



2022

January 2022 Learning Forum





# 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

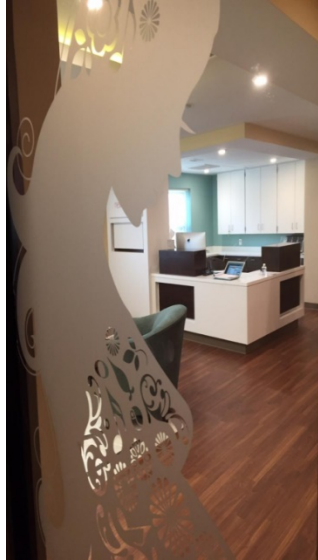
Lawrence Memorial Hospital  
Memorial Health System (Abilene)  
Nemaha Valley Community Hospital  
**Neosho Memorial Regional Medical Center (Chanute)**  
Newman Regional Health  
Overland Park Regional Medical Center  
TBD: Pratt  
Providence Medical Center  
Sabetha Community Hospital  
Southwest Medical 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!



## Our Purpose

A review of Kansas maternal deaths determined the majority of deaths occur between the time immediately after birth and the end of the first year. We also know the 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 system, providers, and Kansas communities to intentionally improve maternal health outcomes with our collective, inspired effort.

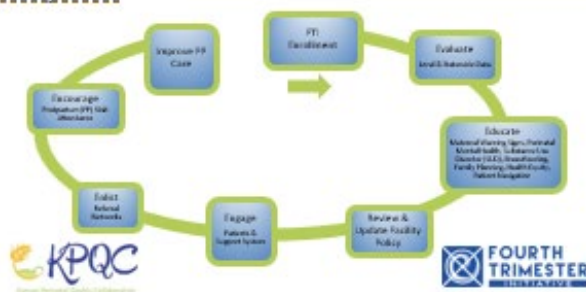
**25 + 2**  
Hospitals Birth Centers  
**= 73%**  
Births In Kansas

### 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 ongoing insurance coverage
- ✓ Address social determinants of health and health equity.

### Taking Action



#### Fourth Trimester Initiative Locations



## Birth Facilities &amp; Birth Centers

[illegible]

### Immediate Postpartum to One Year



**Contact Us**

For more information see our website [kansaspc.org](http://kansaspc.org) or contact: **Terrah Stroda, CNM**  
FTI Coordinator  
[tstroda@gmail.com](mailto:tstroda@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.

*[www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/fact-sheet-vice-president-kamala-harris-announces-call-to-action-to-reduce-maternal-mortality-and-morbidity/](https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/fact-sheet-vice-president-kamala-harris-announces-call-to-action-to-reduce-maternal-mortality-and-morbidity/)*



# 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.

<https://www.postpartum.net/get-help/loss-grief-in-pregnancy-postpartum/>

# Rapid Response

---



Married deputies who died days apart, leaving behind infant son, laid to rest together

Clayton Osteen and Victoria Pacheco from the St. Lucie County Sheriff's Office were laid to rest together on Saturday, Jan. 8.



Deputy Clayton Osteen and Deputy Victoria Pacheco Ft. Lauderdale PD / Ft. Lauderdale PD

# AIM Community of Learning: “Lived Experience”



## Maternal Mortality and Morbidity Advocates

[Home](#) [About](#) [For Patients & Families](#) [For Providers](#) [For Member Orgs](#)

Are you ready to be  
Heard?

[Accept Cookies & Privacy](#)

A Report from MoMMA's Voices Champions Training Center

### 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.

[DOWNLOAD REPORT](#)



### Moms Call for Improved Readiness, Provider Education and Communication

A report from MoMMA's Voices Champions Training Center

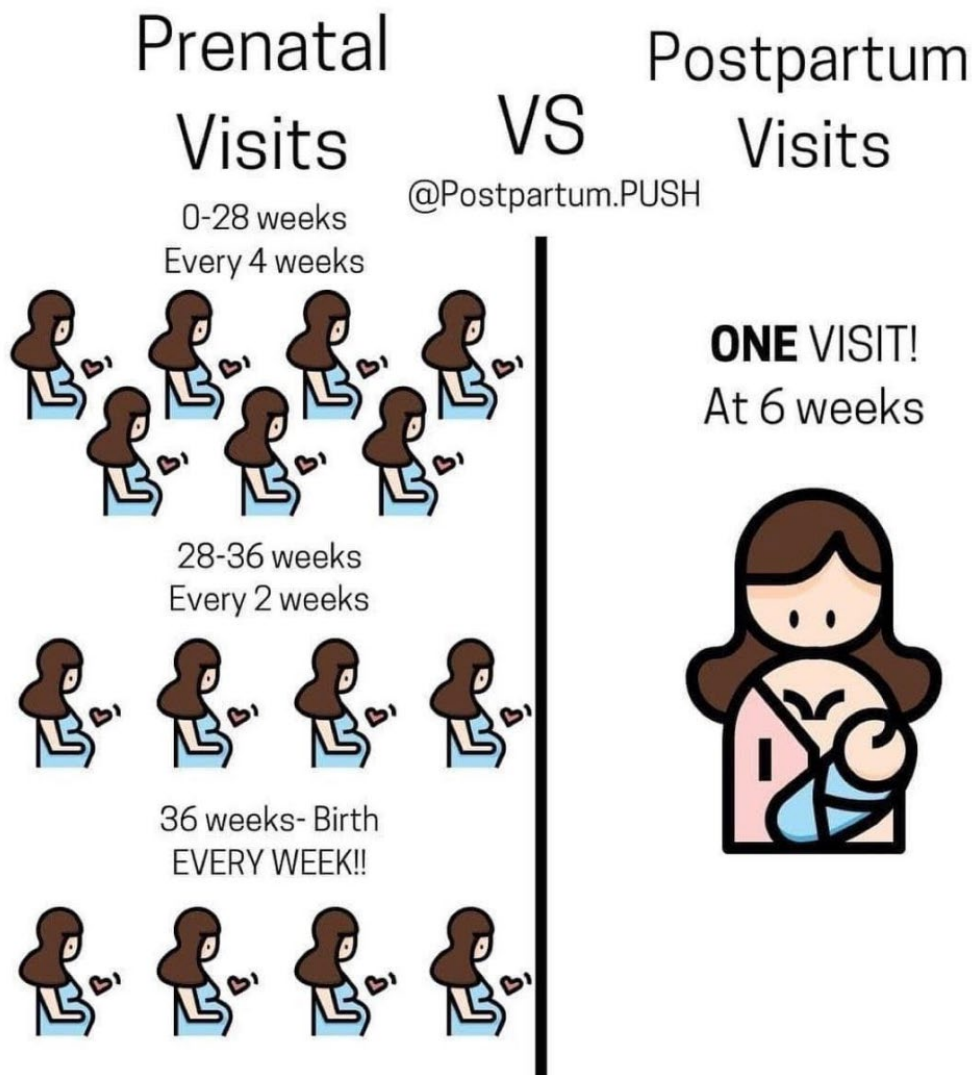
[mommasvoices.org](#) | [@mommasvoices](#) | [#BeYourMomVoice](#)



Hi there



# Rapid Response: “Lived Experience”



# 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.

## 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.

POST-BIRTH WARNING SIGNS

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 \_\_\_\_\_"

(Specify warning signs)

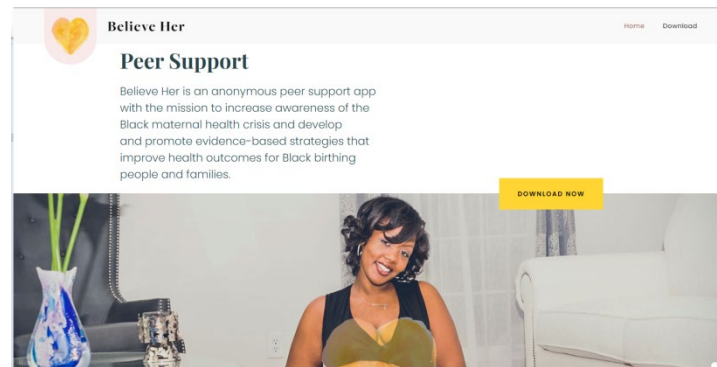


FOURTH TRIMESTER INITIATIVE

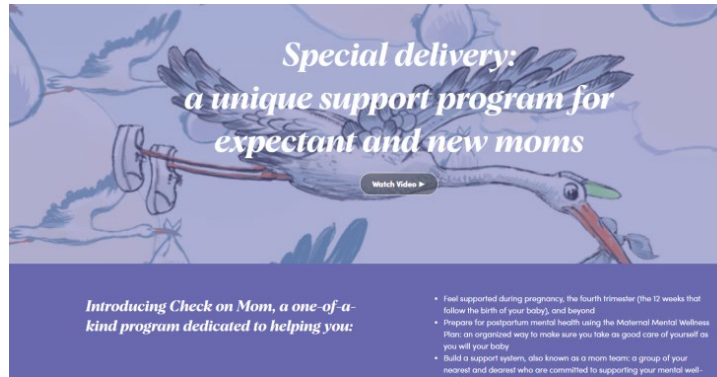


# Rapid Response: New Resources

- ✓ KDHE MCH “Monthly” updates
- ✓ Believe Her app: [believeherapp.com](https://believeherapp.com)



- ✓ Check on Mom: [www.mycheckonmom.com](https://www.mycheckonmom.com)





---

**ROLLING!**  
**We are AIM enrolled!**



**ACOG**

The American College of  
Obstetricians and Gynecologists



**AIM**

ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH



# Postpartum Discharge Transition

<https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/postpartum-discharge-transition/>



The screenshot shows the AIM (Alliance for Innovation on Maternal Health) website. The header includes the AIM logo and navigation links: ABOUT US, PATIENT SAFETY BUNDLES, FOR STATES AND PARTNERS, AIM DATA, COLLABORATIVE HEALTH INNOVATION STRATEGIES, and COUNCIL. The main heading is "POSTPARTUM DISCHARGE TRANSITION". Below this, there is a list of five bundles: READINESS, RECOGNITION & PREVENTION, RESPONSE, REPORTING/SYSTEMS LEARNING, and RESPECTFUL CARE. To the right of these bundles is a "Quick Links" section with two links: "Printable Bundle PDF" and "Postpartum Discharge Element Implementation Details PDF".

AIM  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

ABOUT US PATIENT SAFETY BUNDLES FOR STATES AND PARTNERS AIM DATA COLLABORATIVE HEALTH INNOVATION STRATEGIES COUNCIL

## POSTPARTUM DISCHARGE TRANSITION

- READINESS
- RECOGNITION & PREVENTION
- RESPONSE
- REPORTING/SYSTEMS LEARNING
- RESPECTFUL CARE

Quick Links

- Printable Bundle PDF
- Postpartum Discharge Element Implementation Details PDF

# 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

<b>SAVE YOUR LIFE:</b>		<b>Get Care for These POST-BIRTH Warning Signs</b>
<b>Call 911</b> if you have:	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>P</b>ain in chest</li><li><input type="checkbox"/> <b>O</b>bstructed breathing or shortness of breath</li><li><input type="checkbox"/> <b>S</b>eizures</li><li><input type="checkbox"/> <b>T</b>houghts of hurting yourself or your baby</li></ul>	
<b>Call your healthcare provider</b> if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>B</b>leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</li><li><input type="checkbox"/> <b>I</b>ncision that is not healing</li><li><input type="checkbox"/> <b>R</b>ed or swollen leg, that is painful or warm to touch</li><li><input type="checkbox"/> <b>T</b>emperature of 100.4°F or higher</li><li><input type="checkbox"/> <b>H</b>eadache that does not get better, even after taking medicine, or bad headache with vision changes</li></ul>	
		<b>Tell 911 or your healthcare provider:</b>
		<p>"I had a baby on _____ and (Date)</p> <p>I am having _____," (Specific warning signs)</p>



# Readiness: Every Unit

---

Patient Discharge Education	Should include:
	Who to contact with medical and mental health concerns, ideally stratified by severity of condition/symptoms
	Physical and mental health needs
	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
	Reinforcement of the value of outpatient postpartum visits
	Summary of birth events
	Home monitoring process and parameters for blood pressure, blood glucose, and/or monitoring metrics

# Response: Every Event

Standardized DC Summary	Should include:
	Name & age
	Support person contact info
	Gravida/para status
	Date, type of birth, Gestational age at birth, relevant conditions and complications
	Name, contact information and appointments for relevant providers, including OBGYN specialists, mental health provider, etc
	Positive screening for medical risk factors, mental health, and substance use
	Medications and supplements
	Unmet actual and potential social drivers of health needs
	Suggested community services and supports
	Need for specific postpartum testing such as glucose testing or CBC
Postpartum self-care elements	<b>Should include:</b> Emotional well-being, medication and substance use, physical recovery, sleep/fatigue, Sexual health and activity

# Respectful, Equitable, Supportive Care

---

Inclusion of the patient as part of the multidisciplinary care team	Establishment of trust
	Informed, bidirectional shared decision-making
	Development of a comprehensive postpartum care plan
	Patient values and goals as the primary driver of this process

Postpartum quality measures, per available data, which may include:	Postpartum readmissions
	Postpartum visit attendance
	Screening rate for recommended postpartum preventive screenings
	Rate of postpartum visits scheduled prior to discharge from birth hospitalization
	Patient education rate for PP warning signs

# AIM Data collection plan

Example:

SS3	PP Visit Attendance	Report N/D	Calculate using HEDIS measure specifications
		Denominator: All documented birth hospitalizations	Disaggregate by race/ethnicity
		Numerator: Birth hospitalizations in which patients had a PP visit at or within 7 to 84 days after DC from birth hospitalization	
P2	Provider and Nursing Education- PP Concerns	Report proportion completed (estimated in 10% increments- round up)	
		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?	
P6	Patient Education on Life-Threatened PP Concerns	Sample patient charts or report for all patients: report N/D	*To be included in the numerator, Pt record needs to include documentation of verbal and written education
		<b>Denominator:</b> All maternal discharges following a live birth, whether from sample or entire population	
		<b>Numerator:</b> Among the denominator, those who had documentation of verbal and written education on life-threatening PP concerns before discharge from birth hospitalization*	

# 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

---

Advent Health Shawnee Mission

Geary Community Hospital

Hays Medical Center

Hutchinson Regional Medical Center

Nemaha Valley Community Hospital

Newman Regional Health

Sunflower Birth & Family Wellness

University of KS Health System - St Francis

LMH Health

---

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](https://kusurvey.ca1.qualtrics.com/jfe/form/SV_4UU2T6mRC4qtFhs)





February 8 &  
22

March 8 & 22

April 12 & 26

May 10 & 24

Register  
[here](#)

Kansas

# Moms in Mind

Consultation Clinics

*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

---

Data

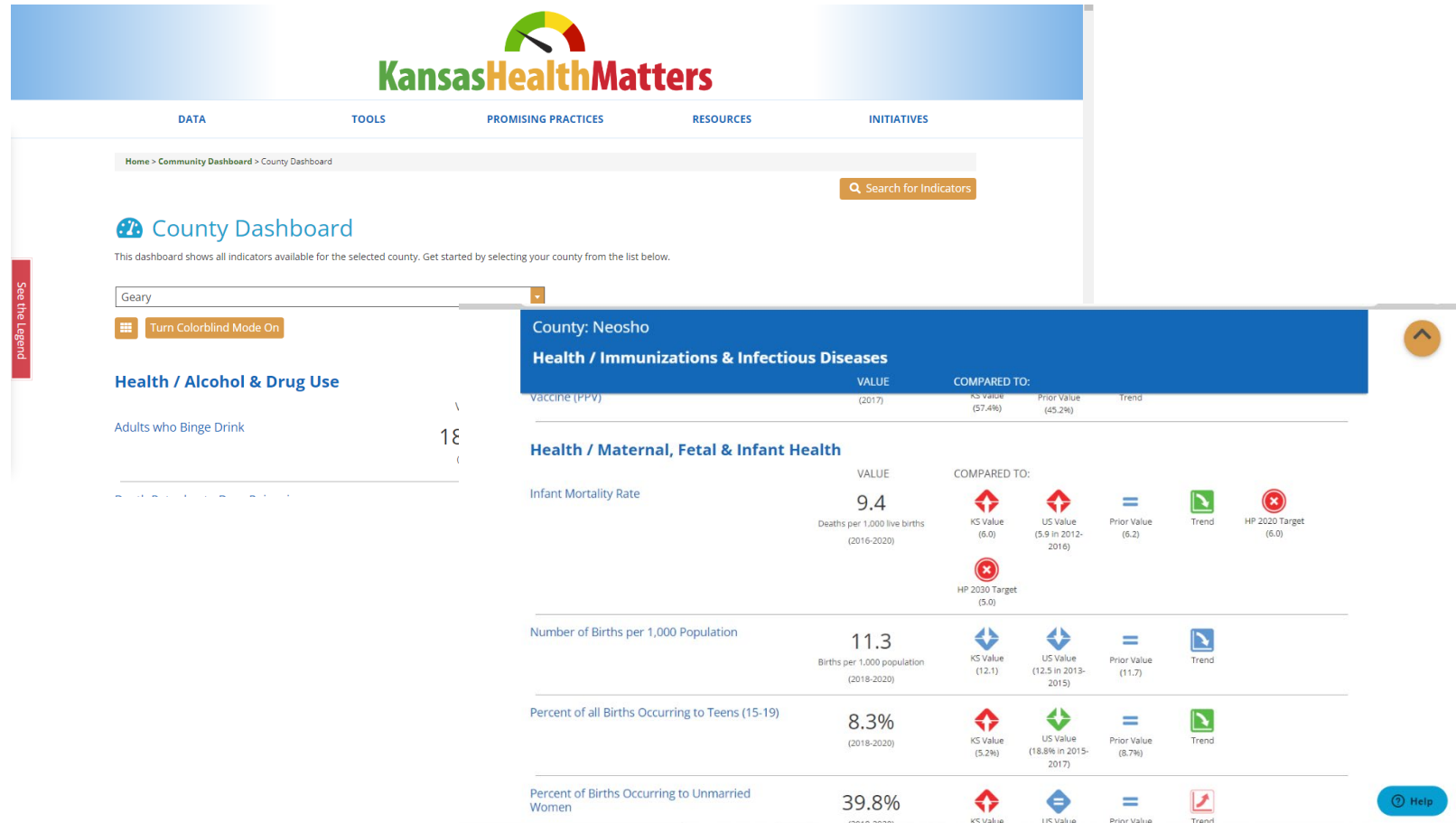
Data

Data





# County examples



# 2020\* Data

---

KS Health Matters:

[www.kansashealthmatters.org/indicators/index/dashboard?alias=key](http://www.kansashealthmatters.org/indicators/index/dashboard?alias=key)

**Where  
Are  
We?**



# **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 1<sup>st</sup> 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 AN ITEM.
*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	DATE COMPLETED
MMH Champion (if different than FTI Champ)	Name:
MMH Direct TA Awardee?	Yes No
Submit Baseline Data to KCC:	
FTI OB 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	DATE COMPLETED
Develop/Revise MMH Policy (Screening, Referral)	
Review Data Collection & Process Improvement Opportunities	
SUBMITTING DATA & REFINING PRACTICE	DATE COMPLETED
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 (Magnets, 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)



## Maternal Warning Signs Initiative Plan for Integration into Fourth Trimester Initiative Facilities/Centers

### 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 deaths and reduce the impact of maternal mortality in our state. The plan is focused on assuring all perinatal persons, as well as those who support them and provide care to them, know about the urgent warning signs of potentially life-threatening pregnancy-related complications.

### Plan Steps

1. **Learn:** All FTI sites and associated healthcare providers are strongly encouraged to:
  - a. Access and review the [Maternal Warning Signs \(MWS\) Integration Toolkit](#)
  - b. Review the Maternal Warning Signs Integration Toolkit, [Provider Resources](#)
  - c. Participate in the Association of Women's Health, Obstetrics 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 Roster and submit to the FTI Coordinator upon completion of training
2. **Inform:** Utilize 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/trained on the MWS and their role in preventing maternal mortality.
    - ii. Establish partnerships within the FTI Facility/Center for education and collaboration on MWS toolkit integration for maximum identification and treatment of perinatal patients who access care (e.g. Emergency Departments, Outpatient OB Clinics, Primary Care clinics, Urgent Cares, etc)
    - iii. Establish or improve cross-sector partnerships in the community to engage provider types from other organizations/healthcare systems to assure education, timely identification and treatment of MWS. Work with local Maternal Child Health agencies as well as KS Perinatal Community Collaboratives is strongly encouraged.
  - b. Patients/Clients
    - i. Ensure all perinatal persons receive:
      - clear, consistent, repeated messaging about the MWS throughout the perinatal period

- each postpartum patient will receive education surrounding MWS, specifically the POST-BIRTH education. Each should be given a MWS magnet upon discharge from the facility/center.
- individualized educational resources and referrals post-discharge as deemed by the Postpartum Care Team, which includes patient input

#### c. Family/Support Person

- i. Utilize designated resources to educate family/support persons on the MWS and their role in encouraging their pregnant/postpartum loved one 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. **Institutionalize:** Develop policy and procedure to ensure the implementation steps occur within your organization/healthcare system:

- 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 need of each facility/center.

# POST-BIRTH Implementation Toolkit: helpful?

---

## Accessing the PBWS Implementation Toolkit

- Web Link: <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 (i.e. Dismissed with newborn son/daughter)
  - 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 dismissed via 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 dismissal, 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 Billitool.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 on 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 feeding 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.).
    - iv. Is listless, Lethargy, irritability.



# 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!

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<sup>nd</sup> at 12pm

