TECHNICAL APPENDIX

Mama Certified Hospital Performance Metrics & Methodology

TriHealth Bethesda North Hospital

Purpose and Scope

This technical appendix provides detailed quantitative data and methodological information for researchers, public health professionals, and policy analysts interested in examining hospital performance metrics related to maternal and infant health equity. This section complements the patient-facing narrative by offering granular data, statistical context, and comparative benchmarks.

What It Means to Be Mama Certified

To become a Mama Certified member, hospitals must publicly commit to better maternal care, share their data, and work with Queens Village to design programs that center Black mamas' experiences. Members also train their staff on racial equity and respectful maternal care, and promote Mama Certified throughout their hospital and online.

Member Hospital Requirements:

- Public commitment to improving maternal and infant care
- Share performance data transparently with the public
- Collaborate with Queens Village Advisory Board
- Train staff on racial equity and respectful maternal care
- Promote Mama Certified through materials, signage, and staff identification
- Apply for full certification annually

Certification Process

Annual Certification Cycle

1. Hospitals report data on 26 different measures of care quality
2. The Health Collaborative verifies data accuracy and completeness
3. Cradle Cincinnati conducts comprehensive analysis
4. Queens Village Advisory Board provides community input on reports
5. The hospital earns a badge level based on its results in each focus area
6. Hospital leaders and Queens Village Hospital Advisory Board use findings and birthing experience studies to guide improvements

Behind The Mama Certified Badges

Mama Certified evaluates hospitals in three focus areas, with each hospital earning one badge per area:

- **Maternal Care** -- How the hospital cares for birthing mothers
- **Infant Care** -- How the hospital supports healthy babies
- **Community Care** -- How the hospital connects families to resources

Badge Level Definitions

Badge Level	Score Range	What It Means
Leader	90% or higher	High performance. Care is strong and equity is prioritized.
Advocate	70-89%	Solid work is happening. Progress is underway.
Ally	50-69%	Building a foundation---early stage of the work.

Complete Scoring Methodology

How Mama Certified Badges Are Earned

Steps in the Certification Process:
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Point System Details

Point Allocation:
- Each metric is assigned a point value between 0 and 1.5
- Metrics include subparts, also weighted between 0 and 1.5
- Points are awarded for both data sharing (transparency) and implementing evidence-based practices
- Total score reflects combination of care quality metrics and engagement with Mama Certified

TriHealth Bethesda North Hospital Badge Status

TriHealth Bethesda North Hospital earned Leader status in all three focus areas:

Infant Care Badge	100.0%	**Leader**
Maternal Care Badge	100.0%	**Leader**
Community Care Badge	97.8%	**Leader**

This represents exceptional achievement in maternal and infant health equity, demonstrating comprehensive commitment to evidence-based care, health equity initiatives, and community partnership.

Detailed Performance Metrics

Infant Care Metrics

Metric	Findings
Recognizing Disparities in Infant Health (20.25/20.25)	This hospital facility tracks, identifies and addresses infant health performance measures by race and ethnicity to assess potential disparities. ☐ Actions are being taken to address disparities in health outcomes related to infant care through implementation of a comprehensive doula program ☐ Action plans reviewed by Women's leadership team and Health Equity Institute leadership
Exclusive Human Milk Feeding (PC-05) (9/9)	The percentage of babies exclusively breastfed or fed breast milk while the newborn is at this hospital facility is below the 2024 regional average of 45.18%. ☐ The hospital facility is currently tracking race and ethnicity-specific data for exclusive breast milk feeding to monitor and address disparities
Breastfeeding Support & Practices (9/9)	The hospital facility promotes, protects and supports breastfeeding through comprehensive policies and practices: ☐ Written infant feeding policy routinely communicated to staff and parents ☐ Ongoing monitoring and data-management systems ☐ Immediate skin-to-skin contact and breastfeeding support ☐ 24-hour rooming-in practices ☐ Full-time lactation consultants on staff

Metric	Findings
	☐ Human donor milk program implemented
Unexpected Complications in Term Newborns (6/6)	The hospital currently reports Unexpected Complications in Term Newborns data for specific ethnicity and race categories. Newborn complications at this hospital facility are below the overall 2024 regional average of 3.51%, demonstrating strong neonatal care outcomes.
Safe Sleep Support (12/12)	Comprehensive safe sleep program including: ☐ Safe sleep screening procedures ☐ Printed and physical educational materials for all families ☐ Cribs for Kids accreditation with gold level designation ☐ Safe sleep training for all staff caring for infants

Maternal Care Metrics

Metric	Findings
Recognizing Disparities in Maternal Health (20.25/20.25)	This hospital facility tracks, identifies and addresses maternal health performance measures by race and ethnicity to assess potential disparities. ☐ Regular review of equity data through Quality Councilit and Women's Services leadership ☐ Action plans developed in collaboration with Health Equity Institute
Elective Delivery (PC-01) (4.5/4.5)	Rate of elective deliveries before 39 weeks gestation: 0%
Cesarean Birth (PC-02) (4.5/4.5)	Below the 2024 regional average of 26.95%.
Severe Obstetric Complications (PC-07) (4.5/4.5)	This hospital submitted data for this metric; however, as it is a developing measure, Mama Certified will not publicly report results in 2026, as this year serves as the baseline reporting period.
Birthing Friendly Hospital (15/15)	Comprehensive participation in quality collaboratives and safety initiatives: ☐ AIM (Alliance for Innovation on Maternal Health) collaborative ☐ Ohio Perinatal Quality Collaborative (OPQC) ☐ Magnet accreditation for nursing excellence ☐ Hemorrhage bundle implementation ☐ Hypertension bundle implementation

Metric	Findings
Smoking Cessation & Resources (4.5/4.5)	On-site tobacco cessation counseling available to all patients
Postpartum Mental Health (4.5/4.5)	Depression screening rate: 100% Universal screening with on-site behavioral health counseling and referral services for patients who screen positive.
Postpartum Family Planning (4.5/4.5)	On-site family planning counseling services available to all postpartum patients
Early Prenatal Care Access (4.5/4.5)	Percentage receiving prenatal care in first trimester: 90.74% Well above the 2024 regional average of 80.94%, demonstrating excellent access to early prenatal care.
Patient Satisfaction (4.5/4.5)	Systematic collection and utilization of patient satisfaction data to drive quality improvement initiatives
Doula and Care Team Integration (12/12)	Comprehensive doula program implementation: ☐ Doula-friendly hospital guidelines and policies ☐ Staff training video featuring Queens Village Advisory Board member ☐ 100% training completion requirement with pre/post assessment ☐ Measures of success: doula feedback, provider feedback, staff feedback, and number of doula-attended births

Community Care & Engagement Metrics

Metric	Findings
Mama Certified Leadership (3/3)	Team Leadership Structure: **Tonya Hurst, Director, Women's Health** • 25 years Women's healthcare experience • 4.5 years leading Perinatal Programs and OB Gyn Center • 2 years attending quarterly QVHAB meetings **Michele Lamping, Women's Clinical Quality Improvement Officer** • 38 years in Women's Health • Leads HTN and hemorrhage equity projects • Implemented SDOH screening in office and hospital settings
Screening for Social Drivers of Health (9/9)	Screening rate: 100%

Metric	Findings
	Universal screening for food, housing, financial, and transportation needs during prenatal and postpartum visits.
Referrals for Social Drivers of Health (9/9)	Comprehensive support services and referral pathways: ☐ Case management and social work services ☐ Community Health Workers (CHWs) ☐ Transportation assistance (Uber rides) ☐ On-site food pantry ☐ Legal aid partnership ☐ On-site financial counseling ☐ Interpreter services for all languages
Community Partnerships (3/3)	Active partnerships with community organizations to support comprehensive patient needs and health equity initiatives
Public Commitment to Mama Certified (15/15)	Distribution of physical and digital communication tools throughout facility and community
Hospital Staff Training (16.5/16.5)	100% of Labor & Delivery staff trained on Mama Certified principles and health equity Training integrated into Learning Management System (LMS) and onboarding processes for sustainability
Learning Collaborative Participation (7.5/7.5)	Active participation in Cradle Cincinnati collaborative and other quality improvement initiatives
Queens Village Engagement (15/15)	Deep, authentic engagement with Queens Village Hospital Advisory Board across four levels: ☐ **Inform:** Monthly meetings to share TriHealth operations and capabilities ☐ **Involve:** QVHAB member featured in doula training video ☐ **Collaborate:** QVHAB input contributed to doula policy development ☐ **Defer to/Empower:** QVHAB members lead discussions; their voices shape decision-making **Outcomes:** Practice changes, policy development, and training tool development driven by community input
Pathways for Improvement (10.5/10.5)	Specific strategies initiated or planned (October 2024 - June 2026): ☐ **Doula Training Video** - Comprehensive training with measures of success including respect/trust surveys, communication assessment, and role clarity evaluation

Metric	Findings
	☐ **Doula-Friendly Hospital Guidelines** - Policy development with feedback mechanisms from doulas, providers, and staff Additional Initiatives: ☐ Ohio Perinatal Quality Collaborative (OPQC) participation ☐ Magnet accreditation for nursing excellence

Staff Training and Engagement

Staffing Summary

TriHealth Bethesda North Hospital demonstrates robust staffing levels across Labor & Delivery and Prenatal/Perinatal departments with a combined total of 567.68 FTE.

Staff Category	Labor & Delivery FTE	Prenatal/Perinatal FTE
Physicians	0	60.4
Registered Nurses	163.09	67.08
Licensed Practical Nurses	0	0
Advanced Practice Nurses	0	13.73
Lactation Consultants	8.5	0
Non-licensed Staff	137.41	117.47
Total	309	258.68

Implicit Bias Training

TriHealth Bethesda North Hospital demonstrates excellence in staff training with 90-100% completion rate for implicit bias training across all staff categories.

Training Requirements:
☐ All tenured staff have completed implicit bias training.
☐ All newly hired staff are required to complete implicit bias training
☐ Training is required for ALL staff categories including physicians, nurses, support staff, administrative staff, and volunteers
☐ Demonstrates organizational commitment to health equity at all levels

Comprehensive Soft Skills Training

All 16 soft skills training categories are offered, showing strong commitment to holistic staff development:

- Active Listening
- Collaboration
- Communication Skills
- Conflict Management
- Critical Thinking
- Cultural Competency
- Emotional Intelligence
- Empathy
- Inclusive Leadership
- Professionalism
- Self-Reflection
- Stress Management
- Team-Based Care
- Time Management

Clinical Skills Requirements

Nurses in direct patient care are required to demonstrate competency in the following hard skills:

- Basic life support (BLS) skills
- Fetal monitoring
- IV placement
- Labor support techniques
- Medical terminology
- Medication calculation and administration
- Neonatal resuscitation
- Patient assessment
- Pediatric Advanced Life Support (PALS) Certification
- Vital signs measurement
- Wound care techniques

Training and assessment methods include simulation exercises, annual competency checkoffs, mandatory education, CME courses, and conferences.

Limitations and Methodological Considerations

Data Limitations

- **Two-year reporting lag:** Required for data collection, review, and verification. Hospital practices may have changed since data collection period.
- **Sample size considerations:** Some measures may include small sample sizes, particularly for racial/ethnic subgroup analysis, making results less generalizable.
- **Measurement limitations:** Not all aspects of care quality can be captured by quantitative metrics alone. Patient experience and interpersonal aspects of care are partially unmeasured.

- ☐ **Hospital-reported data:** Results reflect hospital-reported and verified data; individual patient experiences may vary from aggregate statistics.

Methodological Considerations

- ☐ **Risk adjustment:** Not all metrics are risk-adjusted for patient complexity. Hospitals serving higher-risk populations may have different outcome profiles.
- ☐ **Benchmark comparability:** National and state benchmarks may use slightly different measurement specifications or time periods.
- ☐ **Self-reported practices:** Some metrics rely on hospital self-report of policies and practices rather than direct observation.

Glossary of Technical Terms

AIM: Alliance for Innovation on Maternal Health
CCHMC: Cincinnati Children's Hospital Medical Center
CNL: Clinical Nurse Leader
LATCH: Breastfeeding assessment tool (Latch, Audible swallowing, Type of nipple, Comfort, Hold)
NTSV: Nulliparous, Term, Singleton, Vertex births
OPQC: Ohio Perinatal Quality Collaborative
PC-01 through PC-07: Joint Commission Perinatal Care measures
QIP: Quality Improvement Project
QVHAB: Queens Village Hospital Advisory Board
SDOH: Social Determinants of Health
SOP: Standard Operating Procedure
WHO: World Health Organization

Research Use and Citation

Recommended Citation

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This technical appendix supplements the patient-facing Mama Certified Hospital Report and is intended for researchers, public health professionals, and policy analysts.