



KPQC

Learning
Forum



Terrah Stroda

KPQC Fourth Trimester QI Coordinator



For

Making Kansas the best place to be a mother

ANNOUNCEMENT

The "**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.



The Fourth Trimester Initiative

Dear Kansas Champions,

*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.*



Fourth Trimester Initiative: Next Steps

Define the Problem

- ✓ TODAY: COVID update (rapid response)
National speaker on Maternal Health Outcomes

December 15th at Noon Learning Forum
"Identifying the causes of Kansas Maternal Health Outcomes" Greg Crawford

Identify an Action Plan

Survey from KPQC/KMMRC: What's happening NOW?
Goal: Begin changing postpartum care model

Educate *Providers, Patients, Population*

Dec, Jan, Feb: *Best Practice Model Education*
Maternal Mental Health, PP Hemorrhage, PP HTN, etc

Collaborate

Begin to develop a "PP Care Team", Ask! (Mothers, Providers, Community)

Evaluate

Surveys, ID Data Collection person



Where are we? Where are headed?

Maternal QI Initiative

- Data evaluation: KMMRC, Vital Stats (Birth Cert/Annual Summary), PRAMS
- ID Problem(s):

Maternal Health in Kansas (The best place to be born and to be a mother?)

Specifically: *Maternal Health Postbirth to 1 year PP*

- Maternal Mortality
- Maternal Morbidity
- Unintended Pregnancy
- Poor maternal health outcomes (chronic disease, mental health, PTB)

ID Fix: Dissect down to “How do women achieve expert care postbirth?”





What YOU do matters

Updated Data

Local impact

State-to-National Collective Impact





Rapid Response: COVID19 update



Devika Maulik, MD
KPQC Chairperson Elect

KPQC Resources

- May 11 Learning Forum recording
- June 23 Learning Forum recording
- Link to KDHE Maternal Child Health Programs
- Link to COVID-19 Algorithm

<https://kansaspqc.org/covid-19-learning-forum/>



Pregnant Women with Suspected COVID or Confirmed COVID (identified by admission testing or testing for suspicion)

COVID-19 negative and asymptomatic

Discharge: Routine follow up; Maternal and Newborn

COVID-19 positive; asymptomatic

- Postpartum asymptomatic women should be monitored closely for development of COVID symptoms postpartum
 - Consider ultrasound surveillance
 - Consider antenatal testing
 - Monitor for blood clot formation - Consider short course of prophylaxis
 - Evaluate lab abnormalities

Social Services consult to evaluate need for family services

Maternal

Obstetric follow up; clinic or telemedicine

- Symptoms of COVID
- Blood pressure, pulse oximetry
- Symptoms of blood clot; Stroke, PE, DVT

MCH Referral for education, support services, case management

AND

Newborn

Pediatric follow up; clinic or telemedicine

- Decreased vigor
- Decreased feeding
- Respiratory Distress
- Cyanosis
- Weight loss

MCH Referral for education, support services, case management

COVID-19 positive and/or symptomatic

- Fever, chills, muscle pain, sore throat, headache, loss of taste, shortness of breath.
- May also have preeclampsia-like symptoms; high blood pressure, elevated liver enzymes, low platelets.
 - Ultrasound surveillance
 - Antenatal testing
 - Monitor for blood clot formation - Consider short course of prophylaxis

Local Public Health Referral

https://www.kdheks.gov/olrh/download/health_directory.pdf

- Local Maternal Child Health (MCH) services referral (<https://kdhe.maps.arcgis.com/apps/opsdashboard/index.html#/ff50a13177fc465ab96f333d4dc26a54>)
 - Screening/Assessment
 - Home Visiting
 - Education
 - Referrals to community services (e.g., behavioral health, social services, basic needs)
- Helpline: 1-800-CHILDREN
<https://www.kcsl.org/ParentHelpLine.aspx>
(non-crisis/non-clinical; for providers, parents, public)

MCH Referral Service (Home Visiting) follow up report to referring physician

State COVID-19 Websites/Resources

- KDHE COVID-19 Resource Center
<https://www.coronavirus.kdheks.gov/>
- Kansas COVID-19 Response & Recovery Center
<https://covid.ks.gov/>
- Kansas Children's Cabinet & Trust Fund (targeted to families and early childhood providers)
<https://kschildrenscabinet.org/>



Ginger Breedlove



President, Co-Founder March for Moms



Local and State Approaches To Address Maternal Health

Ginger Breedlove, PhD, CNM, FACNM, FAAN
President, Co-Founder March for Moms

What is March for Moms?

<https://marchformoms.org/who-we-are/team/>

*We envision a world
in which **every
person** can grow
their family with
dignity.*



BOARD MEMBERS



**GINGER BREEDLOVE, PHD, CNM,
FACNM**

President, Co-founder

Ginger Breedlove is the President of the March for Moms Board and is a past president of the American College of Nurse-Midwives. Presently, she owns a consulting company, Grow Midwives, LLC.



NEEL SHAH, MD, MPP, FACOG

Vice President, Co-founder

Neel Shah is the Vice-President of the March for Moms Board. Neel is a father, OB/GYN, professor at Harvard University, and the founder of Costs of Care.

Prioritizing Needs of Families and Communities - FIRST

- Listening to Mother's Survey's
- National findings HIGH focus on Postpartum Period
 - Need for support in early weeks
 - Mental Health Services inadequate and inconsistent
 - Within 4 months of birth > 4 in 5 women, with paid job, back work
 - Fewer than half stayed home as long as they would like
 - > Adverse Maternal Events combined with maternal death occur in postpartum period over any other. Why?

https://www.birthingthenumbers.org/wp-content/uploads/2019/03/Listening-to-Mothers-in-California-Full-Survey-Report_2018_FINAL.pdf





**What do we know about needs of
Kansas Families and their Communities?**

My 4 Decade Lens in Kansas

Maternal Mortality – KS, 1978

9.8/100,000 (KDH)

- Few shortage areas
- Wide coverage of maternity care & state-funded M&I clinics
- Comprehensive services e.g. Family planning, WIC, Social Workers
- High engagement in Childbirth Education & Preparation

Maternal Mortality – Ks, 2019 26.6/100,000 (KDH)

- Increased medicalization – “Too much too soon, or, too little too late”
- Loss of funding for community programs and services
- Less consumer interest and/or access to education
- Fragmented and rising inequities of MCH services



State Driven, Evidence Based Best Practices Include:

CMQCC Launched in 2006

- Stanford University School of Medicine together with the State of California in response to rising maternal mortality and morbidity rates. Since inception, CA a has seen maternal mortality **decline by 55 percent between 2006 to 2013**, while the national maternal mortality rate continues to rise. *not reduced rates for BIPOC populations
- Widely used Resources, Toolkits, Publications, Research Opportunities

AIM Bundles – Led by ACOG, partially fund Hospital implementation

- Multi-disciplinary Strategy approach offering Nine EBP Bundles
- Hemorrhage, Cardiovascular and Substances are typically first implemented
- Cost prohibitive for some, voluntary implementation, national database



AND...

Perinatal Quality Collaboratives - supported by CDC

- Only 9 states have not implemented

MMRC's

- ½ of states in US do not formally review of maternal deaths and at this time we have no national mandate

National Perinatal Association – NPA

- State associations still work on MCH issues throughout country

Professional Society Associations –

- Physicians, Midwives, Nurses



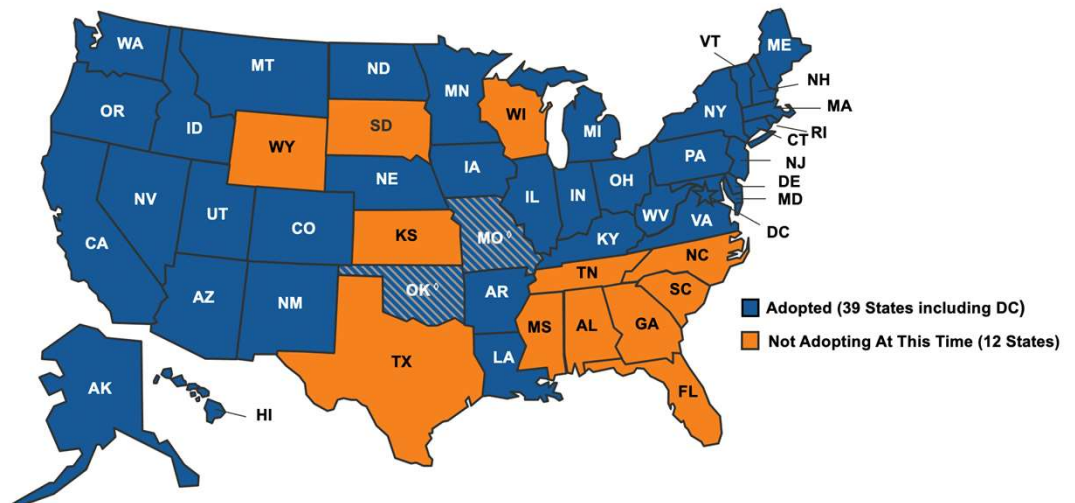


While continuing with above work...
5 Recommendations
State/Local Levels

Expand Medicaid

1. Expand Kansas Medicaid (a non-expansion State) to One-Year Post Birth

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ◊Expansion is adopted but not yet implemented in MO and OK. (See link below for additional state-specific notes).

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated November 2, 2020.

<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

KFF



Improve Outcomes of Mom and Baby

(ACOG) recommends women have access to continuous health coverage in order to increase preventive care, reduce avoidable adverse obstetric and gynecologic health outcomes, increase early diagnosis of disease and reduce maternal mortality rates

<https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf>



Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies

by Adam Searing and Donna Cohen Ross

Key Findings

- New research shows states that expand Medicaid improve the health of women of childbearing age: increasing access to preventive care, reducing adverse health outcomes before, during and after pregnancies, and reducing maternal mortality rates.
- While more must be done, Medicaid expansion is an important means of addressing persistent racial disparities in maternal health and maternal mortality.
- Better health for women of childbearing age also means better health for their infants. States that have expanded Medicaid under the Affordable Care Act saw a 50 percent greater reduction in infant mortality than non-expansion states.
- The uninsured rate for women of childbearing age is nearly twice as high in states that have not expanded Medicaid compared to those that have expanded Medicaid (16 percent v. 9 percent).

States with the highest uninsured rates for women of childbearing age are: Alabama, Alaska, Florida, Georgia, Idaho, Mississippi, Nevada, North Carolina, Oklahoma, South Carolina, Texas and Wyoming. Ten of these twelve states have not expanded Medicaid.

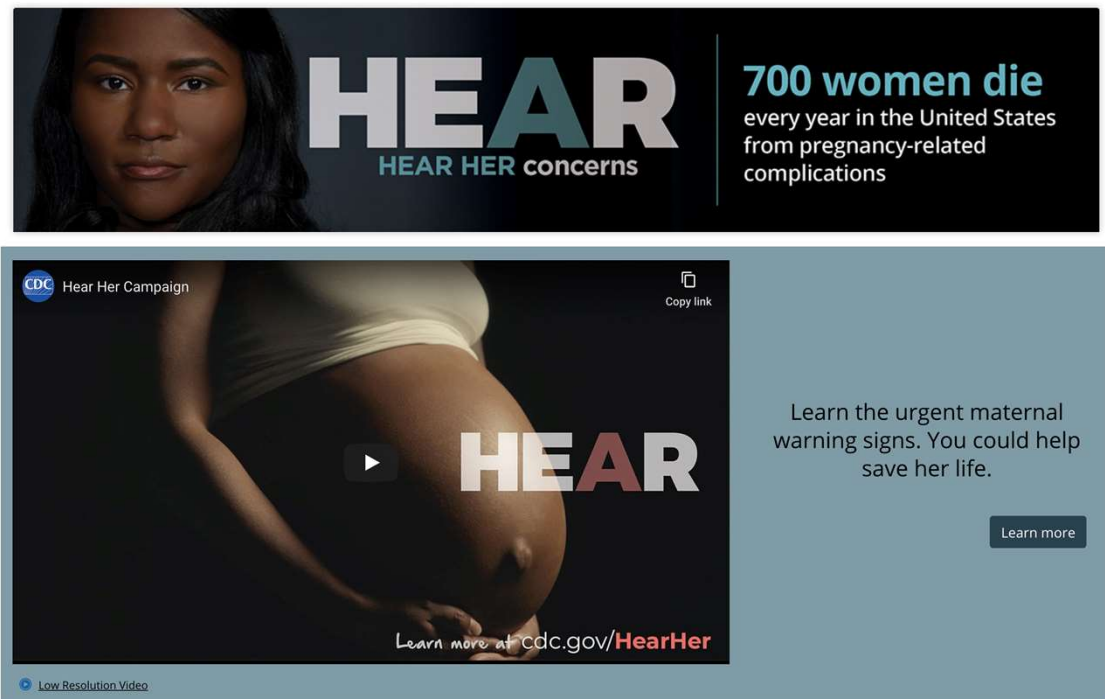
Introduction

Disruptions in health coverage are associated with adverse health consequences.¹ This is especially true for women in their childbearing years, when a pregnancy means having health coverage is even more important. The stakes are high as the care a woman receives during pregnancy is critical to her own health, as well as to the health of her newborn. In the United States, maternal and infant mortality is higher than most other industrialized nations,² lending urgency to strategies to address the overall health of women.³

In this paper we review the substantial new research showing the significant improvements in access to health coverage for women of childbearing age achieved through the adoption of the Affordable Care Act's (ACA) Medicaid expansion. Better health coverage is important not just for women who are pregnant but also for women well before they become pregnant and well after childbirth. The American College of Obstetricians and Gynecologists (ACOG) recommends women have access to continuous health coverage in order to increase preventive care, reduce avoidable adverse obstetric and gynecologic health outcomes, increase early diagnosis of disease and reduce maternal mortality rates.⁴ Research

Promote CDC – Hear Her Campaign (released fall 2020)

2. Drive public campaigns at local and state level to improve maternal health and eliminate disparities in outcomes by race and ethnicity.



The image displays two components of the CDC Hear Her Campaign. The top component is a horizontal banner featuring a close-up portrait of a Black woman on the left. To her right, the word "HEAR" is written in large, bold, white capital letters, with "HEAR HER concerns" in smaller white text below it. Further right, a vertical line separates this from the text "700 women die every year in the United States from pregnancy-related complications", where "700 women die" is in teal.

The bottom component is a video player interface. The video frame shows a pregnant woman in a white shirt, with her hand resting on her belly. The word "HEAR" is overlaid in large white letters. In the top left corner of the video frame is the CDC logo and "Hear Her Campaign". In the top right is a "Copy link" icon. A play button icon is centered over the video. At the bottom of the video frame, it says "Learn more at cdc.gov/HearHer". Below the video frame, there is a "Low Resolution Video" link. To the right of the video player, on a light blue background, is the text "Learn the urgent maternal warning signs. You could help save her life." with a "Learn more" button below it.



Develop State Medicaid Reporting

3. Develop Quality Standards based on social determinants of health and require State Medicaid to report on them.

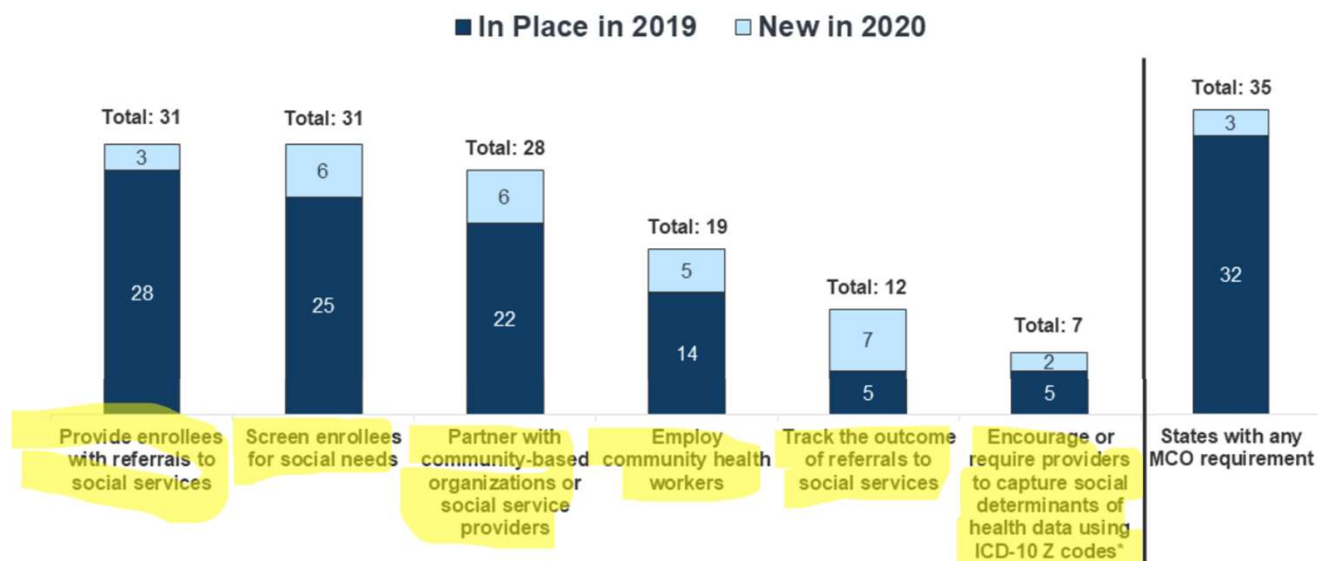
Kansas is one of 33 states that implements this requirement, but who is analyzing the findings?

What is the relationship of findings to Maternal Mortality and Maternal Health Outcomes?



Figure 13

State MCO Contract Requirements Related to Social Determinants of Health, FYs 2019-2020



NOTES: States with MCOs (40 in FY 2019 and 41 in FY 2020) indicated if selected policies are part of MCO requirements in place in FY 2019 or new in FY 2020.

*ICD-10 Z codes are a subset of the ICD-10 diagnosis codes that reflect patient social characteristics.

SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2019.

KFF

Figure 13: State MCO Contract Requirements Related to Social Determinants of Health, FYs 2019-2020



<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/>

Mandate IBT in all Birth Facilities

4. Implicit Bias Training including ongoing assessment of systemic racism in every delivering facility.

CMQCC
California Maternal
Quality Care Collaborative

FOR FAMILIES

CMQCC Accounts Login

Contact Us

ABOUT CMQCC

MATERNAL
DATA CENTER

QI INITIATIVES

RESEARCH

RESOURCES &
TOOLKITS

QI INITIATIVES

Birth Equity

BIRTH EQUITY

Core Values

Goals

Resources

CARDIOVASCULAR DISEASE

California Birth Equity Collaborative

Improving Care, Experiences and Outcomes for Black Mothers

The California Birth Equity Collaborative is a CMQCC quality improvement initiative to improve birth care, experiences and outcomes for Black mothers and birthing people in California. Our team is comprised of partnerships between CMQCC and participating hospitals and their local communities.



Change Requires ACTING on What We Know

- While the California was able to cut Maternal Mortality rates in half with their state-wide CMQCC initiatives, they have not succeeded in addressing the racial disparities in Maternal Mortality.
- A bill to require implicit bias training was passed in the CA state legislature in 2019.

Senate Bill No. 464

CHAPTER 533

An act to amend Sections 1262.6 and 102875 of, and to add Article 4.6 (commencing with Section 123630) to Chapter 2 of Part 2 of Division 106 of, the Health and Safety Code, relating to maternal health.

[Approved by Governor October 07, 2019. Filed with Secretary of State October 07, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

SB 464, Mitchell. California Dignity in Pregnancy and Childbirth Act.

(1) Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality.

This bill would make legislative findings relating to implicit bias and racial disparities in maternal mortality rates. The bill would require a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. The bill would require the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. The bill would require the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility.



Advance integration of Midwives and Doulas

5. Review national recommendations and promote both as essential members of the health care team.

Executive Summary of The National Partnership for Women & Families

<https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-our-maternity-care-now.pdf>



Encourage KS Build A Coalition For Change

UNIFIED VOICE to ADVANCE POLICY

Operating in an “out-front” capacity whereby policymaking recommendations is led by a coalition of partnering groups

- Public Focus: Virtual events, town halls, social marketing across state on MCH issues.
- Internal Focus: Define what “joining a coalition” means how to work together and how to communicate to external world with one voice.
- Lead policymaking efforts and work to set the agenda for the incoming KS Session by selecting 1 or 2 initiatives.

Operating “behind the scenes” in a way that finds opportunities to use Coalition Member expertise and ability as a connector to create change.

- Advocacy training for partners and/or families
- Best practice presentations and bridging gaps between professional societies and birth settings.
- Engage with consumers, business, employers, insurers and innovators to influence broad statewide investment in change



Who are the Players? Who is Missing?

- KS Perinatal Quality Collaborative
- KS Maternal Mortality Review
- KS Fetal Infant Mortality Review
- KS ACOG and KS AAFP
- KS ACNM, KS NPWH
- KS AWHONN
- KS Hospital Association
- KDHE



March for Moms: Advocacy Resource Guide

Released Fall 2020



MARCH FOR MOMS ADVOCACY GUIDE

Welcome! Our advocacy guide will provide you with the up-to-date information on maternal morbidity, mortality, and legislation trends in the U.S. We will help you and your family use this information to advocate for the well-being of moms and families!

WHO IS THIS GUIDE FOR?

Expectant Families: Any member of an expectant family desiring to further their understanding of the maternity health crisis and impact change.

Near Miss Survivors (& Caregivers): Any survivor of a near death experience during childbirth and/or their caregiver interested in driving awareness and advocacy efforts.



INTERACTIVE STATE MAP RESOURCE CENTER

<https://marchformoms.org/advocacy/2020-advocacy/march-for-moms-advocacy-toolkit-2-0/>

Contact: maternitycaremarch@gmail.com



Fifth Annual March for
Moms Maternal Health
Advocacy Week

May 2 – 9, 2021

www.marchformoms.org