Happy New Year!!!

January 2023

Learning Forum
Rapid Response:
Welcome, Jill Nelson!
KANSAS PERINATAL QUALITY COLLABORATIVE
EXECUTIVE COMMITTEE

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Dr. Sharla Smith

FTI Admin
Tiffany Burrows
2023 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
- Newman Regional Health, Lyon
- Olathe Medical Center, Johnson
- Overland Park Regional Medical Center, Johnson
- Pratt Regional Medical Center, Pratt
- Providence Medical Center, Wyandotte
- Sabesha 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
Stakeholders at the table
48 Participants
Current Chair & Chair-Elect
4 Speakers
35 agencies
16 FTI Sites

**Postpartum Model of Care: How do we respond?**

**KPQGC GENERAL MEETING**

**Tuesday, November 15, 2022**

**Agenda**

- 11:15 AM: Registration
- 11:30 AM: Introduction
  - Current Chair & Chair-Elect
  - 4 Speakers
- 12:00 PM: Lunch
- 12:30 PM: Session 1: **Evidence-based Practice**
  - Topic: "Reproductive Health in the Postpartum Period"
  - Speaker: Selina M. Sandoval, MD
- 1:30 PM: Session 2: **Research in Practice**
  - Topic: "Implementing Evidence-based Practice in Obstetrics and Gynecology"
  - Speaker: Dr. Traci Johnson, MD
- 2:30 PM: Session 3: **Case Studies**
  - Topic: "Challenges and Solutions in Postpartum Care"
  - Speaker: Dr. Shariah Smith, PhD, MPH

**Faculty**

- **Selina M. Sandoval, MD**
  - Dr. Sandoval was born and raised in Sacramento, CA. Before moving for her undergraduate education at the University of Arizona, following her undergraduate degrees, she attended the University of Illinois medical school where she fell in love with obstetrics and gynecology. She completed her residency education at the University of Kansas in Kansas City. Her time in residency solidified her dedication to reproductive health and abortion access. She completed her fellowship in Complex Family Planning at the University of California, San Diego before returning to Kansas City, which she calls home. She finds her passion in advocating for reproductive justice, including equity access to abortion care.

- **Dr. Traci Johnson**
  - Dr. Johnson is an Assistant Professor, Assistant Program Director in the Departments of Obstetrics and Gynecology at the University of Missouri in Kansas City. She graduated from Drexel University College of Medicine in Philadelphia, Pennsylvania. She completed her residency education at the Barnes-Jewish Hospital/Washington University School of Medicine in St. Louis, Missouri. Dr. Johnson is passionate about maternal health, with a special interest in improving maternal mortality and mortality.

- **Bree Fallon, MSN, RN-OB, CERFM**
  - Bree has been in the field of obstetric nursing for 18 years. She received her bachelor’s in nursing from Rockhurst University and Research College of Nursing in 2004 and obtained her Master’s in Leadership and Management in Nursing in 2015. Bree has enjoyed providing patient care in the setting of high-risk obstetrics, antepartum, maternal transport, and fetal surgery. She has had the joy of working as a unit obstetric clinical educator, system clinical education specialist, and has spent an occasional semester as an obstetric clinical educator. Bree has had the privilege of presenting both locally and nationally on a variety of obstetric topics. Bree has a passion for working together with other disciplines to improve the status quo and currently sits on the Kansas Maternal Mortality Review Committee. Bree has belonged to the Association of Women’s Health, Obstetric, and Neonatal Nurses since 2003 and is the current Section Chair of Kansas.

- **Dr. Shariah Smith**
  - Dr. Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine–Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.
General Meeting fun!
More from the **General Meeting**
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

**Socioeconomic Factors**
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

**Physical Environment**

**Health Behaviors**
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

**Health Care**
- Access to Care
- Quality of Care

**SDOH Impact**
- 20 percent of a person’s health and well-being is related to access to care and quality of services.
- The physical environment, social determinants and behavioral factors drive 80 percent of health outcomes.

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.
Tell us about the General Meeting

- Chelsea James: Amberwell Hiawatha
- Katie Kufahl: Community Healthcare System
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
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**
  - Standard DC Summary

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

- **Family Planning**

- **SSDOH**

- **Birth Equity**

- **PP Care Team**
  - Patient as center of Team
  - Navigation available

- Pt debriefs for Adverse Outcome Events

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

- Link Up! (KPCCs, MCH, Outpatient clinics, etc)
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<thead>
<tr>
<th>Birth Center</th>
<th>OB Champion Name/Title</th>
<th>Recognition Level</th>
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<tbody>
<tr>
<td>Advent Health Shawnee Mission</td>
<td>Kari Smith</td>
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<td>Kayla Schroeder</td>
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<td>Dana Deters</td>
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<td>Newman Regional Health</td>
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<td>Melissa &quot;Missy&quot; Mourek</td>
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<td>Overland Park Regional</td>
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<td>Sunflower Birth &amp; Family Wellness</td>
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<td>University of Kansas Health System-KC</td>
<td>Jessica Gier</td>
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So now what?
### 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>
<th>n.s.</th>
<th>Total</th>
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<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<td>Pre-pregnancy Diabetes</td>
<td>175.0.7</td>
<td>30.1.3</td>
<td>2.1.3</td>
<td>13.1.1</td>
<td>10.1.7</td>
<td>71.1.2</td>
<td>0.0</td>
<td>310.6.9</td>
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<td>Gestational Diabetes</td>
<td>1,771.7.5</td>
<td>165.8.2</td>
<td>27.16.9</td>
<td>220.18.5</td>
<td>105.9.4</td>
<td>666.11.1</td>
<td>3.6</td>
<td>2,086.8.7</td>
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<td>Pre-pregnancy Hypertension</td>
<td>666.2.8</td>
<td>91.3.8</td>
<td>7.4.4</td>
<td>19.1.6</td>
<td>30.2.7</td>
<td>116.2.6</td>
<td>1.2</td>
<td>932.2.7</td>
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<td>Pre-eclampsia</td>
<td>2,020.8.6</td>
<td>224.9.9</td>
<td>14.8.8</td>
<td>56.4.7</td>
<td>97.8.7</td>
<td>412.6.9</td>
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<td>Eclampsia</td>
<td>87.0.4</td>
<td>13.0.5</td>
<td>1.0.6</td>
<td>1.0.1</td>
<td>6.0.5</td>
<td>15.0.3</td>
<td>1.2</td>
<td>124.0.4</td>
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<td>Previous Pre-term Birth</td>
<td>611.2.6</td>
<td>130.5.7</td>
<td>3.1.9</td>
<td>24.2.0</td>
<td>32.2.9</td>
<td>197.3.3</td>
<td>2.4</td>
<td>1,005.2.9</td>
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<tr>
<td>Previous Poor Pregnancy</td>
<td>697.3.0</td>
<td>85.3.6</td>
<td>11.6.9</td>
<td>21.1.8</td>
<td>45.4.0</td>
<td>168.2.8</td>
<td>2.4</td>
<td>1,029.3.0</td>
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<tr>
<td>Vaginal Bleeding</td>
<td>187.0.8</td>
<td>25.1.1</td>
<td>0.0.0</td>
<td>15.1.3</td>
<td>8.0.7</td>
<td>56.0.9</td>
<td>1.2</td>
<td>292.0.8</td>
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<tr>
<td>Vaginal Bleeding</td>
<td>3,547.15</td>
<td>485.19.6</td>
<td>29.18.1</td>
<td>157.13.2</td>
<td>170.15.2</td>
<td>516.15.4</td>
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<td>5,294.15.4</td>
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<td>Infertility Treatment</td>
<td>492.2.1</td>
<td>14.0.6</td>
<td>3.1.9</td>
<td>41.3.5</td>
<td>15.1.3</td>
<td>36.0.7</td>
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<td>605.1.8</td>
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<td>Infections Contracted or Treated During Pregnancy</td>
<td>885.3.7</td>
<td>189.8.0</td>
<td>7.4.4</td>
<td>39.3.3</td>
<td>79.7.0</td>
<td>287.4.5</td>
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<td>Smoking During Pregnancy</td>
<td>2,219.9.4</td>
<td>214.9.0</td>
<td>31.19.4</td>
<td>17.1.4</td>
<td>143.12.8</td>
<td>172.2.9</td>
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<td>Alcohol Use During Pregnancy</td>
<td>31.0.1</td>
<td>6.0.3</td>
<td>0.0.0</td>
<td>2.0.2</td>
<td>4.0.4</td>
<td>6.0.1</td>
<td>0.0</td>
<td>49.0.1</td>
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<tr>
<td>Total of Medical Risk Factors</td>
<td>13,366. n.s.</td>
<td>1,867. n.s</td>
<td>135. n.s</td>
<td>625. n.s</td>
<td>753. n.s</td>
<td>3,103. n.s</td>
<td>28. n.s</td>
<td>19,709. n.s</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>1,121.0</td>
<td>5,965.0</td>
<td>48</td>
<td>34,368</td>
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</tbody>
</table>

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

Rapid Response: KS Data Update

57%!
Rates of Severe Maternal Morbidity (SMM) were significantly higher for women whose delivery was paid by Medicaid compared with private insurance (72.6 vs. 53.1).

Figure 4:
Compared with other deliveries, as shown in Figure 4, women who resided in ZIP Codes in the lowest quartile of median household income were significantly more likely to experience SMM.

Per 10,000 delivery hospitalizations, respectively, the top five most common indicators of SMM were:

- **13.1** Disseminated intravascular coagulation
- **10.7** Acute renal failure
- **10.3** Adult/acute respiratory distress syndrome
- **10.1** Sepsis
- **8.5** Hysterectomy

Figure 2:
Some conditions often involved procedural intervention. Figure 2 shows more than a quarter (27.3%) of deliveries with shock had a hysterectomy in 2016-2020.

SMM rate was highest among women aged 40+ years and lowest for those aged 25-29 years (155.3 and 48.1 per 10,000 delivery hospitalizations, respectively).
From 2016 to 2020, of the 164,049 delivery hospitalizations of Kansas residents, 1,019 deliveries with one or more severe maternal morbidities were identified, representing a rate of 62.1 per 10,000 delivery hospitalizations. This translates to about 1 in 161 women who delivered a baby experienced SMM.

Underlying Causes of Death
Underlying cause refers to the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury.1

The leading causes of death were (in order):

- 21.0% (22 deaths) Motor vehicle crash
- 10.5% (11 deaths) Cardiovascular
- 10.5% (11 deaths) Homicide
- 7.6% (6 deaths) Embolism - Thrombotic

The combination of the underlying cause of death determined by KMMRC and the underlying cause field on the death certificate were used to categorize the type of pregnancy-associated death (Figure 2).

- Nearly half (49 deaths, 46.7%) were related to medical causes of death, such as cardiovascular conditions, embolism-thrombotic (non-cerebral), infection, or hypertensive disorders of pregnancy.
- Nearly one-third (29 deaths, 27.6%) were caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose.
- The remainders were caused by motor vehicle crash, fire or burn accidents, and unknown (27 deaths, 25.7%).

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 lived 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: Delta 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 date (occurrence)
Our #1 Call to Action

Key KMMRC recommendations for action and contributing factors for pregnancy-related deaths

The key KMMRC recommendations based on 23 preventable pregnancy-related deaths are as follows:

- Screen, provide brief intervention, and referrals for:
  - Comorbidities and chronic illness
  - Intimate partner violence
  - Pregnancy intention
  - Mental health conditions (including postpartum anxiety and depression)
  - Substance use disorder

A total of 103 contributing factors related to the patient/family (23.3%), health care providers (26.2%), facilities/hospitals where the woman sought care (15.5%), the systems that influence the lifestyle, care, and health services for the woman (26.2%), or community (8.7%) were identified by KMMRC to pregnancy-related deaths. While provider and systems of care level factors were the most common, it is important to note that they were often dependent on patient/family, facility, and community level factors (Figure 1).

Figure 1
Chart Title: Distribution of levels of contributing factors among preventable pregnancy-related deaths, Kansas, 2016-2020
Source: Kansas Maternal Mortality Review Committee
2022 Review

What YOU have accomplished:

- Maternal Warning Signs
  - POSTBIRTH Magnets/Mom Cards
    - Providers give
    - Patients/Families receive

- Birth Equity training
  - Champs have been trained

- Mental Health screening
  - Everyone is “in” for TA!

- Referral upon DC
- PP Care Team
- Breastfeeding
- PP visit scheduling
- Policies: POSTBIRTH, PP visit
FTI: How far we’ve come

Trained 891 providers on Maternal Warning Signs (POST-BIRTH)
- 18 sites: onboarding staff receive education
- 13 sites: standard PP discharge education

Improved MMH Screening/Referral:
- 70 providers representing 26 sites have attended at least one training
- 29 direct TA sessions
- 9 sites in original Cohort, 6 additional sites have now been added
- 10 sites have now overhauled their discharge MMH policy

PP DC appointment scheduled prior to discharge: 57% of KS postpartum women

63% of FTI sites have fully functioning Postpartum Care Teams

KBEN
- Training Participants: 61
- Number of Champions fully trained: 19

Breastfeeding: 83% are either High 5 or Baby Friendly designated

19 Sites have Community Resource Lists

Impacted over 26,000 women and families in KS
LAUNCHED new website!

https://kansaspqc.org/
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.
2022: New Postpartum Model
(aka Where are we NOW?)

✓ Screened for:
  Maternal Mental Health
  Medical Risk Factors
  Breastfeeding
  Patient-centered needs
✓ Educated on:
  POSTBIRTH
  Importance of PP Visit
  Community resources
✓ Has a Postpartum Care Team
✓ PP appts made:
  OB Provider, Breastfeeding, Mental Health
2023: New Postpartum Model
(aka Where are we GOING?)

Postpartum Discharge Referral Workflow

- **Postpartum Care Team**

  - **Direct referral**
  - **Primary OB/Peds/Medical Specialty Care**
  - **Breastfeeding Support**
  - **WIC**
  - **Home Visiting**
  - **Patient Support Network**
  - **Behavioral Health**
  - **Housing, Transportation, Insurance, etc.**
  - **Other**

  - **Comprehensive PP Visit**

  - **Loop Closure**

- **Outpatient Care**
  - Refer to Navigator* and/or directly to needed services
  - Connect patient to outpatient postpartum visits

- **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

* This may be a Home Visitor, CHW, Case Manager, Care Coordinator, etc.
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<th>FTI Project</th>
<th>Start</th>
<th>Finish</th>
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<th>Oct '22</th>
<th>Nov '22</th>
<th>Dec '22</th>
<th>Jan '23</th>
<th>Feb '23</th>
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<td>Maternal Mental Health TA</td>
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<td>PP Appointment Prior to Discharge</td>
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<td>Ongoing thru 2023</td>
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<td>PP Care Team/PP Referrals/Community Resource List</td>
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<td>December 2022</td>
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<td>Breastfeeding: High 5 &amp; Baby Friendly</td>
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<td>SSDOHScreening &amp; Referral to CRL</td>
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Birth Equity: KBEN

RESPECTFUL MATERNAL CARE
Stop, Look, Listen, & Think

A campaign by the Kansas Birth Equity Network

STOP
Stop focusing on the routine of care, if a birthing person says they do not feel well or believes that something is wrong, believe them.

LOOK
Conduct an examination or evaluation to identify & treat the problem. Continuously communicate with the birthing person and their advocate.

LISTEN
Listen to the birthing person & their advocate. Do not simply consider complaints as a usual part of pregnancy & birth.

THINK
What you would want your provider to do if you were receiving care? What can you do to prevent the problem from getting worse?
Fourth Trimester Initiative (FTI) & Kansas Birth Equity Network (KBEN) Training Report

December 7, 2022

Enrolled Participants: 61

Number of Completions: 19

In Progress: 2

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Brenda</td>
<td>Blankenship</td>
<td>Pratt Regional Medical Center</td>
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<tr>
<td>Chelsea</td>
<td>James</td>
<td>Amberwell Hiawatha</td>
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<td>Nemaha Valley Community Hospital</td>
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<td>Jessica</td>
<td>Gler</td>
<td>University of Kansas Health System-KC</td>
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<td>Jessica</td>
<td>Selb</td>
<td>Hays Medical Center (&quot;HaysMed&quot;)</td>
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<td>Jessica</td>
<td>Wasson</td>
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<td>Jill</td>
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<td>Smith</td>
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<td>Kasey</td>
<td>Sorell</td>
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<td>Kahle</td>
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<td>Melissa</td>
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<td>Taylor</td>
<td>Bertschy</td>
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<tr>
<td>Tiffany</td>
<td>Burrows</td>
<td>Kansas Perinatal Quality Collaborative</td>
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<tr>
<td>Toni</td>
<td>Carter</td>
<td>Neosho Memorial Regional Medical Center</td>
</tr>
</tbody>
</table>
Birth Equity “slogans”

At Stormont Vail Health, we are committed to providing respectful and inclusive care for our birthing families by building trust and supporting...

Y - your choices
O - our expertise and support
U - your unique experience

We MEET all patients where they are with what they need.
Maintain positive relationships
Explain clearly
Expect excellent care from every provider.
Trust patients, knowing they are the experts of themselves.

Invest
Respect
Rust
Grow

E: We Educate patients about their care
N: We navigate patients through the system
A: We advocate for patients choices
B: We build trust through shared decision making
L: We listen to concerns with an open mind
E: We empower by validating patients experiences
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
Innovative ideas!

The “Mom Card”
Goals for 2023

POSTBIRTH policy (provider/patient) completed

Family Planning

Intensive work with each FTI site

OB Navigation/CHWs/Community Resources

SSDOH

ER Triage questions
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

**Postpartum Care Team**

**Outpatient Care**
- Refer to Navigator* and/or directly to needed services
- Connect patient to outpatient postpartum visits

**Primary OB/Peds/Medical Specialty Care**

**Breastfeeding Support**

**WIC**

**Home Visiting**

**Patient Support Network**

**Behavioral Health**

**Housing, Transportation, Insurance, etc.**

**Other**

*Loop Closure*

**Comprehensive PP Visit**

*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.
FTI+ NAVIGATOR+ CHW+ HOME VISITOR = COLLABORATION

Collaboration in 7 to 9 counties
1. Wyandotte
2. Johnson
3. Shawnee
4. Brown/Jackson
5. Geary
6. Cowley
7. Seward
8. Sedgwick
9. Thomas/Seward

Virtual “introductions” coming soon!
February FTI Learning Forum- 
Mandated Reporting and Perinatal Substance Use

Through a collaboration between Kansas Department of Health and Environment (KDHE) through the Kansas Connecting Communities (KCC) project and the Department of Children and Families (DCF) and Kansas Children’s Service League (KCSL), an adapted mandated reporter training for professionals serving the perinatal population has been created to address common questions and issues around perinatal behavioral health and mandated reporting requirements and referrals to services. This training will include:

• A high-level overview of Kansas mandated reporter statute & requirements,
• Introduction to *Pregnant Women Using Substances* workflow for perinatal providers, and
• Q&A with DCF representatives.

*Additional training date will be held March 3rd for those unable to attend February learning forum*
FTI Maternal Mental Health TA Workshops

Register Today

Details:
Quarterly workshops open to all FTI sites for discussion and shared learning around maternal mental health policy and screening implementation benchmarks, as well as special topics in perinatal behavioral health best practices and systems integration.

March TA Workshop will be a follow-up discussion to the February FTI Learning Forum

- Questions from February training on mandated reporting & referrals in perinatal period
- Advice from expert clinicians on navigating reporting and referrals related to perinatal substance use/behavioral health concerns

Tuesday, March 7th, 2023, 9:00-10:00 AM
Registration:
https://kansas.zoom.us/meeting/register/tJwpde2vrzkpE9xH6D2KzL2RdoumclDRUXmW
Moms in Mind
Consultation Clinics

Program
The Kansas Connecting Communities (KCC) expert team will host a case consultation clinic series for prescribing physicians (OB/GYN, FP, PCP), and other advanced practice providers involved in the treatment of perinatal maternal mental health disorders. These clinics will build knowledge and understanding of perinatal prescribing best practices as well as comfort in developing and supporting treatment plans.

Presenter
Erin Biddle, MD, serves as the psychiatry consultant for the KCC Provider Consultation Line, and is a postpartum psychiatrist based at the University of Kansas Health System.

Join us at noon for our free clinics!

- October 11, 2022
- November 8, 2022
- December 13, 2022
- January 10, 2023
- February 14, 2023
- March 14, 2023
- April 11, 2023
- May 9, 2023

Register here
Registration is free and available to any Kansas provider. CE's not provided.

Contact us!
KANSAS PROVIDER CONSULTATION LINE for PERINATAL BEHAVIORAL HEALTH
(833) 765-2004

Visit https://ProviderConsult

Treating pregnant and postpartum moms with mental health and substance use symptoms can be complex. Our team of perinatal behavioral health experts are here to support you at no cost.

The Kansas Connecting Communities (KCC) project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a grant totaling $2,419,973, with no percentage financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Coming soon: **Data Collection**

- QHi input
- Epic + KFMC + QHi = EASY 😊
- All comes to Terrah- then on to AIM Data Center
Data collection:
Completed QHi documents

- Advent Health Shawnee Mission
- Amberwell Hiawatha
- Citizens Medical Center
- Geary Community Hospital
- Hays Med
- Hutchinson Regional Hospital
- Lawrence Memorial Hospital
- Neosho Memorial Regional Med Center

- Newman Regional Health
- Olathe Med Center
- Pratt Regional Med Center
- Sunflower Birth & Family Wellness

Contact: Stuart Moore
smoore@kha-net.org
Trial Cohort

Bobby Johnson: Newman
Chandra Case: Ascension Manhattan
Chelsea James: Amberwell Hiawatha
Kari Smith: AdventHealth Shawnee Mission
Champion feedback

2022 Birth Numbers: 23 sites responded

To increase my hospital/birth center's progress within the Fourth Trimester Initiative, I want:

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
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<tbody>
<tr>
<td>More direct work with FTI leadership team on specific programs</td>
<td>65.22%</td>
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<tr>
<td>Opportunities to meet virtually with other FTI sites who are facing</td>
<td>52.17%</td>
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<tr>
<td>More in-person opportunities to work with FTI Leadership and others</td>
<td>26.09%</td>
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</table>
Champion feedback

Would you like to have several Learning Forums next year dedicated to just FTI Champion collaboration?

What programs within the FTI would you like to focus on in the next year? (Can check more than 1)

- Post Birth Training
- Maternal Mental Health
- Postpartum Discharge
- Birth Equity Training & Support
- Family Planning Policy
- Breastfeeding Policy
- Discharge Planning

Responses
Common Q&A

• Where is the information for FTI on the website:
• How do I get help with mental health questions?
• How does the Provider Line work?
• What data am I putting in what system in 2023? (aka What the heck is QHi?)
• Where are the POSTBIRTH resources for us to print ourselves? Do we get more magnets? Do we get more Mom Cards?

• When do we get to train our staff in KBEN?

• Who is “on staff” and who makes up the “Leadership Team”
February FTI Learning Forum-
Perinatal Substance Use: Best Practices for Mandated Reporting & Supporting

February 28th Learning Forum..... 12pm