Roll Call!

1. Name & Agency

2. Tell us ONE New Years Resolution for your facility/center in 2022
Agenda

- Rapid Response
- Updated state & national data
- How to find your updated County data
- QI: PP Policies
- Case studies
- Schedule for upcoming LFs
Welcome: Neosho Memorial!
Enrolled Facilities/Centers

Birth Facilities:
- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Amberwell Hiawatha Community Hospital
- Ascension Via Christi St Joseph
- Atchison Hosp Assoc Amberwell Atchison
- Citizens Medical Center (Colby)
- Coffeyville Regional Medical Center
- Community Healthcare System (Onaga)
- Geary Community Hospital
- Hays Medical Center
- Hutchison Regional Medical Center
- Kearny County Hospital
- Lawrence Memorial Hospital
- Memorial Health System (Abilene)
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center (Chanute)
- Newman Regional Health
- Overland Park Regional Medical Center
- TBD: Pratt
- Providence Medical Center
- Sabetha Community Hospital
- Southwest Medical Center (Liberal)
- Stormont Vail Health System
- University of KS Health System: KC
- University of KS Health System: St Francis
- Wesley Medical Center

Birth Centers:
- New Birth Company
- Sunflower Birth & Family Wellness
Who are WE? 27 Birth Settings!

25,793: Still/Live Births (2020)
25 Birth Facilities Enrolled
2 Birth Centers Enrolled

 Represents 73% of Births in Kansas!
Fourth Trimester Initiative

Our Purpose
A review of Kansas maternal deaths determined that nearly all maternal deaths occur between the time immediately after birth and the end of the first year. We also know that year after birth has many physical and emotional changes for the mother, baby, and family. Together we created the Fourth Trimester Initiative (FTI), a cutting-edge approach to study and improve the experience of our mothers and families in Kansas. Through this work we will engage and empower patients, their families and support systems, providers, and Kansas communities to intentionally improve maternal health outcomes with our collective, inspired effort.

25 + 2 Hospitals
= 73% Births In Kansas

Goals
To decrease maternal morbidity and mortality in Kansas we will
- Conduct standard screening of all childbearing-aged women
- Provide guideline driven, best practice health care
- Provide mechanisms to assure timely referral and follow up
- Identify each mother’s Postpartum Care Team
- Ensure a personalized Patient Plan of Care (‘Mom Plan’)
- Provide reproductive health planning
- Establish coping insurance coverage
- Address social determinants of health and health equity

Taking Action

Immediate Postpartum to One Year

Contact Us
For more information see our website kawmqc.org or contact: Terrah Strouda, CNM
FTI Coordinator
strouda@gmail.com

Partners
Rapid Response:
White House Maternal Health Day of Action:
December 7th, 2021

- Create a new designation of the quality of maternal health services for our nation’s hospitals: CMS is planning to propose the establishment of a “Birthing-Friendly” hospital designation, which would be the first-ever hospital quality designation by HHS specifically focused on maternity care. This designation is intended to be awarded to those hospitals that participate in a collaborative program aimed at improving maternal outcomes and implement patient safety practices. CMS would add the designation to their “Care Compare” website to allow consumers to choose hospitals that have implemented best practices.

Perinatal Loss Resources

Loss and Grief section of PSI’s website for now – they host a support group specific to pregnancy and infant loss as well as have specialized coordinators available to support patients via phone and text.

Rapid Response

Clayton Osteen and Victoria Pacheco from the St. Lucie County Sheriff's Office are seen together on Saturday, Jan. 8.
AIM Community of Learning: “Lived Experience”

Maternal Mortality and Morbidity Advocates

Are you ready to be Heard?

Moms call for Improved Readiness, Provider Education and Communication

In September 2020, we asked the members of the Champions Training Center one question about what would have changed their experience. This report presents their responses and highlights the need for further evaluation.
Rapid Response: “Lived Experience”

Prenatal Visits
- 0-28 weeks: Every 4 weeks
- 28-36 weeks: Every 2 weeks
- 36 weeks- Birth: EVERY WEEK!!

Postpartum Visits
- @Postpartum.PUSH

ONE VISIT!
- At 6 weeks
The “Mom Card”

Mom's Name:____________________

Date of Delivery:______________ Vaginal Birth  C-Section Birth

Complications in pregnancy: Asthma  Diabetes
  Depression/Anxiety  Hypertension  Thyroid Disease

Other:__________________________

Medications at discharge:__________________________

Upcoming Appointments:

Date:_________ Time:_________ With:__________________________

Date:_________ Time:_________ With:__________________________

Date:_________ Time:_________ With:__________________________

What happens at a Postpartum Check?
https://www.marchofdimes.org/pregnancy/your-postpartum-checkups

Baby's Name:____________________

Term  Preterm  _______ weeks

Birth Weight:______________ Birth Length:______________

Infant Feeding:  Breast Milk  Formula  Both

Upcoming Appointments:

Date:_________ Time:_________ With:__________________________

Date:_________ Time:_________ With:__________________________

Created by: Delivering Change, Inc.
Rapid Response: New Resources

- KDHE MCH “Monthly” updates
- Believe Her app: believeherapp.com
- Check on Mom: www.mycheckonmom.com
We are AIM enrolled!
Postpartum Discharge Transition

AIM: The 5 R’s

Readiness
Recognition & Prevention
Response
Reporting & Systems Learning
Respectful, Equitable, & Supportive Care
AIM: The 5 R’s

Readiness: Every Unit

Recognition & Prevention: Every Patient

Response: Every Event

Reporting & Systems Learning: Every Unit

Respectful, Equitable, & Supportive Care: Every Unit/Provider/Team member
Readiness: Every Unit  
Recognition & Prevention: Every Patient

Postpartum Protocol:
MWS Education  
PP Visit Scheduling  
Standardized PP Discharge Summary  
Navigation/PP Care Team involvement

Universal screening for:
- Medical risk factors  
- Mental Health risk factors  
- SUD  
- Social & Structural drivers of health

Referrals for:
+ Mental health screen 
+ Medical risk screen 
+ Navigation services (SSDOH, Community Resources)
Response: Every Event

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Call 911 if you have:
- Pain in chest
- Obstructed breathing or shortness of breath
- 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)
- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:
“I had a baby on __________ and
I am having __________.”

(Data)
(Specific warning sign)
## Readiness: Every Unit

<table>
<thead>
<tr>
<th>Patient Discharge Education</th>
<th>Should include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who to contact with medical and mental health concerns, ideally stratified by severity of condition/symptoms</td>
</tr>
<tr>
<td></td>
<td>Physical and mental health needs</td>
</tr>
<tr>
<td></td>
<td>Review of warning signs/symptoms including what conditions they might be related to, allowing for advocacy if an approached provider is not OB or of another clinical specialty</td>
</tr>
<tr>
<td></td>
<td>Reinforcement of the value of outpatient postpartum visits</td>
</tr>
<tr>
<td></td>
<td>Summary of birth events</td>
</tr>
<tr>
<td></td>
<td>Home monitoring process and parameters for blood pressure, blood glucose, and/or monitoring metrics</td>
</tr>
</tbody>
</table>
### Standardized DC Summary

<table>
<thead>
<tr>
<th>Should include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; age</td>
</tr>
<tr>
<td>Support person contact info</td>
</tr>
<tr>
<td>Gravida/para status</td>
</tr>
<tr>
<td>Date, type of birth, Gestational age at birth, relevant conditions and complications</td>
</tr>
<tr>
<td>Name, contact information and appointments for relevant providers, including OBGYN specialists, mental health provider, etc</td>
</tr>
<tr>
<td>Positive screening for medical risk factors, mental health, and substance use</td>
</tr>
<tr>
<td>Medications and supplements</td>
</tr>
<tr>
<td>Unmet actual and potential social drivers of health needs</td>
</tr>
<tr>
<td>Suggested community services and supports</td>
</tr>
<tr>
<td>Need for specific postpartum testing such as glucose testing or CBC</td>
</tr>
</tbody>
</table>

### Postpartum self-care elements

| Should include: Emotional well-being, medication and substance use, physical recovery, sleep/fatigue, Sexual health and activity |

**Response: Every Event**
# Respectful, Equitable, Supportive Care

<table>
<thead>
<tr>
<th>Inclusion of the patient as part of the multidisciplinary care team</th>
<th>Establishment of trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Informed, bidirectional shared decision-making</td>
</tr>
<tr>
<td></td>
<td>Development of a comprehensive postpartum care plan</td>
</tr>
<tr>
<td></td>
<td>Patient values and goals as the primary driver of this process</td>
</tr>
</tbody>
</table>

**Postpartum quality measures, per available data, which may include:**

<table>
<thead>
<tr>
<th>Postpartum readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum visit attendance</td>
</tr>
<tr>
<td>Screening rate for recommended postpartum preventive screenings</td>
</tr>
<tr>
<td>Rate of postpartum visits scheduled prior to discharge from birth hospitalization</td>
</tr>
<tr>
<td>Patient education rate for PP warning signs</td>
</tr>
</tbody>
</table>
## AIM Data collection plan

### Example:

<table>
<thead>
<tr>
<th>S53</th>
<th>PP Visit Attendance</th>
<th>Report N/D</th>
<th>Calculate using HEDIS measure specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Denominator: All documented birth hospitalizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator: Birth hospitalizations in which patients had a PP visit at or within 7 to 84 days after DC from birth hospitalization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S2</th>
<th>Provider and Nursing Education- PP Concerns</th>
<th>Report proportion completed (estimated in 10% increments- round up)</th>
<th>At the end of this reporting period, what cumulative proportion of inpatient clinical OB Providers and nursing staff has received within the last 2 years an education program on life-threatening postpartum concerns?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S6</th>
<th>Patient Education on Life-Threatened PP Concerns</th>
<th>Sample patient charts or report for all patients: report N/D</th>
<th>*To be included in the numerator, Pt record needs to include documentation of verbal and written education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Denominator: All maternal discharges following a live birth, whether from sample or entire population</td>
<td>Numerator: Among the denominator, those who had documentation of verbal and written education on life-threatening PP concerns before discharge from birth hospitalization*</td>
</tr>
</tbody>
</table>

[Logo: KPQC | Fourth Trimester Initiative]
What changes: Outpatient connection?

Schedule PP Visit
Receive Standardized PP Discharge Summary
POST-BIRTH Recognition & Treatment
Provide Standardized Comprehensive PP Visit
Universal Screening & Referral Navigation
Current
AIM/FTI Work
MMH TA Sites

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advent Health Shawnee Mission</td>
</tr>
<tr>
<td>Geary Community Hospital</td>
</tr>
<tr>
<td>Hays Medical Center</td>
</tr>
<tr>
<td>Hutchinson Regional Medical Center</td>
</tr>
<tr>
<td>Nemaha Valley Community Hospital</td>
</tr>
<tr>
<td>Newman Regional Health</td>
</tr>
<tr>
<td>Sunflower Birth &amp; Family Wellness</td>
</tr>
<tr>
<td>University of KS Health System - St Francis</td>
</tr>
<tr>
<td>LMH Health</td>
</tr>
</tbody>
</table>

Congratulations and **thank you** for submitting quarterly data! We look forward to sharing lessons learned from the network and providing ongoing support to you throughout this process.
THANK YOU!!

Completed Lead OB Provider Surveys:

- Amberwell Hiawatha Community Hospital
- Overland Park Regional Med Center
- Community Healthcare System
- Sabetha Community Hospital
- Stormont Vail Health
- Hays Medical Center
- Wesley Medical Center
- Sunflower Birth and Family Wellness

Link to complete: https://kusurvey.ca1.qualtrics.com/jfe/form/SV_4UU2T6mRC4qtFhs
February 8 & 22
March 8 & 22
April 12 & 26
May 10 & 24

Register here

Build knowledge. Connect with experts. Gain confidence.

Erin Bider, MD
Melissa Hoffman, DNP, APRN, PMHNP-BC
Lucinda Whitney, DNP, APRN, PMHNP-BC
Beth Oller, MD
POST-BIRTH check in
POST-BIRTH training stats

As of 1-13-22:

346 providers have been trained through FTI! 😊

Sites with high training #s: Community Healthcare System (Onaga), Amberwell Hiawatha, Lawrence Memorial Hospital, Univ of KS St Francis, HaysMed

Most departments: HaysMed, Hutchinson, Comm Healthcare System, Hiawatha, Sabetha,

Ten sites have not submitted any training 😞

50 Coupons Used, 191 STILL AVAILABLE!

PLEASE submit your Roster after each training

Bright ideas:
◦ Techs, EMS, Triage nursing, Urgent care

Parallel work:
122 have been trained- MCH (outpatient)
2021 Year in Review
County examples
2020* Data

KS Health Matters:

www.kansashealthmatters.org/indicators/index/dashboard?alias=key
FTI: Process Improvement
Where are you?
Where are you going?

1. MMH & MWS: Policy Review
2. POST-BIRTH Training
3. Work with KCC
4. Connect with outpatient settings(s)
5. Action Plan for updating policy/education
6. Embedding new education, magnets
7. Update Policy
Where are you?
Where are you going?

- TRAIN Providers
- REVISE Policy
- EDUCATE Patients & Families
- EDUCATE Outpatient & Community
- REVIEW Process
FTI Enrollees “To Do”:

- MWS: AWHONN POST-BIRTH Training
  - Champions: DONE
  - FINISH Training Unit/Facility Staff by 1st Quarter 2022
    - *Make sure you include Registration name in your submitted Roster if not Champion or Lead OB

- Maternal Mental Health
  - EIGHT FTI Sites: TA ongoing
  - Non-TA sites: review policy, February Learning Forum
  - Lead OB Survey: Due!

- FTI Enrollee Checklist
  - New version due
ENROLLEES CHECKLIST 10.21

ENROLLED FACILITY/CENTER
*CHOOSE FROM DROP-DOWN

FTI Champion Name
Lead OB Provider Name
2021 Birth Numbers (Live & Stillbirth) *Complete January 2022*

POSTPARTUM CARE TEAM

MEMBERS IDENTIFIED (NAME/TITLE)

Primary Maternal Care Provider
Postpartum Nursing Staff (Unit & Manager Name)
Infant Provider
Care Coordinator (Social Worker, Maternal Navigator)
Lactation Support
Home Visitor
Specialty Providers (Behavioral Health, InternMed)

MATERNAL MENTAL HEALTH INTEGRATION TOOLKIT

KCC DATA COLLECTION

MMH Champion (if different than FTI Champ) Name:
MMH Direct TA Awardee? Yes No
Submit Baseline Data to KCC:
FTI 06 Lead Provider Baseline Survey
Reviewed Maternal Health Integration Toolkit
Evaluated Current Facility Maternal Mental Health Screening Tool & Related Policies
Identified Facility/Community Needs
Provider Training Needs Identified
DEVELOP & IMPLEMENT POLICY

Develop/Revise MMH Policy (Screening, Referral)
Review Data Collection & Process improvement Opportunities
SUBMITTING DATA & REFINING PRACTICE

Referral process post-Discharge embedded

MATERNAL WARNING SIGNS (MWS)

AWHONN POST-BIRTH TRAINING

REGISTERED NAME/DEPARTMENT DATE COMPLETED
FTI Champion
FTI Seat
FTI Seat

NAME REGISTERED/DEPT/NUMBER TRAINED DATE COMPLETED
Other Staff
Other Staff
Other Staff
Other Staff
Other Staff

AWHONN MWS MATERIALS RECEIVED DATE
Received 1st Installment (Mags, Teaching Guides)
Received 2nd Installment (after AWHONN training is completed)

MATERNAL WARNING SIGNS INTEGRATION DATE COMPLETED

Review MWS Integration Toolkit
Review AWHONN Toolkit

IDENTIFIED POLICIES TO REVIEW (DISCHARGE EDUCATION, REFERRAL PROCESS, DISCHARGE PLANNING, ETC.)

Policy #1 Reviewed:
Policy #2 Reviewed:
Policy #3 Reviewed:
TA with KDHE/FTI Team

DISCHARGE PLANNING POLICY REVIEW

PP Discharge policy review for embedding MWS (including POST-BIRTH)
Postpartum Appointment post-Discharge policy reviewed

DISCHARGE PLANNING POLICY UPDATE

POST-BIRTH education & Magnet embedded in PP Discharge Policy
Additional Patient Education from MWS Toolkit embedded in PP Discharge Policy per institutional need
Postpartum Appointment policy updated

Due Jan 2022
AWHONN
POST-BIRTH Training Update

✓ Train PP Staff
✓ Train OB Staff
✓ Integrate POST-BIRTH into EVERY discharge postpartum
☐ Train Outpatient Staff
☐ Train ER/Urgent Care
☐ Integrate ER/Outpatient settings
MWS Integration Plan document

Show here (Stephanie/Jill/TS doc)

Introduction

This Maternal Warning Signs (MWS) integration plan and associated toolkit has been created through the work of national, state, and local partners with a shared interest in providing coordinated and comprehensive services to women before, during, and after pregnancy in an effort to prevent pregnancy-related death and reduce the impact of maternal mortality in our state. The plan is focused on assisting all personnel, as well as those who support them and provide care to them, about the urgent warning signs of potentially life-threatening pregnancy-related complications.

Plan Steps

1. **Learn**: All FT sites and associated healthcare providers are strongly encouraged to:
   a. Access and review the Maternal Warning Signs (MWS)/Integration Toolkit.
   b. Review the MWS Integration Toolkit - Provider Resources.
   c. Participate in the Association of Women’s Health, Obstetricians and Neonatal Nurses (AWHONN) POST-BIRTH Warning Signs Online Education Course. Training seats will be provided to each site, and each seat may be used by multiple learners.
   d. Complete the POST-BIRTH Video and submit to the FT Coordinator upon completion of training.

2. **Map/Select**: Use the MWS Integration Toolkit - Resources to educate:
   a. Providers
      i. All agency/organization providers and staff who interface with the perinatal population should be educated based on the skills and their role in preventing maternal mortality.
      ii. Establish partnerships within the FT/Recovery Center for education and collaboration on MWS Toolkit integration for maximum identification and treatment of pregnant patients who access care (e.g., Emergency Departments, Outpatient OB Clinic, Primary Care clinics, Urgent Care, etc.).
      iii. Establish or improve cross-sector partnerships in the community to engage providers and patients from other organizations/healthcare systems to assure education, timely identification and treatment of MWS. Work with local Maternal Child Health agencies as well as other Perinatal Community Collaborations is encouraged.
   b. Patients/Clients
      i. Ensure all perinatal patients receive:
         - Clear, consistent, repeated messaging about the MWS throughout the perinatal period.
   c. Families/Support Person
      i. Utilize designated resources to educate family/support persons on the MWS and their role in encouraging pregnant/postpartum women to seek immediate care.
   d. Community
      i. Utilize designated resources to create community awareness of the MWS. Public Relations efforts, as well as community-wide collaborative work, are encouraged.

3. **Implementation**: Develop policy and procedure to ensure the implementation steps occur within your organization/healthcare setting:
   a. Following initial implementation, policy for discharge planning to include POST-BIRTH education must be reviewed and updated as needed to reflect embedded MWS education and process.
   b. MWS training must be included as part of the orientation process for new staff.
   c. Ongoing evaluation and improvement should be conducted to ensure the MWS message suits the population served and meets the needs of each facility/center.
POST-BIRTH Implementation Toolkit: helpful?

Accessing the PBWS Implementation Toolkit

- Web Link: [https://www.awhonn.org/page/PBWSDownloads](https://www.awhonn.org/page/PBWSDownloads)
- Password: #JR3EvT2018
- Once you have logged in, you will be able to access the items in the Implementation Toolkit.
Magnets:

When is Round 2?

- Training is complete
- Education for patients is embedded in DC education/policy
- Magnets are handed out during Discharge education

- Who needs more?
- Coming 2022: “Mom Cards”
FTI QI: Policy Reviews & Updates

To Create, Review, or Update?
FTI Site Discussions: Hiawatha

Amberwell Hiawatha: WHERE does it fit??

Purpose: Provide quality patient care involving all aspects of patient’s physical and psychosocial needs including needs upon dismissal.

Procedure:
1. A discharge plan will be formulated on all patients.
2. Patient and/or family education will be:
   a. Implemented as soon as possible after admission.
   b. Completed by the time of discharge.
   c. Completed through arrangements made at time of discharge if not completed before discharge.
3. Patient and/or family education and comprehension will be documented in the medical record.
4. The patient and/or family will receive individualized discharge instructions:
   a. A copy of the Discharge Data form will be given to the patient.
   b. The giving of discharge instructions will be documented along with the patient’s response in the Medical Record.
   c. When applicable, the following areas shall be included:
      - Medications
      - Diet
      - Activity level permitted
      - Wound care
      - Any treatment to be continued at home
      - Follow-up visits
      - Additional resources available
      - Restrictions not already mentioned
      - Newborn care: Including but not limited to: newborn feeding, temperatures in newborn, what to do if a baby is not acting appropriately, jaundice, and follow-up care.

5. Upon discharge or transfer within the hospital, the patient’s status will be documented in the Medical Record as follows:
   a. Patient’s general condition
   b. Patient’s condition related to diagnosis:
   c. Mode of Discharge
   d. Discharged with whom
   e. Destination
   f. Instructions given
   g. Comprehension of instructions
   h. Special needs or arrangements
6. At discharge, short-term goals will have been met and long-term goals will at least show progress toward achievement.
7. The patient will be discharged by wheelchair or ambulation to their vehicle. An OB staff member will assist them to their vehicle and monitor to ensure that the baby is properly secured into the vehicle.
8. The policy regarding transfer of a patient to another institution will be followed if indicated.
9. Patients leaving the hospital without a Discharge Order will be asked to sign a “DISCHARGE AGAINST MEDICAL ADVICE” form and the attending physician will be notified.
10. Upon infant’s discharge, the infant’s medical record will include:
    a. PKU (Newborn Screening) test completed and when.
    b. Newborn Hearing Screening test results, with date and time when completed.
    c. If infant hearing results “refer”, the infant will be rescheduled to be seen in the OB department on or after 2 weeks of age. This should be scheduled at the time of discharge.
    d. Infant’s Bilirubin Level and appropriate Risk Zone category via Billtool.org
    e. Infant’s general condition
    f. Discharged with whom
    g. Destination
    h. Special needs or arrangements
    i. Compliance of use of approved infant car seat
FTI Site Discussions: LMH

LMH: 90% of their OB unit is trained on POST-BIRTH

- Policy Revision: it is on the agenda for the January Perinatal Excellence meeting (which is the committee that is in charge of FTI work).
- The two options would be adding it to our existing MC Delivery of Care protocol, which is where discharge information is currently living.
- However, we have never finalized our PPD screening protocol (although process is up and running beautifully), and I wonder if we should make a grand new protocol that covers all things discharge education/screening which would include PPD and the AWHONN info. It is always a situation of what will be more meaningful to nurses on the floor.”
Examples of PP Policy: Geary

GCH : WHERE does it fit?

Pre-admission Checklist
Discharge Education Policy
Postpartum Policy
PP Discharge Checklist
Examples of PP Policy

GCH: WHERE does it fit??

Geary Community Hospital

TITLE: DISCHARGE INSTRUCTIONS MOTHER/INFANT
DEPARTMENT: NURSERY

POLICY: Mothers and infants will be given discharge instructions/education as part of the discharge process home
PURPOSE: N/A

PROCEDURES:

1. Discharge instructions for Mother:
   A. Take your medications as prescribed
   B. Follow up with Healthcare Provider as directed
   C. If you need advice about hemorrhoids, constipation or your episiotomy, please call your provider.
   D. The following symptoms should be reported to a medical provider as soon as possible:
      i. Chills and fever of 100.4°F or more.
      ii. Frequency, burning, or urgency with urination.
      iii. Excessively heavy or foul smelling vaginal bleeding (more than 1 pad saturated in an hour); or abnormal change in character (increased amount, resumption of bright red color or passage of clots).
      iv. Dizziness or fainting.
      v. Swelling, redness, extra tenderness or bleeding in any area of the breast or nipples.
      vi. Pain, tenderness, redness, warmth or swelling in the calves or thighs of your legs.
      vii. Redness, swelling or drainage from area around perineal or abdominal stitches.
      viii. Severe abdominal pain or persistent perineal pain.
      ix. You feel depressed or like you can’t care for yourself or your baby.
      x. Headache that does not get better even after taking medicine.

2. Discharge Instructions for Infant
   A. If you have any questions or need advice about breastfeeding, call your pediatrician, lactation consultant, or Delivering Change Breastfeeding Clinic.
   B. Call your pediatrician or family physician as soon as possible if your baby develops any of the symptoms listed below:
      i. Axillary temperature of 100.4°F or greater, or under 97.7°F.
      ii. Vomits more than 1-2 entire feedings in 1 day or projectile vomiting. (Such force that it travels some distance).
      iii. Cries constantly for no apparent reason (is not hungry, wet, too warm, overtired, etc.).
Case Studies

“I didn’t know I HAD a story, until I realized I did.”
Case Study #1

26 y/o G2P2
Prev Heroin use PP after last baby, does not have custody
Disclosed Lortab use
Enters SUD treatment
  ◦ Collaborative work with Primary OB & FQHC

+ Meth on admission UDS
Case Study #2

Phone call 3 days post-discharge to your PP unit:

I have swollen legs, a racing heart, and a headache

Milk came in earlier today
POST-BIRTH?? What would you do?
How does your site respond?
# 2022 Learning Forum Topics

Requests in “Chat”

Coming to our revised WEBSITE!

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
</tr>
</thead>
</table>
| January 25<sup>th</sup> | KPCC inclusion in plans  
|           | HHS Maternal Health care act update  
|           | AIM Data Collection highlights                                        |
| February  | KCC spotlight  
|           | Dr Bider & TA sites update on screens/referrals                       |
| March 22nd | Dr Taylor Bertschy (CONFIRMED)  
|           | FTI work (inpatient changes meet outpatient changes)                  |
| April     | FTI Site update: Birth Center  
|           | Or  
|           | Gwen Witthitt                                                          |
| May       | General Meeting  
|           | Training Workshop (included?)                                         |
Next LF

February 22\textsuperscript{nd} at 12pm