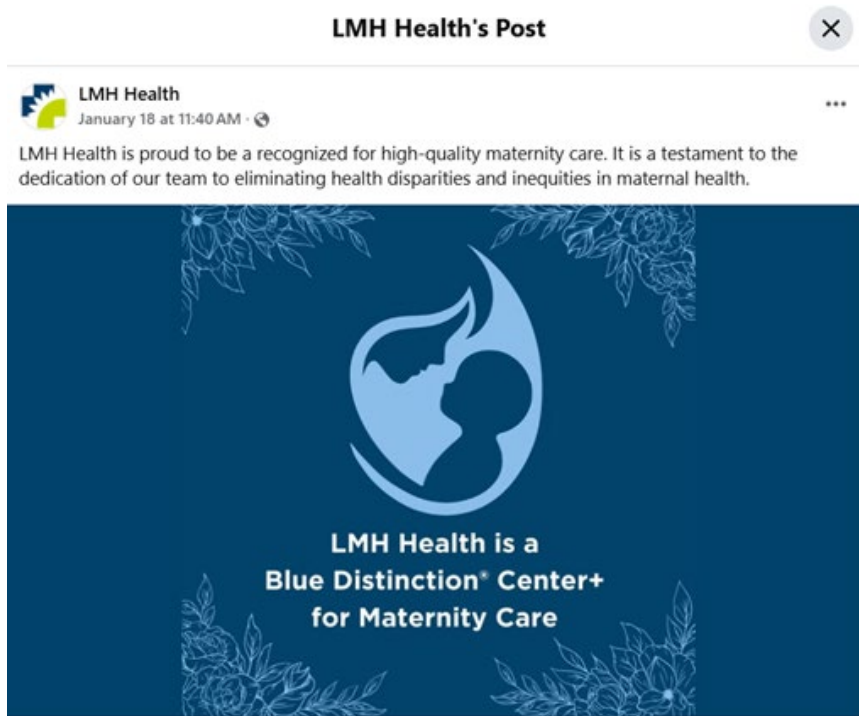


Learning Forum

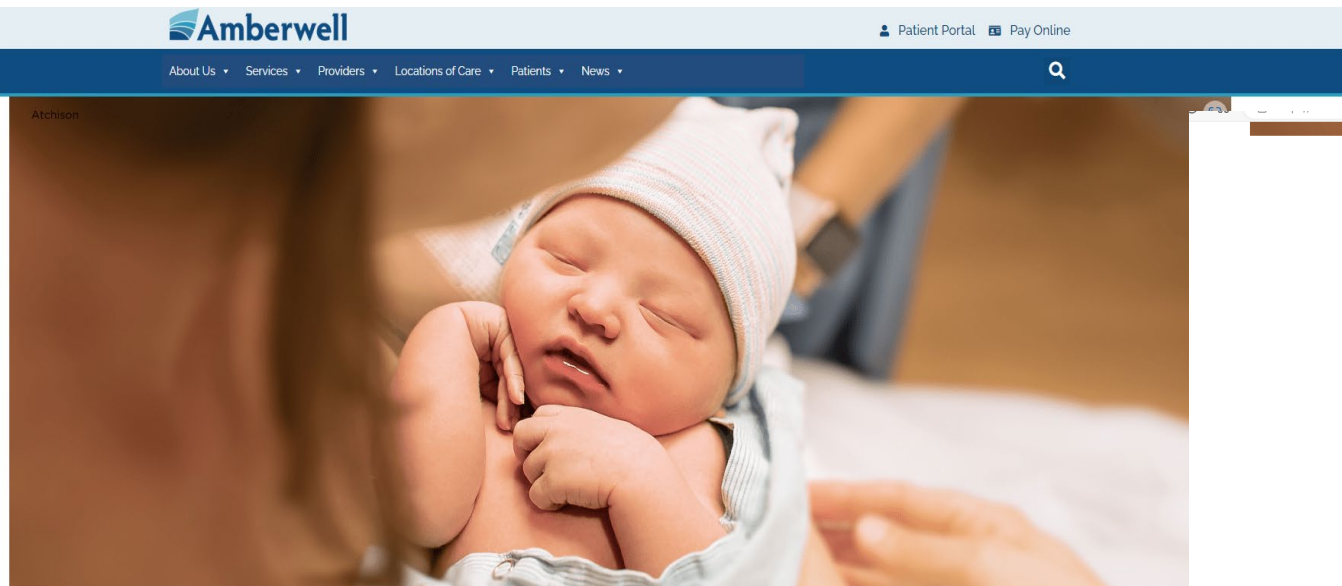
January 2025



Rapid Response: Snowmageddon 2025



Rapid Response Amberwell Hiawatha: Maternity Care Access Hospital



AMBERWELL HIAWATHA EARNS RECOGNITION AS A 2025 MATERNITY CARE ACCESS HOSPITAL

Amberwell Health Staff Writer

Amberwell Hiawatha has been named a 2025 Maternity Care Access Hospital by *U.S. News & World Report*. This prestigious designation highlights hospitals that provide essential maternity services in underserved communities, ensuring continued access to critical care for expectant mothers.

Introduced last year, the Maternity Care Access Hospital designation recognizes healthcare facilities that play a vital role in preventing the emergence of maternity care deserts. Amberwell Hiawatha is among an elite group, with only 14% of evaluated hospitals nationwide achieving this recognition. In total, 118 hospitals across the country earned this honor for 2025.

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"U.S. News awarded the Maternity Care Access Hospital designation to just 118 hospitals nationwide," stated Jennifer Winston, a health data scientist at *U.S. News*. "These hospitals ensure continued access to critical maternity care services and demonstrate their dedication to closing the gap in maternity care deserts."

The designation process evaluates hospitals based on a range of factors, including geographic isolation, the number of obstetric providers per 10,000 births, and hospital quality. Facilities must also meet strict quality benchmarks, such as rates of cesarean sections, severe unexpected newborn complications, and episiotomies.

Chelsea James, Director of Maternal Care at Amberwell Hiawatha, shared her thoughts on the recognition: "This designation reflects our team's commitment to providing exceptional care for mothers and babies in our community. We are proud to be a trusted resource for maternity care and will continue to ensure that every family we serve has access to the high-quality care they deserve."

Amberwell Hiawatha offers a personalized maternal care experience designed to meet the unique needs of mothers and babies. Highlights of the program include one-on-one attention from experienced nurses, advanced certifications, a secure maternal care unit, on-site services, and thoughtful touches like a celebratory dinner after delivery.

This recognition underscores Amberwell Hiawatha's dedication to high-quality maternity care and its role in supporting the health and well-being of the community.

For more details, explore the *U.S. News & World Report* rankings under "Best Hospitals for Maternity Care."

January 10, 2024

Media contact: Elizabeth Turner | communications@amberwellhealth.org | 913-360-5577



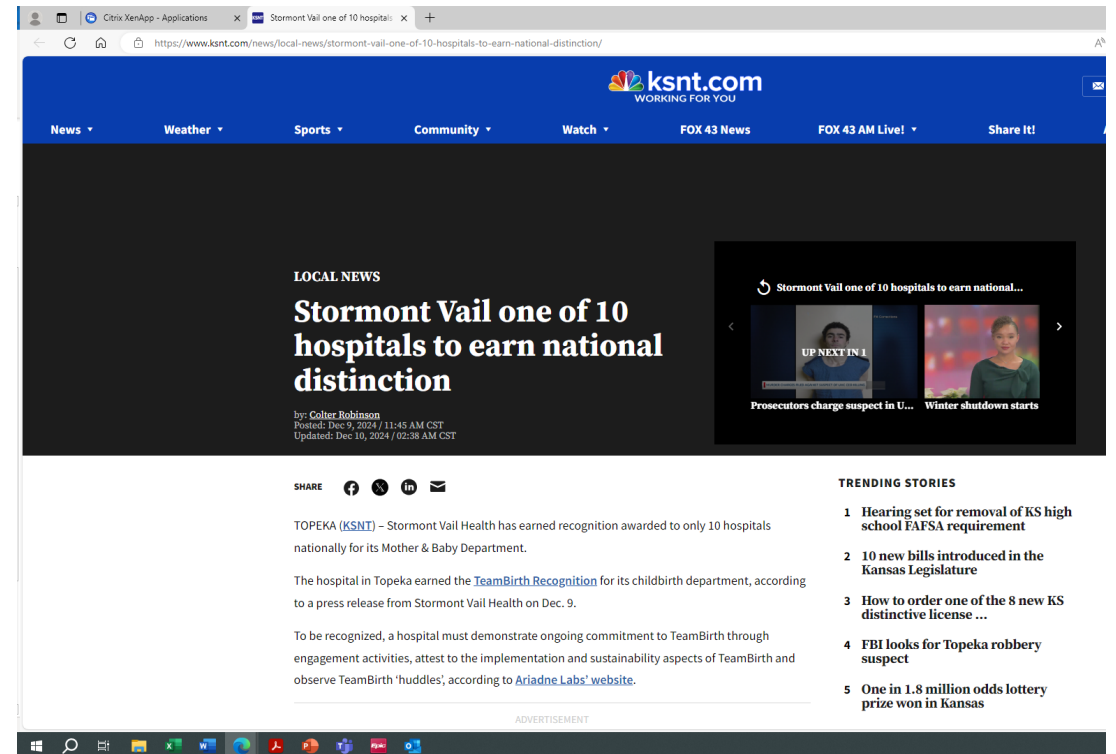
*This picture was provided by a local facility as part of a Learning Forum and falls under the "teaching" exception of the Fair Use provision, and was used as part of an educational, non-commercial activity.

Rapid Response:

TeamBirth Recognition

Stormont Vail Hospital in Topeka has earned **TeamBirth Recognition**.

- To earn TeamBirth Recognition, the hospital demonstrated adherence to key TeamBirth practices by sharing feedback from team meetings and actively engaging in initiatives to enhance families' birthing experiences.
- Stormont Vail launched the TeamBirth program at its Topeka hospital in March 2023. Since then, there has been a noticeable decline in the number of C-sections among first-time mothers, indicating that more women successfully give birth naturally. This encouraging trend reflects improvements in maternity care and support for safe vaginal deliveries, which often lead to faster recoveries.



Rapid Response

KDHE Vital Statistics Annual Report (2023)

- <https://www.kdhe.ks.gov/DocumentCenter/View/43918/-2023-Annual-Summary-Full-Report-PDF?bidId=>

Figure A1. EVERY DAY DURING 2023*

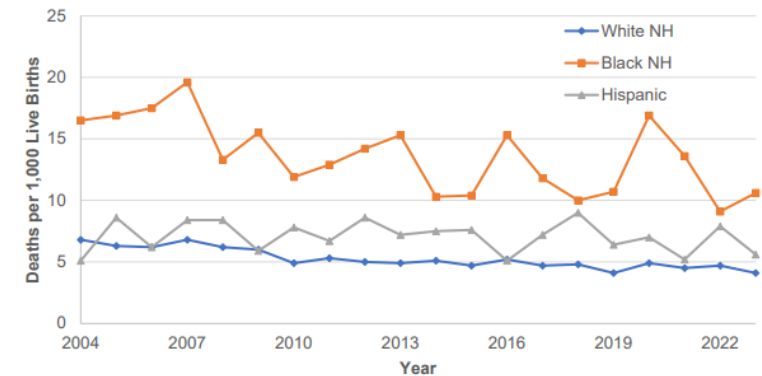
Each day Kansas residents experienced approximately	
93 Live births	
33 Births to unwed mothers	
4 Live births to teenagers	
7 Low birthweight live births	
<1 Infant death	
79 Deaths	
17 Heart disease	
15 Cancer	
5 Unintentional injuries	
4 Chronic lower respiratory disease	
4 Cerebrovascular disease	
2 Diabetes	
2 Alzheimer's disease	
2 Nephritis, nephrotic syndrome, nephrosis	
2 Suicide	
1 Pneumonia & influenza	
1 Coronavirus 2019	
	Each day in Kansas there occurred approximately
	43 Marriages
	13 Marriage dissolutions
	53 Abortions

* based on 365 days in 2023

Delivery Method

Vaginal delivery was the most common final route of delivery for Kansas resident live births in 2023 (23,721 live births, or 69.7% of all live births for which the final route of delivery was known). Most vaginal deliveries were "spontaneous," meaning no mechanical procedures like forceps or vacuum extraction were required (23,018 deliveries, or 67.6% of live births for which the final route was stated). Other vaginal deliveries (forceps assisted or vacuum extraction) accounted for 703 live births (2.1%). Cesarean deliveries accounted for 10,316 live births

Figure D. Infant Death Rates for Selected Population Groups, Kansas Residents, 2004-2023



Infant death rates for Black non-Hispanic mothers have consistently remained higher than those of White non-Hispanic and Hispanic mothers for the past twenty years (2004-2023). Rates for Hispanic mothers have been higher than those for White non-Hispanic mothers in most years in the period (Figure D).

FTI Final Data

**Send final
2024**

**Birth Numbers
ASAP**

tstroda@gmail.com

***Deadline has passed**



FTI: Continued work



***Please join us to help make Kansas
the best place to birth, be born,
and to raise a family.***

A review of Kansas maternal deaths has determined that the majority of deaths occur between the time immediately after birth and the end of the 1st year. We also know the year after birth has many physical and emotional changes for the mother, the baby, and the family. Together we created the **Fourth Trimester Initiative**, a cutting edge approach to study and improve the experience of our mothers and families in Kansas. Through this work we will **engage and empower** patients, their families and support system, providers, and Kansas communities to **intentionally improve** maternal health outcomes with our collective, inspired effort.



“Seatbelts” was never really the story

KMMRC determinations on circumstances surrounding death were:



Obesity
contributed to 23.8%



***Discrimination**
contributed to 7.4%
*All deaths reviewed after May 29, 2020



Mental Health Conditions
contributed to 22.9%

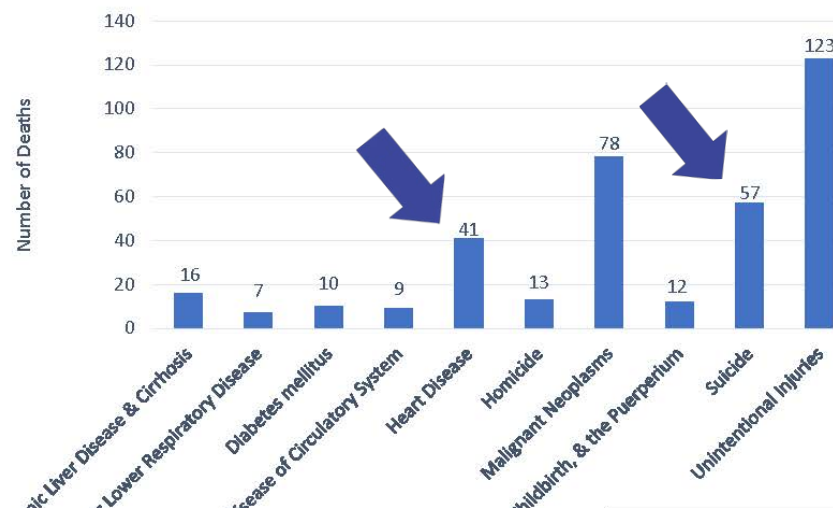


Substance Use Disorder
contributed to 26.7%

- 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%).

KMMRC Data (2019)

Leading Causes of Death for Women Ages 15-44, Kansas, 2019



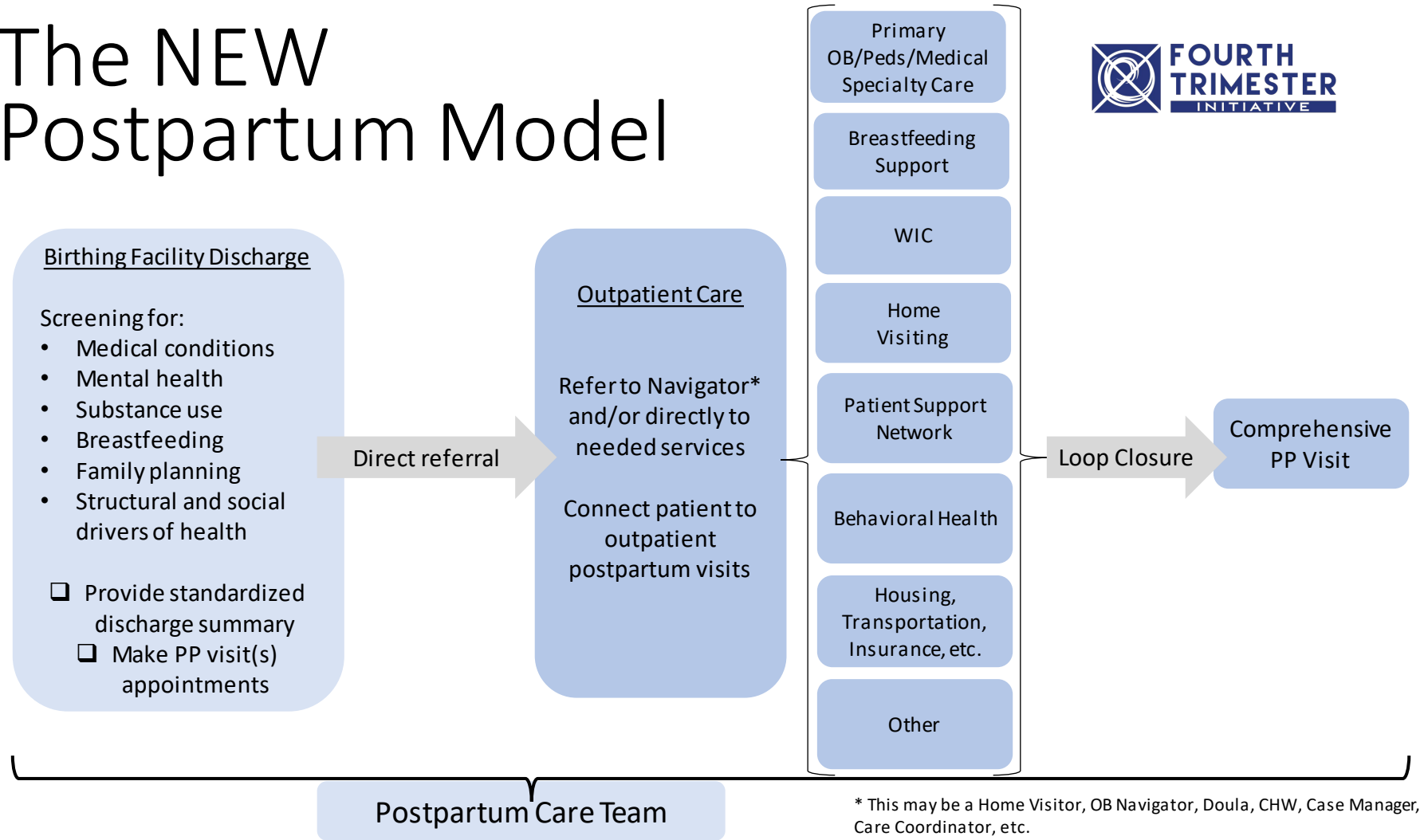
Kansas “Fourth Trimester Initiative” = AIM “Postpartum Discharge Transition Bundle”



<https://saferbirth.org/psbs/postpartum-discharge-transition/>

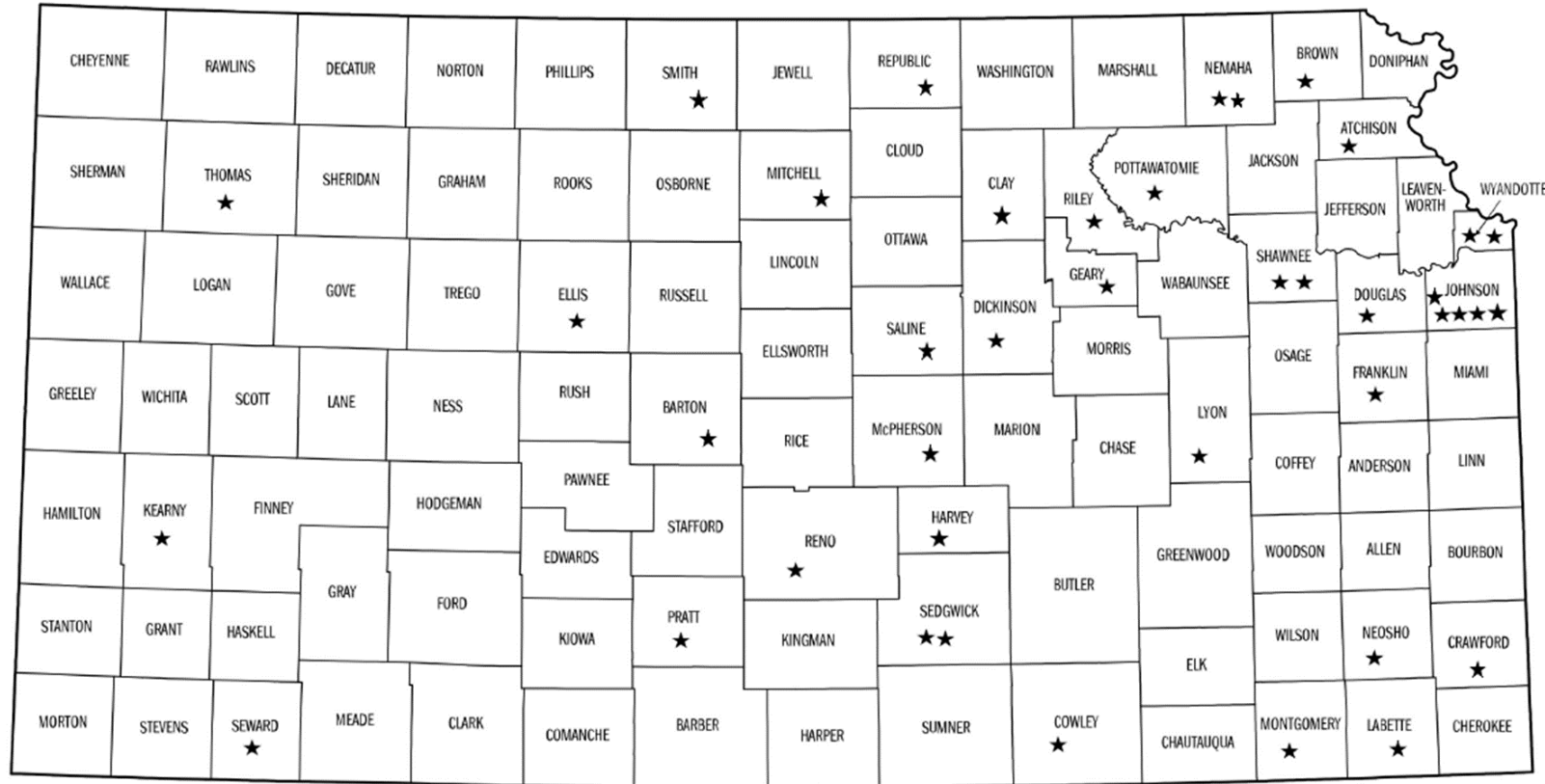


The NEW Postpartum Model



FINAL *FTI Enrolled Sites*

41 Total Sites Enrolled
4 are Inactive Sites
93% of KS Births impacted by FTI



Final Data

AWHONN POST BIRTH Training and Implementation to Discharge Teaching

SAVE YOUR LIFE:

Call 911 if you have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:

- Bleeding, oozing through new pad/tampon, or blood clots, the size of an egg or bigger
- Feeling that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Call your healthcare provider if you have:

Call 911 if you have:

Call your healthcare provider if you have:

Get Care for These POST-BIRTH Warning Signs

These warning signs for serious medical problems that are most common after birth are called post-birth warning signs. If you have any of these signs, call 911 or your healthcare provider right away. Do not wait to see if the signs go away.

Call 911 if you have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:

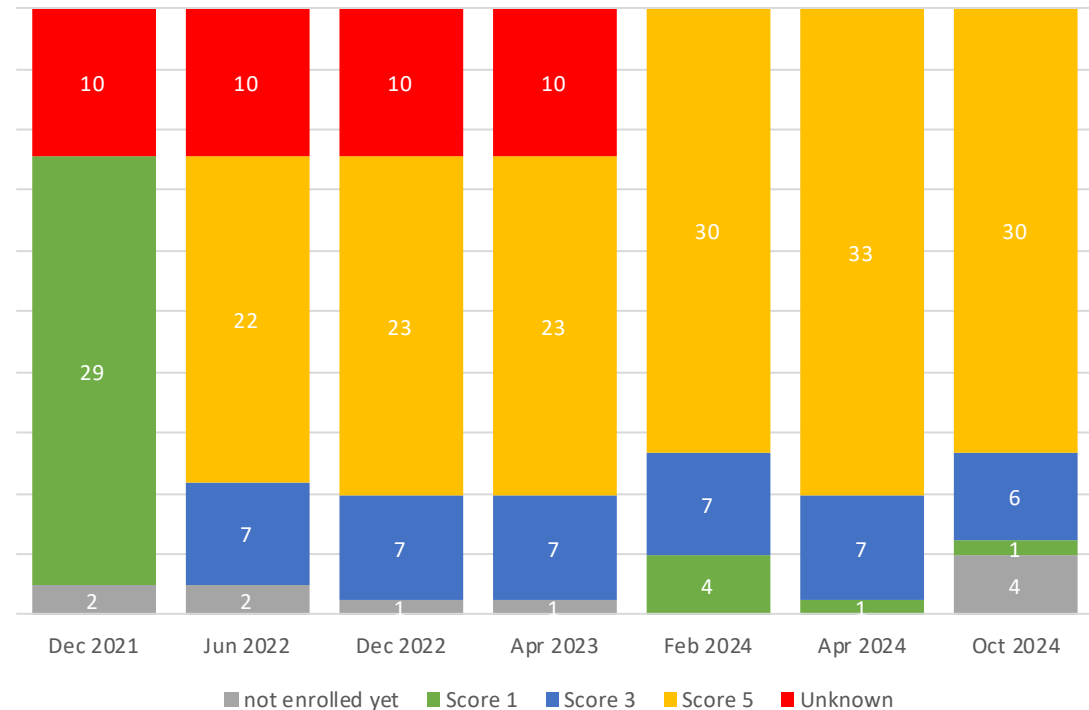
- Bleeding, oozing through new pad/tampon, or blood clots, the size of an egg or bigger
- Feeling that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Call your healthcare provider if you have:

Call 911 if you have:

Call your healthcare provider if you have:

P2 & S5 Progress

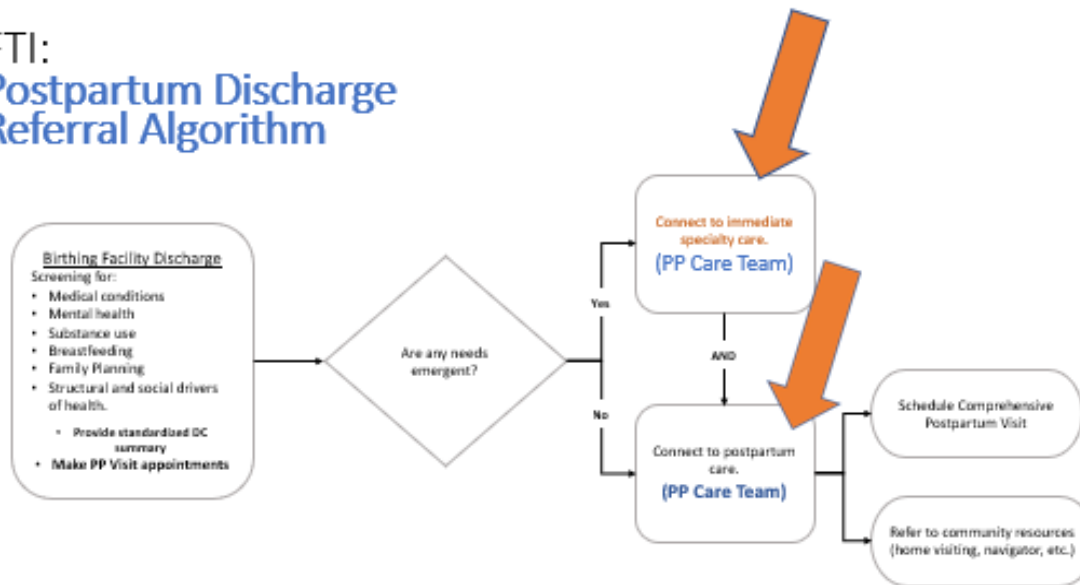


83% of facilities have fully implemented this!

Final Data

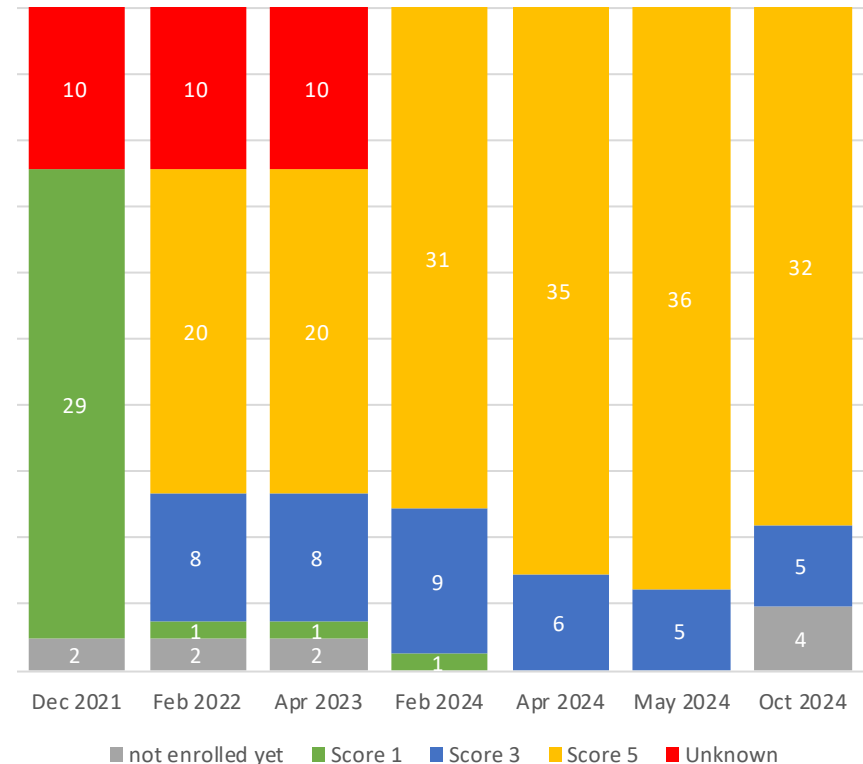
Postpartum Care Team

FTI: Postpartum Discharge Referral Algorithm



86% of facilities have fully implemented this!

SS1 Progress



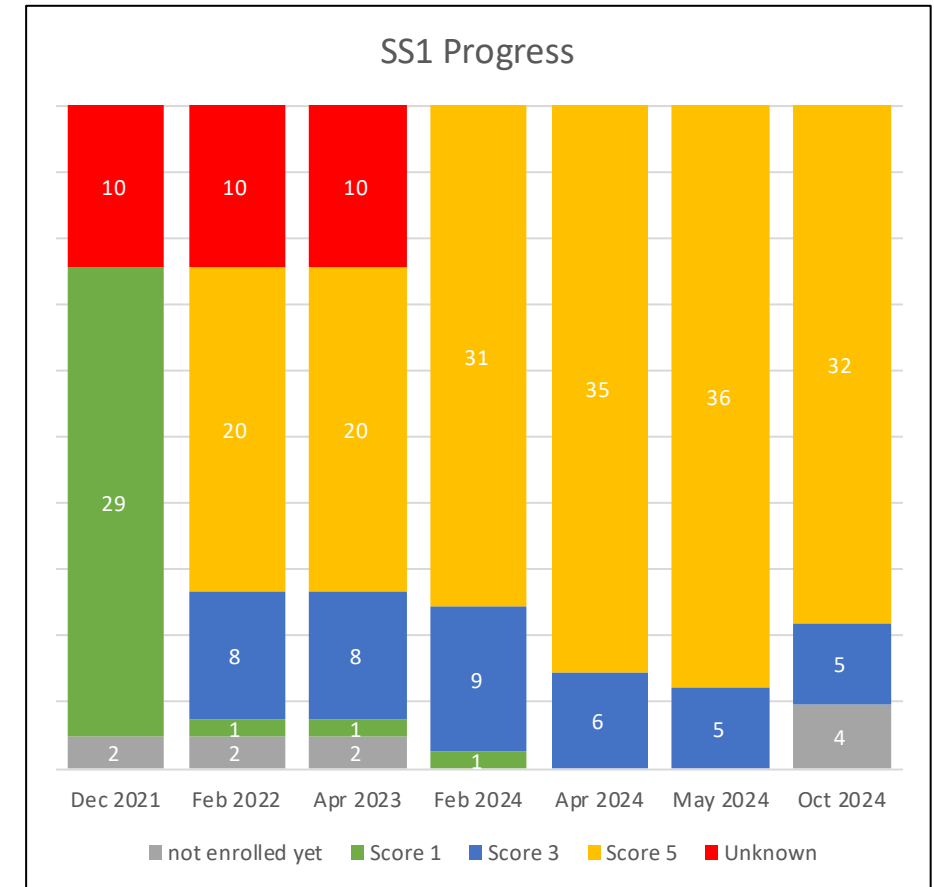
Final Data

Postpartum Appointments: Ensuring there is a follow up appointment scheduled prior to Discharge:

- Primary OB Provider appt may be made for patient at any of the following, based on patient indication:

2 weeks, 3 weeks, 6 weeks, 12 weeks

81% of facilities have fully implemented this!



Final Data

Postpartum Visit Template:

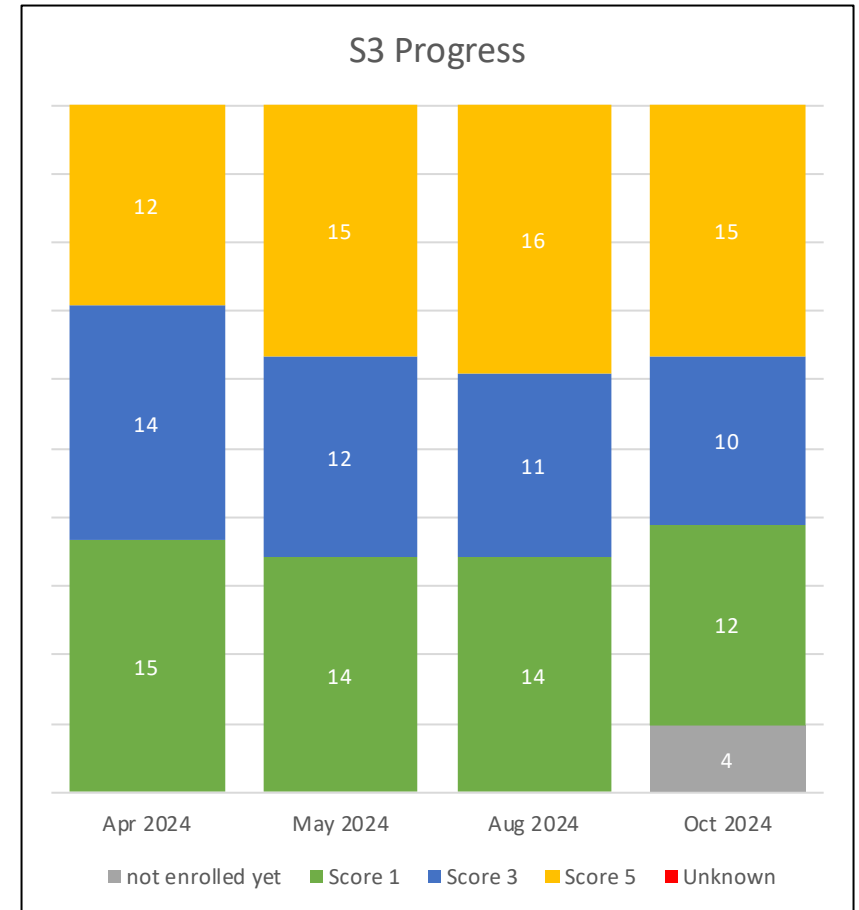
FTI Goal

Every FTI Site shares out with all clinics/agencies seeing Postpartum patients

Example of wording:

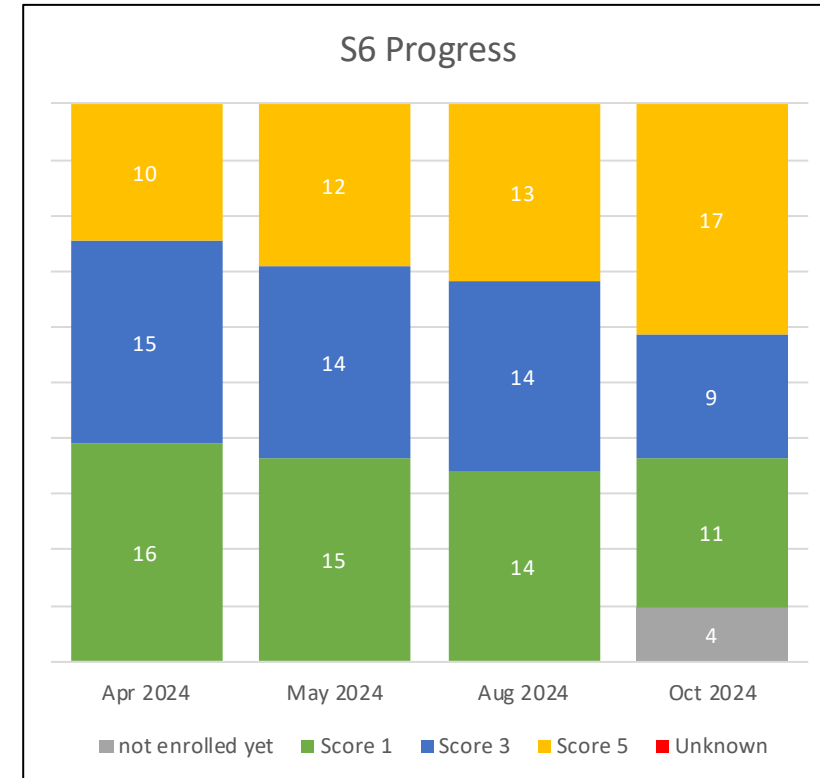
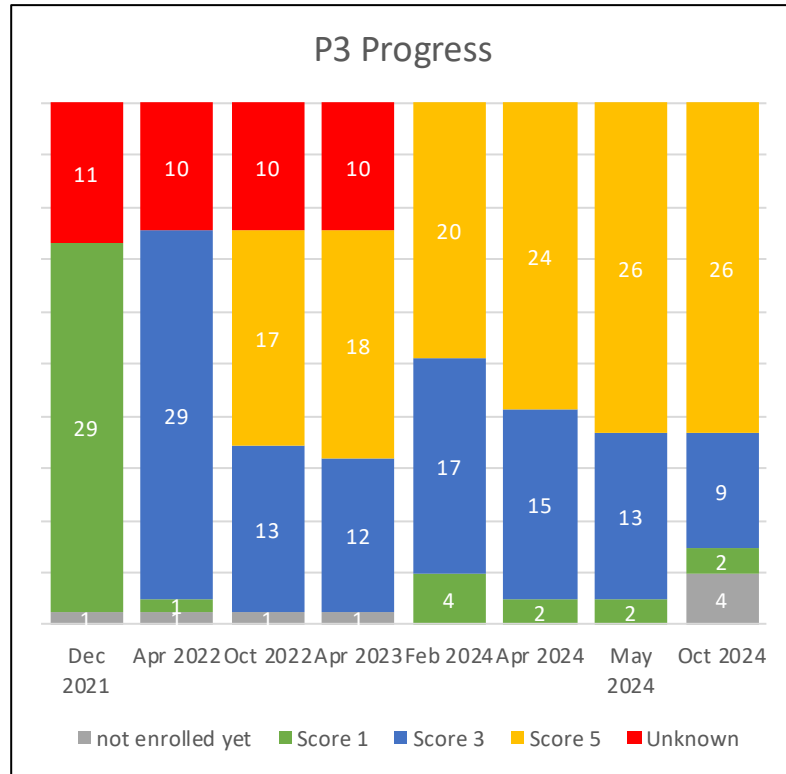
As part of our continued work with the state and national maternal health initiative (Fourth Trimester Initiative), we were asked to share information with all postpartum care providers in our community. Please find attached new updates to the Postpartum Standardized Discharge Summary, as well as the criteria now recommended for the Comprehensive Postpartum Visit. Please reach out with further questions, and our hospital will continue to work towards improving the communication, documentation, and referral portions of this criteria prior to discharge.

73% of facilities have fully implemented or are in the process of implementing this !



Final Data

Birth Equity Training and Patient Debriefs:

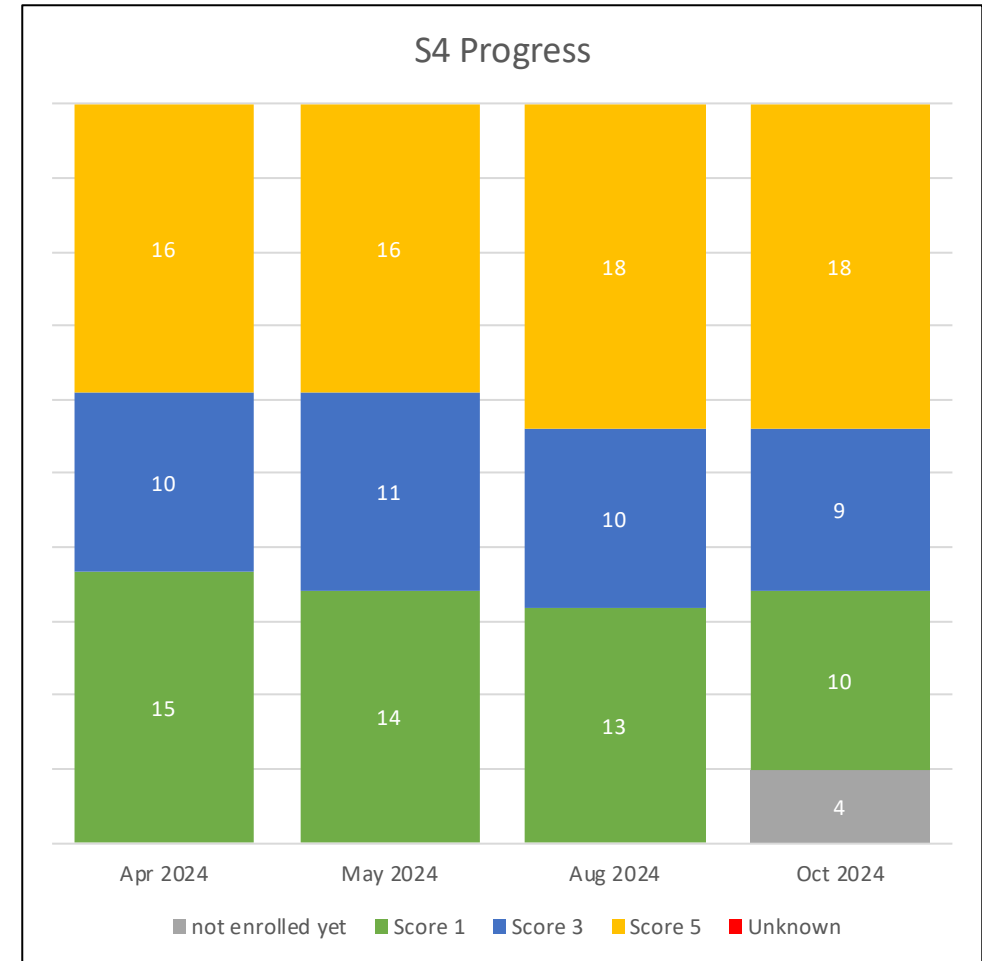


81% of facilities have fully implemented this!

Final Data

Emergency Department Triage: Asking the question “Have you been pregnant or delivered a baby within the last year?”

76% of facilities enrolled facilities have implemented or are in the process of implementing this!



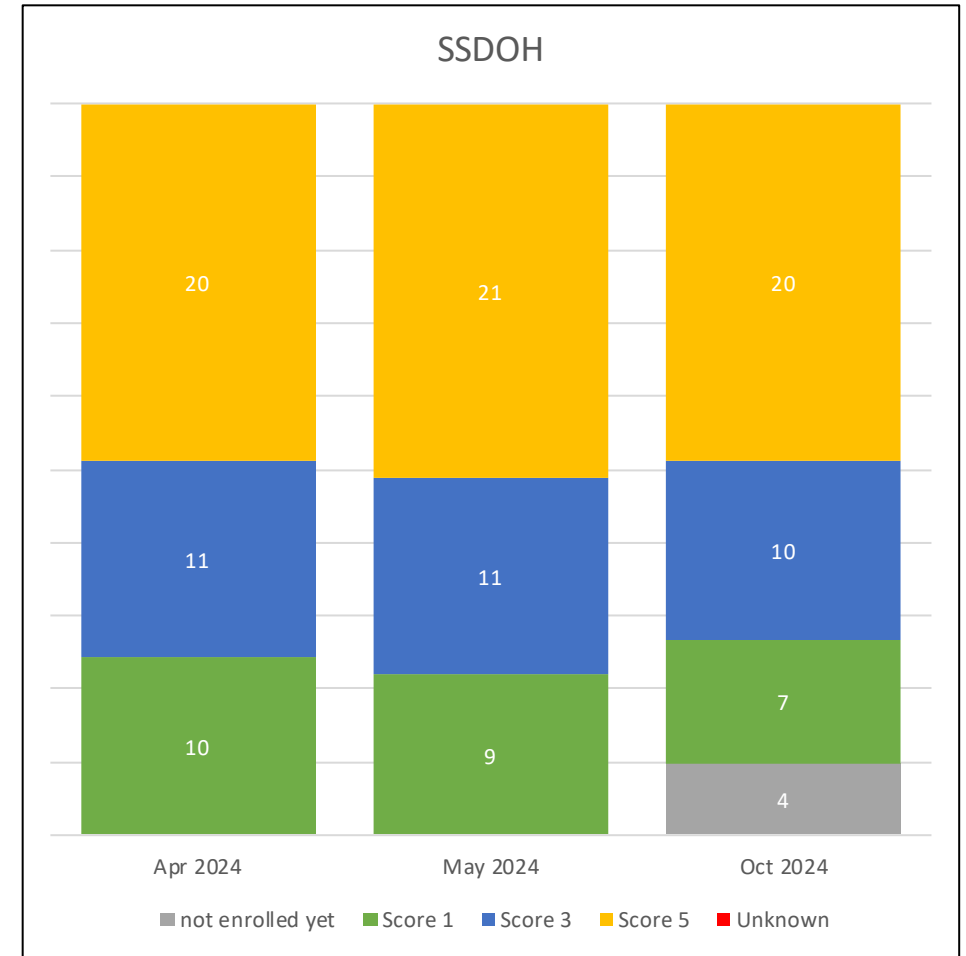
Final Data

Structural and Social Determinants of Health

FTI Goal

All patients are screened for SSDOH prior to discharge

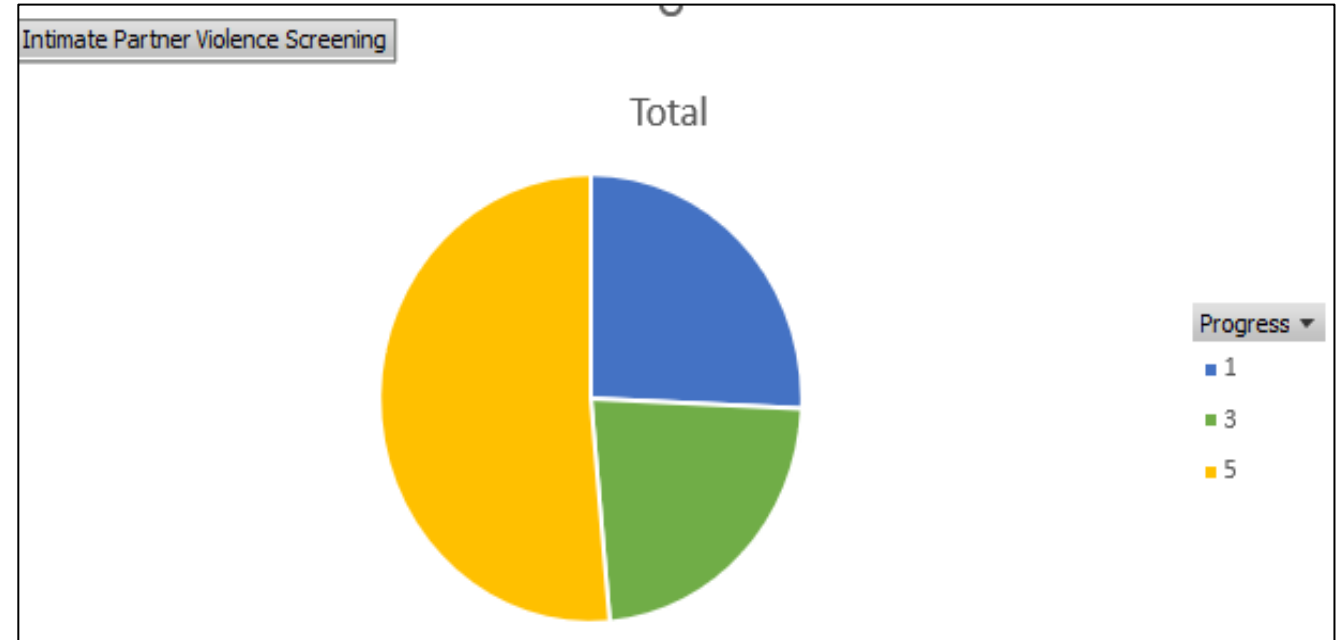
73% of facilities enrolled facilities have implemented or are in the process of implementing this!



Final Data

Intimate Partner Violence

74% of facilities enrolled
facilities have implemented
or are in the process of
implementing this!



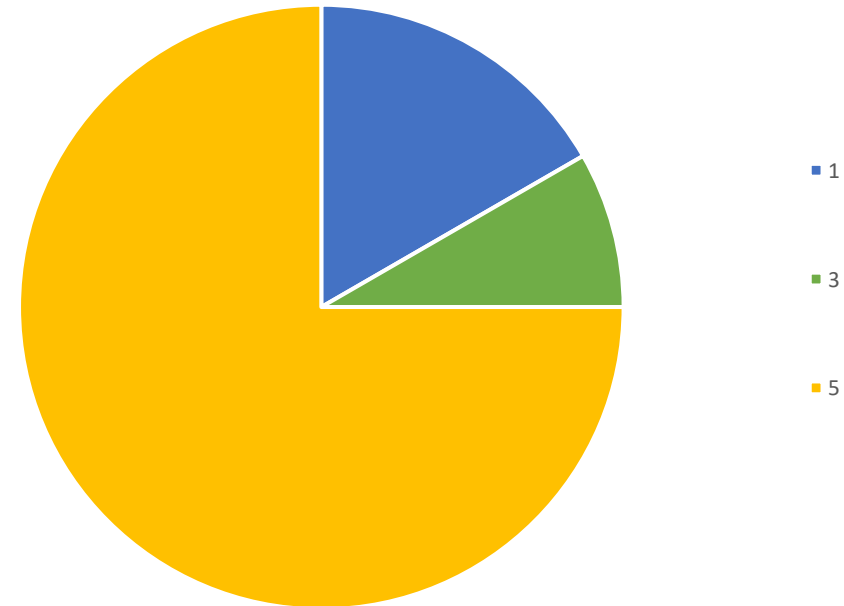
Final Data

Breastfeeding

75% of facilities are Baby Friendly of High 5 designated

8% in the process of obtaining one of those designations

Baby Friendly or High 5 Designated



KCC Final Data

MMH Screening Progress

- 73% of FTI sites have depression screening in place
- 68% of FTI sites have anxiety screening in place
- 19.5%* of FTI sites have substance use screening in place

*an additional 46% of sites have "screening questions" in place in EMR, but the questions do not constitute a validated screening tool (or it is unclear based on information available to KCC whether they do)

Good News Data

2021-2023 FTI Data from 9 sites

- 88.9% of sites screened for depression
- 87.6% of sites screened for anxiety
- 80.4% of sites screened for substance use
- 92.8% of positive screens referred
- 66% of sites had at least 1 1:1 TA session with KCC
- 68% have completed MMH 101 training with KCC
- 46% have completed SUD screening training with KCC
- 54% had consistent workflow for screening, referral, and loop closure in place by Oct 2024 (based on data available to KCC)
- 34% had updated MMH screening policy in place by Oct 2024 (based on data available to KCC)

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



- Ascension Via Christi Pittsburgh
- Coffeyville Regional Medical Center
- Kearny County Hospital
- Labette Health
- Republic County Hospital
- Salina Regional Health Center



SILVER LEVEL

- AdventHealth South Overland Park
- Atchison Hospital Association dba Amberwell Atchison
- Newton Medical Center
- Overland Park Regional Medical Center
- Sabetha Community Hospital
- Smith County Memorial Hospital
- Southwest Medical Center
- University of Kansas Health System- St. Francis



- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi Manhattan
- Ascension Via Christi Wichita St. Joseph Clay County Medical Center
- Citizens Medical Center
- Community Healthcare System
- Hays Medical Center

- Hutchinson Regional Medical Center
- Lawrence Memorial Hospital
- McPherson Center for Health
- Mitchell County Hospital Health System
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Newman Regional Health
- Pratt Regional Medical Center

- Stormont Vail Health- Flint Hills Campus
- Stormont Vail Health- Topeka Campus
- University of Kansas Health System- Great Bend
- University of Kansas Health System- KC
- University of Kansas Health System, Olathe Campus
- Wesley Medical Center



SHTN Bundle

LAUNCH!



Growing Problem: Prevalence of Preeclampsia Dx in Kansas 2016-2023

Source: Kansas hospital discharge data

Year	Preeclampsia*	DeliveryHospitalizations	Prevalence (%)
2016	1679	34952	4.8
2017	1766	33499	5.3
2018	1793	31739	5.6
2019	1941	32453	6.0
2020	1857	31406	5.9
2021	2079	31434	6.6
2022	2116	30849	6.9
2023	2145	30878	6.9

*ICD-10-CM diagnosis codes for preeclampsia (O15)

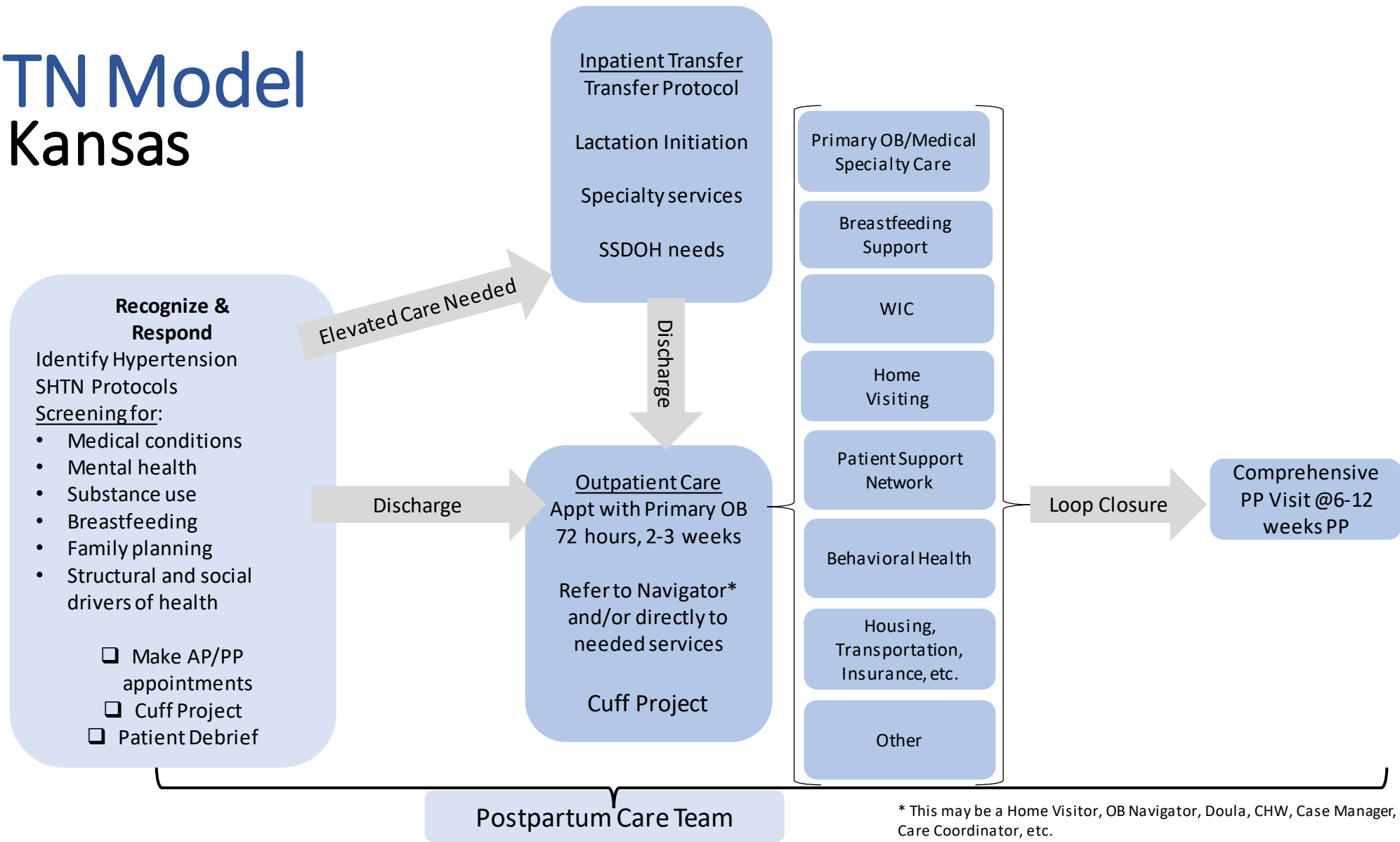
The prevalence of preeclampsia increased from 4.8% in 2016 to 6.9% in 2023, showing a statistically significant increase with an annual percent change (APC) of 5.28%.

Preeclampsia: Prevalence by Pt characteristic (2019-2023)

Source: Kansas hospital discharge data					
Prevalence of preeclampsia by patient characteristics, Kansas, 2019-2023 (5 years combined) and by zip code, 2018-2022 (5 years)					
	Preeclampsia	Delivery Hospitalizations	Prevalence (%)	95% Confidence Interval	
Total number of cases	10,138	157,020	6.5	6.3	6.6
Maternal age group, yrs					
12-19	678	7997	8.5	7.9	9.1
20-24	2215	32351	6.8	6.6	7.1
25-29	2953	48377	6.1	5.9	6.3
30-34	2613	44286	5.9	5.7	6.1
35-39	1336	20067	6.7	6.3	7.0
40-44	316	3710	8.5	7.6	9.4
45-55	27	232	11.6	7.5	15.8
Race and ethnicity					
American Indian/Alaska Native	50	775	6.5	4.7	8.2
Asian	217	4679	4.6	4.0	5.2
Black or African American	929	11567	8.0	7.5	8.5
Hispanic	1430	21213	6.7	6.4	7.1
White	6830	107311	6.4	6.2	6.5
Other or multi-racial (two or more races)	434	7171	6.1	5.5	6.6
Unknown or patient refused	225	4060	5.5	4.8	6.2
Payer					
Medicaid	3279	49106	6.7	6.5	6.9
Private	5929	92339	6.4	6.3	6.6
Self-pay	356	6254	5.7	5.1	6.3
Other	574	9321	6.2	5.7	6.6

Patients with Hispanic race.

SHTN Model for Kansas



SHTN: Facts Sheet



Severe Hypertension in Pregnancy Safety Bundle

Our Call to Action

The Kansas Department of Health and Environment (KDHE) and the Kansas Perinatal Quality Collaborative (KPQC) are committed to improving maternal and infant outcomes in our state. Together, we are launching quality initiatives to reduce maternal and infant morbidity and mortality.

Addressing Maternal Hypertension Outcomes in Kansas

Data from the 2016-2020 Kansas Maternal Mortality Review Committee reveals that cardiovascular conditions and hypertension are the two leading causes of pregnancy-related deaths in Kansas. Preeclampsia ranks as the second leading cause of Severe Maternal Morbidity (SMM) in Kansas (2022 Hospital Discharge Data).

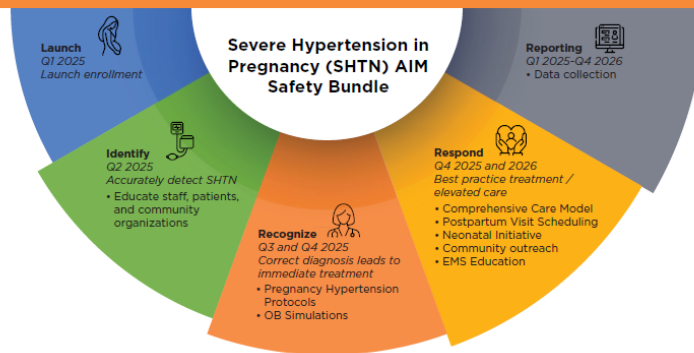
It is clear that intentional intervention to address severe hypertension in pregnancy and the postpartum period are needed. Beginning January 2025, Kansas will enroll hospitals in the Alliance for Innovation in Maternal Health (AIM) Safety Bundle, "[Severe Hypertension in Pregnancy](#)," as a statewide initiative to target this and other maternal adverse outcomes.

The Impact on the Neonate

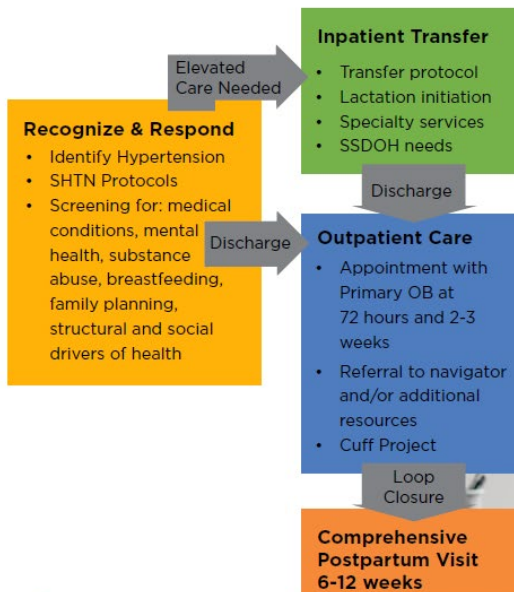
Maternal hypertensive disorders significantly increase the risk of preterm delivery. In 2022, 10.5% of infants were delivered preterm (<37 weeks) in Kansas. Breastmilk provides optimal nutrition and is an immune-boosting substance for preterm neonates. Premature infants face higher health risks, making early maternal lactation a critical, evidence-based intervention to support neonatal well-being.

What's Next?

Addressing maternal hypertension is a crucial part of improving health outcomes for both mothers and infants in Kansas. Through collaboration, education, and evidence-based strategies, KDHE and KPQC are working to create safer pregnancies and healthier futures for families in our state.



NEW: Severe Hypertension in Pregnancy Model for Kansas



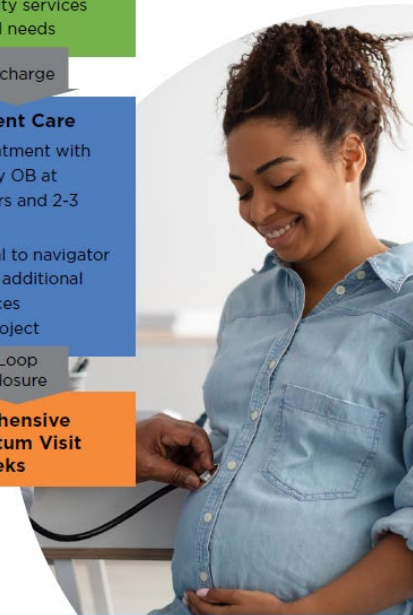
For questions or to enroll, contact kari.smith@kansaspqc.org

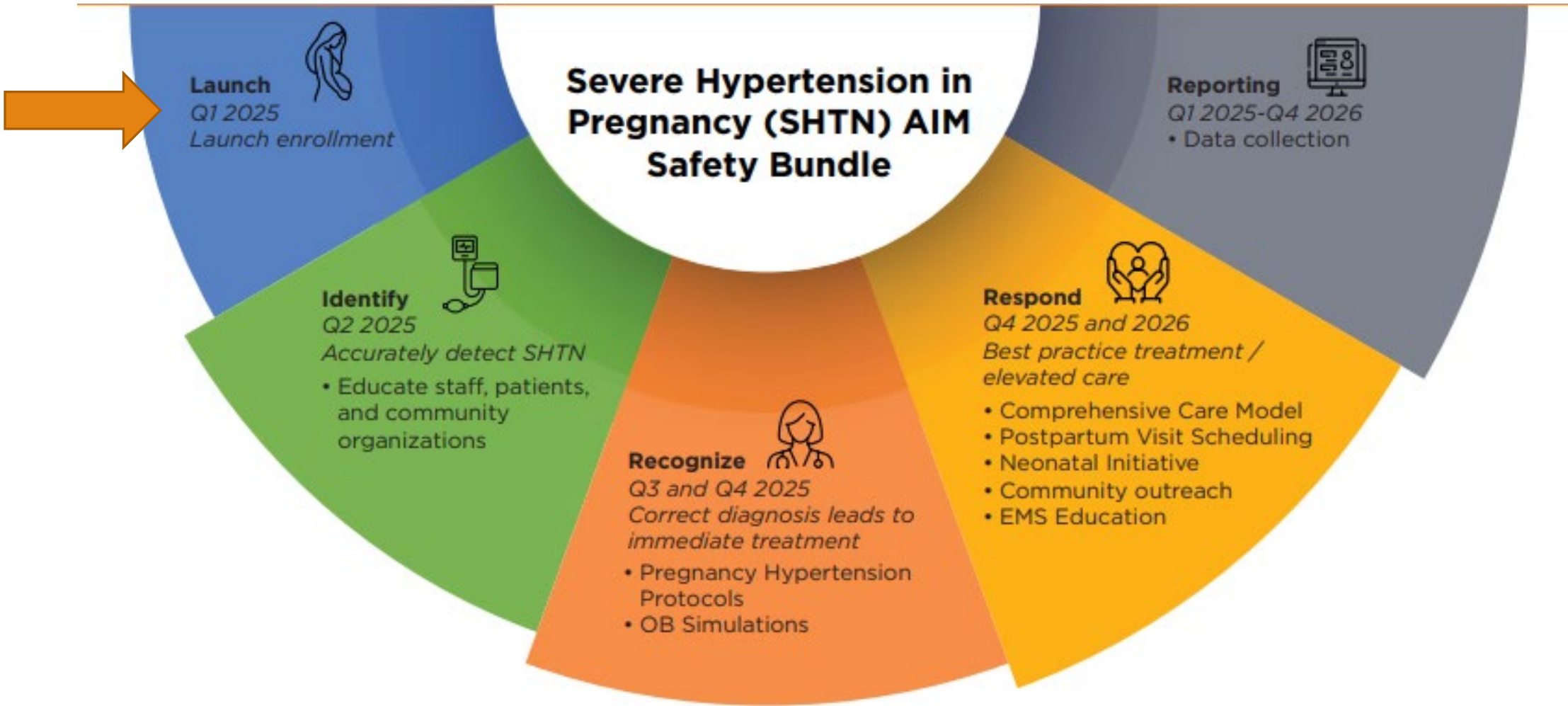


To learn more, visit kansaspqc.org.

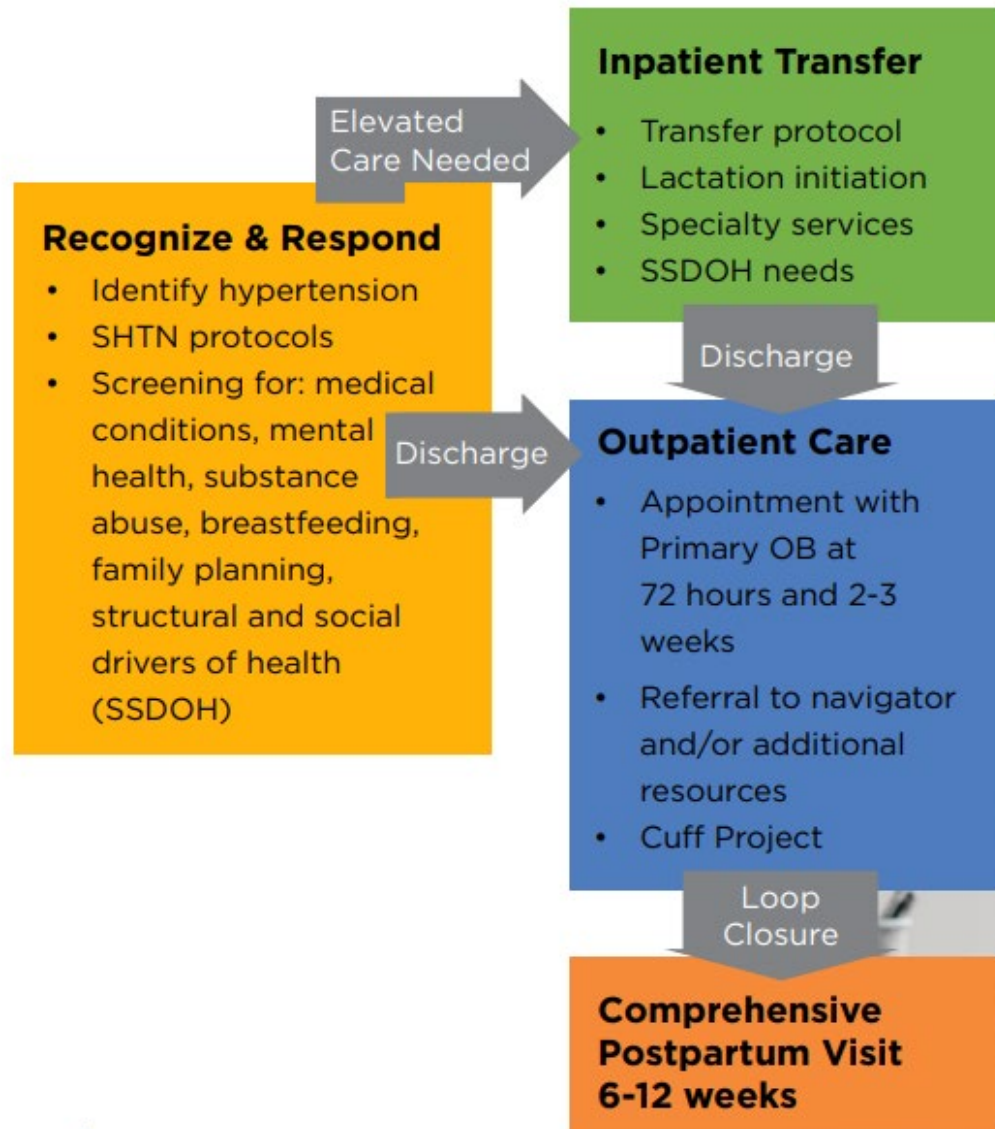
Funding

This initiative is supported by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #A3049988 and title *Alliance for Innovation on Maternal Health State Capacity Program*.





Timeline



Severe Hypertension in Pregnancy

Model for Kansas

Initiative	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2026
Launch Bundle (Readiness)	Launch Bundle Enrollment Data Collection Survey (Redcap)				
Identify (Recognition)		Staff: Education (POST BIRTH/Birth Equity; ACOG algorithms) Patient: Education Community Organizations: Education *Data collection to continue			
Recognize and Respond			Staff: Finalize ACOG Protocols Follow up appointments Transfer Policies		
			Staff: Simulations (Inpatient ,EMS, Emergency Departments) *Data collection to continue		
			Patient: Follow up/Follow through Comprehensive Care Model; **Patient: Pumping Protocol		
			Community Outreach: KDHE/Local health departments Connect with facilities with Support Implementation of PP Visits; Home Visits/CHW/Doula/Navigation assigned		
*Reporting: Ongoing Data Collection					
**Neonatal Initiative					EMS Education; Pt Debriefs and Team Birth: Trauma

LAUNCH

Quarter 1 2025

Enrollment

1. **TEAM A:** Enrollment Packets + SHTN Facts Sheets (Birthing facilities)
 - Kari & Terrah send out to FTI Enrolled Hospitals
 - Kari & Terrah send out to non-FTI enrolled Birthing hospitals from current Contact Lists

TEAM B: SHTN Facts Sheet (non-birthing facilities)

 - Karen Brahman to send out to non-birthing facilities
 - Kari connects with interested birthing and non-birthing facilities not FTI-enrolled
2. Enrollment received by Terrah & Documented
 - **DEADLINE for enrollment: FEB 10th, 2025**
 - Survey results: input by Kari/Terrah
3. Baseline Survey sent out by Terrah
 - **Deadline for 1st Quarter Baseline Data: March 31, 2025**

Your homework

+ Watch the following & send out to staff/Admin/QI
[https://vimeo.com/743542904\](https://vimeo.com/743542904)

+ Review your Obstetrical HTN Protocol/Bundle

+ **ENROLL!!!**



I'm ENROLLED! What happens next?

Facility and Reporting Period

Please complete the survey below.

Thank you!

This data collection form is intended for use with the Alliance for Innovation on Maternal Health (AIM)

Severe Hypertension in Pregnancy Patient Safety Bundle

This form is for collection of facility-level data.

Measurement Statement: Elements of AIM's Severe Hypertension in Pregnancy patient safety bundle can be implemented across a diversity of care settings, including outpatient, urgent care, and inpatient obstetric and emergency settings. Measurement development and revisions for AIM's Severe Hypertension in Pregnancy patient safety bundle focus on inpatient obstetric settings, with expansion of measurement to include emergency departments. Quality improvement measurement and best practices should be implemented across all settings that may provide care to pregnant and postpartum people with hypertensive disorders with appropriate modifications to data collection.

Bundle documentation is available at saferbirth.org

Filename: HTN_Qtr_Facility_Complete.xml

Version: 03182024

1) Please select your Facility name:

* must provide value

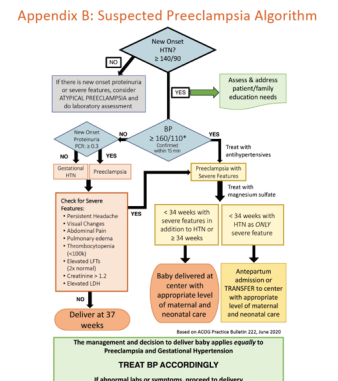
2) Please select the reporting period of the data you are submitting.

Submit

Code	Definition
D011	Pre-existing hypertension with pre-eclampsia, first trimester
D012	Pre-existing hypertension with pre-eclampsia, second trimester
D013	Pre-existing hypertension with pre-eclampsia, third trimester
D014	Pre-existing hypertension with pre-eclampsia, complicating childbirth
D015	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
D019	Pre-existing hypertension with pre-eclampsia, unspecified trimester
D040	Severe pre-eclampsia, unspecified trimester
D041	Severe pre-eclampsia, second trimester
D042	Severe pre-eclampsia, third trimester
D043	Severe pre-eclampsia complicating childbirth
D044	Severe pre-eclampsia complicating the puerperium
D049	HELLP syndrome (HELLP), unspecified trimester
D042	HELLP syndrome (HELLP), second trimester
D043	HELLP syndrome (HELLP), third trimester
D044	HELLP syndrome (HELLP), complicating childbirth
D045	HELLP syndrome (HELLP), complicating the puerperium
D060	1.Gestosis complicating pregnancy, unspecified trimester
D061	1.Gestosis complicating pregnancy, second trimester
D062	1.Gestosis complicating pregnancy, third trimester
D063	1.Gestosis complicating labor
D064	1.Gestosis complicating the puerperium
D069	1.Gestosis, unspecified as to time period

Diagnoses		Procedures
1. Acute myocardial infarction	18. Blood transfusion	
2. Aneurysm	19. Intubation	
3. Aortic renal failure	19.1 Hysterectomy	
4. Adult respiratory distress syndrome	20. Temporary tracheostomy	
5. Aortic fluid embolism	21. Ventilation	
6. Cardiac arrest/ventricular fibrillation		
7. Conversion of cardiac rhythm		
8. Disseminated intravascular coagulation		
9. Ectopic pregnancy		
10. Heart failure/arrest during surgery or procedure		
11. Pauper's cerebrovascular disorders		
12. Pulmonary edema / Acute heart failure		
13. Severe anaesthesia complications		
14. Sepsis		
15. Shock		
16. Sickie cell disease with crisis		
17. Thrombotic and air embolism		

Caveat:
All Composite Measures have the challenge of differing specificities and differing severities among their indicators

[illegible]

SHTN Bundle Data Center questions Chart Sheet Saved to L1 Date: _____

Layout References Mailings Review View Help

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**SHTN Bundle: Kansas
"Check Sheet" Baseline Data for RedCap
Jan 2025**

Outcomes Measured	Name	Description	Notes
All CI: Among all qualifying people during their birth admission, those who experienced death excluding both maternal morbidity and neonatal morbidity	Severe Maternal Morbidity (excluding transfusion code alone)	Report N/D Oursighted by race and ethnicity, payer Denominator: All qualifying pregnant and postpartum people during ISSI both admission Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	See "CDC Severe Maternal Morbidity" graph, page 20 If you are not able to disaggregate by race or payer, please simply put data under "All Total!" ONCE PER YEAR report from facilities
CI: Among all people during their birth admission, excluding ectopic, pregnancies and miscarriages, those who experienced stillbirth	**THIS is not currently in the Data Center, will be added		ONCE PER YEAR report from facilities
CI: Among all people with severe pre-eclampsia during their birth admission, how many had a severe maternal morbidity as defined by the CDC	**THIS is not currently in the Data Center, will be added		See "CDC Severe Maternal Morbidity" graph, page 20 ONCE PER YEAR report from facilities
SHTN CI: Among all people with SHTN	Severe Maternal Morbidity among Deaths with	Report N/D Oursighted by race	See "CDC Severe Maternal Morbidity" graph, page 20

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eclampsia, or HELLP Syndrome, those who experienced severe maternal morbidity excluding both transfusions alone

Preeclampsia, Ectoplasm, and HELLP Syndrome (excluding maternal morbidity, transfusion codes alone)

payer Denominator: All qualifying pregnant and postpartum people during their birth admission with preeclampsia, eclampsia, and HELLP syndrome Numerator: Among the denominator, those who experienced severe maternal morbidity, including those who experienced transfusion alone

If you can not disaggregate by race or payer, please simply put data under "All Total!"

[ONCE PER YEAR report from facilities](#)

ICD Codes for all diagnoses of Preeclampsia, Ectoplasm and HELLP syndromes on Page 7

Question on asking for you to report that for these with Preeclampsia, Ectoplasm, or HELLP syndrome, how many experienced Severe Maternal Morbidity, including those who reported their birth admission?

[ONCE PER YEAR report from facilities](#)



Next Learning Forum: Feb 25th at noon

To register: kansaspqc.org or link: [KPQC Learning Forums](#)