, Equity, and Inclusion (CDEI)**

**Sept 2022** - Lowell General L&D and MIU units began implementation of the Alliance for Innovation on Maternal Health (AIM) Maternity Equity Bundle

**Oct 2022** - This prompted formation of the **OB Equity Working Group**, supported by MCH Director Laura Federico, chaired by OB Nurse Educator.





# OB Equity Working Group - 1st Steps - Fall 2022

- Initially we met every 2 weeks
  - Challenges with meeting times.
  - Challenges with diversity of people and roles. The group consisted initially of only white nurses only.
- **SPEAK UP Training**
  - Many of those in the group took it and all staff encouraged to attend.
- **Began creation of Anti-racism statement**
  - First draft was created by two white staff nurses, then edited by the group.
  - Statement reviewed by Tufts Medicine CDEI. They attended our meeting and made suggestions about including action items, which were added.
  - Statement reviewed by Risk Management.



# Birth Equity Goal – January 2023

Jan 2023: Created SMARTIE Goal

**By June 30 2023, we will disaggregate by race, ethnicity, and language spoken, all data that nursing reports, including data from the Birth Log, NTSV C-Section, Episiotomy, Maternal Transfer, Newborn Transfer by maternal data, and Breastfeeding Exclusivity from a baseline of 0% to 75%.**

## **Action Items:**

- Address how to apply an equity lens to the data we already collect.
  - Who collects and reports on each metric?
  - Can we build a report? Slicer Dicer within Epic?
- Review how we collect our SOGI/Race/Ethnicity Data
  - Is registration asking these questions?
  - How is this being done at the various OB offices?
  - This got easier as all of Tufts Medicine rolled out new tools.



# How did we do?

- Our formal inquiries were received but not adopted immediately.
- One of our OB Providers (a member of our Equity Group) took the lead! The Provider would speak up meetings and ask if we can see this data broken down by race and ethnicity and language.
  - This empowered others to do the same!
- Eventually the message was received and now we have mostly disaggregated our data. We now report on race and ethnicity, but not language spoken.



# We evolved! MCH Equity Working Group

Winter/Spring 2023:

We became the LGH Maternal Child Health Equity Working Group (L&D, MIU, SCN, & Pediatrics), not only L&D and MIU.

- This diversified our group.
- Still no patient representative.

Began distributing our antiracism statement and received some feedback.



**Antiracism statement:** We, the Tufts Medicine Lowell General~~Lowell General Hospital~~ Department of Obstetrics and Gynecology, decry the brutal forces of racism that have borne e down on Black, brown and indigenous birthing people in the US for centuries. Black mothers are 3 times and black infants 2 times more likely to die than their white counterparts. In their honor, we pledge to hear and amplify the voices of those who have been silenced, and to challenge the institutions and interactions that create racism and violence, acknowledging that we in medicine have been part of the problem. Systemic and institutional racism are pervasive in our



# Summer/Fall 2023: ideas explored for next project:

- Birth certificate and gender - are there options beyond male and female?
- **Education topics - what languages are available?**
- LGBTQIA+ resources available?

## Our patients

### KEY POPULATIONS

|                         |                            |                        |
|-------------------------|----------------------------|------------------------|
| Lowell General Hospital | Melrose-Wakefield Hospital | Tufts Medical Center   |
| White                   | White                      | White                  |
| Puerto Rican            | Asian                      | Asian                  |
| European                | Black/African American     | Black/African American |
| Cambodian               | Hispanic                   | Hispanic               |
| Portuguese              | European                   | Vietnamese             |
| Black/African American  |                            |                        |
| Indian                  |                            |                        |



# Education topics for discharge teaching:

- Inventory of what is available in our new system
- How do we add languages?
- Cost?
  - *Hint: it's a lot!*

## Interpreter Encounters by Entity, January 1 through December 31, 2022

### Lowell General Hospital

| DPH Language        | In person: agency staff | Phone        | Video         | Total         |               |
|---------------------|-------------------------|--------------|---------------|---------------|---------------|
| Spanish             | 0                       | 642          | 22,288        | 7,689         | 30,619        |
| Portuguese          | 0                       | 816          | 15,153        | 4,169         | 20,138        |
| Khmer/Cambodian     | 0                       | 294          | 8,350         | 3,648         | 12,292        |
| Gujarati            | 0                       | 20           | 1,275         |               | 1,295         |
| Vietnamese          | 0                       | 34           | 785           | 465           | 1,284         |
| Haitian Creole      | 1                       | 2            | 986           | 275           | 1,264         |
| Arabic              | 0                       | 30           | 711           | 298           | 1,039         |
| American Sign Lang. | 0                       | 45           |               | 673           | 718           |
| Laotian             | 0                       | 16           | 392           | 185           | 593           |
| Chinese-Mandarin    | 0                       | 0            | 299           | 244           | 543           |
| Pashto              | 0                       | 1            | 462           |               | 463           |
| Dari                |                         |              | 319           |               | 319           |
| Hindi               | 0                       | 3            | 240           | 57            | 300           |
| Swahili             |                         |              | 249           | 40            | 289           |
| French              |                         |              | 165           | 97            | 262           |
| Nepali              | 0                       | 1            | 155           | 40            | 196           |
| Russian             | 0                       | 3            | 100           | 72            | 175           |
| Korean              | 0                       | 2            | 66            | 95            | 163           |
| Greek               | 0                       | 1            | 117           | 29            | 147           |
| Chinese-Cantonese   | 0                       | 1            | 84            | 24            | 109           |
| Bengali             | 0                       |              | 52            | 36            | 88            |
| Karen               |                         |              | 62            | 18            | 80            |
| Kinyarwanda         | 0                       |              | 77            |               | 77            |
| Burmese             | 1                       |              | 52            | 15            | 68            |
| Farsi               |                         |              | 54            | 14            | 68            |
| <b>Total</b>        | <b>2</b>                | <b>1,920</b> | <b>52,835</b> | <b>18,273</b> | <b>73,030</b> |



## Lowell General Hospital

| DPH Language    | In person:<br>agency staff | Phone | Video  | Total |               |
|-----------------|----------------------------|-------|--------|-------|---------------|
| Spanish         | 0                          | 642   | 22,288 | 7,689 | <b>30,619</b> |
| Portuguese      | 0                          | 816   | 15,153 | 4,169 | <b>20,138</b> |
| Khmer/Cambodian | 0                          | 294   | 8,350  | 3,648 | <b>12,292</b> |
| Gujarati        | 0                          | 20    | 1,275  |       | <b>1,295</b>  |
| Vietnamese      | 0                          | 34    | 785    | 465   | <b>1,284</b>  |
| Haitian Creole  | 1                          | 2     | 986    | 275   | <b>1,264</b>  |
| Arabic          | 0                          | 30    | 711    | 298   | <b>1,039</b>  |

No education available in 3 of our top 6 languages:

- Khmer/Cambodian
- Gujurati
- Arabic

| Topic                       | Spanish | Portuguese | Haitian Creole | Simplified Chinese | Traditional Chinese |
|-----------------------------|---------|------------|----------------|--------------------|---------------------|
| Pre-eclampsia and Eclampsia | X       | X          |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            | X              |                    |                     |
| Pregnancy                   | X       | X          |                |                    |                     |
| Type II DM in Pregnancy     | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       | X          |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       | X          | X              | X                  | X                   |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    |                     |
| Pre-labor                   | X       |            |                |                    | X                   |



# Challenges

- Tufts Medicine converted to Epic in April 2022
- Staff turnover, LOAs and staffing the units = *all hands on deck*
- Lost positions supporting data collection
- Expensive translation services
- Changing culture is SLOW
  - Are the concerns about our antiracism statement legitimate, or fear-based? (or a mix?)
  - We ended up adding ONE word- *can you spot the change?*



# TM Lowell General Maternal Child Health Department Antiracism Statement

We, the Tufts Medicine Lowell General Department of Maternal Child Health, decry the brutal forces of racism that have borne down on Black, brown and indigenous birthing people in the US for centuries.

Black mothers are 3 times and black infants 2 times more likely to die than their white counterparts during pregnancy or childbirth. In their honor, we pledge to hear and amplify the voices of those who have been silenced, and to challenge the institutions and interactions that create racism and violence, acknowledging that we in medicine have historically been part of the problem.

Systemic and institutional racism are pervasive in our country's health care institutions, including the fields of obstetrics and gynecology. We recognize the intersectionality between racism and poor health care outcomes and reaffirm that race is a social construct, not biologically based.

To our patients, colleagues and students:

1. We recognize the profound impact of racism on your health and wellbeing. We commit to providing excellent, equitable, respectful and unbiased trauma-informed care; to actively listen to your concerns, and to support your individual health care goals.



# Continued....

2. We pledge to bring accountability to all levels of Tufts Medicine and to make our department and hospital a place of radical belonging, regardless of the color of your skin or how you identify. We commit to standing up against microaggressions in order to promote a safe, diverse, and inclusive environment. We acknowledge this requires constant evaluation and correction of our own unconscious and conscious biases, and speaking out when we see bias perpetrated against you.

3. The time to act is now and we commit to being part of the solution in the following ways:

- We commit to analyze our departmental data by race, ethnicity, and primary language.
- We are updating our policies and procedures with inclusive language.
- We have adopted a *Just Culture* framework and commit to a culture of accountability within Maternal Child Health.
- Our goal is to hire and retain a staff that reflects the diversity of the community we care for.
- We are working to embed the principles of trauma-informed care into our culture via on-unit simulations and education, chart reviews, and debriefing through an equity lens.
- We are adopting use of a social determinants of health assessment tool to better identify and support individual needs with resources.



# Antiracism Statement - Building Support

Group created short PowerPoint and members brought it to various department meetings.

- Pedi Dept Meeting
- OB Department Meeting
- Family Medicine
- Perinatal Committee

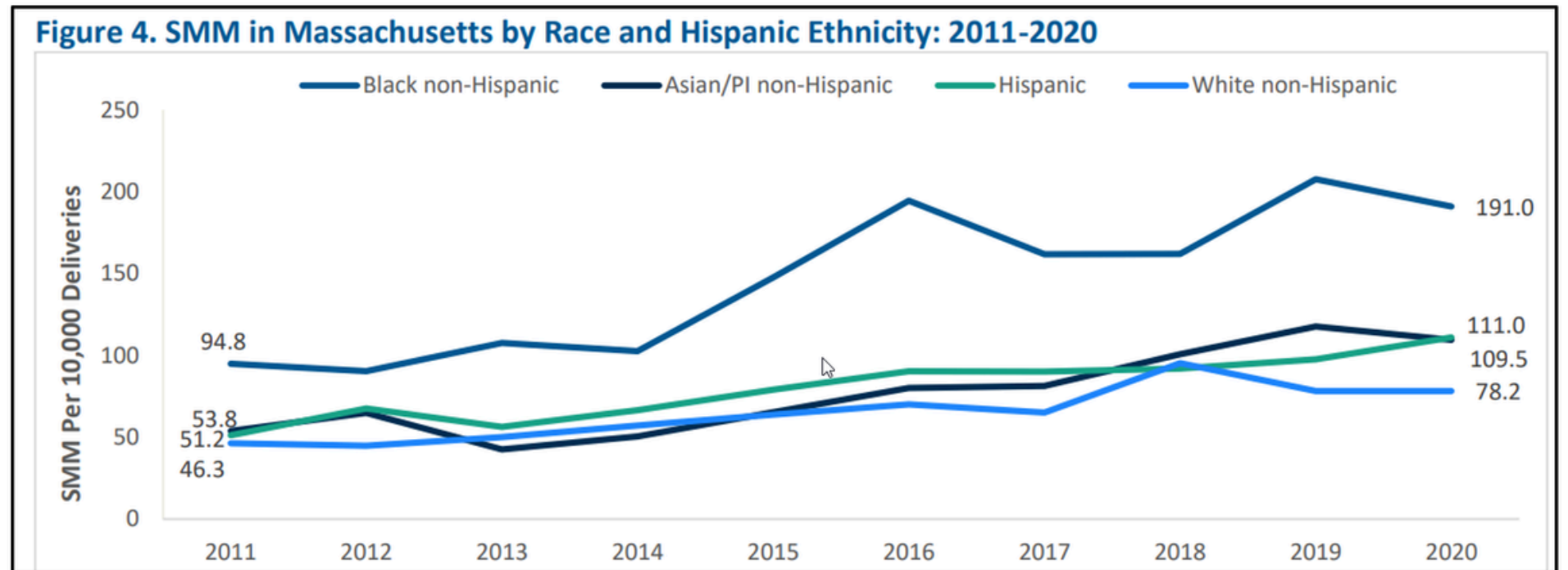
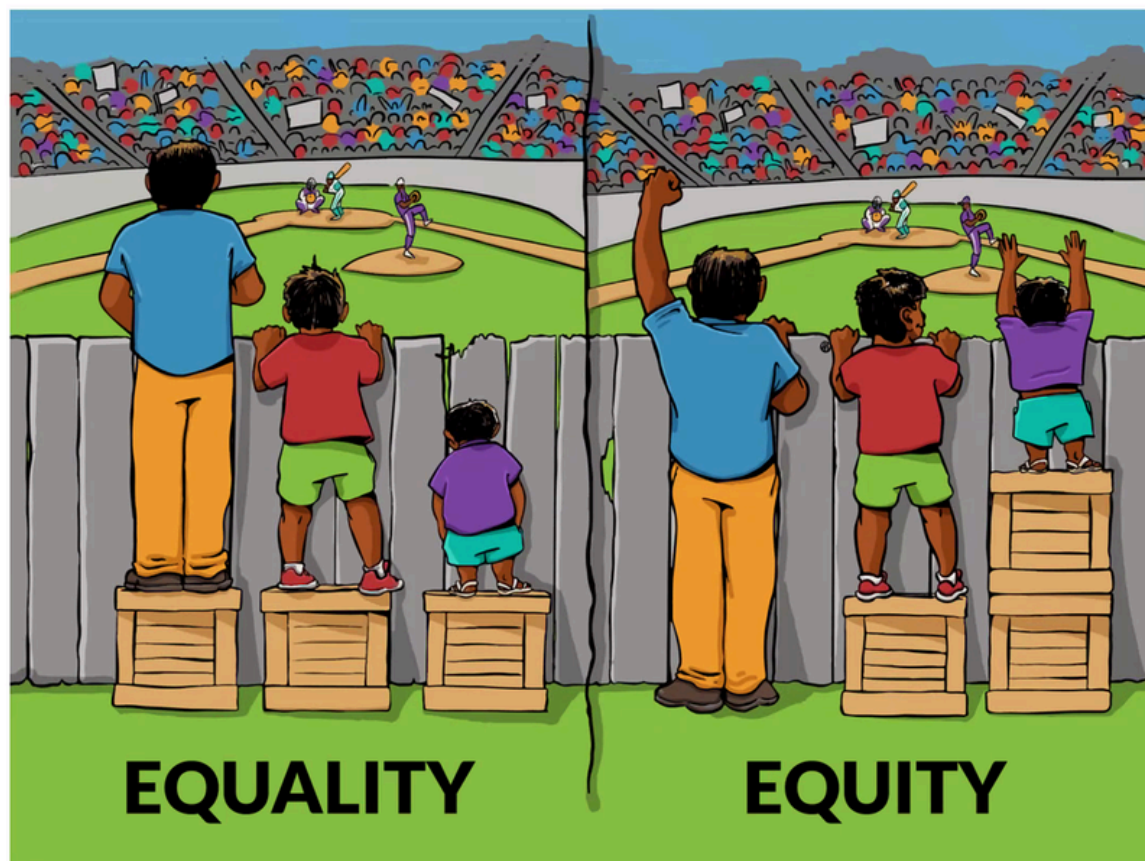
## Maternal Mortality in Massachusetts

DPH Report July 2023: An Assessment of Severe Maternal Morbidity in Massachusetts: 2011-2020

- The prevalence of severe maternal morbidity nearly doubled in Massachusetts from 2011 to 2020, with an annual percentage increase of 8.9% per year
- Black non-Hispanic birthing people consistently experiencing the highest rates of labor and delivery complications among all races and ethnicities.
- Black non-Hispanic birthing people have consistently experienced the highest SMM rates among all race/ethnicity groups, and those rates more than doubled in this time-period, widening an already large racial inequity gap.

**Equality** means each individual or group of people is given the same resources or opportunities.

**Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



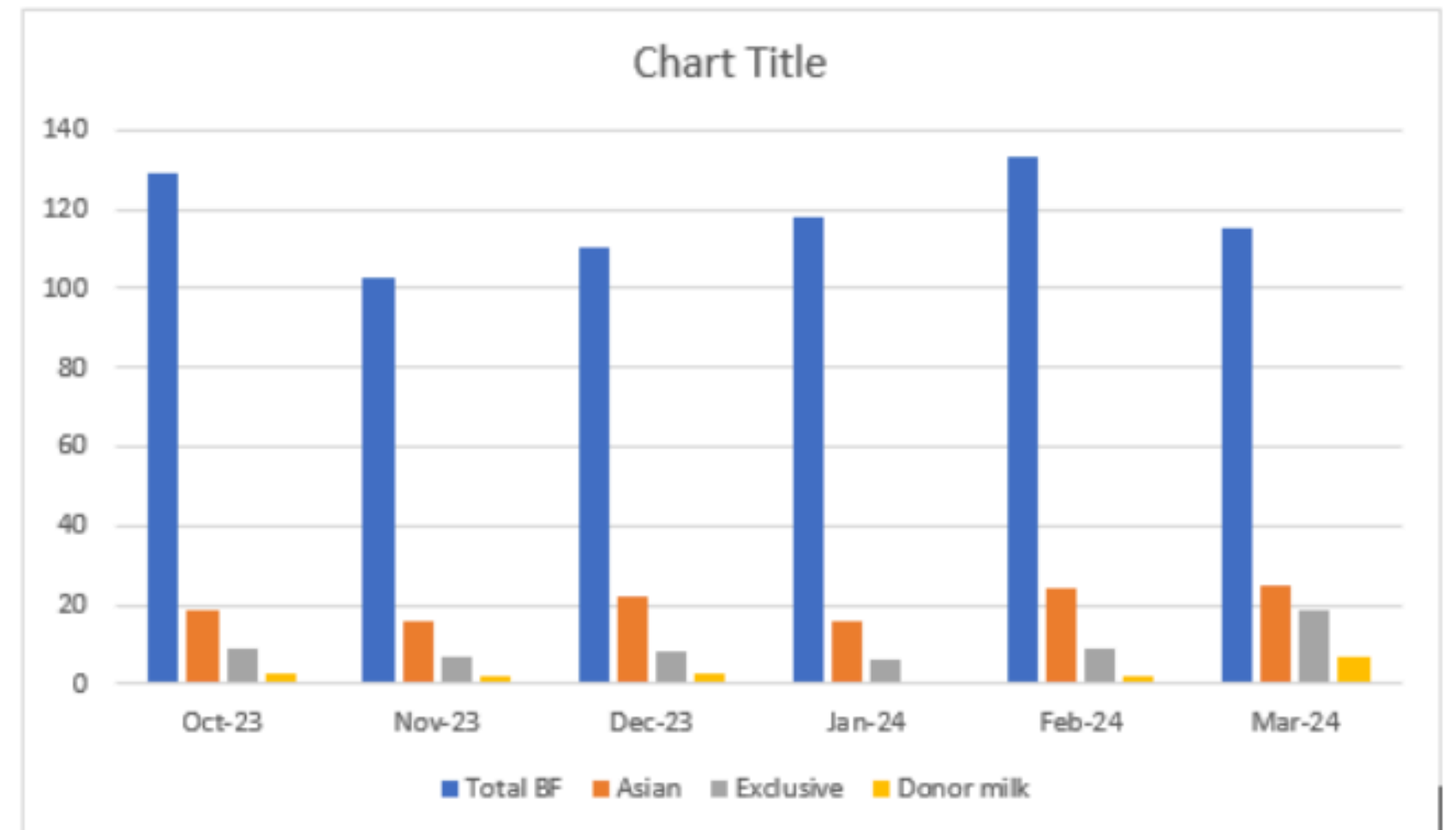


# Winter 2024:

**NEW SMARTIE Goal:**  
Improve the percentage of breastfeeding exclusivity of our Asian-identified population during their hospital stay by 10% within 6 months. Current baseline BF data for Asian-identified population for past 6 months: ~ 46%

Exclusivity Rates in LGH Asian-Identified Population

|              | TOTAL BF | ASIAN | EXCLUSIVE | DONOR MILK | %     |
|--------------|----------|-------|-----------|------------|-------|
| March 2024:  | 115      | 25    | 19        | 7          | 76%   |
| February 24: | 133      | 24    | 9         | 2          | 37.5% |
| January 24:  | 118      | 16    | 6         | 1          | 37.5% |
| December 23: | 110      | 22    | 8         | 3          | 36.3% |
| November 23: | 103      | 16    | 7         | 2          | 43.8% |
| October 23:  | 129      | 19    | 9         | 3          | 47.4% |



Carol Femia DNP, RNC, IBCLC

Leslie Altimier DNP, RN, NEA-BC - Affiliate Associate Professor, Northeastern University; Director of Clinical Research and Innovation, Phillips Healthcare, MA, USA

Laurie Perras BSN, IBCLC - Lactation Consultant at Lowell General Hospital, MA, USA

## THREE FOCUS GROUP THEMES

### Benefits, Barriers, Asian Traditions



## CONCLUSIONS

- Overall attitudes for infant feeding were neutral; neither favorable for breastfeeding or formula feeding
- Identified barriers included the Asian tradition of Tnam Sraa and instructions to follow a special diet as well as a perceived low milk production and the need to return to work
- Much of the rationale behind providing formula within the first two days of life stemmed from the Asian traditions of Tnam Sraa and the perception that formula and breastmilk are nutritionally equal

## IMPLICATIONS FOR PRACTICE

- Understanding cultural influences and barriers to breastfeeding will allow potential interventions to be utilized that can enhance both initiation and exclusivity rates amongst Cambodian and Vietnamese women in the Greater Lowell Area
- Successful introduction of culturally-based interventions can decrease the disparities for this population of infants and potentially improve health outcomes in the Asian Communities of Greater Lowell



# Trauma-Informed Training

Pre-Pandemic:

All nurses on L&D were trained in person by a Social Worker through the *Moms Do Care* grant.

2024:

- Tufts Medicine now screens for Social Determinants of Health.
- Many new staff who have never received trauma-informed training
- SUD & mental health problems

MCH Leadership supported our L&D Clinical leader to create a trauma-informed training and offer to all of Maternal Child Health.

# What is Trauma?

- (n.) From Greek meaning “wound”

A single or a series of severe stress or injury that overwhelms a person’s ability to cope. This can be physical, emotional, mental or a combination.

Many people experience trauma without being traumatized or developing a disorder

Traumatic experiences nearly always involve some degree of **loss of control or autonomy** and results in vulnerability.

# Understood Foundation:

The experience of trauma is subjective

Factors affecting the response include:

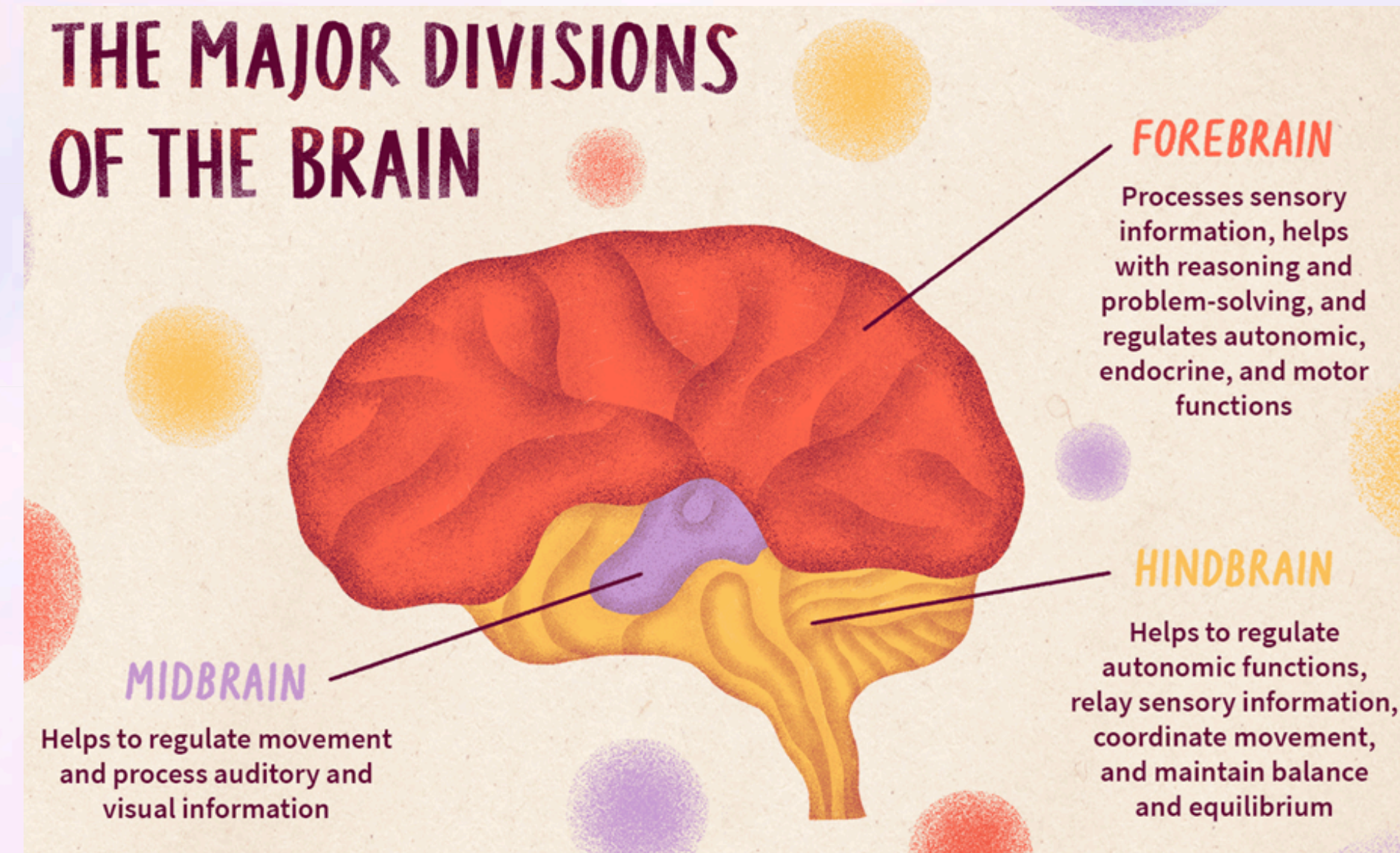
- Age, developmental stage & attachment quality
- Whether it's a single, recurring or multiple events
- Response of loved ones and availability of support
- Intergenerational trauma and carried stress

Resilient & strong relationships act as buffers upon a persons window of tolerance

# How does trauma alter a brain?

The experience of a trauma is developmentally bound;  
The brains development is affected in the moment of time in that persons life.

The brains inappropriate response to stimuli/stress is a reflection of a **brain injury**



General order of development:

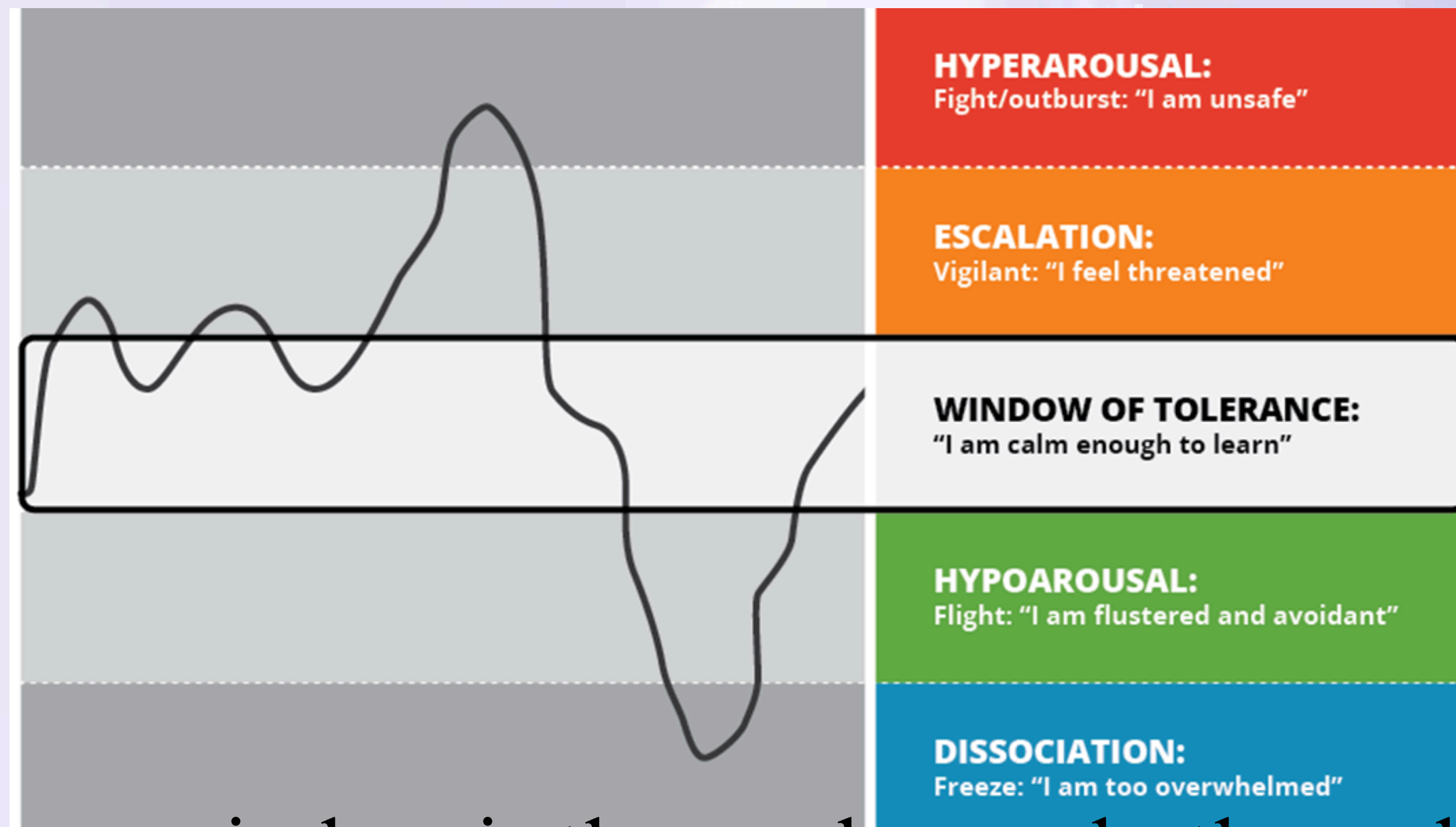
Hindbrain/Brainstem: Basic life function

Midbrain/diencephalon: Processing & emoting (your amygdala is your fire alarm)

Forebrain: Reasoning & problem solving, last to develop

# Window of Tolerance to Stress:

Everyone has a certain capacity to cope with stress:  
It's not concrete, it can be broadened or narrowed based on your life experiences and learned coping skills



Increasing your window is the work you do throughout your life

SAMHSA stats:

>**80%** of IVDU report multiple abusive or multiple traumatic childhood events

**90%** of adults seeking SUD treatment report at least 2 adverse childhood events (ACEs)

People with 3+ Adverse Childhood Experiences are **12 times** more likely to complete suicide

Those with 5 or more ACE's are up to **10 times** more likely to develop a SUD

“Graduating from surviving to thriving is one experience many will never get.”

# Sobering statistics:

- More than 60% of sexual assault (SA) survivors will never report their assault.
  - This rockets to 90% if it is on college campus
- SA is the most under reported crime; only 12% of child sex abuse is reported.
- 1 in 4-6 Girls and 1 in 6-10 Boys will be sexually abused before they turn 18.
- The average age that children become victims of prostitution is 11-14 years old
- 90% of adult rape victims are female presenting.

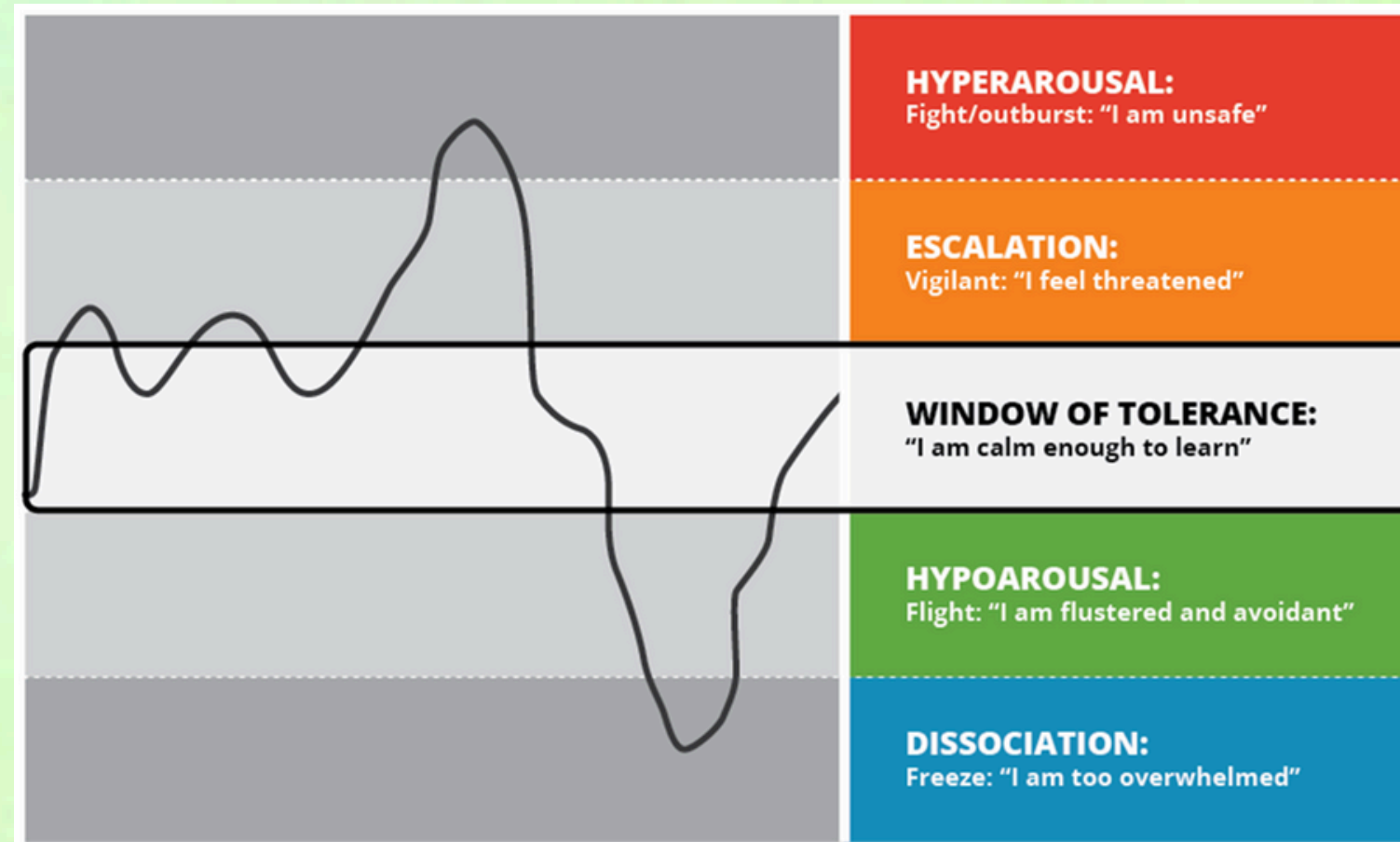
Evidence based research shows the prevalence of false reporting is between 2% and 8%;  
A study of eight U.S. communities, which included 2,059 cases of sexual assault, found a 5.1% rate of false reporting

See slide data references\*\*

Trauma is pervasive across all spectrums of humanity  
Patients with a history of trauma face higher rates of re-traumatization with childbirth.

Symptoms of hyperarousal:

- Tension
- Shaking/bouncing
- Intrusive thoughts
- Muscle rigidity
- Anger/Rage
- Aggression
- Anxiety
- Irrational responses
- Crying



Symptoms of hypoarousal:

- Feeling disconnected
- Memory loss
- Auto-piloting
- Numbness
- Reduced cognition
- Shame/Guilt
- Unable to say "No"
- Unable to defend self
- Difficulty engaging
- No/lessened emotional response

Using the window of tolerance as a metaphor is helpful when working with people who struggle to tolerate wide ranges of emotional arousal better understand themselves.

# Roles of Substance Use in Coping

- Self-soothing
- Regulate emotions
- Regulate physical states or sensations
- Block out or access memories
- Self harm
- Creating an altered reality
- To gain a sense of control
- To communicate pain
- Escapism

# Benefits of TIC

- More likely to attend their appointments: Pregnant patients are more likely to attend prenatal appointments with TIC educated staff.
- People who experience intimate partner violence during pregnancy may be about 3 times more likely to suffer perinatal death compared with those who do not, supporting a patient with TIC can increase a victims opportunities and abilities to engage with DV programs
- Working to reduce ACEs (which TIC helps to accomplish) can significantly improve long-term health outcomes.
- Instill a sense of autonomy and confidence for new parents, which can lead to healing from trauma

# Defining Trauma-Informed Care

Care grounded in an understanding of the impact of trauma that emphasizes physical, emotional, and psychological safety for survivors.

Trauma informed care creates opportunities for survivors to rebuild a sense of control and empowerment.

Put simply: Meeting people where they're at

Entering a conversation with a healthy curiosity and a trauma aware mind might start with:

- I wonder if/why/how....
- I have noticed...
- I'm seeing...

During conversations including messaging like:

- Accessing services can feel traumatizing
- When we are stressed its hard to retain info, so circling back to make sure we're on the same page
- It's hard to reach out for help when you're scared

Trauma informed spaces ask and seek to understand...

- Where someone is emotionally, mentally, and physically.
- What are they going through in life right now?
- What are their struggles?
- What are their goals?
- What are their strengths?

# 6 Principles of Trauma Informed Care

1. Safety
2. Transparency
3. Peer Support
4. Collaboration
5. Empowerment
6. Historical, Cultural and Gender Concerns

Changing the “What’s wrong with you?” to “Wh



# Transparency & Trustworthiness

Creating an environment for safe care, approaching with curiosity vs. judgement  
Interpreting patients' behaviors with acknowledging your own opinions or bias:

## Manipulation vs. Getting needs met:

- Is this the result of maladaptive behavior to get a basic need met?

## Seeking Attention vs. Seeking Connection

- Is this person wanting attention or searching for understanding, acceptance and connection?

## Resistance vs Fight/Flight/Freeze

- Are they noncompliant or feeling unsafe; triggering fight/flight or avoidance responses?

**What is the meaning behind this behavior?**

# Collaborating:

Trauma explains the behavior, it does not excuse it.

Take yourself out of the equation by:

- Stay curious, not furious: Why is this person acting in this way?
- Connect before you correct: Why does this person feel this way?
- **Peoples ability to regulate feeds off those around them**
- Listen openly and authentically acknowledging your own mistakes without defensiveness

35% of an communication is verbal  
65 % of communication is nonverbal

Your:

- Body language
- Intonation
- Attitude
- Stance
- Language

...All Matter!

This population many times *already* has an internal message that medical staff and/or strangers are unsafe, therefore a danger.

# Preventing a power struggle:

Traumatized persons frequently struggle with control and power, reflective of a time in their life they were unable to have either.

These feelings are often re-activated when presented with loss of autonomy, whether actual or threatened.

- Avoid challenging or negating a patients concerns
- Express concerns through reflective discussion
- Re-center and keep discussion on topic
- Avoid absolutes; no always or never
- Give choices and have options for discussion and education
- Use reflective dialogue

# We all have baggage

In everyone's life we face adversity and challenges

We all have internal expressions of those challenges

Those turn into opinions and feelings about that experience

Your unique opinions and experiences profoundly effect a patients treatment and outcome, both positively and negatively.

That's why it's important to remember...



**If you never  
heal from  
what hurt  
you, then  
you'll bleed  
on people  
who  
did not  
cut you.**

# Empowerment:

“A voice and the choice”

A traumatized individual becomes empowered when given the opportunity to view themselves as survivors rather than victims.

Providing trauma informed care allows survivors to express feelings that are common in light of what has happened to them, helping to process and begin the path of empowerment.

“What happened to you wasn’t normal, but what you’re feeling about it, IS.”

## Fostering empowerment:

**Ask permission: Giving your patients power**

“Would now be a good time to talk with you about your substance use?”

**Normalize the conversation:**

“There are so many people who struggle with substance use, you are not alone”

“It can be uncomfortable to talk about your substance use, you are not alone”

“There isn’t one right path to recovery, it can look different for everyone, you are not alone.”

- Explain the “why” to a plan of care, involve the patient in rounding
- Asking questions versus making statements  
(“I’m going to check you” vs. “I’d like to check your cervix”)

# Reducing Re-traumatization

## Avoid phrases like:

- “Make a fist like you’re getting in a fight”  
Frequently violence or threats of violence has affected them
- “Lift up your bum and sit on your hands”  
Takes autonomy away, pinning the hands down
- “Good girl”  
I think this one speaks for itself, but we hear it.
- “Open your (*body part*) for me”
  - Again, removes autonomy and includes triggering language

## Instead:

- Pump your hand and hold a tight grip
- Use an upside down bedpan or change position to allow for a better cervical exam
- I am so proud of you, you’re powerful, look at how great you’re doing!
- I need to collect a test, can I swab your mouth/nose/whatever now?

# Secondary Trauma:

The emotional duress that results when an individual hears about the firsthand trauma experiences of another person and can be closely related to moral injury

## Physical Symptoms:

- Fatigue
- Irritability or tearful easily
- Sleep disturbances
- Eating habit changes
- Headaches
- GI issues
- Anxiety

## Behavioral/Emotional

- Restlessness
- Isolation
- Changes in relationships
- Impaired memory and cognition

# Ways to mitigate secondary trauma

- Debriefing or decompressing with peers
- Practice mindfulness: Bringing awareness of your body and it's sensations/feelings/etc.
- Seeking out support groups; social media has can improve access.
- Recognizing your own limitations and trauma; self preservation
- Several forms of therapy are effective at treating secondary traumas
- Spending time with supportive people
- Meditation or similar independent activity
- Spending time outdoors
- Having designated space for processing of events
- Create a culture of healthy work/life boundaries; turning off phone/notifications, limiting email access.

**No one is immune to trauma; We all absorb it, process it, and manage it.**

Nurses & HCW have a significant amount of secondary trauma that is frequently unresolved.

These unresolved emotions and experiences frequently result in negative coping techniques.

Thoughts, Suggestions, Questions?

# TuftsMedicine

## Lowell General Hospital

Sarah Thibodeau, BSN, RNC-OB,  
C-EFM

## Agenda

12:00-12:15 Welcome &  
PNQIN Announcements

12:15-12:35 Team  
Presentation

12:35-1:00 Discussion,  
Q&A



***Thanks for joining!***

***See you at the Summit on 6/26 and at the  
last EQT Webinar on 7/16!***

***Have questions?***

***Email [PNQINAdmin@pnqinma.org](mailto:PNQINAdmin@pnqinma.org)!***

