June 2022

KPQC Learning Forum



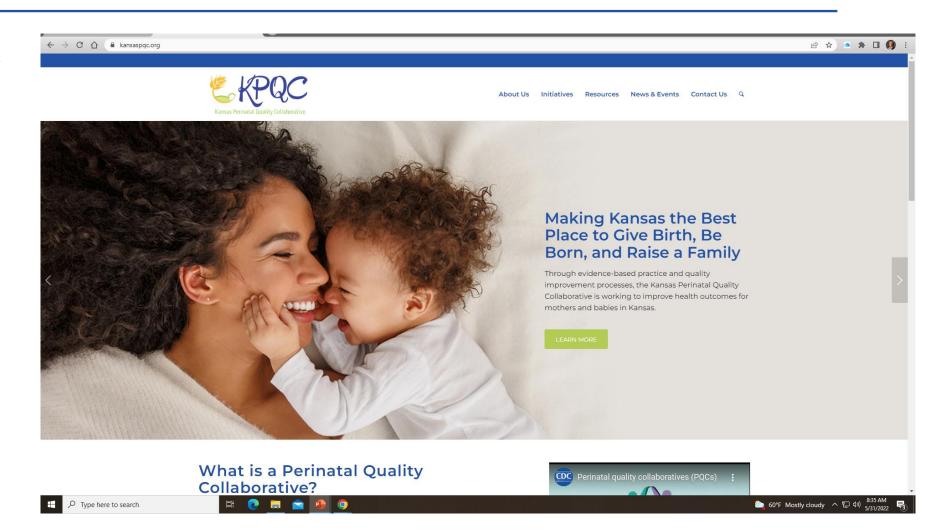
Agenda

- Rapid Response
- Breastfeeding: High 5 & Baby Friendly
- KBEN Check in



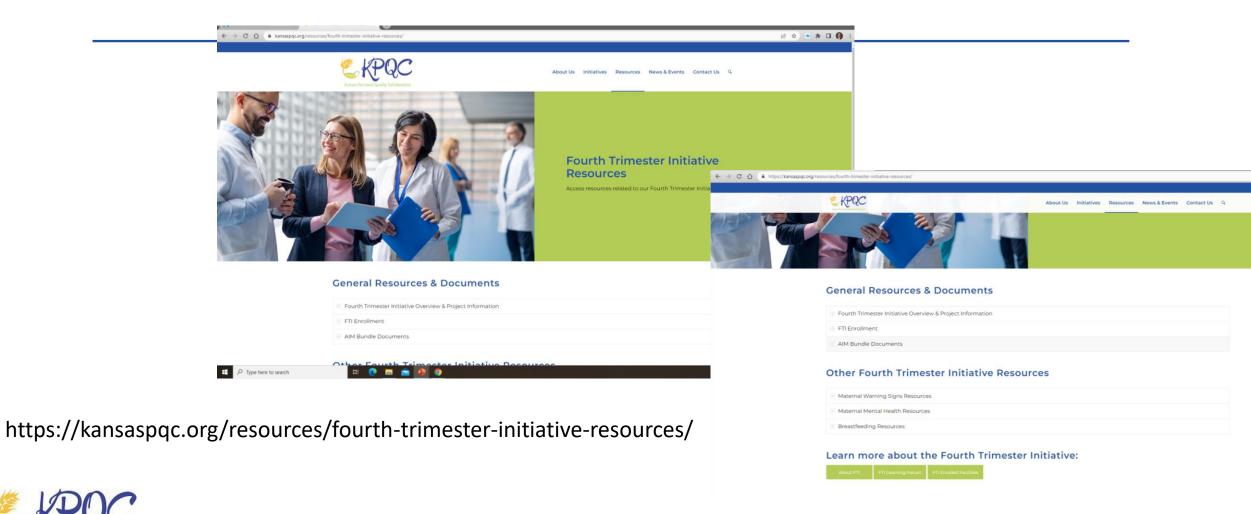
Website: RE-launched!

https://kansaspqc.org/





Website: RE-launched!





Rapid Response: Infant Mortality

Center for Research for Infant Birth and Survival (CRIBS) 6/8/22:

"Kansas 2020 Annual Summary Full Report which is available at www.kdhe.ks.gov/1821/Public-Health-Statistics-2020

*Infant mortality data can be found starting on page 18; tables begin on page 126.

Unfortunately, 2020 did see an 18.5% increase in infant deaths over 2019. This is upsetting enough but the <u>racial disparities are absolutely devastating</u>. The <u>Black non-Hispanic infant mortality increased by almost 60%!"</u>



Rapid Response: Perinatal Bereavement



About U

Nurse Resource

Educatio

Professional Development Media, Advocacy & lournals

Industry Partners

Membership

Perinatal Bereavement Resources

Supporting Nurses, Supporting Families

AWHONN Town Hall: Reimagining Your Perinatal Bereavement Space

A family's perinatal loss is difficult for everyone involved. Having a unit that is thoughtfully prepared to better facilitate your patient's needs can make a huge difference in their grieving process. During this on-demand webinar presentation, nurses Jen Hamilton, Stephanie Russell, and Michelle Moore will explain how they were able to build on what they already had in place to reshape their perinatal bereavement care by utilizing their community as a resource.

ACCESS FREE WEBINAR TODAY

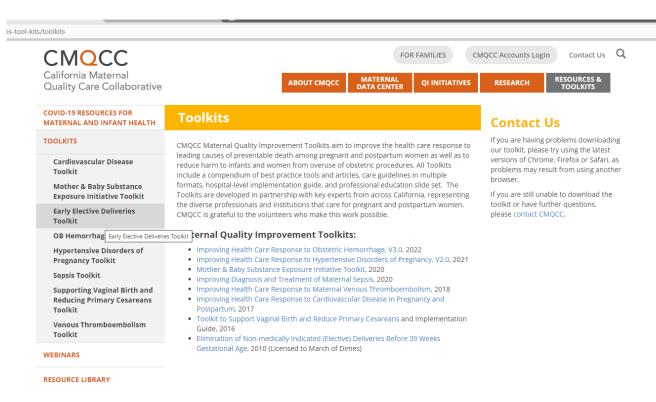
Perinatal Bereavement Room Tour





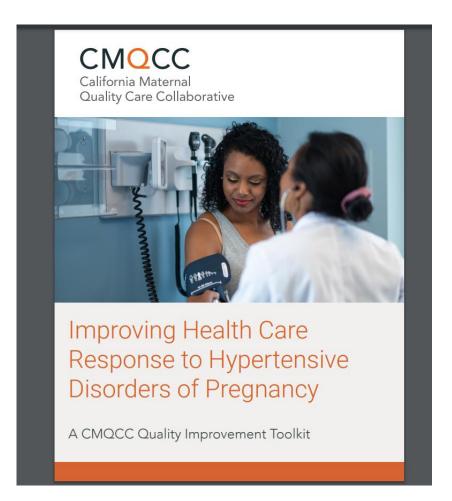
https://www.awhonn.org/perinatal-bereavement-resources/?_zs=f9sKk1&_zl=N2EP8

Rapid Response: CMQCC





https://www.cmqcc.org/resources-tool-kits/toolkits

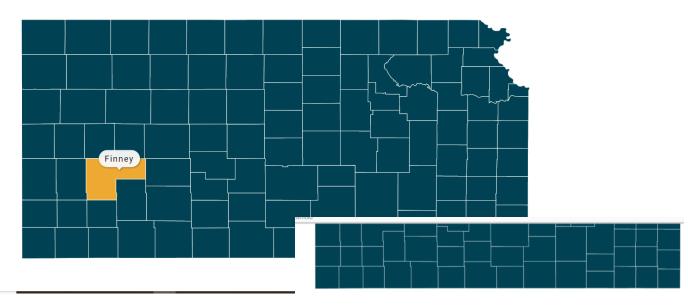


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Community Resource Lists

Home Visiting interactive map:

https://kshomevisiting.org/



Finney County

Kansas Infant-Toddler Services – tiny-k

Russell Child Development Center

(620) 275-0291 ddeloach@rcdc4kids.org

Early Head Start (620) 276-3232 ext. 1109

Parents as Teachers

Parents as Teachers USD 457 Garden City (620) 271-3589 dbecker@rcdc4kids.org



General Mtg highlights

98 Attendees! (68 virtual attendees + 30 onsite) >70 **Hospitals/Agencies** represented

3 Expert **Speaker Groups**



FTI Retreat







24 FTI Champs19 FTI Sites6 KDHE & KCC leaders1 KPQC President1 ACOG Section Chair

KBEN Check-in



KANSAS BIRTH EQUITY NETWORK BIRTH EQUITY CURRICULUM!

Sharla Smith, PhD. MPH

Assistant Professor, Department of Population Health

Director of Birth Equity, Department of Obstetrics & Gynecology

Founder & Director, Kansas Birth Equity Network

University of Kansas Medical Center



Mission and Visions

Mission

To use a community centered approach to create solutions that improve Black maternal, paternal, and infant health in Kansas through training, research, healthcare, and advocacy

Vision

- a. KBEN Vision: Every Black mom, dad, and infant receive quality and intentional prenatal, neonatal, and postpartum care in the state of Kansas
- a. CD366 Vision: Every
 Black birthing person,
 dad, partner, and
 baby celebrates the
 baby's first birthday



BIRTH EQUITY TRAINING

• Purpose:

- Provide an overview of Black maternal health and the need for birth equity.
- Gain understanding of the various factors that contribute to African American maternal and infant health and the mechanisms that aid in obtaining equity.
- The achievement of this understanding will come from African American women and their birth stories, public health field experts, community advocates, and current health data.

AGENDA

- Check In & Discussion
 - Modules 1, 2, 3

Module	Title
1	Introduction
2	The Need for Birth Equity
3	Community Engagement
4	The Uncomfortable Truth of Bias
5	The Black Postpartum Experience
6	Respectful Maternal Care

OVERVIEW OF ACCESSING THE CURRICULUM

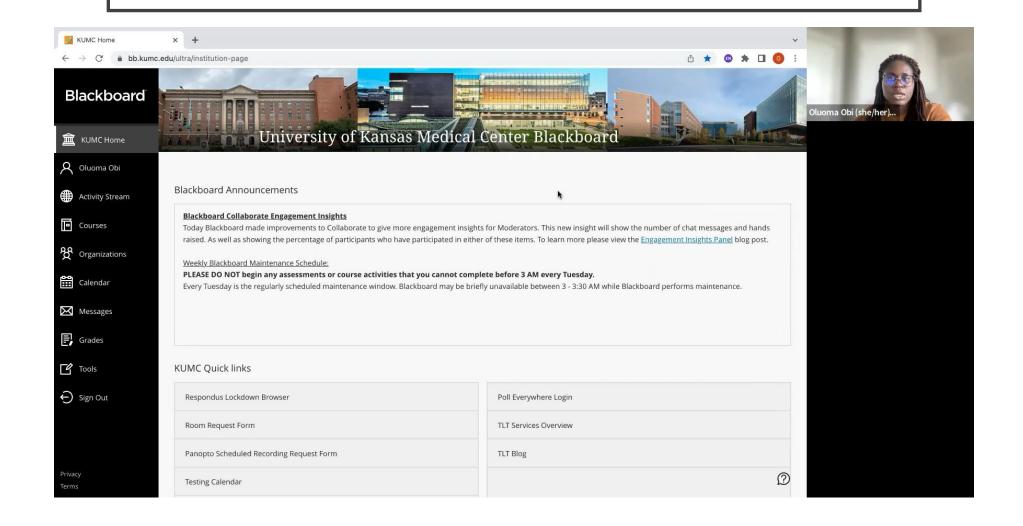
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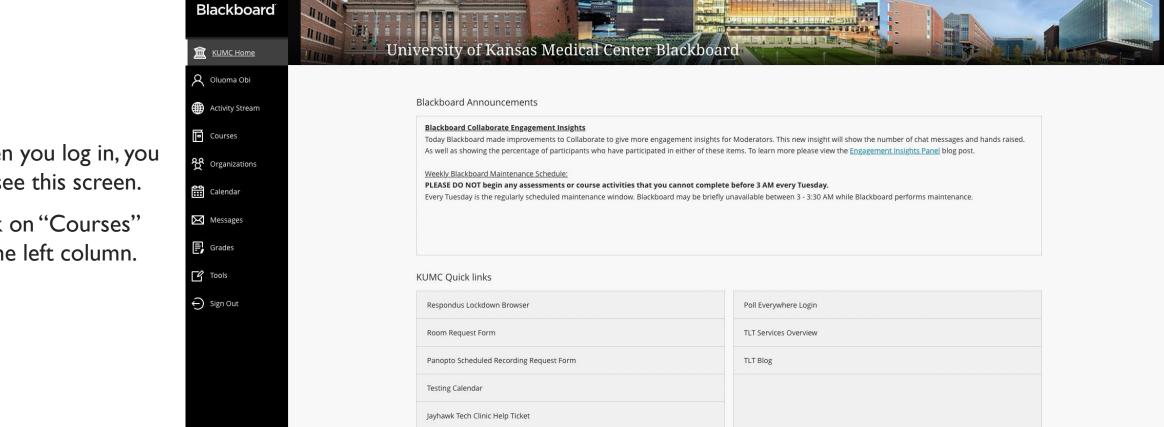


You will need create a new password when you first log in.



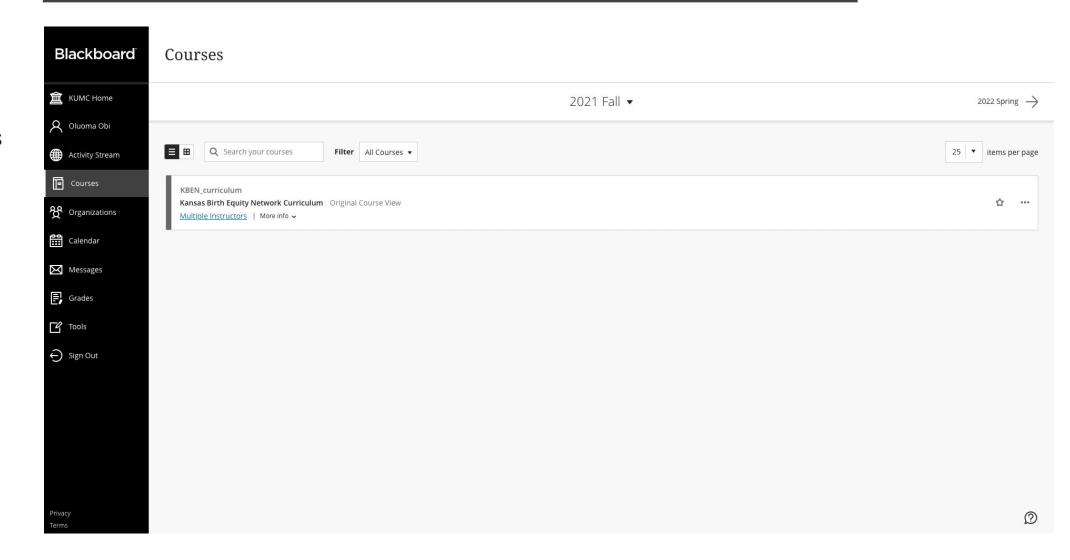
Access Link: https://bb.kumc.edu



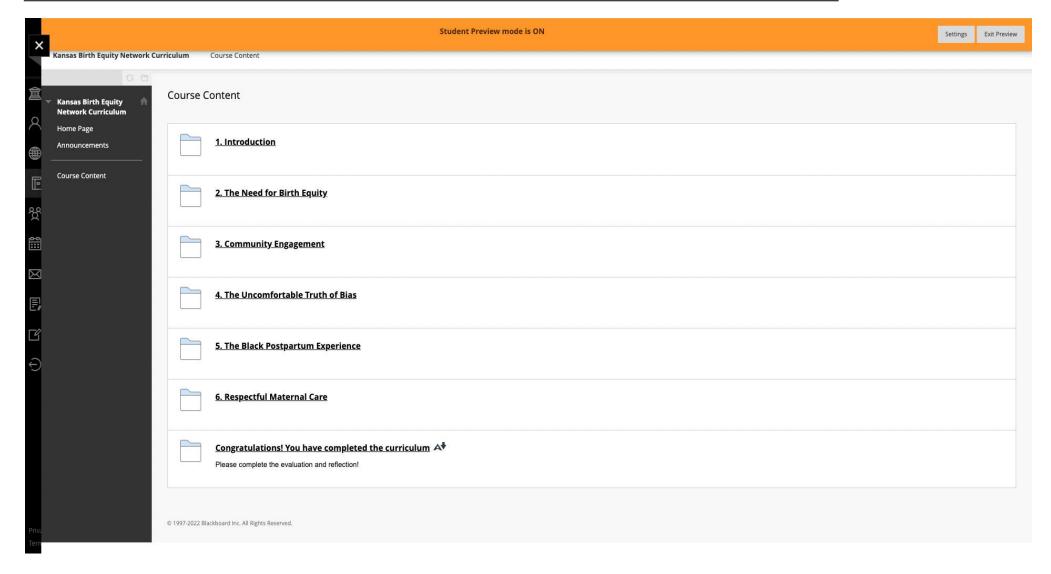


- When you log in, you will see this screen.
- Click on "Courses" on the left column.

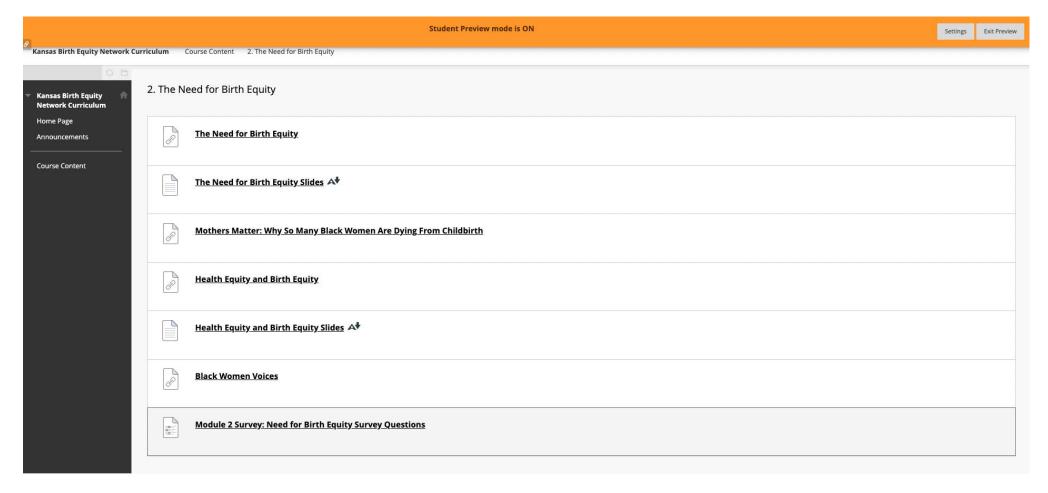
 Click on "Kansas Birth Equity Network Curriculum" to access the curriculum.



 You can access each module here.



Click into a module to see the contents: videos, slides, & a brief survey at the end of each module.



WHAT YOUR HAVE LEARNED SO FAR?



AMPLIFYING BLACK VOICES



MODULE 2 – THE NEED FOR BIRTH EQUITY

What does birth equity mean to you?

What might be your intentions to create birth equity in Kansas?

Respond at pollev.com/oobi

MODULE 3 – COMMUNITY ENGAGEMENT

What social determinants of health contribute to disparities in maternal health?

How might you engage community members to improve maternal health disparities?

Respond at pollev.com/oobi





CONGRATULATIONS!

Curriculum Completions

- Kari Smith Advent Health Shawnee Mission
- Katie Kufahl Community Healthcare System
- Kayla Schroeder Geary Community Hospital

In-Progress

- Jessica Gier
- Taylor Bertschy

QUESTIONS/COMMENTS

ACTION ITEMS

Completions for August:

Modules 4, 5 & 6

Contact:

Email: kben@kumc.edu

Oluoma Obi (Research Associate): oobi@kumc.edu



Ten Hospital Practices for Successful Breastfeeding

- Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding
- Pacility will maintain staff competency in lactation support
- All pregnant women will receive information and instruction on breastfeeding
- Assure immediate and sustained skin-to-skin contact between mother and baby after birth
- All families will receive individualized infant feeding counseling

- Give newborn infants no food or drink other than breastmilk unless medically indicated
- Practice "rooming in" -allow mothers and infants to remain together 24 hours a day
- Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods
- Give no pacifiers or artificial nipples to breastfeeding infants
- Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge



Earning High 5 Recognition



High 5 for Mom & Baby facilities complete

5/10 PRACTICES



High 5 for Mom & Baby
Premier facilities complete
ALL TEN PRACTICES



Kansas Breastfeeding Rates 2010-2018

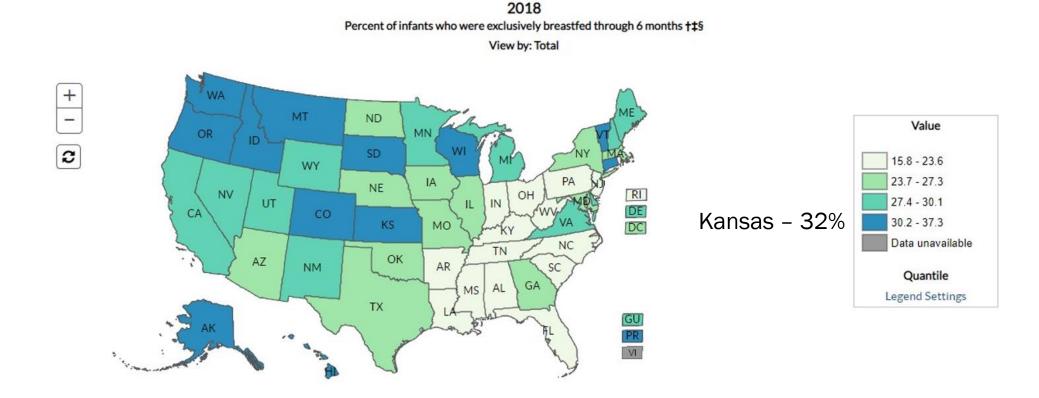






Kansas Ranks **9**th in the Nation

% of infants exclusively breastfed through 6 mo.







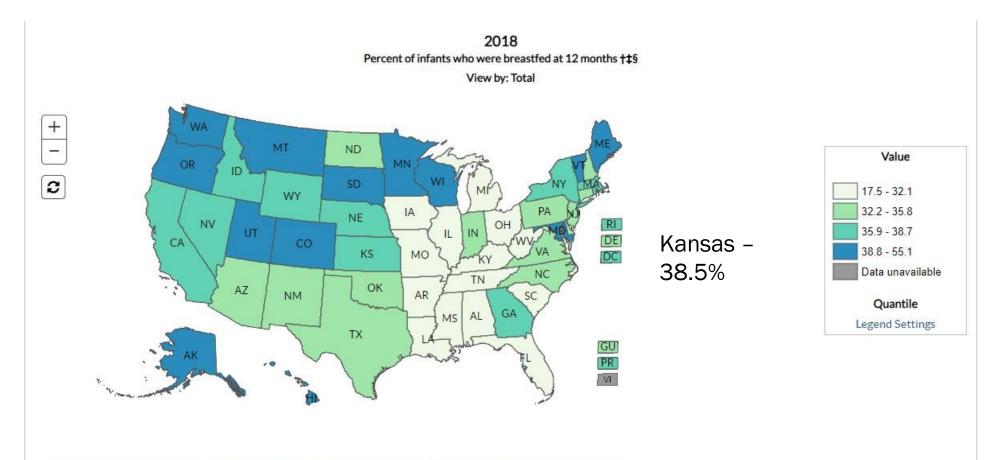
[†] Exclusive breastfeeding is defined as ONLY breast milk - No solids, no water, and no other liquids.

[‡] Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame. Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.

Only breastfeeding rates based on a dual-frame sample that includes respondents surveyed on landline or cellular telephones are included in trend graphics. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm

Kansas Ranks **15**th in the Nation

% of infants breastfed at 12 months

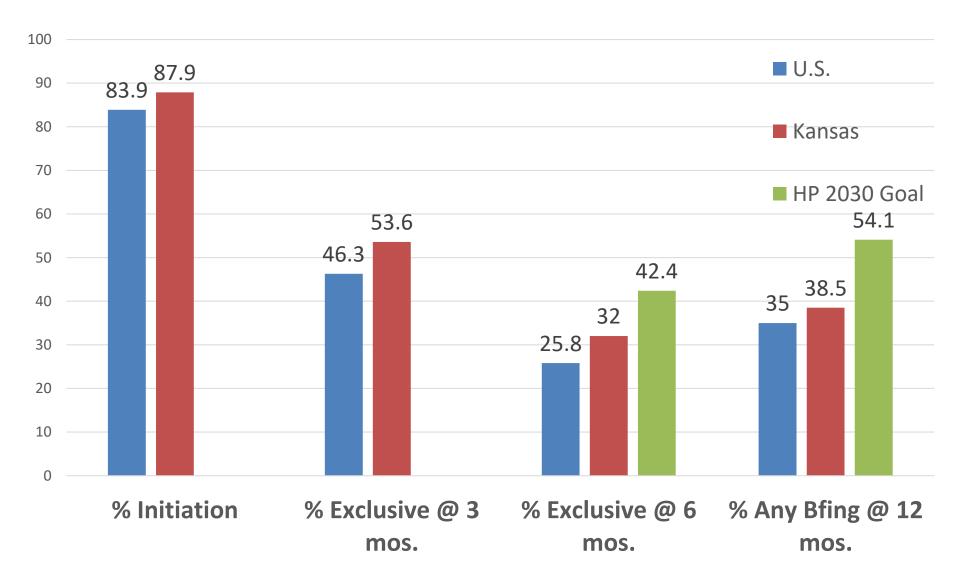


- † Breastfed at 12 months is defined as breastfeeding to any extent with or without the addition of complementary liquids or solids.
- ‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame. Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones. If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.
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Breastfeeding Rates







High 5 for Mom & Baby is committed to helping birthing facilities as they identify areas for improvement in breastfeeding support.

- ✓ Discussion and collaboration with fellow High 5 for Mom & Baby facilities
- ✓ Continued support through education
- ✓ Policy development
- ✓ Collaboration with programs that provide support and education to the birthing family and staff caring for them





Hospital Breastfeeding/Infant-Feeding Policy Checklist

The ten High 5 for Mom & Baby practices are based on the WHO/UNICEF Ten Steps to Successful Breastfeeding—evidence-based practices proven to increase breastfeeding success and reduce racial and ethnic disparities.

Not the	te: Hospital policy is not required to address every item on this checklist but should cover most of em.
	pp 1: Facility will have a written maternity care and infant feeding policy addressing the High 5 for om & Baby practices supporting breastfeeding.
	 □ Policy supports all 10 High 5 for Mom & Baby practices □ All staff responsible for maternity care review the policy and are familiar with its contents
Ste	ep 2: Facility will maintain staff competency in lactation support.
	 □ All maternity care staff complete training in breastfeeding and lactation management (using Kansas Breastfeeding Education on the KS Train platform or similar/comparable staff education) □ All new staff complete lactation education within 6 months of hire
Ste	ep 3: All pregnant women will receive information and instruction on breastfeeding.
	 □ All pregnant women are informed of basic breastfeeding management and care practices □ Facility supports breastfeeding employees by providing reasonable break time and a private, safe place to express milk close to their workplace
Ste	ep 4: Assure immediate and sustained skin-to-skin contact between mother and baby after birth. Babies are placed skin to skin immediately after vaginal delivery if medically stable Babies are placed skin to skin as soon as both mom and baby are medically stable after a C-

Step 5:	All	families	will	receive	individ	ualized	infant	feeding	counseling.
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- ☐ Breastfeeding families receive individualized teaching on feeding cues, positioning and latch, and how to tell that baby is getting enough to eat
- ☐ Families that choose not to breastfeed receive appropriate education on formula preparation and feeding

Step 6: Give newborn infants no food or drink other than breastmilk unless medically indicated.

☐ Babies remain skin to skin until after the first feeding when breastfeeding is desired

- Breastfeeding babies receive breastmilk only unless ordered due to medical necessity
- ☐ Any reasons for supplementation are clearly documented
- ☐ Breastfeeding mothers are taught hand expression

\boxtimes	coordinator@high5kansas.org

section delivery





	Babies room in with the mother, including at night and during routine care by hospital staff
	Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardles ing methods.
	All families, regardless of feeding method, are taught to recognize hunger cues. Babies are fed 8 or more times in 24 hours, without restriction on feeding length or frequency. Mothers who are separated from their infants are educated on expressing their milk appropriately.
Step 9:	Give no pacifiers or artificial nipples to breastfeeding infants.
	Breastfeeding babies are not offered pacifiers or artificial nipples Families are educated on milk production and encouraged to feed frequently
	D: Provide mothers options for breastfeeding support in the community (such as telephone r walk-in clinic information, support groups, etc.) upon discharge.
	Families are provided information regarding where to access help and support with breastfeedin following discharge from the hospital



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It's Ten Step Tuesday!

Some mothers are having difficulty finding infant formula and other feeding supplies. Hospitals and clinics are fielding calls about the safety of homemade formula recipes because the shelves are bare. Pinterest is loaded with these recipes. There are many reasons to steer clear, but vulnerable new mothers may not realize how dangerous these can be. The conversations we have with families regarding their infant feeding choices are more important than ever. Families that previously combined breastfeeding and formula feeding, or exclusively formula fed, may be requesting additional information and support regarding exclusive breastfeeding.

What Might that Conversation Sound Like? So how do we talk about feeding options?

- · Start by asking an open-ended question, such as: "Tell me what you know about breastfeeding."
- If the response is: "Oh, I'm not breastfeeding..." or "I'm going to do both..." use open-ended questions to
 further explore thinking, assumptions and experiences such as "Tell me about that. What was that like? How do
 you feel about that?"
- Use active listening and address knowledge gaps. Ask questions about how they made their decision and
 continue the conversation with: "I am here to ensure that you have all the information that you need. It is my job
 to make sure you are comfortable with your decision and you do not look back and say 'I wish someone would
 have told me about that."

Support with Education on the Value of Exclusive Breastfeeding

Combination feeding is associated with:

- · Diminishing mother's milk supply
- Nipple/ bottle preference over the breast
- · Negatively altered newborn gut flora more pathogenic bacteria
- . Exposure to cow's milk proteins in formula increases likelihood of allergies
- Interferes with normal frequency of feedings
- · Shortens duration of overall breastfeeding

Conversations will be unique to each individual. The most important thing is that at the end of the discussion, the mother is informed and feels supported in her decision.

If a mom DOES choose to give formula (or any supplement) be sure to talk with her about maximizing milk production using hand expression, pumping, offering the breast first, etc. During these uncertain times, the care and support we provide to infants and their families is more important than ever!

For more information contact

Cara Gerhardt, BSN RN IBCLC, coordinator @high5kansas.org



Maximizing

the support and education we offer:

- Prenatal clinic collaboration
- ☐ Hospital caregiver education
- Postpartum plan



Lactation support may be the first contact for a postpartum person following discharge.

Breastfeeding and Fourth Trimester Initiative

High 5 for Mom & Baby Premier Recognition

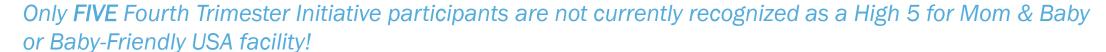
- ♦ Advent Health Shawnee Mission
- ♦ Ascension Via Christi St. Joseph
- ♦ Community Healthcare System
- ♦ Hays Medical Center
- ★ Kearny County Hospital
- ♦ Memorial Health System
- ♦ New Birth Company
- ♦ Pratt Regional Medical Center
- ♦ Stormont Vail Health

High5

- ♦ 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



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Action Needed!

- Find out more and apply for High 5 for Mom & Baby recognition on our website: www.high5kansas.org.
- If you would like to be added to our distribution list please reach out at <u>coordinator@high5kansas.org</u>.
- Find FREE breastfeeding education with CEUs at https://ks.train.org/ks. Search for "Kansas Breastfeeding Education".
- Find the Hospital Breastfeeding Policy checklist and other helpful tools and links on the High 5 for Mom & Baby resource page.



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General FTI Updates



KPQC: FTI Highlights

- ▶58% of our FTI Sites have included their Emergency Dept in POSTBIRTH training, with anecdotal evidence that it has created renewed goal-setting in terms of PP care provision at their facilities.
- ▶21 sites (72%) have completed POSTBIRTH training and have embedded it in their postpartum education as well as new staff onboarding policy.
 - ➤ <u>Highlight:</u> 88% of those sites who have completed POSTBIRTH training are now using ACOG's Maternal Hypertensive Bundle as routine protocol in the postpartum (and therefore antepartum/intrapartum) setting
- ▶45% of FTI Sites now routinely screen postpartum moms for Perinatal Mood Disorder prior to discharge from the birth setting
- ▶48% of FTI Sites now make postpartum visit appointments prior to discharge from the birth setting
- ➤ KS Birth Equity Training has now begun at all 29 FTI Sites, the first of its kind to be done in the inpatient setting in Kansas.
- ➤ We had 98 attendees for our KPQC Gen Mtg in May: 68 virtual, 30 onsite.

POSTBIRTH

To Date: 828 trained

20 of 29 FTI Sites are D.O.N.E.

Free Registrations Left: >100

*Some may "expire"- use new log in (Dec 2023!)

MMH Update



KPQC

Fourth Trimester Initiative

Cohort Summary Y4 Q2

January 1-March 30, 2022

KANSAS CONNECTING COMMUNITIES

Maternal Mental Health

- Maternal Mental Health TA sites saw 1,692 patients for delivery.
- Community HealthCare System joined the MMH TA cohort!
- 17 providers representing 11 FTI sites attended Kansas Moms In Mind (KMIM) Case Consultation Clinic sessions.
- 4 providers representing 3 FTI sites attended the Lactation & Perinatal Mood and Anxiety Disorders ECHO series webinar.

Data Highlights

FTI MMH TA sites are screening at higher rates than the average of all other KCC enrolled organizations.

Anxiety - 29.7 percentage points higher

Depression - 65.6 percentage points higher

FTI MMH TA sites have a 96.7% referral rate for positive screens.

The NEW Postpartum Model

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

- Maternal Warning Signs
 - 1. POSTBIRTH Education & Recognition
 - 2. Screen all
 - 3. Identify Medical/Social Red Flags: refer prior to discharge
- Maternal Mental Health
 - 1. Screen all
 - 2. Refer + Screen
 - 3. Educate All (POSTBIRTH)
- PP Appointment prior to discharge
- Breastfeeding
 - High 5 for Mom & Baby, Baby Friendly
- Family Planning
 - 1. Screen prior to discharge
 - 2. Refer for services
- SSDOH
 - Screen all
- PP Care Team: Pt included
 - Who? How? When?
- Pt debriefs
- ED/EMS Triage (Universal question, POST-BIRTH, ACOG Algorithms)
- ☐ Link Up! (MCH, Outpatient clinics, etc)

Protocols!

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

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

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KPQC Fourth Trimester Initiative Champion Timeline										
								FIT Project	Start	Finish
POSTBIRTH Training	Current	June 2022 (up to Sept 2022)			Up to September 2022					
KBEN Training	May 24, 2022	Sept 30, 2022 (check in June 2022, July 2022)		June "Check in"	July "Check in"					
ММН ТА	Current	Ongoing thru 2022								
PP Policy Update	Current	Ongoing thru 2022								
PP Appointment	Current	December 2022								
Data Entry	June 2022	Ongoing thru 2022								
PP Care Team/PP Referrals/Community Resource List	July 2022	December 2022								
Breastfeeding	June 2022	Ongoing thru 2022								
SSDOH Screening & Referral to CRL	TBD					TBD)			
Standardized TBD Discharge Summary		TBD								
Reproductive Life Planning	TBD					TBD)			
Patient Voice	TBD					TBD)			

Meet our new friends: Sally & Stuart

- ☐ Kansas Hospital Association- Qhi reporting
- ■What happens next?
 - What data will I need?
 - o How often will I need to submit data?
 - o What reports does Terrah collect, KCC collect and what does KHA collect?



High 5 for Mom & Baby

Cara Gerhardt, BSN RN IBCLC, the Program Coordinator for High 5 for Mom and Baby will be presenting data on Kansas breastfeeding trends, sharing new opportunities for improving breastfeeding rates, and what's next for those who are already High 5 for Baby Friendly hospitals. Join us for this vital part of Fourth Trimester work!



SAVE THE DATE

Kansas Perinatal Quality Collaborative

GENERAL METING



11.15.2022

Meeting details coming soon!



Next Learning Forums

July 26th August 23rd Sept 27th Oct 25th

https://us02web.zoom.us/meeting/register/tZAkfuqhqTgqH9f7RnFy6H0Nph0CaKqXNT4N

