



Mission and Vision Statement

NNEPQIN is a voluntary consortium of professionals and organizations involved in perinatal care across Northern New England. Our members include maternity and newborn care providers with a shared commitment to the health of childbearing people and infants. We practice governance by consensus and pursue our mission through interdisciplinary collaboration. We seek to incorporate principles of diversity, equity, and inclusion in our organizational structure and activities.

NNEPQIN's **Mission** is to improve the quality of care and outcomes for all childbearing people and infants throughout Northern New England through education and data-driven quality improvement activities, in partnership with members of the communities we serve.

Our **Vision** is for all childbearing people to have access to equitable, respectful, culturally- competent, high quality care that allows them to achieve optimal health and their full human potential.



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LEADERSHIP & STRUCTURE

- Three Directors: Medical, Operations, Executive
- Membership through MOUs via The Hitchcock Foundation
- Steering Committee: broad multidisciplinary representation, robust participation

Working Committees

- Confidential Review and Improvement Board (CRIB)
- ERASE Maternal Mortality & Alliance for Innovation on Maternal Health (*launched 2020*)
- Guidelines (*ad hoc*)
- Perinatal Community Advisory Council – new in 2021!



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2023 Continuing NNEPQIN Steering Committee Members

Alan Picarillo

Becky Hunt

Chuck Mercier

Faye Weir

Karen Boedtke

Kelley McLean

Nicole Pendenza

Sarah Austin

Steve Ringer

Viking Hedberg



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Alan Picarillo

Neonatologist and medical director of the NICU at the Barbara Bush Children's Hospital. His Academic interests include quality improvement and he is faculty for the Vermont Oxford Network. Previous employment included both NICU clinical leadership and perinatal quality collaborative leadership positions in Massachusetts and Virginia.





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Becky Hunt

Becky is a generalist Obstetrician Gynecologist, and the Inpatient Obstetrics Medical Director at Maine Medical Center. She is Assistant Professor at Tufts University School of Medicine – Maine Track. Her academic interests include using simulation to teach interdisciplinary teams in obstetrics and gynecology emergencies, and teaching both undergraduate and graduate medical learners. Clinical interests include marginalized patient populations, obstetrics, family planning, transgender care.





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Chuck Mercier

Chuck Mercier MD, MPH

Neonatologist and Chief of Neonatal Perinatal Medicine at the University of Vermont Children's Hospital, he is a principal contributor to work by the Perinatal Quality Collaborative – VT. His interests in NNEPQIN include pragmatic application of public health data to inform and improve clinical practice and developing potential better strategies to support optimal perinatal health care delivery in hospitals anchored in rural settings.





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Faye Weir

Faye Weir, DNP, RN-BC, NEA-BC

Dr. Faye Weir is currently the Vice President of Patient Care services overseeing The Barbara Bush Children's Hospital and the Women's Service Line at Maine Medical Center in Portland, Maine. Dr. Weir is a registered nurse with over 40 years of healthcare experience in caring for women, infants and children in rural, academic and tertiary healthcare settings.

Her interests cross all areas of Women and Children's health and would like to see NNEPQIN continue in their work to help rural facilities meet the challenges of maintaining staff competencies for care of the obstetrical patient to ensure each facility meets LOC criteria and also addressing health care inequities in perinatal care





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Karen Boedtke

I have been a very long NNEPQIN and Steering Committee member with extensive experience in OB nursing and Risk Management which I believe gives me a unique lens for a broad range of NNEPQIN projects and educational opportunities.

I continue to be strongly involved in the Material Mortality Review Committee as I have from its inception and the projects developed by NNEPQIN to reduce morbidity and mortality for this population.

I have benefited tremendously from NNEPQIN both professionally and personally and am honored to be involved with such amazing group of people.





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Kelley McLean

Dr. McLean joined the division of [Maternal Fetal Medicine](#) at the University of Vermont Medical Center as an obstetrician in 2011. Her clinical work focuses on high-risk obstetrics, and clinical specialties include cervical cerclage, genetic amniocentesis, fetal blood transfusion and fetal diagnostic ultrasound. Dr. McLean provides prenatal diagnostics and prenatal care in medically complex situations and manages diabetes and hypertension in pregnancy, preterm labor and complicated pregnancies. Her care philosophy is to work hard to do the right thing for each of her patients, maintaining open and honest communication.

Dr. McLean serves academically as an associate professor of Maternal Fetal Medicine. She leads the work of the department of Obstetrics, Gynecology and Reproductive Sciences at The University of Vermont Medical Center/[UVM Clinical Simulation Laboratory](#), and works with residents in simulation training.





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Nicole Pendenza

Nicole Pendenza works as a Assistant Vice President Women and Children at Wentworth-Douglass Hospital.

Nicole has been certified in high-risk obstetric and neonatal nursing and leadership for over 20 years.





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Sarah Austin

Sarah Austin RN MSN CNL C-EFM

Sarah Austin is the Perinatal Outreach Coordinator for Maine and has been a nurse for 21 years. She's worked in a variety of roles over the years from a bedside nurse to educator and most recently as a clinical nurse leader at Maine Medical Center. Sarah has her master's degree in nursing and her certification as a clinical nurse leader. Sarah's primary focus is to help provide an environment where birthing people and newborns can receive the best and highest quality care.





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Steve Ringer

Dr. Ringer is the Section Chief of Neonatology at Dartmouth Hitchcock and Catholic Memorial and have nearly 40 years experience as a Neonatologist . NNEPQIN is to me a powerful vehicle for collaboration and learning between and among caregivers. We have worked hard to continue to advance the value and utility on the Newborn side of the equation and I anticipate that the next few years will see this continue and that together we will find solutions for the issues that impact our patients, families and ourselves.





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Viking Hedberg

Viking A. Hedberg, MD, MPH is Clinical Assistant Professor of Pediatrics at the Geisel School of Medicine, a pediatric hospitalist at Concord Hospital and the lead for pediatric education in the New Hampshire Dartmouth Family Medicine Residency. He completed fellowship training in adolescent medicine at the University of Rochester before spending 20 years as a general pediatrician and adolescent medicine specialist with Dartmouth-Hitchcock in Plymouth New Hampshire. He is the proud father of two grown sons and has the good fortune to continue living in Plymouth, NH with his wife, Katie, and his dog Buddy





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2023 NNEPQIN Steering Committee Candidates

Ann Boomer

Elizabeth Disney

Ella Damiano

Emily Brayton

Jade Kaplan

Jess Bacon

Kim Force

Nicholas Marks

Robin Leight

Sherry Stevens

Steve Genereaux



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Ann Boomer

Ann currently serves as the lead neonatal nurse practitioner in the Neonatal Intensive Care Unit (NICU) as well as the neonatal outreach education coordinator for our referral area. She earned her Bachelor of Science in Nursing from the University of Florida and received her Master of Neonatal-Perinatal Nursing from Emory University. Ann is Board Certified as a neonatal nurse practitioner and has over 38 years of experience working in NICU's around the country, including Atlanta, Charlotte, and Houston. She has been a part of the Northern Light Eastern Maine Medical Center family since 2002.





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Elizabeth Disney

Dr. Disney is a generalist ob/gyn and Medical Director of labor and delivery at Speare Memorial Hospital in Plymouth, NH. She is interested in supporting NNEPQIN with conference topics and speakers. She is also interested in using NNEPQIN as an advocate for the development of transport conferences between community hospitals and their referral centers, to improve collaboration and education.





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Ella Damiano

Dr. Damiano is a Generalist Obstetrician & Gynecologist at Dartmouth Hitchcock Medical Center and Director of Patient Safety and Quality for our department. She has enjoyed building an obstetric dashboard for my institution and strengthening our multidisciplinary quality assurance reviews. She believes great work is happening at all birthing hospitals in our region and would love to improve collaboration across hospitals especially on projects such as promoting vaginal birth and reducing variation in care.





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Emily Brayton

Emily achieved her Associate of Science in Nursing from River Valley Community College in 2009 and her Bachelor of Science in Nursing from Franklin Pierce University in 2017. She started as a clinical Nurse on the Birthing Pavilion at DHMC in 2009 as a Nurse Resident and has been the Unit Nurse Manager of the Birthing Pavilion for 5 years. She loves working for the community she grew up in and contributing towards safe, compassionate, inclusive obstetric and newborn care in our region.





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Jade Kaplan

Jade works in full scope Midwifery service at NVRH in St Johnsbury, VT and has worked in a wide variety of clinical settings over the past 30 years. She is most interested in seeking balance between medical education and evidence based practice with the support of physiologic birth and women's autonomy in all maternity care settings. She'd like to see NNEPQIN continue to develop educational opportunities that appeal to all Provider types and staff, as well as help develop understanding and dialogue. Topics should reflect specific local interests as well as current national priorities including health disparity, rising maternal mortality, and the issue of trauma informed care for both patients and staff. I'd like to support NNEPQIN in developing authoritative practice guidelines that integrate a variety of sources (ACOG, SMFM, ACNM, AWHONN, etc.) and that address the specific needs of maternity care in our region. She believes the participation of midwives in planning and implementation of programming and clinical support activities is of great importance to the success of the organization.





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Jess Bacon

In addition to being a practicing nurse-midwife, my work in Perinatal Optimization and OB Simulation focuses on equitable access to services, appropriate referrals, and individualized education for pregnant people to ensure they receive the right care in the right place and have an appropriate plan of care prior to their labor admission. We accomplish this with multidisciplinary care planning, shared decision-making, and team training. This aligns nicely with NNEPQIN's mission to improve quality care and outcomes for childbearing people and infants. I have a strong interest in increasing nursing and provider comfort with providing timely, trauma-informed care to people with substance use disorder. I would also like to help NNEPQIN member facilities explore how they can harness the knowledge of an individual's social determinants of health into realistic, actionable goals and interventions to improve their health outcomes.





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Kim Force

Thank you for considering me for this opportunity. I started my nursing career as an Obstetrics nurse at Littleton Regional Healthcare. Although my role has transitioned to leadership and expanded beyond Obstetrics, Obstetrics remains my passion in nursing. As a nurse who has always worked at a Critical Access Hospital, my true passion comes from the practice of Obstetrical care in the rural setting.

Opportunities for NNEPQIN that I would love to work on over the next three years would be continuing to work on rural access to care as well as education for the caregivers. I would love to see regular hands on education on low volume, high acuity situations.





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Nicholas Marks

I live in Littleton, and we have a small generalist practice helping 300 – 350 women in the North Country with their pregnancies each year. We have a busy OB practice and 2 L&D nurses covering the unit. We are seeing many more pregnant people with risk factors such as increasing maternal age, obesity, diabetes and hypertension. I would hope to add Critical Access Hospital perspective to the NNEPQIN leadership and community. I am hoping NNEPQIN can continue to support and improve the link between small hospitals such as ours and our referral center with improved communication standards for our referred and co-managed patients. I also see a role for NNEPQIN to be a source for up to date protocols for management that can be accomplished in small units like ours so that our referred patients arrive receiving care based upon a similar clinical pathway that will be used when they arrive at the referral center.

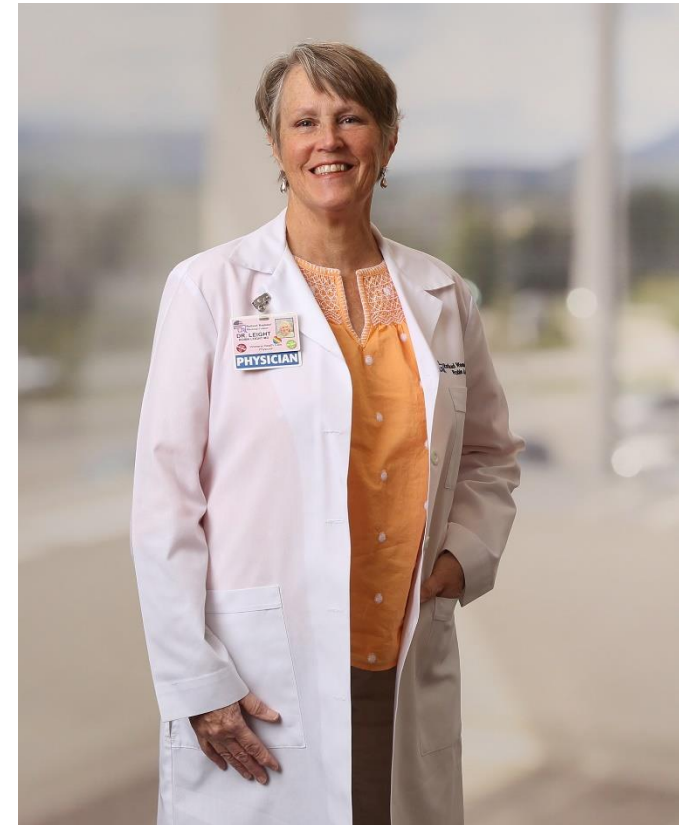




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Robin Leight

I have been providing women's healthcare in VT for 30 + years, both private and hospital employed. I am transitioning to Copley Hospital where I can provide care along with 4 CNMs and another OBGYN physician. I have been a NNEPQIN member since the early days and have learned a lot. I would truly enjoy giving back to NNEPQIN as a steering committee member. I have interest in working on the challenges of community hospitals to provide great OB and PEDI care. I also have interest in helping improve transport efficiency from community hospital to our tertiary centers.





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Sherry Stevens

I am a Certified Professional Midwife (CPM) and New Hampshire Certified Midwife (NHCM) I have my own practice in Meredith, NH - New Life Midwifery Service. I serve birthing people in central NH though my practice goes to rural areas or a radius of 1-1.5 hrs. I have been part of NNEPQIN for several years and look forward to bringing my community birth experience and serving on committees such as the CRIB.

Sherry A. Stevens, CPM, NHCM





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Steve Genereaux

As a Family Physician who trained at Dartmouth, UVM and the Public Health Service, I have attended births at local community hospitals since the mid-1990's. When Cottage Hospital closed its Birth Unit, our practice group transitioned to NVRH in St. Johnsbury. I have served as one of three Certified Practical Midwifery Advisors to the Vermont Office of Professional Regulation. As such, I have helped with case reviews and guided rules changes including adding medications to the CPM formulary. As a steering committee member, I would advocate for the sustainability of rural birth units and encourage respectful supportive relationships among birth and prenatal care providers regardless of our credentials.

