



General Meeting

November 15th, 2022





Kansas Perinatal Quality Collaborative

KPQC Pre-Test



Re-

Postpartum

Model OF CARE:

How do we respond?

KPQC GENERAL MEETING



KANSAS PERINATAL QUALITY COLLABORATIVE EXECUTIVE COMMITTEE



Past Chairperson
Dr. Devika Maulik



Chairperson
Dr. Cara A. Busenhardt



Chairperson-Elect
Dr. Parul Nguyen



Officer
Jeri Harvey



Officer
Dr. Kimberly Swan



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Terrah Stroda

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Ex-Officio
Karen Braman



Ex-Officio
Kasey Sorell



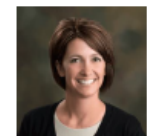
Ex-Officio
Dr. Randall Morgan



Ex-Officio
Dr. Kourtney Bettinger



FTI Admin
Tiffany Burrows



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 Immediate Postpartum Setting**
Selina M. Sandoval, MD
- 10:45 am **Session 2: Making Change: Response to the Kansas Maternal 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: Making Equal: KBEN Training & Group Work**
Sharla Smith, PhD, MPH &
Daysha Lewis, Doula, CHW
- 1:30 pm **FTI Site Recognition, Q & A, Open Mic, Brainstorming Session**
Terrah Stroda, CNM & Kasey Sorell, MBA, BSN, RN, CPC
- 3:00 pm **Adjourn**
Cara Busenhart, PhD, CNM, APRN





Kansas Perinatal Quality Collaborative

How'd we get here?

Live Births: **34,368**

Stillbirths: 169

Total Births: **34,537**

3,645 abortions

5 maternal deaths (7 in 2019)

2020 DATA (KDHE
OFFICE VITAL
STATISTICS)

*Deaths related to or aggravated by pregnancy., but due to accidental or incidental causes, and occurring within 42 days of the end of a pregnancy (follows the World Health Organization (WHO) definition).

PREGNANCY RELATED DEATHS KANSAS, 2016-2020 (Preliminary Data, Subject To Change)

The leading causes of death were (in order):



Cardiovascular conditions



Hypertensive disorders



Embolism



Infection

PREGNANCY ASSOCIATED DEATHS KANSAS, 2016-2020 (Preliminary Data, Subject To Change)

KMMRC determinations on circumstances surrounding death were:



Obesity
contributed to **23.8%**



***Discrimination**
contributed to **7.4%**

*All deaths reviewed after May 29, 2020



Mental Health Conditions
contributed to **22.9%**



Substance Use Disorder
contributed to **26.7%**

- Obesity contributed to about **one in four deaths** (25 deaths, 23.8%).
- Discrimination contributed to about **one in 14 deaths** (4 deaths, 7.4%).
- Mental Health Conditions contributed to about **one in four deaths** (24 deaths, 22.9%).
- Substance Use Disorder contributed to about **one in four deaths** (28 deaths, 26.7%).

56 deaths per every 100,000 live births occurred in Kansas.

From 2016 to 2020, there were **105 pregnancy-associated deaths**, which translated to a pregnancy-associated mortality ratio (PAMR) of **56 deaths per every 100,000 live births occurred in Kansas.**

Most pregnancy-associated deaths occurred among:



Women with a **high school education or less** were **nearly three times** as likely to die within one year of pregnancy as women who had more than a high school education.



Women on **Medicaid during pregnancy or for delivery** were **nearly four times** as likely to die within one year of pregnancy as women with private insurance.



Unmarried women were **nearly four times** as likely to die within one year of pregnancy as married women.

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 live in the highest median household income (quartile 4, wealthiest).

Pregnancy Associated Deaths Kansas, 2016-2020

(Preliminary Data, Subject to Change)

Source: Kansas Maternal Mortality Review Committee

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.

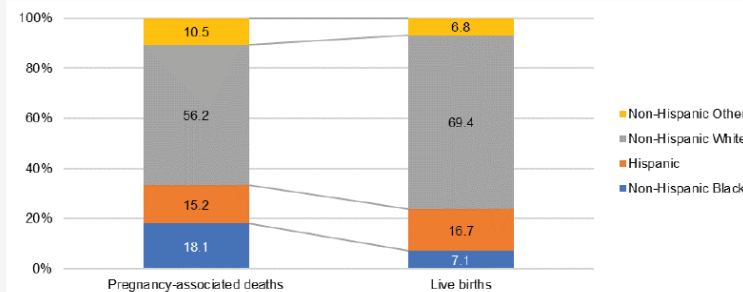
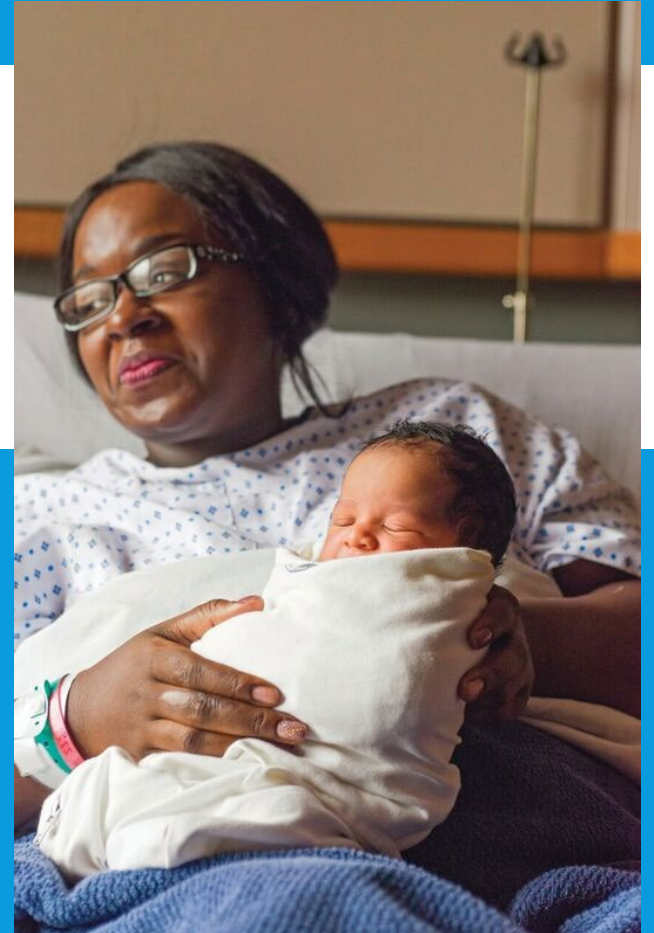


Figure 1

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)

“NEAR MISSES”



DISSECTING THE DATA

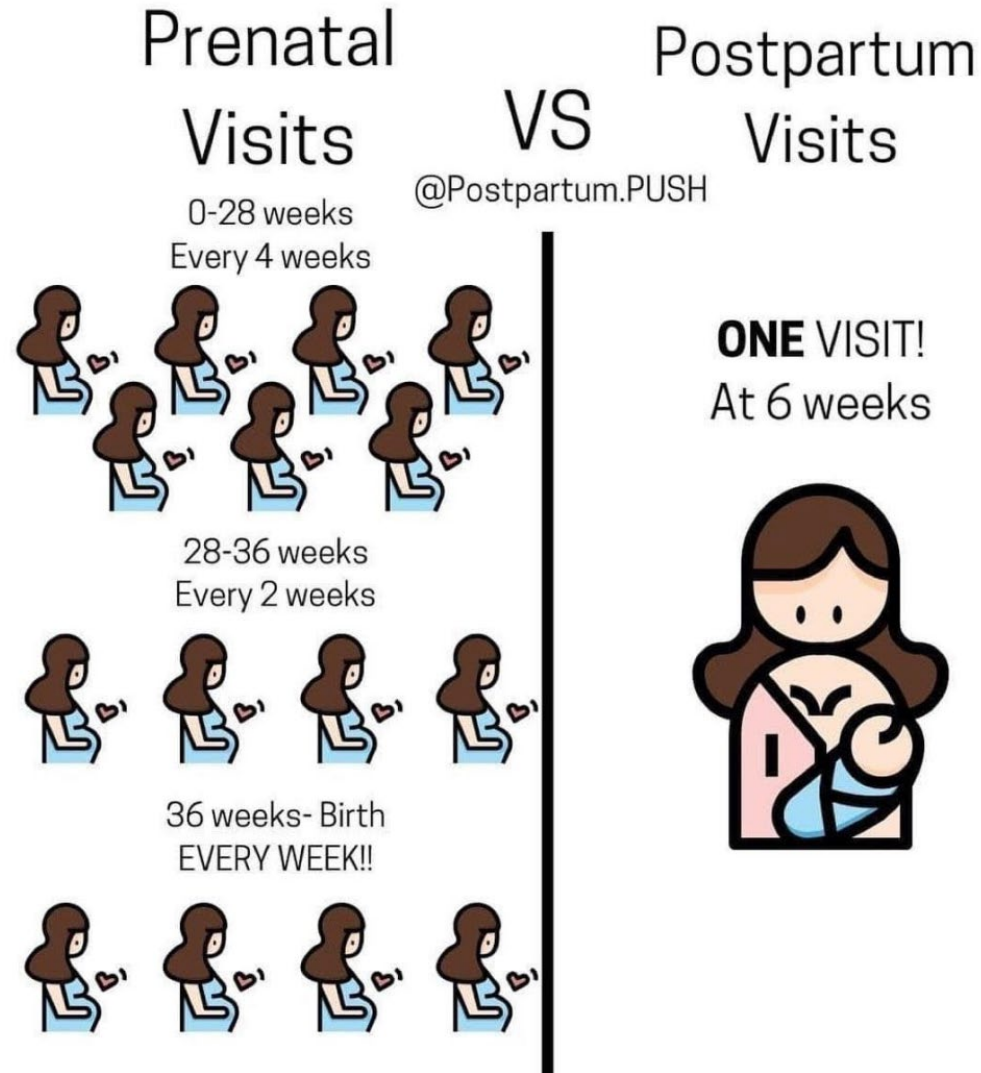
Postpartum follow up

40 % of women do not attend PP visits

Higher rates in low SES populations... health disparity!

- **No PP visit means No:**
 - ID of medical/social problems (Exam & Screenings)
 - Referral for Chronic Disease Treatment
 - Family Planning
 - Behavioral Health Eval (SUD, Mental Health)
 - Breastfeeding support
- **No PP F/U means YES to:**
 - Unintended PG, short interval PG, PTB
 - Unhealthy pregnancies, still unhealthy moms
 - Mental Health concerns untreated (NAS connection)
 - "More than half of PG-related deaths occur after the birth of the infant"

More importantly... The patient voice: “Lived Experience”



Oct 2022 CDC Report



October 2022

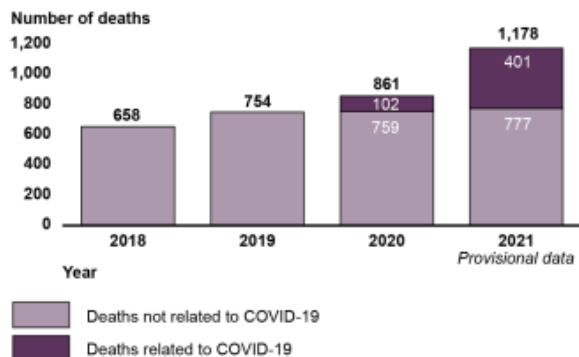
MATERNAL HEALTH

Outcomes Worsened and Disparities Persisted During the Pandemic

What GAO Found

Each year in the U.S., hundreds of women die from complications related to pregnancy and childbirth—known as maternal death. GAO’s analysis of Centers for Disease Control and Prevention (CDC) data shows that maternal deaths increased during the COVID-19 pandemic. Further, the data show that COVID-19 was a contributing factor in one quarter of all maternal deaths in 2020 and 2021 combined.

Maternal Deaths, 2018 through 2021

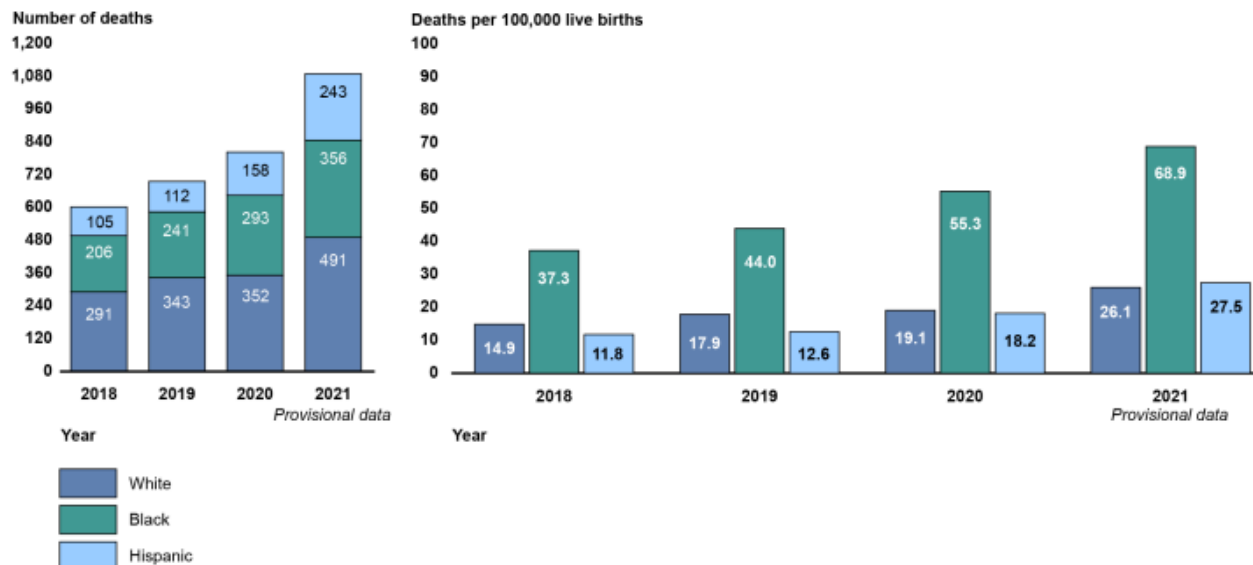


CDC data also show racial and ethnic disparities in the rate of maternal deaths per 100,000 live births per year. For example:

- The maternal death rate for Black or African-American (not Hispanic or Latina) women was 44.0 per 100,000 live births in 2019, then increased to 55.3 in 2020, and 68.9 in 2021. In contrast, White (not Hispanic or Latina) women had death rates of 17.9, 19.1, and 26.1, respectively.
- The maternal death rate for Hispanic or Latina women was lower (12.6) compared with White (not Hispanic or Latina) women (17.9) in 2019, but increased significantly during the pandemic in 2020 (18.2) and 2021 (27.5).

Disparities in other adverse outcomes, such as preterm and low birthweight births, persisted for Black or African-American (not Hispanic or Latina) women, according to GAO analysis of CDC data.

Figure 1: Number and Rate of Maternal Deaths by Race and Ethnicity, 2018 through 2021













Kansas Perinatal Quality Collaborative

So we decided to...

Fourth Trimester Initiative Plan

GOAL:
**Decrease
maternal
morbidity and
mortality in
Kansas**

-  Provide guideline-driven, best practice health care
-  Conduct standardized screening of all childbearing-aged women
-  Provide mechanisms to assure timely referral and follow up
-  Identify each mother's Postpartum Care Team
-  Ensure a personalized Patient Plan of Care ("Mom Plan")
-  Provide reproductive health planning
-  Establish ongoing insurance coverage
-  Address social determinants of health and health equity

FTI Action Plan

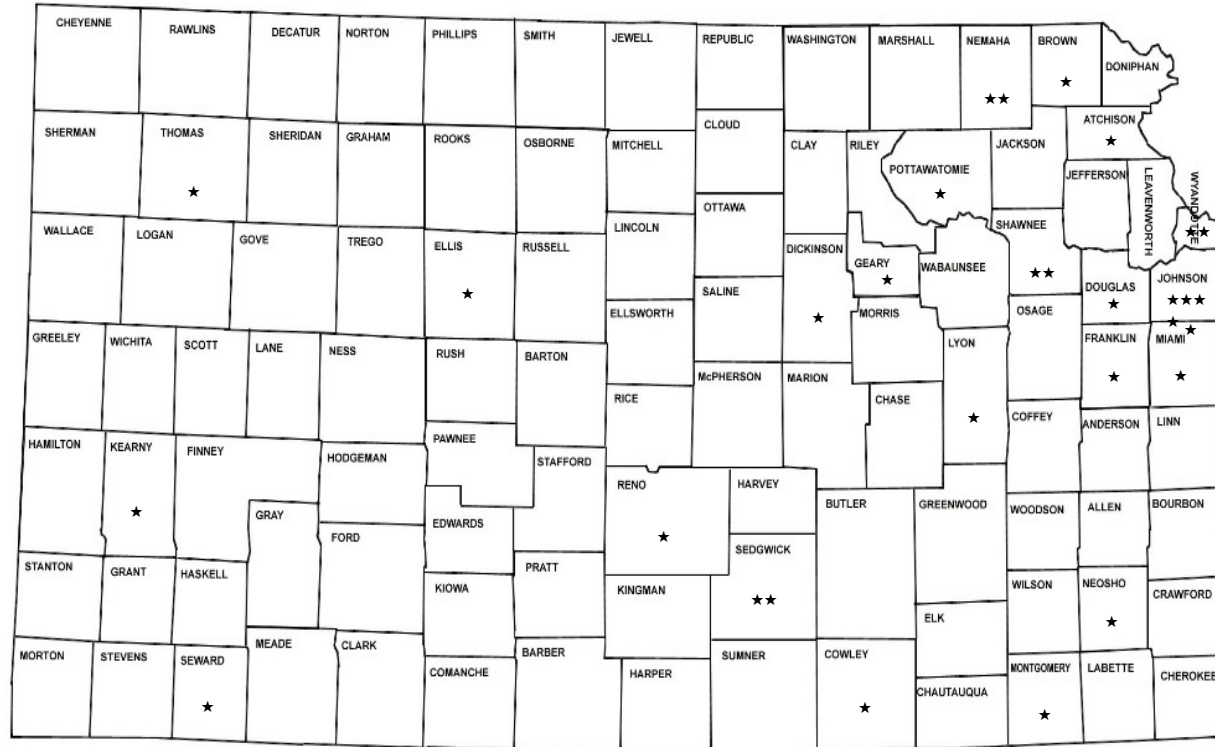
- ✓ Make a plan
- ✓ Enroll Hospitals
- ✓ Engage State Stakeholders
- ✓ Enroll in AIM

Then...

CHANGE Postpartum Care!



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
 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

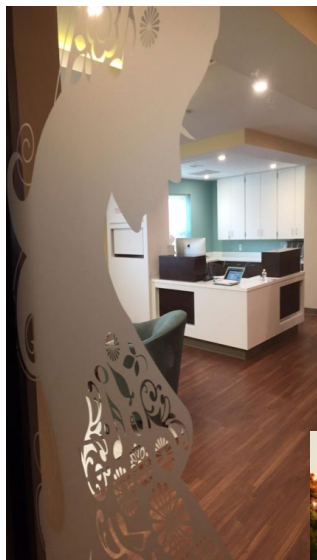
2020 KDHE Vital Statistics





FOURTH TRIMESTER INITIATIVE

Who are WE? 30 Birth Settings!



28 Birth Facilities Enrolled
2 Birth Centers Enrolled

Represents 83% of Births in Kansas!

Stakeholders at the table



Postpartum Discharge Transition

AIM BUNDLE

<https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/postpartum-discharge-transition/>



The new PP Model: Recognition & Prevention

Establish

- Establish system for scheduling postpartum care visits & needed immediate specialty care visits prior to discharge

Screen

- Screen each patient for postpartum risk factors and provide linkage to community resources prior to discharge

Assess and Document

- In all care environments assess and document if a patient is presenting pregnant or has been pregnant in the past year

Offer

- Offer reproductive life planning discussions and resources, including contraceptive options

The NEW Postpartum Model

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

- ❑ **Maternal Warning Signs**
 - ❑ POSTBIRTH Education & Recognition
 - ❑ Screen all
 - ❑ Identify Medical/Social Red Flags: refer prior to discharge
- ❑ **Maternal Mental Health**
 - ❑ Screen all
 - ❑ Refer + Screen
 - ❑ Educate All (POSTBIRTH)
- ❑ **PP Appointment** prior to discharge
- ❑ **Breastfeeding**
 - ❑ High 5 for Mom & Baby, Baby Friendly
- ❑ **Family Planning**
 - ❑ Offer prior to discharge, Refer for services
- ❑ **SSDOH**
 - ❑ Screen all
- ❑ **Birth Equity**
 - ❑ All settings, all interactions, patient-centered
- ❑ **PP Care Team:** Patient included
 - ❑ Navigation
- ❑ Pt debriefs
- ❑ ED/EMS Triage
- ❑ Link Up! (KDHE MCH/KPCC)

The NEW Postpartum Model

Agencies/Collaboratives for each FTI Project

- ❑ **Maternal Warning Signs**
 - ❑ KDHE MCH
 - ❑ AWHONN
- ❑ **Maternal Mental Health**
 - ❑ Kansas Connecting Communities
- ❑ **PP Appointment** prior to discharge
- ❑ **Breastfeeding**
 - ❑ High 5 for Mom & Baby, KS Breastfeeding Coalition
- ❑ **Family Planning**
 - ❑ KDHE, State Medicaid office
- ❑ **SSDOH**
 - ❑ KDHE
- ❑ **Birth Equity**
 - ❑ KS Birth Equity Network
 - ❑ KS March of Dimes
- ❑ **PP Care Team**
 - ❑ KDHE Navigation; CHWs
- ❑ Pt debriefs
- ❑ ED/EMS Triage
 - ❑ State EMS Council
- ❑ Link Up! (MCH, Outpatient clinics, etc)

Protocols!

In every patient, in every birth setting, PRIOR to discharge:

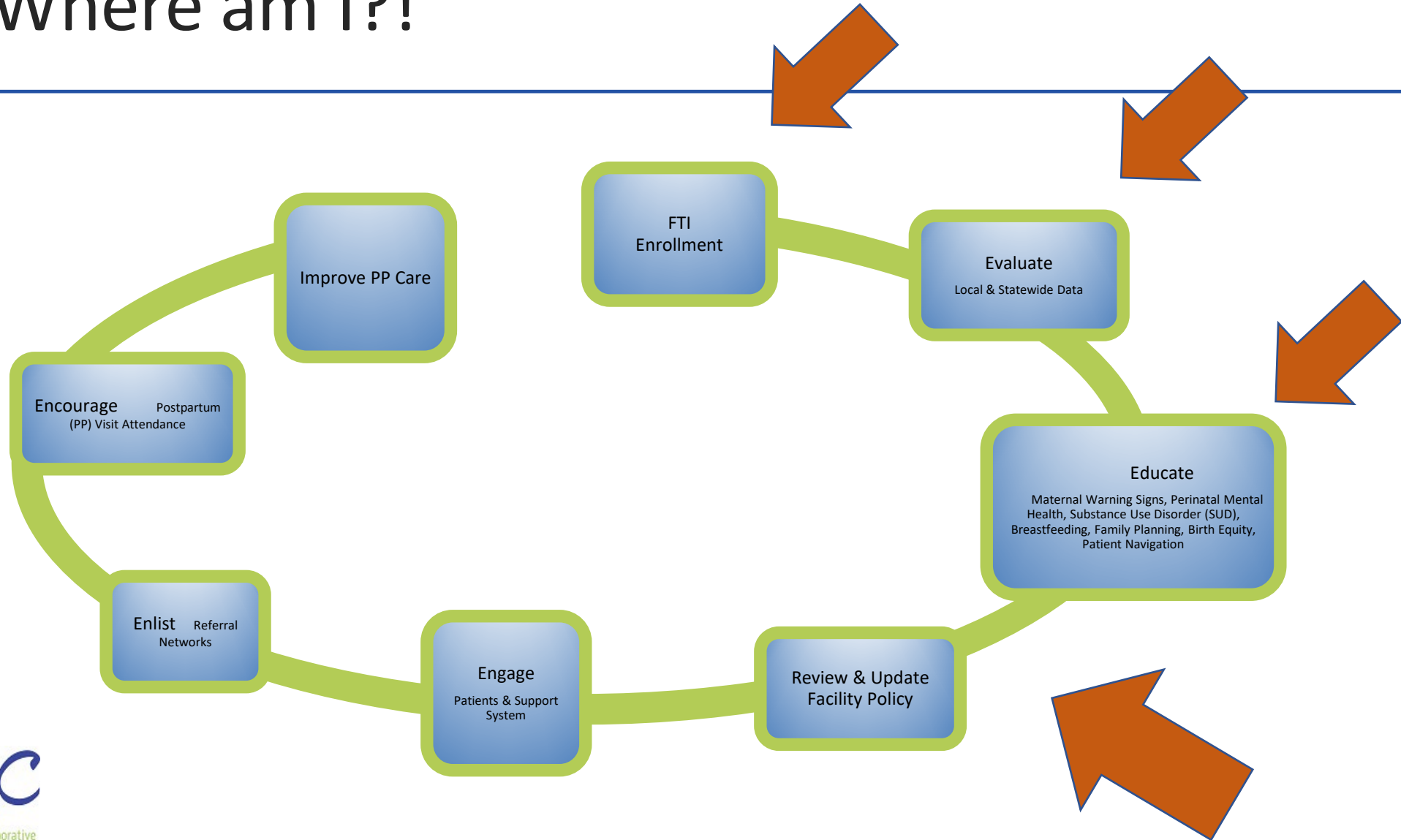
- PP Appt made prior to DC
 - Standardized DC Summary
- PP Care Team, as indicated
- Navigation, as indicated
- Birth Equity as standard practice
- Screenings completed
 - SDOH
 - Mental Health
 - Medical risks
 - Breastfeeding
 - Fam Planning
- Referrals Made
 - SDOH
 - Mental Health
 - Medical indications
 - Breastfeeding
 - Fam Planning
- Standardized Discharge Summary

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								TBD			
Implicit Bias Training	TBD								TBD			
Standardized Discharge Summary	TBD								TBD			



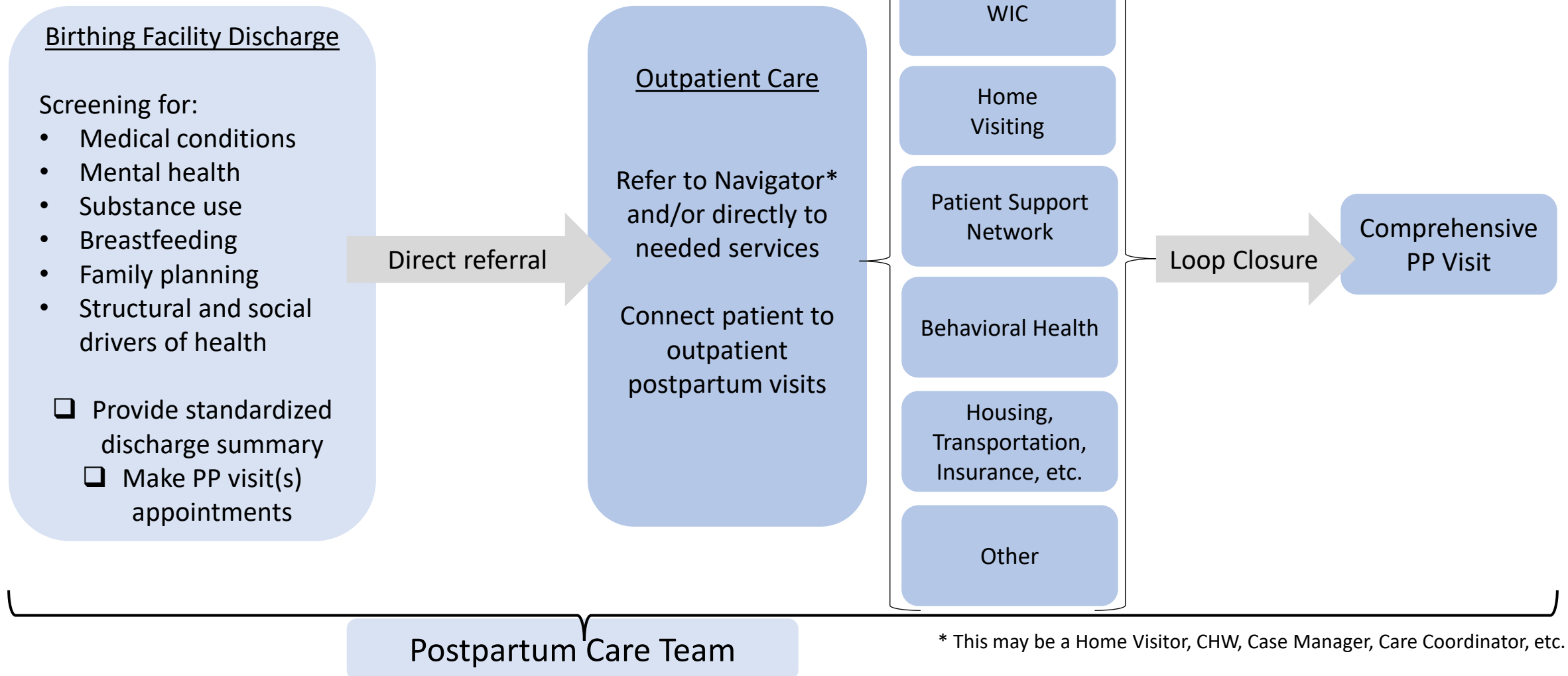
Where am I?!



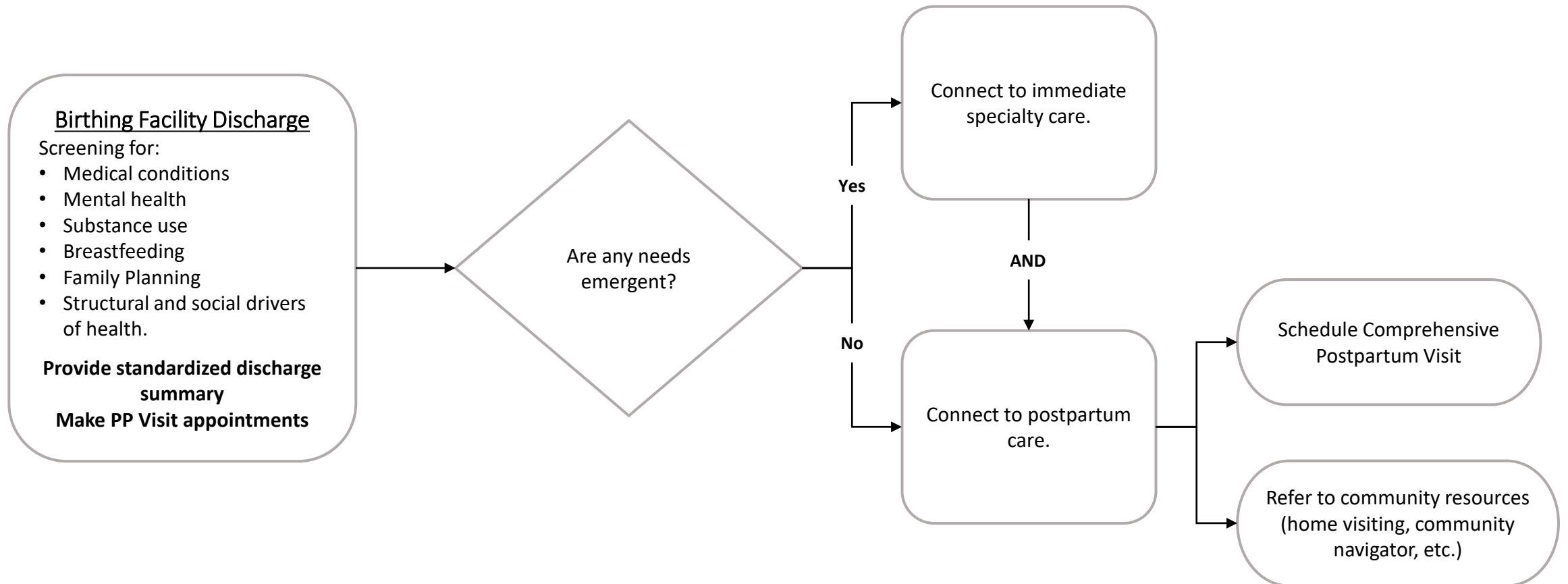
Postpartum Care Team

- 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

Postpartum Discharge Referral Workflow



Postpartum Discharge Referral Algorithm



To date we have:

- Maternal Warning Signs
 - POSTBIRTH Trained >800
 - Changed PP Policy in 20 hospitals, more “in process”
 - POSTBIRTH Magnets, “Mom Cards” handed at all PP Discharge events
- Maternal Mental Health & SUD training/policy
 - 4 On site visits, more in 2023
 - 14 FTI sites with direct TA; 28 TA sessions
 - Expanded to ALL FTI sites late 2022
 - 77 Providers from 27 FTI-connected sites participate in training



Maternal Mental Health

Update

Current FTI MMH Technical Assistance Facilities/Centers - No changes!

- ✓ Continue to submit screening data quarterly for CQI & receive stipend.
- ✓ Continue to complete annual surveys.
- ✓ Continue to participate in training & TA events.

All other FTI Facilities/Centers - Now will have access to...

- ✓ Small group technical assistance workshops that delve into specific pieces of screening implementation, including policy development, referral process, and patient interventions.
- ✓ One-on-one technical assistance as needed to implement perinatal behavioral health screening at your organization.
- ✓ Option to provide KCC with quarterly screening data and receive a \$500/quarter stipend for submitting data and engaging in data-driven continuous quality improvement.
 - *Limited stipends are available, so if you're interested, let us know ASAP!*



Have questions?
Email kcc@ku.edu



Patient's perspective
Every door can be a connection to access help.

Provider's perspective
Every provider is responsible to ensure that patients are screened and connected with treatment that they choose.

Breastfeeding and Fourth Trimester Initiative

High 5 for Mom & Baby Premier Recognition

- ✧ Advent Health Shawnee Mission
- ✧ Advent Health Ottawa
- ✧ Ascension Via Christi St. Joseph
- ✧ Citizens Medical Center
- ✧ Community Healthcare System
- ✧ Hays Medical Center
- ✧ Kearny County Hospital
- ✧ Lawrence Memorial Hospital
- ✧ Memorial Health System
- ✧ New Birth Company
- ✧ Pratt Regional Medical Center
- ✧ Stormont Vail Health
- ✧ University of Kansas Health System-KC
- ✧ University of Kansas Health System-St. Francis Campus

High 5 for Mom & Baby Recognition

- ✧ Amberwell Hiawatha Community Hospital
- ✧ Amberwell Atchison
- ✧ Coffeyville Regional Medical Center
- ✧ Geary Community Hospital
- ✧ Hutchinson Regional Medical Center
- ✧ Nemaha Valley Community Hospital
- ✧ Neosho Memorial Medical Center
- ✧ Newman Regional Health
- ✧ Providence Medical Center
- ✧ Sabetha Community Hospital

Only FIVE Fourth Trimester Initiative participants are not currently recognized as a High 5 for Mom & Baby or Baby-Friendly USA facility!



Innovative ideas!

FINALLY use Navigation/CHWs

Referrals for:

- + Mental health screen
- + Medical risk screen
- + Breastfeeding
- + Fam Planning
- + SSDOH





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.



<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or your baby
<p>Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

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

Innovative ideas!

The "Mom Card"





Making Space

Family Planning in the Immediate Postpartum Setting





Kansas Perinatal Quality Collaborative

Session 1 Eval: Making Space





Making Change

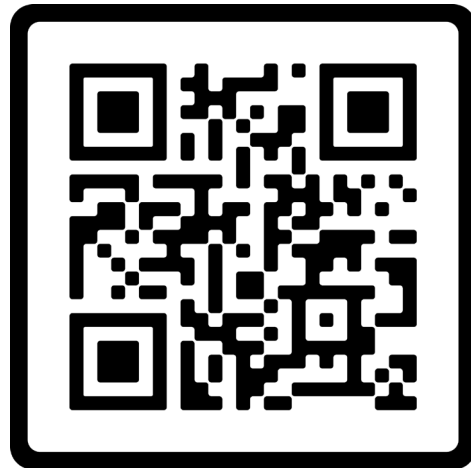
Response to Kansas Maternal Hypertensive Crisis





Kansas Perinatal Quality Collaborative

Session 2 Eval: Making Change



KPQC Business Meeting



KPQC Business Meeting

Agenda

1- Thank you, Dr. Maulik!

2- Election of new KPQC Executive Committee members



KANSAS PERINATAL QUALITY COLLABORATIVE EXECUTIVE COMMITTEE



Past Chairperson
Dr. Devika Maulik



Chairperson
Dr. Cara A. Busenhardt



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Kasey Sorell



Ex-Officio
Dr. Randall Morgan



Ex-Officio
Dr. Kourtney Bettinger



FTI Admin
Tiffany Burrows



KPQC Business Meeting

2023	2024	2025
Past Chair: Cara Busenhart (3-year term)		
Chair: Parul Nguyen (3-year term)		
Chair elect (3-year term): We need a nomination (of someone already on the committee)		
Jeri Harvey Eligible 2 nd term		Position open
Kimberly Swan 2 nd term	Position open	
Sharla Smith 1 st term	Sharla Smith eligible for 2 nd term	
Kari Smith (1 st 2-year term)	Kari Smith eligible for 2 nd term	
Kimberly Brey (1 st term)	Kimberly Brey eligible for 2 nd term	
Position open (2-year term, eligible for 2 terms)		Eligible for 2 nd term
Patient/Family Representative (2-year term, eligible for 2 terms) – position open		Eligible for 2 nd term
Ex-Officio KHA Karen Braman		
Ex-Officio KDHE Kasey Sorell		
Ex-Officio KMMRC Randall Morgan		
Ex-Officio KDHE Newborn Screening Medical Director Kourtney Bettinger		





Kansas Perinatal Quality Collaborative



**FOURTH
TRIMESTER**
INITIATIVE

Making Equal

Kansas Birth Equity Work





Kansas Perinatal Quality Collaborative

Session 3 Eval: Making Equal



Open Mic





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

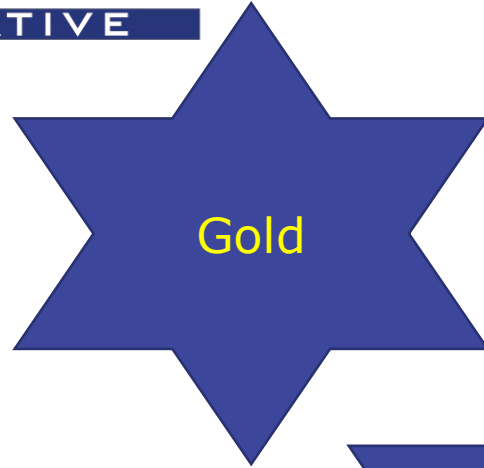


**FOURTH
TRIMESTER**
INITIATIVE





FOURTH TRIMESTER INITIATIVE



Gold

5 of 5



Silver

3-4 of 5



Bronze

1-2 of 5



KPQC Post-Test

