

Idaho Perinatal Quality Collaborative News

May 2025

The Idaho Perinatal Quality Collaborative works to improve the quality of maternal health outcomes for all Idahoans. We promote evidence-based best practices in perinatal and neonatal care, work to increase access, and improve the overall health and well-being of families. Together, we can achieve our goal of providing respectful, compassionate, and effective care to all who need it.



May is Maternal Mental Health Month

Maternal Mental Health Month is the perfect time to raise awareness of Perinatal Mental Health Disorders (PMHDs) and break the silence surrounding mental health challenges during pregnancy and after birth.



This year, Postpartum Support International invites us to join their

#WeAre1in5 campaign to help share real stories of struggle, strength and recovery from parents around the world. Together, we can create space for connection, healing and hope. Learn more on Postpartum Support International's page, and check out their Social Media Toolkit [here](#).

Join us for the IDPQC Annual Summit

Join the Maternal and Child Health Program of the Idaho Department of Health and Welfare, and Comagine Health for the annual IDPQC Summit!

When: Friday, May 30, 2025

Where: Boise State University, Boise ID / Virtual attendance

- In-person registration has closed, but virtual registration will remain open until the day of the summit.
- [Click Here to Register Now!](#)

Agenda: [Click here for the full 2025 IDPQC Summit Agenda](#)

Continuing education credits available for in person and online attendance. For more details, please see the following link: [IDPQC Summit Accreditation and Credit Certification Information](#)



[Register Here](#)

[Update from the American College of Obstetricians and Gynecologists \(ACOG\):](#) Quality-Improvement Strategies for Safe Reduction of Primary Cesarean Birth



The new committee statement from the American College of Obstetricians and Gynecologists (ACOG) offers clear, evidence-based strategies for safely reducing first-time cesarean births. Recommendations include improving communication and teamwork on labor units, proactively addressing common clinical factors like fetal positioning and heart rate changes, and ensuring patients are supported through informed, respectful decision making. These strategies are a valuable resource for Idaho clinicians and hospitals seeking to improve birth outcomes and reduce unnecessary interventions.

Read the full statement [here](#).

Report: Stopping the Loss of Rural Maternity Care

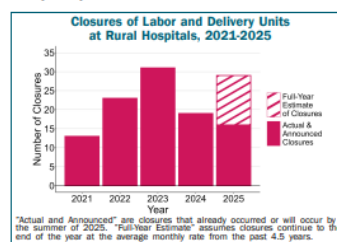
A new report from the Center for Healthcare Quality & Payment Reform (CHQPR) shows that over 100 rural hospitals have stopped delivering babies since 2020 – and in several states, up to half of rural obstetrics units have closed in just five years. Many more communities are at risk due to ongoing workforce shortages and inadequate payment from both public and private insurers. This report outlines state-by-state



STOPPING THE LOSS OF RURAL MATERNITY CARE

Over 100 Rural Labor & Delivery Units Have Closed Since 2020

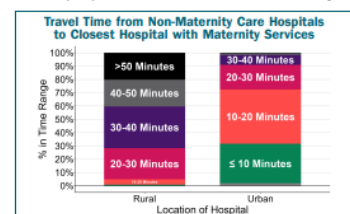
Since the end of 2020, more than 100 rural hospitals have stopped delivering babies or announced they will stop during 2025. Over the past 4.5 years, rural labor & delivery units have closed in the majority of states, and in 4 states, 1/4 or more of the rural hospitals stopped delivering babies. The number of closures and announced closures in the first half of 2025 has already nearly reached the number in all of 2024.



Most Rural Hospitals in the U.S. No Longer Deliver Babies

hospital with labor and delivery services is under 20 minutes, but in rural areas, the travel time is likely to be at least 30 minutes, and it is often 50 minutes or more.

There is a higher risk of complications and death for both mothers and babies in communities that do not have local maternity care services. Women are less likely to obtain adequate prenatal and postpartum care when it is not available locally.



Many More Rural Communities Are at Risk of Losing Maternity Care

Payments from private insurance plans and Medicaid programs often do not cover the high cost of delivering safe, high-quality maternity care, particularly in rural areas. Many rural hospitals can't offset financial losses on maternity care be-

closures and provides actionable strategies to preserve rural maternity care – ranging from workforce recruitment models to payment reform solutions like standby capacity payments.

Read the full report [here](#).

New AIM Series to Help Emergency Departments, Emergency Medical Services (EMS) and Hospitals without Labor & Delivery (L&D) Units to Prepare for Obstetric (OB) Emergencies

The AIM National Team is excited to host an AIM Obstetric Readiness Summer Sprint Learning Series!

This five-part series will provide an overview of topics related to planning and assessment for OB readiness. Participants will gain insight on pre-hospital readiness planning, simulations for emergency staff, assessment practices, and engaging rural or resource-limited settings in OB readiness.



The sessions will each be 75 minutes, from 1 - 2:15 p.m. MT, and run from June to August.

Session Topics:

- **Session 1 - June 25, 2025:** Obstetric Care in Rural Environments: A Review of the Landscape and Opportunities for Care
- **Session 2 - July 9, 2025:** Planning and Assessment of Obstetric Emergency Readiness: Moving Information to Action
- **Session 3 - July 23, 2025:** Pre-Hospital Care: Collaboration with Emergency Medical Services (EMS) in OB Readiness
- **Session 4 - August 6, 2025:** Sharing Best Practices in Obstetric Simulations for the Emergency Department
- **Session 5 - August 13, 2025:** Obstetric Care Assessment for Resource Limited Environments

Register for one or more sessions [here](#).

For more information on each session [click here](#).

If you have any questions, please reach out to aim@acog.org.

Follow Us

Follow the IDPQC Activity Summary Basecamp Page to learn more about the development process of the PQC [here](#). For more information about the IDPQC, visit idahopqc.org.



This project was supported by CFDA 93.994 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Idaho Department of Health and Welfare or the Health Resources and Services Administration.