Time for MOM

Remember to see the faces in the numbers
KPQC Vision: “Kansas is the best place to be born and to be a mother.”

But is it?

Where do we focus our attention?

Why focus on Postpartum Care?
Let’s Do This!

• **Define** the Problem
• **Identify** an Action Plan
• **Educate** Providers, Patients, Population
• **Collaborate:**
  • Birth Centers, Perinatal Community Collaboratives (PCCs), Statewide experts
• **Evaluate:** WSU, KU
Define the problem:
Find your state/county numbers

2018 Data (most recent available)
• Number of women who delivered a baby, including stillbirth, in Kansas in 2018
  ▪ Live births: 36,268
  ▪ Stillbirth: 196
  ▪ Live births + stillbirths: 36,464

Source: Kansas birth and stillbirth data
But wait...

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

**FORTY WOMEN DIED**

- 13 (22.8%) of deaths occurred within 42 days of the end of pregnancy, 27 (47.4%) occurred 43 days to one year after the end of pregnancy.
57 PG Associated Deaths 2016-2018

- Non-Hispanic whites (n=32):
  - Pregnant at the time of death (n=8): 3 (25.0%)
  - Pregnant within 42 days of death (n=5): 3 (20.0%)
  - Pregnant 43 to 365 days of death (n=27): 21 (65.6%)

- Non-Hispanic blacks (n=8):
  - Pregnant at the time of death (n=5): 3 (62.5%)
  - Pregnant within 42 days of death (n=3): 5 (60.0%)
  - Pregnant 43 to 365 days of death (n=27): 27 (47.4%)

- Non-Hispanic others (n=5):
  - Pregnant at the time of death (n=5): 1 (20.0%)
  - Pregnant within 42 days of death (n=3): 5 (41.7%)
  - Pregnant 43 to 365 days of death (n=27): 13 (22.8%)

- Hispanics (n=12):
  - Pregnant at the time of death (n=5): 4 (33.3%)
  - Pregnant within 42 days of death (n=3): 3 (25.0%)
  - Pregnant 43 to 365 days of death (n=27): 17 (29.8%)

- All (n=57):
  - Pregnant at the time of death (n=17)
  - Pregnant within 42 days of death (n=13)
  - Pregnant 43 to 365 days of death (n=27)
Table 1. Timing of pregnancy-associated death by underlying causes of death, Kansas, 2016-2018

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

Source: Kansas Maternal Mortality Review Committee, 2016-2018
Timing of PG Assoc death by race

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

<table>
<thead>
<tr>
<th>Underlying cause of death</th>
<th>Pregnant</th>
<th>Within 42 days</th>
<th>Within 43 to 365 days</th>
<th>Total</th>
<th>Postpartum period</th>
<th>Postpartum period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
<td>8 (25.0)</td>
<td>3 (9.4)</td>
<td>21 (65.6)</td>
<td>32</td>
<td>24 (75.0)</td>
<td>24 (60.0)</td>
</tr>
<tr>
<td>Non-Hispanic black</td>
<td>5 (62.5)</td>
<td>3 (37.5)</td>
<td>0</td>
<td>8</td>
<td>3 (37.5)</td>
<td>3 (7.5)</td>
</tr>
<tr>
<td>Non-Hispanic other</td>
<td>1 (20.0)</td>
<td>3 (60.0)</td>
<td>1 (20.0)</td>
<td>5</td>
<td>4 (80.0)</td>
<td>4 (10.0)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3 (25.0)</td>
<td>4 (33.3)</td>
<td>5 (41.7)</td>
<td>12</td>
<td>9 (75.0)</td>
<td>9 (22.5)</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>13</td>
<td>27</td>
<td>57</td>
<td>40 (70.2)</td>
<td>40 (100.0)</td>
</tr>
</tbody>
</table>

Source: Kansas Maternal Mortality Review Committee, 2016-2018
### Postpartum Checkup for Mother

<table>
<thead>
<tr>
<th>Question 60</th>
<th>Unweighted n</th>
<th>Weighted n</th>
<th>Weighted %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother has had a postpartum checkup:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>78</td>
<td>3206</td>
<td>9.4</td>
<td>7.0 - 12.6</td>
</tr>
<tr>
<td>Yes</td>
<td>889</td>
<td>30730</td>
<td>90.6</td>
<td>87.4 - 93.0</td>
</tr>
</tbody>
</table>

### Feelings of Depression During the Postpartum Period

#### Table 54. Postpartum feelings of depression

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

#### Question 63

Since delivery, how often mother has had little interest or little pleasure in doing things usually enjoyed:

<table>
<thead>
<tr>
<th>Question 63</th>
<th>Unweighted n</th>
<th>Weighted n</th>
<th>Weighted %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>29</td>
<td>883</td>
<td>2.6</td>
<td>1.6 - 4.2</td>
</tr>
<tr>
<td>Often</td>
<td>73</td>
<td>2633</td>
<td>7.8</td>
<td>5.7 - 10.5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>201</td>
<td>6732</td>
<td>19.8</td>
<td>16.7 - 23.3</td>
</tr>
<tr>
<td>Rarely</td>
<td>283</td>
<td>10254</td>
<td>30.2</td>
<td>26.5 - 34.2</td>
</tr>
<tr>
<td>Never</td>
<td>382</td>
<td>13432</td>
<td>39.6</td>
<td>35.6 - 43.7</td>
</tr>
</tbody>
</table>

**Depression indicator**

| No | 822 | 28675 | 85.3 | 82.0 - 88.1 |
| Yes | 136 | 4930 | 14.7 | 11.9 - 18.0 |

* Depression is indicated if the mother answered “always” or “often” to one or both questions about depression.

* This percentage may be statistically unreliable. Interpret with caution.
“Near Misses”
Severe Maternal Morbidity Data

• Severe maternal morbidity was highest among women aged 40+ years and lowest for those aged 25-29 years

• On average non-Hispanic black mothers were younger than non-Hispanic white mothers. Yet the rate of severe maternal morbidity was **87.3%** higher for non-Hispanic blacks than for non-Hispanic whites

• Compared with other deliveries, **those involving severe maternal morbidity were more likely paid by Medicaid** and from **lower-income communities**.

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

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

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

Source: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Kansas Hospital Discharge Data (Resident)
The Other “Secret” Problem: $ KanCare

13 Pregnancy Visits
Vaginal Delivery
Entire Postpartum Care
------------------- --------------------
$1326.89 $1027.89

Nexplanon
PG test
Provider Insertion
-------------------
$1027.89
We must DECIDE together...

NOT on my watch
Identify an Action Plan
KANSAS APPROACH TO IMPROVING MATERNAL & INFANT HEALTH OUTCOMES

http://www.kdheks.gov/bfh

Kansas Measures Snapshot – 2018

36,268 Total Live Births
Infant Mortality Rate
6.4 per 1,000 live births
Sudden Unexpected Infant Death Rate
1.1 per 1,000 live births
Preterm Birth Rate (<37 weeks) 9.5%
Early Term Birth Rate (37-38 weeks) 26.3%
Low Birthweight (<2,500 grams) 7.4%
Smoking Anytime During Pregnancy 9.5%
Breastfeeding Initiation 87.2%

Comparison: Collaboratives vs. State Outcomes

<table>
<thead>
<tr>
<th></th>
<th>All Community collaboratives</th>
<th>Kansas/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Birth Rate</td>
<td>6.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>5-year avg.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Geary Collaborative established</th>
<th>Saline Collaborative established</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2009</td>
<td>11.9</td>
<td>9.0</td>
</tr>
<tr>
<td>2014-2015</td>
<td>5.7</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*Shared Measurement

Kansa Model

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

Collective Impact Framework is Key

The Five Conditions of Collective Impact

1. Common Agenda: all participants have a shared vision of the change, including an overarching strategic plan and a “change” or “improvement” approach to solving a chronic and complicated condition.
2. Measurement: mutually-relevant, diverse, and credible metrics are established and shared among these states. This can include analytical data, program data, outcomes data, and staff-generated data.
3. Shared Data: These states work in partnership with local, state, and national agencies to collect aggregated data.
4. Transparency: These states share data and learn from others, building a public safety framework for this and other community efforts.
5. Coalition: a network of key community leaders and stakeholders who work together to drive the change and make the needed improvements.

Universal Targeted Interventions & Toolkits

Innovative, Comprehensive Approach

Community Collaboration
Prenatal Education, Care and Support
Targeted Evidence-Based Interventions/Toolkits
Shared Measurement and Evaluation

Collaborative Partnerships & Program Design

Primary Care Providers (PCPs) + Specialists + State Government + Community Development + Businesses

Healthy Moms, Healthy Families

Empowering mothers and families to achieve healthy outcomes; providing consistent, coordinated, and comprehensive care; and supporting the social determinants of health.

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KS Maternal Mortality Website

www.kmmrc.org
MMRC Recommendations

Increased Screening:
- Comorbidities and Chronic illness
- Intimate Partner Violence
- Intent of pregnancy
- Mental Health/SUD

Better communication and collaboration between providers, including referrals
- Patient education and empowerment
- Expansion of Medicaid through 1st year PP
Where does the problem start?

Postpartum follow up

40% of women do not attend PP visits

Higher rates in low SES populations... health disparity

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

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

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

Seeks to address the period from birth through the first well-woman visit to provide continuity of care.
Identify an Action Plan: 
PP Transition 

From Birth Center to 1 year 
• Who? 
• What? 
• When? 
• Where?
Educate

* Providers

* Patients

* Population
Action Plan: Educate

Patients - WHY
Providers - WHY
Population - WHY
ACOG Committee Opinion
“Optimizing Postpartum Care” (2018)

The Fourth Trimester

- Ongoing Process, not single encounter
  - 3 weeks, 6 weeks minimum, no later than 12 wks
  - 12 weeks: comprehensive well woman exam

- One Key Question ®

- Counseling regarding chronic disease
  - ID PCP

- Stillbirth, neonatal deaths included

- Reimbursement policy change required
Does a woman who has delivered (live or stillbirth) receive a f/u visit appt prior to discharge from your facility?
Educate: Postpartum Transition Care

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

• Perinatal Community Collaboratives
  • Identify Current Champions
    • 33 Active Birth Centers (represent >85% of births)
    • 63 total - who’s next?

• Identify Additional local teams of support
  • Collaborate through Learning Forums, professional connections, etc
    • Example: Existing effective Perinatal Community Coalitions in Saline County, Geary County, Sedgwick County, other BAM sites
Evaluation

Monitor Progress
Evaluation Options

- Vital Stats: Birth Certificate info
  - Examples:
    - Adverse Outcomes
    - Intergestational interval
    - Smoking, Substance Use
    - Breastfeeding
    - Social Determinants: Insurance, Race, etc

- 2 week, 6 week PP visits, Comprehensive Annual Exam
  - Made? Kept appt?

- Edinburgh scores (ICD 10 codes)
- One Key Question (ICD 10 codes, etc)
- Becoming a Mom data
- Referrals in IRIS or Data in DAISEY
- Pt has documented “Personalized Plan of Care”
The Time is NOW: HOMEWORK Time!

• **Define** the problem
  • Find your county data

• **Identify** an Action Plan
  • Join us! Check out what’s working!

• **Educate**: Providers, Patients, Population

• **Collaborate**:
  • Connect with local and statewide champions

• **Evaluate**: Save LIVES
How do you find YOUR county data?


Live birth number and rates by county:
  Table C10: Live Births by County of Residence and Peer Group by Number and Rate

Still birth number by county:
  Table D2: Stillbirths by County of Residence and Peer Group by Age-Group of Mother

Maternal death number and rates by county:
  Not available due to small number.
  Table A2 and Figure D8: Maternal deaths by year
Promising Results

Reduced Infant Mortality Rates*

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

Other outcomes worth noting...

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

*Deaths/1000 live births
Bureau of Epidemiology and Public Health Informatics analysis of Becoming a Mom program data 2018
What this looks like...

• In 2018, Geary County had 936 births
• Percent of Premature Births < 37 weeks gestation in 2018 was 8.0
• Initiation of Breastfeeding in 2018 was 87.8%
• Maternal Cigarette Use in 2018 was 7.6%
Payor Distribution: Women who birth in KS

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

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

Source: Kansas Birth Data
We need YOU

Maternal Health Champions

Postpartum Care Champions

IS it YOU? Is it your coworker? **Is it ALL of you?**
Officer Maria Imelda Bautista-Navarro, M.D.
Neonatology
Stormont Vail Health
Level III NICU Medical Director

Officer Cara Busenhart, PhD, APRN, CNM, FACNM
University of Kansas School of Nursing
Director of Advance Practice

Officer Kimberly Swan, OBGYN
Overland Park Regional Medical Center
Residency Program Director

Officer Taylor Bertschy, DO, OBGYN
Wesley Medical Center
OBGYB Hospitalist and Residency
Associate Program Director

Officer Susan Thrasher, DNP, FNP-BC, RNC
Overland Park Regional Medical Center
Manager, Maternal-Fetal Health Center
AWHONN Kansas

Officer Karen Braman, RPh, MS
Kansas Hospital Association
Senior Vice President
Healthcare Strategy and Policy

Past Chair Jodi Jackson
Chairperson Kourtney Bettinger
Chair Elect Devika Maulik
• What resources do most women need upon discharge from the hospital?
• Does the resource exist in your community?
Survey to be sent
In it to Win it!

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