General Meeting

November 15th, 2022
KPQC Pre-Test
Re-Model of Care: How do we respond?

KPQC General Meeting
<table>
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<tr>
<th>Role</th>
<th>Name</th>
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<tr>
<td>Past Chairperson</td>
<td>Dr. Devika Maulik</td>
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<tr>
<td>Officer</td>
<td>Karl Smith</td>
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<td>Chairperson</td>
<td>Dr. Cara A. Busenhart</td>
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<td>Officer</td>
<td>Dr. Sharla Smith</td>
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<td>Chairperson-Elect</td>
<td>Dr. Parul Nguyen</td>
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<td>Karen Braman</td>
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<td>Officer</td>
<td>Jeri Harvey</td>
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<td>Ex-Officio</td>
<td>Kasey Sorell</td>
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<td>Officer</td>
<td>Dr. Kimberly Swan</td>
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<td>Ex-Officio</td>
<td>Dr. Randall Morgan</td>
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<td>Officer</td>
<td>Dr. Kimberly Brey</td>
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<tr>
<td>Ex-Officio</td>
<td>Dr. Kourtney Bettinger</td>
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<td>FTI Coordinator</td>
<td>Terrah Stroda</td>
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<tr>
<td>FTI Admin</td>
<td>Tiffany Burrows</td>
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8:30 am  Registration
9:00 am  Welcome!
    Cara Busenhart, PhD, CNM, APRN &
    Kasey Sorell, MBA, BSN, RN, CPC
9:10 am  KPQC Overview & Updates
    Terrah Stroda, CNM
9:30 am  Session 1: Making Space: Family Planning in the Immediate Postpartum Setting
    Selina M. Sandoval, MD
10:45 am Session 2: Making Change: Response to the Kansas Maternal Hypertensive Crisis
    Bree Fallon, MSN, RNC-OB, C-EFM &
    Traci Johnson, MD
11:45 am Working Lunch (lunch provided)
    KPQC Business Meeting
12:15 pm Session 3: Making Equal: KBEN Training & Group Work
    Sharla Smith, PhD, MPH &
    Daysha Lewis, Doula, CHW
1:30 pm FTI Site Recognition, Q & A, Open Mic, Brainstorming Session
    Terrah Stroda, CNM & Kasey Sorell, MBA, BSN, RN, CPC
3:00 pm Adjourn
    Cara Busenhart, PhD, CNM, APRN
How’d we get here?
Live Births: 34,368

Stillbirths: 169

Total Births: 34,537

3,645 abortions

5 maternal deaths (7 in 2019)

*Deaths related to or aggravated by pregnancy, but due to accidental or incidental causes, and occurring within 42 days of the end of a pregnancy (follows the World Health Organization (WHO) definition).
PREGNANCY RELATED DEATHS
KANSAS, 2016-2020
(Preliminary Data, Subject To Change)

The leading causes of death were (in order):

- Cardiovascular conditions
- Hypertensive disorders
- Embolism
- Infection
KMMRC determinations on circumstances surrounding death were:

- Obesity contributed to 23.8%
- *Discrimination contributed to 7.4%*
- Mental Health Conditions contributed to 22.9%
- Substance Use Disorder contributed to 26.7%

*All deaths reviewed after May 29, 2020*

- Obesity contributed to about one in four deaths (25 deaths, 23.8%).
- Discrimination contributed to about one in 14 deaths (4 deaths, 7.4%).
- Mental Health Conditions contributed to about one in four deaths (24 deaths, 22.9%).
- Substance Use Disorder contributed to about one in four deaths (28 deaths, 26.7%).
Pregnancy Associated Deaths
Kansas, 2016-2020
(Preliminary Data, Subject to Change)

Source: Kansas Maternal Mortality Review Committee

From 2016 to 2020, there were 105 pregnancy-associated deaths, which translated to a pregnancy-associated mortality ratio (PAMR) of 56 deaths per every 100,000 live births occurred in Kansas.

Most pregnancy-associated deaths occurred among:

- Women with a high school education or less were nearly three times as likely to die within one year of pregnancy as women who had more than a high school education.
- Women on Medicaid during pregnancy or for delivery were nearly four times as likely to die within one year of pregnancy as women with private insurance.
- Unmarried women were nearly four times as likely to die within one year of pregnancy as married women.

Disparities in pregnancy-associated deaths:

- Non-White minority women were nearly twice as likely to die within a year of pregnancy as non-Hispanic White women.
- Women who did not enter prenatal care during the first trimester were more than twice as likely to die within one year of pregnancy as women who entered prenatal care during the first trimester.
- Women who resided in ZIP Codes with the lowest median household income (quartile 1, poorest) were more than twice as likely to die within one year of pregnancy as women who live in the highest median household income (quartile 4, wealthiest).

Pregnancy-associated deaths can happen to women of any race and ethnicity. However, in Kansas from 2016 to 2020, most of racial and ethnic minority women were disproportionately affected (Figures 1). Figure 1 shows that the percent of deaths that occurred among non-Hispanic Black women (18.1%) and women of other races (10.5%) far exceed their representation among the population of women giving birth (7.1%, 6.8%, respectively) in Kansas.

Figure 1
Chart Title: Percent of Pregnancy-associated deaths and live births by race and ethnicity, Kansas, 2016-2020
Source: Kansas Maternal Mortality Review Committee, Kansas Department of Health and Environment, birth data (occurrence)
“NEAR MISSES”
Dissecting the Data

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"
More importantly...
The patient voice: “Lived Experience”
Oct 2022 CDC Report

What GAO Found

Each year in the U.S., hundreds of women die from complications related to pregnancy and childbirth—known as maternal death. GAO’s analysis of Centers for Disease Control and Prevention (CDC) data shows that maternal deaths increased during the COVID-19 pandemic. Further, the data show that COVID-19 was a contributing factor in one quarter of all maternal deaths in 2020 and 2021 combined.

Maternal Deaths, 2018 through 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of deaths</th>
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<tr>
<td>2018</td>
<td>650</td>
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<tr>
<td>2019</td>
<td>754</td>
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<tr>
<td>2020</td>
<td>502</td>
</tr>
<tr>
<td>2021</td>
<td>777</td>
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</tbody>
</table>

Source: GAO analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) data. | GAO-23-149SP.

CDC data also show racial and ethnic disparities in the rate of maternal deaths per 100,000 live births per year. For example:

- The maternal death rate for Black or African-American (not Hispanic or Latina) women was 44.0 per 100,000 live births in 2019, then increased to 55.3 in 2020, and 68.9 in 2021. In contrast, White (not Hispanic or Latina) women had death rates of 17.9, 19.1, and 26.1, respectively.

- The maternal death rate for Hispanic or Latina women was lower (12.6) compared with White (not Hispanic or Latina) women (17.9) in 2019, but increased significantly during the pandemic in 2020 (18.2) and 2021 (27.5).

Disparities in other adverse outcomes, such as preterm and low birthweight births, persisted for Black or African-American (not Hispanic or Latina) women, according to GAO analysis of CDC data.

Figure 1: Number and Rate of Maternal Deaths by Race and Ethnicity, 2018 through 2021

Source: GAO analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) data. | GAO-23-105SP.
So we decided to...
<table>
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<tr>
<th>GOAL: Decrease maternal morbidity and mortality in Kansas</th>
<th>Fourth Trimester Initiative Plan</th>
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<tr>
<td>Provide guideline-driven, best practice health care</td>
<td>Provide mechanisms to assure timely referral and follow up</td>
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<td>Conduct standardized screening of all childbearing-aged women</td>
<td>Identify each mother’s Postpartum Care Team</td>
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<tr>
<td>Provides mechanisms to assure timely referral and follow up</td>
<td>Ensure a personalized Patient Plan of Care (“Mom Plan”)</td>
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<tr>
<td>Identify each mother’s Postpartum Care Team</td>
<td>Provide reproductive health planning</td>
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<tr>
<td>Ensure a personalized Patient Plan of Care (“Mom Plan”)</td>
<td>Establish ongoing insurance coverage</td>
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<td>Provide reproductive health planning</td>
<td>Address social determinants of health and health equity</td>
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FTI Action Plan

✓ Make a plan
✓ Enroll Hospitals
✓ Engage State Stakeholders
✓ Enroll in AIM

Then...

CHANGE Postpartum Care!
Enrolled Hospitals = Impact 83% of Kansas Births!

FTI Births: 28,664
KS Births: 34,537

Fourth Trimester Initiative Locations by County

AdventHealth Shawnee Mission, Johnson
AdventHealth Ottawa, Franklin
Amberwell Hiawatha Comm Hospital, Brown
Ascension Via Christi, Riley
Ascension Via Christi St. Joseph, Sedgwick
Atchison Hospital Association dba Amberwell Atchison, Atchison
Citizens Medical Center, Thomas
Coffeyville Regional Medical Center, Montgomery
Community Healthcare System, Pottawatomie
Geary Community Hospital, Geary
Hays Medical Center, Ellis
Hutchinson Regional Medical Center, Reno
Kearney County Hospital, Kearny
Lawrence Memorial Hospital, Douglas
Memorial Health System, Dickinson
Nemaha Valley Community Hospital, Nemaha
Neosho Memorial Regional Medical, Neosho
Neosho Newman Regional Health, Lyon
Olathe Medical Center, Johnson
Overland Park Regional Medical Center, Johnson
Pratt Regional Medical Center, Pratt
Provider Medical Center, Wyandotte
Sabathea Community Hospital, Nemaha
Southwest Medical Center, Seward
Stormont Vail Health, Shawnee
University of Kansas Health System – KC, Wyandotte
University of Kansas Health System – St Francis, Shawnee
Wesley Medical Center, Sedgwick

Birth Centers

New Birth Company Overland Park, Johnson
Sunflower Birth & Family Wellness, Cowley

2020 KDHE Vital Statistics
Who are WE? 30 Birth Settings!

28 Birth Facilities Enrolled
2 Birth Centers Enrolled

Represents 83% of Births in Kansas!
Stakeholders at the table
Postpartum Discharge Transition
AIM BUNDLE

The new PP Model: Recognition & Prevention

<table>
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<tr>
<th>Establish</th>
<th>Screen</th>
<th>Assess and Document</th>
<th>Offer</th>
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<tbody>
<tr>
<td>• Establish system for scheduling postpartum care visits &amp; needed immediate specialty care visits prior to discharge</td>
<td>• Screen each patient for postpartum risk factors and provide linkage to community resources prior to discharge</td>
<td>• In all care environments assess and document if a patient is presenting pregnant or has been pregnant in the past year</td>
<td>• Offer reproductive life planning discussions and resources, including contraceptive options</td>
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The NEW Postpartum Model

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

- **Birth Equity**
  - All settings, all interactions, patient-centered

- **PP Care Team**: Patient included
  - Navigation

- Pt debriefs
- ED/EMS Triage
- Link Up! (KDHE MCH/KPCC)
The NEW Postpartum Model

Agencies/Collaboratives for each FTI Project

- Maternal Warning Signs
  - KDHE MCH
  - AWHONN
- Maternal Mental Health
  - Kansas Connecting Communities
- PP Appointment prior to discharge
- Breastfeeding
  - High 5 for Mom & Baby, KS Breastfeeding Coalition
- Family Planning
  - KDHE, State Medicaid office
- SSDOH
  - KDHE
- Birth Equity
  - KS Birth Equity Network
  - KS March of Dimes
- PP Care Team
  - KDHE Navigation; CHWs
- Pt debriefs
- ED/EMS Triage
  - State EMS Council
- Link Up! (MCH, Outpatient clinics, etc)
In every patient, in every birth setting, PRIOR to discharge:

- PP Appt made prior to DC
  - Standardized DC Summary
- PP Care Team, as indicated
- Navigation, as indicated
- Birth Equity as standard practice
- Screenings completed
  - SDOH
    - Mental Health
    - Medical risks
    - Breastfeeding
    - Fam Planning
- Referrals Made
  - SDOH
    - Mental Health
    - Medical indications
    - Breastfeeding
    - Fam Planning
- Standardized Discharge Summary
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<th>FTI Project</th>
<th>Start</th>
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<th>Sept '22</th>
<th>Oct '22</th>
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<tr>
<td>PP Care Team/PP Referrals/Community Resource List</td>
<td>Sept 2022</td>
<td>December 2022</td>
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<td>Breastfeeding: High 5 &amp; Baby Friendly</td>
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<td>SSDOH Screening &amp; Referral to CRL</td>
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<td>Standardized Discharge Summary</td>
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Where am I?!

- **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**
- **Improve PP Care**
Postpartum Care Team

- Patient
- Primary Maternal Care Provider
  - Subsequently PCP
- Birth Center nursing staff
- Infant Provider
- Care coordinator (inpatient to outpatient)
  - Social Worker, Maternal Navigator
- Lactation Support
- Home Visitor, CHW, OB Navigator
- Specialty provider, if needed
  - MFM, Behavioral Health, Internal Med
Envisioned Referral Workflow

**Postpartum Discharge Referral Workflow**

**Birthing Facility Discharge**

Screening for:
- Medical conditions
- Mental health
- Substance use
- Breastfeeding
- Family planning
- Structural and social drivers of health

- Provide standardized discharge summary
- Make PP visit(s) appointments

**Outpatient Care**

Refer to Navigator* and/or directly to needed services

Connect patient to outpatient postpartum visits

**Comprehensive PP Visit**

Direct referral

Primary OB/Peds/Medical Specialty Care

Breastfeeding Support

WIC

Home Visiting

Patient Support Network

Behavioral Health

Housing, Transportation, Insurance, etc.

Other

Loop Closure

Postpartum Care Team

* This may be a Home Visitor, CHW, Case Manager, Care Coordinator, etc.
Postpartum Discharge Referral Algorithm

**Birthing Facility Discharge**
Screening for:
- Medical conditions
- Mental health
- Substance use
- Breastfeeding
- Family Planning
- Structural and social drivers of health.

Provide standardized discharge summary
Make PP Visit appointments

Are any needs emergent?

- Yes
  - Connect to immediate specialty care.
  - AND
  - Schedule Comprehensive Postpartum Visit
  - Refer to community resources (home visiting, community navigator, etc.)

- No
  - Connect to postpartum care.
To date we have:

- Maternal Warning Signs
  - POSTBIRTH Trained >800
  - Changed PP Policy in 20 hospitals, more “in process”
  - POSTBIRTH Magnets, “Mom Cards” handed at all PP Discharge events

- Maternal Mental Health & SUD training/policy
  - 4 On site visits, more in 2023
  - 14 FTI sites with direct TA; 28 TA sessions
  - Expanded to ALL FTI sites late 2022
  - 77 Providers from 27 FTI-connected sites participate in training
Maternal Mental Health

Update

**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
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.
Breastfeeding and Fourth Trimester Initiative

**High 5 for Mom & Baby Premier Recognition**
- Advent Health Shawnee Mission
- Advent Health Ottawa
- Ascension Via Christi St. Joseph
- Citizens Medical Center
- Community Healthcare System
- Hays Medical Center
- Kearny County Hospital
- Lawrence Memorial Hospital
- Memorial Health System
- New Birth Company
- Pratt Regional Medical Center
- Stormont Vail Health
- University of Kansas Health System-KC
- University of Kansas Health System-St. Francis Campus

**High 5 for Mom & Baby Recognition**
- Amberwell Hiawatha Community Hospital
- Amberwell Atchison
- Coffeyville Regional Medical Center
- Geary Community Hospital
- Hutchinson Regional Medical Center
- Nemaha Valley Community Hospital
- Neosho Memorial Medical Center
- Newman Regional Health
- Providence Medical Center
- Sabetha Community Hospital

*Only FIVE Fourth Trimester Initiative participants are not currently recognized as a High 5 for Mom & Baby or Baby-Friendly USA facility!*
Innovative ideas!

FINALLY use Navigation/CHWs

Referrals for:
+ Mental health screen
+ Medical risk screen
+ Breastfeeding
+ Fam Planning
+ SSDOH
Innovative ideas!

**The “Mom Card”**
Making Space

Family Planning in the Immediate Postpartum Setting
Session 1 Eval: Making Space
Making Change

Response to Kansas Maternal Hypertensive Crisis
Session 2 Eval: Making Change
KPQC Business Meeting
KPQC Business Meeting

Agenda

1- Thank you, Dr. Maulik!

2- Election of new KPQC Executive Committee members
KANSAS PERINATAL QUALITY COLLABORATIVE EXECUTIVE COMMITTEE

Past Chairperson
Dr. Devika Maulik

Chairperson
Dr. Cara A. Busenhart

Chairperson-Elect
Dr. Parul Nguyen

Officer
Kari Smith

Officer
Dr. Sharla Smith

Ex-Officio
Karen Braman

Ex-Officio
Kasey Sorell

Officer
Jeri Harvey

Officer
Dr. Kimberly Swan

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Dr. Randall Morgan

Ex-Officio
Dr. Kourtney Bettinger

Officer
Dr. Kimberly Brey

FTI Coordinator
Terrah Stroda

FTI Admin
Tiffany Burrows
# KPQC Business Meeting

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<th>Position</th>
<th>2023</th>
<th>2024</th>
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<tr>
<td>Past Chair: Cara Busenhart (3-year term)</td>
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<td>Chair: Parul Nguyen (3-year term)</td>
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<td>Chair elect (3-year term): We need a nomination (of someone already on the committee)</td>
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<td>Jeri Harvey Eligible 2nd term</td>
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<td>Position open</td>
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<td>Kimberly Swan 2nd term</td>
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<td>Sharla Smith 1st term</td>
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<td>Kari Smith (1st 2-year term)</td>
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<td>Kimberly Brey (1st term)</td>
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<td>Ex-Officio KHA Karen Braman</td>
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<td>Ex-Officio KDHE Kasey Sorell</td>
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<td>Ex-Officio KMMRC Randall Morgan</td>
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<td>Ex-Officio KDHE Newborn Screening Medical Director Kourtney Bettinger</td>
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Making Equal

Kansas Birth Equity Work
Session 3 Eval: Making Equal
Open Mic
Recognition
5 Major Categories/Projects within FTI
POSTBIRTH Training
Birth Equity Training
Maternal Mental Health TA
PP Care Team in place
Postpartum Appt made prior to discharge

Adding in later:
Breastfeeding
Family Planning Policy
SSDOH screening

BONUS Categories:
KPCC embedded connections
CHW
Cuff Project
MOD Maternal HealthCARE project

Current QUALIFIERS
GOLD: 0
SILVER: 16
BRONZE:10
KPQC Post-Test

SCAN ME