October 2022 **Learning Forum**

Re-Postpartum Model of Care: How do we respond?

KPQC GENERAL MEETING

Tuesday, November 15, 2022

11.15.22

Meeting Location: Sunflower Foundation, Topeka, KS

Target Audience: Kansas Perinatal Quality Collaborative (KPQC) members striving to improve maternal & infant health outcomes.

Goal: To make Kansas the best place to birth, be born, and to raise a family.

Objectives: At the end of the meeting, you will be able to:

1. Define the Fourth Trimester Initiative and describe how it connects to the new postpartum care model in Kansas.
2. Identify how immediate postpartum contraception improves maternal health outcomes.
3. Review current guidelines in the treatment of maternal hypertensive disorder for the inpatient postpartum setting.
4. Share examples of Birth Equity work occurring throughout Fourth Trimester sites, including next steps statewide.
5. Collaborate with other FTI sites to create an improved postpartum care model for hospitals and birth centers in Kansas.

Registration Information

Click here to *register* for the general meeting.

Agenda

8:30 am	**Registration**
9:00 am	**Welcome!** Cara Busenhart, PhD, CNM, APRN & Kasey Sorell, MBA, BSN, RN, CPC
9:10 am	**KPQC Overview & Updates** Terrah Stroda, CNM
9:30 am	**Session 1:** **Making Space: Family Planning in the Immediate Postpartum Setting** Selina M. Sandoval, MD
10:45 am	**Session 2:** **Making Change: Response to the Kansas Maternal Hypertensive Crisis** Bree Fallon, MSN, RNC-OB, C-EFM & Traci Johnson, MD
11:45 am	**Working Lunch (lunch provided)** KPQC Business Meeting
12:15 pm	**Session 3:** **KBEN Training & Group Work** Sharla Smith, PhD, MPH
1:30 pm	**FTI Site Recognition, Q & A, Open Mic, Brainstorming Session** Terrah Stroda, CNM & Kasey Sorell, MBA, BSN, RN, CPC
3:00 pm	**Adjourn**

Faculty

Selina M. Sandoval, MD

Dr. Selina Sandoval was born and raised in Sacramento, CA before moving for her undergraduate education at the University of Arizona. Following her undergraduate degrees, she attended the University of Illinois medical school where she fell in love with obstetrics and gynecology. She completed her residency education at the University of Kansas in Kansas City. Her time in residency solidified her dedication to reproductive health and abortion access. She completed her fellowship in Complex Family Planning at the University of California, San Diego before returning to Kansas City, which she calls home. She finds her passion in advocating for reproductive justice, including equity access to abortion care.

Bree Fallon, MSN, RNC-OB, C-EFM

Bree has been in the field of obstetric nursing for 18 years. She received her bachelor's in nursing from Rockhurst University and Research College of Nursing in 2004 and obtained her Master's in Leadership and Management in Nursing in 2020. Bree has enjoyed providing patient care in the setting of high-risk obstetrics, antepartum, maternal transport, and fetal surgery. She has had the joy of working as a unit obstetric clinical educator, system clinical education specialist, and has spent an occasional semester as an obstetric clinical adjunct. Bree has had the privilege of presenting both locally and nationally on a variety of obstetric topics. Bree has a passion for working together with other disciplines to improve the status quo and currently sits on the Kansas Maternal Mortality Review Committee. Bree has belonged to the Association of Women's Health, Obstetric, and Neonatal Nurses since 2010 and is the current Section Chair of Kansas.

Traci Johnson, MD

Dr. Traci Johnson is an Assistant Professor, Assistant Program Director in the Departments of Obstetrics and Gynecology at the University of Missouri in Kansas City. She graduated from Drexel University College of Medicine in Philadelphia, Pennsylvania. She completed her residency education at the Barnes-Jewish Hospital/Washington University School of Medicine in St. Louis, Missouri. Dr. Johnson is passionate about maternal health, with a special interest in improving maternal morbidity and mortality.

Sharla Smith, PhD, MPH

Dr. Sharla Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine-Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.

Continuing Nursing Education: KFMC Health Improvement Partners is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is pending approval for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0258-1009

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Registration is LIMITED!

https://kansaspqc.org/kpqc-november-general-meeting-registration/

Rapid Response: ***FTI Site Champs*** *in the news!*

Making Maternal Health a Priority Throughout Kansas

Tricia Rausch, RN
Perinatal Bereavement & Postpartum Emotional Support Program Coordinator
AdventHealth Shawnee Mission

As a Program Coordinator for AdventHealth Shawnee Mission, I have the opportunity to be involved in the care of hundr pregnancy, but sometimes this happiness turns to despair due to health complications.

Lately, you may have noticed more attention in the news regarding maternal morbidity and mortality. In September, the are preventable. Women in the United States are more likely to die from childbirth than women living in other developec receive prenatal care in the first trimester and premature birth rates in our area are higher than the rest of the country: (12.9%). I challenge our community to work together to make a change.

To solve maternal health inequities, we must work together on a number of strategies. Through our partnerships and Ac

United Community Services of Johnson County
October 13.2022

Urgent Care Scenario for Preemie Underscores Maternal Health Challenges for Low-income Johnson County Women

By Mike Sherry
OnPoint Communications

Dr. Annabel Mancillas is an OB-GYN at the University of Kansas Health System. She sees safety-net clients as part of her faculty appointment at KU Medical Center.

It wasn't the optimal solution, but Uber represented the best fallback option for Johnson County community health workers who were recently helping a Hispani urgent care.

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Rapid Response:
Welcome, ***Ascension Via Christi!***

KPQC
Kansas Perinatal Quality Collaborative

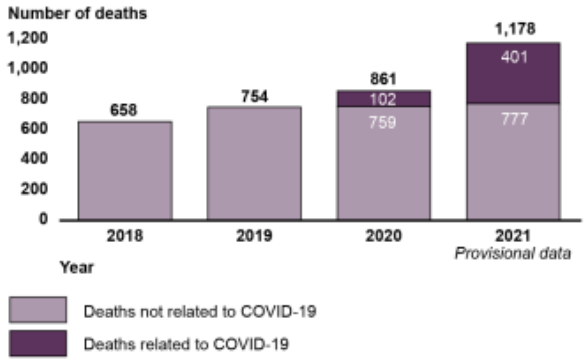
FOURTH TRIMESTER INITIATIVE

Rapid Response: Kari Smith ***Data Find***

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.

GAO

United States Government Accountability Office

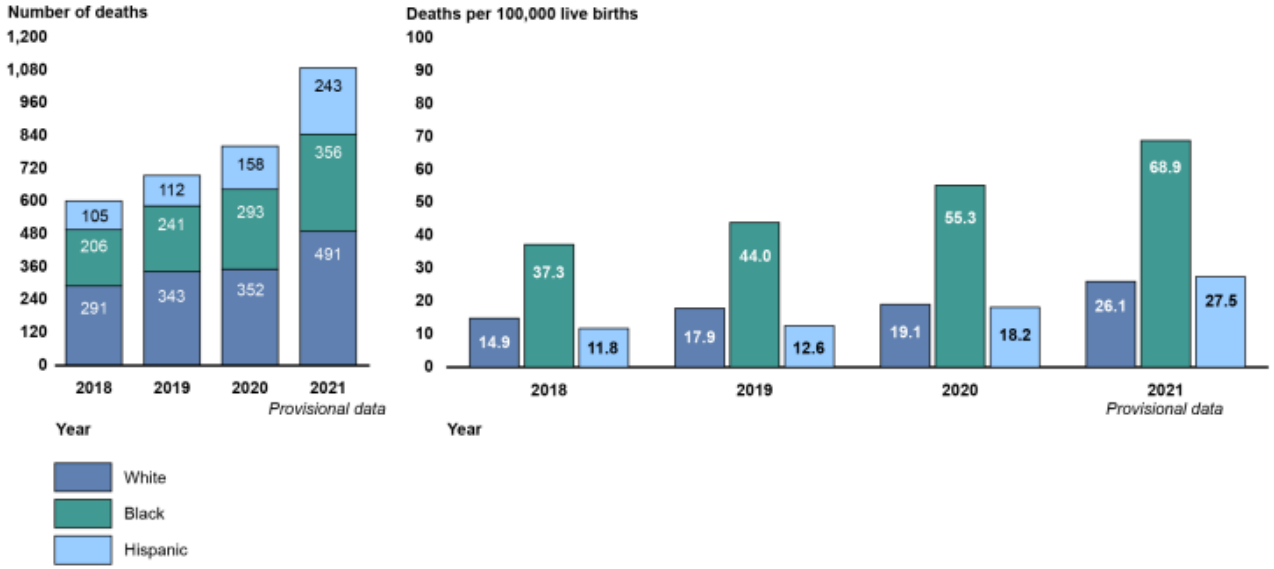
Report to Congressional Addressees

October 2022

MATERNAL HEALTH

Outcomes Worsened and Disparities Persisted During the Pandemic

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



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

Moreover, selected research, stakeholders, and NIH officials indicated that anxiety, depression, or stress may have worsened for pregnant and postpartum women due to the pandemic—in particular, due to social isolation and fears of COVID-19 infection.[41] Additionally, NIH officials noted that there are racial and ethnic disparities in the prevalence and severity of depression; however, data on the percentage of women who reported experiencing symptoms of depression were not available by race and ethnicity at the time of our analysis.

Pandemic Exacerbated Factors that Likely Contribute to Disparities in Maternal Health Outcomes

Stakeholders we interviewed, as well as CDC, HRSA, and NIH officials, stated that the COVID-19 pandemic exacerbated certain social factors that contribute to disparities in maternal health outcomes. In particular, stakeholders and officials said social determinants of health—such as access to care, transportation, or technology; the living environment; and employment—are key factors that contribute to disparities in maternal health outcomes. They said that during the COVID-19 pandemic these factors adversely affected women from racial and ethnic minorities or other socially disadvantaged groups more than others. For example:

- Stakeholders and HHS officials noted, and we previously reported, that women from racial and ethnic minorities and other socially disadvantaged groups (e.g., those in underserved areas) have faced barriers to accessing maternal health care.[42] The pandemic caused reductions in services, such as public transportation, and increased child care challenges, according to some stakeholders; this exacerbated existing barriers to accessing care and likely affected women from these groups more than others.
- Similarly, several stakeholders and NIH officials noted that increased use of telehealth during the pandemic highlighted existing challenges in using telehealth for those without reliable access to the internet.[43] For example, two stakeholders described pregnant women needing to drive to places with free internet to access telehealth from their car. Others faced challenges carrying out certain health care activities at home that would usually be conducted in person during a health care office visit, such as monitoring their blood pressure, according to two stakeholders.
- Additionally, research shows that women from low-income neighborhoods already were generally at higher risk for severe maternal morbidity or death before the pandemic.[44] During the pandemic, some stakeholders reported and research found that pregnant women who lived in such neighborhoods were also more likely to test positive for COVID-19 than others, in part, because they were not able to maintain distance from others to prevent infection.[45] Because COVID-19 infection during pregnancy increases the risk of maternal death, it could exacerbate existing disparities for low-income women.
- Similarly, data show that Hispanic women had higher rates of COVID-19 infection. Two stakeholders said, and some research suggests, this may be because these women were more likely to be essential workers who could not work from home or had more people living in

Rapid Response: ***FTI Site*** *Progress Reports*

KPQC FTI Project Update Sept 2022

Facility Name: Newman Regional Health

FTI Project	**Y- Completed** **N- Not Completed** **IP- In process**	**Comments**
POSTBIRTH Training	Y	
PP Policy Updated	Y	
KBEN Training	N	
Maternal Mental Health TA	Y	TA Site
PP Care Team/Community Resource List	Y- Community resource list Y-PP Care Team	
Breastfeeding: High 5 or Baby Friendly	Y	
PP Appointment Prior to Discharge	Y	
Others KPCC Embedded		

2022 - 2023
KPQC Fourth Trimester Initiative
Champion Timeline

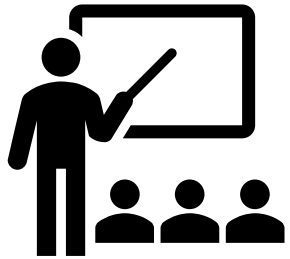
FTI Project	*Start*	*Finish*	*Sept '22*	*Oct '22*	*Nov '22*	*Dec '22*	*Jan '23*	*Feb '23*	*Mar '23*	*Apr '23*
POSTBIRTH Training	Current	Dec 2022								

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Rapid Response: ***FTI Site*** *EMR info requests*

- Email will go out to all FTI sites
- Gauging what EMR program you have
- Will help to gather data/submit data in coming months

Data collection: Completed QHi documents



- Advent Health Shawnee Mission
- Amberwell Hiawatha
- Citizens Medical Center
- Geary Community Hospital
- Hays Med
- Hutchinson Regional Hospital
- Lawrence Memorial Hospital
- Neosho Memorial Regional Med Center
- Newman Regional Health
- Olathe Med Center
- Pratt Regional Med Center
- Sunflower Birth & Family Wellness

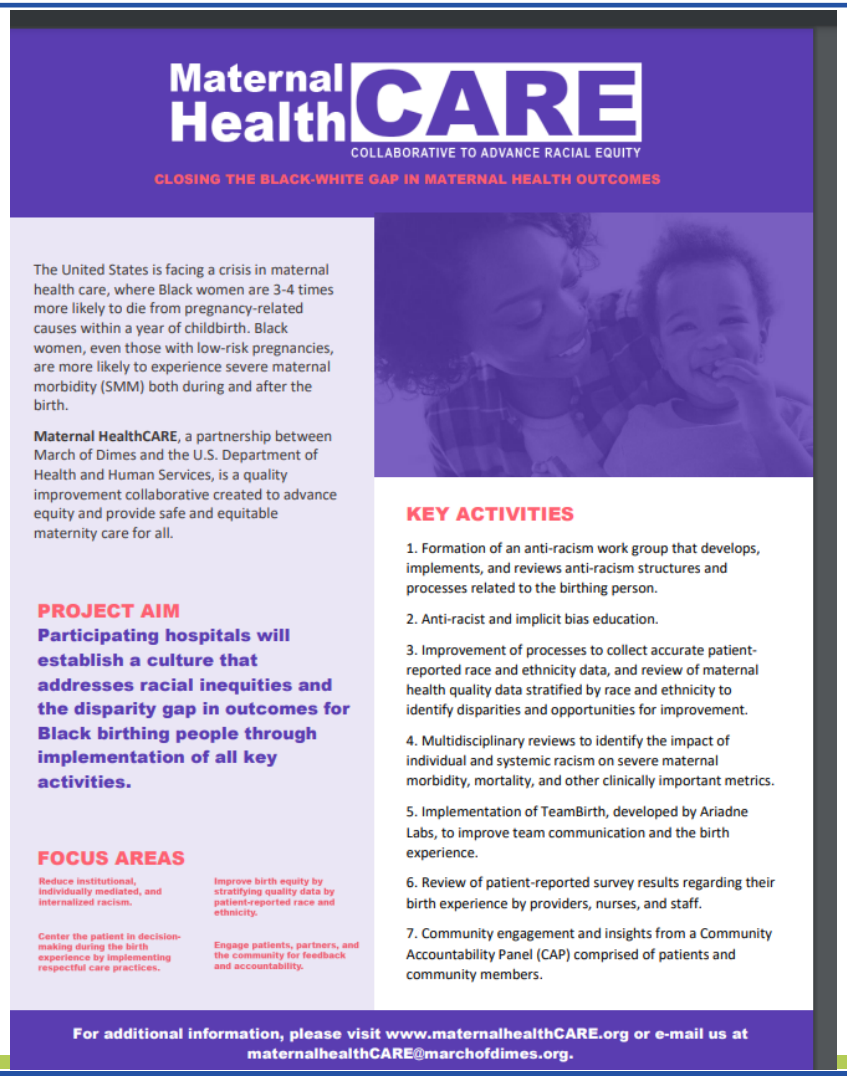
Contact: Stuart Moore
smoore@kha-net.org

KBEN Training
Deadline: October 31st

Completed (YEAH!)	**In Progress** ☺
Jessica Gier- Univ of KS KC	Jill White- Hutchinson Regional Med
Jessica Seib- HaysMed	Kristin Perez- Stormont Vail Health
Kari Smith- AdventHealth Shawnee Mission	Dr Taylor Bertschy- Wesley Med Center
Katie Kufahl- Community Healthcare System	Toni Carter- Neosho Memorial Med Center
Kayla Schroeder- Geary Comm Hospital	
Kimberlee Dick- Stormont Vail Health	
Dr Kimberly Brey- Stormont Vail Health	
Missy Mourek- Olathe Med Center	

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Rapid Response: ***Birth Equity***



Maternal HealthCARE

COLLABORATIVE TO ADVANCE RACIAL EQUITY

CLOSING THE BLACK-WHITE GAP IN MATERNAL HEALTH OUTCOMES

The United States is facing a crisis in maternal health care, where Black women are 3-4 times more likely to die from pregnancy-related causes within a year of childbirth. Black women, even those with low-risk pregnancies, are more likely to experience severe maternal morbidity (SMM) both during and after the birth.

Maternal HealthCARE, a partnership between March of Dimes and the U.S. Department of Health and Human Services, is a quality improvement collaborative created to advance equity and provide safe and equitable maternity care for all.

PROJECT AIM

Participating hospitals will establish a culture that addresses racial inequities and the disparity gap in outcomes for Black birthing people through implementation of all key activities.

FOCUS AREAS

Reduce institutional, individually mediated, and internalized racism.

Improve birth equity by stratifying quality data by patient-reported race and ethnicity.

Center the patient in decision-making during the birth experience by implementing respectful care practices.

Engage patients, partners, and the community for feedback and accountability.

KEY ACTIVITIES

1. Formation of an anti-racism work group that develops, implements, and reviews anti-racism structures and processes related to the birthing person.
2. Anti-racist and implicit bias education.
3. Improvement of processes to collect accurate patient-reported race and ethnicity data, and review of maternal health quality data stratified by race and ethnicity to identify disparities and opportunities for improvement.
4. Multidisciplinary reviews to identify the impact of individual and systemic racism on severe maternal morbidity, mortality, and other clinically important metrics.
5. Implementation of TeamBirth, developed by Ariadne Labs, to improve team communication and the birth experience.
6. Review of patient-reported survey results regarding their birth experience by providers, nurses, and staff.
7. Community engagement and insights from a Community Accountability Panel (CAP) comprised of patients and community members.

For additional information, please visit www.maternalhealthCARE.org or e-mail us at maternalhealthCARE@marchofdimes.org.

KS Birth Equity Network

+

March of Dimes

POWERHOUSE work

KPQC Kansas Perinatal Quality Collaborative

FOURTH TRIMESTER INITIATIVE

Rapid Response: *Women's Health Symposium*

HAYSMED

Women Health Symposium 2022

9 a.m.–3:15 p.m., Friday, November 4, 2022

HaysMed, Hadley Rooms, 2220 Canterbury Drive, Hays, KS 67601

Joint providership with HaysMed and The University of Kansas Medical Center Continuing Education and Professional Development and Area Health Education Center - West.

Program overview

This program is designed to improve the care of women health including, but not limited to, Kansas Morbidity and Mortality data, Maternal Mental Health, Maternal Complications in the Postpartum Period and Infant feeding and followup.

Objectives

Following this program, the participants can be expected to:

- Examine the state of maternal morbidity and mortality in Kansas.
- Identify key factors in MMH for Kansas women in pregnancy and the first year after birth.
- Identify the importance of screening women during childbearing years with Edinburgh Postnatal Depression Scale.
- Examine resources, treatment options, and care considerations for maternal mental health.
- Explore postpartum risk factors to new mothers related to POST BIRTH Warning Signs and importance of awareness in identifying signs and symptoms.
- Explore implications of pregnancy complications and how they can affect a woman's health across her lifespan.
- Identify key assessment findings in infant follow up in the early weeks following birth related to feeding and development.
- Examine ways to support the new mother faced with feeding challenges and frequent follow up.

For more information

785-623-5500

haysmed.com/education

FTI Maternal Mental Health TA Workshops

Save the Date: 11.21.22, noon-1

Details:

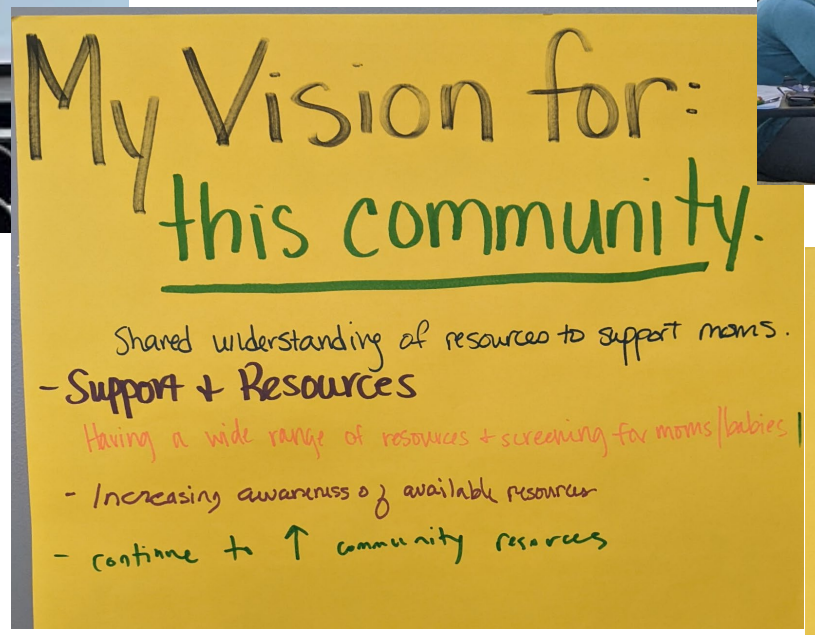
Quarterly workshops <u>open to all FTI sites</u> for discussion and shared learning around maternal mental health policy and screening implementation benchmarks, as well as special topics in perinatal behavioral health best practices and systems integration.

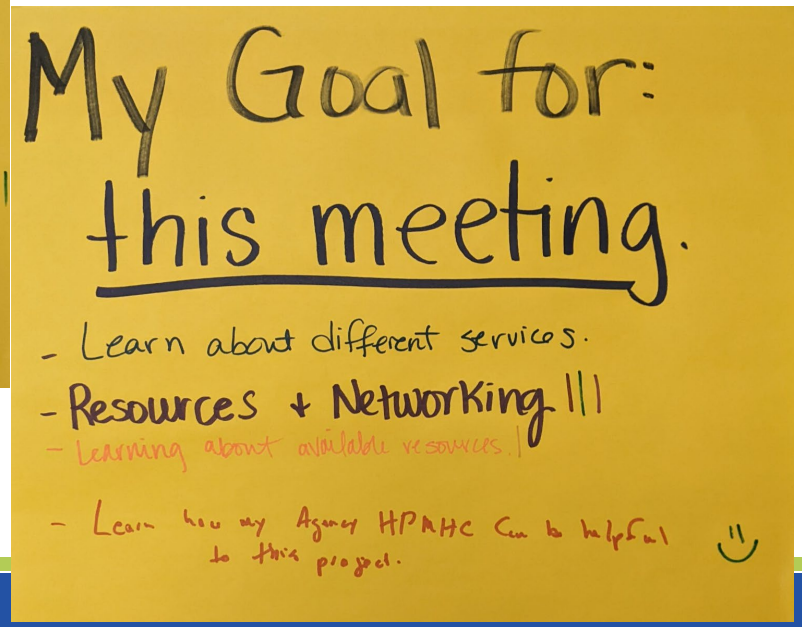
- ✓ Ask questions and get support from KCC staff and expert consultant team
- ✓ Bring questions and reflections from your own organization to discuss with peers for solutions and support
- ✓ Receive updates & resources related to perinatal behavioral health in Kansas

Save-the-date for Workshop #1:
Monday, November 21st, 2022, 12:00-1:00 PM, email invitation forthcoming

KANSAS CONNECTING COMMUNITIES
KANSAS MATERNAL & CHILD HEALTH
Kansas Department of Health and Environment

KPQC/KDHE Site Visits





KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Family Planning

To decrease adverse maternal outcomes

Kansas Goal, AIM Goal

2022 - 2023 KPQC Fourth Trimester Initiative Champion Timeline										
FTI Project	*Start*	*Finish*	*Sept '22*	*Oct '22*	*Nov '22*	*Dec '22*	*Jan '23*	*Feb '23*	*Mar '23*	*Apr '23*
POSTBIRTH Training	Current	Dec 2022								
KBEN Training	Current	October 2022								
Maternal Mental Health TA	Current	Ongoing thru 2023								
PP Appointment Prior to Discharge	Current	Ongoing thru 2023								
AIM Data Entry	Nov 2022	Ongoing thru April 2023								
PP Care Team/PP Referrals/Community Resource List	Sept 2022	December 2022								
Breastfeeding: High 5 & Baby Friendly	Current	Ongoing thru 2023								
Reproductive Family Planning	Oct 2022	Ongoing thru 2023								
ED/EMS Triage Policy	Current	Ongoing thru 2023								
SSDOH Screening & Referral to CRL	TBD		**TBD**							
Implicit Bias Training	TBD		**TBD**							
Standardized Discharge Summary	TBD		**TBD**							

Where does it fit?

The NEW Postpartum Model

Educate
Screen
Refer

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

- **Maternal Warning Signs**
  1. POSTBIRTH Education & Recognition
  2. Identify Medical Red Flags prior to discharge, PP Appt
- **Maternal Mental Health**
- **PP Appointment(s)** prior to discharge
- **Breastfeeding**
  - High 5 for Mom & Baby, Baby Friendly
- **Family Planning**
- **SSDOH**
- **PP Care Team**: Pt included
  - Who? How? When?
- Pt debriefs for Adverse Outcome Events
- ED/EMS Triage (Universal question, POST-BIRTH, ACOG Algorithms)
- Link Up! (MCH, Outpatient clinics, etc)

KPQC **MAJOR** Learning Forum Event

Tuesday, October 25th from 12:00 – 1:00 pm

Call to Arms:
Family Planning in the Immediate Postpartum Birth Setting

Sridevi Donepudi, MD, MMM, FAAFP
Medicaid Medical Director,
Kansas Department of Health & Environment

Madhuri Reddy, MD, FACOG
Department of Obstetrics & Gynecology,
University of Kansas Health Systems

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Meeting registration: HERE

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

Postpartum Maternal Health: Challenges and Strategies to Improve Outcomes

Immediate Postpartum LARC

October 2022

Madhuri Reddy, MD, FACOG

Associate Professor

Department of Obstetrics and Gynecology

University of Kansas Health System

Sridevi Donepudi, MD, MMM, FAAFP

Medicaid Medical Director

Division of HealthCare Finance

Kansas Department of Health & Environment

Objectives

- Understand the reasons for why the adoption of immediate postpartum (PP) contraception is important
- Provide the knowledge and tools to improve contraceptive practices around postpartum long-acting reversible contraception (LARC)
- Describe currently available LARC methods
- Review billing/coding/reimbursement for postpartum LARC

The Why

- National – Maternal Health Crisis
  - Maternal mortality rate highest of any developed nation
  - More than double rate of peer countries
  - Most pregnancy-related deaths are considered **preventable**

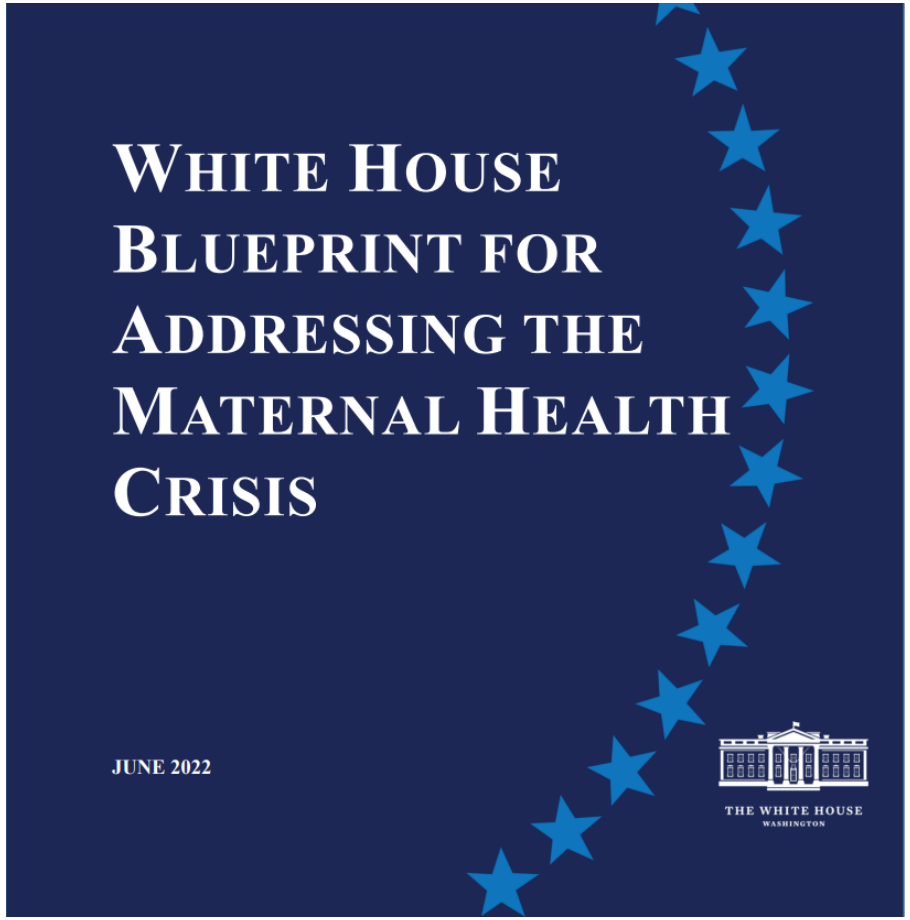
  …and mortality and morbidity disproportionately affect rural, Black and American Indian/Alaska Native women, *irrespective of income or education.*

The Landscape of Maternal Mortalities Nationally

- 80% of pregnancy-related deaths pre or postpartum[1]:
  - 30% before delivery
  - 50% postpartum
    - 18.6% in first week
    - 21.4% day 7-41, 11.7% days 43-365
    - **Notable limitations based on reporting and that state MMRC data excluded deaths attributable to suicide, drug overdose, homicide and unintentional injury ("related" vs "associated")**
- Variable estimations for those attending postpartum visit – 25%-96.5% (patient self-report higher than claims, majority articles publishing data 2015 or later)
  - ACOG reports 60% (Presidential Task Force on Redefining the Postpartum Visit and Committee on Obstetric Practice, 2018)
  - PRAMS (Pregnancy Risk Assessment Monitoring System) closer to 90% (Danilack et al., 2019)

1. Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 states 2013-2017; MMWR May 10, 2019; 68 (18); 423-429

Biden-Harris Maternal Health Blueprint



Key Goals of National Maternal Health Crisis Blueprint

1. **Increase access and coverage comprehensive, high-quality maternal health services (including behavioral health)**
2. Accountable systems of care where patient and decision-makers are heard
3. Research, data collection, standardization, transparency
4. Expand and diversify perinatal workforce
5. Strengthen supports both economically and socially throughout perinatal period (before, during, and after)

Kansas Localization of Maternal Health Efforts

- Maternal Mortality Review Committee (Goal 3 – Data collection and study)
  - Timing of deaths over 3-year span 2016-2018 (57 pregnancy-associated) varied from national distribution (“associated” vs “related,” related = 13 deaths)
    - Higher proportion postpartum than national data for both pregnancy-related and pregnancy-associated
    - For pregnancy-associated, **47% occurred >/= 43 days to one year postpartum**
      - Different prevalence of contributing factors late postpartum, excluded from national data – MVC, homicide, poisoning/overdose, infection, substance use disorder
  - Results paralleled national data in common contributing factors
    - HTN/CV screening
    - Postpartum complications
    - Behavioral Health – including Substance Use Disorder, particularly opioid use, abuse, overdose/suicide

Kansas Localization of Maternal Health Efforts

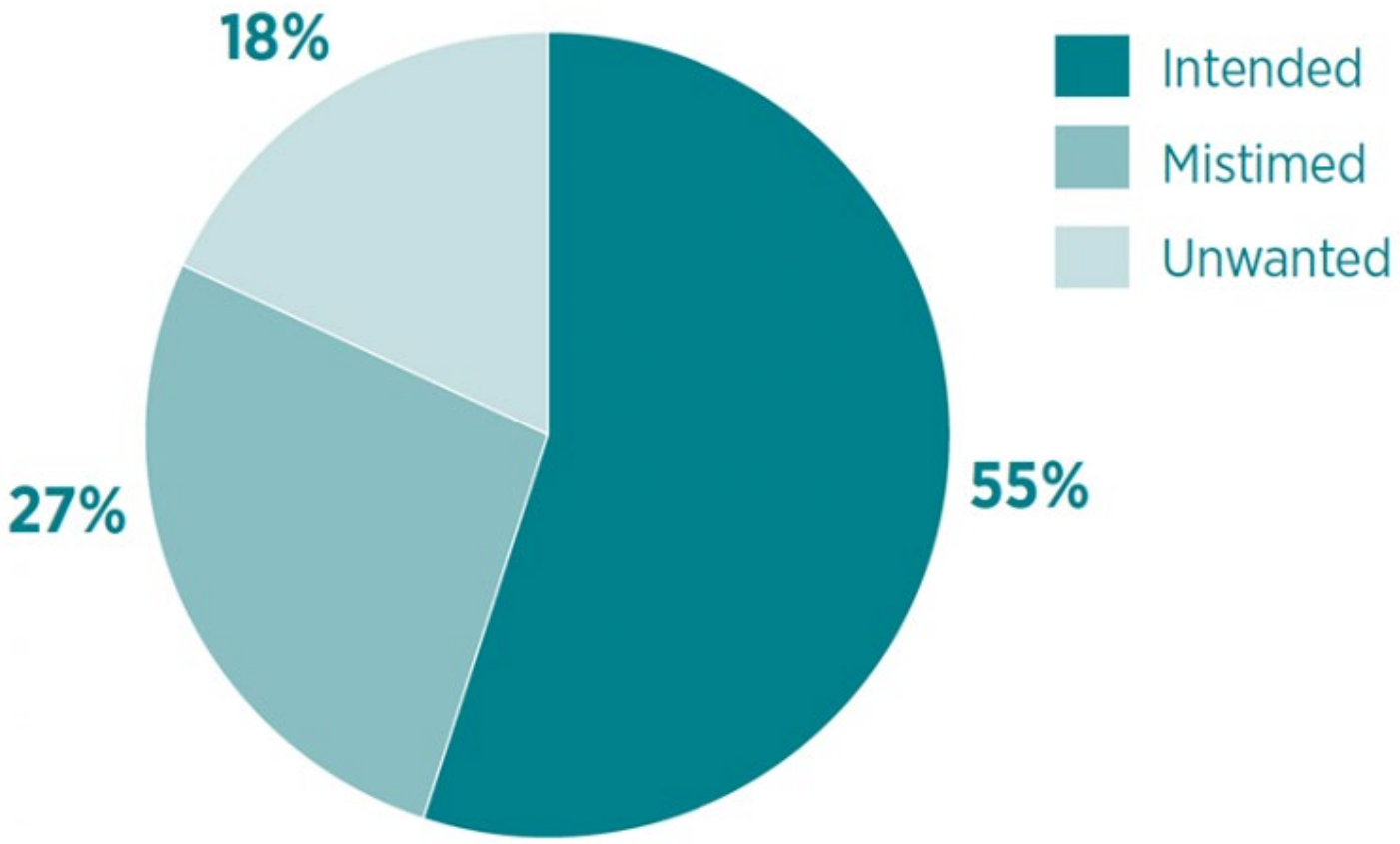
- Perinatal Quality Collaborative
  - Participating hospitals – currently 80% of KS births, soon to be 92%
  - Standardized screening, referrals as indicated, postpartum follow-up scheduled
  - Standardized Education
    - Post-birth warning signs (early postpartum complications, especially including eclampsia, hemorrhage, blood clots, infection)
    - Seatbelt safety

Fourth Trimester

- Many maternal deaths occur in the postpartum period up to 1 year after birth
- Time of major change with physical and emotional challenges
- Maternal safety bundles
  - Postpartum care basics for maternal safety: birth to postpartum visit
  - Transition from maternity to well-woman care: addressing co-morbidities, prevent unintended pregnancies

PREGNANCIES BY INTENTION STATUS

Nearly half of U.S. pregnancies were unintended in 2011.



Of 6.1 million annual pregnancies

Finer, NEJM, 2016

Pregnancy spacing

- 35% of all pregnancies were conceived within 18 months of a previous birth (rapid repeat pregnancy)
  - 75% of those pregnancies are mistimed or unwanted

- LARC users → 4x odds of optimal birth interval compared with women who used less effective methods

- Women who receive counseling during postpartum period have:
  - Increased rates of contraceptive use
  - Fewer unplanned pregnancies

Tang, Contraception; 2013
Lopez, Cochrane; 2014

Gemmill, Obstet Gynecol; 2013
Zhu, NEJM; 1999
Thiel de Bocanegra, AJOG; 2014

Why immediate postpartum LARC?

- Up to 40-60% of women do not return for a postpartum visit due to:
  - Childcare obligations
  - Unable to get off work
  - Unstable housing
  - Lack of transportation
  - Communication or language barrier
  - Lack of insurance coverage or potential expiration of Medicaid eligibility.

- 40–57% of women report having unprotected intercourse before the routine 6-week postpartum visit

CDC MEC for LARC Postpartum

	Cu IUD	LNG IUD
<10 min after placental delivery	1	2
10 min – 4 weeks after delivery	2	2
> 4 weeks after delivery	1	1
Puerperal sepsis	4	4

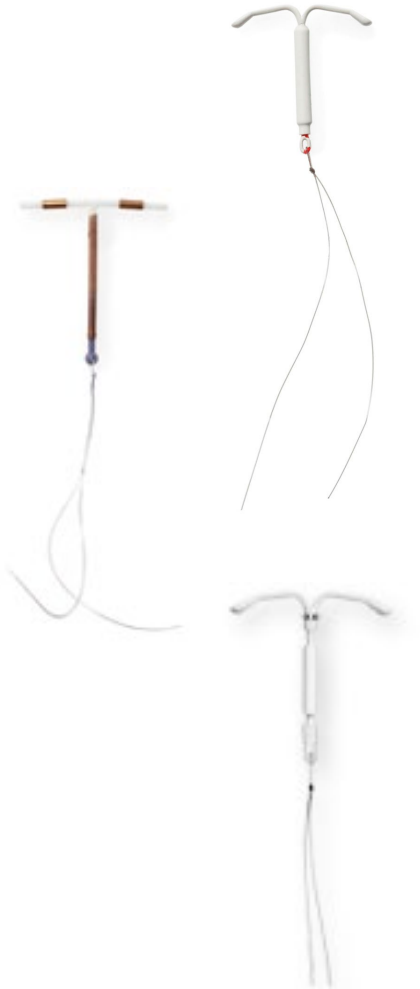
	Implant
Breastfeeding	2
Non-Breastfeeding	1

US MEC 2016

Immediate postpartum IUDs

Intrauterine devices (IUD, IUC, IUS)

- Highly effective
- Rapidly reversible
- High continuation rates
- High satisfaction rates
- Cost-effective



PPIUD: Definitions

Postpartum Insertion

- Post-placental insertion (“Delivery Room Insertion”)
  - IUD is inserted within 10 minutes after the expulsion of the placenta following a vaginal delivery
- Immediate postpartum insertion (“Morning After Delivery Insertion”)
  - IUD is inserted after the post-placental period but within 48-72 hours of a vaginal delivery
- Trans-cesarean insertion
  - When the insertion takes place following a cesarean delivery, before the uterine incision is closed

Interval insertion

- Insertion of the IUD at ≥ 4 weeks postpartum

Completion & Retention of LARC

Postpartum Continuation	
IUDs	89%
Implant	87%

Interval Continuation	
CU-IUD	77%
LNG-IUD	79%
Implant	69%
Pill/Patch/Ring/DMPA	41%

- Greater IUD use among immediate PP placement than among intended interval placement at 6 and 12 months
- High satisfaction rates
- Elective discontinuation for both IUDs and implants on par with interval placement

Cohen et al, Contraception 2015
Wilson S et. al; *Contraception;* 2014
Ireland LB et al; *Contraception*; 2014
Woo et al, Contraception 2015

IUDs: Expulsion rates

Study	Delivery	N	Immediate (<10min)	Early	Standard
Chen 2010	Vaginal	102	22	-	4
Dahlke 2011	Vaginal	46	27	27	0
Whitaker 2014	Cesarean	42	20	-	0
Lester 2015	Cesarean	68	3	-	6
Ahuja 2014	Vaginal	263	9	24	-
Singh 2014	Vaginal or Cesarean	200	8	11	-

Lopez, *Cochrane*, 2015

Breastfeeding and IUDs

Copper IUD

- No concerns

LNG-IUD

- No difference in breastfeeding rates among women with a PPIUD and an interval IUD at 6, 12, and 24 weeks after delivery
- Initiation at or after 6 weeks postpartum does not affect milk supply

Chen BA et al.; *Contraception*; 2011
Levi, Breastfeed Med; 2018
Shaamash AH et al.; *Contraception*; 2005

Advantages

Disadvantages

“The benefit of effective contraception immediately after delivery may outweigh the disadvantage of increased risk of expulsion”

Grimes D et al; *Cochrane Syst Rev*, 2010
Lopez LM et al.; *Cochrane Syst Rev*; 2015

Complications

Insertion Related

- Uterine perforation
- Cervical injury
- Severe pain
- Vasovagal reaction

Post-insertion

- Expulsion
- Infection
- Bothersome bleeding
- Cramping
- Malposition
- Missing strings
- Partner complaints about strings
- Failure (pregnancy)

Postpartum implants

Contraceptive Implant

- Technically identical to interval insertion
- Timing can be anytime during hospital stay

Implant insertion timing	Rapid repeat teen pregnancy
During hospital admission	3%
After hospital admission	19%

Tocce, *AJOG*; 2012

Implant and breastfeeding

Systematic review

No difference between interval placement and immediate postpartum placement for:

- Lactogenesis
- Overall breastfeeding performance

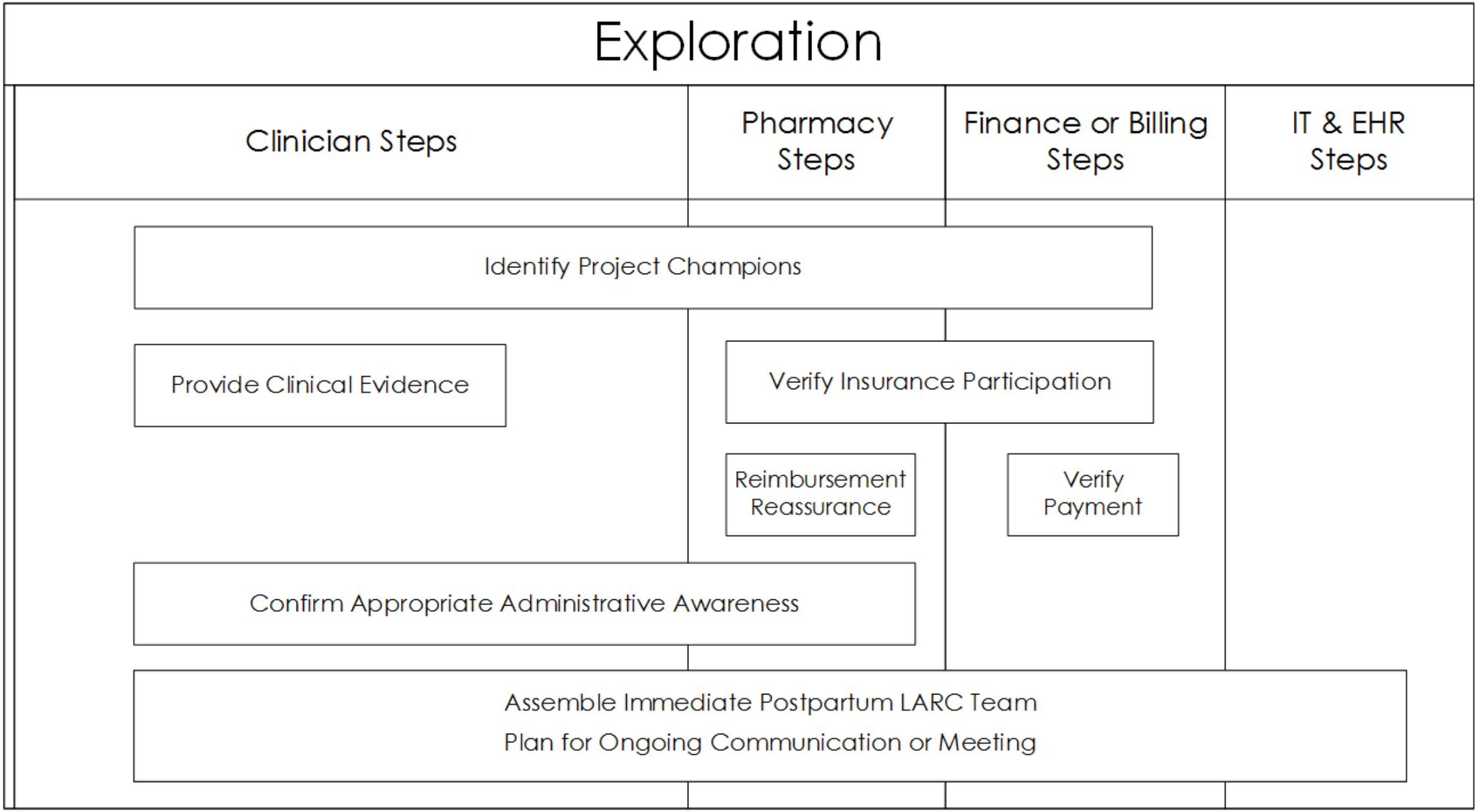
Randomized trial of immediate PP implant vs. nothing

- Does not impact milk production or newborn milk intake
- No difference in breastfeeding rates through 6 months postpartum

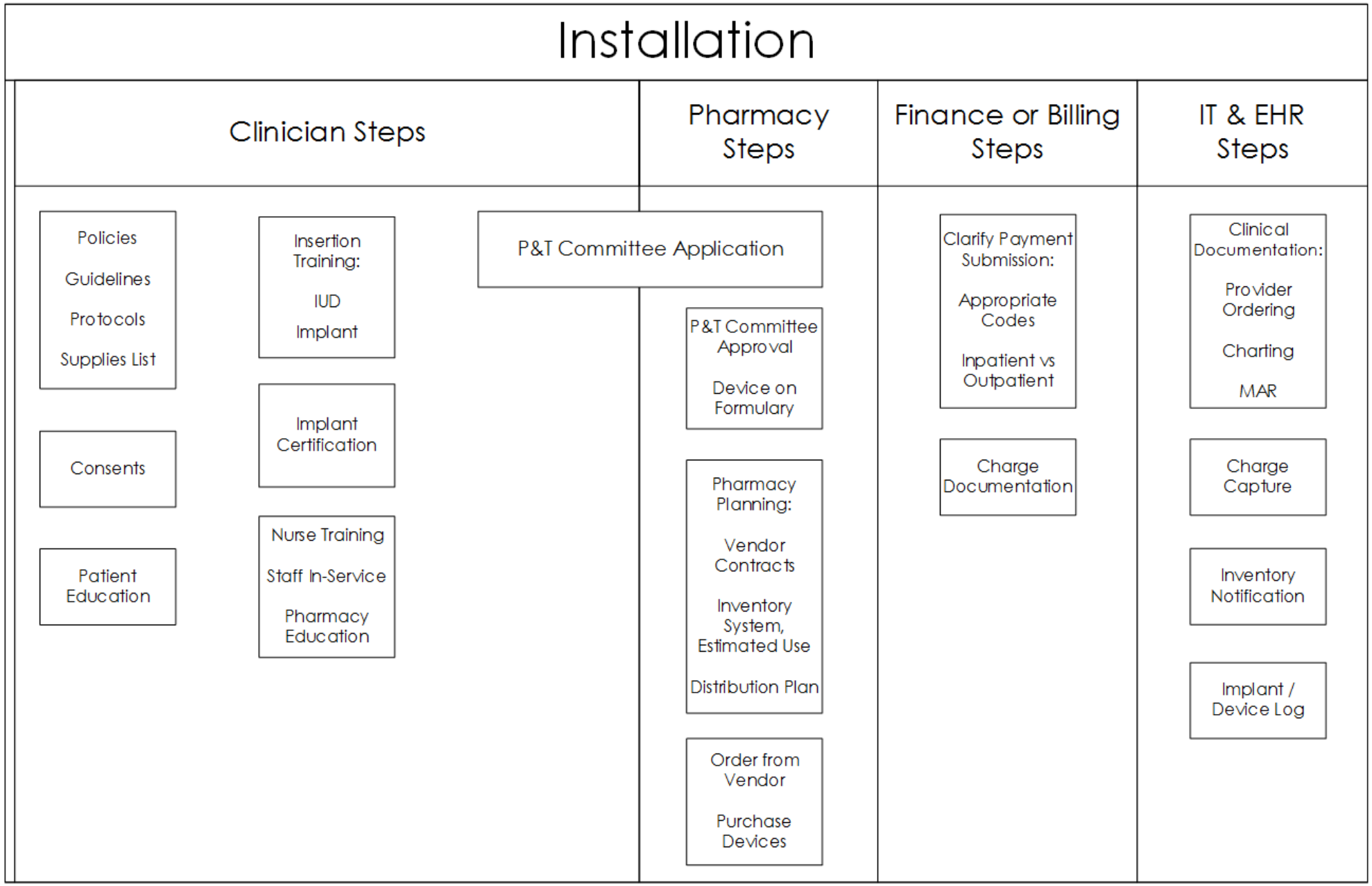
Phillips et al Contraception 2015
Braga Contraception 2015
Gurtcheff SE et al, Obstet Gyncol 2011

Getting started

pcainitiative.acog.org

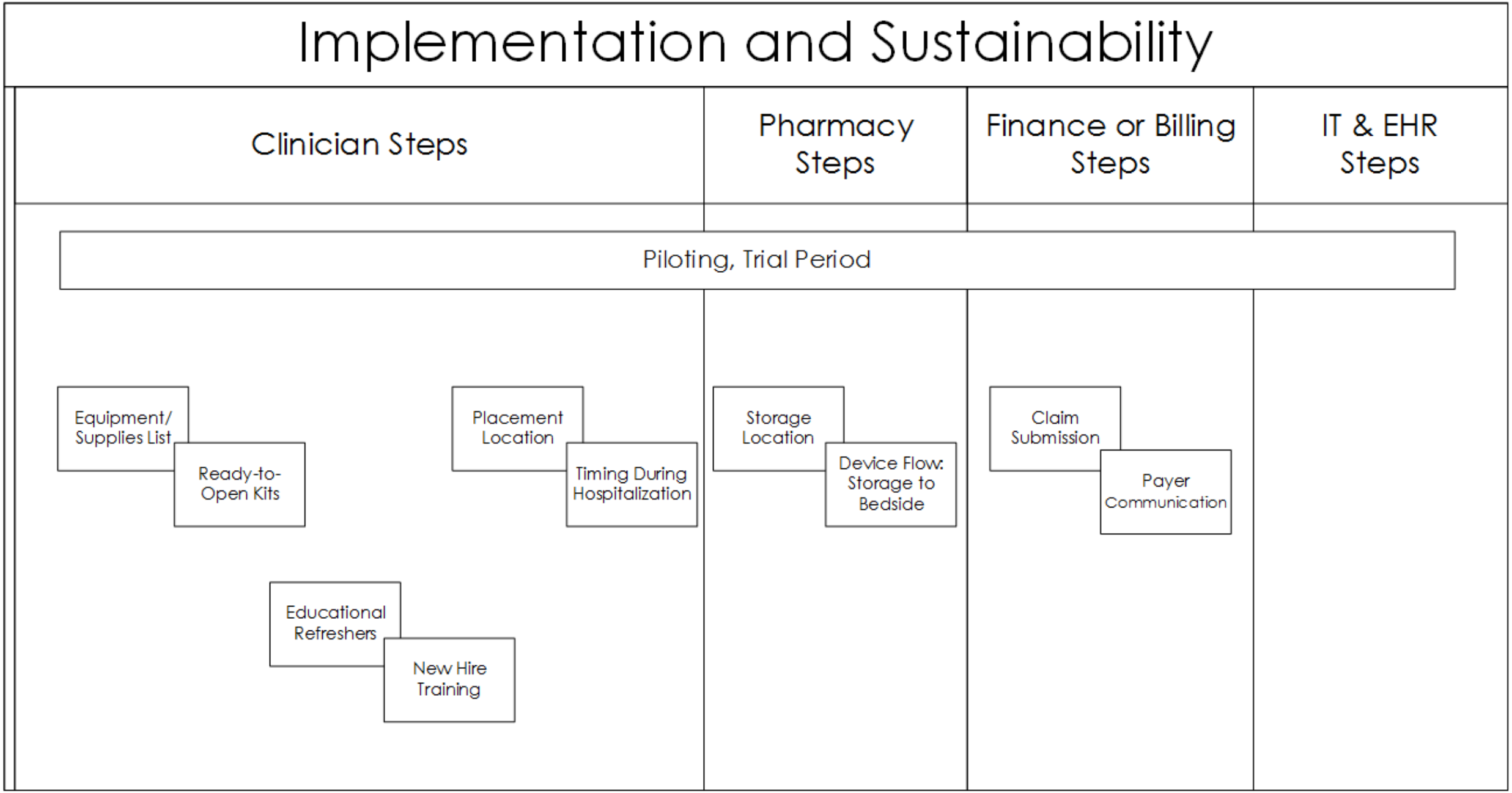


IT, Information Technology; EHR, Electronic Health Record; LARC, Long Acting Reversible Contraception



IT, Information Technology; EHR, Electronic Health Record; IUD, Intrauterine Device; P&T, Pharmacy and Therapeutics; MAR, Medication Administration Record

Implementation and Sustainability



IT, Information Technology; EHR, Electronic Health Record

Reimbursement

Kansas Department of Health and Environment
Division of Health Care Finance

Amerigroup An Anthem Company | sunflower health plan | UnitedHealthcare Community Plan

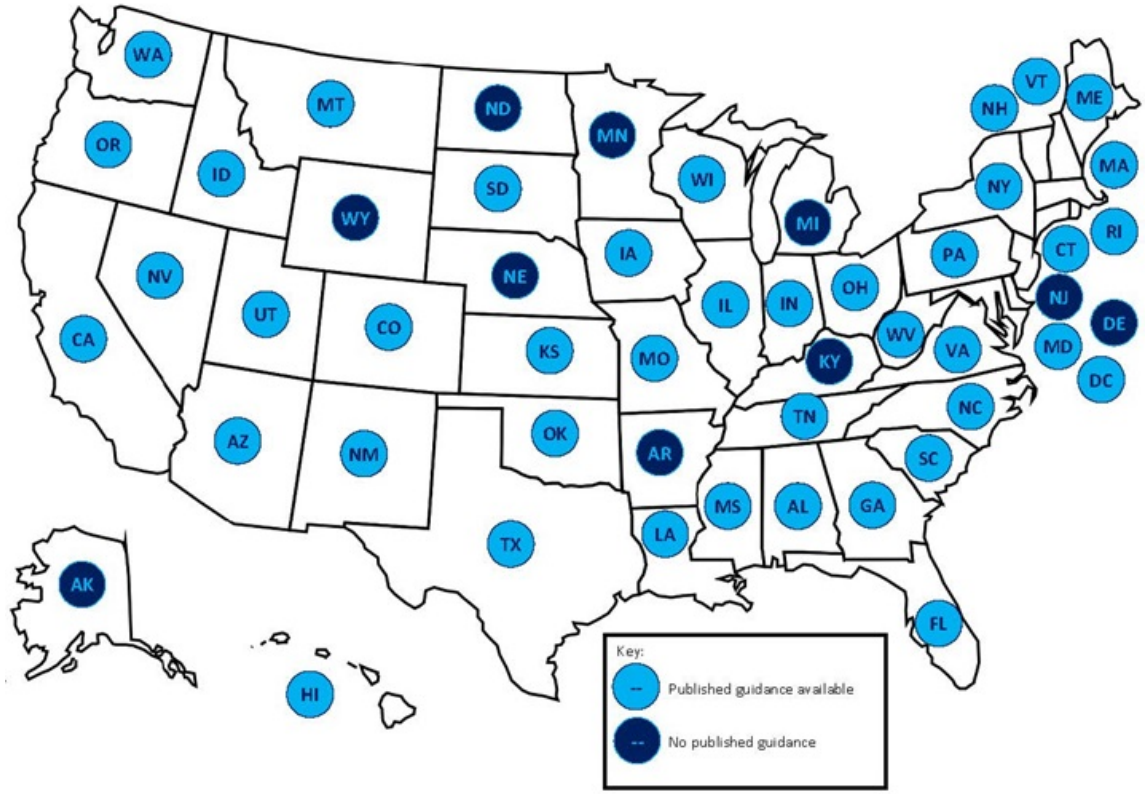
MAY 2018

KMAP GENERAL BULLETIN 18103

Reminder: LARC Recommendations

An updated practice bulletin from the American College of Obstetricians and Gynecologists (ACOG) published in November 2017 expands on previous recommendations regarding long-acting reversible contraception (LARC), including intrauterine devices (IUDs) and contraceptive implants. The new recommendations explain that a LARC is safe and effective in adolescents and nulliparous women and for insertion immediately after childbirth or abortion. Reference the Long-Acting Reversible Contraception: Implants and Intrauterine Devices page of the ACOG website.

Kansas Medicaid covers the insertion of these devices by providers in an acute care setting using procedure codes 58300 and 11981.



Billing and coding

Device	Kyleena® 19.5 mg LNG IUS	Liletta® 52 mg LNG IUS	Mirena® 52 mg LNG IUS	Nexplanon® 68 mg ENG implant	ParaGard® 380 mm^2 copper IUD	Skyla® 13.5mg LNG IUS
Device HCPCS Code	J7296	J7297	J7298	J7307	J7300	J7301
Device Insertion CPT Code	58300	58300	58300	11981	58300	58300

The Landscape of Maternal Mortalities Nationally

- 40% of all births in US covered by Medicaid
  - Changes made to Medicaid coverage impact broadest population and broadest at-risk populations
  - Most have barriers to equitable access to early and consistent prenatal care and postpartum care and significant contributing SDOH factors to poorer outcomes
  - Genesis of public grant programs rooted in fact that most consistent predictor of poverty was access to contraception

Kansas Medicaid Program Strategies

- Reduce/eliminate financial barriers to optimal access to care
  - Carve-out of LARCs from DRGs – **scheduled to go live 1/1/2023 (pending CMS authorization)**
  - Insertion codes already covered currently

Kansas Medicaid Program Strategies

- Reduce/eliminate financial barriers to optimal access to care
  - Carve-out postpartum visits from global billing – under assessment
- Continuity of insurance coverage, access to care
  - Postpartum extension – approved for extending Medicaid coverage from 60 days to 12 months postpartum
    - Also associated with better pediatric outcomes
  - No authorization for Medicaid expansion at this point

Summary

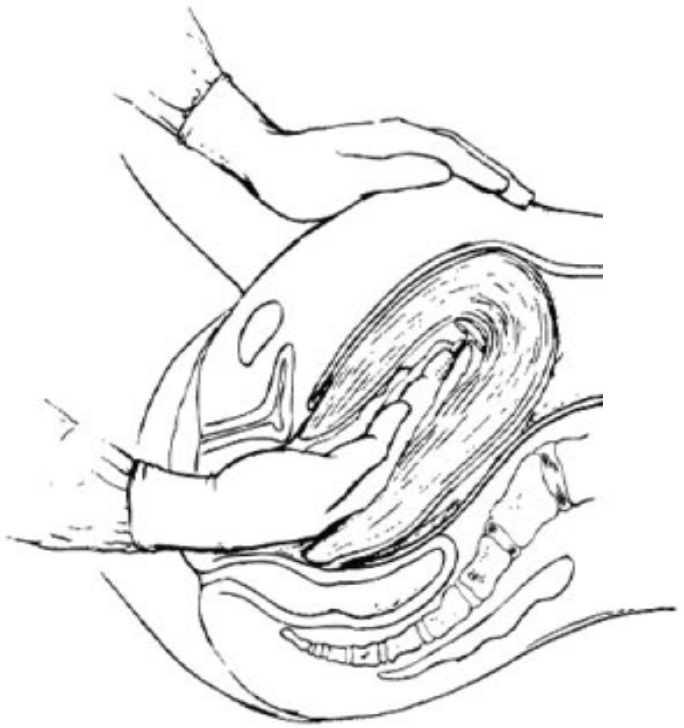
- Postpartum contraception counseling, including a discussion of immediate postpartum LARC, should be a routine part of prenatal care
- Almost all women are eligible for immediate postpartum LARC, including the contraceptive implant and post-placental IUD
- Immediate postpartum LARC is safe and effective
- Immediate postpartum LARC should be offered to all eligible, interested women after childbirth

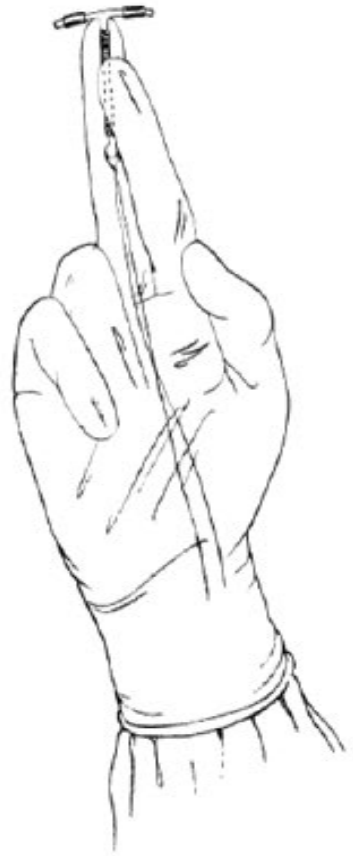
Questions?

Thanks to Valerie French for sharing slides!

PPIUD Insertion: Manual Insertion Method

- Grasp the IUD between your 2nd and 3rd fingers and insert your hand into the uterus, to the fundus
- External hand to stabilize the uterus and confirm fundal location
- Slowly open your fingers and remove your hand from the uterus

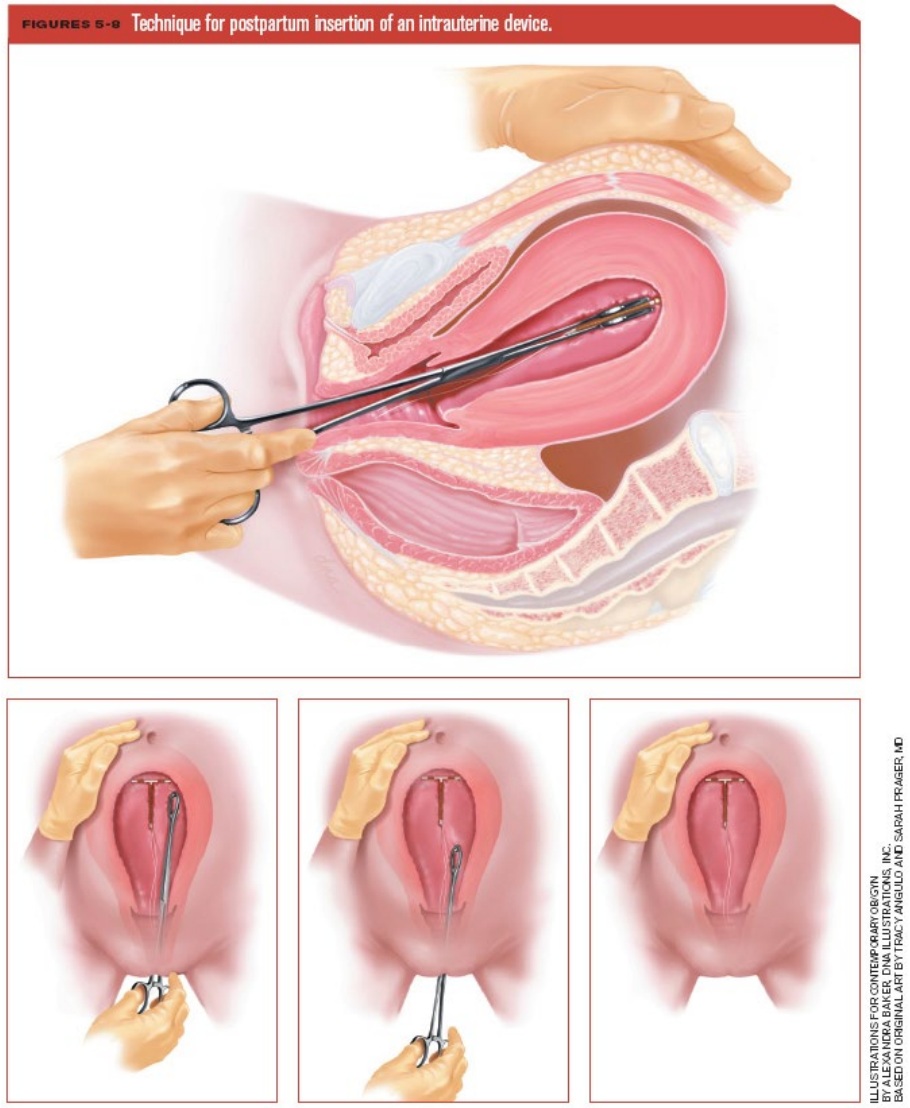




Voedisch AJ, Blumenthal PD. Contemporary OB/GYN. January 2012: 20-31.

PPIUD Insertion: Ring Forceps Method

1. Grasp the anterior cervical lip with a ring forceps
2. Grasp the IUD with the ring forceps – but **DO NOT close the ratchets on the forceps**
3. Exert gentle traction toward yourself with the cervix-holding forceps
4. Insert the forceps holding the IUD through the cervix and into the lower uterine cavity
5. Release the hand holding the cervix and place the hand on the abdomen, palpating the fundus
6. Move the IUD-holding forceps to the fundus
7. Open the forceps and release the IUD
8. Slowly remove the forceps from the uterine cavity, keeping it slightly open

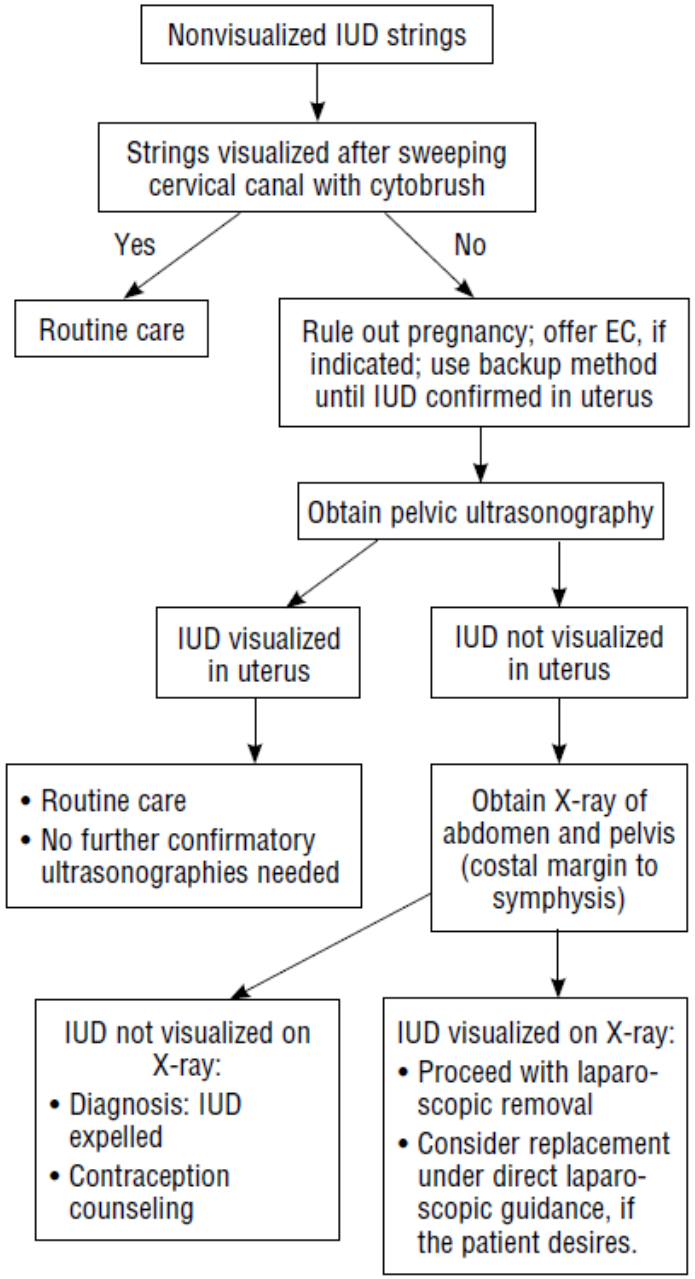


Voedisch AJ, Blumenthal PD. Contemporary OB/GYN. January 2012: 20-31.

“Missing” IUD strings

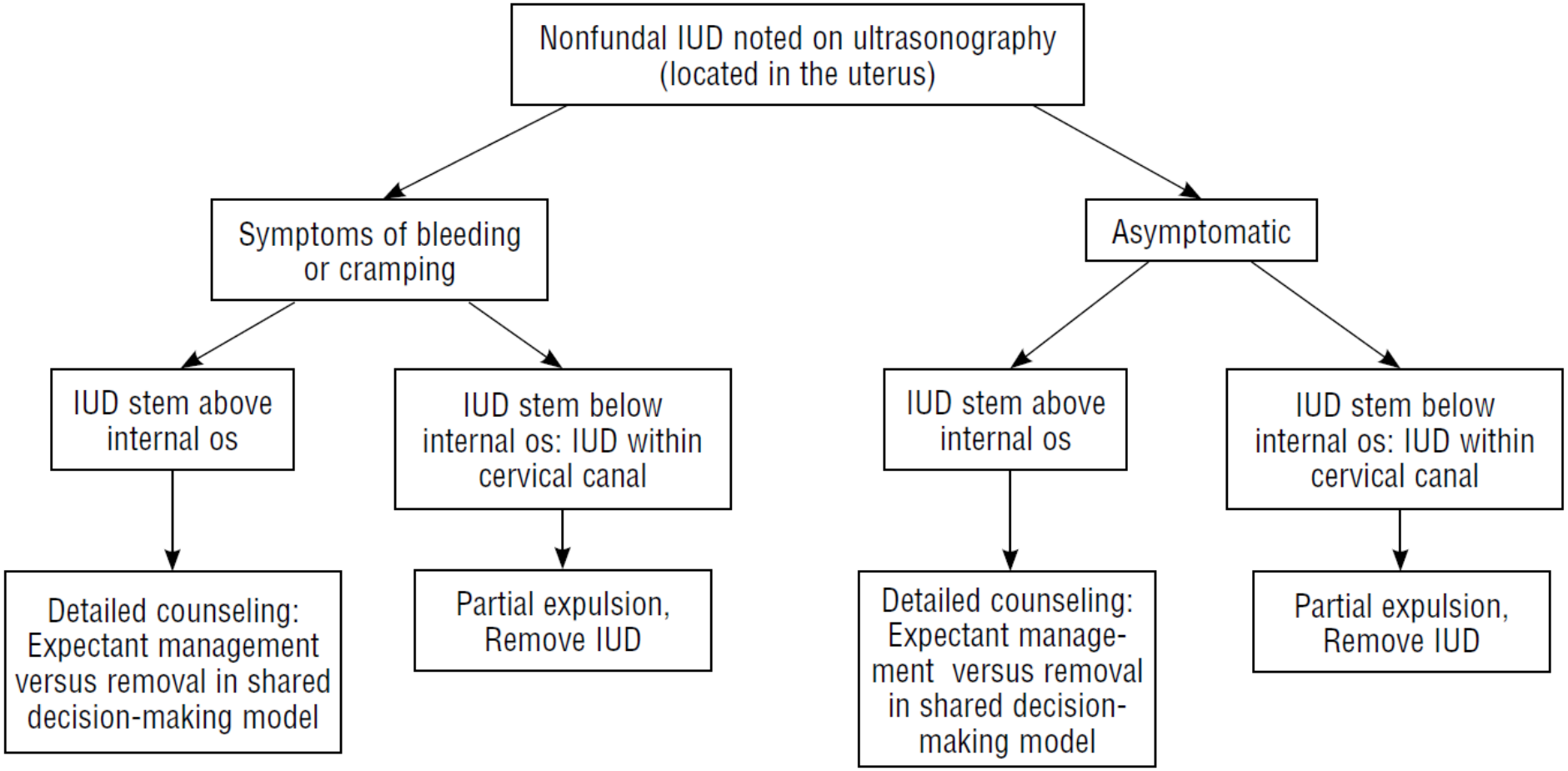
- Back-up contraception until location confirmed
- Confirm uterine location with ultrasound

- Effective for contraception as long as device is above the internal os



ACOG CO 672, Clinical Challenges of LARC; 2016

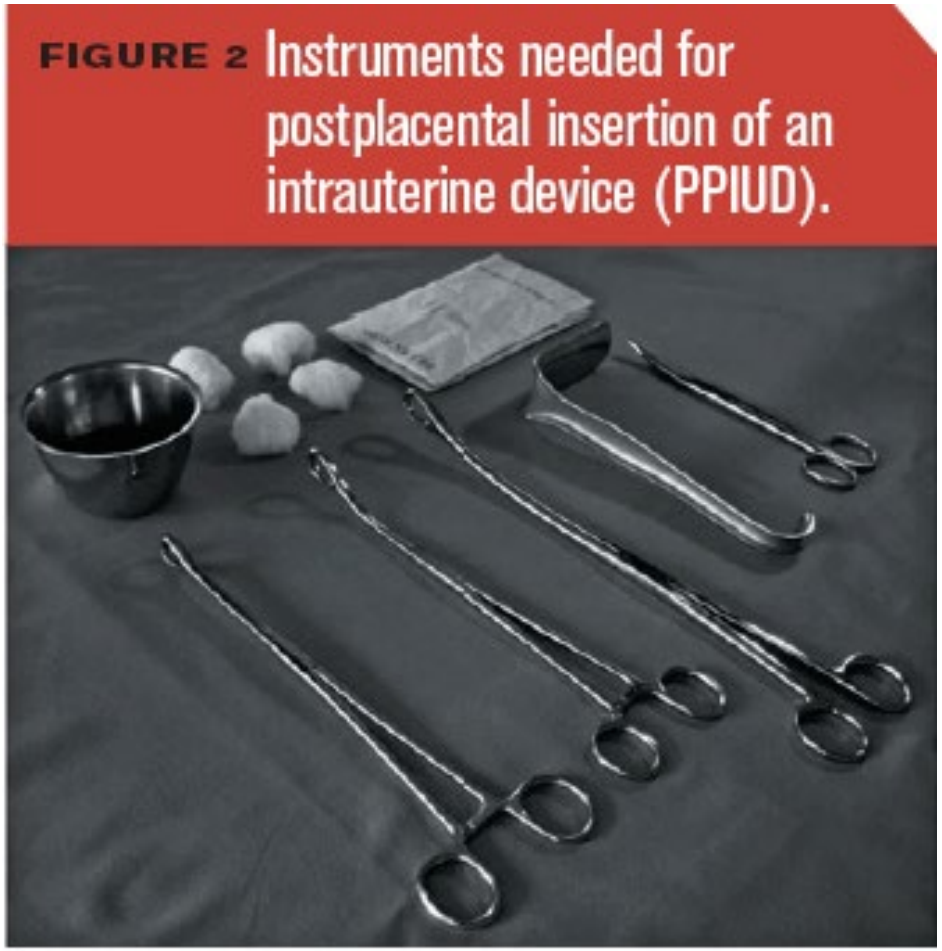
Management of non-fundal IUDs



ACOG CO 672, Clinical Challenges of LARC; 2016

PPIUD Insertion: Pre-insertion

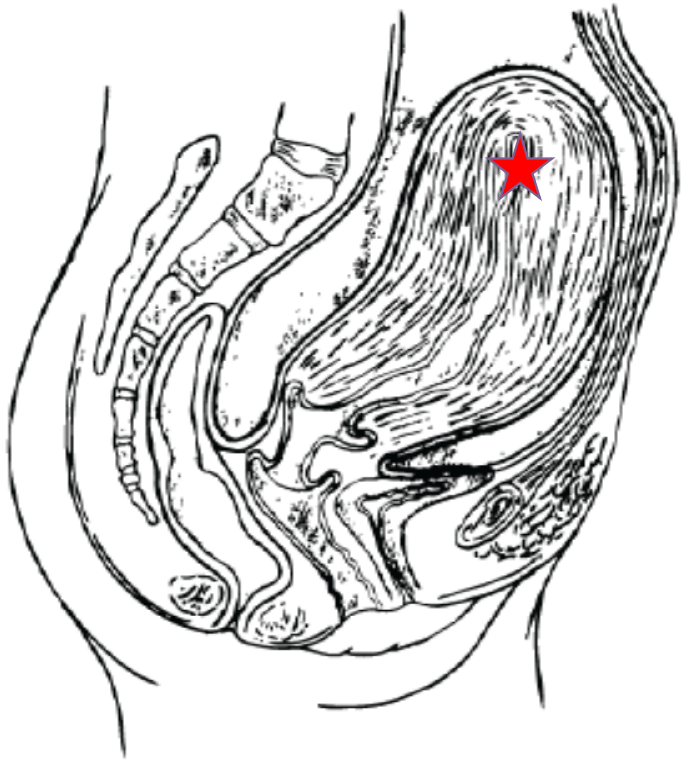
1. Confirm consent and desire for PPIUD, and ensure no contraindications
2. Palpate the uterus to evaluate the height of the fundus
3. Cleanse the external genitalia and vagina with **betadine**
4. Change into **new sterile gloves**



Voedisch AJ, Blumenthal PD. Contemporary OB/GYN. January 2012: 20-31.

PPIUD Insertion: Post-Insertion

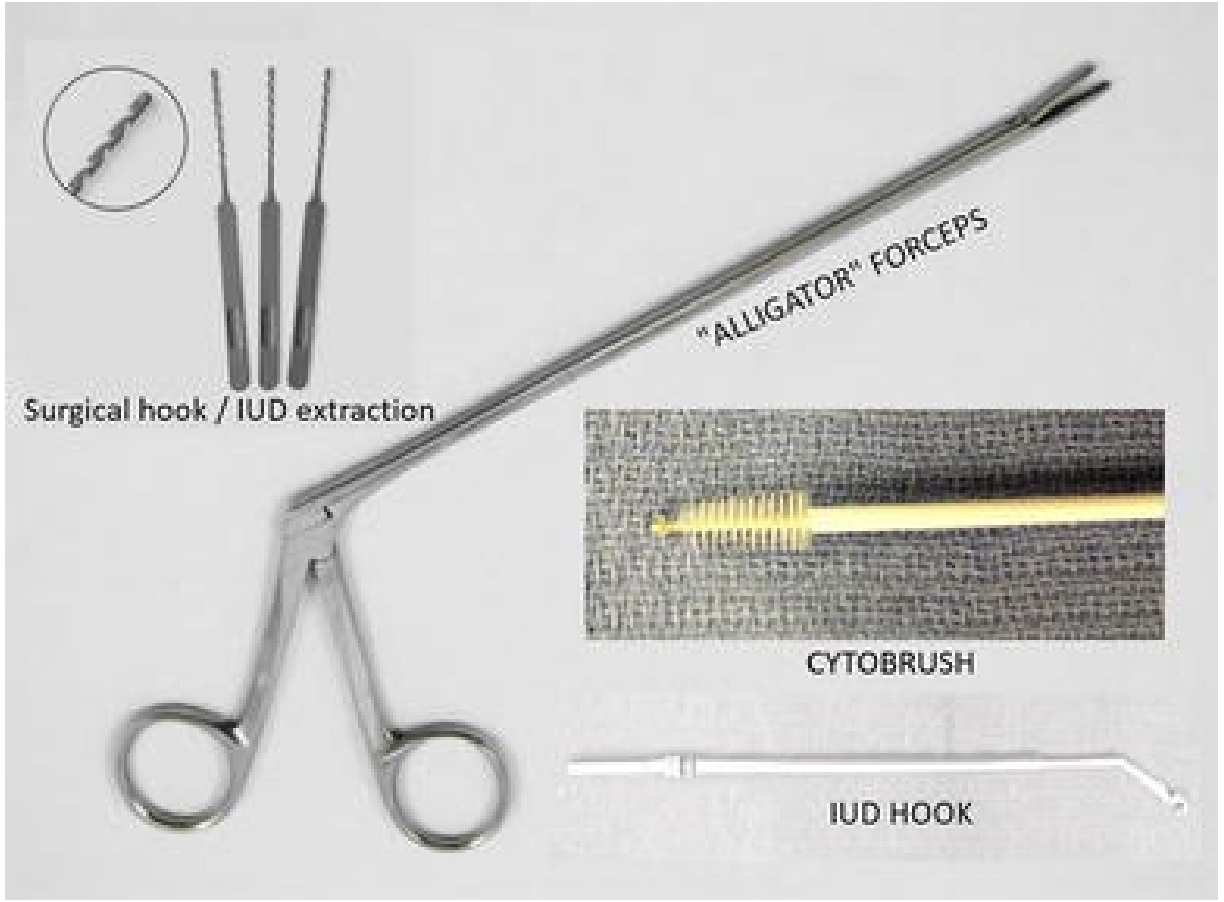
- Examine the cervix for strings – if strings are visualized, **cut the strings flush with the external cervical os**
- Remove the ring forceps from the anterior cervical lip and remove the speculum (if used)
- Repair obstetrical laceration if indicated



The AQUIRE Project. 2008. *The postpartum intrauterine device: A training course for service providers. Trainer's Manual*. New York: EngenderHealth.

Removal of IUD with “missing strings”

- Cytobrush
- After uterine location confirmed, remove with an instrument



Key Goals of National Maternal Health Crisis Blueprint

- Goal 3: Research, data collection, standardization, transparency
  - Maternal Mortality Review Committees (MMRCs, multi-disciplinary)
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
- Goal 4: Expand and diversify perinatal workforce
  - Expand licensed midwives, doulas, community health workers, home visits for underserved communities

Key Goals of National Maternal Health Crisis Blueprint

- Goal 5: Strengthen supports both economically and socially throughout perinatal period (before, during, and after)
    - Screening and protections/resources for social determinants of health risk factors

URGENT MATERNAL WARNING SIGNS

Call 911 if you have:

Trouble breathing

Chest pain or fast-beating heart

Seizures

Thoughts 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)

Severe belly pain that doesn't go away

Severe nausea and throwing up (not like morning sickness)

Extreme swelling of your hands or face

Changes in your vision

Headache that won't go away, dizziness or fainting

Baby's movements stopping or slowing

Vaginal bleeding or fluid leaking ***during pregnancy***

Fever

Incision that is not healing

Vaginal bleeding soaking through more than 1 pad/ hour ***after pregnancy***

Swelling, redness, or pain of your leg

Overwhelming tiredness

Feeling intense anxiety

Feelings of depression or having little interest in things

Scary or upsetting thoughts that won't go away

Kansas Department of Health and Environment

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

safe health care for every woman

This resource has been adapted with permission from the American College of Obstetricians and Gynecologists, Council on Patient Safety in Women's Health Care; Urgent Maternal Warning Signs, V1 May 2020

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. **Remember to say that you're pregnant or have been pregnant within the last year.** Learn more: safehealthcareforeverywoman.org/urgentmaternalwarningsigns

Thank you!

Re- Postpartum Model of Care: How do we respond?

KPQC GENERAL MEETING

Tuesday, November 15, 2022

11.15.22

Meeting Location: Sunflower Foundation, Topeka, KS

Target Audience: Kansas Perinatal Quality Collaborative (KPQC) members striving to improve maternal & infant health outcomes.

Goal: To make Kansas the best place to birth, be born, and to raise a family.

Objectives: At the end of the meeting, you will be able to:

1. Define the Fourth Trimester Initiative and describe how it connects to the new postpartum care model in Kansas.
2. Identify how immediate postpartum contraception improves maternal health outcomes.
3. Review current guidelines in the treatment of maternal hypertensive disorder for the inpatient postpartum setting.
4. Share examples of Birth Equity work occurring throughout Fourth Trimester sites, including next steps statewide.
5. Collaborate with other FTI sites to create an improved postpartum care model for hospitals and birth centers in Kansas.

Registration Information

Click here to *register* for the general meeting.

Agenda

8:30 am	**Registration**
9:00 am	**Welcome!** Cara Busenhart, PhD, CNM, APRN & Kasey Sorell, MBA, BSN, RN, CPC
9:10 am	**KPQC Overview & Updates** Terrah Stroda, CNM
9:30 am	**Session 1:** **Making Space: Family Planning in the Immediate Postpartum Setting** Selina M. Sandoval, MD
10:45 am	**Session 2:** **Making Change: Response to the Kansas Maternal Hypertensive Crisis** Bree Fallon, MSN, RNC-OB, C-EFM & Traci Johnson, MD
11:45 am	**Working Lunch (lunch provided)** KPQC Business Meeting
12:15 pm	**Session 3:** **KBEN Training & Group Work** Sharla Smith, PhD, MPH
1:30 pm	**FTI Site Recognition, Q & A, Open Mic, Brainstorming Session** Terrah Stroda, CNM & Kasey Sorell, MBA, BSN, RN, CPC
3:00 pm	**Adjourn**

Faculty

Selina M. Sandoval, MD

Dr. Selina Sandoval was born and raised in Sacramento, CA before moving for her undergraduate education at the University of Arizona. Following her undergraduate degrees, she attended the University of Illinois medical school where she fell in love with obstetrics and gynecology. She completed her residency education at the University of Kansas in Kansas City. Her time in residency solidified her dedication to reproductive health and abortion access. She completed her fellowship in Complex Family Planning at the University of California, San Diego before returning to Kansas City, which she calls home. She finds her passion in advocating for reproductive justice, including equity access to abortion care.

Bree Fallon, MSN, RNC-OB, C-EFM

Bree has been in the field of obstetric nursing for 18 years. She received her bachelor's in nursing from Rockhurst University and Research College of Nursing in 2004 and obtained her Master's in Leadership and Management in Nursing in 2020. Bree has enjoyed providing patient care in the setting of high-risk obstetrics, antepartum, maternal transport, and fetal surgery. She has had the joy of working as a unit obstetric clinical educator, system clinical education specialist, and has spent an occasional semester as an obstetric clinical adjunct. Bree has had the privilege of presenting both locally and nationally on a variety of obstetric topics. Bree has a passion for working together with other disciplines to improve the status quo and currently sits on the Kansas Maternal Mortality Review Committee. Bree has belonged to the Association of Women's Health, Obstetric, and Neonatal Nurses since 2010 and is the current Section Chair of Kansas.

Traci Johnson, MD

Dr. Traci Johnson is an Assistant Professor, Assistant Program Director in the Departments of Obstetrics and Gynecology at the University of Missouri in Kansas City. She graduated from Drexel University College of Medicine in Philadelphia, Pennsylvania. She completed her residency education at the Barnes-Jewish Hospital/Washington University School of Medicine in St. Louis, Missouri. Dr. Johnson is passionate about maternal health, with a special interest in improving maternal morbidity and mortality.

Sharla Smith, PhD, MPH

Dr. Sharla Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine-Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.

Continuing Nursing Education: KFMC Health Improvement Partners is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is pending approval for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0258-1009

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

https://kansaspqc.org/kpqc-november-general-meeting-registration/