



Nebraska Birth Ready Designation Program



Nebraska Perinatal Quality
Improvement
Collaborative

January, 2026

2026 NEBRASKA BIRTH READY DESIGNATION REQUIREMENTS

The following is a description and list of requirements for hospitals seeking designation for work completed in 2026.

Designation Overview

The Nebraska Birth Ready Designation recognizes birthing facilities that demonstrate excellence in evidence-based maternal and infant care. Awarded by the Nebraska Perinatal Quality Improvement Collaborative (NPQIC), this designation distinguishes hospitals committed to **safe, respectful, and patient-centered** practices that improve outcomes for all Nebraska families. Designation criteria reflect national standards and state-specific goals for maternal safety, infant health, and reducing disparities in care.

The Designation includes five dimensions drawn from existing reporting and accreditation requirements:

- **Participation and Collaborative Learning**
 - Collaboration is a key element of sustained learning. As such, birthing hospitals seeking Designation must be active participants in NPQIC learning opportunities.
- **Patient-Centered Care**
 - Patient-centered care is defined by the Institute of Medicine as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient’s values guide all clinical decisions” and identifies patient-centered care as one of the six domains of healthcare quality. To meet Designation requirements, birthing hospitals must demonstrate consistent quality improvement efforts to ensure patient-centered care.
- **Policies and Procedures**
 - Written policies and procedures assure standardization of care and contribute to readiness. In applying for Designation, birthing hospitals must demonstrate the development and implementation of standardized policies informed by evidence-based best practices.
- **Structure Measures and Education**
 - Structure measures are the physical and organizational characteristics needed to reach the outcome. Commitment to continuous learning through staff, provider and patient education provides knowledge and enhances communication. Documentation of education meeting several milestones for both staff and patients is a requirement for Designation.
- **Outcomes and Process Measures**
 - Evaluating data is a key component of quality improvement and achieving certain aims leads to improvement. Regular reporting of process measures and achieving selected outcome thresholds is a requirement for birthing hospitals applying for Designation.

Recognition Materials for Participating Facilities

All participating hospitals will receive visual recognition materials to highlight their commitment to quality improvement and participation in Nebraska's maternal and infant health initiatives. Each birthing facility will receive a Hospital Quality Improvement Awards Banner for display, along with a set of initiative-specific stickers to recognize areas of engagement and excellence.

Quality Improvement (QI) Excellence Stickers and Quality Improvement (QI) Leader Stickers will be awarded to facilities that have achieved this level of recognition for the following initiatives:

- Severe Hypertension Initiative
- Obstetric Hemorrhage Initiative
- Respectful Care Initiative



Facilities participating in the Postpartum Alert Initiative will receive a Postpartum Alert Participant sticker to acknowledge their efforts to improve postpartum safety and patient education.

Upon successful completion of designation requirements, facilities will also receive the official 2026 Birth Ready Designation sticker, signifying achievement of the Birth Ready Designation for the 2026 designation year.



In addition to physical recognition materials, facilities will also receive digital versions of the stickers. These digital assets are intended for use in online and electronic communications to further promote facility achievements and participation.

Facilities may display digital recognition materials in the following ways:

- Facility websites (e.g., quality, maternity care, or accreditation pages)
- Email signatures and electronic newsletters
- Social media posts and digital announcements
- Internal presentations or reports

These materials are intended to promote visibility, celebrate progress, and reinforce a shared commitment to safe, respectful, and evidence-based maternal and newborn care across Nebraska.

Designation Process

The Nebraska Birth Ready Designation period spans one year, with data collected from January through December. To apply for designation, birthing facilities complete an online application in REDCap. This application, along with the facility's NPQIC participation records and submitted data, serves as the complete designation application.

| | |
|----------------------------------|---|
| Dec 1, 2026- Jan 31, 2027 | Hospital completes Birth Ready Designation Application for work implemented from January 2026-December 31, 2026. The application will be open on December 1, 2026 and will be due on January 31, 2027. |
|----------------------------------|---|

IMPORTANT:

- Late applications will **not** be accepted or reviewed with no exceptions.
- Applications with incomplete responses or data will **not** be accepted or reviewed with no exceptions.
- Applications will be reviewed by the NPQIC team.

Designation Application Materials

All designation application materials and tools can be found on the NPQIC website, npqic.org

Designation

Birthing hospitals that are seeking Birth Ready Designation are invited to apply during the application period and will be required to meet all designation requirements outlined below.

| Dimension | Submission Requirements |
|---|---|
| Participation and Collaborative Learning | Birth Ready Designation Application (via REDCap) reflecting work of 2026 calendar year. <ul style="list-style-type: none">• Requirements outlined below for 2026 calendar year |
| Patient-Centered Care | |
| Policies and Procedures | |
| Structure Measures and Education | |
| Outcome and Process Measures | REDCap Data Entry Benchmarks outlined below: <ul style="list-style-type: none">• Process and Outcome measures for Q1-Q4 2026 |

2026 NEBRASKA BIRTH READY DESIGNATION REQUIREMENTS

1. PARTICIPATION AND COLLABORATIVE LEARNING

The Participation and Collaborative Learning dimension of Designation will cover work from January 2026 through December 2026. Hospitals must attest to meeting all of the requirements for this dimension using the Birth Ready Designation Application.

| Designation Requirement | Designation |
|--|-----------------------------------|
| <p>QI Champions As a part of the application process, each hospital must identify an active OB provider, nursing leader, senior leader, and ED champion.</p> | Required |
| <p>Coaching Calls At least one member from each hospital team must participate in scheduled Coaching Calls. Participation is indicated by actively contributing to the discussion. Attendance is monitored by the NPQIC team.</p> | ≥ 50% of calls per year |
| <p>Educational Topic Webinars At least one member of the hospital team must attend scheduled Topic Calls. Attendance is monitored by the NPQIC team.</p> | ≥ 50% of webinars per year |
| <p>Summit Attendance At least one member from each hospital team must attend the following collaborative learning events:</p> <ul style="list-style-type: none"> • Annual NPQIC Summit | At least one member in attendance |

2. PATIENT-CENTERED CARE

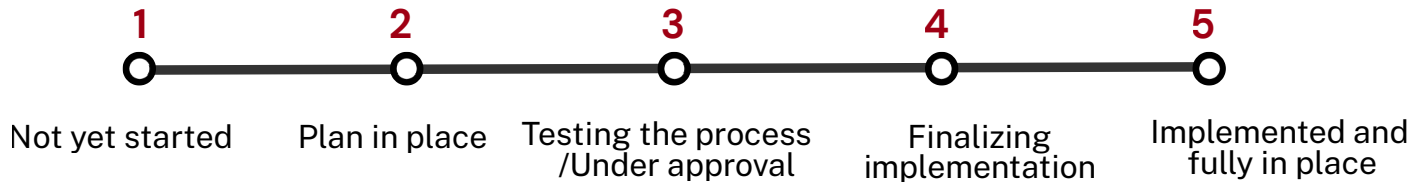
Birth hospitals applying for designation must complete **two** of the following Patient-Centered Care activities.

| Designation Requirement | Designation |
|--|--|
| Employ a Patient Reported Experience Measure (PREM) survey to gather feedback from postpartum patients, and review and share the survey results with the hospital team on a quarterly basis. | ≥10% of patients responding to the PREM survey + review results ≥ 4 times per year |
| Providers, nurses, and staff have completed an educational program on providing respectful and patient-centered care. | >= 90% |
| Engaged patients and/or community members to provide input on quality improvement efforts *Report on a 4-point Likert scale that ranges from (1) Not identified, (2) Identified, (3) On-boarded, (4) Engaging partner(s) in QI efforts at least twice per year. | 2 or above |

3. POLICIES AND PROCEDURES

The Policies and Procedures dimension of designation will cover work from January 2026 through December 2026. Hospitals must attest to meeting all of the requirements for this dimension using the Birth Ready Designation Application. To achieve designation, facilities must meet all of the following requirements:

A Likert scale is used in the following section:



| Designation Requirement | Designation |
|---|-------------|
| <p>Hemorrhage Policy Currently in Use that Contains the Following: (Updated within the last 2 years)</p> <ul style="list-style-type: none"> • Includes obstetric hemorrhage supplies readily available in a cart or mobile box • An obstetric rapid response team appropriate to the facility’s Levels of Maternal Care • A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy • Emergency release and massive transfusions protocols • A protocol for patients who decline blood products but may accept alternative approaches | 5 |
| <p>Hypertension Policy Currently in Use that Contains the Following: (Updated within the last 2 years)</p> <ul style="list-style-type: none"> • Measuring blood pressure • Treatment of severe hypertension/preeclampsia • The use of seizure prophylaxis including treatment for overdose | 5 |
| <p>Emergency Department Policy for screening and documentation of current pregnancy or pregnancy in the past year for all people of childbearing age, regardless of pregnancy outcome, as part of the triage process.</p> | 3 |
| <p>Policies and Protocols Around Universal Verbal Screening for Substance Use Disorder (SUD) that Contains the Following:</p> <ul style="list-style-type: none"> • Universal assessment using a validated verbal screening tool • Consent process for maternal and/or newborn toxicology testing • Workflow for positive and negative screens, including resource mapping • Resource/referral to treatment process • Discharge and support planning, including plan of safe care (who needs one, who is responsible for filling out) | 2 |

| Designation Requirement | Designation |
|---|---|
| <p>Breastfeeding</p> <p>Facility has a written maternity care and infant feeding policy addressing evidence-based practices supporting breastfeeding (WHO/UNICEF Ten Steps to Successful Breastfeeding, Kansas High-Five, mPINC):</p> <ul style="list-style-type: none"> • Maintain staff competency in lactation support • All pregnant women will receive information and instruction on breastfeeding. • Assure immediate and sustained skin-to-skin contact between mother and baby after birth. • All families will receive individualized infant feeding counseling. • Give newborn infants no food or drink other than breastmilk unless medically indicated. • Practice rooming in – allow mothers and infants to remain together 24 hours a day. • Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods. • Give no pacifiers or artificial nipples to breastfeeding infants. • Provide mothers options for breastfeeding support in the community upon discharge. | <p>Policy must include at least 5 items</p> |
| <p>Doula Policy in place that incorporates doula-friendly principles and allows for full scope of practice.</p> <ul style="list-style-type: none"> • Review a sample doula-friendly policy here. | <p>5</p> |
| <p>Perinatal Mental Health</p> <ul style="list-style-type: none"> • Obstetric Unit: Facility has a written policy in place for screening postpartum women for depression and anxiety with a validated tool prior to hospital discharge. Policy includes an assessment and response workflow that is tiered based on severity and risk of harm. • NICU if applicable: Facility has a written policy in place for screening NICU parents (both mother and non-gestational parent) for depression and anxiety with a validated tool. Policy includes an assessment and response workflow that is tiered based on severity and risk of harm. | <p>5</p> <p>5</p> |

4. STRUCTURE MEASURES AND EDUCATION

The Structure Measures and Education dimension of Designation will cover work from January 2026 through December 2026. Requirements for this dimension will be submitted through the Birth Ready Designation Application. To achieve the birth ready designation, facilities must meet all of the following requirements:

| Designation Requirement | Designation |
|---|-------------------------|
| <p>Confirmation of Staff, Nurse, and Provider Education on:</p> <p>Hemorrhage</p> <ul style="list-style-type: none"> OB nurses (including L&D and Postpartum), OB physicians and midwives have completed an education program on Obstetric Hemorrhage that includes the unit-standard protocols and measures within the last 2 years. <p>Hypertension</p> <ul style="list-style-type: none"> OB nurses (including L&D and Postpartum) delivering physicians and midwives have completed an education program on Severe Hypertension/ Preeclampsia that includes the unit standard protocols and measures within the last 2 years. <p>Respectful Care</p> <ul style="list-style-type: none"> Providers, nurses, and staff who interact with pregnant and postpartum patients have completed an education program on providing respectful care. | <p>>/= 90%</p> |
| <p>Unit Drills</p> <p>Report number of drills each quarter in Red Cap and specify topics (Hemorrhage, Severe Hypertension, Other)</p> | <p>1 drill per year</p> |
| <p>Structured Patient Debriefs</p> <p>Established a standardized process to conduct debriefs with patients after a severe obstetric event.</p> <p>*Report on a 5-point Likert scale</p> | <p>5</p> |
| <p>Urgent Postpartum Warning Signs Education</p> <p>Facility provides patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards, including distribution of postpartum alert bands and education materials.</p> <p>*Report on a 5-point Likert scale</p> | <p>5</p> |
| <p>Postpartum Alert Initiative Data Tracking</p> <p>Facility has a process in place for obtaining and reporting data on the Postpartum Alert Initiative</p> | <p>Yes</p> |
| <p>Provide Physician Level Data on Performance at Least Quarterly</p> <p>Provide physicians/providers with aggregate and disaggregated QI data quarterly including:</p> <ul style="list-style-type: none"> Aggregate NTSV Cesarean rates AND physician-level NTSV Cesarean rates- Required | <p>Yes</p> |
| <p>Share Breastfeeding Data with Staff, Providers, and Senior Leadership</p> <p>Birthing facility has a process to provide staff, physicians/providers, and senior leadership with aggregate and disaggregated QI data around:</p> <ul style="list-style-type: none"> Breastfeeding initiation Breastfeeding exclusivity | <p>Yes</p> |

5. OUTCOMES AND PROCESS MEASURES

- Outcome Measures will cover Quarter 1 through Quarter 4 of 2026.
- Process Measures will cover Quarter 1 through Quarter 4 of 2026.
- Outcome and process measures related to this dimension must be submitted through REDCap

| Designation Requirement | Designation |
|---|-------------|
| Reporting | |
| All Process Measures are Correctly Reported for January 2026 – December 2026 | Required |
| Submission of at least two measures disaggregated by race and ethnicity: <ul style="list-style-type: none"> • Timely Treatment of Severe Hypertension • Breastfeeding • Respectful Care • Hemorrhage Risk Assessment • NTSV • QBL | Required |

| Designation Requirement | Designation |
|---|-------------|
| Process Measures: January 2026– December 2026 | |
| Timely Treatment of Persistent Severe Hypertension Among pregnant and postpartum people with acute onset severe hypertension, those who were treated within 1 hour. | >/= 80% |
| Scheduling of postpartum blood pressure and symptoms checks within 3 days of discharge for patients with severe hypertension during the birth admission | >/=75% |
| % Hemorrhage Risk Assessment on Admission | >/=80% |
| QBL for all deliveries. Includes both cesarean and vaginal births | >/=80 |
| % of postpartum patients that had documentation of receiving verbal and written education on urgent maternal warning signs before discharge from birth hospitalization | >/=90 |
| Outcome Measures: January 2026– December 2026 | |
| % NTSV Overall Aggregate *Hospitals with <200 births per year can calculate this measure using the last 3 years (12 quarters) of data | </= 25%* |
| Breastfeeding Initiation Overall Aggregate | >/=70 |
| Breastfeeding Exclusivity Overall Aggregate | >/=40 |