KPQC

Kansas Perinatal Quality Collaborative

FOURTH TRIMESTER INITIATIVE

October 2021 Learning Forum

Housekeeping

- Please type your name and agency into the chat box so we can get an accurate reflection of who's present.
- Please keep your phone/speaker on mute to reduce feedback noise.
- During the presentation, if you have a question please put your question into CHAT.
- Today's call will be recorded. You will receive an email when the presentation, any additional resources and the recording are posted to the website.

Big Announcement!

We are AIM enrolled!

Postpartum Discharge Transition AIM BUNDLE

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

Time to share!

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

Time to share!

From KCC:

"More than 50% of women who die of self-harm sought help at a hospital or emergency department within one month of their death."

Time to Share!

- Mallorie Suffield & Kari Smith: Traveling the state!

  OPR/Adventhealth Shawnee Mission

  - OR Crash C-section
  - Shoulder Dystocia
  - Fetal Monitoring
  - PP Hemorrhage

  Want to add:
  POST-BIRTH Part I: Cardiovascular Events in the PP Setting ☺

Update from KBC

https://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html

- **Kansas moved up to 13th** in the national ranking, from 22nd in 2018 and 36th in 2015
- **Kansas exceeds the national score for the first time**, with a score of 83/100 compared to the national score of 81
- **Kansas scored higher than 3 out of 4 neighboring states –** NE 71, OK & MO 79, CO 85 ☺

- Kansas hospitals are making tremendous progress in how they care for families during and after birth to support optimal infant feeding. The support they receive from the High 5 for Mom & Baby program, funded by the United Methodist Health Ministry Fund (UMHMF) continues to be a significant reason for the success we are seeing on the Kansas CDC mPINC survey.
- Resources: https://ksbreastfeeding.org/our-work/hospitals/

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POST-BIRTH check in

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 (ie. 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.

FTI Enrollees "To Do" List

- ✓AWHONN POST-BIRTH Training
  - ✓Champs: DONE
  - ❑ Train Unit/Facility Staff
  - *Make sure you include Registration name in your submitted Roster if not Champion or Lead OB
- ✓Maternal Mental Health Baseline Survey
  - ✓TA awards to **EIGHT FTI Sites**!
  - ❑Non-TA sites: review policy, reach out to KCC
  - ❑General Meeting collaboration, beyond
- ✓FTI Enrollee Checklist
  - ❑New version coming

AWHONN
POST-BIRTH Training Update

Start: 3 free registrations per FTI Site… **now EIGHT**

Goal: Dec 31st

✓52 Registrations, 100+trained (*199 coupons left*)

✓Integrate ER/Outpatient settings

Magnets: Sent Out Round 1
When is Round 2?

- Training is complete
- Education for patients is embedded in DC education/policy
- Magnets are handed out during DC education

- More magnets will come (send me when you're ready)

Light Bulb Moment

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

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

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 (Screening,Referral)	
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		
Other Staff		
Other Staff		
Other Staff		
Other Staff		

AWHONN MWS MATERIALS	RECEIVED DATE
Received 1st Installment (Magnets,Teaching Guides)	
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	
DISHARGE 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?

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Guest Speaker

Sapphire Garcia-Lies


NAVIGATING THE ICEBERG
SAPPHIRE GARCIA-LIES

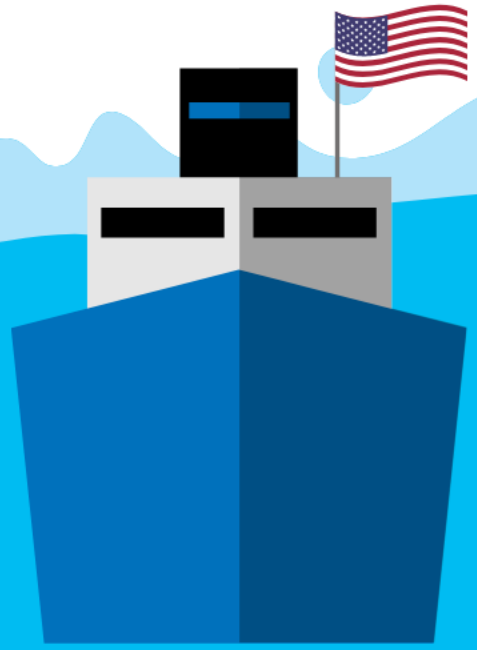
Wichita
Birth Justice
Society

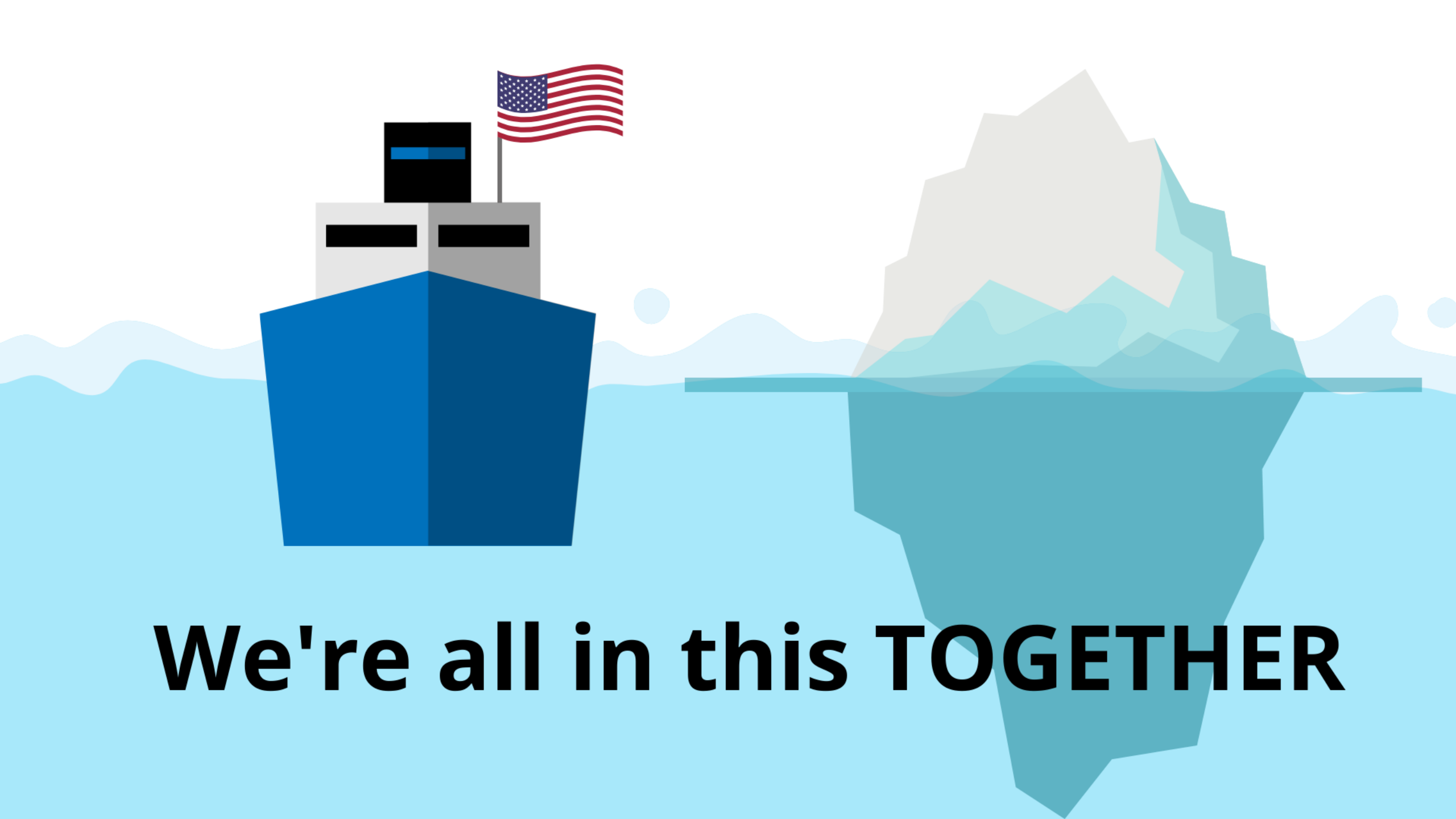
SAPPHIRE'S
Est. 2017
HOLISTIC DOULA SERVICES

Color-Filled Breastfeeding
Clinical Lactation
Training Program

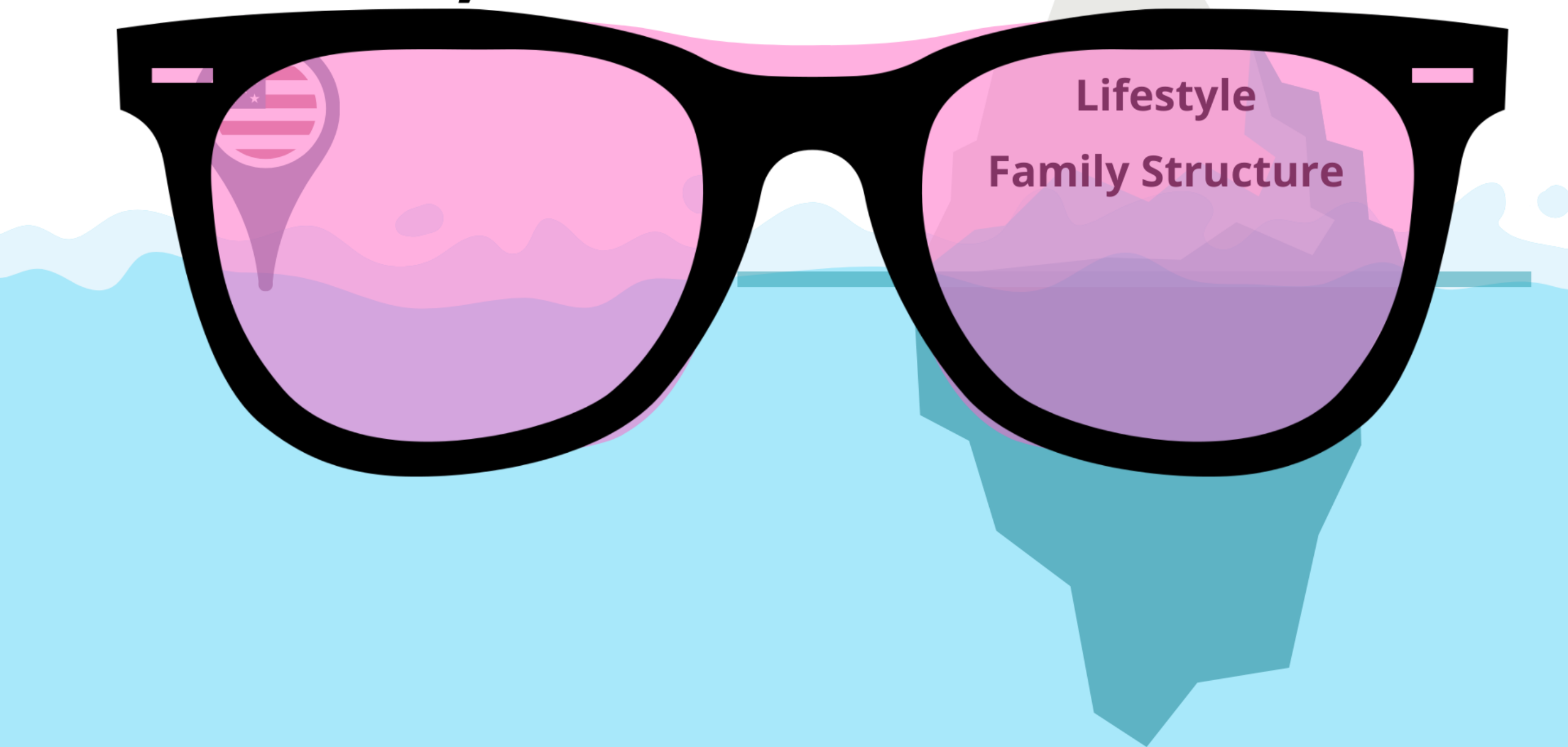
A Program of Kansas Breastfeeding Coalition, Inc.

"If you have come here to help me you are wasting your time, but if you have come because your liberation is bound up with mine, then let us work together." -Lilla Watson




We're all in this TOGETHER

First, Remove Your Bias



What do you SEE?

Systemic Racism

Lifestyle

Family Structure

Previous Interactions

Historical Trauma

Fear of Losing Children

Distrust of the System

Health Literacy

ACEs

Case Study #1

"We were getting ready to be discharged.
I was exhausted and ready to be home.
Then the nurse said we weren't free to go."

Case Study #2

"My baby was in NICU because he was born early. I tried my hardest to go to the hospital every chance I got, but I had to go back to work after two weeks. The NICU nurses made me feel unwelcome and even started him on formula without my permission. No one ever asked me how I was feeling or if I was ok. I had nightmares that they were going to take him away from me. I still wake up crying sometimes and have to check his crib to make sure he's still there."

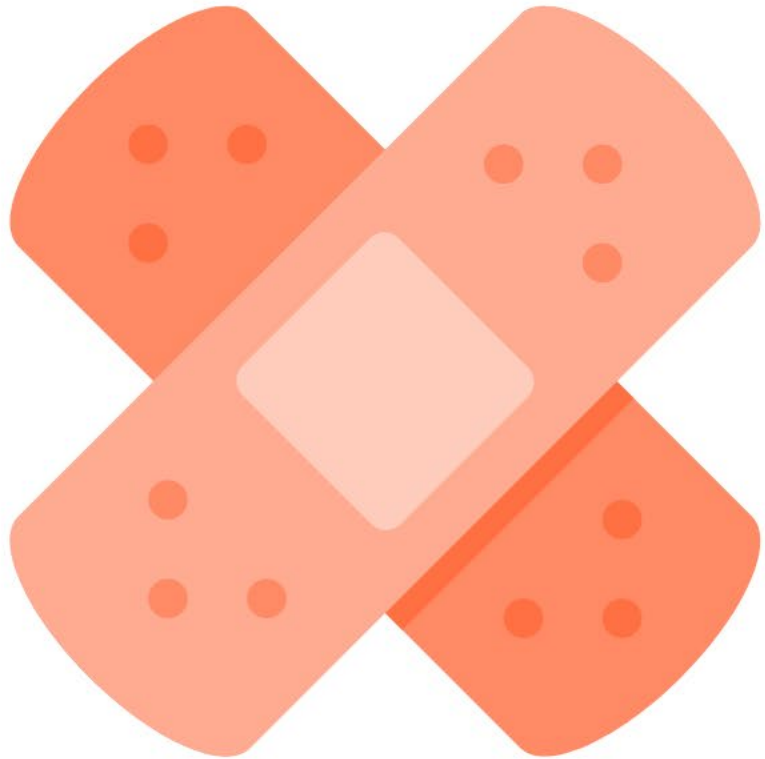
Case Study #3

"I had problems with my blood pressure this time and ended up having an emergency c-section. A week after I finally got home, my incision started to bleed everywhere. I looked in the mirror and saw that the corner had burst open a couple inches. I was so scared! I called my doctor's office, but they said they couldn't get me in. The nurse on the line didn't seem to believe me. She said if it was that bad, I should go to the ER. By the time they closed my incision up at the ER, I had been waiting 14 hours next to people who had COVID. I ended up catching COVID and was sick for the rest of my maternity leave. I still don't feel 100% ok."

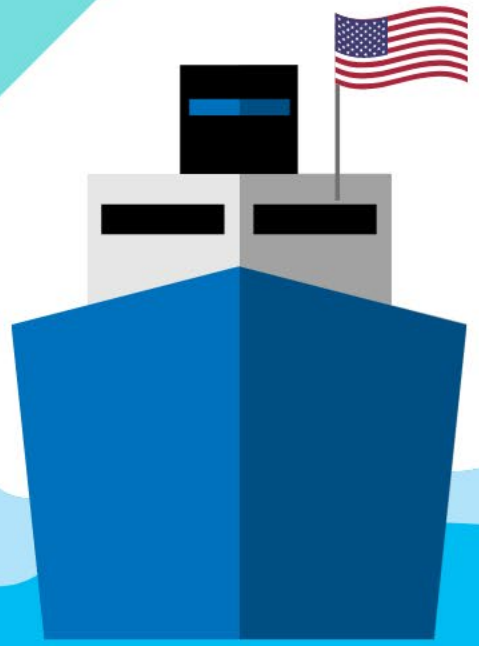
Case Study #4

"The hospital gave us handouts, but I had no idea who to call when I started having shortness of breath three days after going home. I called my OB's office and they said it was just anxiety. My husband argued with the nurse on the phone, but she still wouldn't hear me. I'm so glad he decided to take me to the ER for a second opinion. It turns out, I had a pulmonary embolism. I could have died!"

So...how do we fix it?



- **See ME! Stop assuming.**
- **Treat me with compassion. I matter too.**
- **Believe me.**
- **Know that I am the expert on what's normal for MY body!**



The conversation *must continue!*

Sapphire@wichitabirthjusticesociety.org

Upcoming Education

- The Kansas Connecting Communities (KCC) expert team is hosting a case consultation clinic series for prescribing physicians (OB/GYN, FP, PCP) and other advanced practice providers involved in treating perinatal mental health disorders. These clinics will build confidence and knowledge of perinatal prescribing best practices and comfort in developing or supporting treatment plans.
- Register Now:
  Tuesdays (November 2, 16, and 30) from 12:00 PM to 1:00 PM
  https://kansas.zoom.us/meeting/register/tJ0kf-ihqDwjHd3XHO_AiWf_2LyyZQ22TgT4
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KPQC General Meeting
November 18th 9am-Noon

1. Champs: Recommended attendance
2. Business Meeting/Education
3. FTI Training

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Thank you!