

JUNE 2019

# South Carolina AIM

## WHAT IS AIM?

The United States has the worst rate of maternal deaths in the developed world, and 60 percent are preventable.<sup>1</sup> For every maternal death, 70 mothers nearly die.<sup>2</sup> In response, The **Alliance for Innovation on Maternal Health (AIM)** was founded, a national alliance to promote consistent and safe maternity care to reduce maternal mortality.<sup>3</sup> The purpose of AIM is to “equip, empower and embolden every state, perinatal quality collaborative, hospital network/system, birth facility and maternity care provider in the U.S to **significantly reduce severe maternal morbidity and maternal mortality** through proven implementation of consistent maternity care practices.”<sup>4</sup> AIM strategies include broad partnership, tools and technical assistance, implementation training, real-time data, building on existing initiatives, and incremental bundle adoption.<sup>5</sup>

AIM maternal safety bundles (action systems) focus on maternal venous thromboembolism prevention, postpartum care basics for maternal safety, maternal opioid use disorder, obstetric hemorrhage, reduction of peripartum racial/ethnic disparities, safe reduction of primary cesarean, severe hypertension in pregnancy, severe maternal morbidity review, and support after a severe maternal event.<sup>2</sup> Hospitals participating in AIM collect a series of process measures which help the birthing facility monitor its implementation of these bundles. Likewise, **severe maternal morbidity (SMM)<sup>6</sup> outcome data is collected for these obstetric patient groups: all birth events, maternal hemorrhage, severe hypertension/preeclampsia, primary cesarean, and venous thromboembolism.**

## ADDRESSING SEVERE MATERNAL MORBIDITY IN SOUTH CAROLINA

In 2015, the SC Birth Outcomes Initiative annual symposium focused on the recognition that the necessary focus on infant outcomes had meant that often maternal outcomes were largely ignored.

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<sup>1</sup> Martin, N. & Montagne, R. ProPublica and NPR. (2017, May 12). *The Last Person You'd Expect to Die in Childbirth*. Retrieved from <https://www.propublica.org/article/die-in-childbirth-maternal-death-rate-health-care-system>

<sup>2</sup> National Public Radio. Special Series. *Lost Mothers: Maternal Mortality in the U.S.* Retrieved from <https://www.npr.org/series/543928389/lost-mothers>

<sup>3</sup> Funded through the Health Resources and Services Administration Maternal and Child Health Bureau, it is a program under the auspices of the Council for Patient Safety in Women's Health Care (for which the American College of Obstetricians and Gynecologists is a member).

<sup>4</sup> The American College of Obstetricians and Gynecologists. *Alliance for Innovation on Maternal Health (AIM)*. Retrieved from <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/What-is-AIM>

<sup>5</sup> Council on Patient Safety in Women's Healthcare. *Alliance for Innovation on Maternal Health Program*. Retrieved from <https://safehealthcareforeverywoman.org/aim-program/>

<sup>6</sup> The definition for SMM is provided on page 2.

Since then, each of the annual BOI symposium annual meetings has had some focus on maternal morbidity reduction. The 2018 meeting highlighted a) listening to obstetric patients to reduce preeclampsia-related complications and b) the implications of maternal stress for adverse birth outcomes.<sup>7</sup>

As of August 2018, the federal Health Resources and Services Administration awarded The American College of Obstetricians and Gynecologists \$2 million to reduce preventable maternal deaths and complications from childbirth through AIM. This expanded funding will be used to engage more states and hospitals, and, as of October 2019, South Carolina will officially be an AIM state.

As part of the AIM launch, the University of South Carolina Institute for Families in Society has agreed to monitor statewide and hospital-level AIM outcome measures. **At no cost to your facility, we are sharing AIM data with you via the SC BOI dashboard** to help your birthing facility engage in this important and timely dialogue about improving maternal safety in order to reduce severe maternal morbidity, save both maternal and infant lives, and decrease healthcare costs.

## SEVERE MATERNAL MORBIDITY DEFINITION

For AIM, SMM is defined by these indicators:

SEVERE MATERNAL MORBIDITY INDICATORS
<b>BASED ON ICD-10 CM DIAGNOSIS CODE</b>
Acute myocardial infarction
Aneurysm
Acute renal failure
Adult respiratory distress syndrome
Amniotic fluid embolism
Cardiac arrest/ventricular fibrillation
Disseminated intravascular coagulation
Eclampsia (HELLP syndrome is currently not included as it ranges in severity and more research is needed)
Heart failure/arrest during surgery or procedure
Puerperal cerebrovascular disorders
Pulmonary edema/ Acute heart failure
Severe anesthesia complications
Sepsis

Shock
Sick cell disease with crisis
Air and thrombotic embolism
<b>BASED ON ICD-10 PCS PROCEDURE CODE</b>
Blood transfusion (not limited to $\geq 4$ units)
Conversion of cardiac rhythm
Hysterectomy
Temporary tracheostomy
Ventilation

Notes: AIM excludes from the birth admission denominator pregnancies with abortive outcome, such as abdominal, tubal, ovarian, ectopic pregnancies, as well as spontaneous abortions and terminations. This measure is not restricted to singleton births and does not exclude stillbirths.

For more information about AIM data, visit [safehealthcareforeverwoman.org/aim-data/](https://safehealthcareforeverwoman.org/aim-data/).

<sup>7</sup> South Carolina Birth Outcomes Initiative. *2018 South Carolina Birth Outcomes Initiative Symposium Brochure*. Retrieved from [https://www.scha.org/files/2018\\_scboi\\_symposium\\_registration\\_brochure\\_v2.pdf](https://www.scha.org/files/2018_scboi_symposium_registration_brochure_v2.pdf)