



Kansas Perinatal Quality Collaborative

General Meeting

November 18th, 2021





Kansas Perinatal Quality Collaborative

Please check in

Name, title, and agency in CHAT



**Chat is muted...
but not for long!**

Reach out to Tiffany if you have IT concerns



Today's Agenda

9am Welcome

- Introductions
- AIM Enrollment Celebration

9:10-9:30am Keynote Speaker

- Nikita Desai from AIM

9:30-10am First Trimester Initiative: Statewide Update

- Progress being made!
- Maternal Warning Signs Toolkit & Maternal Mental Health Toolkit
- Next Steps, Connected dots/agencies/programs
- How to enroll

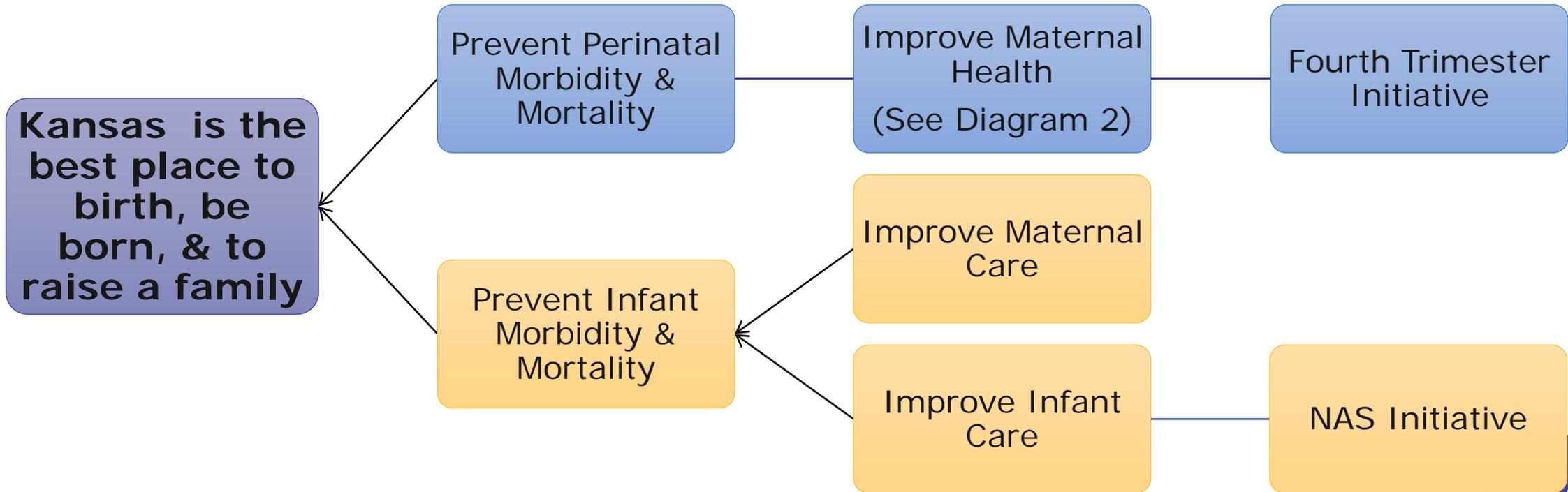
10am-Noon FTI Training & Collaboration

MWS

MMH

Data Collection

KS Perinatal Quality Collaborative

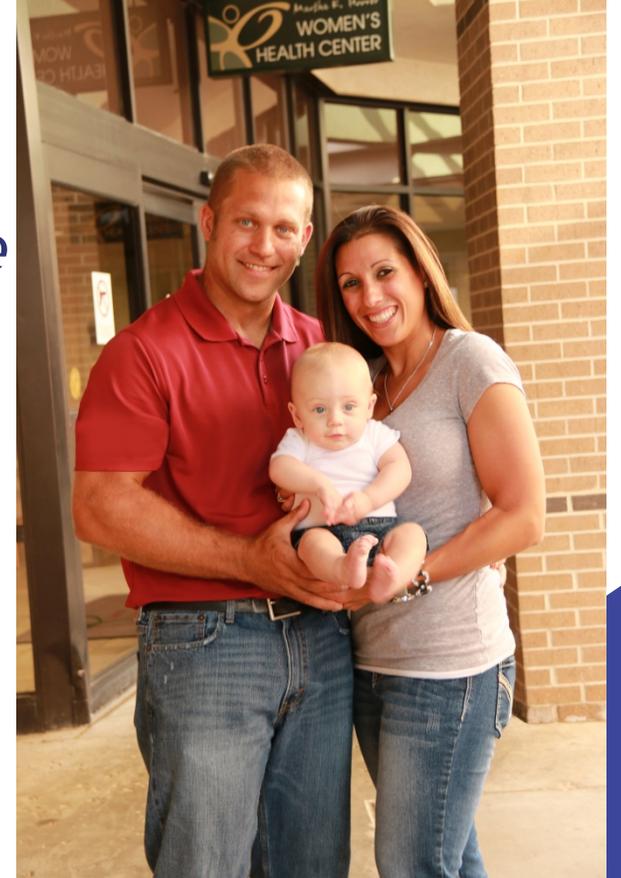


Where are we?!

Fourth Trimester Initiative:

A cutting-edge approach to the care provided to women immediately after delivery and extending through the vital first year after birth.

Goal: We will work to engage and empower patients and providers alike, enlist the support of every community in Kansas, to intentionally improve health outcomes with our collective, inspired effort.



26 Enrolled Facilities/Centers



Birth Facilities:

- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi St Joseph
- Atchison Hosp Assoc Amberwell Atchison
- Citizens Medical Center (Colby)
- Coffeyville Regional Med 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
- Newman Regional Health
- Overland Park Regional
- Providence Medical Center
- Sabetha Community Hosp
- Southwest Medical Center (Liberal)
- Stormont Vail Health System
- Univ of KS Health System KC
- Univ of KS Health System St Francis
- Wesley Medical Center

Birth Centers:

- New Birth Company
- Sunflower Birth & Family Wellness

Stakeholders at the table



Fourth Trimester Initiative

Our Purpose

A review of Kansas maternal deaths determined the majority of deaths occur between the time immediately after birth and the end of the first year. We also know the year after birth has many physical and emotional changes for the mother, baby, and family. Together we created the Fourth Trimester Initiative (FTI), a cutting-edge approach to study and improve the experience of our mothers and families in Kansas. Through this work we will engage and empower patients, their families and support system, providers, and Kansas communities to intentionally improve maternal health outcomes with our collective, inspired effort.

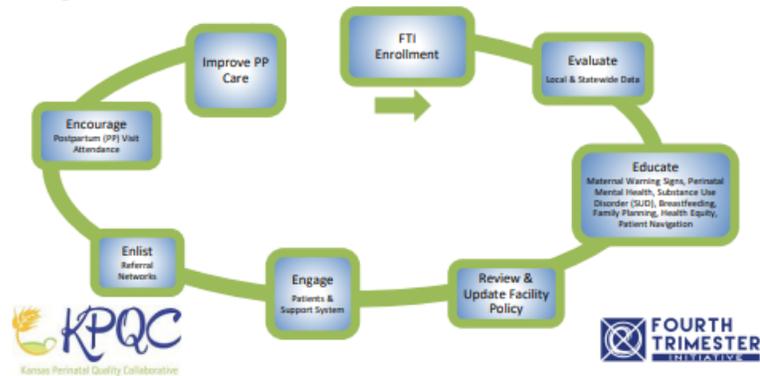
24 + 2
Hospitals Birth Centers
= 72%
Births in Kansas

Goals

To decrease maternal morbidity and mortality in Kansas we will:

- ✓ Conduct standard screening of all childbearing-aged women
- ✓ Provide guideline-driven, best practice health care
- ✓ Provide mechanisms to assure timely referral and follow up
- ✓ Identify each mother's Postpartum Care Team
- ✓ Ensure a personalized Patient Plan of Care ("Mom Plan")
- ✓ Provide reproductive health planning
- ✓ Establish ongoing insurance coverage
- ✓ Address social determinants of health and health equity.

Taking Action



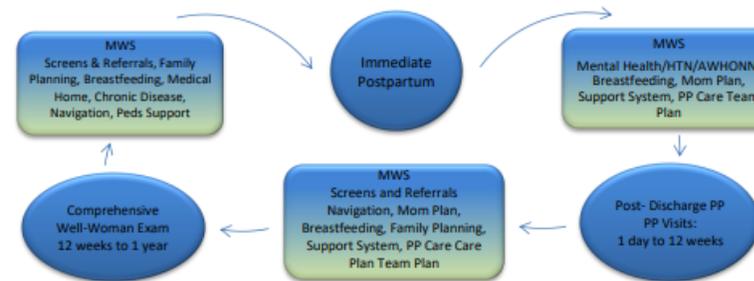
Fourth Trimester Initiative Locations



Birth Facilities & Birth Centers

- Birth Facilities**
- AdventHealth Shawnee Mission, Johnson County
 - AdventHealth Overland, Franklin County
 - Antenatal Healthcare Center Hospital, Brown County
 - Ascension Via Christi St. Joseph, Sedgewick County
 - Alchison Hospital Association dba Antebellum Alchison, Alchison County
 - Clorena Medical Center, Thomas County
 - Coffeyville Regional Medical Center, Montgomery County
 - Community Healthcare System, Pottawatomie County
 - Geary Community Hospital, Geary County
 - Hays Medical Center, Ellis County
 - Hutchinson Regional Medical Center, Reno County
 - Kearney County Hospital, Kearney County
 - Lawrence Memorial Hospital, Douglas County
 - Memorial Health System, Dickinson County
 - Nemaha Valley Community Hospital, Nemaha County
 - Newman Regional Health, Lyon County
 - Overland Park Regional Medical Center, Johnson County
 - Providence Medical Center, Wyandotte County
 - Salisbury Community Hospital, Nemaha County
 - Southwest Medical Center, Seaward County
 - Stamont Vail Health, Shawnee County
 - University of Kansas Health System - KC, Wyandotte County
 - University of Kansas Health System - St. Francis, Shawnee County
 - Wesley Medical Center, Sedgewick County
- Birth Centers**
- New Birth Company Overland Park, Johnson County
 - Sunflower Birth & Family Wellness, Cowley County

Immediate Postpartum to One Year



Contact Us

For more information see our website kansaspqc.org or contact:

Terra Stroda, CNM
FTI Coordinator
tstroda@gmail.com

Partners



Throughout FTI

- ❑ County & Facility-specific outcomes
- ❑ Social Determinants identified and addressed
- ❑ Racism in care is addressed
- ❑ Birth equity is learned
- ❑ TA around Referral Networks: KPCCs
- ❑ Involve entire community of care
 - Medical and non-Medical
- ❑ Reimbursement addressed throughout



Big Announcement!

We are AIM enrolled!



Postpartum Discharge Transition AIM BUNDLE

<https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/postpartum-discharge-transition/>

The screenshot shows the top portion of a website page. At the top left is the AIM logo (Alliance for Innovation on Maternal Health). To the right is a navigation menu with items: ABOUT US, PATIENT SAFETY BUNDLES, FOR STATES AND PARTNERS, AIM DATA, COLLABORATIVE HEALTH INNOVATION STRATEGIES, and COUNCIL. Below the navigation is a large purple banner with the text "POSTPARTUM DISCHARGE TRANSITION" in white. Underneath the banner is a list of five categories: READINESS, RECOGNITION & PREVENTION, RESPONSE, REPORTING/SYSTEMS LEARNING, and RESPECTFUL CARE. To the right of this list is a "Quick Links" section with two items: "Printable Bundle PDF" and "Postpartum Discharge Element Implementation Details PDF", each with a PDF icon.

AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

ABOUT US ▾ PATIENT SAFETY BUNDLES ▾ FOR STATES AND PARTNERS ▾ AIM DATA ▾ COLLABORATIVE HEALTH INNOVATION STRATEGIES ▾ COUNCIL 🔍

POSTPARTUM DISCHARGE TRANSITION

- READINESS
- RECOGNITION & PREVENTION
- RESPONSE
- REPORTING/SYSTEMS LEARNING
- RESPECTFUL CARE

Quick Links

- Printable Bundle PDF
- Postpartum Discharge Element Implementation Details PDF





Nikita Desai, MPH

AIM Program Manager



AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH



History & Goals of AIM



Defining AIM

- A cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau and ACOG.
- Based on proven implementation approaches to improving patient safety and outcomes in the U.S.
- A national, cross sector commitment to promote safe care for every U.S. birth and lowering the U.S. rates of preventable maternal mortality and morbidity.
- Through state teams and health systems, AIM aligns national, state, and hospital level quality improvement efforts to improve overall maternal health outcomes.

AIM's Primary Objective



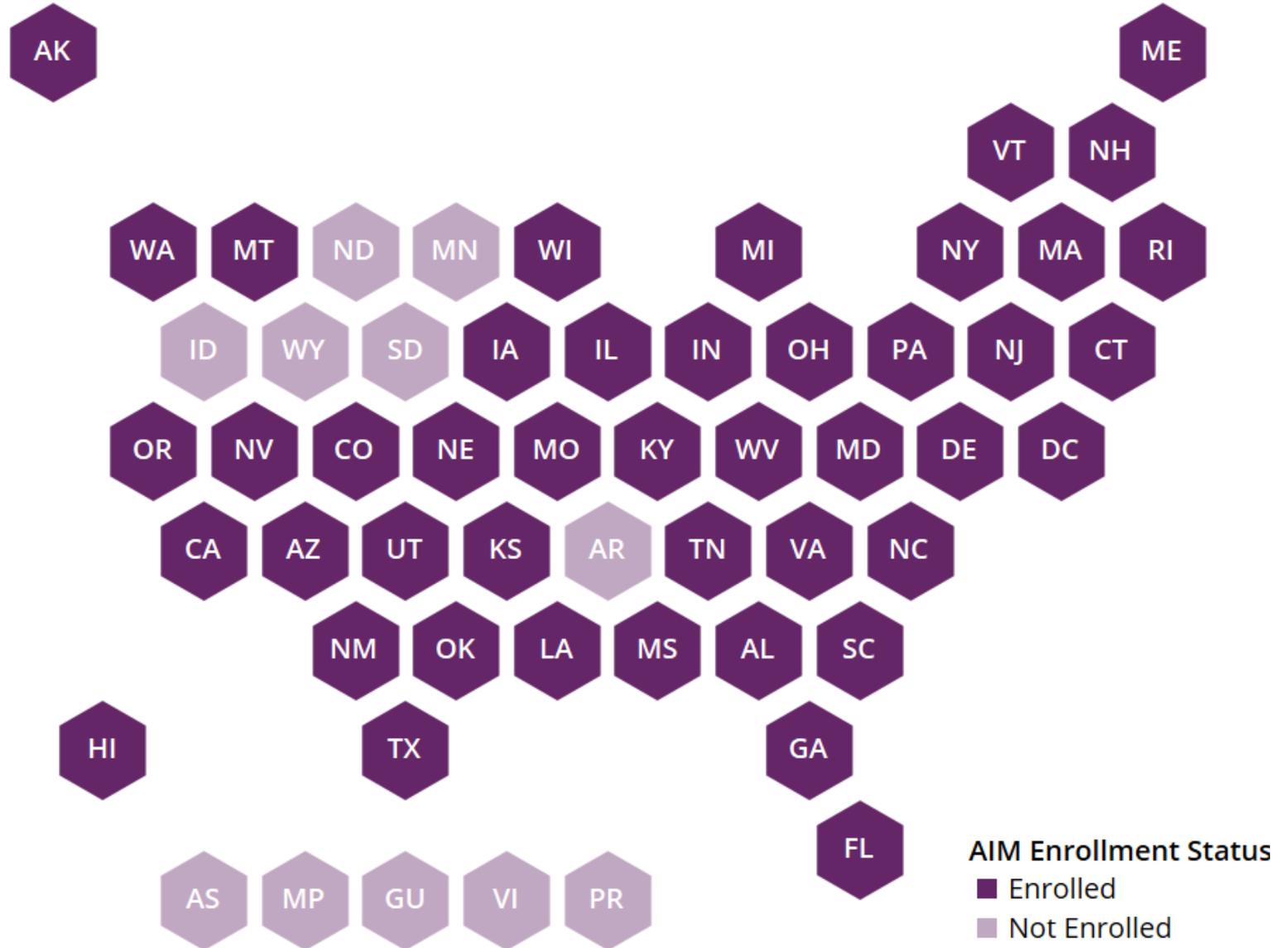
Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the United States.

By:

- Promoting safe care for every U.S. birth via engagement with state-based multidisciplinary implementation teams.
- Engaging multidisciplinary partners at the national level
- Developing and providing tools for implementation of evidence-based patient safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing efforts and disseminating evidence-based resources.

Fall 2021 AIM Cohort

- Kansas
- Maine
- Montana

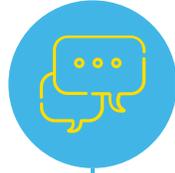


AIM National Team



Project Oversight

Provide assistance to state teams on the development of bundle implementation workplans. Offer ongoing guidance to help state teams achieve program objectives.



Engagement Opportunities

Facilitate opportunities for collaboration, learning, and information sharing amongst state teams. Offerings include bundle interest groups and knowledge library.



Data Strategy

Support state teams with the development of a data collection strategy that meets local needs. Provide resources to enable ongoing collection and reporting of hospital-level data.



Budget Guidance

Offer guidance on the design of project budgets and strategies for effective utilization of HRSA funds to support program objectives within the state.

AIM Patient Safety Bundles

- “A bundle is a **structured way of improving the processes of care and patient outcomes:**
- Small
- Straightforward
- Evidence-based

The power of a bundle comes from the body of science behind it and the method of execution: with **complete consistency.**

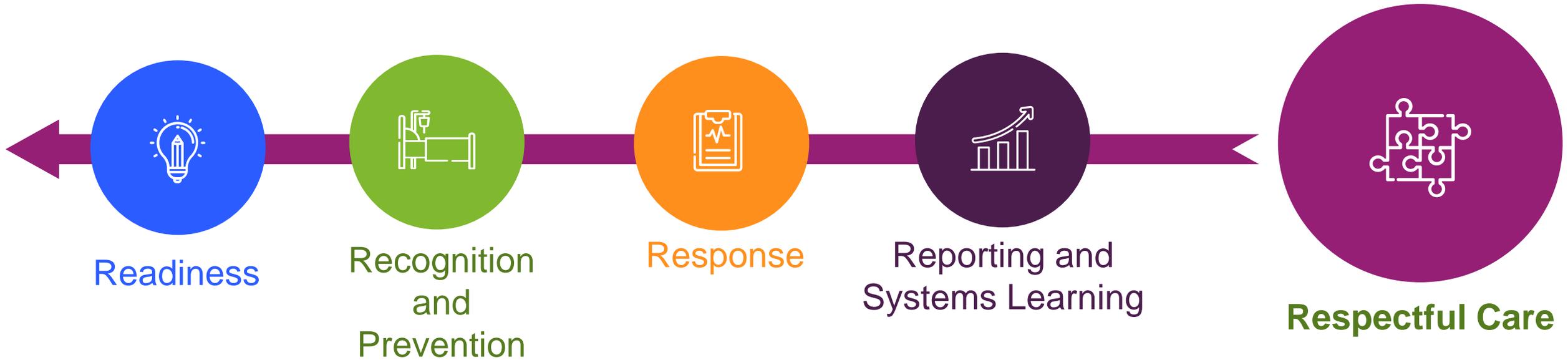
- Performed uniformly

A bundle ties the changes together into a package of interventions that people know must be followed for every patient, every single time.”

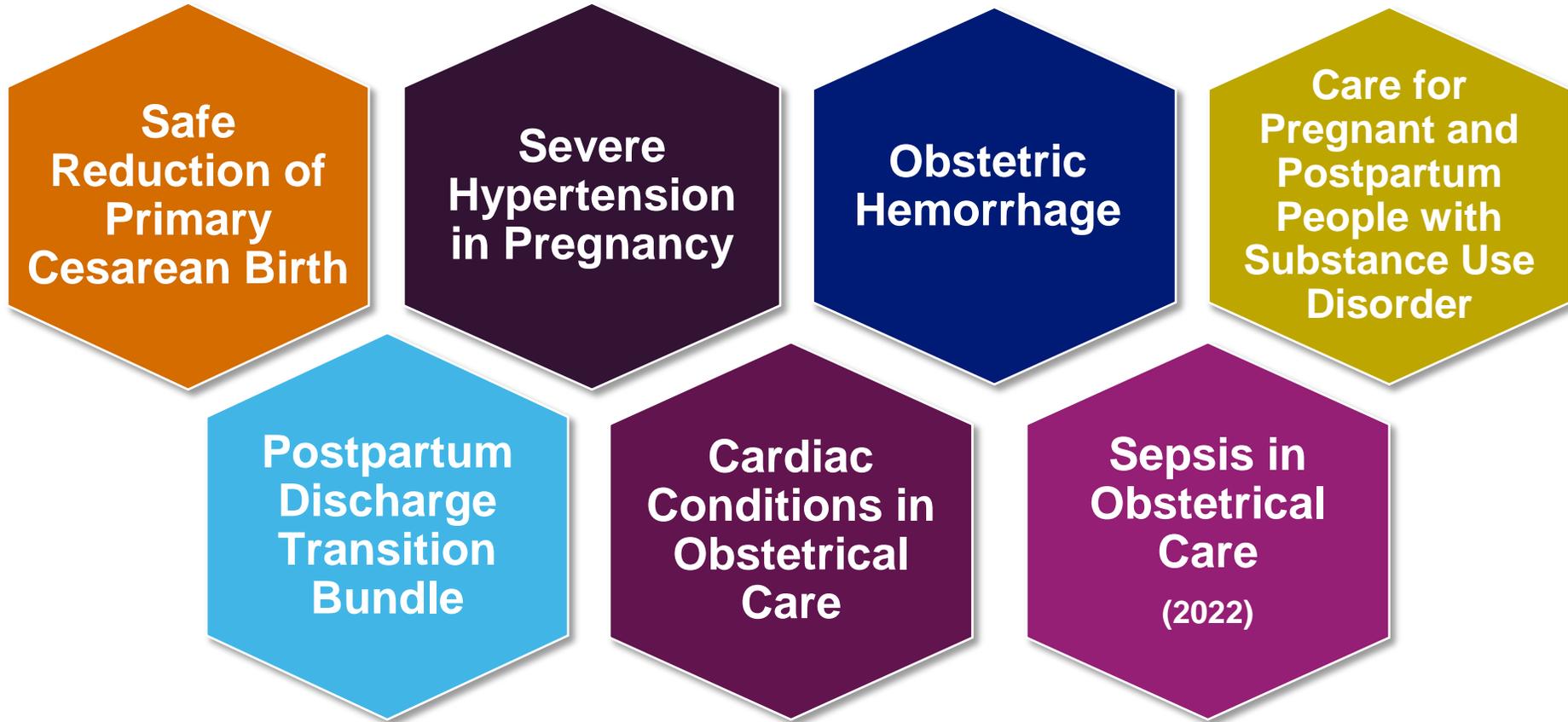


- Institute for Healthcare Improvement

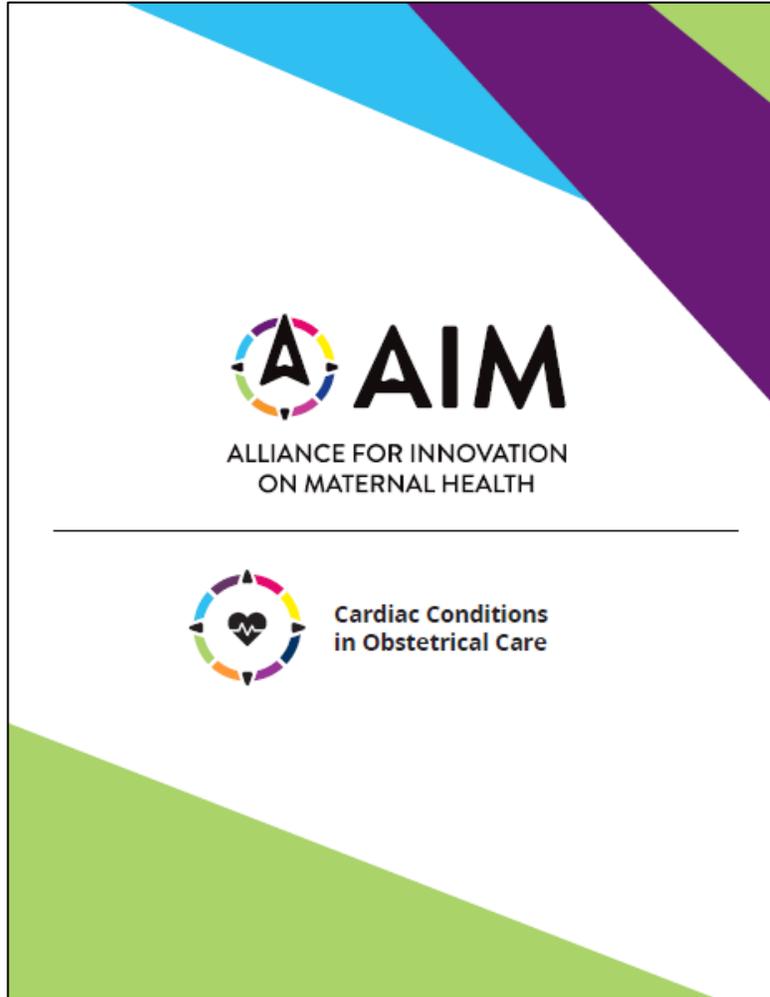
AIM Bundle Components



AIM Patient Safety Bundles



AIM Patient Safety Bundles



 **Cardiac Conditions in Obstetrical Care**

For the purpose of this Bundle, cardiac conditions refer to disorders of the cardiovascular system which may impact maternal health. Such disorders may include congenital heart disease or acquired heart disease, including but not limited to cardiac valve disorders, cardiomyopathies, arrhythmias, coronary artery disease, pulmonary hypertension and aortic dissection.

Readiness — Every Unit

Train all obstetric care providers to perform a basic Cardiac Conditions Screen.

Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.

Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.

Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period.

Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.

Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care.*

Recognition & Prevention — Every Patient

Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.

In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year.

Assess if escalating warning signs for an imminent cardiac event are present.

Utilize standardized cardiac risk assessment tools to identify and stratify risk.

Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.

Screen each person for condition associated risk factors and provide linkage to community services and resources.*

*See [Cardiac Conditions Element Implementation Details](#)

2

- Patient Safety Bundles can be found on the updated website introduced in the previous session
- Accompanied by resources and implementation supporting documents

Data is Critical to AIM



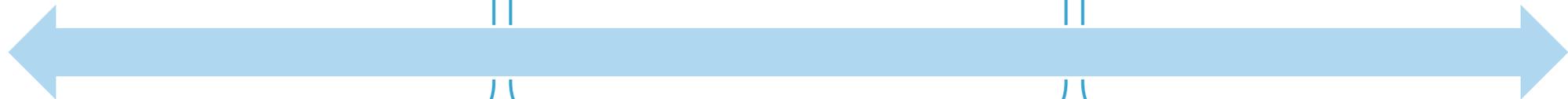
Identifies QI opportunities



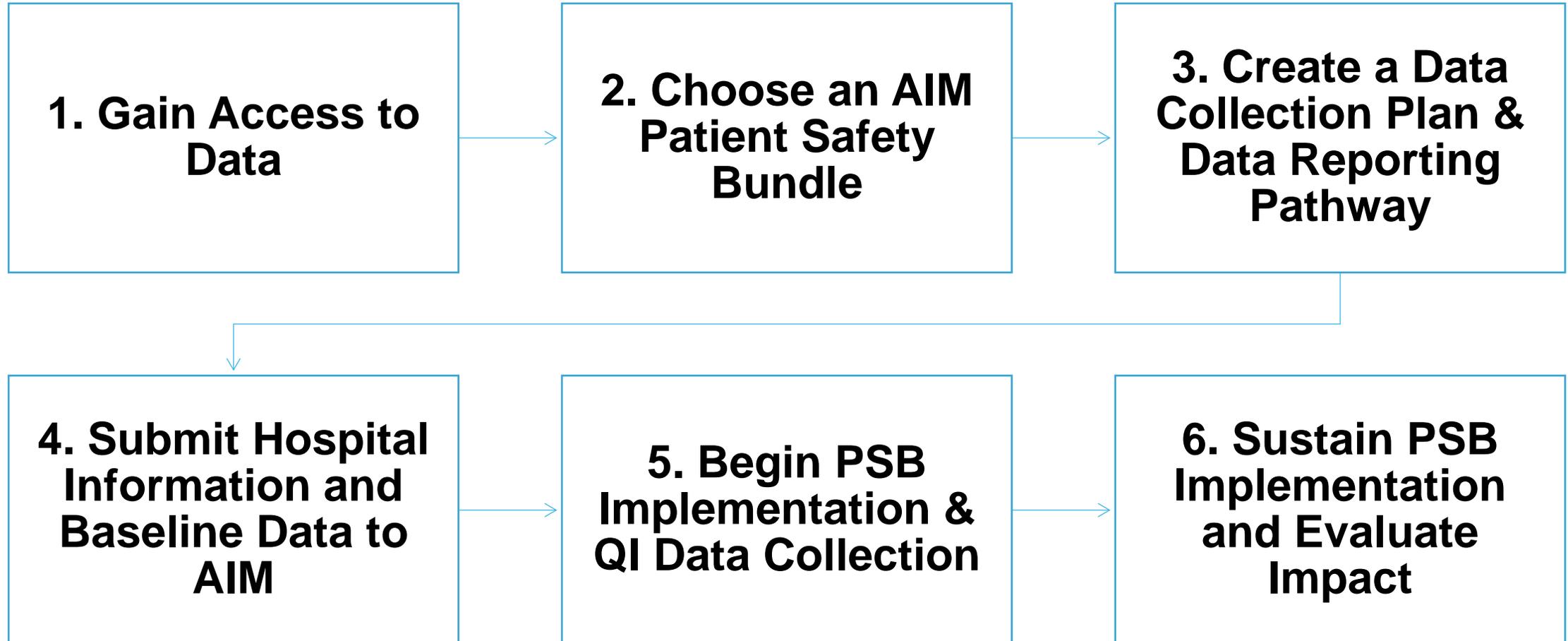
Drives process
improvement & technical
assistance



Evaluates QI activities &
programmatic goals



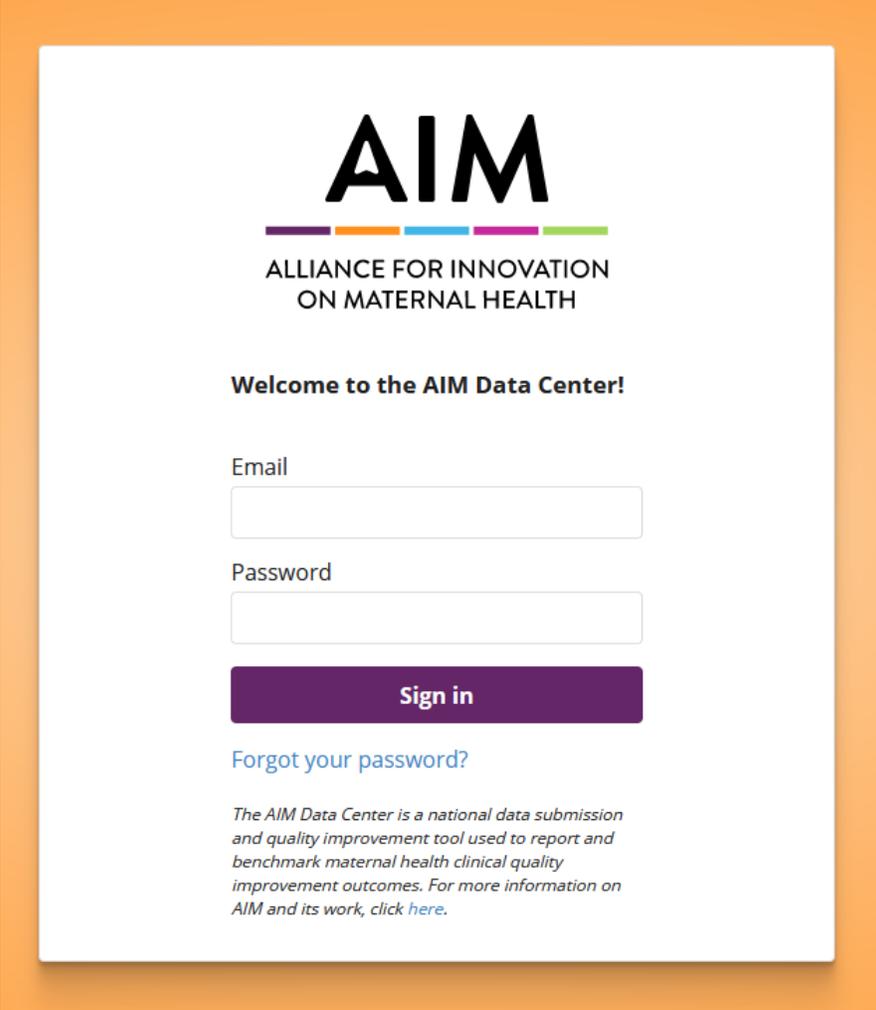
AIM Data Process



AIM Data Center

Web-based data submission system

- Used by state-based teams to report and monitor quality improvement data from AIM patient safety bundle implementation
- **No** personal health information – all data are in aggregate form, attributable to a facility, collaborative, or state

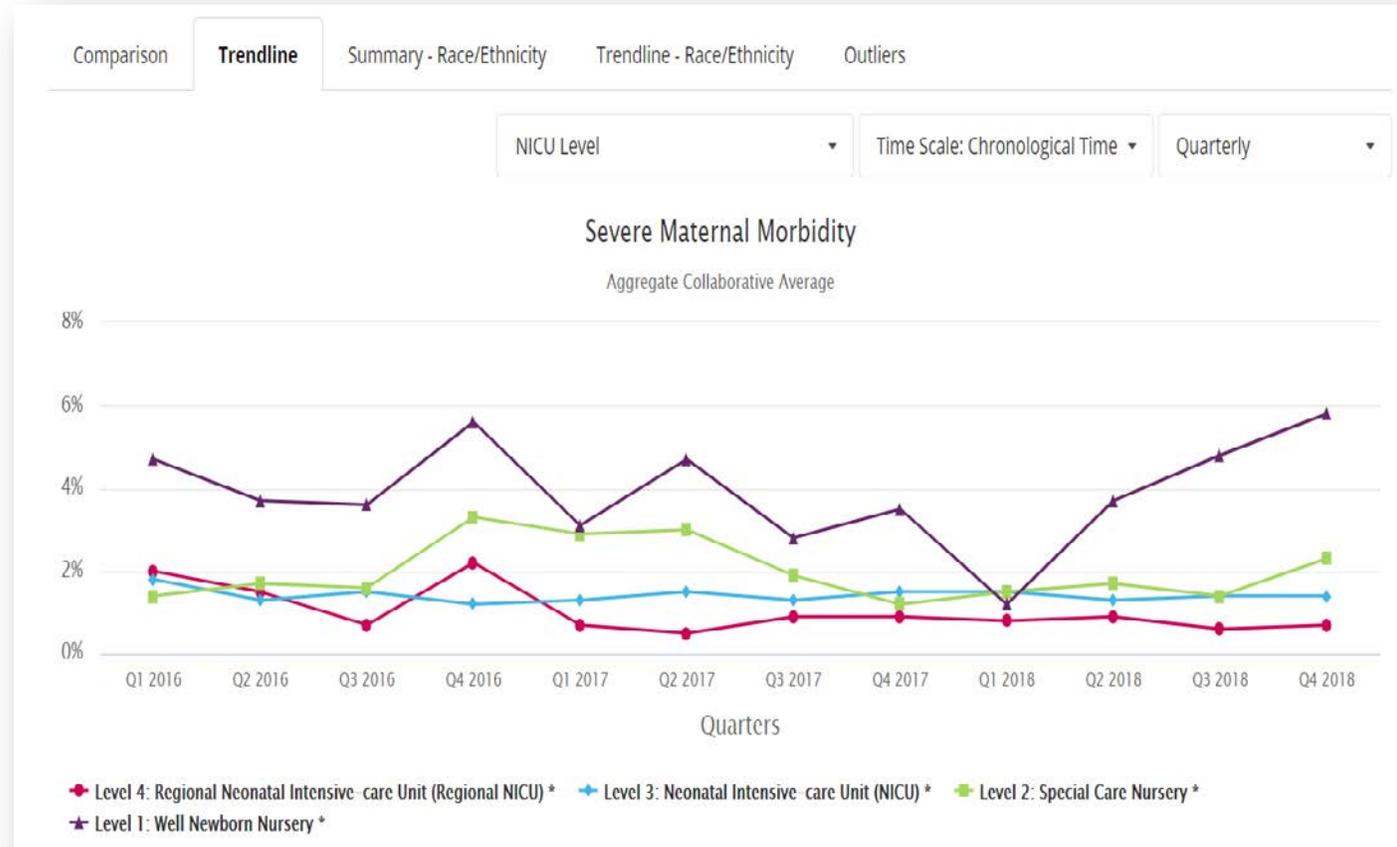


The screenshot shows the login interface for the AIM Data Center. At the top, the AIM logo is displayed in large black letters, with a horizontal bar below it consisting of five colored segments: purple, orange, blue, pink, and green. Below the logo, the text "ALLIANCE FOR INNOVATION ON MATERNAL HEALTH" is centered. A welcome message reads "Welcome to the AIM Data Center!". Below this, there are two input fields: "Email" and "Password". A purple "Sign in" button is positioned below the password field. A link for "Forgot your password?" is located below the button. At the bottom, a small paragraph of text describes the data center's purpose: "The AIM Data Center is a national data submission and quality improvement tool used to report and benchmark maternal health clinical quality improvement outcomes. For more information on AIM and its work, click here."

AIM Data Center

Supporting visualizations & data quality analyses

- QI data benchmarking:
 - Within a state-based team
 - Against other state-based teams nationally



Thank you!



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

What it REALLY means Postpartum Care: *Reinvented*



“New Model” of care:

Public Health + Birth Setting + Outpatient Clinics + ER



FTI Action Plan: ALL IN!

Assess State/County's Current Status

Assess Providers' Current Action Plan

Educate Medical Providers & Staff

Engage Patients & Support Systems

Improve Patient Care

Enlist Support Persons & Community

Outcome: Healthy Moms



Overarching goal:

Fix Immediate PP... then through the 1st year

- **F/U appt** (s) made prior to discharge
- **MWS education** (POST-BIRTH) prior to discharge
 - Hypertensive disorders
 - Perinatal mood disorders
 - Captures all of the “red flags” seen in state/national data
- **MMH** (standardized screening & referral)
- **Postpartum Care Team** assigned
- **PP Discharge summary**: standardized

Next UP:

Breastfeeding, Family Planning

Referral System, Feedback Mechanism, Navigation



Immediate Postpartum to One Year

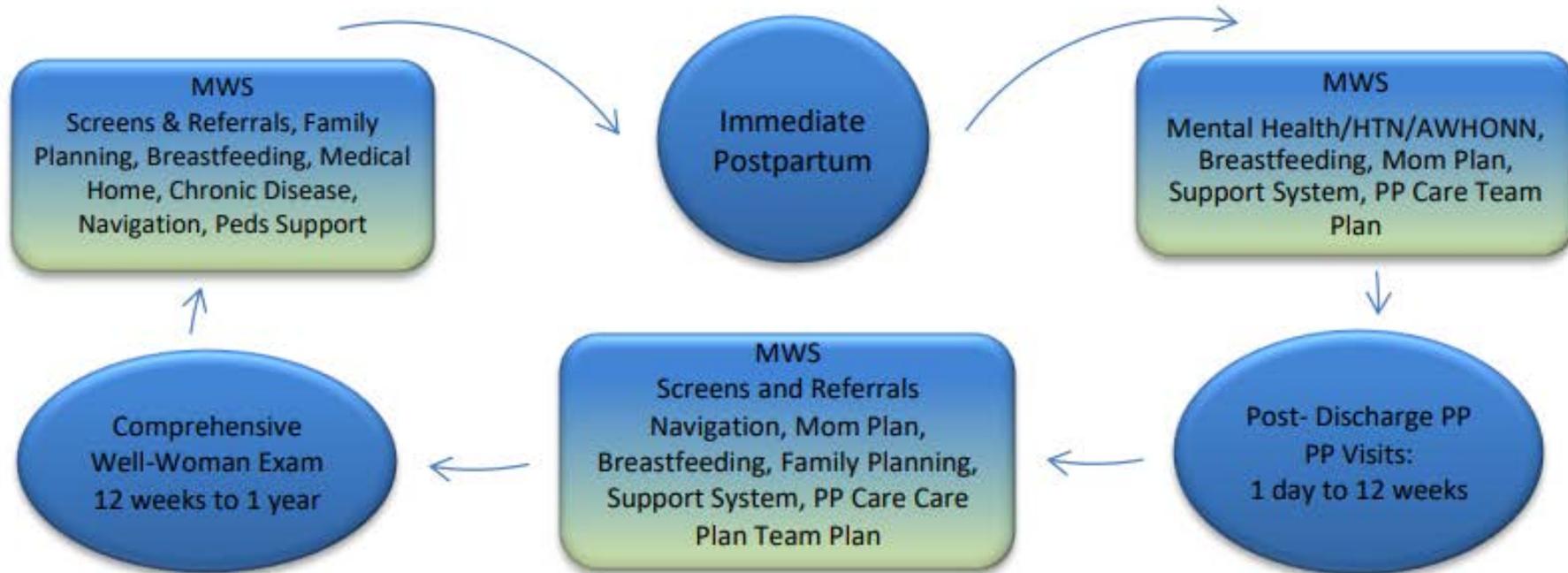


Diagram 3

KPQC: Fourth Trimester Initiative

Updated: 10.21

AIM Goal

By September 2022, the documented attendance rate of a visit with the OB provider within 12 weeks postpartum will exceed 60%

Performance Measures

1. Enroll Birth Facilities in FTI
2. Obtain Birth Facility birth numbers, including race demographics
3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
4. Track Birth Center Postpartum Care Team formation
5. Identify county-level maternal health risk factors
6. Obtain Baseline Maternal Mental Health & Maternal Warning Signs policies

Primary Drivers

Optimal Maternal Physical & Mental Health

Postpartum Care Plan

Integrated (Comprehensive) Postpartum Visits

Secondary Drivers

- Maternal Physical Health
 1. Screen/Treat/Education/Referral
 - a) KDHE Maternal Warning Signs (AWHONN POST-BIRTH)
 - b) Maternal Hypertensive Disorders
 2. Breastfeeding
 3. Reproductive Life Planning
 4. Comprehensive Standardized PP Visit Template
 5. PP Visit Appt & Attendance (ACOG schedule)
 6. PP Care Plan (see Primary Driver "PP Care Plan")
 7. PP Care Team
 8. Circle of Care: Referral Network
 9. Domestic Violence: MAVIS Project
- Maternal Mental Health
 1. KDHE Maternal Mental Health Toolkit (Inpt/Outpt)
- Social Determinants of Health
 - Social
 - Structural
 - Health Literacy?
 - Trauma Informed Care
 - Implicit Bias Training

1. Standardized PP Discharge Summary
2. PP Care Plan
 - a) Self Care
 - b) Risk Assessment & Referral
 - c) PP Care Team
 - d) Antepartum-IP-PP: review/update
 - e) Social Determinants
 - f) MWS Toolkit, include POST-BIRTH
3. PP Care Team
4. Circle of Care: Referral Network
5. "Mom Plan"
6. Patient ID & Presence of Support Person/Team

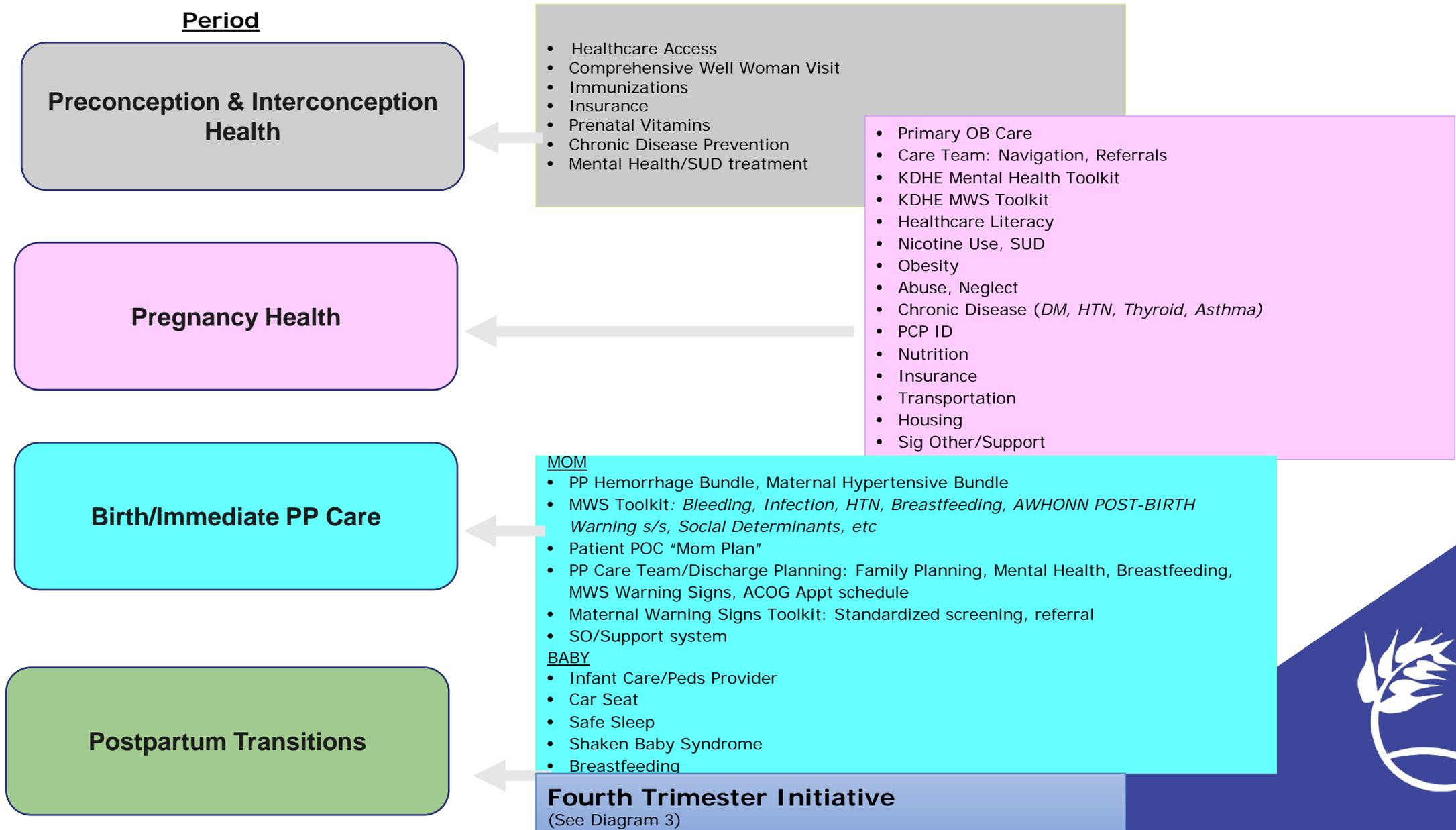
- Standardized Comprehensive PP Visit
1. ACOG PP Visit Schedule
 2. PP Visit Template
 3. Standardized Screenings at PP Visits
 - a) KDHE Maternal Warning Signs (AWHONN POST-BIRTH)
 - b) Maternal Hypertensive Disorders
 - c) Maternal Medical Risks (KDHE defined)
 - d) Review Standardized DC Summary
 4. Navigation
 - a) Circle of Care: Referral Network
 5. PP Care Plan: Review & Update
 6. PP Care Team
 - a) Add Peds/ER/Fam Practice/Urgent Care
 7. Patient ID & Presence of Support Person
 8. Comprehensive Well Woman Exam Toolkit
 9. Insurance Reimbursement

Diagram 4

Best Practice & Screenings

KPQC Maternal Health: Best Practice Models

Period





Kansas Perinatal Quality Collaborative

POST-BIRTH

Focus Area: Maternal HTN Disorders

Education/Recognition: POST-BIRTH

POST-BIRTH WARNING SIGNS: TEACHING GUIDE



This guide is a teaching guide for nurses to use when educating all women about the essential warning signs that can result in maternal morbidity and/or mortality.

Instructions:

- Instruct ALL women about all of the following potential complications. All teaching should be documented on this form or in your facility's electronic health record.
- Focus on risk factors for a specific complication first; then review all warning signs.
- Emphasize that women do not have to experience ALL of the signs in each category for them to seek care.
- Encourage the woman's significant other or designated family members to be included in education whenever possible.

The information included in this guide is organized according to complications that can result in severe maternal morbidity or maternal mortality. Essential teaching points should be included in all postpartum discharge teaching.

The parent handout, "Save Your Life", is designed to reinforce this teaching. This handout is organized according to AWHONN's acronym, POST-BIRTH, to help everyone remember the key warning signs and when to call 911 or a health provider. A portion of this handout is below for reference.

Call 911 if you have:	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
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>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Below is a suggested conversation-starter:

"Although most women who give birth recover without problems, any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life. I would like to go over these POST-BIRTH warning signs with you now, so you will know what to look for and when to call 911 or when to call your healthcare provider.

Please share this with family and friends and post the "Save Your Life" handout in a place where you can get to it easily (like your refrigerator)."



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$50 million initiative to help create a world where no woman is dying from a preventable cause. Merck for Mothers is known as MFD for Mothers outside the United States and Canada. ©2019 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. Requests for permission to use or reproduce should be directed to permissions@awhonn.org.



POST-BIRTH Warning Signs: Teaching Guide

Pulmonary Embolism	Essential Teaching Points
What is Pulmonary Embolism?	Pulmonary embolism is a blood clot that has traveled to your lung.
Signs of Pulmonary Embolism	<ul style="list-style-type: none"> • Shortness of breath at rest (e.g., tachypneic, shallow, rapid respirations) • Chest pain that worsens when coughing • Change in level of consciousness
Obtaining Immediate Care	Call 911 or go to nearest emergency room RIGHT AWAY.
RN Initials _____	Date _____ Family/support person present? YES

Cardiac (Heart) Disease	Essential Teaching Points
What is Cardiac Disease?	Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.
Signs of Potential Cardiac Emergency	<ul style="list-style-type: none"> • Shortness of breath or difficulty breathing • Heart palpitations (feeling that your heart is racing) • Chest pain or pressure
Obtaining Immediate Care	Call 911 or go to nearest emergency room RIGHT AWAY.
RN Initials _____	Date _____ Family/support person present? YES

Hypertensive Disorders of Pregnancy	Essential Teaching Points
What is Severe Hypertension?	Hypertension is when your blood pressure is much higher than it should be.
Signs of Severe Hypertension	<ul style="list-style-type: none"> • Severe, constant headache that does not respond to over-the-counter pain medicine, rest, and/or hydration
What is Preeclampsia/Eclampsia?	Preeclampsia is a complication of pregnancy that includes high blood pressure and signs of damage to other organ systems. Eclampsia is the convulsive phase of preeclampsia, characterized by seizures.
Signs of Preeclampsia	<ul style="list-style-type: none"> • Severe, constant headache that does not respond to pain medicine, rest, and/or hydration • Changes in vision, seeing spots, or flashing lights • Pain in the upper right abdominal area • Swelling of face, hands, and/or legs more than what you would expect • Change in level of consciousness
Signs of Eclampsia	Seizures (or convulsions) can happen without warning in women with severe preeclampsia. Signs of eclampsia may include trouble breathing, passing out (losing consciousness), not being able to talk or get words out, uncontrollable, shaky bodily movements. This occurs because of abnormal changes in brain activity.
Obtaining Immediate Care	Call 911 for seizures. If headache feels like the worst one of your life, or if symptoms worsen, call 911 or go to nearest emergency room RIGHT AWAY. Call healthcare provider immediately for any other signs.
RN Initials _____	Date _____ Family/support person present? YES

Obstetric Hemorrhage	Essential Teaching Points
What is Obstetric Hemorrhage?	Obstetric hemorrhage is when you have an excess amount of bleeding after you have given birth.
Signs of Obstetric Hemorrhage	<ul style="list-style-type: none"> • Bleeding through more than 1 sanitary pad/hour • Passing 1 or more clots the size of an egg or bigger • Character of clots/differentiation of bright red bleeding from dark with clots
Obtaining Immediate Care	Call healthcare provider immediately for signs of hemorrhage. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.
RN Initials _____	Date _____ Family/support person present? YES

Obstetric Hemorrhage	Essential Teaching Points
What is Obstetric Hemorrhage?	Obstetric hemorrhage is when you have an excess amount of bleeding after you have given birth.
Signs of Obstetric Hemorrhage	<ul style="list-style-type: none"> • Bleeding through more than 1 sanitary pad/hour • Passing 1 or more clots the size of an egg or bigger • Character of clots/differentiation of bright red bleeding from dark with clots
Obtaining Immediate Care	Call healthcare provider immediately for signs of hemorrhage. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.
RN Initials _____	Date _____ Family/support person present? YES



Page 1 of 2

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POST-BIRTH Warning Signs: Teaching Guide

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

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

Postpartum Depression	Essential Teaching Points
What is Postpartum Depression (PPD)?	Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as one week up to one year after giving birth.
Signs of Postpartum Depression	<ul style="list-style-type: none"> • Thinking of hurting yourself or your baby • Feeling out of control, unable to care for self or baby • Feeling depressed or sad most of the day every day • Having trouble sleeping or sleeping too much • Having trouble bonding with your baby
Obtaining Immediate Care	Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby. Call healthcare provider immediately for other signs of depression (sadness, withdrawal, difficulty coping with parenting).
RN Initials _____	Date _____ Family/support person present? YES / NO

Follow-Up Appointment	Essential Teaching Points
What is a Follow-Up Appointment?	<ul style="list-style-type: none"> • Discuss importance of follow-up visit with doctor, nurse practitioner or midwife in 4-6 weeks (or sooner if health status warrants it) • Provide correct phone number for appointment • Emphasize importance of notifying all healthcare providers of delivery date up to one year postpartum • Confirm date for postpartum appointment prior to discharge
Obtaining Immediate Care	Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby. Call healthcare provider immediately for other signs of depression (sadness, withdrawal, difficulty coping with parenting).
RN Initials _____	Date _____ Family/support person present? YES / NO

I have received and understand the POST-BIRTH Warning Signs education and handout.	Patient Signature: _____ Date/Time: _____
The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.	Nurse Initials and Signature: _____ Date/Time: _____



Page 2 of 2

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PREVENTION: POST-BIRTH



- ✓ Embedding into DC Education
- ✓ Including it in DC Policy
- ✓ Card
- ✓ Magnet
- ✓ Phone
- ✓ Social Media

Mom's Name: _____

Date of Delivery: _____ Vaginal Birth C-Section Birth

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

Other: _____

Medications at discharge: _____

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

What happens at a Postpartum Check?
<https://www.marchofdimes.org/pregnancy/your-postpartum-checkups>

Baby's Name: _____

Term Preterm _____ weeks

Birth Weight: _____ **Birth Length:** _____

Infant Feeding: Breast Milk Formula Both

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Created by: Delivering Change, Inc.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Learn these POST-BIRTH warning signs—knowing what to do can save your life!



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 someone else
Call your healthcare provider if you have: <small>(If you can't reach your provider, go to urgent care, an emergency room, or call 911)</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

Tell 911 or your healthcare provider:

"I gave birth on [date] and I am having [specific warning signs]."



©2018 AWHONN

This program was funded by Merck for Mothers, Merck's 10-year, \$500 million initiative to help create a world where no woman dies giving life.

Then... Treatment (no wrong door)

Embedding HTN Bundles: ACOG 2019

The screenshot shows the ACOG website interface. At the top, there is a dark blue navigation bar with links for 'acog.org', 'ACOG Clinical', 'Obstetrics & Gynecology', 'For Patients', 'Store', and 'ACOG Engage'. On the right side of this bar are 'Pay Dues' and 'Log In' buttons. Below this is the ACOG logo and a search bar. A secondary navigation bar contains links for 'Clinical Information', 'Practice Management', 'Career Support', 'Education & Events', 'Advocacy', 'News', and 'Topics'. A breadcrumb trail reads: 'Community > Districts and Sections > District II > Programs and Resources > Safe Motherhood Initiative > Severe Hypertension'. The main content area has a green header with the text 'Safe Motherhood Initiative' and 'Severe Hypertension'. Below this, there is a section titled 'Severe Hypertension in Pregnancy Bundle' under the heading 'Programs and Resources'. This section contains four items: 'COVID-19 in District II', 'Let's Connect Podcast', 'Slide Deck', and three algorithms: 'Algorithm: Labetalol', 'Algorithm: Hydralazine', and 'Algorithm: Oral Nifedipine'. A 'Give Feedback' button is located in the bottom left corner of the content area.

www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension



Education: POST-BIRTH

18 of 26 Sites Trained

- 12 Sites have trained over 20 staff members
- Highest: LMH, HaysMed, Community HealthCare System, Amberwell Hiawatha, Nemaha

Departments Trained: 6 within one Health System!

Free Registrations left: >200!

Show off! Send Training Rosters!





Kansas Perinatal Quality Collaborative

Maternal Mental Health

Focus Area: Perinatal Mood Disorder, SUD



Evaluate/Educate: MMH TA Cohort

- AdventHealth 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 Kansas Health System – St Francis



FTI MMH Checklist

<p>Pre-Implementation (Spring 2022)</p> <p>*Attend monthly learning forums and collaborative learning opportunities with TA sites</p>	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	
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	Review Data Collection & Process Improvement Opportunities	
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	Submit ongoing data to FTI/KCC as requested	
	Policy Update Completed	



Kansas Perinatal Quality Collaborative

Updates from Kasey



FTI Enrollment

Contact Terrah Stroda or Kasey Sorell if interested



COVID Update

Frequently Asked Questions (FAQs) for the Pregnant, Postpartum and Infant Populations, provided by the Kansas Department of Health and Environment (KDHE)

October 26, 2021

This frequently asked questions document is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). Please check the [KDHE website](#) periodically for updated information and guidance.

This document is intended for pregnant women, mothers, and individuals serving pregnant and postpartum mothers and infants.

Q. Is the COVID-19 vaccine safe and recommended for pregnant and lactating people? Updated 10/26/21

A. The Centers for Disease Control and Prevention (CDC) recently released the first U.S. data on the safety of the Pfizer and Moderna mRNA COVID-19 vaccines administered during pregnancy via the [New England Journal of Medicine](#). This study, based on analyses of data from three vaccine safety-related databases, did not identify any safety concerns for vaccinated pregnant people or their babies.ⁱ CDC analysis of current data from the CDC v-safe pregnancy registry (a health registry that collects health information from people who received the COVID-19 vaccination in the periconception period or during pregnancy) assessed vaccination early in pregnancy and did not find an increased risk of miscarriage among nearly 2,500 pregnant women who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy. Data from these studies, combined with the known severe risks of COVID-19 during pregnancy, demonstrate that the benefits of receiving a COVID-19 vaccine for pregnant people outweigh any known or potential risks. "CDC encourages all pregnant people or people who are thinking about becoming pregnant and those breastfeeding to get vaccinated to protect themselves from COVID-19," said CDC Director Dr. Rochelle Walensky. "The vaccines are safe and effective, and it has never been more urgent to increase vaccinations as we face the highly transmissible Delta variant and see severe outcomes from COVID-19 among unvaccinated pregnant people." Clinicians have seen the number of pregnant people infected with COVID-19 rise in the past several weeks. The increased circulation of the highly contagious [Delta variant](#), the [low vaccine uptake among pregnant people](#), and the increased risk of severe illness and pregnancy complications related to COVID-19 infection among pregnant people make vaccination for this population and their partners more urgent than ever.ⁱⁱ

<https://www.coronavirus.kdheks.gov/>

MAVIS Project

Maternal Anti-Violence Innovation and Sharing)

- Goals: Identify and reduce deaths among pregnant and postpartum women due to homicide and suicide.
- KDHE will work collaboratively with partners at the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC)
- Continue to build and expand on the success of the Kansas Maternal Mortality Review Committee to gather additional data related to violent maternal deaths and provide cross-training to perinatal care providers and domestic violence service providers related to Postpartum Mood and Anxiety Disorders (PMADs), perinatal substance use and intimate partner violence



KPQC Executive Committee



Devika Maulik
Chairperson



Cara Busenhardt
Chairperson



Kourtney Bettinger



Jeri Harvey



Hakima Payne



Susan Thrasher



Kimberly Swan



Taylor Bertschy



Karen Braman



Randall Morgan



Kasey Sorell



Proposed 2021 Slate

2019	2020	2021
Jodi Jackson (3 year term)		
Kourtney Bettinger (3 year term)		
	Devika Maulik (3 year term)	
		Cara Busenhart (3 year term)
Maria Navarro		Jeri Harvey
Paula Delmore	Taylor Bertschy	
Jessica Howlett	Kimberly Swan	Kimberly Swan
Amy Seery	Susan Thrasher	
	Cara Busenhart	Hakima Payne
Ex-Officio KHA Karen Braman		
Ex-Officio KDHE Kasey Sorell		
New Ex-Officio position representing the MMRC – Randall Morgan		

Proposed new KPQC Exec Committee members:

- **Dr. Kimberly Brey:** Dr. Brey is the current Medical Staff President at Stormont Vail and has been incredibly active in OB committees. She earned her Doctor of Medicine and completed her residency at the University of Kansas Medical Center. Dr. Brey has been practicing in Topeka since 2012.
- **Dr. Parul Nguyen:** OB-GYN by background, practiced in Overland Park for many years, and recently completed her MPH at KU. She has an interest in health equity and maternal health outcomes, among others. Currently serving as an AmeriCorps VISTA Member with the Unified Government Public Health Department in Kansas City, KS
- **Kari Smith:** Kari currently serves as the Clinical Nurse Educator at Advent Health Shawnee Mission since 2012. She received her Bachelor of Science in Nursing from University of St. Mary and is working to finish a Master of Science in Nursing Education from Oklahoma Wesleyan University in December 2021.



4th Trimester Committee Members

- **Kourtney Bettinger, MD**
KPOC Past Chairperson, University of KS Peds
- **Devika Maulik, MD, MFM**
KPOC Chairperson, Advent Health/CMH,OMC
- **Cara Busenhardt, PhD CNM**
KPOC Chairperson-elect, University of KS
- **Karen Braman, RPh, MS**
Kansas Hospital Association
- **Chelsea James, RN**
Amberwell Hiawatha Comm. Rural Hospital L&D Unit Manager
- **Randall Morgan, MD**
KMMRC Co-Chair, Wesley Medical Center
- **Sharla Smith, PhD, MPH**
Dept of Population Health, Dept of OB GYN, KUMC
- **Dr Charles Gibbs, MD**
KS ACOG Section Chair
KMMRC Co-Chair, Univ of KS Health System
- **Susan Thrasher, DNP**
Overland Park Regional Medical Ctr, Urban Hospital (+AWHONN assist)
 - **Mallorie Suffield, RN**, OPR Perinatal Outreach Coordinator

- **Rachel Sisson, MS**
Director, KDHE Bureau of Family Health
- **Stephanie Wolf, RN**
KDHE MCH Perinatal Health Consultant
- **Sapphire Garcia-Lies**
Wichita Birth Justice Society, Patient Rep
- **Lisa Goins, RN**
KDHE-DHCF/Medicaid Representative
- **Lucia Jones Herrera/Sunshine Delgado**
MCH Program Manager, United Healthcare

STAFF

- **Kasey Sorell**
KS Dept. of Health and Environment
- **Terrah Stroda, CNM**
Fourth Trimester QI Coordinator





Kansas Perinatal Quality Collaborative

Thank you for coming!





Kansas Perinatal Quality Collaborative

FTI -only Session

Kasey: AIM Data Update



Terrah: FTI Light Bulb Moments

1. MMH & MWS: Policy Review
2. POST-BIRTH Training
3. Work with KCC
4. Action Plan for updating policy/education
5. Embedding new education, magnets
6. Update Policy

- MAY trial/error
- MAY review and revise constantly
- MAY listen to birthing women and families
- SHOULD include pre-birth setting support
- SHOULD include post-birth setting support



Maternal Warning Signs

Education-Prevention-Recognition-Treatment



Education: POST-BIRTH

- **Champions Trained:** 19
- **Number Trained total:**
- **Departments Trained:**
PP, OB, Triage, ED, Outpatient clinic
- **FTI Site with highest #s trained:**
Hays Med, CHCS

COUPON NAME	KansasFTI-PBWS
STATUS	Active
TOTAL COUPONS COUNT	250
COUPONS USED	55
COUPONS REMAINING	195
END DATE	2022-09-14



Recognition: POST-BIRTH

POST-BIRTH WARNING SIGNS: TEACHING GUIDE



This guide is a teaching guide for nurses to use when educating all women about the essential warning signs that can result in maternal morbidity and/or mortality.

Instructions:

- Instruct ALL women about all of the following potential complications. All teaching should be documented on this form or in your facility's electronic health record.
- Focus on risk factors for a specific complication first; then review all warning signs.
- Emphasize that women do not have to experience ALL of the signs in each category for them to seek care.
- Encourage the woman's significant other or designated family members to be included in education whenever possible.

The information included in this guide is organized according to complications that can result in severe maternal morbidity or maternal mortality. Essential teaching points should be included in all postpartum discharge teaching.

The parent handout, "Save Your Life", is designed to reinforce this teaching. This handout is organized according to AWHONN's acronym, POST-BIRTH, to help everyone remember the key warning signs and when to call 911 or a health provider. A portion of this handout is below for reference.

Call 911 if you have:	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
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>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Below is a suggested conversation-starter:

"Although most women who give birth recover without problems, any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life. I would like to go over these POST-BIRTH warning signs with you now, so you will know what to look for and when to call 911 or when to call your healthcare provider.

Please share this with family and friends and post the "Save Your Life" handout in a place where you can get to it easily (like your refrigerator)."



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$50 million initiative to help create a world where no woman is dying from a preventable cause. Merck for Mothers is known as MFD for Mothers outside the United States and Canada. ©2019 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. Requests for permission to use or reproduce should be directed to permissions@awhonn.org.



POST-BIRTH Warning Signs: Teaching Guide

Pulmonary Embolism	Essential Teaching Points
What is Pulmonary Embolism?	Pulmonary embolism is a blood clot that has traveled to your lung.
Signs of Pulmonary Embolism	<ul style="list-style-type: none"> • Shortness of breath at rest (e.g., tachypneic, shallow, rapid respirations) • Chest pain that worsens when coughing • Change in level of consciousness
Obtaining Immediate Care	Call 911 or go to nearest emergency room RIGHT AWAY.
RN Initials _____ Date _____	Family/support person present? YES / NO

Cardiac (Heart) Disease	Essential Teaching Points
What is Cardiac Disease?	Cardiac disease is when your heart is not working as well as it should and can include a number of disorders that may have different signs and symptoms.
Signs of Potential Cardiac Emergency	<ul style="list-style-type: none"> • Shortness of breath or difficulty breathing • Heart palpitations (feeling that your heart is racing) • Chest pain or pressure
Obtaining Immediate Care	Call 911 or go to nearest emergency room RIGHT AWAY.
RN Initials _____ Date _____	Family/support person present? YES / NO

Hypertensive Disorders of Pregnancy	Essential Teaching Points
What is Severe Hypertension?	Hypertension is when your blood pressure is much higher than it should be.
Signs of Severe Hypertension	<ul style="list-style-type: none"> • Severe, constant headache that does not respond to over-the-counter pain medicine, rest, and/or hydration
What is Preeclampsia/Eclampsia?	Preeclampsia is a complication of pregnancy that includes high blood pressure and signs of damage to other organ systems. Eclampsia is the convulsive phase of preeclampsia, characterized by seizures.
Signs of Preeclampsia	<ul style="list-style-type: none"> • Severe, constant headache that does not respond to pain medicine, rest, and/or hydration • Changes in vision, seeing spots, or flashing lights • Pain in the upper right abdominal area • Swelling of face, hands, and/or legs more than what you would expect • Change in level of consciousness
Signs of Eclampsia	Seizures (or convulsions) can happen without warning in women with severe preeclampsia. Signs of eclampsia may include trouble breathing, passing out (losing consciousness), not being able to talk or get words out, uncontrollable, shaky bodily movements. This occurs because of abnormal changes in brain activity.
Obtaining Immediate Care	Call 911 for seizures. If headache feels like the worst one of your life, or if symptoms worsen, call 911 or go to nearest emergency room RIGHT AWAY. Call healthcare provider immediately for any other signs.
RN Initials _____ Date _____	Family/support person present? YES / NO

Obstetric Hemorrhage	Essential Teaching Points
What is Obstetric Hemorrhage?	Obstetric hemorrhage is when you have an excess amount of bleeding after you have given birth.
Signs of Obstetric Hemorrhage	<ul style="list-style-type: none"> • Bleeding through more than 1 sanitary pad/hour • Passing 1 or more clots the size of an egg or bigger • Character of clots/differentiation of bright red bleeding from dark with clots
Obtaining Immediate Care	Call healthcare provider immediately for signs of hemorrhage. If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.
RN Initials _____ Date _____	Family/support person present? YES / NO

I have received and understand the POST-BIRTH Warning Signs education and handout.
 Patient Signature: _____ Date/Time: _____

The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.
 Nurse Initials and Signature: _____ Date/Time: _____



POST-BIRTH Warning Signs: Teaching Guide

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

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

Postpartum Depression	Essential Teaching Points
What is Postpartum Depression (PPD)?	Postpartum depression is a type of depression that occurs after childbirth. PPD can occur as early as one week up to one year after giving birth.
Signs of Postpartum Depression	<ul style="list-style-type: none"> • Thinking of hurting yourself or your baby • Feeling out of control, unable to care for self or baby • Feeling depressed or sad most of the day every day • Having trouble sleeping or sleeping too much • Having trouble bonding with your baby
Obtaining Immediate Care	Call 911 or go to nearest emergency room if you feel you might harm yourself or your baby. Call healthcare provider immediately for other signs of depression (sadness, withdrawal, difficulty coping with parenting).
RN Initials _____ Date _____	Family/support person present? YES / NO

Follow-Up Appointment	Essential Teaching Points
	<ul style="list-style-type: none"> • Discuss importance of follow-up visit with doctor, nurse practitioner or midwife in 4-6 weeks (or sooner if health status warrants it) • Provide correct phone number for appointment • Emphasize importance of notifying all healthcare providers of delivery date up to one year postpartum • Confirm date for postpartum appointment prior to discharge
RN Initials _____ Date _____	Family/support person present? YES / NO

I have received and understand the POST-BIRTH Warning Signs education and handout.
 Patient Signature: _____ Date/Time: _____

The patient received the POST-BIRTH Warning Signs education and a copy of the "Save Your Life" handout.
 Nurse Initials and Signature: _____ Date/Time: _____



PREVENTION: POST-BIRTH



- ✓ Embedding into DC Education
- ✓ Including it in DC Policy
- ✓ Card
- ✓ Magnet
- ✓ Phone
- ✓ Social Media

Mom's Name: _____

Date of Delivery: _____ Vaginal Birth C-Section Birth

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

Other: _____

Medications at discharge: _____

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

What happens at a Postpartum Check?
<https://www.marchofdimes.org/pregnancy/your-postpartum-checkups>

Baby's Name: _____

Term Preterm _____ weeks

Birth Weight: _____ **Birth Length:** _____

Infant Feeding: Breast Milk Formula Both

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Created by: Delivering Change, Inc.

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Tell 911 or your healthcare provider:

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www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension



MWS Integration Plan document



Maternal Warning Signs Initiative Plan for Integration into Fourth Trimester Initiative Facilities/Centers

Introduction

This Maternal Warning Signs (MWS) Integration Plan and associated toolkit has been created through the work of national, state and local partners with a shared interest in providing coordinated and comprehensive services to women before, during, and after pregnancy in an effort to prevent pregnancy-related deaths and reduce the impact of maternal mortality in our state. The plan is focused on assuring all perinatal persons, as well as those who support them and provide care to them, know about the urgent warning signs of potentially life-threatening pregnancy-related complications.

Plan Steps

1. **Learn:** All FTI sites and associated healthcare providers are strongly encouraged to:
 - a. Access and review the [Maternal Warning Signs \(MWS\) Integration Toolkit](#)
 - b. Review the Maternal Warning Signs Integration Toolkit, [Provider Resources](#)
 - c. Participate in the Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) POST-BIRTH Warning Signs Online Education Course. Training seats will be provided to each site, and each seat may be used by multiple learners.
 - d. Complete the POST-BIRTH Roster and submit to the FTI Coordinator upon completion of training
2. **Inform:** Utilize the MWS Integration Toolkit [Resources](#) to educate:
 - a. Providers
 - i. All agency/organization providers and staff who interface with the perinatal population should be educated/trained on the MWS and their role in preventing maternal mortality.
 - ii. Establish partnerships within the FTI Facility/Center for education and collaboration on MWS toolkit integration for maximum identification and treatment of perinatal patients who access care (i.e. Emergency Departments, Outpatient OB Clinics, Primary Care clinics, Urgent Cares, etc)
 - iii. Establish or improve cross-sector partnerships in the community to engage provider types from other organizations/healthcare systems to assure education, timely identification and treatment of MWS. Work with local Maternal Child Health agencies as well as KS Perinatal Community Collaboratives is strongly encouraged.
 - b. Patients/Clients
 - i. Ensure all perinatal persons receive:
 - clear, consistent, repeated messaging about the MWS throughout the perinatal period

- each postpartum patient will receive education surrounding MWS, specifically the POST-BIRTH education. Each should be given a MWS magnet upon discharge from the facility/center.
 - individualized educational resources and referrals post-discharge as deemed by the Postpartum Care Team, which includes patient input
 - c. Family/Support Person
 - i. Utilize designated resources to educate family/support persons on the MWS and their role in encouraging their pregnant/postpartum loved one to seek immediate care.
 - d. Community
 - i. Utilize designated resources to create community awareness of the MWS. Public Relations efforts, as well as community-wide collaborative work, are encouraged.
3. **Institutionalize:** Develop policy and procedure to ensure the implementation steps occur within your organization/healthcare system:
 - a. Following initial implementation, policy for discharge planning (to include POST-BIRTH education) must be reviewed and updated as needed to reflect embedded MWS education and process.
 - b. MWS training must be included as part of the orientation process for new staff.
 - c. Ongoing evaluation and improvement should be conducted to ensure the MWS message suits the population served, and meets the need of each facility/center.





Kansas Perinatal Quality Collaborative

Free Gifts!

Magnets

Cards

PDF



MWS: FTI Champ Spotlight

Community HealthCare System: *Onaga*

Katie Kufahl: FTI Champion

☐ *Mindy, Katie, Manda:* Co-Champs!





Kansas Perinatal Quality Collaborative

Maternal Mental Health

Focus Area: Perinatal Mood Disorder, SUD



Maternal Mental Health

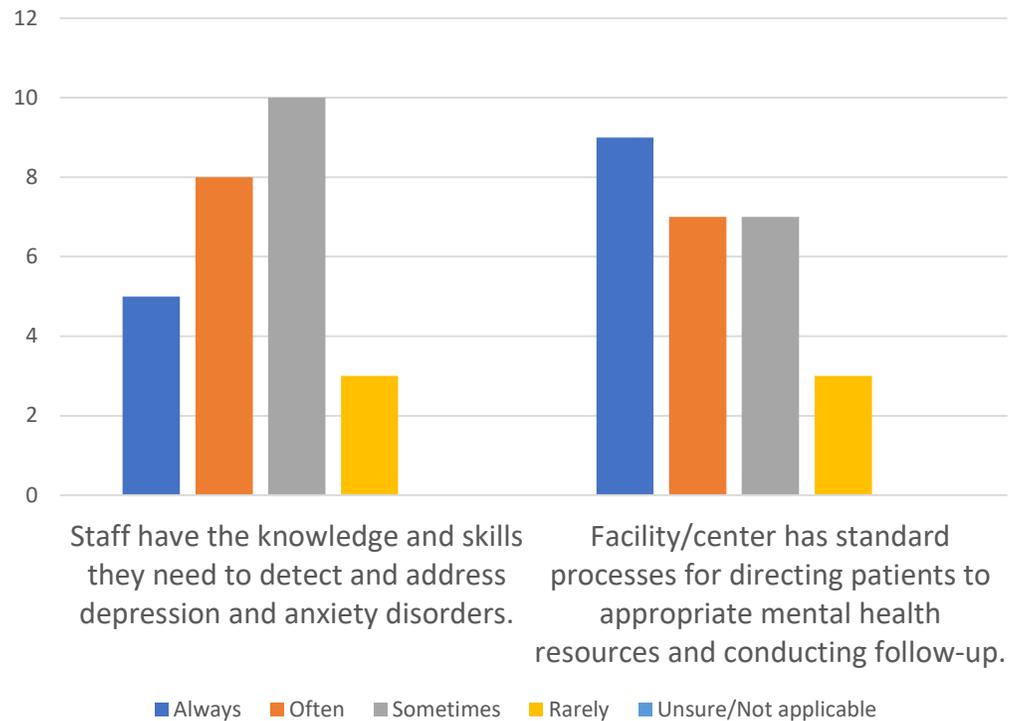
Education-Screening-Referral-Treatment



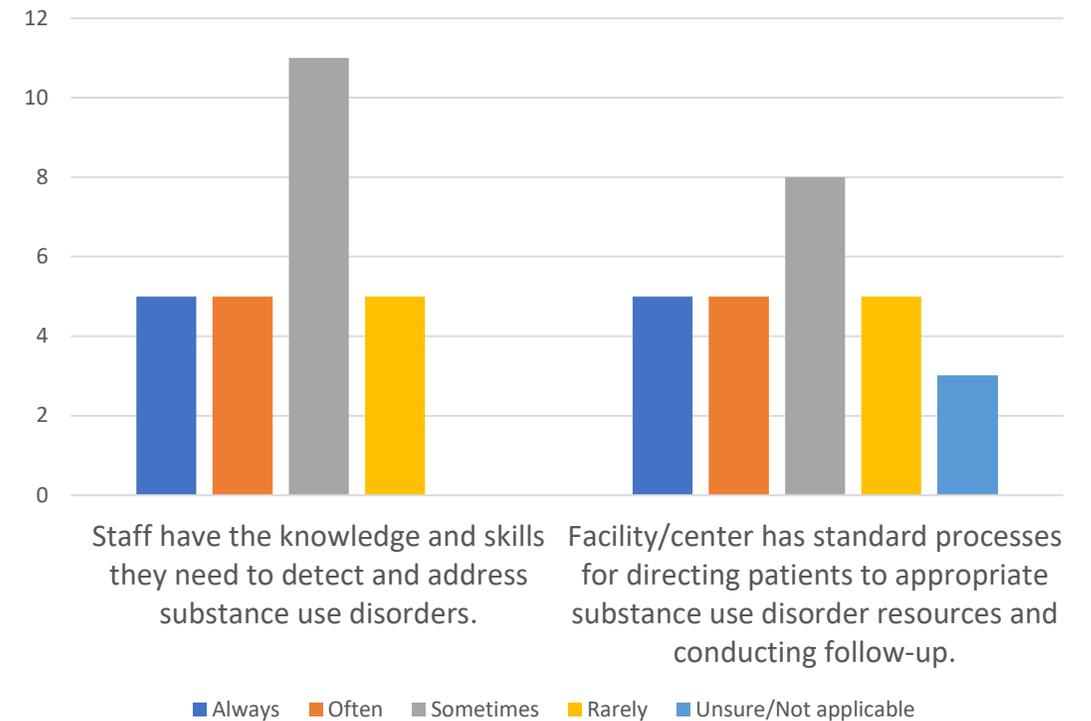
FTI MMH Checklist

<p>Pre-Implementation (Spring 2022)</p> <p>*Attend monthly learning forums and collaborative learning opportunities with TA sites</p>	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	
<p>DEVELOP & IMPLEMENT POLICY (2022)</p> <p>*Policy recommendations and samples from TA sites & KCC data summaries</p>	Develop/Revise MMH Policy (Screening, Referral)	
	Review Data Collection & Process Improvement Opportunities	
<p>SUBMITTING DATA & REFINING PRACTICE (2022-2023)</p>	Referral process post-Discharge embedded	
	Submit ongoing data to FTI/KCC as requested	
	Policy Update Completed	

Capacity to Address Depression and Anxiety Needs



Capacity to Address Substance Use Needs





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

FTI MMH TA Project

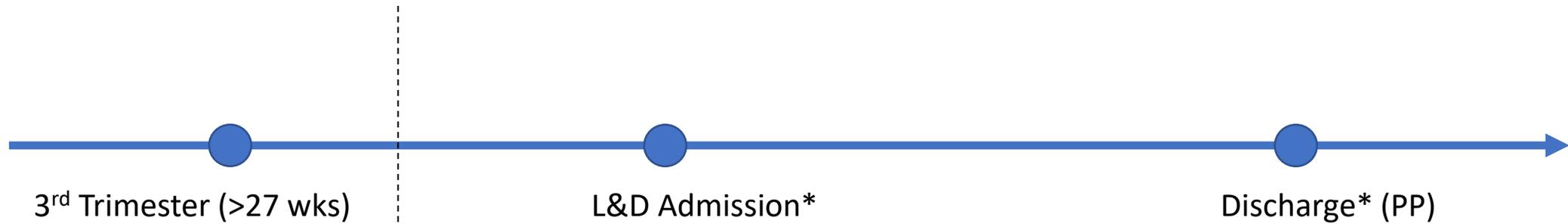
MMH Implementation Guardrails

- Documented administration of universal standardized evidence-based & validated perinatal mental health screening tool prior to PP discharge
 - Option 1: administer at admission (provide follow-up & edu prior to discharge)
 - Option 2: administer at discharge (include BH risk assessment at admission)
 - Option 3: coordinate w/ OB clinic to capture 3rd trimester screening results (include risk assessment at hospital admission & follow-up/edu prior to discharge)
- Referral coordination w/ PP Care Team, if applicable
- Documentation of referral coordination & loop closure (include PP Care Team), when possible

Definitions

- **Universal and standardized:** consistent (timing, method, tool) administration to all perinatal patients (e.g. not selectively administered).
- **Evidence-based/validated tool:** literature supporting efficacy of tool for specific populations, including measurement of specificity and sensitivity; tools embedded in EMR may or may not be validated/eb
- **Risk assessment:** formal (evidence-based tool) assessment **or** informal interview to establish behavioral health risks to mother and fetus (e.g. Potential SU exposures upon admission) & to inform discharge planning and referral coordination.
- **Acute/crisis:** imminent harm to self or others; psychosis

Implementation Guardrails



Documentation of at least **1** evidence-based & validated perinatal mental health and substance use screening tool

Screening Schedule

** At least 1 documented evidence-based & validated perinatal mental health and substance use screening tool*

3rd Trimester (clinic)

- Universal MH screening tool administration in alignment w/ MDS policy
- Universal SU screening tool (not UA) administration
- Treatment & referral coordination

Admission (birthing facility)

- Acute behavioral health risk assessment (SU/psycho-social risk assessment)
- Screening Tool Administration

Discharge (birthing facility)

- Acute behavioral health risk assessment (major changes)
- PMAD/POST-BIRTH Education
- **Standardized Discharge Summary/Referral coordination**
- Screening Tool Administration

Timing: Opportunities & Challenges

3rd Trimester

- Efficacy & validity of screening tool
- KanCare Reimbursement

Admission

- MH questions regularly asked at admission
- Variety in approach – history, risk, screening tool, etc.

Discharge

- Emphasis on education and resources
- Postpartum Care Team coordination of referrals

MMH: TA spotlight

Jill White: Hutchinson Regional



Sample Timelines

Site 1: Hutchinson Regional Medical Center



- Administering suicide risk assessment at admission
- Administering EPDS post-birth:
 - EPDS & PMAD education included in discharge education folder, pieces pulled out along the way
 - paper form & instructions given with birth certificate

Open mic

- Why does it feel like I'm SOOOO far behind everyone?
- How do we incorporate Birth Equity in this work?
- Tertiary Care Center: How do referrals get back to her "home" base?
- POST-BIRTH: Who do we target for education/integration after inpatient settings:
 - EMS/ED
 - Outpatient clinics
 - Patients: Media & Marketing?





Kansas Perinatal Quality Collaborative

NEW! FTI Checklist





ENROLLEES CHECKLIST 10.21

ENROLLED FACILITY/CENTER *CHOOSE FROM DROP-DOWN	CHOOSE AN ITEM.
FTI Champion Name	
Lead OB Provider Name	
2021 Birth Numbers (Live & Stillbirth)	*Complete January 2022*

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 (Behavioral 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
Submit Baseline Data to KCC: 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	DATE COMPLETED
Develop/Revise MMH Policy (<u>Screening, Referral</u>)	
Review Data Collection & Process Improvement Opportunities	
SUBMITTING DATA & REFINING PRACTICE	DATE COMPLETED
Referral process post-Discharge embedded	

MATERNAL WARNING SIGNS (MWS)

AWHONN POST-BIRTH TRAINING

REGISTERED	NAME/DEPARTMENT	DATE COMPLETED
FTI Champion		
FTI Seat		
FTI Seat		
	NAME REGISTERED/DEPT/NUMBER TRAINED	DATE COMPLETED
Other Staff		
AWHONN MWS MATERIALS		RECEIVED DATE
Received 1st Installment (<u>Magnets, Teaching Guides</u>)		
Received 2nd Installment (after AWHONN training is completed)		
MATERNAL WARNING SIGNS INTEGRATION		DATE COMPLETED
Review MWS Integration Toolkit		
Review AWHONN 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		
PP Discharge policy review for embedding MWS (including POST-BIRTH)		
Postpartum Appointment post-Discharge policy reviewed		
DISCHARGE PLANNING POLICY UPDATE		
POST-BIRTH education & Magnet embedded in PP Discharge Policy		
Additional Patient Education from MWS Toolkit embedded in PP		
Discharge Policy per institutional need		
Postpartum Appointment policy updated		

Due:
Jan 2022?

Updated FTI Enrollee Checklist

- An updated **FTI Enrollees Checklist** is coming. Make sure you click your facility at the top of the word doc before sending it in.
- Be sure you list each person who has registered for a free seat under the POST-BIRTH Training section on the Checklist. That way I can give credit to your facility for the training and registration by cross-matching your checklist and your attendance rosters.
- **Use previous Checklist to update**, note additions and changes



Kansas Perinatal Quality Collaborative

Thank you, FTI Champs!
