Kansas Perinatal Quality Collaborative

GENERAL MEETING
Respectful & Equitable Care

KPQC General Meeting
May 24, 2022
OnSite FTI Champs

• FTI Champions Packet
  • Notes pages
  • Data worksheet & ACOG/AAP information

• Posttests/CNE/Attendance Verification

• Business Cards
General Meeting Agenda

General Meeting:
✓ Introductions in the Chat
✓ Welcome by KPQC Chair
✓ Speaker #1: Lived Experiences- MoMMA’s Voices Panel
✓ Speaker #2: Dr Pasha- Unlocking Implicit Bias in Healthcare
✓ Speaker #3: Dr Sharla Smith- Introduction of KBEN training
✓ Business Meeting

On Site FTI Champions!

Business Meeting!
Website Launch!
MoMMA’s Voices
Dr Pasha
Dr Sharla Smith
KPQC Business Meeting

- FTI Update
- Launch of new website
- Vote for approval
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
LAUNCHED new website!

https://kansaspqc.org/
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.
The agency intends to expand the criteria for which this designation would be awarded in the future. The designation... 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.
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
### Table 12: Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2020

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<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>
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<td>Total Medical Risk Factors</td>
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<table>
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<tr>
<th>Total Births</th>
<th>23,517.0</th>
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n.s. = not stated

More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.

Residence data

Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C

* n.s. Not Applicable

57%!

- **34,368** live births
- **169** stillbirths
  - **10.0/1000** live births Black non-Hispanic
  - **6.8/1000** live births for Hispanics
  - **3.4/1000** live birth White non-Hispanics

- **23,517** White, non-Hispanic
- **5,965** Hispanic
- **2,369** Blank, non-Hispanic
FTI Data collection:
MMH Policy updates

- Yes: 7 (25%)
- No: 8 (29%)
- In Process: 4 (14%)
- Unknown: 9 (32%)

Birth Facilities Completing Maternal Mental Health Policy Updates
FTI Data collection: POST-BIRTH Training

Birth Facilities Completing Post-Birth Training

- Yes 14 (50%)
- No 11 (39%)
- Unknown 3 (11%)
FTI Data collection: PP Appt Scheduling

Birth Facilities Implementing Scheduling Postpartum Appointments Prior Discharge

- Yes 4 (14%)
- Unknown 8 (29%)
- In Process 3 (11%)
- No 13 (46%)
Huddle Up
Respectful.... And Equitable Care
Agenda for FTI Retreat

12-12:20 KBEN Training Launch
12:20-12:45
  Introduction of KPQC Leadership Team

Introduction of FTI Champions
  • Packet: Posttest questions, FTI Data worksheet, CNE Eval, Attendance Verification Form
  • Business Card exchange (ongoing)
12:45-1pm Update on FTI Work & Project Timeline
1-1:30pm Case Study #1
1:30-2pm Case Study #2
2-3pm Open Mic
  Posttests/CNE Evaluation
FTI Champs: Data overload!!

- FTI Data worksheet (NICU & Maternal Center articles)
- Attendance verification form
- CNE Eval
- Posttest Questions

*Be sure to pick up MWS Teaching Packets
KS Birth Equity Training Launch
At last! Together!

Who’s in the room: **FTI Leadership Team**

- KDHE: Kasey & Drew
- KPQC: Terrah
- KDHE: Jill Nelson & Stephanie Wolf
- KCC Team: Patricia Carillo & Jennifer Wise
- KFMC: Tami Sterling & Tiffany Burrows
At last! Together!

Who’s in the room: FTI Champions
80% of Kansas Births!

FTI Births: 27,684

KS Births: 34,537

2020 KDHE Vital Statistics
We must decide TOGETHER...

NOT on my watch
New website= Easy to reach resources!

https://kansaspqc.org/
Where am I?!

- Improve PP Care
- FTI Enrollment
- Evaluate Local & Statewide Data
- Educate Maternal Warning Signs, Perinatal Mental Health, Substance Use Disorder (SUD), Breastfeeding, Family Planning, Birth Equity, Patient Navigation
- Review & Update Facility Policy
- Engage Patients & Support System
- Enlist Referral Networks
- Encourage Postpartum (PP) Visit Attendance

KPQC Kansas Perinatal Quality Collaborative
Where am I?!
In every patient, in every birth setting, in every protocol:

- Maternal Warning Signs
  - POSTBIRTH Education & Recognition
  - Screen all
  - Identify Medical/Social Red Flags: refer prior to discharge

- Maternal Mental Health
  - Screen all
  - Refer + Screen
  - Educate All (POSTBIRTH)

- PP Appointment prior to discharge

- Breastfeeding
  - High 5 for Mom & Baby, Baby Friendly

- Family Planning
  - Offer prior to discharge, Refer for services

- SSDOH
  - Screen all

- PP Care Team: Pt included
  - Who? How? When?

- Pt debriefs

- ED/EMS Triage

- Link Up! (MCH, Outpatient clinics, etc)
In every patient, in every birth setting, PRIOR to discharge:

- PP Appt made prior to DC
- PP Care Team, as indicated
- Navigation, as indicated
- Screenings completed
  - SDOH
  - Mental Health
  - Medical risks
  - Breastfeeding
  - Fam Planning
- Referrals Made
  - SDOH
  - Mental Health
  - Medical indications
  - Breastfeeding
  - Fam Planning
- Standardized Discharge Summary
### KPQC Fourth Trimester Initiative  
#### Champion Timeline

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<td>Standardized Discharge Summary</td>
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Meet our new friends: Sally & Stuart

- Kansas Hospital Association
- What happens next?
  - What data will I need?
  - How often will I need to submit data?
  - What reports does Terrah collect, KCC collect and what does KHA collect?
Time for FUN!
Pt AB is discharged home on Day #2 postpartum from a NSVD, healthy infant.

Steps from Decision to Door
Case Study #1
Maternal Mental Health
Patient’s perspective

*Every door can be a connection to access help.*

Provider’s perspective

*Every provider is responsible to ensure that patients are screened and connected with treatment that they choose.*
If patient is in active crisis, follow hospital protocol for managing psychiatric crisis, notify social work and on-call OB.

Additional Info
Does the patient...
- Have a current mental health provider?
- An appointment set up with that provider?
- Have adequate family/partner support?
- Concerns about DV?
- Have basic needs met (housing, food)?

EPDS <10 and negative #10.
Check for additional symptoms.
Provide pt. education at discharge.
Document score and interventions.

EPDS 10-12 and negative #10.
Check for additional symptoms and gather additional information.
Provide pt. education at discharge.
Offer pt. connection with hospital social worker.
Document score and interventions.

EPDS 13-30 and/or positive #10.
Check for additional symptoms and gather additional information.
Complete SI/HI risk assessment and follow hospital policy per score results.
Begin Social Work Consult and document plan for follow-up.

Follow-Up
For all patients scoring between 10-30: Follow up within 48 hours of discharge via phone.
Re-screen using the EPDS at this time and request an update of follow-through with any referrals made before discharge.

No/Low Suicide Risk
Provide pt. education
Make warm handoff to social work
Offer to facilitate referral for outpatient psych care
Notify on-call OB

Medium/High Suicide Risk
Request assistance from behavioral health crisis team and request mental health exam.
Notify attending OB.
The L&D nurse calls social work, who helps calm Alex and promises to follow up the next day and get Alex some help. The social worker finds Alex’s family emergency before the end of her shift, takes a leave of absence, and fails to document the need for follow-up services. Alex is discharged on PP day 1. The L&D nurses don’t flag Alex for follow-up because social work handled it.

At baby’s 1-week appointment, Alex appears disinterested in well reduction in weight. The pediatrician encourages her, but baby blues are not better by the end of the appointment. Alex appears disinterested in well reduction in weight. The pediatrician encourages her, but baby blues are not better by the end of the appointment.
Visits OB to confirm pregnancy after missed period. Nervously smiles and states, “I was on birth control. I wasn’t ready for this.” OB remarks, “Well, sometimes that happens...what a happy accident! Congrats!”

10 wks. Alex feels worse, and the OB offers to reassess mood and “see if we can put you on something” after she is done breastfeeding. A nurse at the OB office notices Alex’s mood and suggests finding a therapist using the patient navigator at Alex’s insurance company. Alex tries this, but the waitlist is 3 months.

28 wks. The L&D nurse calls social work, who helps calm Alex and promises to follow up the next day and get Alex some help. The social worker has a family emergency before the end of shift, takes a leave of absence, and fails to document the need for follow-up services. Alex is discharged on PP day 2. The L&D nurses don’t flag Alex for follow-up because social work handled it.

1 day PP Alex isn’t feeling better and tries to get an appointment with her OB and family doctor. Both offices triage her and based on symptoms that they don’t deem urgent, offer to put a note in her chart for the doctor to follow-up at her next scheduled appointment. Alex feels very alone and discouraged and gives up, not even bringing it up at her next appointment.

2 wks. PP

18 wks. Alex is given the EPDS by the front desk staff and scores 11, with a negative #10. OB asks a few follow-up questions: “Are you feeling sad today?” and “Are you having thoughts of self-harm?” Alex says, “I’m just tired.” and OB provides recommendations around diet, rest, and activity.

39 wks. – delivery At admission for delivery, Alex is screened using the Columbia Suicide Severity Screen and is negative for SI. Within the first 12 hours postpartum Alex has a panic attack and states that she can’t “do this,” refuses to provide basic care for the infant, refuses to eat, and her partner reports that she is inconsolable.

1 wk. PP At baby’s 1-week pediatrician appointment, Alex is screened using the EPDS and scores a 20 with a negative #10. The baby has a 15% reduction in weight since birth and Alex appears disheveled and anxious. The pediatrician tells Alex that the baby blues are normal and encourages her to see her OB or family doctor if she’s not feeling better by the end of next week.

4 wks. PP At 4 weeks Alex is exhausted and tells a friend she can’t handle being a mom, then hangs up the phone and won’t answer when her friend calls back. Her friend calls the police to ask for a welfare check and when they arrive, they find the baby in the house alone and locate Alex taking a walk about a block away. CPS places the baby in care. Alex feels like a failure and attempts suicide at 4 weeks 2 days PP.
Meet Alex

Alex is 26 years old, in a relationship, and at her first OB visit she hasn't told her partner yet. This is her first pregnancy, and it was unplanned. Alex has a history of ovarian cysts but no other OB complications. She was on Apri for birth control, and can’t remember for sure, but may have missed a dose or two when on vacation.

After hearing the news, her partner has been irritable and avoidant when she brings up the pregnancy. Her mom is excited but lives far away and won’t be able to come/provide support around delivery and early PP. Has good support from friends and will be able to take 8 weeks maternity leave from her job. She hasn’t really been around babies or small children and isn’t confident in her baby care skills. She would like to take childbirth classes to build skills, but her work schedule will make it difficult.

Throughout the pregnancy, Alex's anxiety increases to the point where she’s struggling to remain focused on tasks and isn’t eating very well. She’s trying to work as much as possible before delivering and is unable to take time off work to attend childbirth classes. She feels almost certain that she’s not capable of caring for a baby and doesn’t know how she’s going to juggle everything. Her partner has said he wants to be more supportive, but seems unenthusiastic about being a parent, so Alex tries not to ask for too much from him.

After delivery and discharge, Alex returns home exhausted and terrified that she’ll not be a good mom. She decides to look for ideas for self-care, hoping that will help her get back to normal, and reads about the benefits of outdoor activity. After a really rough morning and phone call with her friend, she decides that she has to take a break and think through whether or not she can handle being a mom. The baby is sleeping, and she doesn’t have a stroller anyway, so she decides to take a quick walk around the neighborhood and figures the baby will still be sleeping when she gets back.

She returns to find that the police and CPS are in her home, and they tell her that they’re taking her baby and may press charges against her. It’s hard to describe all the thoughts, feelings, and difficult conversations that she has over the next 24 hours, including telling her partner, who responds by leaving and refuses to speak to her anymore. She feels alone, devastated, and like everything she feared would happen did.
Case Study #2
Maternal Warning Signs
It starts at Admission in LABOR

Draft Your Process Flow: Maternal Warning Signs

- Intrapartum Screening
- Immediate PP Screening
- + Screen = Discharge Referral
Draft your Process/Education Flow: PP

Scheduling Early PP Visit

**Process Flow for Scheduling Early Postpartum Visit**

- **Patient meets all discharge criteria**
  - Patient counseled on need for early postpartum visit at 2 weeks and will help make appointment before discharge

- **Provide patient education materials on the benefit of early postpartum visit, warning signs/symptoms to seek care (i.e. AWHONN hand out), and information on benefits of pregnancy spacing/family planning options.**

- **Able to schedule early postpartum appointment before discharge**
  - Yes
    - **Appointment scheduled and appointment date and time added to patient's discharge paperwork**
    - Document counseling, education and postpartum care plan in discharge summary/instructions and ensure patient has follow up plan

  - No
    - Arrange follow up with patient to schedule 2 week postpartum visit after discharge
    - Confirm patient has early pp visit scheduled and document in record
PP Discharge: Draft your Process/Education Flow

Process map current discharge workflow

- **OB Provider**
  - OB Provider to see patient and place d/c order
  - Prescription plan/orders complete in EMR or e-pharmacy
  - Complete AVS (d/c) instructions and signed off in EMR specific to patient

- **PP Nurse**
  - Verify OB Provider tasks are complete
  - Complete birth record activities or verify parental plan for birth record completion
  - Complete discharge education for mother and baby
  - Resolve care plan & complete d/c tasks (security system, infant transportation, tests, etc)

- **Secretary**
  - Send admitting notification on patient’s discharge
  - Clear chart from EMR system
  - Order for pp room to be cleaned

**Test** – work with patient to call the provider’s office to schedule postpartum visit during postpartum discharge education on early warning sign and importance of early postpartum visit
Draft Your Process Flow: Medical Risk Factors

Postpartum Care Team
- Inpatient Referral
- Outpatient Referral

Inpatient Referral
- Who
- Completion, further referrals?

Outpatient Referral
- Who
- Navigation needed? SDOH impact?
- Referral & Appt Made prior to discharge
Connecting Dots

**Postpartum Visit**
- Primary OB Provider, Home Visitor etc
- Breastfeeding, Family Planning
- High Risk Needs: Internal Med, etc
- MWS, MMH referral?

**Standardized PP Visit**
- Visit Schedule
- Visit Template
- Navigation needed? SDOH impact?
- Referrals
Draft your Process/Education Flow: PP

Education

![Get Care for These POST-BIRTH Warning Signs](Image)

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call 911 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

Call your healthcare provider if you have:
- If you can’t reach your healthcare provider, call 911 or go to an emergency room

Tell 911 or your healthcare provider:
- “I had a baby on _______ and I am having _______” (Briefly explain next)
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.
Draft your Process/Education Flow: PP

**Referrals**: Each FTI Site

**Steps for completing mapping tool**

- Identify local referral services/resources using provided lists/databases.
- Begin preliminary list of potential resources for each referral need in your service area.
- Contact resources to gather information and specifics about each resource.
- Complete mapping tool and create process flow to show care team key linkage steps.
- Finalize mapping tool & process flow and distribute per hospital protocol (intranet, EMR, etc.).
- Review and update mapping tool annually.
Protocols: Whose got the “best practice” thing down???

Maternal Warning Signs
Maternal Warning Signs: Policy/Protocol

POST-BIRTH WARNING SIGNS:
TEACHING GUIDE

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

Instructions:
- Instruct ALL women about all of the following potential complications. All teaching should be documented on this form or in your facility’s electronic health record.
- Focus on risk factors for a specific complication first, then review all warning signs.
- Emphasize that women 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 members 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.

The parent handout, “Save Your Life”, is designed to reinforce this teaching. This handout is organized according to AHONN’s acronym, POST-BIRTH, to help everyone remember the key warning signs and when to call 911 or a health provider. A portion of this handout is below for reference.

### 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
- Inclination 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

Below is a suggested conversation-starter:

“Although most women who give birth recover without problems, 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. I would like to go over these POST-BIRTH warning signs with you now, so you will know what to look for and when to call 911 or when to call your healthcare provider.”
## Maternal Warning Signs: Policy/Protocol

### Venous Thromboembolism

**What is Venous Thromboembolism?**
Venous thromboembolism is when you develop a blood clot usually in your leg (cafe area).

**Signs of Venous Thromboembolism**
- Leg pain, tenderness, swelling, or redness, particularly in the calf area
- Swelling of one leg more than the other

**Obtaining Immediate Care**
If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

| RN initials | Date | Family/support person present? | YES | NO |

### Infection

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

**Signs of Infection**
- Temperature 100°F (38°C)
- Bad smelling blood or discharge from the vagina
- Increase in redness or discharge from episiotomy or C-section site or open wound not healing

**Obtaining Immediate Care**
If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

| RN initials | Date | Family/support person present? | YES | NO |

### Postpartum Depression

**What is Postpartum Depression (PPD)?**
Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as one week up to one year after giving birth.

**Signs of Postpartum Depression**
- Thinking of hurting yourself or your baby
- Feeling depressed or sad most of the day every day
- Having trouble sleeping or sleeping too much
- Having trouble bonding with your baby

**Obtaining Immediate Care**
Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby.

| RN initials | Date | Family/support person present? | YES | NO |

### Follow-Up Appointment

- Discuss importance of follow-up visit with doctor, nurse practitioner or midwife in 4-6 weeks (or sooner if complications warrant it)
- Provide correct telephone number for appointment
- Emphasize importance of notifying all healthcare providers of delivery date up to one year postpartum
- Confirm date for postpartum appointment prior to discharge

| RN initials | Date | Family/support person present? | YES | NO |

I have received and understood the POST-BIRTH Warning Signs education and handout.

Patient Signature: ___________ Date/Time: ___________

The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.

Nurse initials and Signature: ___________ Date/Time: ___________
Community Healthcare System

Department: Birthing Center, Acute, ER and All Clinical Settings, Ancillary Services, Utilization Review and Social Services

Document Owner: OB Manager, Nurse Manager, Chief Nursing Officer, and Clinic Director

Subject: Postpartum Care

Policy Name: Postpartum Care

Date of Issue: 02/08/2023

Approved By: Chief Nursing Officer

Page 1 of 2

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose: Optimizing postpartum Care.

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

Scope Statement: Nursing, social services, utilization review, ancillary services, and all clinics.

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

Procedure: To optimize 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 needs. A woman should ideally have contact with a 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.

1. While in the hospital, after the birth of her child and before discharge every mother will be given:
   a) Opioid Call assessment and the Edinburgh postnatal Depression assessment
   b) Education on breastfeeding, infant care, care of herself and will review the POST-BIRTH warning signs with mother and or other caregivers.
   c) Date, time, and location of postpartum appointment.

2. Continuation of components of Postpartum Care will consist of but not limited to the following:
   a) Mental health: Anticipatory guidance regarding signs and symptoms of perinatal depression and anxiety; management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period.
   b) Infant feeding plan: intended method of infant feeding (e.g., WIC, lactation consultant, mother’s groups); return-to-work resources
   c) Reproductive life plan and comprehensive contraception: Desired number of children and timing of next pregnancy; Methods of contraception, instructions for how to initiate, effectiveness and potential adverse reactions
   d) Pregnancy complications: Pregnancy complications and recommended follow-up or test results (e.g., Glucose screening for gestational diabetes, blood pressure check for gestational hypertension) as well as risk reduction for future pregnancies.
   e) Adverse pregnancy outcomes associated with antepartum cardiovascular disease (ASCVD): Adverse pregnancy outcomes associated with ASCVD will need baseline ASCVD risk assessment, as well as discussion of need for ongoing annual assessment and need for ASCVD prevention over lifetime.
   f) Postpartum problems: Recommendations for management of postpartum problems (e.g., pelvic floor exercises for stress urinary incontinence, water-based lubricant for dyspareunia)
   g) Chronic Health Conditions: Treatment plan for ongoing physical and mental health conditions and ongoing treatment.
   h) Primary Care Provider 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.

3. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: Mood and emotional well-being, infant care and feeding, sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.

Related Documents:
POST-BIRTH WARNING SIGNS
ASCVD Risk Tool
Edinburgh Postnatal Depression Scale

References:
The American College of Obstetricians and Gynecologists, Number 730—May
ACOG: Standardized DC Summary

**Should include:**

- Name and age
- Support person contact information
- Gravida/para status
- Date and type of birth, gestational age at birth, relevant conditions and complications
- Name, contact information and appointments for relevant providers, including OB/GYN 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
May 24, 2022 – KPQC General Meeting

Notes:

[Diagram with six blank sections connected by arrows indicating a flow or cycle.]
POST-BIRTH Resources
Accessing the PBWS Implementation Toolkit

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.
POSTBIRTH Resources: Multiple languages

Welcome to PBWS Resources

- 06.1 PBWS Save Your Life Handout Arabic
- 06.2 PBWS Save Your Life Handout Chinese Mandarin
- 06.3 PBWS Save Your Life Handout English
- 06.4 PBWS Save Your Life Handout Spanish
- 06.5 PBWS Save Your Life Handout Haitian Creole
- 06.6 PBWS Save Your Life English Poster Size
- 07 PBWS Teaching Guide
- 08 PBWS References for Online Course
Welcome to PBWS Resources

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[Maternal Warning Signs Policy]
MWS Toolkit

MATERNAL WARNING SIGNS
Guidance on Use of Patient Education Resources

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Additional tools and resources are available on the MWS Toolkit website.
Welcome to PBWS Resources

- 09 PBWS Audit Final
- 10.1 PBWS Magnet Arabic
- 10.2 PBWS Magnet Chinese Mandarin
- 10.3 PBWS Magnet English
- 10.4 PBWS Magnet Spanish
- 10.5 PBWS Save Your Life Magnet Haitian Creole
- 11 PBWS Sample News Release
- 12 PBWS Sample Timeline
- 13 Bulletin Board Communication Materials
Coming soon... great resources & HELP!
AIM: Marketing!
Cuff Project: KDHE Home Visiting Program

- Pt screens positive postpartum
  - Diagnosis of Chronic HTN, Gestational HTN, Preeclampsia, etc
- POST-BIRTH Education received prior to discharge
- PP Discharge Summary completed
  - Mom Card completed
- PP Discharge by Provider/PP Care Team

- PP Visit Appointment made with Primary OB Provider, Specialists as indicated

- Referral from PP Discharge provider or PP Care Team to MCH Home Visitor

- Home Visitor is connected to Primary OB Provider (referral bilateral). Pt is seen:
  - 3-5 days Post-Discharge
  - 7-10 days by Primary OB Provider

- Pt has reminders by Home Visitor, Primary OB Provider, etc regarding POST-BIRTH education for red flags
  - Uses Mom Card for all visits
Community Health Workers
Before you go

• Attendance verification form
• Data Worksheet
• CNE Evaluation
• Posttest
Open Mic