



April 21, 2023

From: NMPC Board of Directors

To: Hospital Teams, Community Partners, and Funders

Three months ago, the New Mexico Perinatal Collaborative (NMPC) Board of Directors was asked to resign by members of the New Mexico Birth Equity Collaborative (NMBEC). In the spirit of equity and inclusion, the NMPC Board recognized the importance and urgency of diversifying its leadership and the limitations of a lack of Black, Indigenous, and Persons of Color in leadership roles at NMPC. On April 17, 2023, the Board announced its intention to comply with the request and to collaborate with NMBEC to re-seat a new board of directors.

A 501c3 organization, NMPC envisions statewide health equity through the provision of safe, high quality, and respectful reproductive, perinatal, and neonatal care for New Mexico families. The Board is currently comprised of individuals with varied professional and geographic experience, including nurses, advanced practice providers, midwives, and physicians specializing in family medicine, obstetrics and gynecology, addiction medicine, neonatology and pediatrics, and emergency medicine. As such, Board members are not naive to the suffering of BIPOC communities nationwide and in New Mexico and recognize the shortcomings of the oppressive structures healthcare professionals work in and white supremacy culture that exists in the medical system. Our local hospitals have not been immune to harmful and racist practices and our organization fully condemns those practices and the irreparable harm done to families of color. As healthcare professionals, Board members are intimately familiar with the trauma to New Mexico communities and every day they commit their clinical and personal efforts to combat these injustices and improve healthcare.

NMPC has rolled out three data-driven safety bundles through the Alliance for Innovation on Maternal Health (AIM) since launching the program in 2019. New Mexico remains relatively new to this programming compared to other states in the country. The AIM bundles comprise proven practices to reduce maternal morbidity and mortality. NMPC's initial focus was to engage hospitals in this new work and to build Quality Improvement (QI) teams to work on obstetric hemorrhage through collaborations. Efforts in hospitals were hindered by the need to reallocate resources to tackle the COVID crisis. NMPC is currently focusing on the implementation of a bundle to support pregnant and postpartum birthing persons struggling with substance use. The NMPC Board believes that our statewide trainings for Medication for Opioid Use Disorder (MOUD) and overdose prevention have saved lives and that recruiting all but two birthing hospitals in the state to participate in AIM has supported their efforts and data collection which is making a positive difference in those hospitals. In addition, NMPC is one of the first Perinatal Quality Collaboratives (PQCs) to engage a birth center in a rural setting in the AIM work. The Board is proud of the outreach efforts which NMPC staff and volunteers have conducted in rural facilities. Hospitals participating in the Hospital Inpatient Quality Reporting Program with the Centers of Medicaid Services (CMS) must now report if they collaborate with a perinatal collaborative to implement bundles like AIM that address maternal mortality, but reporting on specific process and outcome measures remain voluntary for facilities in New Mexico, making it more difficult to truly understand the impact of this work.

The national and state data does not reflect these efforts, and sadly New Mexico is following the trends of many other states crippled by the pandemic. No one is satisfied with the ongoing maternal mortality and morbidity that exists and the glaring disparities in maternal health outcomes. This planned board resignation and re-seating does not address the dire need for resources and access to care in New Mexico. A complex crisis remains. In a state with unprecedented provider and staffing shortages and maternity care deserts, in one of the

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poorest and most under-resourced states in the nation, we fall short of tackling all the barriers that exist. Quality Improvement requires timely data to create meaningful change. New Mexico needs better data systems for facilities (such as the one used by the California Maternal Quality of Care Collaborative) to track outcomes in real time. There is no quality improvement without equity. Our hope is that this collaborative effort in New Mexico will lead the example for state PQC's working on QI to engage more meaningfully with community organizations leading birth equity work in their state. NMPC is only a small piece to the solution. It is paramount that communities, state agencies, and facilities collaborate to address the maternal health crisis in our state. Together, we must build innovative and collaborative models for change, which represent diverse voices and *all levels* of the continuum of care.

The process of re-seating NMPC's Board will begin with a transition team comprised of some current Board members and NMBEC members. A timeline has not been set yet, so the Board encourages anyone who may have interest to watch NMPC's website for further details, including the application process. The work of NMPC, particularly the support of hospital teams around the state, will continue through this transition. The NMPC Board members recognize the need for more efforts within the communities most impacted by maternal morbidity and mortality and are therefore excited for the opportunity that this re-seating will provide to create new ventures and collaborations for the New Mexico Perinatal Collaborative and to help improve health for families in New Mexico.

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