USPAL Network Inaugural Self-Certification

version: 7 May 2026

Introduction

The USPAL Network is founded on a shared commitment to delivering exceptional medical, psychological, and emotional care for families experiencing pregnancy after loss. In alignment with our core principles, each clinic is required to complete an annual self-certification to confirm that key elements of PAL care as described in the USPAL Network Guidelines—including mental health screening, staff training, and reporting—are being consistently implemented, and to update the Network on important changes that may have occurred over the past year. This process supports transparency, quality improvement, and accountability across the Network. It also helps us understand where additional resources, training, or guidance may be needed to support your team's work. **This form is intended only for use once, as the final step in joining the Network.** Subsequently, you will use the regular annual report form. As part of our ongoing commitment to optimal standards of care, we may request supporting documentation regarding any or all of the questions below. We are grateful for your participation and for the expertise and compassion you bring to the care of PAL families.

Instructions

All USPAL Network cohort clinics are required to submit this form as the final step in joining the Network. As you fill in the form, please refer to the latest version of the USPAL Network Guidelines here. Please email the form to the Network at contact@uspalnetwork.org with "YOUR CLINIC NAME – Self Certification – Inaugural" in the subject line. It will be reviewed by the Secretariat. If approved, you will be notified by email and the form will be uploaded as a pdf file onto the Network's website.

Incomplete submission, and/or inaccurate information, as well as indications that quality standards are not being met, may delay or prevent your joining the Network. The Secretariat understands that Network membership may pose challenges for clinics; we encourage you to share context and/or attach supporting documentation, and/or reach out to the Secretariat for guidance and support.

A- Clinic

Name of your clinic: UCLA Pregnancy after Loss (PAL) CLINIC
Location of your clinic: Los Angeles, CA

B- Compliance with Network Requirements

Lead Clinician

As a member of the USPAL Network, your clinic must be led by a 'lead clinician' who is either an MFM, OB/GYN, or CNM. Who is your lead clinician?

Name: CARLA JANZEN, MD PhD

Specialty (MFM, OB/GYN, or CNM): MFM
Email Address: CJANZEN@MEDNET.UCLA.EDU

If new lead clinician is an OB/GYN or CNM, who is the MFM back-up for this individual?
Name:
Email address:

Guidelines

As a member of the USPAL Network, your clinic is required to align with the USPAL Network Guidelines. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

Mental health screening

As a member of the USPAL Network, your clinic is required to provide regular mental health screening: EPDS at intake and post-partum. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

Trainer team

As a member of the USPAL Network, your clinic is required to have at least one Parent Trainer and one Clinician Educator to co-lead inhouse specialized training as needed, including annual refresher training for your core team and training for new staff joining the core team. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If yes, who is on your Trainer Team?

Role	Name	Email Address
Clinician Educator	Kristen McBride	KMcBride@MEDNET.UCLA.EDU
Parent Trainer	CANDACE GRAGNANI	CGragnani@MEDNET.UCLA.EDU

If no, please explain, including details of what you need in order to comply with this requirement:

Training provision

As a member of the USPAL Network, your clinic is required to provide an annual refresher training to their core team and to ensure that any new staff brought onto the core team receive core training, preferably within 6 months of start date. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

Training evaluation

As a member of the USPAL Network, your clinic is required to encourage all training participants to submit a training evaluation at the conclusion of every training session. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

Patient experience

As a member of the USPAL Network, your clinic is required to invite all patients to complete the Patient Experience Questionnaire. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

Reporting

As a member of the USPAL Network, your clinic is required to report annually to the Secretariat on basic clinic operations and patient outcomes. Do you confirm that your clinic will comply with this requirement?

- Yes
- No

If no, please explain, including details of what you need in order to comply with this requirement:

C- Adverse events

As a member of the USPAL Network, you will be asked to report annually on whether any of your patients or their babies died (stillbirth, newborn death, miscarriage, maternal mortality, etc.) or experienced severe morbidity. Will you be able to comply with this request?

- Yes
- No

If no, please explain:

D- Feedback

Please share the main challenges you face in joining the USPAL Network:

Please share the main benefits you anticipate receiving from being a member of the USPAL Network:

Please share details of any help or support you anticipate needing in order to remain a member of the USPAL Network:

Please share any questions you have for the Secretariat:

Please share any recommendations you have for improving the USPAL Network:

Discussed all of the above during Readiness Assessment Call

E- Signatures

I certify that I have the authority to provide the above information and that it is accurate to the best of my knowledge. I understand that a pdf of this document will be available to the public on the USPAL Network website.

Signature: Carla J
Name: CARLA JANZEN, MD PhD
Title: Professor
Email address: CJANZEN@MEDNET.UCLA.EDU
Date: 5/13/26

For administrative use only:

Date of second Readiness Assessment call:	5/13/26
Date this form was reviewed by Secretariat:	5/15/26
Secretariat decision (approved/ remediation/ rejected)	Approved
If approved, date of approval:	5/26/26

Expiration date (one year after approval):	~~5/26/27~~
Date posted on website:	5/27/26