

August 2023

LEARNING FORUM

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## REMINDER

# CMS “Birthing Friendly Designation”

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- The 1<sup>st</sup> 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.



1 Birth Center  
2 Hospitals

\*On Pause



# Rapid Response

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AWHONN POST BIRTH seats **expire 12/15/2023**.  
Please complete before this deadline!!!

# Kansas Birth Equity Summit

[www.kcheartlandconference.com/birth-equity-summit.html](http://www.kcheartlandconference.com/birth-equity-summit.html)

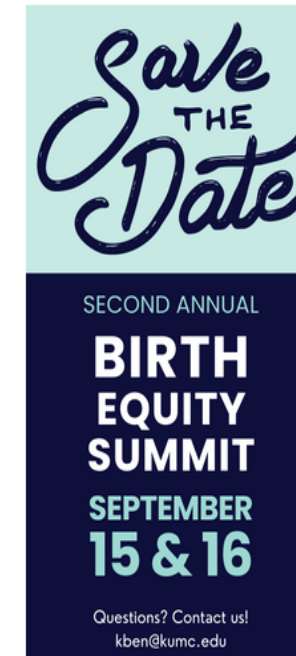
## Birth Equity Summit Agenda

### Day 1: Friday, September 15th

- 7am: Birth Justice Walk on the Children's Mercy Park Pitch Apron
- 9am - 1:30pm: Birth Equity Summit
  - Keynote Speaker
  - Community Research Panel
  - Poster Walk
  - Birth Worker Healing & Restoration Session

### Day 2: KBEN Family Reunion/Cookout

- Games for the family
- Vendors (Black Owned Businesses & Community Resources)
- Black Baby Photo Contest Winner Announcement
- State of KBEN Address



The second annual Birth Equity Summit is coming up and this year, we are expanding the event!

#### Day 1: Research-Focused

Birth Justice Walk  
Keynote Speaker  
Research Panel & Poster Session  
Birth Workers: Restoring, Refueling, and Healing

#### Day 2: KBEN Family Reunion

State of KBEN Address  
Cookout, Games, & Vendors  
Black Baby Photo Contest

Follow us on social media for updates on the event location, time, vendors, and official agenda!

 @KSBirthEquity  @KSBirthEquity

We can't wait to see you there!



# KS Birth Equity Training!!!

- Rolling out to:
  - Hutchinson
  - Amberwell Hiawatha
- Rollout planned:
  - Stormont Topeka

- Every staff members gets link and must complete
- Reach out to Terrah or Kari if your facility is ready to roll this out!

Course Content:	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

# BIRTH EQUITY CURRICULUM

## ACCESS INSTRUCTIONS

This course will cover and uncover implicit and explicit bias in maternal health. Through this curriculum, you will gain an understanding of the various factors that contribute to Black maternal and infant health and the mechanisms that aid in obtaining equity. Learners from across disciplines, professions, organizations, and communities will be challenged to think critically about birth equity, bias, and how to move from denial to awareness of Black safe spaces, Black-led community initiatives, advocacy, Black birth workers, and actions to dismantle institutional and systemic racism. The achievement of this understanding will come from Black women and their birth stories, public health field experts, community advocates, and current health data.

### VISIT

<https://tinyurl.com/KBENCurriculum>

### CREATE AN ACCOUNT

Select "Sign Up" at the top right corner of the page.  
Complete the sign up form.

### SIGN IN & ENROLL

- Visit <https://tinyurl.com/KBENCurriculum>
- Select "Sign In" at the top right corner.
- Select "External User" and Sign In with your information.
- Select **"KBEN Birth Equity Curriculum for KPQC Only"** from the course catalog.
- Select "Enroll Now"

### COMPLETE THE CURRICULUM

After signing in, select "My Dashboard", then select the appropriate course.

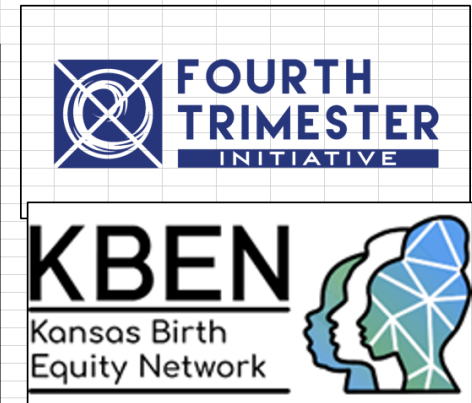
### CONTACT US

☎ Text/Call: (916) 672-2005

🌐 <https://tinyurl.com/ksbirthequity>

✉ [kben@kumc.edu](mailto:kben@kumc.edu)

📍 3901 Rainbow Blvd, MS 1008  
Kansas City, KS 6660

[illegible]

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

A Conference Sponsored Collaboratively by:



Friday, October 20, 2023 • 8:00 a.m. to 4:00 p.m. • Salina, KS

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.

Join the Kansas Perinatal Quality Collaborative (KPQC) and the Kansas Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) for an inaugural conference featuring Clinical and State-level public health experts. Engage in groundbreaking conversations as we explore inpatient and outpatient collaborations and connections to improve maternal health outcomes in Kansas.

## Keynote Speakers



### Ginger Breedlove, PhD, CNM, FACNM, FAAN

*Beyond the Bundles: Additional Factors That Influence Maternal Mortality and Severe Events*

Dr. Breedlove is a past president of the American College of Nurse-Midwives and has led many national initiatives to address and improve perinatal health in the United States. Over her 45-year career she co-founded the first licensed, free-standing birthing center in Topeka, KS in 1979; the first hospital-based midwifery service at St. Luke's Hospital in Kansas City, MO in 1994; and established and directed the University of Kansas graduate Nurse-Midwife program in 1999. Dr. Breedlove was on faculty for a combined 17 years as Professor of Nursing and Midwifery at the University of Kansas School of Nursing and Shenandoah University. She is a widely published author in numerous journals and publications, is a national speaker, and has received over \$5 million as principal investigator in grant-funded projects related to health care for women. She co-founded March for Moms with Dr. Neel Shah, and edited and launched a best-selling book for new parents titled *Nobody Told Me About That!*



### Traci Johnson, MD, FACOG

*The Centerpiece of Change: Addressing Racial Disparities*

Dr. Johnson was born and raised in rural Texas, attending Prairie View A&M University and then MCP Hahnemann College of Medicine, now Drexel University College of Medicine. She entered residency at Washington University in St. Louis, where she was honored to serve as Administrative Chief Resident. Dr. Johnson then felt called to work in academics at University Health, where she was the Director for L&D while also serving as Associate Program Director for the OBGYN residency program. She is a leader in the Missouri Hospital Association's Perinatal Quality Review Board and was appointed as a member of the Pregnancy-Associated Mortality Review Board in Jefferson City, to which she was recently elected Chair-Elect, and will focus the next two years on health equity. Dr. Johnson recently completed a life-long dream of subspecialty training in Maternal-Fetal Medicine at the University of Missouri-Kansas City and will return to academics this summer.



### Chandra Burnside, RN, MSN, CNL, IBCLC

*Driving Lasting Change: Maternal Child Legislation*

Chandra is a graduate of the University of Virginia and The George Washington University. She currently teaches health policy in the graduate nursing programs at Georgetown University and serves as the Clinical Mentor for Women's Health at INOVA Alexandria Hospital in Alexandria, Virginia. She is a graduate of the AWHONN Emerging Leaders Program and a former member of the AWHONN Policy Committee.

## Conference Information

### Pre-Conference Trivia Night

Thursday, October 19, 2023  
7:00 p.m.  
The Prickly Pear Grill & Cantina  
123 South Santa Fe Avenue  
Salina, KS 67401

### Conference

Friday, October 20, 2023  
8:00 a.m. to 4:00 p.m.  
Hilton Garden Inn Salina  
3320 South 9th Street, Salina, KS 67401

### Pricing/Fees

Pre-Conference Trivia Night: \$25  
Early Bird Pricing until August 31: \$75  
Pricing after August 31: \$100  
Conference T-Shirt: \$20

### Hotel Discount Rate

Standard King and Double Queen Standard Rooms are \$140 until September 18.  
Visit [Hilton.com](https://www.hilton.com) or call 785-309-0440 and use group code AWHNN to book.

We acknowledge the abbreviated spelling used for the group code; this is correct per the Hilton concierge team, so please use this exact code.

## Agenda

### Morning Session

8:00-8:05 a.m.	Welcome & Introduction
8:05-8:35 a.m.	Answering the Invitation: Kansas State Maternal Morbidity and Mortality Data
8:40-9:35 a.m.	Beyond the Bundles: Additional Factors That Influence Maternal Mortality and Severe Events
9:40-10:40 a.m.	Kansas Perinatal Community Collaboratives: Connecting Inpatient and Outpatient Supports
10:45-11:00 a.m.	Break
11:00 a.m.-12:00 p.m.	Driving Lasting Change: Maternal Child Legislation

### Lunch

12:00-12:30 p.m.	Lunch
12:30-1:00 p.m.	Vendor Networking

### Afternoon Session

1:00-1:05 p.m.	Welcome Back and Introduction of Panels: Who are the Experts at the Table?
1:05-1:50 p.m.	State-Level Perinatal Resources and Organizations
1:50-2:00 p.m.	Break
2:00-2:45 p.m.	State and National Perinatal Clinical Experts
2:45-3:45 p.m.	Centerpiece of Change: Addressing Racial Disparities
3:45-4:00 p.m.	Closing Remarks

### Speaker

AWHONN & KPQC
Terrah Strods & Jill Nelson
Ginger Breedlove, PhD, CNM, FACNM, FAAN
Stephanie Wolf, RN, BSN, CLC & Juliet Swedlund
Chandra Burnside, RN, MSN, CNL, IBCLC
Dr. Jessie Piper, PhD, CFLE; Christy Schunn, LSCSW; Oluoma Obi, BA, MPH student; Brenda Bandy, IBCLC; Dr. Erin Bider
Heather Scruton, RN; Dr. Devika Maulik; Dr. Allison Haynes; Ginger Breedlove, PhD, CNM, FACNM, FAAN; Dr. Kourtney Bettinger
Traci Johnson, MD, FACOG

Be sure to order a conference  
when you register!

[Click here](#) or scan the QR code to register.



SCAN ME



SCAN ME

REGISTER *today* FOR EARLY BIRD PRICING!

[Click here](#) or scan the QR code to register.


Please note that if you do not already have an AWHONN account, you will be prompted to create one when registering.




Register for one  
or BOTH days

**DAY 1**  
Hot Topics in  
Lactation


**DAY 2**  
Community Day  
Registration is FREE



Sekeita Lewis-Johnson, DNP,  
FNP-BC, IBCLC




Alyssa Schnell, MS, IBCLC




# The Kansas 2023 Breastfeeding Conference October 26 & 27 Wichita, KS

Scan or click the qr code  
to register now!



ksbreastfeeding.org





**DAY ONE**  
Thursday, October 26

The first day of the conference will focus on "hot topics" in lactation to provide clinical skills and breastfeeding knowledge for healthcare professionals and others who serve families.

Program Agenda:

8:30 – 8:45	Registration and Welcome
8:45 – 10:00	Common Challenges Facing the Lactation Professional Supporting Non-Gestational Parents—Alyssa Schnell
10:00 – 10:15	Break
10:15 – 11:45	Supplementation: A Goldilocks Dilemma —Alyssa Schnell
11:45 – 12:30	Lunch
12:30 – 1:30	2022 Year in Review: Research and Policies of Importance—Sekeita Lewis-Johnson
1:30 – 1:45	Break
1:45 – 2:30	Co-Nursing: How Parents Share the Breastfeeding Relationship—Alyssa Schnell
2:30 – 2:45	Break
2:45 – 3:45	The Breastfeeding Partner: How Dads, Co-Moms, and Other Special People Make a Difference—Alyssa Schnell

7:00-9:00 pm **First Annual KBC Gala/Reception**




**DAY TWO**  
Friday, October 27

The second day of the conference will focus on the policies and systems needed to successfully create communities supporting breastfeeding.

Program Agenda:


8:30 – 8:40	Welcome & Orientation
8:40 – 9:40	When Everyone Leads —Ed O'Malley, Kansas Health Foundation CEO
9:40 – 9:50	Break
9:50 – 10:50	State of Breastfeeding in Kansas
10:50 – 11:00	Break
11:00 – 12:00	The Elephant Often Ignored: Bias & Politics of Artificial Infant Supplementation—Sekeita Lewis-Johnson
12:00 – 1:00	Lunch – Annual Meeting
1:00 – 2:00	Lactation Support, Discharge Planning, Continuity of Care & The Community—Sekeita Lewis-Johnson
2:00 – 2:15	Break
2:15 – 3:15	Kansas Success Stories & PRAMS presentation
3:15 – 3:30	Closing

Conference funded  
in part by:

A lactation room will be available for those needing to express breast milk during the conference. Infants in arms are welcome.

- The Kansas Breastfeeding Coalition is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 13.2 contact hours (2.0 for Thursday, 6.2 for Friday) applicable for APRN, RN, or LPN re-licensure. Kansas State Board of Nursing Provider Number: SP1531-0825
- Approved for 6.5 continuing education clock hours (6.5 for Thursday, 2 for Friday) for Kansas licensed dietitians by the Kansas Department for Aging and Disability Services. Long-Term Sponsorship number: D1382 (LTS is KDHE-BPH-Nutrition and WIC Services)
- 7.5 L-CEM's (5.5 for Thursday, 2 for Friday) allocated by IBCLC. IBCLC Verification Number # C2022178.



Kansas  
Breastfeeding  
Coalition, Inc.  
info@ksbreastfeeding.org

Join fellow breastfeeding champions from across the state at the Kansas 2023 Breastfeeding Conference in Wichita, Kansas, on October 26th and 27<sup>th</sup>! Enjoy two days of breastfeeding advocacy, support, education, and connecting with others who share your passion for nurturing healthier beginnings.

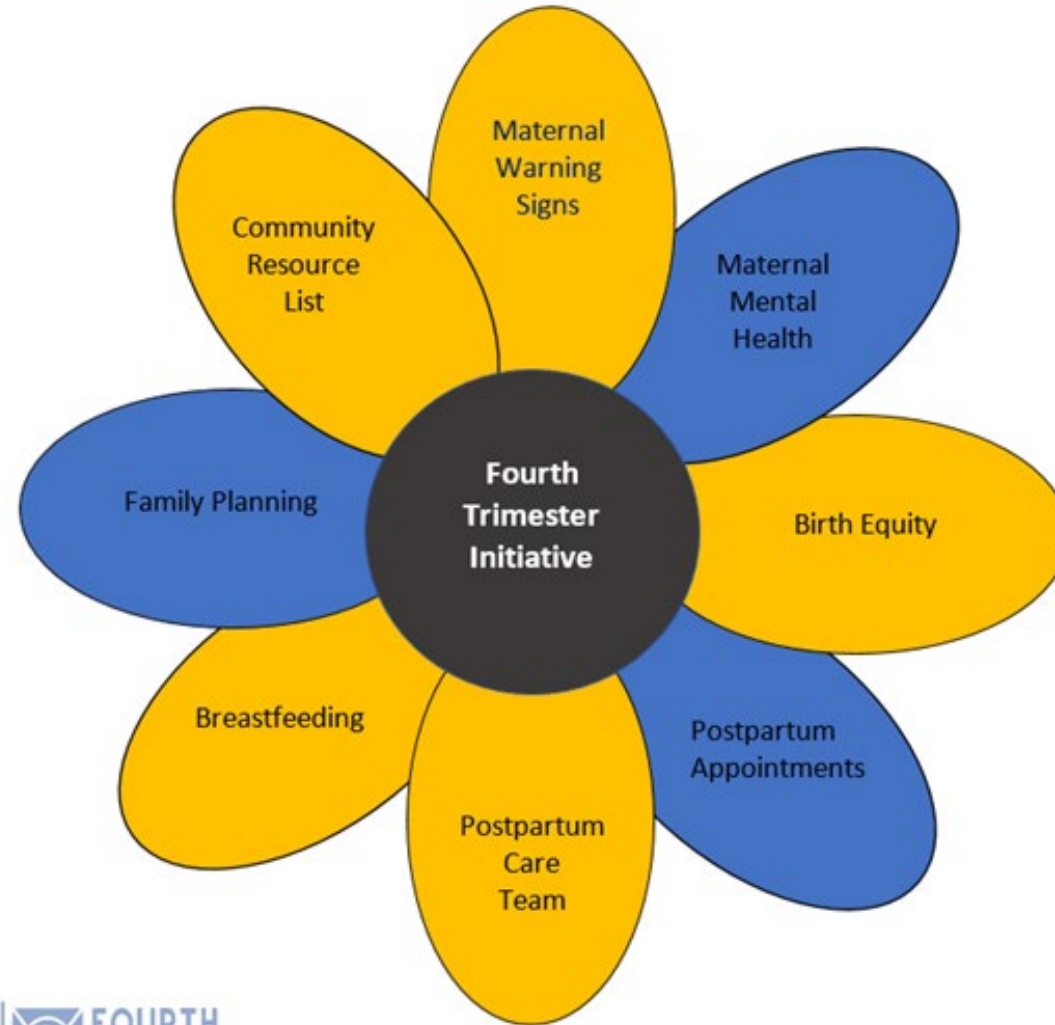




# Fourth Trimester Projects



# Fourth Trimester Report Card



Key:

■	Not Started (1)
■	In Progress (3)
■	Completed (5)

# FTI: What's done, What's coming

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## Done:

POSTBIRTH

Breastfeeding

Entry-level KBEN

## Coming:

ED triage question

KBEN training

Community Resource List

SSDOH

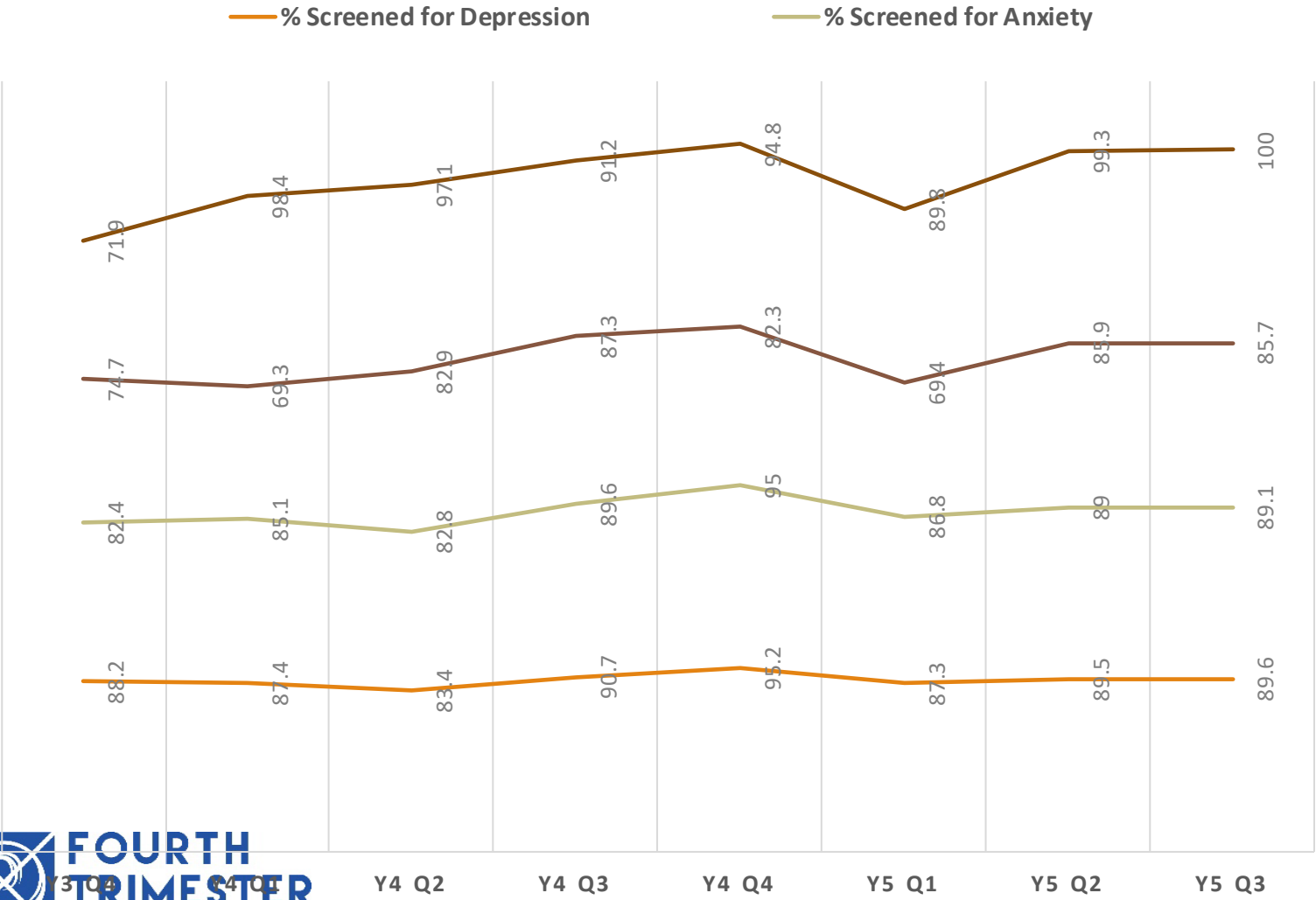
Postpartum Visit template

PP Visit scheduling

## KPQC FTI

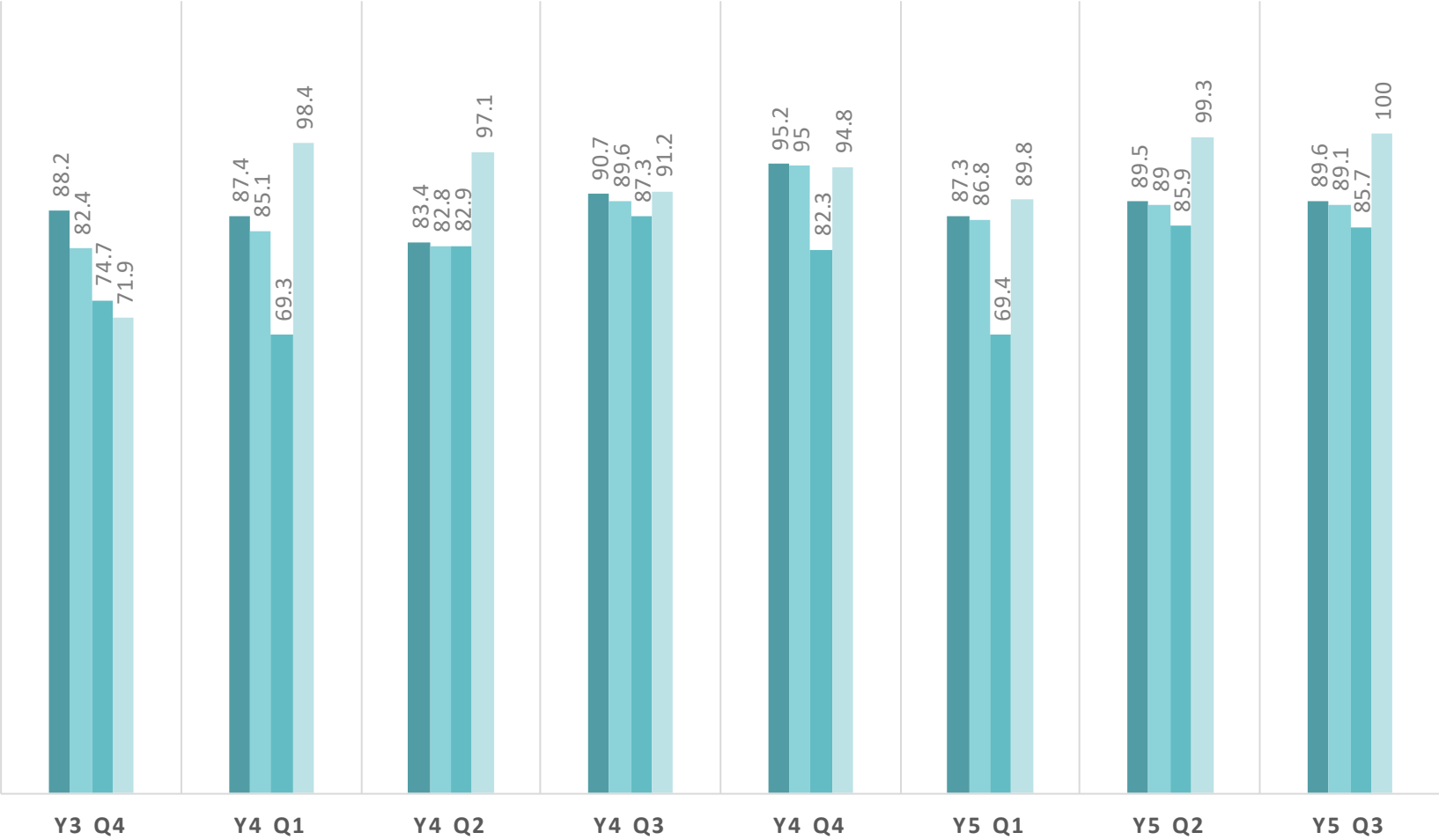
Y3 Q4	Y4 Q1	Y4 Q2	Y4 Q3	Y4 Q4	Y5 Q1	Y5 Q2	Y5 Q3
Number of Sites Submitting Data							
8	8	9	9	9	9	9	9
Total Patient Count							
2227	1904	1692	1768	1870	1788	1685	1765
Percent of Total Patients with a Positive Screen							
1.4%	13.1%	6.1%	8.3%	8.3%	12.1%	8.7%	8.8%

# KPQC FTI

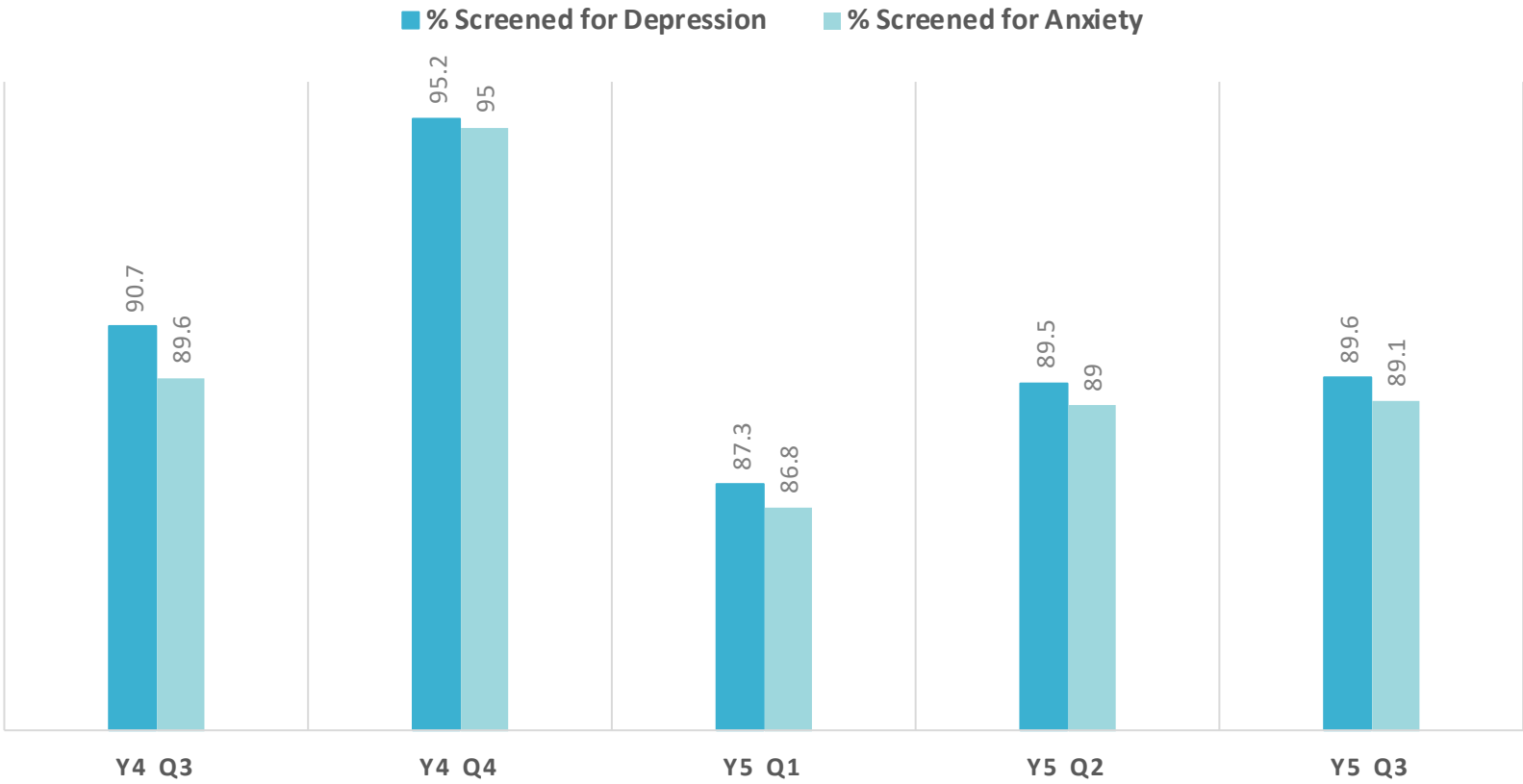


# KPQC FTI

■ % Screened for Depression   ■ % Screened for Anxiety   ■ % Screened for SUD   ■ % Of Positive Referred

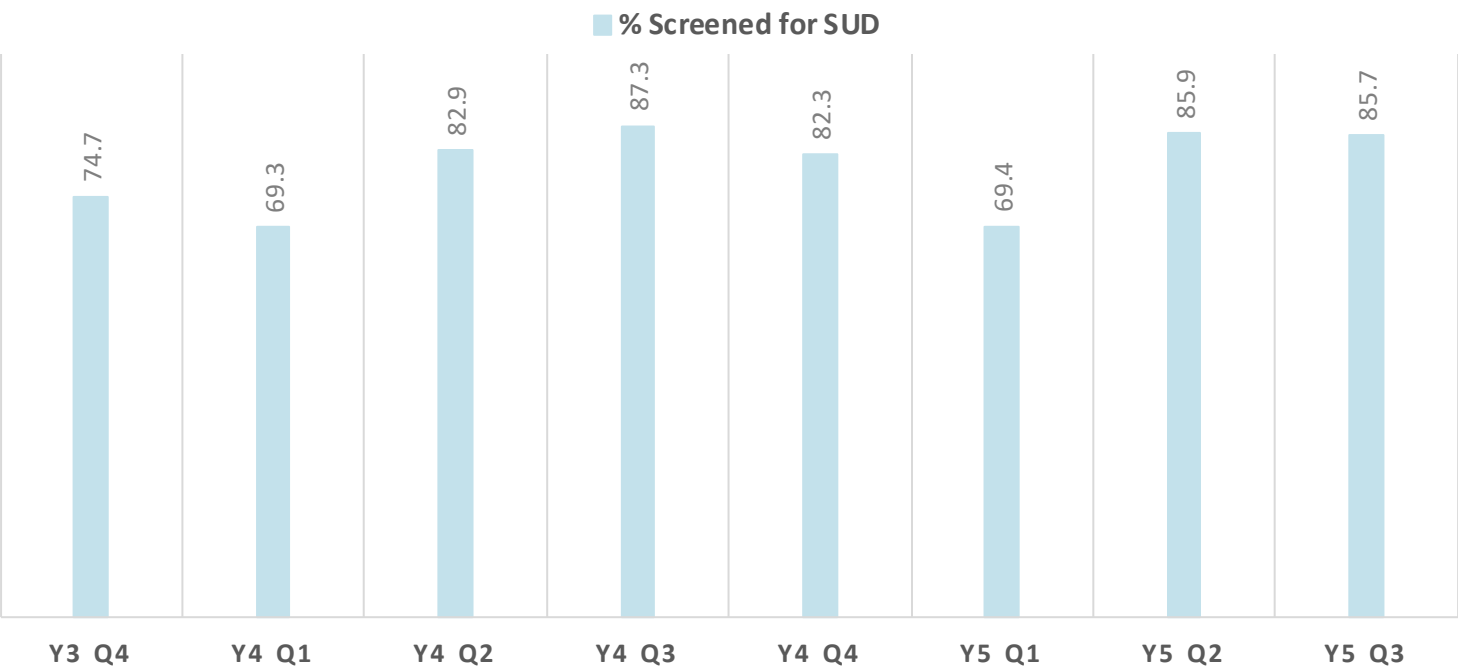


# KPQC FTI





# KPQC FTI



Number of Sites Submitting Data						
8	8	9	9	9	9	9
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Abbie Weatherley, DNP,  
APRN, ENP-C, FNP-C

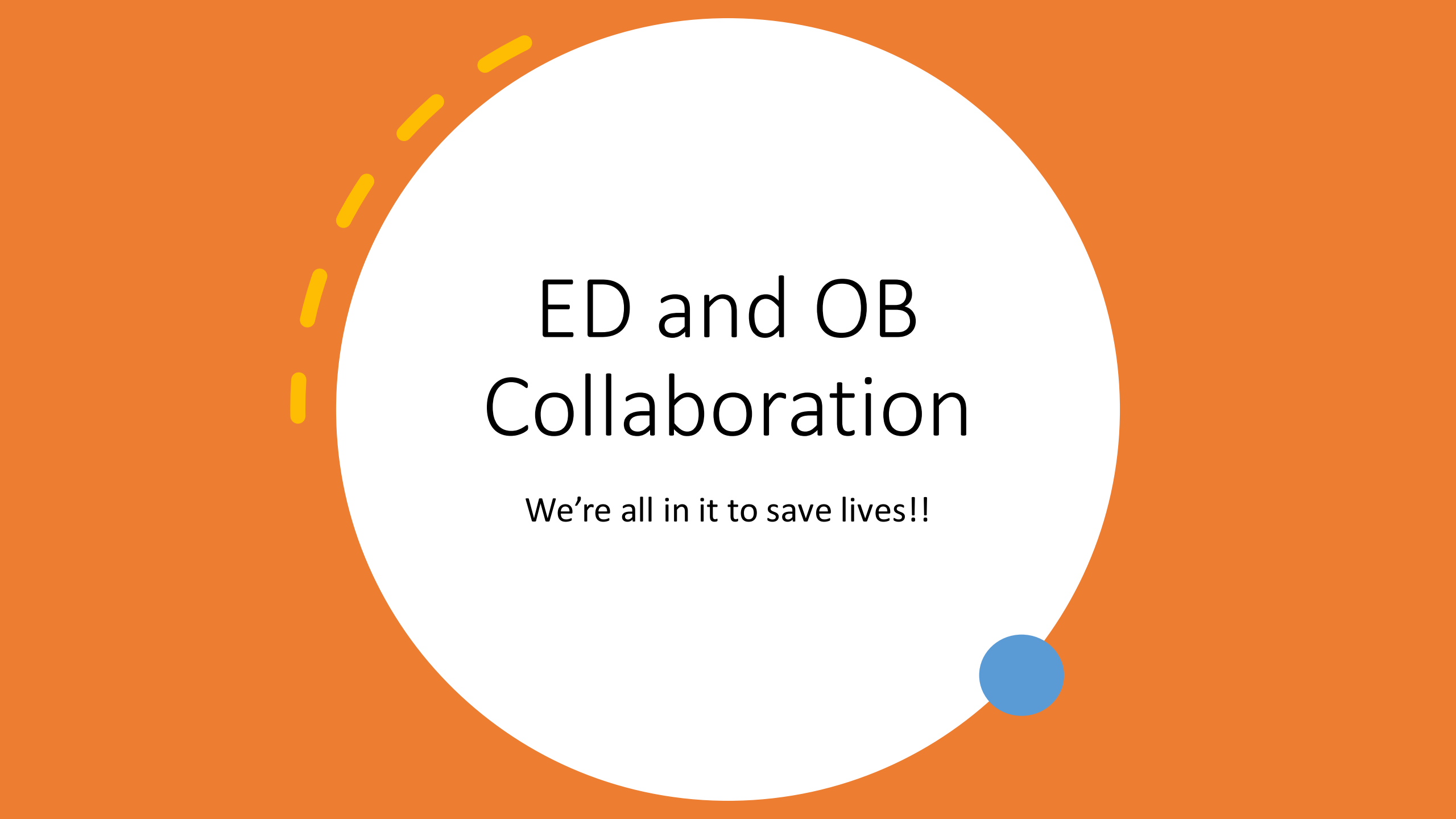


Mallorie Suffield, MSN,  
RNC-OB, RNC-IAP, C-EFM

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# Featured Speakers





# ED and OB Collaboration

We're all in it to save lives!!

# When and Where did this come from?

- Standard PC.06.01.01:  
Reduce the likelihood  
of harm related to  
maternal hemorrhage
- EP 4: Provide role-specific  
education to all staff and  
providers who treat pregnant  
and postpartum patients about  
the organization's hemorrhage  
procedure. At a minimum,  
education occurs at orientation,  
whenever changes to the  
processes or procedures occur,  
or every two years
- Standard PC.06.01.03:  
Reduce the likelihood of  
harm related to maternal  
severe  
hypertension/preeclampsia
- EP 3: Provide role-specific education to  
all staff and providers who treat  
pregnant/ postpartum patients about  
the hospital's evidence-based severe  
hypertension/preeclampsia procedure.  
At a minimum, education occurs at  
orientation, whenever changes to the  
procedure occur, or every two years.  
Note: The emergency department is  
often where patients with symptoms  
or signs of severe hypertension  
present for care after delivery. For this  
reason, education should be provided  
to staff and providers in emergency  
departments regardless of the  
hospital's ability to provide labor and  
delivery services.

# ED and OB Collaboration

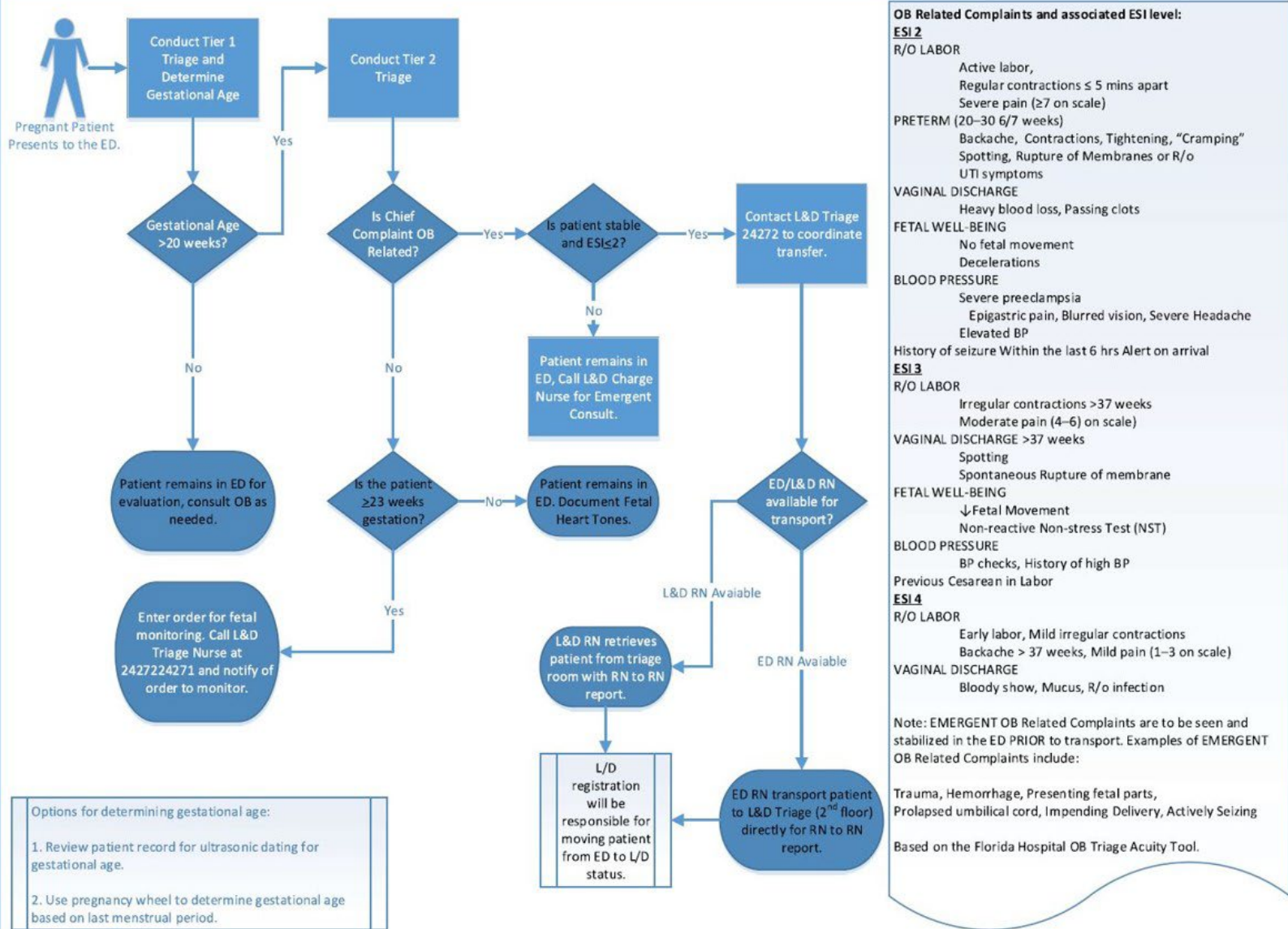
- Responses to obstetric emergencies are practiced and rehearsed by interprofessional teams in the emergency setting.
- Emergency, obstetric, and outside hospital emergency response systems collaborate to determine the appropriate environment of care for situations in which an obstetric patient presents, including antenatal, intrapartum, and postpartum settings. These structured guidelines include stabilizing protocols and provisions for early transfer to an appropriate maternal level of care facility as indicated
- Emergency nurses recognize the possibility that a woman of reproductive age, regardless of presenting symptoms, may be pregnant or may have been pregnant in the past year.
- Education and training provided for emergency and obstetric nurses include common high-risk and life-threatening obstetric presentations, early warning signs of maternal compromise, and protocol management.

# ED & L&D Triage

Triage of OB Patients in the ED

L&D Triage of Non-OB Complaints

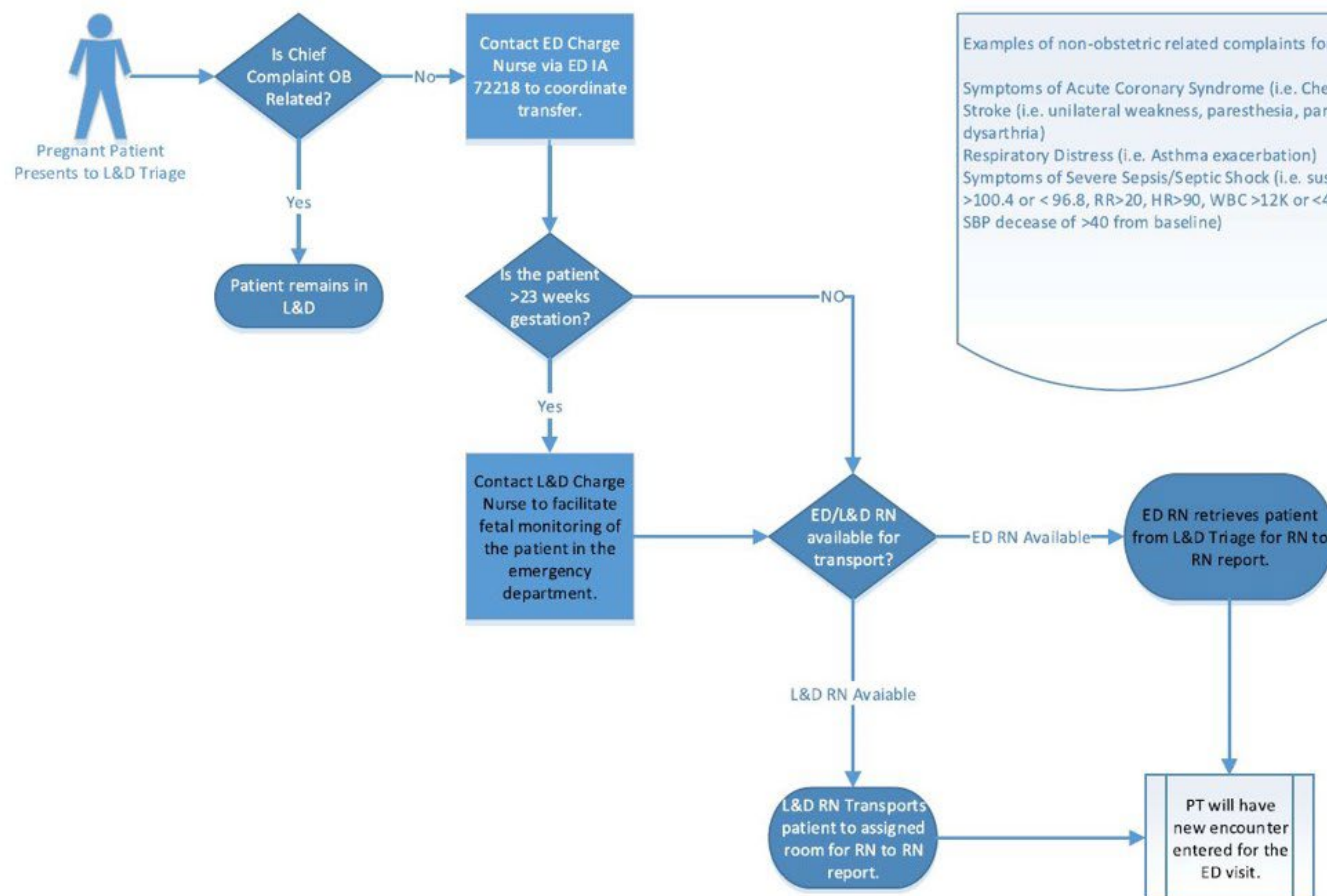




# ED Triage – Triage of OB Patients in the ED

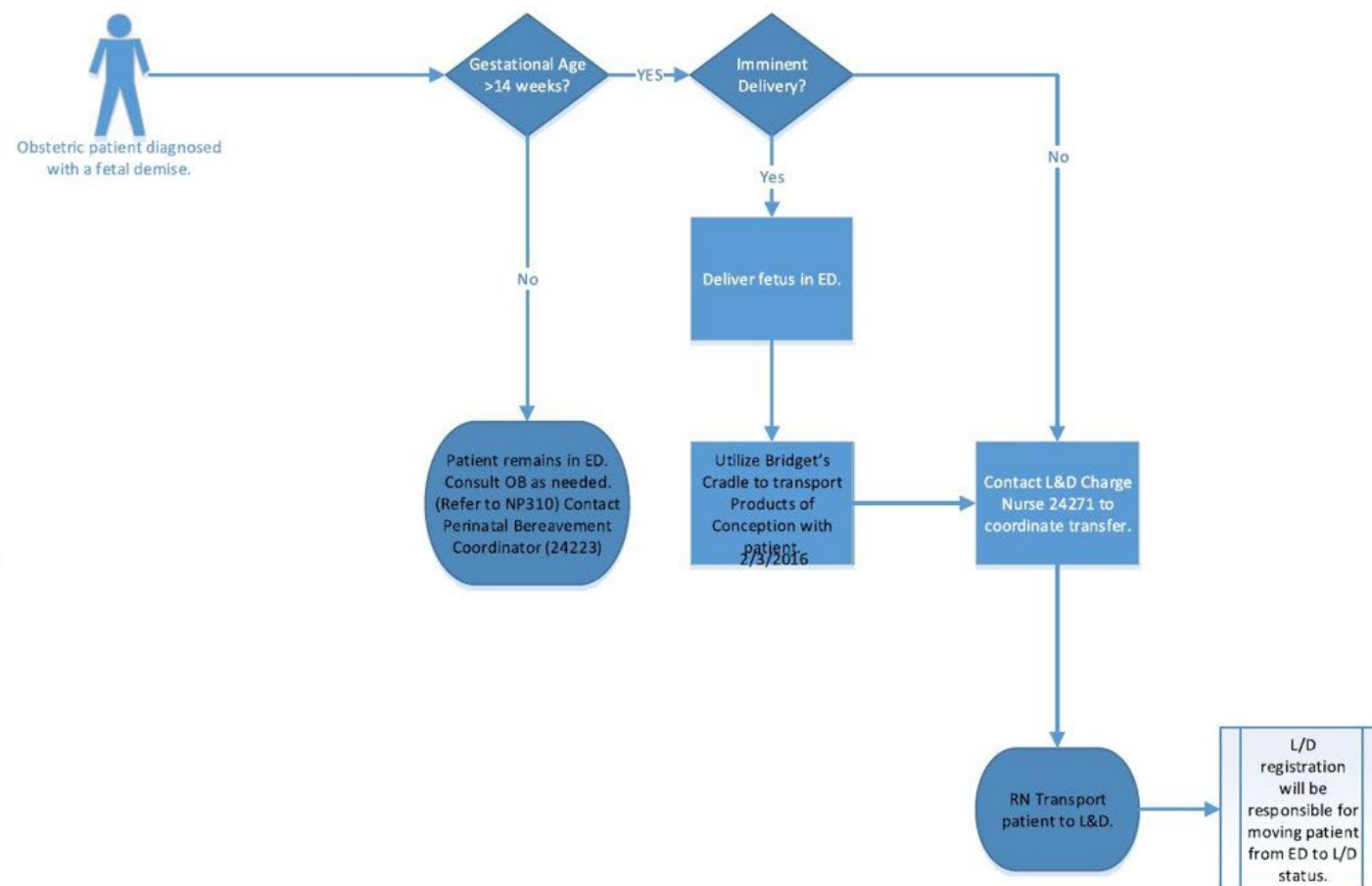
- If patient is < 20 weeks, patient remains in ED; consult L&D as needed
- If patient is > 20 weeks, has OB-related chief complaint, and is stable, contact L&D triage for transfer
- If patient does not have OB-related CC, is > 23 weeks, contact L&D for fetal monitoring in the ED





## L&D Triage – Triage of Non-OB Complaints

- If not OB-related complaint, contact ED charge RN for transfer
- If OB-related complaint remain in L&D
- If patient is > 23 weeks, no OB-related complaint, contact L&D charge to set up fetal monitoring in the ED & transfer patient to ED



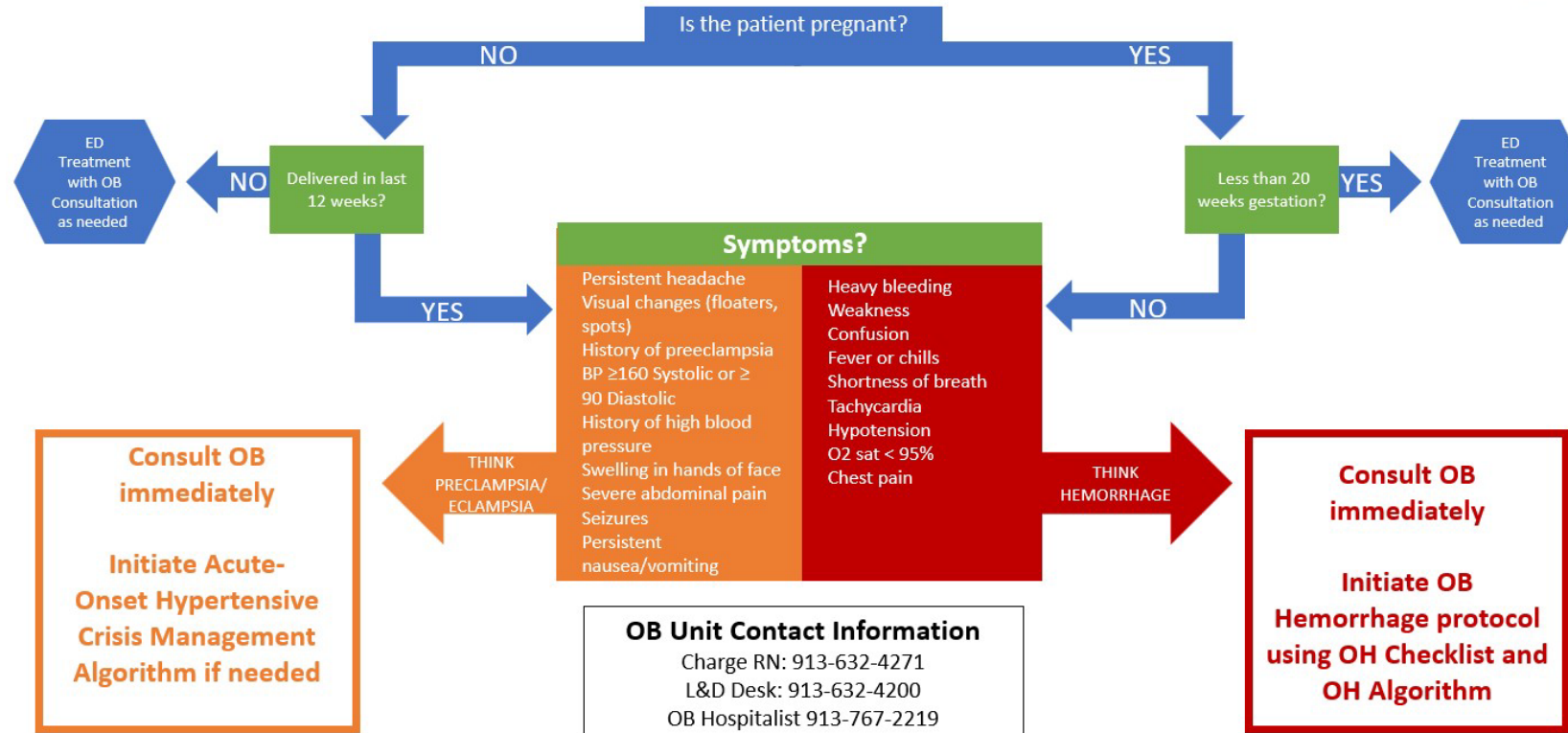
# Fetal Demise Treatment Algorithm

- > 14 weeks with imminent delivery, patient delivers in ED
- > 14 weeks without imminent delivery, contact L&D for transfer to L&D
- <14 weeks, remain in the ED; consult L&D as needed

# New Postpartum Triage Algorithm

## Recognition of Postpartum Emergent Conditions in the Emergency Department

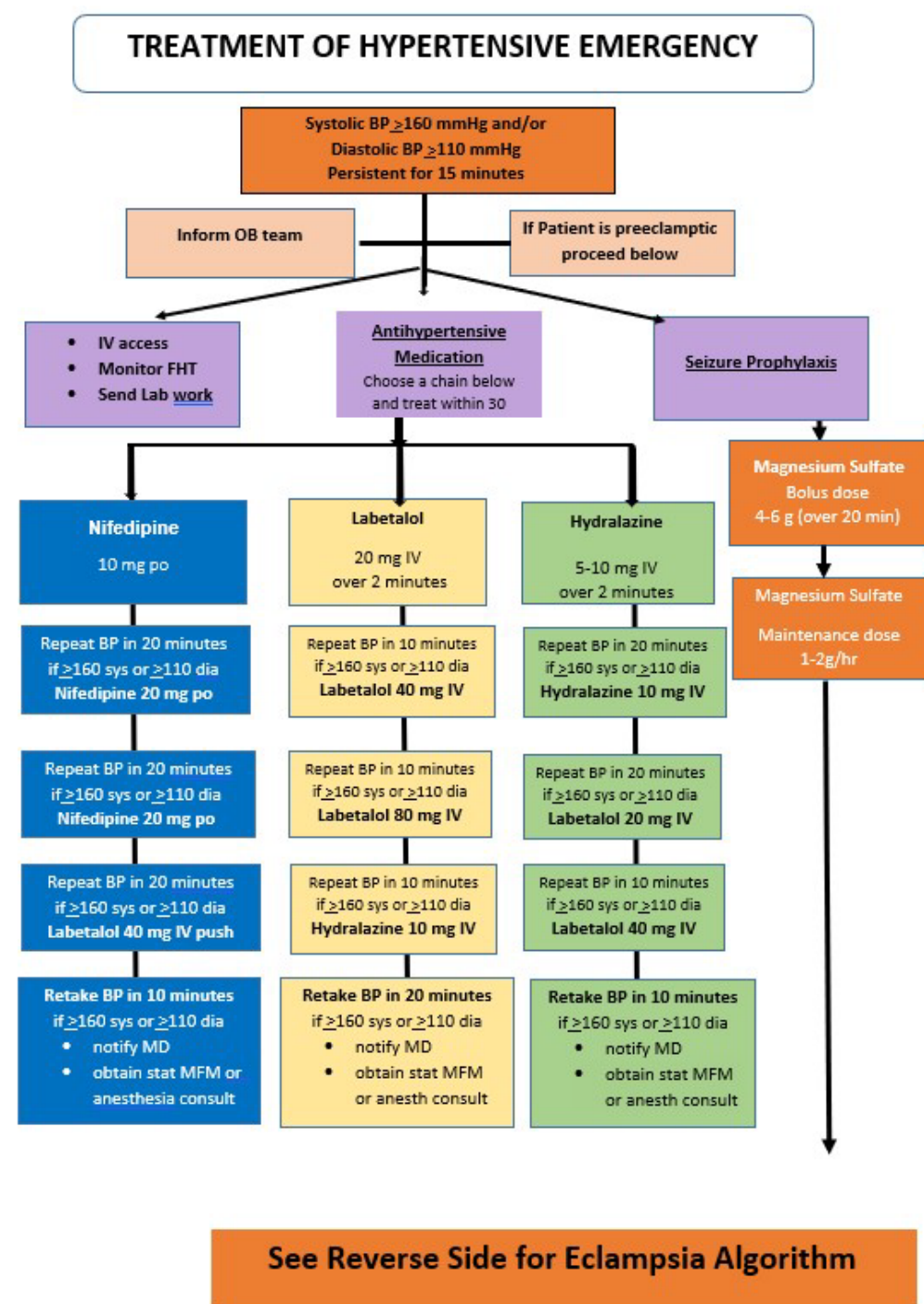
FOR ALL FEMALE PATIENTS PRESENTING TO THE ED AGE 15-50



# Policy Development – OB/ED Collaboration

- New Pregnancy Loss in the ED policy development
- Cassie Caedo, DNP student (Midwife) at KU
- Currently employed at AdventHealth South Overland Park
- Developed education and process resource binder for ED
- Developed policy on early pregnancy loss (<14 weeks) in the ED
- Policy pending approval by AdventHealth committees
- Families and patients experiencing loss of a pregnancy or fetal death in the emergency department will receive evidence-based physical, emotional, and spiritual support.
- Team members caring for patients experiencing a pregnancy loss will provide privacy and respectful, compassionate care.
- Families will be assisted in determining disposition of any remains, which will be handled in a compassionate and dignified manner.

# Preeclampsia & Hypertensive Emergency

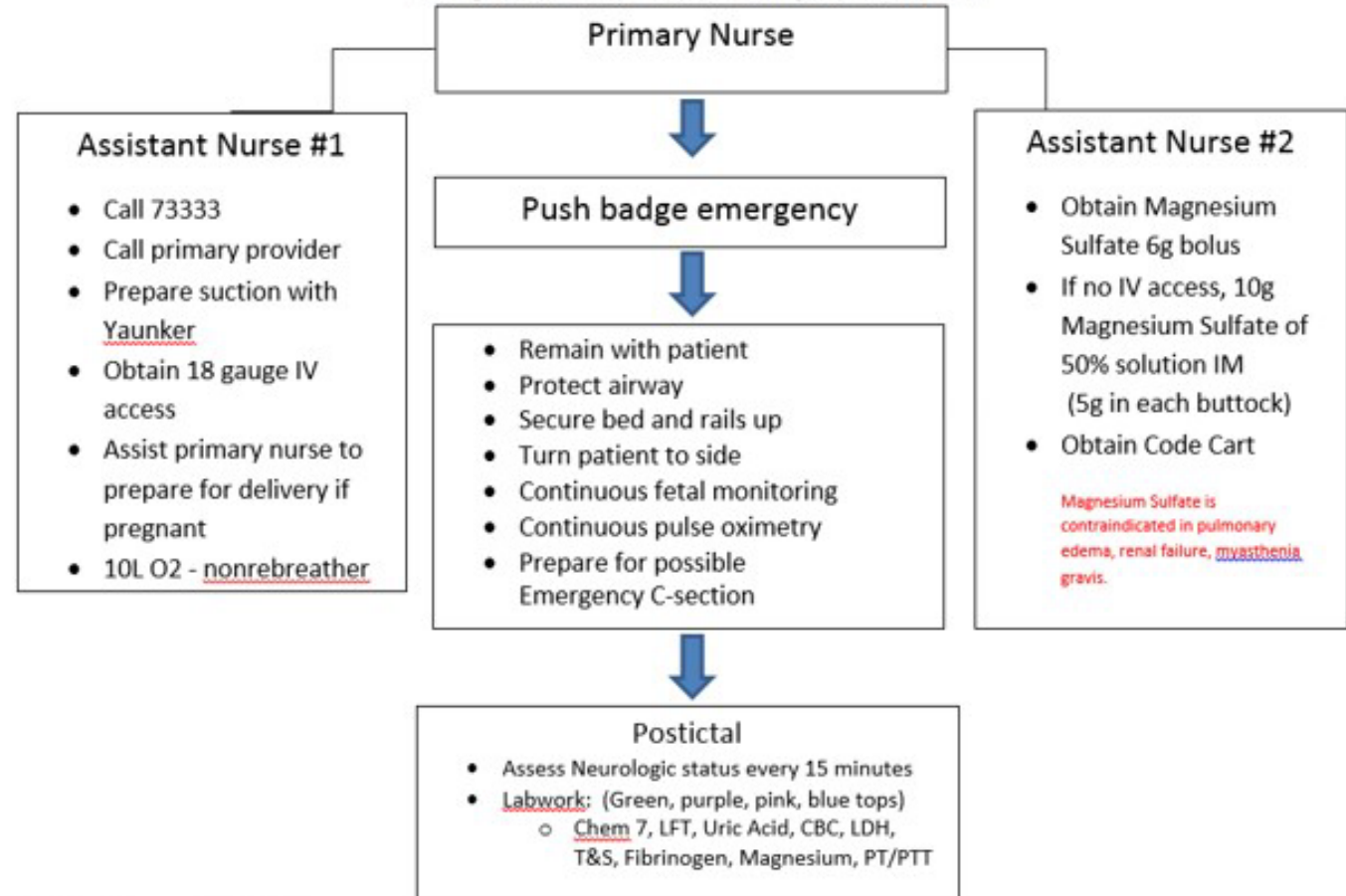




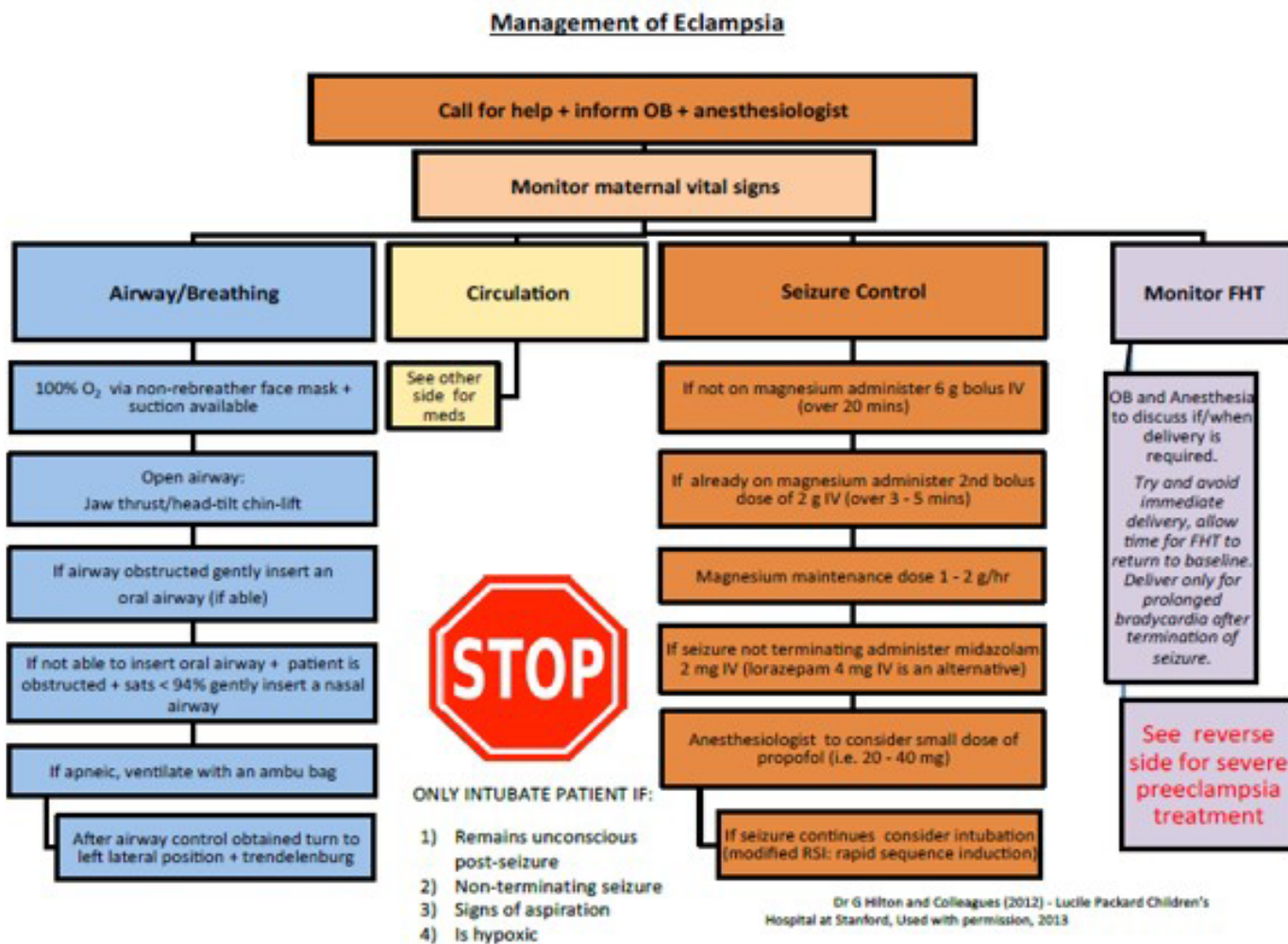
# Eclampsia

## Eclampsia

*Eclampsia* is defined as the presence of new-onset grand mal seizures in a woman with preeclampsia. Eclampsia can occur before, during, or after labor.



# Eclampsia Management





# Maternal Warning Signs

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**Call 911**  
if you have:

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

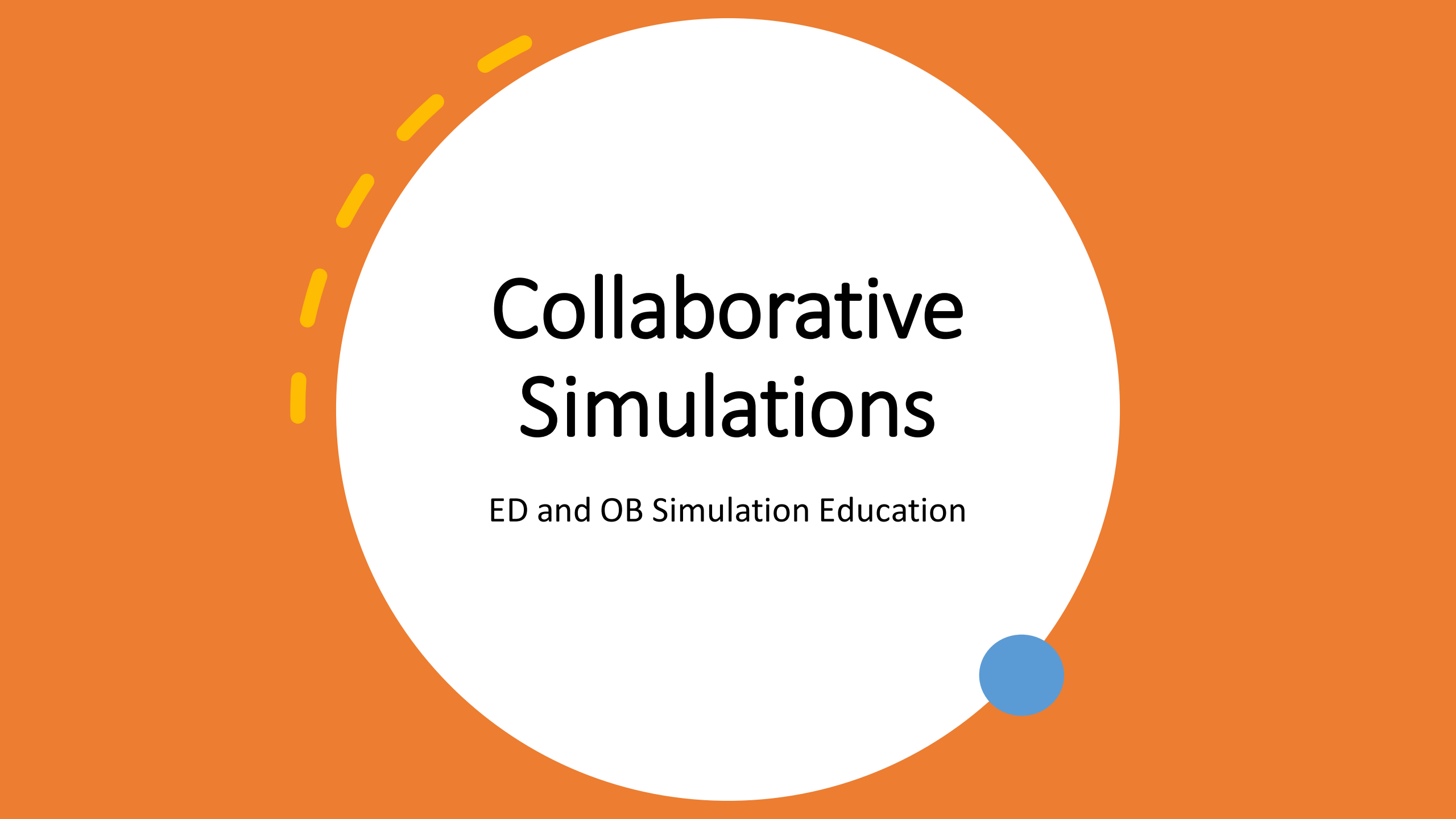
**Call your  
healthcare  
provider**  
if you have:

(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

# Postpartum Hemorrhage

Stage	Assessments	• Medications/Procedures	Blood Bank
<b>0</b>	<b>Every Woman in Labor/Giving Birth</b>		
	<ul style="list-style-type: none"> <li>PPH Risk Assessment- Pre- Birth</li> <li>Quantitative blood loss (QBL) after delivery and after recovery, prior to transfer to Postpartum</li> </ul>	<ul style="list-style-type: none"> <li>Actively manage 3<sup>rd</sup> stage of labor</li> <li>Oxytocin infusion per order</li> <li>Fundal checks Q15 minutes, massage as needed</li> <li>Ensure absence of bladder distension</li> </ul>	<ul style="list-style-type: none"> <li>Type and Screen for low and medium hemorrhage risk</li> <li>Type and cross 2 units PRBC for high hemorrhage risk</li> </ul>
<b>1</b>	<b>Blood Loss: <math>\geq 1000\text{mL}</math> from either delivery, <u>OR</u> VS Changes (By <math>&gt;15\%</math> <u>or</u> HR <math>\geq 110</math>, BP <math>\leq 85/45</math>, O2 saturation <math>&lt;95\%</math> and continued bleeding</b>		
	<ul style="list-style-type: none"> <li><u>Activate OB Massive Transfusion Protocol (Call Blood Bank at 72348), enter Massive Transfusion Protocol SMMC Lab CS order in iView</u></li> <li>Activate OB Rapid Response and notify Provider, OB Hospitalist, Charge nurse, Pharmacist and Anesthesia</li> <li>VS, O2 Sat Q5 minutes</li> <li>Continue QBL</li> <li>Inspect source of bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Empty bladder</li> <li>Increase IV fluids &amp; Oxytocin rate and repeat fundal massage</li> <li>2<sup>nd</sup> level uterotonic drugs:               <ul style="list-style-type: none"> <li>Hemabate 250mcg IM</li> <li>Misoprostol 600-1000 mcg</li> <li>Methergine 0.2 mg IM</li> <li>Tranexamic Acid (TXA) 1g IV slow push over 10 minutes. Must be administered within 3 hours after delivery. Can be repeated after 30 minutes if administered within the first 24 hours of the first dose</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Type and Cross 2 units PRBC (if not already done)</li> <li><b><u>If patient is undelivered:</u></b></li> <li>Call BBx72348 and ask "Emergency Baby Blood"</li> <li>Send Runner to BB to pick up ONE 60cc Uncross Matched O Negative RBC Syringes</li> </ul>
<b>2</b>	<b>Blood Loss less than 1500mL with continued bleeding</b>		
	<ul style="list-style-type: none"> <li>Assign roles for hemorrhage- Blood Bank caller, blood bank runner, supply runner and documenter</li> <li>VS, O2 Sat, QBL Q5 minutes</li> <li>Continue inspecting source of bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Continue with 2<sup>nd</sup> level uterotonic drugs</li> <li>Bimanual Massage by Provider</li> <li>Establish 2<sup>nd</sup> IV access</li> <li>Draw Lavender, blue, and mint top tube; CBC, CMP, APPT, PT/INR, Fibrinogen, D-Dimer</li> <li><b>Vaginal Birth:</b> <ul style="list-style-type: none"> <li>Repair any tears</li> <li>Send to Operating Room</li> <li>Consider D&amp;C</li> <li>Placenta not deliverable? Consider placenta accreta</li> <li>Place Intrauterine Balloon</li> </ul> </li> <li><b>C-Section Birth</b> <ul style="list-style-type: none"> <li>Inspect Broad Ligament posterior uterus and retained placenta</li> <li>Place Intrauterine Balloon</li> <li>B-Lynch Suture</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Notify Blood Bank of continued bleeding</li> <li>Send runner to get 2 RBC, 2 FFP (if not able to provide cross matched blood, O neg RBC and type A FFP will be issued)</li> <li>Use blood warmer for transfusion</li> <li>Blood bank will start prepping additional blood products- PRBC, FFP, Platelets</li> <li><b>**If <math>\leq 4</math> units type "O" blood products have been infused into a non-O patient, can switch to type-specific RBCs.</b></li> <li><b>**If <math>&gt; 4</math> units type "O" blood products have been infused into a non-O patient, cannot switch to type-specific RBCs</b></li> </ul>
<b>3</b>	<b>Blood Loss over 1500mL, <u>OR</u> <math>&gt;2</math> units PRBC's given <u>OR</u> unstable VS <u>OR</u> suspicion of DIC</b>		
	<ul style="list-style-type: none"> <li>Continue to follow MTP order set</li> <li>Consider paging GYN/ONC Surgeon</li> <li>2<sup>nd</sup> anesthesia provider</li> </ul>	<ul style="list-style-type: none"> <li>Consider further surgical intervention as noted above</li> <li>If bleeding continues after 1 – 2 cycles of blood products, consider</li> </ul>	<ul style="list-style-type: none"> <li>Transfuse aggressively per MTP order set</li> <li>Near 1:1 PRBC:FFP</li> </ul>



# Collaborative Simulations

ED and OB Simulation Education

Imminent  
Delivery Sim  
– ED Parking  
Bay





# Imminent Delivery Sim – ED Room

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# Imminent Delivery Sim – ED Room

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# Imminent Delivery Sim – ED Room

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# Planned Upcoming Simulations

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- Precipitous delivery in outlying EDs (Lenexa, College Blvd, South Overland Park)
- Maternal Hemorrhage
- Postpartum Hypertension (Eclampsia)
- Postpartum Depression/Psychosis



# Overland Park Regional Medical Center Perinatal Outreach Program

Mallorie Suffield, MSN, RNC-OB, RNC-IAP, C-EFM  
program supervisor and coordinator

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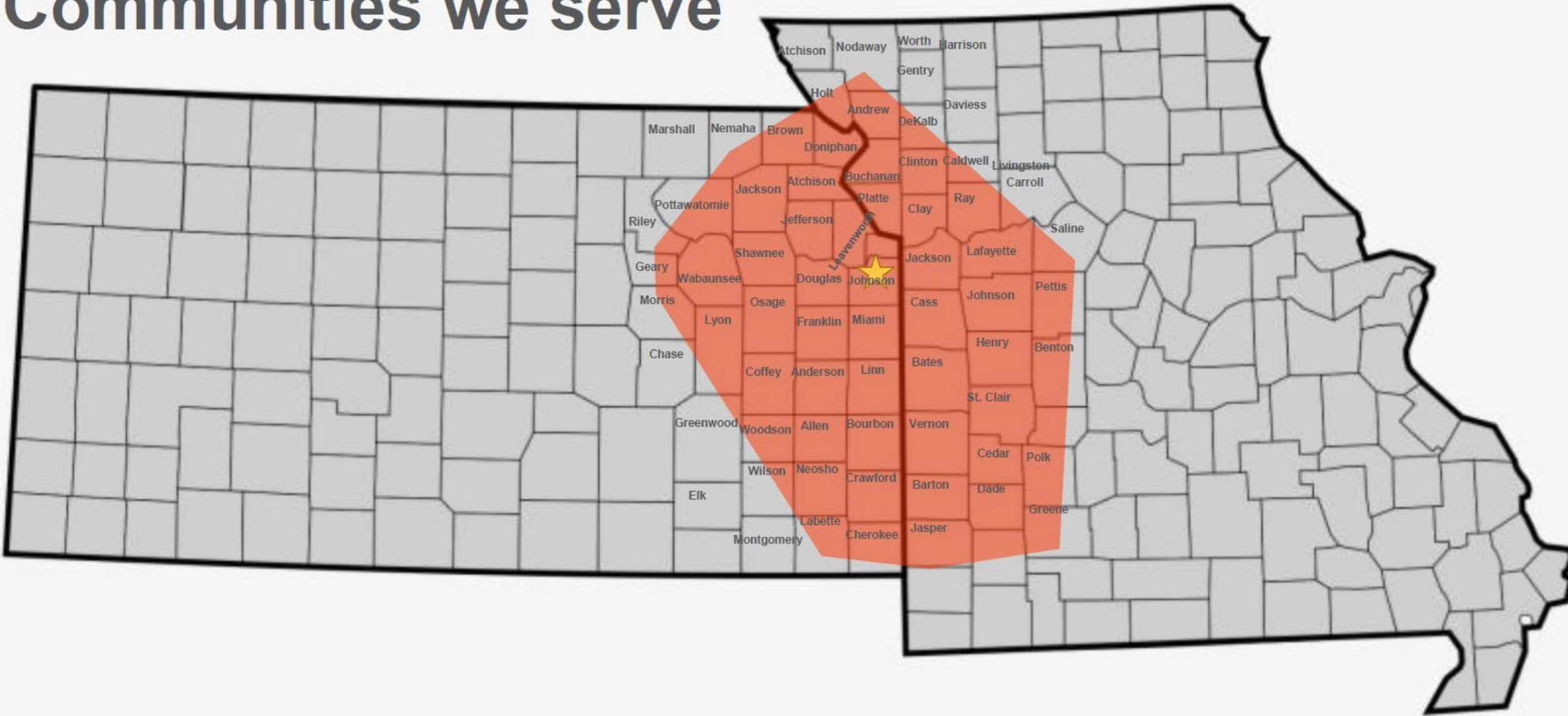
# What is it?

## Your education, our expertise – delivered!

- Provides education and support to providers and staff of facilities and departments in the surrounding area
- To help elevate and standardize the level of care being delivered to birthing people and babies of the Kansas City region

**Our goal is to enhance learning and growth by promoting and advocating for a consistent standard of care in efforts to drive down maternal mortality in our area.**

# Communities we serve







# Who are we?

- Qualified experts
- Specialty certified
  - (93% - at least 1 certification)
- Advanced degrees
  - 3 – MSN
  - 3 – NPs
  - 2 – currently in school for PhD/DNP







**13 Hands-On/Simulation Events**

**11 Didactic courses/Lectures**

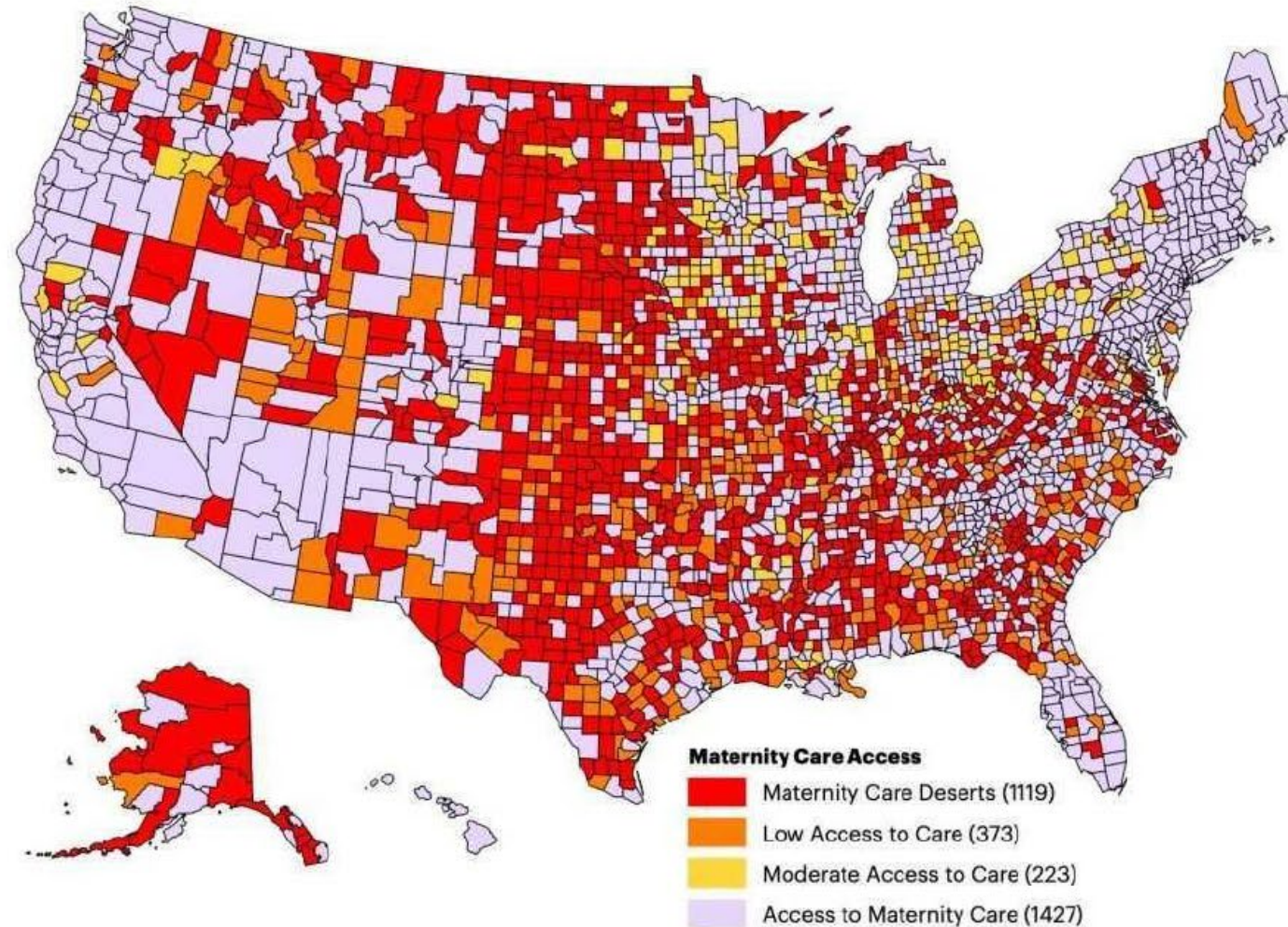
## What we offer





# Why is this important?

Figure 1: Maternity Care Deserts, 2020



# What do we do for ED/EMS?

1. Precipitous Deliveries
2. Newborn stabilization
3. Hypertension in Pregnancy (***AND POSTPARTUM***)
4. Postpartum Hemorrhage
5. Maternal Code





# Questions?

**Proud ambassador for Kansas and Missouri**

Mallorie Suffield, MSN, RNC

Perinatal Outreach Supervisor

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## *Next Learning Forum*

September 26th at noon



Postpartum Discharge Transition  
Bundle-In Development