Million Babies Logic Model

Situation

National PTB rates hover at approximately 9.6%.

Many public and private efforts exist to address PTB in the US, but there is no single place where they are all brought together in order to expedite current projects, foster partnerships, and reduce redundancy.

Goal Prevent 1 million preterm births in five years by providing a "home base" at HHS to coordinate efforts and facilitate connections between existing and

potential partners.

	Inputs	
	Public Partners	
CMCS		
CMMI		
CDC		
NIH		
OMH		
MIHI		
HRSA		
OASH		
Local govt.		
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Private Partners

Advocacy organizations
Providers
Healthcare systems
Public health
Quality measure developers/stewards
Payers

Resources

PPHF

Ongoing/new activities of public and private partners

Promoted Interventions/Benchmarks

- 1. Reduce non-medically indicated deliveries
- 2. Increase use of 17P for women with history of preterm birth
- 3. Reduce tobacco use among pregnant women
- 4. Encourage 18 month spacing between births
- 5. Low dose aspirin to prevent pre-eclampsia
- 6. Expand group prenatal care.

Existing Quality Measures that Correspond to Interventions

0469: PC-01, Elective Delivery

Maternity Care - Behavioral Health Risk Assessment

0028: Preventive care and screening: Tobacco use: Screening and cessation intervention

1517: Prenatal and Postpartum Care, Postpartum Care Rate

Existing Data Sources that Correspond to Interventions

National Center for Health Statistics (including Healthy People 2020)
Pregnancy Risk Assessment Monitoring System
National Quality Forum

Medicare Inpatient Quality Reporting Program

Child and Adult Core Sets measures data Joint Commission Core Set measures data

Strategies	Outputs
Facilitate information sharing and communication between partners via regular interactions and updates organized by MB Director.	Greater understanding across MCH spectrum of existing partner/project goals and opportunities.
Foster partnerships amongst stakeholders.	Establishment of formal partnerships between private and public partners, including state/local governments, to create and promote new initiatives.
Translate diverse types of partner materials into user-friendly information.	Creates a better understanding of partner initiatives, and therefore opportunities for collaboration, across the MB spectrum.
Create and disseminate branded PR materials for partner outreach initiatives.	Engage and educate the patient population in their homes and the places where they receive medical care.
Measure and report progress via quality measures that correspond to interventions.	Improved alignment with existing and new measures in the Adult and Child Core Sets. Improved reporting of measures.
Fund and conduct research.	Better understanding of PTB and opportunities for prevention and improvement.

Outcomes

Short Term (1-4 years)

Creation of applicable quality measures and cultivation of data sources that correspond to interventions that lack them.

Increased reporting on existing quality measures, including those in the Adult and Child Core Sets.

Increased community-aimed efforts to reduce tobacco use among pregnant women.

Increased public and stakeholder awareness of the risk factors for PTB and methods to prevent it.

Medium Term (4 years)

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Decreased rates of tobacco use among pregnant women. Decreased rates of non-medically indicated deliveries.

Increased use of 17P.

Increased use of low-dose aspirin.

Increased rates of pregnancies spaced at least 18 months apart. Reduced rates of multiple birth conceived via ART.

Universal screenings of pregnant women for short cervix.

Long Term (10 years)

Prevented 1 million instances of preterm birth, infant mortality, and related adverse birth outcomes in ten years.