South Carolina hosted their AIM kick-off event at the 2019 South Carolina Birth Outcomes Initiative (SCBOI) Symposium Oct. 30. The symposium was held in Columbia, South Carolina, with an audience of more than 350 people attending the full-day event. During the AIM kick-off breakout session, participants received an overview of the AIM program and its goals and growth nationally, learned about the benefits of AIM participation and the use of maternal safety bundles and received the AIM preliminary baseline survey results. Out of the 41 birthing hospitals in South Carolina, 23 hospitals (56 percent) completed the survey providing valuable information on current efforts and resources, quality improvement needs, data collection and access and more. As part of the symposium’s success lunch, Dr. Ana Lopez-DeFede unveiled the new SCBOI data portal and performed a live navigation of the tool. Attendees were also invited to tour the SimCOACH, a mobile simulation education unit which provides annual team trainings to address obstetric and neonatal emergencies and best practices in maternal fetal health to every birthing hospital in the state.

AIM ANNOUNCEMENTS

We are excited to announce that Oregon, South Carolina and Missouri have joined the AIM Community. You can read more about their successful kick-offs below!

UPDATE ON AIM STATES AND SYSTEMS

South Carolina

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Oregon

- The Oregon Perinatal Collaborative, together with AIM, the CDC, and March of Dimes, launched a statewide initiative to address obstetric hemorrhage. On October 28th, a statewide perinatal summit was held with 112 attendees from across the state and on October 29th a team training was held. To date, 20 hospitals have signed on to participate in the OB Hemorrhage Bundle representing 55% of births statewide.

MATERNAL HEALTH IN THE NEWS

- The Joint Commission, August 30, 2019: New Joint Commission Standards Address Rising Maternal Mortality in the US
- USA Today, October 28, 2019: Hospital Safety Fix Targets Maternal Mortality Rate for Postpartum Hemorrhage, Preeclampsia
- Forbes, October 30, 2019: How Merck for Mothers is Addressing Maternal Mortality
- AZCentral, November 18, 2019: Indigenous Initiative on Navajo Nation Seeks to Reduce Maternal Mortality Rate
- The Hill, November 6, 2019: Preventing Maternal Mortality: We have to Address the Racism First
- The Brown Political Review, November 20, 2019: Doulas, Disparities and Disentangling Maternal Mortality

HALF OF MATERNAL DEATHS ARE PREVENTABLE. SAVE LIVES BY TEAMING UP WITH AIM.
If you would like to have something featured, please email AIM Program Coordinator, Karmah McIlvain, kmcilvain@acog.org at least 1 week prior to the newsletter release. The newsletter will be released at the end of every month.

UPCOMING EVENTS

Delaware AIM Kick-off
January 23, 2020
Newark, DE

CDC/ACOG Maternal Mortality and Maternal Safety Meeting
April 26, 2020
Seattle, WA
More information to come

CDC MORBIDITY AND MORTALITY WEEKLY REPORT HIGHLIGHT

- On September 5, 2019 the CDC released a report in the Morbidity and Mortality Weekly Report (MMWR) highlighting data from the Pregnancy Mortality Surveillance System (PMSS), Racial/Ethnic Disparities in Pregnancy-Related Deaths—Unites States, 2007-2016, that documents that disparities in pregnancy-related deaths have persisted over time and by age group, education level, and place.

- This report finds that pregnancy-related deaths per 100,000 live births (the pregnancy-related mortality ratio or PRMR) for non-Hispanic black and American Indian/Alaska Native (AI/AN) women older than 30 was four to five times higher than it was for non-Hispanic white women. Even in states with the lowest PRMRs and among women with higher levels of education, significant differences persist. These findings suggest that the disparities observed in pregnancy-related death for black and AI/AN women are a complex national problem.

The report can be accessed HERE.