April 2022 Learning Forum
Agenda

- General Meeting: Registration & Information
- FTI Update
- Cara: High 5 teaser!
- FTI Champion Highlight
Welcome to FTI...

Olathe Medical Center

FTI Champion:
Missy Mourek, RN
Birthplace Educator
KANSAS: Medicaid coverage to 12 months PP!

April 20, 2022
TOPEKA — Gov. Laura Kelly signed Wednesday a $16 billion state budget backed by most lawmakers from both parties, including an extension of postpartum Medicaid coverage, a fully funded water plan and rainy day money.

A notable inclusion is the extension of postpartum Medicaid coverage from 60 days to 12 months, which advocates hope will reduce pregnancy-related complications. More than 30% of Kansas births are covered by KanCare.
CMS: Hospital involvement in Maternal QI initiative

- The agency intends to expand the criteria for which this designation would be awarded in the future. The designation, which would appear on a CMS website, would ultimately assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through their participation in quality improvement collaboratives and implementation of best practices that advance health care quality, safety, and equity for pregnant and postpartum parents.
General Meeting: Register Now!

FTI Champions

On-site only
General Meeting: Register Now!

KPQC Membership

VIRTUAL only
State Stats
2020 Data (KDHE Office Vital Statistics)

- Live Births: 34,368
- Stillbirths: 169
- Total Births: 34,537
- 3,645 abortions
- 5 maternal deaths (7 in 2019)
80% of Kansas Births!

FTI Births: 27,684
KS Births: 34,537

2020 KDHE Vital Statistics
27,684 = Births in 2021
★ = MMH TA Sites
### Table 12. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2020*

<table>
<thead>
<tr>
<th>Medical Risk Factors</th>
<th>White NH</th>
<th>Black NH</th>
<th>American Indian- Alaska Native NH</th>
<th>Asian-PI NH</th>
<th>Multi Race- Other NH</th>
<th>Hispanic- Any Race</th>
<th>n.s.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-pregnancy Diabetes</td>
<td>175</td>
<td>0.7</td>
<td>30</td>
<td>1.3</td>
<td>13</td>
<td>1.1</td>
<td>10.7</td>
<td>1.7</td>
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<tr>
<td>Gestational Diabetes</td>
<td>1,771</td>
<td>7.5</td>
<td>195</td>
<td>8.2</td>
<td>27</td>
<td>16.9</td>
<td>220</td>
<td>18.5</td>
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<tr>
<td>Pre-pregnancy Hypertension</td>
<td>666</td>
<td>2.6</td>
<td>91</td>
<td>3.8</td>
<td>7</td>
<td>4.4</td>
<td>19.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>2,029</td>
<td>8.6</td>
<td>234</td>
<td>9.9</td>
<td>14</td>
<td>8.8</td>
<td>56.0</td>
<td>4.7</td>
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<tr>
<td>eclampsia</td>
<td>87</td>
<td>0.4</td>
<td>13</td>
<td>0.5</td>
<td>1</td>
<td>0.6</td>
<td>0.1</td>
<td>0.1</td>
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<tr>
<td>Previous Pre-term Birth</td>
<td>611</td>
<td>2.6</td>
<td>138</td>
<td>5.7</td>
<td>3</td>
<td>1.9</td>
<td>24.0</td>
<td>2.0</td>
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<tr>
<td>Previous Poor Pregnancy</td>
<td>697</td>
<td>3.0</td>
<td>85</td>
<td>3.6</td>
<td>11</td>
<td>6.9</td>
<td>21.8</td>
<td>1.8</td>
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<tr>
<td>Vaginal Bleeding</td>
<td>187</td>
<td>0.8</td>
<td>25</td>
<td>1.1</td>
<td>0</td>
<td>0.0</td>
<td>15.3</td>
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<td>Previous C-Section</td>
<td>3,547</td>
<td>15.1</td>
<td>485</td>
<td>19.6</td>
<td>29</td>
<td>18.1</td>
<td>157.7</td>
<td>13.2</td>
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<td>Infertility Treatment</td>
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<td>24</td>
<td>0.6</td>
<td>3</td>
<td>1.9</td>
<td>41.3</td>
<td>3.5</td>
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<tr>
<td>Infections Contracted or Treated During Pregnancy</td>
<td>865</td>
<td>3.7</td>
<td>189</td>
<td>8.0</td>
<td>7</td>
<td>4.4</td>
<td>39.3</td>
<td>3.3</td>
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<tr>
<td>Smoking During Pregnancy</td>
<td>2,219</td>
<td>9.4</td>
<td>214</td>
<td>9.0</td>
<td>31</td>
<td>19.4</td>
<td>17.1</td>
<td>1.4</td>
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<tr>
<td>Alcohol Use During Pregnancy</td>
<td>31</td>
<td>0.1</td>
<td>6</td>
<td>0.3</td>
<td>0</td>
<td>0.0</td>
<td>2.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Total Medical Risk Factors</td>
<td>13,368</td>
<td>naa</td>
<td>1,697</td>
<td>naa</td>
<td>135</td>
<td>naa</td>
<td>625</td>
<td>naa</td>
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<tr>
<td>Total Births</td>
<td>23,517</td>
<td>2,369</td>
<td>160</td>
<td>1,188.0</td>
<td>121.0</td>
<td>5,065.0</td>
<td>48</td>
<td>34,368</td>
</tr>
</tbody>
</table>

*Residence data  
*More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.  
*n.s. = not stated  
*Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C  
*a = Not Applicable

Rapid Response: KS Data Update

- **34,368** live births
- **169** stillbirths
  - 3.4/1000 live birth White non-Hispanics
  - 10.0/1000 live births Black non-Hispanic
  - 6.8/1000 live births for Hispanics
- **23,517** White, non-Hispanic
- **5,965** Hispanic
- **2,369** Blank, non-Hispanic
Birth numbers

(KDHE Vital Stats 2020)

- 2.9% decrease in births from 2019
- 2020 birth rate was lowest KS birthrate on record (1912), declining since 2008

- 52% 20-29 yrs old
- 40% 30-39 yrs old
- 2% (800) 40+

- 69.8% vaginal births
- 30.2% CSections
Rapid Response

Postpartum Depression Rates Have Tripled for New Moms During Pandemic

March 17, 2022, at 7:58 a.m.

THURSDAY, March 17, 2022 (HealthDay News) -- Rates of postpartum depression among American mothers rose nearly three-fold during the COVID-19 pandemic, along with large increases in major depression and thoughts of self-harm, according to a new study.
What COVID did...

- Creativity in Birth Care... INCREASED
- QI Projects...DECREASED
- Out of hospital birth... INCREASED
- Birth Rate.... DECREASED
- Understaffing...INCREASED
- Mental Health...DECREASED
- KanCare coverage...INCREASED
FTI: How far we’ve come

• Trained 397 providers on Maternal Warning Signs (POST-BIRTH)
• Completely overhauled Screening for MMH at 10 delivery sites
• Improved MMH education at 28 sites
• Standardize PP DC appointments for 14% of KS postpartum women
• Teamed up with 11 KPCC sites

• Impacted over 26,000 women and families in KS
IRIS Communities

IRIS Kansas Communities

Updated 12/31/2021

Made with Infogram
What the Accountant said...
Cara Gerhardt

High 5 & Baby Friendly... TEASER! 😊
Ten Hospital Practices for Successful Breastfeeding

1. Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding

2. Facility will maintain staff competency in lactation support

3. All pregnant women will receive information and instruction on breastfeeding

4. Assure immediate and sustained skin-to-skin contact between mother and baby after birth

5. All families will receive individualized infant feeding counseling

6. Give newborn infants no food or drink other than breastmilk unless medically indicated

7. Practice “rooming in” – allow mothers and infants to remain together 24 hours a day

8. Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods

9. Give no pacifiers or artificial nipples to breastfeeding infants

10. Provide mothers options for breastfeeding support in the community (such as telephone number, walk-in clinic information, support groups, etc.) upon discharge
High 5 for Mom & Baby in 2022

• Weekly evidence-based breastfeeding education and quarterly webinars
• Opportunities for scholarships and lactation education support
• Connection with other facilities across Kansas
• Support in policy development that aligns with High 5 for Mom and Baby Premier designation and Baby-Friendly USA
WHAT’S NEXT?

• Email Cara Gerhardt at coordinator@high5kansas.org to be added to the distribution list if you haven’t been receiving High 5 for Mom and Baby emails.

• Find FREE breastfeeding education with CEUs at https://ks.train.org/ks. Search for “Kansas Breastfeeding Education.”

• Visit our website at www.high5kansas.org for more information about High 5 for Mom and Baby.

• Enroll!
Heather Aylward, RN
Director of Women’s Life Center
Newman Regional Health
Discharge Instructions built in Meditec under a Newborn Account

NRH Post-Birth Warning

PULMONARY EMBOLISM
What is Pulmonary Embolism?
Pulmonary embolism is a blood clot that has traveled to your lung.

Signs of Pulmonary Embolism:
- Shortness of breath at rest
- Chest pain that worsens when coughing
- Change in level of consciousness

Obtain immediate care; Call 911 or go to emergency room RIGHT AWAY

CARDIAC (HEART) DISEASE
What is Cardiac Disease?
Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.

Signs of potential Cardiac Emergency:
- Shortness of breath or difficulty breathing
- Chest pain
- Hypertensive Disorders of Pregnancy

What is Severe Hypertension?
Hypertension is when your blood pressure is much higher than it should be.

Signs of Severe Hypertension:
- Severe constant headache that does not respond to over the counter pain medicine, rest, and/or hydration
- Severe constant headache that does not respond to pain medications, rest, and/or hydration
- Changes in vision, seeing spots, or flashing lights
- Pain in upper right abdominal area
- Swelling in face, hands, and/or legs more than you would expect

Obtain immediate care: Call 911 or go to emergency room RIGHT NOW

HYPERTENSION
What is Preeclampsia?
Preeclampsia is a condition that can occur during pregnancy and is characterized by high blood pressure.

Signs of Preeclampsia:
- Severe constant headache that does not respond to over the counter pain medicine, rest, and/or hydration
- Changes in vision, seeing spots, or flashing lights
- Pain in upper right abdominal area
- Swelling in face, hands, and/or legs more than you would expect

Obtain immediate care: Call 911 or go to emergency room

INFECTIOUS DISEASES
What is Infection?
Infection is an invasion of bacteria or viruses that enter and spread through your body, making you ill.

Signs of Infection:
- Temp is greater or equal to 100.4°F (38°C)
- Red swelling blood or discharge from vagina
- Increase in redness or discharge from episiotomy or C-section site or open wound not healing

Obtain immediate care: Call healthcare provider immediately for above signs

POSTPARTUM DEPRESSION
What is Postpartum Depression (PPD)?
Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as 1 week up to 1 year after giving birth.
Signs of Postpartum Depression:
- Thinking of hurting yourself or your baby
- Feeling out of control, unable to care for self and baby
- Feeling depressed or sad most of the day every day
- Having trouble sleeping or sleeping too much
- Having trouble bonding with your baby

Obtain immediate care:
- Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby.
- Call healthcare provider immediately for other signs of depression (sadness, withdrawn, difficulty coping with parenting).
SAVE YOUR LIFE:
GET CARE FOR POST-BIRTH WARNING SIGNS
Learn POST-BIRTH warning signs—knowing what to do can save your life!

CALL 911 IF YOU HAVE:
- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

CALL YOUR HEALTHCARE PROVIDER IF YOU HAVE:
- 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
- If you can’t reach your provider, call 911 or go to an emergency room

FOR QUESTIONS OR TO CONTACT US:
NEWMAN REGIONAL HEALTH
1201 West 12th Avenue
Emporia, KS 66801
Mains: 620-343-6800
https://www.newmanrh.org/
Get Care for These POST-BIRTH Warning Signs

Call 911 if you have:

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

Call your healthcare provider if you have:

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Infection 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

Tell 911 or your healthcare provider:

- "I gave birth on ___________ and I am having _________."

POSTBIRTH Magnet upon Discharge
Education

- Added the training to our New Hire Packet
- Plan to access the online webinar for new staff in the future
- All current staff have completed the webinar
Maternal F/U Appts made

0% 20% 40% 60% 80% 100%

Jan Feb March April May June July Aug Sept Oct Nov Dec Jan Feb

68% 60% 73% 95% 93% 88% 93% 100% 81% 91% 78% 78% 91% 73%
Fourth Trimester Initiative

The right people on the right seat on the bus!
Putting the team together.
1. Director of the clinic
2. IT- Data collector
3. CNO
4. Patient Care manager and ER manager
5. OB Manager
6. Charge nurse on night and days
7. The OB providers nurses
8. Champion providers
9. Social Services
10. Lead Nurse of all the clinics
Maternal Mental Health

• A lot of this was established during the NAS initiative.
• The clinics do the opioid and a Depression scale throughout the pregnancy.
• All post partum moms are screened with the opioid and Edinburgh scale and then again screened in the follow up visits. Also we do chart audits to make sure it is continuing to be done. Any scores on the opioid and or Edinburgh scale that is concerning is reported to the physician and referred to Social Services.
Discharge from the hospital

• All postpartum moms are given verbal and written education on Newborn care, breastfeeding, postpartum care and we review the POST-BIRTH warning signs with them and tell them to place the magnet on their refrigerator.

• Also they are given the date/time for their follow up appointment at the time of Discharge.
Rolling out the post partum policy

We rolled out the post partum policy to the birthing center and are currently working with our clinics. The next step is the ER staff.
Purpose:
To improve postpartum care by standardizing discharge teaching process to include depressive/opioid risk assessment, POST-BIRTH warning signs, and a follow up appointment.

Policy Statement:
For the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman’s individual needs.

Scope Statement:
This policy applies to providers, hospital and clinic nursing, social services, utilization review, and ancillary services.

Definitions: Postpartum: occurring in or being the period following childbirth.

Procedure:
1. All women should ideally have contact with Primary Care Provider within the first 3 weeks postpartum. This assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

2. While in the hospital, after the birth of her child and before discharge every mother will be given:
   a) Opioid risk assessment and the Edinburgh postnatal Depression assessment.
   b) Education on the following to the mother and spouse/caregiver:
      a. Breastfeeding
      b. Infant care
   c) Postpartum care for the mother including the POST-BIRTH warning signs
      d) Time, date, and location of the first postpartum maternal patient appointment.
         Ideally scheduled within the first 3 weeks after delivery.

3. Continuation and components of Postpartum Care will consist of but not limited to the following:
   a) Mental health-
      a. Anticipatory guidance regarding signs and symptoms of postpartum depression and/or anxiety.
b. Management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period.

b) Infant feeding plan:
   a. Intended method of infant feeding.
   b. Resources (e.g., WIC, Lactation consultant, mother groups)
   c. Return-to-work resources

c) Reproductive life plan and commensurate contraception:
   a. Desired number of children and timing of next pregnancy.
   b. Method of contraception
      i. Instructions for when to initiate, effectiveness and potential adverse reactions.

d) Pregnancy complications:
   a. Pregnancy complications and recommended follow-up or test results as well as risk reduction for any future pregnancies.
      i. Examples:
         1. gestational diabetes
         2. gestational hypertension

e) Postpartum problems:
   a. Recommendations for management of postpartum problems
      i. Examples:
         1. Pelvic floor exercises for stress urinary incontinence
         2. Water-based lubricant for dyspareunia

f) Chronic Health Conditions:
   a. Treatment plan for ongoing physical and mental health conditions and ongoing treatment.

g) Primary Care giver will ensure patient’s postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed. If patient chooses, Primary care provider will continue routine care for both Mother and baby.

4. The comprehensive postpartum visit should include:
   a. A full assessment of physical, social, and psychological wellbeing, including the following domains:
      i. Mood and emotional well-being;
      ii. Infant care and feeding;
      iii. Sexuality, contraception, and birth spacing;
      iv. Sleep and fatigue;
      v. Physical recovery from birth;
      vi. Chronic disease management;
      vii. Health maintenance.
Volunteers

AIM interview: Enrollees, non-Enrollees
General Meeting: Register Now!

KPQC Membership

VIRTUAL only

Kansas Perinatal Quality Collaborative
GENERAL MEETING
Respectful & Equitable Care

May 24, 2022

Virtual Meeting

Target Audience: Kansas Perinatal Quality Collaborative (KPQC) members aiming to improve maternal & infant health outcomes.
Goal: To enhance Kansas healthcare providers' knowledge and skills in improving maternal and infant health outcomes.
Objectives:
1. Increase awareness of the importance of perinatal quality improvement initiatives.
2. Enhance collaboration among healthcare providers to improve perinatal outcomes.
3. Provide tools and resources to facilitate successful implementation of quality improvement projects.
4. Facilitate networking and knowledge exchange among healthcare providers.

Registration Information
Click here to register for the general meeting.

Agenda

8:45 am
Log-in (Zoom link will be provided)

9:00 am
Welcome
Dr. Gail Buerkert & Kacee Lewis, MPH, BSN, MH, CNM

9:30 am
Agenda & Introductions
Teresa Simon, CNM

10:00 am
Teaching and Learning
Dr. Linda Perlis

11:00 am
The Kansas Birth Equity Network: Creating Equitable, Inclusive, Respectful Care for Black Women & Families
Dr. Shandra Lentz

11:30 am
Working lunch (lunch provided at event)

12:00 pm
Adjourn

Contact Information:
KPQC 316-265-6034
info@kansasperinatal.org

Faculty

Michelle Baehr

Quanita A. Anderson, MD, MPH, MPA

Kathleen Taylor

Bobbi Smith, MD

Cheri Smith

Dr. Barbara Smith is an Assistant Professor in the Department of Pediatrics at the University of Arkansas for Medical Sciences in Little Rock, Arkansas. She earned her medical degree from the University of Arkansas for Medical Sciences. She completed her residency in Pediatrics at the University of Arkansas for Medical Sciences and then completed a fellowship in Neonatal-Perinatal Medicine at Duke University Medical Center in Durham, North Carolina. She is board certified in Pediatrics and Neonatal-Perinatal Medicine. Her research interests include the development of novel therapies for neonatal lung disease and the prevention of chronic lung disease in preterm infants. She has published extensively in the field of neonatology and has received several awards for her scholarly contributions. In her free time, she enjoys spending time with her family and cooking.
See you in May!

and June 2022... Next Learning Forum