August 2023  LEARNING FORUM
REMINDER

CMS “Birthing Friendly Designation”

• The 1st publicly-reported, public-facing hospital designation on the quality and safety of maternity care
• CMS will award this designation to hospitals that report “Yes” to both questions in the Maternal Morbidity Structural Measure:
  • (1) participating in a structured state or national Perinatal Quality Improvement (QI) Collaborative; and
  • (2) implementing patient safety practices or bundles as part of these QI initiatives.
1 Birth Center
2 Hospitals

*On Pause
Rapid Response

AWHONN POST BIRTH seats expire 12/15/2023. Please complete before this deadline!!!
Kansas Birth Equity Summit

www.kcheartlandconference.com/birth-equity-summit.html

Birth Equity Summit Agenda

Day 1: Friday, September 15th
- 7am: Birth Justice Walk on the Children’s Mercy Park Pitch Apron
- 9am - 1:30pm: Birth Equity Summit
  - Keynote Speaker
  - Community Research Panel
  - Poster Walk
  - Birth Worker Healing & Restoration Session

Day 2: KBEN Family Reunion/Cookout
- Games for the family
- Vendors (Black Owned Businesses & Community Resources)
- Black Baby Photo Contest Winner Announcement
- State of KBEN Address
KS Birth Equity Training!!

- Rolling out to:
  - Hutchinson
  - Amberwell Hiawatha

- Rollout planned:
  - Stormont Topeka

- Every staff members gets link and must complete

- Reach out to Terrah or Kari if your facility is ready to roll this out!
Maternal Mortality: Who’s at the Table of Change?

A Conference Sponsored Collaboratively by:

KPCQ | AWHONN

Friday, October 20, 2023 • 8:00 a.m. to 4:00 p.m. • Salina, KS

Maternal mortality is a national crisis. One organization can’t do it alone – we need everyone at the table to lower the maternal mortality rate in Kansas.

Join the Kansas Perinatal Quality Collaborative (KPCQ) and the Kansas Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) for an inaugural conference featuring Clinical and Statewide public health experts. Engage in groundbreaking conversations as we explore isnptient and outpatient collaborations and connections to improve maternal health outcomes in Kansas.

Keynote Speakers

Ginger Breedlove, PhD, CHM, FACNM, FAAN
Beyond the Bundle: Additional Factors That Influence Maternal Mortality and Severe Events

Traci Johnson, MD, FACOG
The Centrepiece of Change: Addressing Racial Disparities

Chandra Burnsides, RN, MSH, CNL, IFBLC
Driving Change: Maternal Child Legislation

Conference Information

Pre-Conference Tribune Night
Thursday, October 19, 2023
7:00 p.m.
The Finish Line Grill & Cantina
123 South Santa Fe Avenue
Salina, KS 67401

Conference
Friday, October 20, 2023
8:00 a.m. to 4:00 p.m.
Hilton Garden Inn Salina
3320 South 8th Street, Salina, KS 67401

Conference Pricing:
Pre-Conference Tribune Night: $25
Early Bird Pricing until August 8: $15
Pricing after August 31: $20
Conference T-Shirt: $15

Hotel Discount Rate:
Extended King and Double Queen Standard Rooms are $90 until September 16. Visit ihg.com or call 785-305-0440 and use group code AWHONN 1 to book.

Agenda

Session 1: 8:00 AM - 10:00 AM
Theme: Grand Rounds - Saline County
Moderators: Leanne Brehm, Dr. MM, CNL, IFBLC; Dr. Ahmed Al-Madani
Participants: Dr. Ahmed Al-Madani, Dr. Leanne Brehm

Session 2: 10:30 AM - 12:30 PM
Theme: What’s Next?
Moderators: Dr. Ahmed Al-Madani, Dr. Leanne Brehm
Participants: Dr. Ahmed Al-Madani, Dr. Leanne Brehm

Session 3: 1:00 PM - 2:30 PM
Theme: Maternal Child Legislation
Moderator: Chandra Burnsides, RN, MSH, CNL, IFBLC
Participants: Chandra Burnsides, RN, MSH, CNL, IFBLC

Session 4: 2:30 PM - 3:30 PM
Theme: Prevention
Moderators: Dr. Ahmed Al-Madani, Dr. Leanne Brehm
Participants: Dr. Ahmed Al-Madani, Dr. Leanne Brehm

Session 5: 3:45 PM - 5:00 PM
Theme: Closing Remarks
Moderator: Chandra Burnsides, RN, MSH, CNL, IFBLC
Participants: Chandra Burnsides, RN, MSH, CNL, IFBLC

Register today for Early Bird Pricing!

Click here or scan the QR code to register.

Be sure to order a conference t-shirt when you register!

Click here or scan the QR code to order t-shirts.

More information and details will be available on the conference website soon.
Join fellow breastfeeding champions from across the state at the Kansas 2023 Breastfeeding Conference in Wichita, Kansas, on October 26th and 27th! Enjoy two days of breastfeeding advocacy, support, education, and connecting with others who share your passion for nurturing healthier beginnings.
Fourth Trimester Report Card

- Community Resource List
- Maternal Warning Signs
- Maternal Mental Health
- Family Planning
- Birth Equity
- Breastfeeding
- Postpartum Appointments
- Postpartum Care Team

Key:
- Green: Not Started (1)
- Blue: In Progress (3)
- Yellow: Completed (5)
FTI: What’s done, What’s coming

Done:
POSTBIRTH
Breastfeeding
Entry-level KBEN

Coming:
ED triage question
KBEN training
Community Resource List
SSDOH
Postpartum Visit template
PP Visit scheduling
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<th>Y3 Q4</th>
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KPQC FTI

% Screened for Depression

% Screened for Anxiety
KPQC FTI

- % Screened for Depression
- % Screened for Anxiety
- % Screened for SUD
- % Of Positive Referred

Y3 Q4: % Screened for Depression 88.2, % Screened for Anxiety 74.7, % Screened for SUD 71.9
Y4 Q1: % Screened for Depression 87.4, % Screened for Anxiety 85.1, % Screened for SUD 69.3
Y4 Q2: % Screened for Depression 83.4, % Screened for Anxiety 82.9, % Screened for SUD 97.1
Y4 Q3: % Screened for Depression 89.7, % Screened for Anxiety 87.3, % Screened for SUD 91.2
Y4 Q4: % Screened for Depression 95.2, % Screened for Anxiety 82.3, % Screened for SUD 94.8
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Featured Speakers

Abbie Weatherley, DNP, APRN, ENP-C, FNP-C

Mallorie Suffield, MSN, RNC-OB, RNC-IAP, C-EFM
ED and OB Collaboration

We’re all in it to save lives!!
• Standard PC.06.01.01: Reduce the likelihood of harm related to maternal hemorrhage

• EP 4: Provide role-specific education to all staff and providers who treat pregnant and postpartum patients about the organization’s hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years

• EP 3: Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital’s evidence-based severe hypertension/preeclampsia procedure. At a minimum, education occurs at orientation, whenever changes to the procedure occur, or every two years. Note: The emergency department is often where patients with symptoms or signs of severe hypertension present for care after delivery. For this reason, education should be provided to staff and providers in emergency departments regardless of the hospital’s ability to provide labor and delivery services.

• Standard PC.06.01.03: Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia
ED and OB Collaboration

- Responses to obstetric emergencies are practiced and rehearsed by interprofessional teams in the emergency setting.
- Emergency, obstetric, and outside hospital emergency response systems collaborate to determine the appropriate environment of care for situations in which an obstetric patient presents, including antenatal, intrapartum, and postpartum settings. These structured guidelines include stabilizing protocols and provisions for early transfer to an appropriate maternal level of care facility as indicated.
- Emergency nurses recognize the possibility that a woman of reproductive age, regardless of presenting symptoms, may be pregnant or may have been pregnant in the past year.
- Education and training provided for emergency and obstetric nurses include common high-risk and life-threatening obstetric presentations, early warning signs of maternal compromise, and protocol management.
ED & L&D Triage

Triage of OB Patients in the ED
L&D Triage of Non-OB Complaints
ED Triage – Triage of OB Patients in the ED

- If patient is < 20 weeks, patient remains in ED; consult L&D as needed
- If patient is > 20 weeks, has OB-related chief complaint, and is stable, contact L&D triage for transfer
- If patient does not have OB-related CC, is > 23 weeks, contact L&D for fetal monitoring in the ED
L&D Triage – Triage of Non-OB Complaints

- If not OB-related complaint, contact ED charge RN for transfer
- If OB-related complaint remain in L&D
- If patient is > 23 weeks, no OB-related complaint, contact L&D charge to set up fetal monitoring in the ED & transfer patient to ED
Fetal Demise Treatment Algorithm

- > 14 weeks with imminent delivery, patient delivers in ED
- > 14 weeks without imminent delivery, contact L&D for transfer to L&D
- <14 weeks, remain in the ED; consult L&D as needed
New Postpartum Triage Algorithm

Recognition of Postpartum Emergent Conditions in the Emergency Department

FOR ALL FEMALE PATIENTS PRESENTING TO THE ED AGE 15-50

Is the patient pregnant?
- NO
  - ED Treatment with OB Consultation as needed
  - Delivered in last 12 weeks?
    - NO
      - ED Treatment with OB Consultation as needed
    - YES
      - Consult OB immediately
      - Initiate Acute-Onset Hypertensive Crisis Management Algorithm if needed

- YES
  - Less than 20 weeks gestation?
    - NO
      - Consult OB immediately
      - Initiate OB Hemorrhage protocol using OH Checklist and OH Algorithm
    - YES
      - ED Treatment with OB Consultation as needed

Symptoms?
- Persistent headache
- Visual changes (floaters, spots)
- History of preeclampsia
- BP >160 Systolic or ≥ 90 Diastolic
- History of high blood pressure
- Swelling in hands or face
- Severe abdominal pain
- Seizure
- Persistent nausea/vomiting
- Heavy bleeding
- Weakness
- Confusion
- Fever or chills
- Shortness of breath
- Tachycardia
- Hypotension
- O2 sat < 95%
- Chest pain

OB Unit Contact Information
Charge RN: 913-632-4271
L&D Desk: 913-632-4200
OB Hospitalist 913-767-2219
Policy Development – OB/ED Collaboration

- New Pregnancy Loss in the ED policy development
- Cassie Caedo, DNP student (Midwife) at KU
- Currently employed at AdventHealth South Overland Park
- Developed education and process resource binder for ED
- Developed policy on early pregnancy loss (<14 weeks) in the ED
- Policy pending approval by AdventHealth committees

- Families and patients experiencing loss of a pregnancy or fetal death in the emergency department will receive evidence-based physical, emotional, and spiritual support.
- Team members caring for patients experiencing a pregnancy loss will provide privacy and respectful, compassionate care.
- Families will be assisted in determining disposition of any remains, which will be handled in a compassionate and dignified manner.
Preeclampsia & Hypertensive Emergency
Eclampsia

Eclampsia is defined as the presence of new-onset grand mal seizures in a woman with pre-eclampsia. Eclampsia can occur before, during, or after labor.

Primary Nurse

Assistant Nurse #1
- Call 73333
- Call primary provider
- Prepare suction with Ysounker
- Obtain 18 gauge IV access
- Assist primary nurse to prepare for delivery if pregnant
- 10L O2 - nonrebreather

Push badge emergency

- Remain with patient
- Protect airway
- Secure bed and rails up
- Turn patient to side
- Continuous fetal monitoring
- Continuous pulse oximetry
- Prepare for possible Emergency C-section

Assistant Nurse #2
- Obtain Magnesium Sulfate 6g bolus
- If no IV access, 10g Magnesium Sulfate of 50% solution IM (5g in each buttock)
- Obtain Code Cart

Magnesium Sulfate is contraindicated in pulmonary edema, renal failure, myasthenia gravis.

Postictal
- Assess Neurologic status every 15 minutes
- Labwork: (Green, purple, pink, blue tops)
  - Chem 7, LFT, Uric Acid, CBC, LDH, T&5, Fibrinogen, Magnesium, PT/PTT

PC213.1. Rapid Response Policy 11/13/14
Eclampsia Management
# Maternal Warning Signs

<table>
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<tr>
<th>Call 911 if you have:</th>
<th>Call your healthcare provider if you have:</th>
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<tr>
<td>Pain in chest</td>
<td>Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or更大</td>
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<td>Obstructed breathing or shortness of breath</td>
<td>Incision that is not healing</td>
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<td>Seizures</td>
<td>Red or swollen leg, that is painful or warm to touch</td>
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<tr>
<td>Thoughts of hurting yourself or someone else</td>
<td>Temperature of 100.4°F or higher</td>
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<td>Headache that does not get better, even after taking medicine, or bad headache with vision changes</td>
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*(If you can't reach your healthcare provider, call 911 or go to an emergency room)*
Postpartum Hemorrhage

### Stage 0

**Every Woman in Labor/Giving Birth**
- **Assessments**: Pain assessment, delivery, transfer to postpartum
- **Medications/Procedures**: Pain medication, IV fluids, oxygen, and IV antibiotics
- **Blood Bank**
  - Type and cross 2 units PRBC for high hemorrhage risk
  - Type and screen for low and medium hemorrhage risk

### Stage 1

**Blood Loss ≥ 1000mL from either delivery, OR VS Changes (Bp >150 or HR ≥110, Bp/S/45, O2 saturation <95%) and continued bleeding**
- **Assessments**: Vital signs, urine output, Doppler ultrasound
- **Medications/Procedures**: Pain medication, IV fluids, oxygen, and IV antibiotics
- **Blood Bank**
  - Type and cross 2 units PRBC
  - Type and screen for low and medium hemorrhage risk

### Stage 2

**Blood Loss less than 1500mL with continued bleeding**
- **Assessments**: Vital signs, urine output, Doppler ultrasound
- **Medications/Procedures**: Pain medication, IV fluids, oxygen, and IV antibiotics
- **Blood Bank**
  - Type and screen for low and medium hemorrhage risk

### Stage 3

**Blood Loss over 1500mL, OR >2 units PRBC’s given OR unstable VS OR suspicion of DIC**
- **Assessments**: Vital signs, urine output, Doppler ultrasound
- **Medications/Procedures**: Pain medication, IV fluids, oxygen, and IV antibiotics
- **Blood Bank**
  - Type and screen for low and medium hemorrhage risk

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**PCP 227 Massive Blood Transfusion**
Collaborative Simulations
ED and OB Simulation Education
Imminent Delivery Sim – ED Parking Bay
Imminent Delivery Sim – ED Room
Imminent Delivery Sim – ED Room
Planned Upcoming Simulations

• Precipitous delivery in outlying EDs (Lenexa, College Blvd, South Overland Park)
• Maternal Hemorrhage
• Postpartum Hypertension (Eclampsia)
• Postpartum Depression/Psychosis
Overland Park Regional Medical Center

Perinatal Outreach Program

Mallorie Suffield, MSN, RNC-OB, RNC-IAP, C-EFM
program supervisor and coordinator

Mallorie.suffield@hcamidwest.com
Your education, our expertise – delivered!

- Provides education and support to providers and staff of facilities and departments in the surrounding area
- To help elevate and standardize the level of care being delivered to birthing people and babies of the Kansas City region

Our goal is to enhance learning and growth by promoting and advocating for a consistent standard of care in efforts to drive down maternal mortality in our area.
Communities we serve
Who are we?

- Qualified experts
- Specialty certified
  - (93% - at least 1 certification)
- Advanced degrees
  - 3 – MSN
  - 3 – NPs
  - 2 – currently in school for PhD/DNP
What we offer

13 Hands-On/Simulation Events

11 Didactic courses/Lectures
Why is this important?

Figure 1: Maternity Care Deserts, 2020

Maternity Care Access
- Maternity Care Deserts (1119)
- Low Access to Care (373)
- Moderate Access to Care (223)
- Access to Maternity Care (1427)
What do we do for ED/EMS?

1. Precipitous Deliveries
2. Newborn stabilization
3. Hypertension in Pregnancy (AND POSTPARTUM)
4. Postpartum Hemorrhage
5. Maternal Code
Questions?

Proud ambassador for Kansas and Missouri

Mallorie Suffield, MSN, RNC
Perinatal Outreach Supervisor
Mallorie.suffield@hcamidwest.com
(913) 213-8217
Next Learning Forum

September 26th at noon