

Kansas Perinatal Quality Collaborative

# GENERAL MEETING

*Respectful & Equitable Care*

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KPQC General Meeting

May 24, 2022



# OnSite FTI Champs

- FTI Champions Packet
  - Notes pages
  - Data worksheet & ACOG/AAP information
- Posttests/CNE/Attendance Verification
- Business Cards



# General Meeting Agenda

## General Meeting:

- ✓ Introductions in the Chat
- ✓ Welcome by KPQC Chair
- ✓ Speaker #1: Lived Experiences- MoMMA's Voices Panel
- ✓ Speaker #2: Dr Pasha- Unlocking Implicit Bias in Healthcare
- ✓ Speaker #3: Dr Sharla Smith- Introduction of KBEN training
- ✓ Business Meeting

**On Site FTI Champions!**

**Business Meeting!**

**Website Launch!**



# MoMMA's Voices



Dr Pasha



Dr Sharla Smith



7

# KPQC Business Meeting

- FTI Update
- Launch of new website
- Vote for approval



# FTI: How far we've come

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- Trained **397** providers on Maternal Warning Signs (POST-BIRTH)
  - Completely overhauled Screening for MMH at **10** delivery sites
  - Improved MMH education at **28** sites
  - Standardize PP DC appointments for **14%** of KS postpartum women
  - Teamed up with **11** KPCC sites
- 
- Impacted over **26,000** women and families in KS





Kansas Perinatal Quality Collaborative

**LAUNCHED new website!**

<https://kansaspqc.org/>



# KANSAS: Medicaid coverage to 12 months PP!

April 20, 2022

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.



# CMS: Hospital involvement in Maternal QI initiative

- <https://content.govdelivery.com/accounts/USCMSMEDICAID/bulletins/3135a27>

The agency intends to expand the criteria for which this designation would be awarded in the future. The designation... would ultimately *assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through their participation in quality improvement collaboratives and implementation of best practices that advance health care quality, safety, and equity for pregnant and postpartum parents.*



The screenshot shows a Medicaid.gov bulletin. At the top is the Medicaid.gov logo with the tagline 'Keeping America Healthy'. Below the logo is the title 'CMS NEWS: CMS Announces Key Actions to Reduce Maternal Mortality and Morbidity' and the date 'Medicaid.gov sent this bulletin at 04/13/2022 07:31 PM EDT'. A link to 'View in browser' is provided. The main content of the bulletin is titled 'CMS Announces Key Actions to Reduce Maternal Mortality and Morbidity' and states: 'CMS proposes a "Birthing-Friendly" designation and announces 11 new states and the District of Columbia looking to extend postpartum Medicaid & CHIP coverage.' The text continues: 'Today, as part of the Biden-Harris Administration's Call to Action to reduce maternal mortality and morbidity, the Centers for Medicare & Medicaid Services (CMS) is releasing more details about the proposed "Birthing-Friendly" hospital designation intended to drive improvements in maternal health outcomes. The new designation would assist consumers in choosing hospitals that have demonstrated a commitment to maternal health and the delivery of high-quality maternity care. Additional information about the initial requirements for the designation will be released in the coming days as a part of the Hospital Inpatient Prospective Payment System (IPPS) proposed rule.' A quote from HHS Secretary Xavier Becerra follows: '"Everyone deserves access to quality health care, especially as they start a family," said Health & Human Services (HHS) Secretary Xavier Becerra. "At HHS, we are proposing the "Birthing-Friendly" hospital designation and working with states to provide a full year of postpartum care to ensure all parents have the best care they need – before, during, and after a pregnancy. We will continue to deliver on the Biden-Harris Administration's commitment to reduce racial disparities, including those we see in maternal health outcomes."' The bulletin concludes with: 'Today's announcement comes as Vice President Kamala Harris hosts the first-ever meeting on maternal health with Cabinet Secretaries and agency leaders, which is taking place during the fifth annual Black Maternal Health Week (April 11-17, 2022).'



## 2020 Data (KDHE Office Vital Statistics)

Live Births: 34,368

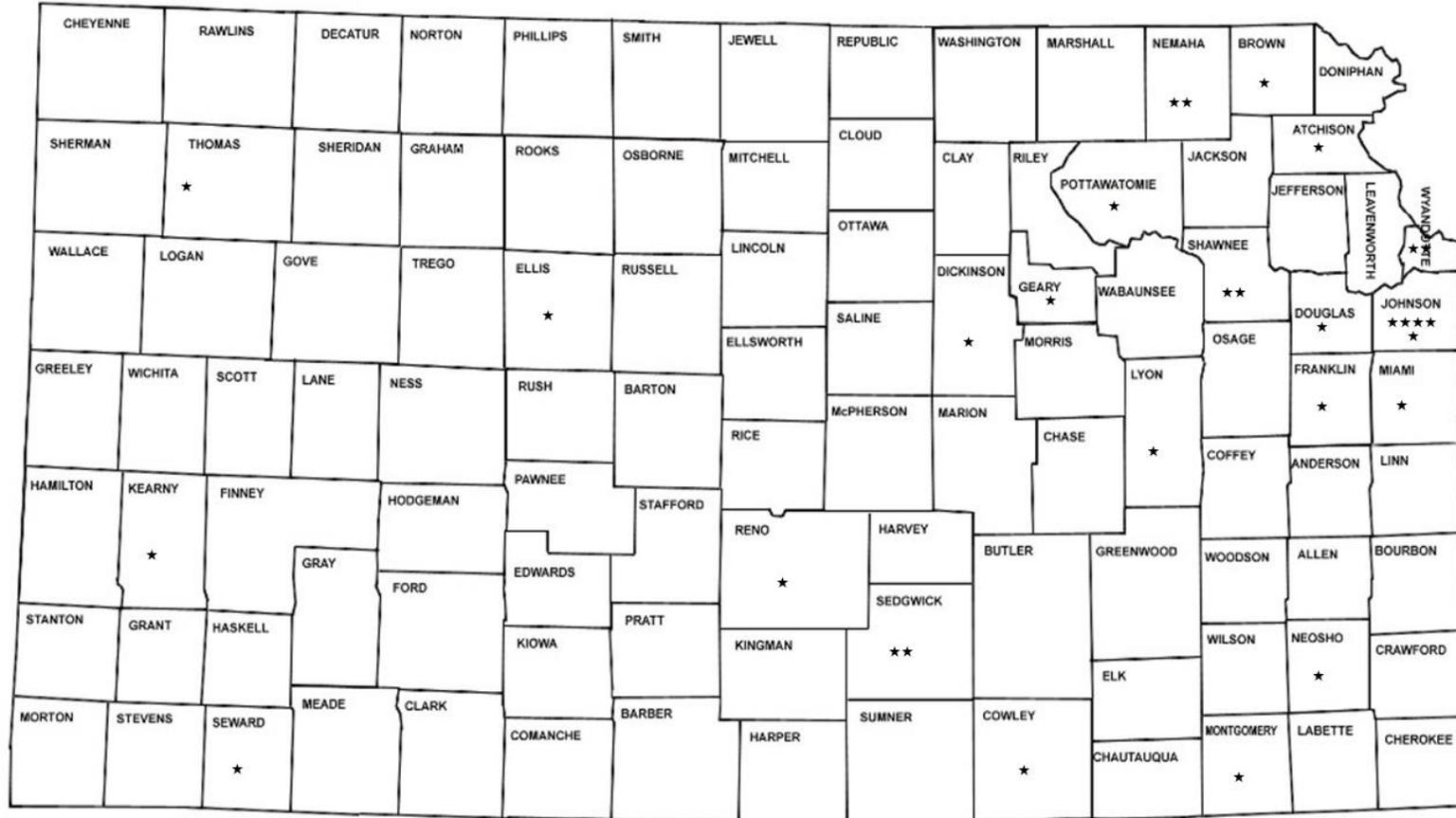
Stillbirths: 169

Total Births: 34,537

3,645 abortions

5 maternal deaths (7 in 2019)

# 80% of Kansas Births!



FTI Births: 27,684

KS Births: 34,537

2020 KDHE Vital Statistics

# Rapid Response: KS Data Update

Table 12. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2020\*

Medical Risk Factors <sup>†</sup>	Population Group															
	White NH		Black NH		American Indian-Alaska Native NH		Asian-PI NH		Multi Race-Other NH		Hispanic-Any Race		n.s. <sup>‡</sup>		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Pre-pregnancy Diabetes	175	0.7	30	1.3	2	1.3	13	1.1	19	1.7	71	1.2	0	0.0	310	0.9
Gestational Diabetes	1,771	7.5	195	8.2	27	16.9	220	18.5	105	9.4	665	11.1	3	6.3	2,986	8.7
Pre-pregnancy Hypertension	666	2.8	91	3.8	7	4.4	19	1.6	30	2.7	118	2.0	1	2.1	932	2.7
Pre-eclampsia	2,020	8.6	234	9.9	14	8.8	56	4.7	97	8.7	412	6.9	3	6.3	2,836	8.3
Eclampsia	87	0.4	13	0.5	1	0.6	1	0.1	6	0.5	15	0.3	1	2.1	124	0.4
Previous Pre-term Birth	611	2.6	136	5.7	3	1.9	24	2.0	32	2.9	197	3.3	2	4.2	1,005	2.9
Previous Poor Pregnancy Outcome	697	3.0	85	3.6	11	6.9	21	1.8	45	4.0	168	2.8	2	4.2	1,029	3.0
Vaginal Bleeding	187	0.8	25	1.1	0	0.0	15	1.3	8	0.7	56	0.9	1	2.1	292	0.8
Previous C-Section	3,547	15.1	465	19.6	29	18.1	157	13.2	170	15.2	916	15.4	10	20.8	5,294	15.4
Infertility Treatment	492	2.1	14	0.6	3	1.9	41	3.5	15	1.3	40	0.7	0	0.0	605	1.8
Infections Contracted or Treated During Pregnancy <sup>§</sup>	865	3.7	189	8.0	7	4.4	39	3.3	79	7.0	267	4.5	3	6.3	1,449	4.2
Smoking During Pregnancy	2,219	9.4	214	9.0	31	19.4	17	1.4	143	12.8	172	2.9	2	4.2	2,798	8.1
Alcohol Use During Pregnancy	31	0.1	6	0.3	0	0.0	2	0.2	4	0.4	6	0.1	0	0.0	49	0.1
Total of Medical Risk Factors	13,368	n/a <sup>¶</sup>	1,697	n/a <sup>¶</sup>	135	n/a <sup>¶</sup>	625	n/a <sup>¶</sup>	753	n/a <sup>¶</sup>	3,103	n/a <sup>¶</sup>	28	n/a <sup>¶</sup>	19,709	n/a <sup>¶</sup>
Total Births	23,517		2,369		160		1,188.0		1,121.0		5,965.0		48		34,368	

\*Residence data

<sup>†</sup>More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.

<sup>‡</sup>n.s. = not stated

<sup>§</sup>Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C

<sup>¶</sup>n/a: Not Applicable

57%!

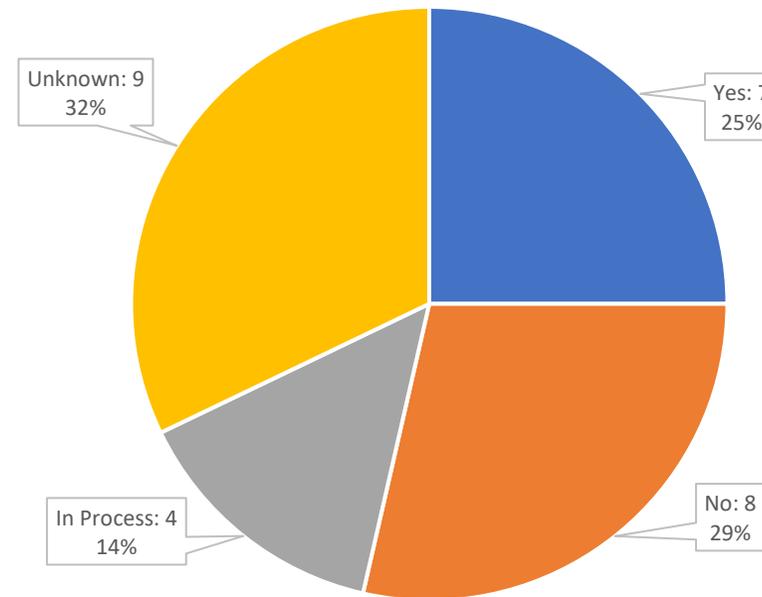
# Rapid Response: KS Data Update (KDHE Vital Statistics 2020)

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- **34,368** live births
  - 169 stillbirths
    - 10.0/1000 live births Black non-Hispanic
    - *6.8/1000* live births for Hispanics
    - 3.4/1000 live birth White non-Hispanics
- 23,517 White, non-Hispanic
  - 5,965 Hispanic
  - 2,369 Blank, non-Hispanic

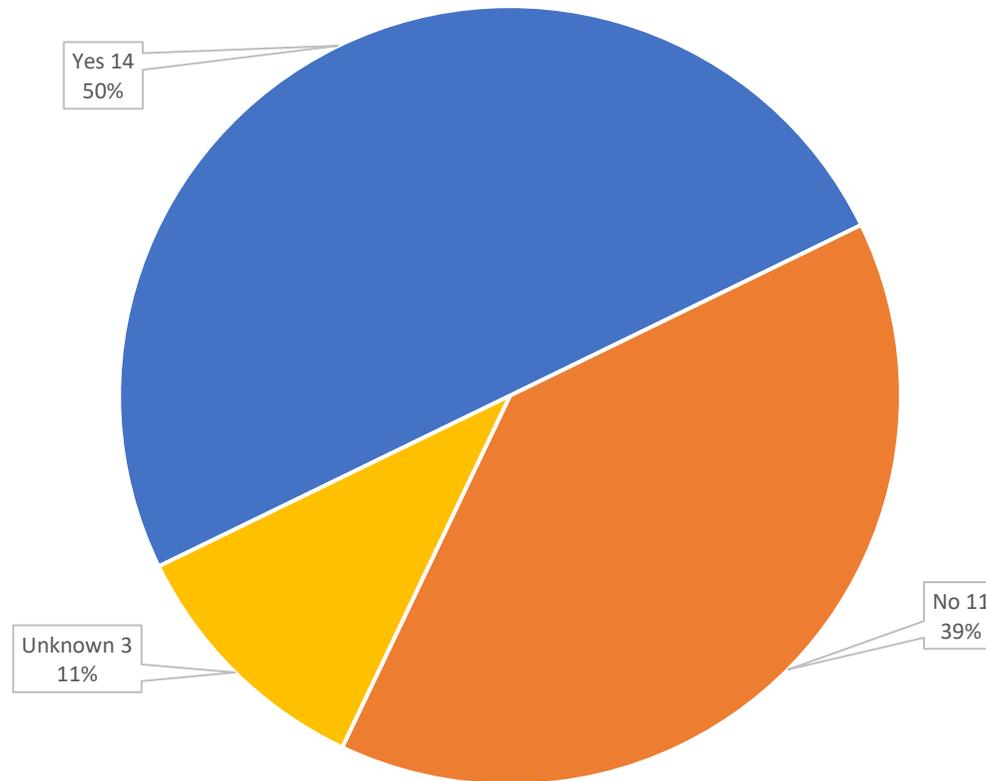
# FTI Data collection: MMH Policy updates

Birth Facilities Completing Maternal Mental Health Policy Updates



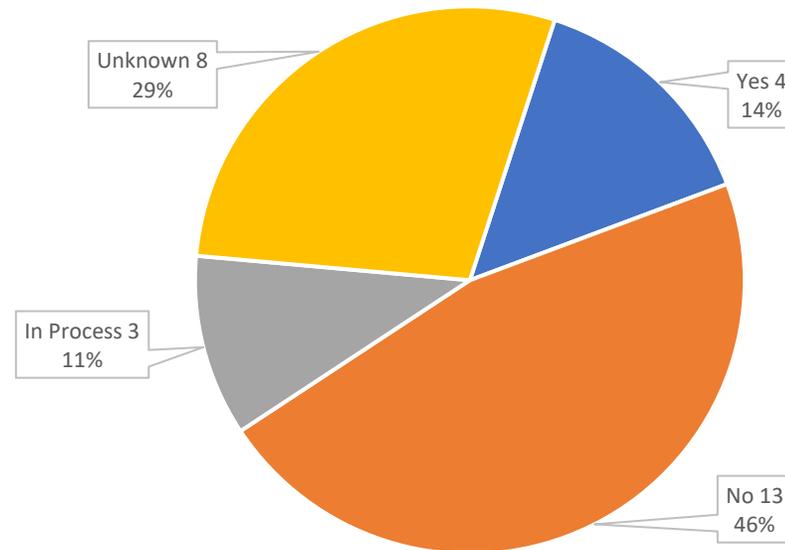
# FTI Data collection: POST-BIRTH Training

Birth Facilities Completing Post-Birth Training



# FTI Data collection: PP Appt Scheduling

Birth Facilities Implementing Scheduling Postpartum Appointments Prior Discharge



Kansas Perinatal Quality Collaborative

# GENERAL MEETING

*Respectful & Equitable Care*

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KPQC General Meeting  
May 24, 2022

THANK YOU!!





Kansas Perinatal Quality Collaborative

# Huddle Up

Respectful.... And Equitable Care



# Agenda for FTI Retreat

12-12:20 KBEN Training Launch

12:20-12:45

Introduction of KPQC Leadership Team

Introduction of FTI Champions

- Packet: Posttest questions, FTI Data worksheet, CNE Eval, Attendance Verification Form
- Business Card exchange (ongoing)

12:45-1pm Update on FTI Work & Project Timeline

1-1:30pm Case Study #1

1:30-2pm Case Study #2

2-3pm Open Mic

Posttests/CNE Evaluation





# FTI Champs: Data overload!!

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- ✓ FTI Data worksheet (NICU & Maternal Center articles)
- ✓ Attendance verification form
- ✓ CNE Eval
- ✓ Posttest Questions

\*Be sure to pick up MWS Teaching Packets





# *KS Birth Equity* Training Launch

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# At last! Together!

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## Who's in the room: **FTI Leadership Team**

- KDHE: Kasey & Drew
- KPQC: Terrah
- KDHE: Jill Nelson & Stephanie Wolf
- KCC Team: Patricia Carillo & Jennifer Wise
- KFMC: Tami Sterling & Tiffany Burrows

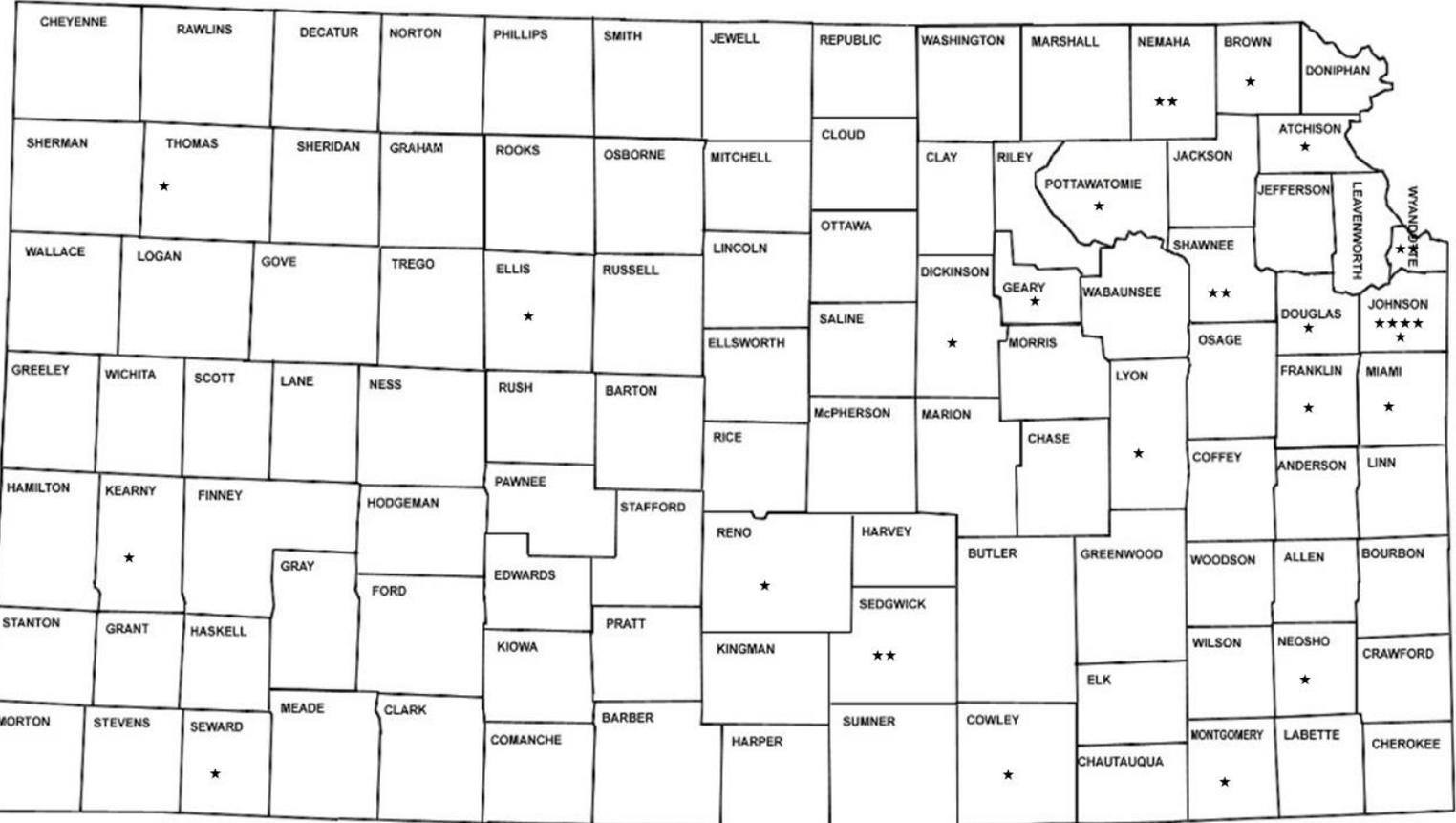
# At last! Together!

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Who's in the room: **FTI Champions**



# 80% of Kansas Births!



FTI Births: 27,684

KS Births: 34,537

2020 KDHE Vital Statistics



**We must decide  
TOGETHER...**

**NOT on my watch**

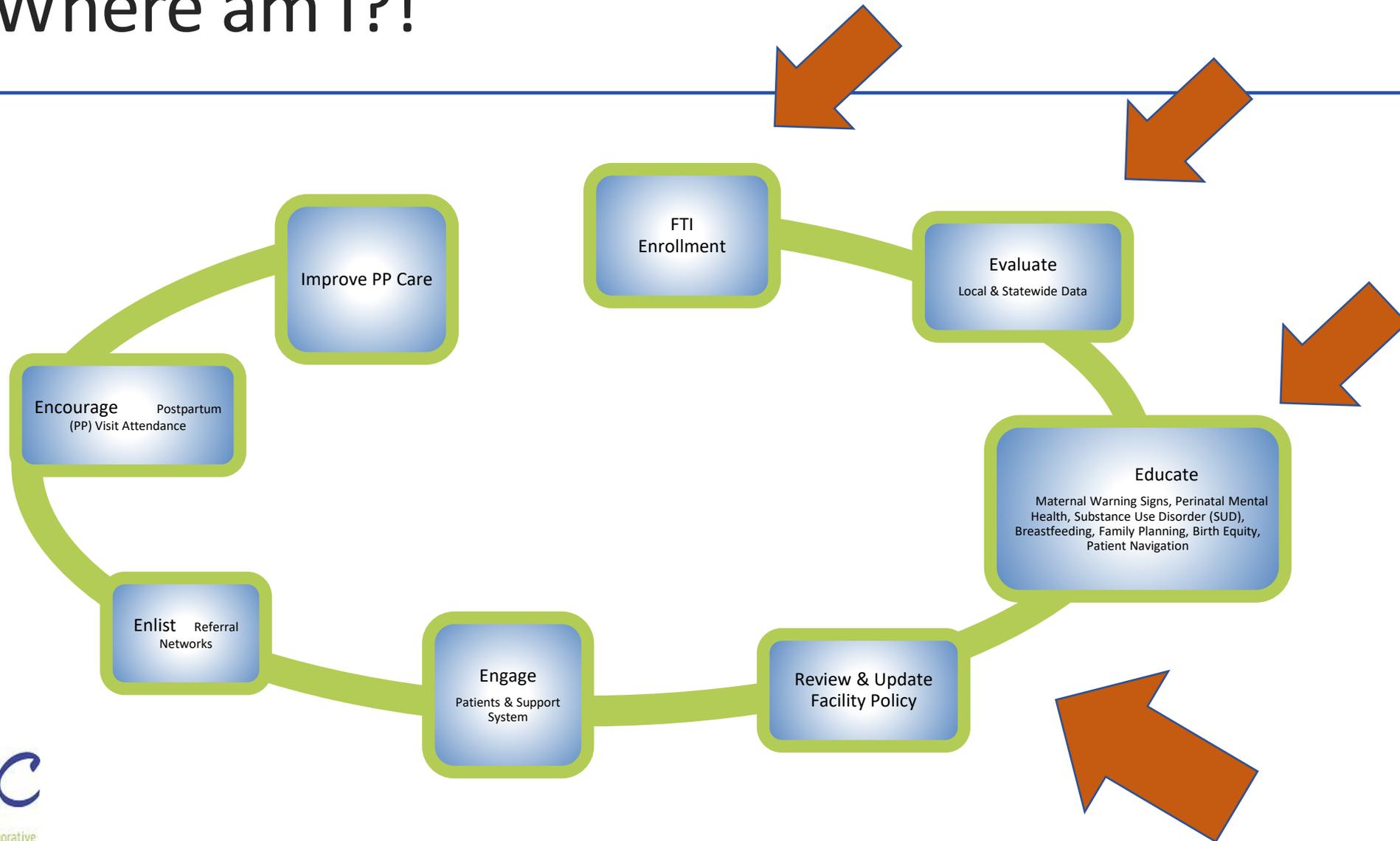


**New website= Easy to reach resources!**

<https://kansaspqc.org/>

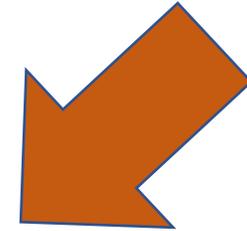
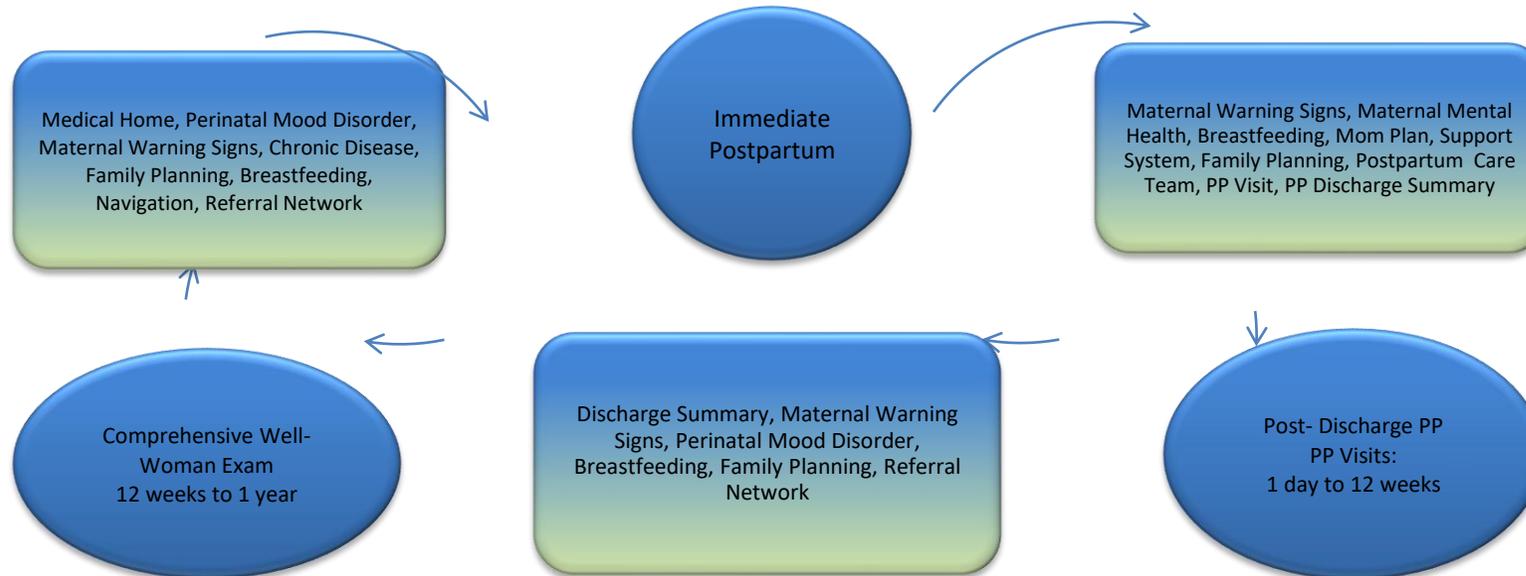


# Where am I?!



# Where am I?!

## Immediate Postpartum to One Year



# The NEW Postpartum Model

In every patient, in every birth setting, in every protocol:

- ❑ Maternal Warning Signs
  - ❑ POSTBIRTH Education & Recognition
  - ❑ Screen all
  - ❑ Identify Medical/Social Red Flags: refer prior to discharge
- ❑ Maternal Mental Health
  - ❑ Screen all
  - ❑ Refer + Screen
  - ❑ Educate All (POSTBIRTH)
- ❑ PP Appointment prior to discharge
- ❑ Breastfeeding
  - ❑ High 5 for Mom & Baby, Baby Friendly
- ❑ Family Planning
  - ❑ Offer prior to discharge, Refer for services
- ❑ SSDOH
  - ❑ Screen all
- ❑ PP Care Team: Pt included
  - ❑ Who? How? When?
- ❑ Pt debriefs
- ❑ ED/EMS Triage
- ❑ Link Up! (MCH, Outpatient clinics, etc)

# Protocols!

In every patient, in every birth setting, PRIOR to discharge:

- PP Appt made prior to DC
- PP Care Team, as indicated
- Navigation, as indicated
- Screenings completed
  - SDOH
  - Mental Health
  - Medical risks
  - Breastfeeding
  - Fam Planning
- Referrals Made
  - SDOH
  - Mental Health
  - Medical indications
  - Breastfeeding
  - Fam Planning
- Standardized Discharge Summary

<p style="text-align: center;"><b>2022</b>  <b>KPQC Fourth Trimester Initiative</b>  <b>Champion Timeline</b></p>											
<b>FIT Project</b>	<b>Start</b>	<b>Finish</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	
<b>POSTBIRTH Training</b>	Current	June 2022 (up to Sept 2022)			Up to September 2022						
<b>KBEN Training</b>	May 24, 2022	Sept 30, 2022 (check in June 2022, July 2022)	June "Check in"		July "Check in"						
<b>MMH TA</b>	Current	Ongoing thru 2022									
<b>PP Policy Update</b>	Current	Ongoing thru 2022									
<b>PP Appointment</b>	Current	December 2022									
<b>Data Entry</b>	June 2022	Ongoing thru 2022									
<b>PP Care Team/PP Referrals/Community Resource List</b>	July 2022	December 2022									
<b>Breastfeeding</b>	June 2022	Ongoing thru 2022									
<b>SSDOH Screening &amp; Referral to CRL</b>	TBD							<b>TBD</b>			
<b>Standardized Discharge Summary</b>	TBD							<b>TBD</b>			
<b>Reproductive Life Planning</b>	TBD							<b>TBD</b>			
<b>Patient Voice</b>	TBD							<b>TBD</b>			

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# Meet our new friends: Sally & Stuart

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- ❓ Kansas Hospital Association
- ❓ What happens next?
  - What data will I need?
  - How often will I need to submit data?
  - What reports does Terrah collect, KCC collect and what does KHA collect?

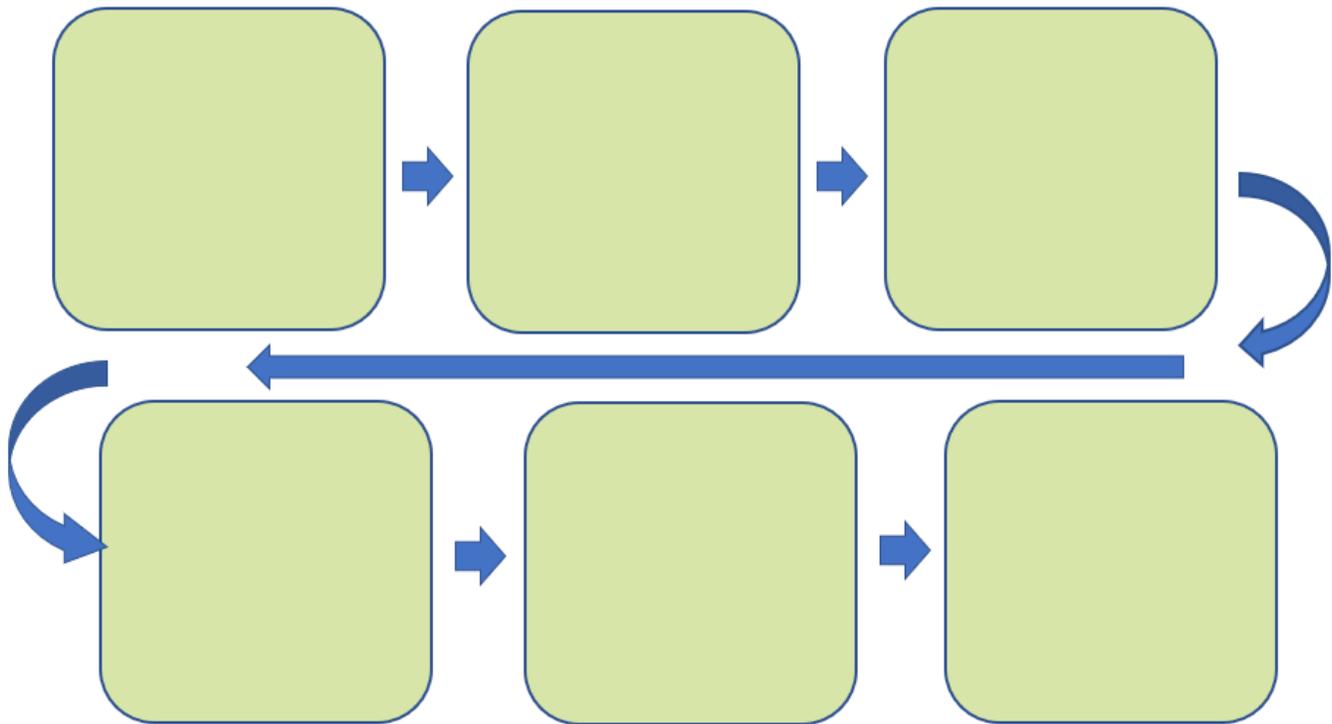


# Time for FUN!

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**Notes:**



Using Notes Pages:

*Pt AB is discharged home on Day #2 postpartum from a NSVD, healthy infant.*

Steps from Decision to Door

# Case Study #1

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Maternal Mental Health





Patient's perspective  
*Every door can be a connection to access help.*

Provider's perspective  
*Every provider is responsible to ensure that patients are screened and connected with treatment that they choose.*

**RN Administer EPDS on PP Day 1.**

Give directions on EPDS completion  
Collect completed EPDS, and score.

**CRISIS**

If patient is in active crisis, follow hospital protocol for managing psychiatric crisis, notify social work and on-call OB.

**EPDS <10 and negative #10.**

Check for additional symptoms.  
Provide pt. education at discharge.  
Document score and interventions.

**EPDS 10-12 and negative #10.**

Check for additional symptoms and gather additional information.  
Provide pt. education at discharge.  
Offer pt. connection with hospital social worker.  
Document score and interventions.

**EPDS 13-30 and/or positive #10.**

Check for additional symptoms and gather additional information.  
Complete SI/HI risk assessment and follow hospital policy per score results.  
Begin Social Work Consult and document plan for follow-up.

**Additional Info**

Does the patient...  
Have a current mental health provider?  
An appointment set up with that provider?  
Have adequate family/partner support?  
Concerns about DV?  
Have basic needs met (housing, food)?

**Follow-Up**

***For all patients scoring between 10-30: Follow up within 48 hours of discharge via phone.***  
Re-screen using the EPDS at this time and request an update of follow-through with any referrals made before discharge.

**No/Low Suicide Risk**

Provide pt. education  
Make warm handoff to social work  
Offer to facilitate referral for outpatient psych care  
Notify on-call OB

**Medium/High Suicide Risk**

Request assistance from behavioral health crisis team and request mental health exam.  
Notify attending OB.

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The L&D nurse calls social work, who helps calm Alex and promises to follow up the next day and get Alex some help. The social worker has a family emergency before the end of shift, takes a leave of absence, and fails to document the need for follow-up services. Alex is discharged on PP day 2. The L&D nurses don't flag Alex for follow-up because social work handled it.

## 1 day PP



## 39 wks. – delivery

At admission for delivery, Alex is screened using the Columbia Suicide Severity Screen and is negative for SI. Within the first 12 hours postpartum Alex has a panic attack and states that she can't "do this," refuses to provide basic care for the infant, refuses to eat, and her partner reports that she is inconsolable.



## 1 wk. F

At baby's 1-week appointment, Alex the EPDS and scores negative #10. The reduction in weight Alex appears distressed. The pediatrician baby blues are not encouraged her to family doctor if she better by the end

Visits OB to confirm pregnancy after missed period. Nervously smiles and states, "I was on birth control. I wasn't ready for this."

OB remarks, "Well, sometimes that happens...what a happy accident! Congrats!"

**10 wks.**



Alex feels worse, and the OB offers to reassess mood and "see if we can put you on something" after she is done breastfeeding. A nurse at the OB office notices Alex's mood and suggests finding a therapist using the patient navigator at Alex's insurance company. Alex tries this, but the waitlist is 3 months.

**28 wks.**



The L&D nurse calls social work, who helps calm Alex and promises to follow up the next day and get Alex some help. The social worker has a family emergency before the end of shift, takes a leave of absence, and fails to document the need for follow-up services. Alex is discharged on PP day 2. The L&D nurses don't flag Alex for follow-up because social work handled it.

**1 day PP**



Alex isn't feeling better and tries to get an appointment with her OB and family doctor. Both offices triage her and based on symptoms that they don't deem urgent, offer to put a note in her chart for the doctor to follow-up at her next scheduled appointment. Alex feels very alone and discouraged and gives up, not even bringing it up at her next appointment.

**2 wks. PP**



**18 wks.**

Alex is given the EPDS by the front desk staff and scores 11, with a negative #10. OB asks a few follow-up questions: "Are you feeling sad today?" and "Are you having thoughts of self-harm?" Alex says, "I'm just tired." and OB provides recommendations around diet, rest, and activity.



**39 wks. – delivery**

At admission for delivery, Alex is screened using the Columbia Suicide Severity Screen and is negative for SI. Within the first 12 hours postpartum Alex has a panic attack and states that she can't "do this," refuses to provide basic care for the infant, refuses to eat, and her partner reports that she is inconsolable.



**1 wk. PP**

At baby's 1-week pediatrician appointment, Alex is screened using the EPDS and scores a 20 with a negative #10. The baby has a 15% reduction in weight since birth and Alex appears disheveled and anxious. The pediatrician tells Alex that the baby blues are normal and encourages her to see her OB or family doctor if she's not feeling better by the end of next week.



**4 wks. PP**

At 4 weeks Alex is exhausted and tells a friend she can't handle being a mom, then hangs up the phone and won't answer when her friend calls back. Her friend calls the police to ask for a welfare check and when they arrive, they find the baby in the house alone and locate Alex taking a walk about a block away. CPS places the baby in care. Alex feels like a failure and attempts suicide at 4 weeks 2 days PP.

# Meet Alex

Alex is 26 years old, in a relationship, and at her first OB visit she hasn't told her partner yet. This is her first pregnancy, and it was unplanned. Alex has a history of ovarian cysts but no other OB complications. She was on Apri for birth control, and can't remember for sure, but may have missed a dose or two when on vacation.

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After hearing the news, her partner has been irritable and avoidant when she brings up the pregnancy. Her mom is excited but lives far away and won't be able to come/provide support around delivery and early PP. Has good support from friends and will be able to take 8 weeks maternity leave from her job. She hasn't really been around babies or small children and isn't confident in her baby care skills. She would like to take childbirth classes to build skills, but her work schedule will make it difficult.

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Throughout the pregnancy, Alex's anxiety increases to the point where she's struggling to remain focused on tasks and isn't eating very well. She's trying to work as much as possible before delivering and is unable to take time off work to attend childbirth classes. She feels almost certain that she's not capable of caring for a baby and doesn't know how she's going to juggle everything. Her partner has said he wants to be more supportive, but seems unenthusiastic about being a parent, so Alex tries not to ask for too much from him.

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After delivery and discharge, Alex returns home exhausted and terrified that she'll not be a good mom. She decides to look for ideas for self-care, hoping that will help her get back to normal, and reads about the benefits of outdoor activity. After a really rough morning and phone call with her friend, she decides that she has to take a break and think through whether or not she can handle being a mom. The baby is sleeping, and she doesn't have a stroller anyway, so she decides to take a quick walk around the neighborhood and figures the baby will still be sleeping when she gets back.

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She returns to find that the police and CPS are in her home, and they tell her that they're taking her baby and may press charges against her. It's hard to describe all the thoughts, feelings, and difficult conversations that she has over the next 24 hours, including telling her partner, who responds by leaving and refuses to speak to her anymore. She feels alone, devastated, and like everything she feared would happen did.

# Case Study #2

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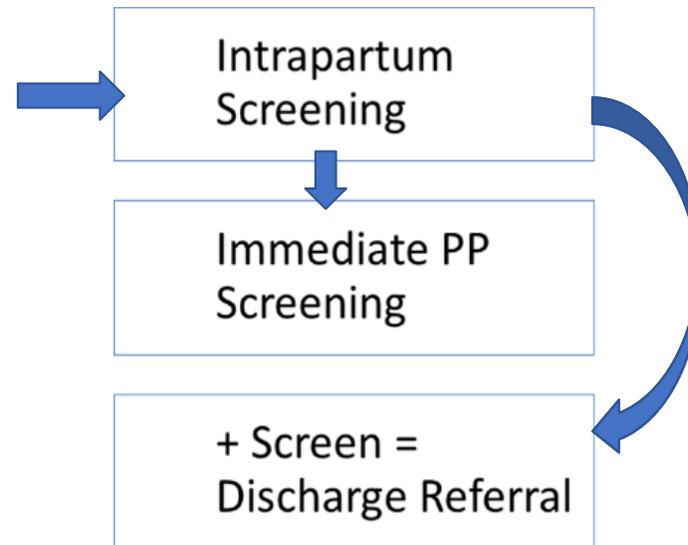
Maternal Warning Signs



# It starts at Admission in LABOR

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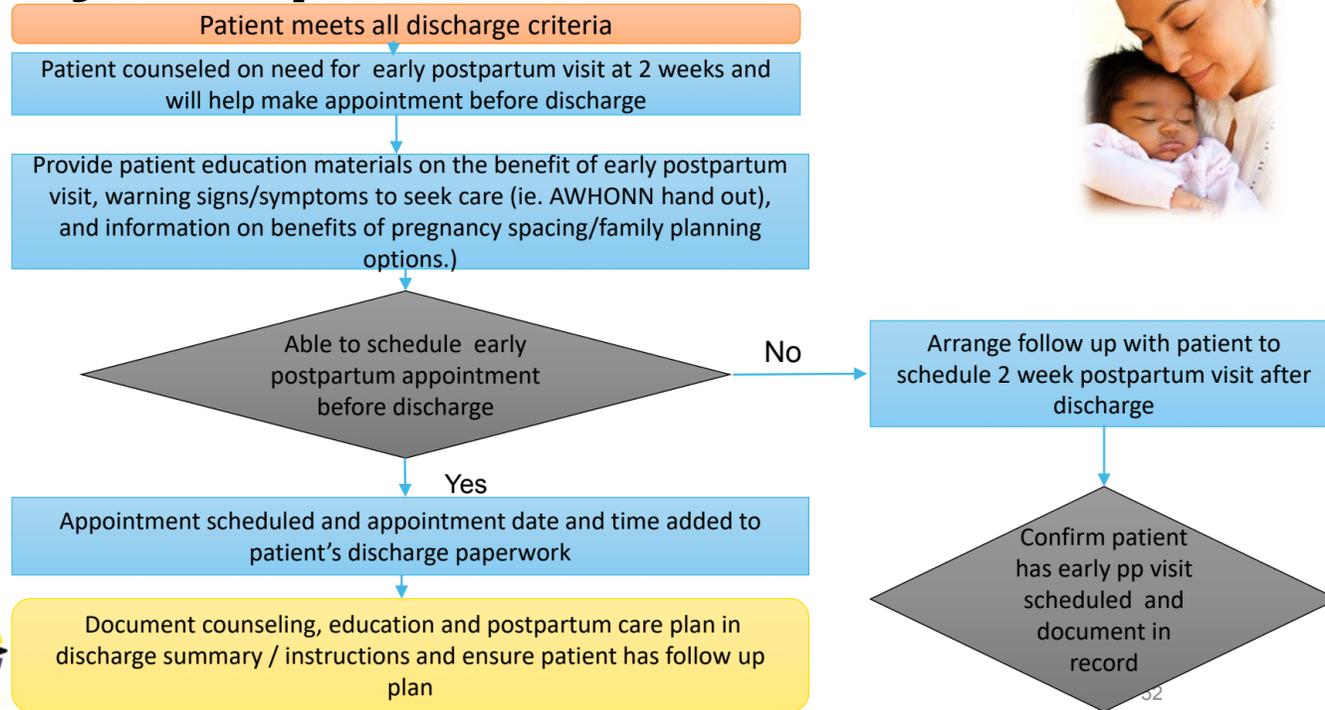
## Draft Your Process Flow: Maternal Warning Signs



# Draft your Process/Education Flow: PP

## Scheduling Early PP Visit

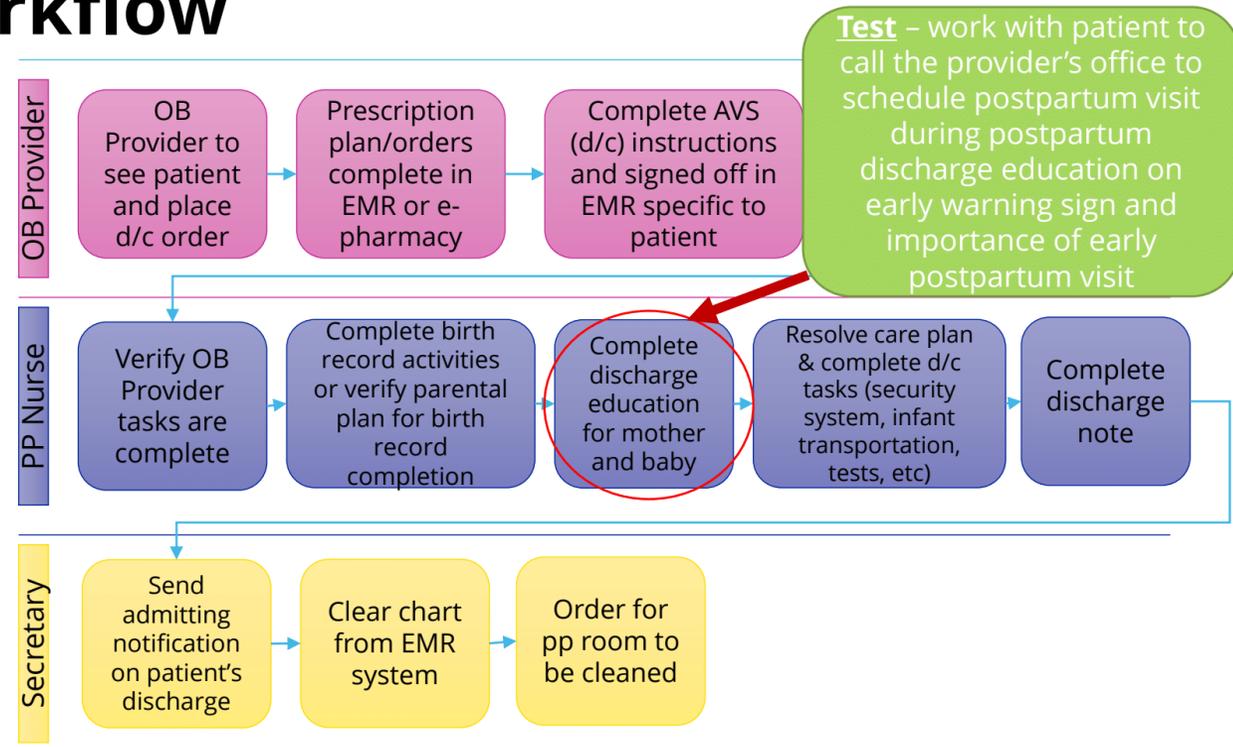
### Process Flow for Scheduling Early Postpartum Visit



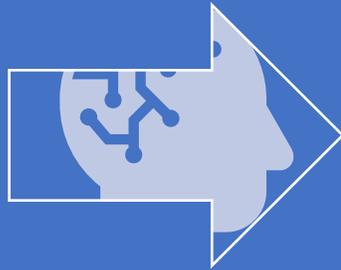
# PP Discharge: Draft your Process/Education Flow

## Education & Discharge

### Process map current discharge workflow



# Draft Your Process Flow: Medical Risk Factors



## Postpartum Care Team

- Inpatient Referral
- Outpatient Referral



## Inpatient Referral

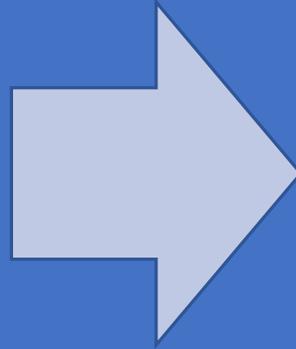
- Who
- Completion, further referrals?



## Outpatient Referral

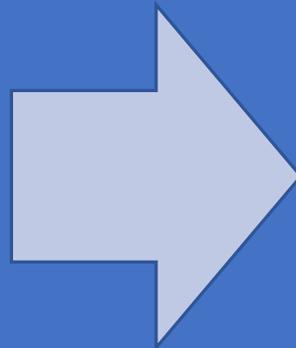
- Who
- Navigation needed? SDOH impact?
- Referral & Appt Made prior to discharge

# Connecting Dots



## Postpartum Visit

- Primary OB Provider, Home Visitor etc
- Breastfeeding, Family Planning
- High Risk Needs: Internal Med, etc
- MWS, MMH referral?



## Standardized PP Visit

- Visit Schedule
- Visit Template
- Navigation needed? SDOH impact?
- Referrals



# Draft your Process/Education Flow: PP

## Education

### 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 the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH  
WARNING  
SIGNS

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

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 had a baby on \_\_\_\_\_ and \_\_\_\_\_"  
(Date)

I am having \_\_\_\_\_"  
(Specific warning signs)

# The “Mom Card”



Mom's Name: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Vaginal Birth C-Section Birth

Complications in pregnancy: Asthma Diabetes  
Depression/Anxiety Hypertension Thyroid Disease

Other: \_\_\_\_\_

Medications at discharge: \_\_\_\_\_

**Upcoming Appointments:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

**What happens at a Postpartum Check?**

<https://www.marchofdimes.org/pregnancy/your-postpartum-checkups>

Baby's Name: \_\_\_\_\_

Term Preterm \_\_\_\_\_ weeks

Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_

Infant Feeding: Breast Milk Formula Both

**Upcoming Appointments:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ With: \_\_\_\_\_

Created by: Delivering Change, Inc.



## 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 the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can 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:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision 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

**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
I am having \_\_\_\_\_."

(Date) (Specific warning signs)



# Draft your Process/Education Flow: PP

---

## Referrals: Each FTI Site

### Steps for completing mapping tool

Identify local referral services/ resources using provided lists/ databases.

Begin preliminary list of potential resources for each referral need in your service area.

Contact resources to gather information and specifics about each resource.

Complete mapping tool and create process flow to show care team key linkage steps

Finalize mapping tool & process flow and distribute per hospital protocol (intranet, EMR, etc.)

Review and update mapping tool annually



# Protocols: Whose got the “best practice” thing down???

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Maternal Warning Signs



# Maternal Warning Signs: Policy/Protocol

## 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.

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

### 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."*

# Maternal Warning Signs: Policy/Protocol

Venous Thromboembolism	Essential Teaching Points
What is Venous Thromboembolism?	Venous thromboembolism is when you develop a blood clot usually in your leg (calf area).
Signs of Venous Thromboembolism	<ul style="list-style-type: none"> <li>• Leg pain, tender to touch, burning, or redness, particularly in the calf area</li> <li>• Swelling of one leg more than the other</li> </ul>
Obtaining Immediate Care	Call healthcare provider immediately for above signs of venous thromboembolism. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

Infection	Essential Teaching Points
What is Infection?	An infection is an invasion of bacteria or viruses that enter and spread through your body, making you ill.
Signs of Infection	<ul style="list-style-type: none"> <li>• Temp is <math>\geq 100.4^{\circ}\text{F}</math> (<math>\geq 38^{\circ}\text{C}</math>)</li> <li>• Bad smelling blood or discharge from the vagina</li> <li>• Increase in redness or discharge from episiotomy or C-Section site or open wound not healing</li> </ul>
Obtaining Immediate Care	Call healthcare provider immediately for above signs. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

Postpartum Depression	Essential Teaching Points
What is Postpartum Depression (PPD)?	Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as one week up to one year after giving birth.
Signs of Postpartum Depression	<ul style="list-style-type: none"> <li>• Thinking of hurting yourself or your baby</li> <li>• Feeling out of control, unable to care for self or baby</li> <li>• Feeling depressed or sad most of the day every day</li> <li>• Having trouble sleeping or sleeping too much</li> <li>• Having trouble bonding with your baby</li> </ul>
Obtaining Immediate Care	Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby. Call healthcare provider immediately for other signs of depression (sadness, withdrawn, difficulty coping with parenting).

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

Follow-Up Appointment	Essential Teaching Points
	<ul style="list-style-type: none"> <li>• Discuss importance of follow-up visit with doctor, nurse practitioner or midwife in 4-6 weeks (or sooner if health status warrants it)</li> <li>• Provide correct phone number for appointment</li> <li>• Emphasize importance of notifying all healthcare providers of delivery date up to one year postpartum</li> <li>• Confirm date for postpartum appointment prior to discharge</li> </ul>

RN initials \_\_\_\_\_ Date \_\_\_\_\_ Family/support person present? YES / NO

I have received and understand the POST-BIRTH Warning Signs education and handout.

Patient Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.

Nurse Initials and Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

# MWS Toolkit



## MATERNAL WARNING SIGNS Guidance on Use of Patient Education Resources

The intent and purpose of this Maternal Warning Signs (MWS) toolkit is to place a comprehensive selection of patient education materials, in the hands of all providers, across all sectors and settings, to ensure **consistent** and **repeat** messaging on this very important and **critical** health topic.

MWS resources should be implemented:

- by all provider types ... inpatient and outpatient clinical providers, birthing facilities, home visitors, case managers, WIC dietitians, doulas, community health workers, etc.
- for different education and comprehension levels, learning styles, and opportunities for engagement
- in diverse settings, under particular time constraints, and with unique patient needs

The key to decreasing the burden of maternal mortality is for ALL provider types to:

- engage in this campaign
- do their part in educating patients and support persons
- provide **multiple doses** of this life saving information

At a Glance – Quick Guide to MWS Resources:

	Brief touch point (in multiple clinical visits)	Repeat messaging: in combination	Longer period of engagement (case management, prenatal education, in patient)	Lower comprehension/education level	Higher comprehension/education level	Low literacy/ language barrier
Prenatal – Client/Patient Focused <input type="checkbox"/>						
Perinatal – Client/Patient Focused <input type="checkbox"/>						
Postpartum – Client/Patient Focused <input type="checkbox"/>						
Support Person/Family Focused <input type="checkbox"/>						
<b>Signs/Symptoms of Preterm Labor</b>	✓	✓	✓	✓	✓	✓
<b>Count the Kicks</b>	✓	✓	✓	✓	✓	✓
<b>Hear Her – You Know Your Body Best</b>	✓	✓	✓	✓	✓	✓
<b>Infographic – Urgent Warnings Signs</b>	✓	✓	✓	✓	✓	✓
<b>Action Plan for Depression</b>	✓	✓	✓	✓	✓	✓
<b>AWHONN – Save Your Life</b>	✓	✓	✓	✓	✓	✓
<b>Hear Her – Listening and Acting</b>	✓	✓	✓	✓	✓	✓
<b>Talk About Depression</b>	✓	✓	✓	✓	✓	✓

All handouts available in English and Spanish. \*Available in multiple other languages

These resources are funded and provided to you by Kansas Title V, as part of the Maternal Warning Signs Initiative, launched in partnership with the Kansas Perinatal Quality Collaborative's Fourth Trimester Initiative.



## Maternal Warning Signs Patient Education Resources – Description and Ideal Use

	Purpose:	Who should use this?	In what setting?	Ideal use:
Signs and Symptoms of Preterm Labor	Recognizing and acting quickly on the signs and symptoms of preterm labor	Anyone	Any setting	Early pregnancy Repeat in later pregnancy before 37 weeks gestation
Count the Kicks	Recognizing and acting quickly on changes in fetal movement	Anyone	Any setting	3 <sup>rd</sup> Trimester Encourage/assist to download app Follow-up during subsequent visit
Hear Her - You Know Your Body Best	Calls out the urgent warning signs Provides tips and prompts for more productive dialogue about one's concerns	Patient educator / Nurse Home visitor Case manager Doula	Initial OB visit Home visit Prenatal education class	Where/when there is opportunity for review and conversation about the resource
Infographic - Urgent Maternal Warning Signs	Uses easy to understand images to communicate urgent warning signs and what to do	Anyone	Any setting	Low literacy level Language barrier Brief encounter Repeat messaging
Action Plan for Depression and Anxiety Around Pregnancy	Focuses on the mental health warning signs Indicates level of severity or concern and need for action	Anyone	Any setting	Compare to a traffic light – red, yellow and green categories of symptoms – for easy digestion
AWHONN - Save Your Life	Calls quick attention to the urgent POST-BIRTH Warning Signs	Anyone	Any setting in postpartum period	Lower comprehension level Brief encounter Repeat messaging
Hear Her - Listening and Acting Quickly	Provides messaging about the urgent warning signs to partners/family/support people in a pregnant person's life	Patient educator / Nurse Home visitor Case manager Doula	Any setting where the opportunity to engage partners/family/support persons presents itself	Where/when there is opportunity for review and conversation about the resource
Talk About Depression and Anxiety During Pregnancy and After Birth	Provides messaging about the mental health warning signs to partners/family/support people in a pregnant person's life	Patient educator / Nurse Home visitor Case manager Doula	Any setting where the opportunity to engage partners/family/support persons presents itself	Where/when there is opportunity for review and conversation about the resource

## URGENT MATERNAL WARNING SIGNS

**Call 911 if you have:**

- Trouble breathing
- Chest pain or fast-beating heart
- Seizures
- Thoughts of hurting yourself or your baby

**Call your healthcare provider if you have:**  
(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not the morning sickness)
- Extreme swelling of your hands or face
- Changes in your vision
- Headache that won't go away, dizziness or fainting
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Fever
- Incision that is not healing
- Vaginal bleeding soaking through more than 1 pad/hour after pregnancy
- Swelling, redness, or pain of your leg
- Overwhelming tiredness
- Feeling intense anxiety
- Feelings of depression or having little interest in things
- Scary or upsetting thoughts that won't go away

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If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away. If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year. Learn more: [kansashealthaction.org/pregnancywarning/signs](http://kansashealthaction.org/pregnancywarning/signs)

## SEÑALES MATERNAS DE ADVERTENCIA URGENTES

**Llame al 911 si tiene:**

- Dificultad para respirar
- Dolor de pecho o latidos de corazón acelerados
- Convulsiones
- Pensamientos de hacerse daño a sí mismo o a su bebé

**Llame a su proveedor de atención médica si tiene:**  
(Si no puede comunicarse con su proveedor de atención médica, llame al 911 o vaya a una sala de emergencias)

- Dolor de estómago intenso que no desaparece
- Náuseas intensas y vómito (no como las náuseas matutinas)
- Hinchazón extrema de las manos o la cara
- Cambios de la vista
- Dolor de cabeza que no desaparece, mareos o desmayos
- Los movimientos del bebé se detienen o disminuyen
- Sangrado vaginal o pérdida de fluido durante el embarazo
- Fiebre
- Incisión que no sana
- Sangrado vaginal que empapa más de 1 toalla sanitaria/hora después del embarazo
- Hinchazón, enrojecimiento o dolor en la pierna
- Cansancio agobiante
- Sensación de ansiedad intensa
- Sentimientos de poco interés en las cosas
- Pensamientos aterradores o perturbadores que no desaparecen

**Kansas** **Perinatal Quality Collaborative** **AWHONN** **KPQC**

Si tiene alguno de estos síntomas durante o después del embarazo, comuníquese con su proveedor de atención médica y obtenga ayuda de inmediato. Si no puede comunicarse con su proveedor, vaya a la sala de emergencias. Recuerde decir que está embarazada o ha estado embarazada durante el último año. Más información: [kansashealthaction.org/pregnancywarning/signs](http://kansashealthaction.org/pregnancywarning/signs)

### Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and overwhelmed. Depression and anxiety are some of the most common medical complications during pregnancy and the postpartum period.

**Be prepared. Watch for the signs. Ask for help.**

- |   |  |
|---|--|
| <p><b>If you...</b></p> <ul style="list-style-type: none"> <li>Feel hopeless and total despair</li> <li>Feel out of touch with reality (you may see or hear things that other people don't)</li> <li>Feel that you may hurt yourself or others</li> </ul> | <p><b>Get help now!</b></p> <p>These feelings will not go away on their own.</p> <ul style="list-style-type: none"> <li>Call 9-1-1 or go to your nearest emergency department for immediate help.</li> </ul> |
|---|--|

### Plan de acción para la depresión y la ansiedad en torno al embarazo

Tener un bebé trae una mezcla de emociones, que incluyen sentirse triste y abrumado. La depresión y la ansiedad son algunas de las complicaciones médicas más comunes durante el embarazo y el postparto.

**Esté preparada. Esté atenta a las señales. Pida ayuda.**

- |  |  |
|--|--|
| <p><b>Si...</b></p> <ul style="list-style-type: none"> <li>Se siente desesperanzada y totalmente desconsolada</li> <li>Se siente fuera de contacto con la realidad (es posible que vea o escuche cosas que otras personas no ven)</li> <li>Siente que puede hacerse daño a sí misma o a su bebé</li> </ul> | <p><b>¡Busque ayuda ahora!</b></p> <p>Estos sentimientos no desaparecerán por sí solos.</p> <ul style="list-style-type: none"> <li>Llame al 9-1-1 o vaya al departamento de emergencias más cercano para obtener ayuda inmediata.</li> </ul> |
|--|--|



Community HealthCare System	
<b>Department:</b> Birthing Center, Acute, ER and All clinical settings, ancillary services, utilization review and Social Services	<b>Document Owner:</b> OB manager, Nurse Manager, Chief Nursing <u>Officer and</u> Clinic director
<b>Subject:</b> Postpartum Care	<b>Dates of Review:</b>
<b>Policy Name:</b> Postpartum Care	<b>Dates of Revision:</b>
<b>Date of Origin:</b> 02/08/2022	
<b>Approved By:</b> Chief Nursing officer	<b>Page #:</b> 1 of 2

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**Purpose:** Optimizing postpartum Care.

**Policy Statement:** To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.

**Scope Statement:** Nursing, social services, utilization review, ancillary services, and all clinics.

**Definitions:** Postpartum: occurring in or being the period following childbirth.

**Procedure:** To optimize the health of women and infants, postpartum care should become an ongoing process rather than a single encounter, with services and support tailored to each woman's needs. All women should ideally have contact with Primary Care Provider within the first 3 weeks postpartum. This assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

1. While in the hospital, after the birth of her child and before discharge every mother will be given:
  - a) Opioid risk assessment and the Edinburgh postnatal Depression assessment
  - b) Education on breastfeeding, infant care, care of herself and will review the POST-BIRTH warning signs with mother and or other caregivers.
  - c) Time, date, and location of postpartum appointment.
2. Continuation and components of Postpartum Care will consist of but not limited to the following:
  - a) Mental health- Anticipatory guidance regarding signs and symptoms of perinatal depression and or anxiety; management recommendations for women with anxiety, depression, or other psychiatric issues identified uring pregnancy or in the postpartum period.
  - b) Infant feeding plan: Intended method of infant feeding, resources (eg, WIC, Lactation consultant, mothers groups) return –to-work resources.
  - c) Reproductive life plan and commensurate contraception: Desired number of children and timing of next pregnancy. Method of contraception, instructions for when to initiate, effectiveness and potential adverse reactions.
  - d) Pregnancy complications: Pregnancy complications and recommended follow-up or test results (eg, Glucose screening for gestational diabetes,

Community HealthCare System	
<b>Department:</b>	<b>Subject:</b>
<b>Latest Date of Revision:</b>	<b>Page:</b>

blood pressure check for gestational hypertension) as well as risk reduction for any future pregnancies.

- e) Adverse pregnancy outcomes associated with arteriosclerotic cardiovascular disease (ASCVD); Adverse pregnancy outcomes associated with ASCVD will need baseline ASCVD risk assessment, as well as discussion of need for ongoing annual assessment and need for ASCVD prevention over lifetime.
  - f) Postpartum problems: Recommendations for management of postpartum problems (eg, pelvic floor exercises for stress urinary incontinence, water-based lubricant for dyspareunia)
  - g) Chronic Health Conditions: Treatment plan for ongoing physical and mental health conditions and on-going treatment.
  - h) Primary Care Giver will ensure patient's postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed. If patient chooses, Primary care provider will continue routine care for both Mother and baby.
3. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological wellbeing, including the following domains: Mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance.

#### Related Documents:

POSTBIRTH WARING SIGNS  
 AWHONN  
 Opioid Risk Tool  
 Edinburgh Postnatal Depression Scale

#### References:

The American College of Obstetricians and Gynecologists; Number 736 –May

**Grab your:  
PP Education Policy  
PP Discharge Summary**

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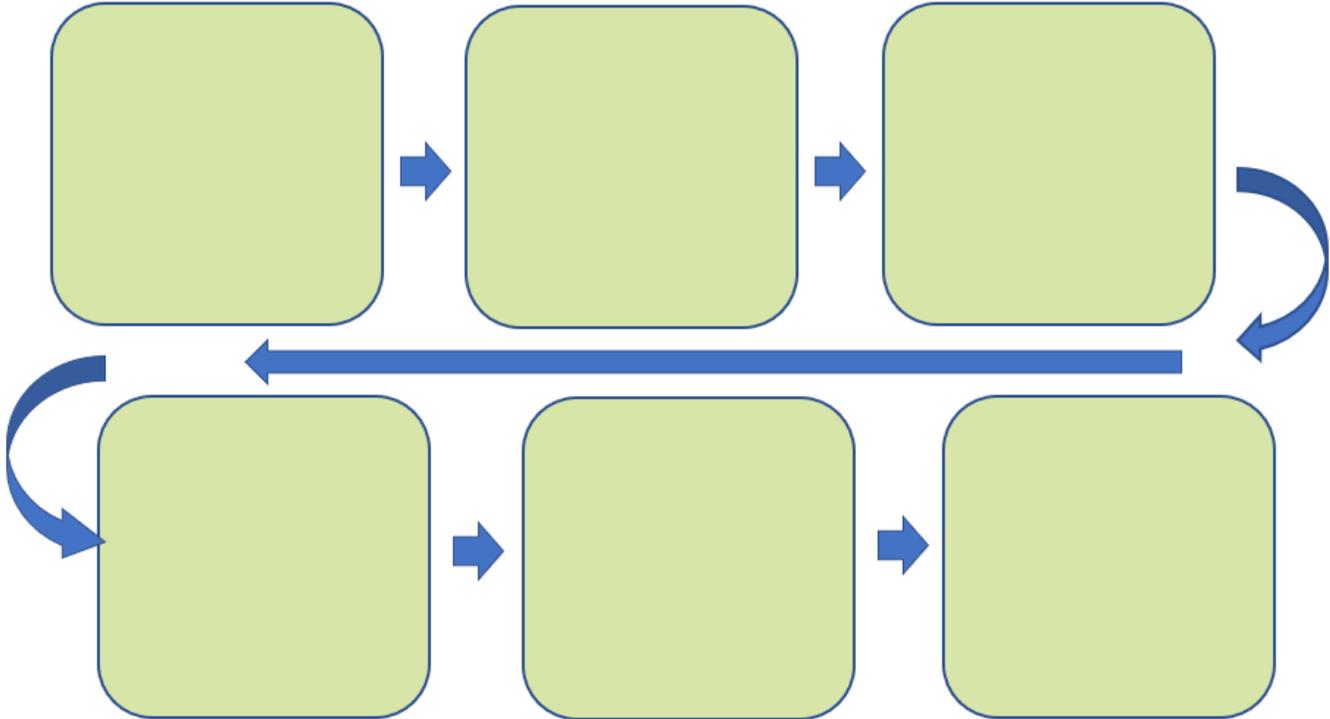


# ACOG: Standardized DC Summary

## Should include:

- ✓ Name and age
- ✓ Support person contact information
- ✓ Gravida/para status
- ✓ Date and type of birth, gestational age at birth, relevant conditions and complications
- ✓ Name, contact information and appointments for relevant providers, including OB/GYN specialists, mental health provider, etc.
- ✓ Positive screening for medical risk factors, mental health, and substance use
- ✓ Medications and supplements
- ✓ Unmet actual and potential social drivers of health needs
- ✓ Suggested community services and supports
- ✓ Need for specific postpartum testing such as glucose testing or CBC

# Notes:



# POST-BIRTH Resources

# AWHONN POSTBIRTH Toolkit

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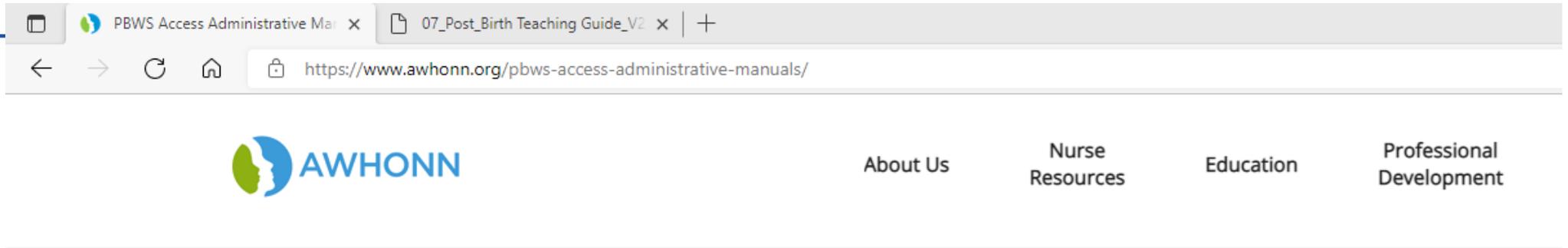
Accessing the PBWS Implementation Toolkit

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

Password: **#JR3EvT2018**

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

# POSTBIRTH Resources: Multiple languages



## Welcome to PBWS Resources

Introductory Items	Clinical Tools	Implementation Tools
	<ul style="list-style-type: none"><li><a href="#">06.1 PBWS Save Your Life Handout Arabic</a></li><li><a href="#">06.2 PBWS Save Your Life Handout Chinese Mandarin</a></li><li><a href="#">06.3 PBWS Save Your Life Handout English</a></li><li><a href="#">06.4 PBWS Save Your Life Handout Spanish</a></li><li><a href="#">06.5 PBWS Save Your Life Handout Haitian Creole</a></li><li><a href="#">06.6 PBWS Save Your Life English Poster Size</a></li><li><a href="#">07 PBWS Teaching Guide</a></li><li><a href="#">08 PBWS References for Online Course</a></li></ul>	<a href="#">Maternal Warning Signs: Policy...</a>



# POSTBIRTH Resources: Teaching Guide

07\_Post\_Birth Teaching Guide\_V2 x | +

https://www.awhonn.org/pbws-access-administrative-manuals/

**AWHONN**

About Us Nurse Resources Education Professional Development

### 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](#)

Maternal Warning Signs: Policy...

# MWS Toolkit



## MATERNAL WARNING SIGNS Guidance on Use of Patient Education Resources

The intent and purpose of this Maternal Warning Signs (MWS) toolkit is to place a comprehensive selection of patient education materials, in the hands of all providers, across all sectors and settings, to ensure **consistent** and **repeat** messaging on this very important and **critical** health topic.

MWS resources should be implemented:

- by all provider types ... inpatient and outpatient clinical providers, birthing facilities, home visitors, case managers, WIC dietitians, doulas, community health workers, etc.
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The key to decreasing the burden of maternal mortality is for ALL provider types to:

- engage in this campaign
- do their part in educating patients and support persons
- provide **multiple doses** of this life saving information

At a Glance – Quick Guide to MWS Resources:

	Brief touch point (to create clinical visit)	Repeat messaging: in combination	Longer period of engagement (case management, prenatal education, in patient)	Lower comprehension/education level	Higher comprehension/education level	Low literacy/ language barrier
Prenatal – Client/Patient Focused <input type="checkbox"/>	✓	✓	✓	✓	✓	✓
Perinatal – Client/Patient Focused <input type="checkbox"/>	✓	✓	✓	✓	✓	✓
Postpartum – Client/Patient Focused <input type="checkbox"/>	✓	✓	✓	✓	✓	✓
Support Person/Family Focused <input type="checkbox"/>	✓	✓	✓	✓	✓	✓
<b>Signs/Symptoms of Preterm Labor</b>	✓	✓	✓	✓	✓	✓
<b>Count the Kicks</b>	✓	✓	✓	✓	✓	✓
<b>Hear Her – You Know Your Body Best</b>	✓	✓	✓	✓	✓	✓
<b>Infographic – Urgent Warnings Signs</b>	✓	✓	✓	✓	✓	✓
<b>Action Plan for Depression</b>	✓	✓	✓	✓	✓	✓
<b>AWHONN – Save Your Life!</b>	✓	✓	✓	✓	✓	✓
<b>Hear Her – Listening and Acting</b>	✓	✓	✓	✓	✓	✓
<b>Talk About Depression</b>	✓	✓	✓	✓	✓	✓

All handouts available in English and Spanish. \*Available in multiple other languages

These resources are funded and provided to you by Kansas Title V, as part of the Maternal Warning Signs Initiative, launched in partnership with the Kansas Perinatal Quality Collaborative's Fourth Trimester Initiative.



## Maternal Warning Signs Patient Education Resources – Description and Ideal Use

	Purpose:	Who should use this?	In what setting?	Ideal use:
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Count the Kicks	Recognizing and acting quickly on changes in fetal movement	Anyone	Any setting	3 <sup>rd</sup> Trimester Encourage/assist to download app Follow-up during subsequent visit
Hear Her - You Know Your Body Best	Calls out the urgent warning signs Provides tips and prompts for more productive dialogue about one's concerns	Patient educator / Nurse Home visitor Case manager Doula	Initial OB visit Home visit Prenatal education class	Where/when there is opportunity for review and conversation about the resource
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AWHONN - Save Your Life	Call quick attention to the urgent POST-BIRTH Warning Signs	Anyone	Any setting in postpartum period	Lower comprehension level Brief encounter Repeat messaging
Hear Her - Listening and Acting Quickly	Provides messaging about the urgent warning signs to partners/family/support people in a pregnant person's life	Patient educator / Nurse Home visitor Case manager Doula	Any setting where the opportunity to engage partners/family/support persons presents itself	Where/when there is opportunity for review and conversation about the resource
Talk About Depression and Anxiety During Pregnancy and After Birth	Provides messaging about the mental health warning signs to partners/family/support people in a pregnant person's life	Patient educator / Nurse Home visitor Case manager Doula	Any setting where the opportunity to engage partners/family/support persons presents itself	Where/when there is opportunity for review and conversation about the resource

## URGENT MATERNAL WARNING SIGNS

**Call 911 if you have:**

- Trouble breathing
- Chest pain or fast-beating heart
- Seizures
- Thoughts of hurting yourself or your baby

**Call your healthcare provider if you have:**  
(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not the morning sickness)
- Extreme swelling of your hands or face
- Changes in your vision
- Headache that won't go away, dizziness or fainting
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Fever
- Incision that is not healing
- Vaginal bleeding soaking through more than 1 pad/hour after pregnancy
- Swelling, redness, or pain of your leg
- Overwhelming tiredness
- Feeling intense anxiety
- Feelings of depression or having little interest in things
- Scary or upsetting thoughts that won't go away

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If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away. If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year. Learn more: [kansashealthlink.com/emergency-prevention/signs-symptoms/maternalwarning-signs](http://kansashealthlink.com/emergency-prevention/signs-symptoms/maternalwarning-signs)

## SEÑALES MATERNAS DE ADVERTENCIA URGENTES

**Llame al 911 si tiene:**

- Dificultad para respirar
- Dolor de pecho o latidos de corazón acelerados
- Convulsiones
- Pensamientos de hacerse daño a sí mismo o a su bebé

**Llame a su proveedor de atención médica si tiene:**  
(Si no puede comunicarse con su proveedor de atención médica, llame al 911 o vaya a una sala de emergencias)

- Dolor de estómago intenso que no desaparece
- Náuseas intensas y vómito (no como las náuseas matutinas)
- Hinchazón extrema de las manos o la cara
- Cambios de la vista
- Dolor de cabeza que no desaparece, mareos o desmayos
- Los movimientos del bebé se detienen o disminuyen
- Sangrado vaginal o pérdida de fluido durante el embarazo
- Fiebre
- Incisión que no sana
- Sangrado vaginal que empapa más de 1 toalla sanitaria/hora después del embarazo
- Hinchazón, enrojecimiento o dolor en la pierna
- Cansancio agobiante
- Sensación de ansiedad intensa
- Sentimientos de poco interés en las cosas
- Pensamientos aterradores o perturbadores que no desaparecen

**Kansas** **AWHONN** **KPQC** **Perinatal** **Postpartum** **Support Person/Family Focused**

Si tiene alguno de estos síntomas durante o después del embarazo, comuníquese con su proveedor de atención médica y obtenga ayuda de inmediato. Si no puede comunicarse con su proveedor, vaya a la sala de emergencias. Recuerde decir que está embarazada o ha estado embarazada durante el último año. Más información: [kansashealthlink.com/emergency-prevention/signs-symptoms/maternalwarning-signs](http://kansashealthlink.com/emergency-prevention/signs-symptoms/maternalwarning-signs)

### Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and overwhelmed. Depression and anxiety are some of the most common medical complications during pregnancy and the postpartum period.

**Be prepared. Watch for the signs. Ask for help.**

**If you...**

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or others

**Get help now!**

These feelings will not go away on their own.

- Call 9-1-1 or go to your nearest emergency department for immediate help.

### Plan de acción para la depresión y la ansiedad en torno al embarazo

Tener un bebé trae una mezcla de emociones, que incluyen sentirse triste y abrumado. La depresión y la ansiedad son algunas de las complicaciones médicas más comunes durante el embarazo y el postparto.

**Esté preparada. Esté atenta a las señales. Pida ayuda.**

**Si...**

- Se siente desesperanzada y totalmente desconsolada
- Se siente fuera de contacto con la realidad (es posible que vea o escuche cosas que otras personas no ven)
- Siente que puede hacerse daño a sí misma o a su bebé

**[Busque ayuda ahora]**

Estos sentimientos no desaparecerán por sí solos.

- Llame al 9-1-1 o vaya al departamento de emergencias más cercano para obtener ayuda inmediata.

# Magnet: Multiple Languages



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## Welcome to PBWS Resources

Introductory Items

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Implementation Tools

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- [10.1 PBWS Magnet Arabic](#)
- [10.2 PBWS Magnet Chinese Mandarin](#)
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- [10.5 PBWS Save Your Life Magnet Haitian Creole](#)
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Coming soon... great resources &  
HELP!

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# AIM: Marketing!



# KDHE Cuff Project

## Cuff Project: KDHE Home Visiting Program

- Pt screens positive postpartum
  - Diagnosis of Chronic HTN, Gestational HTN, Preeclampsia, etc
- POST-BIRTH Education received prior to discharge
- PP Discharge Summary completed
  - Mom Card completed
- PP Discharge by Provider/PP Care Team
  
- PP Visit Appointment made with Primary OB Provider, Specialists as indicated
  
- Referral from PP Discharge provider or PP Care Team to MCH Home Visitor
  
- Home Visitor is connected to Primary OB Provider (referral bilateral). Pt is seen:
  - 3-5 days Post-Discharge
  - 7-10 days by Primary OB Provider
- Pt has reminders by Home Visitor, Primary OB Provider, etc regarding POST-BIRTH education for red flags
  - Uses Mom Card for all visits

# Community Health Workers



# Before you go

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- Attendance verification form
- Data Worksheet
- CNE Evaluation
- Posttest



# Open Mic

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