

Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session

November 12, 2025

CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.5 hours are approved for this course.**

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Learning Objectives

- Identify Urgent Maternal Warning Signs (UMWS)
- Discuss region-specific needs related to UMWS patient education

Agenda

1. **Welcome** – Jennifer Condel, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
2. **Urgent Maternal Warning Signs Community Training**– Aasta Mehta, MD, MPP, PA PQC Advisory Co-Chair
3. **Urgent Maternal Warning Signs Sprint Overview and Future Collaboration** – Jennifer Condel, SCT(ASCP)MT
4. **PA PQC Sprint Peer-to-Peer Presentations** – facilitated by Maureen Saxon-Gioia, MSHSA, BSN, RN, PA PQC QI Coach, Jewish Healthcare Foundation
5. **Region-Specific Breakouts for Collaboration**
 - **Northwest and Southwest** – facilitated by Jennifer Condel, SCT(ASCP)MT, Manager, Lead QI Coach, Jewish Healthcare Foundation and Lisa Boyd, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation
 - **Northeast** – facilitated by Karena Moran, PhD, QI Coach and NEPaPQC Manager
 - **Southeast** – facilitated by Maureen Saxon-Gioia, MSHSA, BSN, RN, PA PQC QI Coach, Jewish Healthcare Foundation and Aasta Mehta, MD, MPP, PA PQC Advisory Group Co-Chair
 - **Lehigh/Capitol** – facilitated by Kristen Brenneman, MSN, PA PQC QI Coach, Jewish Healthcare Foundation and Hadar Re'em, Program Associate, Jewish Healthcare Foundation
6. **Wrap-up & Next Steps** – Lisa Boyd, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation

Urgent Maternal Warning Signs Community Training

AASTA MEHTA, MD, MPP, PA PQC ADVISORY CO-CHAIR

Goals

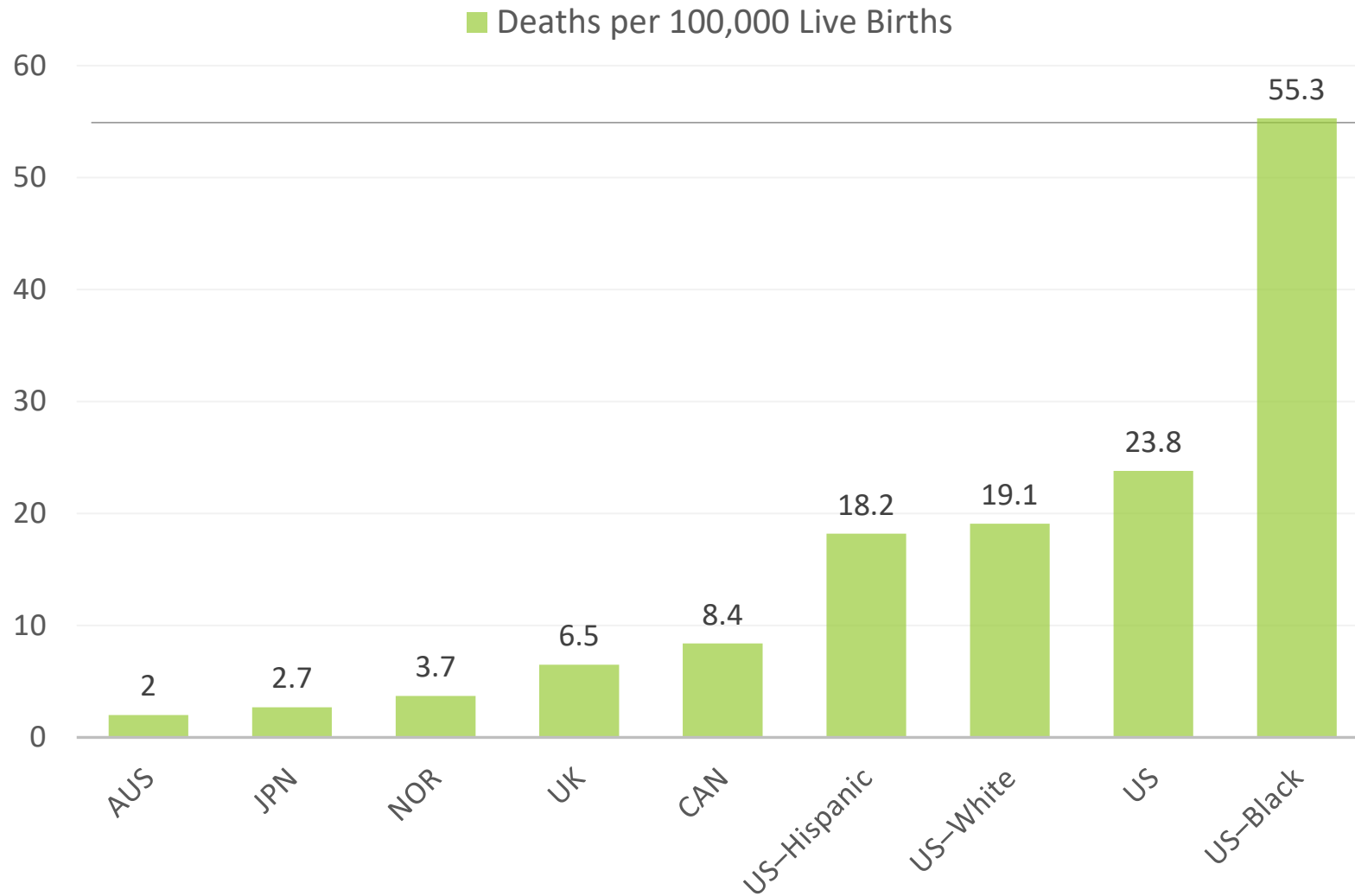
- Discuss pregnancy related morbidity and mortality in light of current trends
- Recognize signs and symptoms of maternal complications during pregnancy and postpartum
- Discuss how to engage birthing individuals who are experiencing complications to receive the help that they need

Why?

Definitions

- **Pregnancy related death:** death of the individual that occurs during pregnancy or within one year after the end of pregnancy from causes which are related to or aggravated by the pregnancy or its management
- **Severe maternal morbidity (SMM):** pregnancy-related complications that have serious short- and long-term consequences on the individual's health

Global Performance of Maternal Death Rate



49TH OUT OF 184
COUNTRIES FOR
MATERNAL DEATHS
GLOBALLY

ONE OF EIGHT
COUNTRIES WHERE
RATES ARE ON THE RISE

Pregnancy-related deaths

About **1,205** individuals die each year in the United States from pregnancy-related causes. (2021)

In **Pennsylvania**, there are an average of 30 pregnancy-related deaths per year.

In Pennsylvania:

In 2021:

- Leading cause of pregnancy related death was mental health conditions
- Most pregnancy related deaths occurred after delivery (69%)
- Black individuals were 3 times more likely to die of a pregnancy related cause than white individuals
- Over 90% of pregnancy related deaths were preventable

Severe maternal morbidity

Affects 50,000 people per year in the United States
1359 people in Pennsylvania (2021)

In Pennsylvania (2011-2014)

Birth parents who were over age 35 were more likely to experience an SMM
Non-Hispanic Black birthing people experienced disproportionately high rates of SMM compared to other race and ethnicity groups
SMM rates similar in both rural and urban settings

Severe Maternal Morbidity in Philadelphia, 2011-2014, PDPH.

Where do you come in?

It takes a village!

It's important that **everyone** is aware of the warning signs of post-birth complications to look out for!

Supporting others: we all encounter people – our friends, family members, colleagues, clients, patients – who may exhibit signs of post-birth complications

- Knowing the warning signs equips us all to provide support and guidance, **potentially saving lives** through early intervention

Community of awareness: if we are all aware of the warning signs, we can create a broader **community of awareness and advocacy** for maternal health, and **healthier outcomes for all!**

What are the early warning signs?

Warning Signs:

Contact your healthcare provider or seek emergency care

DIZZINESS OR
FAINTING

BLEEDING;
SOAKING
THROUGH A
PAD PER HOUR

SEVERE
PERSISTENT
BELLY PAIN

FEVER OF
100.4F OR
HIGHER

PERSISTENT
HEADACHE

CHANGES IN
VISION

EXTREME
SWELLING OF
HANDS OR
FACE

Warning Signs:

Contact your healthcare provider or seek emergency care

PAIN IN CHEST

THOUGHTS OF
HURTING
YOURSELF OR
SOMEONE ELSE

SEIZURES

TROUBLE
BREATHING

RAPID
HEARTBEAT

SEVERE NAUSEA
AND VOMITING

RED SWOLLEN LEG
THAT IS PAINFUL
OR WARM TO
TOUCH*

***Red may not present on all skin tones.**

Scenario



After pregnancy and for the next year,
**NO SYMPTOM
IS TOO SMALL**



You are catching up with a friend over lunch. She mentions that despite giving birth two months ago, she has been experiencing persistent bleeding, often soaking through pads. She says that she's been so tired as she adjusts to parenthood and hopes it is just a normal part of postpartum recovery.

What are some things you could ask or say?



What should you do?

01 ?

Ask clarifying questions as needed.

"How often are you soaking through pads?" (several times per day is a red flag)

02



Speak up about what you've learned.

"I learned about this in a training. Some bleeding after birth is normal, but it sounds like this could be a sign of a bigger problem. It's important to call your provider to make sure everything is okay."

03



Offer support.

You could offer to watch their baby while they call their provider, or to attend the appointment with them.

04



Emphasize the importance of prioritizing their health and wellbeing.

Offer reassurance and lead with empathy. It is a stressful time already, and it may be scary to think about a potential complication.

Scenario

During a regular check-in with your client, Alex, who gave birth six months ago, you notice Alex seems to be struggling to catch their breath – Their chest is rising and falling rapidly, and they sound winded, though they have been sitting down for fifteen minutes. Concerned, you inquire about what you've noticed, and Alex admits that they have been having difficulty breathing for a few days. You immediately recognize the potential seriousness of her symptoms.



What should you do or say?

What should you do?

01



Stay calm but be direct about what you've learned.

"I learned about this in a training. It's important that we get you medical attention right away, especially considering you recently had a baby."

02



Offer support.

Call 911 and/or assist in transportation to the Emergency Department. Contact other support people if the situation allows (ex. if you have an emergency contact on file).

03



Emphasize the importance of prioritizing their health and wellbeing.

Acknowledge that the situation can be stressful and scary. Stress the importance of addressing this issue quickly and seeking help when it's needed.

Conversation Starters

After Pregnancy

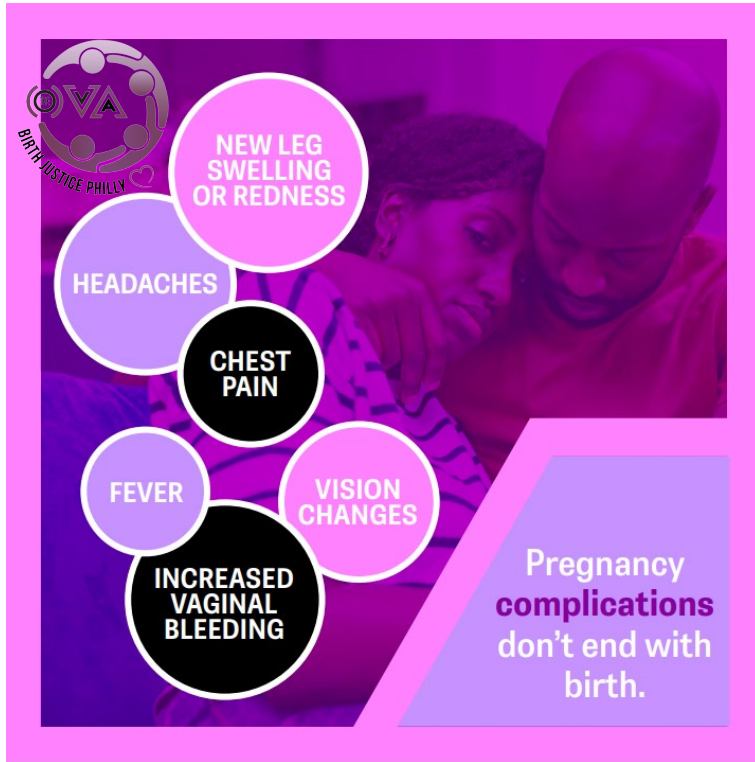
- It's normal to feel tired and have some pain after giving birth, but you know your body best. If something is worrying you, you should talk to your doctor.
- Although your new baby needs a lot of attention and care, it's important to take care of yourself, too.
- You are not alone. I hear you. Let's talk to a healthcare provider to get you the care you need.

[Providing Support for Pregnant or Postpartum People | HEAR HER Campaign | CDC](#)

[HEAR HER CONCERNS: Listening and Acting Quickly could save her life \(cdc.gov\)](#)



Talking to a provider



Find more conversation guides & resources at [cdc.gov/HearHer](https://www.cdc.gov/HearHer)

Use this guide to help start the conversation:

- Thank you for seeing me.

I was recently pregnant. The date of my delivery was _____ and I'm having serious concerns about my health that I'd like to talk to you about.

- I have been having _____ (symptoms) and feel like _____ (describe in detail) and have been lasting _____ (number of hours/days)
- I know my body, and this doesn't feel normal.

Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

Urgent Maternal Warning Signs Tools

URGENT MATERNAL WARNING SIGNS

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hands or face
- Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

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V5 September 2022



Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Changes in your vision
- Fever of 100.4°F or higher
- Extreme swelling of your hands or face
- Thoughts of harming yourself or your baby
- Trouble breathing
- Chest pain or fast beating heart
- Severe nausea and throwing up
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing during pregnancy
- Severe swelling, redness or pain of your leg or arm
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or discharge after pregnancy
- Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Learn more at www.cdc.gov/HearHer



SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Learn these POST-BIRTH warning signs—knowing what to do can save your life!



Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: (If you can't reach your provider, go to urgent care, an emergency room, or call 911)	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on [date] and I am having [specific warning signs]."



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This program was funded by Merck for Mothers, Merck's 10-year, \$500 million initiative to help create a world where no woman dies giving life.

Community resources

CDC's Hear Her: <https://www.cdc.gov/hearher/index.html>

AIM (Alliance for Innovation on Maternal Health):
<https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>

AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses):
<https://www.awhonn.org/education/post-birth-warning-signs-education-program/>

Birth Justice Philly: www.birthjusticephilly.com

Thank you!

Here's how you can use the information you learned today

01

Empower birthing persons to go back to their provider or hospital if they are exhibiting any of these signs and symptoms

02

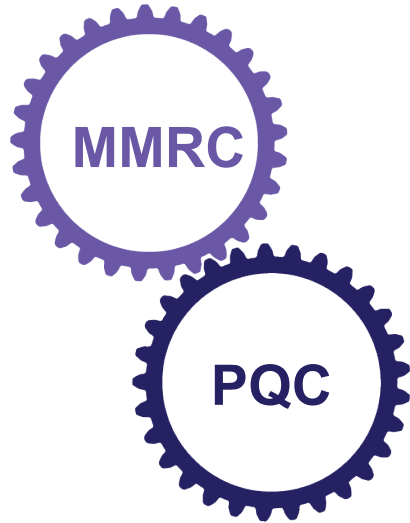
Learn about Early Warning Signs of Maternal health Complications

03

Disseminate materials to individuals who have recently given birth

04

Continue your education with if you are interested



PA PQC

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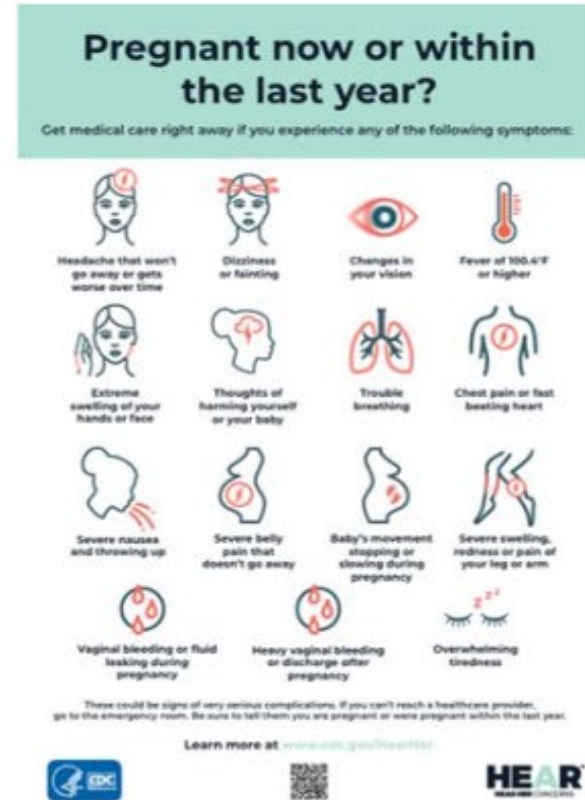
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Urgent Maternal Warning Signs Sprint Overview and Future Collaboration

JENNIFER CONDEL, SCT(ASCP)MT, SENIOR PROGRAM MANAGER,
PERINATAL HEALTH, JEWISH HEALTHCARE FOUNDATION

Urgent Maternal Warning Signs Tools



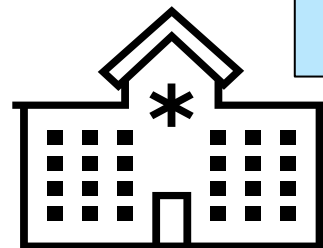
Alliance For Innovation On Maternal Health (AIM)

CDC HEAR HER (U.S. Centers for Disease Control & Prevention)

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)



Sepsis in Obstetric Care



39 PA PQC hospitals

Urgent Maternal Warning Signs: Tool Comparison

- Tailor tool to audience
- Visual vs. text driven format
- Language accessibility
 - AIM's tool has 75+

Category	AIM's Urgent Maternal Warning Signs	CDC's Hear Her Campaign Urgent Maternal Warning Signs	AWHONN's POST BIRTH Program
FOCUS	Early recognition of life-threatening conditions during pregnancy & postpartum	Educating patients on warning signs of maternal complications	Postpartum warning signs using the acronym POST BIRTH
TARGET AUDIENCE	Healthcare providers & patients	Patients, families, and healthcare providers	Primarily postpartum patients & nurses
IMPLEMENTATION	Integrated into hospital QI initiatives	Public health campaigns & patient education	Nurse-led education at discharge
PRICE	Free	Free	Some free resources with a paid education portion and add'l paid resource pack.
LANGUAGE ACCESSIBILITY	Yes	Yes	Yes
AVAILABLE LANGUAGES	75+	25+	50+



Urgent Maternal Warning Signs (UMWS): Sprint Recap



- Kickoff (8/13)
 - Baseline assessment
 - Determine workflow, use QI workflow planning tools
 - Metrics and measures to track
- Check-In #1 (9/3)
 - Create small tests of change
 - Identify stakeholders and roles
 - Establish timeline and due dates
 - Document individual action steps
 - Meet regularly to evaluate progress
- Check-In #2 (9/17)
 - Study workflow of the healthcare team
 - Study experience of the patients and family unit
 - Conduct staff pulse checks
- Office Hours (10/1)
- Finale (10/15)
 - Address barriers and remaining workflow issues via adjustments to workflow
 - Continued PDSA cycles vs. sustainment
 - Sprint assessment



Example:

UMWS Sprint- Quality Improvement Cycle

Sustainment

New best practice (standard), Spread and disseminate to peers

ACT

- Adjust workflow based on barriers
- Conduct the next PDSA
- Continue PDSA cycles to expand UMWS patient education to ED, OB outpatient, etc.

PLAN

- Identify team/stakeholders
- Determine tool and teach-back script
- Develop and document new workflow

STUDY

- Conduct staff pulse checks
- Develop and implement a method for patient feedback
- Identify what is working well and areas of opportunity for improvement

DO

- Train staff in new workflow
- Roll out new UMWS patient education workflow in one unit
- Track % of patients educated



Upcoming initiative...



POSTPARTUM DISCHARGE TRANSITION

- The PA PQC will focus on a new initiative, the [AIM Postpartum Discharge Transition Bundle](#), in the 2026-2027 implementation year.

- Includes screening and referrals



- Get to know your community partners



PA PQC UMWS Sprint Peer-to-Peer Presentations

FACILITATED BY MAUREEN SAXON-GIOIA, MHA, BSN, RN, PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

PA PQC UMWS Sprint Presentation

Trinity Health, St. Mary Medical Center:

Elizabeth V. Buck, BSN, RNC-Inpatient OB, c-EFM
Nurse Senior – Educator: Perinatal



Trinity Health
Mid-Atlantic

St. Mary
Medical Center

Maternal Sepsis Awareness Quality Improvement Project

Trinity Health Mid-Atlantic: St. Mary Medical Center, Langhorne
In Collaboration With
Pennsylvania Perinatal Quality Collaborative

UMWS: Education

November 12, 2025



UMWS for Nursing Education in ED

Cycle I: Completed.

Nursing Education implemented
ED/OB Depts.

ED Registration Desk
ED Triage
ED Nurse Stations x 4

LD Triage
MBU Nurse Station

URGENT MATERNAL WARNING SIGNS

 Headache that won't go away or gets worse over time	 Dizziness or fainting	 Thoughts about hurting yourself or your baby
 Changes in your vision	 Fever	 Trouble breathing
 Chest pain or fast-beating heart	 Severe belly pain that doesn't go away	 Severe nausea and throwing up (not like morning sickness)
 Baby's movements stopping or slowing	 Vaginal bleeding or fluid leaking during pregnancy	 Vaginal bleeding or fluid leaking after pregnancy
 Swelling, redness, or pain of your leg	 Extreme swelling of your hands or face	 Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.



If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

Currently in Use in MBU



Speak Up™ for New Parents

Having a baby is a life-changing experience for new parents. It is important to be alert to signs and symptoms that you need to get medical help. Remember, if you or your advocate think something is wrong, speak up!


Know how to spot signs of hypertension and preeclampsia

Before, during and after pregnancy you may have high blood pressure, also called hypertension. It can occur with preeclampsia, a serious condition that can affect your baby and lead to other problems. Contact your OB provider if you experience any of these symptoms:

- Swelling
- Headaches
- Pain in your lower back or shoulders
- Pain in your upper right side not related to contractions
- Nausea
- Sudden weight gain of more than 3 to 5 pounds
- Vision changes
- Shortness of breath

TIPS:

- Never miss a prenatal doctor visit.
- Be sure your OB provider checks your urine for protein.
- Keep a record of your blood pressure so you will know if it changes.
- Count your baby's "kicks." After you eat a meal, lay down. Your baby should move about 10 times in an hour. If you do not feel your baby moving as normal, contact your OB provider.




How to spot signs of hemorrhage

Hemorrhage is severe bleeding during or immediately after birth. Call a nurse or ask for help if you think you are bleeding more than you should be. Warning signs of hemorrhage include:

- Soaking a pad in less than an hour
- Developing large, quarter-sized blood clots
- Dizziness after getting up from a chair or bed
- Increased heart rate
- Shortness of breath
- Weakness
- Not having to urinate
- Feeling cool or clammy
- Feeling thirsty

TIPS:

- Early in your pregnancy, let your OB provider know if you have anemia, a history of bleeding, have received blood, or if you plan to decline receiving blood during an emergency.




Be aware of the signs of infection

New moms are at risk for infection. Call your OB provider if you experience any of these signs:

- Low-grade fever
- Chills
- Lower abdominal pain
- Muscle aches
- Fatigue
- Foul-smelling discharge
- Warm, painful redness near surgical incision site
- Headaches
- Paleness
- Loss of appetite
- Rapid heart rate

TIPS:

- Wash your hands often.
- Watch to see that caregivers wash their hands.
- Ask visitors to wash their hands.



Ask for help if you are feeling symptoms of depression

It's not unusual for new mothers to experience the baby blues. If you have any of the following signs for longer than two weeks after giving birth, you may need to seek help:

- Difficulty eating or sleeping
- Feelings of helplessness or sadness
- Not wanting to get out of bed
- Avoiding contact or bonding with your baby
- Thoughts of harming yourself or your baby

TIPS:

- Know that you are not alone. Postpartum depression affects 10 to 20% of new mothers.
- Talking about these feelings with your OB provider is important and there are resources to help.



The goal of Speak Up™ is to help patients and their advocates become active in their care. Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards, interpretations or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.

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SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. But anyone can have a complication for up to one year after birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Call 911 if you have:	<ul style="list-style-type: none"><input type="checkbox"/> Pain in chest<input type="checkbox"/> Obstructed breathing or shortness of breath<input type="checkbox"/> Seizures<input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: (you only need one sign) <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<ul style="list-style-type: none"><input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger<input type="checkbox"/> Incision that is not healing<input type="checkbox"/> Red or swollen leg, that is painful or warm to touch<input type="checkbox"/> Temperature of 100.4°F or higher or 96.8°F or lower<input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
I am having _____"
(Specific warning signs)



Scan here to download this handout in multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy, vaginal tear, or C-section site may mean an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher or 96.8°F or lower, bad smelling vaginal blood or discharge may mean you have an infection.
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

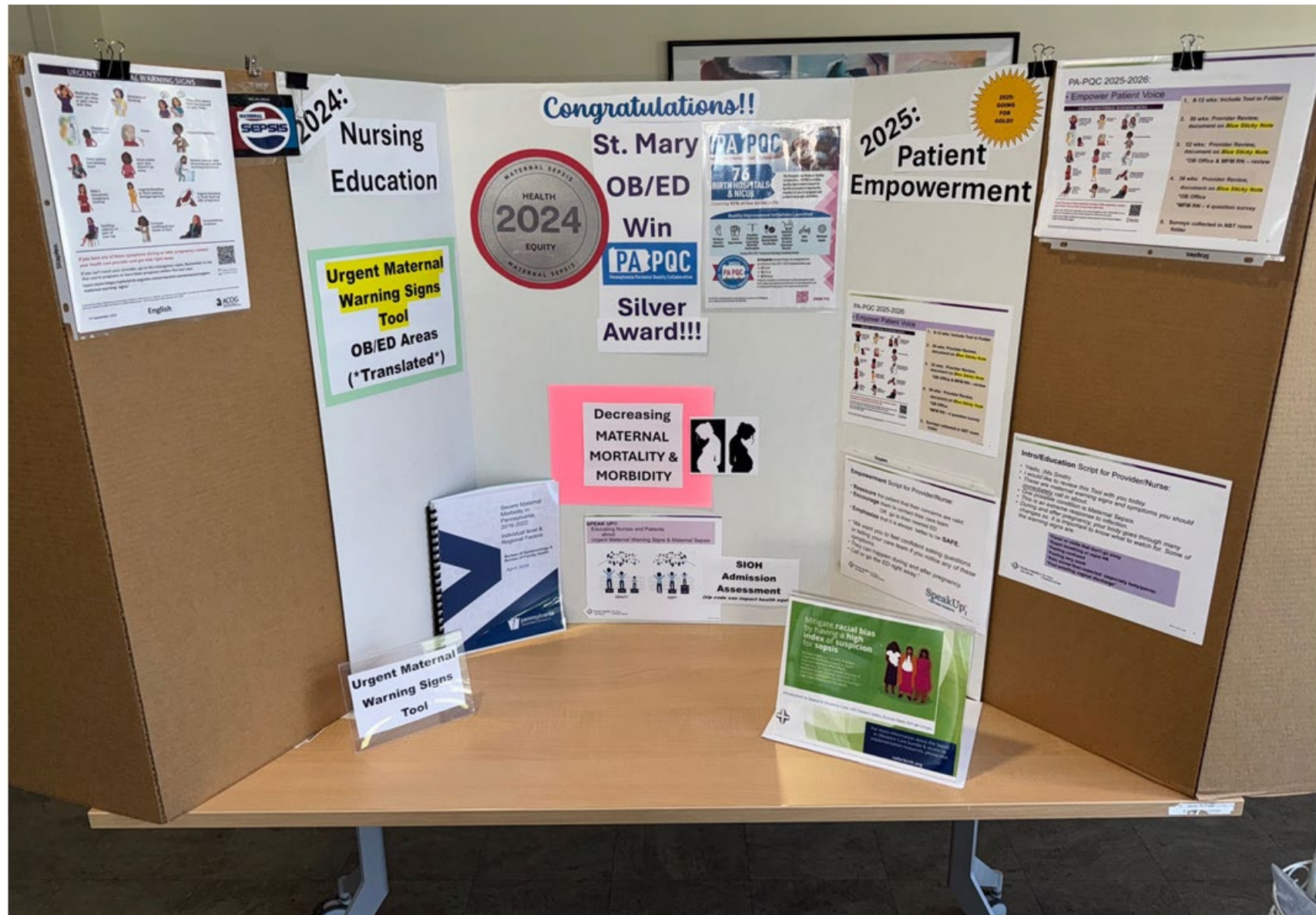


This program is supported by funding from Merck through Merck for Mothers. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

AWHONN thanks Kenvue for commercial support of the translations of this handout.

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UMWS for Nursing Education in ED & OB: Cycle II





AIMS Patient Safety Bundle

at RISK:

Who is **AT RISK** For Maternal Sepsis?
Lift to See:



What organism is the most common source of Maternal Sepsis?

RECOGNITION

How do you **RECOGNIZE** Maternal Sepsis?



RESPONSE

How do you **RESPOND** to Maternal Sepsis Warning Signs?



REPORT

DID YOU DEBRIEF?

- Procedures done?
- Specimens collected?
- Counts correct?
- Necessary interventions?
- Equipment issues?
- "We need a team!"



Maternal Sepsis Awareness
ED/OB RNs
2025
Questionnaire Results
Pennsylvania Perinatal Quality Care Collaborative



Scan and Complete the **SHORT** Questionnaire.



THANK YOU!

+ Cycle II Addition:

PA-PQC 2025-2026:

- Empower Patient Voice

URGENT MATERNAL WARNING SIGNS



If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>



Take a photo to learn more

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1. 8-12 wks: Include Tool in Folder

2. 20 wks: Provider Review, document on **Blue Sticky Note**

3. 32 wks: Provider Review, document on **Blue Sticky Note**
*OB Office & MFM RN – review

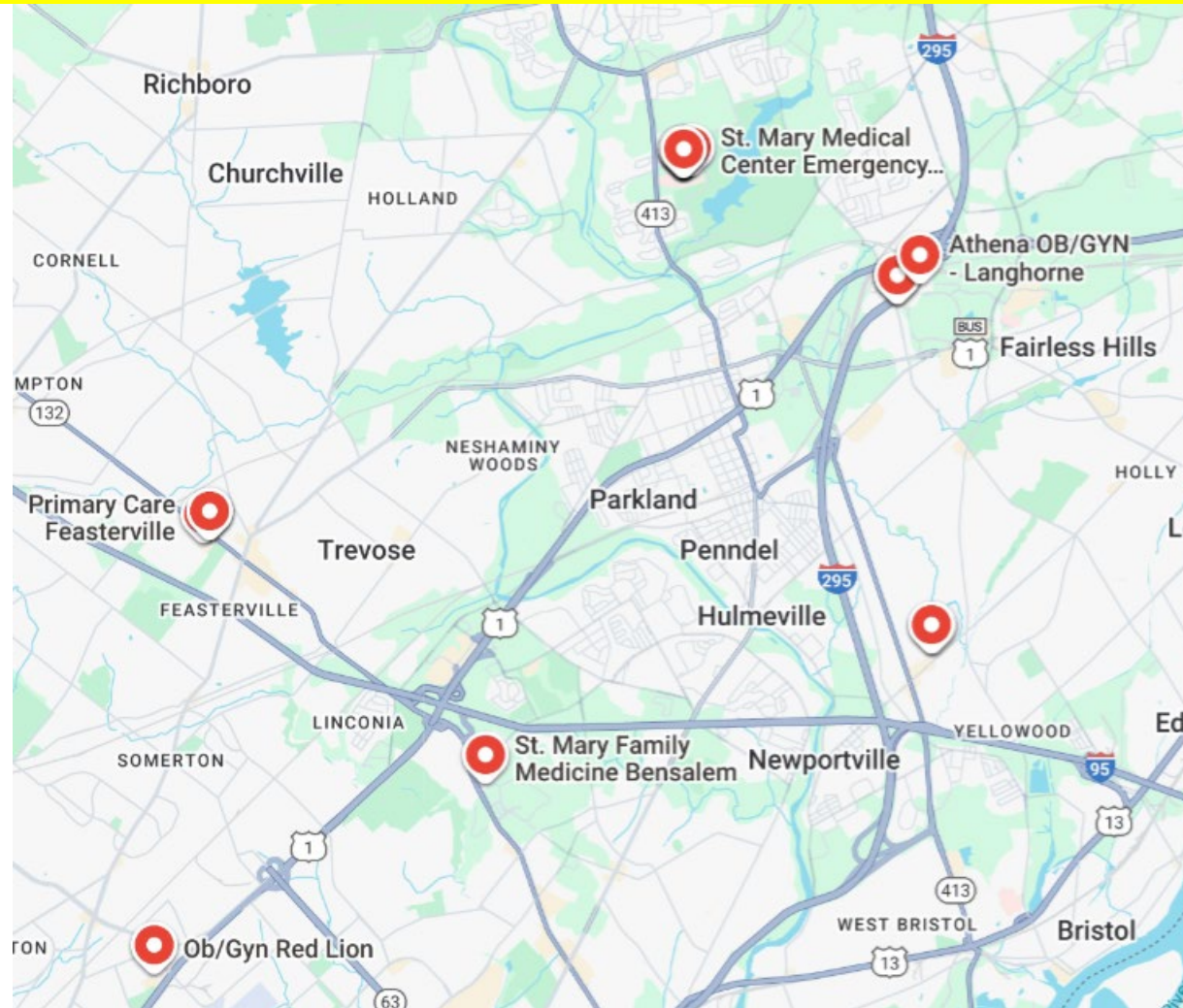
4. 36 wks: Provider Review, document on **Blue Sticky Note**
*OB Office
*MFM RN – 4 question survey

5. Surveys collected in NST room folder

++ Cycle II Addition:

Expand Nursing and Provider Education

6 prenatal care sites and Perinatal Center



Thank You.



PA PQC UMWS Sprint Presentation

Mount Nittany Health System – Mount Nittany Medical Center:

Tessa Folino, RN, BSN, CIC
Postpartum Nurse

PA PQC UMWS Sprint Presentation

Jefferson Einstein Philadelphia Hospital:

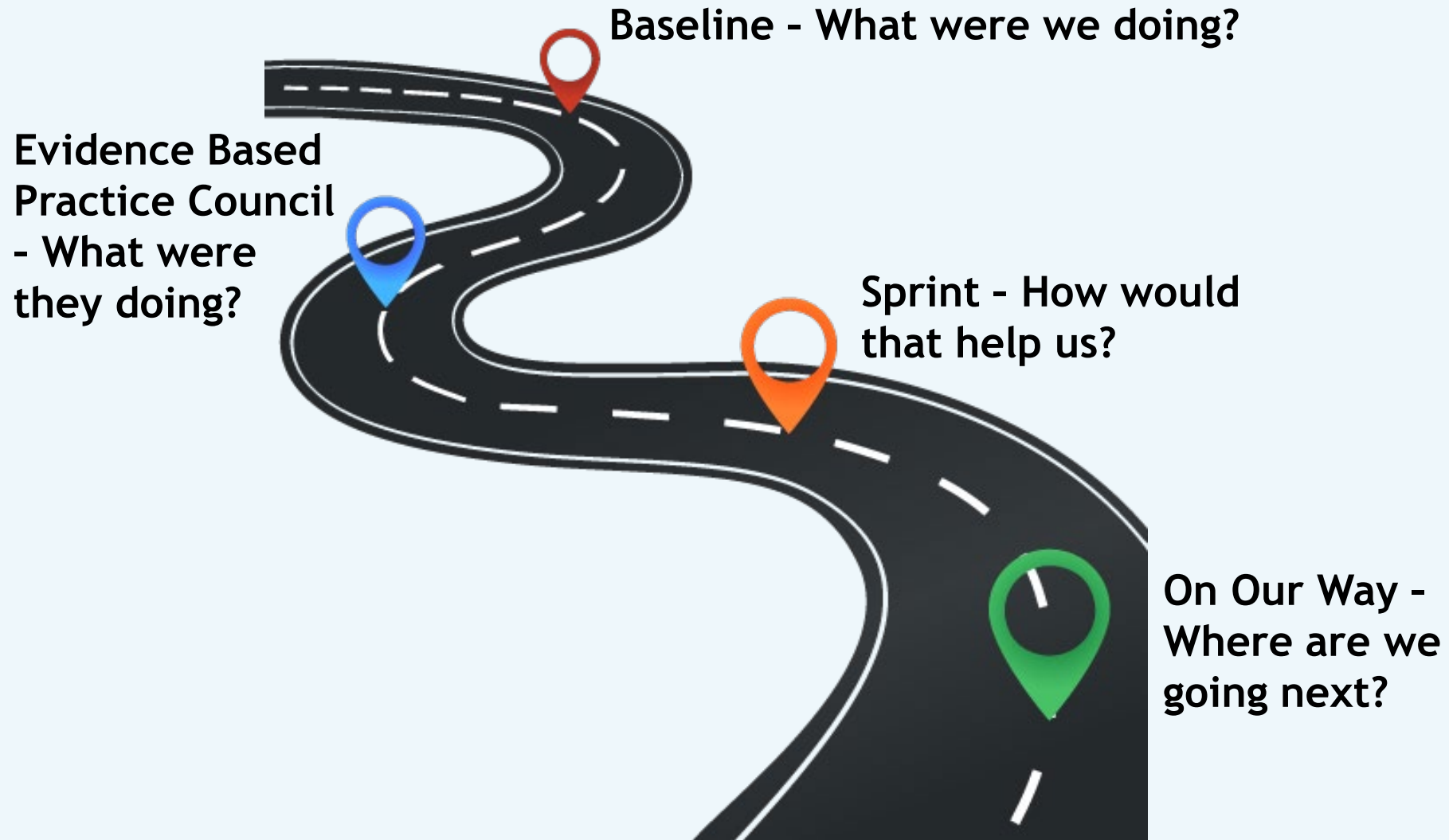
Anneliese Gualtieri, BSN, RN

Patient Safety/Performance Improvement
Coordinator – OBGYN

Impact of the PA PQC Sprint on Obstetric Sepsis at JEPH

Jefferson Einstein Philadelphia Hospital
PA Perinatal Quality Collaborative
Anneliese Gualtieri, BSN, RN
November 12, 2025

Our Journey



ThePhoto by PhotoAuthor is licensed under CCYYSA.



Jefferson Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

JeffersonHealth.org

JEFFERSON | 200

Region-Specific Breakouts for Collaboration

JENNIFER CONDEL, SCT(ASCP)MT, SENIOR PROGRAM MANAGER,
PERINATAL HEALTH, JEWISH HEALTHCARE FOUNDATION

Northwest

PA PQC Regional Map

Northeast



Southwest

Lehigh/Capitol

Southeast

Breakout Information

Please join one of the following virtual breakouts:

Breakout Room #1

Northwest/Southwest



Facilitated by Jennifer Condel,
SCT(ASCP)MT & Lisa Boyd

Breakout Room #2

Southeast



Facilitated by Maureen Saxon-Gioia, MHA,
BSN, RN & Aasta Mehta, MD MPP

Breakout Room #3

Northeast



Facilitated by Karena Moran, PhD

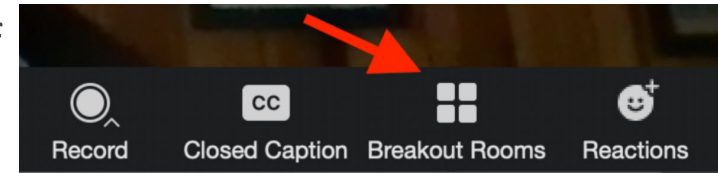
Breakout Room #4

Lehigh/Capitol



Facilitated by Kristen Brenneman,
MSN, RN

1. Locate and select the **Breakout Rooms** tab towards the bottom of your screen.
2. Identify your **region-specific room** and click the blue “Join” box.



#1 Northwest / Southwest



Join

#3 Northeast



Join

#2 Southeast



Join

#4 Lehigh / Capitol



Join

*If you are having trouble,
remain in the main room and
PQC Staff will assist you.*

Northwest

PA PQC Regional Map

Northeast



Southwest

Lehigh/Capitol

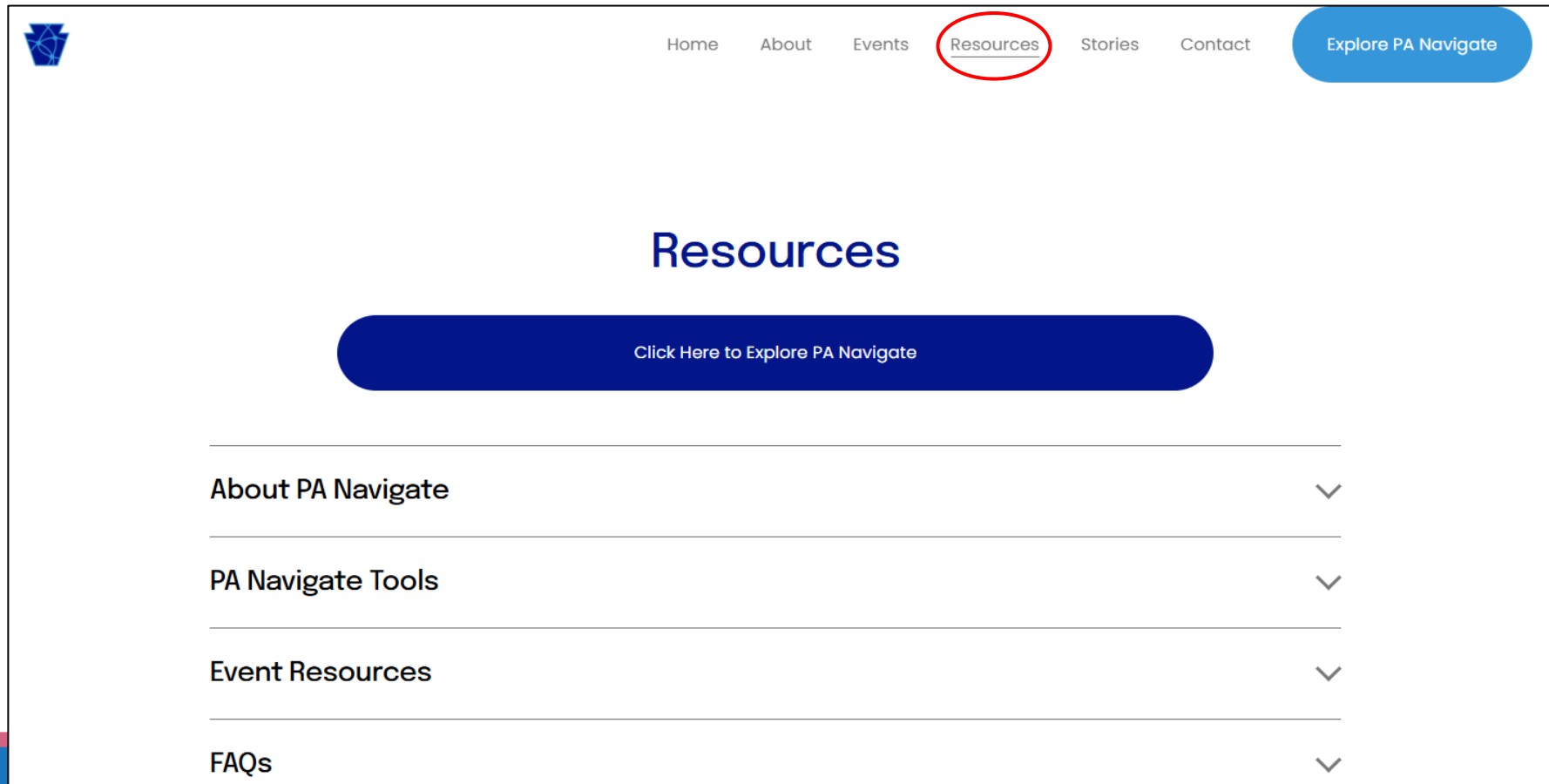
Southeast

Wrap-Up

LISA BOYD, PA PQC DATA MANAGER AND QI COACH, JEWISH
HEALTHCARE FOUNDATION

PA Navigate

Reminder to use the [PA Navigate Online Resource Portal](#)



Stay Connected!

- Please share your **contact information** in the chat if you have not yet done so.
- We will compile a list and send it out to everyone so that you can **continue your conversations** after today.
- Contact PA PQC staff to share any reflections on today's session. We can also **connect you with partners**.

www.papqc.org

papqc@whamglobal.org

Upcoming initiative...



POSTPARTUM DISCHARGE TRANSITION

- The PA PQC will focus on a new initiative, the [AIM Postpartum Discharge Transition Bundle](#), in the 2026-2027 implementation year.

- Includes screening and referrals



- Get to know your community partners



Upcoming Virtual Sessions

~~DECEMBER 10~~

RESCHEDULED FOR EARLY 2026

*Designation and QI Milestone
Workshop*

11:00 a.m. – 12:00 p.m.

Zoom

<https://www.papqc.org/events/register>

DECEMBER 11

Sepsis: Patient Event Debriefs

11:00 a.m. – 12:00 p.m.

Zoom



Learn about the
Initiatives

Access Session
Materials

Pennsylvania Perinatal Quality Collaborative

The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

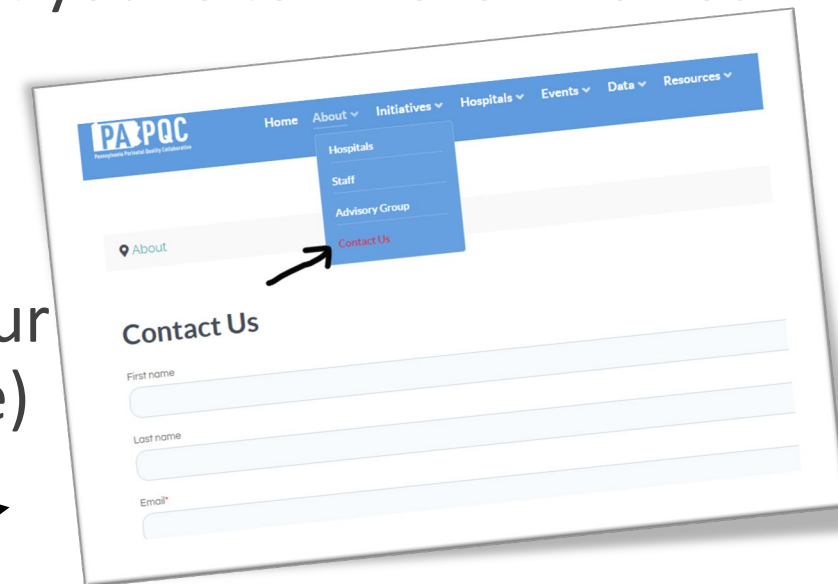
REGISTER FOR SESSIONS

<https://www.papqc.org/>

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while gotten our monthly newsletter?

- For **PA PQC healthcare teams**, please reach out to your QI coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
 - Check to make sure you are subscribed to our newsletter with your updated email address.
- For **community partners**, please subscribe to our monthly PA PQC newsletter. (bottom of website)
<https://www.papqc.org/>
- You can always reach us [here](#)



PA PQC QI Coaches



Kristen Brenneman,
MSN, RN
Quality
Improvement
Facilitator, Jewish
Healthcare
Foundation



Lisa Boyd
Data Manager and
QI Coach, Jewish
Healthcare
Foundation



Jennifer Condel,
SCT(ASCP)MT
Senior Program
Manager, Perinatal
Health, Jewish
Healthcare Foundation



Karena Moran, PhD
Improvement
Optimization Advisor,
Geisinger Health &
NEPaPQC



Maureen Saxon-Gioia,
MHA, BSN, RN
Nurse Project
Manager, Jewish
Healthcare Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, November 19th:
<https://www.surveymonkey.com/r/YSLVLLR>

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, November 19th to notify you about how you can claim your credits.
 - ☐ To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.



Thank You!



Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

www.papqc.org

papqc@whamglobal.org