



# TECHNICAL APPENDIX

*Mama Certified Hospital Performance Metrics & Methodology*

UC Health Medical Center

## 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:**

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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

## UC Health Medical Center Badge Status

UC Health Medical Center earned Leader status and perfect scores in all three focus areas:

<b>Infant Care Badge</b>	100.0%	<b>Leader</b>
<b>Maternal Care Badge</b>	100.0%	<b>Leader</b>
<b>Community Care Badge</b>	100.0%	<b>Leader</b>

UC Health Medical Center is one of the highest-performing hospitals in the Mama Certified program, achieving perfect scores in all three focus areas. This represents exceptional commitment to maternal and infant health equity.

## Detailed Performance Metrics

### Infant Care Metrics

Metric	Findings
<b>Recognizing Disparities (20.25/20.25)</b>	<p>Hospital tracks, identifies and addresses infant health disparities by race and ethnicity</p> <ul style="list-style-type: none"> <li>Disparities reviewed during Women's Health clinical domain meetings</li> <li>Comprehensive monitoring: breastfeeding, prematurity, infant mortality</li> <li>Action plans reviewed by providers and healthcare leadership team</li> </ul>
<b>Exclusive Breastfeeding (9/9)</b>	<p>Note: Below 2024 regional average of 45.18%</p> <ul style="list-style-type: none"> <li>Tracking race and ethnicity-specific data for continuous improvement</li> </ul>
<b>Breastfeeding Support (9/9)</b>	<ul style="list-style-type: none"> <li>5-star Ohio First Steps designation (highest possible)</li> <li>Baby-Friendly Hospital Designation</li> <li>Tracks skin-to-skin initiation in first hour</li> </ul>
<b>Unexpected Complications (6/6)</b>	<p>Reports data by specific ethnicity and race categories Newborn complications BELOW 2024 regional average of 3.51%</p>
<b>Safe Sleep (12/12)</b>	<ul style="list-style-type: none"> <li>Cribs for Kids GOLD level designation (highest level)</li> <li>Safe sleep screening procedures</li> <li>Physical educational materials prenatally and postnatally</li> <li>Partnership with Cribs for Kids for securing cribs</li> </ul>

## Maternal Care Metrics

Metric	Findings
<b>Recognizing Disparities</b> (29.25/29.25)	Comprehensive data collection and stratification: <ul style="list-style-type: none"> <li>• Race and ethnicity in medical records at registration</li> <li>• Patient safety data stratified by sociodemographics</li> <li>• Healthcare disparities identified through data stratification</li> <li>• Action plans with measurable outcomes</li> </ul>
<b>Elective Delivery</b> (4.5/4.5)	0% elective deliveries before 39 weeks - meets national standard
<b>Cesarean Birth</b> (4.5/4.5)	Has a C-section rate comparable to the regional average
<b>Severe Complications</b> (4.5/4.5)	Comprehensive maternal safety initiatives with demonstrated outcomes
<b>Birthing Friendly</b> (15/15)	<ul style="list-style-type: none"> <li>• Ohio Perinatal Quality Collaborative (OPQC)</li> <li>• Multiple state and national quality initiatives</li> </ul>
<b>Smoking Cessation</b> (4.5/4.5)	Comprehensive tobacco cessation resources
<b>Mental Health</b> (4.5/4.5)	Depression screening with comprehensive referral services
<b>Family Planning</b> (4.5/4.5)	Family planning counseling services available
<b>Early Prenatal Care</b> (4.5/4.5)	Above regional average for first trimester care initiation
<b>Patient Satisfaction</b> (12/12)	Comprehensive patient satisfaction monitoring and improvement initiatives
<b>Doula Integration</b> (12/12)	Formal doula integration with presence during all labor stages

## Community Care & Engagement

Metric	Findings
<p><b>Leadership (3/3)</b></p>	<p><b>Julie Bell, MSN, RN, IBCLC</b> Clinical RN Manager</p> <ul style="list-style-type: none"> <li>• 25+ years maternal and infant health leadership</li> <li>• Leads nurse care coordination, community outreach, fetal care, lactation, diabetes education, and birth records</li> <li>• Advanced equity work across Ohio through breastfeeding disparity reduction grants, Baby Café expansion, and statewide quality improvement initiatives</li> <li>• Active leader in AIM Hypertension, Ohio Council to Advance Maternal Health, and March of Dimes; long-time partner with Cradle Cincinnati and Mama Certified</li> </ul> <p><b>William Moravec, MD</b> Medical Director</p> <ul style="list-style-type: none"> <li>• Board-certified OB/GYN and Medical Director of UCMC Labor &amp; Delivery; UC medical school and residency trained</li> <li>• More than 10 years leading equity-driven maternal health initiatives, including place-based care for Avondale residents that significantly reduced extreme preterm birth</li> <li>• Principal investigator and collaborator on funded research to reduce Black maternal mortality during pregnancy and postpartum</li> <li>• Long-standing partner with Cradle Cincinnati and engaged in Mama Certified since its launch at UCMC</li> </ul>
<p><b>SDOH Screening (19.5/19.5)</b></p>	<p>Screening Practices:</p> <ul style="list-style-type: none"> <li>• Screens for: food, housing, financial, transportation, violence, infant supplies</li> <li>• 1st, 2nd, 3rd trimester screening plus admission and discharge</li> <li>• Healthcare providers can access all screening results</li> <li>• Formal training in new hire process with annual refreshers</li> <li>• Patients informed by admissions clerk and RN about safety importance</li> </ul>
<p><b>SDOH Referrals (10.5/10.5)</b></p>	<p>Comprehensive referral network:</p> <ul style="list-style-type: none"> <li>• Social workers provide counseling with outpatient Mental Health Services</li> <li>• Help Me Grow and Every Child Succeeds partnerships</li> <li>• Infant supplies provided</li> <li>• Baby Steps and Baby Café programs</li> <li>• Patients welcomed to return for support and education</li> <li>• Follow-up calls for high depression screenings</li> </ul>
<p><b>Community Partnerships (13.5/13.5)</b></p>	<p>Extensive partnership network:</p> <ul style="list-style-type: none"> <li>• Cincinnati Health Department, Managed Care Plans, Women Helping Women</li> <li>• Charlie Health, Every Child Succeeds, CCHMC</li> <li>• Ronald McDonald House, Section 8 housing</li> </ul>

Metric	Findings
	<ul style="list-style-type: none"> <li>• UCH financial counseling</li> <li>• Hospital Metro, Medicaid transportation</li> <li>• Equity principles guide all partnerships</li> </ul>
<b>Staff Training (28.5/28.5)</b>	100% training completion for Women's Health/OBGYN staff <ul style="list-style-type: none"> <li>• Embedded in Learning Management System</li> <li>• Integrated into onboarding for all new hires</li> <li>• New Hire Onboarding Orientation plus Computer Based Training</li> <li>• Hospital outpatient practices for UCMC employees onboarded</li> </ul>
<b>Learning Collaborative (3/3)</b>	Dr. Elizabeth Kelly serves on Cradle Cincinnati Circle of Advisors
<b>Queens Village (49.5/49.5)</b>	Queens Village Hospital Advisory Board Collaboration: <ul style="list-style-type: none"> <li>• Collaborative birthing plan templates with community doula organizations</li> <li>• Increased internal clinical staff education on doula outcomes</li> <li>• Care team huddles for birthing experience</li> </ul> Representatives: Evelyn Agbomi, Dr. Heather Masters  Queen's Village has a physical station set up at Hoxworth Women's Clinic to provide presentations, information, and community support for staff and patients.
<b>Pathways for Improvement (10.5/10.5)</b>	<b>Active Initiatives:</b> <ul style="list-style-type: none"> <li>• Ohio Perinatal Quality Collaborative</li> <li>• Multiple state and national quality improvement programs</li> <li>• Champs National program - collaboration with the center for health equity and research and the CDC - Center for Disease Control.</li> <li>• Team Birth initiative</li> <li>• AIM Hemorrhage and the Ohio Alliance for Innovation (AIM) in Maternal Health Hypertension Pathway through OPQC</li> </ul>

## Staff Training and Engagement

### Staffing Summary

UC Health demonstrates robust staffing levels across Labor & Delivery and Prenatal/Perinatal departments with a combined total of 144.85 FTE.

Staff Category	FTE Count
Licensed Physicians	22 (across L&D and prenatal/perinatal)
Registered Nurses - L&D	104.75
Advance Practice Nurses	9
Non licensed staff	30.1
Lactation Consultants	10

### Implicit Bias Training

UC Health has less than 50% completion rate for implicit bias training across Women's Health and OBGYN staff as of June 30, 2025.

### 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
- Vital signs measurement
- Wound care techniques

Training and assessment methods include simulation exercises, return demonstrations, and computer-based modules.

## 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.*