

# April 2022 Learning Forum

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# Agenda

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- ❑ General Meeting: Registration & Information
- ❑ FTI Update
- ❑ Cara: High 5 teaser!
- ❑ FTI Champion Highlight



Welcome to FTI...

# *Olathe Medical Center*



FTI Champion:  
Missy Mourek, RN  
Birthplace Educator



# KANSAS: Medicaid coverage to 12 months PP!

April 20, 2022

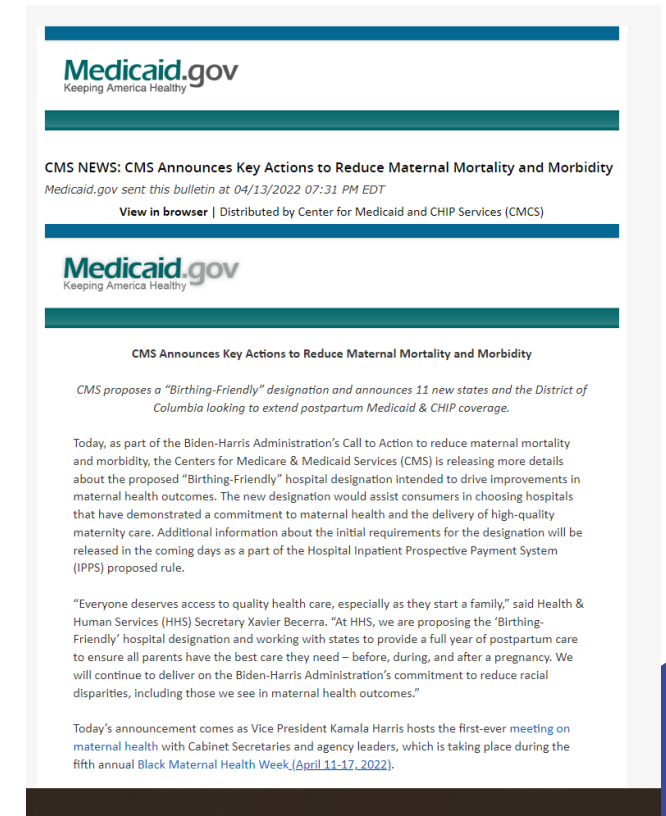
TOPEKA — Gov. Laura Kelly signed Wednesday a \$16 billion state budget backed by most lawmakers from both parties, including an extension of postpartum Medicaid coverage, a fully funded water plan and rainy day money.

A notable inclusion is the extension of postpartum Medicaid coverage from 60 days to 12 months, which advocates hope will reduce pregnancy-related complications. More than 30% of Kansas births are covered by KanCare.



# CMS: Hospital involvement in Maternal QI initiative

- <https://content.govdelivery.com/accounts/USCMSMEDICAID/bulletins/3135a27>
- The agency intends to expand the criteria for which this designation would be awarded in the future. The designation, which would appear on a CMS website, would ultimately assist consumers in choosing hospitals that have demonstrated a commitment to maternal health through their participation in quality improvement collaboratives and implementation of best practices that advance health care quality, safety, and equity for pregnant and postpartum parents.





# General Meeting: Register Now!

## FTI Champions

### On-site only

# Kansas Perinatal Quality Collaborative GENERAL MEETING

## Respectful & Equitable Care

### May 24 2022

Meeting Location: Sunflower Foundation, Topeka, KS

**Target Audience:** Kansas Perinatal Quality Collaborative (KPQC) members striving to improve maternal & infant health outcomes.

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

**Objectives:** At the end of the meeting, you will be able to:

1. Bring personalized postpartum care to Kansas by providing education and resources for improved perinatal health.
2. Define implicit bias and identify the negative impact it has on quality postpartum care.
3. Establish the patient voice as an integral part of improved safety in perinatal health care.
4. Share examples of postpartum issues that cross the continuum of care between inpatient and outpatient staff.
5. Collaborate with other FTI sites to create an improved postpartum care model for hospitals and birth centers in Kansas.

#### Registration Information

Click here to [register](#) for the general meeting.

#### Faculty



**Bekah Bischoff**  
MoMMA's Voices

Bekah is a maternal health advocate and patient family partner based in the Louisville, KY area. Bekah is passionate about helping moms identify and heal from their traumatic birth experience. She had a near death experience with the birth of her second child suffering from severe preeclampsia, HELLP Syndrome, and suffered in silence with postpartum anxiety. Bekah now shares her story to raise awareness about preeclampsia, HELLP Syndrome, and maternal mental health. She enjoys using her years of professional experience as an educator to help teach mothers how to effectively share their story to make it impactful.



**Quantrilla Ard,**  
PhD, MPH, MPH  
MoMMA's Voices

Quantrilla is an author, speaker, maternal health advocate and patient family partner based in the Atlanta area. She holds a PhD in Health Psychology and a Masters in Public Health. She uses her platform to educate and inform non-minority groups of all sizes and in various media outlets on the perils of negative birth outcomes for Black women and their infants who suffer mortality rates 3 to 4 times their White counterparts. She specifically advocates for women of color to be empowered to advocate for themselves and gain bodily autonomy before, during, and after pregnancy. Her passion comes out of her own personal birth experience in which she developed severe preeclampsia during her first pregnancy.



**Emily Taylor**

Emily is maternal health advocate and patient family partner in Cary, North Carolina. She is a survivor of an Amniotic Fluid Embolism which caused her to go through DIC, cardiac arrest, and kidney failure after a healthy pregnancy. Emily is an advocate for diseases like pancreatitis and Cdiff which she also experienced after the birth of her daughter. Her healthcare experience includes 6 years in the gastrointestinal field. She now puts her passion for maternal health work for the AFE Foundation and

## Agenda

- 8:30 am Registration
- 9:00 am Welcome!  
Dr. Cara Busenhardt &  
Kasey Sorell, MBA, BSN, RN, CPC
- 9:05 am Agenda & Introductions  
Terrah Stroda, CNM
- 9:10 am MoMMA's Voices: Lived Experiences\*  
Quantrilla Ard, Bekah Bischoff &  
Emily Taylor
- 10:00 am Unlocking Implicit Bias\*  
Dr. Jabraan Pasha
- 11:00 am The Kansas Birth Equity Network: Creating  
Equitable, Intentional, Respectful Care for  
Black Women in Kansas\*  
Dr. Sharla Smith
- 11:30 am Working Lunch (lunch provided onsite)  
KPQC Business Meeting
- 12:00 pm Fourth Trimester Champions: Huddle Up!  
Terrah Stroda, CNM
- 3:00 pm Adjourn

\*Virtual Guest Speakers



**Jabraan Pasha,**  
MD

Chief Medical Officer of Unlocking Implicit Bias, Dr. Jabraan Pasha, is a native of Tulsa, OK. He received his medical degree from The University of Kansas School of Medicine and completed his Internal Medicine Residency Training at Mayo Clinic Arizona. Currently, he is an Assistant Dean of Student Affairs and Associate Professor for The University of Oklahoma School of Community Medicine. He also serves as President of the Tulsa American Heart Association.



**Sharla Smith,**  
PhD, MPH

Dr. Sharla Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine-Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.

**Continuing Nursing Education:** KFMC Health Improvement Partners is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is pending approval for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0258-1009



# General Meeting: Register Now!

## KPQC Membership

### VIRTUAL only

# Kansas Perinatal Quality Collaborative GENERAL MEETING

*Respectful & Equitable Care*

## May 24 2022

Virtual Meeting

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- 8:45 am Log-In (Zoom link will be provided)
- 9:00 am **Welcome!**  
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Terrah Stroda, CNM
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# State Stats

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## 2020 Data (KDHE Office Vital Statistics)

Live Births: 34,368

Stillbirths: 169

Total Births: 34,537

3,645 abortions

5 maternal deaths (7 in 2019)

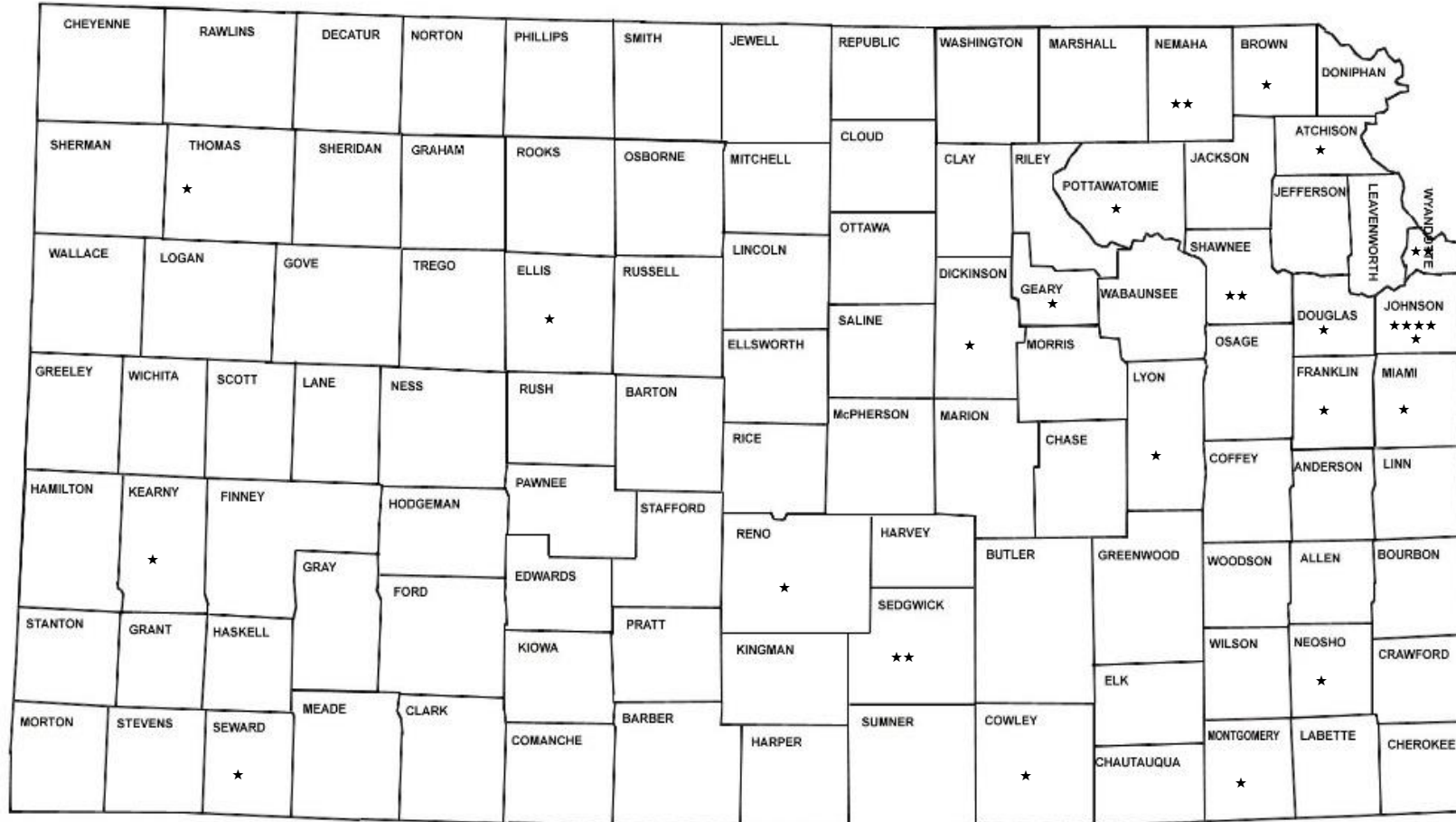


**80%**  
**of**  
**Kansas**  
**Births!**

**FTI Births: 27,684**

**KS Births: 34,537**

2020 KDHE Vital Statistics



**27,684**  
**= Births in**  
**2021**





# Rapid Response: KS Data Update

Table 12. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2020\*

Population Group																
Medical Risk Factors <sup>†</sup>	White NH		Black NH		American Indian- Alaska Native NH		Asian-PI NH		Multi Race- Other NH		Hispanic- Any Race		n.s. <sup>‡</sup>		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Pre-pregnancy Diabetes	175	0.7	30	1.3	2	1.3	13	1.1	19	1.7	71	1.2	0	0.0	310	0.9
Gestational Diabetes	1,771	7.5	195	8.2	27	16.9	220	18.5	105	9.4	665	11.1	3	6.3	2,986	8.7
Pre-pregnancy Hypertension	666	2.8	91	3.8	7	4.4	19	1.6	30	2.7	118	2.0	1	2.1	932	2.7
Pre-eclampsia	2,020	8.6	234	9.9	14	8.8	56	4.7	97	8.7	412	6.9	3	6.3	2,836	8.3
Eclampsia	87	0.4	13	0.5	1	0.6	1	0.1	6	0.5	15	0.3	1	2.1	124	0.4
Previous Pre-term Birth	611	2.6	136	5.7	3	1.9	24	2.0	32	2.9	197	3.3	2	4.2	1,005	2.9
Previous Poor Pregnancy Outcome	697	3.0	85	3.6	11	6.9	21	1.8	45	4.0	168	2.8	2	4.2	1,029	3.0
Vaginal Bleeding	187	0.8	25	1.1	0	0.0	15	1.3	8	0.7	56	0.9	1	2.1	292	0.8
Previous C-Section	3,547	15.1	465	19.6	29	18.1	157	13.2	170	15.2	916	15.4	10	20.8	5,294	15.4
Infertility Treatment	492	2.1	14	0.6	3	1.9	41	3.5	15	1.3	40	0.7	0	0.0	605	1.8
Infections Contracted or Treated During Pregnancy <sup>§</sup>	865	3.7	189	8.0	7	4.4	39	3.3	79	7.0	267	4.5	3	6.3	1,449	4.2
Smoking During Pregnancy	2,219	9.4	214	9.0	31	19.4	17	1.4	143	12.8	172	2.9	2	4.2	2,798	8.1
Alcohol Use During Pregnancy	31	0.1	6	0.3	0	0.0	2	0.2	4	0.4	6	0.1	0	0.0	49	0.1
Total of Medical Risk Factors	13,368	n/a <sup>¶</sup>	1,697	n/a <sup>¶</sup>	135	n/a <sup>¶</sup>	625	n/a <sup>¶</sup>	753	n/a <sup>¶</sup>	3,103	n/a <sup>¶</sup>	28	n/a <sup>¶</sup>	19,709	n/a <sup>¶</sup>
Total Births	23,517		2,369		160		1,188.0		1,121.0		5,965.0		48		34,368	

\*Residence data

†More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.

‡n.s. = not stated

§Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C

¶ n/a: Not Applicable

57%!

# Rapid Response: KS Data Update (KDHE Vital Statistics 2020)

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- **34,368** live births
- 169 stillbirths
  - 3.4/1000 live birth White non-Hispanics
  - 10.0/1000 live births Black non-Hispanic
  - *6.8/1000 live births for Hispanics*
- 23,517 White, non-Hispanic
- 5,965 Hispanic
- 2,369 Blank, non-Hispanic

# Birth numbers

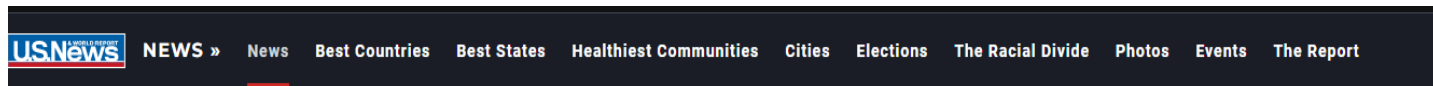
(KDHE Vital Stats 2020)

- 2.9% decrease in births from 2019
- 2020 birth rate was lowest KS birthrate on record (1912), declining since 2008

- ✓ 52% 20-29 yrs old
- ✓ 40% 30-39 yrs old
- ✓ 2% (800) 40+
- 69.8% vaginal births
- 30.2% CSections



# Rapid Response



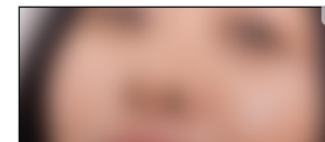
Home / News / Health News

## Postpartum Depression Rates Have Tripled for New Moms During Pandemic

March 17, 2022, at 7:58 a.m.



THURSDAY, March 17, 2022 (HealthDay News) -- Rates of postpartum depression among American mothers rose nearly three-fold during the COVID-19 pandemic, along with large increases in major depression and thoughts of self-harm, according to a new study.





# What COVID did...

Creativity in Birth Care... INCREASED

QI Projects...DECREASED

Out of hospital birth... INCREASED

Birth Rate.... DECREASED

Understaffing...INCREASED

Mental Health...DECREASED

KanCare coverage...INCREASED



# FTI: How far we've come

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- Trained **397** providers on Maternal Warning Signs (POST-BIRTH)
  - Completely overhauled Screening for MMH at **10** delivery sites
  - Improved MMH education at **28** sites
  - Standardize PP DC appointments for **14%** of KS postpartum women
  - Teamed up with **11** KPCC sites
- 
- Impacted over **26,000** women and families in KS

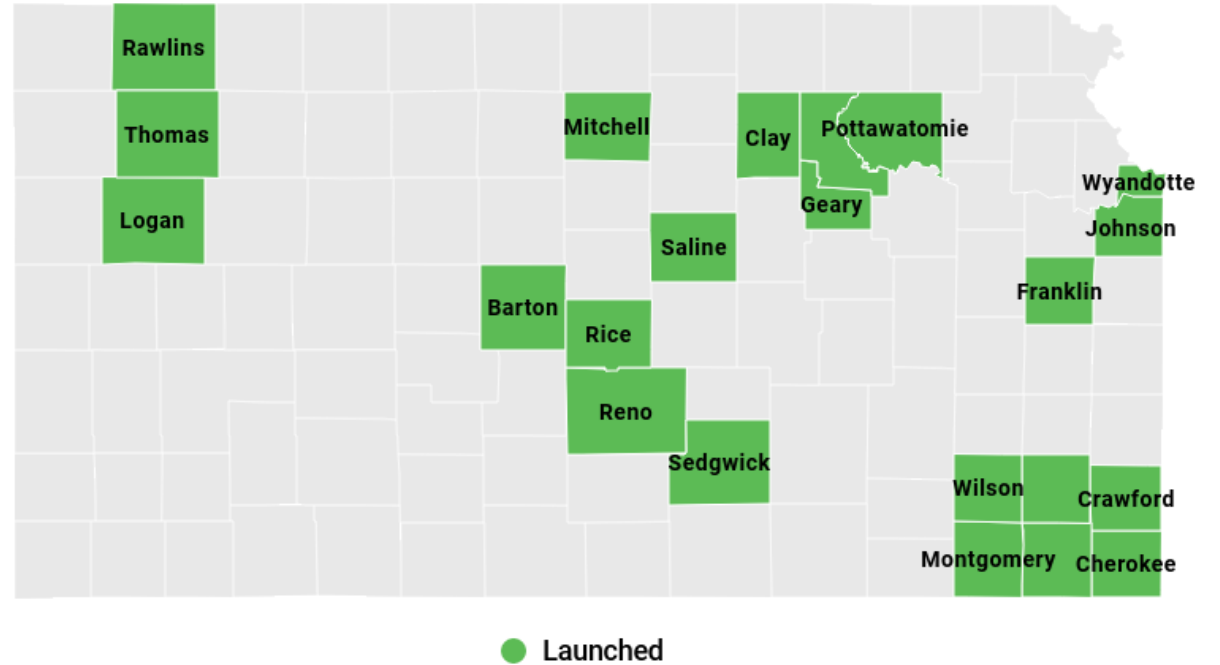


# IRIS Communities



## IRIS Kansas Communities

Updated 12/31/2021





**What the Accountant said...**



# Cara Gerhardt

High 5 & Baby Friendly... TEASER! 😊

# High 5 for Mom & Baby

Cara Gerhardt



# Ten Hospital Practices for Successful Breastfeeding



1. Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding
2. Facility will maintain staff competency in lactation support
3. All pregnant women will receive information and instruction on breastfeeding
4. Assure immediate and sustained skin-to-skin contact between mother and baby after birth
5. All families will receive individualized infant feeding counseling
6. Give newborn infants no food or drink other than breastmilk unless medically indicated
7. Practice “rooming in” – allow mothers and infants to remain together 24 hours a day
8. Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods
9. Give no pacifiers or artificial nipples to breastfeeding infants
10. Provide mothers options for breastfeeding support in the community (such as telephone number, walk-in clinic information, support groups, etc.) upon discharge

# High 5 for Mom & Baby in 2022



- Weekly evidence-based breastfeeding education and quarterly webinars
- Opportunities for scholarships and lactation education support
- Connection with other facilities across Kansas
- Support in policy development that aligns with High 5 for Mom and Baby Premier designation and Baby-Friendly USA



# WHAT'S NEXT?

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- Email Cara Gerhardt at [coordinator@high5kansas.org](mailto:coordinator@high5kansas.org) to be added to the distribution list if you haven't been receiving High 5 for Mom and Baby emails.
- Find FREE breastfeeding education with CEUs at <https://ks.train.org/ks>. Search for "Kansas Breastfeeding Education."
- Visit our website at [www.high5kansas.org](http://www.high5kansas.org) for more information about High 5 for Mom and Baby.
- Enroll!



# Heather Aylward, RN

## Director of Women's Life Center

Newman Regional Health



# Discharge Instructions built in Meditec under a Newborn Account

Page 1 of 3

Patient:  
Acct Num:  
Med Rec Num:  
Location:  
Primary Provider:  
Date:

## NRH Post-Birth Warning

### PULMONARY EMBOLISM

What is Pulmonary Embolism?

Pulmonary embolism is a blood clot that has traveled to your lung.

Signs of Pulmonary Embolism:

Shortness of breath at rest  
Chest pain that worsens when coughing  
Change in level of consciousness

Obtain immediate care; Call 911 or go to emergency room **RIGHT AWAY**

### CARDIAC (HEART) DISEASE

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:

Shortness of breath or difficulty breathing  
Heart palpitations (feeling that your heart is racing)  
Chest pain and pressure

Obtain immediate care; Call 911 or go to emergency room **RIGHT NOW**

### HYPERTENSIVE DISORDERS OF PREGNANCY

What is Severe Hypertension?

Hypertension is when your blood pressure is much higher than it should be.

Signs of Severe Hypertension:

Severe constant headache that does not respond to over the counter pain medicine, rest, and/or hydration

Signs of Preeclampsia:

Severe constant headache that does not respond to pain medications, rest, and/or hydration  
Changes in vision, seeing spots, or flashing lights  
Pain in upper right abdominal area  
Swelling in face, hands, and/or legs more than you would expect  
Changes in consciousness

Signs of Eclampsia:  
Seizures

Obtain immediate care:

Call 911 for seizures  
Call healthcare provider immediately for any other signs  
If symptoms worsen or no response from provider/clinic, call 911 or go to nearest emergency room.

Page 2 of 3

Patient:  
Acct Num:  
Med Rec Num:  
Location:  
Primary Provider:  
Date:

### OBSTETRIC HEMORRHAGE

What is Obstetric Hemorrhage?

Obstetric hemorrhage is when you have an excess amount of bleeding after you have delivered your baby

Signs of Obstetric Hemorrhage:

Bleeding through more than 1 sanitary pad per hour  
Passing 1 or more clots the size of an egg or bigger

Obtain 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.

### VENOUS THROMBOEMBOLISM

What is Venous Thromboembolism?

Venous thromboembolism is when you develop a blood clot usually in your leg(calf) area

Signs of Venous Thromboembolism:

Leg pain, tender to touch, burning, or redness, particularly in the calf area  
Swelling of one leg more than another

Obtain 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.

### INFECTION

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:

Temp is greater or equal to 100.4°F (38°C)  
Bad smelling blood or discharge from vagina  
Increase in redness or discharge from episiotomy or C-section site or open wound not healing

Obtain 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.

### POSTPARTUM DEPRESSION

What is Postpartum Depression (PPD)?

Postpartum depression is a type of depression that occurs after childbirth, PPD can occur as early as 1 week up to 1 year after giving birth.

Patient:  
Acct Num:  
Med Rec Num:  
Location:  
Primary Provider:  
Date:

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Signs of Postpartum Depression:

- Thinking of hurting yourself or your baby
- Feeling out of control, unable to care for self and baby
- Feeling depressed or sad most of the day every day
- Having trouble sleeping or sleeping too much
- Having trouble bonding with your baby

Obtain 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, withdrawn, difficulty coping with parenting).

# Discharge Education Books Back Cover

## SAVE YOUR LIFE:

GET CARE FOR POST-BIRTH WARNING SIGNS

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

CALL 911 IF YOU HAVE:

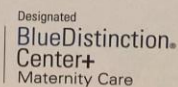
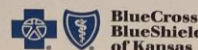
- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

CALL YOUR HEALTHCARE  
PROVIDER IF YOU HAVE:

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4° F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes
- If you can't reach your provider, call 911 or go to an emergency room

FOR QUESTIONS  
OR TO CONTACT US:

NEWMAN REGIONAL HEALTH  
1201 West 12th Avenue  
Emporia, KS 66801  
Main: (620) 343-6800  
<https://www.newmanrh.org/>



Blue Distinction Centers+ are healthcare facilities recognized for their **expertise and efficiency** in delivering specialty care.



# AWHONN Insert in Discharge Book

**SAVE YOUR LIFE:**

**Get Care for These POST-BIRTH Warning Signs**

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**Call 911 if you have:**

- ☐ Pain in chest
- ☐ Obstructed breathing or shortness of breath
- ☐ Seizures
- ☐ Thoughts of hurting yourself or your baby

**Call your healthcare provider if you have:**

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ☐ Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ☐ Incision that is not healing
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- ☐ Temperature of 100.4°F or higher
- ☐ Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.**

**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
I am having \_\_\_\_\_"

(Date) (Specific warning signs)

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(Date) (Specific warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

**GET HELP**

My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Closest To Me: \_\_\_\_\_

**AWHONN**  
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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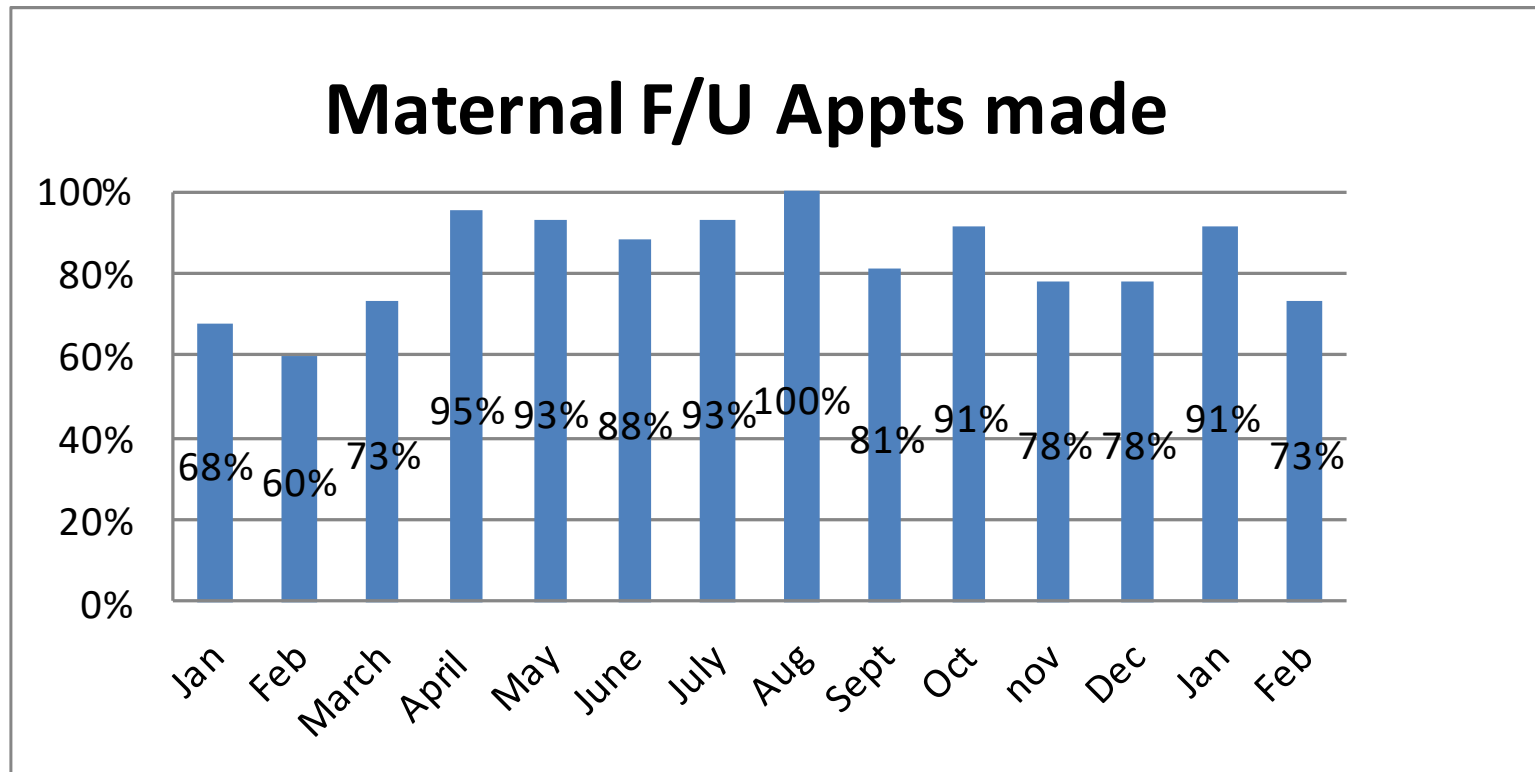
4B | Your Guide to Postpartum and Newborn Care

POSTBIRTH Magnet  
upon Discharge

# Education

- ▶ Added the training to our New Hire Packet
- ▶ Plan to access the online webinar for new staff in the future
- ▶ All current staff have completed the webinar

# Chart Audits





Kansas Perinatal Quality Collaborative

# **Katie Kufahl,** **RN, IBCLC, OB Manager**

Community HealthCare System NE KS  
Onaga



# Fourth Trimester Initiative

The right people on the right seat on the bus!

Putting the team together.

1. Director of the clinic
2. IT- Data collector
3. CNO
4. Patient Care manager and ER manager
5. OB Manager
6. Charge nurse on night and days
7. The OB providers nurses
8. Champion providers
9. Social Services
10. Lead Nurse of all the clinics





# Maternal Mental Health

- A lot of this was established during the NAS initiative.
- The clinics do the opioid and a Depression scale throughout the pregnancy.
- All post partum moms are screened with the opioid and Edinburgh scale and then again screened in the follow up visits. Also we do chart audits to make sure it is continuing to be done. Any scores on the opioid and or Edinburgh scale that is concerning is reported to the physician and referred to Social Services.

# Discharge from the hospital

- All postpartum moms are given verbal and written education on Newborn care, breastfeeding, postpartum care and we review the POST-BIRTH warning signs with them and tell them to place the magnet on their refrigerator.
- Also they are given the date/time for their follow up appointment at the time of Discharge.



# Rolling out the post partum policy

We rolled out the post partum policy to the birthing center and are currently working with our clinics. The next step is the ER staff.



Community HealthCare System	
<b>Department:</b> Birthing Center, Acute, ER and All clinical settings, ancillary services, utilization review and Social Services	<b>Document Owner:</b> OB manager, Nurse Manager, Chief Nursing Officer and Clinic director
<b>Subject:</b> Postpartum Care	<b>Dates of Review:</b>
<b>Policy Name:</b> Postpartum Care	<b>Dates of Revision:</b>
<b>Date of Origin:</b> 02/08/2022	
<b>Approved By:</b> Chief Nursing officer	<b>Page #:</b> 1 of 2

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**Purpose:**

To improve postpartum care by standardizing discharge teaching process to include depressing/opioid risk assessment, POST-BIRTH warning signs, and a follow up appointment.

**Policy Statement:**

For 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.

**Scope Statement:**

This policy applies to providers, hospital and clinic nursing, social services, utilization review, and ancillary services.

**Definitions:** Postpartum: occurring in or being the period following childbirth.

**Procedure:**

1. All women should ideally have contact with Primary Care Provider within the first 3 weeks postpartum. This assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.
2. While in the hospital, after the birth of her child and before discharge every mother will be given:
  - a) Opioid risk assessment and the Edinburgh postnatal Depression assessment.
  - b) Education on the following to the mother and spouse/caregiver:
    - a. Breastfeeding
    - b. Infant care
    - c. Postpartum care for the mother including the POST-BIRTH warning signs
  - c) Time, date, and location of the first postpartum maternal patient appointment. Ideally scheduled within the first 3 weeks after delivery.
3. Continuation and components of Postpartum Care will consist of but not limited to the following:
  - a) Mental health-
    - a. Anticipatory guidance regarding signs and symptoms of postpartum depression and/or anxiety;

Community HealthCare System	
Department: Birth Center, Acute, ER, and all clinical settings, ancillary, utilization review, social services	Subject: Postpartum Care
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- b. Management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period.
  - b) Infant feeding plan:
    - a. Intended method of infant feeding,
    - b. resources (e.g., WIC, Lactation consultant, mothers groups)
    - c. Return –to-work resources.
  - c) Reproductive life plan and commensurate contraception:
    - a. Desired number of children and timing of next pregnancy.
    - b. Method of contraception
      - i. Instructions for when to initiate, effectiveness and potential adverse reactions.
  - d) Pregnancy complications:
    - a. Pregnancy complications and recommended follow-up or test results as well as risk reduction for any future pregnancies.
      - i. Examples:
        - 1. gestational diabetes
        - 2. gestational hypertension
  - e) Postpartum problems:
    - a. Recommendations for management of postpartum problems
      - i. Examples:
        - 1. pelvic floor exercises for stress urinary incontinence
        - 2. water-based lubricant for dyspareunia
  - f) Chronic Health Conditions:
    - a. Treatment plan for ongoing physical and mental health conditions and on-going treatment.
  - g) Primary Care Giver will ensure patient's postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed. If patient chooses, Primary care provider will continue routine care for both Mother and baby.
- 4. The comprehensive postpartum visit should include:
  - a. a full assessment of physical, social, and psychological wellbeing, including the following domains:
    - i. Mood and emotional well-being;
    - ii. infant care and feeding;
    - iii. sexuality, contraception, and birth spacing;
    - iv. sleep and fatigue;
    - v. physical recovery from birth;
    - vi. chronic disease management;
    - vii. health maintenance.





Kansas Perinatal Quality Collaborative

# Volunteers

AIM interview: Enrollees, non-Enrollees



# General Meeting: Register Now!

## KPQC Membership

### VIRTUAL only

# Kansas Perinatal Quality Collaborative GENERAL MEETING

*Respectful & Equitable Care*

## May 24 2022

Virtual Meeting

**Target Audience:** Kansas Perinatal Quality Collaborative (KPQC) members striving to improve maternal & infant health outcomes.

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

**Objectives:** At the end of the meeting, you will be able to:

1. Bring personalized postpartum care to Kansas by providing education and resources for improved perinatal health.
2. Define implicit bias and identify the negative impact it has on quality postpartum care.
3. Establish the patient voice as an integral part of improved safety in perinatal health care.
4. Share examples of postpartum issues that cross the continuum of care between inpatient and outpatient staff.

#### Registration Information

Click here to [register](#) for the general meeting.

## Agenda

- 8:45 am Log-In (Zoom link will be provided)
- 9:00 am **Welcome!**  
Dr. Cara Busenhardt &  
Kasey Sorell, MBA, BSN, RN, CPC
- 9:05 am **Agenda & Introductions**  
Terrah Stroda, CNM
- 9:10 am **MoMMA's Voices: Lived Experiences**  
Quantrilla Ard, Bekah Bischoff &  
Emily Taylor
- 10:00 am **Unlocking Implicit Bias**  
Dr. Jabraan Pasha
- 11:00 am **The Kansas Birth Equity Network: Creating  
Equitable, Intentional, Respectful Care for  
Black Women in Kansas**  
Dr. Sharla Smith
- 11:30 am **Working Lunch (lunch provided onsite)**  
KPQC Business Meeting
- 12:00 pm **Adjourn**

#### Faculty



**Bekah Bischoff**  
MoMMA's Voices

Bekah is a maternal health advocate and patient family partner based in the Louisville, KY area. Bekah is passionate about helping moms identify and heal from their traumatic birth experience. She had a near death experience with the birth of her second child suffering from severe preeclampsia, HELLP Syndrome, and suffered in silence with postpartum anxiety. Bekah now shares her story to raise awareness about preeclampsia, HELLP Syndrome, and maternal mental health. She enjoys using her years of professional experience as an educator to help teach mothers how to effectively share their story to make it impactful.



**Quantrilla Ard,**  
PHD, MPH, MPH  
MoMMA's Voices

Quantrilla is an author, speaker, maternal health advocate and patient family partner based in the Atlanta area. She holds a PhD in Health Psychology and a Masters in Public Health. She uses her platform to educate and inform non-minority groups of all sizes and in various media outlets on the perils of negative birth outcomes for Black women and their infants who suffer mortality rates 3 to 4 times their White counterparts. She specifically advocates for women of color to be empowered to advocate for themselves and gain bodily autonomy before, during, and after pregnancy. Her passion comes out of her own personal birth experience in which she developed severe preeclampsia during her first pregnancy.



**Emily Taylor**  
MoMMA's Voices

Emily is maternal health advocate and patient family partner in Cary, North Carolina. She is a survivor of an Amniotic Fluid Embolism which caused her to go through DIC, cardiac arrest, and kidney failure after a healthy pregnancy. Emily is an advocate for diseases like pancreatitis and CDIF which she also experienced after the birth of her daughter. Her healthcare experience includes 6 years in the gastrointestinal field. She now puts her passion for maternal health working for the AFE Foundation and MoMMA's Voices.



**Jabraan Pasha,**  
MD

Chief Medical Officer of Unlocking Implicit Bias, Dr. Jabraan Pasha, is a native of Tulsa, OK. He received his medical degree from The University of Kansas School of Medicine and completed his Internal Medicine Residency Training at Mayo Clinic Arizona. Currently, he is an Assistant Dean of Student Affairs and Associate Professor for The University of Oklahoma School of Community Medicine. He also serves as President of the Tulsa American Heart Association.



**Sharla Smith,**  
PHD, MPH

Dr. Sharla Smith is an Assistant Professor in the Department of Population Health and Director of Birth Equity in the Department of Obstetrics and Gynecology at the University of Kansas School of Medicine-Kansas City. She is the founder and director of the Kansas Birth Equity Network. Dr. Smith has a PhD in Health Systems and Services Research with a concentration in Health Economics. She earned an undergraduate degree in biology from the University of Arkansas at Pine Bluff, a Master of Public Health degree in Health Policy and Management from University of Arkansas for Medical Sciences. Dr. Smith works to improve Black birthing outcomes in Kansas through community-centered approaches.

**Continuing Nursing Education:** KFMC Health Improvement Partners is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is pending approval for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing provider number: LT0258-1009



# See you in May!

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and June 2022... Next Learning Forum

