

Happy New Year!!!

January 2023
Learning Forum



Rapid Response:

Welcome, Jill Nelson!



KANSAS PERINATAL QUALITY COLLABORATIVE EXECUTIVE COMMITTEE



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FTI Coordinator
Terrah Stroda



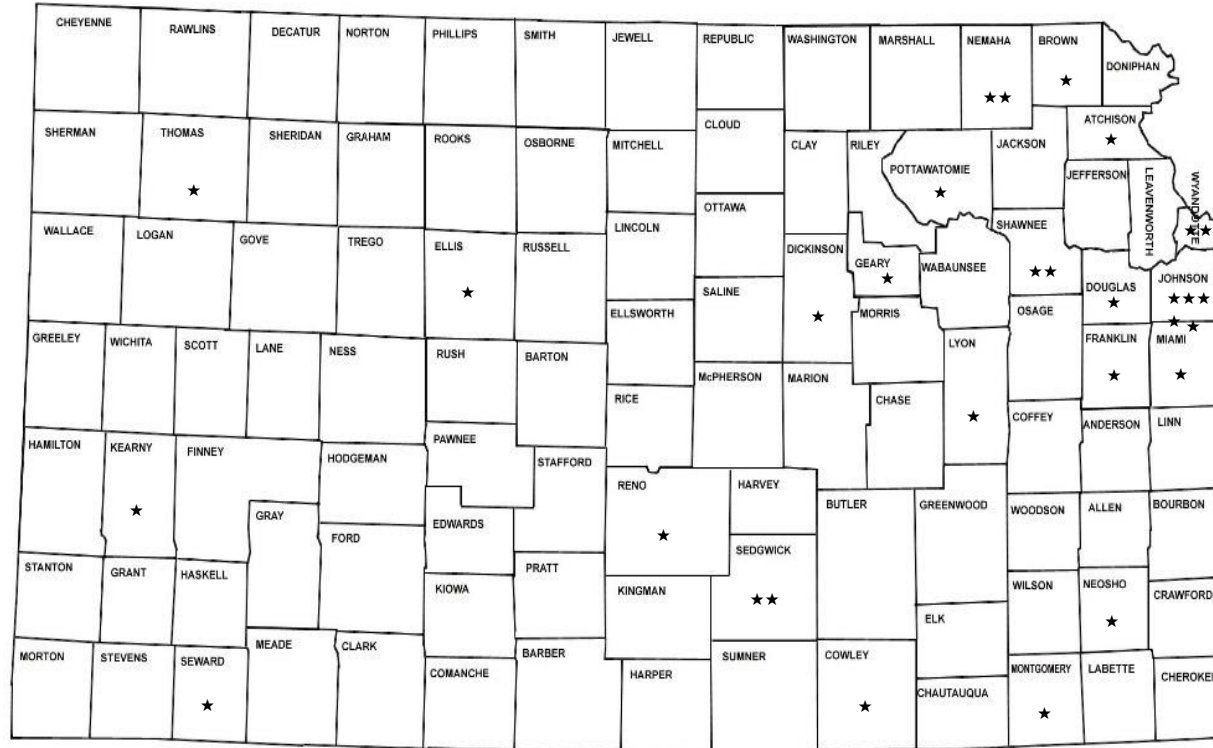
Officer
Dr. Sharla Smith



FTI Admin
Tiffany Burrows



2023 Enrolled Hospitals = Impact 83% of Kansas Births!



Fourth Trimester Initiative Locations by County

AdventHealth Shawnee Mission, Johnson
 AdventHealth Ottawa, Franklin
 Amberwell Hiawatha Comm Hospital, Brown
 Ascension Via Christi, Riley
 Ascension Via Christi St. Joseph, Sedgwick
 Atchison Hospital Association dba Amberwell Atchison, Atchison
 Citizens Medical Center, Thomas
 Coffeyville Regional Medical Center, Montgomery
 Community Healthcare System, Pottawatomie
 Geary Community Hospital, Geary
 Hays Medical Center, Ellis
 Hutchinson Regional Medical Center, Reno
 Kearny County Hospital, Kearny
 Lawrence Memorial Hospital, Douglas
 Memorial Health System, Dickinson
 Nemaha Valley Community Hospital, Nemaha
 Neosho Memorial Regional Medical, Neosho
 Newman Regional Health, Lyon
 Olathe Medical Center, Johnson
 Overland Park Regional Medical Center, Johnson
 Pratt Regional Medical Center, Pratt
 Providence Medical Center, Wyandotte
 Sabetha Community Hospital, Nemaha
 Southwest Medical Center, Seward
 Stormont Vail Health, Shawnee
 University of Kansas Health System – KC, Wyandotte
 University of Kansas Health System – St Francis, Shawnee
 Wesley Medical Center, Sedgwick

Birth Centers

New Birth Company Overland Park, Johnson
 Sunflower Birth & Family Wellness, Cowley

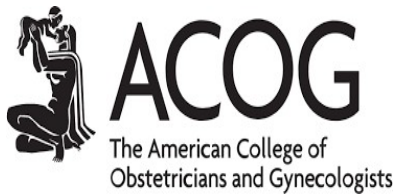
FTI Births: 28,664

KS Births: 34,537

2020 KDHE Vital Statistics



Stakeholders at the table



Re-Postpartum Model OF CARE: How do we respond? KPQC GENERAL MEETING

Tuesday, November 15, 2022

11.15.22

Meeting Location: Sunflower Foundation, Topeka, KS

Target Audience: Kansas Perinatal Quality Collaborative (KPQC) members striving to improve maternal & infant health outcomes.

Goal: To make Kansas the best place to birth, be born, and to raise a family.

Objectives: At the end of the meeting, you will be able to:

1. Define the Fourth Trimester Initiative and describe how it connects to the new postpartum care model in Kansas.
2. Identify how immediate postpartum contraception improves maternal health outcomes.
3. Review current guidelines in the treatment of maternal hypertensive disorder for the inpatient postpartum setting.
4. Share examples of Birth Equity work occurring throughout Fourth Trimester sites, including next steps statewide.
5. Collaborate with other FTI sites to create an improved postpartum care model for hospitals and birth centers in Kansas.

Registration Information

Click here to [register](#) for the general meeting.

Agenda

8:30 am	Registration
9:00 am	Welcome! Cara Busenhart, PhD, CNM, APRN & Kasey Sorell, MBA, BSN, RN, CPC
9:10 am	KPQC Overview & Updates Terrah Stroda, CNM
9:30 am	Session 1: Making Space: Family Planning in the Postpartum Setting Selina M. Sandoval, MD
10:45 am	Session 2: Making Change: Response to the Ili Hypertensive Crisis Bree Fallon, MSN, RNC-OB, C-EFM & Traci Johnson, MD
11:45 am	Working Lunch (lunch provided) KPQC Business Meeting
12:15 pm	Session 3: KBEN Training & Group Work Sharla Smith, PhD, MPH
1:30 pm	FTI Site Recognition, Q & A, Open MI Session Terrah Stroda, CNM & Kasey Sorell, N
3:00 pm	Adjourn

Faculty



Selina M.
Sandoval, MD

Dr. Selina Sandoval was born and raised in Sacramento, CA before moving for her undergraduate education at the University of Arizona. Following her undergraduate degrees, she attended the University of Illinois medical school where she fell in love with obstetrics and gynecology. She completed her residency education at the University of Kansas in Kansas City. Her time in residency solidified her dedication to reproductive health and abortion access. She completed her fellowship in Complex Family Planning at the University of California, San Diego before returning to Kansas City, which she calls home. She finds her passion in advocating for reproductive justice, including equity access to abortion care.



Traci Johnson, MD

Dr. Traci Johnson is an Assistant Professor, Assistant Program Director in the Departments of Obstetrics and Gynecology at the University of Missouri in Kansas City. She graduated from Drexel University College of Medicine in Philadelphia, Pennsylvania. She completed her residency education at the Barnes-Jewish Hospital/Washington University School of Medicine in St. Louis, Missouri. Dr. Johnson is passionate about maternal health, with a special interest in improving maternal morbidity and mortality.



Bree Fallon, MSN,
RNC-OB, C-EFM

Bree has been in the field of obstetric nursing for 18 years. She received her bachelor's in nursing from Rockhurst University and Research College of Nursing in 2004 and obtained her Master's in Leadership and Management in Nursing in 2020. Bree has enjoyed providing patient care in the setting of high-risk obstetrics, antepartum, maternal transport, and fetal surgery. She has had the joy of working as a unit obstetric clinical educator, system clinical education specialist, and has spent an occasional semester as an obstetric clinical adjunct. Bree has had the privilege of presenting both locally and nationally on a variety of obstetric topics. Bree has a passion for working together with other disciplines to improve the status quo and currently sits on the Kansas Maternal Mortality Review Committee. Bree has belonged to the Association of Women's Health, Obstetric, and Neonatal Nurses since 2010 and is the current Section Chair of Kansas.



Sharla Smith,
PhD, MPH

Dr. Sharla Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine-Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.

48 Participants
Current Chair & Chair-Elect
4 Speakers

35 agencies
16 FTI Sites



General Meeting fun!

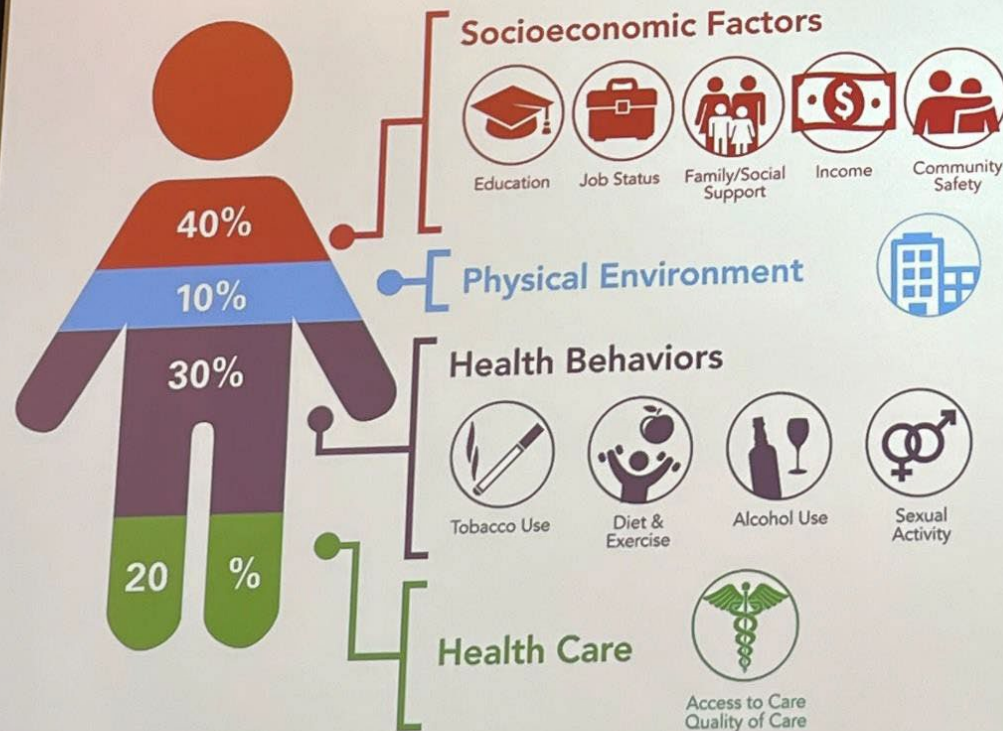


More from the General Meeting



IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



➤ SDOH Impact

- ➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- ➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

©2018 American Hospital Association





Tell us about the General Meeting

- Chelsea James: Amberwell Hiawatha
- Katie Kufahl: Community Healthcare System





**FOURTH
TRIMESTER**
INITIATIVE

Recognition



5 Major Categories/Projects within FTI

POSTBIRTH Training
Birth Equity Training
Maternal Mental Health TA
PP Care Team in place
Postpartum Appt made prior to discharge

Adding in later:

Breastfeeding
Family Planning Policy
SSDOH screening

BONUS Categories:

KPCC embedded connections
CHW
Cuff Project
MOD Maternal HealthCARE project

Current QUALIFIERS

GOLD: 0

SILVER: 16

BRONZE: 10



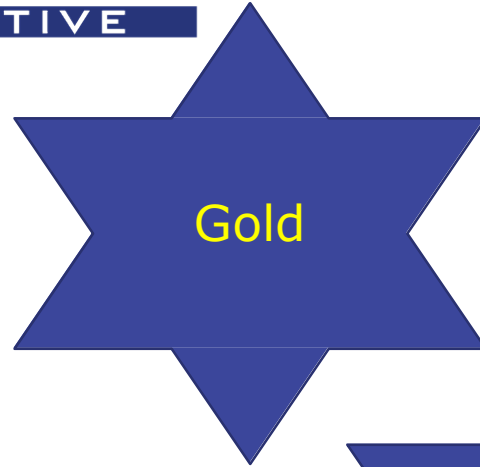
**FOURTH
TRIMESTER**
INITIATIVE





FOURTH TRIMESTER INITIATIVE

5 of 5



3-4 of 5



1-2 of 5



The NEW Postpartum Model

Educate
Screen
Refer

In every patient, in every birth setting, in every protocol:

☐ **Maternal Warning Signs**

1. POSTBIRTH Education & Recognition
2. Identify Medical Red Flags prior to discharge, PP Appt

☐ **Maternal Mental Health**

☐ **PP Appointment(s)** prior to discharge

- ☐ Standard DC Summary

☐ **Breastfeeding**

- High 5 for Mom & Baby, Baby Friendly

☐ **Family Planning**

☐ **SSDOH**

☐ **Birth Equity**

☐ **PP Care Team**

- Patient as center of Team
- Navigation available

☐ Pt debriefs for Adverse Outcome Events

☐ ED/EMS Triage (Universal question, POST-BIRTH, ACOG Algorithms)

☐ Link Up! (KPCCs, MCH, Outpatient clinics, etc)

FTI Recognition

Birth Center	OB Champion Name/Title	Recognition Level
Advent Health Shawnee Mission	Kari Smith	Silver
AdventHealth Ottawa	Jessica Wasson	Silver
Amberwell Hiawatha	Chelsea James	Silver
Ascension Via Christi Manhattan	Chandra Case	NA
Ascension Via Christi St. Joseph	Jayme McEntire	NA
Atchison Hospital Association dba Amberwell Atchison	Jane Walsh	Bronze
Citizens Medical Center	Kristy Kahle	Silver
Coffeyville Regional Medical Center	Jennifer Wintjen	Bronze
Community Healthcare System	Katie Kufahl	Silver
Geary Community Hospital	Kayla Schroeder	Silver
Hays Medical Center ("HaysMed")	Jessica Seib	Silver
Hutchinson Regional Medical Center	Jill White	Silver
Kearny County Hospital	Shaylee Mosher	Bronze
Lawrence Memorial Hospital	Emily Hester	Silver
Memorial Health System		NA
Nemaha Valley Community Hospital	Dana Deters	Silver
Neosho Memorial Regional Medical Center	Toni Carter	Bronze
New Birth Company-Overland Park, KS	Kristen Miner	Bronze
Newman Regional Health	Bobby Johnson	Silver
Olathe Medical Center	Melissa "Missy" Mourek	Silver
Overland Park Regional	Mallorie Suffield	Bronze
Pratt Regional Medical Center	Brenda Blankenship	Silver
Providence Med Center	Seabrin Jensen/Emily Fox	Bronze
Sabetha Community Hospital	Jenna McClain	Bronze
Southwest Medical Center	Tammie Thompson	NA
Stormont Vail Health	Kimberlee Dick, Dr Kimberly Brey	Silver
Sunflower Birth & Family Wellness	Ashley Ratliff	Bronze
University of Kansas Health System-KC	Jessica Gier	Silver

So now what?



Rapid Response: KS Data Update

Table 12. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2020*

Population Group																
Medical Risk Factors [†]	White NH		Black NH		American Indian- Alaska Native NH		Asian-PI NH		Multi Race- Other NH		Hispanic- Any Race		n.s. [‡]		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Pre-pregnancy Diabetes	175	0.7	30	1.3	2	1.3	13	1.1	19	1.7	71	1.2	0	0.0	310	0.9
Gestational Diabetes	1,771	7.5	195	8.2	27	16.9	220	18.5	105	9.4	665	11.1	3	6.3	2,986	8.7
Pre-pregnancy Hypertension	666	2.8	91	3.8	7	4.4	19	1.6	30	2.7	118	2.0	1	2.1	932	2.7
Pre-eclampsia	2,020	8.6	234	9.9	14	8.8	56	4.7	97	8.7	412	6.9	3	6.3	2,836	8.3
Eclampsia	87	0.4	13	0.5	1	0.6	1	0.1	6	0.5	15	0.3	1	2.1	124	0.4
Previous Pre-term Birth	611	2.6	136	5.7	3	1.9	24	2.0	32	2.9	197	3.3	2	4.2	1,005	2.9
Previous Poor Pregnancy Outcome	697	3.0	85	3.6	11	6.9	21	1.8	45	4.0	168	2.8	2	4.2	1,029	3.0
Vaginal Bleeding	187	0.8	25	1.1	0	0.0	15	1.3	8	0.7	56	0.9	1	2.1	292	0.8
Previous C-Section	3,547	15.1	465	19.6	29	18.1	157	13.2	170	15.2	916	15.4	10	20.8	5,294	15.4
Infertility Treatment	492	2.1	14	0.6	3	1.9	41	3.5	15	1.3	40	0.7	0	0.0	605	1.8
Infections Contracted or Treated During Pregnancy [§]	865	3.7	189	8.0	7	4.4	39	3.3	79	7.0	267	4.5	3	6.3	1,449	4.2
Smoking During Pregnancy	2,219	9.4	214	9.0	31	19.4	17	1.4	143	12.8	172	2.9	2	4.2	2,798	8.1
Alcohol Use During Pregnancy	31	0.1	6	0.3	0	0.0	2	0.2	4	0.4	6	0.1	0	0.0	49	0.1
Total of Medical Risk Factors	13,368	n/a [¶]	1,697	n/a [¶]	135	n/a [¶]	625	n/a [¶]	753	n/a [¶]	3,103	n/a [¶]	28	n/a [¶]	19,709	n/a [¶]
Total Births	23,517		2,369		160		1,188.0		1,121.0		5,965.0		48		34,368	

*Residence data

†More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.

‡n.s. = not stated

§Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C

¶ n/a: Not Applicable

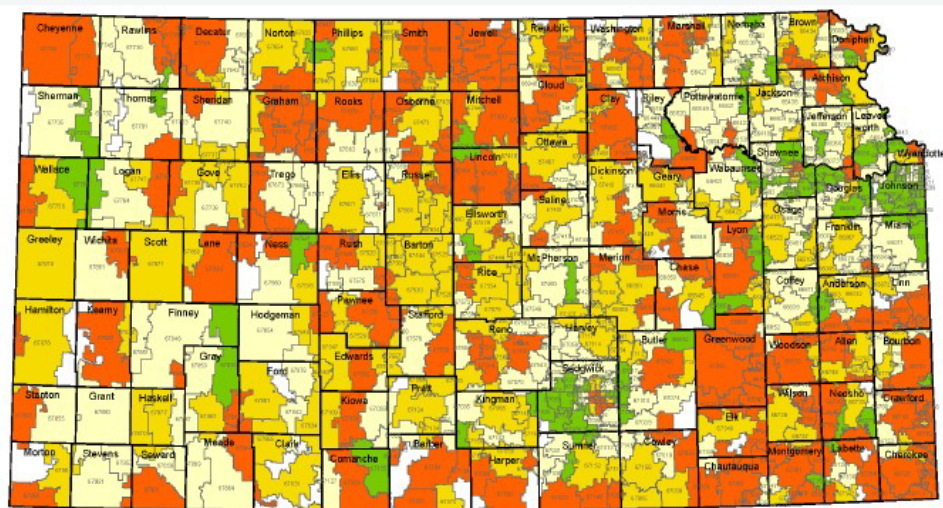
57%!



Rates of SMM were significantly higher for women whose delivery was paid by Medicaid compared with private insurance (72.6 vs. 53.1).

Figure 4:

Compared with other deliveries, as shown in Figure 4, women who resided in ZIP Codes in the lowest quartile of median household income were significantly more likely to experience SMM.



Median household income of Zip Code SMM Rate

Quartile 1 (Poorest) Rate: 76.6, 95% CI: 68.2, 84.9

Quartile 3 Rate: 64.5, 95% CI: 56.7, 72.2

Quartile 2 Rate: 56.4, 95% CI: 49.0, 63.8

Quartile 4 (Wealthiest) Rate: 49.0, 95% CI: 42.2, 55.8

CI: confidence interval

Chart Title: Severe maternal morbidity rates per 10,000 delivery hospitalizations, by median household income of the maternal ZIP Code of residence, Kansas 2016-2020

Source: Kansas Department of Health and Environment, Kansas hospital discharge data (resident); U.S. Census. American Community Survey

Severe Maternal Morbidity (SMM)

Per 10,000 delivery hospitalizations, respectively, the top five most common indicators of SMM were:



13.1

Disseminated intravascular coagulation



10.7

Acute renal failure



10.3

Adult/acute respiratory distress syndrome



10.1

Sepsis



8.5

Hysterectomy

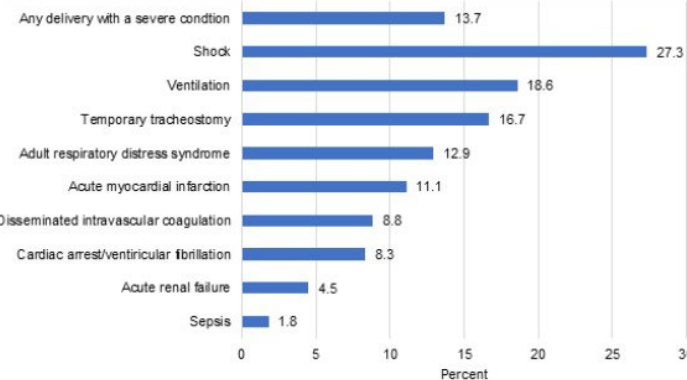


Figure 2:

Some conditions often involved procedural intervention. Figure 2 shows more than a quarter (27.3%) of deliveries with shock had a hysterectomy in 2016-2020.

Chart Title: Percentage of deliveries involving hysterectomy among deliveries with a condition indicating severe maternal morbidity, Kansas 2016-2020
Source: Kansas Department of Health and Environment, Kansas hospital discharge data (resident)



SMM rate was highest among women aged 40+ years and lowest for those aged 25-29 years (155.3 and 48.1 per 10,000 delivery hospitalizations, respectively).



From 2016 to 2020, of the **164,049 delivery hospitalizations of Kansas residents, 1,019 deliveries with one or more severe maternal morbidities were identified**, representing a rate of 62.1 per 10,000 delivery hospitalizations. This translates to about 1 in 161 women who delivered a baby experienced SMM.

Underlying Causes of Death

Underlying cause refers to the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury.¹

The leading causes of death were (in order):



21.0% (22 deaths)
Motor vehicle crash



10.5% (11 deaths)
Cardiovascular



10.5% (11 deaths)
Homicide



7.6% (8 deaths)
Embolism - Thrombotic

The combination of the underlying cause of death determined by KMMRC and the underlying cause field on the death certificate were used to categorize the type of pregnancy-associated death (Figure 2).

- Nearly **half** (49 deaths, 46.7%) were **related to medical causes of death**, such as cardiovascular conditions, embolism-thrombotic (non-cerebral), infection, or hypertensive disorders of pregnancy.
- Nearly **one-third** (29 deaths, 27.6%) were **caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose**.
- The remainders were caused by motor vehicle crash, fire or burn accidents, and unknown (27 deaths, 25.7%).

Disparities in pregnancy-associated deaths:



Non-White minority women were **nearly twice** as likely to die within a year of pregnancy as non-Hispanic White women.



Women who did not enter prenatal care during the first trimester were **more than twice** as likely to die within one year of pregnancy as women who entered prenatal care during the first trimester.



Women who resided in ZIP Codes with the lowest median household income (quartile 1, poorest) were **more than twice** as likely to die within one year of pregnancy as women who lived in the highest median household income (quartile 4, wealthiest).

Pregnancy-associated deaths can happen to women of any race and ethnicity. However, in Kansas from 2016 to 2020, most of racial and ethnic minority women were disproportionately affected (Figures 1). Figure 1 shows that the percent of deaths that occurred among **non-Hispanic Black women (18.1%)** and **women of other races (10.5%)** far exceed their representation among the population of women giving birth (7.1%, 6.8%, respectively) in Kansas.

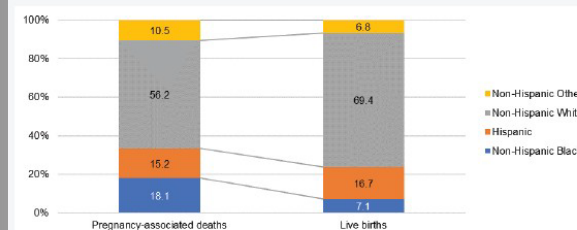


Figure 1

Chart Title: Percent of Pregnancy-associated deaths and live births by race and ethnicity, Kansas, 2016-2020
Source: Kansas Maternal Mortality Review Committee; Kansas Department of Health and Environment, birth data (occurrence)

KS Maternal Deaths



Our #1 Call to Action

Key KMMRC recommendations for action and contributing factors for pregnancy-related deaths

The key KMMRC recommendations based on 23 preventable pregnancy-related deaths are as follows:

- ✓ **Screen, provide brief intervention, and referrals for:**
 - Comorbidities and chronic illness
 - Intimate partner violence
 - Pregnancy intention
 - Mental health conditions (including postpartum anxiety and depression)
 - Substance use disorder

A total of **103 contributing factors** related to the patient/family (23.3%), health care providers (26.2%), facilities/hospitals where the woman sought care (15.5%), the systems that influence the lifestyle, care, and health services for the woman (26.2%), or community (8.7%) were identified by KMMRC to pregnancy-related deaths. While provider and systems of care level factors were the most common, **it is important to note that they were often dependent on patient/family, facility, and community level factors** (Figure 1).

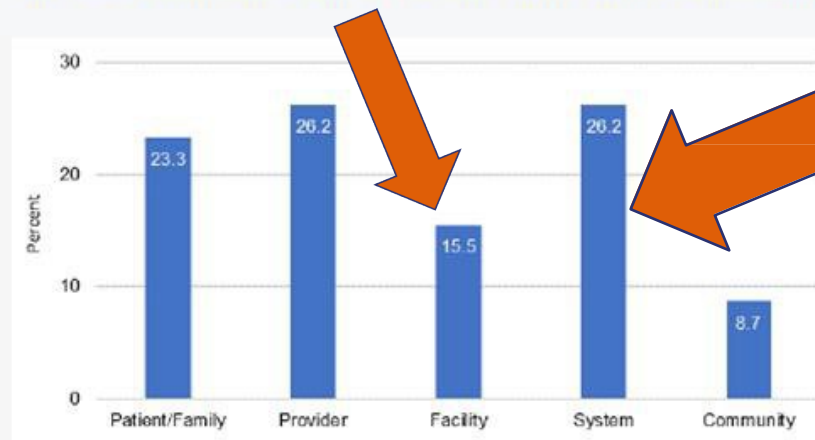


Figure 1

Chart Title: Distribution of levels of contributing factors among preventable pregnancy-related deaths, Kansas, 2016-2020
Source: Kansas Maternal Mortality Review Committee



2022 Review



My Vision for:
this community.

- Shared understanding of resources to support moms.
- Support + Resources
 - Having a wide range of resources + screening for moms/babies
 - Increasing awareness of available resources
 - continue to ↑ community resources

What YOU have accomplished:

- Maternal Warning Signs
POSTBIRTH Magnets/Mom Cards

Providers give
Patients/Families receive

- Birth Equity training

Champs have been trained

- Mental Health screening
Everyone is "in" for TA!

- ✓ Referral upon DC
- ✓ PP Care Team
- ✓ Breastfeeding
- ✓ PP visit scheduling
- ✓ Policies: POSTBIRTH, PP visit



FTI: How far we've come

Trained **891** providers on **Maternal Warning Signs** (POST-BIRTH)

- 18 sites: onboarding staff receive education
- 13 sites: standard PP discharge education

Improved **MMH** Screening/Referral:

- 70 providers representing 26 sites have attended at least one training
- 29 direct TA sessions
- 9 sites in original Cohort, 6 additional sites have now been added
- 10 sites have now overhauled their discharge MMH policy

PP **DC appointment** scheduled prior to discharge: **57%** of KS postpartum women

63% of FTI sites have fully functioning **Postpartum Care Teams**

KBEN

- Training Participants: 61
- Number of Champions fully trained: 19

Breastfeeding: 83% are either High 5 or Baby Friendly designated

19 Sites have Community Resource Lists

Impacted over **26,000** women and families in KS





Kansas Perinatal Quality Collaborative

LAUNCHED new website!

<https://kansaspqc.org/>



KANSAS: Medicaid coverage to 12 months PP!

April 20, 2022

TOPEKA — Gov. Laura Kelly signed Wednesday a \$16 billion state budget backed by most lawmakers from both parties, including an extension of postpartum Medicaid coverage, a fully funded water plan and rainy day money.

A notable inclusion is the extension of postpartum Medicaid coverage from 60 days to 12 months, which advocates hope will reduce pregnancy-related complications. More than 30% of Kansas births are covered by KanCare.



2022: New Postpartum Model

(aka Where are we NOW?)



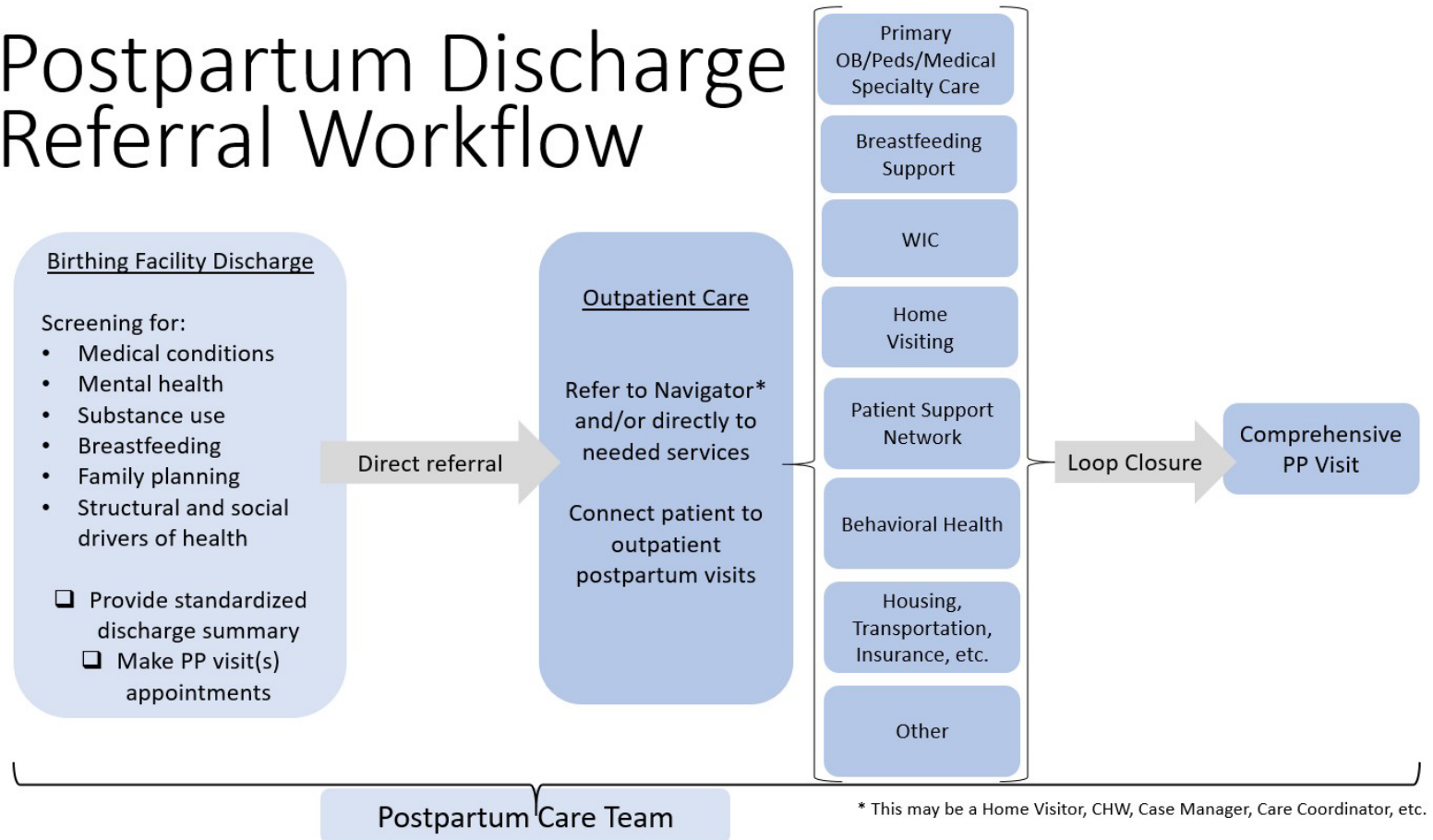
- ✓ Screened for:
 - Maternal Mental Health
 - Medical Risk Factors
 - Breastfeeding
 - Patient-centered needs
- ✓ Educated on :
 - POSTBIRTH
 - Importance of PP Visit
 - Community resources
- ✓ Has a Postpartum Care Team
- ✓ PP appts made:
 - OB Provider, Breastfeeding, Mental Health

2023: New Postpartum Model

(aka Where are we GOING?)

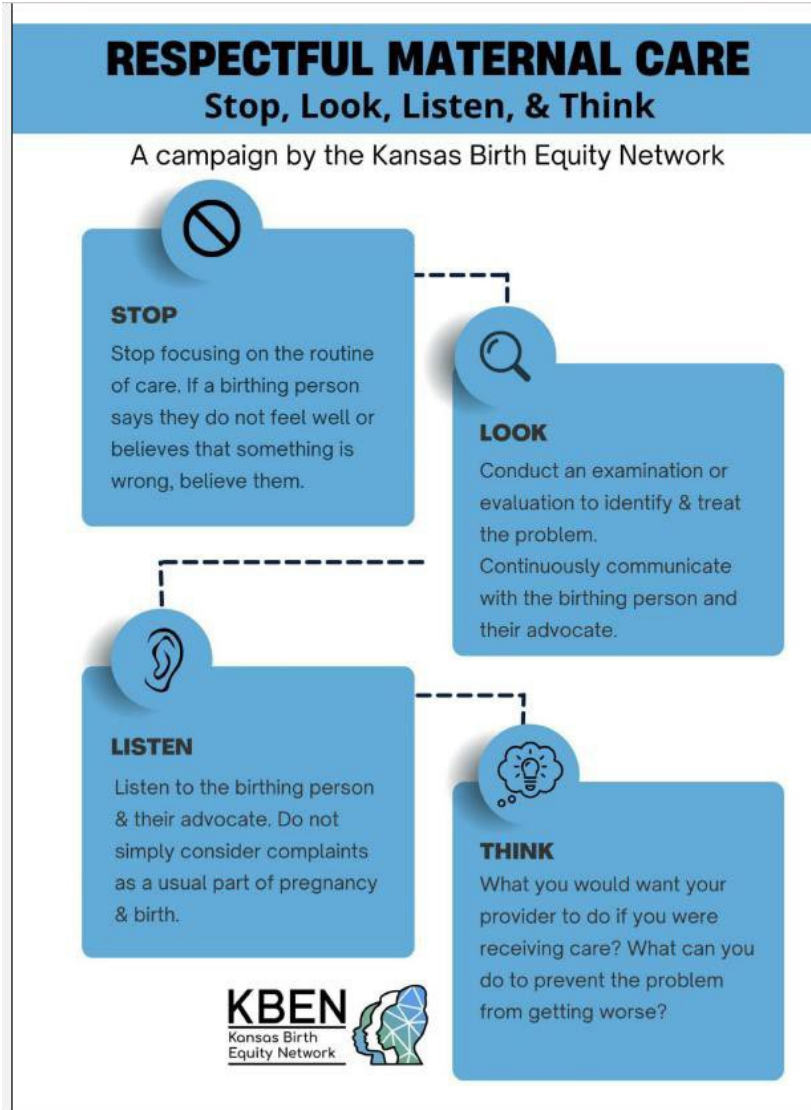


Postpartum Discharge Referral Workflow



2022 - 2023 KPQC Fourth Trimester Initiative Champion Timeline										
FTI Project	Start	Finish	Sept '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23
POSTBIRTH Training	Current	Dec 2022								
KBEN Training	Current	October 2022								
Maternal Mental Health TA	Current	Ongoing thru 2023								
PP Appointment Prior to Discharge	Current	Ongoing thru 2023								
AIM Data Entry	Nov 2022	Ongoing thru April 2023								
PP Care Team/PP Referrals/Community Resource List	Sept 2022	December 2022								
Breastfeeding: High 5 & Baby Friendly	Current	Ongoing thru 2023								
Reproductive Family Planning	Oct 2022	Ongoing thru 2023								
ED/EMS Triage Policy	Current	Ongoing thru 2023								
SSDOH Screening & Referral to CRL	TBD									
Implicit Bias Training	TBD									
Standardized Discharge Summary	TBD									

Birth Equity: KBEN





Fourth Trimester Initiative (FTI) & Kansas Birth Equity Network (KBEN) Training Report

December 7, 2022

Enrolled Participants: 61

Number of Completions: 19

In Progress: 2

Completion List

First Name	Last Name	Organization
Brenda	Blankenship	Pratt Regional Medical Center
Chelsea	James	Amberwell Hiawatha
Dana	Deters	Nemaha Valley Community Hospital
Dawn	Piacenza	Wesley Medical Center
Jessica	Gier	University of Kansas Health System-KC
Jessica	Seib	Hays Medical Center ("HaysMed")
Jessica	Wasson	AdventHealth Ottawa
Jill	White	Hutchinson Regional Medical Center
Kari	Smith	Advent Health Shawnee Mission
Kasey	Sorell	Kansas Department of Health and Environment
Katie	Kufahl	Community Healthcare System
Kayla	Schroeder	Geary Community Hospital
Kimberlee	Dick	Stormont Vail Health
Kimberly	Brey	Stormont Vail Health
Kristy	Kahle	Citizens Medical Center
Melissa	Mourek	Olathe Medical Center
Taylor	Bertschy	Wesley Medical Center
Tiffany	Burrows	Kansas Perinatal Quality Collaborative
Toni	Carter	Neosho Memorial Regional Medical Center



Birth Equity "slogans"

Notes:

KPQC General Meeting

At Stormont Vail Health Flint Hills Campus,
We ENABLE our birthing people to have
safe and informed care regardless of race,
ethnicity, gender or culture.

E - We Educate patients about their care.

N - we Navigate patients through the systems.

A - we Advocate for patients' choices.

B - we Build trust through shared decision making.

L - we Listen to concerns with an open mind.

E - we Empower by validating patient's experiences.



At Stormont Vail Health, we are
Committed to providing respectful
and inclusive care for our birthing
families by building trust and
supporting . . .

Y - your choices

O - our expertise and support

U - your unique experience

Birth!
Invest
Respect
Trust
Honor

We MEET all patients where they are
with what they need.

Maintain positive relationships

Explain clearly

Expect excellent care from every provider.

Trust patients, ~~do not~~ ~~be the experts~~

Knowing they are the experts
of themselves.



Postpartum Care Team

- Patient
- Primary Maternal Care Provider
 - Subsequently PCP
- Birth Center nursing staff
- Infant Provider
- Care coordinator (inpatient to outpatient)
 - Social Worker, Maternal Navigator
- Lactation Support
- Home Visitor, CHW, OB Navigator
- Specialty provider, if needed
 - MFM, Behavioral Health, Internal Med



Mom's Name: _____

Date of Delivery: _____ Vaginal Birth C-Section Birth

Complications in pregnancy: Asthma Diabetes

Depression/Anxiety Hypertension Thyroid Disease

Other: _____

Medications at discharge: _____

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

What happens at a Postpartum Check?

<https://www.marchofdimes.org/pregnancy/your-postpartum-checkups>

Baby's Name: _____

Term Preterm _____ weeks

Birth Weight: _____ **Birth Length:** _____

Infant Feeding: Breast Milk Formula Both

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Created by: Delivering Change, Inc.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911
if you have:

- ☐ **P**ain in chest
- ☐ **O**bstructed breathing or shortness of breath
- ☐ **S**eizures
- ☐ **T**houghts of hurting yourself or your baby

Call your healthcare provider
if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ☐ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ☐ **I**ncision that is not healing
- ☐ **R**ed or swollen leg, that is painful or warm to touch
- ☐ **T**emperature of 100.4°F or higher
- ☐ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ and
(Date)
I am having _____"
(Specific warning signs)

Innovative ideas!

The "Mom Card"



Goals for 2023



POSTBIRTH policy (provider/patient) completed

Family Planning

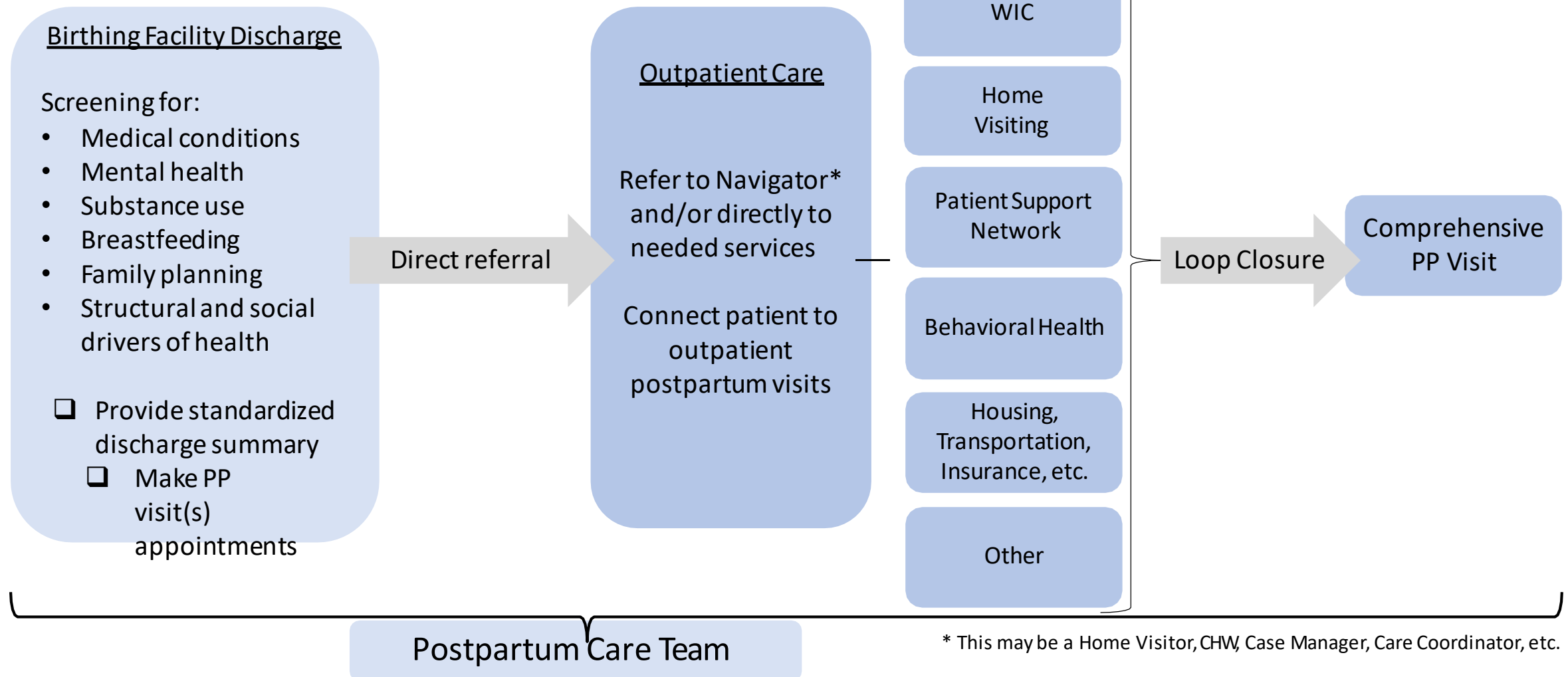
Intensive work with each FTI site

OB Navigation/CHWs/Community Resources

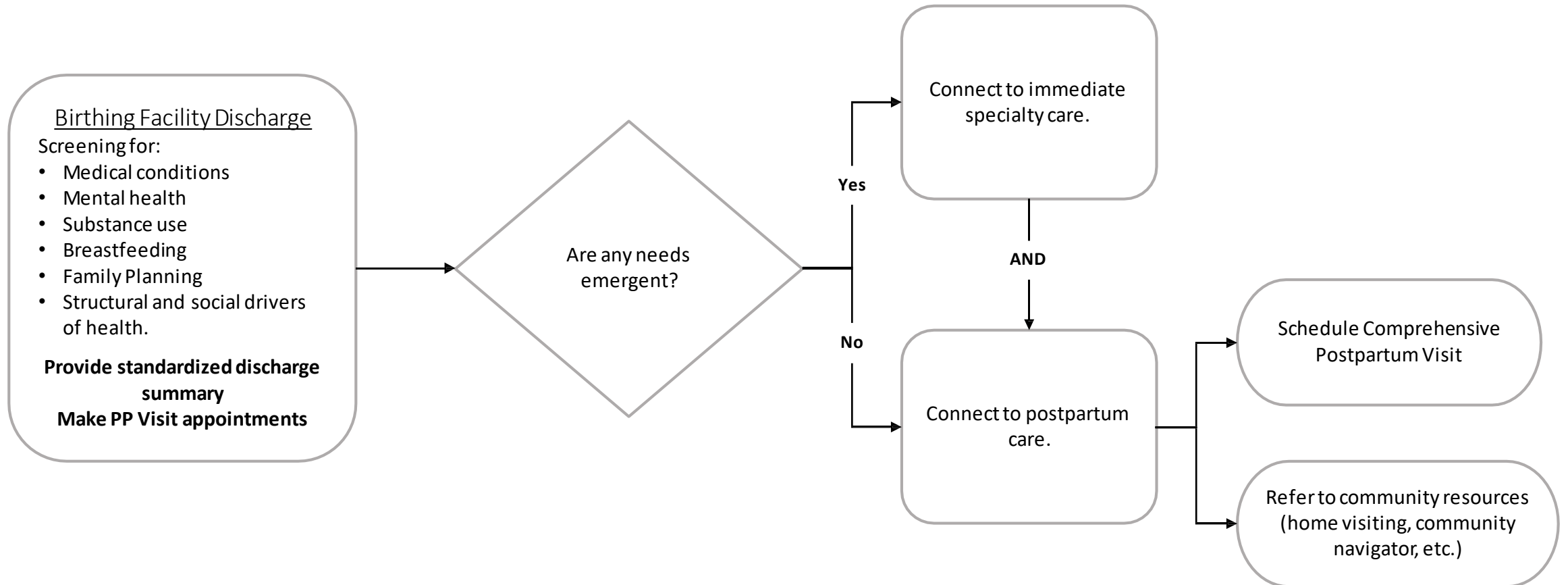
SSDOH

ER Triage questions

Postpartum Discharge Referral Workflow



Postpartum Discharge Referral Algorithm



FTI+ NAVIGATOR+ *COLLABORATION*

CHW+

HOME VISITOR =

Collaboration in 7 to 9 counties

1. Wyandotte
2. Johnson
3. Shawnee
4. Brown/Jackson
5. Geary
6. Cowley
7. Seward
8. Sedgwick
9. Thomas/Seward

Virtual “introductions” coming soon!

February FTI Learning Forum- Mandated Reporting and Perinatal Substance Use

Through a collaboration between Kansas Department of Health and Environment (KDHE) through the Kansas Connecting Communities (KCC) project and the Department of Children and Families (DCF) and Kansas Children's Service League (KCSL), an adapted mandated reporter training for professionals serving the perinatal population has been created to address common questions and issues around perinatal behavioral health and mandated reporting requirements and referrals to services. This training will include:

- A high-level overview of Kansas mandated reporter statute & requirements,
- Introduction to *Pregnant Women Using Substances* workflow for perinatal providers, and
- Q&A with DCF representatives.

*Additional training date will be held March 3rd for those unable to attend February learning forum



FTI Maternal Mental Health TA Workshops

Register Today

Details:

Quarterly workshops open to all FTI sites for discussion and shared learning around maternal mental health policy and screening implementation benchmarks, as well as special topics in perinatal behavioral health best practices and systems integration.

March TA Workshop will be a **follow-up discussion** to the February FTI Learning Forum

- ✓ Questions from February training on mandated reporting & referrals in perinatal period
- ✓ Advice from expert clinicians on navigating reporting and referrals related to perinatal substance use/behavioral health concerns

Tuesday, March 7th, 2023, 9:00-10:00 AM

Registration:

<https://kansas.zoom.us/meeting/register/tJwpde2vrzkeE9xH6D2KzL2Rd0umclDRUXmW>



Kansas Perinatal Quality Collaborative



Kansas Moms in Mind Consultation Clinics

Program

The Kansas Connecting Communities (KCC) expert team will host a case consultation clinic series for prescribing physicians (OB/GYN, FP, PCP) and other advanced practice providers involved in the treatment of perinatal mental health disorders. These clinics will build confidence and knowledge of perinatal prescribing best practices as well as comfort in developing or supporting treatment plans.

Presenter

Erin Bider, MD, serves as the psychiatric consultant for the KCC Provider Consultation Line, and is a peripartum psychiatrist based at the University of Kansas Health System.

Contact us!

**KANSAS PROVIDER
CONSULTATION LINE**
for **PERINATAL
BEHAVIORAL HEALTH**
(833) 765-2004

or visit

bit.ly/ProviderConsult

Treating pregnant and postpartum moms with mental health and substance use symptoms can be complex. Our team of perinatal behavioral health experts are here to support you, at no cost.

*Join us at noon for
our free clinics!*

October 11, 2022

November 8, 2022

December 13, 2022

January 10, 2023

February 14, 2023

March 14, 2023

April 11, 2023

May 9, 2023

Register here

Registration is free and available to any
Kansas provider. CEs not provided.

**KANSAS
CONNECTING
COMMUNITIES**

Kansas
Department of Health
and Environment

**KANSAS
MATERNAL &
CHILD HEALTH**

The Kansas Connecting Communities (KCC) project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,245,698 with no percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



Coming soon: *Data Collection*

- QHi input
- Epic + KFMC + QHi= EASY 😊
- All comes to Terrah- then on to AIM Data Center

Facility	FTI Contact	FTI Contact Email	EHR Contact	EHR Contact Email
Advent Health Shawnee Mission	Kari Smith	kari.smith@adventhealth.com		
AdventHealth Ottawa	Jessica Wasson	jessica.wasson@adventhealth.com		
Amberwell Hiawatha Community Hospital	Chelsea James	cjames@amberwellhealth.org	Amy Rudolph	arandolph@amberwellhealth.org
Ascension Via Christi St. Joseph	Jayne McEntire	jayne.mcentire@ascension.org		
Ascension Via Christi Manhattan	Chandra Case	chandra.case@ascension.org		
Atchison Hospital Association dba Amberwell Atchison	Jane Walsh	jwalsh@atchhosp.org		
Citizens Medical Center	Kristy Kahle	kkahle@cmccs.com	Delisa Olsen	dolsen@cmccs.com
Coffeyville Regional Medical Center	Jennifer Wintjen	jwintjen@crmcinc.org		
Community Healthcare System	Katie Kufahl	katiekufahl@chcsks.org		
Geary Community Hospital	Kayla Schroeder	khduccan@gchks.org		
Hays Medical Center (HaysMed)	Jessica Seib	jessica.seib@haysmed.com	Amanda McCall	Amanda.mccall@haysmed.com
Hutchinson Regional Medical Center	Jill White	whitej@hutchregional.com		
Kearny County Hospital	Shaylee Mosher	smosher@kearnycountyhospital.com		
Lawrence Memorial Hospital	Gwen Craig	gwen.craig@lmh.org		
Memorial Health System	Holly Pomeroy	hpomery@mhsks.org		
Nemaha Valley Community Hospital	Dana Deters	ddeters@nemvch.org	Kristie Porting Medical Records Director, Mark Wessel IT Director	kporting@nemvch.org mwessel@nemvch.org
Neosho Memorial Regional Medical	Toni Carter	toni_carter@nmrmc.com		
Newman Regional Health	Bobby Johnson?	hayward@newmanrh.org		
Olathe Medical Center	Missy Mourek	melissa.mourek@olathehealth.org		
Overland Park Regional Med Center	Susan Krumm, Jackie Asherman	Susan.Krumm@hcamidwest.com Jacqlynn.Asherman@hcamidwest.com		
Pratt Regional Medical Center	Brenda Blankenship	bblankenship@prmc.org	Jeanette Adams	jadams@prmc.org
Providence Medical Center	Seabrin Jenson	sjensen2@primehealthcare.com		
Sabetha Community Hospital	Jenna McClain	jmcclain@sabethahospital.com	Jessica Binder	jbinder@sabethahospital.com
Southwest Medical Center	Tammie Thompson	tthompson@swmedcenter.com		
Stormont Vail Health	Kimberlee Dick	kdick@stormontvail.org	DeAnna Bean	deanna.bean@stormontvail.org
University of KS Health System-KC	Jessica Gier	jgier@kumc.edu	Suzanne Bentley	sbentley2@kumc.edu
University of KS Health System-St Francis	Amy White	amy.white@KUTopeka.com		
Wesley Medical Center	Amy Law	amy.law@wesley.com		
New Birth Company-Overland Park, KS	Kristen Miner	kristen.miner@newbirthcompany.com		
Sunflower Birth & Family Wellness	Ashley Ratliff	aratliff6813@gmail.com		

Data collection: **Completed QHi documents**



- Advent Health Shawnee Mission
- Amberwell Hiawatha
- Citizens Medical Center
- Geary Community Hospital
- Hays Med
- Hutchinson Regional Hospital
- Lawrence Memorial Hospital
- Neosho Memorial Regional Med Center
- Newman Regional Health
- Olathe Med Center
- Pratt Regional Med Center
- Sunflower Birth & Family Wellness

Contact: Stuart Moore
smoore@kha-net.org



Trial Cohort

Bobby Johnson: Newman

Chandra Case: Ascension Manhattan

Chelsea James: Amberwell Hiawatha

Kari Smith: AdventHealth Shawnee Mission



Champion feedback

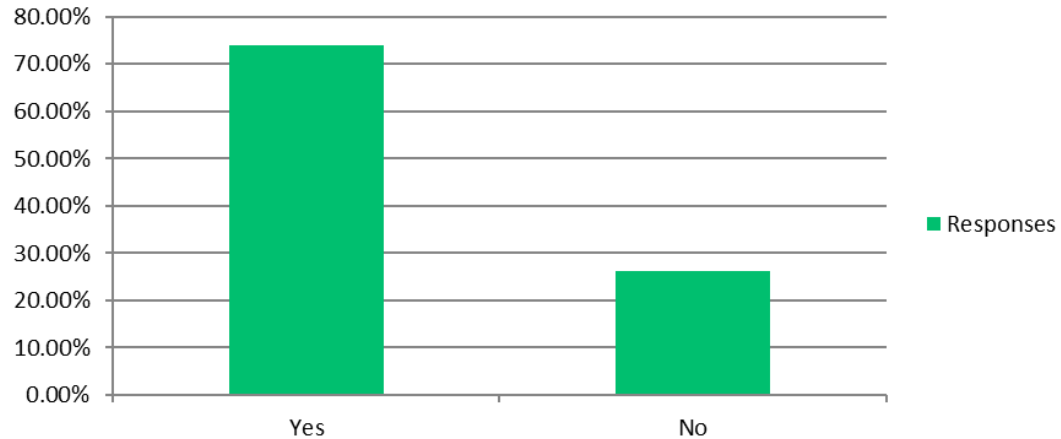
2022 Birth Numbers: 23 sites responded

To increase my hospital/birth center's progress within the Fourth Trimester Initiative, I want:

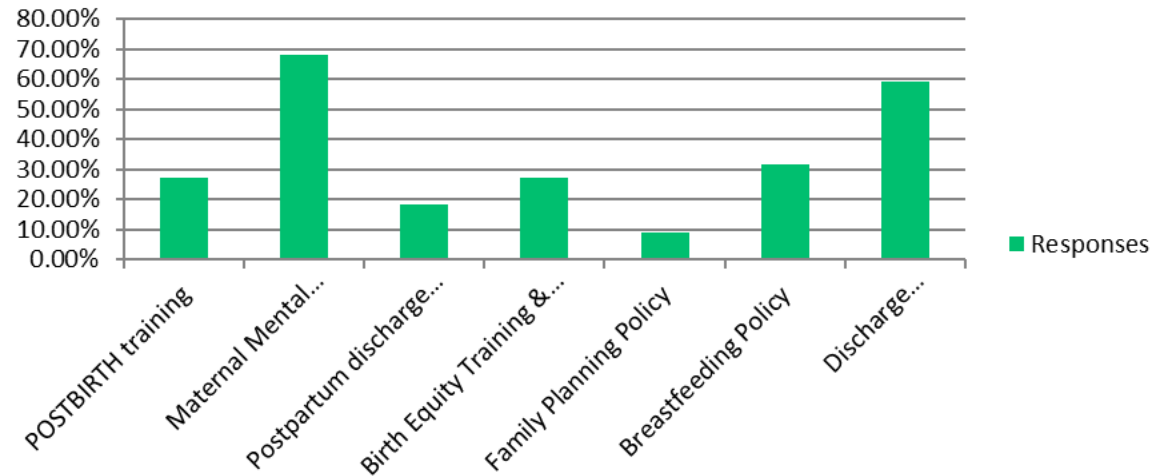
Answer Choices	Responses	
More direct work with FT leadership team on specific programs	65.22%	15
Opportunities to meet virtually with other FT sites who are facing	52.17%	12
Main person opportunities to work with FT Leadership and both	26.09%	6

Champion feedback

Would you like to have several Learning Forums next year dedicated to just FTI Champion collaboration?



What programs within the FTI would you like to focus on in the next year?(Can check more than 1)



Common Q&A

- Where is the information for FTI on the website:
- How do I get help with mental health questions?
- How does the Provider Line work?
- What data am I putting in what system in 2023? (aka What the heck is QHi?)
- Where are the POSTBIRTH resources for us to print ourselves? Do we get more magnets? Do we get more Mom Cards?
- When do we get to train our staff in KBEN?
- Who is “on staff” and who makes up the “Leadership Team”

*February FTI Learning Forum-
Perinatal Substance Use: Best Practices for
Mandated Reporting & Supporting*

February 28th Learning Forum.....
12pm

