KPQC Learning Forum

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Kansas Perinatal Quality Collaborative

Time for MOM

Remember to see the faces in the numbers

KPQC Vision:
"Kansas is the best place to *be born* and to *be a mother*."

But is it?

Where do we focus our attention?

Why focus on Postpartum Care?

Let’s Do This!

- **Define** the Problem
- **Identify** an Action Plan
- **Educate** Providers, Patients, Population
- **Collaborate**:
  - Birth Centers, Perinatal Community Collaboratives (PCCs), Statewide experts
- **Evaluate:** WSU, KU

Define the problem: Find your state/county numbers

2018 Data (most recent available)

- Number of women who delivered a baby, including stillbirth, in Kansas in 2018
  - Live births: 36,268
  - Stillbirth: 196
  - Live births + stillbirths: **36,464**

Source: Kansas birth and stillbirth data

But wait…

Of the 57 pregnancy-associated deaths, about ***70% of pregnancy-associated deaths occurred in the postpartum period***

FORTY WOMEN DIED

- 13 (22.8%) of deaths occurred within 42 days of the end of pregnancy, 27 (47.4%) occurred 43 days to one year after the end of pregnancy.
  - Source: Kansas Maternal Mortality Review Committee, 2016-2018

57 PG Associated Deaths 2016-2018

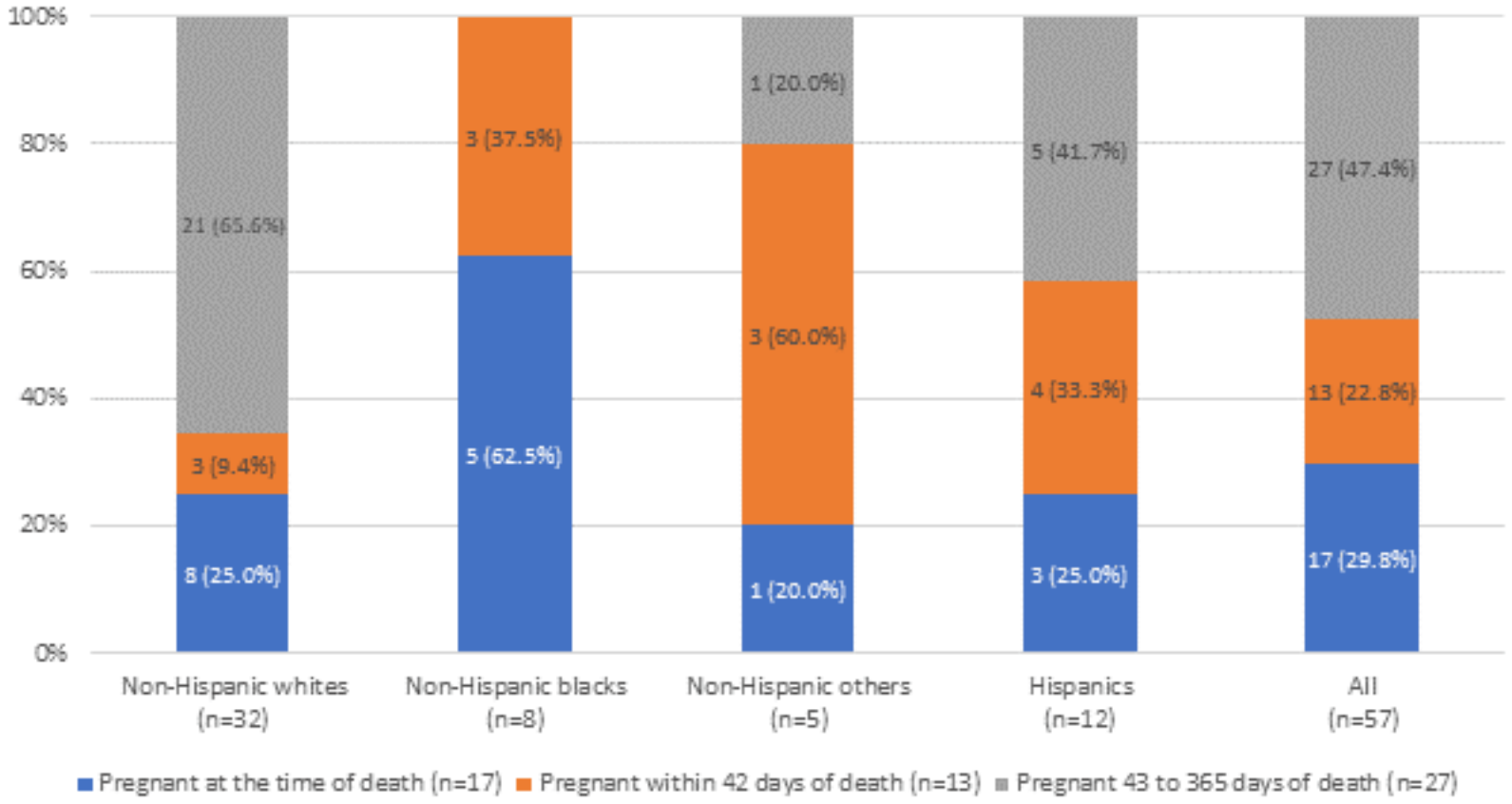

Table 1. Timing of pregnancy-associated death by underlying causes of death, Kansas, 2016-2018

Underlying cause of death	Timing of pregnancy-associated death number (%)					
	Pregnant	Within 42 days	Within 43 to 365 days	Total	Postpartum period	Postpartum period
Motor vehicle	4 (36.4)	0	7 (63.6)	11	7 (63.6)	7 (17.5)
Homicide	6 (75.0)	1 (12.5)	1 (12.5)	8	2 (25.0)	2 (5.0)
Accidental poisoning/overdose	0	2 (33.3)	4 (66.7)	6	6 (100.0)	6 (15.0)
Infection	1 (20.0)	2 (40.0)	2 (40.0)	5	4 (80.0)	4 (10.0)
Cardiovascular and coronary conditions	1 (25.0)	2 (50.0)	1 (25.0)	4	3 (75.0)	3 (7.5)
Embolism	1 (25.0)	2 (50.0)	1 (25.0)	4	3 (75.0)	3 (7.5)
Suicide	2 (50.0)	0	2 (50.0)	4	2 (50.0)	2 (5.0)
Preeclampsia and eclampsia	1 (33.3)	2 (66.7)	0	3	2 (66.7)	2 (5.0)
Fire or burns	0	0	2 (100.0)	2	2 (100.0)	2 (5.0)
Hematoma	1 (50.0)	0	1 (50.0)	2	1 (50.0)	1 (2.5)
Malignancies	0	0	2 (100.0)	2	2 (100.0)	2 (5.0)
Autoimmune diseases	0	0	1 (100.0)	1	1 (100.0)	1 (2.5)
Blood Disorders	0	1 (100.0)	0	1	1 (100.0)	1 (2.5)
Cardiomyopathy	0	0	1 (100.0)	1	1 (100.0)	1 (2.5)
Cerebrovascular accidents	0	1 (100.0)	0	1	1 (100.0)	1 (2.5)
Mental health conditions	0	0	1 (100.0)	1	1 (100.0)	1 (2.5)
Seizure Disorders	0	0	1 (100.0)	1	1 (100.0)	1 (2.5)
Total	17	13	27	57	40 (70.2)	**40 (100.0)**

Source: Kansas Maternal Mortality Review Committee, 2016-2018

Timing of PG Assoc death by race

Table 2. Timing of pregnancy-associated death by race and ethnicity, Kansas, 2016-2018

Underlying cause of death	Timing of pregnancy-associated death number (%)					
	Pregnant	Within 42 days	Within 43 to 365 days	Total	Postpartum period	Postpartum period
Non-Hispanic white	8 (25.0)	3 (9.4)	21 (65.6)	32	24 (75.0)	24 (60.0)
Non-Hispanic black	5 (62.5)	3 (37.5)	0	8	3 (37.5)	3 (7.5)
Non-Hispanic other	1 (20.0)	3 (60.0)	1 (20.0)	5	4 (80.0)	4 (10.0)
Hispanic	3 (25.0)	4 (33.3)	5 (41.7)	12	9 (75.0)	9 (22.5)
Total	17	13	27	57	40 (70.2)	**40 (100.0)**

Source: Kansas Maternal Mortality Review Committee, 2016-2018

Postpartum Checkup for Mother

Table 52. Proportion of mothers who had a postpartum checkup

Question 60	Unweighted n	Weighted n	Weighted %	95% CI
Mother has had a postpartum checkup:				
No	78	3206	9.4	7.0 - 12.6
Yes	889	30730	90.6	87.4 - 93.0

Table 53. Experiences during postpartum checkups

Question 61	Unweighted n	Weighted n	Weighted %	95% CI
Actions taken by health care worker: (% yes among those who had postpartum checkup)				
Recommended taking vitamin with folic acid	480	16566	54.5	50.1 - 58.7
Discussed healthy eating, exercise, and losing weight gained during pregnancy	446	15641	51.3	47.0 - 55.6
Discussed how long to wait before next pregnancy	412	14041	46.1	41.8 - 50.4
Discussed birth control methods	762	26549	86.7	83.5 - 89.4
Gave or prescribed a contraceptive method	352	11503	37.9	33.8 - 42.2
Inserted IUD or contraceptive implant	185	6193	20.3	17.0 - 24.1
Asked about cigarette smoking	480	16818	55.3	51.0 - 59.5
Asked about emotional/physical abuse	470	16824	55.2	50.9 - 59.4
Asked if feeling down or depressed	748	25991	85.2	82.0 - 87.9
Tested mother for diabetes	139	4621	15.2	12.3 - 18.8

Feelings of Depression During the Postpartum Period

Table 54. Postpartum feelings of depression

Question 62	Unweighted n	Weighted n	Weighted %	95% CI
Since delivery, how often mother has felt down, depressed, or hopeless:				
Always*	18	631	1.9	1.0 - 3.5
Often	67	2678	8.0	5.9 - 10.8
Sometimes	228	7785	23.2	19.9 - 27.0
Rarely	344	12156	36.3	32.4 - 40.4
Never	299	10240	30.6	26.9 - 34.5

Question 63	Unweighted n	Weighted n	Weighted %	95% CI
Since delivery, how often mother has had little interest or little pleasure in doing things usually enjoyed:				
Always	29	883	2.6	1.6 - 4.2
Often	73	2633	7.8	5.7 - 10.5
Sometimes	201	6732	19.8	16.7 - 23.3
Rarely	283	10264	30.2	26.5 - 34.2
Never	382	13432	39.6	35.6 - 43.7
Depression indicator[a]				
No	822	28675	85.3	82.0 - 88.1
Yes	136	4930	14.7	11.9 - 18.0

[a] Depression is indicated if the mother answered "always" or "often" to one or both questions about depression.

* This percentage may be statistically unreliable. Interpret with caution.

PRAMS 2018 Survey

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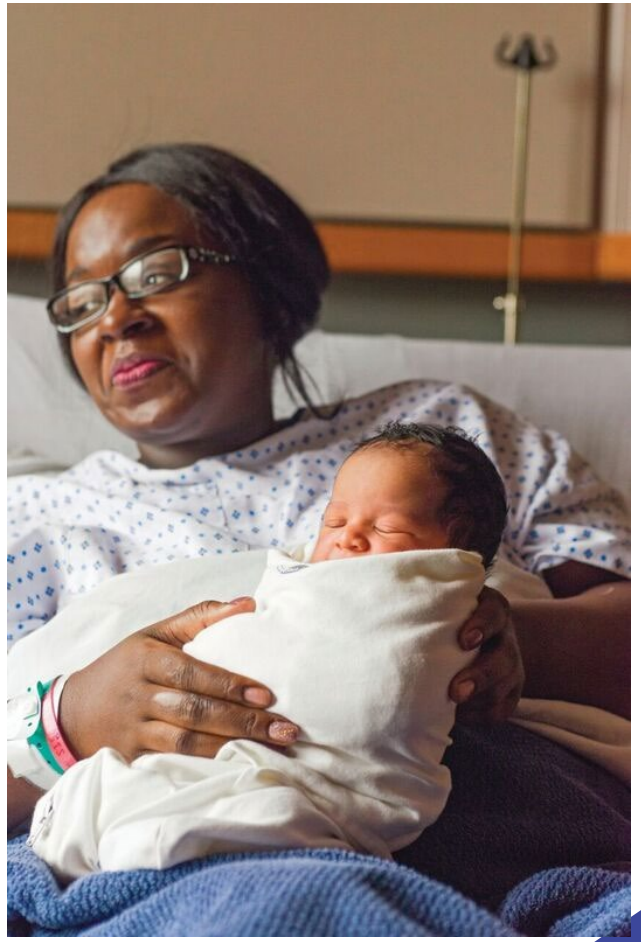
"Near Misses"



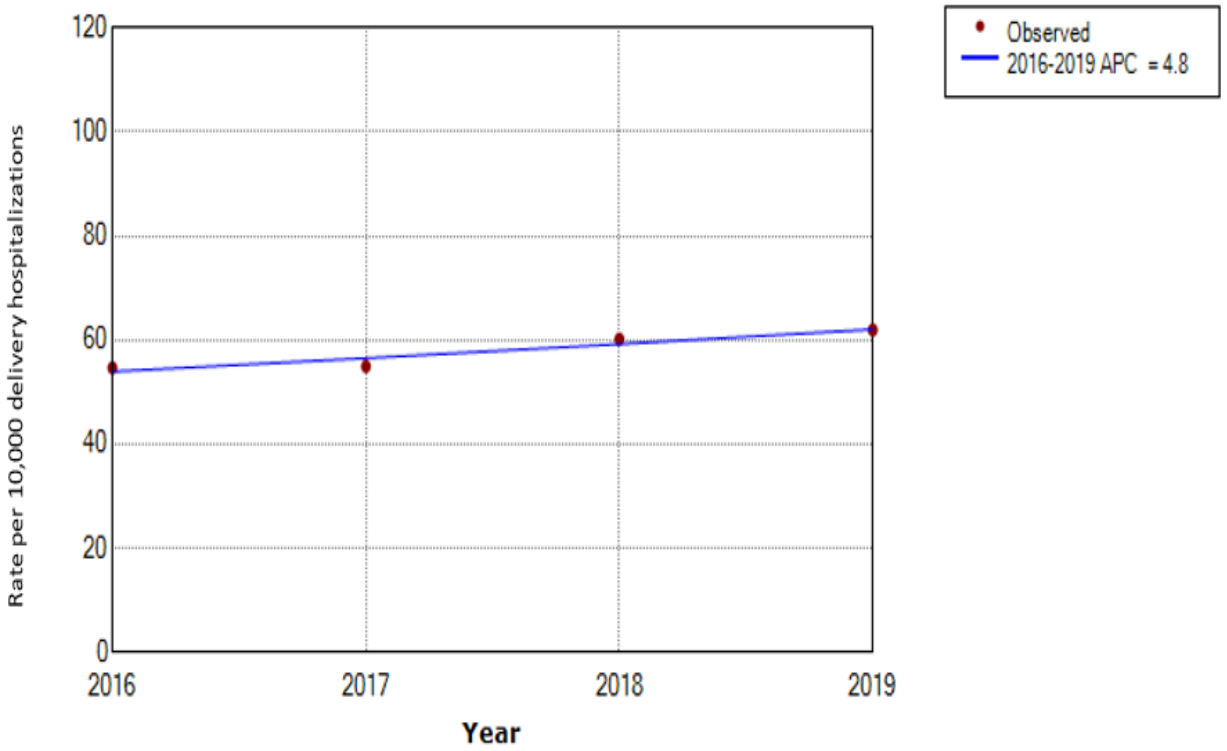
Severe Maternal Morbidity Data

- Severe maternal morbidity was highest among women aged *40+ years* and lowest for those aged 25-29 years
- On average non-Hispanic black mothers were younger than non-Hispanic white mothers. Yet the rate of severe maternal morbidity was **87.3%** higher for non-Hispanic blacks than for non-Hispanic whites
- Compared with other deliveries, *those involving severe maternal morbidity were more likely paid by Medicaid* and from *lower-income communities.*

(Source: Kansas Hospital Discharge Data, 2016-2019)

Trend Data

Figure 2. Trends in delivery hospitalizations involving severe maternal morbidity, Kansas, 2016-2019



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.

Source: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Kansas Hospital Discharge Data (Resident)

The Other "Secret" Problem: $

KanCare

13 Pregnancy Visits	Nexplanon
Vaginal Delivery	PG test
Entire Postpartum Care	Provider Insertion
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$1326.89	$1027.89

We must DECIDE together…

NOT on my watch

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Identify an Action Plan

KANSAS APPROACH TO IMPROVING MATERNAL & INFANT HEALTH OUTCOMES

http://www.kdheks.gov/bfh

Innovative, Comprehensive Approach
Community Collaboration
Prenatal Education, Care and Support
Targeted Evidence-based Interventions/Toolkits
Shared Measurement and Evaluation

Kansas Model

The Kansas model brings together prenatal care, education and support in a collaborative, standardized approach. Primary components include 12 hours of comprehensive education, clinical care, public health cross-referrals and other priority services/supports.

Kansas Measures Snapshot – 2018[1]

36,268 Total Live Births

Infant Mortality Rate
6.4 per 1,000 live births
Sudden Unexpected Infant Death Rate
1.1 per 1,000 live births
Preterm Birth Rate (<37 weeks) 9.5%
Early Term Birth Rate (37-38 weeks) 26.3%
Low Birthweight (<2,500 grams) 7.4%
Smoking Anytime During Pregnancy 9.5%
Breastfeeding Initiation 87.2%

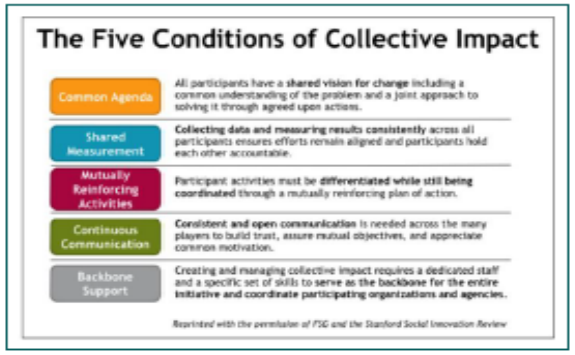
Comparison: Collaboratives* vs. State Outcomes

Preterm Birth Rate (<37 Weeks)	All Community Collaboratives[2]	Kansas/State[1]
2016-2018 3-year avg.	6.7%	9.4%

Infant Mortality Rate[1]	Geary Collaborative established* July 2012	Saline Collaborative established* Jan. 2010
2005-2009	11.9	9.0
2014-2018	5.7	5.5

*Shared Measurement

Collective Impact Framework is Key



Universal Targeted Interventions & Toolkits

KS Maternal Mortality Website

Home About Membership Resources Contact

Kansas Maternal Mortality Review Committee

KANSAS MATERNAL MORTALITY REVIEW COMMITTEE

Working to eliminate preventable maternal deaths in Kansas.

Learn More

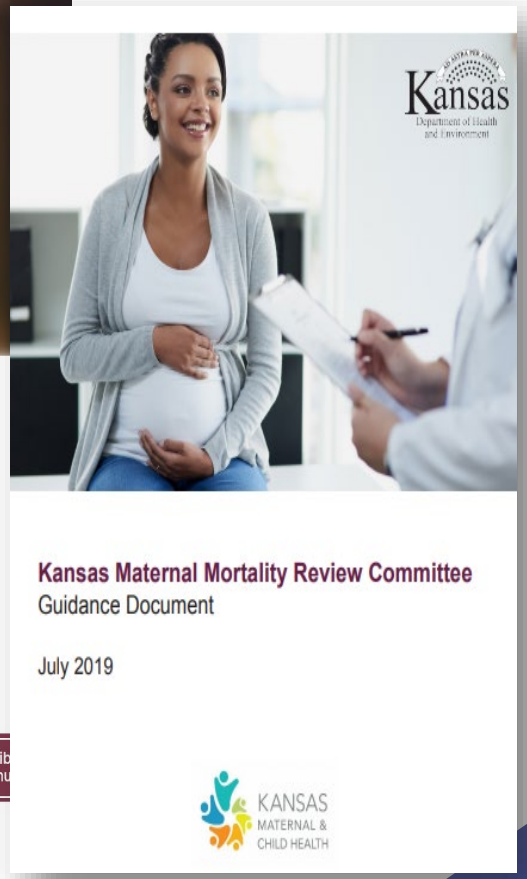
PURPOSE

The purpose of the review is to determine the factors contributing to maternal mortality in Kansas and identify public health and clinical interventions to improve systems of care. Maternal Mortality includes deaths occurring during pregnancy and up to one year after pregnancy.

MISSION

The mission is to increase awareness of the issues surrounding pregnancy-related death and to promote change among individuals, communities, and healthcare systems in order to reduce the number of deaths.

Accessib
Menu



www.kmmrc.org

MMRC Recommendations

Increased Screening:

✓Comorbidities and Chronic illness

✓Intimate Partner Violence

✓Intent of pregnancy

✓Mental Health/SUD

Better **communication** and **collaboration** between providers, including **referrals**

✓Patient education and empowerment

✓Expansion of Medicaid through 1st year PP

Where does the problem start?

Postpartum follow up

40 % of women do not attend PP visits

Higher rates in low SES populations… health disparity

- **No** PP visit **means No**:
  - ID of medical/social problems (Exam & Screenings)
  - Referral for Chronic Disease Treatment
  - Family Planning
  - Behavioral Health Eval (SUD, Mental Health)
  - Breastfeeding support

- **No** PP F/U **means YES** to:
  - Unintended PG, short interval PG, PTB
  - Unhealthy pregnancies, still unhealthy moms
  - Mental Health concerns untreated (NAS connection)
  - "More than half of PG-related deaths occur after the birth of the infant"

Identify an Action Plan: KPQC Key Takeaways

- ✓Mechanisms to assure timely referral and follow up
- ✓Standardized screening
- ✓Personalized plan of care
- ✓Reproductive health planning
- ✓Well-woman visit attendance
- ✓Ongoing insurance coverage

Postpartum Transition

Seeks to address the period from **birth through the first well-woman visit** to provide continuity of care.

Identify an Action Plan: PP Transition

From Birth Center to 1 year

- Who?
- What?
- When?
- Where?

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Educate

*Providers

*Patients

*Population

Action Plan: Educate

Patients - WHY

Providers - WHY

Population - WHY

ACOG Committee Opinion "Optimizing Postpartum Care" (2018)

The Fourth Trimester

- Ongoing Process, not single encounter
  - 3 weeks, 6 weeks minimum, no later than 12 wks
  - 12 weeks: comprehensive well woman exam
- One Key Question ®
- Counseling regarding chronic disease
  - ID PCP
- Stillbirth, neonatal deaths included
- Reimbursement policy change required

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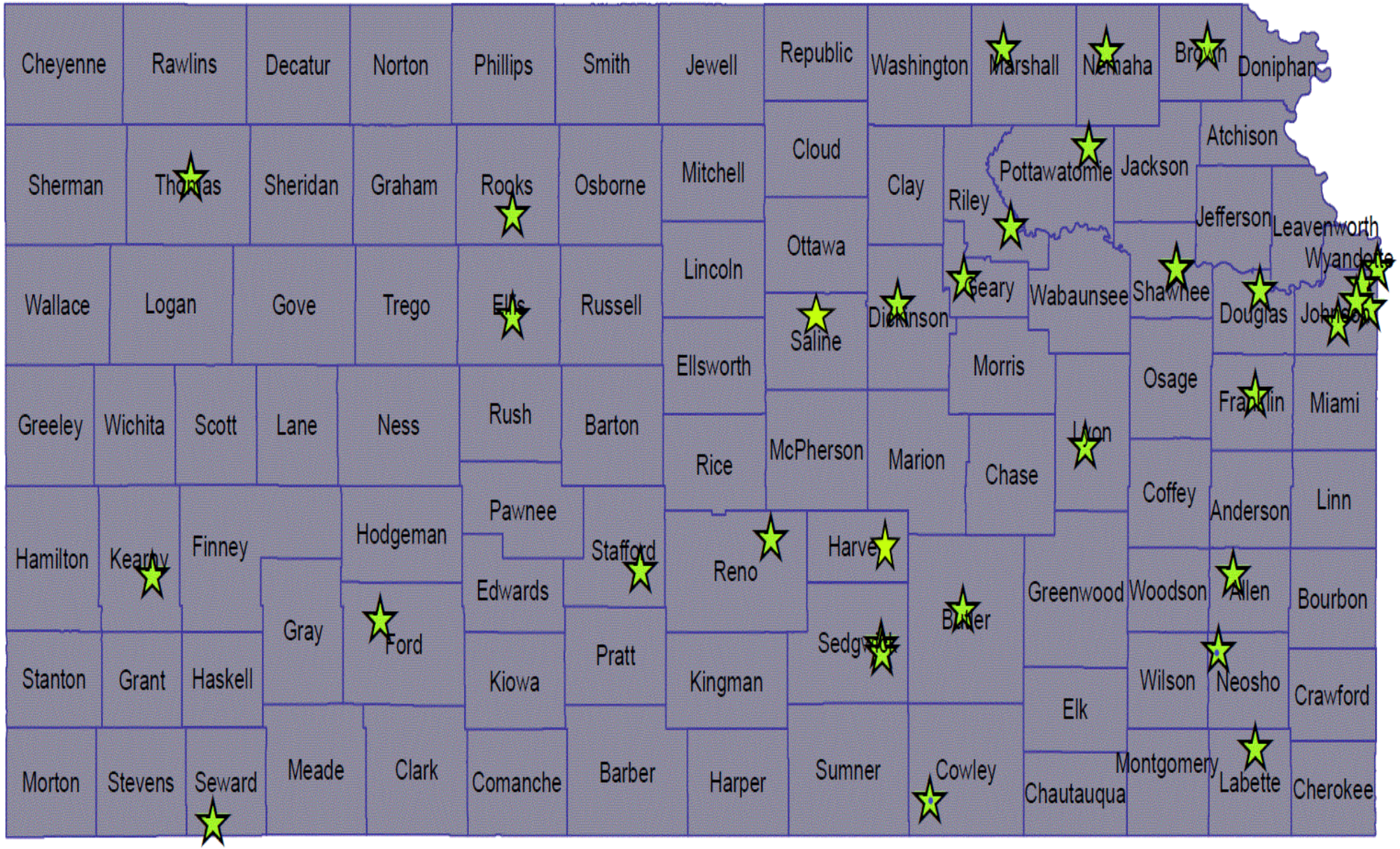
Does a woman who has delivered (live or stillbirth) receive a f/u visit appt prior to discharge from your facility?

Educate: Postpartum Transition Care

- Appointments are Made AND Kept
- Patient creates “Personalized Plan of Care”
- Birth Centers Create: “Maternal PP Discharge Checklist”
  - Breastfeeding
  - Family Planning (One Key Question)
  - Behavioral Health- SUD + Mental Health (Edinburgh)
  - Smoking Cessation (Birth Cert, DC notes, OB notes)
  - Safe Sleep, Period of Purple Crying, Etc
  - Insurance
  - F/U with OB
  - F/U with PCP (chronic disease, substances)
  - Referrals to community agencies: WIC, KanCare, Food Pantry, Perinatal Coalition, Public Health

Collaborate: Postpartum Transition Care

- Perinatal Community Collaboratives
  - Identify Current Champions
    - 33 Active Birth Centers (represent >85% of births)
    - 63 total - who's next?
- Identify Additional local teams of support
  - Collaborate through Learning Forums, professional connections, etc
    - Example: Existing *effective* Perinatal Community Coalitions in Saline County, Geary County, Sedgwick County, other BAM sites


Cheyenne
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Decatur
Norton
Phillips
Smith
Jewell
Republic
Washington
Marshall
Nemaha
Brown
Doniphan
Sherman
Thomas
Sheridan
Graham
Rooks
Osborne
Mitchell
Cloud
Clay
Riley
Pottawatomie
Jackson
Atchison
Jefferson
Leavenworth
Wyandotte
Wallace
Logan
Gove
Trego
Ellis
Russell
Lincoln
Ottawa
Saline
Dickinson
Geary
Wabaunsee
Shawnee
Douglas
Johnson
Ellsworth
Morris
Greeley
Wichita
Scott
Lane
Ness
Rush
Barton
Rice
McPherson
Marion
Chase
Lyon
Osage
Franklin
Miami
Hamilton
Kearny
Finney
Hodgeman
Pawnee
Stafford
Reno
Harvey
Coffey
Anderson
Linn
Gray
Ford
Edwards
Butler
Greenwood
Woodson
Allen
Bourbon
Stanton
Grant
Haskell
Kiowa
Pratt
Kingman
Sedgwick
Wilson
Neosho
Crawford
Elk
Morton
Stevens
Seward
Meade
Clark
Comanche
Barber
Harper
Sumner
Cowley
Chautauqua
Montgomery
Labette
Cherokee

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Evaluation

Monitor Progress

Evaluation Options

- ❑Vital Stats: Birth Certificate info
  - Examples:
    - ➢ Adverse Outcomes
    - ➢ Intergestational interval
    - ➢ Smoking, Substance Use
    - ➢ Breastfeeding
    - ➢ Social Determinants: Insurance, Race, etc
- ❑2 week, 6 week PP visits, Comprehensive Annual Exam
  - Made? Kept appt?
- ❑Edinburgh scores (ICD 10 codes)
- ❑One Key Question (ICD 10 codes, etc)
- ❑Becoming a Mom data
- ❑Referrals in IRIS or Data in DAISEY
- ❑Pt has documented "Personalized Plan of Care"

The Time is NOW: HOMEWORK Time!

- **Define** the problem
  - Find your county data
- **Identify** an Action Plan
  - Join us! Check out what's working!
- **Educate**: Providers, Patients, Population
- **Collaborate**:
  - Connect with local and statewide champions
- **Evaluate: Save LIVES**

How do you find YOUR county data?

https://www.kdheks.gov/phi/as/2018/2018_Annual_Summary.pdf

Live birth number and rates by county:

- Table C10: Live Births by County of Residence and Peer Group by Number and Rate

Still birth number by county:

- Table D2: Stillbirths by County of Residence and Peer Group by Age-Group of Mother

Maternal death number and rates by county:

- Not available due to small number.
- Table A2 and Figure D8: Maternal deaths by year

Promising Results

Reduced Infant Mortality Rates*

- Geary County - est. 2012: 11.9 to 5.8
- Saline County - est. 2010: 9.0 to 5.5

Other outcomes worth noting…

- Preterm birth rate of 4.9% vs. state rate of 9.5%
- Low birthweight rate of 6.9% vs. state rate of 7.4%
- Cesarean rate of 27.4% vs. state rate of 29.7%
- Infant sleep position (back) knowledge change of 82.4% pre-intervention to 96.4% post-intervention

**Deaths/1000 live births*
**Source: Kansas Vital Statistics 2005-2009 and 2014-2018*
Bureau of Epidemiology and Public Health Informatics analysis of Becoming a Mom program data 2018

What this looks like…

- In 2018, Geary County had 936 births
- Percent of Premature Births < 37 weeks gestation in 2018 was 8.0
- Initiation of Breastfeeding in 2018 was 87.8%
- Maternal Cigarette Use in 2018 was 7.6%

Payor Distribution: Women who birth in KS

Payor distribution for women who deliver in KS (Birth Cert data)

- Medicaid (KanCare): 11,331 (31.2%)
- Private: 20,037 (55.2%)
- Self-pay (a marker of uninsured): 2,536 (7.0%)
- Indian Health Service: 27 (0.1%)
- Champus/Tricare: 1,694 (4.7%)
- Other government: 228 (0.6%)
- Other: 241 (0.7%)
- Unknown/Missing: 174 (0.5%)

Source: Kansas Birth Data

We need YOU

Maternal Health Champions

Postpartum Care Champions

IS it YOU? Is it your coworker? **Is it ALL of you**?

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Kansas Hospital Association
Senior Vice President
Healthcare Strategy and Policy

Free space

- What resources do most women need upon discharge from the hospital?

- Does the resource exist in your community?

Survey to be sent

In it to Win it!

What's up next:

1. Decide you want to **save lives**
2. **Identify** your Birth Center Champions
3. **Read** ACOG Committee Opinion
4. **Watch** your patients & colleagues; ask them questions
5. **Take** the survey, get enrolled