Maternal Mortality Prevention Program - Logic Model

Process			Outcomes		
Inputs	**Activities**	**Participants**	**Short-Term**	**Intermediate**	**Long-Term**
• Funding from CDC and state of Colorado • Maternal Health Manager • Maternal Health Clinical Consultant • Secondary Case Abstractor • Maternal Mortality Data Analyst • Perinatal Behavioral Specialist • Program Assistant • Special Projects Coordinator • Maternal and infant Wellness Section Manager	Establishment of the Colorado Maternal Mortality Review Committee Build partnerships and learn from communities experiencing high maternal mortality Improve maternal patient safety Development of community-led solutions Adhere to Colorado's Mortality Prevention Program Framework	• Maternal Mortality Review Committee • Maternal and Child health Community Advisory Board • Community-based perinatal and birth providers • State-level Title V maternal and child health partners and community partners	Timely review of each maternal death, regardless of cause, in the state of Colorado Improvement of maternal mortality review process	Implementation of recommendations for clinical quality improvement Identification of specific social determinants of health in communities	• Reduction of maternal mortality • Improved maternal health and well-being • Reduction in various disparities

Healthy Babies Are Worth The Wait - Logic Model

Process			Outcomes		
Inputs	**Activities**	**Participants**	**Short-Term**	**Intermediate**	**Long-Term**
Steering Committee Advisory Board Executive Leadership Team Ad-Hoc Workshops Program Site Implementation Team Electronic Communication Website Shared Virtual Workspace Evidence-based practice guidelines	Prenatal care clinical services Referral and social support services Home-visitation services (Nurse-Family Partnership) Cultural competence training **Media Campaign.** Development and dissemination of educational materials about preterm birth and associated risk factors	• Women of childbearing age living in Kentucky • Family members and friends affected by the event of preterm birth **Partners** • Kentucky Department for Public Health • March of Dimes • Johnson & Johnson	• Improves knowledge and perceived behavioral control around preterm birth among pregnant women • Improves knowledge and changes attitudes in the community around family planning and prevention of preterm birth • Improves provider knowledge of referral services	• Adoption of behaviors among pregnant women and community members that prevent pre-term births	• Reduce preterm birth • Reduce neonatal morbidity

Cuff Kit Program Logic Model

Process			Outcomes		
Inputs	**Activities**	**Participants**	**Short-Term**	**Intermediate**	**Long-Term**
Cuff Kit • Validated automatic blood pressure measuring device • Patient education materials available in print, video, & web • Blood pressure tracking logs • "Still at risk" bracelet • Staff education materials **Staff & Other Materials** • Statistician / Data Analyst • Project manager • Healthcare providers / Nurse educator • Accounts payable department • Tracking/distribution system for Cuff Kits • Cuff Kit Connection online platform	**1.** Practice or provider determines need for Cuff Kits, completes order form, and distributes kits to high-risk pregnant women. **2.** Provide instructions and trainings to providers on how to demonstrate use of cuff kits to patient. **3.** Patients receives demonstration and educational materials on how to use Cuff Kit. **4.** Optional monthly online discussions via Cuff Kit connection	**Participating Providers** • OB/GYNs • Hospitals and clinics • Community health centers • Federally Qualified Health Centers • Public health clinics • Nurse home-visiting programs **Patients** • Pregnant women with identifiable risk factors for developing preeclampsia	• Rapidly uses Telehealth for pregnant women who are either high-risk or at-risk for preeclampsia. • Provides tools and educational materials for patients to monitor blood pressure at home. • Engages both patient and provider in education about preeclampsia	• Improves patient-provider communication and relationship • Improves patient knowledge and self-efficacy of monitoring blood pressure • Utilization of data to inform treatment and improve program	• Increased patient engagement in managing healthcare • Increased uptake of BP monitoring will allow for timely diagnosis and treatment of preeclampsia • Reducing disparities in maternal and fetal health outcomes

MoMMA's Voices Champions Training Center - Logic Model

Process			Outcomes		
Inputs	**Activities**	**Participants**	**Short-Term**	**Intermediate**	**Long-Term**
Training and Support • Facebook community group • Third-party online platform • Training modules available online via Word, PowerPoint, and video formats. • Community partnerships **Staff** • Coalition manager • Project manager • Graphic designer & Video editor • Content contributors	Patient Family Partners (PFPs) undergo 4 training modules Provision of supplementary training modules Outreach to potential PFP stakeholders and patient advocacy organizations	**Patient Family Partners (PFPs)** • Volunteers • Providers • Family members • Friends • Community members **Patient Advocacy Organizations** • Preeclampsia Foundation • 2020 Mom • Every Mother Counts • Black Women's Health imperative • Shades of Blue Project • National Accreta Foundation • AFE Foundation	• Promotes patient advocacy engagement in a virtual setting • Promotes PFP self-efficacy in patient advocacy for improved maternity care • Provides a space for healing and community belonging • Certification of completion	• Improves understanding and emotional awareness of one's experience. • Ability for PFPs to share their experience to effect change	• Impact and change how providers deliver maternity care and treatment • Better communication and relationship between provider and patients receiving maternity care • Reducing maternal morbidity and mortality

Prenatal Plus Program - Logic Model

Process			Outcomes		
Inputs	**Activities**	**Participants**	**Short-Term**	**Intermediate**	**Long-Term**
Funding from the Maternal and Child Health Block Grant Colorado Department of Health Structure for Medicaid reimbursement Prenatal Plus intake form Development and distribution of provider outreach materials	Use of client-centered counseling approaches to interact with patients	Medicaid eligible pregnant women in Colorado meeting at least 1 of 5 criteria of primary risk factors or 3 of 18 criteria of secondary risk factors Prenatal healthcare providers County health departments County nursing services Community health centers Non-profit agencies	• Improve patient knowledge and awareness about their risk for delivering low birthweight infants • Improved patient-provider engagement in patient healthcare management through goal-setting • Increased screening to assess risk of delivering a low birthweight infant	• Improved patient-provider communication and relationship • Improved mental and nutritional health • Resolution of individual or multiple risk factors	• Reduction of individual level-risk factors • Reduction of low birthweight infants • Reducing maternal and neonatal morbidity