

Learning Forum

May 2024



Name and Agency/Hospital in the CHAT



FTI Champ IN PERSON April 2024



Attendance: 48 from 30 FTI Sites

Virtual meetings scheduled with Kari and Terrah

FTI Project: Updates on Completion steps



POSTBIRTH Magnets Requests

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

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

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ (Date) and
I am having _____ (Specific warning signs)"

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____



This program is supported by funding from March, through March for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. March for Mothers is known as MSD for Mothers outside the United States and Canada.

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SALVE SU VIDA:

Busque atención médica para estas señales de advertencia después del parto

La mayoría de las mujeres que dan a luz se recuperan sin problemas. Pero cualquier mujer puede tener complicaciones después del nacimiento de un bebé. Aprender a reconocer estas señales de advertencia después del parto y saber qué hacer puede salvar su vida.

SEÑALES DE ADVERTENCIA DESPUÉS DEL PARTO

Llame al 911 si tiene:	<input type="checkbox"/> Dolor en el pecho <input type="checkbox"/> Respiración obstruida o dificultad para respirar <input type="checkbox"/> Convulsiones <input type="checkbox"/> Pensamientos de dañarse a usted misma o a alguien más
Llame a su proveedor de salud si tiene: <small>(Si no puede comunicarse con su proveedor de salud, llame al 911 o vaya a una sala de emergencias)</small>	<input type="checkbox"/> Sangrado que empapa una compresa higiénica en una hora, o coágulos de sangre del tamaño de un huevo o más grandes <input type="checkbox"/> Incisión que no se cura <input type="checkbox"/> Enrojecimiento o hinchazón en su pierna que es dolorosa o se encuentra caliente al tacto <input type="checkbox"/> Temperatura de 100.4 °F o más <input type="checkbox"/> Dolor de cabeza que no mejora incluso después de tomar medicamentos o dolor de cabeza intenso con cambios en la visión

Confíe en sus instintos. Siempre busque atención médica si no se siente bien o tiene preocupaciones.

Dígale al 911 o a su proveedor de salud:

"Mi parto fue el _____ (Fecha) y
tengo _____ (Señales de advertencia específicas)"

Estas señales de advertencia después del parto pueden poner en riesgo su vida si no recibe atención médica de forma rápida porque:

- El dolor en el pecho, la obstrucción de la respiración y la dificultad para respirar (problemas para recuperar el aliento) pueden significar que tiene un coágulo de sangre en un pulmón o un problema cardíaco
- Las convulsiones pueden significar que tiene una afección llamada eclampsia
- Los pensamientos o deseos de dañarse a usted misma o a su bebé pueden significar que tiene depresión posparto
- Un sangrado (abundante) que empapa más de una compresa higiénica en una hora o si expulsa un coágulo del tamaño de un huevo o más grande puede significar que tiene una hemorragia obstétrica
- Una incisión que no se cura, un aumento en el enrojecimiento o pus en el sitio de la episiotomía o de la cesárea puede significar que tiene una infección
- El enrojecimiento, hinchazón, calor o dolor en el área de la pantorrilla de su pierna puede significar que tiene un coágulo de sangre
- Tener temperatura de 100.4°F o más, sangre o secreciones con olor feo de su vagina puede significar que tiene una infección
- Un dolor de cabeza (muy intenso), cambios en la visión o dolor en el área superior derecha de su vientre puede significar que tiene presión arterial alta o preeclampsia después del parto

BUSQUE AYUDA

Mi proveedor de salud/clínica: _____ Número de teléfono: _____
Hospital más cercano: _____



Este programa es apoyado por March & Co. a través de March for Mothers, una contribución de \$500 millones a lo largo de 10 años con el fin de crear un mundo donde ninguna madre muera durante el parto. March for Mothers es mejor conocido como MSD for Mothers fuera de Estados Unidos y Canadá.

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AWHONN: POSTBIRTH Toolkit

Accessing the POSTBIRTH Implementation Toolkit:

<https://www.awhonn.org/page/PBWSDownloads>

Password (*provided in “Final Planning” FTI PPT slide deck*)

*Once you have logged in, you will be able to access the items in the POSTBIRTH Implementation Toolkit

Welcome to PBWS Resources

Introductory Items Clinical Tools Implementation Tools

- [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](#)

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 AWHONN'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:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: (If you can't reach your healthcare provider, call 911 or go to an emergency room)	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> 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.

Please share this with family and friends and post the "Save Your Life" handout in a place where you can get to it easily (like your refrigerator)."

Birth Equity: What happens next?

- ✓ Staff/Provider Education (KBEN, MoMMA's voices)

Action items:

- ❑ Self-evaluation prior to Action Plan

How do we hear AND listen

How do we Brief and Debrief (turbulence)

- ❑ Action plan:

How do we take what we've heard and make them into actionable steps

Teaching "hard" communication

What do WE do *NOW*? Posters, Protocols, & Proposals

Birth Equity & Patient at Adverse Outcome Debrief

Completion steps

- KBEN + MoMMA's Voices: **KBEN trained (90) + MoMMA's Voices (93)**
- Share MoMMA's voices slide deck and link to recording
Roster of those trained submitted (if not done online)
- Then... submit FTI hospital goal for Birth Equity to Kari or Terrah via email

Maternal Mental Health



KCC Consultation Line



1-800-322-6262

Call us M-F 8:00-5:00 or leave a message and we'll return your call the next business day.



bit.ly/ProviderConsult

Submit a request 24-7 using our brief online form. We'll respond during your preferred time window, no later than the next business day.

Psychiatric Consultation & Resources

- Diagnostic, treatment planning, and medication consultation
- Support finding resources and referral options

Training & Technical Assistance

- Didactic and case-based continuing education
- Technical assistance to implement screening and improve referral processes

Training Opportunities

- **Kansas Moms in Mind (KMIM): Consultation Clinic Series**
- Hear from members of the KCC expert team, Dr. Bider and Dr. Chettiar, in a didactic presentation of cases pertaining to treatment and best practices in addressing perinatal behavioral health disorders.
- **PSI Scholarships for Additional Perinatal Behavioral Health Education**
- Apply for this scholarship from KCC and PSI-KS to cover the cost of trainings in the areas of Perinatal Mood Disorders, Psychotherapy, Psychopharmacology, and more!

For additional training opportunities, call the consultation line!

**Kansas Moms In
Mind Series:
Registration**



PSI Scholarship Application



How do I submit “completion” documentation for FTI Projects

Facility Recognition Criteria

9 Primary Aim Bundles:

Postpartum Appointment prior to Discharge

Postpartum Care Team

Comprehensive PP Visit Template

Community Resource List

Birth Equity

Patient Event Debriefs

Social Determinants of Health

ED Triage

POSTBIRTH Resources and Education

0-3 Initiatives Completed: **Bronze**

4-6 Initiatives Completed: **Silver**

7-9 Initiatives Completed: **Gold**



- AdventHealth South Overland Park
- Ascension Via Christi Pittsburgh
- Ascension Via Christi Wichita St. Joseph
- Atchison Hospital Association dba Amberwell Atchison
- Clay County Medical Center
- Coffeyville Regional Medical Center
- Kearny County Hospital
- Labette Health
- McPherson Center for Health



- Memorial Health System
- Overland Park Regional Medical Center
- Providence Medical Center
- Republic County Hospital
- Salina Regional Health Center
- Smith County Memorial Hospital
- Southwest Medical Center
- University of Kansas Health System- St. Francis



FOURTH TRIMESTER INITIATIVE

SILVER LEVEL

- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi Manhattan
- Community Healthcare System
- Hays Medical Center
- Hutchinson Regional Medical Center
- Mitchell County Hospital Health System
- Neosho Memorial Regional Medical Center



- Newton Medical Center
- Olathe Medical Center
- Sabetha Community Hospital
- Stormont Vail Health (Topeka)
- Wesley Medical Center

FOURTH TRIMESTER INITIATIVE

GOLD LEVEL

- Citizens Medical Center
- Lawrence Memorial Hospital
- Nemaha Valley Community Hospital
- New Birth Company
- Newman Regional Health
- Pratt Regional Medical Center
- Stormont Vail Health- Flint Hills Campus
- University of Kansas Health System-
Great Bend
- University of Kansas Health System- KC



Featured Speaker



FTI Goal

Every FTI site is educated on screening and referral of
Intimate Partner Violence

Contact:
Hannah Figgs-Hoard
MAVIS Project Coordinator

hfiggshoard@kcsdv.org
785-232-9784



The CUES Intervention for FTI Birth Facilities

Hannah Figgs-Hoard, MAVIS Project
Coordinator

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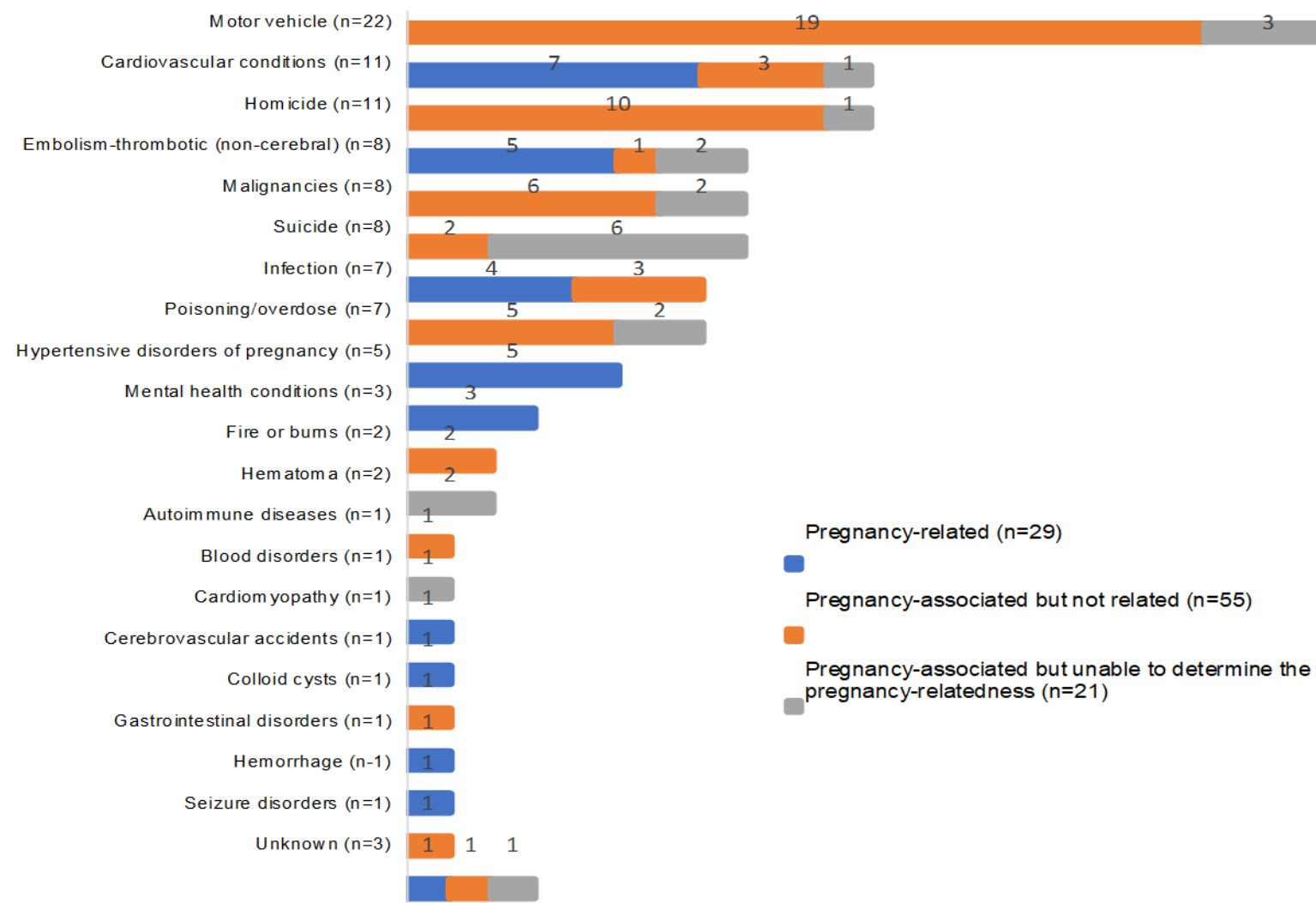
Learning Objectives

- 1.) Explore the rates of IPV and Maternal Mortality in Kansas
- 2.) Describe the Limitations of Disclosure Based Screening Practices
- 2.) Identify the benefits of the CUES Intervention
- 3.) Outline Next Steps for FTI Sites

Maternal Mortality in Kansas

- Kansas maternal mortality rate of **22.8** (2018-2022) is **45.2%** higher than the Healthy People 2030 goal of 15.7 maternal deaths per 100,000 live births.
- Through Kansas Maternal Mortality Review Committee (KMMRC) case reviews of maternal deaths in Kansas between 2016-2020, **homicide was the third leading cause of maternal deaths** (11 deaths, 10.5%).
- Nearly **one-third** of pregnancy associated deaths (29 deaths, 27.6%) were caused by homicide, suicide, mental health conditions or unintentional poisoning or overdose.

Figure 13. Number of underlying cause of death for pregnancy-associated deaths by pregnancy-relatedness, Kansas, 2016-2020



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

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.

Increased Risk During Pregnancy

- In 2020, the **risk** of homicide was **35% greater** for pregnant and postpartum women than for their nonpregnant, nonpostpartum counterparts.
 - Up from 16% in previous years
- **Why?**
 - increase in severity of domestic violence observed during the first year of the COVID-19
 - a surge in firearm ownership
 - the ability to control pregnancy status may have implications for one's risk of homicide, passage and implementation of an unprecedented number of abortion restriction policies in recent years (both prior to and related to the 2020 COVID-19 pandemic)

KMMRC Recommendations

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

Proposed Interventions



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.



MAVIS PROJECT

Maternal Anti-Violence Innovation & Sharing

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.



About the Kansas Coalition Against Sexual & Domestic Violence (KCSDV)



Statewide Non-Profit



25 DV/SA Member Programs



Advocacy Organization



Public Policy (Laws) Advocacy



Technical (Special) Assistance



Accreditation

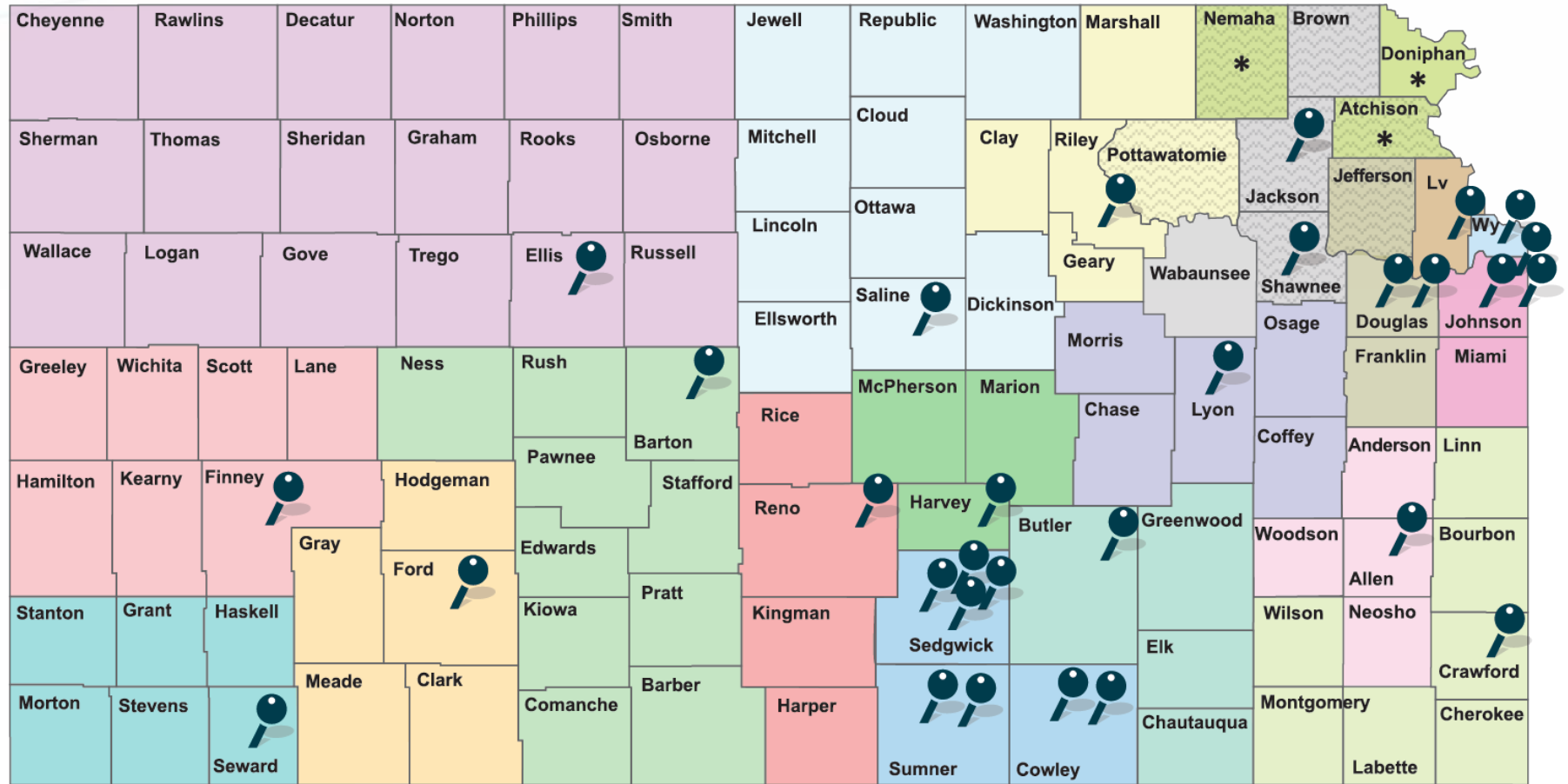


Training



Resource Development

KCSDV Program Service Areas



kcsdv.org

What is Domestic Violence?

a **pattern** of physical, sexual, and/or emotional abuse in a relationship used to gain and maintain **power** and **control**



Defining Intimate Partner Violence (IPV)

- Domestic violence that occurs between intimate or former intimate partners
- Undermines the victim's sense of self, free will, and safety
- Includes the use of ***illegal*** and ***legal*** behaviors and tactics



Kansas Domestic Violence Crime Clock



- One domestic violence incident reported **every 23 minutes.**
- One domestic violence arrest **every 46 minutes.**
- One domestic violence murder reported **every 10 days.**

What are the Health Impacts of IPV/SV?



Health Impact of Violence

HIV/AIDS Migraines
Flashbacks Kidney Infections Suicidal Behavior
Circulatory Conditions Sleep Disturbances
Chronic Pain Gastrointestinal Disorders Unintended Pregnancy
Bladder Infections Irritable Bowel Sexually Transmitted Infections
Anxiety Central Nervous System Disorders Unintended Pregnancy
Cardiovascular Disease Pelvic Inflammatory Disease
Asthma Depression Gynecological Disorders
Fibromyalgia Post Traumatic Stress Disorder
Joint Disease Sexual Dysfunction
Headaches

Centers for Disease and Control Prevention. Intimate partner violence: Consequences

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

Source: [Moms & Babies: Intimate Partner Violence](#) – National Partnership for Women & Families, National Birth Equity Collaborative (2021).



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



Provider Barriers

- Time Constraints
- Discomfort initiating conversations
- Not knowing what to do about disclosures
- Worry about mandatory reporting
- Lack of time
- Perceived lack of power
- Fear of offending the patient or partner

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?”

Source: Futures Without Violence, [Assessment and Safety Planning for Domestic Violence in Home Visitation \(2011\)](#).



Limitations of Screening Without Universal Education

- Low Disclosure Rates
 - Disclosure rates in clinical settings range from 1-14%
- Non-Differential Outcomes
 - No difference between survivors who are screened and those who are not

The Evidence Behind CUES, Futures Without Violence





Reasons for Nondisclosure

- Uncomfortable
- Fear for children
- Fear of judgment
- Fear of not receiving adequate support
- Religious beliefs
- Language barriers
- Concerns about mandated reporting
- Concerns about privacy

The Evidenced 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 professional who understand the depth and complexity of domestic violence.
 - Impact of trauma on health
 - Long-term nature of violence
 - Intersection with accessing other needs

CUES: Using an evidence-based intervention to address IPV in healthcare settings



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](#)

How is CUES different than traditional screening?

- **Disclosure is not the goal!**
- Prevention AND Intervention
- All patients have access to information on IPV/SV services
- Patients are encouraged to share resources
- IPV/SV advocates (both on and off campus) are key members of the health care team through warm referrals

McCloskey LA, Lichter E, Williams C, Gerber M, Wittenberg E, Ganz M. (2006). Assessing Intimate Partner Violence in health care settings leads to women's receipt of interventions and improved health. *Public Health Reporter*, 121(4):435-444.

Value of Universal Education

- Evidence Based
- Prevention and intervention
- Increases provider's confidence discussing domestic violence
- Positive patient feedback
- Patients 2X likely to share hotline number
- Makes connection between trauma and health issues

The Evidence Behind CUES, Futures Without Violence



Coordinating Care

- Build community partnerships to create an easier “warm referral process”
- Warm referrals increase likelihood of survivors utilizing resources

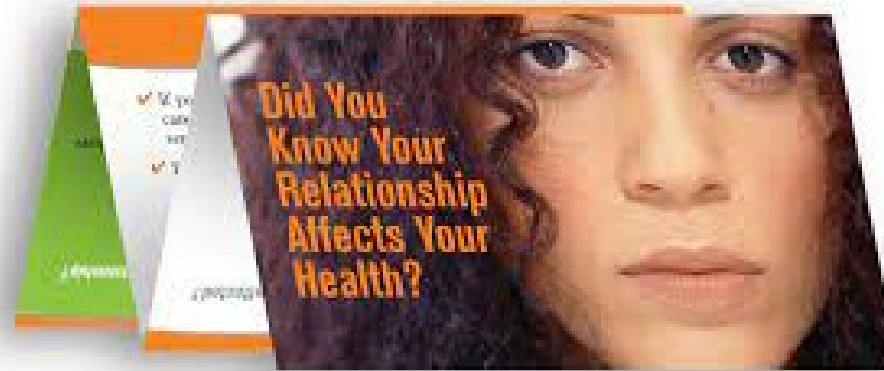
The Evidence Behind CUES, Futures Without Violence



[CUES Intervention \(shortened\) \(youtube.com\)](#)

Categories of Safety Cards and Resources

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



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

<http://ipvhealth.org/resources/>



Next Steps

- 1.) Champions meet with MAVIS Coordinator
 - Discuss current practices, training needs, other opportunities for support
- 2.) Staff receive CUES training
 - Different options of training formats to fit your facilities specific needs
- 3.) Establish relationship with KCSDV Member Program
 - Best practice goal: create MOU

References

Centers for Disease Control and Prevention (CDC). (2013). Intimate Partner Violence During Pregnancy: A Guide for Clinicians.

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

Wallace ME. Trends in Pregnancy-Associated Homicide, United States, 2020. *Am J Public Health*. 2022 Sep;112(9):1333-1336. doi: 10.2105/AJPH.2022.306937. Epub 2022 Jul 7. PMID: 35797500; PMCID: PMC9382166.

Domestic Abuse Intervention Programs, www.thedultuhmodel.org

Dating and Domestic Violence on College Campuses. *Sexual Assault Prevention and Awareness Center: University of Michigan*. Retrieved from <https://sapac.umich.edu/article/311>

The Evidence Behind CUES, Futures Without Violence. <https://www.ipvhealth.org/health-professionals/educate-providers/>

2022 Domestic Violence, Stalking, and Sexual Assault in Kansas As Reported by Law Enforcement Agencies, Kansas Bureau of Investigation

References

Cantor et al. (2017). Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct. *Westat*.

https://www.aau.edu/sites/default/files/%40%20Files/Climate%20Survey/AAU_Campus_Climate_Survey_12_14_15.pdf

McCloskey LA, Lichter E, Williams C, Gerber M, Wittenberg E, Ganz M. (2006). Assessing Intimate Partner Violence in health care settings leads to women's receipt of interventions and improved health. *Public Health Reporter*, 121(4):435-444.

Centers for Disease and Control Prevention. Intimate partner violence: Consequences. Available at

<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>

Centers for Disease and Control Prevention. (2005). Behavioral Risk Factor Surveillance System. Available at

https://www.cdc.gov/brfss/annual_data/2005/pdf/overview_05.pdf



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June Learning Forum

Dr. Cara Busenhardt, CNM, FACNM

Family Planning immediately after a delivery

