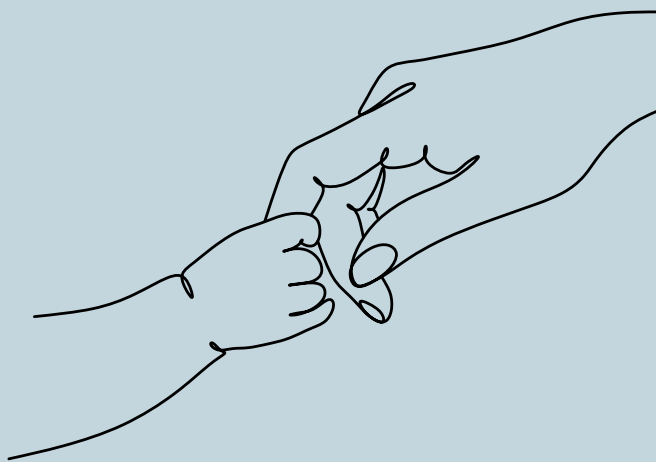


10TH ANNUAL NPQIC SUMMIT

A DECADE OF DEDICATION:
ADVANCING EXCELLENCE IN
NEBRASKA'S PERINATAL CARE

SEPTEMBER 12, 2025



Acknowledgements

The 10th Annual NPQIC Summit and this report were made possible through the dedicated efforts of many individuals and organizations. We'd like to acknowledge the contributions of the planning committee and sponsors, as well as our expert speakers, named throughout this document.

Summit Planning Committee 2025

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Meet the 2025 NPQIC Team

This report was compiled by the dedicated staff of the Nebraska Perinatal Quality Improvement Collaborative (NPQIC), whose collective expertise and commitment drive the organization's mission to improve perinatal outcomes across Nebraska. Together, the team works to advance data-driven initiatives, implement evidence-based practices, and promote high-quality care for mothers and infants statewide. This report reflects the team's ongoing dedication to improving maternal and child health through continuous quality improvement and stakeholder engagement.



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Executive Summary

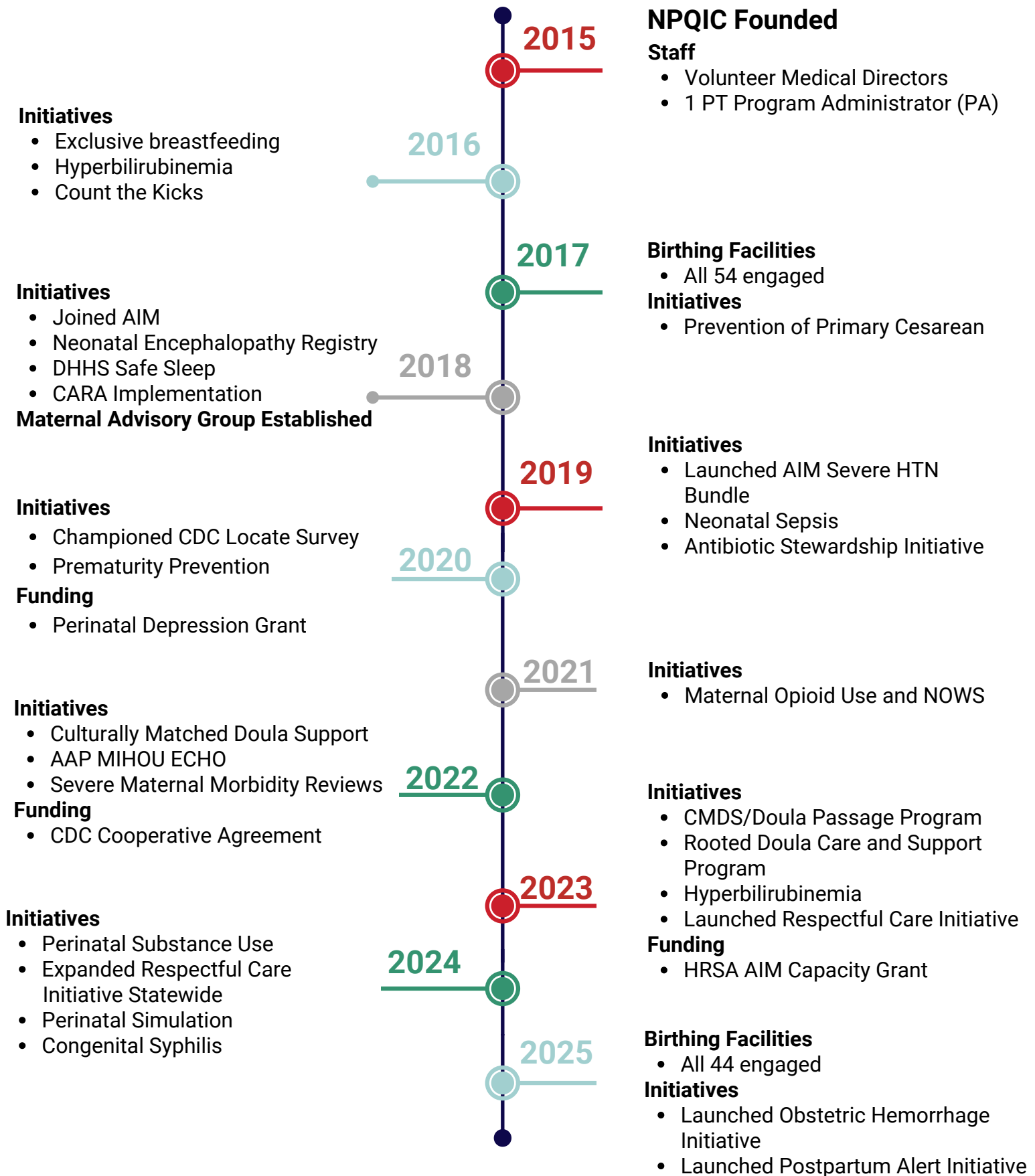
The 10th Annual Summit of the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) was held in Omaha on September 12, 2025. The Summit, titled, “A Decade of Dedication: Advancing Excellence in Nebraska’s Perinatal Care,” drew a record 180 attendees from across the state, including clinical leaders, public health professionals, policymakers, and patient and community representatives.

Expert speakers shared presentations on timely topics such as obstetric hemorrhage, mental health and trauma, and incorporating patient voices into quality improvement work. Importantly, the Summit also facilitated networking among attendees, in effort to develop a robust network of partners in the perinatal space.

Despite ten years of quality improvement achievements, there is still work to be done. Nebraska has the 5th highest percentage of counties in the U.S. defined as maternity care deserts, and the number of delivery hospitals continues to dwindle. Nebraska earned a “D” score on the March of Dimes and the U.S. Maternal Mental Health Report Cards. Black and Native American populations continue to bear a disproportionate burden of infant and maternal mortality. NPQIC is committed to supporting hospitals in facing these challenges by way of our Summit and ongoing work.

This summary report outlines key takeaways from the 10th Annual Summit, as well as NPQIC’s recommendations for driving excellence in perinatal care.

NPQIC 10 Years of Progress



Sessions & Our Speakers

- **Obstetric Hemorrhage: Expect the Unexpected**

Rebecca Rimsza, MD

- **Perinatal Trauma: What it Looks Like, Who it Impacts, and What We Can Do to Help**

Alexandra Burt, MD, and Leigh Cook, APRN-NP, PMHNP-BC

- **Mental Health in the NICU: Extending Support Beyond the Birthing Parent**

Cara Solness, PhD, LP, and Sarah Swenson, MD, DPhil

- **Film Screening "24 Days Without You" Panel**

Annie Sterle, Beth Elfstrand, MD

Leigh Cook, APRN-NP, PMHNP-BC, Cara Solness, PhD

Moderators: Todd Lovgren, MD, Ann Anderson-Berry, MD, PhD, FAAP

- **Connect and Collaborate Session: Fortifying a Robust Maternal and Infant Health Network** (Interactive Session, no speakers)

- **From Recommendations to Reality: Advancing Care for Newborns and Families with Perinatal Substance Exposure**

Christine Gold, MD

- **Syphilis Isn't Extinct**

Leah Casanave, DrPH

- **Perinatal Infection Treatment Clinic**

Andrea Green Hines, M.D.

- **Community Engagement: A Crucial Component for Excellence**

Karina Ruiz-Vargas, IBCLC, Toya Broadway, BSN, RN, and Amy Kent

Moderator: Siobahn Wescott, MD, MPH



- Omaha Mayor John Ewing, Jr.



MORNING SESSIONS



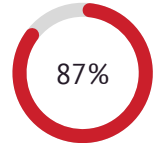
Obstetric Hemorrhage: Expect the Unexpected

- Rebecca Rimsza, MD

Correctly and quickly identifying the cause of a postpartum hemorrhage (PPH) is critical. While uterine atony is the most common, other serious contributors—such as uterine inversion, severe vaginal lacerations, and amniotic fluid embolism—must not be overlooked. **Mismanagement or delayed recognition can significantly increase maternal risk.** Standard or advanced management strategies can be applied depending on the underlying cause.

Teamwork is key; improving maternal outcomes requires **coordinated efforts across labor and delivery staff, nursing teams, NICU and newborn care, outpatient providers, and subspecialty divisions.** To reduce preventable maternal morbidity and mortality from obstetric hemorrhage, clinical teams need to focus on:

- Preparedness
- Active monitoring, and
- Multidisciplinary collaboration



“ Up to 87% of maternal deaths are considered **preventable.** Timely recognition and team-based response are critical in obstetric hemorrhage. ”



Perinatal Trauma:

What it Looks Like, Who it Impacts, and What We Can Do to Help

- Alexandra Burt, MD

- Leigh Cook, APRN-NP, PMHNP-BC

Trauma related to childbirth can be physical or psychological. Risk factors such as prior trauma, emergency interventions, perineal injury, and lack of support contribute to a pregnant patient's experience. Trauma severity does not always predict long-term psychological outcomes; prevention strategies like trauma-informed care, doula support, and informed decision-making can be essential. **Early recognition and support through postnatal debriefing, screening for PTSD and depression are critical.** Peer and family-centered support can be important for patients.

Often overlooked, **providers who care for obstetric patients can also experience trauma.** Clinical team debriefs, resources, and coping tools can support colleagues who experience trauma.

“

Up to **30–50%** of women self-report their birth as traumatic, yet only a fraction are screened or treated for PTSD symptoms.

”



Mental Health in the NICU: Extending Support Beyond the Birthing Parent

- Cara Solness, PhD, LP

- Sarah Swenson, MD, DPhil

Non-gestational parents' (NGPs) mental health needs during and after a NICU stay are often under-recognized. Evidence shows that NGPs—particularly fathers—are less likely to be screened, less likely to access support services, and at higher risk of depression and post-traumatic stress than birthing parents.

Untreated parental mental health concerns not only affect the individual but also have long-term impacts on infant development, including higher risks of language, cognitive, and motor delays. Systemic gaps exist: less than half of NICUs currently provide routine, validated screening for parents, and even fewer include NGPs.

NICUs can employ promising implementation examples where **standardized, inclusive screening programs** significantly increase identification of mental health concerns in partners and improve referrals to care. These programs call for:

- Universal, family-centered screening
- Trauma-informed support services, and
- Policies that reduce barriers such as stigma, gender norms, and limited leave policies.

“
Standardized screening detected **30%** of fathers/partners with mental health concerns, compared to just **6%** with informal assessment.”



Film Screening "24 Days Without You"

-Moderators: Todd Lovgren, MD, Ann Anderson-Berry, MD, PhD, FAAP

-Annie Sterle, Beth Elfstrand, MD, Leigh Cook, APRN-NP, PMHNP-BC, Cara Solness, PhD

NPQIC hosted a screening of the documentary "24 Days Without You," which follows Annie Sterle's survival of a rare and life-threatening amniotic fluid embolism during the early days of the COVID-19 pandemic and her subsequent healing journey. Through intimate perspectives from Annie, her family, and her care team, the film illuminates the profound and lasting impact of severe obstetric trauma while underscoring the critical importance of coordinated and compassionate care. The screening was followed by a panel discussion featuring Annie and healthcare providers, exploring strategies to better support both patients and providers in the aftermath of obstetric trauma.



AFTERNOON SESSIONS



Perinatal Infection Treatment Clinic

Andrea Green Hines, M.D.

The Perinatal Infection Treatment Clinic provides specialized care and support for pregnant patients and infants affected by infectious diseases. The clinic offers multidisciplinary management and coordination of care for conditions including HIV, syphilis, hepatitis B, hepatitis C, cytomegalovirus (CMV), toxoplasmosis, and tuberculosis.

The clinic's approach emphasizes early detection, maternal treatment, and neonatal follow-up to prevent transmission and improve health outcomes. Through collaboration with obstetric, pediatric, and infectious disease specialists, the program supports families with education, counseling, and access to comprehensive perinatal services.



From Recommendations to Reality: Advancing Care for Newborns and Families with Perinatal Substance Exposure

- Christine Gold, MD

Relying on newborn toxicology testing as the primary method of identifying substance exposure has its limitations. Instead, trauma-informed communication, universal screening, and informed consent practices should be prioritized. Punitive and inconsistent testing/reporting policies often lead to mistrust, reduced prenatal/postpartum care engagement, and poorer outcomes for families. Colorado's legislative and clinical timeline illustrates progress made in reducing inequities and building partnerships across healthcare, child welfare, and legal systems.

While successes include peer support programs, naloxone distribution, and updated state guidance, ongoing challenges remain around access to treatment services, consistent CPS practices, and alignment across institutions. Collaboration, stigma reduction, and continued evaluation are vital to ensure that recommendations translate into safer, more equitable care for newborns and families affected by substance use.



Toxicology testing is *VERY limited* and should not be relied upon alone as evidence of substance exposure or use.





Syphilis Isn't Extinct

- Leah Casanave, DrPH

Syphilis remains a significant public health concern with rising rates nationwide. The infection presents in infectious, latent, and congenital forms, each requiring specific diagnostic approaches. Recent surveillance data reveal sharp increases in syphilis and congenital syphilis, with a disproportionate impact on minority populations and women. Missed prevention opportunities—such as delayed or absent prenatal care and incomplete treatment—contribute to the growing burden. Congenital syphilis rates in the U.S. have reached their highest level since 1992.

Nebraska's response includes expanded prenatal testing requirements, strengthened disease investigation, and increased education for providers and communities. These efforts aim to reduce transmission, improve early detection, and enhance maternal and infant outcomes.

In 2023, 3,882 cases of congenital syphilis were reported, including 279 congenital syphilis-related stillbirths and infant deaths – the **largest number** since 1992.



Community Engagement: A crucial component for excellence

Moderator: Siobahn Wescott, MD, MPH

Panelists: Toya Broadway, BSN, RN, Karina Ruiz-Vargas, IBCLC, Amy Kent



The Community Engagement Panel highlighted three members of the Nebraska Alliance for Maternal and Infant Health (NAMIH), a group of community voices that informs NPQIC's work. Engaging patient and community voices is critical for quality improvement. Panelists shared their perspectives from personal experiences with bereavement, the NICU environment, and healing from trauma.

Community support can be administered in various roles: doula, nurse, home visitor, friend, and more. Small interactions like listening to patients and respecting lived experiences can make a significant difference in patient experience and outcomes. **Meaningful community engagement is not only central to improving quality of care but also essential in building trust and advancing equity across maternal and child health.**



Recommendations

NPQIC remains steadfast in recommending that efforts to advance excellence in perinatal care delivery must be: **visionary, innovative, experiential, and integrative.**

Visionary

To advance excellence, perinatal care teams must examine the larger picture and strategize reimagined, long-term approaches.

- Regularly update training requirements for clinical providers to maintain knowledge of current best practices
- Design creative and sustainable solutions to address maternity care deserts.
- Practice preparedness for emergencies and delivery complications.
- Develop systems to support mental wellness and trauma healing for families and clinical teams
- Build a robust perinatal health network across the state including clinical care, public health, EMS, policymakers, and sectors that intersect with health.

Innovative

The maternal health landscape in Nebraska is ever-evolving. Clinical care, public health, and other sectors must work together to advance maternal and infant health.

- Adopt trauma-informed, respectful care practices for patients and families.
- Expand access to mental health services for maternal patients and non-gestational parents.
- Evolve substance use and toxicology policies to be unbiased and non-punitive.
- Incorporate patient and community voices into quality improvement work in meaningful ways.

Experiential

To provide high-quality care, clinicians must have access to didactic and hands-on training. The patient experience is paramount to quality improvement.

- Prioritize a combination of didactic and hands-on simulation education.
- Participate in NPQIC webinars and training opportunities.
- Provide patient-centered care. Listen to patients & families. Include patients as active collaborators in their care. Acknowledge trauma. Recognize patients as experts in their own experiences.
- Recruit patient representatives and compensate them for their time and context expertise. Integrate patient experience data in quality measures.

Integrative

Excellence in perinatal care requires clinical teams to take an integrative approach. Process flows must strive for streamlined and coordinated care.

- Incorporate substance use and mental health screenings and referrals seamlessly into perinatal care.
 - Expand respectful care principles to clinics and neonatal intensive care units.
 - Partner closely with EMS systems and emergency departments to implement the postpartum band alert initiative.
 - Improve communication between health systems to enhance continuity of care.
- 
- 

NPQIC GOALS FOR 2026



Sustain initiative outcomes and expand reach.



Build and strengthen a robust perinatal network across families and organizations in Nebraska.



Advance patient-centered and trauma-informed care practices.



Build clinical team capacity and system preparedness.



Mission

NPQIC seeks to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns.

Resources

Access the links below to learn even more about the state of maternal health in Nebraska and the United States.

[24 Days Without You](#)

[2024 Nebraska DHHS Severe Maternal Morbidity Report 2017-2021](#)

[2024 Nebraska DHHS State Maternal Death Review Team Annual Report: 2014-2022](#)

[2024 Nebraska DHHS State Child Death Review Team Annual Report: 2022](#)

[2024 U.S. Policy Center for Maternal Mental Health State Report Card](#)

[2024 NE March of Dimes Report Card](#)

[2023 March of Dimes Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Nebraska](#)

[Amniotic Fluid Embolism Foundation](#)

[CDC: County-Level Syphilis Data](#)

[Colorado Hospital Substance Exposed Newborns Collaborative](#)

[HRSA Maternal Child Health Bureau Infant Health](#)

[Nebraska Prenatal Plus Program](#)

[MoMMAs Voices](#)



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Nebraska, where a great life starts with healthy moms and healthy babies.



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