KPQC Learning Forum

August 2025

SHTN Bundle Update

Protocols

*Who needs to send?

*Who has not?

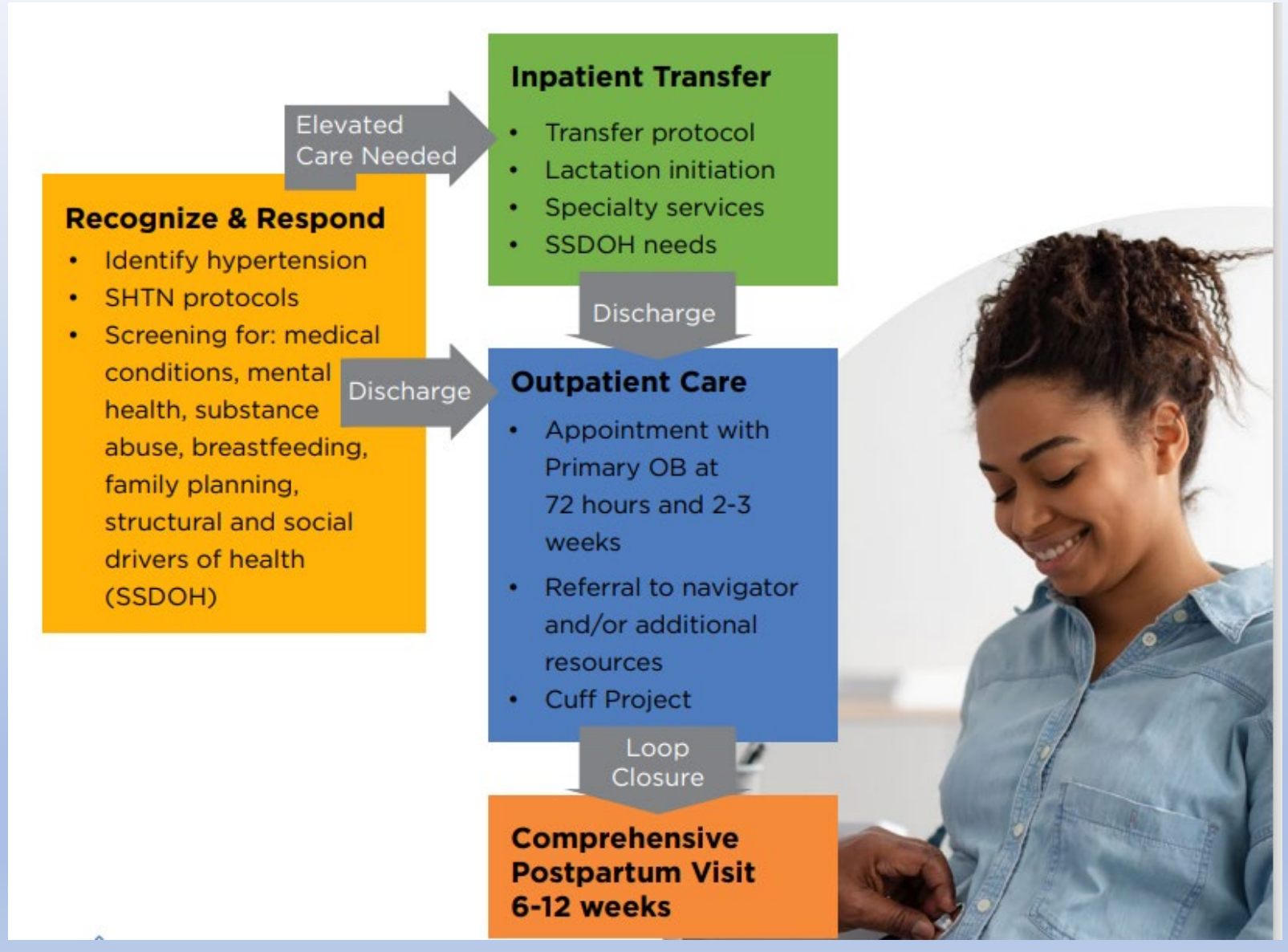
POSTBIRTH includes Birth Equity training, other options as needed

*POSTBIRTH seats coming available, information from Kari soon!

*POSTBIRTH magnets- coming soon!

Data! Update from Michelle

KPQC
Kansas Perinatal Quality Collaborative



Severe Hypertension in Pregnancy

Model for Kansas

Rapid Response

Advances in Preeclampsia Diagnostics

Medscape

News & Perspective | Tools & Reference | CME/CE | More

Is Prediction of Preeclampsia Achievable? The Stars May Be Aligning

Christine Kilgore
August 01, 2025

1 | 45 | Add to Email Alerts

Clinicians and researchers have long dreamed of accurate screening tools for preeclampsia — tools that could lead to detection before symptoms manifest and then targeted treatment.

The medical literature is replete with reports of preeclampsia predictors that were accurate but subsequently failed to take hold in clinical practice in the US. After years of rising incidence, preeclampsia now affects 1 in 12 pregnancies.

Some of these reports described studies that were small or not externally validated. Others described combinations of clinical factors and biochemical tests that were endorsed by professional bodies overseas but weren't tested here or weren't deemed practical enough for clinical practice in the US.

Which Breast Cancer Subtype Is Most Associated With Bone Metastasis?
Answer this and 4 other questions in our Fast Five Quiz. *Test Your Knowledge*

Now, there are signs of real progress — from growing attention to analytes such as placental growth factor (PlGF) to new studies of maternal circulating cell-free RNA (cfRNA) and cfDNA and new therapeutic studies.

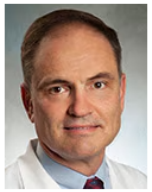
Is Prediction of Preeclampsia Achievable? The Stars May Be Aligning - Medscape - August 01, 2025.

Molecular Subtyping and Preeclampsia Prediction With RNA Testing

The goal is to use biologic predictors rather than weakly predictive, sometimes ambiguous clinical and demographic characteristics to predict preeclampsia.

On one front, recent studies have shown promising predictive power with placental-derived cfRNA and cfDNA. In a large study sponsored by Mirvie (San Francisco), researchers analyzed transcriptomic data from blood collected at 17.5-22 weeks in a prospective cohort of over 9000 pregnant individuals who were 35 years or older and had no other preexisting high-risk conditions.

They identified distinct plasma cfRNA profiles capable of predicting preeclampsia — one reflecting the activation of placental genes like *PAPPA2* that are associated with placental dysfunction, and the other correlating with "genes associated with maternal immune activity, probably inflammation, and probably some aspect of cardiovascular adaptation and systemic response," said co-investigator Thomas F. McElrath, MD, PhD, professor of obstetrics, gynecology and reproductive biology at Harvard Medical School, Boston, and vice president for Clinical Development at Mirvie.



Thomas F. McElrath, MD, PhD

The two signatures align, respectively, with what researchers and clinicians have increasingly regarded as two distinct phenotypes of preeclampsia: an earlier form typically occurring before 34-35 weeks gestation and leading to preterm delivery or severe features, and a later form occurring at term.

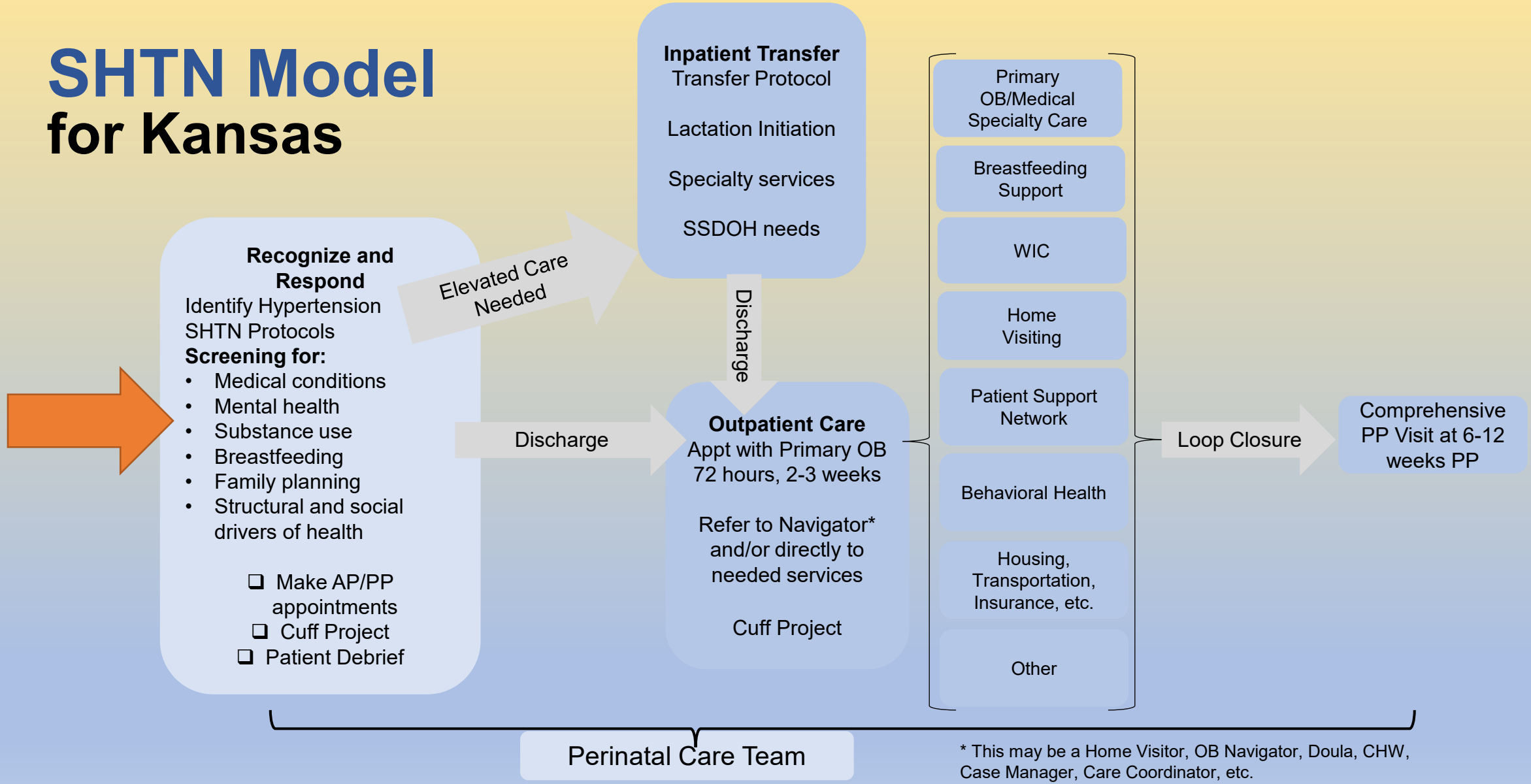
KPQC Kansas Perinatal Quality Collaborative

https://www.medscape.com/viewarticle/prediction-preeclampsia-achievable-stars-may-be-aligning-2025a1000kir

Rapid Response

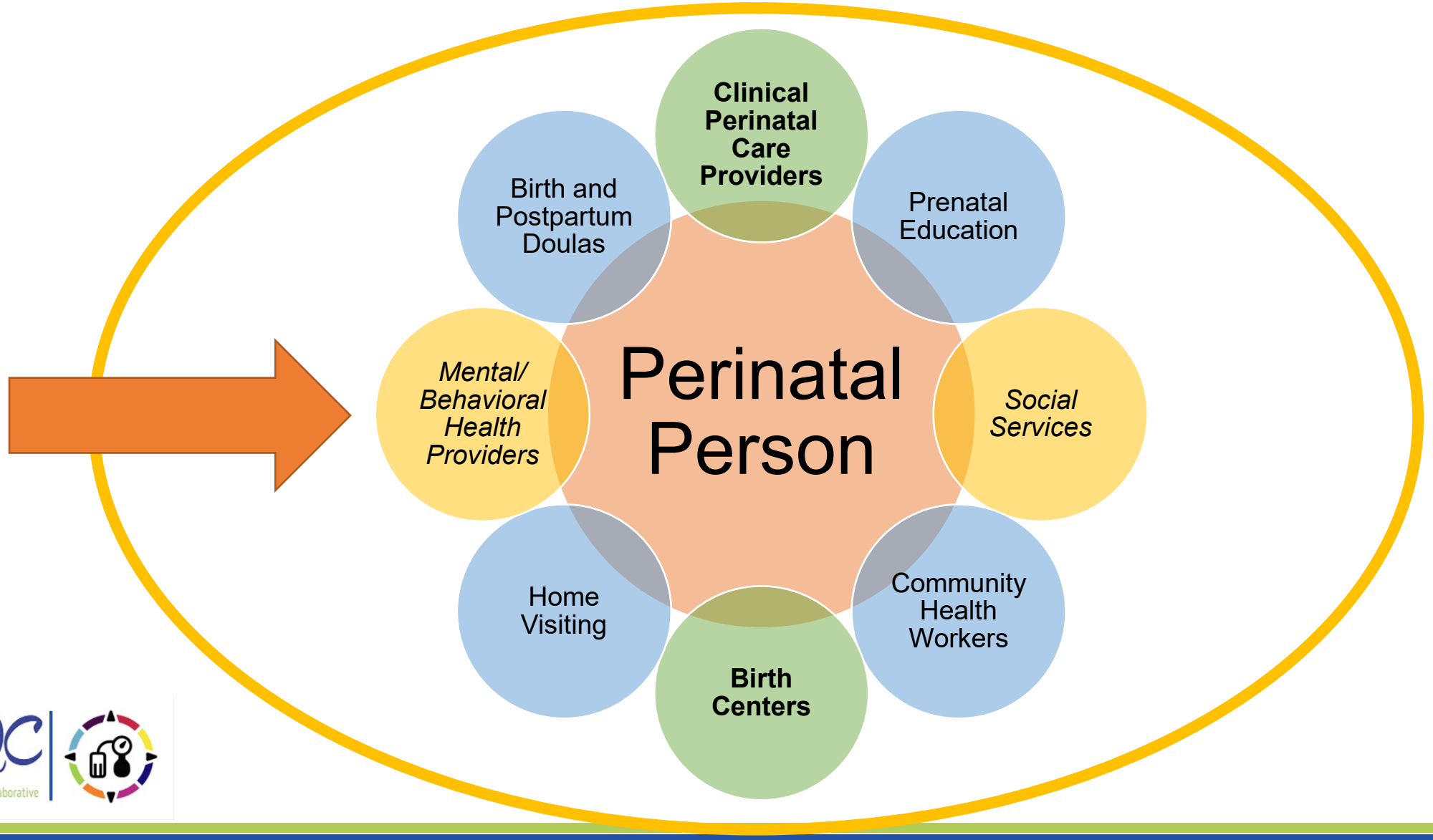
Maternal Mental Health, Substance Abuse Disorder, Intimate Partner Violence

SHTN Model for Kansas



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

Community Support for Positive Clinical Outcomes



KPQC
Kansas Perinatal Quality Collaborative

IPV, SUD, Perinatal Mood Disorder

October 14th & October 21st

GOALS for SHTN facilities: (Birthing and Non-birthing)

- ❑ PATIENT is the focus, not the checklist
- ❑ Making connections for patients with intimate partner violence
- ❑ Debrief and mental health referral post-discharge for births with trauma
- ❑ Bedside, phone triage, etc ALL partners are in

CUES Training (Intimate Partner Violence)

	Center	Received CUES Training in 2024/2025	Has Received TA
2	Advent Health Shawnee Mission	Y	Y
3	AdventHealth South Overland Park	Y	Y
4	Amberwell Hiawatha		
5	Ascension Via Christi Manhattan	Y	
6	Atchison Hospital Association dba Amberwell Atchison		
7	Citizens Medical Center		
8	Clay County Medical Center	Y	Y
9	Coffey County Hospital		
10	Coffeyville Regional Medical Center		
11	Community Healthcare System		
12	Gove Regional Medical Center		
13	Hays Medical Center ("HaysMed")	Y	Y
14	Hutchinson Regional Medical Center		
15	Kearny County Hospital	Y	
16	Labette Health		
17	Lawrence Memorial Hospital		
18	McPherson County	Y	Y
19	Mitchell County Hospital Health System		
20	Nemaha Valley Community Hospital	Y	Y
21	Neosho Memorial Regional Medical Center	Y	Y
22	Newman Regional Health	Y	
23	NMC (Newton)		
24	Overland Park Regional		
25	Pratt Regional Medical Center		
26	Republic County Hospital		
27	Hospital District #1 of Rice County		
28	Sabetha Community Hospital		
29	Salina Regional Health Center		Y
30	Southwest Medical Center	Y	Y
31	Stormont Vail Health	Y	Y
32	Stormont Vail Health Flinthills	Y	
33	Susan B Allen Memorial Hospital		
34	University of Kansas Health System- Great Bend	Y	
35	University of Kansas Health System-KC		
36	University of Kansas Health System- Olathe	Y	Y
37	University of Kansas Health System- St. Francis		
38	Wesley Medical Center	Y	Y
39	William Newton Hospital		
40			

KPQC Kansas Perinatal Quality Collaborative

Rapid Response

AAP Vaccine Update: 2025

AAP Vaccine update: 2025

AAP-Immunization-Schedule.pdf

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)					1 dose during RSV season (See Notes)												
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes													
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose				4th dose				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes			3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose				4th dose									
Inactivated poliovirus (IPV)			1st dose	2nd dose	3rd dose								4th dose					
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2025-2026 vaccine (See Notes)							1 dose of 2025-2026 vaccine (See						
Influenza					1 or 2 doses annually (See Notes)										1 dose annu			
Measles, mumps, and rubella (MMR)					See Notes			1st dose					2nd dose					
Varicella (VAR)								1st dose					2nd dose					
Hepatitis A (HepA)					See Notes			2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)															1st dose			
Human papillomavirus (HPV)															2-dose series			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1st dose			
Meningococcal B (MenB-4C, MenB-FHbp)																		
Respiratory syncytial virus vaccine (RSV [Abrysvo])															Seasonal a pregnancy if n			
Dengue (DEN4CYD: 9–16 yrs)															Seropositive in a endemic dengue (			
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination for those who desire protection
Recommended vaccin on shared clinical deci

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions are often not mutually exclusive. If multiple conditions are present, refer to guidance in all relevant columns. See Notes for medical conditions not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)*	HIV infection CD4 percentage and count* <15% or <200/mm³	HIV infection CD4 percentage and count* ≥15% and <200/mm³	CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease	Diabetes
RSV-mAb (nirsevimab, clesrovimab)		2nd RSV season		1 dose depending on maternal RSV vaccination status (See Notes)			2nd RSV season for chronic lung disease (See Notes)	1 dose depending on maternal RSV vaccination status (See Notes)		
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP: not applicable Tdap: 1 dose each pregnancy									
Hib		HCT[c]: 3 doses		See Notes		See Notes				
Pneumococcal										
IPV										
COVID-19	*	See Notes								
Influenza inactivated, recombinant		Solid organ transplant: 18 yrs (See Notes)								
LAIV3							Asthma, wheezing: 2–4 years[d]			
MMR	**									
VAR	**									
Hepatitis A										
HPV	**	3-dose series (See Notes)								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration (See Notes)									
Dengue										
Mpox	See Notes									

*Referring to the Immunization Schedule endorsed by AAP in November 2024; will update as needed when the American College of Obstetricians and Gynecologists releases 2025–2026 guidance.

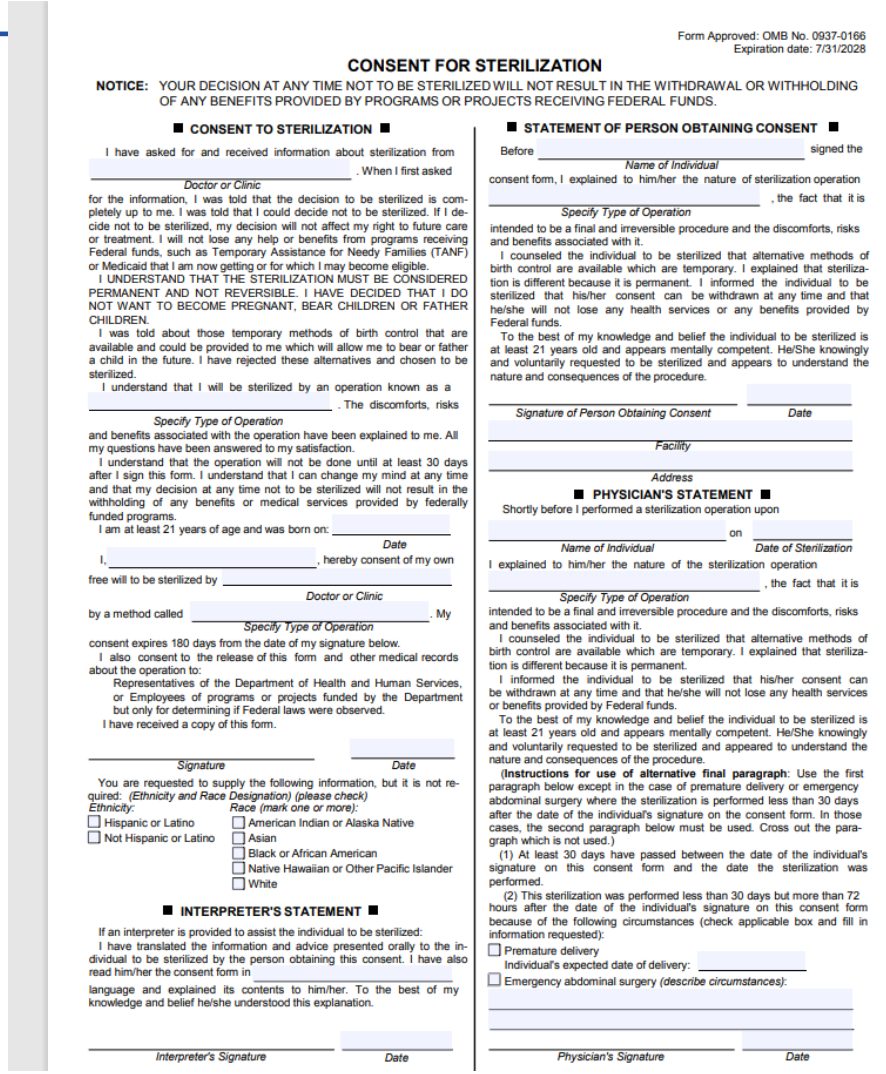
Recommended for all age-eligible children who lack documentation of a complete vaccination series
Not recommended for all children, but recommended for some children based on increased risk for or severe outcomes from disease
Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.
Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
Contraindicated or not recommended. **Vaccinate after pregnancy, if indicated

a. For additional information regarding immunization in immunocompromised children, see https://publications.aap.org/redbook/book/755/chapter/14074446/Immunization-and-Other-Considerations-in
b. Severe combined immunodeficiency
c. Hematopoietic cell transplantation
d. LAIV3 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

KPQC Kansas Perinatal Quality Collaborative

Rapid Response: **Updated sterilization consent**

https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/25190%20-%20Updated_Sterilization_Consent_Forms.pdf



Form Approved: OMB No. 0937-0166
Expiration date: 7/31/2028

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (Doctor or Clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ (Specify Type of Operation). The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____ (Date)

I, _____, hereby consent of my own free will to be sterilized by _____ (Doctor or Clinic) by a method called _____ (Specify Type of Operation). My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

_____ (Signature) _____ (Date)

You are requested to supply the following information, but it is not required: *(Ethnicity and Race Designation) (please check)*

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (mark one or more):
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____ (Interpreter's Signature) _____ (Date)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ (Name of Individual) signed the consent form, I explained to him/her the nature of sterilization operation _____ (Specify Type of Operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

_____ (Signature of Person Obtaining Consent) _____ (Date)

_____ (Facility)

_____ (Address)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ (Name of Individual) on _____ (Date of Sterilization)

I explained to him/her the nature of the sterilization operation _____ (Specify Type of Operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(**Instructions for use of alternative final paragraph**: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
  Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery *(describe circumstances)*:

_____ (Physician's Signature) _____ (Date)

KPQC Kansas Perinatal Quality Collaborative

KPQC: What's on the "MENU"?

KPQC options for Shared Resources & Education Survey update

SHTN Birthing & Non-birthing Facilities

Resource Menu 6.25

Project	Project Lead	Resource Available
Maternal Warning Signs	Kansas Perinatal Quality Collaborative (KPQC)	POSTBIRTH training, KDHE MWS Toolkit
Hypertensive Disease in Pregnancy & Postpartum	KPQC	Training on inpatient & outpatient identification, treatment, and follow up of hypertensive dise
Maternal Mental Health	Kansas Connecting Communities (KCC)	Maternal Mental Health & Substance Abuse Disorder: Inpatient/outpatient screening and local refer
Intimate Partner Violence	Maternal Anti-Violance Innovation and Sharing (MAVIS) & KCC	Intimate Partner Violence: screening and local referrals
Breastfeeding: training & education	Kansas Breastfeeding Coalition	The Kansas Breastfeeding Coalition provides staff education, support, and resources to help hospital
Breastfeeding: Hospital Designation A	High 5 for Mom & Baby, KS	High 5 designation including Premier; update or new designation
Breastfeeding: Hospital Designation B	Baby Friendly, KS	Baby Friendly designation; update or new designation
Birth Equity	KS Birth Equity Network	Birth Equity work: state or local level
Fetal monitoring	Fetal monitoring	Education and resources for inpatient and outpatient fetal monitoring
SSDOH needs: Inpatient to Outpatient referral options (local)	Kansas Perinatal Community Collaborative	Connecting inpatient care to outpatient public health partners (Home visiting, OB Navigation, WIC, B
OB Navigation, Community Health Workers, Doula, Home Visiting options (loca	Kansas Dept of Health & Environment: Maternal Child Health	Inpatient and outpatient connections via navigation, social work, home visiting
OB Simulations	KPQC	Inpatient OB, ED, Nursery Simulations (ie. PP Hemorrhage, NRP, HTN Emergency)
OB Emergency Readiness Kit	KPQC	AIM OB Readiness Bundle for Non-birthing facilities, Birthing Facilities with lower volume OB units,
Family Planning	KPQC	Family planning education, resources. Includes LARC toolkit.
EMS Transfers (local)	KPQC	Collaboration with and protocols for EMS transfer into and between hospitals
Neonatal Abstinence Syndrome	KPQC	Continuation or connection to resources related to KPQC NAS Initiative (prior to 2020)

Those that have completed the survey:

Amberwell Hiawatha
Cheyenne County Hospital
Citizens Health
Coffeyville Med Center
FW Huston Med Center
HaysMed
Hamilton County Hospital
Labette Health
Kearny County Hospital
McPherson County Hospital
NMC Health
Newman Regional Health
Stormont Vail Health Topeka
Stormont Flinthills Campus
UKHS Olathe
Wesley Medical Center

KPQC
Kansas Perinatal Quality Collaborative

Rapid Response: Articles r/t AIM Bundle **PROVIDERS**

Severe Hypertension (HTN) ***AIM-enrolled facilities***	*Education resource list for Staff & Providers 2025*
	Kansas Perinatal Quality Collaborative: *Staff & Project Leads* **Terrah Stroda, CNM** tstroda@gmail.com **Kari Smith, RNC** kari.smith@kansaspqc.org
PROJECT	**Resources**
Kansas AIM Safety Bundle: Severe HTN in PG	Severe Hypertension In Pregnancy | AIM
	Severe Hypertension in Pregnancy Initiative Facts Sheet
Hypertensive Disorders in Pregnancy	Severe Hypertension | ACOG
	*Includes algorithms & protocols for all Hypertensive Diseases of Pregnancy
	ACOG Chronic Hypertension In Pregnancy Article
	The assessment of blood pressure in pregnant women: pitfalls and novel approaches - PubMed
	Educating Patients Preeclampsia Foundation resource
POSTBIRTH: Maternal Warning Signs	Maternal-Warning-Signs-Patient-Education-Toolkit-Binder5-final.pdf
	*Training & Resources: Contact Kari Smith, KPQC
Birth Equity	HEAR HER Campaign | HEAR HER Campaign | CDC
	Kansas Birth Equity Network
	Patient Debriefs after Adverse Outcome & Birth Equity Training
Intimate Partner Violence	For training, Contact: Terrah Stroda, KPQC
	Intimate Partner Violence | ACOG
Maternal Mental Health (Provider Consult Line, training, resources)	Maternal Mental Health: Training, Contact Terrah Stroda, KPQC
AWHONN Fetal Monitoring Course	For training contact: Kari Smith, KPQC
Home Blood Pressure Monitoring: The Cuff Project	About The Cuff Kit®
OB Simulations	Training statewide, Contact: Kari Smith, KPQC
Other important HTN-related articles	
ACOG: SHTN and long term implications	Long-Term Cardiovascular Risk in Women With Hypertension During Pregnancy - PubMed
ACOG: Low dose Aspirin in Pregnancy	Low-Dose Aspirin Use During Pregnancy | ACOG
PP visit schedule	ACOG Committee Opinion 736 Optimizing Postpartum Care
	ACOG Consensus Bundle on Postpartum Care Basics
Primary Csection prevention	Quality-Improvement Strategies for Safe Reduction of Primary Cesarean Birth | ACOG
HTN in PG protocols	Severe Hypertension | ACOG
OB Emergency Treatment: Severe HTN	ACOG Committee Opinion No. 767: Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period - PubMed
	Female age 15-50 years present to ED Triage
Trauma Informed Care	Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues - Sperlich - 2017 - Journal of Midwifery & Women's Health - Wiley Online Library
AMA: Implicit Bias	New AMA policies recognize race as a social, not biological, construct | Social construction of race | AMA
KDHE: Annual Reports 2023 (include state births, morbidity, mortality)	KDHE 2023 Prenatal Care Report
	KDHE 2023 Annual Summary of Vital Statistics
Medscape: Preeclampsia Prediction	Preeclampsia Prediction Moving Closer to Reality

KPQC
Kansas Perinatal Quality Collaborative

Kansas Cuff Project

Kansas Cuff Project works with local hospitals and clinics to:

- ❑ Initiate home blood pressure monitoring for patients for improved identification of HTN, which relates to faster treatment in pregnancy and postpartum
- ❑ Collaborate with outpatient and inpatient resources for education and treatment for HTN disease in pregnancy and postpartum care
- ❑ Educate statewide on maternal warning signs, including s/s of worsening hypertensive disease

Finally, close to a LAUNCH!!!

Kansas Cuff Project, a three- tiered plan to:

1- Educate statewide on POSTBIRTH maternal warning signs

With identification and rapid response to treatment when the patient presents to the outpatient/inpatient setting

2- Launch a pilot project in eight high-risk Kansas counties that will provide free BP cuffs to provider-identified patients

This will mirror the national Preeclampsia Foundation's Cuff Project and is a collaborative model with KDHE to connect outpatient and inpatient agencies in the identification and rapid treatment of hypertension in pregnant and postpartum patients.

3- Launch statewide help for providers to order BP cuffs covered through various payors, working to eliminate barriers to rapid distribution.

KPQC
Kansas Perinatal Quality Collaborative

Featured Speaker

Denise Fryzelka, CNM, FACNM, and lotttts more letterssss

Denise Fryzelka, CNM, PhD, APNP, FACNM

Denise has over 25 years of experience providing midwifery care, education, and advocating for individuals and partnerships across many models of care. She has practiced in diverse roles and settings, including birth centers and hospitals such as Haiti, Guatemala, Europe, and the United States.

Currently Dr. Fryzelka works in a high volume academic clinical hospital-based midwifery practice at UW Hospitals and Clinics in Madison Wisconsin. She also brings a unique blend of practice and evidence-based consulting, strategies and coaching as a Coach and Consultant with Grow Midwives LLC.

Denise also centralizes diversity, equity and inclusion by providing not only tools for caring diverse populations, but also equity-minded frameworks and action-based results. Her doctoral research focused on Healthcare Provider Influence on Health Behavioral Modification in Gestational Diabetics and prevention of Diabetes.

Next Learning Forum 9/23/25

Please contact us with any questions at Terrah Stroda tstroda@gmail.com or Kari Smith kari.smith@kansaspqc.org