

Maternal Health Benchmarking Survey

The Maternal Health Benchmarking Survey supports hospitals and health systems in using data to strengthen clinical, operational, and organizational practices to improve maternal health outcomes. This self-assessment evaluates maternal health access, outcomes, experiences, social needs, and [whole person care](#) across four key areas:

- **Health System Profile** – Leadership structure, staffing, and organizational demographics
- **Maternal Health Services** – Access to and delivery of maternal health services
- **Social Drivers of Health and Inclusion** – How the health system addresses social needs, cultural responsiveness, and inclusive care
- **Clinical Measures and Outcomes** – Data and performance related to quality, safety, and patient outcomes

The survey was developed by the [New Jersey Health Care Quality Institute](#) and [Ariadne Labs](#). It is grounded in recommendations from the [Raising the Bar for Maternal Health Equity and Excellence](#) framework, national guidelines, state policies, and best practices. The survey is complemented by interviews with hospital leadership, staff, and community representatives to provide a fuller understanding of how care is delivered and experienced.

Together, the survey and interviews will provide a holistic view of current maternal health and birth equity efforts across care settings and identify opportunities for focused, data-driven improvement.

Instructions for Completion

This survey applies to your entire health system, including your hospital and any clinics or services that are owned or operated by your organization.

- Teams are strongly encouraged to review the “Maternal Health Benchmarking Survey Guide” for step-by-step guidance on completing the survey.
- Respond to all questions as fully and accurately as possible.
- Clearly indicate whether your response refers to your hospital, hospital-owned clinic, or other facility or service, as applicable.
- **Submit completed responses by [date] using your site specific Qualtrics submission link.**

I. Health System Profile

1. Health System Name:
2. Hospital Address:
3. Primary Contact Name:
4. Primary Contact Email:
5. Primary Contact Phone:
6. Secondary Contact Name:
7. Secondary Contact Email:
8. Secondary Contact Phone:



9. Indicate which of the following types of clinical care providers, support personnel, or social service providers are included in your hospital system's maternal health workforce or those in which you partner with:
- Care navigators (i.e., Nurse Navigators, Community Health Workers)
 - Community-based doulas: nonclinical professionals who are trained to provide birthing people physical, psychosocial, emotional, and educational support in homes and communities during pregnancy, childbirth, and postpartum.
 - Lactation support providers
 - Maternal-fetal medicine specialists
 - Mental health providers
 - Midwives
 - Reproductive health care providers
 - Social Workers
 - Other community-based providers or support personnel: (indicate type)
10. What is the current diversity of your maternal health workforce? If known, include demographic data on race, ethnicity, language, gender, age, etc.
11. What is the current diversity of hospital board members? If known, include demographic data on race, ethnicity, language, gender, age, etc.
12. Indicate the total number of live births at your hospital using the 12-month reporting period of [dates].
13. Describe the populations served by your health system (i.e., language, race, ethnicity, socioeconomics, insurance status, etc.).
14. Do you include maternal health-related metrics in employee annual performance reviews of executive management and maternal health leadership?
- a. If yes: Provide a description of how maternal health-related metrics are included in employee annual performance reviews.
15. Do you provide employment benefits and/or social supports for childbearing families?
- a. If yes: Include a description of the benefits and/or social supports provided by your organization, such as disability benefits, paid/unpaid leave, and/or pregnancy or lactation accommodations. Indicate what benefits, if any, are above what is required by state law.
16. Does your organization offer financial assistance or charitable care program for maternal health services? If so, describe the program, including eligibility factors, process for accessing assistance, etc.
17. (Optional) Please use this space to provide any additional information or data you would like to share for this section.

II. Maternal Health Services

18. Inventory and list the maternal and reproductive health care services (i.e., preconception, pregnancy, childbirth/intrapartum, and/or postpartum services) offered by your health system.

- 19.** Do you own and operate a clinic on or close to the hospital that offers maternal health services?
- a.** If yes: Describe how the clinic interacts with the hospital. Include information on how the clinic engages with the hospital, the privileges of clinic providers at the hospital, connectivity of clinic electronic health records with hospital electronic health records, and the financial relationship between the two entities.
- 20.** Does your health system have a direct relationship with one or more Federally Qualified Health Centers (FQHC) for prenatal care?
- a.** If yes: Describe your relationship with the FQHC(s). Include information on prenatal or postpartum services provided by the FQHC, if there is a specified gestational age when birthing people transfer (i.e. at 28 weeks), and if there is a written protocol.
- 21.** Complete the CDC's mPINC 10 Steps Assessment Tool to benchmark your health system's readiness to support breastfeeding. The tool and more information about the tool, including a tool guide, can be found [here](#). Please provide your responses in the Hospital Response column and upload your completed tool in Qualtrics.

For questions 22-29, indicate which of the following [Alliance for Innovation on Maternal Health \(AIM\) bundles](#) are *currently* already implemented in your health system.

- 22.** Cardiac Conditions in Obstetric Care
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 23.** Care for Pregnant and Postpartum People with Substance Use Disorder
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 24.** Obstetric Hemorrhage
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 25.** Perinatal Mental Health Conditions
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.

- 26. Postpartum Discharge Transition**
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 27. Safe Reduction of Primary Cesarean Birth**
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 28. Sepsis in Obstetric Care**
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 29. Severe Hypertension in Pregnancy**
- a.** If yes: Indicate the year/when it was implemented, what steps you have implemented or are implementing, and what data you are collecting for this bundle.
 - b.** If no: Does your health system have plans to implement this bundle within the next 1-2 years?
 - i.** If yes, describe when the bundle will be implemented and your plans to do so.
- 30. Describe lactation support that is available for birthing families (i.e., availability of lactation counselors, consultants or other available support, breast pumps, breast pads, zip milk).**
- 31. What training and/or support is provided to staff beyond BLS/ACLS to address cardiac conditions and emergencies during labor, delivery, and postpartum? Are staff required to have any cardiac-related training, skills, or certifications?**
- 32. Mental and Behavioral Health Support**
- a.** Describe how you identify perinatal mental and behavioral health needs. Indicate whether you are describing the hospital, clinic, or other hospital owned setting, as applicable.
 - b.** Describe how you address perinatal mental and behavioral health needs. Indicate whether you are describing the hospital, clinic, or other hospital owned setting, as applicable.
 - c.** Indicate the number of referrals made for birthing people to mental health providers, and from which setting (i.e., hospital or clinic), in the 12-month reporting period of [dates].
 - d.** Indicate the number of initial outpatient visits scheduled for pregnant patients with mental health providers, and from which setting (i.e., if the appointment was scheduled before hospital discharge), in the 12-month reporting period of [dates].

- e. Describe services, support, and/or programs offered to birthing people with substance use disorders during prenatal, labor and delivery, and/or postpartum periods, as applicable.
- f. Describe services, support, and/or programs offered to birthing families who experience pregnancy loss.

33. Midwifery Care

- a. Does your health system employ or contract certified nurse-midwives and/or certified midwives?
 - i. If yes: Are certified nurse-midwives and/or certified midwives available during (check all that apply):
 - Prenatal care
 - Triage
 - Labor and delivery
 - Postpartum care
 - b. Indicate your engagement with midwifery care in the following ways (check all that apply):
 - Our health system allows certified nurse-midwives and/or certified midwives to attend deliveries and serve as the primary provider.
 - Our doctors interact with midwives.
 - Our health system accepts transfers from community births attended by midwives, including certified professional midwives.

34. Do you have a written transition plan for birthing people who are transferred from the community setting to the hospital?

35. Doula Care

- a. Do you employ or contract doulas?
- b. Are birthing people permitted to bring their own doulas?
 - i. If yes: Are doulas required to be pre-certified or registered in order to support their clients in your hospital?
- c. Do you have any doula policies or practices in place?
 - i. If yes:
 1. Describe your policies/practices related to doulas, including any requirements you have in place in order for doulas to support their clients in your hospital. Upload a copy of your policy, if available.
 2. How do you communicate these policies with birthing people (i.e., through classes, orientations, bulletins, tours, etc.)?
 3. How can hospital staff, those providing care in the hospital, and the public access these policies (i.e., are they written, posted, accessible upon request, etc.)?

36. Supportive Tools

- a. Does your hospital provide or allow (check all that apply):

- Birthing assistive equipment, such as birthing balls or squatting bars
- Access to tubs and showers during labor, whenever possible
- Other supportive tools for physiological labor, such as comfortable upright birth support (CUB), hot/cold therapy, hydrotherapy, nitrous oxide, etc.

b. How are birthing people informed about the permitted or restricted use of supportive tools?

37. Perinatal Experience

a. What method(s) do you use to collect input from *current* pregnant or postpartum patients about their childbirth experience and care they received, recommendations for improvement, and/or expectations for maternity-related services? Include a description of your process for collecting, reviewing, sharing, and/or utilizing this feedback.

Example:

Name	Method	Feedback mechanisms
HCAHPS	Received aggregated results monthly	Post on unit wall, distribute to staff, discuss at staff meetings
<i>Insert Here</i>	<i>Insert Here</i>	<i>Insert Here</i>

b. Do you collect input from *potential* pregnant or postpartum patients about their expectations for and recommended improvements of maternity-related services? If so, describe your process for collecting, reviewing, sharing, and/or utilizing this feedback.

38. Describe your health system’s participation in the NJ perinatal quality collaborative, NJ Family Care Perinatal Episode of Care, and/or any other maternal health related quality improvement initiatives or workgroups.

39. (Optional) Please use this space to provide any additional information or data you would like to share for this section.

III. Social Drivers of Maternal Health

40. Describe how your health system assesses the social needs of birthing people in various settings as applicable (i.e., in the clinic versus in the hospital). Include when needs are assessed (i.e., prenatally, during hospital intake or discharge, only an initial screening, does rescreening occur) and who assesses them. Indicate whether you use a social needs screening tool and, if so, which tool is used, or if there are any future plans to implement a social needs screening tool.

41. Are identified social needs documented in the medical record and included in care plans?

42. Describe how you support a birthing person’s identified social needs (for example, how do you connect birthing people to community/social services, what processes are in place to support identified needs). If you have a protocol or policy in place regarding this process, upload a copy.

43. What are the top three social needs identified by your health system for birthing people in your community?

- a.** How do you support identified needs at the community level?
- b.** Do you share social needs data with any social service agencies and/or community partners, members, or organizations?

44. Diversity, Equity, and Inclusion (DEI)

- a.** Do you provide anti-racist and inclusivity training to all staff who interact with childbearing people?
 - i.** If yes:
 - 1.** Describe the anti-racist and inclusive training provided. Are results/outcomes/feedback from the training used in any way?
 - 2.** Are any of these trainings required for staff to complete?
 - a.** If yes: Share which trainings are required. How often are staff required to complete the trainings (i.e., one-time training or annual competency).
 - 3.** Are any of these trainings required for students, residents, and/or interns to complete?
 - a.** If yes: Share which training(s) are required. How often are students, residents, and/or interns required to complete the training(s) (i.e., one-time training or annual competency).
 - 4.** List and describe any additional supplemental or complementary DEI courses, presentations, trainings, conferences, newsletters, and/or resources that are offered to staff (i.e., Annual Health Equity Summit, Cultural Humility Webinar Series, Strategies to Support LGBTQIA Patients and Families, etc.).
 - b.** Describe your current recruitment strategies and/or programs offered to hire diverse populations within your region (i.e., pathways program for underrepresented populations, pipeline programs for minority medical providers, partnerships with local schools).
 - c.** Describe how you assess the intercultural competence of hospital and maternal health leadership and your organization. Include an overview of findings.
 - d.** Describe how a culture of health equity is being developed and/or maintained with clinic and hospital policies, staff, and providers. Share any future strategies around health equity advancement.

45. Health Literacy and Communication

- a.** Describe language translation services available to birthing people and their support person(s), as applicable for clinic and hospital settings. Consider all language supports including in-person, telehealth, and educational/informational materials.
- b.** Describe efforts to maximize digital health equity for patients (i.e., telemedicine/telehealth, texting interface, MyChart, patient portal, etc.).

46. What marginalized populations does your hospital serve in maternity care?

a. What specialized care or support services do you provide to those populations?

47. (Optional) Please use this space to provide any additional information or data you would like to share for this section.

IV. Measures and Outcomes

48. Current State of Data Collection Processes

a. What is your organization's current process for capturing Race, Ethnicity, and Language (REaL) and Sexual Orientation and Gender Identity (SOGI) data?

b. Who completes documentation (i.e. collects the information)? What training do they receive? Do you take any steps to ensure accuracy of the data?

c. Does your current process for data collection allow you to stratify and track care delivery and outcomes across groups of interest?

i. If yes:

1. What racial and/or ethnic categories are used to stratify data?

2. How is stratified data used by your organization?

3. Is stratified data shared within or outside your organization?

i. If "yes," please describe how stratified data is shared.

d. Do you convene a team that includes those with knowledge and/or insights on data, organizational activities, and health equity issues to discuss data collection? For example, those with knowledge of social needs, health equity, community engagement, patient care services, IT infrastructure and data management, and/or community-based resources and referral pathways.

i. If yes: List the roles of team members you convene. Include only their role/title. Do not include any names in your response.

e. Do you engage with community members/organizations to identify priority areas, data sources, and/or opportunities for data partnerships? For example, civic groups, religious institutions, schools, and community, advocacy, or government organizations (i.e., public health, housing, education, transportation, etc.).

i. If yes: List the community members and/or organizations that your organization engages through partnership, convenings, and/or participation.

f. Are there data sharing or partnership opportunities (i.e., with other health care organizations, community-based organizations (CBOs), schools, public health/government entities, etc.) that improve your ability to stratify care delivery and quality measures?

g. Are there publicly available sources of data that are incorporated into your organization's equity strategy?

i. If yes: Describe the data sources you use and how.

49. Maternity Care Quality Measures to Improve Outcomes and Equity

- a.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): PC-02 NTSV Cesarean Birth Rate ([PQM #0471](#))?
- i.** If yes:
1. Using this measure, indicate your NTSV cesarean birth rate using the 12-month reporting period of **[dates]**.
 2. Do you stratify this data by race/ethnicity?
 - i.** If yes: Provide your stratified rates.
- b.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Contraceptive Care – Postpartum ([PQM #2902](#))?
- i.** If yes:
1. Using this measure, indicate the percentage of birthing people provided a most or moderately effective method of contraception, or long acting reversible method of contraception, within 3 and 60 days of delivery using the 12-month reporting period of **[dates]**. If contraceptive care data is also collected prior to hospital discharge, include that percentage as well (be sure to indicate settings in your response).
 2. Do you stratify this data by race/ethnicity?
 - i.** If yes: Provide your stratified rates.
- c.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Elective Delivery ([PQM #0469](#))?
- i.** If yes:
1. Using this measure, indicate your elective delivery rate using the 12-month reporting period of **[dates]**.
 2. Do you stratify this data by race/ethnicity?
 - i.** If yes: Provide your stratified rates.
- d.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Exclusive Breast Milk Feeding ([PQM #0480](#))?
- i.** If yes:
1. Using this measure, indicate exclusive breastfeeding rate using the 12-month reporting period of **[dates]**.
 2. Do you stratify this data by race/ethnicity?
 - i.** If yes: Provide your stratified rates.
- e.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Incidence of Episiotomy ([PQM #0470](#))?
- i.** If yes:
1. Using this measure, indicate your episiotomy rate using the 12-month reporting period of **[dates]**.
 2. Do you stratify this data by race/ethnicity?
 3. If yes: Provide your stratified rates.

- f.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Low Birth Weight ([PQM #0278](#))?

 - i.** If yes:

 - 1.** Using this measure, indicate your low birth weight using the 12-month reporting period of **[dates]**.
 - 2.** Do you stratify this data by race/ethnicity?

 - i.** If yes: Provide your stratified rates.
- g.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Patient Activation Measure ([PQM #2483](#))?

 - i.** If yes:

 - 1.** Using this measure, indicate your score using the 12-month reporting period of **[dates]**.
 - 2.** Do you stratify this data by race/ethnicity?

 - i.** If yes: Provide your stratified rates.
- h.** Does your organization track the following [clinical measure](#) endorsed by the Partnership for Quality Measurement (PQM): Unexpected Complications in Term Newborns ([PQM #0716](#))?

 - i.** If yes:

 - 1.** Using this measure, indicate your rate of term newborns with unexpected complications using the 12-month reporting period of **[dates]**.
 - 2.** Do you stratify this data by race/ethnicity?

 - i.** If yes: Provide your stratified rates.
- i.** Do you track the following clinical measure without national endorsement: Blood Transfusions During Childbirth?
- j.** Do you track the following clinical measure without national endorsement: Maternity Care: Postpartum Follow-up and Care Coordination ([CMS #336](#))?
- k.** Do you track the following clinical measure without national endorsement: [Respectful Maternity Care Measurement Registry](#)?
- l.** Do you track the following clinical measure without national endorsement: Postpartum Depression Screening and Follow-Up ([HEDIS PDS-E](#))?
- m.** Do you track the following clinical measure without national endorsement: Severe Obstetric Complications ([Joint Commission ePC-07](#))?

 - i.** If yes:

 - 1.** Using this measure, indicate your severe obstetric complication rate during the 12-month reporting period of **[dates]**.
 - 2.** Do you stratify this data by race/ethnicity?

 - i.** If yes: Provide your stratified rates.
- n.** Do you track the following clinical measure without national endorsement: Social Need Screening and Intervention ([HEDIS SNS-E](#))?

- o.** Do you track the following clinical measure without national endorsement: Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated ([IQI 22](#))?

 - i.** If yes:

 - 1.** Using this measure, indicate your score using the 12-month reporting period of **[dates]**.
 - 2.** Do you stratify this rate by race/ethnicity?

 - i.** If yes: Provide the rate stratified by racial/ethnic populations you use.
 - p.** For the measures you indicated your organization tracks, are these measures risk-adjusted, where appropriate?
- 50.** (Optional) Please use this space to provide any additional information or data you would like to share for this section.

Thank you for your participation. Please see the “Maternal Health Benchmarking Survey – Interview Questions” to complete the interview portion of this survey.