



Learning Forum

February 2022





Roll Call!

Name & Agency



Agenda Notes for today

- Rapid Response then featured speakers: KCC
- QI: PP Policies slide deck... in process
- Save the Date!

Rapid Response

Black Mamas Matter Alliance

October 2021

MATERNAL MORTALITY REVIEW COMMITTEES

*SHARING POWER WITH
COMMUNITIES*



OCTOBER 2021

KEY RECOMMENDATIONS



Listen to and center the experiences of community members



Provide additional funding to MMRCs



Diversify membership and meaningfully engage communities



Increase transparency of MMRC processes and data



Provide training, guidance, and resources to strengthen the capacity of MMRCs



Strengthen the capacity of MMRCs to better examine and address racism and discrimination

Postpartum Policy

FTI Recommendations for Policy Review & Update



Response: Every Event

Policy:

- ☐ Train ALL staff
- ☐ Educate ALL PP Pts & Families
- ☐ Prepare ALL to respond to the call

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

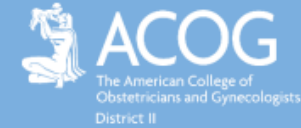
Call 911 if you have:	<input type="checkbox"/> P ain in chest <input type="checkbox"/> O bstructed breathing or shortness of breath <input type="checkbox"/> S eizures <input type="checkbox"/> T houghts of hurting yourself or your baby
Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> B leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> I ncision that is not healing <input type="checkbox"/> R ed or swollen leg, that is painful or warm to touch <input type="checkbox"/> T emperature of 100.4°F or higher <input type="checkbox"/> H eadache that does not get better, even after taking medicine, or bad headache with vision changes

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)

Postpartum Surveillance



Necessary to prevent additional morbidity as preeclampsia/eclampsia can develop postpartum

INPATIENT

- Measure BP every 4 hours after delivery until stable
- Do not use NSAIDs for women with elevated BP
- Do not discharge patient until BP is well controlled for at least 24 hours

OUTPATIENT

- For pts with preeclampsia, visiting nurse evaluation recommended:
 - ✓ Within 3-5 days
 - ✓ Again in 7-10 days after delivery (earlier if persistent symptoms)

ANTIHYPERTENSIVE THERAPY

- Recommended for persistent postpartum HTN: SBP ≥ 150 or DBP ≥ 100 on at least two occasions at least 4 hours apart
- Persistent SBP ≥ 160 or DBP ≥ 110 should be treated within 1 hour



Post-Discharge Evaluation

ELEVATED BP AT HOME, OFFICE, TRIAGE

Postpartum triggers:

- SBP ≥ 160 or DBP ≥ 110 or
- SBP ≥ 140 -159 or DBP ≥ 90 -109 with unremitting headaches, visual disturbances, or epigastric/RUQ pain



- Emergency Department treatment (OB /MICU consult as needed)
- AntiHTN therapy suggested if persistent **SBP ≥ 150 or DBP ≥ 100** on at least two occasions at least 4 hours apart
- Persistent **SBP ≥ 160 or DBP ≥ 110** should be treated within 1 hour



Good response to antiHTN treatment and asymptomatic



Admit for further observation and management
(L&D, ICU, unit with telemetry)



Signs and symptoms of eclampsia, abnormal neurological evaluation, congestive heart failure, renal failure, coagulopathy, poor response to antihypertensive treatment



Recommend emergency consultation for further evaluation
(MFM, internal medicine, OB anesthesiology, critical care)



Save
The
Date!

SAVE THE DATE

Kansas Perinatal Quality Collaborative

GENERAL MEETING



May **24** 2022

Attendance will be virtual for
the general KPQC membership
and in-person for FTI
Champions.

**Meeting details
coming soon!**

Welcome: Pratt Regional Medical Center!



Rapid Response: Website, Resources

Re-Launch is expected...



Rapid Response: Important Dates

Learning Forums

- Calendar on website
- 3rd Tuesday of every month

General Meeting

- Virtual
- In-person



KPQC 2022 Educational Calendar

January 01

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 02

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 03

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 04

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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17	18	19	20	21	22	23
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May 05

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June 06

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July 07

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24	25	26	27	28	29	30

August 08

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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7	8	9	10	11	12	13
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September 09

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
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11	12	13	14	15	16	17
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25	26	27	28	29	30	

Enrolled Facilities/Centers

Birth Facilities:

AdventHealth Ottawa
AdventHealth Shawnee Mission
Amberwell Hiawatha Community Hospital
Ascension Via Christi St Joseph
Atchison Hosp Assoc Amberwell Atchison
Citizens Medical Center (Colby)
Coffeyville Regional Medical Center
Community Healthcare System (Onaga)
Geary Community Hospital
Hays Medical Center
Hutchison Regional Medical Center
Kearny County Hospital

Lawrence Memorial Hospital
Memorial Health System (Abilene)
Nemaha Valley Community Hospital
Neosho Memorial Regional Medical Center (Chanute)
Newman Regional Health
Overland Park Regional Medical Center
Pratt Regional Medical Center
Providence Medical Center
Sabetha Community Hospital
Southwest Medical Center (Liberal)
Stormont Vail Health System
University of KS Health System: KC
University of KS Health System: St Francis
Wesley Medical Center

Birth Centers:

New Birth Company
Sunflower Birth & Family Wellness

FTI = Process Improvement

➤ Enroll in FTI:

Maternal Warning Signs

- Baseline Data
- Policy Review
- Train POST-BIRTH
- ❑ Update Policy
- ❑ Standardize Discharge Summary & Education
- ❑ PP Visit Scheduled

Maternal Mental Health

- Baseline Data
- Direct TA Group selection & work
- Training on Standardized Screening, Treatment
- ❑ Establish Referral Network (PP Care Teams)
- ❑ Policy Review/Update
- ❑ Standardized Discharge Summary & Education
- ❑ PP Visit Scheduled

FTI Enrollees “To Do”:

- MWS: AWHONN POST-BIRTH Training
 - ✓ **FINISH** Training Unit/Facility Staff by April 2022
 - *Send Rosters, please 😊
 - *Institute standardized education upon PP Discharge
 - *Magnets=Routine Practice
 - *Think about connecting outside of your building

AWHONN POST-BIRTH Training Update

- ✓ Train PP Staff
- ✓ Train OB Staff
- ☐ Update Policy
- ☐ Integrate POST-BIRTH into EVERY PP Discharge
- ☐ Re-evaluate process
- ☐ Train Outpatient Staff
- ☐ Train ER/Urgent Care/Triage
- ☐ Integrate ER/Outpatient settings





ENROLLEES CHECKLIST 1.22

ENROLLED FACILITY/CENTER <small>*CHOOSE FROM DROP-DOWN</small>	CHOOSE AN ITEM.
FTI Champion Name	
Lead OB Provider Name	
2021 Birth Numbers (Live & Stillbirth)	

POSTPARTUM CARE TEAM

MEMBERS IDENTIFIED (NAME/TITLE)

Primary Maternal Care Provider	
Postpartum Nursing Staff (Unit & Manager Name)	
Infant Provider	
Care Coordinator (Social Worker, Maternal Navigator)	
Lactation Support	
Home Visitor	
Specialty Providers (Mental Health, Intern Med)	

MATERNAL MENTAL HEALTH INTEGRATION TOOLKIT

KCC DATA COLLECTION	DATE COMPLETED
MMH Champion (if different than FTI Champ)	Name:
MMH Direct TA Awardee?	Yes No
Reviewed Maternal Mental Health Integration Toolkit (*if not completed on previous checklist)	Yes No
Evaluated Current Facility Maternal Mental Health Screening Tool & Related Policies (*if not completed on previously checklist)	Yes No
Identified Facility/Community/County Needs	Plans to review in 2022? Yes No Review Date:
FTI Lead OB Provider Survey completed (all sites)	
DEVELOP & IMPLEMENT POLICY	DATE COMPLETED
Develop/Revise MMH Policy (Screening Referral)	
Review Data Collection & Process Improvement Opportunities with KCC Team	
SUBMITTING DATA & REFINING PRACTICE	DATE COMPLETED
Referral process post-Discharge embedded	
Submit ongoing data to FTI/KCC as requested	
Policy Update Completed	

MATERNAL WARNING SIGNS (MWS)

AWHONN POST-BIRTH TRAINING

*Add only those who were not included on previous Enrollee Checklist

REGISTERED*	NAME/DEPARTMENT	DATE COMPLETED
FTI Champion		
FTI Seat		
FTI Seat		
	*NAME REGISTERED/DEPT/NUMBER TRAINED	DATE COMPLETED
Other Staff		
Other Staff		
Other Staff		
Other Staff		
Other Staff		
AWHONN MWS MATERIALS		RECEIVED DATE
Received 2nd Installment of Magnets (after AWHONN training is completed)		
Received "Mom Plan" cards		
MATERNAL WARNING SIGNS INTEGRATION		DATE COMPLETED
Review MWS Integration Toolkit		
IDENTIFIED POLICIES TO REVIEW (DISCHARGE EDUCATION, REFERRAL PROCESS, DISCHARGE PLANNING, ETC)		
Policy #1 Reviewed:		
Policy #2 Reviewed:		
Policy #3 Reviewed:		
TA with KDHE/FTI Team		
DISCHARGE PLANNING POLICY REVIEW		
Postpartum Appointment post-Discharge policy reviewed		
DISCHARGE PLANNING POLICY UPDATE		
POST-BIRTH education & Magnet embedded in PP Discharge Policy		
Postpartum Appointment policy updated		
Referral process post-Discharge embedded (Hypertension, Navigation)		

FTI MMH TA Project

MMH Implementation Guardrails

- ☐ Documented administration of universal standardized evidence-based & validated perinatal mental health screening tool prior to PP discharge
- ☐ Documentation of positive screens, referral coordination, loop closure (include PP Care Team), when appropriate
- ☐ Standardized patient education

MMH Toolbox:

- Local policy, procedures, & champions
- [Perinatal Provider Consultation Line for Behavioral Health](#)
- KPQC Network & KDHE/KCC Resources: toolkits, training, TA, etc...
 - *Are you receiving our monthly MMH [emails](#)?*
 - *Check out and bookmark the NEW toolkit links & layout:*
<https://www.kdhe.ks.gov/520/Mental-Health>
- Other state & national resources

FTI MMH Checklist

Pre-Implementation (2022)	MMH Champion (if different than FTI Champ)	X
	MMH Direct TA Awardee*?	X
	FTI Champion Practice Baseline Survey	X
	FTI OB Lead Provider Baseline Survey	
	Reviewed Maternal Health Integration Toolkit	
	Evaluated Current Facility Maternal Mental Health Screening Tool & Related Policies	
	Identified Facility/Community Needs	
	Provider Training Needs Identified	
DEVELOP & IMPLEMENT POLICY	Develop/Revise MMH Policy (Screening, Referral)	
	Review Data Collection & Process Improvement Opportunities	
SUBMITTING DATA & REFINING PRACTICE	Referral process post-Discharge embedded	
	Submit ongoing data to FTI/KCC as requested	
	Policy Update Completed	

If not already completed, please complete [FTI MMH TA Needs Survey](#)*



MMH TA Sites

Advent Health Shawnee Mission

Geary Community Hospital

Hays Medical Center

Hutchinson Regional Medical Center

Nemaha Valley Community Hospital

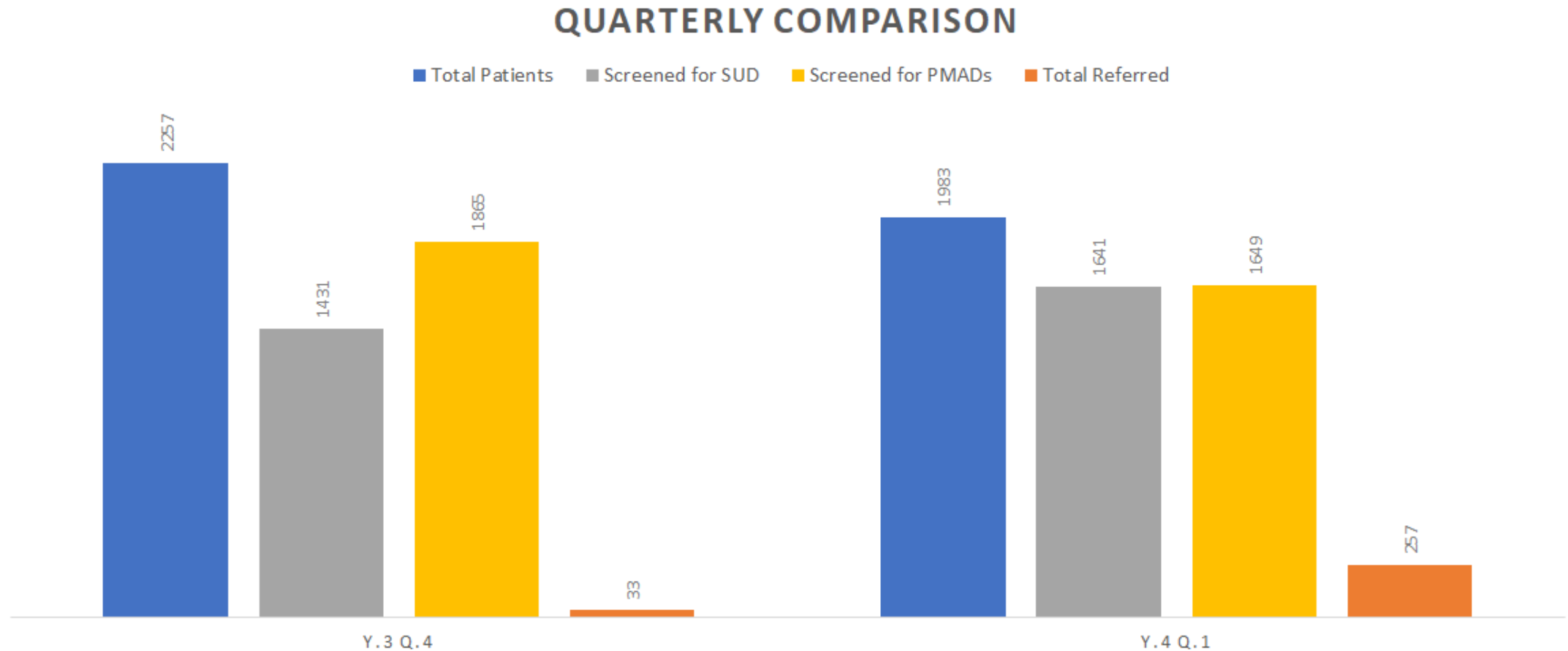
Newman Regional Health

Sunflower Birth & Family Wellness

University of KS Health System - St Francis

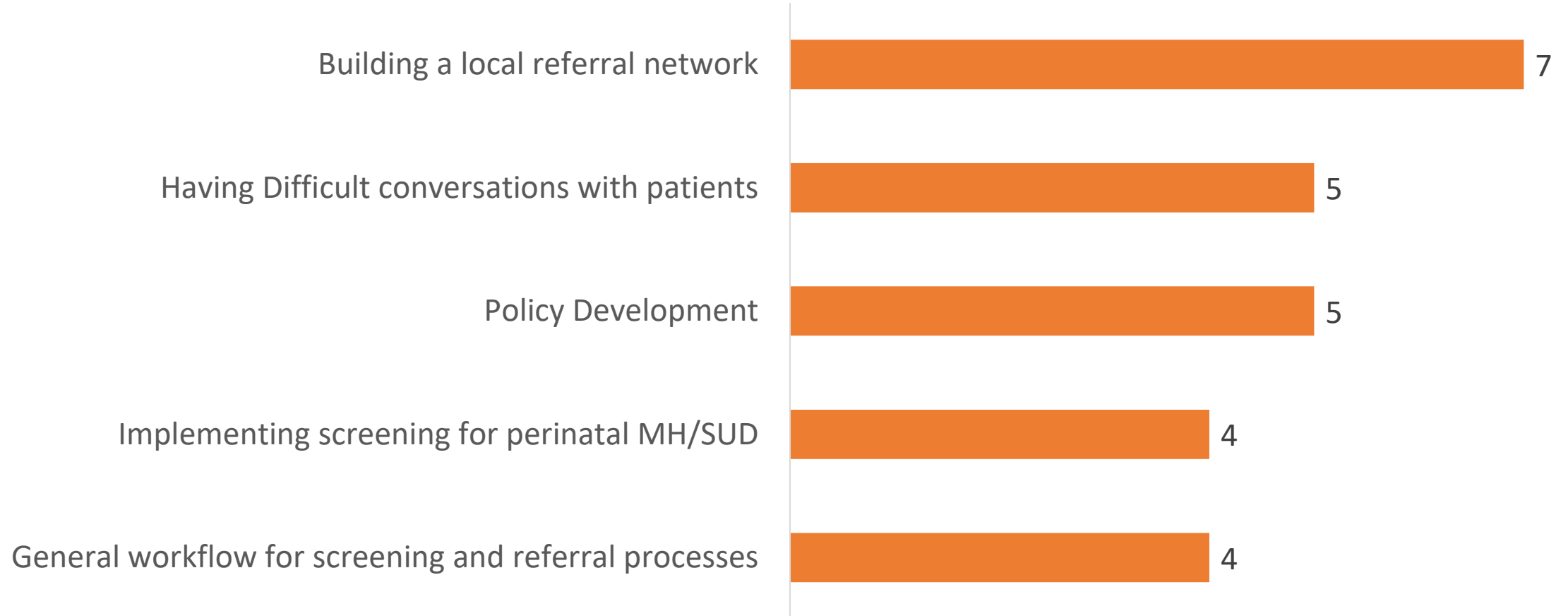
LMH Health

TA Screening and Referral Data



TA Needs Survey

Most Requested Topics



Next Steps

- **MMH TA Survey** & OB Lead Provider survey, if not completed already.
 - https://kusurvey.ca1.qualtrics.com/jfe/form/SV_3OeLI2pddCJaoWG
 - https://kusurvey.ca1.qualtrics.com/jfe/form/SV_4UU2T6mRC4qtFhs
- Continue engaging with Learning Forums & training/collaborative learning opportunities.

Upcoming MMH Learning/Training Opportunities:

- March-May: FTI MMH TA Peer Learning Workshops
- March-May: KMIM Case Consultation Clinics (prescribers & other treatment providers)
- April, PSI-KS Webinar, MMH & Cultural Humility



Perinatal Loss and Bereavement

KPQC Learning Forum

February 22, 2022

Erin N. Bider, MD

Perinatal loss

- Non-voluntary loss of pregnancy or death of baby from conception to 28 days postpartum
- Spontaneous abortion (miscarriage) = conception through 20 weeks
- Intrauterine fetal demise (IUFD, or stillbirth) = after 20 weeks or after reaching 14oz weight
- Early (<7 days) or late (7-28 days) neonatal death
- Termination for fetal abnormalities or genetic conditions
- Recurrent perinatal loss = 3 or more losses
 - - American Society of Reproductive Medicine (ASRM) recently redefined as 2+

Epidemiology of perinatal loss

- 10-15% of pregnancies end in loss prior to 20 weeks
- 75% of losses occur before 12 weeks gestation
- Stillbirth after 20 weeks affects 1% of all births
- Many early first trimester losses may never be recognized as a pregnancy, thus may be as common as in 1/3 of all pregnancies
- 50-80% of women who have experienced perinatal loss will get pregnant again

Most common reasons for fetal loss

- Chromosomal abnormalities
- Fetal anomalies
- Death of fetus during labor and delivery
- Preterm labor
- Hypertensive disorders
- Umbilical cord abnormalities
- Infection
- Other medical conditions, including thyroid abnormalities, diabetes
- Unknown causes: 50% of cases

Risk factors for perinatal loss

- Increased maternal age
- History of prior miscarriage
- Infertility o Thrombophilias
- Parental cytogenetic abnormalities
- More controversial: social and lifestyle factors
 - ▪ Alcohol use
 - ▪ Smoking
 - ▪ Caffeine intake
 - ▪ Stress and emotional well-being
- Recurrent perinatal loss

Does psychiatric illness increase risk for loss?

- Women with pre-pregnancy psychiatric disorders are more likely to experience loss
- Mood and substance use disorders were significant, not anxiety disorders
- Hypothesis is that this is due to effects on the HPA axis
 - - stress hormones affect promote the release of placental prostaglandins, increase effect of oxytocin on uterus and up-regulate pro-inflammatory cytokines
- Other involved factors likely also include decreased prenatal care in women with active mental illness, decreased physical activity and likely other, unidentified or unmeasured risks
- Maternal mental illness has been linked to infant mortality and SIDS

Psychiatric comorbidities after loss

Grief

- Higher risk of complicated grief than with other types of loss, especially in the setting of:
 - ▪ Poor psychosocial support
 - ▪ Premorbid MDD
 - ▪ Ambivalence about pregnancy
 - ▪ Termination of pregnancy for fetal anomaly

Presence of older children is protective against complicated grief

Psychiatric comorbidities after loss

Depression and anxiety

- Risk factors:
 - Highest risk is in IUFD (loss after 20 weeks)
 - Infertility treatment
 - Recurrent pregnancy loss
 - History of depression
 - History of PTSD
 - Intimate partner violence
 - High levels of distress immediately following loss
- Perceived low levels of support increase the risk of depression in subsequent pregnancy and postpartum period
- Pregnancy within a year following a loss also increases the risk of depression and anxiety in subsequent pregnancy
- In women with multiple losses, the risk of depressive and anxiety symptoms increases with each subsequent loss

Psychiatric comorbidities after loss

PTSD

- 29% following stillbirth
- 21% in the third trimester of a subsequent pregnancy
- Longer gestational age at time of loss correlates with severity of PTSD
- Risk factors:
 - young age
 - lower education
 - previous trauma/PTSD
 - history of other psychiatric illness

Psychiatric comorbidities after loss

Suicide

- Mean annual suicide rate after miscarriage is 18.1/100,000
 - compared to 5.9/100,000 for live birth
- Mothers who lose a child describe ambivalence about their own mortality
- Obligations to other children may be protective

Risks in future pregnancies

- Increased risk for depression and anxiety in subsequent pregnancy and even following the delivery of a healthy child
- Decreased attachment to baby in subsequent pregnancies
- Is a risk factor for postpartum depression
- Higher risk for anxiety in pregnancy than pre-existing anxiety disorders (both moms and dads)
- 50% of women have another pregnancy within a year of stillbirth

Resources & Education Spotlight: Perinatal and Infant Loss

- PSI (includes resources, direct peer support, online support groups): <https://www.postpartum.net/get-help/loss-grief-in-pregnancy-postpartum/>
- Shades of Blue (they have a variety of online support for brown and black birthing people including an infant loss group): [Online Support Groups | Shades of Blue \(shadesofblueproject.org\)](https://shadesofblueproject.org/)
- Legacy Star Foundation (variety of resources including support groups for perinatal loss): [Star Legacy Foundation: Stillbirth Education, Research and Awareness](https://www.legacystarfoundation.org/stillbirth-education-research-and-awareness)
- KIDS Network of Kansas (various support for people who have been impacted by infant loss and/or SIDS): [Home \(kidsk.org\)](https://kidsk.org/)
- Advent Health Shawnee Mission Pregnancy & Infant Loss Peer Support Group and Facebook page



Interested in peer
support group
development?
Email us

Perinatal and Infant Loss Resources, Continued

Support Groups (KC area)

Alexandra's House

KC HOPE Ministries

Solace House

You Made Me Mom

Miscarriage & Infertility Support group at Church of Ascension

Pregnancy & Infant Loss Support Group at OPR main hospital

The Compassionate Friends


Books

"Empty Arms" by Pam Vredevelt

"Saying Goodbye" by Zoe Clark-Coates

"Tear Soup" by Pat Schwiebert - good for adults and kids

"It's Ok That You're Not Ok" - by Megan Devine



You have a lot of questions. I know where to find answers.

Resources

for Providers

Kansas Connecting Communities Website

kansasmch.org/kcc.asp

- general perinatal behavioral health resources
- best practice recommendations
- KDHE maternal child health toolkits

Provider Consultation Line

kansasmch.org/psychiatric-consultation-care-coordination.asp

- help with a referral to in-person or telehealth services
- case consultation with a peripartum psychiatrist, if needed, for medication dosing and treatment planning help

Call (833) 765-2004

or submit a form: bit.ly/ProviderConsult

Managing perinatal behavioral health disorders is challenging. Let us help.



Resources

for Patients

Postpartum Support International

www.postpartum.net

Call the PSI HelpLine:

1-800-944-4773

#1 En Español or #2 English

Text "Help" to 800-944-4773 (EN)

Text en Español: 971-203-7773

Locate support groups and resources for patients including:

- LGBTQ+ individuals
- people of color
- dads, partners, and families
- incarcerated women
- adoptive and birth mothers
- military families

*Connection to meaningful support is a
bright spot in a world of gray.*

February 8 & 22
March 8 & 22
April 12 & 26
May 10 & 24

Register [here](#)

Kansas

Moms in Mind

Consultation Clinics

Build knowledge. Connect with experts. Gain confidence.



Erin Bider, MD



Melissa Hoffman
DNP, APRN, PMNHP-BC



Lucinda Whitney
DNP, APRN, PMHNP-BC



Beth Oller, MD

Questions?





Next LF

Dr Taylor Bertschy

FTI work at Wesley: Inpatient changes meet outpatient challenges

March 22nd

