Please check in

Name, title, and agency in CHAT
Chat is muted... but not for long!

Reach out to Tiffany if you have IT concerns
Today’s Agenda

9am Welcome
  ● Introductions
  ● AIM Enrollment Celebration

9:10-9:30am Keynote Speaker
  ● Nikita Desai from AIM

9:30-10am First Trimester Initiative: Statewide Update
  ● Progress being made!
  ● Maternal Warning Signs Toolkit & Maternal Mental Health Toolkit
  ● Next Steps, Connected dots/agencies/programs
  ● How to enroll

10am-Noon FTI Training & Collaboration
  MWS
  MMH
  Data Collection
Kansas is the best place to birth, be born, & to raise a family

Prevent Perinatal Morbidity & Mortality

Prevent Infant Morbidity & Mortality

Improve Maternal Health (See Diagram 2)

Improve Maternal Care

Improve Infant Care

Fourth Trimester Initiative

NAS Initiative
Where are we?!

Fourth Trimester Initiative:

A cutting-edge approach to the care provided to women immediately after delivery and extending through the vital first year after birth.

Goal: We will work to engage and empower patients and providers alike, enlist the support of every community in Kansas, to intentionally improve health outcomes with our collective, inspired effort.
26 Enrolled Facilities/Centers

Birth Facilities:
- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi St Joseph
- Atchison Hosp Assoc Amberwell Atchison
- Citizens Medical Center (Colby)
- Coffeyville Regional Med 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
- Newman Regional Health
- Overland Park Regional
- Providence Medical Center
- Sabetha Community Hosp
- Southwest Medical Center (Liberal)
- Stormont Vail Health System
- Univ of KS Health System KC
- Univ of KS Health System St Francis
- Wesley Medical Center

Birth Centers:
- New Birth Company
- Sunflower Birth & Family Wellness
Stakeholders at the table
Fourth Trimester Initiative

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, improved effort.

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

Immediate Postpartum to One Year

Contact Us
For more information see our website kansasqc.org or contact Terra Stroda, CNM
FTI Coordinator
bstroda@gmail.com

Partners

ACOG
KANSAS MATERIAL & CRUDE HEALTH
AWHONN

Throughout FTI

- County & Facility-specific outcomes
- Social Determinants identified and addressed
- Racism in care is addressed
- Birth equity is learned
- TA around Referral Networks: KPCCs
- Involve entire community of care
  - Medical and non-Medical
- Reimbursement addressed throughout
Big Announcement!

We are AIM enrolled!
Postpartum Discharge Transition
AIM BUNDLE

Nikita Desai, MPH
AIM Program Manager
History & Goals of AIM
Defining AIM

- A cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau and ACOG.

- Based on proven implementation approaches to improving patient safety and outcomes in the U.S.

- A national, cross sector commitment to promote safe care for every U.S. birth and lowering the U.S. rates of preventable maternal mortality and morbidity.

- Through state teams and health systems, AIM aligns national, state, and hospital level quality improvement efforts to improve overall maternal health outcomes.
AIM’s Primary Objective

Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the United States.

By:

- Promoting safe care for every U.S. birth via engagement with state-based multidisciplinary implementation teams.
- Engaging multidisciplinary partners at the national level
- Developing and providing tools for implementation of evidence-based patient safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing efforts and disseminating evidence-based resources.
Fall 2021 AIM Cohort

- Kansas
- Maine
- Montana
AIM National Team

**Project Oversight**
Provide assistance to state teams on the development of bundle implementation workplans. Offer ongoing guidance to help state teams achieve program objectives.

**Engagement Opportunities**
Facilitate opportunities for collaboration, learning, and information sharing amongst state teams. Offerings include bundle interest groups and knowledge library.

**Data Strategy**
Support state teams with the development of a data collection strategy that meets local needs. Provide resources to enable ongoing collection and reporting of hospital-level data.

**Budget Guidance**
Offer guidance on the design of project budgets and strategies for effective utilization of HRSA funds to support program objectives within the state.
AIM Patient Safety Bundles

• “A bundle is a structured way of improving the processes of care and patient outcomes:
  • Small
  • Straightforward
  • Evidence-based

The power of a bundle comes from the body of science behind it and the method of execution: with complete consistency.
  • Performed uniformly

A bundle ties the changes together into a package of interventions that people know must be followed for every patient, every single time.”

- Institute for Healthcare Improvement
AIM Patient Safety Bundles

- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Obstetric Hemorrhage
- Care for Pregnant and Postpartum People with Substance Use Disorder
- Postpartum Discharge Transition Bundle
- Cardiac Conditions in Obstetrical Care
- Sepsis in Obstetrical Care (2022)
AIM Patient Safety Bundles

- Patient Safety Bundles can be found on the updated website introduced in the previous session
- Accompanied by resources and implementation supporting documents
Data is Critical to AIM

- Identifies QI opportunities
- Drives process improvement & technical assistance
- Evaluates QI activities & programmatic goals
AIM Data Process

1. Gain Access to Data
2. Choose an AIM Patient Safety Bundle
3. Create a Data Collection Plan & Data Reporting Pathway
4. Submit Hospital Information and Baseline Data to AIM
5. Begin PSB Implementation & QI Data Collection
6. Sustain PSB Implementation and Evaluate Impact
AIM Data Center

Web-based data submission system

• Used by state-based teams to report and monitor quality improvement data from AIM patient safety bundle implementation

• No personal health information – all data are in aggregate form, attributable to a facility, collaborative, or state
AIM Data Center

Supporting visualizations & data quality analyses

- QI data benchmarking:
  - Within a state-based team
  - Against other state-based teams nationally
Thank you!

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, and infographics & images by Freepik.
What it REALLY means
Postpartum Care: Reinvented

“New Model” of care:
Public Health + Birth Setting + Outpatient Clinics + ER
FTI Action Plan: ALL IN!

Assess State/County’s Current Status
Assess Providers’ Current Action Plan
Educate Medical Providers & Staff
Engage Patients & Support Systems
Improve Patient Care
Enlist Support Persons & Community

Outcome: Healthy Moms
Overarching goal: Fix Immediate PP... then through the 1st year

- F/U appt (s) made prior to discharge
- MWS education (POST-BIRTH) prior to discharge
  - Hypertensive disorders
  - Perinatal mood disorders
  - Captures all of the “red flags” seen in state/national data
- MMH (standardized screening & referral)
- Postpartum Care Team assigned
- PP Discharge summary: standardized

Next UP:
Breastfeeding, Family Planning
Referral System, Feedback Mechanism, Navigation
Immediate Postpartum to One Year

- **MWS**
  - Screens & Referrals, Family Planning, Breastfeeding, Medical Home, Chronic Disease, Navigation, Peds Support

- **Immediate Postpartum**

- **MWS**
  - Mental Health/HTN/AWHONN, Breastfeeding, Mom Plan, Support System, PP Care Team Plan

- **Comprehensive Well-Woman Exam**
  - 12 weeks to 1 year

- **MWS**
  - Screens and Referrals, Navigation, Mom Plan, Breastfeeding, Family Planning, Support System, PP Care Care Plan Team Plan

- **Post-Discharge PP**
  - PP Visits: 1 day to 12 weeks
By September 2022, the documented attendance rate of a visit with the OB provider within 12 weeks postpartum will exceed 60%

1. Enroll Birth Facilities in FTI
2. Obtain Birth Facility birth numbers, including race demographics
3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
4. Track Birth Center Postpartum Care Team formation
5. Identify county-level maternal health risk factors
6. Obtain Baseline Maternal Mental Health & Maternal Warning Signs policies

**AIM Goal**

**Performance Measures**

1. Enroll Birth Facilities in FTI
2. Obtain Birth Facility birth numbers, including race demographics
3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
4. Track Birth Center Postpartum Care Team formation
5. Identify county-level maternal health risk factors
6. Obtain Baseline Maternal Mental Health & Maternal Warning Signs policies

**Primary Drivers**

Optimal Maternal Physical & Mental Health

Postpartum Care Plan

Integrated (Comprehensive) Postpartum Visits

KPQC: Fourth Trimester Initiative

Updated: 10.21

**Secondary Drivers**

Maternal Physical Health
1. Screen/Treat/Education/Referral
   a) KDHE Maternal Warning Signs (AWHONN POST-BIRTH)
   b) Maternal Hypertensive Disorders
2. Breastfeeding
3. Reproductive Life Planning
4. Comprehensive Standardized PP Visit Template
5. PP Visit Appt & Attendance (ACOG schedule)
6. PP Care Plan (see Primary Driver "PP Care Plan")
7. PP Care Team
8. Circle of Care: Referral Network
9. Domestic Violence: MAVIS Project

Maternal Mental Health
1. KDHE Maternal Mental Health Toolkit (Inpt/Outpt)

Social Determinants of Health
- Social
- Structural
- Health Literacy?
- Trauma Informed Care
- Implicit Bias Training

Standardized Comprehensive PP Visit
1. ACOG PP Visit Schedule
2. PP Visit Template
3. Standardized Screenings at PP Visits
   a) KDHE Maternal Warning Signs (AWHONN POST-BIRTH)
   b) Maternal Hypertensive Disorders
   c) Maternal Medical Risks (KDHE defined)
   d) Review Standardized DC Summary
4. Navigation
   a) Circle of Care: Referral Network
5. PP Care Plan: Review & Update
6. PP Care Team
   a) Add Peds/ER/Fam Practice/Urgent Care
   b) Patient ID & Presence of Support Person
   c) Comprehensive Well Woman Exam Toolkit
   d) Insurance Reimbursement
Best Practice & Screenings

- Healthcare Access
- Comprehensive Well Woman Visit
- Immunizations
- Insurance
- Prenatal Vitamins
- Chronic Disease Prevention
- Mental Health/SUD treatment
- Primary OB Care
- Care Team: Navigation, Referrals
- KDHE Mental Health Toolkit
- KDHE MWS Toolkit
- Healthcare Literacy
- Nicotine Use, SUD
- Obesity
- Abuse, Neglect
- Chronic Disease (DM, HTN, Thyroid, Asthma)
- PCP ID
- Nutrition
- Insurance
- Transportation
- Housing
- Sig Other/Support

MOM
- PP Hemorrhage Bundle, Maternal Hypertensive Bundle
- MWS Toolkit: Bleeding, Infection, HTN, Breastfeeding, AWHONN POST-BIRTH Warning s/s, Social Determinants, etc
- Patient POC "Mom Plan"
- PP Care Team/Discharge Planning: Family Planning, Mental Health, Breastfeeding, MWS Warning Signs, ACOG Appt schedule
- Maternal Warning Signs Toolkit: Standardized screening, referral
- SO/Support system

BABY
- Infant Care/Peds Provider
- Car Seat
- Safe Sleep
- Shaken Baby Syndrome
- Breastfeeding

Fourth Trimester Initiative
(See Diagram 3)
POST-BIRTH

Focus Area: Maternal HTN Disorders
POST-BIRTH WARNING SIGNS: TEACHING GUIDE

This guide is a teaching tool for nurses to use when educating all women about the postnatal warning signs that can result in maternal morbidity and mortality.

Instructions:
- Inform all women about all of the following potential complications. All teaching should be documented on the birth or postpartum health record.
- Focus on risk factors for specific complications, then review all warning signs.
- Emphasize that women do not have to experience all signs in each category for them to seek care.
- Encourage the woman to call her designated family member to be included in education whenever possible.

The information included in this guide is organized according to complications that can result in severe maternal morbidity or maternal mortality. Essential teaching points should be included in all postpartum discharge teaching.

Note: This guide is not intended to replace or alter existing protocols. It is designed to supplement existing education and provide additional information.

Below is a suggested conversation-starter:

Although most women who give birth recover without problems, any woman can have complications after the delivery. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life. I would like to go over these POST-BIRTH warning signs with you today to make sure you know what to do in the event of an emergency.

Please share this with family and friends and post the "Save Your Life" handbook in a place where you can get to it easily (like your refrigerator).

Education/Recognition: POST-BIRTH
PREVENTION: POST-BIRTH

✓ Embedding into DC Education
✓ Including it in DC Policy
✓ Card
✓ Magnet
✓ Phone
✓ Social Media

MARCH OF DIMES

Embedding into DC Education
Including it in DC Policy
Card
Magnet
Phone
Social Media
Then... **Treatment** (no wrong door)

Embedding HTN Bundles: ACOG 2019

[Link to ACOG website page on Severe Hypertension and Bundles](https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension)
Education: POST-BIRTH

18 of 26 Sites Trained
- 12 Sites have trained over 20 staff members
- Highest: LMH, HaysMed, Community HealthCare System, Amberwell Hiawatha, Nemaha

# Departments Trained: 6 within one Health System!

Free Registrations left: >200!
Show off! Send Training Rosters!
Maternal Mental Health

Focus Area: Perinatal Mood Disorder, SUD
Evaluate/Educate: MMH TA Cohort

• AdventHealth 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 Kansas Health System – St Francis
# FTI MMH Checklist

## Pre-Implementation (Spring 2022)

* Attend monthly learning forums and collaborative learning opportunities with TA sites

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH Champion (if different than FTI Champ)</td>
<td>X</td>
</tr>
<tr>
<td>MMH Direct TA Awardee</td>
<td>X</td>
</tr>
<tr>
<td>FTI Champion Practice Baseline Survey</td>
<td>X</td>
</tr>
<tr>
<td>FTI OB Lead Provider Baseline Survey</td>
<td></td>
</tr>
<tr>
<td>Reviewed Maternal Health Integration Toolkit</td>
<td></td>
</tr>
<tr>
<td>Evaluated Current Facility Maternal Mental Health Screening Tool &amp; Related Policies</td>
<td></td>
</tr>
<tr>
<td>Identified Facility/Community Needs</td>
<td></td>
</tr>
<tr>
<td>Provider Training Needs Identified</td>
<td></td>
</tr>
</tbody>
</table>

## DEVELOP & IMPLEMENT POLICY (2022)

* Policy recommendations and samples from TA sites & KCC data summaries

<table>
<thead>
<tr>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop/Revise MMH Policy (Screening, Referral)</td>
<td></td>
</tr>
<tr>
<td>Review Data Collection &amp; Process Improvement Opportunities</td>
<td></td>
</tr>
</tbody>
</table>

## SUBMITTING DATA & REFINING PRACTICE (2022-2023)

<table>
<thead>
<tr>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral process post-Discharge embedded</td>
<td></td>
</tr>
<tr>
<td>Submit ongoing data to FTI/KCC as requested</td>
<td></td>
</tr>
<tr>
<td>Policy Update Completed</td>
<td></td>
</tr>
</tbody>
</table>
Updates from Kasey
FTI Enrollment

Contact Terrah Stroda or Kasey Sorell if interested
Frequently Asked Questions (FAQs) for the Pregnant, Postpartum and Infant Populations, provided by the Kansas Department of Health and Environment (KDHE)

October 26, 2021

This frequently asked questions document is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). Please check the KDHE website periodically for updated information and guidance.

This document is intended for pregnant women, mothers, and individuals serving pregnant and postpartum mothers and infants.

Q. Is the COVID-19 vaccine safe and recommended for pregnant and lactating people? Updated 10/26/21
A. The Centers for Disease Control and Prevention (CDC) recently released the first U.S. data on the safety of the Pfizer and Moderna mRNA COVID-19 vaccines administered during pregnancy via the New England Journal of Medicine. This study, based on analyses of data from three vaccine safety-related databases, did not identify any safety concerns for vaccinated pregnant people or their babies. CDC analysis of current data from the CDC v-safe pregnancy registry (a health registry that collects health information from people who received the COVID-19 vaccination in the periconception period or during pregnancy) assessed vaccination early in pregnancy and did not find an increased risk of miscarriage among nearly 2,500 pregnant women who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy. Data from these studies, combined with the known severe risks of COVID-19 during pregnancy, demonstrate that the benefits of receiving a COVID-19 vaccine for pregnant people outweigh any known or potential risks. “CDC encourages all pregnant people or people who are thinking about becoming pregnant and those breastfeeding to get vaccinated to protect themselves from COVID-19,” said CDC Director Dr. Rochelle Walensky. “The vaccines are safe and effective, and it has never been more urgent to increase vaccinations as we face the highly transmissible Delta variant and see severe outcomes from COVID-19 among unvaccinated pregnant people.” Clinicians have seen the number of pregnant people infected with COVID-19 rise in the past several weeks. The increased circulation of the highly contagious Delta variant, the low vaccine uptake among pregnant people, and the increased risk of severe illness and pregnancy complications related to COVID-19 infection among pregnant people make vaccination for this population and their partners more urgent than ever.
MAVIS Project
Maternal Anti-Violence Innovation and Sharing

- Goals: Identify and reduce deaths among pregnant and postpartum women due to homicide and suicide.
- KDHE will work collaboratively with partners at the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC).
- Continue to build and expand on the success of the Kansas Maternal Mortality Review Committee to gather additional data related to violent maternal deaths and provide cross-training to perinatal care providers and domestic violence service providers related to Postpartum Mood and Anxiety Disorders (PMADs), perinatal substance use and intimate partner violence.
# Proposed 2021 Slate

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jodi Jackson (3 year term)</td>
<td>Kourtney Bettinger (3 year term)</td>
<td></td>
</tr>
<tr>
<td>Devika Maulik (3 year term)</td>
<td></td>
<td>Cara Busenhart (3 year term)</td>
</tr>
<tr>
<td>Maria Navarro</td>
<td>Paula Delmore</td>
<td>Jeri Harvey</td>
</tr>
<tr>
<td></td>
<td>Taylor Bertschy</td>
<td></td>
</tr>
<tr>
<td>Jessica Howlett</td>
<td>Kimberly Swan</td>
<td>Kimberly Swan</td>
</tr>
<tr>
<td>Amy Seery</td>
<td>Susan Thrasher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cara Busenhart</td>
<td>Hakima Payne</td>
</tr>
<tr>
<td>Ex-Officio KHA Karen Braman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-Officio KDHE Kasey Sorell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Ex-Officio position representing the MMRC – Randall Morgan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Proposed new KPQC Exec Committee members:

• **Dr. Kimberly Brey:** Dr. Brey is the current Medical Staff President at Stormont Vail and has been incredibly active in OB committees. She earned her Doctor of Medicine and completed her residency at the University of Kansas Medical Center. Dr. Brey has been practicing in Topeka since 2012.

• **Dr. Parul Nguyen:** OB-GYN by background, practiced in Overland Park for many years, and recently completed her MPH at KU. She has an interest in health equity and maternal health outcomes, among others. Currently serving as an AmeriCorps VISTA Member with the Unified Government Public Health Department in Kansas City, KS

• **Kari Smith:** Kari currently serves as the Clinical Nurse Educator at Advent Health Shawnee Mission since 2012. She received her Bachelor of Science in Nursing from University of St. Mary and is working to finish a Master of Science in Nursing Education from Oklahoma Wesleyan University in December 2021.
4th Trimester Committee Members

- **Kourtney Bettinger**, MD  
  KPQC Past Chairperson, University of KS Peds
- **Devika Maulik**, MD, MFM  
  KPQC Chairperson, Advent Health/CMH, OMC
- **Cara Busenhart**, PhD CNM  
  KPQC Chairperson-elect, University of KS
- **Karen Braman**, RPh, MS  
  Kansas Hospital Association
- **Chelsea James**, RN  
  Amberwell Hiawatha Comm. Rural Hospital L&D Unit Manager
- **Randall Morgan**, MD  
  KMMRC Co-Chair, Wesley Medical Center
- **Sharla Smith**, PhD, MPH  
  Dept of Population Health, Dept of OB GYN, KUMC
- **Dr Charles Gibbs**, MD  
  KS ACOG Section Chair  
  KMMRC Co-Chair, Univ of KS Health System
- **Susan Thrasher**, DNP  
  Overland Park Regional Medical Ctr, Urban Hospital (+AWHONN assist)  
  - **Mallorie Suffield**, RN, OPR Perinatal Outreach Coordinator
- **Rachel Sisson**, MS  
  Director, KDHE Bureau of Family Health
- **Stephanie Wolf**, RN  
  KDHE MCH Perinatal Health Consultant
- **Sapphire Garcia-Lies**  
  Wichita Birth Justice Society, Patient Rep
- **Lisa Goins**, RN  
  KDHE-DHCF/Medicaid Representative
- **Lucia Jones Herrera/Sunshine Delgado**  
  MCH Program Manager, United Healthcare

**STAFF**
- **Kasey Sorell**  
  KS Dept. of Health and Environment
- **Terrah Stroda**, CNM  
  Fourth Trimester QI Coordinator
Thank you for coming!
FTI-only Session
Kasey: AIM Data Update
## Terrah: FTI Light Bulb Moments

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **1.** MMH & MWS: Policy Review | ➢ MAY trial/error  
➢ MAY review and revise constantly  
➢ MAY listen to birthing women and families  
➢ SHOULD include pre-birth setting support  
➢ SHOULD include post-birth setting support |
| **2.** POST-BIRTH Training |   |
| **3.** Work with KCC |   |
| **4.** Action Plan for updating policy/education |   |
| **5.** Embedding new education, magnets |   |
| **6.** Update Policy |   |
Maternal Warning Signs

Education-Prevention-Recognition-Treatment
Education: POST-BIRTH

- Champions Trained: 19
- Number Trained total:
- Departments Trained: PP, OB, Triage, ED, Outpatient clinic
- FTI Site with highest #s trained: Hays Med, CHCS

<table>
<thead>
<tr>
<th>COUPON NAME</th>
<th>KansasFTI-PBWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATUS</td>
<td>Active</td>
</tr>
<tr>
<td>TOTAL COUPONS COUNT</td>
<td>250</td>
</tr>
<tr>
<td>COUPONS USED</td>
<td>55</td>
</tr>
<tr>
<td>COUPONS REMAINING</td>
<td>195</td>
</tr>
<tr>
<td>END DATE</td>
<td>2022-09-14</td>
</tr>
</tbody>
</table>
Recognition: POST-BIRTH

POST-BIRTH WARNING SIGNS: TEACHING GUIDE

This guide is a teaching guide for nurses to use when educating all women about the potential warning signs that can result in maternal morbidity and mortality.

Instructions:
- Instruct all women about the following potential complications. All teaching should be documented in the primary or postnatal health record.
- Focus on risk factors for a specific complication that then review all warning signs.
- Emphasize to women that they do not have to experience all of the signs in each category for them to seek care.
- Encourage the woman's significant other or designated family member to be included in education whenever possible.

The information in this guide is organized according to complications that can result in severe maternal morbidity or maternal mortality. Essential teaching points should be included in all postnatal discharge teaching.

The Portland OHSU “New You” is designed to reinforce this teaching. This booklet is referenced according to AWHONN teaching. This RED BOOKS series provides nurses a method for teaching signs and symptoms of complications that can result in serious maternal illness or death in a concise format. A portion of the booklet below is an excerpt:

Call 911 if you have:
- Pain in chest
- Obstructed breathing or shortness of breath
- Unconsciousness
- Thought of hurting yourself or someone else

Below is a suggested conversation starter:

“Although most women gain birth weight without problems, any women 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. I would like to go over these POST-BIRTH warning signs with you today so we'll all know what to look for and what to call 911 if we need to use your healthcare services. Please share this with family and friends and put the “Save Your Life” booklet in a place where you can get to it easily (like your refrigerator).”

POST-BIRTH Warning Signs: Teaching Guide

Pulmonary Embolism
- Essential Teaching Points
- Essential Teaching Points

Obstructed Inguinal Hernia
- Essential Teaching Points

Cardiac (Heart) Disease
- Essential Teaching Points

Hypertensive Disorders of Pregnancy
- Essential Teaching Points

Infection
- Essential Teaching Points

Postpartum Depression
- Essential Teaching Points

Obstetric Hemorrhage
- Essential Teaching Points

Follow-Up Appointment

AWHONN

Page 1 of 3

57
**PREVENTION: POST-BIRTH**

- Embedding into DC Education
- Including it in DC Policy
- Card
- Magnet
- Phone
- Social Media

### Embedded into DC Education
- Phone
- Social Media

### Including it in DC Policy
- Card
- Magnet
- Phone
- Social Media

### Card
- Includes information about post-birth care.

### Magnet
- Promotes awareness about post-birth warning signs.

### Phone
- Provides emergency contact information.

### Social Media
- Shares valuable tips and resources on post-birth care.

---

**SAVE YOUR LIFE:**

**Get Care for These POST-BIRTH Warning Signs**

Learn these POST-BIRTH warning signs—knowing what to do can save your life.

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else
- 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

---

**Baby’s Name:**

- **Term**
- **Preterm** weeks

**Birth Weight:**

- **Birth Length:**

**Infant Feeding:**

- Breast Milk
- Formula
- Both

**Upcoming Appointments:**

- Date: __________ Time: ________
- Date: __________ Time: ________
- Date: __________ Time: ________

**What happens at a Postpartum Check?**

- [https://www.marchofdimes.org/pregnancy/your-postpartum-checkups](https://www.marchofdimes.org/pregnancy/your-postpartum-checkups)

---

**Call 911 if you have:**

- [Call your healthcare provider](#)
- [If you can’t reach your provider, go to urgent care, an emergency room, or call 911](#)

---

**Tell 911 or your healthcare provider:**

- “I gave birth on [date] and I am having [specific warning signs].”

---

**March of Dimes**

**Fourth Trimester**

**Prevented the U.S. from more than 1 million preterm births and saved $13 billion in health care costs.**

**AWHONN**

**Promotes the health of women and newborns.**

---

**Created by:** Delivering Change, Inc.

©2018 AWHONN

---

This program was made possible through a grant from March of Dimes, and the Women’s Mid-year, $1.00 million initiative to help create a world where no woman dies giving life.
Then… **Treatment** (no wrong door)

Embedding HTN Bundles: ACOG 2019

Maternal Warning Signs Initiative (MWS) Integration Plan

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 ensuring 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
   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.
Katie Kufahl: FTI Champion

Mindy, Katie, Manda: Co-Champs!
Maternal Mental Health

Focus Area: Perinatal Mood Disorder, SUD
Maternal Mental Health

Education-Screening-Referral-Treatment
## FTI MMH Checklist

### Pre-Implementation (Spring 2022)

- *Attend monthly learning forums and collaborative learning opportunities with TA sites*

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH Champion (if different than FTI Champ)</td>
<td>X</td>
</tr>
<tr>
<td>MMH Direct TA Awardee</td>
<td>X</td>
</tr>
<tr>
<td>FTI Champion Practice Baseline Survey</td>
<td>X</td>
</tr>
<tr>
<td>FTI OB Lead Provider Baseline Survey</td>
<td></td>
</tr>
<tr>
<td>Reviewed Maternal Health Integration Toolkit</td>
<td></td>
</tr>
<tr>
<td>Evaluated Current Facility Maternal Mental Health Screening Tool &amp; Related Policies</td>
<td></td>
</tr>
<tr>
<td>Identified Facility/Community Needs</td>
<td></td>
</tr>
<tr>
<td>Provider Training Needs Identified</td>
<td></td>
</tr>
</tbody>
</table>

### DEVELOP & IMPLEMENT POLICY (2022)

- *Policy recommendations and samples from TA sites & KCC data summaries*

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop/Revise MMH Policy (Screening, Referral)</td>
<td></td>
</tr>
<tr>
<td>Review Data Collection &amp; Process Improvement Opportunities</td>
<td></td>
</tr>
</tbody>
</table>

### SUBMITTING DATA & REFINING PRACTICE (2022-2023)

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral process post-Discharge embedded</td>
<td></td>
</tr>
<tr>
<td>Submit ongoing data to FTI/KCC as requested</td>
<td></td>
</tr>
<tr>
<td>Policy Update Completed</td>
<td></td>
</tr>
</tbody>
</table>
Capacity to Address Depression and Anxiety Needs

- Staff have the knowledge and skills they need to detect and address depression and anxiety disorders.
- Facility/center has standard processes for directing patients to appropriate mental health resources and conducting follow-up.

Capacity to Address Substance Use Needs

- Staff have the knowledge and skills they need to detect and address substance use disorders.
- Facility/center has standard processes for directing patients to appropriate substance use disorder resources and conducting follow-up.
## MMH TA Sites

<table>
<thead>
<tr>
<th>Site</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>
</tbody>
</table>
MMH Implementation Guardrails

- Documented administration of universal standardized evidence-based & validated perinatal mental health screening tool prior to PP discharge
  - Option 1: administer at admission (provide follow-up & edu prior to discharge)
  - Option 2: administer at discharge (include BH risk assessment at admission)
  - Options 3: coordinate w/ OB clinic to capture 3rd trimester screening results (include risk assessment at hospital admission & follow-up/edu prior to discharge)

- Referral coordination w/ PP Care Team, if applicable
- Documentation of referral coordination & loop closure (include PP Care Team), when possible

Definitions

- **Universal and standardized**: consistent (timing, method, tool) administration to all perinatal patients (e.g. not selectively administered).

- **Evidence-based/validated tool**: literature supporting efficacy of tool for specific populations, including measurement of specificity and sensitivity; tools embedded in EMR may or may not be validated/eb

- **Risk assessment**: formal (evidence-based tool) assessment or informal interview to establish behavioral health risks to mother and fetus (e.g. Potential SU exposures upon admission) & to inform discharge planning and referral coordination.

- **Acute/crisis**: imminent harm to self or others; psychosis
Implementation Guardrails

Documentation of at least 1 evidence-based & validated perinatal mental health and substance use screening tool
Screening Schedule

* At least 1 documented evidence-based & validated perinatal mental health and substance use screening tool

3rd Trimester (clinic)
- Universal MH screening tool administration in alignment w/ MDS policy
- Universal SU screening tool (not UA) administration
- Treatment & referral coordination

Admission (birthing facility)
- Acute behavioral health risk assessment (SU/psycho-social risk assessment)
- Screening Tool Administration

Discharge (birthing facility)
- Acute behavioral health risk assessment (major changes)
- PMAD/POST-BIRTH Education
- **Standardized Discharge Summary**/Referral coordination
- Screening Tool Administration
### Timing: Opportunities & Challenges

<table>
<thead>
<tr>
<th>3rd Trimester</th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Efficacy &amp; validity of screening tool</td>
<td>• MH questions regularly asked at admission</td>
<td>• Emphasis on education and resources</td>
</tr>
<tr>
<td>• KanCare Reimbursement</td>
<td>• Variety in approach – history, risk, screening tool, etc.</td>
<td>• Postpartum Care Team coordination of referrals</td>
</tr>
</tbody>
</table>
MMH: TA spotlight

Jill White: Hutchinson Regional
Sample Timelines

Site 1: Hutchinson Regional Medical Center

- Administering suicide risk assessment at admission
- Administering EPDS post-birth:
  - EPDS & PMAD education included in discharge education folder, pieces pulled out along the way
  - paper form & instructions given with birth certificate
Open mic

• Why does it feel like I’m SOOOO far behind everyone?

• How do we incorporate Birth Equity in this work?

• Tertiary Care Center: How do referrals get back to her “home” base?

• POST-BIRTH: Who do we target for education/integration after inpatient settings:
  • EMS/ED
  • Outpatient clinics
  • Patients: Media & Marketing?
NEW! FTI Checklist
### MATERNAL WARNING SIGNS (MWS)

<table>
<thead>
<tr>
<th>AWHONN POST-BIRTH TRAINING</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTI Champion</td>
<td></td>
</tr>
<tr>
<td>FTI Seat</td>
<td></td>
</tr>
<tr>
<td>FTI Seat</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td></td>
</tr>
<tr>
<td>AWHONN MWS MATERIALS</td>
<td></td>
</tr>
</tbody>
</table>

#### Received Date
- Received 1st Installation (Mags, Teaching Guides)
- Received 2nd Installation (after AWHONN training is completed)

#### Maternal Warning Signs Integration
- Review MWS Integration Toolkit
- Review AWHONN Toolkit

#### Policies to review (Discharge Education, Referral Process, Discharge Planning, etc.)
- Policy #1 reviewed
- Policy #2 reviewed
- Policy #3 reviewed
- Policy #4 reviewed

#### 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 & Mags embedded in PP Discharge Policy
- Additional Patient Education from MWS Toolkit embedded in PP Discharge Policy per institutional need
- Postpartum Appointment policy updated

---

### ENROLLEES CHECKLIST 10.21

#### ENROLLED FACILITY/CENTER
- *Choose from drop-down*  
  - FTI Champion Name
  - Lead OB Provider Name
  - 2021 Birth Numbers (Live & Stillbirth)

#### POSTPARTUM CARE TEAM

<table>
<thead>
<tr>
<th>Members Identified (Name/Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Maternal Care Provider</td>
</tr>
<tr>
<td>Postpartum Nursing Staff (one &amp; Manager Name)</td>
</tr>
<tr>
<td>Infant Provider</td>
</tr>
<tr>
<td>Care Coordinator (Social Worker, Maternal Navigator)</td>
</tr>
<tr>
<td>Lactation Support</td>
</tr>
<tr>
<td>Home Visitor</td>
</tr>
<tr>
<td>Specialty Providers (Behavioral Health, Int. Med)</td>
</tr>
</tbody>
</table>

#### Maternal Mental Health Integration Toolkit

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH Champion (if different than FTI Champion)</td>
<td>Name:</td>
</tr>
<tr>
<td>MMH Direct TA/Leader?</td>
<td>Yes</td>
</tr>
<tr>
<td>Submit Baseline Data to KCC</td>
<td></td>
</tr>
<tr>
<td>FtI OB Lead Provider Baseline Survey</td>
<td></td>
</tr>
<tr>
<td>Reviewed Maternal Mental Health Integration Toolkit</td>
<td></td>
</tr>
<tr>
<td>Evaluated Current Facility Maternal Mental Health Screening Tool &amp; Related Policies</td>
<td></td>
</tr>
<tr>
<td>Identified Maternal Mental Health Needs Identified</td>
<td>Provider Training Needs Identified</td>
</tr>
</tbody>
</table>

#### Develop & Implement Policy

<table>
<thead>
<tr>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop/Revise MMH Policy (Screening, Referral)</td>
</tr>
<tr>
<td>Review Data Collection &amp; Process Improvement Opportunities</td>
</tr>
</tbody>
</table>

#### Submitters & Refining Practice

<table>
<thead>
<tr>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral process post-Discharge embedded</td>
</tr>
</tbody>
</table>

---

**Due:**

Jan 2022?
Updated FTI Enrollee Checklist

• An updated **FTI Enrollees Checklist** is coming. Make sure you click your facility at the top of the word doc before sending it in.

• Be sure you list each person who has registered for a free seat under the POST-BIRTH Training section on the Checklist. That way I can give credit to your facility for the training and registration by cross-matching your checklist and your attendance rosters.

• **Use previous Checklist to update**, note additions and changes
Thank you, FTI Champs!