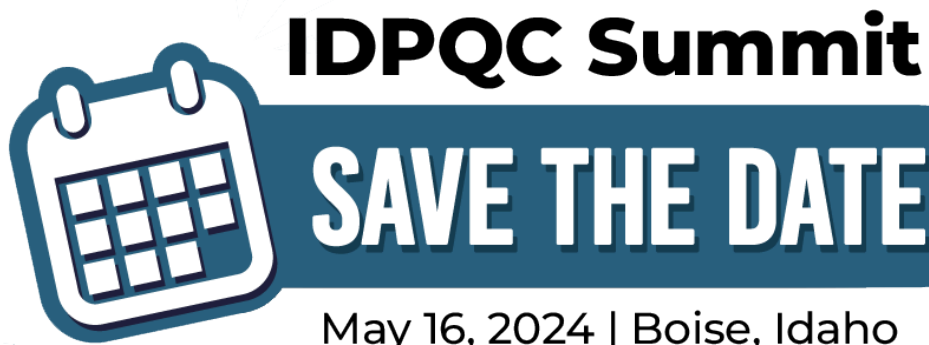


Idaho Perinatal Quality Collaborative News

The **Maternal and Child Health Program** of the Idaho **Department of Health and Welfare** and **Comagine Health** have partnered to establish Idaho's Perinatal Quality Collaborative (IDPQC). IDPQC brings together clinical providers, public health leaders, payers and community-based organizations to improve outcomes for pregnant people and babies.



February 2024



Location: Boise State University, Boise
More details coming soon!

Webinar: Missed Opportunities for Preventing Congenital Syphilis

According to the Centers for Disease Control and Prevention (CDC), cases of congenital syphilis in the United States increased 15% from 2019 to 2020, and by 32% from 2020 to 2021. This precipitous rise is a public health issue that requires urgent attention and action at the state level. Preventing congenital syphilis requires early screening, diagnosis and treatment to prevent potential lifelong consequences for affected families and communities.

The Bureau of Primary Health Care and the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention will collaborate on a webinar developed for clinicians and other health care providers. This webinar will provide an overview of congenital syphilis and explore missed opportunities for preventing congenital syphilis as well as interventions for prevention.

Wednesday, Feb. 28, 2024 | 9 a.m. (PT)

[Register here](#)

New 2022 Birth Data

The *Health Affairs* journal recently published their [key takeaways](#) from the recently released National Center for Health Statistics data on maternal and infant mortality for 2022. This dataset is the first to reveal the impact of the initial three waves of COVID-19 in the United States. These data suggest persistent disparities in maternal and infant outcomes, despite significant changes in birthing practices and demographics.

This article discusses policy-related questions that have emerged, including racial/ethnic disparities in birth outcomes; trends in induction rates and overall birth rates; and the rise of out-of-hospital births.

New OB Emergency Resources from the American College of Obstetricians and Gynecologists (ACOG)

ACOG has recently released emergency department materials on the following topics: Cardiovascular Disease in Pregnancy and Postpartum Algorithm, Acute Hypertension in Pregnancy and Postpartum Algorithm, Eclampsia Algorithm and Pregnancy status sign. Find these materials and more resources on the [ACOG website](#).

Further, the American College Emergency Physicians released a podcast on the OB emergencies initiative and resources. Please feel free to [listen](#) and share with your networks. This podcast is available on Apple Podcasts, Spotify, Google Play, SoundCloud and other podcast platforms.

Improving Access to Risk-Appropriate Care Through a Partnership Between OB-GYN and Pediatrics

The United States has one of the highest maternal mortality rates among high-income nations as well as a growing infant mortality rate. Wanda Barfield, MD, MPH, and Christopher M. Zahn, MD, discuss how collaboration between obstetrics, gynecology and pediatrics can promote access to risk-appropriate care and strengthen continuity of care for parents and their children.

Watch the video: [Improving Access to Risk-Appropriate Care Through a Partnership between Obstetrics and Gynecology and Pediatrics](#)



Preeclampsia Foundation Cuff Kit Program

The Preeclampsia Foundation offers a comprehensive resource known as [the Cuff Kit™](#). This kit includes a certified automatic blood pressure device, a blood pressure tracker and educational materials in a variety of formats. The kit also provides tools to educate about the signs, symptoms and postpartum risks associated with preeclampsia.

In order to qualify to participate in this work, providers must be able to:

1. Quickly and readily communicate with participating patients, utilizing telehealth as needed.
2. Prioritize distribution to highest risk, especially vulnerable women with lower ability to procure their own BP cuff (i.e., individual risk factors include chronic hypertension, history of preeclampsia, obesity, age [35+], autoimmune disorders; as well as population-level risk factors such as black, Native American or rural women).
3. Commit to provide quarterly feedback to help assess the impact of this initiative.

Please see the questions [here](#), so you can implement systems to collect this data.

Follow Us

Follow the IDPQC Activity Summary Basecamp Page to learn more about the development process of the PQC [here](#).

For more information about the Idaho Perinatal Quality Collaborative (IDPQC),
visit idahopqc.org.



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