



Kansas Perinatal Quality Collaborative

# KS Cuff Pilot Project

Kickoff Meeting



# Welcome and Attendance

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Please confirm in the chat:

- Your name
- Your hospital/agency
- If you have received your cuff kit shipment.



Kansas Perinatal Quality Collaborative

# Severe Hypertension in Pregnancy (SHTN)

## KS Cuff Pilot Project





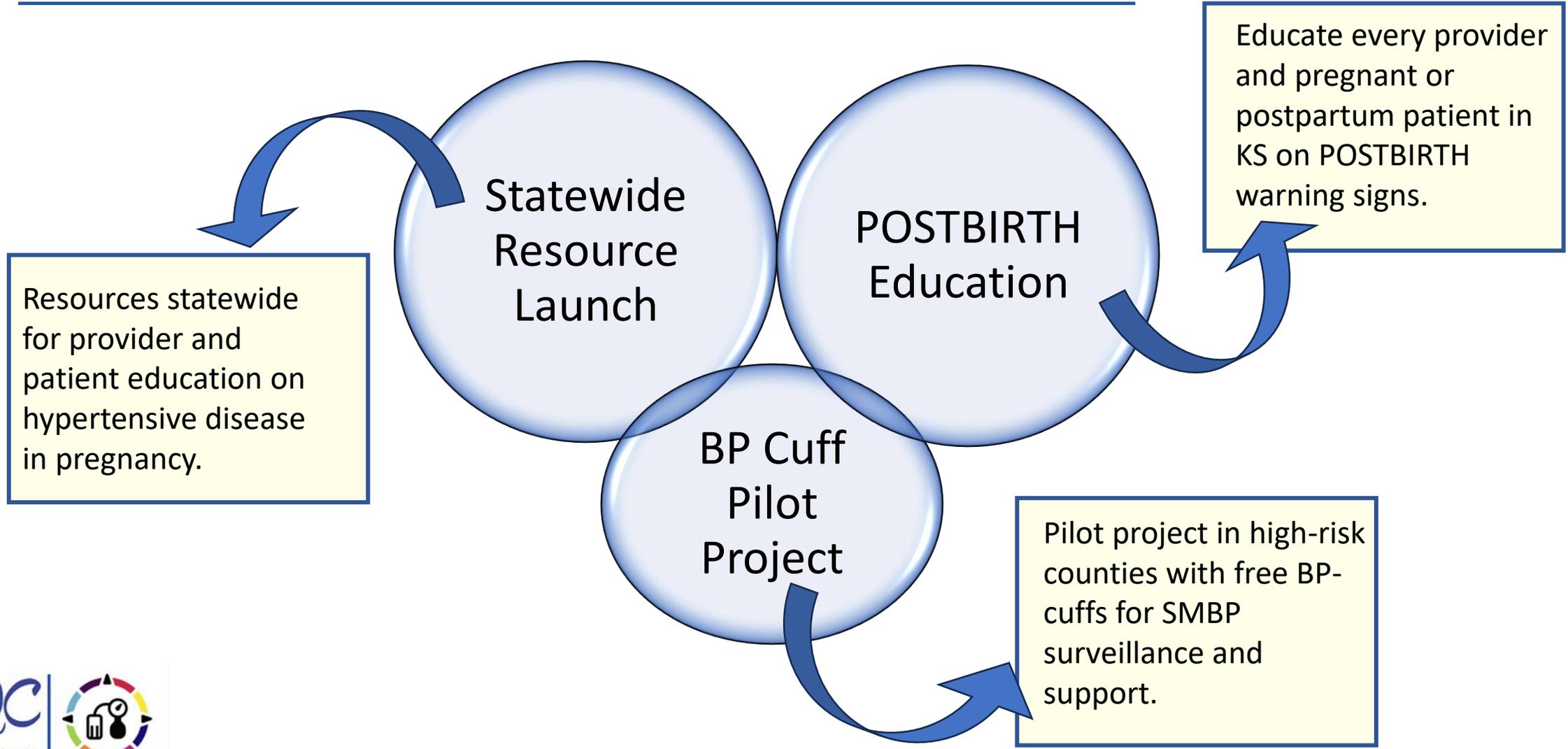
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## Today's agenda

1. Welcome and Attendance
2. Project Overview
3. Pilot Timeline
4. Cuff Kit Distribution
5. Educational Materials
6. Monthly Open Office Hours
7. Next Steps & Questions



# Kansas Cuff Launch



# 2022 Natality Report

Table 22. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2022\*

Medical Risk Factors†	Population Group															
	White NH		Black NH		American Indian Alaska Native NH		Asian-PI NH		Multi Race-Other NH		Hispanic-Any Race		n.s.‡	Total		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Pre-pregnancy Diabetes	217	0.9	31	1.4	2	1.2	15	1.3	14	1.5	99	1.6	1	1.0	379	1.1
Gestational Diabetes	1,945	8.3	173	7.9	16	9.7	195	17.3	74	7.8	608	9.7	6	6.3	3,017	8.8
Pre-pregnancy Hypertension	636	2.7	113	5.2	6	3.6	23	2.0	26	2.7	107	1.7	3	3.1	914	2.7
Pre-eclampsia	2,467	10.5	204	9.3	20	12.1	83	7.4	80	8.4	462	7.3	3	3.1	3,319	9.7
Eclampsia	84	0.4	8	0.4	0	0.0	1	0.1	3	0.3	19	0.3	0	0.0	115	0.3
Previous Pre-term Birth	656	2.8	124	5.7	6	3.6	26	2.3	26	2.7	203	3.2	1	1.0	1,042	3.0
Previous Poor Pregnancy Outcome	776	3.3	144	6.6	12	7.3	56	5.0	23	2.4	303	4.8	1	1.0	1,315	3.8
Vaginal Bleeding	216	0.9	28	1.3	0	0.0	9	0.8	10	1.1	63	1.0	0	0.0	326	0.9
Previous C-Section	3,536	15.0	456	20.8	29	17.6	168	14.9	131	13.8	941	14.9	20	20.8	5,281	15.4
Infertility Treatment	618	2.6	13	0.6	2	1.2	47	4.2	11	1.2	45	0.7	3	3.1	739	2.1
Infections Contracted or Treated During Pregnancy§	874	3.7	178	8.1	13	7.9	40	3.6	76	8.0	285	4.5	4	4.2	1,470	4.3
Smoking During Pregnancy	1,442	6.1	166	7.6	23	13.9	10	0.9	89	9.4	143	2.3	0	0.0	1,873	5.4
Alcohol Use During Pregnancy	39	0.2	6	0.3	0	0.0	0	0.0	2	0.2	9	0.1	0	0.0	56	0.2
Total of Medical Risk Factors¶	13,506	n/a¶	1,644	n/a¶	129	n/a¶	673	n/a¶	565	n/a¶	3,287	n/a¶	42	n/a¶	19,846	n/a¶
Total Births	23,569		2,191		165		1,124		949		6,295		96		34,389	

\*Residence data

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

‡n.s. = not stated

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

¶ n/a: Not Applicable

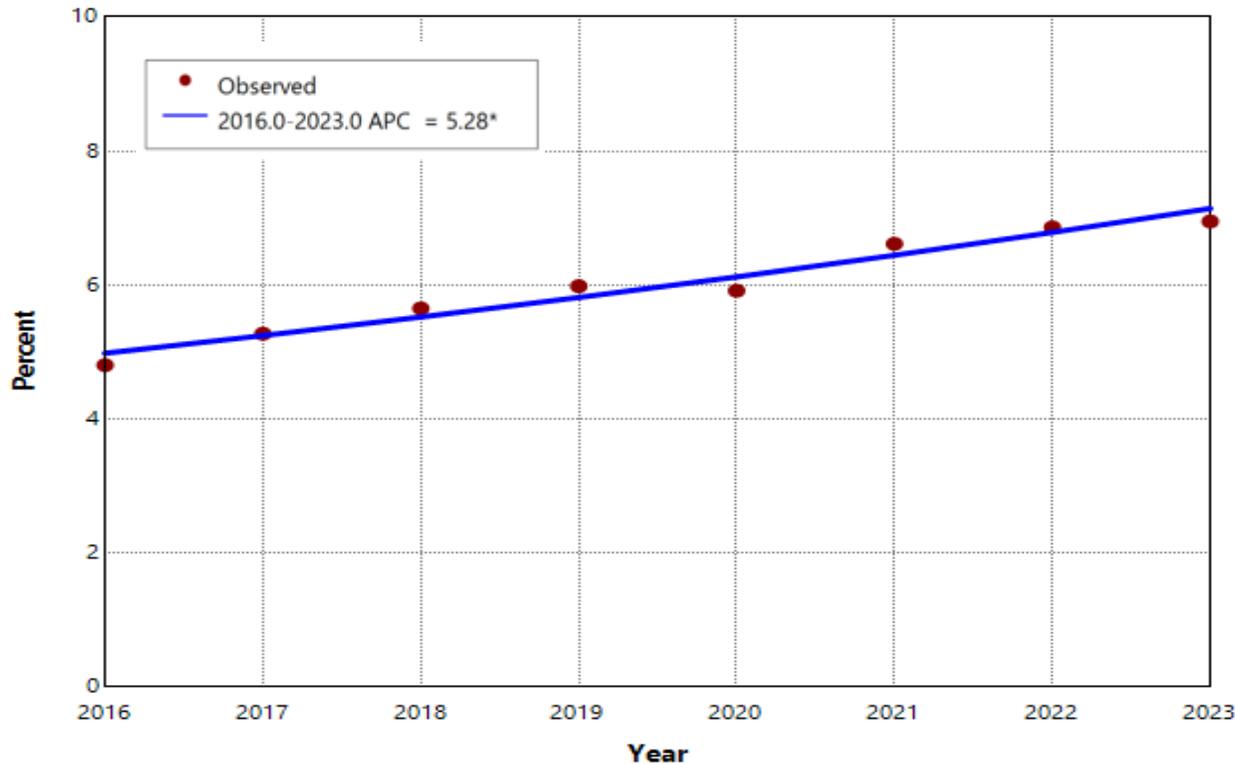
°The data provided only includes births with reported medical risk factors, each risk factor is counted individually. The total of birth with risk factor does not equal the total of births.



Source: Kansas Department of Health and Environment, Natality Report by Racial and Ethnic Population Groups, Kansas, 2022  
 Available at: [kdhe.ks.gov/DocumentCenter/View/40442/](https://kdhe.ks.gov/DocumentCenter/View/40442/)

# Preeclampsia prevalence **increased significantly** from 4.8 to 6.9 per 100 delivery hospitalizations (2016-2023).

Kansas Prevalence of Preeclampsia among Delivery Hospitalization by Year, 2016-2023



Year	Preeclampsia a*	Delivery Hospitalizations	Prevalence (%)
2016	1679	34952	<b>4.8</b>
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	<b>6.9</b>

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

\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.

Source: Kansas Department of Health and Environment, Kansas Hospital Discharge Data, Kansas, 2016-2023

# What do we need to do?!

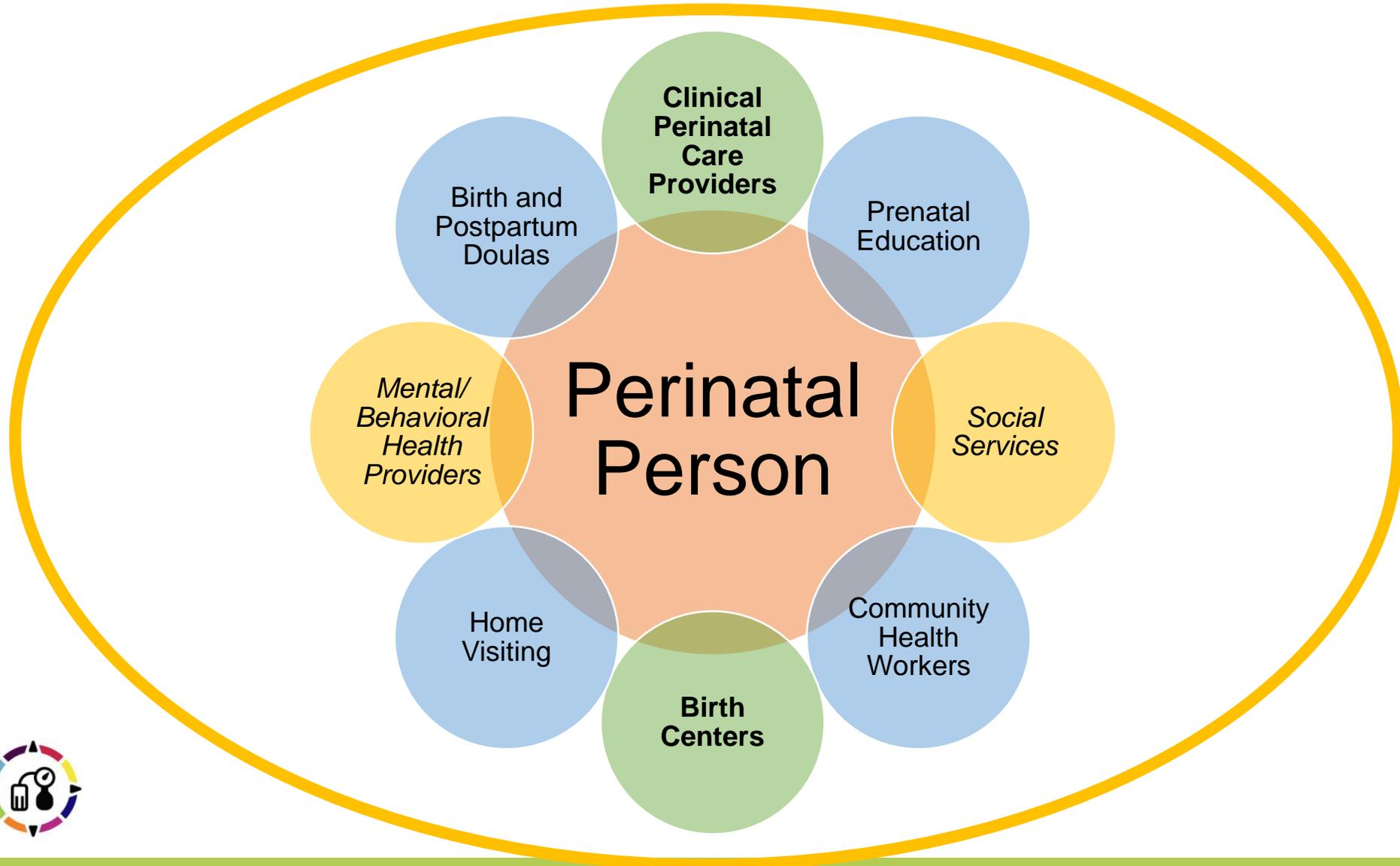
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An *intentional* Kansas intervention to address severe HTN in PG and the postpartum period by enrolling in the national Alliance for Innovation on Maternal Health (AIM) Safety Bundle.

## **KANSAS: Severe Hypertension in Pregnancy**

Began in Jan 2025 as a statewide initiative to address this and other adverse maternal outcomes.

# Engaging a Community of Support for Positive Clinical Outcomes

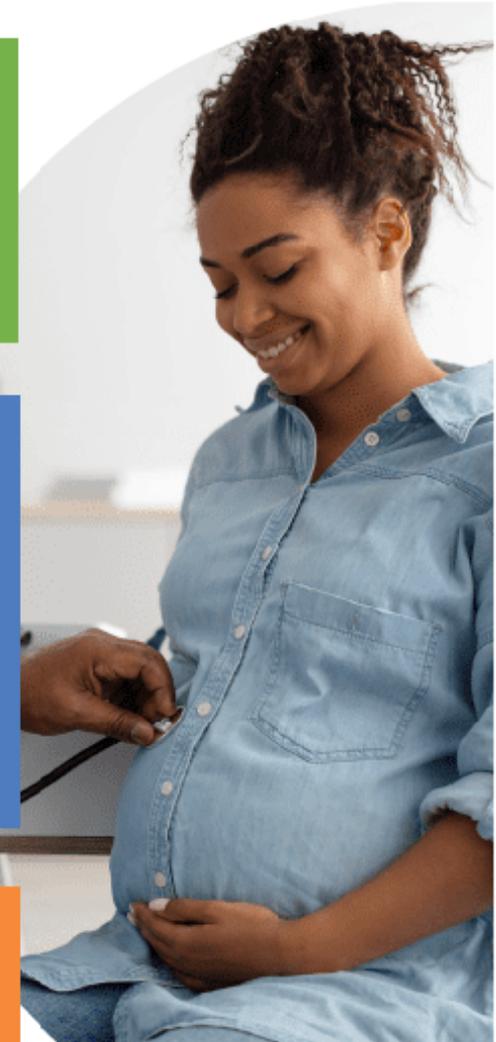
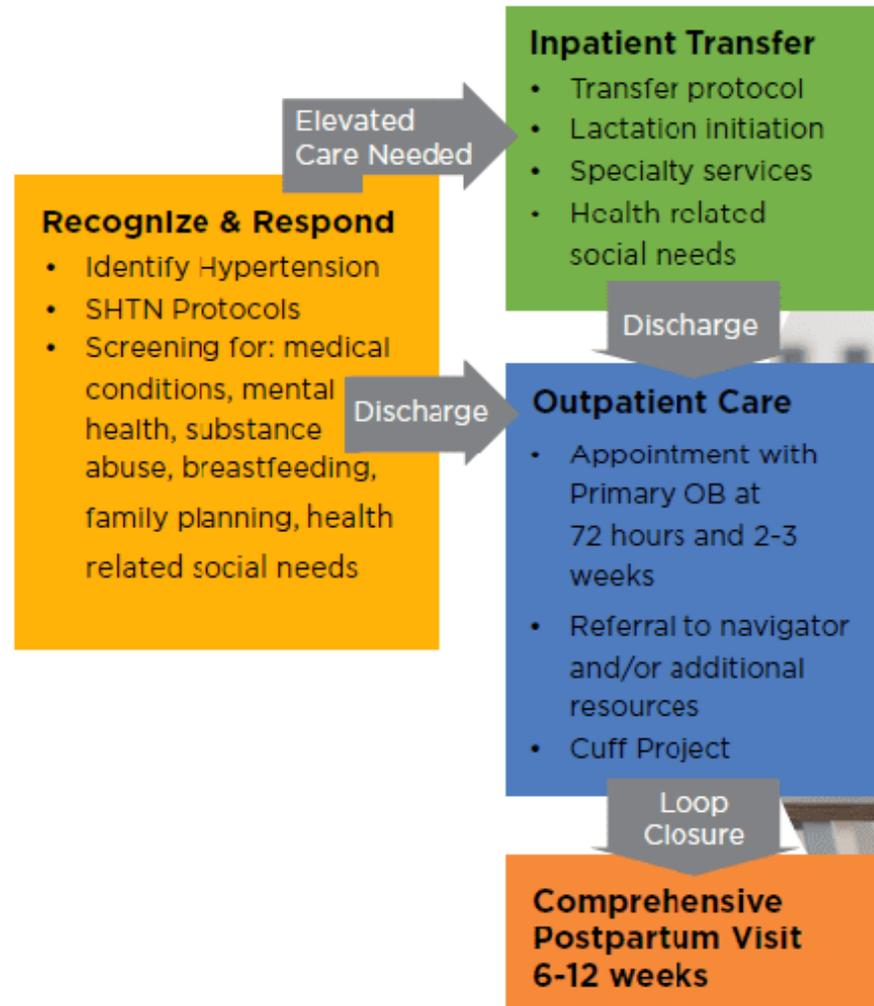




# The ACTION PLAN

Severe Hypertension in Pregnancy KANSAS Model

## Severe Hypertension in Pregnancy Model for Kansas





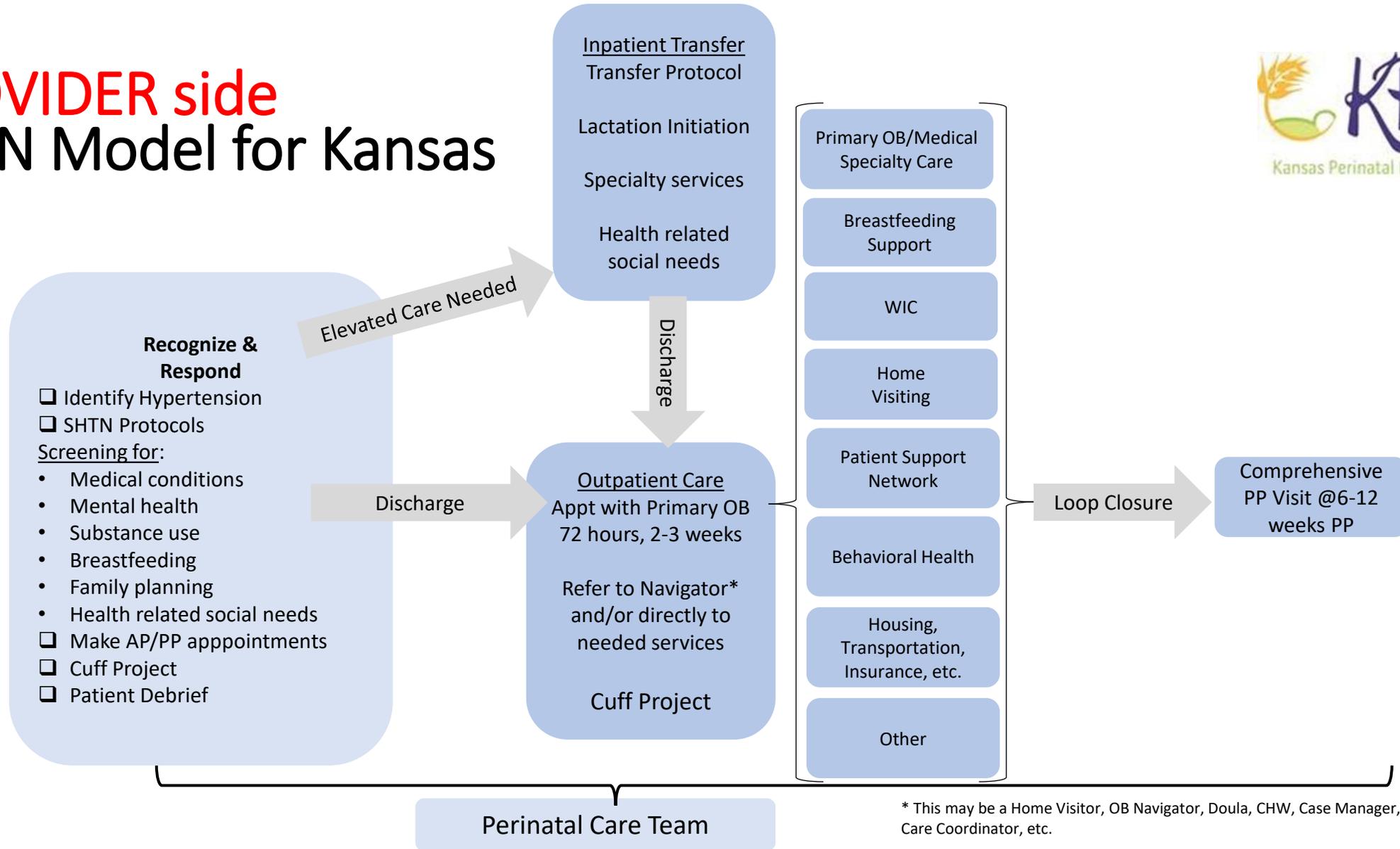
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## Identification to Treatment

- ✓ Accurate ID of abnormal reading
- ✓ Prompt access to care
- ✓ Faster Response (<60 min)
- ✓ Correct Treatment Protocol



# PROVIDER side SHTN Model for Kansas



\* This may be a Home Visitor, OB Navigator, Doula, CHW, Case Manager, Care Coordinator, etc.

# Kansas SHTN Cuff Project

## Improved Identification to Treatment

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### Access to Early and Consistent OB Care

Prevention (ASA daily)

Education: POSTBIRTH

Identification of Need for Home BP monitoring

### Home Blood Pressure Monitoring

Education: Home BP Protocol, POSTBIRTH, and Follow-Up

Increased Maternal/Fetal Surveillance

Health Related Social Needs: screenings and referrals

OB Navigation

### OB or ED Triage

Timely Treatment (<60 min)

Delivery or Antepartum Follow-Up

Outpatient Follow-Up (72 hours, 7 days)

# Pilot Timeline

December 1, 2025, to May 31, 2025

# Cuff Kit Distribution

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- **Three main areas**
  - Qualifying conditions for patient selection
  - Internal Tracking
  - Data collection and evaluation

# Cuff Kit Distribution

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- **Qualifying conditions for patient selection**
  - Pregnant (any trimester) or within six weeks postpartum
  - Current or history of hypertensive disorders of pregnancy
  - Positive high-risk factors:
    - Prior HDP
    - Multi-fetal gestation
    - Renal disease
    - Autoimmune disease
    - Type 1 or 2 diabetes mellitus
    - Chronic hypertension
  - Willing/able to self-monitor BP and share results with provider

# Cuff Kit Distribution

- **Internal Tracking** – only for your records

**Example:**

Patient	Elevated BP in pregnancy	Elevated BP in Postpartum period	History of Chronic Hypertention in pregnancy	High risk factors of preeclampsia	Other (please explain)

- To complete survey at the conclusion of the pilot project.

**7. What percentage of these diagnoses did you provide a cuff for a patient. The total should equal 100%.**

Elevated blood pressure in pregnancy \_\_\_\_\_

Elevated blood pressure in the postpartum period \_\_\_\_\_

History of Chronic Hypertension in pregnancy \_\_\_\_\_

High risk factors for preeclampsia \_\_\_\_\_

Most common \_\_\_\_\_

Other \_\_\_\_\_

If "other", please explain: \_\_\_\_\_

# Cuff Kit Distribution

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- **Data collection and evaluation**
- One survey for each partner
  - Hospital Survey
  - Clinic Provider Survey
  - Community Partner Survey

## Hospital OB Champion Survey for Post Cuff Pilot

1. How easy was it to integrate SMBP (self-measured blood pressure monitoring) into your hospital workflow?

Very easy  Somewhat easy  Neither easy nor difficult  Somewhat difficult  Very difficult

If difficult, please explain what some of these difficulties were

\_\_\_\_\_

## Clinic Survey for Post Cuff Pilot

1. How easy was it to integrate SMBP into your clinic's workflow?

Very easy  Somewhat easy  Neither easy nor difficult  Somewhat difficult  Very difficult

If difficult, please explain what some of these difficulties were

\_\_\_\_\_

2. How useful was SMBP for making clinical decisions (e.g. when to deliver, when to admit, etc.)?

Very useful  Somewhat useful  Neither useful nor difficult  Somewhat difficult  Very difficult

## Community Partner Survey for Post Cuff Pilot

1. How easy was it to provide educational support to the pilot project participants into your workflow?

Very easy  Somewhat easy  Neither easy nor difficult  Somewhat difficult  Very difficult

If difficult, please explain what some of these difficulties were

\_\_\_\_\_

# Cuff Kit Distribution

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- **Data collection and evaluation**
  - **Patient survey**

## Blood Pressure Cuff Survey for Pregnancy & Postpartum Patients

1. **Before receiving this cuff, how affordable or easy would it have been for you to buy your own home blood pressure monitor?** (Please select one)
- Very easy — I could have easily gotten and afforded one
  - Somewhat easy — I probably could have gotten one, but cost or access may have been a concern
  - Somewhat difficult — It would have been hard to get or afford one
  - Very difficult — I could not have gotten or afforded one
  - Not sure

# Educational Materials

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How to use and share the available educational resources

KDHE Perinatal Hypertension Toolkit:

<https://www.kdhe.ks.gov/2350/Perinatal-Hypertension-Toolkit>



KPQC website:

<https://kansaspqc.kdhe.ks.gov/initiatives/severe-hypertension-pregnancy-initiative/#top>



Perinatal Hypertension Toolkit

# Perinatal Hypertension (PHTN)

This education guide provides provider and patient education on the following:

- Measuring for correct cuff size
- Selecting a validated cuff for use in pregnancy
- Taking an accurate BP reading
- Obtaining BP cuff through Medicaid
- Preeclampsia Risk Workflow
- Use of Check – Know – Share log
- Preeclampsia in pregnancy and postpartum
- Low-dose aspirin
- Heart health after pregnancy



## Perinatal Hypertension Guidance on Use of Patient Education Resources

### Dear Maternal Health Partners,

Women in Kansas are facing higher rates of pregnancy and postpartum complications, with nearly 57% of all birthing persons reporting at least one risk factor at delivery (KDHE 2020 Vital Statistics). Gestational Hypertension and related complications are some of the most common, most severe, and most treatable conditions during this period.

This packet was produced to provide you the tools to:  
(All resources also available in the online Perinatal Hypertension Toolkit linked via the QR code below.)

- Measure for the correct blood pressure cuff size
- Select a validated blood pressure cuff
  - A blood pressure monitor *MAY* be covered for Medicaid beneficiaries. Please check with the MCO or benefit plan and follow guidance on the following page for accessing a device through this benefit.
  - Current KMAP Bulletin on Self-Monitoring Blood Pressure Devices Coverage accessed from website linked via QR code below.
- Educate on preeclampsia during pregnancy and the postpartum period including:
  - the risks preeclampsia poses to the perinatal person and to baby;
  - the signs and symptoms of preeclampsia;
  - the appropriate actions to take if experiencing any of the identified signs and/or symptoms.
- Educate on the Preeclampsia Foundation's Check Know Share handout
  - how to apply the blood pressure cuff correctly
  - how to accurately measure and monitor blood pressures throughout the day
  - how to record blood pressure readings
  - how to educate & encourage provider/patient communication around the benefits of home blood pressure monitoring and risks of preeclampsia during the prenatal and postpartum periods
- Educate & encourage provider/patient communication around potential benefits of low-dose aspirin use when at risk of preeclampsia

NOTE: This packet should be used along with the *Maternal Warning Signs Initiative* toolkit so that your patient can easily recognize warning signs requiring urgent or non-urgent follow-up.

\*It is imperative that your patient is educated to understand that if symptoms exist, no matter the blood pressure reading, they need to contact their provider **immediately**.\*

### Perinatal Hypertension Resources

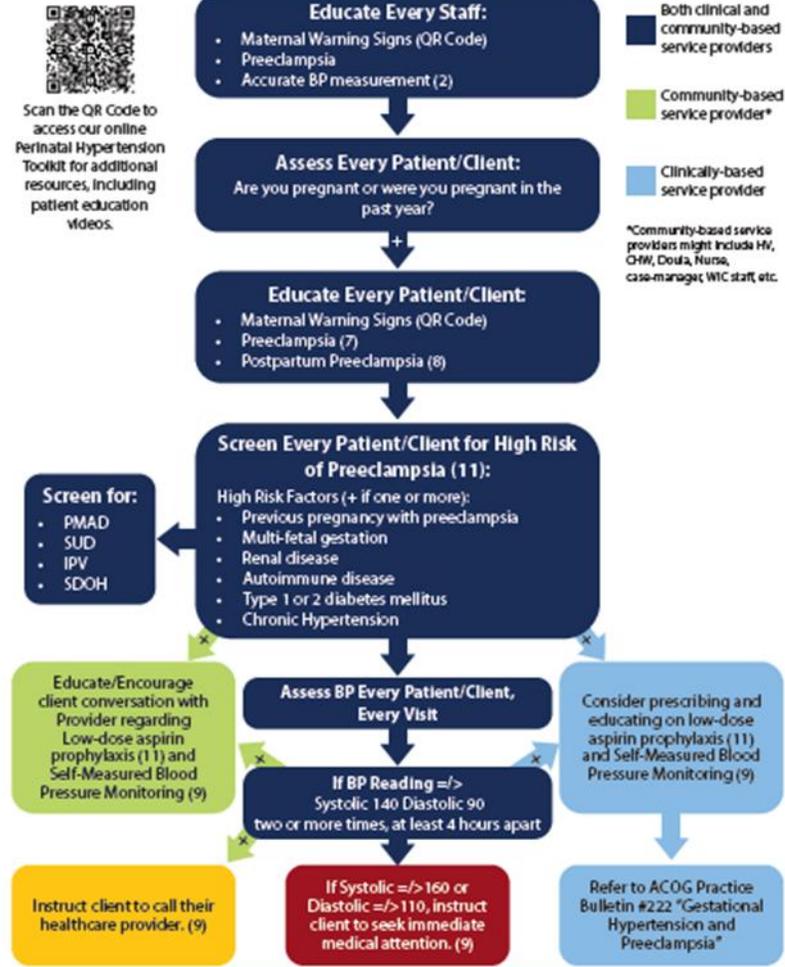


Scan the QR Code to access our online Perinatal Hypertension Toolkit for additional resources, including patient education videos.

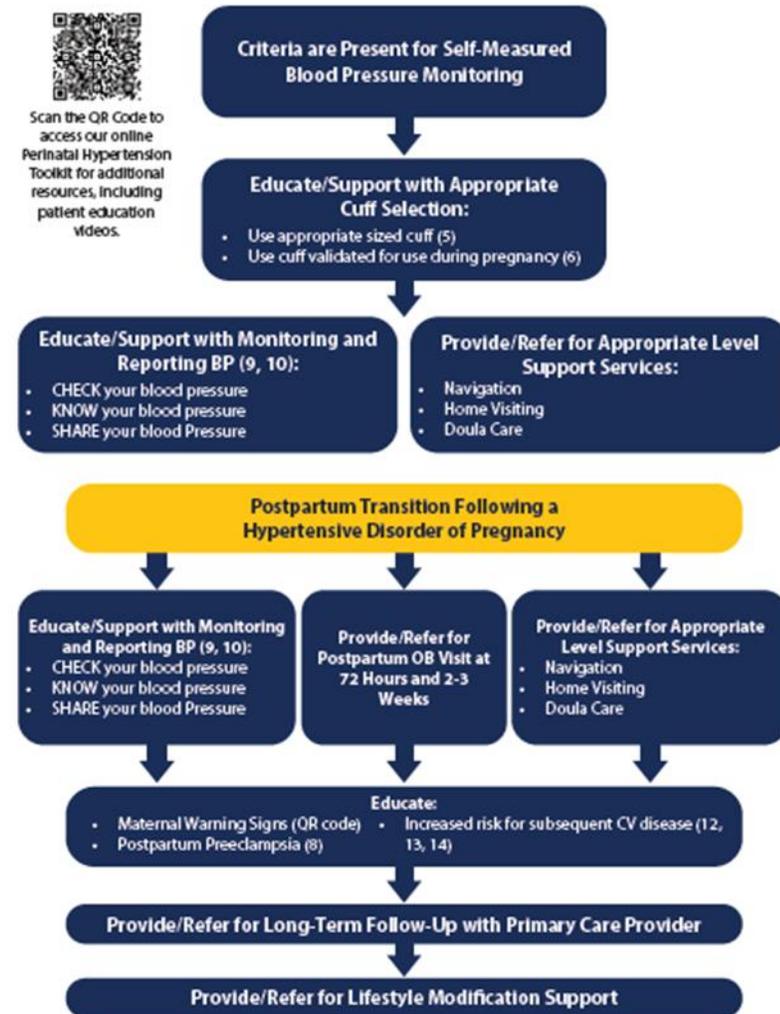


## Preeclampsia Risk Workflow

The numbers in parenthesis indicate the handout number to be referenced in the Perinatal Hypertension Guide.



Scan the QR Code to access our online Perinatal Hypertension Toolkit for additional resources, including patient education videos.



# Maternal Warning Signs (MWS) Education Guide

- Comprehensive selection of patient education materials from national campaigns, as well as state created/adapted
- Messaging on MWS:
  - Includes physical and emotional symptoms.
  - Aimed at Provider, pregnant person, partner/family audiences.
  - Identified for use with unique patient and provider needs.
  - Intended for use across all sectors and settings.
  - Ensures consistent and repeat messaging.
- Laminated and bound copies for use as provider teaching tool.
- Printable PDFs available through online toolkit



## MATERNAL WARNING SIGNS

Guidance on Use of Patient Education Resources

### 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
Count the Kicks	• Recognizing and acting quickly on changes in fetal movement	• Any		
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 education • Nurse • Home visit • Case manager • Doula		
Infographic - Urgent Maternal Warning Signs	• Uses easy to understand images to communicate urgent warning signs and what to do	• Any		
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	• Any		
AWHONN - Save Your Life	• Calls quick attention to the urgent POST-BIRTH Warning Signs	• Any		
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 education • Nurse • Home visit • Case manager • Doula		
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 education • Nurse • Home visit • Case manager • Doula		

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 clinics, WIC dietitians, doulas, community health workers, etc.
- for different education and comprehension levels, learning styles, and patient needs.
- in diverse settings, under particular time constraints, and other resource limitations.

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

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

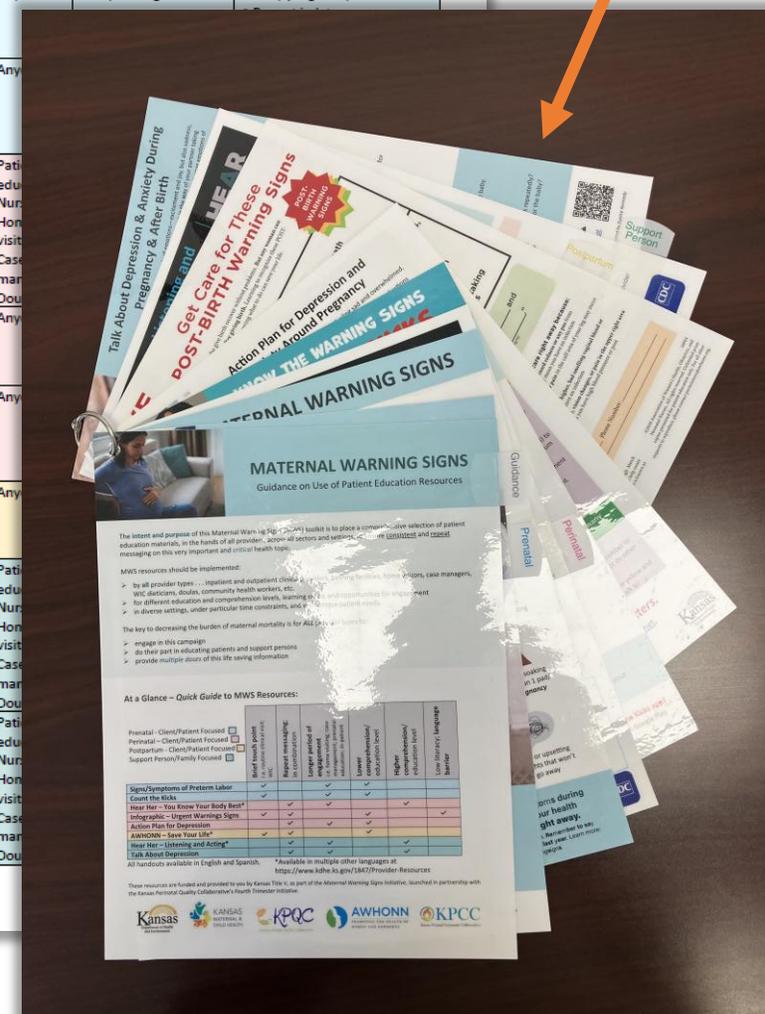
#### At a Glance – Quick Guide to MWS Resources

- Prenatal - Client/Patient Focused
- Perinatal - Client/Patient Focused
- Postpartum - Client/Patient Focused
- Support Person/Family Focused

Signs/Symptoms of Preterm Labor	Count the Kicks	Hear Her – You Know Your Body Best	Infographic – Urgent Warnings Signs	Action Plan for Depression	AWHONN – Save Your Life*	Hear Her – Listening and Acting Quickly	Talk About Depression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All handouts available in English and Spanish.

These resources are funded and provided to you by the Kansas Perinatal Quality Collaborative's Fourth Term Initiative.



# Contents of The Cuff Kit:

Blood Pressure Cuff  
Batteries  
Bracelet with “STILL AT RISK”

Documents:  
Your Blood Pressure Check \* Know \* Share  
Preeclampsia What is it?  
Postpartum Preeclampsia  
Sign of preeclampsia  
Post card for patient





# Monthly Open Office Hours

First Tuesday of the month at 9:00am  
Via Zoom

This will be a time to check in with others in the pilot project and discuss barriers and successes.

January 6<sup>th</sup>

February 3<sup>rd</sup>

March 3<sup>rd</sup>

April 7<sup>th</sup>

May 5<sup>th</sup>

# Contact Information

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