Mama Certified
Equity Centered Maternal Care

TECHNICAL APPENDIX

Mama Certified Hospital Performance Metrics & Methodology

TriHealth McCullough-Hyde Memorial 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

Renewal Requirement:
Hospitals must renew certification annually. This ensures data remains current and hospitals maintain their commitment to continuous improvement.

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:
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

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 McCullough-Hyde Memorial Hospital Badge Status

TriHealth McCullough-Hyde Memorial Hospital achieved exceptional results, earning Leader status in all three focus areas:

Infant Care Badge	97.2%	**Leader**
Maternal Care Badge	97.2%	**Leader**
Community Care Badge	95.0%	**Leader**

This represents outstanding 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 taken from data include implementing comprehensive doula program across all Women's Services departments ☐ Action plans reviewed by Women's leadership team and Health Equity Institute
Exclusive Human Milk Feeding (PC-05) (9/9)	Percentage of babies exclusively breastfed or fed breast milk is above the 2024 regional average of 45.18%. ☐ Hospital tracks race and ethnicity-specific data for exclusive breast milk feeding
Breastfeeding Support & Practices (9/9)	Ohio First Steps for Healthy Babies initiative - 4-star designation Hospital has completed all 9 Baby-Friendly steps: ☐ Written infant feeding policy ☐ Ongoing monitoring and data management ☐ Staff training and competency ☐ Immediate skin-to-skin contact ☐ 24-hour rooming-in practices ☐ Human donor milk program

Metric	Findings
Unexpected Complications in Term Newborns (6/6)	Hospital reports Unexpected Complications in Term Newborns data by specific ethnicity and race categories. Newborn complications at this facility are below the overall 2024 regional average of 3.51%.
Safe Sleep Support (12/12)	Comprehensive safe sleep program: ☐ Safe sleep screening procedures ☐ Educational materials for all families ☐ Cribs for Kids accreditation - gold level ☐ Staff training on safe sleep practices

Maternal Care Metrics

Metric	Findings
Recognizing Disparities in Maternal Health (20.25/20.25)	Hospital tracks, identifies and addresses maternal health performance measures by race and ethnicity. ☐ Regular review through Quality Council and Women's Services leadership
Elective Delivery (PC-01) (4.5/4.5)	Rate of elective deliveries before 39 weeks gestation: 0% Meets national quality standard for evidence-based practice.
Cesarean Birth (PC-02) (4.5/4.5)	Below the 2024 regional average of 26.26%.
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)	☐ AIM (Alliance for Innovation on Maternal Health) collaborative ☐ Ohio Perinatal Quality Collaborative (OPQC) ☐ Magnet accreditation ☐ Hemorrhage bundle implementation ☐ Hypertension bundle implementation
Smoking Cessation (4.5/4.5)	Provision of smoking cessation resources to all patients
Postpartum Mental Health (4.5/4.5)	Depression screening rate: 100% Universal screening with referral services for positive screens
Early Prenatal Care (4.5/4.5)	Rate of first prenatal visit in first trimester: Above 2024 regional average of 60.50%

Metric	Findings
	Proactive outreach: ED positive pregnancy test tracking, Medicaid gap reports, high-risk protocols for late/inadequate care
Patient Satisfaction (12/12)	Press Ganey patient surveys during and after delivery stay ☐ Data shared with all departments via dashboard and weekly reports ☐ Feedback used to modify practice through after-action reviews ☐ Patient safety and DEI teams monitor implementation
Doula Integration (12/12)	Formal process allowing doulas during all stages of labor ☐ Created consent and guidelines for doulas ☐ Doulas integrated as advocates providing emotional, physical, and informational support ☐ Staff training video on doula interactions

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
Social Drivers Screening (17.5/19.5)	Screening for: food insecurity, housing instability, financial problems, transportation, interpersonal violence, legal concerns, addiction, tobacco use ☐ Screenings in 1st, 2nd, 3rd trimesters and at each triage admission ☐ Every 3 months for outpatient; once when admitted for delivery ☐ Standardized screening tool with patient informed consent ☐ Results accessible in Epic to all team members
Social Drivers Referrals (9/9)	Comprehensive referral pathways: ☐ Case management services ☐ Interpreter services for all languages ☐ On-site food pantry ☐ Community organization partnerships

Metric	Findings
Queens Village Engagement (49.5/49.5)	Deep engagement across all four levels: ☐ **Inform:** Panel discussions at Cradle community meetings, doula community discussions ☐ **Consult:** Monthly meetings on TriHealth operations ☐ **Involve:** QVHAB member featured in doula training video ☐ **Collaborate:** QVHAB input contributed to doula policy ☐ **Defer/Empower:** QVHAB members lead discussions; voices shape decision-making **Outcomes:** Practice changes, policy development, training tools
Pathways for Improvement (10.5/10.5)	**Key Initiatives:** ☐ **Doula Training Video:** Pre/post quiz with 100% passing requirement ☐ **Doula-Friendly Guidelines:** Feedback from doulas, providers, staff **State/National Initiatives:** ☐ Ohio Perinatal Quality Collaborative (OPQC) ☐ Magnet Accreditation

Staff Training and Engagement

Staffing Summary

TriHealth McCullough-Hyde Memorial Hospital demonstrates substantial staffing commitment with 891.46 total FTE across Labor & Delivery and Prenatal/Perinatal departments.

Staff Category	Labor & Delivery FTE	Prenatal/Perinatal FTE
Physicians	0	93.65
Registered Nurses	235.94	104.04
Licensed Practical Nurses	1	0
Advanced Practice Nurses	0	15.2
Lactation Consultants	11.5	0
Non-licensed Staff	266.83	169.6
Total	515.27	382.49

Implicit Bias Training

90-100% completion rate for implicit bias training across required staff categories, demonstrating strong organizational commitment.

Training Requirements:
- ☐ All tenured staff have completed implicit bias training.
- ☐ Required for newly hired staff in most categories
- ☐ Includes physicians, nurses, support staff, administrative staff, and volunteers

Comprehensive Training Programs

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

10 of 12 hard skills required (92% coverage):
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

The Health Collaborative and Cradle Cincinnati. (2025). Mama Certified Hospital Report: TriHealth McCullough-Hyde Memorial Hospital - Technical Appendix. Cincinnati, OH: Mama Certified Initiative.

Report Metadata

- **Report Version:** 1.0
- **Data Year:** 2024
- **Publication Date:** 2026

- **Hospital:** TriHealth McCullough-Hyde Memorial Hospital

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