ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

2026 AIM Impact Statement Guide

July 2026

Contents

Summary

This guide provides background information on how to develop the Alliance for Innovation on Maternal Health (AIM) Impact Statements and includes updated expectations and reporting standards for 2026. AIM Impact Statements reported to the Health Resources and Services Administration (HRSA) highlight the effect of AIM Patient Safety Bundle (PSB) implementation and targeted quality improvement activities on structures of care, processes of care, patient health outcomes, and other measures of patient safety.

HRSA requires state and jurisdictional AIM Teams to submit at least one AIM Impact Statement to the AIM Technical Assistance (AIM TA) Center annually. State and jurisdictional AIM Teams implementing multiple PSBs may choose to submit additional AIM Impact Statements for other bundles. **2026 AIM Impact Statements should be submitted to the AIM TA Center by August 31, 2026, using this link.**

Impact Statement Formats

Overview

There are three types of AIM Impact Statements: the Standard AIM Impact Statement, the Preliminary AIM Impact Statement, and the Expanded AIM Impact Statement. **Only Standard and Preliminary AIM Impact Statements are reported to HRSA.** Expanded AIM Impact Statements are not reported to HRSA, however state and jurisdictional AIM Teams are encouraged to develop Expanded AIM Impact Statements for their own use (e.g., reports and presentations to birthing facilities, lawmakers, funders, and other stakeholders).

State and jurisdictional AIM Teams are required to submit either a Standard Impact Statement or a Preliminary Impact Statement to the AIM TA Center for at least one PSB by August 31, 2026, using this link. Teams implementing multiple PSBs must submit one Standard or one Preliminary AIM Impact Statement for one bundle. They may choose to submit additional Standard or Preliminary AIM Impact Statements for other bundles they are implementing. Table 1 highlights the key differences between the three Impact Statement formats.

Table 1. Impact Statement Formats

	Standard	Preliminary	Expanded
Reported to HRSA?	✓	✓	✗
Sufficient Data?	✓	✗	✓
Disaggregated Analyses?	✗	✗	✓

While this guide outlines all three AIM Impact Statement formats, the formal reporting guidelines and strict measurement criteria detailed in the subsequent sections focus specifically on the Standard and Preliminary formats required by HRSA.

Standard AIM Impact Statement

State and jurisdictional AIM Teams are required to use the Standard AIM Impact Statement format **if data are sufficient.** Most state and jurisdictional AIM Teams will submit a Standard AIM Impact Statement to the AIM TA Center.

Example Standard Impact Statement

State ABC surveillance data showed that the rate of severe hypertension during pregnancy across the state increased by 25.0%, from 2.0% to 2.5% between 2019 and 2022. To address this trend, the State Perinatal Quality Collaborative began implementation of the AIM Severe Hypertension in Pregnancy Patient Safety Bundle in July 2023 across 24 of the state's 45 birthing facilities (53.3%). Timely treatment of persistent severe hypertension among participating facilities increased by 29.5%, from 57.7% to 74.7% between the 2023 fourth quarter baseline and 2025 first quarter follow-up reporting periods. During this same timeframe, postpartum follow-up scheduling at these facilities increased by 35.0%, from 60.0% to 81.0%. Severe maternal morbidity (excluding blood transfusions alone) among patients with hypertensive disorders at participating facilities decreased by 20.0%, from 9.5% in 2023 to 7.6% in 2025. The collaborative continues to support participating facilities through coaching, education, and sustainability activities.

Preliminary AIM Impact Statement

The Preliminary AIM Impact Statement format is very similar to the Standard AIM Impact Statement format but does not include outcome data and has limited process and structure data. Teams are only allowed to use the Preliminary AIM Impact Statement format **if data are limited**.

Example Preliminary Impact Statement
State ABC surveillance data showed that the rate of severe hypertension during pregnancy across the state increased by 25.0%, from 2.0% to 2.5% between 2019 and 2022. To address this trend, the State Perinatal Quality Collaborative began early onboarding activities in June 2026 for the upcoming launch of the AIM Severe Hypertension in Pregnancy Patient Safety Bundle, with a projected participation of 30 of the state's 45 birthing facilities (66.7%). Initial readiness assessments show a baseline where only 15.0% of these projected facilities currently have standardized severe hypertension treatment protocols in place. Additionally, early tracking indicates that 40.0% of clinical staff at these hospitals have completed the introductory bundle training modules. Moving forward, the collaborative will focus immediate activities on completing facility onboarding and providing targeted technical assistance for early data extraction. The team plans to begin formal collection of Severe Maternal Morbidity (excluding blood transfusions alone) data in the first quarter of 2027 to establish a clear clinical outcome baseline.

Expanded AIM Impact Statement

The Expanded AIM Impact Statement format **is optional and is not reported to HRSA or submitted to the AIM TA Center**. State and jurisdictional AIM Teams are highly encouraged to utilize this format for their own localized needs. While the Standard or Preliminary Impact Statements serve as the baseline reporting framework, the Expanded Impact Statement provides an opportunity to build upon that foundation by incorporating deeper data analyses and broader environmental context. When developing an Expanded AIM Impact Statement, teams can use the extra flexibility to:

- **Incorporate Additional Analyses:** Delve into secondary measures, stratified data, or differences in outcomes across subpopulations
- **Provide Richer Context:** Detail qualitative elements of bundle implementation, such as specific facility success stories, unique jurisdictional challenges, or community partnerships

- **Tailor Communication Tools:** Repurpose the text and data for specialized slide decks, legislative briefs, grant applications, or report cards for participating birthing facilities
- **Engage Key Stakeholders:** Translate complex quality improvement metrics into compelling narratives for lawmakers, healthcare executives, funders, and community advocacy groups

Writing Guidance

To ensure consistency in HRSA reporting, Standard and Preliminary AIM Impact Statements should reflect a single, unified voice across all states and jurisdictions. The following writing guidance is designed to help achieve this standard.

Content Requirements

Standard and Preliminary AIM Impact Statements should:

- Focus on overall outcomes at statewide/jurisdictional and patient levels
- Highlight improvements in structures and processes of care
- Present data in aggregate to reflect the population as a whole
- Specify the geographic scope and scale of all data presented, including baselines, rates, and resulting impact

Preferred Writing Style

Standard and Preliminary AIM Impact Statements should:

- Be approximately five to seven sentences in length
- Stand alone and be easily digestible (i.e., avoid jargon)
- Focus on measurable impact using concise, data-focused language
- Use the most current data available
- Employ person-centered language (e.g., “pregnant and postpartum women”)
- Be written in active voice
- Spell out acronyms on first use
- Use official Patient Safety Bundle names

Official Patient Safety Bundle Names

When referring to a specific PSB, write out the full, official name:

- AIM Obstetric Hemorrhage Patient Safety Bundle
- AIM Severe Hypertension in Pregnancy Patient Safety Bundle
- AIM Cardiac Conditions in Obstetric Care Patient Safety Bundle
- AIM Safe Reduction of Primary Cesarean Birth Patient Safety Bundle
- AIM Care for Pregnant and Postpartum Patients with Substance Use Disorder Patient Safety Bundle
- AIM Postpartum Discharge Transition Patient Safety Bundle
- AIM Perinatal Mental Health Conditions Patient Safety Bundle
- AIM Sepsis in Obstetric Care Patient Safety Bundle

Measurement Guidance

In addition to a unified writing style, meeting HRSA reporting standards requires that all Standard and Preliminary AIM Impact Statements present data consistently. The following measurement guidelines are designed to standardize how data are reported.

Relative Percent Change

When showcasing improvements, always calculate and report the relative percent change rather than absolute percentage point differences. Use the formula in Figure 1 to calculate relative percent change.

Figure 1. Relative Percent Change Formula

$$\frac{\text{New Value} - \text{Baseline Value}}{\text{Baseline Value}} \times 100$$

Relative percent change data must:

- Include both baseline and follow-up values to demonstrate the trajectory of change (increasing or decreasing)
- State the exact time period or reporting quarters being evaluated
- Present all percentages rounded to one decimal

Increase Example

Correct	Incorrect
Quantitative blood loss measurement increased by 159.7%, from 30.0% to 77.9% over the four-quarter reporting period in 2023.	Quantitative blood loss measurement increased by 47.9 percentage points.

Decrease Example

Correct	Incorrect
Severe maternal morbidity decreased from 9.5% in 2019 to 7.6% in 2024, representing a 20.0% decrease.	Severe maternal morbidity decreased by 1.9%.

Facility Participation

To provide clear context regarding the scope of the intervention, facility engagement must be reported uniformly.

Standard and Preliminary AIM Impact Statements should:

- Report facility participation in two ways simultaneously: the absolute number of participating birthing facilities and the percentage of total birthing facilities they represent within the jurisdiction
- Explicitly note if the total number of participating facilities changed at any point during the implementation period

Correct	Incorrect
36 of the state's 43 labor and delivery units (83.7%)	36 labor and delivery units

Process Measures

Process measures track clinical implementation activities and require strict consistency across reporting periods.

When calculating process measures, AIM Teams should:

- Ensure that baseline data and data collected after the start of bundle implementation among the exact same group of birthing facilities (matched cohort analysis)
- Exclude facilities from the final analysis if they present significant data missingness that would skew results
- Use data from the very first month or quarter of reported process measures as your baseline value if your Team did not collect baseline data prior to implementation

Example
Quantitative blood loss measurement increased by 159.7% from 30.0% to 77.9% over the four-quarter reporting period in 2023.

Outcome Measures

Outcome measures demonstrate the final clinical impact of bundle implementation on patient health.

When reporting outcome data, AIM Teams should:

- Utilize Severe Maternal Morbidity (SMM), excluding blood transfusions alone
- Aggregate annual data (i.e., combine four consecutive quarters of data) to calculate the relative percent change for SMM to ensure statistical stability

Example
The rate of severe maternal morbidity among birthing patients who experienced obstetric hemorrhage, excluding those who only received blood transfusions, decreased from 9.2% in 2018 to 7.6% in 2024, reflecting an overall reduction of 17.4%.

Putting it all Together: The Three Block Approach

To ensure impact statements are easily digestible and maintain a single, unified voice, authors should structure their narrative using the Three Block Approach. This framework organizes a five-to-seven sentence paragraph that flows logically from the clinical problem to process shifts, and ultimately to patient outcomes and future steps.

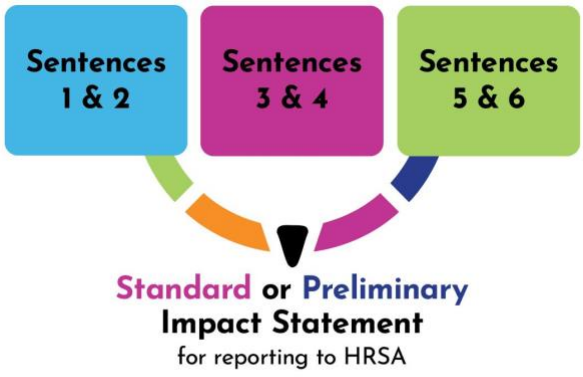

Figure 2

The Three Block Approach should be used for both Standard Impact Statements and Preliminary Impact Statements. Differences specific to writing a Preliminary Impact Statement are noted at the end of each block's section.

Block 1: The Problem & The Intervention

Sentences 1 and 2

This block establishes the foundation of your impact statement by defining the "why" and the "how" behind your efforts.

Sentence 1: The Problem (Data-Driven Rationale)
Provide a clear explanation of why your state or jurisdiction selected the specific Patient Safety Bundle, highlighting overall statewide or regional trends.

Rationale should be drawn from trusted data sources, such as:

- Pregnancy-related mortality findings
- Severe Maternal Morbidity (SMM) data
- State surveillance data
- Maternal Mortality Review Committee (MMRC) findings
- Other state- or jurisdiction-specific clinical priorities

Sentence 2: The Intervention (Scope and Timeline)
Detail the operational launch of the initiative. This sentence must include:

- The official name of the Patient Safety Bundle being implemented (refer to the official Patient Safety Bundle names list on page 6)
- The implementation start date
- The exact number and percentage of participating birthing facilities
- A description of any shifts or changes if the number of participating facilities altered during the implementation window

If writing a Preliminary Impact Statement:

- List the anticipated start date or early launch phase if active implementation is newly underway
- Report projected facility participation or initial recruitment/enrollment numbers and percentages if full cohort data is not yet finalized
- Maintain a data-driven rationale for the problem statement using historical surveillance data or recent Maternal Mortality Review Committee (MMRC) findings to justify the launch of the upcoming bundle

Block 2: Changes in Structure & Process

Sentences 3 and 4

This block highlights quantifiable improvements in care delivery by focusing on structure and process metrics.

Sentence 3: Structure Shifts (Metrics Showing Structural Change)

Describe how structures of care shifted from baseline to the post-implementation period among participating facilities with available data.

Sentence 4: Process Shifts (Metrics Showing Process Change)

Describe how clinical processes of care shifted from baseline to the post-implementation period among participating facilities with available data.

For Standard Impact Statements, both sentences in Block 2 must include

- Baseline values and post-implementation values
- The relative percent change (percent increase or decrease)
- The exact time period evaluated
- A consistent comparison cohort (ensuring data are compared among the same group of birthing facilities from baseline to follow-up)

If writing a Preliminary Impact Statement:

- Report only baseline values or very early-stage tracking metrics if post-implementation follow-up data are not yet available
- Omit the relative percent change requirement if you do not have a comparative post-implementation data point
- Focus on readiness milestones or structural shifts (e.g., percentage of facilities that have completed initial training or ordered bundle kits) if clinical process data is still limited

Block 3: Outcome Shifts & The Future

Sentences 5 and 6

This final block elevates the clinical impact on patient health outcomes and outlines the strategic direction moving forward.

Sentence 5: Outcome Shifts (Patient Health Outcomes)

Highlight the clinical shifts in patient health outcomes resulting from bundle implementation. For Standard Impact Statements, this sentence must:

- Compare changes in patient outcomes from baseline data among the exact same group of birthing facilities
- Adhere to all measurement guidance rules (including baseline values, post-implementation values, relative percent change, and the designated time period)

Sentence 6: Looking Ahead (Sustainability and Next Steps)

Provide a forward-looking conclusion detailing future implementation, expansion, and sustainability plans. This section should outline ongoing strategies to engage birthing facilities, including:

- Sustainability and maintenance activities
- Technical assistance and targeted coaching
- Continued data collection and monitoring efforts
- Future expansion plans or new jurisdiction-specific clinical priorities

If writing a Preliminary Impact Statement:

- Omit Sentence 5 (Outcome Shifts) entirely, as Preliminary Impact Statements do not contain patient health outcome data
- Pivot the focus of this block to Sentence 6 (Looking Ahead) to describe upcoming steps, rollout timelines, or baseline data collection strategies
- Highlight imminent technical assistance, coaching, or facility onboarding plans rather than long-term sustainability or expansion activities

Submission Process

Due August 31, 2026
Link to Submission Form

Please use this form to submit your 2026 Standard and/or Preliminary AIM Impact Statement(s) by August 31, 2026. If your AIM Team implements multiple bundles, you are welcome and encouraged to submit Impact Statements for all your bundles though you are only required to submit one. Do not combine Impact Statements for multiple PSBs into a single submission: submit each one separately via the online form.

If you have any questions, please reach out directly to your TA Specialist.

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Appendix

Suggested Process and Structure Measures

Patient Safety Bundle	Suggested Process and Structure Measures
AIM Obstetric Hemorrhage Patient Safety Bundle	• Hemorrhage cart • Measurement of blood loss using quantitative and cumulative techniques • Hemorrhage risk assessments
AIM Severe Hypertension in Pregnancy Patient Safety Bundle	• Timely treatment of persistent severe hypertension • Clinical team debriefs
AIM Safe Reduction of Primary Cesarean Birth Patient Safety Bundle	• Provider education on safe support of labor and vaginal births • Patient and Support Network Communication and Support Following a Cesarean Birth
AIM Care for Pregnant and Postpartum Patients with Substance Use Disorder Patient Safety Bundle	• Policy for all patients to be screened for opioid use disorder using a validated verbal screening tool • Patients with opioid use disorder who received medication for opioid use disorder or recovery treatment services
AIM Cardiac Conditions in Obstetric Care Patient Safety Bundle	• Standardized pregnancy risk assessments for patients with cardiac conditions • Emergency Department (ED) screening for current or recent pregnancy
AIM Postpartum Discharge Transition Patient Safety Bundle	• Patient education materials on urgent postpartum warning signs
AIM Sepsis in Obstetric Care Patient Safety Bundle	• OB provider and nursing education on obstetric sepsis • Obstetric sepsis screening and diagnosis system

Patient Safety Bundle	Suggested Process and Structure Measures
AIM Perinatal Mental Health Conditions Patient Safety Bundle	• Patient education on perinatal mental health conditions • Perinatal mental health assessment and response protocol

Suggested Outcome Measures

Patient Safety Bundle	Suggested Outcome Measure
AIM Obstetric Hemorrhage Patient Safety Bundle	• Severe Maternal Morbidity (SMM), excluding blood transfusions alone among patients who experienced an obstetric hemorrhage
AIM Severe Hypertension in Pregnancy Patient Safety Bundle	• Severe Maternal Morbidity (SMM), excluding blood transfusions alone among patients with hypertension and preeclampsia
AIM Safe Reduction of Primary Cesarean Birth Patient Safety Bundle	• Nulliparous, term, singleton, vertex Cesarean birth rate
AIM Care for Pregnant and Postpartum Patients with Substance Use Disorder Patient Safety Bundle	• Severe Maternal Morbidity (SMM), excluding blood transfusions alone, among patients with SUD
AIM Cardiac Conditions in Obstetric Care Patient Safety Bundle	• Severe Maternal Morbidity (SMM), excluding blood transfusions alone among patients with cardiac conditions
AIM Postpartum Discharge Transition Patient Safety Bundle	• Postpartum readmissions within 42 days
AIM Sepsis in Obstetric Care Patient Safety Bundle	• Severe Maternal Morbidity (SMM), excluding blood transfusions alone
AIM Perinatal Mental Health Conditions Patient Safety Bundle	• Percent of pregnant and postpartum patients with PMHC who received or were referred to treatment