KPQC Spring Conference 2023

KPQC

Kansas Perinatal Quality Collaborative

Welcome & Introductions

Dr. Parul Nguyen, OB-GYN, MPH
KPQC Chairperson

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Jill Nelson
KDHE Maternal & Perinatal Initiatives Health Planning Consultant

Terrah Stroda
KPQC Fourth Trimester Initiative Co-Coordinator

Kari Smith
KPQC Fourth Trimester Initiative Co-Coordinator

Kansas Perinatal Quality Collaborative

SPRING CONFERENCE

Hard Conversations, Improved Healthcare

Agenda

8:30 am	**Registration**
9:00 am	**Welcome!** **Dr. Parul Nguyen**, KPQC Chairperson **Jill Nelson**, KDHE Health Planning Consultant, Maternal & Perinatal Initiatives
9:10 am	**KPQC Overview & Updates** **Terrah Stroda**, CNM, KPQC FTI Co-Coordinator **Kari Smith**, RNC, KPQC FTI Co-Coordinator
9:30 am	**How insurance companies are answering the call for help** **Virginia Barnes**, MPH, Director, Blue Health Initiatives
10:45 am	**Case Studies: DCF and other "hard" talks** **Erica Hunter**, LBSW, Deputy Director, DCF
11:45 am	**Working Lunch** KPQC Business Meeting
12:30 pm	**Adjourn**

KPQC Executive Committee

Cara Busenhart
Past Chairperson

Parul Nguyen
Chairperson

TBD

TBD
Chairperson-Elect

Jeri Harvey
Officer

Dr. Kimberly Swan
Officer

Dr. Kimberly Brey
Officer

Dr. Sharla Smith
Officer

Kristin Perez
Officer

Kirsten Greene
Officer

Karen Braman
Ex-Officio

Dr. Randall Morgan
Ex-Officio

Dr. Kourtney Bettinger
Ex-Officio

Jill Nelson
KPQC Lead

Terrah Stroda
FTI Co-Coordinator

Kari Smith
FTI Co-Coordinator

KPQC Updates

KPQC Updates

1. Payor's Conversations
   - BCBS
   - United (KanCare)
2. New Partnership: KAFP
3. Data:
   - ❑ QHi Data, AIM Data collection
   - ❑ 2021 KDHE Vital Statistics, PRAMS data, KMMRC report
4. CMS Initiative: "Birthing Friendly" designation

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CMS "Birthing Friendly Designation"

- The Biden-Harris Administration Blueprint to Address the Maternal Health Crisis released in June 2022
  - Advance equitable, high-quality maternity care provided by hospitals- including through this hospital designation and
  - through the FY 2023 President's Budget, which would support a perinatal quality collaborative in every state.
- First designations will go "live" in Fall 2023
- The 1st publicly-reported, public-facing hospital designation on the quality and safety of maternity care
- CMS will award this designation to hospitals that report "Yes" to both questions in the Maternal Morbidity Structural Measure:
  - (1) participating in a structured state or national Perinatal Quality Improvement (QI) Collaborative; and
  - (2) implementing patient safety practices or bundles as part of these QI initiatives.

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SAVE *the* DATE!

Maternal Mortality: Who's at the Table of Change?

Maternal mortality is a national crisis. One organization can't do it alone –
we need everyone at the table to lower the maternal mortality rate in Kansas.

Friday, October 20, 2023
Hilton Garden Inn Salina
3320 South 9th Street, Salina, KS 67401

Featuring keynote speaker Ginger Breedlove, PhD, CNM, FACNM, FAAN,
with additional speakers to be announced.

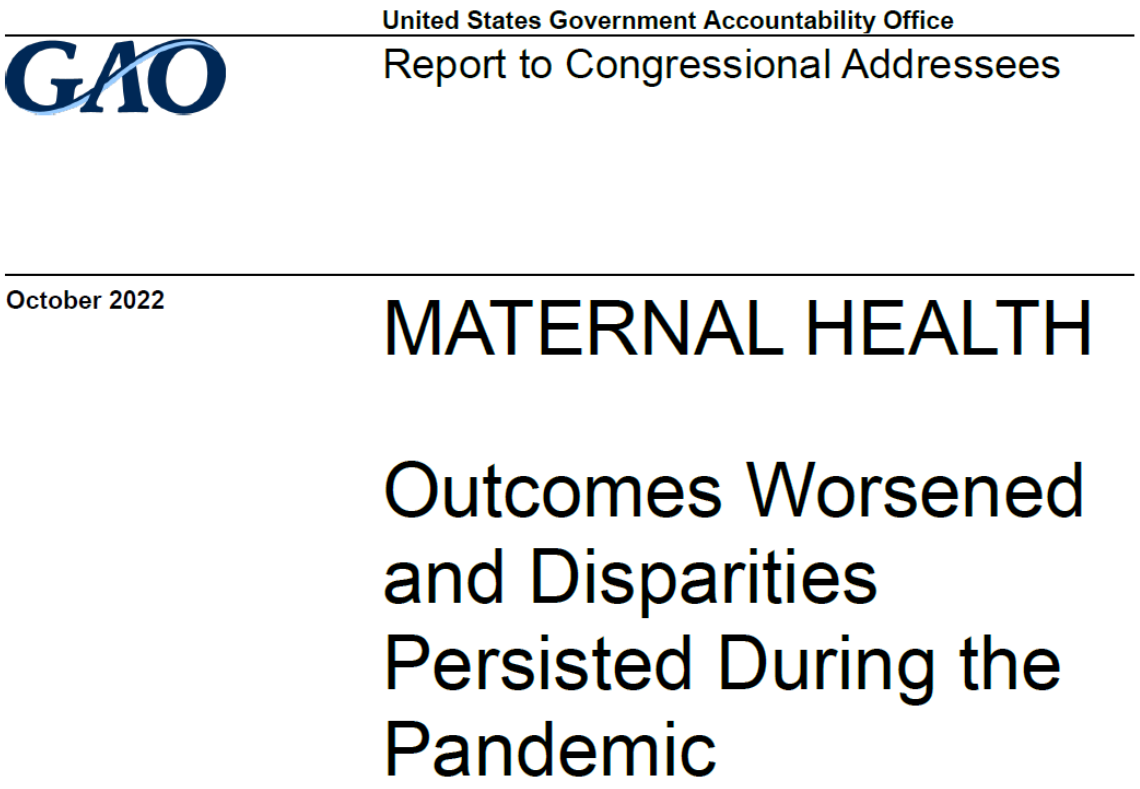
Registration link to come.

Fall Conference Sponsored Collaboratively by:

KPQC
Kansas Perinatal Quality Collaborative

AWHONN
KANSAS
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

Rapid Response



United States Government Accountability Office

GAO

Report to Congressional Addressees

October 2022

MATERNAL HEALTH

Outcomes Worsened and Disparities Persisted During the Pandemic

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Why GAO Did This Study

The COVID-19 pandemic presented challenges for maternal health, as pregnant women with COVID-19 are more likely to experience pregnancy complications, severe illness, or death. Research also shows racial and ethnic disparities in maternal deaths. For example, Black or African-American (not Hispanic or Latina) women experienced maternal death at a rate 2.5 times higher than White (not Hispanic or Latina) women in 2018 and 2019.

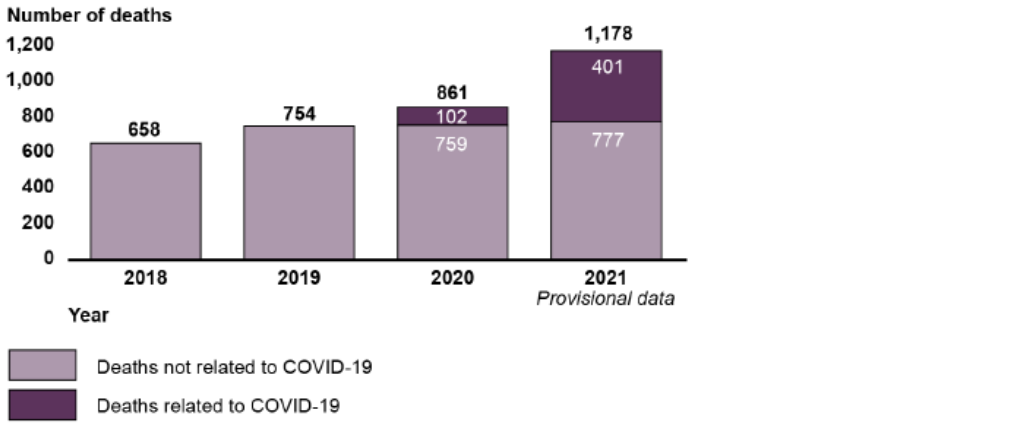
The CARES Act includes a provision for GAO to report on its COVID-19 pandemic oversight efforts. GAO also was asked to review how the pandemic has affected maternal health. This report describes, among other things, what available data show about maternal health outcomes and disparities during the pandemic.

To do this work, GAO analyzed the most recently available CDC data, including data from the National Vital Statistics System, to identify trends in maternal deaths and other outcomes, such as preterm births, by race and ethnicity. In addition, GAO reviewed agency documents and selected research; and interviewed officials at relevant HHS agencies, as well as eight stakeholders—including researchers, advocacy groups, and professional organizations—who were selected based on referrals from HHS agency officials and reviews of published research.

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



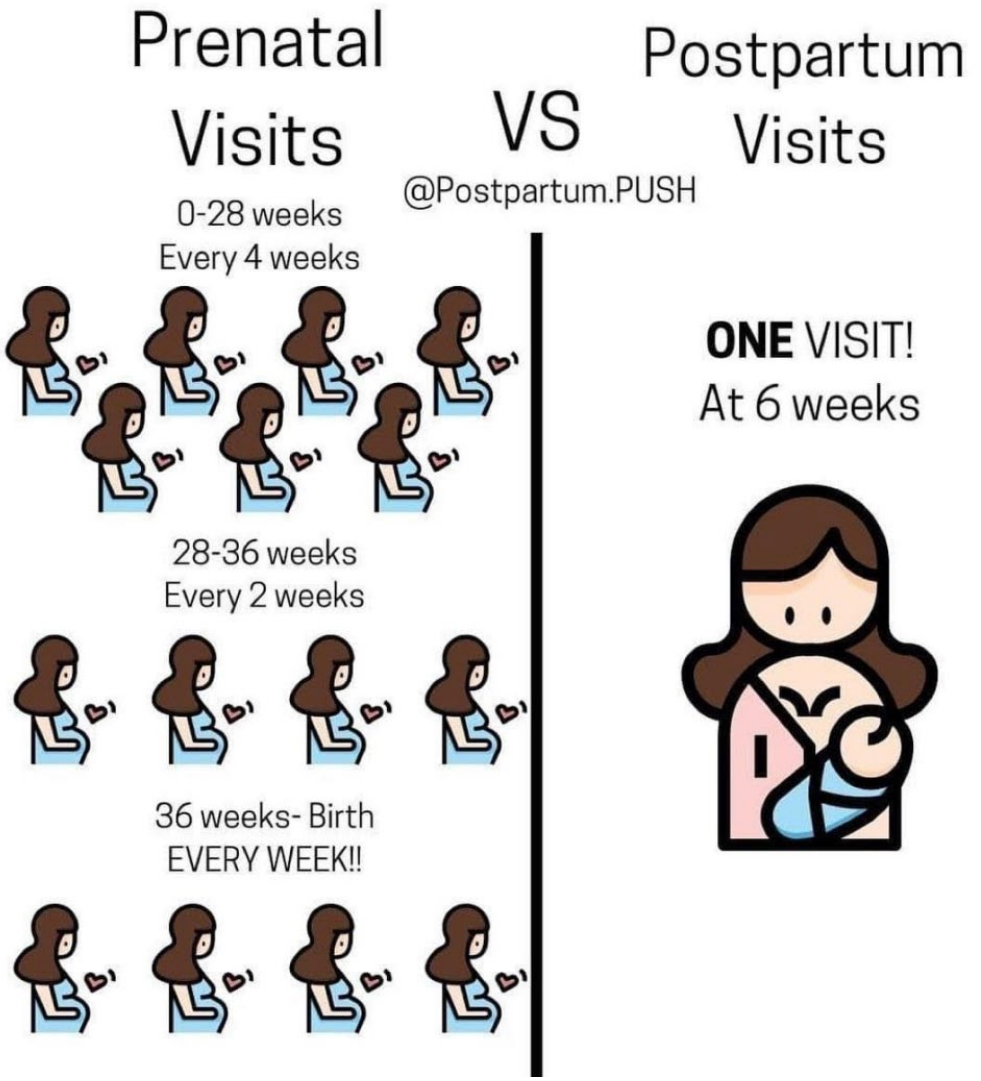
Source: GAO analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) data. | GAO-23-105871

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.

More importantly…
The patient voice: "Lived Experience"



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Oct 2022 CDC Report

United States Government Accountability Office

Report to Congressional Addressees

October 2022

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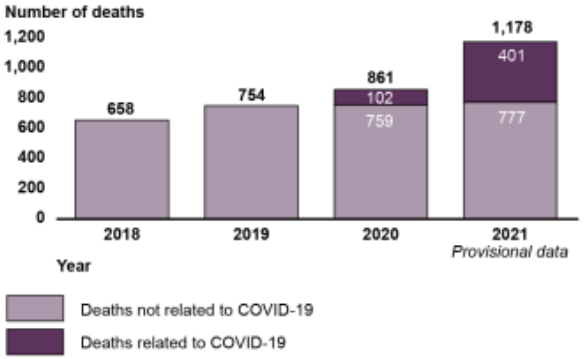

Source: GAO analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) data. | GAO-23-105871

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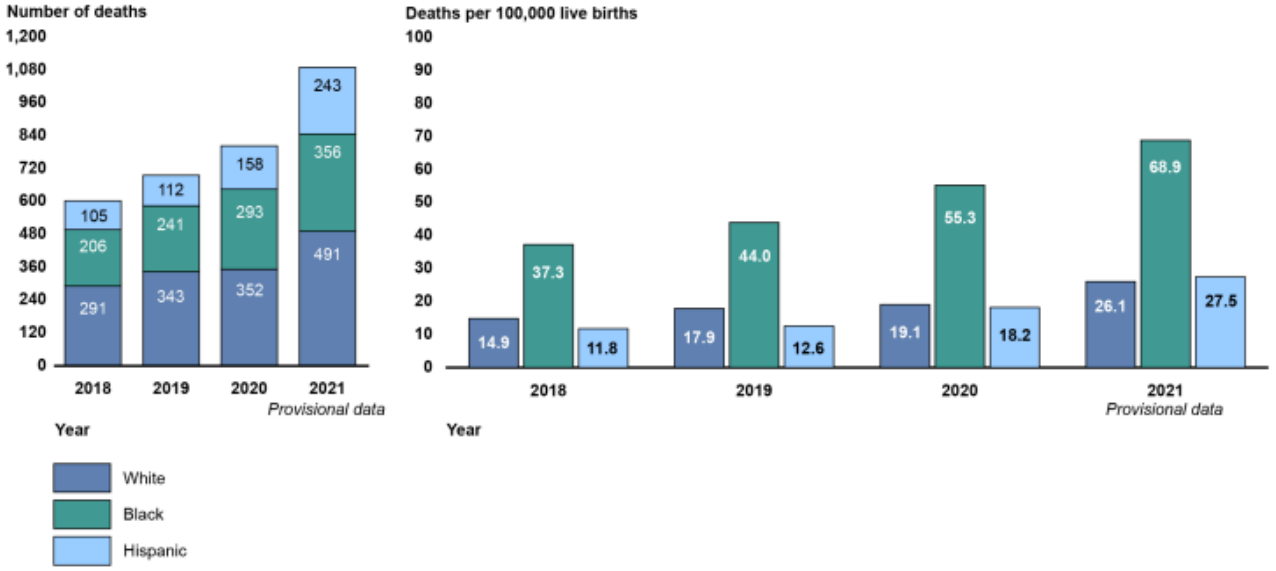
Figure 1: Number and Rate of Maternal Deaths by Race and Ethnicity, 2018 through 2021



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Updates!

FOURTH TRIMESTER INITIATIVE

"Mom Plan"

+

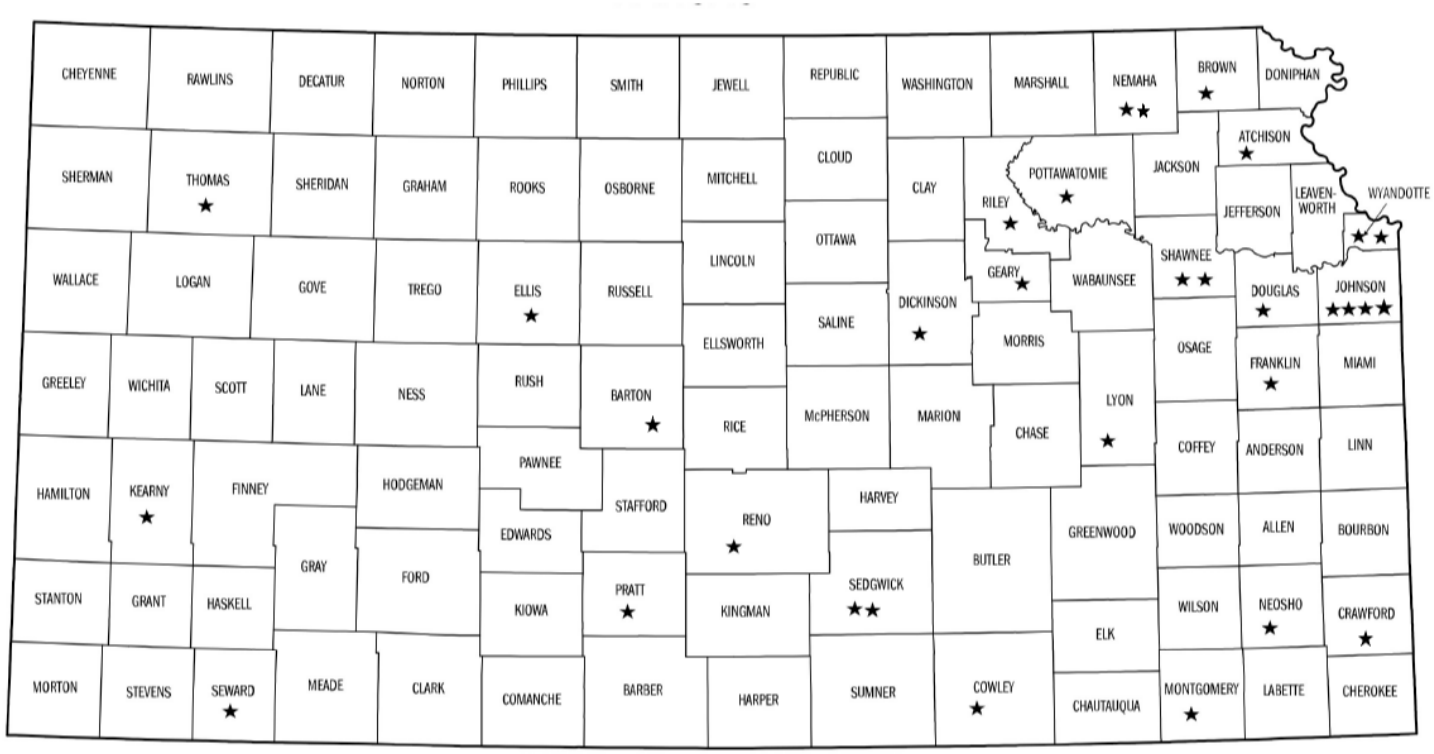
The Postpartum Care Team

=

Healthy Postpartum Moms

FOURTH TRIMESTER INITIATIVE

Enrolled Hospitals = Impact 84% of Kansas Births!



Facilities

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

Birth Centers

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

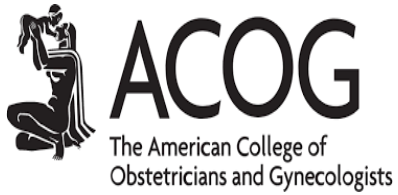
31 Sites

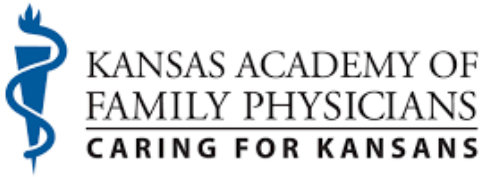
FTI Births: 29,267

KS Births: 34,697

2021 KDHE Vital Statistics

Stakeholders at the table





The New Postpartum Model

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

- Education on **POSTBIRTH**
- **PP Appt** made prior to leaving the birth setting
- **PP Care Team**, as indicated
- **Screenings** completed
  - SDOH
  - Mental Health
  - Medical risks
  - Breastfeeding
  - Fam Planning
- **Referrals** Made
  - SDOH
  - Mental Health
  - Medical indications
  - Breastfeeding
  - Fam Planning

FOURTH TRIMESTER INITIATIVE

- **Navigator assigned to everyone**
- **BIRTH EQUITY!!!**

Fourth Trimester Projects

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Postpartum Discharge Transition
AIM BUNDLE

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

KANSAS CONNECTING COMMUNITIES

KANSAS MATERNAL & CHILD HEALTH

Kansas Department of Health and Environment

Upcoming Workshop for Providers

Screening for Substance Use Disorders

June 21st 12:00 PM- 1:00 PM over Zoom

Featuring expert Michaela Loxterman, LAC
Vice President of Medical Integration at
CKF Addiction Treatment Center

Register for the workshop here:

FTI: What's done, What's coming

Done:

POSTBIRTH

Breastfeeding

Entry-level KBEN

Coming:

ED triage question

KBEN training

Community Resource List

SSDOH

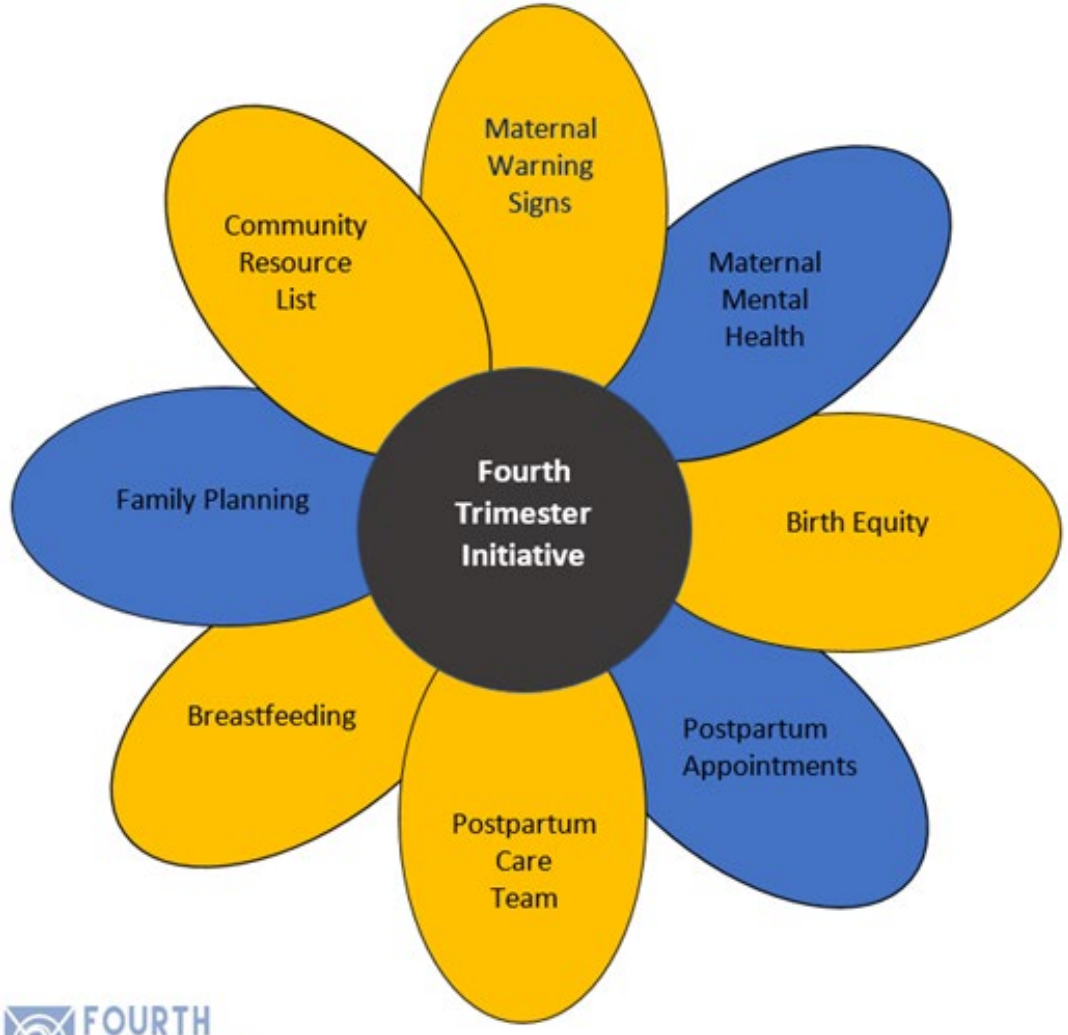
Postpartum Visit template

PP Visit scheduling

Fourth Trimester Projects

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Report Card



Key:

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- In Progress (3)
- Completed (5)

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Keynote Speakers

How insurance companies are answering the call for help

Virginia Barnes, MPH, Director, Blue Health Initiatives

Virginia Barnes has been serving as the director of Blue Health Initiatives for Blue Cross and Blue Shield of Kansas since October 2015. Blue Health Initiatives formalized the company's long-time efforts to improve the health and quality of life of all Kansans. The term ‘social determinants of health’ is more than just a buzz phrase for Virginia – her work is dedicated to moving the needle on health inequities across the state and improving quality of life for all Kansan. Blue Health Initiatives has distributed more than $25 million since its inception to improve the quality of life for all Kansans. Ms. Barnes has over 15 years of public health experience, having worked for the Kansas Department of Health and Environment (KDHE) in a variety of roles prior to joining Blue Cross. She earned a bachelor's in biology from Washburn University and a master's in public health from the University of Kansas. Barnes currently serves on several Boards, including the Kansas Public Health Association, the Topeka Community Foundation and the Topeka Center for Peace and Justice. She also participate in numerous advisory committees focused on improving health in Kansas. She is a lifelong Kansan and lives in Topeka with her husband and two children.

Case Studies: DCF and other “hard” talks

Erica Hunter, LBSW, Deputy Director, DCF

Erica Hunter is the Deputy Director for Safety and Thriving Families for the Kansas Department for Children and Families. She has a background in investigating allegations of child abuse and neglect, supervising front line staff, and reviewing high profile cases or critical incidents for DCF leadership. In 2018 she became the administrator for the Kansas hotline receiving reports of child abuse or neglect and in 2021 she became the Deputy Director for Safety and Thriving Families where her team is continuing to reimagine child welfare in Kansas.

KPQC Business Meeting

KPQC Executive Committee

Cara Busenhart
Past Chairperson

Parul Nguyen
Chairperson

TBD

TBD
Chairperson-Elect

Jeri Harvey
Officer

Dr. Kimberly Swan
Officer

Dr. Kimberly Brey
Officer

Dr. Sharla Smith
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Kristin Perez
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Jill Nelson
KPQC Lead

Terrah Stroda
FTI Co-Coordinator

Kari Smith
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FOURTH TRIMESTER INITIATIVE

LUNCH BREAK!

Kansas Perinatal Quality Collaborative

SPRING CONFERENCE

Afternoon Agenda

FTI Think Tank

FTI Site Report Cards- Kari and Terrah

Grand "Rounds"

- **Intimate Partner Violence- Katie**
- **Maternal Mental Health - Jennifer & Patricia**
- **Social Determinants of Health – Jill**
- **Postpartum Discharge Summary – Kari**
- **FTI Data – Terrah**
- **High 5 for Mom and Baby - Cara**

Adjourn

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Afternoon Objectives

1. **Identify three goals for your FTI enrolled hospital in 2023**
2. **Discuss what qualifiers are required to be in the standard ACOG Discharge Summary**
3. **Discussed what qualifiers are Social and Structural Determinants of Health**
4. **Identify data requirements and the importance of benchmark setting in the face of QI initiatives**
5. **Define Perinatal Mood Disorders in the immediate postpartum period**
6. **Identify three ways FTI hospitals can improve Maternal Mental Health screening and referral for perinatal mood disorders**
7. **Define Intimate Partner Violence in the immediate postpartum period**
8. **Discuss what screening and referral resources exist for Intimate Partner Violence for all FTI sites**
9. **Describe 10 birthing facility/hospital breastfeeding practices which improve breastfeeding rates.**
10. **Identify 2 breastfeeding education resources available for healthcare professionals.**

Fourth Trimester Initiative Leadership Team/Trainers

FTI Leads

Jill Nelson
KDHE Maternal & Perinatal Initiatives Health Planning Consultant

Terrah Stroda, CNM
FTI Co-Coordinator
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Kari Smith, RNC
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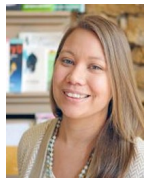
Maternal Warning Signs (POSTBIRTH Training)

Terrah Stroda, CNM
FTI Co-Coordinator

Maternal Mental Health



Patricia Carrillo, (she/her)
Kansas Connecting Communities
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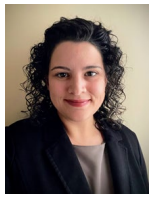
kcc@ku.edu



Jennifer Wise (she/her)
Kansas Connecting Communities
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kcc@ku.edu

Kansas Birth Equity Training (KBEN)

Dr. Sharla Smith, KU
Kansas Birth Equity Network
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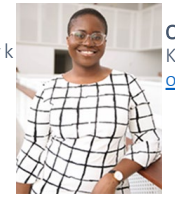

Oluoma Obi, KU
Kansas Birth Equity Network
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FTI Data (aka QHi)

Sally Othmer
Kansas Hospital Association
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Stuart Moore
Kansas Hospital Association
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Breastfeeding (High 5 for Mom and Baby)

Cara Gerhardt, RN IBCLC
High 5 for Mom and Baby
coordinator@high5kansas.org

Intimate Partner Violence

Katie Wade (she/her), MAVIS Project Coordinator
Kansas Coalition Against Sexual & Domestic Violence
kwade@kcsdv.org

KCSDV Phone Number:
(785) 232-9784

Sarah Hachmeister (she/her), Director of Advocacy
Kansas Coalition Against Sexual & Domestic Violence
MAVIS Project
shachmeister@kcsdv.org

KCSDV Phone Number:
(785) 232-9784

Family Planning

Terrah Stroda, CNM
FTI Co-Coordinator

FTI Leads:

Jill Nelson
KDHE/KPQC Maternal & Perinatal Initiatives Health Planning Consultant

Terrah Stroda, CNM
FTI Co-Coordinator

Kari Smith, RNC
FTI Co-Coordinator

Maternal Mental Health:

Patricia Carrillo, (she/her)
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kcc@ku.edu

Jennifer Wise (she/her)
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Kansas Birth Equity Training (KBEN):

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Oluoma Obi, KU
Kansas Birth Equity Network
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MAVIS Project
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Kansas Coalition
against sexual & domestic violence

The Grandest of Grand Rounds! ☺

Afternoon Session

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 _____ (Date) and I am having _____ (Specific warning signs)."

Who needs them?

MARCH OF DIMES

FOURTH TRIMESTER INITIATIVE

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:

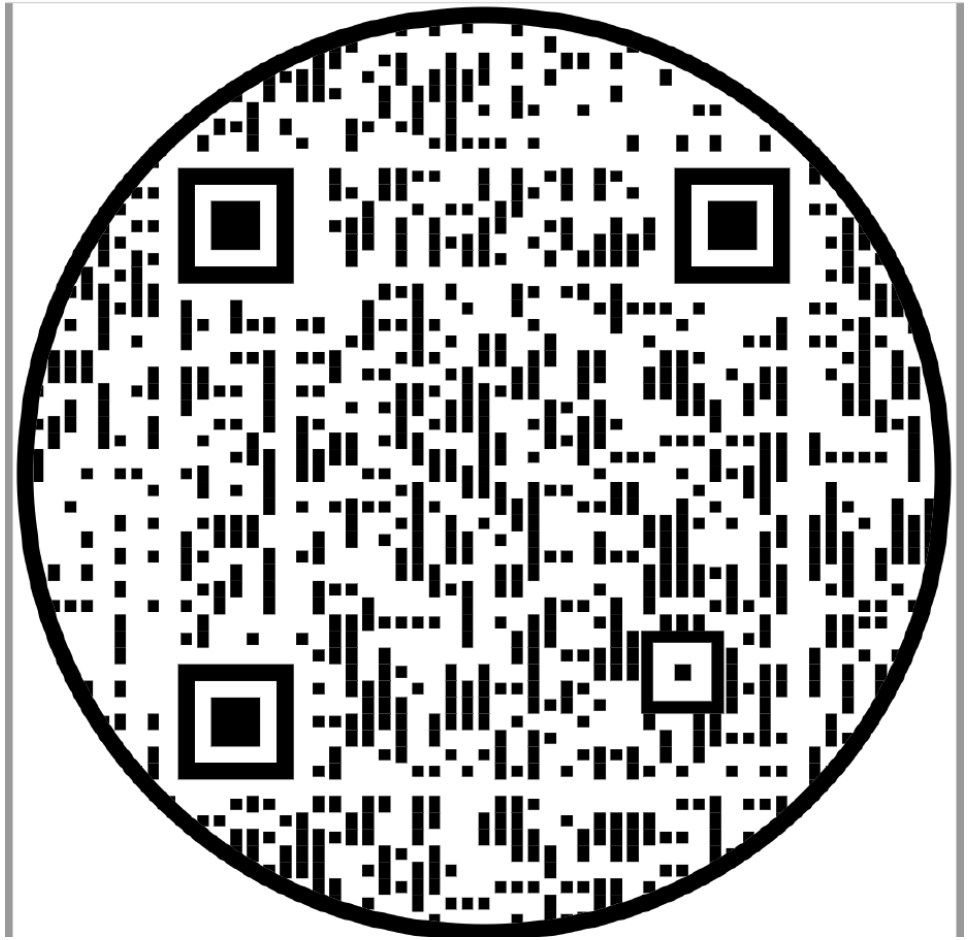
Date:_____ **Time:**_____ **With:**_____

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

Created by: Delivering Change, Inc.

Maternal Mental Health

FTI
June Workshop



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What’s on YOUR plate? ☺

Fourth Trimester Projects

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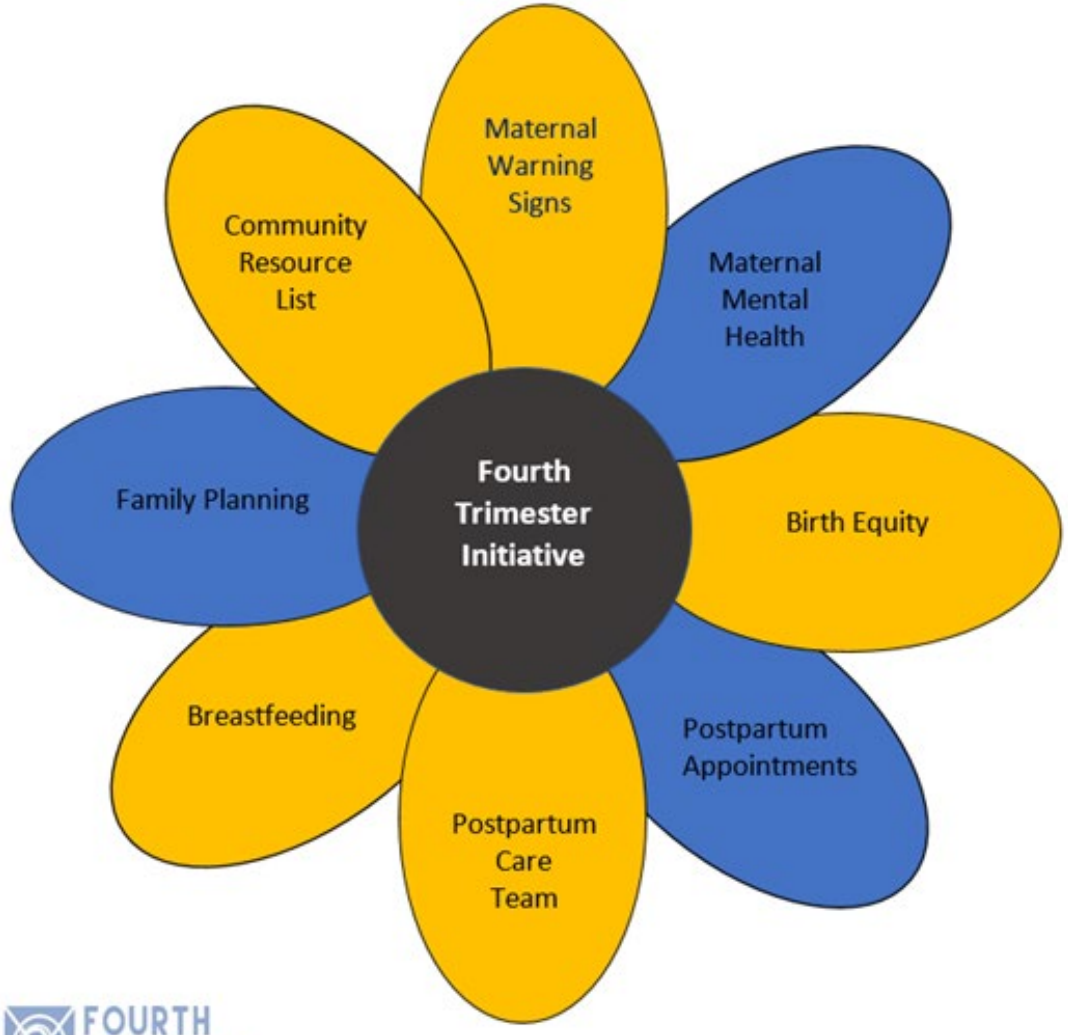
Fourth Trimester Report Card



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KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Report Card

Birth Facilities	S1: PP Care Team	S2: Community Resource List	S5: POSTBIRTH	P2: POSTBIRTH	P3: KBEN	P4: PP Appt	Family Planning	Breastfeeding
Advent Health Shawnee Mission	5	5	5	5	3	3	3	5
	Postpartum Team Coordination	Community Resource List of Community Resources	Incorporated PostBirth Into patient education materials	PostBirth Maternal Warning Signs Provider and Nursing Education	KBEN Respectful and Equitable Care Provider and Nursing Education	PP Visit scheduling	Separate from AIM Data Collection	Separate from AIM Data Collection

Fourth Trimester Clinical Quality Measures

Clinical Quality Measure	Definition of Quality Measure	How it relates to Fourth Trimester Initiatives (Project Name)
FTI: P1A-Inpatient-Outpatient Care Provider Collaborative Education as it pertains to any FTI project work	At the end of this reporting period, how many shared learning experiences that pertained to any Fourth Trimester education took place? What This Means: **This would include Learning Forums, General Meetings/Conferences, unit meetings, hospital trainings, FTI TA sessions, etc. This may include inpatient education, as well as shared inpatient/outpatient education and meetings.**	Maternal Warning Signs, Maternal Mental Health, QHi meetings, Learning Forums, General Sessions?
FTI: P1B-Inpatient-Outpatient Care Provider Collaborative Education	At the end of this reporting period, how many care settings were represented by attendees for P1A. What This Means: **Count all agencies, hospital units, etc that were represented at FTI education/meetings.**	Maternal Warning Signs, Maternal Mental Health, QHi meetings, Learning Forums, General Sessions?
FTI: P2-Provider and Nursing Education: POST-BIRTH	At the end of this reporting period, how many care settings were represented by attendees for P1A. What This Means: **Count all agencies, hospital units, etc that were represented at FTI education/meetings.**	Maternal Warning Signs
FTI: P3-Provider and Nursing Education: Birth Equity	At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last two years an education program on birth equity or implicit bias?	KBEN (Birth Equity)

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

FTI Sites: **Check yourself**

Postpartum Discharge Summary

Social Determinants of Health Screen

These are AIM Bundle elements! ☺

Kansas Perinatal Quality Collaborative

FTI Sites: Survey coming your way!

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FTI: Grand “Rounds”

Think Tank Time!

Table LEADERS

1- KCC: Maternal Mental Health (Jennifer Wise & Patricia Carrillo)
2- QHi: FTI Data entry (Terrah Stroda)
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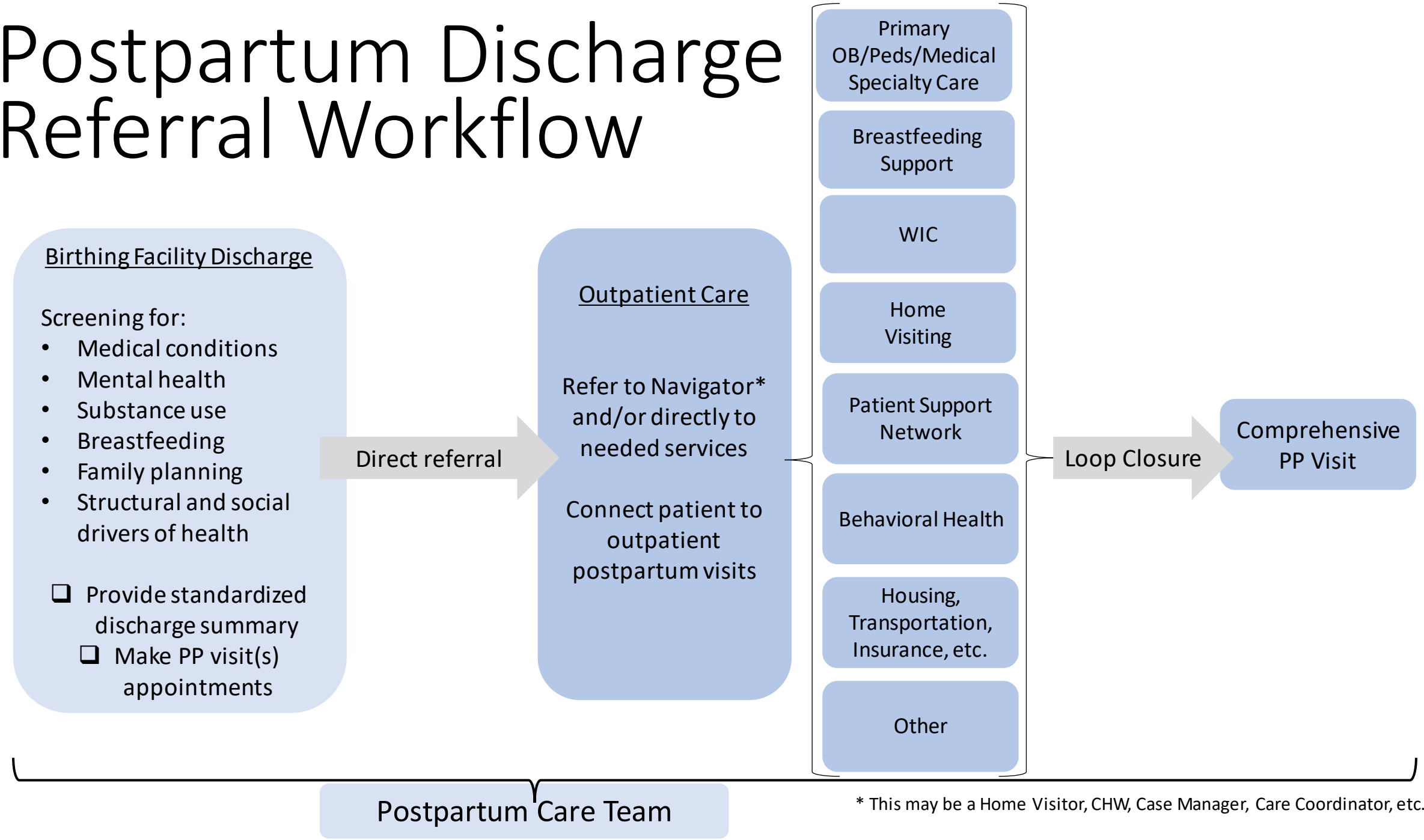
Round Table “RULES” ☺

- Champions/Sites stay together
- Moving through 5 tables
- 20+ min per table
- Take your notepads & pens
- Take your Handouts
- Take your SSDOH & Discharge Summary

FTI: Standardized Discharge Summary

This is part of S3: Shared Comprehensive Postpartum Visit Template

Postpartum Discharge Referral Workflow



Connecting Dots

Postpartum Visit

- Primary OB Provider, Home Visitor, etc
- Breastfeeding, Family Planning
- High Risk Needs: Internal Med, etc
- MWS, MMH referral?

Standardized PP Visit

- Visit Schedule
- Visit Template
- Navigation needed? SDOH impact?
- Referrals

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Best Practice Model:
Standardized Postpartum Care

POSTPARTUM Screenings should include:

- ❑ Medical conditions
  - ❑ Pre-PG and PG
- ❑ Mental health needs or conditions
- ❑ Family Planning
- ❑ Substance use disorder needs
- ❑ Structural and social drivers of health

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Draft your Process/Education Flow: PP

Scheduling Early PP Visit

Process Flow for Scheduling Early Postpartum Visit

Patient meets all discharge criteria

Patient counseled on need for early postpartum visit at 2 weeks and will help make appointment before discharge

Provide patient education materials on the benefit of early postpartum visit, warning signs/symptoms to seek care (ie. AWHONN hand out), and information on benefits of pregnancy spacing/family planning options.)

Able to schedule early postpartum appointment before discharge

No

Arrange follow up with patient to schedule 2 week postpartum visit after discharge

Confirm patient has early pp visit scheduled and document in record

Yes

Appointment scheduled and appointment date and time added to patient's discharge paperwork

Document counseling, education and postpartum care plan in discharge summary / instructions and ensure patient has follow up plan

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PP Visit Scheduling

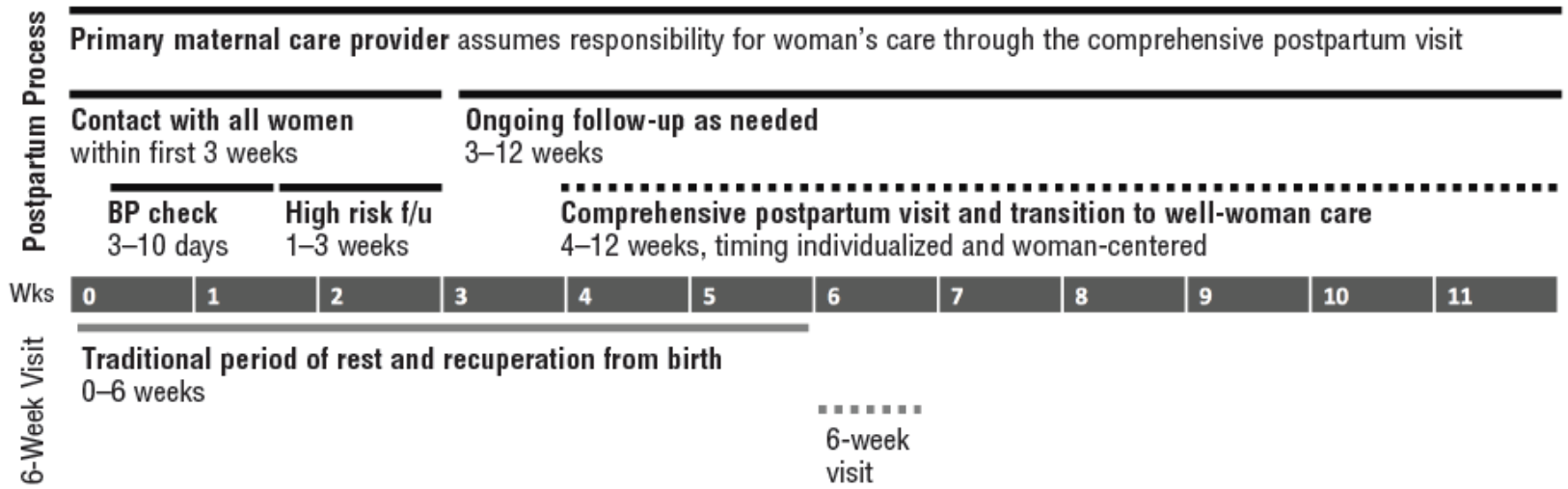

Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ⇦

ACOG: Standardized **DC Summary**

Should include:

- ✓ Name and age
- ✓ Support person contact information
- ✓ Gravida/para status
- ✓ Date and type of birth, gestational age at birth, relevant conditions and complications
- ✓ Name, contact information and appointments for relevant providers, including OB/GYN specialists, mental health provider, etc.
- ✓ Positive screening for medical risk factors, mental health, and substance use
- ✓ Medications and supplements
- ✓ Unmet actual and potential social drivers of health needs
- ✓ Suggested community services and supports
- ✓ Need for specific postpartum testing (ie. Thyroid, Glucose, Anemia testing)

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AIM/ACOG: Sharing **Comprehensive PP Visit** Template

Box 1. Components of Postpartum Care

Mood and emotional well-being

- Screen for postpartum depression and anxiety with a validated instrument[1,2]
- Provide guidance regarding local resources for mentoring and support
- Screen for tobacco use; counsel regarding relapse risk in postpartum period[3]
- Screen for substance use disorder and refer as indicated[4]
- Follow-up on preexisting mental health disorders, refer for or confirm attendance at mental health-related appointments, and titrate medications as appropriate for the postpartum period

Infant care and feeding

- Assess comfort and confidence with caring for newborn, including
  - feeding method
  - child care strategy if returning to work or school
  - ensuring infant has a pediatric medical home
  - ensuring that all caregivers are immunized[5]
- Assess comfort and confidence with breastfeeding, including
  - breastfeeding-associated pain[6]
  - guidance on logistics of and legal rights to milk expression if returning to work or school[7,8]
  - guidance regarding return to fertility while lactating; pregnancy is unlikely if menses have not returned, infant is less than 6 months old, and infant is fully or nearly fully breastfeeding with no interval of more than 4–6 hours between breastfeeding sessions[9]
  - review theoretical concerns regarding hormonal contraception and breastfeeding, within the context of each woman's desire to breastfeed and her risk of unplanned pregnancy[7]
- Assess material needs, such as stable housing, utilities, food, and diapers, with referral to resources as needed

Sexuality, contraception, and birth spacing

- Provide guidance regarding sexuality, management of dyspareunia, and resumption of intercourse
- Assess desire for future pregnancies and reproductive life plan[10]
- Explain the rationale for avoiding an interpregnancy interval of less than 6 months and discuss the risks and benefits of repeat pregnancy sooner than 18 months
- Review recommendations for prevention of recurrent pregnancy complications, such as 17α-hydroxyprogesterone caproate to reduce risk of recurrent preterm birth, or aspirin to reduce risk of preeclampsia
- Select a contraceptive method that reflects patient's stated needs and preferences, with same-day placement of LARC, if desired[11]

(continued)

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AIM/ACOG: Sharing **Comprehensive PP Visit** Template

Box 1. Components of Postpartum Care *(continued)*

Sleep and fatigue

- Discuss coping options for fatigue and sleep disruption
- Engage family and friends in assisting with care responsibilities

Physical recovery from birth

- Assess presence of perineal or cesarean incision pain; provide guidance regarding normal versus prolonged recovery[12]
- Assess for presence of urinary and fecal continence, with referral to physical therapy or urogynecology as indicated[13,14]
- Provide actionable guidance regarding resumption of physical activity and attainment of healthy weight[15]

Chronic disease management

- Discuss pregnancy complications, if any, and their implications for future childbearing and long-term maternal health, including ASCVD
- Perform glucose screening for women with GDM: a fasting plasma glucose test or 75 g, 2-hour oral glucose tolerance test[16]
- Review medication selection and dose outside of pregnancy, including consideration of whether the patient is breastfeeding, using a reliable resource such as LactMed
- Refer for follow-up care with primary care or subspecialist health care providers, as indicated

Health maintenance

- Review vaccination history and provide indicated immunizations, including completing series initiated antepartum or postpartum[17]
- Perform well-woman screening, including Pap test and pelvic examination, as indicated[18]

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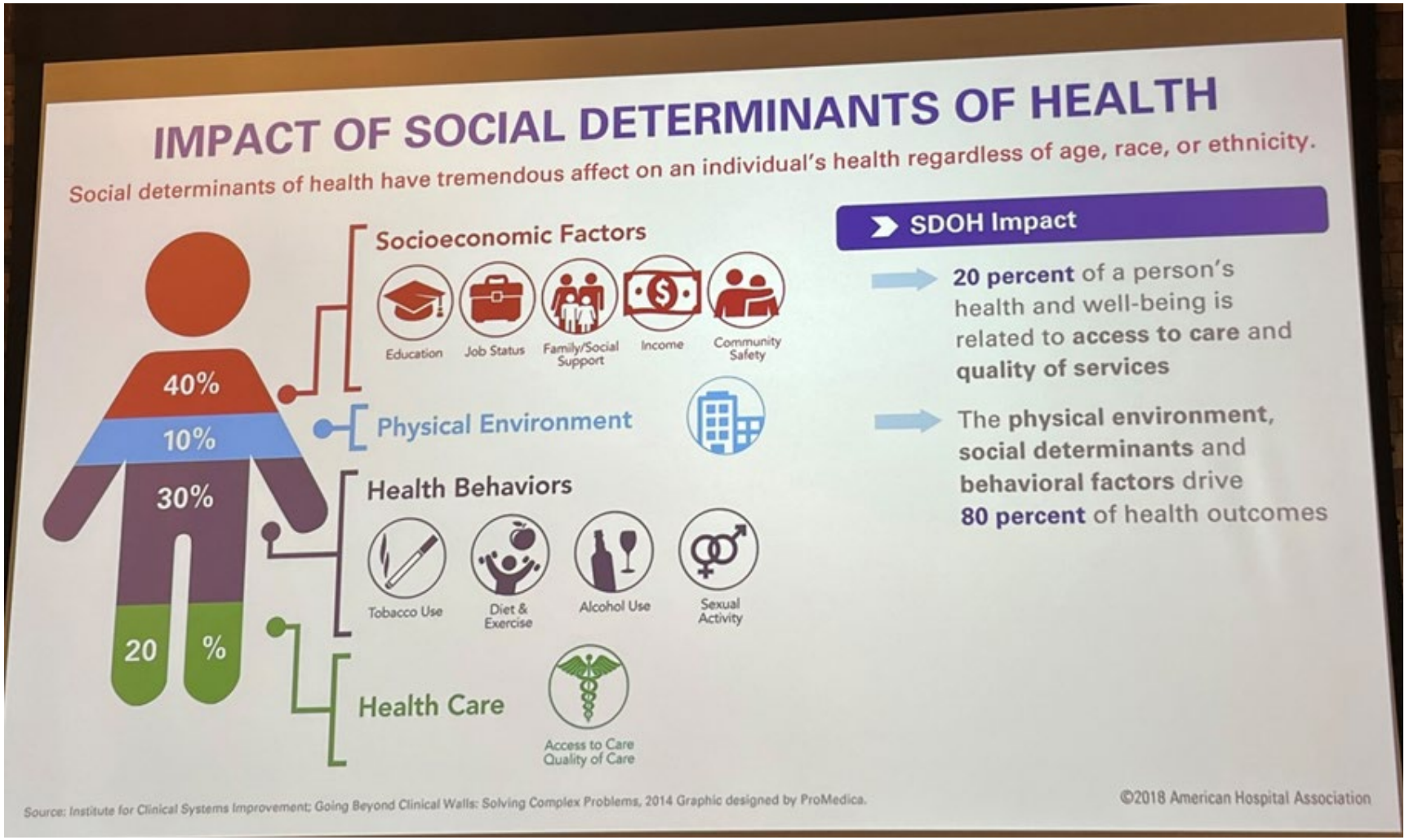
FTI: Social Determinants of Health

This is part of P5: Screening for Social and Structural Drivers of Health

The truth behind outcomes



ACOG Committee Opinion 729

Table 1. Sample Screening Tool for Social Determinants of Health ⇦

Domain	Question
Food	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
Utility	In the last 12 months, has your utility company shut off your service for not paying your bills?
Housing	Are you worried that in the next 2 months, you may not have stable housing?
Child care	Do problems getting childcare make it difficult for you to work, study, or get to health care appointments?
Financial resources	In the last 12 months, have you needed to see a doctor but could not because of cost?
Transportation	In the last 12 months, have you ever had to go without health care because you did not have a way to get there?
Exposure to violence	Are you afraid you might be hurt in your apartment building, home, or neighborhood?
Education/health literacy	Do you ever need help reading materials you get from your doctor, clinic, or the hospital?
Legal status	Are you scared of getting in trouble because of your legal status? Have you ever been arrested or incarcerated?
Next steps	If you answered yes to any of these questions, would you like to receive assistance with any of those needs?

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Social Needs Screening Tool

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?[1]
   - ☐ Yes
   - ☐ No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)[2]
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?[1]
   - ☐ Yes
   - ☐ No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?[4]
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?[5]
   - ☐ Yes
   - ☐ No

EMPLOYMENT

8. Do you have a job?[6]
   - ☐ Yes
   - ☐ No

EDUCATION

9. Do you have a high school degree?[6]
   - ☐ Yes
   - ☐ No

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:[7]
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

12. How often does anyone, including family, insult or talk down to you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

The EveryONE Project®

SDOH Screening Options

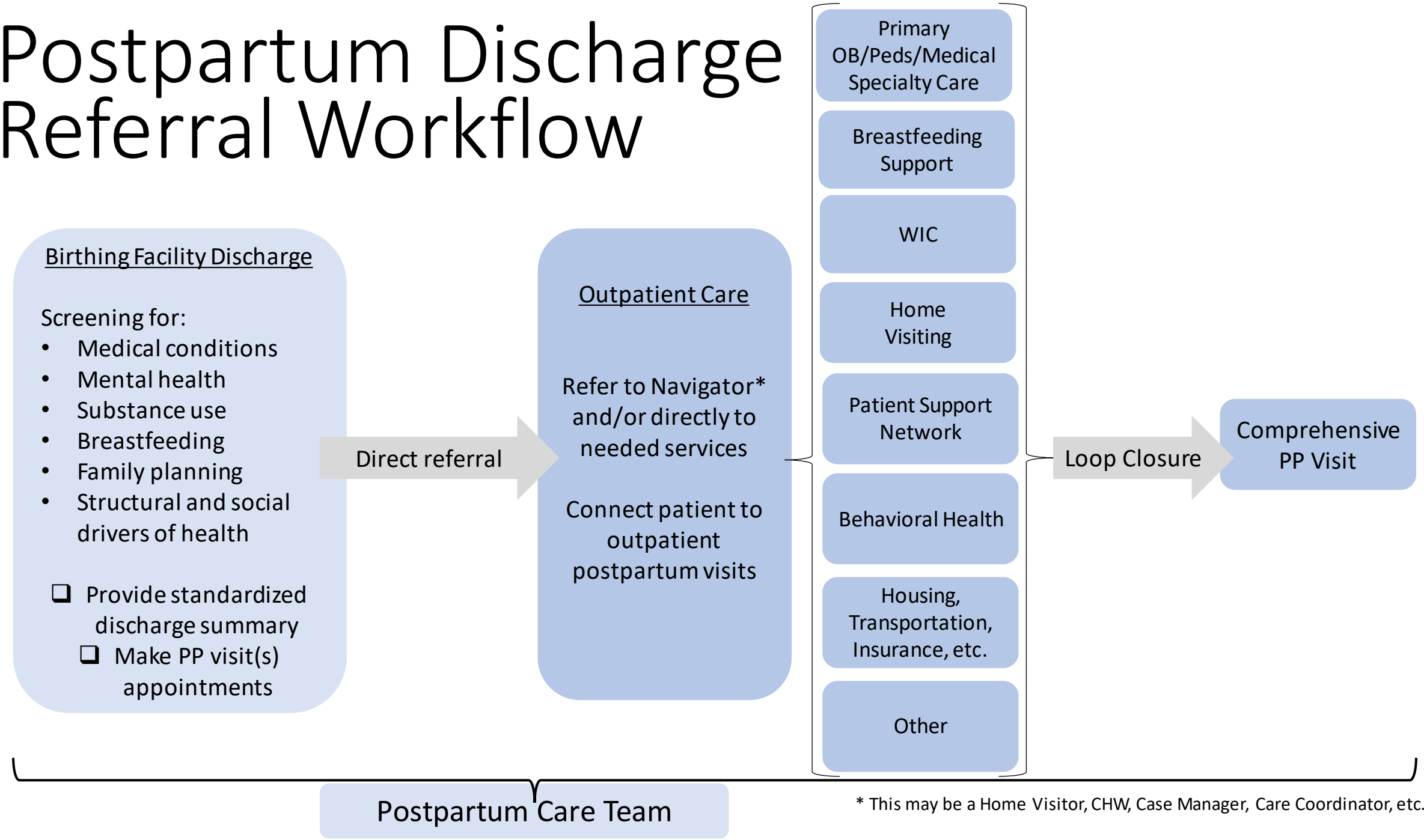
Review screening tools and provide comparison table for hospital decision making

Screening Tool Name:	How many questions/categories?	Other information	Scoring instructions to assist staff?
SDoH EMR Screener (Developed by Erie Health Center)	8 item screening tool Additional categories: • Healthcare access • Household supplies • Stress • Additional needs	• Used by Erie Family Health Centers • SDOH team members are utilizing NowPow	
ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health	10 item screening tool Additional categories: • Exposure of violence • Child care • Legal Status • Financial • Education • Assistance/Next Steps (Would you like to receive assistance with any of the categories?)	• Patient self-report • Sample tool included in American College of Obstetricians and Gynecologists CO 729 • Modified from Health Leads Social Needs Screening Toolkit	
Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet	26 item screening tool Additional categories: • Relationship And Family Stress • Stress • Domestic Violence Screener • Substance Use • Financial Stress	• Used by West Suburban • Patient self-report • Mapping tool integrated within the screening tool • Ps included	✓
Partner Healthcare Screening Tool Used by Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham)	7 item screening tool Additional categories: • Employment • Childcare • Paying for medications	• Used by Massachusetts General Hospital Obstetrics & Gynecology	

- Tool name and link
- Question quantity and content
- Additional details including utilization
- Scoring instructions

Each tool below includes screening for the following common social determinants of health (food, housing, transportation, utilities**) in addition to other categories listed below

Postpartum Discharge Referral Workflow



FTI: Data

FOURTH TRIMESTER INITIATIVE

*Hospitals will need to submit the following items **MONTHLY**:*

1. Number of maternal discharges after live birth
   NOTE: goal is to provide data disaggregated by race
2. Number of patients discharged that have been:
   a. Given education and discharge materials on POSTBIRTH (Magnet, Mom Card, etc.)
   b. Screened for Social Determinants of Health
   c. Provided a Postpartum Appointment prior to discharge
3. Number of educational offerings done each month that are related to FTI work
   For example: POSTBIRTH or KBEN trainings, Learning Forums, General Meetings/Conferences, Hospital Trainings/Simulations, Perinatal community meetings and trainings
4. Number of agencies or hospital units involved in those trainings referenced in #3
5. When the Emergency Dept in your facility begins to incorporate a screening question for current or future PG in each triage of female patients of childbearing age
6. TBD: Birth Equity Training, PP Visit Template sharing with outpatient clinics, Patient Debriefs after adverse outcome

Postpartum Discharge Transition
Bundle-In Development

KPQC
Kansas Perinatal Quality Collaborative

FTI: Grand “Rounds”

Think Tank Time!

Table LEADERS

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Round Table “RULES” ☺

- Champions/Sites stay together
- Moving through 5 tables
- 20+ min per table
- Take your notepads & pens
- Take your Handouts
- Take your SSDOH & Discharge Summary

Kansas Connecting Communities: Maternal Mental Health Toolkit for the Bedside Provider

Kansas Department of Health and Environment

KANSAS MATERNAL & CHILD HEALTH

KPQC

Kansas Perinatal Quality Collaborative

Content slides

Why?

KS PRAMS:

Prevalence

- 42%, **or two of out every five mothers**, indicated they experienced postpartum depression symptoms
- The prevalence of **alcohol use** during the three **months before pregnancy** was 63.3%

Identification

- Women were **more likely to be asked about depression at postpartum visits** (83.2%) compared to prenatal care visits (76.9%)

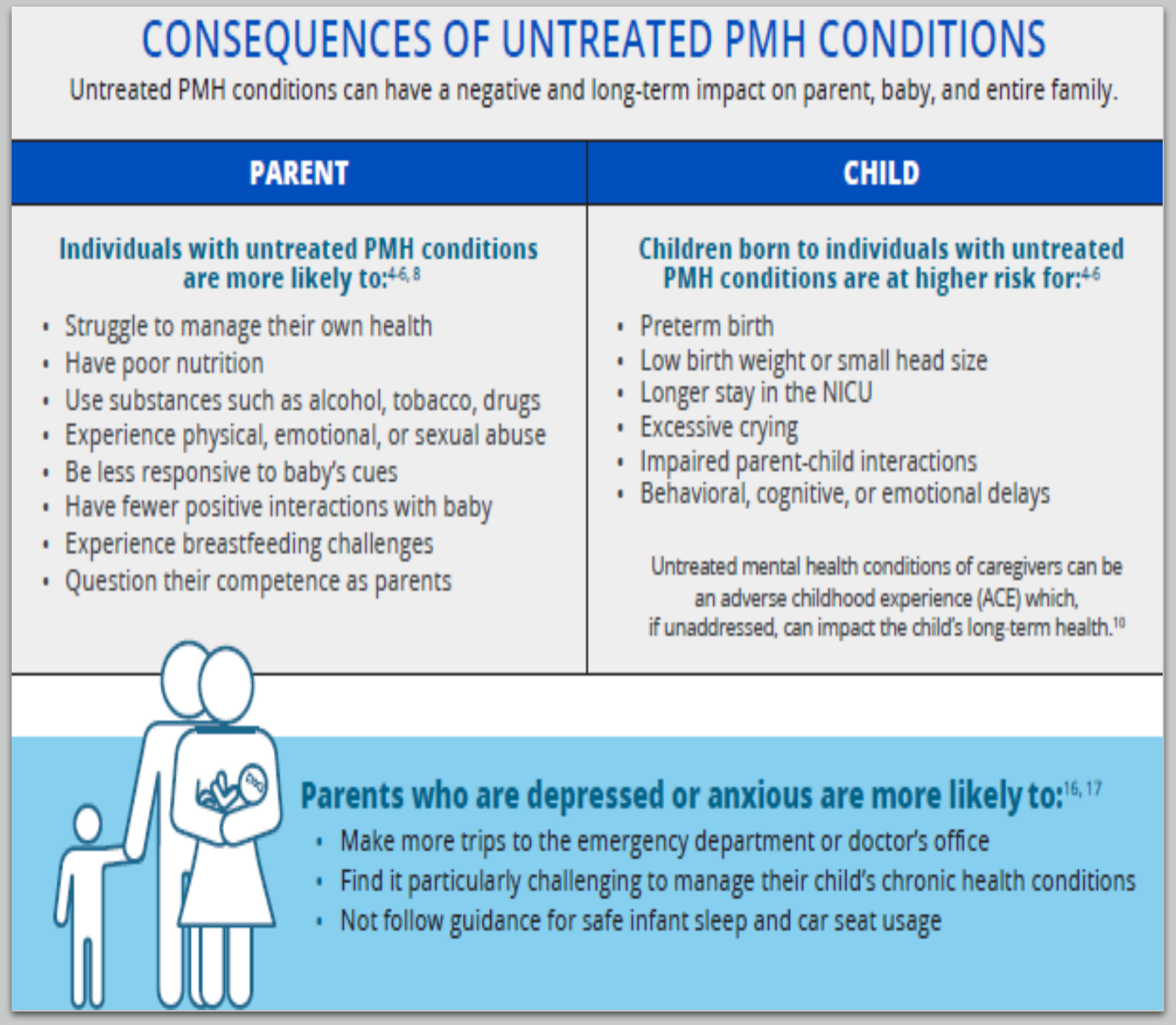
Treatment Gaps

- In a sample of 1,920 new Kansas mothers, **15.2%** reporting that they **did not receive treatment** or counseling for their postpartum depression.
- **WIC & Medicaid** recipients less likely to receive treatment

- **What is this costing our state?**

- **Maternal Mortality**
- During 2016-2018, there were 57 pregnancy-associated deaths. KMMRC determinations on circumstances surrounding death were: Substance use disorder contributed to about one in three (17 deaths, 29.8%) of pregnancy-associated deaths. Mental health conditions contributed to about one in five (11 deaths, 19.3%).
- Eight of the 57 pregnancy-associated deaths (14.0%) resulted from substance poisoning/overdose.

- **In Kansas in 2017: there were 36,464 live births. Applying the national proportion of women with PMADs – 14.3% - would mean an estimated 5,214 Kansas women suffered with this serious complication of pregnancy and childbirth. If half of these women (2,607) went untreated, and assuming the cost to Kansas for each mother-child pair was $32,000 through the fifth year postpartum, the total cost to the state would be an estimated $83,424,00.2**



Of Note: KS MMRC Report

- Screen, provide brief intervention and referrals for:
  - ❑ comorbidities and chronic illness
  - ❑ Intimate partner violence (IPV)
  - ❑ Pregnancy intention
  - ❑ **Mental health conditions (including postpartum anxiety and depression) and Substance use disorder**
- Better communication and collaboration between providers, including referrals
- Patient education and empowerment

Clinical care currently lags behind recommendations due to challenges with:

EDUCATION
Many frontline providers are unprepared to address PMH conditions, citing lack of education and training.

WORKFLOW
Frontline providers often lack necessary workflows and processes, including how and when to screen perinatal individuals and where to refer them for assistance.

GUIDELINES
Only recently have clear and consistent guidelines emerged that recommend frontline providers screen for and address PMH conditions.

REIMBURSEMENT
Frontline providers are not always reimbursed for screening and addressing PMH conditions.

RESOURCE AND REFERRAL
Frontline providers often have limited access to support groups, therapists, and psychiatric providers able to address the unique mental health needs of perinatal individuals.

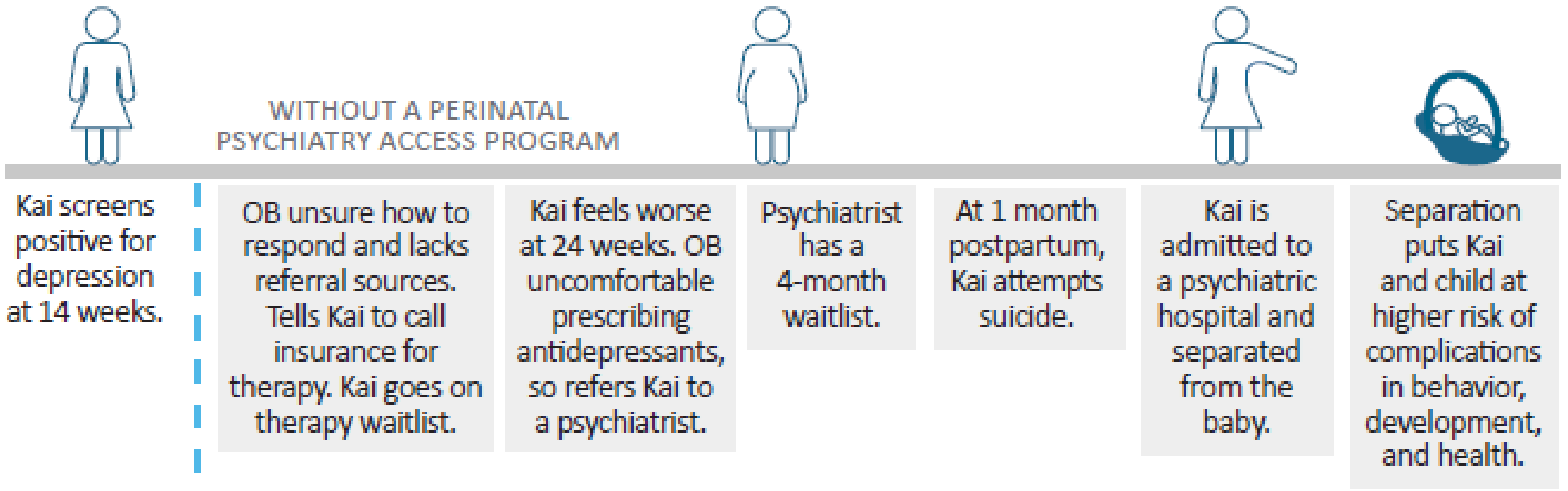
LACK OF ACCESS TO PSYCHIATRIC TREATMENT
There are not enough psychiatric providers to care for individuals experiencing PMH conditions.

Byatt, 2020: Lifelinfe4Moms Issue

Toolkit for the Bedside Provider

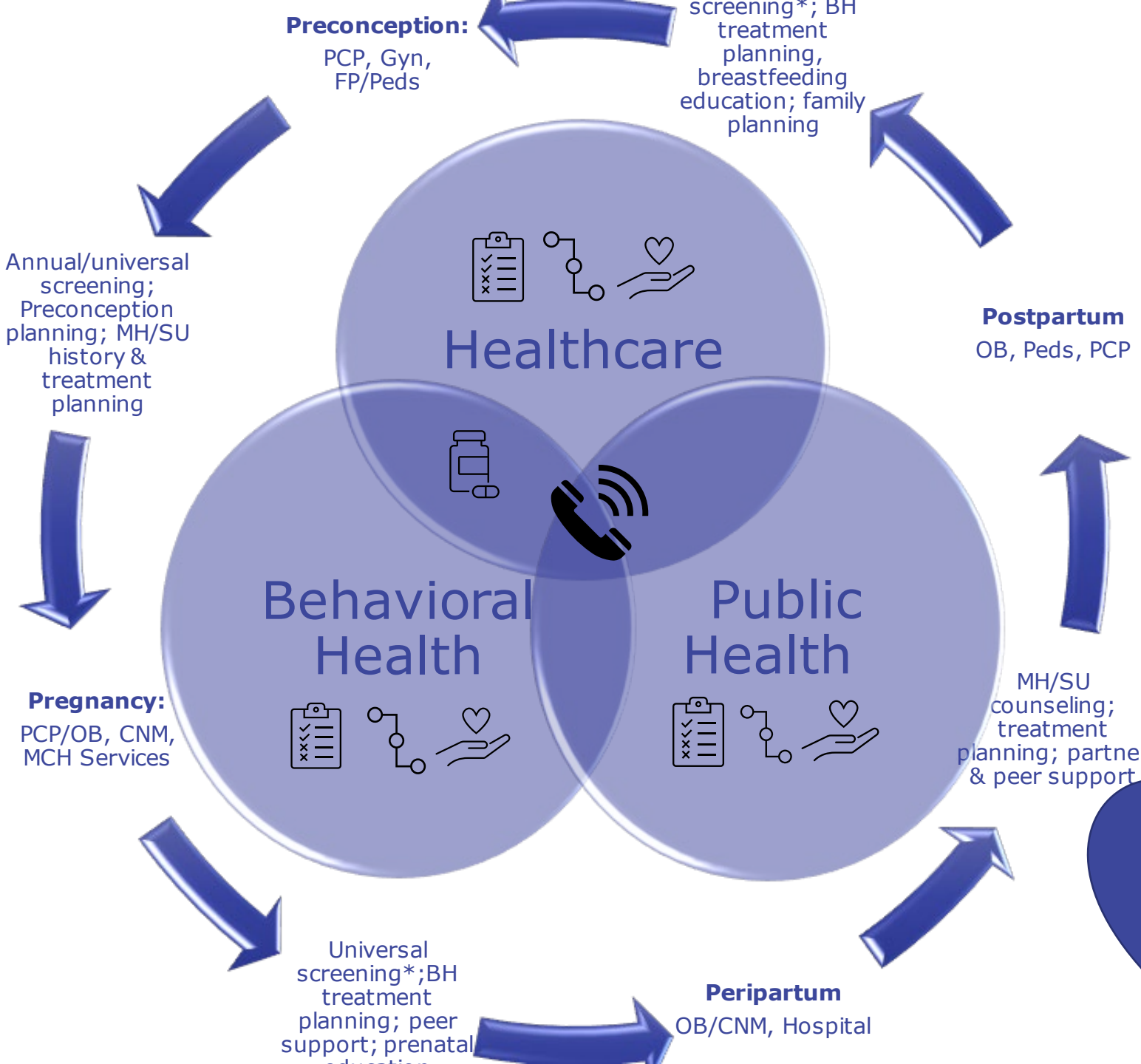
- Billing
- Policy
- Access Line
- Technical Assistance
- Consultation
- Training

Missed Opportunities:



By

Integrated Perinatal Behavioral Health Care



Natural Supports

MATERNAL HEALTH & IPV

An Introduction to the MAVIS Project

DISCLOSURE

The MAVIS Project is supported by the Office on Women's Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $300,000 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit womenshealth.gov.

MAVIS PROJECT
Maternal Anti-Violence Innovation & Sharing

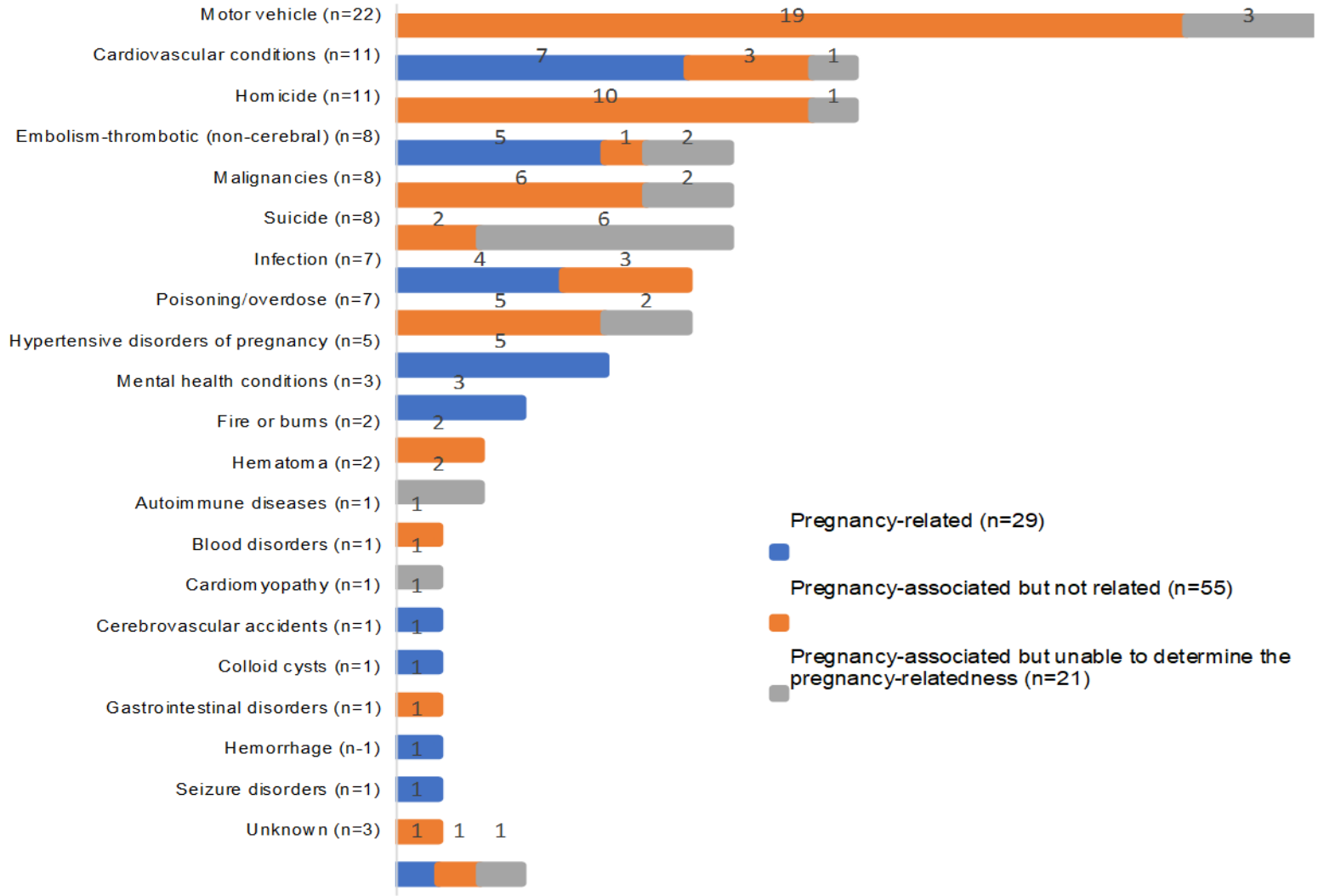
LEARNING OBJECTIVES

1. Describe the health impacts of domestic violence
2. Identify benefits of using universal education about IPV in the healthcare setting

MATERNAL MORTALITY IN KANSAS

- Between 2016-2020, 11 homicides accounted for 10.5% of the 105 pregnancy-associated deaths.
- Six of the 11 homicides occurred during pregnancy (54.5%), four occurred between 43 to 365 days postpartum (36.4%) and one occurred within 42 days postpartum (9.1%).
- When the relationship was known, the perpetrator was most often a current or former intimate partner.

Figure 13. Number of underlying cause of death for pregnancy-associated deaths by pregnancy-relatedness, Kansas, 2016-2020



Note: For Figure 13, the underlying cause of death categories listed above are mutually exclusive – meaning that each case is classified into only one of the groups. In the death that a suicide was completed by intentionally overusing a drug or medication, these cases are included in the "Suicide" category and not the "Poisoning/overdose" category.

Source: Kansas Maternal Mortality Review Committee

KMMRC RECOMMENDATIONS

Recommendations for Action, Preventing Pregnancy-Related Deaths:

1. Screen, provide brief intervention, and refer for co-morbidities and chronic illness, such as:
   - Intimate Partner Violence (IPV)
   - Pregnancy Intention
   - Mental Health Conditions (including postpartum anxiety and depression)
   - Substance Use Disorder
2. Increase communication and collaboration among providers, including referrals
3. Educate and empower patients

MAVIS PROJECT

Maternal Anti-Violence Innovation & Sharing

A partnership between Kansas Department of Health and Environment (KDHE), Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC) to reduce maternal deaths in Kansas due to homicide and suicide.

Kansas Department of Health and Environment

Kansas Coalition against sexual & domestic violence

Kansas Connecting Communities

KPQC Kansas Perinatal Quality Collaborative

Kansas Maternal Mortality Review Committee

PROPOSED INTERVENTIONS

Continue to build and expand on the success of the KMMRC to **gather additional data** related to violent maternal deaths through establishment of a KMMRC SDOH Subcommittee.

Provide **cross-training** to perinatal care providers (KPQC/Fourth Trimester Initiative birthing facilities) and intimate partner violence service providers (KCSDV members) related to perinatal moods and anxiety disorders (PMADs), perinatal substance use, and intimate partner violence.

Increase **collaboration and referrals** between perinatal care and intimate partner violence providers resulting in coordinated care and support services for pregnant and postpartum women. Includes facilitating **MOUs** between providers that outlines resources and services provided by each entity, referral process to each organization, and crisis intervention protocols.

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DEFINING INTIMATE PARTNER VIOLENCE (IPV)

Intimate Partner Violence

- Domestic violence that occurs between intimate partners
- A pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner
- Undermines the victim's sense of self, free will, and safety
- Includes the use of ***illegal*** and ***legal*** behaviors and tactics

The Power & Control Wheel

Source: Domestic Abuse Intervention Programs Duluth, Minnesota

1 in **4** women have experienced physical violence by an intimate partner in their lifetime.

Source: Centers for Disease Control and Prevention (CDC). National Intimate Partner and Sexual Violence Survey: 2015 Data Brief

2020 KANSAS DV STATISTICS

- 23,143 incidents reported to law enforcement. Offender was arrested 48% of time.
- 34 domestic violence homicides, making up 17.6% of all homicides.

Source: 2020 Domestic Violence, Stalking, and Sexual Assault in Kansas As Reported by Law Enforcement Agencies, Kansas Bureau of Investigation

HEALTH IMPACTS OF IPV

IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH? FUTURES WITHOUT VIOLENCE

- Asthma
- Diabetes
- Chronic pain
- High blood pressure
- Cancer
- Smoking
- Drug and alcohol abuse
- Unplanned pregnancies
- STDs
- Trouble sleeping
- Depression
- Anxiety
- Inability to think or control emotions

PREGNANCY AND IPV

- More likely to receive no prenatal care or delay care until later than recommended
- 3x more likely to report symptoms of depression in the postnatal period
- Associated with increased risk of low birth weight and preterm birth
- 3x more likely to suffer perinatal death

Source: Moms & Babies: Intimate Partner Violence – National Partnership for Women & Families, National Birth Equity Collaborative (2021).

RACIAL DISPARITY IN MATERNAL HEALTH

- Black women are 3-4x more likely to die from pregnancy-related causes than white women
- Disproportionate impacts of IPV with less access to care and resources that would prevent and mitigate harm

Source: Black Mamas Matter Toolkit (2018).

CUES: Using An Evidence-based Intervention To Address IPV In Healthcare Settings

BARRIERS FOR PROVIDERS

- What barriers make it hard to talk about IPV with patients?
- Have you ever had a patient disclosure of violence and didn't know what to do?

BARRIERS FOR PROVIDERS

- Time constraints
- Discomfort with the topic
- Fear of offending the patient or partner
- Need for privacy
- Perceived lack of power to change the problem
- A misconception regarding patient population's risk of exposure to IPV

Source: Centers for Disease Control and Prevention (CDC). (2013). Intimate Partner Violence During Pregnancy: A Guide for Clinicians.

SCREENING WITHOUT UNIVERSAL EDUCATION

"No one is hurting you, right?"

"You aren't being abused, are you?"

"Have you been experiencing any domestic violence?"

"Are you being abused by your partner?"

"Are you safe in your home?"

Source: Futures Without Violence, Assessment and Safety Planning for Domestic Violence in Home Visitation (2011).

LIMITATIONS OF SCREENING WITHOUT UNIVERSAL EDUCATION

- Low Disclosure Rates
  - Disclosure rates in clinical settings range from 1-14%.
- Non-Differential Outcomes
  - Without universal education or warm referrals, there is no significant difference in outcomes for survivors who receive screening.

Source: The Evidence Behind CUES, Futures Without Violence

PATIENTS' REASONS FOR NON-DISCLOSURE

- Fear of judgment
- Fear of not receiving adequate support
- Religious beliefs
- Language barriers
- Having children in the home
- Concerns about mandated reporting
- Concerns about privacy

Source: The Evidence Behind CUES, Futures Without Violence

WHAT SURVIVORS OF IPV WANT FROM HEALTHCARE PROFESSIONALS

Autonomy

- Survivors want to make their own decisions.

Empathy and Compassion

- Survivors want their experiences to be validated without judgment.

Informed Providers

- Survivors want health professionals who understand the depth and complexity of domestic violence.
  - Impact of trauma on health
  - Long-term nature of violence
  - Intersection with accessing other needs

Source: The Evidence Behind CUES, Futures Without Violence

VALUE OF UNIVERSAL EDUCATION (UE)

- Providers exposed to a UE curriculum have more **confidence** in discussing domestic violence
- Patients receiving this intervention have **positive feedback**, reporting it to be more helpful than comparable interventions
- Patients also share their **information** with their peers
  - Research shows that participants who received UE were almost twice as likely to share the DV hotline number with someone.

Source: The Evidence Behind CUES, Futures Without Violence

CUES INTERVENTION

C: Confidentiality

- Privacy and transparency about any limits of confidentiality

U/E: Universal Education + Empowerment

- Use safety cards, share resources and information regardless of disclosure

S: Support

- Patient-centered care plan and warm referral to DV program

Source: The Evidence Behind CUES, Futures Without Violence

CATEGORIES OF SAFETY CARDS

& RESOURCES FROM FUTURES WITHOUT VIOLENCE

- American Indian/Alaska Native Health
- Campus Health
- Child and Adolescent Health
- HIV Testing and Care
- Home Visitation
- Primary Care
- Reproductive and Sexual Health
- Lesbian, Bisexual, Gay, and Trans/Gender Non-Conforming

www.ipvhealth.org/resources/

Resources are available in multiple languages, in PDF and in hard copy.

REFERRAL BEST PRACTICES

Cold Referral

- Giving a phone number
- Not knowing anything about what services are provided
- Not familiar with staff
- Not knowing anything about the quality of services provided

Warm Referral

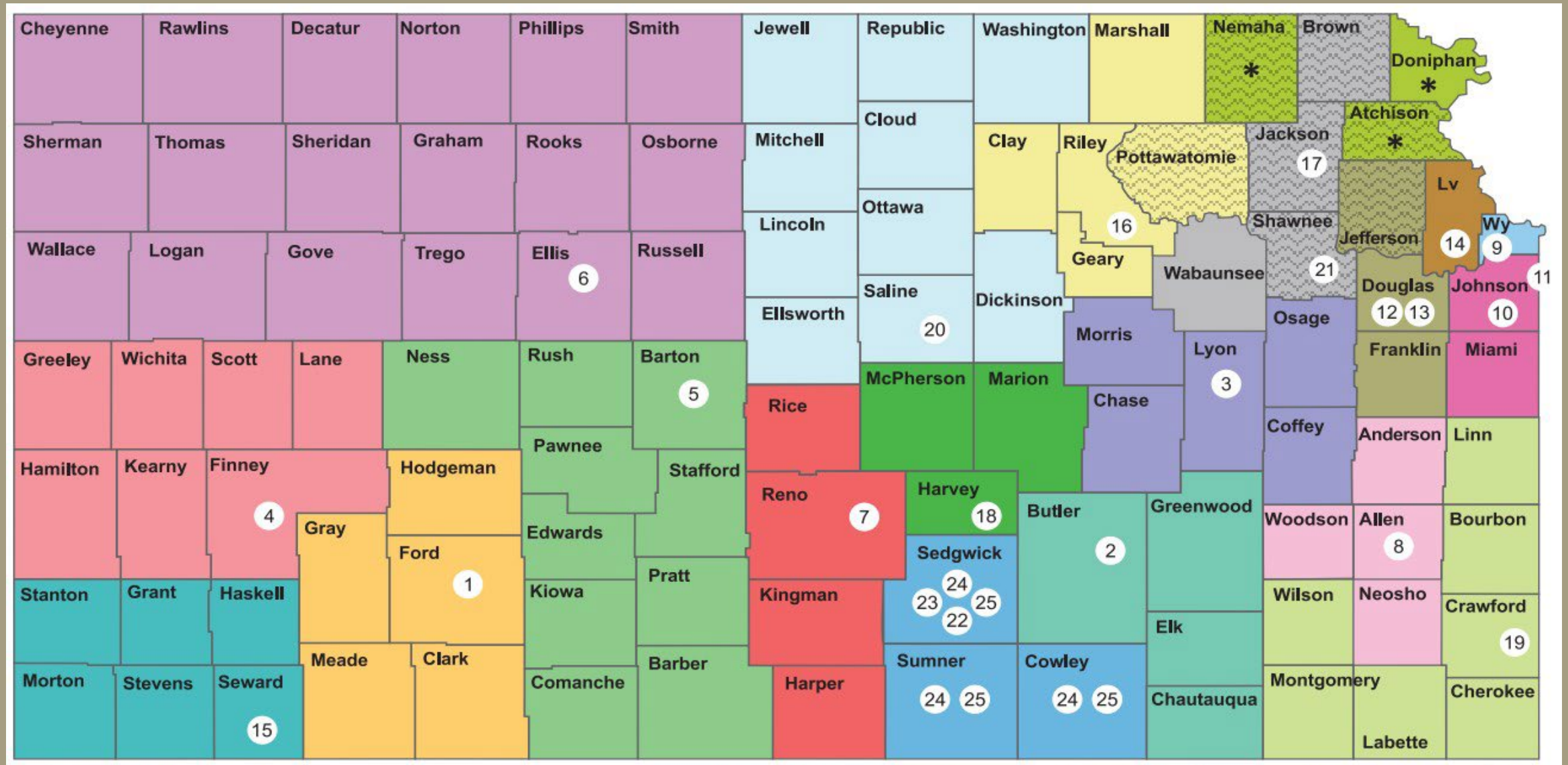
- Making the call together
- Having an advocate's name or point of contact
- Knowing the services and being able to tell someone how they can help
- Knowing how to make referrals, or if and when an advocate can respond in-person
- Being able to speak to the quality of services

- Crisis intervention
- Support groups
- Hotline services
- Personal advocacy
- Shelter
- Resource and referral
- Community awareness and education

All services are free and confidential.

KCSDV Member Program Services

Kansas Crisis Hotline: 1-888-END ABUSE (1-888-363-2287)



Tribal Victim Services

* Call the 24/7 Kansas Crisis Hotline at 1-888-363-2287 or one of the neighboring programs.

NEXT STEPS

Survey

Training

Memoranda of Understanding (MOUs) with DV/SA Service Providers

RESOURCES

- Kansas Crisis Hotline: 1-888-END ABUSE (1-888-363-2287)
- KCSDV: www.kcsdv.org
  - Map of local DV/SA programs: http://www.kcsdv.org/find-help.html
- Futures Without Violence: www.futureswithoutviolence.org
  - Safety Cards: http://ipvhealth.org/resources/

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