

Appendix A: Initiative Matrix

IHA identified more than 40 state and national patient engagement initiatives in maternity care; key features of each are summarized below. Special emphasis was given to strategies to reduce early elective deliveries and medically unnecessary cesarean deliveries. The initiatives were identified through a literature review, a search of publicly

available information on the Internet, and key informant interviews. While not comprehensive, the list includes an array of approaches, lead organizations, and geographic areas of focus. The matrix is arranged in alphabetical order by the name of the initiative and includes a brief description of each initiative.

INITIATIVE & BRIEF SUMMARY	LEAD & PARTNERS	GEOGRAPHIC SCOPE
<p>ACOG Patient Page http://www.acog.org/For_Patients</p> <ul style="list-style-type: none"> ▪ FAQ sheets are available in both English and Spanish on ACOG’s patient webpage to aid women on a variety of topics. ▪ Fact sheet topics include: cesarean birth, labor induction, VBAC, early elective delivery, etc. 	<p>Lead: American College of Obstetrics and Gynecologists (ACOG)</p>	<p>National</p>
<p>Baby Blocks https://www.uhcbabyblocks.com/</p> <ul style="list-style-type: none"> ▪ An insurer’s rewards program for pregnant women that incentivizes them to keep their prenatal, postpartum and well-child appointments. ▪ Reminder text messages are used to engage women throughout their pregnancy. 	<p>Lead: UnitedHealthcare</p>	<p>Multiple States Arizona, Florida, Kansas, Maryland, Michigan, Nebraska, New Mexico, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, and Wisconsin</p>
<p>Becoming a Mom/Comenzando bien® https://www.marchofdimes.com/catalog/product.aspx?productid=5195&</p> <ul style="list-style-type: none"> ▪ Bilingual curriculum used in group settings to improve the health of Latina mothers and babies. ▪ 7,000+ women are reached through the program each year. ▪ Evaluations have shown that the program increases women’s knowledge of prenatal and postnatal care. 	<p>Lead: March of Dimes</p>	<p>California Over 50 sites using the curriculum</p>

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<p>Birth by the Numbers http://www.birthbythenumbers.org/?page_id=1388</p> <ul style="list-style-type: none"> ▪ Social media campaign that provides up-to-date, understandable information about national and international childbirth practices, experiences, and outcomes. ▪ Data is made available to key stakeholders including parents, providers, childbirth educators, the media, policy makers, etc. ▪ Educational materials—including Power-Point slides - were developed to be used in childbirth classes and other settings. 	<p>Lead: Developed by Gene Declercq, Ph.D, LCCE; Supported by a grant from the Transforming Birth Fund</p>	<p>National</p>
<p>Birth Center Care http://www.birthcenters.org</p> <ul style="list-style-type: none"> ▪ Maternity care at birth centers is focused on the needs of women and their families and building relationships between patients and their providers. ▪ Midwives and teams of health professionals, including peer counselors and doulas, collaborate to provide comprehensive prenatal care. ▪ Key components of this model are: engaging mothers as partners in their care; using with evidence based, coordinated care; and providing health education and emotional support. 	<p>Lead: American Association of Birth Centers</p>	<p>National Currently 10 birth center sites in California; 5 have been accredited</p>
<p>Black Infant Health (BIH) Program http://www.cdph.ca.gov/blackinfanthealth</p> <ul style="list-style-type: none"> ▪ A statewide initiative that aims to improve the health of African American mothers and their babies and to empower pregnant women to make healthy choices. ▪ The program includes home visits by community health workers or public health nurses to ensure that pregnant women receive prenatal care and referrals to other community and social services. ▪ It includes 20 group classes (10 prenatal and 10 postpartum) where women interact with other pregnant women, build social support networks, and set health goals for themselves and their babies. 	<p>Lead: California Department of Public Health</p> <p>Partners: Local health jurisdictions; March of Dimes through Healthy Babies, Healthy Futures train-the-trainer program</p>	<p>California Specifically in the following jurisdictions: Alameda, Berkeley, Contra Costa, Fresno, Kern, Long Beach, Los Angeles, Pasadena, Sacramento, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano</p>

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<p>CenteringPregnancy http://centeringhealthcare.org/index.php</p> <ul style="list-style-type: none"> ▪ Non-traditional, innovative model for prenatal care that replaces individual office visits with patient-led prenatal group care. ▪ Each class is made up of from 8 to 12 women of the same gestational age. Women meet from weeks 16 through 40 of their pregnancies. ▪ During centering sessions, women share support from other women and acquire knowledge and skills related to pregnancy, birth, and parenting. ▪ CenteringPregnancy has been implemented across the United States since 1995. 	<p>Lead: Centering Healthcare Institute</p>	<p>National Currently 23 sites in California offer Centering-Pregnancy; 8 sites have successfully gone through CHI’s site approval</p>
<p>Cesareanrates.com http://www.cesareanrates.com/</p> <ul style="list-style-type: none"> ▪ A social media site that publishes hospital cesarean rates for all 50 states to inform consumer decision-making. ▪ The site maintains a large social media community of approximately 45,000 Facebook and Twitter followers (not including site traffic). 	<p>Lead: Jill Arnold, consumer advocate and founder of The Unnecesarean blog</p>	<p>National</p>
<p>Choosing Wisely—“Why scheduling early delivery of your baby is not a good idea” http://www.choosingwisely.org/</p> <ul style="list-style-type: none"> ▪ A national initiative focused on encouraging health care consumers to consider and discuss unnecessary medical procedures and tests that may cause harm. ▪ <i>Consumer Reports</i> has created resources for consumers and physicians to engage in these important conversations about the overuse of medically unnecessary tests and procedures. ▪ The maternity care report educates women about the harms associated with early elective deliveries. 	<p>Lead: American Board of Internal Medicine Foundation (ABIM)</p> <p>Partners: <i>Consumer Reports</i>; American Academy of Family Physicians; American College of Obstetrics and Gynecologists (ACOG)</p>	<p>National</p>

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<p>CineMama https://www.marchofdimes.com/cinemama/</p> <ul style="list-style-type: none"> ▪ A free app that helps pregnant women to create personalized movies of their pregnancies while at the same time receiving information about the importance of full term pregnancies. 	<p>Lead: March of Dimes</p>	<p>National</p>
<p>Comprehensive Perinatal Services Program (CPSP) http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx</p> <ul style="list-style-type: none"> ▪ Statewide program offering services for pregnant women enrolled in Medi-Cal. ▪ Services include prenatal care, maternity care education, nutrition, and psychosocial support. ▪ The goal of the program is to improve maternity care outcomes and reduce the incidence of low weight in newborns. 	<p>Lead: California Department of Public Health</p>	<p>California</p>
<p>Early Elective Delivery Hospital Reports http://www.leapfroggroup.org/patients/tooearlydeliveries#State</p> <ul style="list-style-type: none"> ▪ The Leapfrog website, designed primarily for consumers, publicly reports hospital rates of early elective deliveries. This site allows consumers to see how a particular hospital performed and to compare the performance of hospitals within their states and nationally. ▪ Leapfrog members (employers and regional business coalitions) are using the site and sharing the data with their employees to raise awareness of the problems associated with high rates of early elective deliveries. ▪ Beginning in 2015, Leapfrog will publically report hospital rates for cesarean deliveries on its Hospital Survey Results website. 	<p>Lead: The Leapfrog Group Partners: March of Dimes; Childbirth Connection; national health plans</p>	<p>National</p>

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<p>Evidence Based Birth http://evidencebasedbirth.com/</p> <ul style="list-style-type: none"> ▪ A social media site (website, blog, Facebook page) that offers-evidence-based information on pregnancy and childbirth options (inductions, IVs during labor, etc.). ▪ Provides free printed materials for women to use when talking to health professionals. ▪ Information and class offerings also available for health care providers. 	<p>Lead: Rebecca Dekker, “mother, wife, PhD-prepared nurse researcher, and blogger”</p>	<p>National</p>
<p>First 5 California http://www.cafc.ca.gov/</p> <ul style="list-style-type: none"> ▪ A statewide initiative to improve the lives of California’s children and their families by providing support and services to ensure babies are born healthy and children receive the early growth experiences they need to be successful in school and in life. 	<p>Lead: State of California, California Children & Families Commission</p>	<p>California</p>
<p>Giving Birth With Confidence http://www.lamazeinternational.org/</p> <ul style="list-style-type: none"> ▪ Social media website that provides a place for women (and men) to obtain information and support related to pregnancy, birth, and parenting. ▪ Lamaze International also sponsors a research blog, “Science & Sensibility: A Research Blog About Healthy Pregnancy, Birth & Beyond” which posts evidenced-based information related to maternity care. ▪ Lamaze International has its own website and a large following on both Facebook and Twitter. 	<p>Lead: Lamaze International</p>	<p>National</p>

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<p>Go the Full 40 http://www.health4mom.org/a/40_reasons_121611</p> <ul style="list-style-type: none"> ▪ A national campaign to educate women about the importance of full term pregnancies with the goal of increasing the number of women who wait for labor to start on its own. ▪ The campaign presents 40 reasons why women should carry their babies to full term (40 weeks) emphasizing that natural labor and birth are the healthiest ways for babies to be born, that babies need a full term pregnancy to fully develop, and that inductions, early elective deliveries, and medically unnecessary cesareans put both mothers and babies at risk. ▪ A toolkit including posters, copies of the 40 Reasons article and fliers about the campaign are available for distribution at physicians' offices, used by nurses and other health professionals in childbirth classes, and used in patient packs. 	<p>Lead: Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)</p>	<p>National</p>
<p>Healthier Babies Wellness Challenge http://wellness.rc-hr.com/</p> <ul style="list-style-type: none"> ▪ In 2013, the County of Riverside began offering their employees the opportunity to earn wellness points through a series of health challenges focused on reducing premature births. ▪ A March of Dimes wellness educator develops the health challenges for Riverside County employees. ▪ Wellness points lead to cash incentives that employees receive in their paychecks. These incentives are regarded as additional contributions toward medical insurance coverage. 	<p>Lead: County of Riverside Partner: March of Dimes</p>	<p>California</p>

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<p>Healthy Babies are Worth the Wait® (HBWW) http://www.marchofdimes.com/professionals/healthy-babies-are-worth-the-wait.aspx</p> <ul style="list-style-type: none"> ▪ An awareness campaign to educate the public and change attitudes about preterm births and a collaborative program to assist state and local health agencies, hospitals, providers, and patients to implement practices to decrease preterm births. ▪ The five core components of the HBWW program are: forming partnerships; educating and enabling providers; engaging patients; supporting patients; and evaluating progress. ▪ The March of Dimes has developed many resources and tools that are widely used in many initiatives throughout the country. ▪ HBWW: Preventing Preterm Births through Community-based Interventions: An Implementation Manual is a free manual that provides tools and resources to help communities implement the HBWW program in new sites. ▪ In 2015, the March of Dimes plans to partner with specific geographic regions in California, those having the highest rate of preterm births, to implement local strategies to improve care and reduce preterm births. 	<p>Lead: March of Dimes</p> <p>Partners: Johnson & Johnson Pediatric Institute; California Maternal Quality Care Collaborative (CMQCC); California Department of Health and Maternal Child and Adolescent Health Division; Kentucky Department of Public Health; Texas Department of Health; New Jersey Department of Public Health; Strong Start; American College of Obstetrics and Gynecologists (ACOG)</p>	<p>National Kentucky, Texas, and New Jersey were the first states to partner with March of Dimes on HBWW</p> <p>Specific geographic regions in California will partner with March of Dimes on HBWW starting in 2015</p> <p>Through Strong Start, HBWW materials are co-branded with the U.S. Department of Health and Human Services and the American Congress of Obstetricians and Gynecologists</p>
<p>Healthy Babies President’s Challenge http://www.astho.org/healthybabies/</p> <ul style="list-style-type: none"> ▪ The goal of the challenge is to help states reduce infant mortality and preterm births. ▪ The challenge is for state health officials to sign a pledge to increase awareness of prematurity rates; to develop and support programs that reduce premature births; and to reduce premature births by 8% (as compared to 2009 rates) by 2014. 	<p>Lead: Association of State and Territorial Health Officials (ASTHO)</p> <p>Partners: March of Dimes; Center for Disease Control; Association for Maternal and Child Health Programs; Health Resources and Services Administration</p>	<p>National California took the “Healthy Babies” pledge and is partnering with CA Department of Public Health on the HBWW campaign</p>

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<p>Healthy Texas Babies http://www.dshs.state.tx.us/healthytexasbabies/home.aspx</p> <ul style="list-style-type: none"> ▪ A statewide initiative developed to reduce infant mortality and preterm births in Texas through evidence-based interventions. ▪ The Healthy Texas Babies website is designed for women, parents, the general public, providers, and local coalitions. ▪ Someday Starts Now is one component of Healthy Texas Babies. It is a preconception campaign that urges future parents to “get healthy now” to improve their chances of having a healthy baby in the future. The preconception website contains resources including birth plans and patient worksheets to support decision making. http://www.somedaystartsnow.com 	<p>Lead: Texas Department of State Health Services (DSHS)</p> <p>Partners: March of Dimes, local public agencies, local private agencies</p>	<p>Texas</p>
<p>Improvingbirth.org https://www.improvingbirth.org/</p> <ul style="list-style-type: none"> ▪ A social media site that offers women evidence-based information, emphasizing information regarding medically unnecessary obstetric procedures. ▪ They have active Facebook (16,353 likes), Twitter, and Pinterest accounts and an email newsletter. ▪ They recently created an awareness campaign, which included Labor Day marches to promote awareness of the risks of labor inductions, cesareans, and VBACs. 	<p>Lead: Started by a group of women from San Diego; Founded by Dawn Thompson, registered doula</p> <p>National Sponsors: American Association of Birth Centers (AABC); International Cesarean Awareness Network; Where’s My Midwife?; Hand Spun Digital, Inc.; MacAllister Design; Birth Inspired; Nizhoni Institute of Midwifery; Full Circle Encapsulation; Birth Network National</p>	<p>National</p>

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<p>Intermountain Health—Early Elective Induction Initiative https://intermountainhealthcare.org</p> <ul style="list-style-type: none"> ▪ A multi-faceted health care organization initiative focused on reducing early elective inductions for enrollees. ▪ The initiative includes a patient education component (both written and verbal) that explains the risks of early elective deliveries to mothers. Information is communicated through patient brochures and educational materials distributed through Select Health, Intermountain’s health plan. 	<p>Lead: Intermountain Health</p>	<p>Utah</p>
<p>Late Preterm Brain Development Card http://www.marchofdimes.com/professionals/less-than-39-weeks-toolkit.aspx</p> <ul style="list-style-type: none"> ▪ A small laminated card (designed to fit in a lab coat pocket) that illustrates the differences in a baby’s brain development at 35 and 40 weeks gestation. ▪ It has been described as a perfect teaching tool for providers to use with pregnant women who are considering an elective delivery before 39 weeks gestation. It provides teaching points related to the benefits of full term birth are printed on the back of the card. ▪ The card is available in English and Spanish and will soon be available in six more languages. 	<p>Lead: March of Dimes</p>	<p>National</p>
<p>Late Preterm Infant Initiative http://www.awhonn.org/awhonn/content.do;jsessionid=ECD0D408BE9BA2FE5EC2D68FAFD6ECAC?name=02_PracticeResources/2C3_Focus_NearTermInfant.htm</p> <ul style="list-style-type: none"> ▪ A national, multi-year initiative addressing the needs of infants born between 34 and 36 completed weeks of gestation. Goals include increasing awareness of the risks of late preterm births and disseminating evidence-based educational resources to health professionals to provide appropriate assessment and care for late preterm babies. 	<p>Lead: Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)</p> <p>Funders: Johnson & Johnson Pediatric Institute, LLC.</p>	<p>National</p>

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<p>Louisiana Birth Outcomes Initiative http://new.dhh.louisiana.gov/index.cfm/subhome/27/n/215</p> <ul style="list-style-type: none"> ▪ Statewide, multi-faceted initiative to improve the health of mothers and babies in Louisiana. ▪ The initiative includes a 39 Week Initiative that works to end births before 39 weeks gestation and uses the <39 week toolkit developed by the March of Dimes and partners. 	<p>Lead: State Department of Health & Hospitals</p> <p>Partners: Louisiana State Medical Society; the Louisiana Hospital Association; Louisiana Chapter of the American College of Obstetricians and Gynecologists (ACOG)</p>	<p>Louisiana</p>
<p>Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program http://mchb.hrsa.gov/programs/homevisiting/index.htm</p> <ul style="list-style-type: none"> ▪ MIEHV program established by the Affordable Care Act (ACA). ▪ ACA provides federal funds for states to develop programs using evidenced-based home visitation models that meet HHS criteria. ▪ Program is designed to strengthen home visiting services in underserved, at-risk communities by facilitating collaboration at local, state, and federal levels to improve health outcomes for mothers, children and families. ▪ Evaluation of state programs is legislatively mandated to examine operating costs and to determine which program features have greatest impact on at-risk populations. ▪ California has developed a state home visiting program. The California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) is the lead agency for the program. It selected two models to implement in its program: the Nurse Family Partnership (NFP) and Healthy Families America (HFA). 	<p>Lead: Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services</p> <p>Partners: State and local health departments</p>	<p>National</p>

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<p>Maternity Neighborhood http://maternityneighborhood.com/</p> <ul style="list-style-type: none"> ▪ A new platform to provide information and tools to transform maternity care. ▪ Offers technologies that increase patient engagement such as electronic health records (EHRs) designed to be shared with patients. 	<p>Lead: Founded by Brynne Potter, CPM; Michael Davis; Ron DuPlain</p> <p>Partners: Several organizations including: American Association of Birth Centers (AABC); Childbirth Connection; Maternity Data Collaborative; Midwives Alliance of North America; American College of Nurse-Midwives; Informed Medical Decisions Foundation</p>	<p>National</p>
<p>Mayo Clinic on Pregnancy https://www.mayoclinic.org/patient-visitor-guide/mayo-clinic-apps-for-patients</p> <ul style="list-style-type: none"> ▪ A free application designed to guide a pregnant woman from conception through the first three months of her baby's life. ▪ With the application, a mother enters her baby's due date and begins receiving weekly informational tips and guidance on pregnancy, childbirth, and childcare from Mayo Clinic's pregnancy experts. ▪ The application provides links to some of Mayo Clinic's other pregnancy resources such as their "Pregnancy and You" blog and their "Ask Mayo Clinic on Pregnancy" service. 	<p>Lead: Mayo Clinic</p>	<p>National</p>
<p>Physiologic Birth Initiative http://www.midwife.org/Physiologic-Birth-Initiative</p> <ul style="list-style-type: none"> ▪ A national campaign to promote the value of natural birth and to reduce the number of non-medically indicated interventions in childbirth such as cesarean deliveries. ▪ Consumer-friendly resources were developed to increase awareness about the value of normal, healthy birth including information about how to choose a provider and birth setting. 	<p>Lead: American College of Nurse-Midwives</p>	<p>National</p>

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<p>PregnantMe: Maternity Care Shared Decision Making Initiative http://www.informedmedicaldecisions.org/2012/01/03/a-maternity-care-shared-decision-making-initiative/</p> <ul style="list-style-type: none"> ▪ The initiative team is designing and producing a portfolio of print, digital, and mobile decision aids to assist pregnant women in making a broad range of decisions. ▪ Web-based decision aids are being developed on a variety of topics including: birth options for suspected macrosomia (big baby syndrome); induction of labor for non-medical reason; VBACs, etc. ▪ The decision aids are appropriate for women with low health literacy skills and selected aids are translated into Spanish. ▪ These decision aids are designed for women to be used with their providers in medical settings. ▪ The initiative will go-live in April 2014. ▪ California HealthCare Foundation (CHCF) is funding a pilot project with a select group of Catalyst for Payment Reform and Pacific Business Group Health member organizations. ▪ Washington State will be one of the initial users of the decision aids developed by the maternity team through their State Innovation Model (SIM) Plan. 	<p>Lead: Informed Medical Decisions Foundation (IMDF)</p> <p>Partners: Childbirth Connection/National Partnership for Women and Families</p>	<p>National Website</p> <p>California: Implementation & evaluation pilot funded by CHCF</p> <p>Washington State: implementing PregnantMe aids through State Innovation Model (SIM)</p>
<p>Prematurity Prevention 39+ Weeks Campaign http://www.marchofdimes.com/mission/prematurity-campaign.aspx#</p> <ul style="list-style-type: none"> ▪ The March of Dimes and its partners created a toolkit to support hospitals and health professionals in their efforts to eliminate non-medically indicated preterm births. ▪ The toolkit, “Elimination of Non-medically Indicated Elective Deliveries Before 39 Weeks Gestational Age” includes evidenced-based information for professionals, implementation guidelines, data collection information, and provider and patient education materials. 	<p>Lead: March of Dimes</p> <p>State Partners: California Maternal Quality Care Collaborative (CMQCC); California Department of Health and Maternal Child and Adolescent Health Division</p>	<p>National</p> <p>California was included in the March of Dimes Big 5 Prematurity Campaign that implemented the toolkit</p>

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<p>Preventing Early Elective Deliveries Initiative http://www.mbggh.org/MBGH/NewItem4/CommunityInitiativesOverview/NewItem1</p> <ul style="list-style-type: none"> ▪ Multi-stakeholder collaboration in Chicago and other targeted areas in Illinois to reduce medically unnecessary early deliveries. ▪ 2013-2014 patient engagement efforts are focused on an awareness campaign to make consumers aware of the risks and costs of early deliveries. ▪ Developed a toolkit for community groups and employers. ▪ Dissemination strategy includes TV, Internet, health plans and employers. 	<p>Lead: Midwest Business Group on Health</p> <p>Partners: National Business Coalition on Health; United Health Foundation; Leapfrog Group</p>	<p>Illinois</p>
<p>Strong Start for Mothers and Newborns Initiative http://innovation.cms.gov/initiatives/strong-start/</p> <ul style="list-style-type: none"> ▪ CMS launched the Strong Start Initiative to improve birth outcomes including reducing early elective deliveries. ▪ One component of the initiative includes testing the effectiveness of specific enhanced prenatal care models through: <ul style="list-style-type: none"> ▪ Centering Pregnancy: a non-traditional, innovative model for prenatal care that replaces individual office visits with patient-led prenatal group care. ▪ Birth Centers: a collaborative model to provide comprehensive prenatal care at Birth Centers. ▪ Maternity Care Homes: enhanced prenatal care at traditional prenatal sites such as clinics and doctors' offices. These sites will offer standard prenatal care and enhance care by providing a larger array of services including social and psychological support, education, greater access to care, and improved care coordination. 	<p>Lead: Centers for Medicare & Medicaid Services</p> <p>Partners: Health Resources and Services Administration (HRSA); Administration on Children and Families (ACF)</p>	<p>National</p> <p>California Sites:</p> <p>Centering Approach: No California sites through Strong Start</p> <p>Birth Center Approach sites: San Diego, Sacramento, and Santa Rosa</p> <p>Maternity Homes site: Los Angeles</p>

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<p>Sutter Health http://www.sutterhealth.org/</p> <ul style="list-style-type: none"> ▪ Sutter Health is a multi-hospital system that engages patients through a variety of means including: childbirth education classes (two programs are targeted specifically at high-risk pregnant women), hospital tours, and public reporting. ▪ Sutter Health Sacramento engages women in their labor curve (the graph that defines the “normal” pace and length of labor) so that they can better understand the process of labor and feel more in control. ▪ Women are first introduced to the labor curve when they are admitted to the hospital and are actively engaged by the hospital’s labor team with information about what the modern process of labor entails. 	<p>Lead: Sutter Health</p>	<p>California</p>
<p>Text Me If You’re Pregnant: Text Message Intervention http://info.kramesstaywell.com/BLOG/bid/89278/Text-Me-If-You-re-Pregnant-or-have-Diabetes-New-Patient-Engagement</p> <ul style="list-style-type: none"> ▪ Insurer’s campaign using text message interventions to reach enrollees during pregnancy. ▪ Pregnant women receive text messages weekly containing appointment reminders and health tips ▪ The company insures 2.2 million members in Oregon, Washington, Idaho and Utah 	<p>Lead: Regence Blue Cross Blue Shield</p> <p>Partners: Krames Staywell</p>	<p>Oregon, Washington, Idaho, Utah</p>

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<p>Text4baby https://www.text4baby.org/</p> <ul style="list-style-type: none"> ▪ Text4baby is a free, bilingual texting service that provides information to women about caring for themselves and their babies. ▪ Text4baby users receive three free text messages per week timed to their due date or their babies' birthdays. These messages cover many topics including the benefits of full term births, the signs and symptoms of labor, and breastfeeding. Women can also request that Text 4baby send them appointment reminders. ▪ Since its launch in 2010, more than 680,000 mothers have enrolled in Text4baby and over 1200 national, state, and local organizations have become Text4baby partners. 	<p>Lead: National Healthy Mothers, Healthy Babies Coalition (HMHB)</p> <p>Partners: Voxiva; Johnson & Johnson; The Wireless Foundation; Grey Health-care Group; Department of Health and Human Services; White House Office of Science and Technology Policy; National, State and Local Partners</p>	<p>National</p> <p>California has been selected to participate in a Text4baby implementation pilot. The California Department of Health Care Services is leading the implementation efforts in the Medi-Cal population</p>
<p>The Collaborative Improvement & Innovation Network (COIIN) to Reduce Infant Mortality http://mchb.hrsa.gov/infantmortality/coiin/</p> <ul style="list-style-type: none"> ▪ A multistate public-private initiative aimed at improving infant health outcomes by reducing infant mortality and prematurity, specifically eliminating elective deliveries prior to 39 weeks gestation. ▪ COIINs are technology teams that collaborate with states and regions to adapt effective strategies for reducing elective deliveries to new settings. Teams alternate between learning sessions and action sessions. ▪ In learning sessions, teams plan interventions using evidence-based approaches. During action periods, teams return to their communities and test those changes using the quality improvement framework of Plan-Do-Study-Act. 	<p>Lead: US Department of Health & Human Services: Health Resources and Services Administration</p> <p>Partners: Voxiva; Johnson & Johnson; The wireless Foundation; Grey healthcare group; Department of Health and Human Services; White House Office of Science and Technology Policy; National, State and Local Partners</p>	<p>Oregon, Washington, Idaho, Utah</p>

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<p>Thinking About Having Your Labor Induced? A Guide for Pregnant Women http://effectivehealthcare.ahrq.gov/ehc/products/135/353/induction%20of%20labor%20consumer%20guide.pdf</p> <ul style="list-style-type: none"> ▪ A guide developed to educate pregnant women about elective inductions including: elective induction; changes during pregnancy; possible problems; what is still not known; things to think about; and questions to ask a doctor/midwife. ▪ The guide was developed by the Eisenberg Center at Oregon Health & Science University. The information was based on a report from Stanford University-UCSF Evidence-based Practice Center. 	<p>Lead: Agency for Healthcare Research & Quality (AHRQ)</p>	<p>National</p>
<p>Thirty-nine is Fine Initiative http://www.hqinstitute.org/sites/main/files/file-attachments/hen_presentation_webinar_5_17_13.pdf</p> <ul style="list-style-type: none"> ▪ Sharp, a multi-hospital system with seven hospitals across San Diego County, developed the “39 is Fine” initiative. ▪ The initiative is multi-dimensional, with one component emphasizing patient education. The initiative is using the March of Dimes <39 Weeks Tool-kit and distributing educational information in childbirth education classes, labor and delivery areas, and physicians’ offices. 	<p>Lead: Sharp HealthCare</p>	<p>California</p>
<p>Transforming Maternity Care—Resources for Women http://childbirthconnection.org/article.asp?ck=10275&ClickedLink=0&area=2</p> <ul style="list-style-type: none"> ▪ Childbirth Connection is now a core program of the National Partnership for Women & Families. ▪ It has developed a wealth of online resources to increase consumers’ awareness of evidence-based maternity care and to support the process of maternity care shared decision making to guide women through pregnancy and birth. ▪ Two of its most widely read resources include the “Listening to Mothers” surveys and “The Rights of Childbearing Women” report. 	<p>Lead: Childbirth Connection (a program of the National Partnership for Women & Families)</p>	<p>National</p>

INITIATIVE & BRIEF SUMMARY	LEAD & PARTNERS	GEOGRAPHIC SCOPE
<p>What to Reject When You're Expecting http://www.businessgrouphealth.org/pub/e3c0555d-782b-cb6e-2763-a534a1352e58</p> <ul style="list-style-type: none"> ▪ The report "What to Reject When You are Expecting" describes ten procedures women should think about during pregnancy. ▪ A few procedures identified include: early elective deliveries, ultrasounds after 24 weeks, continuous electronic fetal monitoring, and early epidurals. ▪ The National Business Group on Health and <i>Consumer Reports</i> partnered to develop the report. It is one in a series of reports on important health issues that was developed for the members of the business group to distribute to their employees. ▪ The report is widely read and is reported to be one of <i>Consumer Reports'</i> most popular reports. 	<p>Lead: National Business Group on Health</p> <p>Partner: <i>Consumer Reports</i></p>	<p>National</p>