June 2025

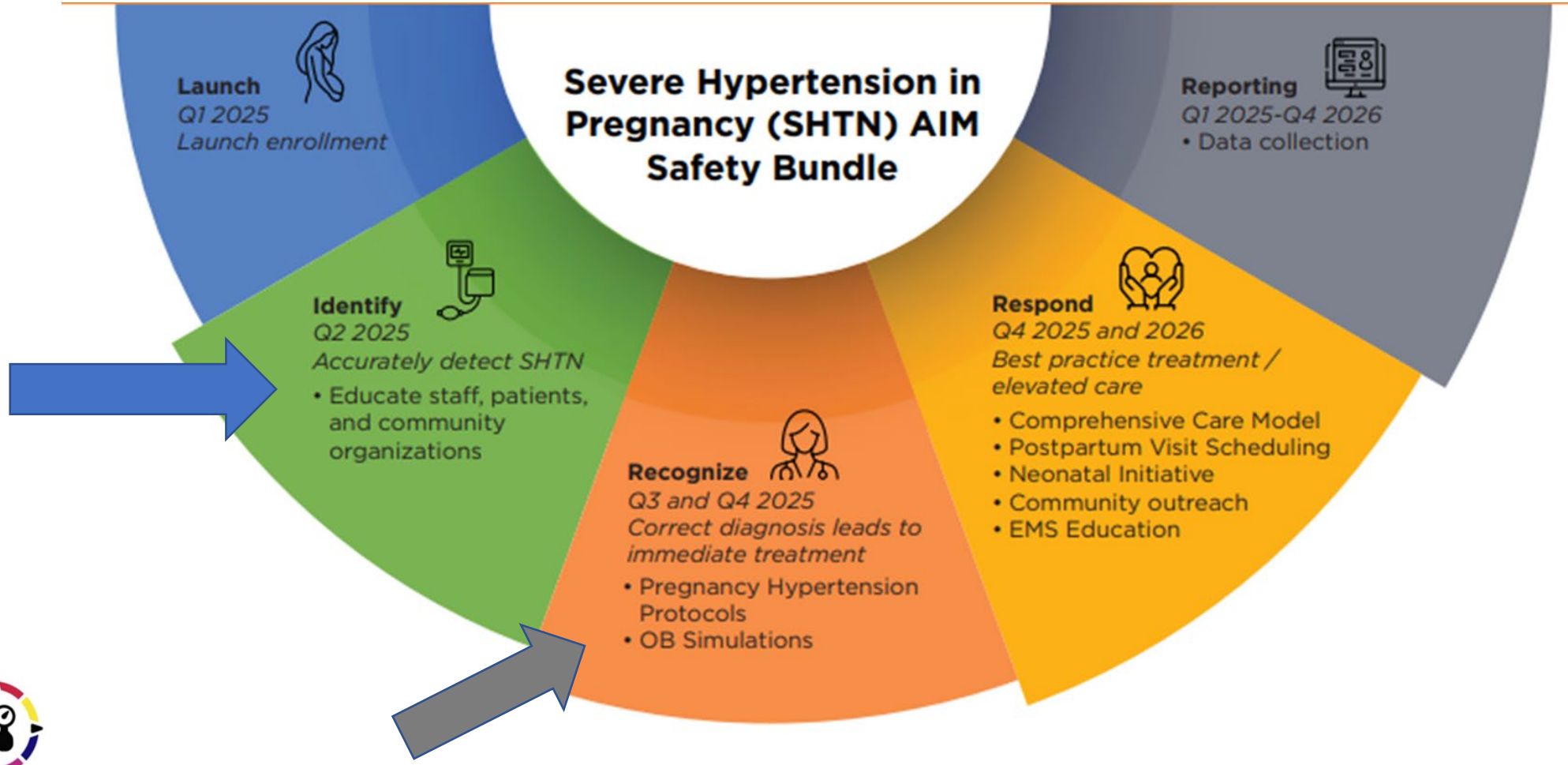
KQPC Learning Forum

Rapid Response: Articles r/t AIM Bundle

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 all algorithms & protocols for Chronic HTN, Preeclampsia, Eclampsia
	The assessment of blood pressure in pregnant women: pitfalls and novel approaches - PubMed
	Educating Patients
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	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	Contact: Kari Smith, KPQC
Home Blood Pressure Monitoring: The Cuff Project	About The Cuff Kit®
Important 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	..\Articles.Stats\ACOG Committee Op 736.Optimizing Postpartum Care.pdf
	..\Articles.Stats\ACOG Consensus Bundle on PP Basics 1.21.pdf
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)	..\Articles.Stats\Preliminary-Birth-Report-2023-PDF.pdf
	..\Articles.Stats\KDHE Annual Summary 2023.pdf

KPQC
Kansas Perinatal Quality Collaborative

SHTN: Bundle Timeline



KPQC
Kansas Perinatal Quality Collaborative

SHTN Bundle Update

1. Protocols:

Challenges? Successes?

Next steps!

2. POSTBIRTH

✓ Staff education

✓ Embedded at your facility

3. Cuff Project

4. Data update!

KPQC
Kansas Perinatal Quality Collaborative

KPQC: What's on the "MENU"?

- Birthing & Nonbirthing hospitals: SHTN Protocols sharing
- KPQC options for shared resources & Education: Survey coming SOON!

1	**SHTN Birthing & Non-birthing Facilities**		
2	**Resource Menu**	**6.25**	
3			
4	**Project**	**Project Lead**	**Resource Available**
5	**Maternal Warning Signs**	Kansas Perinatal Quality Collaborative (KPQC)	POSTBIRTH training, KDHE MWS Toolkit
6	**Hypertensive Disease in Pregnancy & Postpartum**	KPQC	Training on inpatient & outpatient identification, treatment, and follow up of hypertensive disea
7	**Maternal Mental Health**	Kansas Connecting Communities (KCC)	Maternal Mental Health & Substance Abuse Disorder: Inpatient/outpatient screening and local refer
8	**Intimate Partner Violence**	Maternal Anti-Violance Innovation and Sharing (MAVIS) & KCC	Intimate Partner Violence: screening and local referrals
9	**Breastfeeding: training & education**	Kansas Breastfeeding Coalition	The Kansas Breastfeeding Coalition provides staff education, support, and resources to help hospital
10	**Breastfeeding: Hospital Designation A**	High 5 for Mom & Baby, KS	High 5 designation including Premier; update or new designation
11	**Breastfeeding: Hospital Designation B**	Baby Friendly, KS	Baby Friendly designation; update or new designation
12	**Birth Equity**	KS Birth Equity Network	Birth Equity work: state or local level
13	**Fetal monitoring**	Fetal monitoring	Education and resources for inpatient and outpatient fetal monitoring
14	**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
15	**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
16	**OB Simulations**	KPQC	Inpatient OB, ED, Nursery Simulations (ie. PP Hemorrhage, NRP, HTN Emergency)
17	**OB Emergency Readiness Kit**	KPQC	AIM OB Readiness Bundle for Non-birthing facilities, Birthing Facilities with lower volume OB units,
18	**Family Planning**	KPQC	Family planning education, resources. Includes LARC toolkit.
19	**EMS Transfers (local)**	KPQC	Collaboration with and protocols for EMS transfer into and between hospitals
20	**Neonatal Abstinence Syndrome**	KPQC	Continuation or connection to resources related to KPQC NAS Initiative (prior to 2020)
21			
22			

KPQC
Kansas Perinatal Quality Collaborative

KPQC: What's on the "MENU"?

Font Paragraph Styles

Elevated Blood Pressure in Pregnancy and up to 6 Weeks Postpartum

General

- Elevated blood pressure (BP) in pregnancy can indicate severe disease and can result in both maternal and fetal morbidity and mortality. Elevated BP after *20 weeks of gestation and up to 6 weeks postpartum* requires special attention and treatment.
- Vital signs of concern in a pregnant or postpartum patient:
  - **SBP 140–159 or DBP 90–109 mm Hg:** Abnormal, possible preeclampsia
  - **SBP 140–159 or DBP 90–109 mm Hg with ANY of the following: severe headache, blurred vision, or right upper quadrant or epigastric abdominal pain:** Abnormal, preeclampsia with severe features
    - Requires treatment with **MAGNESIUM SULFATE**
  - **SBP ≥ 160 or DBP ≥ 110 mm Hg:** Abnormal, preeclampsia with severe features, even without other symptoms
    - Requires treatment with **ANTIHYPERTENSIVES AND MAGNESIUM SULFATE**
- This is a time-critical disease. Develop a plan or local policy to provide treatment within **30–60 minutes**. This may include requesting an intercept from a paramedic-staffed response or transport vehicle and/or developing clinical protocols and agreements with local hospital facilities.
- In clinical situations in which **antihypertensives** and **magnesium sulfate** are indicated, **antihypertensive** medications are the highest priority.
- An elevated BP may be the only abnormal vital sign. Do not ignore asymptomatic high BP!
- Transport the patient to a hospital with obstetric services or the most appropriate local/regional facility if an obstetric facility is not readily available.
- Although nitroglycerin is widely available in the prehospital environment, there is no evidence to support the use of nitroglycerin in lowering BP in pregnant or postpartum patients.

All EMS Clinicians

- Perform an initial assessment.
- Be prepared to manage the patient's airway, provide supplemental **oxygen** for maternal oxygen saturation ≤94%, and assist with ventilation.
- Initiate an IV for medication administration, if able.
- Monitor vital signs. Recheck BP at least every 15 minutes.
- If the patient begins seizing, refer to the Eclampsia model guideline.

Advanced EMS Clinicians

May include advanced EMTs, paramedics, and other advanced-level clinicians with medication administration capabilities

1. **ADMINISTER ONE OF THE ANTIHYPERTENSIVE AGENTS AS OUTLINED BELOW IF:**

   SBP ≥ 160 or DBP ≥ 110 mm Hg is persistent for 15 minutes

- **Labetalol**: Avoid if the patient has a history of asthma OR is bradycardic.
  - Initial dose: 20 mg IV, given over 2 minutes. Allow 10 minutes from the time of administration for the medication to take effect.
  - If BP remains severely elevated (SBP ≥ 160 or DBP ≥ 110 mm Hg), then give 40 mg IV over 2 minutes. Reassess BP in 10 minutes.
  - If repeat BP is still SBP ≥ 160 or DBP ≥ 110 mm Hg, then give 80 mg IV over 2 minutes every 10 minutes up to a maximum cumulative dosage of 300 mg or continuous infusion of 1–2 mg/min IV.

OR

- **Hydralazine:**
  - Initial dose: 5 mg IV, given over 2 minutes, or IM. Allow 20 minutes from the time of administration for the medication to take effect.
  - If BP remains severely elevated (SBP ≥ 160 or DBP ≥ 110 mm Hg), then give 10 mg IV over 2 minutes every 20 minutes to a maximum cumulative dosage of 20 mg or continuous infusion of 0.5–10 mg/h.

OR

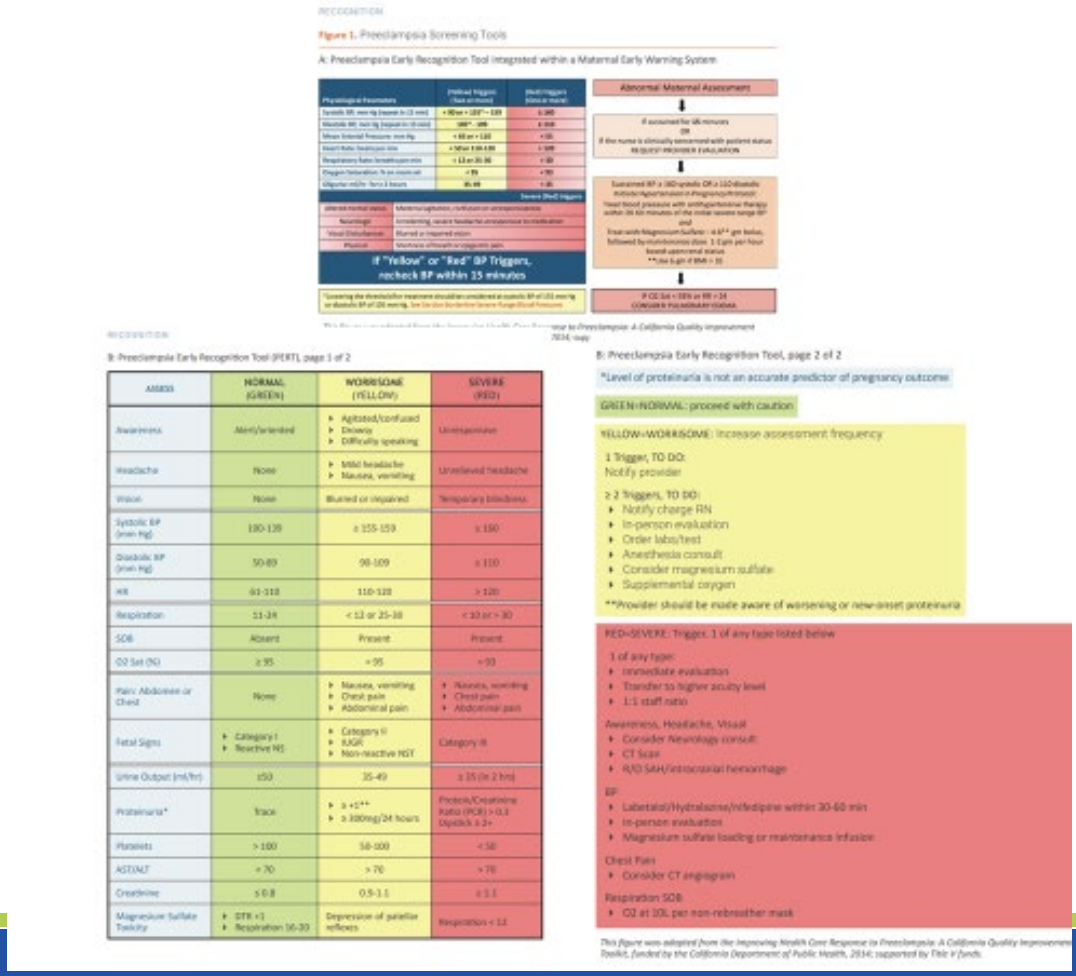
- **Nifedipine (immediate release):** If no IV access initially, choose **nifedipine.**
  - Initial dose: 10 mg orally (not sublingual). Allow 20 minutes from the time of administration for the medication to take effect.
  - If BP remains severely elevated (SBP ≥ 160 or DBP ≥ 110 mm Hg), then give 20 mg every 20 minutes to a maximum daily dose of 180 mg.

Target BP: SBP 130–150 AND DBP 80–100 mm Hg

- Once target BP is achieved, monitor BP per protocol until arrival at destination.
- During monitoring, if BP elevates back up to SBP ≥ 160 or DBP ≥ 110 mm Hg, readminister antihypertensives using the same medication and dose that previously achieved the target BP.

2. **ADMINISTER MAGNESIUM SULFATE AS OUTLINED BELOW IF:**

For SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg OR **SBP 140–159 or DBP 90–109 mm Hg with ANY of the following:** *severe headache, blurred vision, or right upper quadrant or epigastric abdominal pain*



Kansas Perinatal Quality Collaborative

Making SHTN Connections: *Maternal Mental Health*

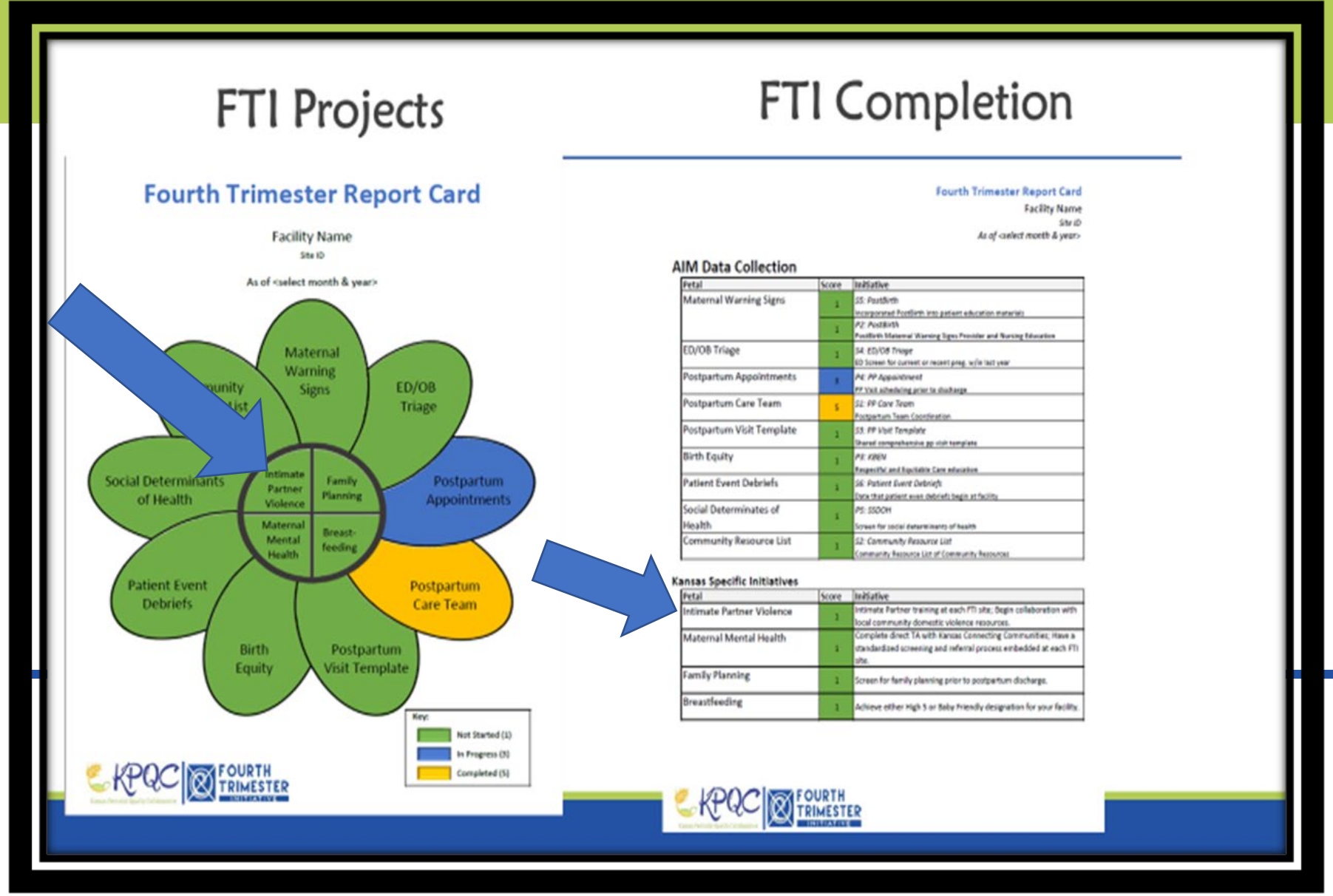
- ✓IMPORTANT Piece!
- ✓Bundle item, not collecting AIM data

Provide trauma-informed support for patients, identified support network, and staff for serious complications of severe hypertension, including discussions regarding birth events, follow-up care, resources, and appointments	Give a written summary of events to patient and family/support people *Provide ICU diaries to family of patient in ICU to share with patient later**
	Begin trauma-informed care in postpartum setting with conversation and referral to a trauma specialist ◊ *Use trauma-informed best practices to explain what happened to a patient with severe hypertension/preeclampsia and what follow-up care might look like ◊ **

KPQC Kansas Perinatal Quality Collaborative

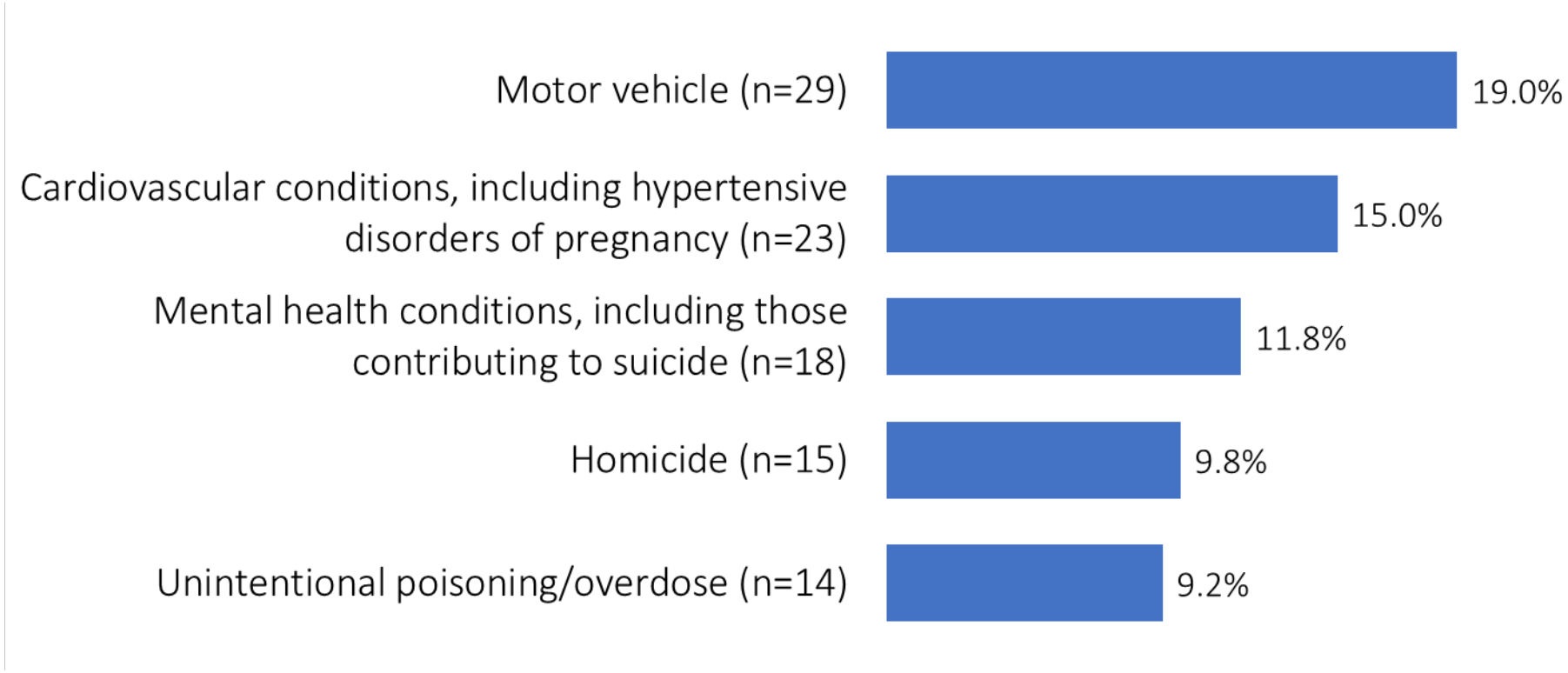
Community Support for Positive Clinical Outcomes

KPQC
Kansas Perinatal Quality Collaborative



MAVIS… what's that?!

Leading Causes of Pregnancy-Associated Deaths 2016-2022 (Total=153)



Source: KMMRC Determinations, Kansas, 2016-2022 (Preliminary Data, Subject To Change)

Providers need education, too!

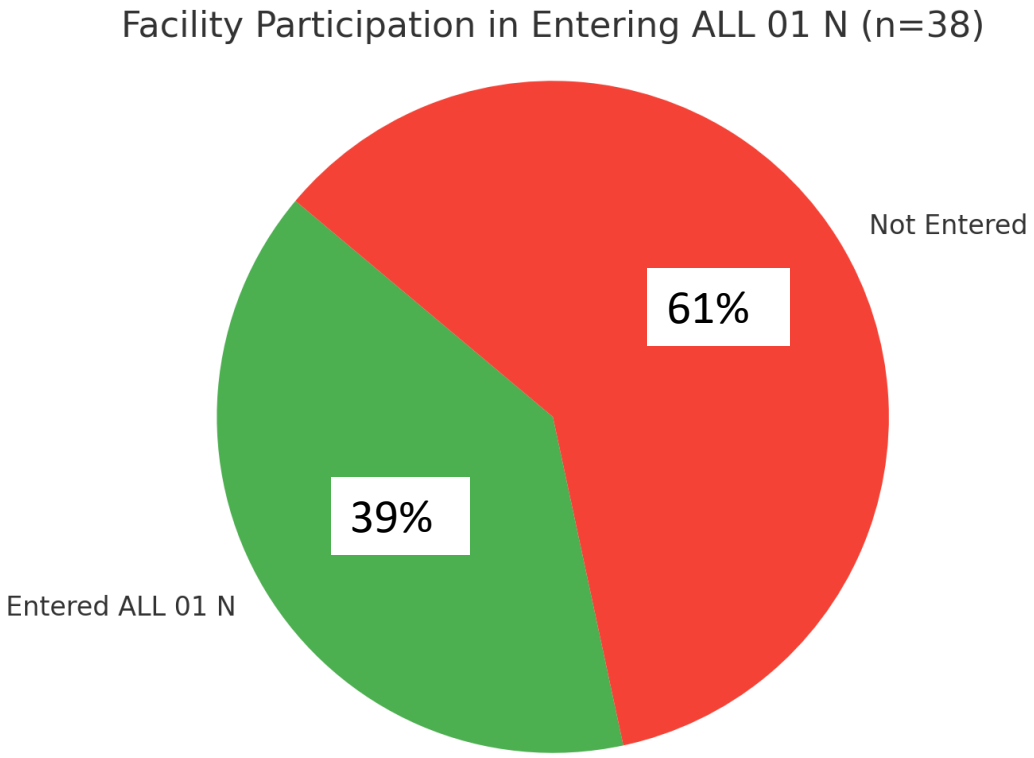
Postpartum Support International: KANSAS

PSI Kansas is excited to announce a scholarship opportunity to fund perinatal mental health training for providers serving Kansas clients. Apply here. We still have over $30,000 to give before September 26th and invite those that have already received a scholarship to apply for another training! If you have any questions about other trainings that may qualify beyond our pre-approved list, please reach out to Erin at psiksoffice@gmail.com."

Questions?
Alexis Tibbits
alexistibbits@ku.edu

KPQC
Kansas Perinatal Quality Collaborative

Facilities who entered Data for all birthing patients
Data set – ALL O1

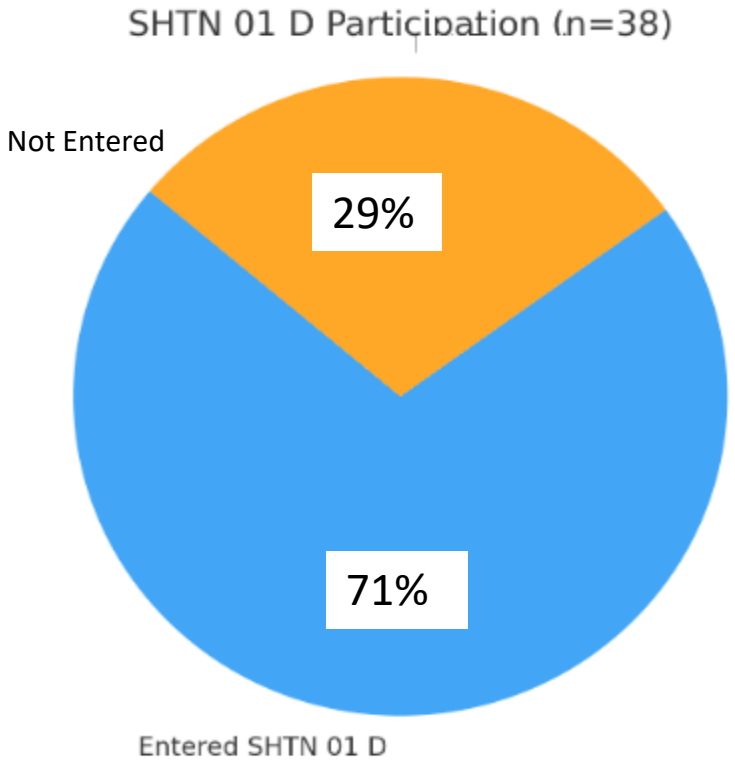


- **15 out of 38 facilities entered a value above zero**
- **23 out of 38 who did not enter a value above zero (unknown if this means zero patients or data missing)**

Denominator: All pregnant and postpartum people during their birth admission
Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone

KPQC Kansas Perinatal Quality Collaborative

Facilities who entered Data specific to Severe Hypertension
Data set – SHTN 01



- **27 out of 38 facilities entered a value**
- **11 out of 38 who did not enter a value above zero (unknown if this means zero patients or data missing)**

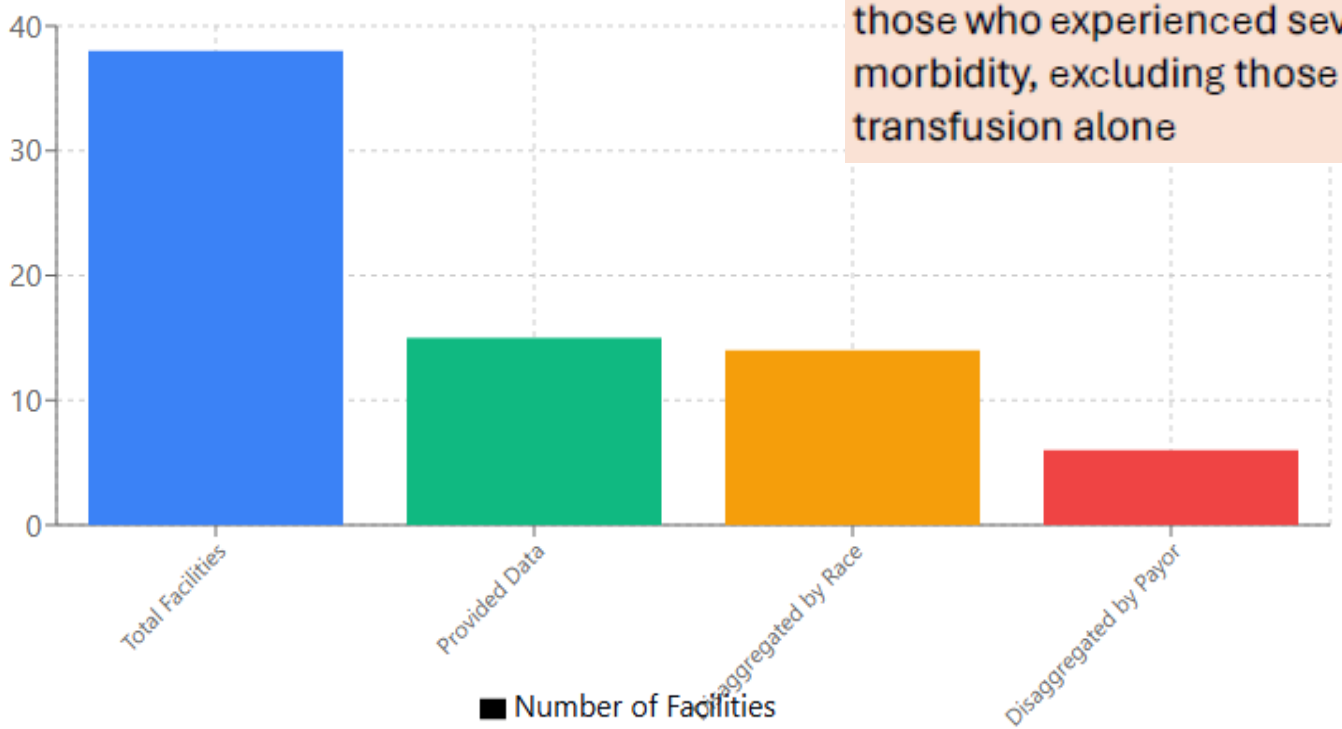
Denominator: All pregnant and postpartum people during their birth admission with preeclampsia, eclampsia, and HELLP syndrome

Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone

KPQC
Kansas Perinatal Quality Collaborative

Facilities who entered Severe Maternal Morbidity Patients
Data set - ALL 01 (Numerator)

Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone



Total Facilities
38
100% of total

Provided Data
15
39.5% of total

Disaggregated by Race
14
36.8% of total

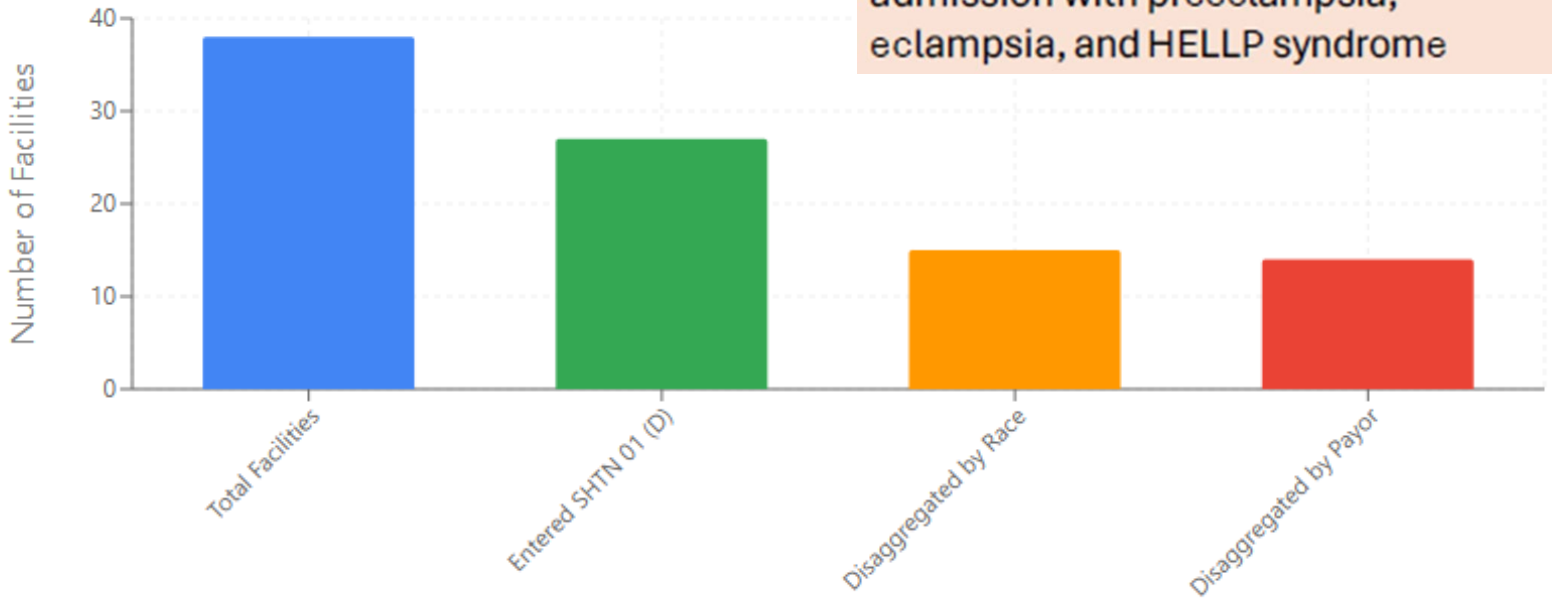
Disaggregated by Payor
6
15.8% of total

*Denominator: Total births for 2024.

Data entered for patients with pre-eclampsia, Eclampsia and HELLP syndrome.

Data set – SHTN 01

Denominator: All pregnant and postpartum people during their birth admission with preeclampsia, eclampsia, and HELLP syndrome



Total Facilities
38
100% of total

Entered SHTN 01 (D)
27
71.1% of total

Disaggregated by Race
15
39.5% of total

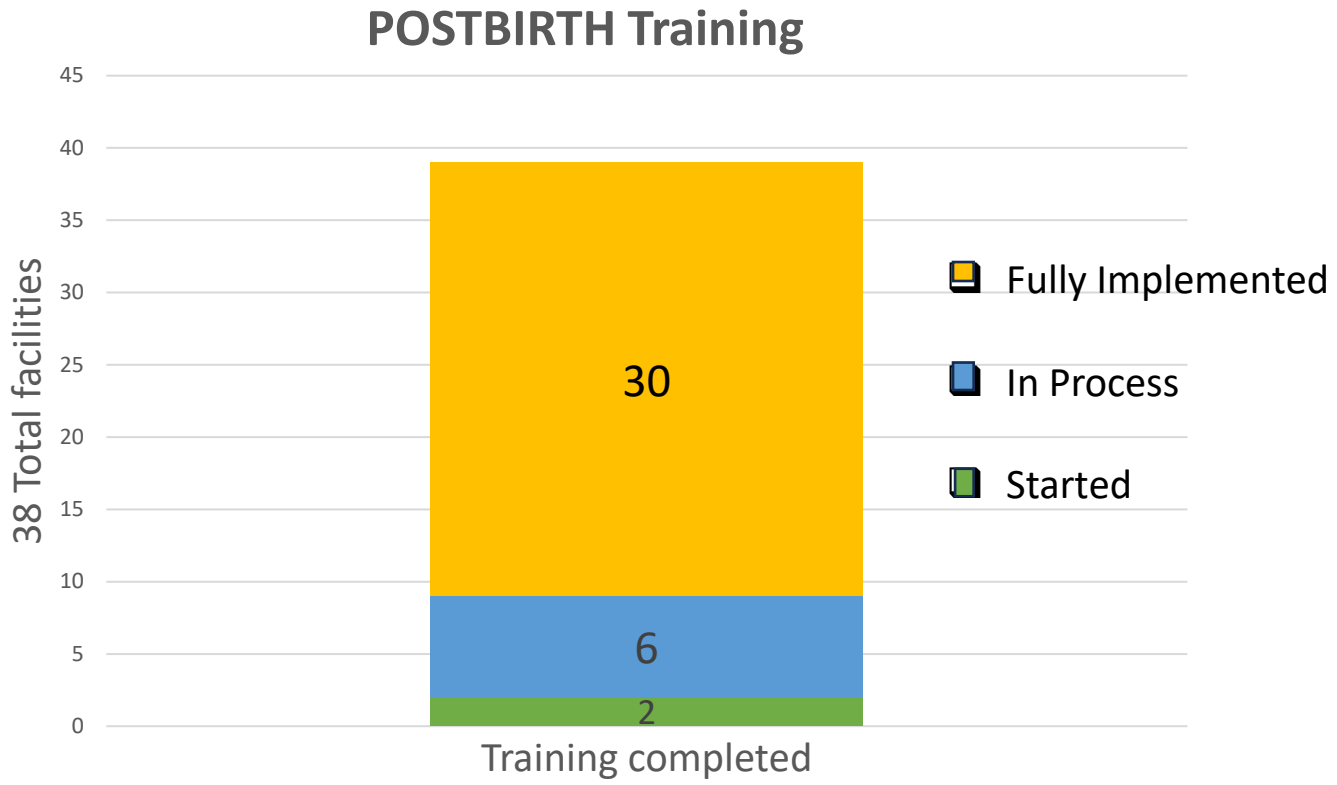
Disaggregated by Payor
14
36.8% of total

*Numerator: Among the denominator, those who experienced severe maternal morbidity.

KPQC
Kansas Perinatal Quality Collaborative

POSTBIRTH Training – Data set - ALL S4

Structure Measures
ALL S4: Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?

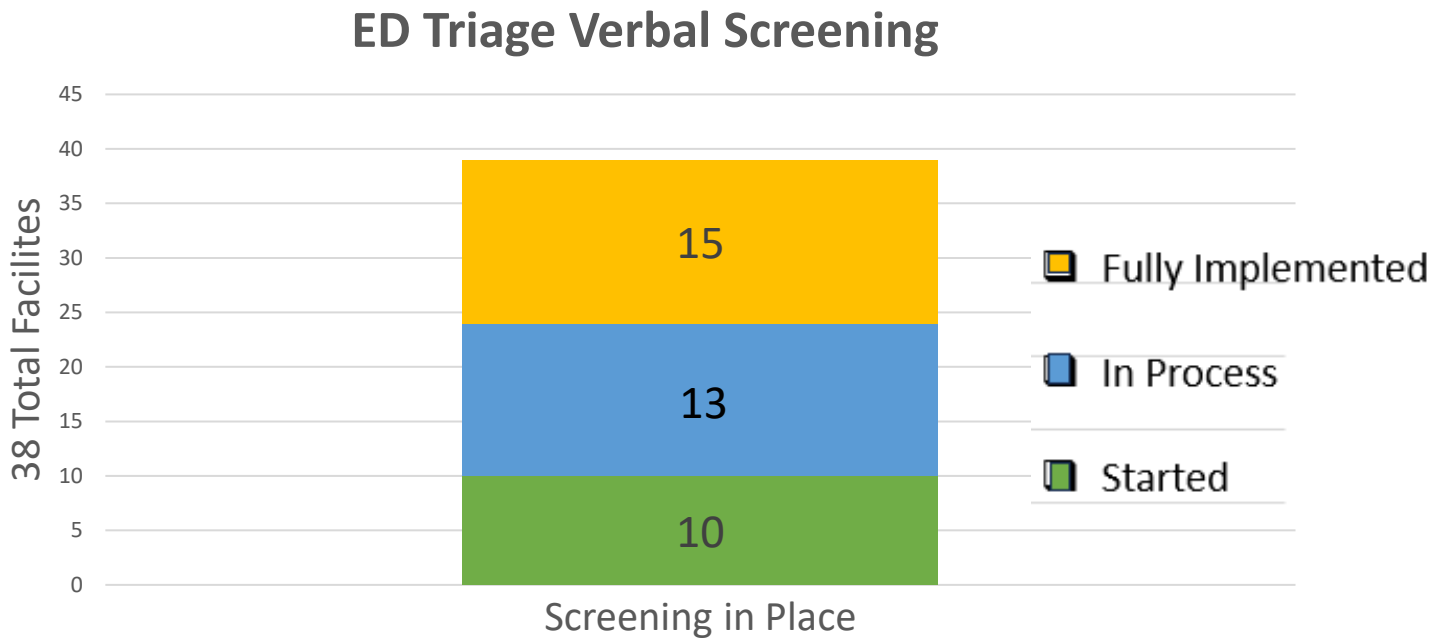


Kansas Perinatal Quality Collaborative

ED Triage Verbal Screening – Data set ALL S5

Structure Measures

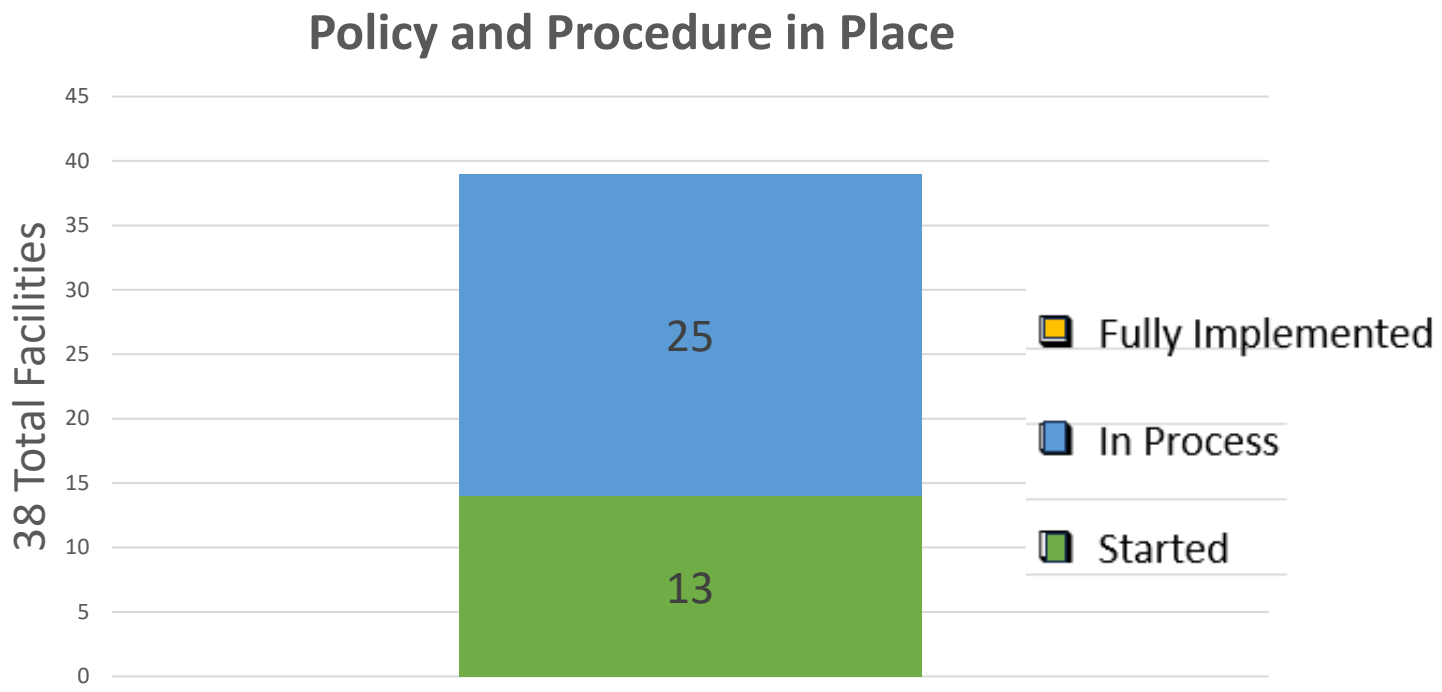
ALL S5: Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?



KPQC Kansas Perinatal Quality Collaborative

Policies and Procedure for SHTN – Data Set SHTN S1

Structure Measures
SHTN S1: Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years)



KPQC
Kansas Perinatal Quality Collaborative

KCC & MAVIS

- ❑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

Alexis Tibbits

Alexis Tibbits joined the Kansas Connecting Communities team in 2022 and serves as the subproject lead of the program's Technical Assistance service. With a degree in psychology, a strong clinical background, and a deep passion for perinatal mental health, Alexis is committed to enhancing the quality of care for birthing individuals and families. In this role, Alexis collaborates closely with clinics, hospitals, and healthcare providers to develop and refine effective workflows for screening, diagnosing, and treating perinatal mood and anxiety disorders. Her work focuses on implementing evidence-based best practices, improving access to mental health resources, and ensuring that healthcare teams are well-equipped to support patients through the perinatal period.

KPQC June Learning Forum

Postpartum Support International-Kansas Training Scholarship Opportunity

KANSAS CONNECTING COMMUNITIES

A Kansas Department of Health and Environment Program

Funding and Partnerships

Kansas Connecting Communities is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,750,000 with 10% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

1-800-332-6262

Mental Health Consultation & Resource Network

Empowering clinicians. Elevating patient care.

A Kansas Department of Health and Environment Program

Kansas Department of Health and Environment

KANSAS MATERNAL & CHILD HEALTH

KU MEDICAL CENTER
The University of Kansas

KU THE UNIVERSITY OF KANSAS
Center for Public Partnerships and Research

CKF ADDICTION TREATMENT
HELP | HOPE | HEALING

KU SCHOOL OF MEDICINE WICHITA
The University of Kansas

PSI Kansas

KANSAS CONNECTING COMMUNITIES

We are Kansas' perinatal psychiatric access program.

We aim to improve maternal and child health outcomes across the state by building provider capacity to identify perinatal mental health and substance use disorders and intervene through evidence-based treatment and referrals.

We support all Kansas providers through consultation, referral support, training, and technical assistance.

Mental Health Consultation & Resource Network

1-800-332-6262

Mental Health Consultation & Resource Network

Empowering clinicians. Elevating patient care.

A Kansas Department of Health and Environment Program

KSKidsMAP Pediatric Mental Health

KANSAS CONNECTING COMMUNITIES

Kansas Connecting Communities and KSKidsMAP are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards totaling $6,106,944 with 30% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Training Scholarships

Apply Today!

This scholarship is focused on improving competency for Kansas providers interested in learning more about and advancing expertise in perinatal mental health. We have identified quality, evidence-based training options, available both self-paced and live. It is highly recommended that you complete training on the core competencies of perinatal mental health, before taking advanced or specialized training.

2025 PSI Kansas Scholarship Application

2025 PSI Kansas Approved Trainings for Scholarship

Frequently Asked Questions

Please reach out to the PSI Kansas office for any additional questions about these scholarship funds: psiksoffice@gmail.com.

PSI Training Opportunities

Apply Today!

- Very short application and quick turnaround time to hear back about notice of your award
- Variety of perinatal training topics available:
  - Ex: Psychopharmacology, psychotherapy, trauma, infertility
  - Please reach out to PSI KS (psiksoffice@gmail.com) if you have questions about a training that may qualify beyond their pre-approved list
- Training/education towards receiving your Perinatal Mental Health Certification (PMH-C)
- $30,000 in scholarships to give before **September 26th**
- If you have received a PSI scholarship/completed a training previously and are interested in doing another, please apply again!

Interested in Perinatal Behavioral Health Training?

Customized and on-demand training options also available!

KCC can offer a variety of **free trainings**, virtual and in-person, by request. These include:

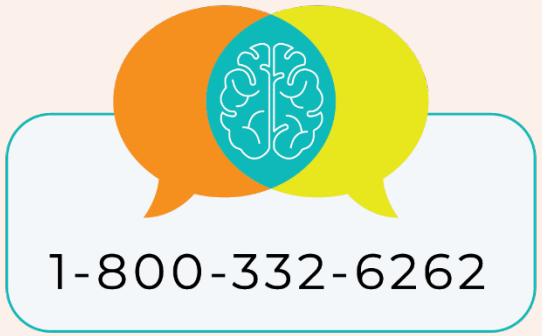
- An overview of perinatal mental health conditions (prevalence, risk factors, symptoms, etc…)
- Screening recommendations and best practices
- Perinatal psychopharmacology
- KanCare billing and reimbursement
- Perinatal substance use identification and intervention

Not sure what training is best suited to your organizational or department needs? **Call or reach out online to request or discuss your training needs.** 1-800-332-6262 or visit bit.ly/MCHRNform

Access services to support your work with perinatal clients

Registered KCC Providers Receive

- **Early registration** access to trainings and PSI scholarships
- Up to six hours of **free CEs** (continuing education credits)
- Access to a **consolidated hub** of KCC and KSKidsMAP (pediatric program) services



- Streamline use of the Mental Health Consultation & Resource Network

Sign up today!

Questions?

KANSAS
CONNECTING
COMMUNITIES

A Kansas Department of Health and Environment Program

Thank you

KANSAS
CONNECTING
COMMUNITIES

A Kansas Department of Health and Environment Program

KANSAS COALITION
against sexual & domestic violence

Contact Information

Hannah Figgs-Hoard

Director of Advocacy

hfiggshoard@kcsdv.org

KANSAS COALITION against sexual & domestic violence

Addressing Intimate Partner Violence in Perinatal Health Settings

Hannah Figgs-Hoard
Director of Advocacy, KCSDV

The MAVIS Project is supported by the Office on Women's Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $300,000 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit womenshealth.gov.

Disclaimer

Information in this presentation is provided as a public service to enhance public education and is accurate as of June 2025.
It is not intended to take the place of any statutory law, regulations or legal guidance documents. The information may be subject to change and should not be considered legal advice.

KANSAS COALITION
against sexual & domestic violence

Pre-Training Survey

KANSAS COALITION against sexual & domestic violence

Collective Agreements

Because intimate partner violence is so prevalent, we know there are ***always*** survivors among us.

- This topic can be difficult for anyone, especially if you are a survivor of violence.
- Be aware of your reactions and take care of yourself first.
- If you need support, SafeLine Kansas is a 24/7, free and confidential support line for Kansans experiencing sexual or domestic violence. 1-888-363-2287

MAVIS PROJECT

Maternal Anti-Violence Innovation & Sharing

A partnership between Kansas Department of Health and Environment (KDHE), Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC) to reduce maternal deaths in Kansas due to homicide and suicide.

Kansas Department of Health and Environment

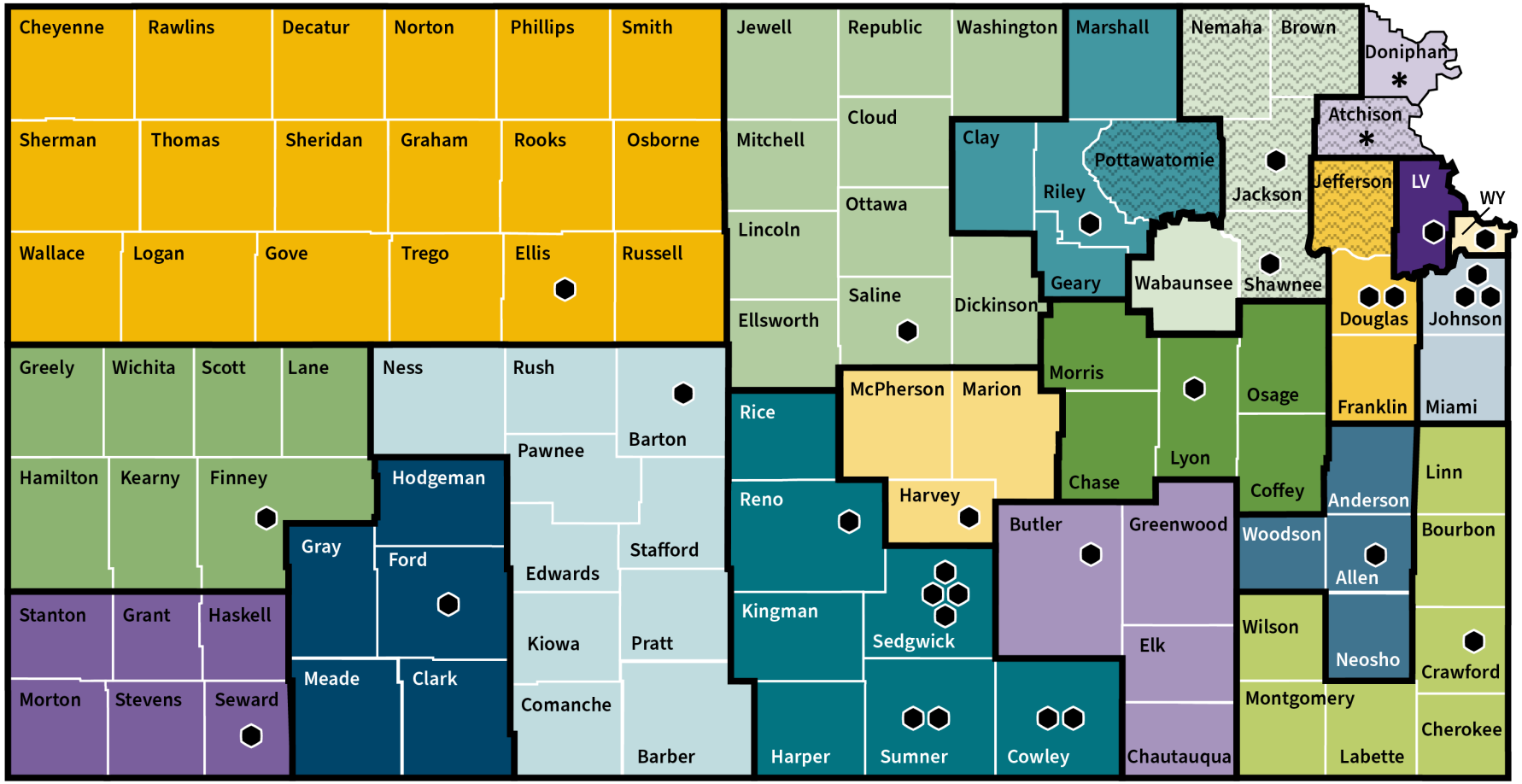
KANSAS COALITION against sexual & domestic violence

KANSAS CONNECTING COMMUNITIES

KPQC Kansas Perinatal Quality Collaborative

Kansas Maternal Mortality Review Committee

KCSDV Member Program Service Areas



www.kcsdv.org

KANSAS COALITION against sexual & domestic violence

KANSAS COALITION
against sexual & domestic violence

About the Kansas Coalition Against Sexual and Domestic Violence (KCSDV)

- Statewide Nonprofit
- 25 DV/SA Member Programs
- Advocacy Organization
- Public Policy (Laws) Advocacy
- Technical (Special) Assistance
- Accreditation
- Training
- Resource Development

KANSAS COALITION
against sexual & domestic violence

About KCSDV Member Program Services

- Crisis Intervention
- Support Groups & Counseling
- Resource & Referral
- Community Awareness & Education
- Personal Advocacy
- Hotline Services
- Court Advocacy
- Shelter

KANSAS COALITION against sexual & domestic violence

Domestic and Intimate Partner Violence: Squares and Rectangles

Intimate Partner Violence

Domestic Violence

Both include a ***pattern*** of behaviors intended to gain or maintain ***power and control*** over another person.

Citation: Center for Disease Control (CDC); K.S.A. 21-5111

KANSAS COALITION
against sexual & domestic violence

Health Impacts of Intimate Partner Violence

- Injuries to head, neck, and face
- Traumatic brain injuries (TBI)
- Strangulation/musculoskeletal injuries
- Unintended pregnancy/rapid repeat pregnancy
- Sexually transmitted infections
- Increased risk of cervical cancer
- Anxiety, depression, eating disorders
- Substance misuse
- Suicidality
- Cardiovascular Disease
- Death

Citation: Bell, Curry (2024)

Physical IPV in 12 months prior to pregnancy :

- High blood pressure, edema and other cardiovascular disorders
- Vaginal bleeding
- Severe nausea, vomiting, or dehydration
- Kidney infection or urinary tract infection
- Placental abruption

Citation: Bailey (2010); Alhusen (2015)

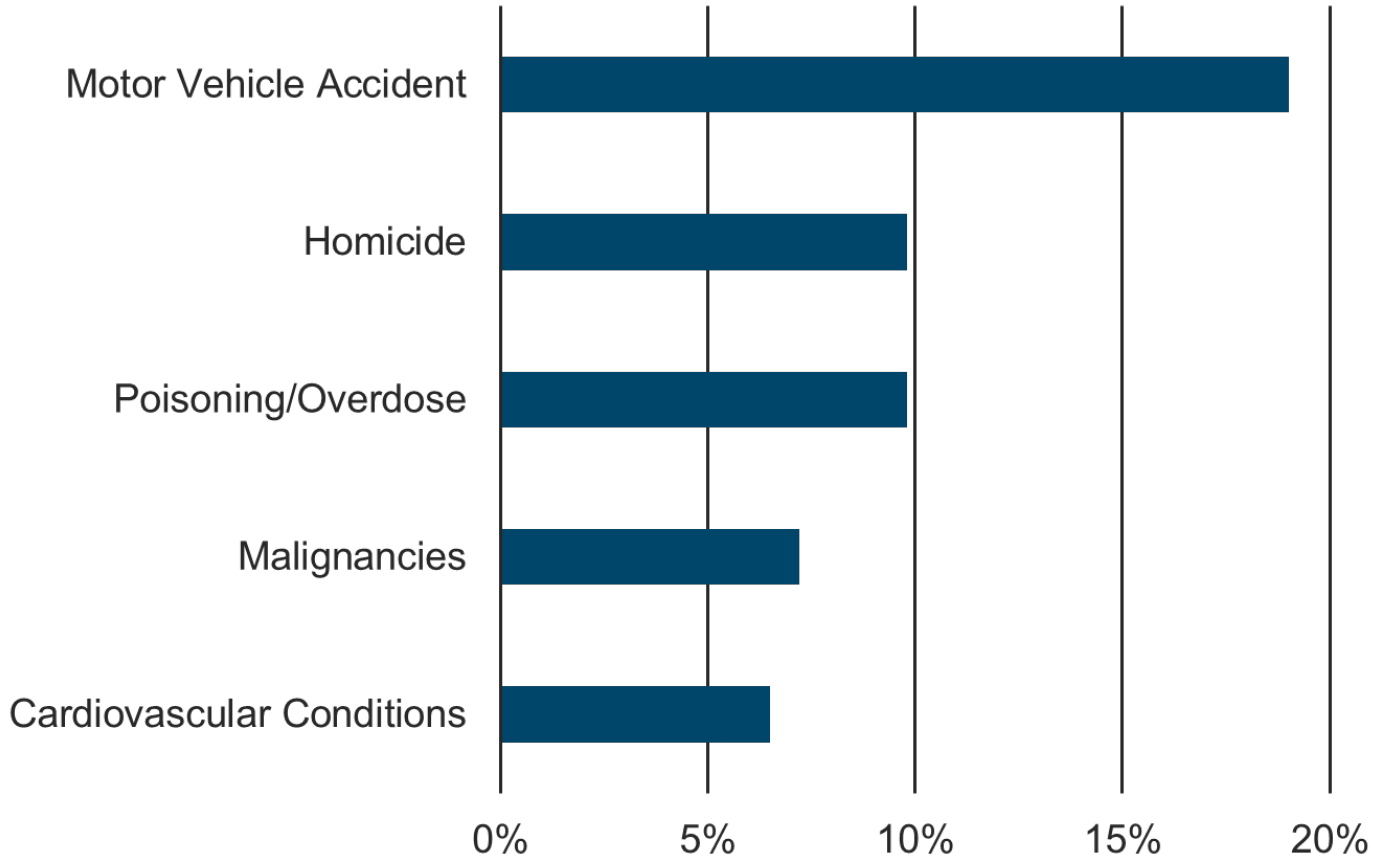
KANSAS COALITION against sexual & domestic violence

Maternal Mortality in Kansas

In Kansas, between 2016-2022, **homicide and overdose were the second leading cause of maternal deaths**.

More than one-quarter (27.7%) of all pregnancy associated deaths were caused by **homicide, suicide, mental health conditions, or unintentional poisoning or overdose.**

Leading Causes of Pregnancy-Associated Deaths



Citation: Kansas Maternal Mortality Review Committee (KMMRC); 2024

KANSAS COALITION
against sexual & domestic violence

If you only take one thing…

Leaving a relationship can never be *your* goal for a patient.

- **Leaving comes with the highest likelihood for homicide or acute victimization. Staying might be the safest choice.**
- **We need to move away from asking:**

  “*Why hasn’t the survivor left?*” to asking…

  “What can I do to support this person with what they need?”

Citation: The Washington State Coalition Against Domestic Violence

KANSAS COALITION against sexual & domestic violence

It’s hard to talk about IPV…

Providers

- Time Constraints
- Discomfort initiating conversations
- Not knowing what to do about disclosures
- Worry about mandatory reporting
- Lack of time
- Perceived lack of power
- Fear of offending the patient or partner

Patients

- Uncomfortable
- Fear for children
- Fear of unknown
- Fear of judgment
- Fear of not receiving adequate support
- Religious beliefs
- Language barriers
- Concerns about mandated reporting
- Concerns about privacy

Citation: IPV Health. Evidence Behind CUES, (2024)

KANSAS COALITION
against sexual & domestic violence

What do survivors of IPV want from healthcare professionals

Autonomy

- Survivors want to make their own decisions.

Empathy and Compassion

- Survivors want their experiences to be validated without judgment.

Informed Providers

- Survivors want health professional who understand the depth and complexity of domestic violence.
  - Impact of trauma on health
  - Long-term nature of violence
  - Intersection with accessing other needs

Citation: IPV Health. Evidence Behind CUES, (2024); McCloskey et al. (2006)

Rethink Screening

- Low disclosure rates (1-11%)
- Not all screening tools are trauma-informed
- Resources offered only based on a patient's disclosure
- No difference between survivors who are screened and those who are not

What if disclosure/identification of IPV was no longer the goal?

KANSAS COALITION against sexual & domestic violence

CUES: An Evidence-Based Intervention Developed for IPV

C: Confidentiality

- See patient alone for part of every visit
- Transparency about any limits of confidentiality

U/E: Universal Education + Empowerment

- Give each patient two (2) safety cards, share resources and information with ALL patients, regardless of disclosure

S: Support

- Know how to support someone when disclosure happens
- Warm referral to DV program

FUTURES Without Violence Store

General Health Safety Cards available in 11 languages

Citation: IPV Health. Evidence Behind CUES, (2024); FUTURES Without Violence

KANSAS COALITION
against sexual & domestic violence

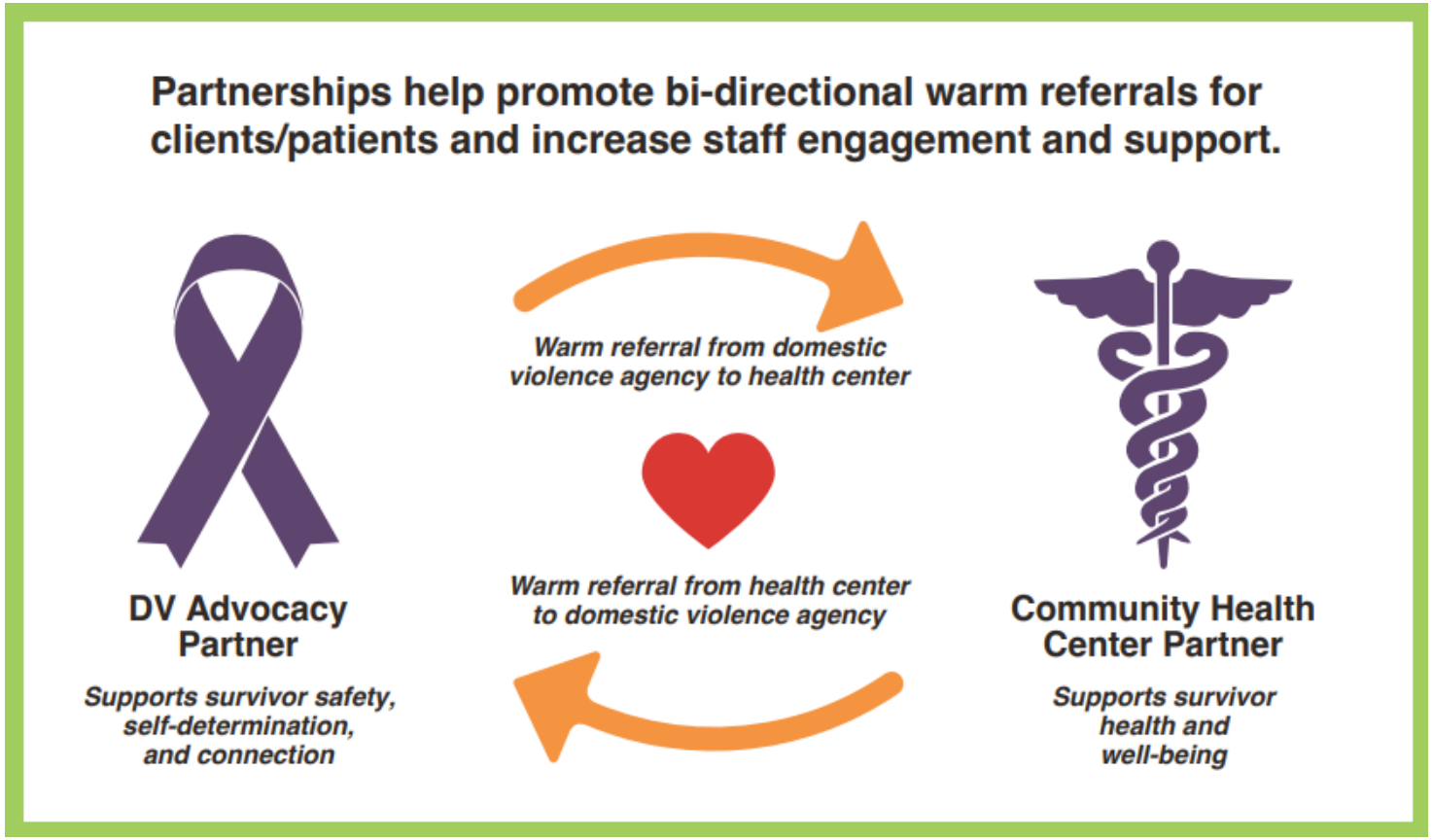
Safety Cards and Resources

- American Indian/Alaska Native Health
- Parent and Child
- Campus Health
- Child and Adolescent Health
- HIV Testing and Care
- Home Visitation
- Lesbian, Bisexual, Gay, and Trans/Gender Non-Conforming
- Primary Care
- Reproductive and Sexual Health

Resources are FREE and available in multiple languages, in PDF and in hard copy: http://ipvhealth.org/resources/

Build a Relationship with Your Local IPV/SV Program

- Warm referrals increase likelihood of survivors using resources.
- Memorandums of Understanding (MOUs) can help standardize flow of referrals.



Citation: Building Fruitful Partnerships, FUTURES Without Violence (2024)

KANSAS COALITION
against sexual & domestic violence

Citation: CUES Intervention (shortened)

It Is Okay to Say…

- *"I don't know—I'm not sure."*
- *"I'm not an expert in this but I know where to go to get more help and information—Would it help if we called together?"*

KANSAS COALITION
against sexual & domestic violence

Your Relationship Matters!

Healthcare providers do not have to be DV experts to help patients experiencing domestic violence.

You are not alone in supporting the survivor.

You can consult, problem solve, and lean on advocates.

Connect **and** partner with your local domestic and sexual violence organizations for support before a **crisis.**

Citation: The Washington State Coalition Against Domestic Violence

KANSAS COALITION
against sexual & domestic violence

Success is in the seeds we plant. We don't get to know when those seeds will sprout.

"The time she took, just listening to me, mattered more than she knew, no one just listens..." - Survivor

Citation: Davidov (2012)

KANSAS COALITION
against sexual & domestic violence

Next Steps

1

- All staff receive training on CUES- Addressing IPV in Healthcare Settings

2

- Make connection with local KCSDV Member Program- Find on Map

3

- Order materials and implement CUES with ALL patients- Order Hard Copy Products

4

- KCSDV technical assistance – policy support and best practices, sample tools and strategies

KANSAS COALITION
against sexual & domestic violence

Questions?

KANSAS COALITION
against sexual & domestic violence

Contact Information

Hannah Figgs-Hoard

Director of Advocacy

hfiggshoard@kcsdv.org

No Learning Forum in July…

See you August 26th at noon!