



Severe Hypertension in Pregnancy Initiative



Enrollment Packet 2025





Vision

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

Mission

To improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.

Background

Kansas Department of Health and Environment (KDHE) has teamed up with the Kansas Perinatal Quality Collaborative (KPQC) to launch maternal health quality initiatives aimed at decreasing maternal morbidity and mortality in our state. In 2021, Kansas officially enrolled as an Alliance for Innovation on Maternal Health (AIM) state, implementing the Postpartum Discharge Transition patient safety bundle (known in Kansas as the *Fourth Trimester Initiative*).

According to 2016-2020 Kansas Maternal Mortality Review Committee data, cardiovascular conditions and hypertension were the first and second leading causes of pregnancy related death in Kansas. During that same time period, according to Kansas Hospital Discharge Data, approximately 1 in 161 Kansas women who delivered a baby experienced severe maternal morbidity (SMM). Preeclampsia is the second leading cause of SMM in Kansas (Hospital Discharge Data 2022). Recognizing that SMM occurs one hundred times more frequently than maternal mortality, it is clear that intentional interventions to address severe hypertension in pregnancy and in the postpartum period are needed.

Furthermore, there is an increased risk for preterm delivery in Kansas in the presence of maternal hypertensive disorder. In 2022, 10.5% of infants were delivered preterm (<37 weeks) in our state. To address optimal health outcomes for these neonates, recommendations for early initiation of lactation as an evidenced-based intervention is imperative.

Kansas Perinatal Quality Collaborative Purpose

To **engage and empower** patients, their families and support system, providers, and Kansas communities to **intentionally improve** maternal and neonatal health outcomes with our collective, inspired effort.

Severe Hypertensive Disorders Bundle Implementation:

The SHTN Bundle will:

- ✓ Enhance the education of providers, patients, and the community regarding best practice models.
- ✓ Improve utilization of community perinatal collaboratives.
- ✓ Improve communication and collaboration between providers.
- ✓ Engage all maternal health stakeholders.
- ✓ Address disparities in maternal health care.

What's in it for our birth facilities?

Birth facilities who participate in the SHTN in Pregnancy patient safety bundle will receive, at no cost, directional coaching and the provision of this timely and necessary quality improvement project. Free resources, training, technical assistance, and constant collaboration with maternal health leaders across Kansas will be available.

Facility Enrollment

Readiness

- Review SHTN Bundle document below, **recognizing that not all elements outlined will be implemented in Kansas**, and determine interest in enrolling
- [SHTN Bundle Overview Video \(~3 minutes\)](#)

Roles

- Identify the key members at your birth facility required for the SHTN Bundle. List each team member and related information. A team member may fulfill more than one function.
 - SHTN in Pregnancy Champion
 - Lead Obstetrics/Family Practice Provider

Enrollment Agreement

- Obtain approval for your birth facility's enrollment and have the authorized agent sign the "Enrollment Agreement".

Submission

- Submit all forms below by **February 10, 2025** to Terrah Stroda, CNM, Maternal QI Coordinator (tstroda@gmail.com):
 - Participation Category
 - Roles for Enrollment
 - Enrollment Agreement

Once these forms have been submitted the Maternal QI Coordinators will be in contact to gather baseline facility data.

Participation

- Attend monthly KPQC Learning Forum sessions (recorded for your convenience).
- Attend quarterly virtual office hours with Maternal QI Coordinators
- Attend in-person workday (no more than once per year)
- Attend KPQC Annual Conference
- Submit semi-annual data to the AIM Data Center via a secure REDCap link (specific to your facility) or via spreadsheet to Jamie Kim, KDHE Epidemiologist.



Severe Hypertension in Pregnancy Patient Safety Bundle

Readiness — Every Care Setting

Develop processes for management of pregnant and postpartum patients with severe hypertension, including:

- ▶ A standard protocol for maternal early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (including order sets and algorithms)
- ▶ A process for the timely triage and evaluation of pregnant and postpartum patients with severe hypertension or related symptoms
- ▶ A system plan for escalation, obtaining appropriate consultation, and maternal transfer as needed

Ensure rapid access to medications used for severe hypertension/eclampsia with a brief guide for administration and dosage in all areas where patients may be treated.

Conduct interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families.

Develop trauma-informed protocols and provider education to address health care team member biases to enhance equitable care.

Recognition & Prevention — Every Patient

Assess and document if a patient presenting is pregnant or has been pregnant within the past year in all care settings.

Ensure accurate measurement and assessment of blood pressure for every pregnant and postpartum patient.

Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.

Provide ongoing education to all patients on the signs and symptoms of hypertension and preeclampsia and empower them to seek care.

Provide ongoing education to all health care team members on the recognition of signs, symptoms, and treatment of hypertension.



Severe Hypertension in Pregnancy Patient Safety Bundle

Response — Every Event

Utilize a standardized protocol with checklists and escalation policies including a standard response to maternal early warning signs, listening and investigating patient-reported and observed symptoms, and assessment of standard labs for the management of patients with severe hypertension or related symptoms.

Initiate postpartum follow-up visit to occur within 3 days of birth hospitalization discharge date for individuals whose pregnancy was complicated by hypertensive disorders.

Provide trauma-informed support for patients, identified support network, and staff for serious complications of severe hypertension, including discussions regarding birth events, follow-up care, resources, and appointments.

Reporting and Systems Learning — Every Unit

Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for every case of severe hypertension, which identifies successes, opportunities for improvement, and action planning for future events.

Perform multidisciplinary reviews of all severe hypertension/eclampsia cases per established facility criteria to identify systems issues.

Monitor outcomes and process data related to severe hypertension, with disaggregation by race and ethnicity due to known disparities in rates of severe hypertension.

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.

Include pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals.

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Initiative	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2026
Launch Bundle (Readiness)	<p>Launch Bundle Enrollment Data Collection Survey (Redcap)</p>				
Identify (Recognition)		<p>Staff: Education (POST BIRTH; ACOG algorithms) Patient: Education Community Organizations: Education *Data collection to continue</p>			
Recognize and Respond			<p>Staff: Finalize ACOG Protocols and Follow up appointments</p>		
			<p>Staff: Simulations (Inpatient ,EMS, Emergency Departments) *Data collection to continue</p>		
			<p>Patient: Follow up/Follow through Comprehensive Care Model; **Patient: Pumping Protocol, Non hypertensive initiatives</p>		
*Reporting: Ongoing Data Collection			<p>Community Outreach: KDHE/Local health departments Connect with facilities with Support Implementation of PP Visits; Home Visits/CHW/Doula/Navigation assigned</p>		
					<p>EMS Education/Transfers; Pt Debriefs and Team Birth; Trauma informed Care; Family Planning *Data collection to continue</p>

Severe Hypertension in Pregnancy Enrollment Form

Facility Name:

Name of Person Submitting Form: _____

Title: _____

Email Address: _____

Physical Address: _____

Participation Category:

Which of the choices below best reflect your facility:

- Our facility is a birthing facility and **PARTICIPATED in the Fourth Trimester Initiative (FTI)** and we wish to participate in the Severe Hypertension in Pregnancy Initiative. **Complete all forms (pages 9-11) and submit the enrollment packet to the Maternal QI Coordinators**

- Our facility is a birthing facility and did **NOT PARTICIPATE** in the Fourth Trimester Initiative, but we wish to participate in the Severe Hypertension in Pregnancy Initiative. **Complete all forms (pages 9-11) and submit the enrollment packet to the Maternal QI Coordinators**
Annual Delivery Volume (Births in 2024): _____
*Urbanization level: Urban Rural Teaching hospital: Yes No
Hospital type: Nonprofit University County For-profit
AAP NICU Level: 1 2 3
Maternal Care Level: 1 2 3 4
*If unknown, may leave blank.

- Our facility is **NOT a DELIVERING FACILITY** but we wish to participate in the Severe Hypertension in Pregnancy Initiative. **Complete all forms (pages 9-11) and submit the enrollment packet to the Maternal QI Coordinators**

Roles for Enrollment

As a participant in the KPQC **SHTN Bundle** your birth facility will identify individuals to serve in the roles identified below. Changes to these assignments during the course of the project should be sent to the Maternal QI Coordinators.

1. SHTN Champion:

Role Description: The SHTN Champion will be the main point of contact for the KPQC and be responsible for helping their team navigate the implementation of the SHTN Bundle at their facility. The SHTN Champion will monitor and submit birth facility data and provide feedback internally as well as to the KPQC QI Team. The SHTN Champion will be responsible for all permissions to submit enrollment to the Kansas Perinatal Quality Collaborative and KDHE.

Name & Credentials: _____

Title: _____

Email Address: _____

Phone: _____

2. Lead Provider

Role Description: Lead Provider will actively participate in implementation of the SHTN quality improvement work. They will assist the SHTN Champion in prioritizing SHTN Bundle elements at their facility.

Name & Credentials: _____

Title: _____

Email Address: _____

Phone: _____

3. Learners: (Do not need to be formally identified)

The SHTN is relevant to every maternal and neonatal health team member. Learners include health care providers at the bedside, outpatient and inpatient settings, support infrastructure, referral networks, and individuals across sectors and settings in the supporting community: MD, CNM, PA, NP, RN, WIC staff, MCH staff, outpatient private practice staff, social worker, patient navigators/community health workers, hospital administration, rapid responders, perinatal community coalitions and collaboratives, social services and

child welfare, parents, school district staff, etc. *Everyone is invited to participate in learning and encouraged to be actively engaged in the SHTN Bundle.*

All team members can subscribe to KPQC communications here:

<https://kansaspqc.org/contact-us/>

Enrollment Agreement

THE PARTIES, through their duly authorized representatives, accept the terms of this Agreement and have executed it as of the date shown below.

Terms

1. I acknowledge that our facility has obtained all necessary permissions to submit aggregate data to the KPQC SHTN QI Team and KDHE.
2. Confidentiality:
 - a) Information that will remain confidential among KDHE, KPQC, and participating facilities includes:
 - Non-aggregated survey responses
 - b) Information that will be shared by the KPQC includes:
 - Names of participating facilities in the SHTN
 - Team contact information
 - Aggregated survey responses
 - Process Reports (will only be shared among enrolled participants)
3. Our facility agrees to collaborate with KDHE and KPQC
4. Our facility reserves the right to discontinue participation in the SHTN Bundle
5. Our facility agrees to collaborate and partner with organizations, agencies, and providers within our community in fulfillment of cross-sector communication and facilitation of maternal health needs.

Facility Name: _____

Name of Authorized Agent: _____

Title: _____

Date: _____

Signature of Authorized Agent (Electronic Signature Accepted)

For the **Kansas Department of Health and Environment**

Name: Jill Nelson

Title: Maternal and Perinatal Initiatives Consultant

Date: _____

Signature of Authorized Agent KDHE Bureau of Family Health

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