

Sept 2023

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LEARNING FORUM



# AWHONN/KPQC FALL CONFERENCE: **FRIDAY, OCTOBER 20, 2023**

**8:00 A.M. TO 4:00 P.M. • SALINA, KS**

## 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 Stroda & Jill Nelson
Ginger Breedlove, PhD, CNM, FACNM, FAAN
Stephanie Wolf, RN, BSN, CLC & Juliet Swedlund
Chandra Burnside, RN, MSN, CNL, IBCLC

Christy Schunn, LCSW; Oluoma Obi, BA, MPH student; Brenda Bandy, IBCLC; Dr. Erin Bider, Jennifer Miller

Heather Scruton, RN; Dr. Devika Maulik; Dr. Allison Haynes; Ginger Breedlove, PhD, CNM, FACNM, FAAN; Dr. Kourtney Bettinger, Dr. Tara Chettiar

Traci Johnson, MD, FACOG



Or use link:

[AWHONN - Event](#)



# Welcome to the FTI Family!

## Labette Health

Champion: Kylie Gero

## Smith County Memorial Hospital

Champion: Whitney Winder

## Mitchell County Hospital Health System

Champion: Nicki Cleveland

## Salina Regional Health Center

Champion: Lori Faerber

## McPherson Hospital

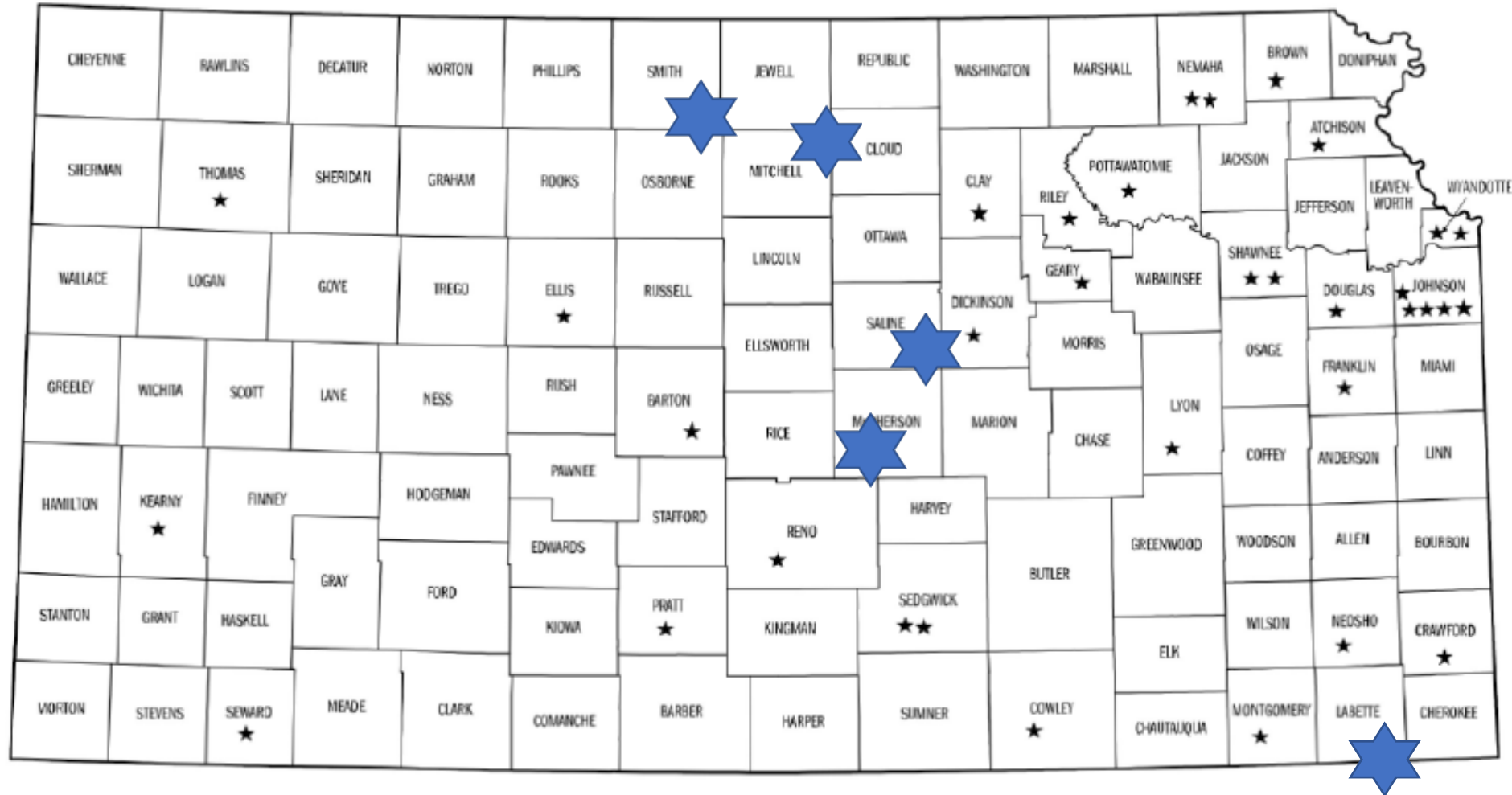
Champion: Jacquie Disque

\*\*SHOUT OUT to Karen Braman! 😊



Enrolled FTI Sites = Impact 90% of Kansas Births!

## Fourth Trimester Initiative Locations by County





# FTI Champ Updates

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Kristy Kahle: FTI Champion  
Citizens Health Colby, KS



# FTI Updates

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❑ POSTBIRTH trainings- Come one, come all

❑ Birth Equity trainings-

Champs: Oct 1- Deadline for enrollment

Hutchinson & Hiawatha- nearing end of training

❑ Oct 15<sup>th</sup>- Deadline for enrollment into FTI

# Rapid Response: updated KS data

DATA:

<https://www.kdhe.ks.gov/1421/Kansas-PRAMS-Reports>

**Kansas PRAMS Reports**

**Reports**  
View the [Surveillance Reports](#) in the Archive Center.

**Related Documents**

**Infographics and Data Briefs**

- [Health and Experiences of Black Mothers Infographic \(PDF\)](#)
- [Maternal Depression Infographic \(PDF\)](#)
- [Maternal Smoking and Mental Health \(PDF\)](#)
- [Maternal Smoking Fact Sheet \(PDF\)](#)
- [Pregnancy and Vaping Factsheet \(PDF\)](#)

**Presentations**

- [Introductory PRAMS Presentation \(PDF\)](#)
- [Perinatal Smoking in Kansas \(PDF\)](#)

**Action Alerts, Toolkits, & Other Media**

- [Folic Acid Awareness Month AA \(PDF\)](#)
- [Prematurity Action Alert \(PDF\)](#)
- [Sudden Infant Death Syndrome \(SIDS\) Action Alert \(PDF\)](#)

**Request Additional Data**  
If you would like more information on a specific topic that is not available here, please [email us](#)

PRAMS datasets are also available for request. Request PRAMS data on the [Data Requests page](#).

This publication was made possible by 1U01DP006224-05 from the Centers for Disease Control and Prevention.



# MATERNAL SMOKING AND MENTAL HEALTH IN KANSAS



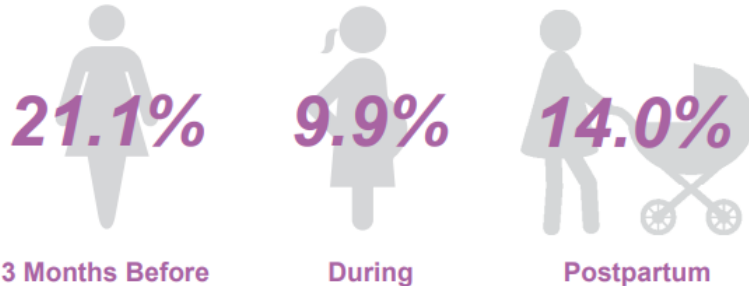
Updated 2020

Tobacco use can have negative health consequences, especially for maternal and infant health. Smoking during pregnancy can contribute to adverse birth outcomes, such as low birth weight and birth defects.<sup>1</sup> After pregnancy, exposure to tobacco smoke can increase an infant's risk for sleep-related deaths, such as Sudden Infant Death Syndrome (SIDS). Due to the risks of smoking, the U.S. Department of Health and Human Services has set a goal to increase abstinence from cigarette smoking during pregnancy, to 95.7% of births by 2030.<sup>2</sup> To help reduce maternal tobacco use in Kansas, it is important to understand the burden of maternal tobacco use in the state, as well as barriers that individuals may face when trying to quit.

One challenge in tobacco prevention and cessation, is that cigarette use often presents alongside mental illness or other substance use. In the U.S., approximately one in four adults have some form of mental illness or substance use disorder. These adults consume nearly 40% of all cigarettes smoked by adults.<sup>3</sup> In 2016, the use of cigarettes was more common among adults with any mental illness (30.5%) compared to adults without mental illness (18.4%).<sup>4</sup> Nicotine has mood-altering effects that put people with mental illness at higher risk for cigarette use and nicotine addiction.<sup>5</sup>

## Smoking Before, During, and After Pregnancy

Among individuals with a live birth in 2017 or 2018, cigarette smoking rates dropped from the 3 months before pregnancy to during pregnancy, but began to increase again in the months following pregnancy.



## PREGNANCY & VAPING

People who are pregnant or planning to become pregnant are highly encouraged to quit vaping to reduce health risks for both themselves and their baby.



Vaping has increased in popularity over the last decade – especially among youth as enticing fruity flavors and flashy marketing campaigns lure in the younger population. Effects of vaping are not as well studied as the effects of cigarette smoking; however, research has shown that vaping is not harmless. In fact, toxic chemicals can be found in e-cigarettes, and breathing in secondhand aerosol is not safe. Most vapes contain nicotine. Nicotine is a highly addictive substance that can harm the developing brains of adolescents. Additionally, nicotine is toxic to fetuses.<sup>1</sup>



**Around 1 in 20** Kansas residents with a recent live birth (4.8%) reported using electronic vapor products (EVPs) in the 3 months before pregnancy.<sup>2</sup>



**1.4%** reported using EVPs in the last 3 months of pregnancy.



Among those who reported smoking cigarettes in the 3 months before pregnancy, **16.4%** also used electronic vapor products during that time. By comparison, only **1.9%** of those who were not smoking cigarettes reported using EVPs during this time.

**The prevalence of self-reported EVP use in the 3 months before pregnancy was significantly higher among individuals...**



...who were under **20 years old (12.1%)** or **20-24 years old (9.0%)**, compared to those who were at least 25 years old (3.0%).



...whose highest level of education was a **high school diploma/GED (8.1%)**, compared to those with at least some college credit (3.5%).



...who reported having **any unmet basic needs (9.5%)** during pregnancy, compared to those whose basic needs were met (3.5%).



# Rapid Response: Premature Deliveries

[www.kdhe.ks.gov/DocumentCenter/View/13579/PrematurityAction-Alert-PDF](http://www.kdhe.ks.gov/DocumentCenter/View/13579/PrematurityAction-Alert-PDF)



## Rates of premature births are continuing to climb in the United States, with 1 in 10 babies being born before 37 weeks gestation.<sup>1</sup>

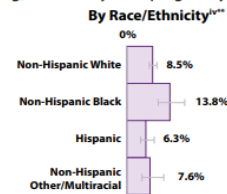


While births before 34 weeks gestation have remained relatively steady in recent years, preterm birth rates (under 37 weeks gestational age) remain highest among the Black, non Hispanic; American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander; and Hispanic populations.<sup>2</sup>

While Kansas falls slightly below the national average for prematurity at 10.1%, large disparities exist with Black mothers experiencing premature deliveries 51% more often than those of other races.<sup>3</sup> Factors such as inadequate health care coverage, poverty, chronic disease and smoking, as well as inadequate prenatal education are identified as being contributing factors for premature births. To learn more about contributing factors and reducing disparities in preterm birth, please see November's [Did You Know](#) and the [Preterm Births in Kansas](#) Infographic.

## Prevalence of Preterm Birth, Among Kansas Women with a Recent Live Birth

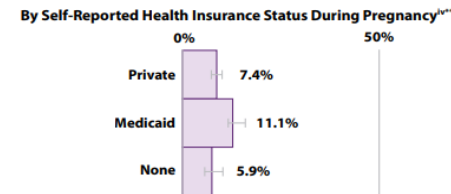
Data were gathered from the Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019. PRAMS is a survey in which women who have recently given birth are interviewed about their health and experiences before, during, and shortly after pregnancy.



\* Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.

A higher proportion of non-Hispanic Black mothers gave birth to a preterm infant, compared to non-Hispanic White mothers, non-Hispanic mothers of other race, and Hispanic mothers.

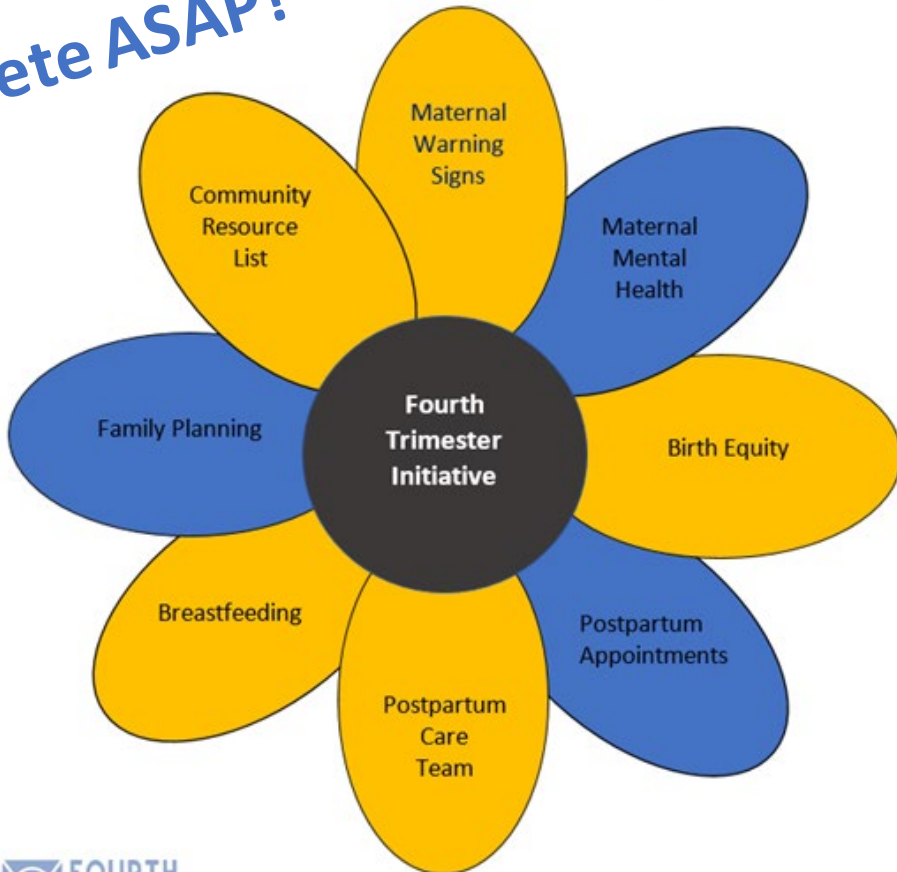
The estimated prevalence of preterm birth was significantly higher ( $p < 0.05$ ) among non-Hispanic Black women, compared to non-Hispanic White women, Hispanic women, and non-Hispanic women of other/mixed race.



The prevalence also varied by the type of health insurance that women reported having for their prenatal care. Women whose primary insurance for prenatal care was Medicaid had a significantly higher prevalence of preterm birth, compared to women who had private insurance or who were uninsured.

# Fourth Trimester Report Card

**Kari sent survey- PLEASE complete ASAP!**



Key:

Green	Not Started (1)
Blue	In Progress (3)
Yellow	Completed (5)

# Fourth Trimester Projects



# FTI: Finishing up

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Common questions:

1. There are two different sections with education, and I was wondering where I listed the number for the staff that listened to the class we had for the mental health/substance use screenings.
  - P1A-Inpatient-Outpatient Care Provider Collaborative Education as it pertains to any FTI project work
  - P1B-Inpatient-Outpatient Care Provider Collaborative Education
2. What is the Postpartum Visit Template?
  - Will be sent out, then FTI Site Champ/OB Lead Provider send on to outpatient clinic leads
3. What are people doing for the ED screenings? Reminding staff?
  - Universal question added to triage?
4. Do we need a policy for debriefing? Or is it something we just say we do for extraordinary circumstances?
5. And I just want to clarify the SSDOH again? I am doing it with the moms when they come in part way through pregnancy. Do we need to repeat it at the hospital stay, or does that count?



September 2023

Select month for entry

Multi-month Entry

Activate

Save

search / filter

FTI: Fourth Trimester Initia

## Data Submission Entry

### Favorite Measures

### Clinical Quality: Monthly

FTI: P1A-Inpatient-Outpatient Care Provider Collaborative Education as it pertains to any FTI project work

	Sep 2023	Aug 2023	Jul 2023	Jun 2023
Shared Learning Experiences	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calculated Result	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.

FTI: P1B-Inpatient-Outpatient Care Provider Collaborative Education

	Sep 2023	Aug 2023	Jul 2023	Jun 2023
Care Settings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calculated Result	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.	All elements must be submitted.

FTI: P2-Provider and Nursing Education: POST-BIRTH

	Sep 2023	Aug 2023	Jul 2023	Jun 2023
Staff educated on life-threatening POST-BIRTH concerns	<input type="text" value="95"/>	<input type="text" value="95"/>	<input type="text" value="95"/>	<input type="text" value="95"/>
Calculated Result	95.0	95.0	95.0	95.0

FTI: P3-Provider and Nursing Education: Birth Equity

	Sep 2023	Aug 2023	Jul 2023	Jun 2023
Staff educated on respectful and equitable care	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
Calculated Result	5.0	5.0	5.0	5.0

**But... Look what you've done!**

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Data!

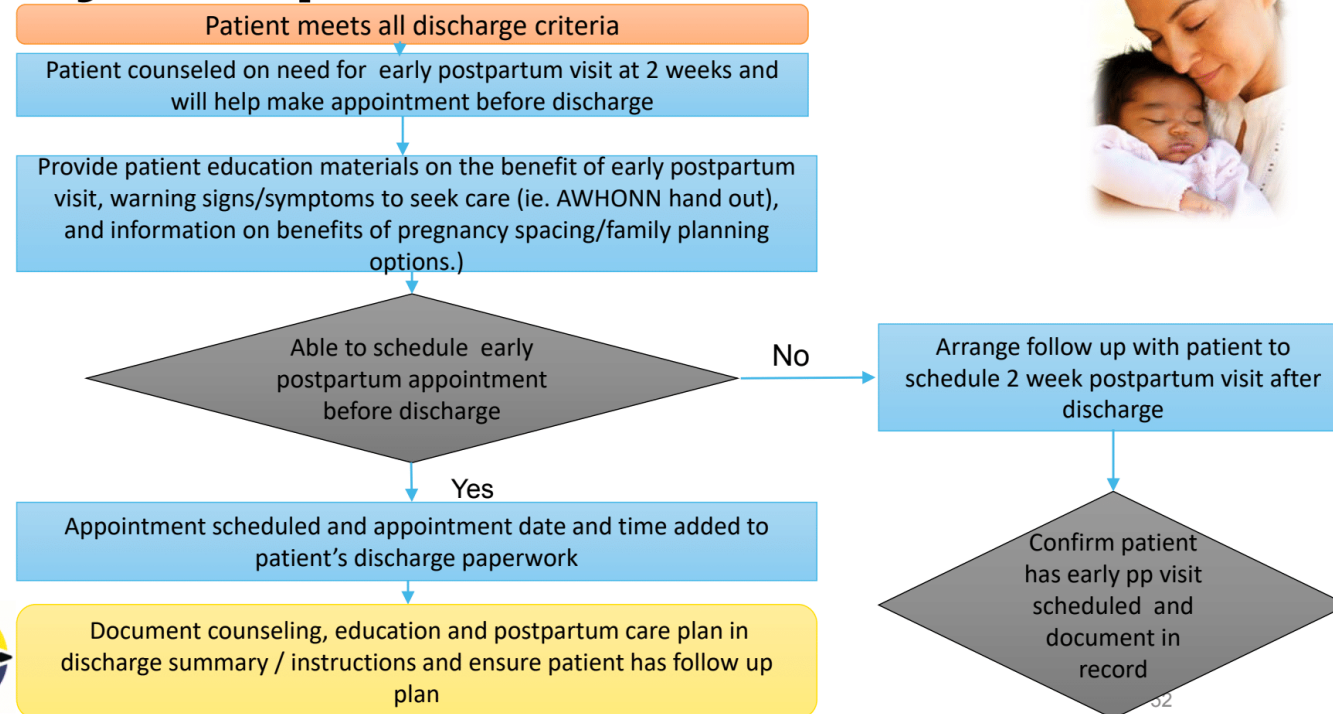


# We started by saying...

## *“Draft your Process/Education Flow: PP” (2021)*

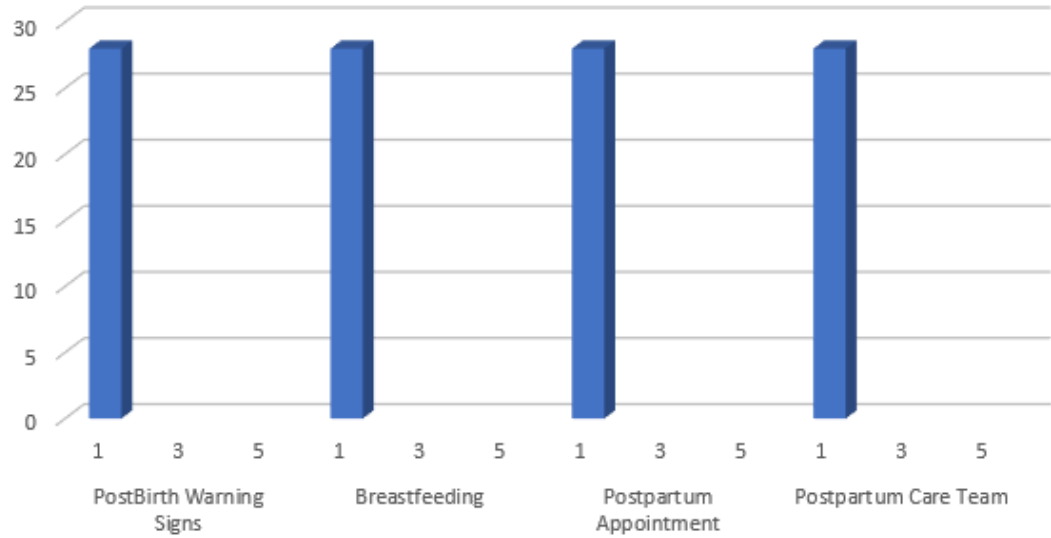
### Scheduling Early PP Visit

## Process Flow for Scheduling Early Postpartum Visit

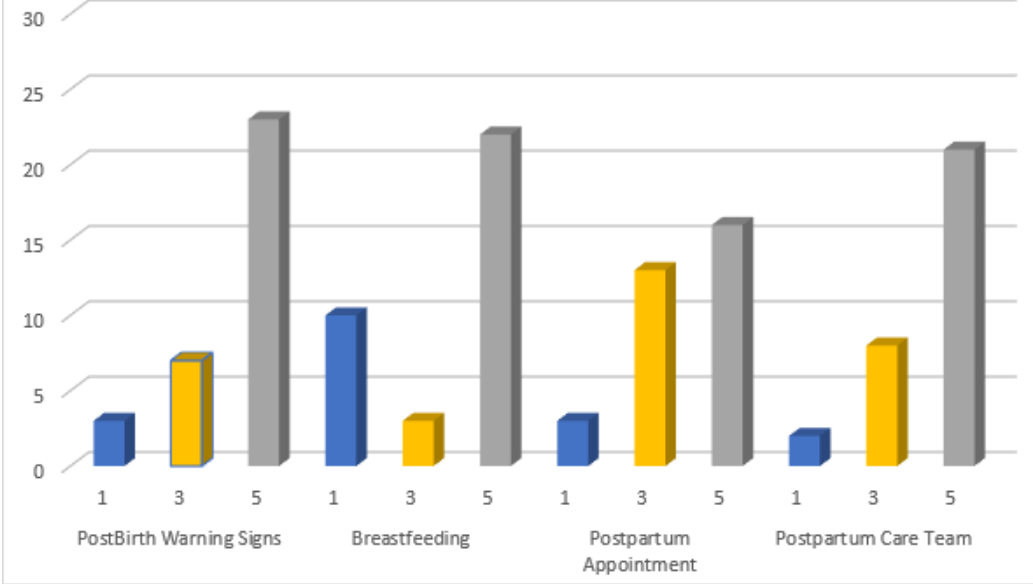


# AIM Enrollment: Project Start vs Now

Fourth Trimester Initiatives  
2021 Facility Status



Fourth Trimester Initiatives  
2023 Facility Status





# No guilt. Full throttle finish.

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We are ALMOST done, and great change has been started.



# FTI Sites: Group POSTBIRTH training

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October 4: 2000-2100  
October 10: 1200-1300  
October 11: 0830 -0930  
October 16: 2000-2100  
October 19: 0830 -0930  
October 26: 2000-2100  
October 27: 1200 -1300  
October 30: 0930-0930  
November 3: 1200-1300


WHO???

- ✓ New Staff
- ✓ New Sites
- ✓ Revisit of Education

# KS Birth Equity Training!!!

- Rollout planned:
  - Stormont Topeka
  - Hutchinson
  - Amberwell Hiawatha
- Every staff member gets link and must complete
- Intro from KBEN, should include your FTI Champion/OB Lead "words"

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.

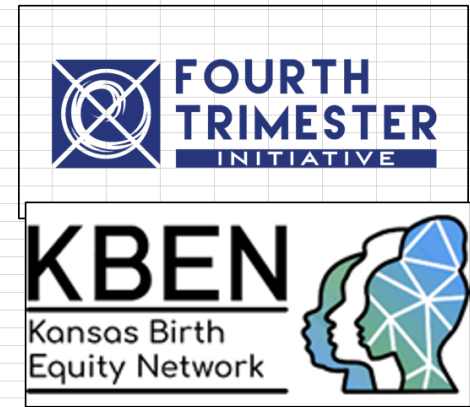
**CONTACT US**

 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



KPQC Fourth Trimester Initiative			
Kansas Birth Equity Training Roster			
FTI Site: <b>Stormont Vail Health, Topeka</b>			
Name	Email	Title	Department



# Featured Speaker

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# STATE OF BREASTFEEDING IN KANSAS

2023



Kansas  
Breastfeeding  
Coalition, Inc.



# Presenters

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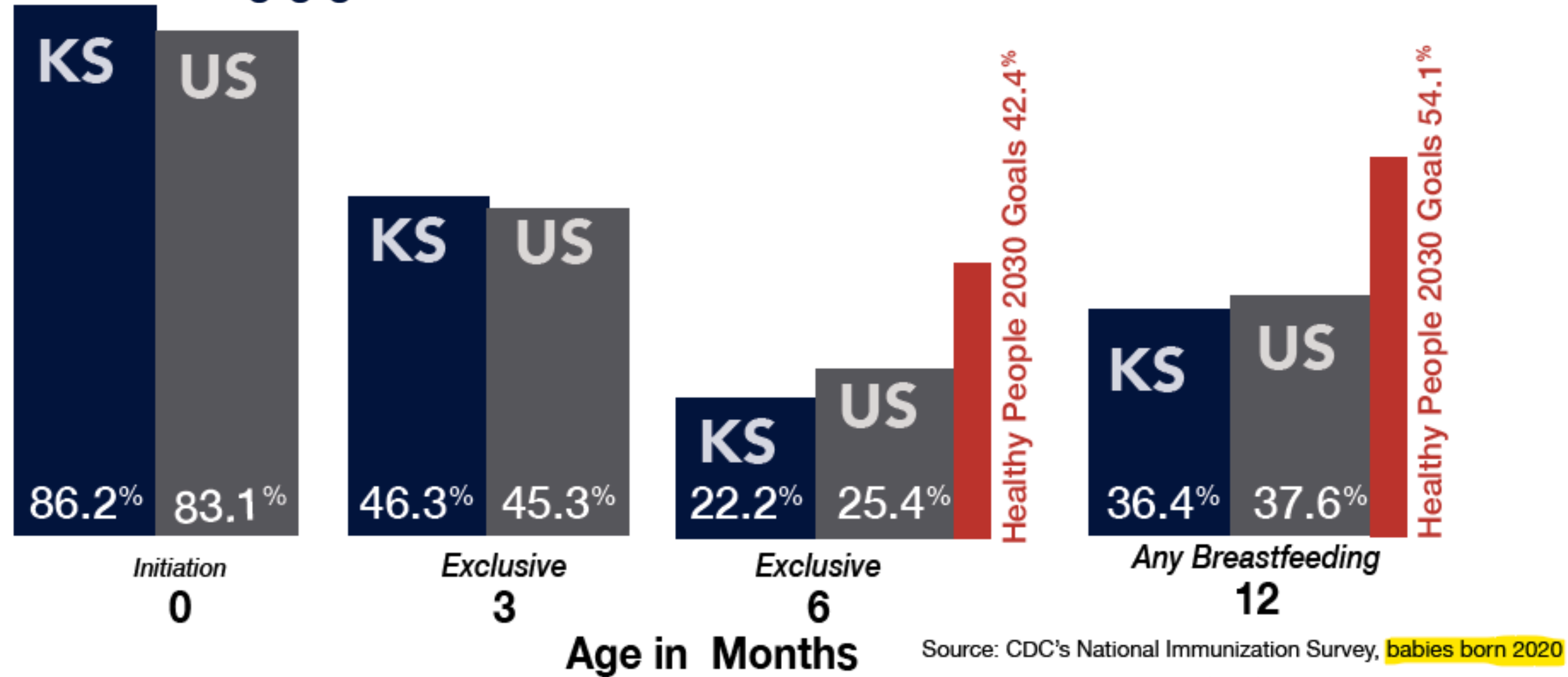
Dana Deters, RN, BSN, IBCLC  
Nemaha Valley Community Hospital  
Chair, KBC Hospital Section



Brenda Bandy, IBCLC  
Executive Director  
Kansas Breastfeeding Coalition (KBC)



# New Breastfeeding Data

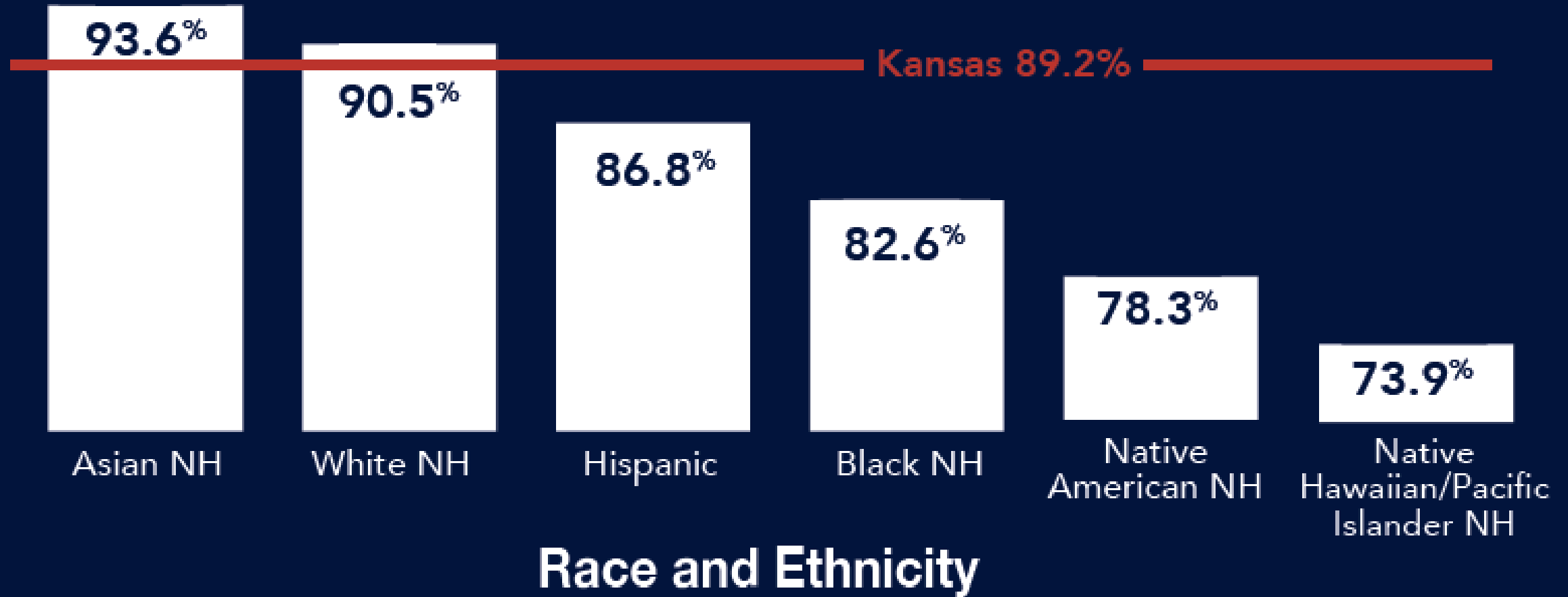


Source: CDC's National Immunization Survey, babies born 2020





# Kansas Breastfeeding Initiation by Race & Ethnicity



Note: NH=non-Hispanic Source: Birth Certificate Data, 2019-2021, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment







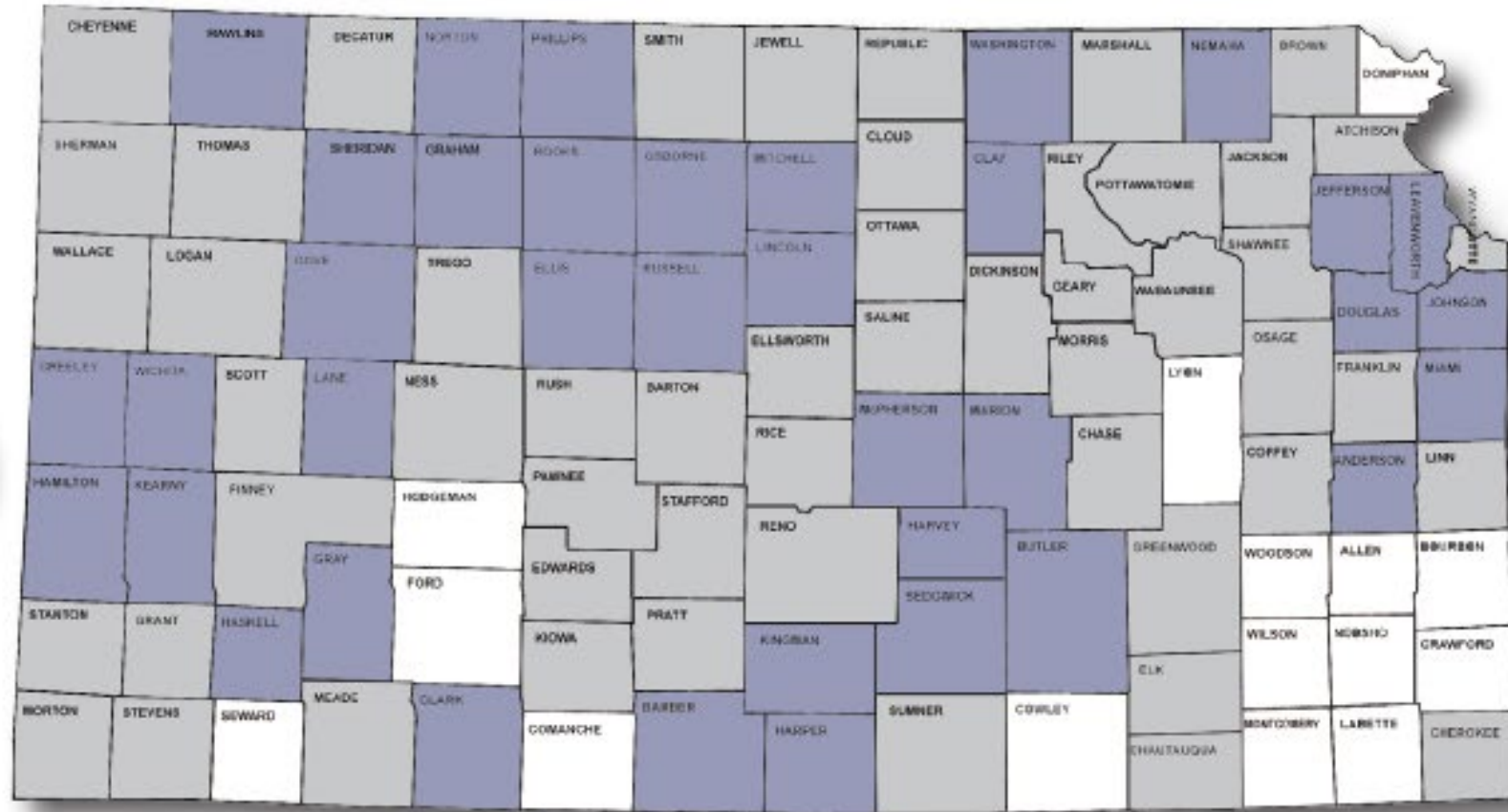
# Kansas Breastfeeding Initiation by County

## Breastfeeding Initiation by County

68.9-80.0%

80.1-89.1%

89.2-96.9%



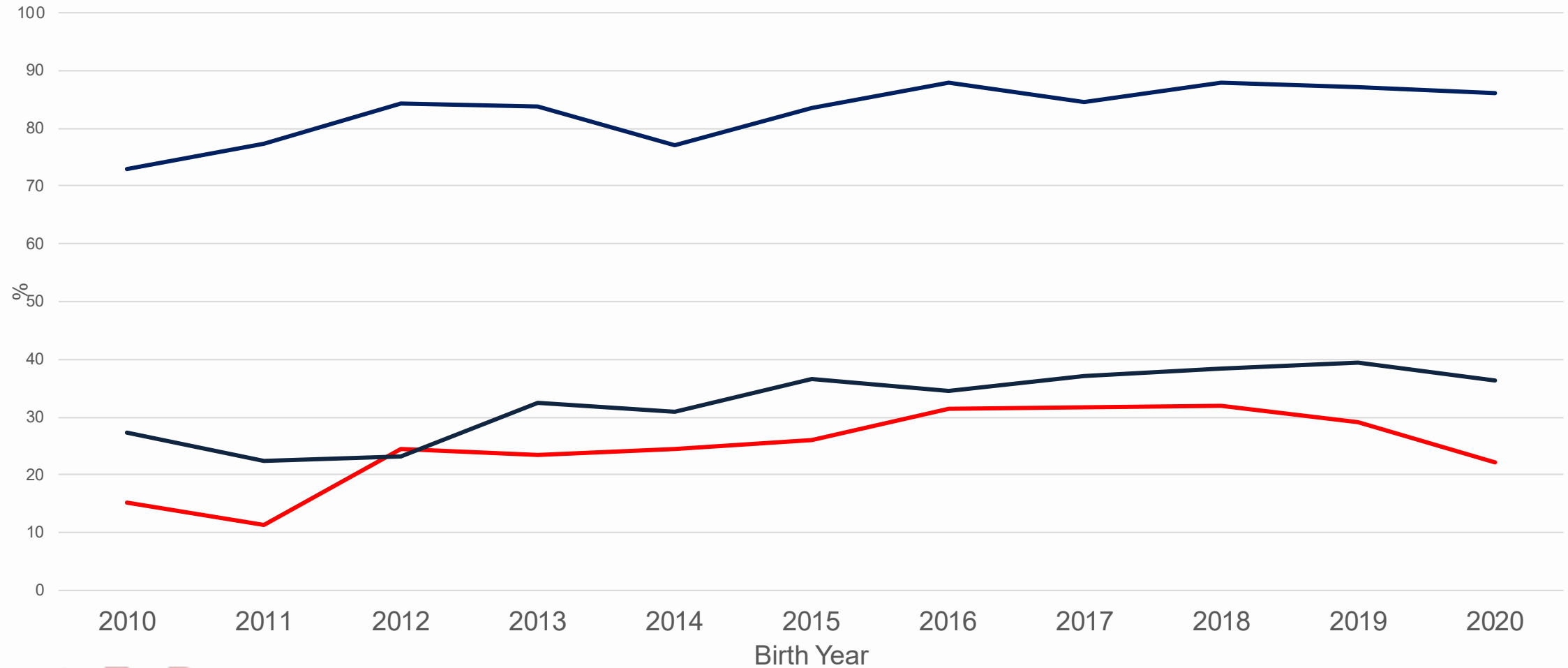
Source: Birth Certificate Data, 2019-2021, Bureau of Epidemiology and Public Health Informatics, KDHE



# Kansas Breastfeeding Rates - History



2010-2020



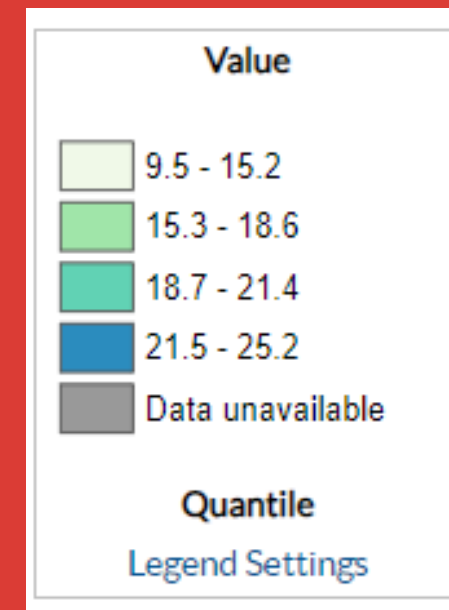
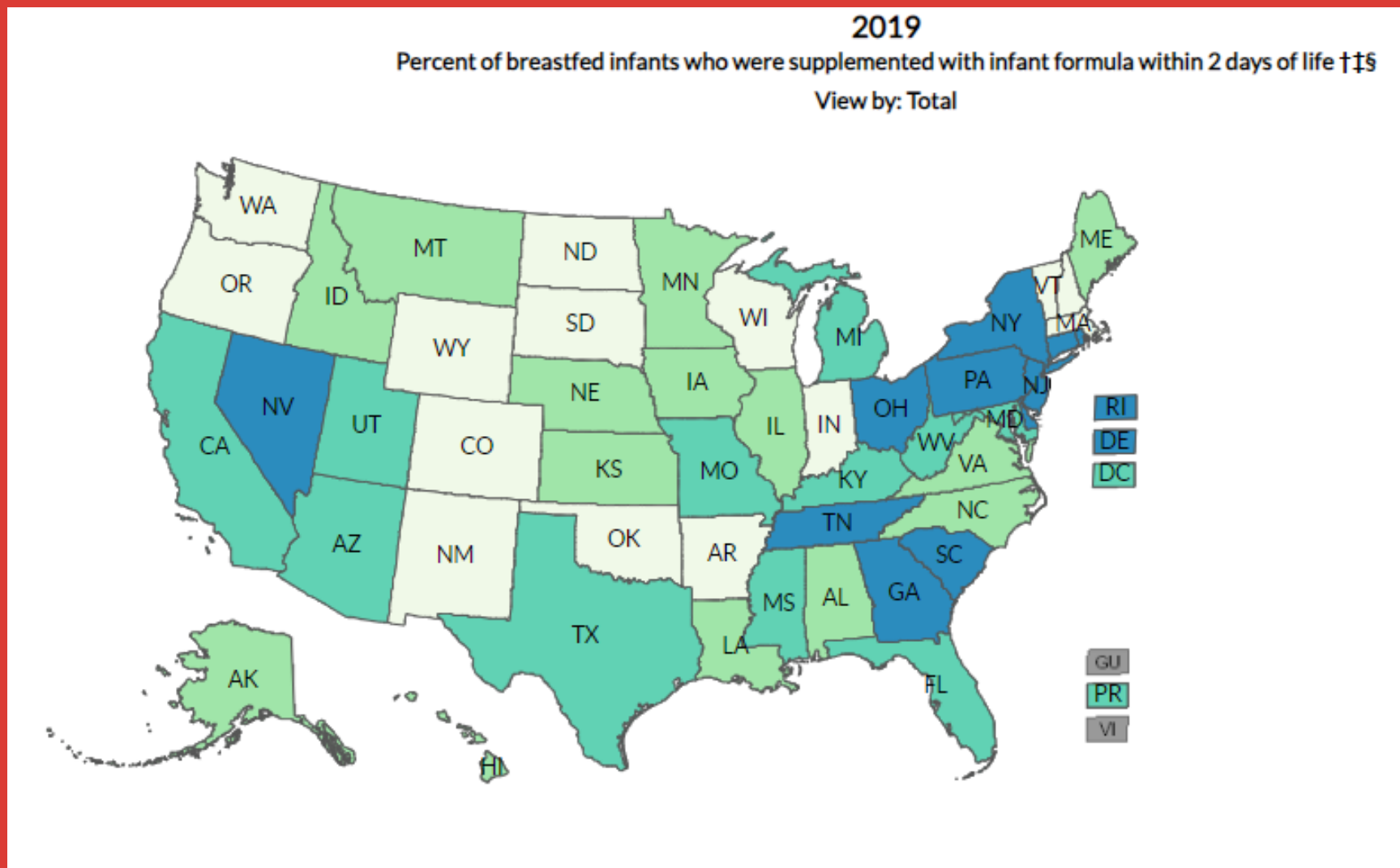
— Initiation — Excl. at 6 Mos. — 12 Months





# Supplementation with infant formula with 2 days of life

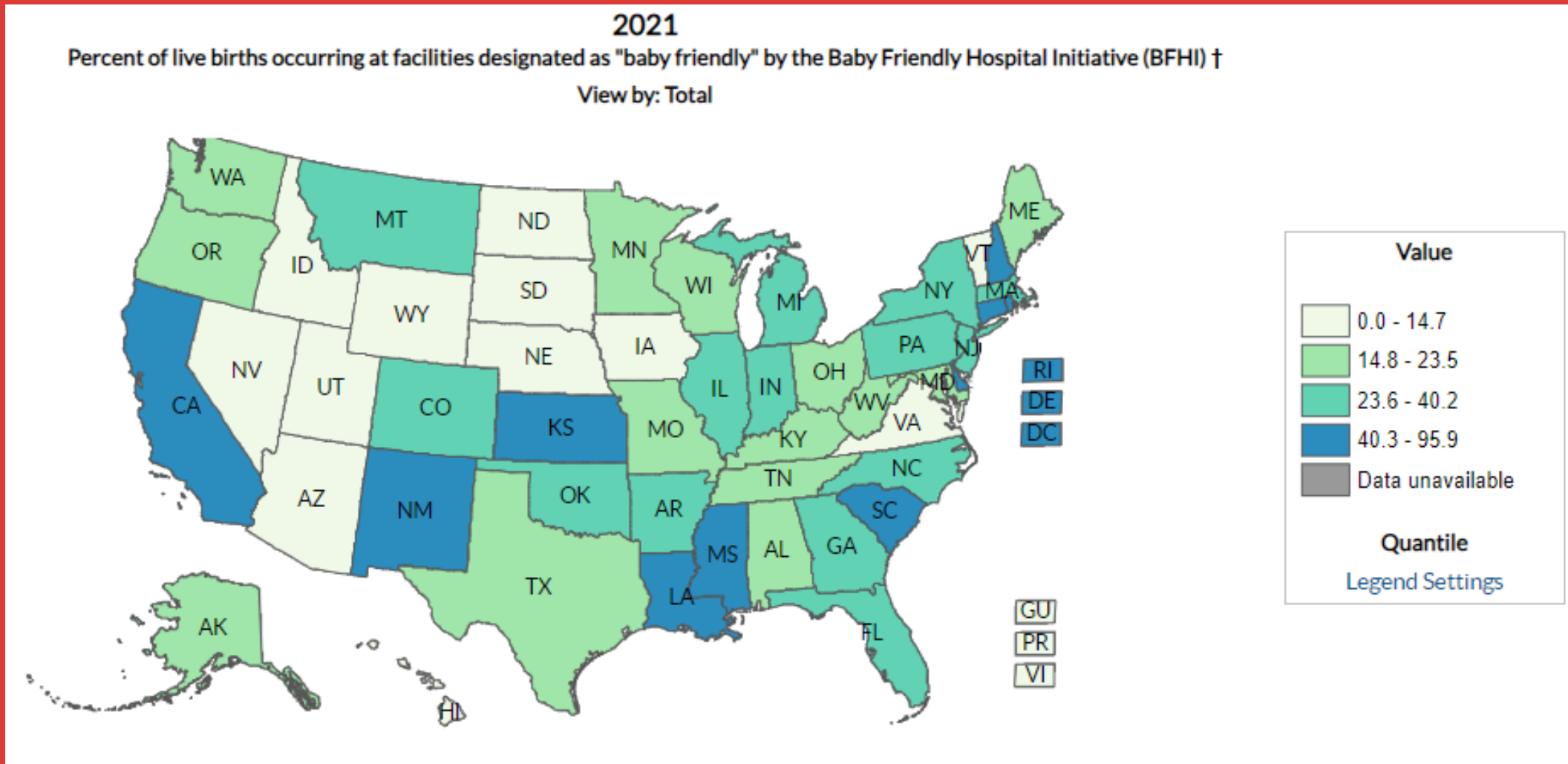
## Kansas – 16.9%, National – 19.2%





# Live Births in “Baby-Friendly” Hospitals

## Kansas – 52.9%, National – 28.9%





## Maternity Practices in Infant Nutrition and Care

### **What is mPINC™?**

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

### **What does mPINC measure?**

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

### **Who is included in mPINC surveys?**

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2022, 47 of 57 eligible hospitals in Kansas participated (82%).



## 2022 Kansas Results Report

State Total Score\*



National Total Score\*



### Kansas 2022 State Maternity Practices in Infant Nutrition and Care (mPINC) report:

- Kansas continues to exceed the national score with a score of 82/100 compared to the national score of 81.
- Kansas moved up to 9<sup>th</sup> in the national ranking, from 13<sup>th</sup> in 2020, 22<sup>nd</sup> in 2018, and 36<sup>th</sup> in 2015.
- Kansas has the 8<sup>th</sup> highest response rate in the nation – 82% of Kansas hospitals responded to the survey compared to the national average of 72%.



Immediate Postpartum Care	National Subscore	Kansas Subscore	Kansas Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)	84	87	72%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			54%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			98%
Newborns are monitored continuously for the first 2 hours after birth			79%

**Tips to increase this score:**

After Cesarean-delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert ...

...if breastfeeding, until the first breastfeeding is completed (*category 1*)

...if not breastfeeding, for at least one hour (*category 2*)

**Score:** for each category - 100 = Most, 70 = Many, 30 = Some, 0 = Few  
*Final score an average of two categories.*



## Rooming-In

National  
Subscore

76

Kansas  
Subscore

73

Kansas Hospitals  
with Ideal Response

Mother-infant dyads are rooming-in 24 hours/day

96%

Routine newborn exams, procedures, and care occur in the mother's room

23%

Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads

64%

### Tips to increase this score:

5 situations in which the usual local of the newborn is in the mothers' room:

- Pediatric exams/rounds
- Hearing screening
- Pulse oximetry screening
- Routine labs/blood draws/injections
- Newborn bath

**Score:** 100 for all 5, 70 for 3-4, 30 for 1-2 and 0 if none.

# Feeding Practices

National  
Subscore

81

Kansas  
Subscore

86

Kansas Hospitals  
with Ideal Response

Few breastfeeding newborns receive infant formula

57%

Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia

91%

When breastfeeding mothers request infant formula, staff counsel them about possible consequences

70%

## Tips to increase this score:

Review charts for reasons given for formula supplementation.

- Requests from parents? Consider other ways to help parents get rest
- Physician orders? Consider physician education on new protocols and evidence-based practices

Goal is more than 80% exclusive breastfeeding upon discharge – also The Joint Commission’s PC05 goal.

**Consider use of pasteurized donor human milk instead of formula.**

**Score:** 100=<20% of healthy, full-term newborns are fed formula, 70=20-49%, 30=50-79%, 0=80% +



Feeding Education & Support	National Subscore	94	Kansas Subscore	96	Kansas Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula					81%
Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers					91%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk					72%

**Tips to increase this score:**

Teach or show breastfeeding mothers:

- Hand express breast milk
- Position and latch their newborn for breastfeeding
- Assess effective breastfeeding **by:**
  - **Observing their newborn's latch**
  - **Presence of audible swallowing**
  - **Observing their newborn's elimination patterns**

**Score:** 100 = Most, 70 = Many, 30 = Some, 0 = Few

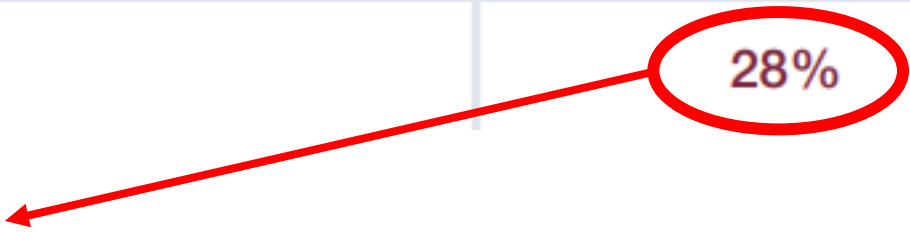


Discharge Support	National Subscore	78	Kansas Subscore	81	Kansas Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge					70%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider					91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers					91%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products					72%
<p>Tips to increase this score:</p> <p>Discontinue giving mothers <u>any of these items</u> free of charge (not including items prescribed as part of medical care):</p> <ul style="list-style-type: none"> <li>• Infant formula</li> <li>• Feeding bottles/nipples, nipple shields, or pacifiers</li> <li>• Coupons, discounts, or educational materials from companies that make or sell infant formula or feeding products.</li> </ul>					
<p><b>Score:</b> 100 if “No” <u>to all 3</u>, 1 if “Yes” <u>to any item</u></p>					



Institutional Management	National Subscore	76	Kansas Subscore	68	Kansas Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices					66%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management					66%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization					83%
Hospital pays a fair market price for infant formula					45%
Hospital has 100% of written policy elements <sup>§</sup>					28%

Tips - next slide...





## Tips to increase this score:

Have policies requiring:

- ✓ Documentation of medical justification or informed consent for giving non-breast milk feedings to breastfed newborns
- ✓ Formal assessment of staff's clinical competency in breastfeeding support
- ✓ Documentation of prenatal breastfeeding education
- ✓ Staff to teach mothers breastfeeding techniques AND staff to show mothers how to express milk
- ✓ Purchase of infant formula and related breast milk substitutes by the hospital at fair market value AND a policy prohibiting distribution of free infant formula, infant feeding products, and infant formula coupons
- ✓ Staff to provide mothers with resources for support after discharge
- ✓ Placement of all newborns skin-to-skin with their mother at birth or soon thereafter
- ✓ The option for mothers to room-in with their newborns

**Score:** 100 = Yes, 0 = No, average of 8 responses

*Must answer "Yes" to the majority of the questions to receive a "100".*

# Resources:

- Kansas 2022 mPINC report - <https://www.cdc.gov/breastfeeding/pdf/mpinc/states/2022/kansas-2022-mpinc-report-508.pdf>
- mPINC Scoring Algorithm - <https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm>
- 2022 Survey Questions - <https://www.cdc.gov/breastfeeding/data/mpinc/pdf/mPINC-Survey-Instrument-2022-508.pdf>



# Hospital Breastfeeding Quality Improvement Programs





- 1** Facility will have a written maternity care and infant feeding policy addressing the High 5 for Mom & Baby practices supporting breastfeeding



- 2** Facility will maintain staff competency in lactation support



- 3** All pregnant women will receive information and instruction on breastfeeding



- 4** Assure immediate and sustained skin-to-skin contact between mother and baby after birth





**5** All families will receive individualized infant feeding counseling



**6** Give newborn infants no food or drink other than breastmilk unless medically indicated



**7** Practice "rooming in" - allow mothers and infants to remain together 24 hours a day



**8** Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods



9

Give no pacifiers or artificial nipples to breastfeeding infants



10

Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge



# High 5 for Mom & Baby

Practice sheets can be found here:

<https://www.high5kansas.org/resources-for-hospitals>

**PRACTICE 1**



**Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding.**

**A.** Policy supports all 10 High 5 for Mom & Baby practices.

**B.** Policy prohibits the promotion of infant formula within the facility including, but not limited to, providing free samples, coupons or using teaching materials from formula manufacturers, for all families.

**C.** ALL staff responsible for maternity care, including but not limited to health care providers, dietary, housekeeping, photography/pharmacy, and radiology have reviewed the Maternity Care and Infant Feeding policies and are familiar with their content.

**D.** All policies from all departments in the facility support the Maternity Care and Infant Feeding policies.

**E.** A designated person is responsible for periodically reviewing maternity care and other department policy.

Policy should be inclusive of the ten steps to successful breastfeeding and should have explicit directions for how the policy is to be routinely communicated to all healthcare staff. Policy should be available so the staff caring for mothers and babies can refer to it.

All policy should be evidence-based, foster continuity of care and have clear objectives. A means for determining, in detail, whether the policy is being practiced is also important. The policy should be stated, with a review cycle stated within the policy. Policies are the law of the medical world - without them we would not have consistent or comprehensive care.

Policy is best developed by an interdisciplinary team of equals. Think of all the people who come in contact with the moms and babies in your hospital: Physicians, nurses, lactation consultants, dietary staff, housekeeping staff, even the photographer. Use a "winnable" group size (usually between 5 and 12 members) representing all affected departments and disciplines and led by an amiable, respected coordinator. Consider including a reluctant or skeptical staff member as well, which may help you solve challenges before they come up.

The impetus behind the 10 steps is to facilitate informed decision making and support optimal outcomes by improving maternity care practices. Mothers who do not wish to breastfeed should be supported in learning how to formula feed safely; since staff has accreditation they have received education and counseling adequate to arrive at an informed decision. The High 5 practices should be offered to ALL families, as they represent evidence based best practice maternity care.



**PRACTICE 10**



**Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge**

**A.** Mothers are routinely referred to a support group, outpatient clinic, local lactation specialist or community resource to call for breastfeeding assistance after discharge.

**B.** The facility has a system of follow-up support for breastfeeding mothers after discharge, such as early postnatal or lactation clinic check-ups, home visits, telephone calls.

Once a family leaves the hospital, they will have questions and concerns that they did not ask about while in your care.

Routine referral to a trusted resource is essential in supporting these families. It is important that all Health Care Providers are aware of the community resources available to your families. This allows you to give parents a variety of resources for support that will ensure that every family finds a comfortable place to get accurate information.

**Resources:**

- Kansas Breastfeeding Coalition "[Support for breastfeeding employees and students](#)"
- Kansas Breastfeeding Coalition "[Local Breastfeeding Support](#)" and [breastfeeding hotlines](#).
- [Women Infants and Children \(WIC\) website](#), good information for parents on many topics including pumping and going back to work or school.
- La Leche League USA "[Pumping Milk](#)"
- La Leche League USA "[Working and Breastfeeding](#)"
- [Office at Women's Health](#) website with information on going back to work
- [Texas Ten Step Toolkit](#) from the Texas Department of State Health Services, Nutrition Services Section
- Good handouts for parents and staff can be found at [Carolina Global Breastfeeding Institute](#).

**PRACTICE 3**



**All pregnant women will receive information and instruction on breastfeeding.**

**A.** Families have received culturally appropriate information and resources about breastfeeding prior to arrival, through their health care provider, local Health Department, WIC clinic or local community-based organization.

**B.** Facility demonstrates collaboration with local breastfeeding coalitions or other groups in their community supporting breastfeeding families, such as through meeting attendance or in-kind support.

**C.** Facility supports their breastfeeding employees by providing reasonable break time and a private, safe, free from intrusion place to express milk close to their workplace, (NOT a bathroom).

Prenatal breastfeeding education should begin in the first trimester, at the woman's first visit with her health care provider. Providing education that is consistent throughout pregnancy, delivery and post-partum is crucial.

We encourage facilities to collaborate with their local providers to ensure consistent messages and maintain an open line of communication to provide those consistent messages. All materials and education should be culturally appropriate for the population you are serving and presented without messages promoting artificial feeding or spoon-feeding.

When information is provided prenatally about the practices known to support breastfeeding, families enter the facility expecting to participate and the practices are more consistently implemented. This preparation empowers families to make the best decisions for themselves and for their babies. Disparities in breastfeeding and poor health outcomes, are reduced when ALL mothers have equal access to accurate, consistent information and are supported in their feeding choice.

**For information on prenatal education and resources**

- The [Ready, Set, Baby!](#) website allows expectant parents to choose a self-paced experience to prepare for their breastfeeding journey. Developed by the Connecticut Department of Public Health in partnership with the Carolina Global Breastfeeding Institute.
- The Academy of Breastfeeding Medicine (ABM) [Protocol #19: Breastfeeding Promotion in the Prenatal Setting](#) provides trimester-specific recommendations and additional references.
- [Breastmilk Every Once Counts](#), Texas WIC-developed website for parents (available in English and Spanish). Includes excellent basic information about the benefits of breastfeeding, how to get started and how to continue when going back to work.
- [Collective](#) provides a website and phone app supporting community coordination to improve maternal and child health outcomes. They have developed materials for parent education and focus on providing a consistent message.



Belleville – Republic County Hospital  
Burlington – Coffey County Hospital  
Chanute – Neosho Memorial Regional Medical Center  
Coffeyville – Coffeyville Regional Medical Center  
Dodge City – St. Catherine's Hospital-Dodge City  
Hutchinson – Hutchinson Regional Medical Center  
Junction City – Stormont Vail Flint Hills Campus  
Lyons – Hospital District #1 of Rice County  
Manhattan – Ascension Via Christi Hospital  
McPherson – McPherson Hospital  
Pittsburg – Ascension Via Christi Hospital  
Quinter – Gove County Medical Center  
Sabetha – Sabetha Community Hospital  
Seneca – Nemaha Valley Community Hospital  
Smith Center – Smith County Memorial Hospital

Cara Gerhardt  
High 5 for Mom & Baby  
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<https://www.high5kansas.org>



Atchison – Amberwell Health Atchison

Arkansas City – South Central Kansas Medical Center

Clay Center – Clay County Medical Center

Colby – Citizens Medical Center

Emporia – Newman Regional Health

Fort Riley – Irwin Army Community Hospital

Hays – Hays Medical Center

Hiawatha – Amberwell Health Hiawatha

Kansas City – University of Kansas Health System

Lakin – Kearny County Hospital

Lawrence – LMH Health, Lawrence Memorial Hospital

Newton – NMC Health

Onaga – Community HealthCare System

Ottawa – AdventHealth Ottawa

Overland Park – New Birth Company

Parsons – Labette Health

Pratt – Pratt Regional Medical Center

Salina – Salina Regional Health Center

Shawnee Mission – AdventHealth Shawnee Mission

Topeka – Stormont Vail Healthcare

Topeka – University of Kansas Health System, St. Francis Campus

Winfield – William Newton Hospital

Wichita – Ascension Via Christi St. Joseph

# Baby-Friendly Hospitals in Kansas



- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Citizens Medical Center, Colby
- Hays Medical Center
- LMH Health, Lawrence
- Pratt Regional Medical Center
- Salina Regional Health Center
- St. Catherine Hospital (Garden City)
- University of Kansas Health System, St. Francis Campus, Topeka
- University of Kansas Hospital, Kansas City
- Via Christi Hospitals Wichita – St. Joseph

# EMPower Hospitals in Kansas



- AdventHealth Ottawa
- Community HealthCare System, Onaga
- Hays Medical Center
- LMH Health, Lawrence
- Newman Regional Health, Emporia
- Pratt Regional Medical Center
- Smith County Memorial Hospital, Smith Center
- University of Kansas Health System, St. Francis Campus, Topeka
- University of Kansas Hospital, Kansas City

Training materials, tools and resources to help hospitals build a tailored, sustainable competency-based training plan



Kansas  
Breastfeeding  
Coalition, Inc.

**Join the KBC Hospital Section  
Online Meetings  
4<sup>th</sup> Tuesday of odd # months, 12-1  
PM**



Activities:

- Policy & Resource sharing
- Create resources - Discharge protocol, medications algorithm





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# Hospital Resources

## Resources:

- [Fourth Trimester Project Postpartum Toolkit:](#)
  - [Postpartum Care Plan](#)
  - [Postpartum Planning Tool \(In Spanish\)](#)
  - [Postpartum Visit Checklist \(In Spanish\)](#)
  - Health Information One-Pager for [Birthing Parent \(In Spanish\)](#)
  - Health Information One-Pager for [New Baby \(In Spanish\)](#)
  - [Taking Care of You booklet \(In Spanish\)](#)
  - [Birth Control After Baby Booklet \(In Spanish\)](#)
- [Maternity Care Practices & Breastfeeding Intentions at One Month Among Low-income Women](#) (Pediatrics, April 2022)
- [Providing Breastfeeding Support: Model Hospital Policy Recommendations](#) (California, 2022)
- [Hospital Breastfeeding Policy Resources](#) (California, 2022)
- [High 5 for Mom & Baby](#) – “[Practice Sheets](#)” with resources and ideas to implement the 10 “High 5” maternity care practices
- Baby-Friendly USA:
  - [Guidelines and Evaluation Criteria \(GEC\)](#)
  - [BFUSA NICU Toolkit](#)
- [Voices of Black Mothers: The Baby-Friendly Experience Fact Report](#) (Uzazi Village, Missouri)
- [EHR/EMR Self-Assessment Tool: Breastfeeding Data Collection](#)
- [mPINC Ten Steps Assessment Tool](#) (CDC)
- [Kansas 2022 Hospital Practices Report \(mPINC\)](#)
- [Discharge Protocol Assessment Tool](#) (USBC)
- [Optimizing Postpartum Care](#) (ACOG)
- [Breastfeeding Friendly Physician’s Office](#) (ABM)

## Resources:

- Policy library
- Education
- Billing Cohort





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# General Resources

[General Resources for Parents](#)

[Advocacy](#)

[African American Families](#)

[Apps for Health Care Providers](#)

[Breastfeeding Data](#)

[Breastfeeding: Special Concerns](#)

[Breastfeeding during Emergencies & Disasters](#)

[Continuity of Care Tools](#)

[COVID-19 \(Coronavirus\) and Breastfeeding](#)

[Education for Healthcare Professionals](#)

[Fathers & Siblings](#)

[Lista de Recursos sobre Lactancia Materna en Espanol \(List of Breastfeeding Resources in Spanish\)](#)

[Instructional Videos](#)

[Insurance and Resources](#)

[Lactation Social Media Toolkit \(with videos in English, Spanish and Mam\)](#)

[Marijuana and Other Illegal Drugs and Breastfeeding](#)

[Medications](#)

[Mental Health](#)

[Milk Banking, Sharing and Donating](#)

[Native American Families](#)

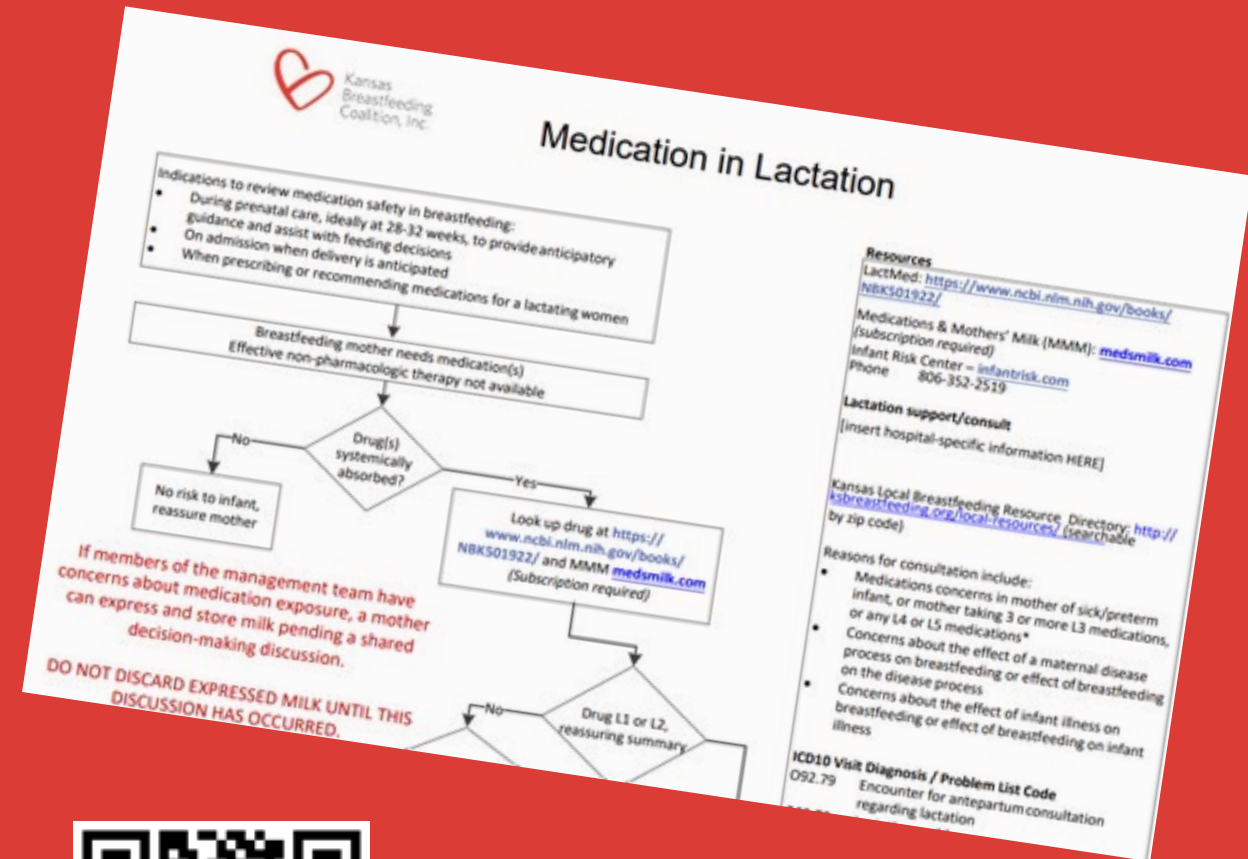
[Podcasts](#)

[Position Statements & Policies](#)

[Professional Organizations](#)

[Pumping and Storage of Breast Milk](#)

[Safe Sleep and Breastfeeding](#)



# Kansas 2023 Breastfeeding Conference

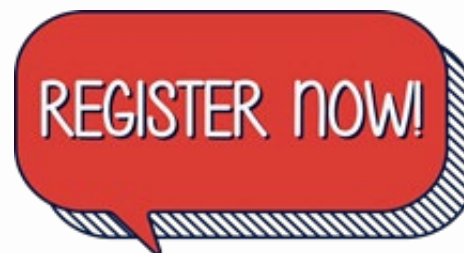
OCTOBER 26 & 27 | WICHITA



OCTOBER 26, 7-9 PM

## Thursday, October 26 "Hot Topics in Lactation"

8:30 – 8:45	Registration and Welcome
8:45 – 10:00	Common Challenges Facing the Lactation Professional Supporting Non-Gestational Parents— <a href="#">Alyssa Schnell</a>
10:00 -10:15	Break
10:15 – 11:45	Supplementation: A Goldilocks Dilemma — <a href="#">Alyssa Schnell</a>
11:45 – 12:30	Lunch
12:30 – 1:30	2022 Year in Review: Research and Policies of Importance— <a href="#">Sekeita Lewis-Johnson</a>
1:30 – 1:45	Break
1:45– 2:30	Co-Nursing: How Parents Share the Breastfeeding Relationship— <a href="#">Alyssa Schnell</a>
2:30 – 2:45	Break
2:45 – 3:45	The Breastfeeding Partner: How Dads, Co-Moms, and Other Special People Make a Difference— <a href="#">Alyssa Schnell</a>
3:45 – 4:00	Closing



SEKEITA LEWIS-  
Keynote  
JACKSON  
Speaker



ALYSSA SCHNELL  
Keynote Speaker

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Kansas Perinatal Quality Collaborative

*See you at the*

October Conference!



Postpartum Discharge Transition  
Bundle-In Development

