
KPQC
Learning
Forum

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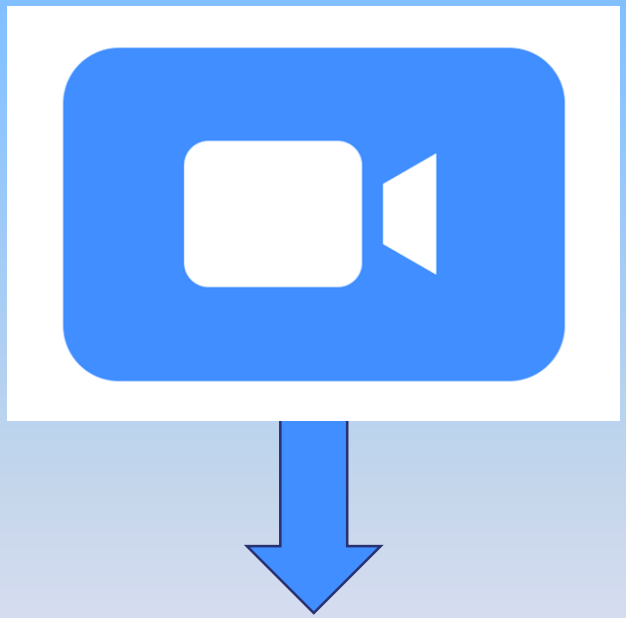

KPQC

Kansas Perinatal Quality Collaborative

January Learning Forum

Betsy & Terrah

Creating a Postpartum Care Team


Zoom Meeting ID: 249-965-2932
During the presentation, the chat will send questions to Anne Maack
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The Fourth Trimester Initiative

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.

Welcome!

Introduce yourself on the chat and tell us what PRN is an abbreviation of ☺

Rapid Response

Monthly goal: Hot topics in maternal health

- ✓ We are a PODCAST!!!!
- ✓ New Medicaid/KanCare policy for Maternal Depression Screenings!
  - Feb Learning Forum: Mental Health Toolkit for the bedside providers
- ✓ https://newmomhealth.com/: "Fourth Trimester Project"
- ✓ Syphilis: KDHE statement 11-30-20
  - https://www.kdheks.gov/sti_hiv/download/std_reports/Case_Rates_2009-2019.pdf
- ✓ COVID Update
  - Vaccine: www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19

KPQC February Learning Forum

The **Kansas Connecting Communities (KCC)** team will share information on the **Maternal Mental Health landscape in Kansas** and **resources** available through KCC and beyond to **support provider capacity for the early identification of and intervention** for perinatal mental health and substance use screening, referrals, and treatment support.

<u>Guest Speakers:</u>

Melissa Hoffman, DNP, APRN, PMHNP-BC, KCC Expert Consultant and President of PSI-KS and,

Patricia Carrillo, KCC Program Manager

Leaders in Women's Health Encourage Health Workers to Receive the COVID-19 Vaccine

Vaccination is the Key to Preventing New Infections

January 13, 2021 – During the COVID-19 pandemic, public health measures such as physical distancing, masking, hand hygiene, and appropriate personal protective equipment for healthcare personnel have proven critical in minimizing the spread of existing COVID-19 infection. Vaccination is the key to preventing new infections and is an important next step to combatting the COVID-19 pandemic and saving lives.

"Frontline health workers are encouraged to be vaccinated, to learn the safety profile of approved vaccines, and to inspire vaccine confidence among their communities," said Judette Louis, MD, MPH, President of the Society for Maternal-Fetal Medicine. "In addition to affording significant individual-level protection, keeping healthcare workers safe protects the workforce so we can continue to provide care to those who are sick with COVID-19 or other illnesses. By preventing the COVID-19 infections, vaccination also helps prevent healthcare workers from spreading COVID-19 infection to patients and other healthcare workers."

Vaccinations Are Safe and Effective

The vaccines that are currently approved for the prevention of COVID-19 (Pfizer and Moderna) in the United States are mRNA vaccines, which help the body create antibodies to fight future infection. The vaccines do not contain live COVID-19 virus. Data suggest that mRNA is rapidly degraded in the body by normal cellular processes in about 10 to 20 days.

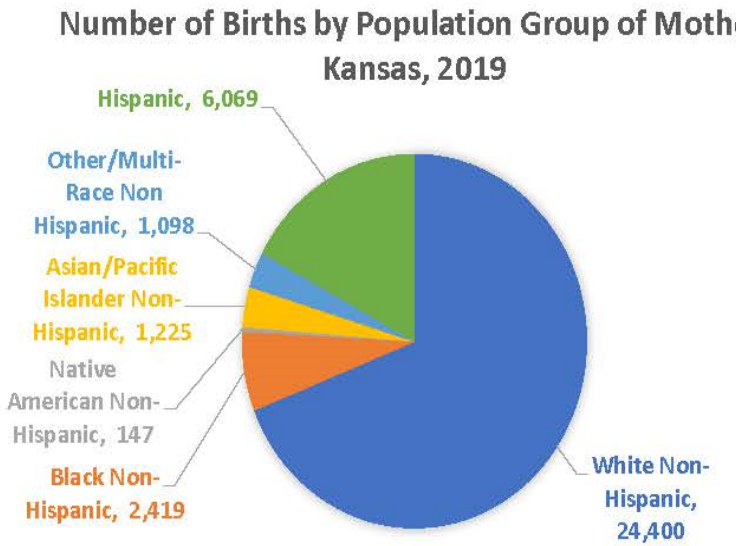
The Pfizer vaccine study included 43,448 people who received two doses of the vaccine 21 days apart. The efficacy of preventing COVID-19 after the second dose was 95%.[1] The Moderna vaccine study included 30,350 people who received two doses of the vaccine 28 days apart. The efficacy of preventing COVID-19 after the second dose was 94.1%.[2] Common side effects of both vaccines include mild to moderate fever, headache, and muscle aches. These side effects suggest that the immune system is working.[1,2]

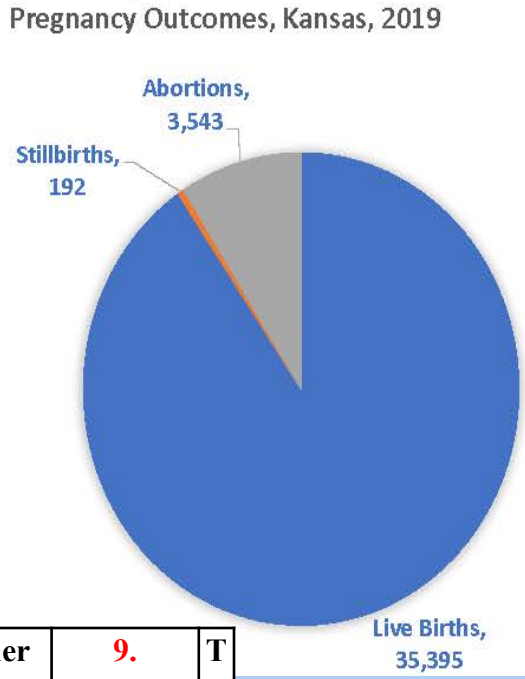
❖ COVID-19 Vaccine Update

Is the COVID-19 vaccine safe and recommended for pregnant women?

- The emergency use authorization does not address the safety or effectiveness of the vaccine for pregnant women.
- Currently, CDC and ACOG recommend the vaccine for pregnant women if they are a priority population in the vaccine rollout plan (e.g., health care staff, essential frontline workers).
- It is important for you, as a pregnant woman, to stay informed and talk with your healthcare provider so you can make an informed decision that is best for you and your baby, based on your history, level of risk and likelihood of exposure.

Kansas Resident Assorted Birth Statistics, 2019

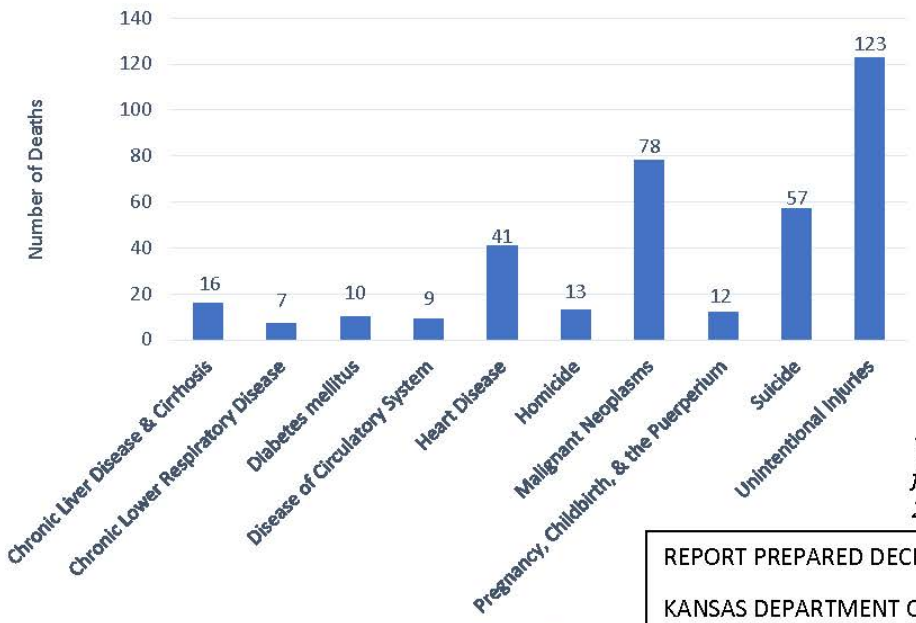




Year: 2019	1. Medicaid	2. Private/ employer Ins	3. Self-pay	4. Indian Health Service	5. Champus/Tricare	6. Other gov	7. other	9. Unknown_Missing	Total
Number	10488	19989	2605	20	1562	245	317	169	35395
Percent	29.6	56.5	7.4	0.1	4.4	0.7	0.9	0.5	

Payor Breakdown 2019

Kansas Resident Birth & Death Statistics, 2019



Live Births, 35,395

Other Birth Statistics, Kansas, 2019	
Total Births	35,395
Number of Mothers That Breastfed @ delivery	31,339
Number of Mothers That Smoked During Pregnancy	3,582
Number of Maternal Deaths	7
Stillbirths (>20 weeks)	192

The Kansas 2019 birth rate was 12.1 births per 1,000 population, a 3.2% decrease from 2018 and the lowest birth rate since the state started keeping records in 2011.

REPORT PREPARED DECEMBER 18, 2020 15:53

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT - BUREAU OF EPIDEMIOLOGY AND PUBLIC HEALTH INFORMATICS

Are you tired yet, KANSAS??

Eight Keys to Success: KMMRC + ACOG Comm Opinion 736 (2018)

- Expert Medical Care (Inpatient PP, Outpt PP, Well Woman)
- Mechanisms to assure timely referral and follow up
- Postpartum Care Team
- Standardized Screening (Medical, social needs, etc)
- Personalized Patient Plan of Care/Mom Plan
- Reproductive Health Planning
- Comprehensive Well Woman Exam attendance
- Ongoing insurance coverage

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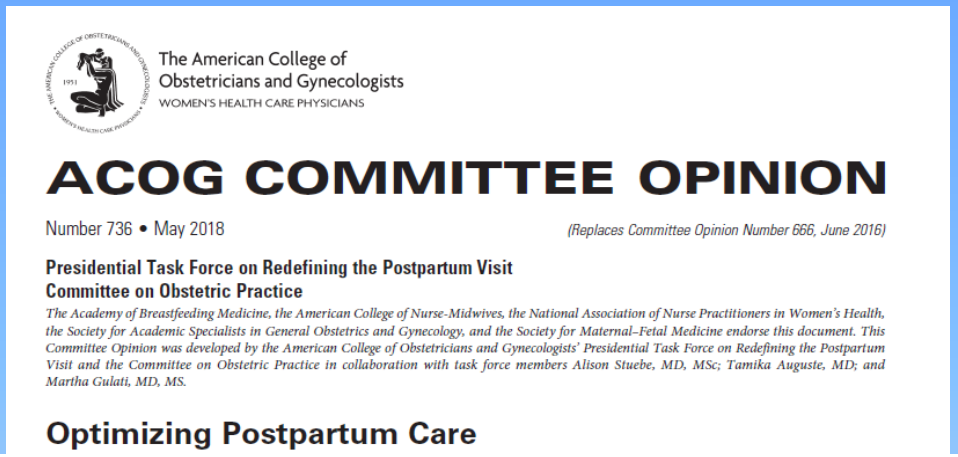
Kansas Perinatal Quality Collaborative

Today's Goal: CIRCLE of Care

NAS to Maternal Health:

Building a Postpartum Care Team

Times are CHANGING… finally!



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 736 • May 2018 *(Replaces Committee Opinion Number 666, June 2016)*

Presidential Task Force on Redefining the Postpartum Visit
Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

Recommendations and Conclusions

The American College of Obstetricians and Gynecologists makes the following recommendations and conclusions:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.
- Anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care.
- Prenatal discussions should include the woman's reproductive life plans, including desire for and timing of any future pregnancies. A woman's future pregnancy intentions provide a context for shared decision-making regarding contraceptive options.
- All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

DIAGRAM #1: KPQC Goals & QI Projects (12.20)

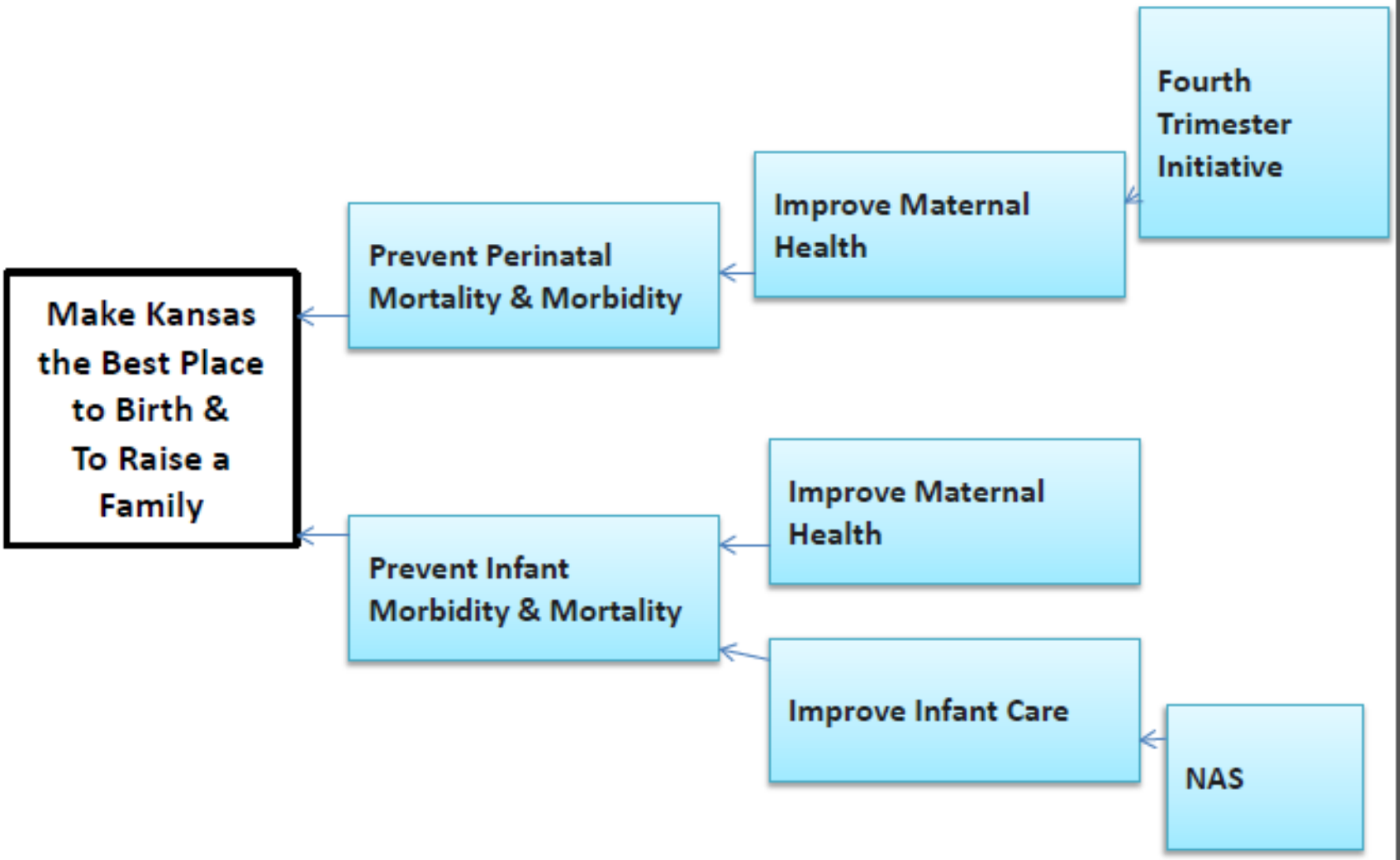


DIAGRAM #2: FTI Maternal Action Plan

KPQC Maternal Health Goals in Kansas

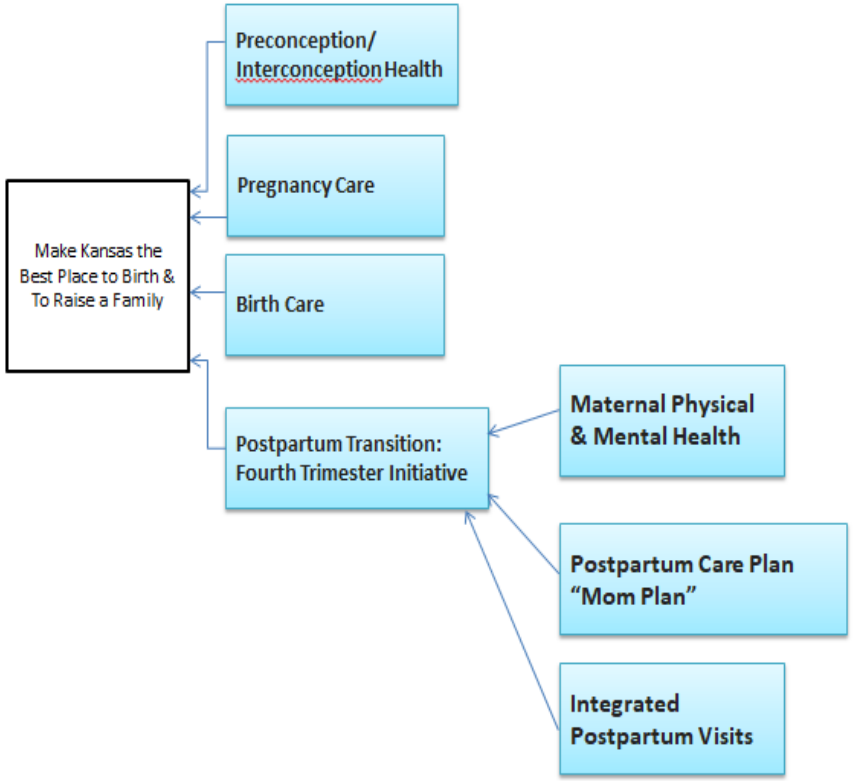


DIAGRAM #3: FTI Maternal Action Plan **AIM Prep Project**

Goal: Make Kansas the best place to birth, be born, and to raise a family.

Secondary Drivers

Primary Drivers

Optimal Maternal Physical & Mental Health

BIRTH CENTER
Quality Medical Care:
1. Immediate PP Care- Best Practice Models
   - PP Hemorrhage
   - PP HTN Disorders
   - Breastfeeding
   - Infection Prevention
   - Behavioral Health/SUD
2. Identify continued medical needs prior to discharge

Social Determinants:
1. Identify barriers to F/U visit prior to discharge (PP Care Team)

Postpartum Care Plan "Mom Plan"

OUTPATIENT
Quality Medical Care:
1. Postpartum Care: algorithm of F/U
   - 1-6 weeks, up to 12 weeks with Comp WWE
2. Best Practice Models: See above
   - Perinatal Mood Disorder
   - Family Planning
   - Chronic Disease (HTN, Obesity, Asthma, Anemia, DM)
   - Abuse/Neglect
   - Infant Care

Integrated Postpartum Visits

BIRTH CENTER
1. Create Postpartum Care Team
2. Education of Mom- self & infant care
3. Discharge Planning by PP Care Team & Patient "Mom Plan"
   - Individualized medical plan
   - Include Social Determinants (ie. Insurance)
4. Screenings:
   - Educate all Maternal Health Providers
   - Coordinate & Provide Standardized Screenings
5. Referral for + Screens: Inpatient to outpatient
6. Connect to Perinatal Community Collaboratives

OUTPATIENT
Private Practice/Public Health:
- Mom Plan/Pt Medical Plan
- Ongoing Screenings & Referrals (incl. F/U)
- Perinatal Community Collaboratives connect to BCs

BIRTH CENTER
Collective Impact Model
Tracks Postpartum Visit Scheduled prior to discharge
Tracks PP Visit Attendance

OUTPATIENT
Collective Impact Model
OB Provider office tracks PP Visit not completed- refer to Navigator

AIM-Prep Goal:
By *May 14, 2021*, the documented attendance rate of a visit with the OB Provider by 12 weeks postpartum will exceed 60%

Performance Measures:
Schedule Postpartum Follow Up Visit Prior to Discharge

Track Attendance at 6 week PP Visit

Track Birth Center Postpartum Care Team

"Mom Plan"

+

The Postpartum Care Plan

=

HEALTHY Moms

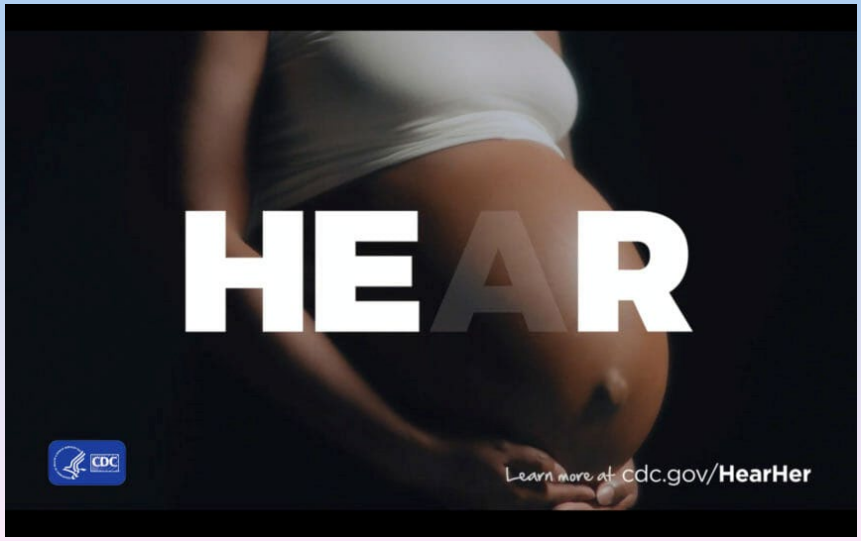
The “Mom Plan”

“**Fourth Trimester Initiative,** a cutting edge approach to study and improve the experience of *our mothers and families* in Kansas …to **intentionally improve** maternal health outcomes with our *collective, inspired effort*”

Support Person

Money

COVID



Insurance

Day Care

Breastfeeding

The Postpartum Care Plan

Table 1. Suggested Components of the Postpartum Care Plan*

Element	Components
Care team	Name, phone number, and office or clinic address for each member of care team
Postpartum visits	Time, date, and location for postpartum visit(s); phone number to call to schedule or reschedule appointments
Infant feeding plan	Intended method of infant feeding, resources for community support (eg, WIC, Lactation Warm Lines, Mothers' groups), return-to-work resources
Reproductive life plan and commensurate contraception	Desired number of children and timing of next pregnancy Method of contraception, instructions for when to initiate, effectiveness, potential adverse effects, and care team member to contact with questions
Pregnancy complications	Pregnancy complications and recommended follow-up or test results (eg, glucose screening for gestational diabetes, blood pressure check for gestational hypertension), as well as risk reduction recommendations for any future pregnancies
Adverse pregnancy outcomes associated with ASCVD	Adverse pregnancy outcomes associated with ASCVD will need baseline ASCVD risk assessment, as well as discussion of need for ongoing annual assessment and need for ASCVD prevention over lifetime.
Mental health	Anticipatory guidance regarding signs and symptoms of perinatal depression or anxiety; management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period
Postpartum problems	Recommendations for management of postpartum problems (ie, pelvic floor exercises for stress urinary incontinence, water-based lubricant for dyspareunia)
Chronic health conditions	Treatment plan for ongoing physical and mental health conditions and the care team member responsible for follow-up

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

*A Postpartum Care Plan Template is available as part of the ACOG Pregnancy Record.

"New" Model:
The Postpartum Care Team

Nurses

Infant Health provider

OB Provider

Specialty Provider

PCP

Support persons

Lactation Support

OB Navigator

Home Visitor

Why does it work? Why does it matter?

Table 2. Postpartum Care Team* ⇦

Team Member	Role
Family and friends	• Ensures woman has assistance for infant care, breastfeeding support, care of older children • Assists with practical needs such as meals, household chores, and transportation • Monitors for signs and symptoms of complications, including mental health
Primary maternal care provider (obstetrician–gynecologist, certified nurse midwife, family physician, women's health nurse practitioner)	• Ensures patient's postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed • "First call" for acute concerns during postpartum period • Also may provide ongoing routine well-woman care after comprehensive postpartum visit
Infant's health care provider (pediatrician, family physician, pediatric nurse practitioner)	• Primary care provider for infant after discharge from maternity care
Primary care provider (also may be the obstetric care provider)	• May co-manage chronic conditions (eg, hypertension, diabetes, depression) during postpartum period • Assumes primary responsibility for ongoing health care after comprehensive postpartum visit
Lactation support (professional IBCLC, certified counselors and educators, peer support)	• Provides anticipatory guidance and support for breastfeeding • Co-manages complications with pediatric and maternal care providers
Care coordinator or case manager	• Coordinates health and social services among members of postpartum care team
Home visitor (eg, Nurse Family Partnership, Health Start)	• Provides home visit services to meet specific needs of mother–infant dyad after discharge from maternity care
Specialty consultants (ie, maternal–fetal medicine, internal medicine subspecialist, behavioral health care provider)	• Co-manages complex medical problems during postpartum period • Provides prepregnancy counseling for future pregnancies

Abbreviation: IBCLC, international board certified lactation consultant.

*Members of the care team may vary depending on the needs of the mother–infant dyad and locally available resources.

Best Practice: Maternal Screenings

Prior to & During Pregnancy

Prenatal Care
- ➢ Labs, PE, Convo

- Edinburgh
- Healthcare Literacy
- Nicotine Use, SUD
- Obesity
- Abuse, Neglect
- Chronic Disease
  DM, HTN, Asthma
- PCP ID
- Nutrition
- Insurance
- Transportation
- Housing
- Sig Other/Support

Delivery /PP

**COVID19?

<u>MOM</u>
- Postpartum Health
  Bleeding, Infection, HTN, Immunization
- OB F/U
- Patient POC "Mom Plan"
- Family Planning
- Mental Health
- SO/Support

<u>BABY</u>
- Infant Care
- Car Seat
- Safe Sleep
- Shaken Baby Syndrome
- Breastfeeding
- Peds Provider

Postpartum

- Maternal Health
  Incision/Recovery, HTN, Infection, Anemia, DM, COVID-19, Immunizations
- Mental Health
  Edinburgh
- Weight
- SUD, Nicotine Use
- Abuse/Neglect
  Period of Purple Crying
- Chronic Disease
  HTN, Obesity, Anemia, DM
- Insurance, Nutrition, Transportation, Housing
- PCP
- Family Planning
  One Key Question, LARC
- SO/Support

KS: Maternal Health Indicators

- Health care access
- Breastfeeding
- Chronic disease (DM, HTN, Asthma)
- Obesity
- ➢ Mental health (depression and anxiety)
- ➢ Substance use (alcohol, illicit drugs, narcotics, and tobacco)
- Sexual and domestic violence
- Reproductive Life Planning
- Social Determinants of Health:

  Support, Insurance, Transportation, Housing, Food
- Screening & Referral systems

Postpartum Care Team (ACOG)

Postpartum Care Team

- Family/Friend assistance
- Primary Maternal Care Provider
- Infant health care provider
- Primary care provider
- Lactation Support
- Care coordinator/case manager
- Home Visitor
- Specialty provider, if needed (MFM, behavioral health, internal med)

+ PATIENT!!

Postpartum Case Study #1

Maternal History

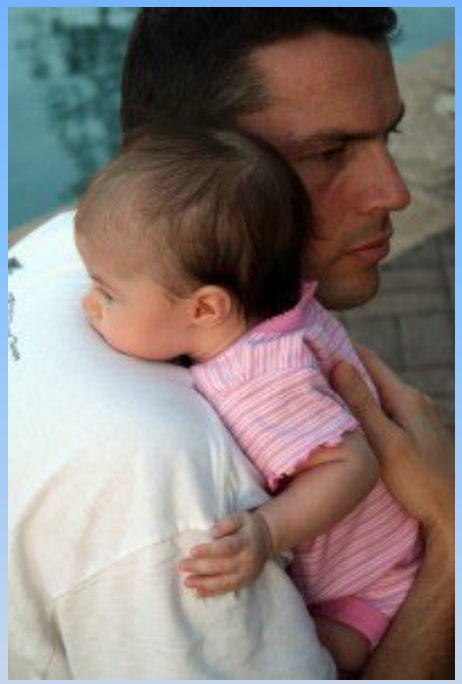
- 33 yo, married, G1, P1001.
- History of opiate addiction, successfully completed buprenorphine program
- Experienced opiate “cravings” during pregnancy. Obtained illicit buprenorphine but did not tell husband.
- Postpartum: mother wrote RN a note about buprenorphine use due to concern for infant.

Infant Care

- Neonatologist and NNP helped mother reveal prenatal buprenorphine use with father for open discussion on care for infant
  - Discussed opiate addiction as chronic illness
  - Discussed NAS assessment for infant; scoring system, non-pharmacological cares, observation period and potential need of pharmacological tx

Maternal Care

- Mother discharged after 48 hours. Remained on border status on Mother/Baby unit in her room to provide 24-hour care for infant
- Mother linked up to Local Treatment Clinic, restarted in buprenorphine treatment program
- Father remained involved, actively supporting mother and caring for infant



Infant Care

- Infant was monitored for 5 days on mother/baby unit due to long-acting opiate exposure
  - Bedside Finnegan Scoring with parents after each feeding to allow reinforcement of targeted comfort measures.
  - Mother and father providing comfort cares.
  - Mother breastfed (linked into treatment program).
  - Infant's NAS scoring <8 for 5 days.
- Infant discharged to home
  - Follow up appointment with PCP made within 48 hours.
  - Verbal/phone hand off made to PCP for infant
  - Infant scheduled in Special Care Follow-up Clinic 3 weeks post discharge
  - Visiting Nursing set up 2/wk for 2 weeks
  - Infant Toddler Services referral made

RESOURCES

Maternal

- RADAC (800-281-0029) https://www.hradac.com
- Substance Abuse Center of Kansas (SACK) (316-267-3825) http://www.sackansas.org
- Local AA or /or NA programs (aa.org/na.org)
- Kansas Connecting Communities (833-765-2004 consult line) website:

www.kdheks.govc-f/KS/ Perinatal Behavioral Health.htm

- Substance Abuse and Mental Health Services Administration's (SAMHA's) National Helpline 800-662-HELP (4357) https://findtreatment.gov

Provides referrals to local treatment facilities, support groups and community-based organizations

- Becoming a Mom (BAM)
- Johnson/Wyandotte County Specific
  - Children's Mercy TIES Program (816-960-8400)
  - Connections (Wyandotte)

Infant/Maternal

- WIC
- Healthy Families: Kansas Children's Service League (pregnancy through 3 to 5 years) https://www.kcsl.org/HealthyFamilies.aspx
- Parents as Teachers https://www.ksde.org/Portals/0/Early%20Childhood/PAT/KPATCONTACTDIRECTORY.pdf?ver=2020-11-25-120327-890
- Maternal Child Health Program https://kdhe.maps.arcgis.com/apps/opsdashboard/index.html#/ff50a13177fc465ab96f333d4dc26a54

Infant

- Infant Toddler Services http://www.ksits.org
- Early Head Start https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-program

Important Steps of Postpartum Care Team

Prenatal Care

Screening questions in prenatal care

Referrals

Connections!

TOOLKIT use

L&D

Circle of Care continues

Expert medical care: Mom AND Baby

Bottom line!

Mom- close follow up with care team, screening and referral of OB Provider to PCP

Postpartum

MOM

Expert Medical Care

Referral to outpatient:

- OB Provider to PCP
- Mental Health
- SUD Resources
- Other specialty

INFANT

NAS Protocol

F/U with Peds, circle of care to OB

Postpartum Case Study #2

- Obstetric Hx: G1P0
  - Unplanned but happy, FOB involved
  - Initiated care 1st trimester
  - Met OB Navigator, Nurse, & CNM
- Medical Hx: Depression (no meds)
- Social Hx: recently displaced from family (FOB military), admitted marijuana use

HPI: Presented to ED at 18 weeks with c/o UTI.

*ED Providers noted erratic behavior.

UDS: + barbituates

Antepartum Care

- ✓ ED Nurse- referred Pt to call OB Provider next day. ED Notes completed & faxed to OB Provider. OB Nurse calls pt to make appt same day.
- ✓ CNM saw patient 2 days later. Admitted illicit Dilaudid use
- ✓ Edinburgh given: 16, neg #10
- ✓ OB Navigator in to see Pt- Referral to SUD resources, integrated Mental Health visit in 3 days
- ✓ Pt placed on High Risk OB Team list- discussed case 2 months prior to delivery

- ✓ Pt lost insurance in 3rd trimester, missed several visits
  - OB Navigator contact… returned for care
- ✓ Spontaneous labor @ 37 weeks, NSVD of viable female infant
- ✓ FOB present, + family involved
- ✓ High Risk OB Team aware of admit & delivery

Infant Care

NAS care initiated, 3 day stay (not transferred)

Maternal Care

- OB Nurse, OB Provider, Infant Provider, OB Navigator, Hospital Social Worker, DCF Case Manager involved
- Insurance, F/U appts, Referral back to Mental health
- CNM appt at 2 weeks and 6 weeks
- Breastfeeding clinic with UDS 1 week, continued for 1st month
- LARC at 4 weeks at FQHC

"Mom Plan"

+

The Postpartum Care Plan

=

HEALTHY Moms

“New” Model:
The Postpartum Care Team

Nurses

Infant Health provider

OB Provider

Specialty Provider

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Support persons

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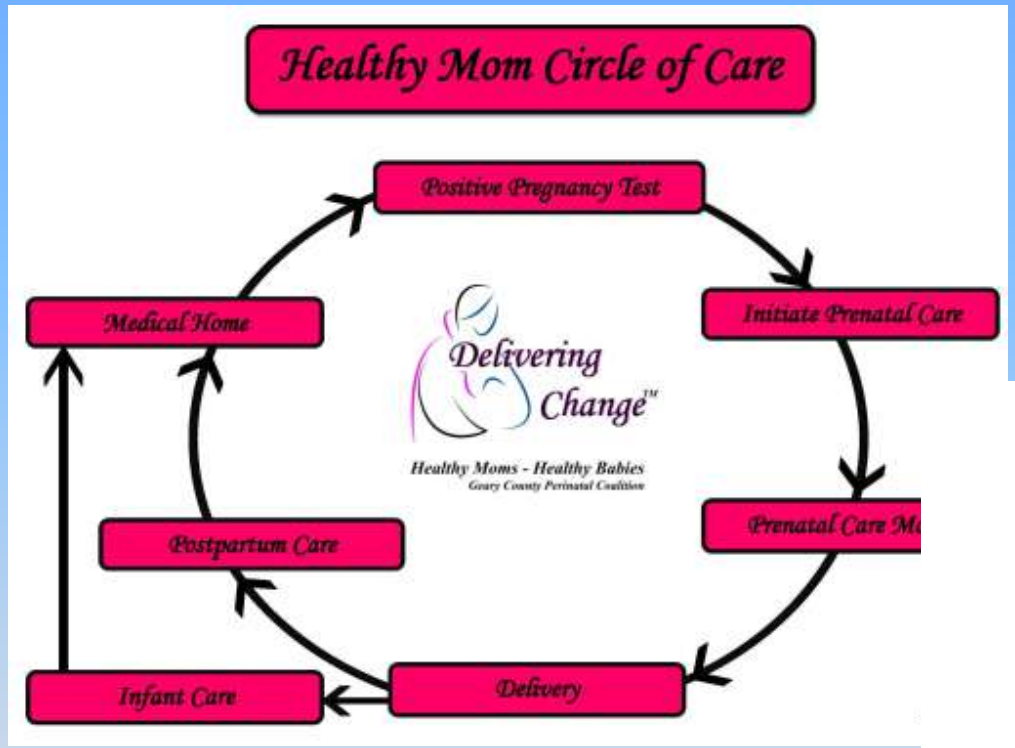
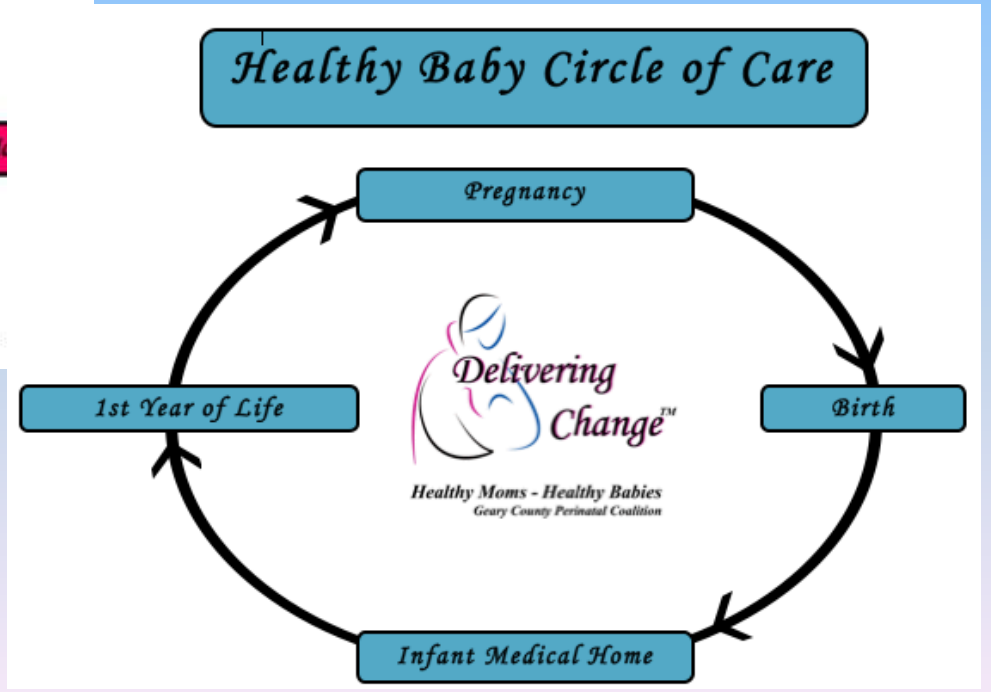
Home Visitor

Circle of Care





Who is YOUR *Postpartum Care Team?*

Postpartum Care Team

- Family/Friend assistance
- Primary Maternal Care Provider
- Infant health care provider
- Primary care provider
- Lactation Support
- Care coordinator/case manager
- Home Visitor
- Specialty provider, if needed (MFM, behavioral health, internal med)

+ PATIENT!!

KPQC

Kansas Perinatal Quality Collaborative

Next Learning Forum: Feb 23rd

Maternal Mental Health at the BEDSIDE!

MDS Policy Update:

- The KanCare Maternal Depression Screening ***policy supports reimbursement for up to 3 screenings during the prenatal period under the mother's Medicaid ID. The policy also supports reimbursement for up to 5 screenings during the 12-months postpartum period under the child's Medicaid ID as part of a well-infant/child visit (KAN Be Healthy).*** This guide is intended for healthcare providers treating pregnant woman and for pediatric providers who conduct well-infant/child visits.

- *Optional training will be offered to screeners, including medical providers and their clinical staff, to increase timely detection of maternal depression. Initial trainings are scheduled for:*
- *• Wednesday, December 2, 2020 from Noon-1:00 CT. Must register to attend:*
- *• Friday, March 26, 2021 from Noon-1:00 CT. Must register to attend.*

- KDHE's Perinatal Mental Health Integration Toolkit provides guidance on screening practices, templates for local use, and patient and provider resources.
- Perinatal Provider Consultation Line available to providers to access to Psychiatric Consultations and Care Coordination Support as well as support policy and billing questions related to this policy update.

The Provider Consultation Line for Perinatal Behavioral Health

LEARN MORE! February 2nd, 2021. Register here.

- Consultations available M-F, 8:00 am-5:00 pm
- **Call 833-765-2004 or connect online using this form**
- Requests responded to within 24 hours or the next business day

More information

- https://www.kansasmch.org/connecting-communities.asp

KPQC

Kansas Perinatal Quality Collaborative

Save the Date

May 2021: Spring General Meeting