

Women and Maternal Health: Perinatal Education and Support Services Initiatives

Objective 1.3: Increase the proportion of high-risk pregnant women receiving prenatal education and support services through perinatal community collaboratives.

Activities During Federal Fiscal Year 2023

Prenatal Education (BaM/Cb) Program Support for Growth and Sustainability: With proven success, Kansas MCH remains committed to infrastructure development that supports implementation and sustainability of the [Becoming a Mom® \(BaM\) / Comenzando bien® \(Cb\) prenatal education program](#). KDHE's Title V commitment to this program is greater than just increasing the number of BaM programs across the state. Rather it is our desire to support the model through continuous improvements that ease the burden of local implementation as well as improving reach and relevance for all populations, especially those at most risk of poor health outcomes. Continual growth and sustainability are priority.

Much work has been done throughout this reporting period to help reinvigorate local efforts that suffered greatly during the pandemic. Fallout from the pandemic not only left local coalitions/collaboratives struggling to reengage partners, but it also left many BaM programs unstaffed and in mere survival mode, as well as several programs that did not survive. P/I Consultants have had to work to stabilize and rally existing programs, which has continued to be the focus throughout 2023. This work included a two-month tour across the state visiting twenty local programs/sites during August – October 2023. These visits were warmly welcomed by locals, and deemed a tremendous success, with passion and energy for the work reignited on both sides (KDHE and local). Common themes, key take-aways and actionable items were compiled following the visits and shared with our Children and Families Section. Input gleaned during these visits is also helping to shape the focus of training and technical assistance opportunities being planned for 2024, as well as BaM curriculum adaptation efforts and evaluation form updates that have been kicked off since the fall visits.

New training and implementation resources were added to the existing KPCC partner-only website during FFY2023. Upon release of the 2021 updated BaM curriculum by March of Dimes (MOD) in Spring of 2022, all curriculum handouts were reviewed, and updates were made to Kansas supplemental handouts, including updated MOD, Maternal Warning Signs (MWS) and COVID-19 handouts. These handouts were posted to the website in July 2022 with mass printing of the updated curriculum for all Kansas program sites occurring in the fall. The updated curriculum was distributed to sites in November 2022, with full implementation occurring by January 2023. Work has also been in progress to fully align English and Spanish curriculum resources to assure equivalent supplemental resources are available in Spanish. P/I Consultants have been working with local programs serving a high number of Spanish speaking participants to glean input on these adaptations. Updated session PowerPoints, lesson plans and activity plans were posted to the website for implementation January 1, 2023, following

addition of content and resources requested by local sites during the August 2022 site visits. Annual updates to these implementation resources are again underway for a planned January 1, 2024 implementation date.

KPCC Model Support and Expansion: Kansas MCH remains committed to supporting the expansion and sustainability of the [KPCC initiative](#), providing training and technical assistance on community collaborative development and MCH program integration, as well as offering additional services and mechanisms to support the work of communities who've been historically disenfranchised and marginalized. KDHE's Title V commitment to this model is greater than just increasing the number of KPCCs across the state; rather we support the model by strengthening the perinatal collaborations within local communities, as well as growing the programs and initiatives they implement in response to their local data, direct experience, and identifying areas of focus. Much work was done throughout this reporting period to help reinvigorate collaborative efforts that suffered greatly during the pandemic. Fallout from the pandemic left local coalitions/collaboratives struggling to survive. Efforts in the past year focused on learning more about each community's systems, programs, efforts, and challenges, and as needed, assisting with the reengagement and commitment of collaborative partners.

Compilation and development of resources for regional and statewide implementation of KPCCs continues, which ensures both growth and sustainability of the initiative. The [KPCC website](#) serves as an access point to introductory information about the initiative. Updates to the site were made during this reporting period, with the full website redesign and expansion under development. The [KPCC infographic](#), accessed from the KPCC website, was developed to aid communication and recruitment for new communities.

Each community is unique in its population, services, and challenges. Furthermore, development of the KPCC model seeks to create individualized support melded with a group-setting focused conversation that facilitates connection to, and/or development of, programs, services, resources, and technical assistance. As well, strategic education about, and connection to, alternative community care providers, such as community-based doulas and Community Health Workers, is integrated into the model, as these providers serve as the arms and legs of a community, often having a trusted connection to the families they serve, often resulting in more positive health outcomes when their support is involved.

Addressing Disparities in Access to Prenatal Care and Education: Since inception in 2010, KPCCs have been a driving force behind improving birth outcomes in Kansas. In two of the longest running sites, infant mortality has decreased from pre-implementation to post-implementation. The Geary County infant mortality rate has decreased significantly from 11.9 infant deaths per 1,000 live births in 2005-2009, to 5.6 in 2018-2022. The Saline County infant mortality rate has decreased from 9.0 infant deaths per 1,000 live births in 2005-2009, to 7.0 in 2018-2022.

Infant Mortality Rate (Deaths per 1,000 live births)	Geary Collaborative (established July 2012)	Saline Collaborative (established Jan 2010)
2005-2009	11.9 (8.6-16.0)	9.0 (6.3-12.3)
2018-2022	5.6 (3.6-8.2)	7.0 (4.4-10.6)

Source: KDHE Bureau of Epidemiology and Public Health Informatics, Kansas birth and infant death data (resident)

Data from the 2022 BaM Aggregate State Report highlights the program’s reach of disparity populations (see [BaM Infographic](#)), which is a target of Kansas Title V services. According to the report, mothers receiving education through the BaM prenatal education program were more likely than other mothers giving birth in the state to be racial/ethnic minorities; younger; lower education level; enrolled in WIC; and covered by non-private insurance. The education sessions and associated activities are aimed at improving pregnancy health and infant health outcomes for all Kansas mothers but are particularly targeted at disparity populations. Interestingly, with implementation of virtual sessions during and since the pandemic, the number of higher educated and privately insured participants has grown drastically, contributing to a bit of a shift in the demographics of the population served.

While virtual prenatal education became a necessary option during the COVID-19 pandemic, evaluation efforts and anecdotal evidence has supported its continuation as a mainstay option in most communities due to it improving program access. While resources and guidance documents for virtual implementation, including online data collection and [guidance for virtual screening for perinatal mental health](#), were developed and disseminated during 2021, resources continue to be built upon, including a SMS text version of evaluation forms that will be piloted with BaM programs starting January 1, 2024. These infrastructure components are continuing to be improved, supported, and grown, to reach populations where programming and services are not currently available locally. As part of these efforts, during FFY2023, the Sedgwick County BaM program (locally branded as “Baby Talk”) began a [partnership with Aetna](#), a managed care organization, to begin offering the BaM program virtually to any pregnant Medicaid member who resides outside an existing BaM service area in the state. Since this is a new partnership, more will be reported on in the next reporting period. Additionally, this local grantee has continued to partner with the [Wichita Black Nurse Association](#) to increase Baby Talk’s reach and relevance in Wichita’s Black communities.

To help facilitate greater utilization and ease of access to BaM programs across the state, an online referral form has been created. To view this online referral form as well as a map of existing sites and local contact information, visit the KPCC [Participating Communities](#) webpage.

Additional efforts to address disparities in access to prenatal care and education are described in the Cross-Cutting Report under the Social Determinants of Health

Initiatives section. In this location, you can learn about curriculum adaptations/ development for use across other ATL program models, service settings and with special populations (I.e. virtual format, low-literacy and non-English speaking immigrant populations, etc.) through our BaM Health Equity Opportunity Projects (HEOP) that kicked off in July 2023.

Local MCH Agencies: The following are examples of how some of the local MCH grantee agencies have made progress toward Objective 1.3 during the reporting period.

- Finney County Health Department provided one-on-one prenatal education to 82 clients at the time of positive pregnancy test and at a community baby shower.
- Northeast Kansas Multi-County Health Department provided prenatal support and education at 313 visits.
- Riley County Health Department met or exceeded multiple goals related to their Becoming a Mom program.
 - All Spanish speaking clients on the Riley County Perinatal Grant attended BaM classes. The Riley County Perinatal Grant provides prenatal care for those in the community who are pregnant, do not have access to health insurance and meet income criteria. The grant will pay for all or a portion of the cost for prenatal care (1 time use).
 - BaM classes were offered in a hybrid format (virtual/in-person) and 120 participants attended 36 classes.
 - The number of BaM participants increased from the previous year.
 - The proportion of clients referred by Women's Health Group that enrolled for services and received care coordination was 21.4% which is a success when compared to only getting 2 or 3 referrals a year prior.
- Saline County Health Department recruited the Salina Regional Health Center Birth Unit Director to facilitate session 3 of BaM. This aligns with Kansas Perinatal Community Collaborative model of service delivery. They also presented a service delivery plan to Republic County Hospital as a step toward providing BaM to Republic County residents.

Plans for Federal Fiscal Year 2025

KPCC/BaM/ Expansion: Title V is heavily invested and committed to expansion of the [Kansas Perinatal Community Collaboratives \(KPCC\) model](#). This includes the desire to spread to new communities across Kansas, while continuing to remain focused on strengthening the model, targeting and reaching historically marginalized populations, and integrating additional services and support mechanisms for populations at greatest risk. In recent years, the model has organically scaled to include preconception care through pregnancy. In a number of communities, this is being scaled even further by integration of the early childhood system. Early discussions are occurring for utilizing this model as the foundational framework and basis for the implementation of Help Me Grow across Kansas. This would support preconception through early childhood (up to age 8), possibly setting the stage for long-term planning on a life course approach to this model.

Based off 2022 BaM State Aggregate Report data and recommendations, as well as BaM/KPCC site input gathered during August-October 2023 site visits, FY25 work and expansion plans will focus on individual community need. This work will include Title V investments in two key areas:

- Curriculum adaptations/development for use across other ATL program models, service settings and with special populations (i.e., virtual format, low-literacy and non-English speaking immigrant populations, tribal communities, etc.).
- Expansion of BaM program service area through regional and state partnerships, and multi-jurisdictional agreements.

FY2025 work and expansion plans, will also focus on providing TA to local community partners interested in strengthening their existing KPCC collaborations. Lessons learned from this work will help to inform development of a continued expansion approach where communities are identified as under supported, based off maternal/perinatal and infant health indicators. These communities will be solicited to engage in KPCC development activities, with the support of KDHE Title V provided guidance and TA.

HEOP Project: As shared in the FY23 Report narrative, much success has come from KPCC/BaM Health Equity Opportunity Projects. While the current funding period comes to an end July 2024, efforts have been underway to sustain further development and continuation of these successful projects. While one project's continuation plans are being incorporated into their SFY25 MCH ATL application, another project has been assisted by state Title V Perinatal/Infant Health Consultants to engage in conversation and possible sustainability planning through partnership with the Bureau of Health Promotion. While this conversation is in its infancy, it is hopeful that this highly successful project will be sustained throughout FY25, as well as possible replication in other BaM/KPCC communities. Additionally, the state Title V team stays committed to the continuation and completion of curriculum adaptation efforts that have been underway and advancing throughout FY24.

Local MCH Agencies: The following are examples are local MCH grantee agencies plans toward Objective 1.3 during the plan period.

- Barton County Health Department will continue to provide BaM educational sessions to enhance partnerships/collaborations with community partners to help teach these sessions. We plan to do more advertising/promotion of these classes to help increase participation. We will target area OB providers. We will also promote to the public by way of social media, promoting BaM on our radio show and in our Barton County Health Department newsletter. We will request to be a speaker at a Central Kansas Partnership meeting (there is an educational session prior to the business meeting each month). We will measure success by increasing our attendance at BaM sessions. We will continue to provide education to clients as they come in for M&I clinic visits, these clients are scheduled at least once a trimester but generally every other month. Clients meet with the social worker, nurse, dietitian and home visitor during these visits.

- Delivering Change will enhance prenatal education and support services through continued development and extension of interest and enrollment into BaM Prenatal Education Classes, facilitated by Delivering Change, along with providing direct prenatal education and support services through direct navigation to all clients. The goal is to increase Becoming A Mom participation by 15-20%, along with offering 100% of prenatal MCH clients prenatal care education/support services as indicated in DAISEY MCH service form. Delivering Change Navigation will continue to be embedded into the local OB/GYN office, allowing Navigators/Universal Home Visitor to meet with every prenatal woman throughout her pregnancy. Navigators will continue to meet with women at her initial prenatal visit, offering education about prenatal education and support services, specifically BaM Prenatal Education Classes, available to them during their pregnancy. Both pregnant women and fathers/male support person(s) are encouraged to enroll into BaM Prenatal Education and Becoming A Dad classes during pregnancy. Throughout the pregnancy journey, navigators continue to meet with prenatal women to offer continual individualized education and supports surrounding pregnancy, along with encouraging Becoming A Mom enrollment and participation. BaM series will be offered every 6-8 weeks, with classes being taught by content area experts and community agencies. Through these interactions, this ensures that participants are receiving expert education, along with recognition of staff within community programs.
- Shawnee County Health Department will continue to offer Baby Basics utilizing the Becoming a Mom® curriculum 5 times in the grant period. We are expanding this service by adding 2 Spanish speaking Baby Basics classes utilizing the Becoming a Mom® Spanish curriculum. We are currently recruiting Spanish speaking volunteers to teach the classes. We will be offering a Breastfeeding Basics class to prenatal and postpartum women this grant year. This class will be held at the Shawnee County Health Department monthly, alternating afternoon and evening classes. We will be offering the Baby Basics utilizing the Becoming a Mom® curriculum sessions online. Our MCH RN's will be offering one-on-one breastfeeding support services as needed in the home once our team has completed the necessary trainings. The woman will need to call the Shawnee County Health Department and request a visit. We are improving this service by placing enrollment and information cards in the local OB offices and through direct mailings of WIC clients. We are enhancing this service by advertising the Baby Basics utilizing the Becoming a Mom® curriculum on targeted Facebook posts. Adding the Facebook posts and placing cards in the OB office initiative will be complete during the grant period. We will be measuring this objective by asking those who enroll how they heard of this class.