September 2022 Learning Forum
KPQC MAJOR Learning Forum Event

Tuesday, October 25th from 12:00 – 1:00 pm

Call to Arms:
Family Planning in the Immediate Postpartum Birth Setting

Sridevi Donepudi, MD, MMM, FAAFP
Medicaid Medical Director,
Kansas Department of Health & Environment

Madhuri Reddy, MD, FACOG
Department of Obstetrics & Gynecology,
University of Kansas Health Systems

Meeting registration: HERE

https://us02web.zoom.us/meeting/register/tZAkfuqhqTggH9f7RnFy6H0Nph0CaKqXNT4N
Rapid Response: *KBC Conference*

https://ksbreastfeeding.org/2022-conference/
Rapid Response: Women’s Health Symposium

Women Health Symposium 2022
9 a.m.–3:15 p.m., Friday, November 4, 2022
HaysMed, Hadley Rooms, 2220 Canterbury Drive, Hays, KS 67601

Joint sponsorship with HaysMed and The University of Kansas Medical Center. Continuing Education and Professional Development and Area Health Education Center – West.

Program overview
This program is designed to improve the care of women’s health, including but not limited to, Kansas Mortality and Morbidity data: Maternal Mortality, Maternal Complications in the Postpartum Period and Infant feeding and follow-up.

Objectives
Following this program, the participants can be expected to:
• examine the rates of maternal mortality and morbidity in Kansas.
• Identify key factors in MAM for Kansas women in pregnancy and the first year after birth.
• Identify the importance of screening women during childbirth with the Edinburgh Postnatal Depression Scale.
• Examine resources, treatment options, and care considerations for maternal mental health.
• Explore postpartum risk factors for new mothers related to PCOS and Weight, signs and importance of awareness in identifying signs and symptoms.
• Explore the indicators of pregnancy complications and how they can affect a woman’s health across her lifespan.
• Identify key assessment findings in infant follow-up in the early weeks following birth related to feeding and development.
• Examine ways to support the new mother based on feeding challenges and hospital follow-up.

For more information:
785-625-1500
HaysmedCertification
Rapid Response: *Professional advocacy*

**WANTED**: Individuals or organizations from the *birthing world* in Kansas who might be interested in joining the **Immunize Kansas Coalition**

- **Contact**: Heather Braum, Health Policy Advisor
  
  www.immunizekansascoalition.org/
KPQC/KDHE Site Visits

Can we visit YOU?
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<th>FTI Project</th>
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## KBEN Training
### Deadline: October 31st

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<th>Completed (YEAH!)</th>
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<tr>
<td>Jessica Gier- Univ of KS KC</td>
<td>Jill White- Hutchinson Regional Med</td>
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<td>Jessica Seib- HaysMed</td>
<td>Kristin Perez- Stormont Vail Health</td>
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<td>Kari Smit- AdventHealth Shawnee Mission</td>
<td>Dr Taylor Bertschy- Wesley Med Center</td>
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<td>Katie Kufahl- Community Healthcare System</td>
<td>Toni Carter- Neosho Memorial Med Center</td>
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<td>Kayla Schroeder- Geary Comm Hospital</td>
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<td>Kimberlee Dick- Stormont Vail Health</td>
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<td>Dr Kimberly Brey- Stormont Vail Health</td>
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<td>Missy Mourek- Olathe Med Center</td>
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Maternal Mental Health

As of 9/30/22, all FTI facilities/centers will be included in Kansas Connecting Communities technical assistance.

**Current FTI MMH Technical Assistance Facilities/Centers - No changes!**
- Continue to submit screening data quarterly for CQI & receive stipend.
- Continue to complete annual surveys.
- Continue to participate in training & TA events.

**All other FTI Facilities/Centers - Now will have access to...**
- Small group technical assistance workshops that delve into specific pieces of screening implementation, including policy development, referral process, and patient interventions.
- One-on-one technical assistance as needed to implement perinatal behavioral health screening at your organization.
- **Option** to provide KCC with quarterly screening data and receive a $500/quarter stipend for submitting data and engaging in data-driven continuous quality improvement.
  - **Limited stipends are available, so if you’re interested, let us know ASAP!**

Have questions? Email kcc@ku.edu
Rapid Response: New KDHE resource!

- For digital copies: Terrah
- For printed copies: Drew
  (Drew.Duncan@ks.gov)
Kansas Perinatal Quality Collaborative

GENERAL MEETING

11.15.2022

Meeting details coming soon!
In every patient, in every birth setting, in every protocol:

- **Maternal Warning Signs**
  1. POSTBIRTH Education & Recognition
  2. Identify Medical Red Flags prior to discharge, PP Appt

- **Maternal Mental Health**

- **PP Appointment(s)** prior to discharge

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

- **Family Planning**

- **SSDOH**

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

- Pt debriefs for Adverse Outcome Events

- **ED/EMS Triage** (Universal question, POST-BIRTH, ACOG Algorithms)

- 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
- Referral to Navigator, 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
MATERNAL HEALTH & IPV
An Introduction to the MAVIS Project
DISCLOSURE

The MAVIS Project is supported by the Office on Women’s Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $300,000 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit womenshealth.gov.
LEARNING OBJECTIVES

1. Describe the health impacts of domestic violence
2. Identify benefits of using universal education about IPV in the healthcare setting
MATERNAL MORTALITY IN KANSAS

• Between 2016-2020, 11 homicides accounted for 10.5% of the 105 pregnancy-associated deaths.

• Six of the 11 homicides occurred during pregnancy (54.5%), four occurred between 43 to 365 days postpartum (36.4%) and one occurred within 42 days postpartum (9.1%).

• When the relationship was known, the perpetrator was most often a current or former intimate partner.
Figure 13. Number of underlying cause of death for pregnancy-associated deaths by pregnancy-relatedness, Kansas, 2018-2020

Note: For Figure 13, the underlying cause of death categories listed above are mutually exclusive — meaning that each case is classified into only one of the groups. In the death that a suicide was completed by intentionally overusing a drug or medication, these cases are included in the “Suicide” category and not the “Poisoning/overdose” category.

Source: Kansas Maternal Mortality Review Committee
Recommendations for Action, Preventing Pregnancy-Related Deaths:

1. Screen, provide brief intervention, and refer for co-morbidities and chronic illness, such as:
   - Intimate Partner Violence (IPV)
   - Pregnancy Intention
   - Mental Health Conditions (including postpartum anxiety and depression)
   - Substance Use Disorder

2. Increase communication and collaboration among providers, including referrals

3. Educate and empower patients
A partnership between Kansas Department of Health and Environment (KDHE), Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC) to reduce maternal deaths in Kansas due to homicide and suicide.
PROPOSED INTERVENTIONS

Continue to build and expand on the success of the KMMRC to gather additional data related to violent maternal deaths through establishment of a KMMRC SDOH Subcommittee.

Provide cross-training to perinatal care providers (KPQC/Fourth Trimester Initiative birthing facilities) and intimate partner violence service providers (KCSDV members) related to perinatal moods and anxiety disorders (PMADs), perinatal substance use, and intimate partner violence.

Increase collaboration and referrals between perinatal care and intimate partner violence providers resulting in coordinated care and support services for pregnant and postpartum women. Includes facilitating MOUs between providers that outlines resources and services provided by each entity, referral process to each organization, and crisis intervention protocols.
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DEFINING INTIMATE PARTNER VIOLENCE (IPV)

Intimate Partner Violence

• Domestic violence that occurs between intimate partners
• A pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner
• Undermines the victim’s sense of self, free will, and safety
• Includes the use of *illegal* and *legal* behaviors and tactics
The Power & Control Wheel

Source: Domestic Abuse Intervention Programs Duluth, Minnesota
1 in 4 women have experienced physical violence by an intimate partner in their lifetime.

Source: Centers for Disease Control and Prevention (CDC). National Intimate Partner and Sexual Violence Survey: 2015 Data Brief
2020 KANSAS DV STATISTICS

• 23,143 incidents reported to law enforcement. Offender was arrested 48% of time.

• 34 domestic violence homicides, making up 17.6% of all homicides.

Source: 2020 Domestic Violence, Stalking, and Sexual Assault in Kansas As Reported by Law Enforcement Agencies, Kansas Bureau of Investigation
HEALTH IMPACTS OF IPV
IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH? FUTURES WITHOUT VIOLENCE

- Asthma
- Diabetes
- Chronic pain
- High blood pressure
- Cancer
- Smoking
- Drug and alcohol abuse
- Unplanned pregnancies
- STDs
- Trouble sleeping
- Depression
- Anxiety
- Inability to think or control emotions
PREGNANCY AND IPV

• More likely to receive no prenatal care or delay care until later than recommended
• 3x more likely to report symptoms of depression in the postnatal period
• Associated with increased risk of low birth weight and preterm birth
• 3x more likely to suffer perinatal death

RACIAL DISPARITY IN MATERNAL HEALTH

• Black women are 3-4× more likely to die from pregnancy-related causes than white women

• Disproportionate impacts of IPV with less access to care and resources that would prevent and mitigate harm

CUES: Using An Evidence-based Intervention To Address IPV In Healthcare Settings
BARRIERS FOR PROVIDERS

• What barriers make it hard to talk about IPV with patients?

• Have you ever had a patient disclosure of violence and didn’t know what to do?
BARRIERS FOR PROVIDERS

- Time constraints
- Discomfort with the topic
- Fear of offending the patient or partner
- Need for privacy
- Perceived lack of power to change the problem
- A misconception regarding patient population’s risk of exposure to IPV

SCREENING WITHOUT UNIVERSAL EDUCATION

“No one is hurting you, right?”
“You aren’t being abused, are you?”
“Have you been experiencing any domestic violence?”
“Are you being abused by your partner?”
“Are you safe in your home?”

LIMITATIONS OF SCREENING WITHOUT UNIVERSAL EDUCATION

• Low Disclosure Rates
  o Disclosure rates in clinical settings range from 1-14%.

• Non-Differential Outcomes
  o Without universal education or warm referrals, there is no significant difference in outcomes for survivors who receive screening.

Source: The Evidence Behind CUES, Futures Without Violence
PATIENTS’ REASONS FOR NON-DISCLOSURE

- Fear of judgment
- Fear of not receiving adequate support
- Religious beliefs
- Language barriers
- Having children in the home
- Concerns about mandated reporting
- Concerns about privacy

Source: The Evidence Behind CUES, Futures Without Violence
WHAT SURVIVORS OF IPV WANT FROM HEALTHCARE PROFESSIONALS

Autonomy
• Survivors want to make their own decisions.

Empathy and Compassion
• Survivors want their experiences to be validated without judgment.

Informed Providers
• Survivors want health professionals who understand the depth and complexity of domestic violence.
  • Impact of trauma on health
  • Long-term nature of violence
  • Intersection with accessing other needs

Source: The Evidence Behind CUES, Futures Without Violence
VALUE OF UNIVERSAL EDUCATION (UE)

• Providers exposed to a UE curriculum have more confidence in discussing domestic violence

• Patients receiving this intervention have positive feedback, reporting it to be more helpful than comparable interventions

• Patients also share their information with their peers
  o Research shows that participants who received UE were almost twice as likely to share the DV hotline number with someone.

Source: The Evidence Behind CUES, Futures Without Violence
CUES INTERVENTION

C: Confidentiality
- Privacy and transparency about any limits of confidentiality

U/E: Universal Education + Empowerment
- Use safety cards, share resources and information regardless of disclosure

S: Support
- Patient-centered care plan and warm referral to DV program

Source: The Evidence Behind CUES, Futures Without Violence
CATEGORIES OF SAFETY CARDS & RESOURCES FROM FUTURES WITHOUT VIOLENCE

- American Indian/Alaska Native Health
- Campus Health
- Child and Adolescent Health
- HIV Testing and Care
- Home Visitation
- Primary Care
- Reproductive and Sexual Health
- Lesbian, Bisexual, Gay, and Trans/Gender Non-Conforming

Resources are available in multiple languages, in PDF and in hard copy.

www.ipvhealth.org/resources/
REFERRAL BEST PRACTICES

Cold Referral
• Giving a phone number
• Not knowing anything about what services are provided
• Not familiar with staff
• Not knowing anything about the quality of services provided

Warm Referral
• Making the call together
• Having an advocate’s name or point of contact
• Knowing the services and being able to tell someone how they can help
• Knowing how to make referrals, or if and when an advocate can respond in-person
• Being able to speak to the quality of services
• Crisis intervention
• Support groups
• Hotline services
• Personal advocacy
• Shelter
• Resource and referral
• Community awareness and education

All services are free and confidential.
Tribal Victim Services

* Call the 24/7 Kansas Crisis Hotline at 1-888-363-2287 or one of the neighboring programs.
NEXT STEPS

Survey

Training

Memoranda of Understanding (MOUs) with DV/SA Service Providers
RESOURCES

• Kansas Crisis Hotline: 1-888-END ABUSE (1-888-363-2287)
• KCSDV: www.kcsdv.org
  o Map of local DV/SA programs: http://www.kcsdv.org/find-help.html
• Futures Without Violence: www.futureswithoutviolence.org
  o Safety Cards: http://ipvhealth.org/resources/

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Kansas Coalition Against Sexual & Domestic Violence
shachmeister@kcsdv.org

Katie Wade
MAVIS Project Coordinator
Kansas Coalition Against Sexual & Domestic Violence
kwade@kcsdv.org
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