



Glossary of Terms

The following principles and specific suggestions will help to inform an inclusive approach and will be supported by an iterative and continuous learning evaluation process to assess their relevance and ensure that all voices are considered. This is a living document which will be adapted as both language and cultural norms change. This is not a style guide and is not meant to be prescriptive or exhaustive.

Birthing people/person is used to describe those who have the potential to give birth, are going through birth, or have given birth.

Birthing Community – consists of a wide-ranging group of individuals, teams, providers and organizations acting and working together:

- Women/birthing people, partners, family, friends, caregivers, and a support network
- Community health workers, community service providers, nurses, doulas, midwives, physicians, peer recovery coaches, hospital systems of care and state employees
- All the various providers that care for women, birthing people and infants – women's health, pediatrics, women's health and behavioral health
- Birthing centers, home birth community, hospital systems of care, FQHCs and CHCs

Coproduction – is “the joint activity of a service user and professional(s) in supporting and generating better health”¹ done through mutual respect in partnership, where power and decision-making are shared, with open and honest communication, and that notices and invites each participant's unique strengths and expertise.

The **culture of caring** involves both patients who receive care and a workforce who provide care. With a culture of caring, patients feel heard and respected and receive care that is effective, safe and person-centered, and staff feel valued and supported.

Inclusion is about engaging and partnering with others, and creating a safe, positive, and nurturing environment where everyone feels welcome, respected and valued.

As defined by the United States Centers for Disease Control and Prevention, “**health equity** is achieved when every person has the opportunity to attain their full health potential, and no one is disadvantaged for achieving this potential because of social position or other socially determined circumstances.”

An **integrated collaborative approach** is the creation of a collaborative partnership that goes beyond traditional silos, promoting teamwork and communication between patients, family members, health care professionals from various disciplines, therapists and community health professionals all working together to deliver the best possible patient care.

Perinatal – This represents the time frame from conception, through pregnancy, birth and the full year postpartum.

¹ Gremyr A, Andersson Gäre B, Thor J, Elwyn G, Batalden P, Andersson AC. The role of co-production in Learning Health Systems. *Int J Qual Health Care*. 2021 Nov 29;33(Supplement_2):ii26-ii32. doi: [10.1093/intqhc/mzab072](https://doi.org/10.1093/intqhc/mzab072). PMID: 34849971; PMCID: PMC8849120.

Acronyms

NHPQC – The newly launched New Hampshire Perinatal Quality Collaborative supports an integrated and collaborative approach to collectively improve perinatal health, care, and outcomes for all in New Hampshire.

NH DHHS – New Hampshire Department of Health and Human Service

NNEPQIN - The Northern New England Perinatal Quality Improvement Network was founded at Dartmouth Hitchcock in 2003 and includes 50-member birthing hospitals across Maine, New Hampshire and Vermont. Population Health at Dartmouth Health is the administrative home for NNEPQIN.

AIM - Alliance for Innovation on Maternal Health - Funded and supported by the Federal Health Resources and Services Administration (HRSA), AIM is “the national, cross-sector commitment designed to lead in the development and implementation of patient safety bundles for the promotion of safe care for every U.S. birth.”

AIM-CCI - Alliance for Innovation on Maternal Health - Community Care Initiative - Funded and supported by the Federal Health Resources and Services Administration (HRSA), AIM CCI's goal is to reduce maternal mortality and morbidity through the development and implementation of non-hospital focused maternal safety bundles across community and outpatient settings. These safety bundles are sets of evidence-based practices meant to improve maternal health outcomes.

LMSWs – Part of AIM CCI - Local Maternal Safety Workgroups comprised of community members and organizations, hospital- and community-based perinatal care providers to address quality and safety issues arising from transitions of care for pregnant and postpartum people. LMSWs are a key community activation strategy recommended by the national AIM-Community Care Initiative (AIM-CCI).

PRAMS – The Pregnancy Risk Assessment Monitoring System survey collects state-specific, population-based data on maternal behaviors and experiences before, during, and shortly after pregnancy. Its purpose is to reduce infant morbidity and mortality by influencing programs and policies aimed at reducing health problems among mothers and infants.

FQHC - Federally Qualified Health Centers and **CHCs** - Community Health Centers