ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Promotion Toolkit for AIM Participating Entities

August 2026

Welcome to the Toolkit

Thank you for talking about AIM and your AIM projects in your state or jurisdiction!

This toolkit is meant to help participating state/jurisdiction entities share more about your AIM work by providing standard language, graphics, and other recommendations to support communication with staff and external stakeholders. The content included can be used in public-facing materials, including websites, reports, social media content, promotional materials (e.g., flyers), newsletters, and press releases.

The AIM TA Center is here to support you in your communication efforts. Reach out to your TA Specialist with any questions about this guide, or email the AIM TA Center at info@saferbirth.org.

How to Describe the AIM Program

Use this language when describing the national AIM Program to partners, stakeholders, and others to consistently represent AIM. Language can be used on your **website, in presentations, newsletters, flyers, or other communications materials.**

We recommend using the following language to ensure accuracy of how the AIM program history and structure is represented in these publications and this language can be directly used in publications and writing related to AIM work.

What is AIM?

- The Alliance for Innovation on Maternal Health (AIM) is a national, data-driven maternal safety and quality improvement initiative. Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States.
- The Alliance for Innovation on Maternal Health (AIM) supports best practices that make birth safer, improve maternal health outcomes, and save lives. AIM is the national, cross-sector commitment designed to lead in the development and implementation of patient safety bundles for the promotion of safe care for every U.S. birth.
- Founded in 2014 through a cooperative agreement funded by the Health Services Resources Administration (HRSA), the AIM Technical Assistance (TA) Center provides technical support and capacity building to multidisciplinary state-based teams, most often perinatal quality collaboratives, leading targeted quality improvement (QI) efforts toward the implementation of patient safety bundles.
- AIM currently operates in 49 states, the District of Columbia, and Puerto Rico, and has more than 13 allied partners, including professional associations, training partners, patient advocacy organizations, and maternal health organizations, that provide clinical expertise, data, and credibility to the patient safety bundles.

Why do we partner with AIM?

We collaborate with AIM to support best practices that make birth safer, improve maternal health outcomes, and save lives.

How do we partner with AIM?

- Collaborate with the AIM TA Center to develop a patient safety bundle implementation work plan.
- Collaborate with the AIM TA Center to develop state- and hospital-level data plans.
- Share hospita-level data to track progress of patient safety bundle implementation and outcomes.
- Participate in routine scheduled conference calls with AIM TA Specialists.
- Host a state AIM Kickoff Meeting to promote the AIM program in hospitals, health systems, birthing facilities, and the community.
- Disseminate AIM resources, including newsletters, to staff in participating hospitals, health systems, birthing facilities, and state organizations.
- Share implementation strategies and lessons learned with our peers in other AIM states.

What is an AIM Patient Safety Bundle?

An Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle is a structured way of improving the process of care and patient outcomes: a set of evidence-informed best practices which address clinically specific conditions in pregnant and postpartum patients.

How are Patient Safety Bundles developed?

Patient safety bundles (PBSs) are developed by expert multidisciplinary working groups, supported by the Alliance for Innovation on Maternal Health (AIM) TA Center. Working groups include representatives appointed by professional member organizations, known experts and researchers specializing in the clinical topic, and patients with lived experience. The bundle development process includes design of measure and metrics for implementation and multiple levels of review from engaged stakeholders.

How are data and metrics related to a bundle?

Data collected for quality improvement measures progress toward and success in bundle implementation. To support AIM patient safety bundle implementation and data-driven quality improvement, AIM develops process, structure, and outcome metrics for each bundle. For some bundles, AIM develops state surveillance metrics, which are statewide, public health surveillance metrics used to monitor health outcomes that cannot be easily attributed to a specific facility, such as maternal mortality.

What is an AIM Resource Kit?

Resource Kits are collections of best practices, resources, and planning materials for healthcare professionals particularly those in non-obstetric, outpatient, or lower-resources settings. They address broad structures and processes to promote safety in maternal care care alongside patient safety bundle implementation, and can be implemented across a variety of care settings. Each resource kit is organized by the same "five R's" used in AIM Patient Safety Bundles (PSBs): readiness, recognition and prevention, response, reporting and systems learning, and respectful care. AIM currently offers three resource kits:

- AIM Maternal Early Warning System Implementation Resource Kit
- AIM Community Birth Transfer Resource Kit
- AIM Obstetric Emergency Readiness Resource Kit

What is an AIM Impact Statement?

AIM impact statements showcase the effects of state and jurisdiction teams' AIM patient safety bundle implementation and targeted quality improvement activities on processes of care, patient health outcomes, and other measures of patient safety. Impact statements can serve as a starting point for communicating about AIM work in your state, and the content can be repurposed or integrated into public-facing materials such as websites, reports, newsletters, etc.

See the AIM Impact Statement Guide for specific guidance on how to develop AIM Impact Statements and meet expectations and reporting standards for 2026.

State and jurisdiction teams can use the provided Impact Statement Template (PPTX) to create a visually engaging 1-pager of their AIM impact statement. Once you have finalized your impact statement, you can copy and paste the text into this template for use on your website, newsletter, or in communications with staff and external stakeholders. There are examples for standard and preliminary impact statements.

AIM Logo & Branding Usage

The AIM program provides program logos for state and partner team use to support amplification and dissemination of AIM project work. Entities who receive HRSA funding for their AIM work should include a funding statement and disclaimer language per their award terms. *Please note that use of the AIM logo does not convey endorsement or approval of any project, proposal, or materials by either AIM TA Center or HRSA/Maternal and Child Health Bureau.*

Guidelines for AIM Logo Usage

To maintain the integrity of the AIM logo and to promote the consistency of the brand, it is important to use the logo as described in these guidelines. The AIM logo must be used in its entirety in conjunction with your state name, agency, or entity's logo in the format below:

Your Logo Here

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Any other iteration of logo usage is prohibited. The AIM logo should not be used on its own by state and jurisdiction entities and should never be modified. Avoid skewing the logo image or cropping the logo image. See instructions for resizing images in Microsoft Office programs.

The examples shown here illustrate possible **misuses of the logo that should be avoided**:

Brand Colors

You are welcome to use the AIM color palette for materials related to your entity's AIM project. Otherwise, please refer to your organization's own branding guidelines. CMYK color values are best for professional and in-house printing (brochures, flyers, postcards, etc.), RGB values are best for digital and on-screen applications and Hex values for web applications specifically.

Primary AIM Color Palette:

AIM Purple
C69 M99 Y28 K15
R100 G38 B103
Hex 642667

AIM Blue
C64 M9 Y2 K0
R68 G182 B229
Hex 44b6e4

AIM Green
C40 M0 Y81 K0
R164 G207 B96
Hex a4cf60

Secondary AIM Color Palette:

Orange
C0 M53 Y96 K0
R247 G143 B37
Hex f78f25

Fuscia
C23 M93 Y0 K0
R193 G52 B147
Hex c5299b

Royal Blue
C100 M94 Y4 K2
R40 G56 B142
Hex 00249c

Yellow
C2 M9 Y100 K0
R253 G221 B0
Hex fddd00

Rubine Red
C14 M100 Y50 K2
R205 G29 B91
Hex ce0058

Supplemental Darker Colors:

Dark Purple
C74 M100 Y38 K42
R69 G19 B70
Hex 451447

Dark Orange
C20 M81 Y100 K4
R194 G82 B42
Hex c2522a

Dark Fuscia
C23 M93 Y0 K23
R156 G36 B119
Hex 9c2477

Dark Blue
C93 M56 Y33 K11
R4 G97 B129
Hex 046181

Dark Green
C72 M29 Y100 K13
R80 G129 B59
Hex 50813b

Dark Yellow
C0 M19 Y100 K14
R224 G180 B9
Hex e0b409

AIM Program Badge Usage

Use the digital badges below to highlight your team's involvement and engagement in the AIM program in enrolled states. Badges are provided for individual state and hospital teams, as well as individual clinicians.

Badges may be used on websites and in email signature blocks, promotional materials, and social media content. When possible, please link to the AIM website (saferbirth.org) by hyperlinking the badges to increase visibility and awareness of AIM.

Adding an AIM Program Badge to Your Email Signature

Please note that the use of digital badges does not indicate accreditation, certification, or validation of successful bundle implementation by the AIM TA Center or HRSA/MCHB.

Determine the process to edit your email signature in your email software. You will be able to insert a picture after your name and information. Insert your organization's logo, and then repeat to insert the program badge image. You can then add the hyperlink to the AIM website on the badge image. An example email signature:

First Name, Last Name
Job Title
Phone

Your Logo Here

AIM Program Badges

Program badges may be downloaded at https://saferbirth.org/aim-resources/promotion-toolkit.

AIM State Lead

Designed for use by AIM state program lead organizations, such as perinatal quality collaboratives, hospital associations, and other entities to show their involvement in AIM work.

AIM Hospital

Designed for use by birthing facilities that are engaged in their state or jurisdiction AIM Program and are implementing AIM patient safety bundles.

AIM Jurisdiction Lead

Designed for use by AIM jurisdiction program lead organizations, such as perinatal quality collaboratives, hospital associations, and other entities to show their involvement in AIM work.

AIM Champion

Designed for use by facility-level and supportive staff to use in email signature blocks or other methods to promote individual commitment and involvement with AIM.

AIM Facility

Designed for use by birthing facilities that are engaged in their state AIM Program and are implementing AIM patient safety bundles.

AIM Patient Safety Bundle Names & Assets

State teams can use the individual AIM patient safety bundle badges below to engage birthing facilities and collaborative partners. These badges are intended for use in the process of bundle implementation and are not intended to show completion of that process. They can be used on certificates, websites, social media, slide presentations, and other materials as needed.

When possible, please hyperlink bundle badges to their associated webpage on the AIM TA Center website. All bundles can be found at: https://saferbirth.org/patient-safety-bundles.

Please note that the use of digital badges does not indicate accreditation, certification, or validation of successful bundle implementation by the AIM TA Center or HRSA/MCHB.

Cardiac Conditions in Obstetric Care

Postpartum Discharge Transition

Sepsis in Obstetric Care

Safe Reduction of Primary Cesarean Birth

Care for Pregnant and Postpartum Patients with Substance Use Disorder

Perinatal Mental Health Conditions

Obstetric Hemorrhage

Severe Hypertension in Pregnancy

Official Bundle Names

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

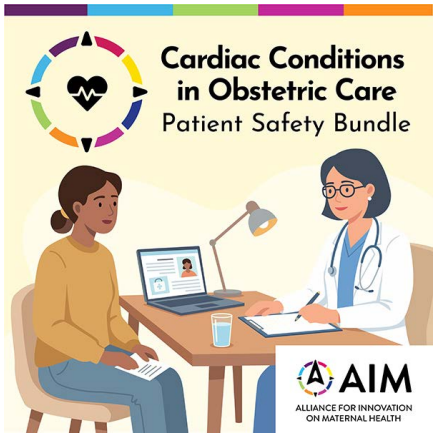
AIM Postpartum Discharge Transition Patient Safety Bundle

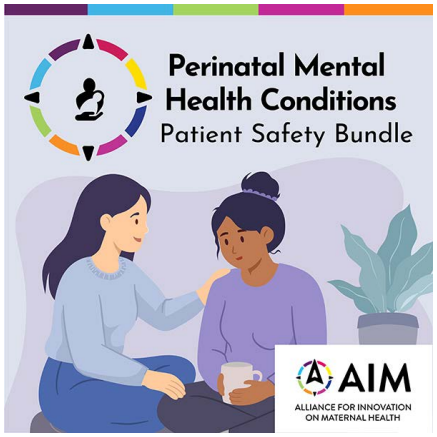
AIM Perinatal Mental Health Conditions Patient Safety Bundle

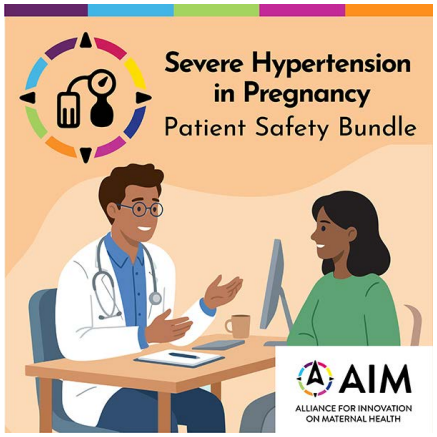
AIM Sepsis in Obstetric Care Patient Safety Bundle

Social Media Graphics

AIM entities can use the individual AIM patient safety bundle graphics below on social media platforms. All graphics can be downloaded at https://saferbirth.org/aim-resources/promotion-toolkit.







Developing a Communication Plan

Whether you are just starting out or have been implementing AIM patient safety bundles for a while, you will want to share your project results with partners, stakeholders, and others in your state. To do so, you may want to develop a communication plan.

A communication plan is a detailed plan for delivering strategic messages to key audiences in order to drive positive organizational outcomes. You can think of a communication plan as your road map for getting your message delivered to your audience. It's an essential tool for ensuring your organization sends a clear, specific message with measurable results.

A communication plan should answer the following questions:

- What is the purpose of communicating with your audience?
- Who are you trying to reach in your community?
- What messages do you want them to receive?
- How will you reach them, in terms of communication channels that you will use?
- If you want to reach beyond your immediate audiences, how will you distribute your message more broadly through partners or other channels?

To get started, we recommended using The POST Method.[1] POST, which stands for People, Objectives, Strategy, and Technology, was originally coined by Charlene Li and Josh Bernoff in their book, Groundswell, and is a proven framework for developing a social media strategy.[2] We've found it can be applied more broadly to communication planning because a) it provides a step-by-step approach to turn goals into strategy, and b) it underscores the importance of putting people before tools and technology.

Use the **Communication Strategy Worksheet: POST Method** (provided on the Promotion Toolkit resource page) to start drafting your communication strategy.

[1] ADAPTED FROM: Bernoff J. The POST Method: a systematic approach to social strategy, and The Nonprofit Social Media Decision Guide, Idealware, 2010. https://offers.techimpact.org/reports/nonprofit-social-media-decision-guide/
[2] Groundswell, Expanded and Revised Edition: Winning in a World Transformed by Social Technologies, Charlene Li and Josh Bernoff, Harvard Business Review Press; Expanded and Revised edition (May 24 2011)

Sample Promotional Materials & Resources

The following promotional materials are available for download from https://saferbirth.org/aim-resources/promotion-toolkit and can be used digitally or as printed materials in your state.

AIM Patient Safety Bundles

- Patient Safety Bundle Overviews (8.5x11”)
- What are Patient Safety Bundles? Postcard (5x7”)
- Patient Safety Bundle Social Media Graphics (1080x1080px)

AIM Resource Kits

- Obstetric Emergency Readiness Resource Kit Postcard (5x7”)
- Maternal Early Warning System Implementation Resource Kit Postcard (5x7”)
- Community Birth Transfer Resource Kit Postcard (5x7”)

Templates

- AIM Impact Statement Template

Resources

- Communication Strategy Worksheet: POST Method

This resource was developed with funding from the Health Resource and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement, by the current cooperative agreement holder, HRSA, HHS, or the U.S. Government.