TECHNICAL APPENDIX

Mama Certified Hospital Performance Metrics & Methodology

UC Health West Chester 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

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 West Chester Hospital Badge Status

UC Health West Chester Hospital achieved Leader status in all three focus areas:

Infant Care Badge	97.7%	**Leader**
Maternal Care Badge	97.7%	**Leader**
Community Care Badge	97.5%	**Leader**

This represents exceptional achievement in maternal and infant health equity across all domains.

Detailed Performance Metrics

Infant Care Metrics

Metric	Findings
Recognizing Disparities (20.25/20.25)	Hospital tracks, identifies and addresses infant health disparities by race and ethnicity • Reviews disparities in breastfeeding, prematurity, infant mortality during Women's Health clinical domain meetings • Action plans reviewed by providers and healthcare leadership team
Exclusive Breastfeeding (9/9)	Above 2024 regional average of 45.18% • Tracking race and ethnicity-specific data
Breastfeeding Support (9/9)	Ohio First Steps - 4-star designation Step 9 of 10 WHO Baby-Friendly steps completed • Baby Café support program • Donor milk available • Lactation coverage 7 days a week • Tracks skin-to-skin initiation in first hour
Unexpected Complications (6/6)	Reports data by specific ethnicity and race categories Newborn complications below 2024 regional average of 3.51%
Safe Sleep (11/12)	• Safe sleep screening procedures • Physical educational materials provided • Cribs for Kids silver level designation • Collaboration with Butler County Health Department for crib support

Maternal Care Metrics

Metric	Findings
Recognizing Disparities (29.25/29.25)	Comprehensive data stratification: • Race and ethnicity collected at registration • Patient safety data stratified by sociodemographic characteristics • Social determinants tracked • Leadership review and action planning
Elective Delivery (4.5/4.5)	0% elective deliveries before 39 weeks Meets national quality standard
Cesarean Birth (4.5/4.5)	Active quality improvement: • Analyzing data by race to identify inequities • Goal: Reduce NTSV c-section rates
Severe Complications (4.5/4.5)	Comprehensive safety bundle implementation: • AIM Postpartum Hemorrhage emergency management • AIM Hypertension safety bundle • Goal: Reduce severe maternal morbidity and mortality
Birthing Friendly (15/15)	• Ohio Perinatal Quality Collaborative (OPQC) • Magnet Accreditation • Team Birth initiative
Smoking Cessation (4.5/4.5)	Tobacco cessation resources provided
Mental Health (4.5/4.5)	Depression screening with referral services
Family Planning (4.5/4.5)	Family planning counseling services available
Early Prenatal Care (4.5/4.5)	Above regional average for first trimester care initiation
Doula Integration (12/12)	Formal doula integration process with comprehensive support throughout labor and delivery

Community Care & Engagement

Metric	Findings
Leadership (3/3)	Julie Bell, MSN, RN, IBCLC Clinical RN Manager • 25+ years maternal and infant health leadership • Leads nurse care coordination, community outreach, fetal care, lactation, diabetes education, and birth records

Metric	Findings
	• Advanced equity work across Ohio through breastfeeding disparity reduction grants, Baby Café expansion, and statewide quality improvement initiatives • Active leader in AIM Hypertension, Ohio Council to Advance Maternal Health, and March of Dimes; long-time partner with Cradle Cincinnati and Mama Certified **William Moravec, MD** Medical Director • Board-certified OB/GYN and Medical Director of UCMC Labor & Delivery; UC medical school and residency trained • More than 10 years leading equity-driven maternal health initiatives, including place-based care for Avondale residents that significantly reduced extreme preterm birth • Principal investigator and collaborator on funded research to reduce Black maternal mortality during pregnancy and postpartum • Long-standing partner with Cradle Cincinnati and engaged in Mama Certified since its launch at UCMC
SDOH Screening (19.5/19.5)	Comprehensive screening for social determinants: • Food insecurity, housing, transportation, safety, utilities • Conducted during admission and outpatient visits • Formal training in new hire process • Re-evaluation following referrals
SDOH Referrals (9/9)	Community partnerships and services: • Reach Out Lakota, food banks • Managed Medicaid, cab vouchers for transportation • Women Helping Women for interpersonal violence • Interpreter patient line for post-discharge support
Community Partnerships (13.5/13.5)	Vetted partnerships with equity principles: • Legal department reviews all contracts • Equity evaluation for all partnerships • Community Health Workers in Women's Health outpatient center • Regular meetings with signed MOUs
Mama Certified Promotion (15/15)	Comprehensive visibility campaign: • Flyers in prenatal/postpartum packets and public spaces • Staff wear pins, badges, lanyards, t-shirts • Static clings, posters, desk plaques • Website and intranet presence
Staff Training (25.5/28.5)	100% training completion for Women's Health/OBGYN staff • Embedded in Learning Management System • Integrated into onboarding for all new hires • Extended to outpatient practices

Metric	Findings
	• All roles included: physicians, NPs, RNs, LPNs, MAs, case managers, lactation consultants, social workers
Learning Collaborative (3/3)	Two representatives on Cradle Cincinnati Circle of Advisors
Queens Village (49.5/49.5)	Queens Village Hospital Advisory Board Collaboration: • Collaborative birthing plan templates with community doula organizations • Increased internal clinical staff education on doula outcomes • Care team huddles for birthing experience Representatives: Evelyn Agbomi, Dr. Heather Masters
Pathways for Improvement (10.5/10.5)	Active Initiatives: • Ohio Perinatal Quality Collaborative • Magnet Accreditation • AIM Postpartum Hemorrhage and Hypertension programs • Team Birth initiative

Staff Training and Engagement

Staffing Summary

UC Health West Chester Hospital demonstrates staffing across Labor & Delivery and Prenatal/Perinatal departments with a combined total of 84.8 FTE.

Staff Category	FTE Count
Licensed Physicians	6 (across L&D and prenatal/perinatal)
Nurse Practitioners	5 (across L&D and prenatal/perinatal)
Registered Nurses - L&D	38.4
Medical Assistants	12.7
Lactation Consultants	1.4

Implicit Bias Training

UC Health West Chester 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:

7. Basic life support (BLS) skills
8. Fetal monitoring
9. IV placement
10. Labor support techniques
11. Medical terminology
12. Medication calculation and administration
13. Neonatal resuscitation
14. Patient assessment
15. Vital signs measurement
16. 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

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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.