

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Maternal and Child Health Bureau  
Division of Healthy Start and Perinatal Services

***Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety***

**Announcement Type:** New  
**Announcement Number:** HRSA-14-134

**Catalog of Federal Domestic Assistance (CFDA) No. 93.110**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2014

**Application Due Date: June 16, 2014**

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**Modified April 25, 2014: Page 25, New Policy Requirement Added Regarding  
Federal Recognition of Same-sex Spouses/Marriages**

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Authority: Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2); 42 U.S.C. 701(a)(2).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services is accepting applications for fiscal year (FY) 2014 Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety. The purpose of this program is to reduce maternal morbidity and mortality and consequently improve pregnancy outcomes (preterm birth, low birth weight and infant mortality) through efforts engaging organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations.

Funding Opportunity Title:	Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety
Funding Opportunity Number:	HRSA-14-134
Due Date for Applications:	June 16, 2014
Anticipated Total Annual Available Funding:	\$1,000,000.00
Estimated Number and Type of Awards:	One (1) cooperative agreement
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Four (4) years
Project Start Date:	August 1, 2014
Eligible Applicants:	Eligible applicants include any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 C.F.R. 51.a3(a).  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety*. The goal of this initiative is to reduce maternal morbidity and mortality and their associated adverse pregnancy outcomes (preterm birth, low birth weight and infant mortality) through efforts engaging provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations. The outcome of this activity will be to improve maternal health on the national level through saving approximately 100,000 women from maternal mortality and/or preventable severe morbidities over the four-year project period.

The project will address:

- **Severe Morbidity:** Prevent approximately 100,000 severe complications during delivery hospitalizations (reduce severe morbidity from 129 to 67 per 10,000 live births).
- **Maternal Mortality:** Prevent approximately 1,000 maternal deaths in four years. Specifically, reduce maternal deaths that occur within 42 days after birth or termination of pregnancy from 16.9 to 10.6 per 100,000 live births or reduce maternal deaths that occur during pregnancy or within one year of the end of pregnancy from a pregnancy complication from 23.8 to 17.8 per 100,000 live births.

The awardee in this cooperative agreement program will work collaboratively with public, private, and professional organizations over a four-year period to improve pregnancy outcomes by: 1) engaging multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to create an action plan for promoting interconception health and reducing low-risk primary cesarean delivery; 2) facilitate the development of State Teams to promote the widespread adoption and implementation of the maternal safety bundles which are small, straightforward sets of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes<sup>1</sup> through training and technical assistance, and provide ongoing oversight of State Teams; and 3) plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and 4) plan, implement, and evaluate a provider education campaign focused on improving interconception health starting with the postpartum visit.

In pursuing the second activity described above, the awardee will plan activities that bring state agency teams together to accomplish the following: establish leadership in facilitating statewide adoption of the safety bundles; establish common measures/benchmarks; establish statewide data collection mechanisms; and participate in regular data reporting and monitoring activities. State Teams should include representatives of the state MCH (Title V) agency, the state Medicaid

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<sup>1</sup> What Is a Bundle? Institute for Healthcare Improvement, available at <http://www.ihl.org/knowledge/Pages/ImprovementStories/WhatIsaBundle.aspx>.

agency, the Governor's office, state health officers, the state hospital association, statewide provider organizations, regulatory bodies, consumer organizations, community-based organizations, community health centers, and other relevant stakeholders (e.g., managed care organizations, Hospital Engagement Networks, philanthropic foundations, academic leaders).

The awardee in this cooperative agreement must represent or have formal partnerships with organizations that: (1) represent health professionals leading State and local public health agencies in the United States, the U.S. Territories, and the District of Columbia (with responsibilities for decision making, fiduciary oversight, and policy implementation); and (2) professional organizations/associations that provide health care to women and infants, promote professionalism among nurses, obstetricians and gynecologists, and facilitate communication among various constituencies related to women's health care.

In addition to the objectives outlined above, a primary function of the awardee will be to engage its state members and chapters on the *Alliance for Innovation on Maternal Health (AIM): Improving Maternal Health and Safety* activities that have an impact on maternal morbidity and mortality, including state health policy, public health programs, clinical care, and other activities which improve health outcomes for women. All project activities must involve the organization's membership, and particularly state-level leadership.

## 2. Background

This program is authorized by the **Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2); 42 U.S.C. 701(a)(2)**. Maternal health is a key indicator of health worldwide and reflects the ability of women to secure maternal and other health care services. Maternal mortality and morbidity are associated with increased adverse pregnancy outcomes (preterm birth, low birth weight and infant mortality). In the United States, millions of women lack access to the health care services they need to reduce risks prior to pregnancy and many thousands do not receive appropriate services at the time of birth.

Pregnancy-related deaths in the United States have risen. During the period of 1987 to 2009, U.S. pregnancy-related deaths increased from 7.2 to 17.8 per 100,000 live births. This increase in maternal mortality may be due to better ascertainment of cases but may also be a real increase reflecting the growing proportion of at-risk women getting pregnant; e.g., women at an advanced maternal age, being obese, having hypertension or diabetes, using tobacco (CDC, 2013, Dalton 2012). Moreover, significant racial and ethnic disparities in maternal mortality persist and have not improved in more than 60 years (CDC, 2012). African American women have a three to four times higher risk of dying from pregnancy-related complications than white women (Berg, Callaghan, Syverson, Henderson, 2010).

Maternal deaths are only the "tip of the iceberg." For every woman who dies of pregnancy-related complications, many others experience significant morbidity or survive a life-threatening event. Among the nearly four million women who give birth annually, an estimated 52,000 women experience severe complications, 500-600 of these complications result in death and approximately 50% of these deaths are preventable (Callaghan, 2012; King, 2011).

Hospitalizations related to pregnancy and delivery complications account for \$17.4 billion, or approximately five percent of total hospital costs in the United States, which is 50% more costly than maternal stays without complications (AHRQ, 2011). On average, a hospitalization for delivery with complications costs between \$3,900 and \$4,100, compared to costs of approximately \$2,600 for a hospitalization for delivery with no complications (AHRQ, 2011).

Medicaid is the single largest payer of maternity care in the nation and funds 40-50% of births nationally. Over the past 25 years, Medicaid has financed maternity care without collecting data on birth outcomes or monitoring trends for maternal health. Some studies point to elevated health risks among women who have Medicaid pregnancy coverage. States currently are looking for opportunities to improve the quality and outcomes of Medicaid pregnancy financing.

Recent trends in cesarean rates shows that nearly one-third of births were cesarean deliveries (1.4 million births). During the period of 1996 to 2007, the cesarean rate increased from 21% to 32%; representing a 53% increase and the highest rate of cesarean deliveries ever reported in the United States. The increase in cesarean rates is seen across all age, racial, and Hispanic origin groups.<sup>2</sup> These trends are concerning because cesarean delivery is associated with higher rates of surgical complications and maternal re-hospitalization, as well as with complications requiring neonatal intensive care unit admission<sup>2</sup>. In addition to the health risks of cesarean sections, it comes with a hefty cost. The average total cost for maternal and newborn care with cesarean births was about 50% higher than average costs for vaginal births for both commercial payers (\$27,866 vs. \$18,329) and Medicaid (\$13,590 vs. \$9,131). Medicaid programs paid nearly \$4,000 more for cesarean births than vaginal births. A recent report “The Cost of Having a Baby in the United States”<sup>3</sup> suggests that if rates of cesarean sections were reduced to 15% (WHO recommended threshold to not exceed)<sup>4</sup> it would save \$5 billion in healthcare spending for employers and taxpayers.

Maternal deaths are a tragedy that often can be prevented. Maternal morbidities are a significant burden for women, their families and society in economic, social and personal terms. Moreover, the costly trends in maternal morbidity and mortality are expected to increase as the obstetric population continues to age and the prevalence of obesity, hypertension, diabetes and other chronic conditions continues to increase. Thus, there is a need for a system that can adequately identify modifiable maternal risk and levels of maternal care that have the capability to reverse this trend. Furthermore, there is a need to increase awareness of maternal morbidity and mortality and to ensure access to continuous, coordinated, quality services that support women and families.

#### *Preconception and Interconception Care and Health*

For the last 20 years, the primary strategy for improving pregnancy and birth outcomes has been prenatal care. However, the risk of complications with these outcomes increases when women are not at their optimal health at the time of conception, may be involved in risky health behaviors and/or may delay prenatal care (Santelli, J, et al., 2003). Recently there has been a growing awareness of the importance of a women’s health before and between pregnancies, otherwise known as preconception and interconception health for improving maternal and infant pregnancy outcomes.

In the Report of the Centers for Disease Control and Prevention and Agency for Toxic Substance and Disease Registry (CDC/ATSDR) Preconception Care Work Group and the Select Panel on Preconception Care, the CDC lists a set of 10 recommendations for improving preconception health, developed through reviewing evidence, convening a working group, evaluating best

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2 Menacker F, Hamilton BE. Recent trends in cesarean delivery in the United States. NCHS data brief, no 35. Hyattsville, MD: National Center for Health Statistics. 2010.

3 Childbirth Connection, Catalyst for Payment Reform, and Center for Healthcare Quality. The Cost of Having a Baby in the United States. January 2013. <http://www.chqpr.org/downloads/CostofHavingaBaby.pdf> Accessed October 15, 2013.

4 World Health Organization. Appropriate technology for birth. Lancet 1985; 2 (8452): 436-7

practices and promising models, and convening the Select Panel on Preconception Care. The recommendations promote changes in consumer awareness, clinical practice, public health interventions, health coverage, and research and data. Each recommendation includes action steps in order to guide concrete strategies for implementation. The CDC intends for a wide range of stakeholders to implement these recommendations in order to improve delivery of care, increase knowledge, and facilitate behavior change among women of preconception age.

The interconception period provides a window of opportunity to change health behaviors associated with adverse perinatal and birth outcomes (Lu, M. et al., 2006). Lu et al (2006) recommended core contents of universal interconception care for all women following a pregnancy. The recommended core contents of interconception care include risk assessment, health promotion, clinical interventions, and psychosocial interventions. The recommended timing of interconception care builds on the concept of expanding the six-week postpartum visit to three or more interconception visits (e.g. 2 weeks, 6-weeks, and 6-months postpartum) leading to the annual follow-up visit beginning at one year postpartum. Interconception care refers to a package of healthcare and ancillary services provided to a woman and her family from the birth of one child to the birth of her next child (Lu, M. et al., 2006). For healthy mothers, interconception care offers an opportunity for wellness promotion between pregnancies. For high-risk mothers, interconception care provides strategies for risk reduction before their next pregnancy. Interconception care represents longitudinal continuity of maternal care and inter-generational continuity of care, promoting the importance of both the mother's and child's health outcomes.

### *Preventing the First Cesarean Delivery*

In 2012 a workshop was convened by the Eunice Kennedy Shriver National Institute of Child Health, Society for Maternal-Fetal Medicine, and the American College of Obstetricians and Gynecologists to address prevention of the first cesarean delivery.<sup>5</sup> Information was reviewed related to maternal and fetal factors, labor management and induction, and nonmedical factors leading to the first cesarean delivery. Additionally the implications of the first cesarean delivery on future reproductive health was addressed. The clinician's role in minimizing many of the factors that contribute to primary cesarean section was highlighted. In March 2014, the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine jointly released the Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery.<sup>6</sup> The successful applicant for *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety* project should utilize the key points delineated in this manuscript in efforts to implement strategies to lower the primary cesarean delivery rate. For example, revisit definition of labor dystocia, improve and standardize fetal heart rate interpretation and management, and increase access to nonmedical interventions during labor.

### *Maternal Safety Bundle*

Rates of severe maternal morbidity and mortality in the United States have been increasing, and the most common preventable conditions resulting in severe maternal morbidity or mortality are

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5 Spong CY, Berghella V, Wenstrom KD, Mercer BM, Saade GR. *Obstetrics & Gynecology*. 2012 Nov;120(5):1181-1193.

6 Safe prevention of the primary cesarean delivery. *Obstetric Care Consensus No. 1*. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014; 123:693-711.

obstetric hemorrhage, severe hypertension, and venous thromboembolism.<sup>7</sup> According to the Council on Patient Safety in Women's Health Care, case reviews reveal that a significant proportion of morbidity and mortality related to these conditions is due to missed opportunities in the birthing facility to improve outcomes. Specifically, without established protocols for addressing these conditions, patient outcomes will suffer.

To address this problem, the National Maternal Safety Initiative was formed. The initiative is a multi-stakeholder consensus effort and is comprised of representatives from organizations in women's health care and other provider, state, federal, and regulatory bodies. The primary work products of this initiative are Patient Safety Bundles – small, straightforward sets of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.<sup>8</sup> These Patient Safety Bundles are not meant to introduce new guidelines but rather organize existing evidence-based materials in ways that facilitate implementation within birthing facilities. The bundles enumerate what a birth facility should have and provide examples to be modified for the circumstances of the facility. To support this national effort, publications are underway in peer reviewed journals. An editorial call to action<sup>9</sup> appears in the October 2013 issue of *Obstetrics & Gynecology*, the official publication of the American College of Obstetricians and Gynecologists.

The Council on Patient Safety in Women's Health Care (the Council) has developed three components of a maternal safety bundle package: Patient Safety Bundles for obstetric hemorrhage, severe hypertension in pregnancy, and venous thromboembolism prevention in pregnancy. The goal of the National Maternal Safety Initiative is for every birthing facility in the United States to have the three designated core Patient Safety Bundles implemented within three years. The bundles will be rolled out consecutively, beginning with the bundle addressing obstetric hemorrhage and advancing to the other topics. The first Patient Safety Bundle on obstetric hemorrhage was made available in January 2014.

### Support of HRSA Strategic Goals

HRSA works to increase access to high quality, culturally-competent health care and to safeguard the health of the Nation's most vulnerable populations. The following HRSA Strategic Goals are supported by the *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety* cooperative agreement:

Goal # 1    Improve Access to Quality Health Care and Services: Promote innovative and cost-efficient approaches to improve health.

Goal #3    Build Healthy Communities: Lead and collaborate with others to help communities strengthen resources that improve health for the population.

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<sup>7</sup> Callaghan, W. Severe Maternal Morbidity Among Delivery and Postpartum Hospitalizations in the United States. *Obstetrics & Gynecology* 2012; 120: 1029-1037

<sup>8</sup> What Is a Bundle? Institute for Healthcare Improvement, available at <http://www.ihl.org/knowledge/Pages/ImprovementStories/WhatIsaBundle.aspx>.

<sup>9</sup> Main EK, Menard MK. Maternal Mortality: Time for National Action. *Obstetrics & Gynecology*. 2013 Oct;122(4):735-736.

Goal #4 Improve Health Equity: Reduce disparities in quality of care across populations and communities.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- Making available the services of experienced HRSA/Maternal and Child Health Bureau (MCHB) personnel as participants in the planning and development of all phases of the project;
- Reviewing and providing input on the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Identification of other awardees and organizations with whom the awardee will be asked to develop cooperative and collaborative relationships. This will include various divisions/programs/initiatives within MCHB, and the Maternal, Infant, and Early Childhood Home Visiting Program, among others;
- Participation, as appropriate, in conference calls, meetings and learning sessions that are conducted during the period of the cooperative agreement;
- Reviewing and providing input on written documents, including information and materials for pre-learning and learning sessions;
- Making MCHB staff available to support the State teams;
- Participation in the dissemination (i.e., presentations to external and internal stakeholders, conferences, meetings, etc.) of project activities including best practices and lessons learned; and
- Reviewing all documents and products prior to submission for publication or public dissemination.

**The cooperative agreement recipient's responsibilities shall include:**

**Overall**

### **Section I: General Requirements**

- Develop strategies that strengthen organizational infrastructure and capacity for addressing maternal health which should also be reflected in the project's narrative, work plan, and logic model;

- Work closely with the HRSA’s MCHB Project Officer prior to hiring new project staff and planning/implementing new activities;
- Consult with the MCHB Project Officer before scheduling any meetings/conferences that pertain to the scope of work and at which the MCHB’s Project Officer’s attendance may be appropriate;
- Provide the MCHB Project Officer with the opportunity to review and provide advisory input on any publications, and other materials produced, as well as meeting/conferences planned, under the auspices of this cooperative agreement. Such review should start as part of concept development and include review of drafts and final products;
- Accomplish the goals of the project through conduct of these key activities, which must involve the organization’s membership, particularly at the state level:
  - Engage multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to improve maternal health and prevent maternal morbidity and mortality;
  - Facilitate the development of State Teams to promote the widespread adoption and implementation of the maternal safety bundles through training and technical assistance;
  - Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and
  - Plan, implement, and evaluate a provider education campaign focused on improving interconception health.
- Develop various MCH products for awardee membership/target audiences that may include, but are not limited to, background papers and briefs, written issue analyses, organizational policy statements, etc.;
- Disseminate MCH information to awardee members/target audiences through such mechanisms as sponsorship of training workshops and distance learning activities to assist the audiences in gaining relevant and current education on the AIM program priority areas; and
- Collaborate with national groups, including other Federal agencies, in providing expert opinion and consultation that informs national planning, program and policy development around the AIM program priority issues. Also collaborate with various MCHB divisions/programs/initiatives, such as the Title V Block Grant Program, the Healthy Start and Perinatal Services Program, the Maternal, Infant, and Early Childhood Home Visiting Program, as well as MCHB’s Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality.

## **Section II: Partnership of National Stakeholders**

- Engage organizations representing provider organizations, state leaders, payers, consumer groups, and other key organizations, in developing a Partnership to support project goals;

- Work with the Partnership to develop a strategic plan to achieve the goals of the project, and ensure the Partnership is engaged in monitoring progress and ensuring success, including prevention of low risk primary cesarean delivery;
- Use the Partnership to guide the development and implementation of the provider education campaign;
- Ensure that the Partnership informs the convening of State Teams, training and technical assistance activities, and facilitating the work of State Teams.

### **Section III: Facilitating Widespread Adoption of the Maternal Safety Bundles through Training and Technical Assistance, and Providing Ongoing Oversight of State Teams**

The awardee will plan activities that bring state agency teams together to: establish leadership in facilitating statewide adoption of the safety bundles; establish statewide data collection mechanisms; and participate in regular data reporting and monitoring activities. State Teams should include representatives of the state MCH (Title V) agency, the state Medicaid agency, the Governor’s office, state health officers, the state hospital association, statewide provider organizations, regulatory bodies, consumer organizations, community-based organizations, community health centers, and other relevant stakeholders (e.g., managed care organizations, Hospital Engagement Networks, March of Dimes, academic leaders).

- Develop a protocol for on-site training in each of the three safety bundles;
- Develop relevant toolkits, checklists, and materials to support the training protocols;
- Provide technical assistance on training, implementation, and on measurement and quality improvement activities;
- Provide a collaborative workspace for storing data and other information related to the work of the State teams; and
- Develop a virtual site to visually display the adoption of the safety bundles, and for monitoring training, measurement, TA, and quality improvement (QI) activities. The web space should monitor and display adoption of the safety bundles by site locations using real-time data, for the purpose of measuring success.

### **Section IV: Action Plan to Reduce Low-risk Primary Cesarean Delivery**

- Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery, guided by the American College of Obstetricians and Gynecologists (ACOG) and Society of Maternal-Fetal Medicine (SMFM) Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery referenced in Section I;
- Engage relevant national and state stakeholders in implementing the action plan; and
- Work with the Partnership in all phases of implementation of the action plan.

### **Section V: Provider Education Campaign to Promote Interconception Health**

- Design and carry-out a provider education campaign on interconception health starting with the postpartum visit, including planning, implementation, and evaluation activities;

- Engage national and state organizations that represent public and private efforts to improve provider knowledge, attitudes, and behaviors with the provider education campaign; and
- Work with the Partnership in all phases of implementation of the provider education campaign.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2014 - 2017. Approximately \$1,000,000.00 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$1,000,000.00 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for “*Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety*” in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 C.F.R. 51.a3(a).

### **2. Cost Sharing/Matching**

Cost Sharing/Matching is not required for this program.

### **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable. However, organizations or agencies have the ability to submit joint applications for this cooperative agreement. The application must identify the lead agency and additional information on the partner organization must be included in the *Work Plan, Evaluation and Technical Capacity, and Organizational Information* sections of the Project Narrative.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with

this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

## 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

### Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.**

### Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

#### *i. Project Abstract*

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### *ii. Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion(a) #1 NEED**  
This section should briefly describe the purpose of the proposed project. The applicant should include a discussion that exhibits an expert understanding of the issues related to this activity included in this cooperative agreement. The applicant should demonstrate: an understanding of preconception and interconception care; maternal morbidity and mortality and evidence-based interventions to address them, including the maternal safety bundle; experience providing or overseeing effective training and technical assistance; and familiarity with the Title V Maternal and Child Health Programs.

The applicant should describe how they will: 1) Engage multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to improve maternal health and prevent maternal

morbidity and mortality; 2) facilitate widespread adoption of the maternal safety bundles through training and technical assistance and through ongoing oversight of State Teams; 3) plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; 4) plan, implement, and evaluate a provider education campaign focused on improving interconception health; and 5) evaluate success in meeting the targets of reducing severe morbidity from 129 to 67 per 10,000 live births and preventing at least 1,000 maternal deaths in four years. Specifically, reduce maternal deaths that occur within 42 days after birth or termination of pregnancy from 16.9 to 10.6 per 100,000 live births or reduce maternal deaths that occur during pregnancy or within one year of the end of pregnancy from a pregnancy complication from 23.8 to 17.8 per 100,000 live births.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion # 1 NEED*  
This section outlines the needs of the community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.
  
- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 RESPONSE and #4 Impact*  
Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. Applicants are expected to describe strategies for managing any potential problematic aspects of the project.

Applicants are expected to identify benchmarks for success and strategies to collect, analyze and report the information. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

Applicants must also propose a plan for project sustainability after the period of Federal funding ends. The awardee is expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Applicants must provide information on its ability, capacity, and past experience to:

- 1) Engage multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to improve maternal health and prevent maternal morbidity and mortality;

- 2) Facilitate the development of State Teams to promote the widespread adoption and implementation of the maternal safety bundles through training and technical assistance, and provide ongoing oversight of State Teams;
- 3) Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and
- 4) Plan, implement, and evaluate a provider education campaign focused on improving interconception health.

The following methods should be included:

### **Section I: Basic Requirements**

- Describe how the applicant will develop strategies that strengthen organizational infrastructure and capacity for addressing maternal health which should also be reflected in the project's narrative, work plan, and logic model;
- Describe how the applicant will work closely with the MCHB Project Officer prior to planning/implementing new activities;
- Describe how the applicant will consult with the MCHB Project Officer before scheduling any meetings/conferences that pertain to the scope of work and at which the Federal Project Officer's attendance may be appropriate;
- Describe how the applicant will provide the MCHB Project Officer with the opportunity to review, provide advisory input, and approve at the program level any publications, and other materials produced, as well as meetings/conferences planned, under the auspices of this cooperative agreement. Such review should start as part of concept development and include review of drafts and final products;
- Describe how the applicant will accomplish the goals of the project through conduct of these key activities, which must involve the organization's membership, particularly at the state level:
  - Engage multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to improve maternal health and prevent maternal morbidity and mortality;
  - Facilitate widespread adoption of the maternal safety bundles through training and technical assistance and through ongoing oversight of State Teams;
  - Plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery; and
  - Plan, implement, and evaluate a provider education campaign focused on improving interconception health.
- Describe how the applicant will develop various MCH products for awardee membership/target audiences that may include, but are not limited to, background papers and briefs, written issue analyses, organizational policy statements, etc.;
- Describe how the applicant will disseminate MCH information to awardee members/target audiences through such mechanisms as sponsorship of training

- workshops and distance learning activities to assist the audiences in gaining relevant and current education on the AIM program priority areas; and
- Describe how the applicant will collaborate with national groups, including other Federal agencies, in providing expert opinion and consultation that informs national planning, program and policy development around the AIM program priority issues. Also describe how the applicant will collaborate with various MCHB divisions/programs/initiatives, such as the Title V Block Grant Program, the Healthy Start and Perinatal Services Program, the Maternal, Infant, and Early Childhood Home Visiting Program, as well as MCHB's Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality.

## **Section II: Partnership of National Stakeholders**

- Describe how the applicant will engage organizations representing health professionals leading State public health agencies, professional and provider organizations that provide health care to all women, payers, consumer organizations and others, in developing a Partnership to support project goals;
- Describe how the applicant will work with the Partnership to develop a strategic plan to achieve the goals of the project, and how the applicant will monitor progress and ensure success;
- Describe how the applicant will ensure that the Partnership informs the convening and monitoring of State Teams;
- Describe how the applicant will ensure that the Partnership informs the development and implementation of training and technical assistance activities for State Teams;
- Describe how the applicant will ensure that the Partnership guides the action plan for reducing low-risk primary cesarean delivery; and
- Describe how the applicant will ensure that the Partnership guides the development of the provider education campaign.

## **Section III: Promoting Widespread Adoption of the Maternal Safety Bundles through Training and Technical Assistance and through Ongoing Oversight of State Teams**

- Describe how the applicant will plan activities that bring state agency teams together to: establish leadership in facilitating statewide adoption of the safety bundles; establish statewide data collection mechanisms; and participate in regular data reporting and monitoring activities. State Teams should include representatives of the state MCH (Title V) agency, the state Medicaid agency, the Governor's office, state health officers, the state hospital association, statewide provider organizations, regulatory bodies, consumer organizations, community-based organizations, community health centers, and other relevant stakeholders (e.g., managed care organizations, Hospital Engagement Networks, March of Dimes, academic leaders);
- Describe how the applicant will develop a protocol for on-site training in each of the three safety bundles;

- Describe how the applicant will develop relevant toolkits, checklists, and materials to support the training protocols;
- Describe how the applicant will provide technical assistance on training, implementation, and on measurement and quality improvement activities; and
- Describe how the applicant will provide a virtual workspace or website for storing data and other information related to monitoring adoption of the safety bundles, and for monitoring training, measurement, TA, and QI activities. The web space should monitor and display adoption of the safety bundles by site locations using real-time data, for the purpose of measuring success.

#### **Section IV: Action Plan to Reduce Low-risk Primary Cesarean Delivery**

- Describe the process by which the applicant will plan, implement, and evaluate an action plan to reduce low-risk primary cesarean delivery, guided by the ACOG and SMFM Obstetric Care Consensus on Safe Prevention of the Primary Cesarean Delivery, referenced in Section I;
- Describe how the applicant will engage relevant national and state stakeholders in implementing the action plan;
- Describe how the applicant will work with the Partnership in all phases of implementation of the action plan; and
- Describe how the action plan will be monitored regularly, and describe plans for evaluation.

#### **Section V: Provider Education Campaign to Promote Interconception Health**

- Describe the process by which the applicant will design and carry-out a provider education campaign on interconception health, guided by the CDC recommendations, including planning, implementation, and evaluation activities (<http://www.cdc.gov/preconception/hcp/recommendations.html>);
  - Describe how the applicant will engage national and state organizations that represent public and private efforts to promote maternal health in the Campaign, starting with the postpartum visit;
  - Describe how the applicant will work with the Partnership in all phases of implementation of the Campaign; and
  - Describe how the Campaign will be monitored regularly, and describe plans for evaluation.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 RESPONSES and #4 IMPACT*
- Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. The work plan (Attachment 1) should closely correspond to the needs assessment and other activities described in the program narrative including activities under the Methodology section. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program.

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should include: 1) statement of need or problem statement; 2) goals; 3) specific, time frames, measurable objectives; 4) key action steps; 5) time frame for completion; 6) staff responsible and 7) method of evaluation. Applicants are asked to include appropriate milestones and any products to be developed. Use a timeline that includes each activity and identifies responsible staff. Include information on identified partnerships and resources that will be used to complete tasks and the expected outcome measures/tools to show that the goals and objectives will be achieved.

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Applicants must submit a logic model (Attachment 1) for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served)
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

**NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will ensure lines of communication and consistent and timely, high quality of work irrespective of which organization is leading the specific task.**

The work plan must be broken out by year but must include four years of work plans to cover goals, objectives, and action steps proposed for the entire four-year project period.

The method of evaluation should include evaluation in two areas: 1) the planning, management, and implementation of the project and 2) demonstration of how the training and technical assistance has facilitated widespread adoption of the maternal safety bundles in birthing facilities nationwide.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria) #2 RESPONSE*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 EVALUATIVE MEASURES and #5 RESOURCES/CAPABILITIES*  
Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Emphasis should be focused on experience related to managing collaboratives, efforts to promote maternal health, providing technical assistance, creating technical assistance modules and materials and should include the following:

- Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- Describe the data collection strategy or process that will be used to evaluate components and processes for ease of use and understandability among participants. Explain how the data (results) will be used to inform or improve the training and TA process. Please describe the methods and tools that you plan to use to collect data to track the progress of the project (you may incorporate these as an attachment).
- If an external evaluator will be used, describe how your agency will coordinate evaluation activities with this evaluator. Discuss how you will use the findings of your evaluation activities.
- Discuss plans for monitoring and assessing performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

**NOTE: Organizations or agencies who are submitting a joint-application must provide information on how they will monitor and assess performance of methods**

**and activities being completed by partner organizations helping to implement the activities included in the work plan for this cooperative agreement.**

Additionally, provide information on your experience with developing and maintaining an Internet-based work space. Discuss the hardware and software tools you plan to use to store, document, and analyze data, to store documents and tools created by members of the State Teams, and logistics for maintaining engagement of State Teams.

▪ ***ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 RESOURCES/CAPABILITIES***

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and literate health services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Describe past performance managing Federal grants and/or cooperative agreements at the national level, including percentage of deliverables completed within each Federal fiscal year for the past four completed fiscal years. Discuss expertise of staff as it relates to the scope of work proposed. Discuss maternal health expertise related to reproductive and perinatal health that is available within core staff and not through consultants. This can include both applicant and partners/collaborators. Discuss collaborative efforts with other pertinent agencies that enhance your ability to accomplish the goals of the proposed project. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would comprise, and describe other sources of funding your agency receives.

Describe experience with promoting women's health, particularly the health of women of childbearing age. Specifically, describe experience with, or significant partnerships and collaborations with organizations that: align with national initiatives that address gaps in health coverage and ensure access to care for women; improve access to preconception and interconception care; assure the quality and safety of maternity care; address public and private insurance coverage and reimbursement of services for pregnant women in hospital settings; and represent state government, state Medicaid, and state Title V programs.

Describe experience with overseeing the development and implementation of guidelines and protocols for obstetric care in hospitals. Additionally, describe experience with providing training and technical assistance to hospitals and health care providers.

Provide information on formal partnerships with organizations representing health professionals leading State public health agencies in the United States, the U.S. Territories, and the District of Columbia as well as professional organizations that provide health care to all women, promote professionalism among nurses, physicians, obstetricians and gynecologists, and facilitate communication among various constituencies related to women's health care.

***iii. Budget and Budget Justification Narrative***

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#).

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information.

#### **iv. Program-Specific Forms**

##### *1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

##### *2) Performance Measures for the Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety and Submission of Administrative Data*

To prepare successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4_1.HTML)

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

#### **v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative. Also include the required logic model in this attachment.

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1. of the HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other entities and programs representing health professionals leading State public health agencies in the United States, the U.S. Territories, and the District of Columbia as well as professional organizations that provide health care to all women, promote professionalism among nurses, physicians, obstetricians and gynecologists, and facilitate communication among various constituencies related to women's health care. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

*Attachment 5: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project.

*Attachment 6: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachments 7-15: Other Relevant Documents.*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to this initiative (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *June 16, 2014 at 11:59 P.M. Eastern Time.*

### **4. Intergovernmental Review**

The *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety* is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

## 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$1,000,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety* has six (6) review criteria:

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs*

*Assessment*

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- The extent to which the application demonstrates an understanding of maternal morbidity and mortality, interconception care, low-risk primary cesarean section prevention, and evidence-based interventions to address them.
- The extent to which the applicant discusses plans and innovative approaches to addressing activities in the funding announcement.
- The extent to which the applicant demonstrates significant experience with developing and facilitating training and technical assistance activities.
- The extent to which the applicant demonstrates successful experience and commitment to

partner with relevant entities with experience working to improve interconception care and to reduce maternal morbidity and mortality through a variety of mechanisms and processes on both the national and state level.

- The extent to which the application notes relevant challenges in responding to the program requirements.
- The extent to which relevant challenges identified in the proposal meet the expectations MCHB identified for all tasks under this funding announcement.

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges.*

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives. The extent to which the applicant succeeds in addressing the following:

*Methodology (15)*

- The extent to which the applicant demonstrates the appropriateness of the methodology.
- The extent to which the proposed activities are capable of addressing program’s goals and objectives.
- Effectiveness of methods proposed to monitor and evaluate the program and program results.
- The extent to which the applicant provides a reasonable approach for implementing its proposed work plan to engage multiple national stakeholders (including organizations representing provider organizations, state public health leaders, payers, hospital associations, regulatory bodies, consumer groups, and other key organizations) to form a Partnership to improve maternal health and prevent maternal morbidity and mortality.
- The extent to which the applicant provides a reasonable approach for implementing its proposed work plan for planning, implementing, and evaluating an action plan to reduce low-risk primary cesarean delivery.
- The extent to which the applicant provides a reasonable approach for implementing its proposed work plan for planning, implementing, and evaluating a provider education campaign focused on improving interconception health.
- The extent to which the applicant provides a reasonable approach for implementing its proposed work plan for the development and ongoing provision of training and technical assistance, and for providing ongoing oversight of State Teams.
- The extent to which the applicant outlines the approach to bring state agency teams together to: establish leadership in facilitating statewide adoption of the safety bundles; establish statewide data collection mechanisms; and participate in regular data reporting and monitoring activities.
- The extent to which the applicant outlines the approach for supporting the development and maintenance of a measurement system.
- The extent to which the applicant outlines the plan for developing a protocol for on-site training in each of the three safety bundles.
- The extent to which the applicant outlines the plan for developing relevant toolkits, checklists, and materials to support the training protocols.
- The extent to which the applicant outlines the plan for providing technical assistance on training, implementation, and on measurement and QI activities.

- The extent to which the applicant outlines the plan for providing a virtual workspace or website for storing data and other information related to monitoring adoption of the safety bundles, and for monitoring training, measurement, TA, and QI activities. The web space should monitor and display adoption of the safety bundles by site locations using real-time data, for the purpose of measuring success.
- The extent to which the applicant discusses plans for ongoing communication and coordination with HRSA.

*Work Plan (10)*

- The extent to which the applicant clearly delineates the proposed goals and activities and their relationship to the project.
- The extent to which the work plan relates and corresponds to the needs assessment and activities outlined in the Methodology section.
- The extent to which the applicant includes clearly written problem statement, goals, time-frames, objectives, responsible staff and methods for evaluation.
  - Degree to which the objectives relate to each goal.
  - Extent to which the timeframe is reasonable for achieving project goals.
  - Degree to which the objectives have target dates for milestones.
  - Extent to which the evaluative measures correspond to the planning and implementation of the training and TA activities, and to the ongoing oversight of State Teams.
- The extent to which the applicant includes a logic model that clearly identifies the goals, assumptions, target population, activities, outputs, outcomes, time-frames, objectives, responsible staff, and methods of evaluation.

*Resolution of Challenges (5)*

- The extent to which the applicant shows how challenges noted in the Need section will be resolved.
- The extent to which proposed resolutions are feasible.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The strength of the plan in detailing past experience in managing collaboratives, providing training and technical assistance, and maintaining an Internet-based work space.
- The strength of the plan in describing how the chosen quality improvement process will be used, and how data will be collected and used to improve training and TA, oversight, and monitoring activities.
- The strength of the plan for monitoring and assessing performance, including methods employed by staff to ensure that the proposed activities are being successfully documented and completed, based on overall work plan.
- The extent to which the application describes an evaluation approach with measurable goals and outcomes reflecting the proposed and expected impact.

- The extent to which measurable objectives and the logic model demonstrate the relationship among resources, activities, outputs, and short and long term outcomes.
- The strength of the strategy to evaluate success in meeting the targets of preventing approximately 100,000 severe complications during delivery hospitalizations (reduce severe morbidity from 129 to 67 per 10,000 live births) and preventing at least 1,000 maternal deaths in four years. Specifically, reduce maternal deaths that occur within 42 days after birth or termination of pregnancy from 16.9 to 10.6 per 100,000 live births or reduce maternal deaths that occur during pregnancy or within one year of the end of pregnancy from a pregnancy complication from 23.8 to 17.8 per 100,000 live births.

*Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Work Plan and Methodology*

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding. The extent to which the application describes the resources, strategy, goals, activities and the impact expected in terms of widespread adoption of the safety bundles, reduction in low-risk primary cesarean section, and improved awareness of interconception health among providers.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization(s) (including proposed partners and joint-applicant organizations/agencies) and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

The extent to which the applicant details past experience with Federal grants and/ or cooperative agreements at the national level and ability to complete deliverables.

The extent to which the applicant describes expertise in maternal morbidity and mortality, preconception and interconception care, and ability to collaborate with other partners to accomplish proposed activities.

The extent to which the applicant describes knowledge of and experience in providing technical assistance on training, implementation, and on measurement.

The extent to which the applicant demonstrates capacity to provide a virtual workspace or website for storing data and other information related to monitoring adoption of the safety bundles, and for monitoring training, measurement, TA, and QI activities.

To the extent to which the applicant demonstrates significant experience with promoting women’s health, particularly the health of women of childbearing age. Specifically, applicants should have experience with, or significant partnerships and collaborations with organizations that: align with national initiatives that address gaps in health coverage and ensure access to care for women; improve access to preconception and interconception care; assure the quality and safety of maternity care; address public and private insurance coverage and reimbursement of services for pregnant women in hospital settings; and represent state government, state Medicaid, and state Title V programs.

The extent to which the applicant demonstrates expertise overseeing the development and implementation of guidelines and protocols for obstetric care in hospitals. Experience with providing training and technical assistance to hospitals and health care providers is also important.

To the extent to which applicant demonstrates that they have formal partnerships with organizations representing health professionals leading State public health agencies in the United States, the U.S. Territories, and the District of Columbia as well as professional organizations that provide health care to all women, promote professionalism among nurses, physicians, obstetricians and gynecologists, and facilitate communication among various constituencies related to women's health care. The members of the applicant organization and its partners must have responsibilities in the State for: (1) decision making (2) fiduciary oversight, and (3) policy implementation.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget/Budget Justification*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The budget clearly justifies proposed staff, contracts, and other resources.

## **2. Review and Selection Process**

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

## **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of August 1, 2014.

# **VI. Award Administration Information**

## **1. Award Notices**

The Notice of Award will be sent prior to the start date of August 1, 2014. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

## **2. Administrative and National Policy Requirements**

See Section 2 of HRSA's [SF-424 Application Guide](#).

### **Federal Recognition of Same-sex Spouses/Marriages**

The following policy applies to:

- all grants except block grants governed by 45 CFR part 96, part 98, and grant awards made under titles IV -A, XIX and XXI of the Social Security Act.

- programs which base eligibility or otherwise make distinctions in program participation or content on such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship.

A standard term and condition of award will be included in the final Notice of Award (NOA); all grant recipients will be subject to a term and condition that instructs grantees to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction, when applying the terms of the Federal statute(s) governing their awards. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

### 3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an quarterly basis. Further information will be provided in the award notice.
- 2) **Performance Report(s).** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

#### a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4_1.HTML)

#### b) Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4_1.HTML) This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. The awardee will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

**c) Project Period End Performance Reporting**

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: [https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4\\_1.HTML](https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UC4_1.HTML) The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Ernsley Charles  
Grants Management Specialist  
Attn.: *The Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety*  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-05  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-8329  
Fax: (301) 443-6686  
Email: [ECharles@hrsa.gov](mailto:ECharles@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Keisher Highsmith, Dr.P.H.  
Director of Special Initiatives, Program Planning and Evaluation  
Division of Healthy Start and Perinatal Services  
Attn: *The Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety*

Maternal and Child Health Bureau, HRSA  
Parklawn Building, Room 13-91  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0543  
Fax: (301) 594-0186  
Email: [khighsmith@hrsa.gov](mailto:khighsmith@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

The successful applicant/awardee may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

## **VIII. Other Information**

### **Logic Models:**

Additional information on developing logic models can be found at the following website: [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

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