COMMONWEALTH OF VIRGINIA
MATERNAL SAFETY INITIATIVE WORKGROUP
Established pursuant to House Bill 1353 (2026)
DRAFT MINUTES

Meeting	Meeting No. 1 (Organizational Meeting)
Date	Monday, July 20, 2026
Time	11:00 a.m. – 3:00 p.m.
Location	Virginia Hospital & Healthcare Association, 4200 Innslake Drive, Suite 203, Glen Allen, Virginia 23060
Meeting Format	In person

The attendance of members of record and the vote taken on the adoption of the bylaws are recorded in the table below. A designation of "Present" reflects attendance by the member of record or by a duly authorized designee, as noted.

No.	Represented Entity	Member(s) of Record	Attendance	Vote: Bylaws
1	Virginia Department of Health	Cindy de Sa	Present	Y
2	Virginia Hospital and Healthcare Association	Mary O'Connor	Absent	—
3	Medical Society of Virginia	Ally Singer-Wright (absent; Catherine Ford served as designee) Mary Beth McIntire	Present	Y
4	Virginia Affiliate of the American College of Nurse-Midwives	Katie Page	Present	—
5	Virginia Midwives Alliance	Marinda Schindler Lori Orme Christina Owens (absent)	Present	Y
6	Chesapeake Regional Medical Center, Chesapeake Regional Health Center	Shannon Roberts Sarah Gallagher	Present	Y
7	Bon Secours Health System — Mary Immaculate Hospital	Megan Buccholz Kristy Ford	Present	Y
8	Bon Secours Health System — Richmond Health System	Blair Bell	Absent	—
9	Riverside Medical Center, Riverside Health System	Amy Carlson Ticorea Williams (absent)	Present	Y
10	Virginia Association of Health Plans	Heidi Dix	Present	Y
11	Norfolk General Hospital, Sentara Health System	Teresita Hammond	Present	Y

No.	Represented Entity	Member(s) of Record	Attendance	Vote: Bylaws
12	Henrico Doctor's Hospital, HCA Health System	Laura Carlstrom (absent; Elizabeth Meagher served as designee)	Present	Y
13	Virginia Hospital Center	Bobbi Curry	Absent	—
14	Life Point Health	Leslie Sturdivant	Present	Y
15	Department of Medical Assistance Services	Heath Kirby Maryssa Sadler	Present	Y
16	Public Health Expert	Nichole Wardlaw	Present	—
17	Virginia Neonatal Perinatal Collaborative	Shannon Pursell Joseph Khoury Arthur Ollendorff (absent)	Present	Y
18	American College of Obstetricians and Gynecologists	Jaclyn Nunziato	Present	Y
19	Reparative Birth Systems Initiative (RBSI)	Lisa Brown	Present	Y
20	Virginia Doula Association	Nataki Hill	Present	—
21	Free Clinic Association	Danielle Avula	Present	Y
22	Virginia Health Care Foundation	Rachel Rees	Present	Y
23	Virginia Community Healthcare Association	Martha Crosby	Present	Y
24	Virginia Association of Rural Health	Danielle Montague	Present	Y
25	Virginia Interfaith Center for Public Policy (VICPP)	Kathryn Haines	Present	Y
26	Huddle Up Moms	Chantel Spinner	Present	Y
27	Postpartum Support Virginia	Amy Hammond	Present	Y
28	Birth in Color	Kenda Sutton-El	Absent	—
29	Healthy Chesapeake	Phyllis Stoneburner	Present	Y

VDH Staff: Lauren Kozlowski, Mikayla Mason, and Eve Escobar.

II. CALL TO ORDER AND OPENING BUSINESS

The meeting was called to order at 11:04 a.m. Ms. Kozlowski (VDH) presided over the opening business, which consisted of a welcome, a review of the agenda, member introductions, and a roll call of the workgroup membership. Following the roll call, a quorum had been established.

III. ADOPTION OF BYLAWS

The proposed bylaws and electronic meeting policy of the workgroup were presented and reviewed in full.

> **MOTION:** Ms. Leslie Sturdivant moved that the bylaws and electronic meeting policy be adopted as presented.

SECOND: Ms. Teresita Hammond seconded the motion.

ACTION: The motion was put to a voice vote. The motion carried unanimously among the members present, with no votes in opposition and no abstentions recorded. The bylaws were adopted.

IV. REVIEW OF WORKGROUP PURPOSE, CHARGE, AND TIMELINE

A. Statutory Charge

Ms. Kozlowski reviewed the objectives assigned to the workgroup. The workgroup is directed to evaluate the feasibility of a statewide maternal health safety initiative intended to improve antepartum and postpartum outcomes through patient education, wristband identification or comparable measures, clinical alerts, and community engagement. In addition to the feasibility determination, the workgroup is charged to:

- assess the costs associated with such an initiative, potential funding strategies, and public education needs;
- develop a framework for data collection and evaluation; and
- propose a plan for implementation and rollout.

B. Reporting Timeline

Ms. Kozlowski reviewed the reporting obligations and anticipated meeting schedule:

- An interim report is due to the General Assembly by November 1, 2026. The interim report will contain background information and a summary of the first workgroup meeting.
- The final report is due to the General Assembly by July 1, 2027.
- The reporting schedule permits the workgroup to convene approximately three to four times prior to submission of the final report.

V. PRESENTATIONS

Three stakeholder organizations were invited to present an overview of the current landscape of maternal safety initiatives in the Commonwealth. Summaries of each presentation and the ensuing discussion follow.

A. Ms. Phyllis Stoneburner, Healthy Chesapeake - "Maternal Health in Hampton Roads: A Regional Approach to Tackling Maternal Mortality"

Ms. Stoneburner described the establishment of a health equity collaborative in the Hampton Roads region and noted that the eastern portion of the Commonwealth bears a higher burden of adverse maternal health outcomes. She identified the following programs presently operating at a larger scale:

- Institute for Healthcare Improvement, in partnership with Merck for Mothers — Eliminating Inequities and Reducing Maternal Mortality and Morbidity Project;
- Centers for Disease Control and Prevention — Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM);
- CVS Health Foundation grant to the American Heart Association addressing the Maternal Hypertensive Disorders Collaborative; and
- Preeclampsia Foundation.

Ms. Stoneburner addressed patient education as a central component of maternal safety work and described the function of an identification bracelet as a visual indicator to clinicians treating patients in

the postpartum period. She summarized the maternal safety initiative undertaken in North Carolina, which employs bracelets bearing the phrase "I gave birth" and incorporates standardized education on postpartum warning signs, supported by staff badge cards and quick reference cards. She further reported that an implementation at East Carolina University was associated with a reduction in readmission rates for obstetric-related conditions from 2.24 percent to 1.47 percent in 2022. Qualitative interviews conducted by the East Carolina University team indicated increased patient knowledge regarding the purpose of the bracelets, postpartum warning signs, and the importance of seeking care, as well as increased self-reported knowledge among emergency medical services providers concerning escalation of care during the postpartum period.

Ms. Stoneburner reported that the collaborative's current work centers on a regional maternal safety bracelet initiative. The initiative has been implemented at the following facilities:

- Riverside Shore Memorial Hospital;
- Bon Secours Mary Immaculate Hospital; and
- Chesapeake Regional Health System.

Ms. Stoneburner advised that Sentara Health System intends to implement the bracelet initiative at each of its birthing hospitals. She noted that while the underlying approach is consistent across participating facilities, the color of the bracelet varies by institution:

- Teal bracelets: Bon Secours Mary Immaculate Hospital and Riverside Shore Memorial Hospital.
- Red bracelets: Chesapeake Regional Health System and Sentara Health System.
- Lilac bracelets are provided at all participating facilities to patients who have experienced a loss.

Ms. Stoneburner characterized the initiative as a joint regional effort under which participating institutions collaborate and share metrics. She identified the following matters presently under development:

- extension of the bracelet-wearing period from six weeks to one year postpartum, together with a corresponding process for replacing bracelets that are damaged or lost over the longer interval;
- formalization of a regional marketing team;
- adoption of differentiated approaches for patients who have experienced a loss;
- engagement with freestanding birth centers and with patients who deliver at home; and
- consultation with the Epic team that supported comparable work in Dane County, Wisconsin, regarding the feasibility and initial logistics of flagging postpartum status within the electronic medical record, the majority of area hospitals being Epic users.

Ms. Stoneburner reported that the collaborative has evaluated the program to date using the following quality outcome indicators:

- readmission data;
- medications prescribed to patients at the time of hospital discharge;
- patient education;
- data maintained by the Virginia Department of Health; and
- qualitative interviews.

The following process indicators were also reported:

- the number of bracelets distributed relative to the number of births;
- the rate of use of electronic health record smart phrases supporting documentation of patient education on warning signs; and

- the number of patients who wore bracelets to appointments during the postpartum period.

Ms. Stoneburner identified the following potential barriers to expanded implementation: staff time; costs, particularly those associated with technology and electronic health record modifications, education materials, and advertising; and the potential need to fund a regional project manager position.

Discussion. Following the presentation, members raised the following matters:

- challenges reported by other states with respect to sustained bracelet use beyond three weeks postpartum;
- the potential inclusion of a QR code on the bracelet to deliver information directly to patients;
- data-sharing arrangements. Ms. Stoneburner advised that a Business Associate Agreement is presently in place with Chesapeake Regional Health System and that further expansion of data-sharing arrangements is under consideration; and
- the characterization of bracelet initiatives as an interim measure that addresses a component of, rather than a solution to, maternal mortality. Members noted the value of taking near-term action to address the concern for residents of the Commonwealth.

B. Ms. Chantel Spinner, Huddle Up Moms - “Postpartum Still at Risk: One Year. One Bracelet. One Life. Yours."

Ms. Spinner presented an overview of the Postpartum Still at Risk initiative developed by Huddle Up Moms. She stated that the organization's focus is to bridge the gap between clinical care and the community. She described Moms Under Pressure, a program of the organization addressing hypertensive disorders in the perinatal period, which provides patients with blood pressure cuffs and accompanying education indicating when a patient should contact a provider based upon a given reading.

Ms. Spinner described the existing infrastructure supporting the organization's work, which comprises:

- statewide cardiovascular education;
- self-monitoring support;
- care coordination; and
- healthcare partnerships.

Ms. Spinner presented an illustrative patient scenario demonstrating the importance of patients disclosing their postpartum status to providers and of providers being adequately trained to treat conditions specific to the postpartum period.

Ms. Spinner reported that funding under the Centers for Disease Control and Prevention (CDC) "Hear Her" grant enabled the organization to promote the Still at Risk initiative. The first phase consisted of billboards, media videos, and web-based resources. The second phase is to consist of a statewide, standardized clinical recognition system. She identified the following areas of continuing work under the initiative:

- emergency medical services staff training;
- emergency department protocols;
- integration with the Virginia Department of Health and other state entities;
- adoption by hospitals across the Commonwealth;
- adoption by birth providers; and
- engagement with hospital administrators.

Ms. Spinner emphasized the importance of statewide support so that every patient in the Commonwealth receives the benefit of the initiative and indicated the organization's openness to co-branding of bracelets.

She reported that data are presently collected on a quarterly basis from a cohort of ten bracelet recipients in order to obtain feedback regarding which elements of the implementation have proven effective and which have not.

Discussion. Following the presentation, members raised the following matters:

- methods for sharing data in a meaningful manner;
- the importance of educating patients on self-advocacy, particularly in light of concerns regarding patient mortality following multiple emergency department presentations that resulted in discharge;
- the use of readmission rates as a measure of initiative success. Members observed that emergency department utilization data and patient experience measures may afford a clearer understanding of instances in which patient concerns were not adequately addressed; and
- the importance of including community members in the workgroup's deliberations in order to inform the perspective of the group and to identify the language and messaging most likely to be effective with the affected population.

C. Shannon Pursell from the Virginia Neonatal Perinatal Collaborative (VNPC) - "Virginia Neonatal Perinatal Collaborative."

Ms. Pursell presented an overview of the Virginia Neonatal Perinatal Collaborative (VNPC) and its ongoing statewide initiatives. She stated that the objective of the VNPC is to facilitate collaboration among health systems, hospitals, providers, and the community. She provided an overview of the organization's staffing and reviewed selected accomplishments from 2026. Ms. Pursell described the organization's role in working with hospitals and providers to improve the quality of care and in providing data collection and analytic support to partner organizations.

Ms. Pursell reviewed the following maternal quality improvement projects:

- Evidence-Based Dyad Care - Substance Use Disorder (EBDC SUD), supporting mothers and families affected by substance use;
- VA Hearts Moms, addressing care and outcomes for mothers with perinatal cardiac conditions; and
- SMILE, addressing maternal mental health, screening prior to discharge, and connection to resources.

Ms. Pursell further reviewed the organization's current neonatal initiatives, including its work concerning late-preterm infants and the SAFE Birth VA initiative, and identified the hospital systems participating in these initiatives across the Commonwealth. She concluded with a review of the organization's website and a demonstration of the functionality of one of its data dashboards.

Discussion. Following the presentation, members raised the following matters:

- the classification of emergency departments in relation to the SAFE Birth VA initiative;
- funding dedicated specifically to implementation at the organizational level;
- the potential for data generated under the grant supporting maternal hubs to be shared as an example of successful statewide implementation; and
- prior quality improvement work involving AIM bundles and its potential utility in framing the work of this workgroup.

VII. WORKGROUP DISCUSSION: MATERNAL SAFETY INITIATIVES

The workgroup discussed subjects for consideration at future meetings. The principal points raised were as follows:

- Members requested additional information at future meetings regarding the implementation structure of prior statewide programs and initiatives, including information concerning maternal safety initiatives undertaken in other states. Members emphasized that the content of the plan, including process measures, implementation strategies, and evaluation frameworks, warrants deliberate consideration from the outset of the workgroup's work.
- Members recommended that the workgroup consider implementation at the local level and design its recommendations with regard to the community-based organizations and localities that may be responsible for implementation.
- Members identified the need to understand efficacy metrics, including the cost-effectiveness of educating emergency department and emergency response personnel relative to the cost of educating patients. Members further identified information regarding education presently provided to patients by hospitals as material to the workgroup's deliberations.
- Members recommended that the workgroup determine the data it intends to collect and identified initiatives in Nebraska and Michigan as points of reference.
- Members discussed the value of community member input, particularly with respect to consistent use of the bracelet, and acknowledged that certain proposals may be contingent upon patient behavior, a factor that should inform the workgroup's recommendations.
- Members identified the following entities as potential additions to the workgroup or as future presenters:
    - Emergency Medical Services (EMS) providers;
    - Virginia Mental Health Access Program (VMAP);
    - Office of Emergency Medical Services (OEMS) at the Virginia Department of Health, including regional OEMS offices;
    - lower-level hospitals and freestanding emergency departments;
    - Virginia Health Information (VHI);
    - Rural Health Transformation Program (RHT); and
    - American Academy of Family Physicians (AAFP).
- With respect to the scheduling of future meetings:
    - A majority of members supported convening a virtual meeting in fall 2026 featuring presentations from partner organizations not represented at the first meeting, including VHI, VMAP, and a representative able to address the Rural Health Transformation Program (RHTP), in order to provide additional information regarding the landscape of statewide initiatives.
    - A majority of members supported convening an in-person meeting of extended duration before the end of calendar year 2026, which would permit smaller breakout groups to develop proposals for presentation to and consideration by the full workgroup.
    - Staff advised the workgroup that no more than two members may confer at any one time outside of a duly noticed meeting of the workgroup. Accordingly, small-group work must be conducted within a convened meeting rather than through separate gatherings held outside the workgroup.

VIII. PUBLIC COMMENT

Consuelo Staton registered to speak during the public comment period. Staton expressed support for the use of wristbands and suggested that the measure could serve as a beneficial addition to the Resource Mothers program supported by the VDH for adolescent mothers. She further suggested that community

health workers and doulas, in their capacity as trusted adults, could assist in promoting consistent use of wristbands, and raised the possibility that managed care organizations might fund the cost of the bracelets.

IX. ACTION ITEMS AND NEXT STEPS

No.	Action Item	Responsible Party	Target Date
1	Circulate a scheduling poll for the virtual meeting to be held in fall 2026 and secure presenters identified by the workgroup, including VHI, VMAP, and a representative able to address the Rural Health Transformation Program.	VDH Support Staff	Fall 2026
2	Initiate planning for the third meeting, to be held in person and of extended duration to accommodate small-group work, anticipated for November 2026.	VDH Support Staff	November 2026

X. ADJOURNMENT

There being no further business before the workgroup, the meeting was adjourned at 2:55 p.m.