March 19th at noon
April 19th at noon
May 1st at noon

Patient Debriefs after Adverse Outcome & Birth Equity Training

- ✓ Kansas Data
- ✓ KBEN
- ✓ MoMMA's Voices presentation
- ✓ Creating an Action Plan

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CHECK IN!

In the chat please type your:

- ❑ Name
- ❑ Birth Center/Hospital name

Birth Equity

Goals:

Staff receives Birth Equity Training

Patient is included in Postpartum Care Team

Patient values & goals = primary driver of process

Patient is included in debriefs following adverse outcomes

Postpartum Discharge Element Implementation Details

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Respectful Care Element	Key Points
Inclusion of the patient as part of the multidisciplinary care team	• Establishment of trust • Informed, bidirectional shared decision-making • Development of a comprehensive postpartum care plan • Patient values and goals as the primary driver of this process

The "WHY" in Kansas

2022 KS Vital Stats

Table C20
Live Births by County of Residence and Peer Group*
by Population Group of Mother
Kansas, 2022

County of Residence	Total	Population Group						
		White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Islander Non-Hispanic	Other Non-Hispanic†	Hispanic Any Race	n.s.
Kansas	34,389	23,569	2,191	165	1,124	949	6,295	96

Table A3
Selected Vital Events by Population Group
Kansas, 2022

	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.
Births and Birth Rates								
Births	34,389	23,569	2,191	165	1,124	949	6,295	96
Birth Rates†	11.7	10.8	12.9	7.2	11.8	11.5	16.4	n/a
Maternal Characteristics				Number				
	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.
Births to mother <18 years of age	405	175	43	1	4	17	164	1
Births to mother <20 years of age	1,633	800	169	4	17	70	565	8
Births to mother with < HS diploma or GED	3,602	1,391	319	16	88	122	1,653	13
Births to unwed mothers	12,374	6,646	1,460	93	179	499	3,457	40
Fourth and higher birth order#	5,241	3,218	497	22	133	147	1,203	21
Birth Outcomes				Number				
	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.
Low birth weight infants (<2500 grams)	2,705	1,702	317	10	110	78	483	5
Very low birth weight infants (<1500 grams)	393	241	56	3	19	8	64	2
Births with gestational age < 37 weeks	3,594	2,365	318	19	134	95	652	11
				Rate				
	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.
Infant deaths‡	5.8	4.7	9.1	6.1	5.3	11.6	7.9	n/a
Neonatal deaths‡	3.7	3.1	5.0	6.1	4.4	6.3	4.9	n/a
Postneonatal deaths‡	2.1	1.7	4.1	0.0	0.9	5.3	3.0	n/a
Stillbirths§	5.9	5.4	7.7	12.0	4.4	8.4	6.3	n/a
Perinatal¶	9.0	8.0	11.8	18.0	8.9	13.6	10.3	n/a
Pregnancy Characteristics				Number				
	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.
Births to women with prenatal care in first trimester	27,365	19,180	1,498	113	873	731	4,282	58
Births to women with late (3rd trimester) or no prenatal care	1,821	720	133	12	45	53	545	13
Plural births	1,083	784	92	2	26	28	149	2
Deaths and Death Rates								
	Total	White Non-Hispanic	Black Non-Hispanic	Native American Non-Hispanic	Asian/Pacific Non-Hispanic	Other Non-Hispanic*	Hispanic Any Race	n.s.

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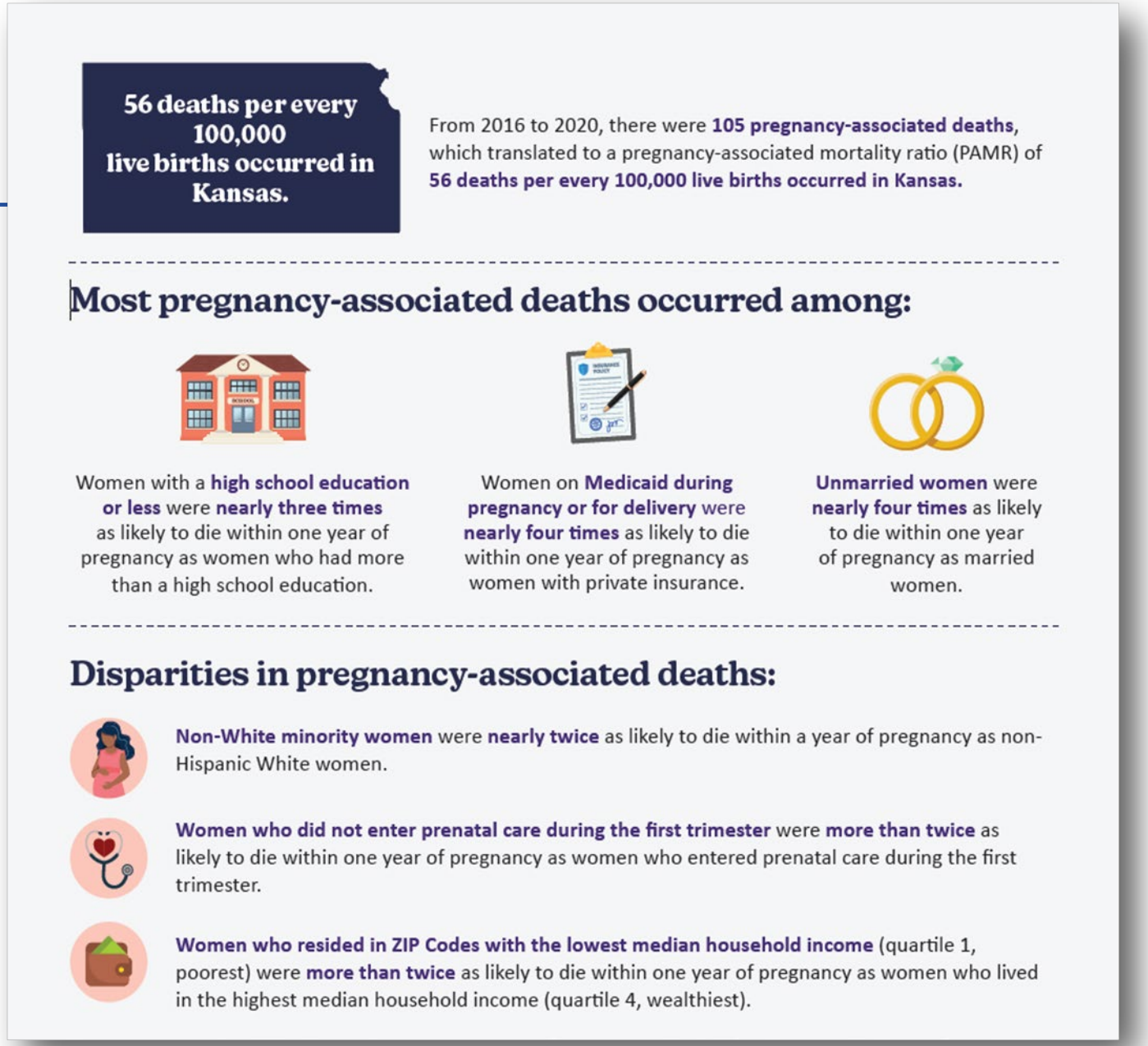
Pregnancy Associated Deaths
Kansas, 2016-2020
(Preliminary Data, Subject to Change)



Source: Kansas Maternal Mortality Review Committee

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Severe Maternal **Morbidity**

- Severe maternal morbidity rate was highest among women aged *40+ years* and lowest for those aged 25-29 years.
- The rate of severe maternal morbidity was **83.5%** higher for non-Hispanic Blacks than for non-Hispanic Whites.
- Compared with other deliveries, *those involving severe maternal morbidity were more likely paid by Medicaid* and from *lower-income communities.*

Source: Kansas Department of Health and Environment, Kansas Hospital Discharge Data, Kansas, 2016-2020, (Preliminary Data, Subject To Change).

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JAMA: Maternal Mortality & SMM in the United States, 2008-2021 (*In-hospital)

This cross-sectional study examined rates of delivery-related in-hospital maternal mortality and SMM in a large national inpatient database. In this sample encompassing more than 11 million inpatient discharges delivery-related in-hospital mortality was found to decrease significantly over a period of 14 years. The adjusted mortality per 100 000 discharges decreased by more than 50% from Q1 of 2008 to Q4 of 2021, likely demonstrating the impact of national strategies focused on improving the maternal quality of care provided by the hospitals during delivery-related hospitalizations. In contrast, the rates of overall SMM increased over time for the overall population, which may be attributable to preexisting conditions and the increasing trend in the age of delivering patients in the past decade. The increasing trend of adjusted SMM rates was seen in all racial and ethnic minority groups and was most prominent in Asian, American Indian, and Pacific Islander patients.

Our goals:

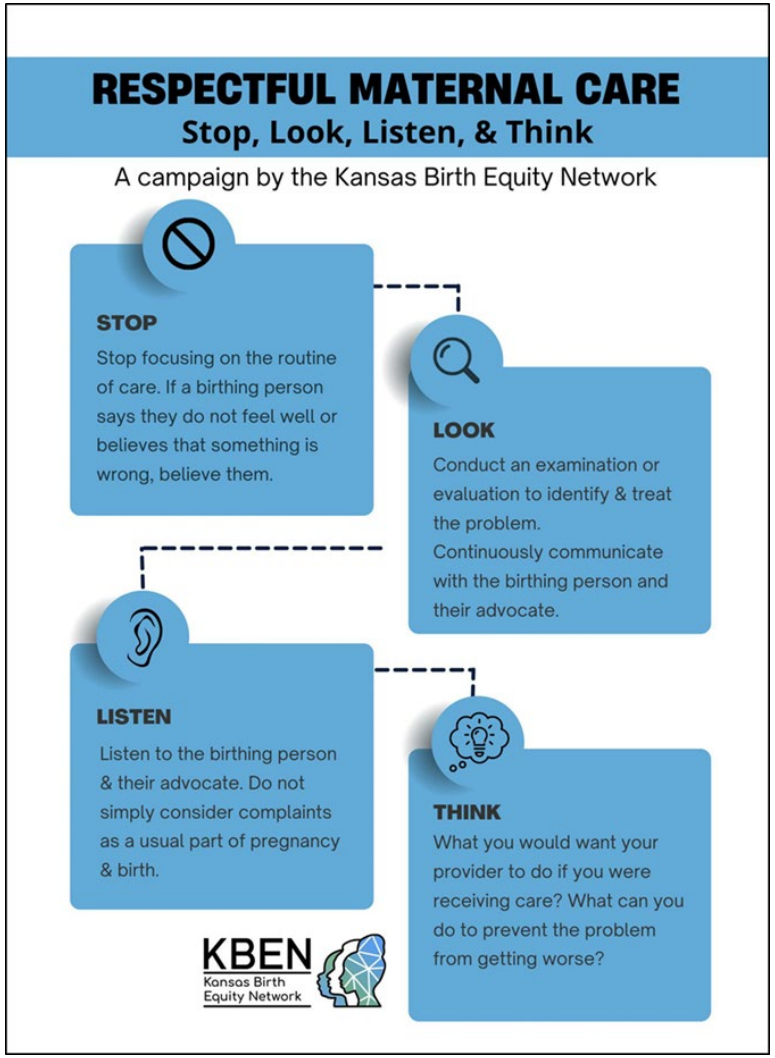
KS Birth Equity Training

MoMMA's Voices Training

Create a Birth Equity Action Plan for your FTI Site

Creating a Birth Equity Action Plan

- ❑Patient included in Debriefs
  - ✓Support persons, too
- ❑Equity in OB, ED, NICU…
- ❑TeamBirth
- ❑SABs, TOPs, they ALL matter
- ❑How to have Hard Conversations
- ❑Goals for your Department
- ❑Put up the KBEN poster!



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MoMMA's Voices

Lived Experience Integration Forum : Respectful and Equitable Care + Patient/Family Debrief

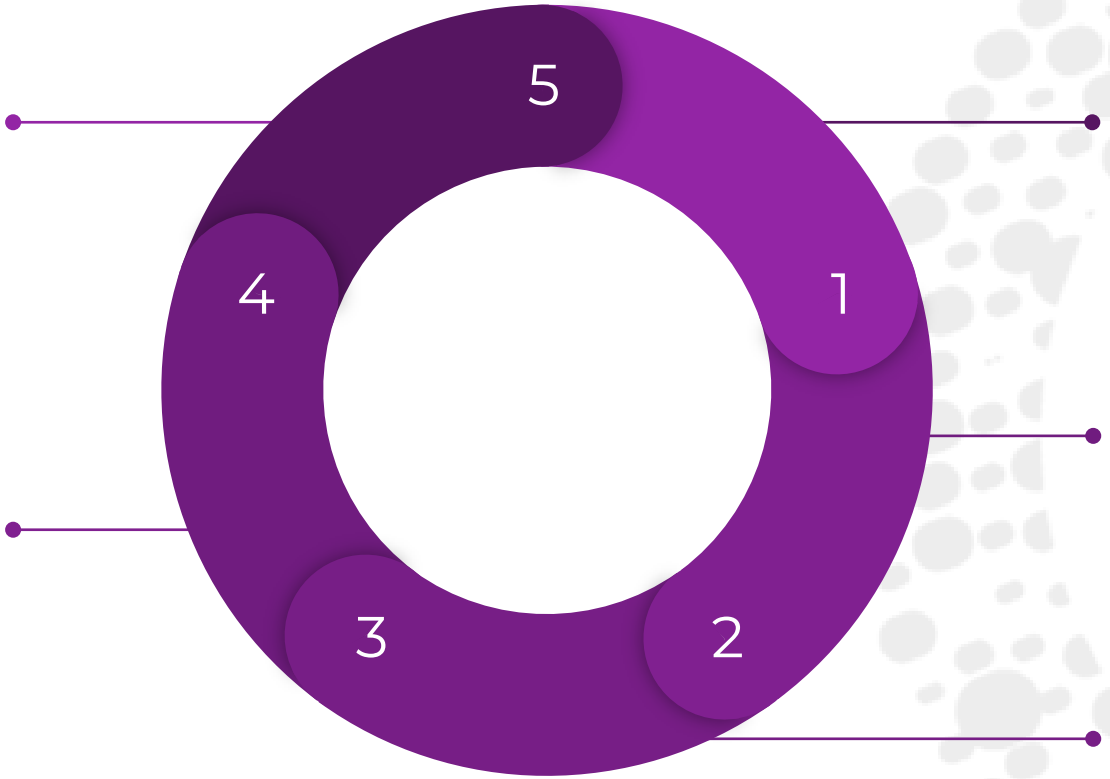
Presented to

Kansas Hospital Teams

Learning Objectives

Identifying an action plan for each hospital to achieve birth equity goals

Understanding the importance of debriefing a patient



Recognize mistrust

Describe the difference in hearing and listening

Identifying the patient voices as the primary prevention in adverse birth outcomes.

MoMMA's Voices

MoMMA's Voices

Understanding the Why

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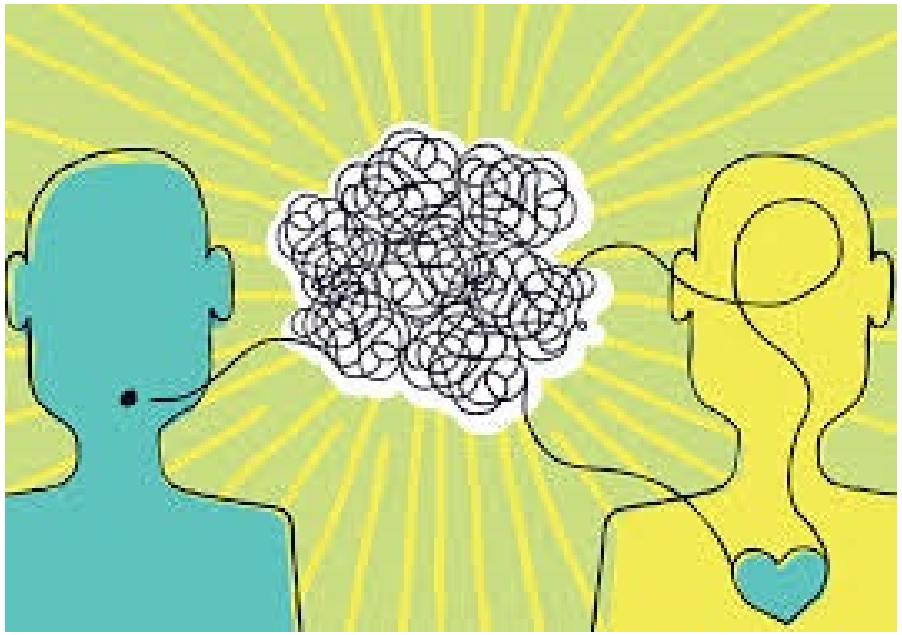
Hearing vs. Listening

Hearing vs. Listening



Is there a difference?

Have you ever listened with ½ an ear while doing something else? Listening on a call with kids in the background trying to get your attention, trying to order dinner on the CFA app, while texting a friend. Sound familiar?

MoMMA's Voices

Asking Questions to Seek Information and Clarify Understanding

Patients are coming to you and don't always know how to explain it. Your job is to figure out what it is they're saying to you.

How are you sure you're understanding what your patients are saying to you?

Sometimes the message relayed, and the message received are not the same.

How are you making it clear to your patients what you are saying to them?

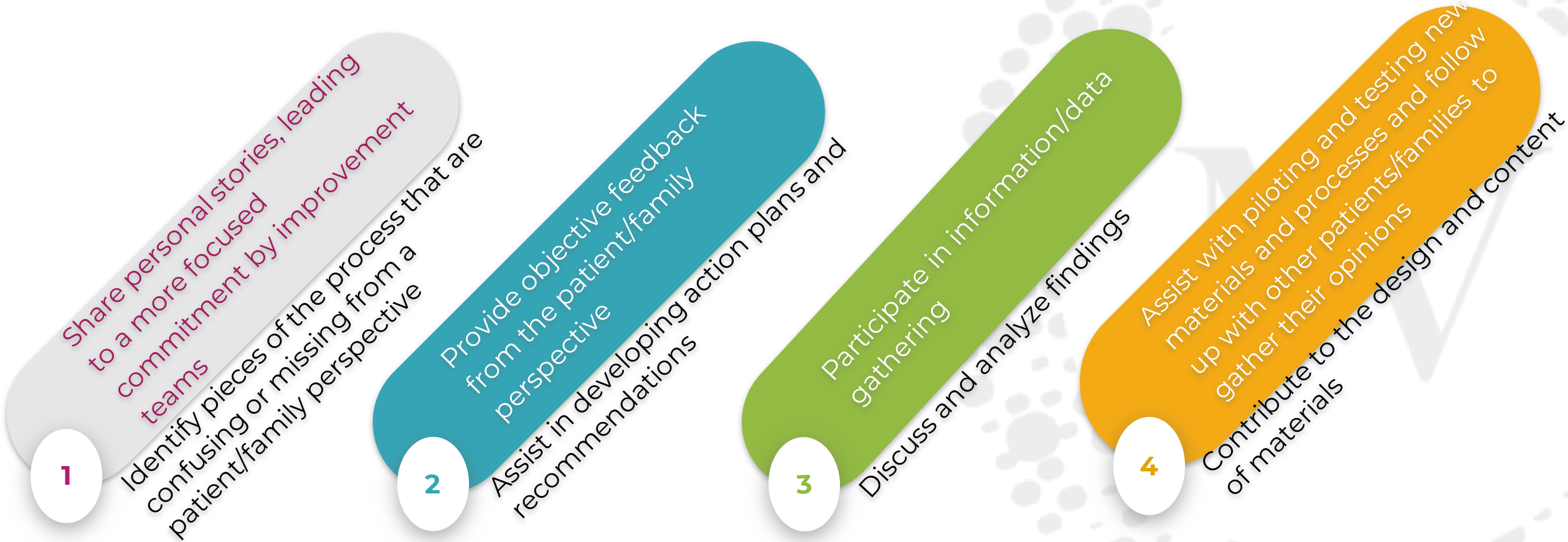
Poor Listening Results in misunderstandings – listen attentively!

You can be a great help to them by asking them questions to help validate their feelings. So often our patients are afraid to share, thinking maybe it's all in their heads

Think about this from the lens of the patient and in your everyday role

MoMMA's Voices

How to Incorporate Trained Patients and Family Partners into the Work



MoMMA's Voices

MoMMA's Voices

Our Patient Family Partners

Terrance Grantham

- B.A., Michigan State, 2016
- Father of 3
- Husband
- Fatherhood work since 2017 in Ingham County

Terrance Grantham - Key Takeaways

- Communicate with patients before, during and after: use easy to understand language
- Relate to your patient
- Listen to families with an open heart: if they say it happened that way, believe that it happened that way
- Educate patients on the consequences of each option and make them a part of the solution

Alana Garrett-Ferguson

- Maternal Health Advocate
- Reproductive Justice Advocate
- Mother to Malachi

MoMMA's Voices

Why Debriefing Matters

The Simplicity in Debriefing

The video had to be removed from this slide to reduce the file size for upload. This slide is part of the recorded presentation and is available to watch here: KPQC: Resources: Fourth Trimester Initiative: Other FTI Resources - Birth Equity, MoMMA's Voices

MoMMA's Voices

Resource

Navigating Risk Management with CANDOR

Join us for an exciting webinar as we delve into the critical topic of effective communication and resolution programs for patient harm. Eleni Tsigas, CEO of the Preeclampsia Foundation, will be your host as we bring together two esteemed experts, Dr. Thomas Gallagher and Dr. Leslie Carranza.

Discover the groundbreaking CANDOR approach and learn how it was developed, how it can be implemented, and the incredible difference it can make in healthcare. Our speakers will share innovative strategies and propose systemic changes that can not only reduce litigation, but also empower individuals with lived experience to contribute to quality improvement projects.

Don't miss out on this enlightening webinar that will inspire positive change and pave the way for a more inclusive and improved healthcare system.

MoMMA's Voices

MoMMA's Voices

Actionable Steps

Action Steps

Just take one step

Do you have a patient that can be apart of your next action plan?

Can you have a patient review your surveys to ensure the language is respectful and equitable?

How can you effectively communicate with your patient about what they've experienced?

MoMMA's Voices

MoMMA's Voices

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Questions?

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