Perinatal / Infant Work Group Packet

Priority Overview Page: This includes the priority, a list of the objectives, and the selected performance measures (NPM = National Performance Measure / SPM = State Performance Measure).

Priority State Action Plan (SAP) Table: This outlines the key strategies within each objective. This also outlines another level of measurement (ESM = Evidence-based/-informed Strategy Measure).

Priority Resources: This outlines key initiatives, partners, websites, and other resources that you might want to look at or dig into related to your priority. These include a reference of where it might align in the SAP…but may or may not be directly called out in the table.

Priority Key Acronyms and Data: A compilation of acronyms that you might come across in conversations with your priority work. The key data outlines National Outcome Measures (NOMs) that are related to your priority population. This is in addition to the NPMs, SPMs, and ESMs noted elsewhere. Another resource is the NPM-NOM_Measures Table – this is where you can find the data trends for all of the measures associated with our work.

***Priority Data Summaries*:** These are the data summaries that will be included in the 2023 MCH Services Block Grant Application that will be submitted with our plan in August 2022.

PRIORITY 2

All infants and families have support from strong community systems to optimize infant health and well-being.

PERINATAL & INFANT

OBJECTIVE 2.1
Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.

OBJECTIVE 2.2
Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.

OBJECTIVE 2.3
Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

OBJECTIVE 2.4
Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

NPM 5: *Safe Sleep (Percent of infants placed to sleep (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)*

SPM 2: *Breastfeeding (Percent of infants breastfed exclusively through 6 months)*

PRIORITY 2: All infants and families have support from strong community systems to optimize infant health and well-being.

Domain: Perinatal & Infant Health

NPM 5: Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B)on separate sleep surface; and (C) without soft objects and loose bedding)

ESM: Percent of Kansas Perinatal Community Collaboratives (KPCC) participants who placed their infants to sleep (A) on their backs; (B) in a crib/bassinet or portable crib

SPM 2: Breastfeeding (Percent of infants breastfed exclusively through 6 months)

ESM: Percent of WIC non-Hispanic black infants breastfed exclusively through six month

OBJECTIVE 2.1: Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months by 2.5% annually through 2025.

Strategy	Description
2.1.1	Increase access to lactation support by African American providers such as breastfeeding peer counselors, doulas, International Board-Certified Lactation Consultants, and Certified Lactation Counselors that represent high-risk populations.
2.1.2	Support the implementation of community-centered, culturally relevant mother-to-mother, father, and grandparent breastfeeding support clubs for African Americans (e.g., Black Breastfeeding Clubs, Brown Baby Brigade, BSTARS, Reach our Brothers Everywhere (ROBE), Fathers Uplift, Grandmothers Tea Project).
2.1.3	Broaden the establishment of breastfeeding coalitions for African Americans that connect health care providers and the community to local information and resources, in partnership with the Kansas Breastfeeding Coalition (KBC) (e.g., African-American Breastfeeding Coalition of Wyandotte County).
2.1.4	Increase access for families to strong community breastfeeding education, supports and practices in cross-sector settings through collaboration with key community and state partners (e.g., Becoming a Mom, referrals to WIC and breastfeeding support and education, including the expansion of WIC Breastfeeding Peer Counseling, shared messaging through WIC and Home Visiting programs, hospitals, and provider offices, “Breastfeeding Welcome Here” initiatives, education about behavioral health and breastfeeding).

OBJECTIVE 2.2: Promote and support safe sleep practices and cross-sector initiatives to reduce the SUID rate by 10% by 2025.

Strategy	Description
2.2.1	Provide technical assistance to Safe Sleep Instructors to ensure consistent messaging across the state and continuity of supports in partnership with the Kansas Infant Death and SIDS (KIDS) Network of Kansas.
2.2.2	Align and strengthen safe sleep education in partnership with the KIDS Network of Kansas through professional trainings and resources offered to local MCH agencies, Home Visiting programs, hospitals, and provider offices to support safe sleep practices and accurate, consistent safe sleep messages.
2.2.3	Partner with local coalitions and community organizations leading efforts to support safe sleep, breastfeeding, and tobacco use prevention to provide direct education and referrals to families at high risk for adverse outcomes through Community Baby Showers.
2.2.4	Assist local MCH service providers in creating opportunities for real conversations with parents and caregivers identifying true barriers to implementing safe sleep practices.

OBJECTIVE 2.3: Implement at least two quality cross-sector initiatives focused on improving maternal, perinatal, and infant health in partnership with the Kansas Perinatal Quality Collaborative (KPQC) by 2025.

Strategy	Description
2.3.1	Promote consumer awareness of maternal morbidity and mortality risk factors and the importance of perinatal risk screenings (e.g., chronic disease, substance use, mental health, IPV, prior high-risk pregnancy, pregnancy intention) and health interventions through social media campaigns, public awareness events, and dedicated community engagement efforts in partnership with local MCH programs.
2.3.2	Increase provider knowledge of the importance of perinatal risk screening, brief interventions, and referrals for treatment through integration toolkits, action alerts, webinars, in-person grand rounds, lunch and learns, and other approaches.
2.3.3	Identify and/or develop resources for cross-sector implementation aimed at reduction of preventable causes of maternal mortality based on Kansas Maternal Mortality Review Committee findings and recommendations.
2.3.4	Enroll as a participating state in the national Alliance for Innovation on Maternal Health (AIM) initiative and adopt one or more patient safety bundles for statewide implementation in appropriate setting(s).
2.3.5	Include Neonatal Abstinence Syndrome (NAS) as a reportable birth defect and build surveillance protocols to supplement community prevention and referral activities.

OBJECTIVE 2.4: Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services by 15% by 2025.

Strategy	Description
2.4.1	Conduct a complete review of the MCH Universal Home Visiting program model as part of Kansas home visiting network and implement enhancements as necessary to assure all families across the state have access to crucial assessment, screening, and referral services.
2.4.2	Establish and increase consumer/family and provider awareness about the importance of home visitation supports and impact on family and infant outcomes to increase referrals and number of families receiving support through MCH Universal Home Visiting programs.
2.4.3	Assure that MCH Universal Home Visiting programs can serve as an information source and connection point in communities to support safe, stable, nurturing relationships/environments and positive outcomes for infants and families, in alignment with All in for Kansas Kids initiative.
2.4.4	Incorporate family strengthening and parent training/support skills building sessions into MCH Universal Home Visiting standardized curriculum.

Perinatal/Infant Resources

See also the Women/Maternal and Perinatal/Infant Supporting Document from the recent MCH Block Grant Application.

https://www.kdhe.ks.gov/DocumentCenter/View/5320/Program-Activities-Women-Maternal-and-Perinatal-Infant-PDF

Obj	Description	Website
2.1.1	**Breastfeeding Peer Counselors (BFPC):** Women in the community with personal breastfeeding experience who provide education and support for WIC mothers.	https://www.kdhe.ks.gov/1433/Breastfeeding-Peer-Counselor-Program
2.1.2	**Local Breastfeeding Support Directoy:** A searchable directory for breastfeeding supports.	https://ksbreastfeeding.org/local-resources/
2.1.3	**Kansas Breastfeeding Coalition (KBC):** Nonprofit coalition of partners (organizations, agencies, private businesses) working collaboratively to promote and protect breastfeeding.	http://ksbreastfeeding.org/
2.1.4	**Communities Supporting Breastfeeding (CSB):** A designation from the KBC that recognizes communities that are building a culture of supporting breastfeeding across settings (public spaces, work sites, birthing facilities, child care settings) with a goal improve breastfeeding rates.	https://ksbreastfeeding.org/cause/communities-supporting-breastfeeding/
2.1.4	**Breastfeeding Welcome Here:** State law protects a mother's right to breastfeed any place she has the right to be and states public policy for mother's choice to breastfeed be supported and encouraged to the greatest extent possible. KBC provides toolkits and guidelines to Kansas organizations and providers.	https://ksbreastfeeding.org/cause/breastfeeding-welcome-here/
2.1.4	**Nutrition & WIC Services:** A nutrition program that provides: personalized nutrition information/support; checks to buy healthy food; tips for eating well to improve health; and referrals for services that can benefit the whole family. WIC also offers immunization screening/referral, breastfeeding support, and nutrition/health classes on a variety of topics (e.g., meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget).	www.kansaswic.org
2.1.4	**Becoming a Mom® (BaM)/Comenzando bien® (Spanish):** Prenatal education curriculum to improve chances of having a healthy pregnancy/baby. Delivered in a group setting and serves as a source of social support. A holistic approach to caring for the family by pairing education and support with clinical prenatal care helps women enhance their well-being and leads to improved outcomes.	https://www.kdhe.ks.gov/577/Prenatal-Education-Overview
2.2.1	**Kansas Infant Death and SIDS Network (KIDS):** Contracted partner to serve those who have experience infant death or SIDS. Provides supportive services, community education, professional training, and supports associated research.	http://www.kidsks.org/
2.2.1	**SIDS Awareness Month/Pregnancy And Infant Loss Awareness Month Toolkit:** October is Sudden Infant Death Syndrome (SIDS) and Pregnancy and Infant Loss Awareness Month. Includes tools to help spread the word in the community.	http://www.kidsks.org/safe-sleep-awareness-month.html
2.2.1	**Safe Sleep Instructors (SSI):** Locaated across the state, SSI's help implement Safe Sleep Community Baby Showers, Safe Sleep Hospital Certification and Safe Sleep Start Programs.	http://www.kidsks.org/statewide-ssi-strategy.html
2.2.2	**Safe Sleep Education Website:** Includes information about the ABCs of Safe Sleep, informational videos, guidelines, and additional resources about safe sleep.	http://www.kidsks.org/safe-sleep.html
2.2.2	**ABC's of Safe Sleep:** Comprehensive guide to safe sleep practices.	http://www.safesleepkansas.org/download/Safe-Sleep-Booklet.pdf
2.2.3	**Community Baby Showers (CBS):** Community Baby Showers are interactive events that invite new and expectant parents, their support people, and community service providers to get together for an educational "baby shower."	http://www.kidsks.org/community-baby-shower-for-safe-sleep.html
2.3.1	**Kansas Perinatal Quality Collaborative (KPQC): Collection of members interested in** improving maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes. This committee receives the MMRC findings and recommendations and takes action by creates initiatives or programs.	https://kansaspqc.org/
2.3.1	**PQC Informational Video:** Approx 3 min video to describe PQC's.	https://www.youtube.com/watch?v=u_PYnV9pdpM

2.3.1	**Fourth Trimester Initaitive (FTI):** Most recent KPQC initiative to decrease maternal morbidity and mortality with a focus on postpartum transition care (the period from birth through the first well-woman visit). There are monthly learning forums regarding this initaitve - check out the Kick Off recordign to learn more: https://wichitaccsr.adobeconnect.com/pejqngule24k/.	https://kansaspqc.org/fourth-trimester-initiative/
2.3.2	**Screening, Brief Intervention, and Referral to Treatment (SBIRT):** Supports a comprehensive, integrated approach for the early intervention of those exhibiting health risk beavhiors, such as those with substance use, mental health needs, or those experiencing intimate partner violence.	https://www.sbirt.care/
2.3.3	**Maternal Mortality Review Committee (MMRC):** Committee to review maternal death cases to identify medical and social factors leading to the death of moms up to 12 months post delivery. The group identifies pregnancy-related deaths and pregnancy-associated deaths to make recommendations on systemic changes to prevent these events.	https://kmmrc.org/
2.3.3	**MMRC Reports:** Include infographics regarding PAD/PRD and reports regarding maternal morbidity and mortality in Kansas.	https://kmmrc.org/reports/
2.3.4	**Postpartum Discharge Transition AIM Bundle:** The Allliance for Innovation on Maternal Health (AIM) initiative to address the postpartum period, specifically focusing on key transition periods, such as hospital discharge to outpatient obstetrical care and ongoing specialist care as needed. KS participates in these AIM initiatives - see also Fourth Trimester Initiative.	https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/postpartum-discharge-transition/
2.3.5	**Neonatal Abstinence Syndrome (NAS) Initiative:** Previous KPQC project. Ongoing work to add to the KS Birth Defects Surveillance reportable conditions list. *Regulation revisions to include this are drafted and nearing submission to legislature.*	https://kansaspqc.org/neonatal-abstinence-syndrome-nas-initiative/
2.4.1	**MCH Home Visiting:** Available for pregnant women and families with infants up to 1 year to provide information/education, initiate referrals and assist with accessing community systems of care; Includes an initial assessment, a prenatal visit, and a postpartum home visit. *The goal in the current plan is to expand this to all communities and provide more structure to the model across MCH.*	https://kshomevisiting.org/
2.4.3	**All in for Kansas Kids:** Collaborative effort in KS to ensure every child thrives. Led by the Children's Cabinet and state agencies; Works across sectors to shape our state's future direction for early childhood. KDHE/Title V is involved in several initiatives and receives funding from this effort through the Preschool Development Grant (PDG) related to child care, care coordinaiton, peer supports, and family and consumer engagement.	https://kschildrenscabinet.org/all-in-for-kansas-kids/overview/
Other	**Pregnancy Risk Assessment Monitoring System (PRAMS):** A survey for women who have given birth in the past 6 months to learn about the mother's feelings and experiences and the baby's health.	https://www.kdhe.ks.gov/1416/Pregnancy-Risk-Assessment-Monitoring-Sys

Many of the initiatives outlined under this priority are implemented through local MCH grantees, or the KPCC's.

Perinatal/Infant Key Acronyms	
AIM	Alliance for Innovation on Maternal Health
BaM	Becoming a Mom®
BDS	Birth Defects Surveillance
CBS	Community Baby Showers
FTI	Fourth Trimester Initiative
IMR	Infant Mortality Rate
KBC	Kansas Breastfeeding Coalition
KIDS	Kansas Infant Death and SIDS Network
KMMRC	Kansas Maternal and Mortality Review Committee
KPCC	Kansas Perinatal Community Collaborative
KPQC	Kansas Perinatal Quality Collaborative
MIECHV	Maternal and Infant Early Childhood Home Visiting
MMR	Maternal Mortality Rate
MOD	March of Dimes
NAS	Neonatal Abstinence Syndrome
PAMR	Pregnancy-associated mortality ratio
PMAD	Perinatal Mood and Anxiety Disorder
PMI	Pregnancy Maintenance Initiative
PRAMS	Pregnancy Risk Assessment Monitoring System
SBIRT	Screening, Brief Intervention, Referral, and Treatment
SIDS	Suddent Infant Death Syndrome
SSI	Safe Sleep Instructor
SUID	Sudden Unexplained Infant Death
TPTCM	Teen Pregnancy Targeted Case Management
UHV	Universal Home Visiting
WIC	Women, Infant and Children Program

Perinatal/Infant Key Data (Related to NPMs 4 and 5)	
Alignment based upon Table 3 in the Block Grant Guidance Appendices	
NOM 9.1	Infant mortality rate per 1,000 live births
NOM 9.3	Postneonatal mortality rate per 1,000 live births
NOM 9.5	Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Table 3. Evidence-based/informed National Performance and Outcome Measure Linkages*

National Outcome Measure		National Performance Measure														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
#	Short Title	Well-woman visit	Low-risk cesarean delivery	Risk-appropriate perinatal care	Breastfeeding	Safe sleep	Developmental screening	Injury hospitalization	Physical activity	Bullying	Adolescent well-visit	Medical home	Transition	Preventive dental visit	Smoking	Adequate insurance
1	Early prenatal care															
2	Severe maternal morbidity	X	X												X	
3	Maternal mortality	X	X												X	
4	Low birth weight	X													X	
5	Preterm birth	X													X	
6	Early term birth	X													X	
7	Early elective delivery															
8	Perinatal mortality	X		X											X	
9.1	Infant mortality	X		X	X	X									X	
9.2	Neonatal mortality	X		X											X	
9.3	Postneonatal mortality	X			X	X									X	
9.4	Preterm-related mortality	X		X											X	
9.5	SUID mortality				X	X									X	
10	Drinking during pregnancy	X														
11	Neonatal abstinence syndrome	X														
12	New born screening timely follow-up															
13	School readiness						X									
14	Tooth decay/cavities													X		
15	Child mortality							X								
16.1	Adolescent mortality							X		X	X					
16.2	Adolescent motor vehicle death							X			X					
16.3	Adolescent suicide							X		X	X					
17.1	CSHCN															
17.2	CSHCN systems of care										X	X	X	X		X
17.3	Autism															
17.4	ADD/ADHD															
18	Mental health treatment										X	X				X
19	Overall health status						X		X		X	X		X	X	X
20	Obesity								X		X					
21	Uninsured															
22.1	Child vaccination															X
22.2	Flu vaccination										X					X
22.3	HPV vaccination										X					X
22.4	Tdap vaccination										X					X
22.5	Meningitis vaccination										X					X
23	Teen births	X									X					
24	Postpartum depression	X														
25	Forgone health care											X				X

* Includes linkages based on expert opinion or theory in the absence of empirical scientific evidence. Associations with available empirical scientific evidence that is mixed or inconclusive are not included. This table is subject to revision as new scientific evidence becomes available. By definition, NPMs must be linked to at least one NOM; however, not all NOMs must have linked NPMs, as they may be important to monitor as sentinel health indicators regardless.

NPM5: Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)

A sleep-related infant death is the death of an otherwise healthy infant with no obvious trauma or disease process present, birth to one year of age, where elements of an unsafe sleeping environment were present. Unsafe sleep environment includes soft bedding, articles in the crib or bed, infant sleeping in an adult bed or on other sleep surfaces such as a couch or chair, infant sleeping with another adult or child, and infant sleeping in a non-supine position (i.e. on the stomach or side).[1]

Data on three infant sleep indicators are collected through the Pregnancy Risk Assessment Monitoring System (PRAMS). Kansas-specific PRAMS data have been collected by the Kansas Department of Health and Environment since 2017, in partnership with the Centers for Disease Control and Prevention. Through PRAMS, Kansas residents who have recently given birth in Kansas to a live infant are asked about their health and experiences before, during, and in the months following pregnancy.

The PRAMS questions which collect these three safe sleep measures are provided at the end of this document, for reference.

For each of these measures, trends are provided by the payment source used for the delivery (Medicaid versus non-Medicaid), as Medicaid-covered births experience higher infant mortality rates compared to deliveries where a non-Medicaid source was indicated as having paid for the delivery.

(A) Infants sleeping on their backs

Among Kansas residents with a recent live birth in 2020, 82.3% reported that their infants were placed to sleep on their backs most often – rather than on their sides, stomachs, or a combination of positions. There was not enough evidence to show that this was significantly different from the prevalence in 2019 (84.4%).

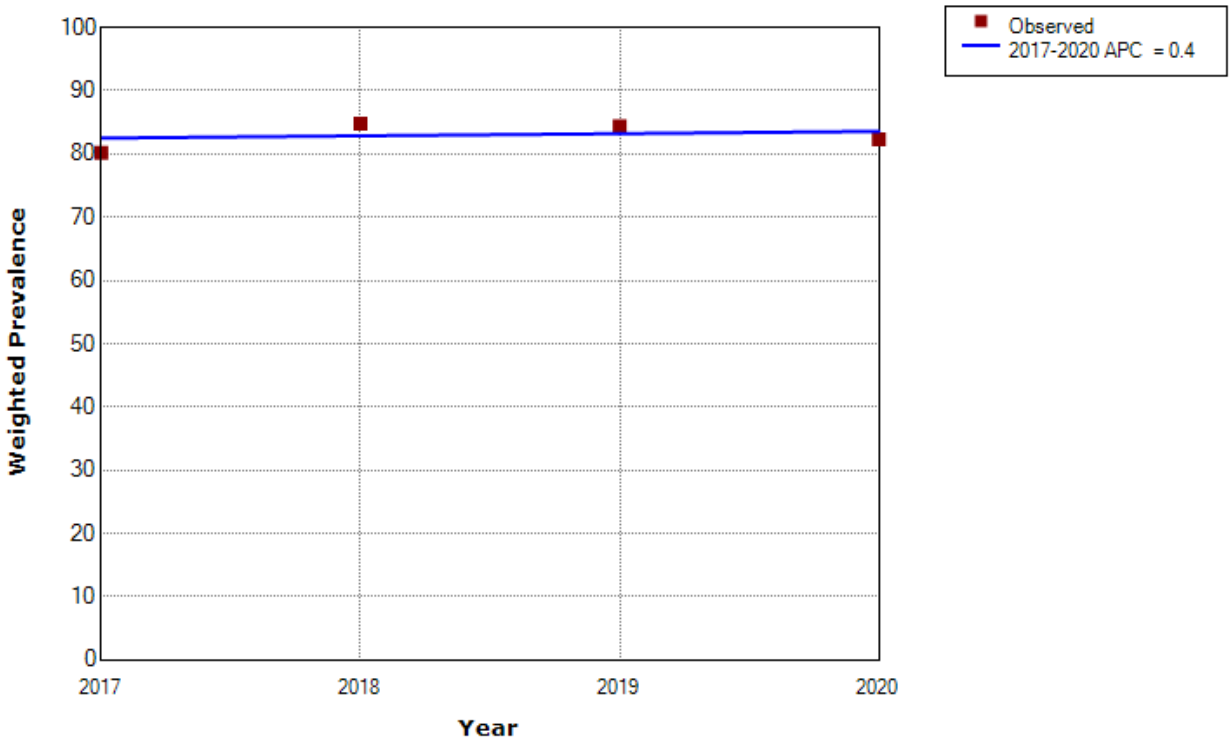
Weighted Prevalence of Infant Being Placed to Sleep Most Often on Their Back, by Year of Infant's Birth, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

Birth Year	Weighted Prevalence	95% Confidence Interval
2017	80.2	76.6-83.4
2018	84.8	81.6-87.6
2019	84.4	81.1-87.2
2020	82.3	79.4-85.0

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

The prevalence of this indicator also did not experience a statistically significant change from 2017 to 2020.

Weighted Prevalence of Infant Being Placed to Sleep Most Often on Their Back, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



The Annual Percent Change (APC) was not found to be significantly different from zero at the alpha = 0.05 level.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among those with a recent live birth in 2020, whose deliveries were indicated on the birth certificate as being paid for by **Medicaid**, 76.8% reported that their infants were placed to sleep on their backs most often. This was significantly lower than among those with a non-Medicaid delivery payment source (85.0%).

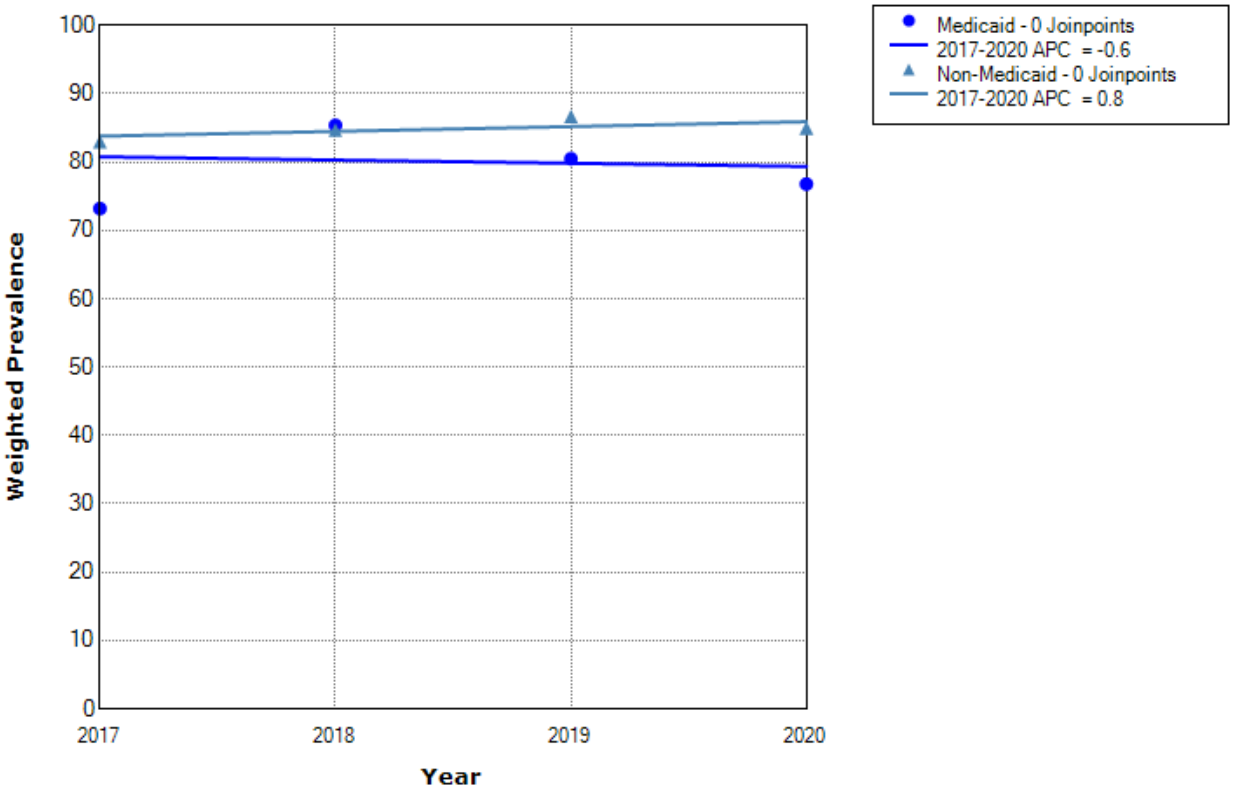
Weighted Prevalence of Infant Being Placed to Sleep Most Often on Their Back, by Year of Infant's Birth and Payment Source for the Delivery,* as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

Birth Year	Medicaid		Non-Medicaid	
	Weighted Prevalence	95% CI	Weighted Prevalence	95% CI
2017	73.2	65.3-79.9	83.0	79.0-86.3
2018	85.4	78.8-90.2	84.7	80.8-87.9
2019	80.5	73.5-85.9	86.7	83.0-89.6
2020	76.8	70.4-82.1	85.0	81.7-87.8

* As indicated on the infant's birth certificate.
95% CI = 95% Confidence Interval
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

From 2017 to 2020, for those with either a Medicaid or non-Medicaid payment source for the delivery, there was not a statistically significant change in the prevalence of reporting that infants were placed to sleep most often on their backs.

Weighted Prevalence of Infant Being Placed to Sleep Most Often on Their Back, by Payment Source for the Delivery, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



Payment source for the delivery was derived from the infant's birth certificate.
The Annual Percent Change (APC) was not found to be significantly different from zero at the alpha = 0.05 level.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among Kansas residents with a recent live birth in 2019-2020 (two years combined), some subpopulations more commonly reported that their infants were placed to sleep on their backs most often, including:

- Those who were 25-34 years old (86.5%) or 35 years or older (84.2%), compared to those who were under 25 years old (75.7%)
- Those who were of non-Hispanic White race (85.1%) or of Hispanic ethnicity (84.7%), compared to those who were of non-Hispanic Black race (68.3%)
- Those with at least some college education (87.2%), compared to those whose highest level of education was a high school diploma/GED (78.0%) or less education (74.2%)
- Those who did not receive WIC food during pregnancy (84.8%), compared to those who did (78.8%)
- Those who had lived in urban counties (84.9%), compared to those who had lived in rural counties (80.2%)
- Those whose deliveries had been indicated on the birth certificate as paid for by a non-Medicaid source (85.9%), compared to those with a Medicaid-covered birth (78.7%)

Weighted Prevalence of Infant Being Placed to Sleep Most Often on Their Back, By Selected Maternal and Pregnancy Characteristics, 2019-2020

Characteristic	Unweighted Numerator	Weighted Numerator	Weighted Prevalence	95% Confidence Interval
Age				
<25 years	373	12719	75.7	70.5-80.2
25-34 years	1079	33361	86.5	84.0-88.7
35+ years	293	7694	84.2	78.1-88.9
Race/Ethnicity*				
Non-Hispanic White	1295	39787	85.1	82.7-87.2
Non-Hispanic Black	119	3060	68.3	58.1-77.1
Hispanic	219	8228	84.7	78.0-89.6
Non-Hispanic Other Race, Including Multiracial	110	2690	76.9	65.9-85.1
Education Level				
Less than HS/GED	146	4750	74.2	65.2-81.5
High School Diploma/GED	425	13750	78.0	73.1-82.2
At least some college education	1167	35039	87.2	84.8-89.3
Payment Source for Delivery†				
Medicaid	512	14901	78.7	74.1-82.7
Non-Medicaid	1228	38736	85.9	83.4-88.0
WIC Status During Pregnancy				
WIC Recipient	456	12696	78.8	73.8-83.0
Not a WIC Recipient	1283	40898	84.8	82.4-87.0
Urban/Rural Residence (NCHS 2013 Classifications)				
Urban	1224	36931	84.9	82.4-87.1
Rural	521	16843	80.2	75.9-83.8

* Note on race/ethnicity: To yield more reliable estimates, 2019 and 2020 data have been combined in this table. However, due to issues with mapping of ethnicity fields from the Kansas birth certificate for the PRAMS weighted datasets, not all persons of Hispanic ethnicity were classified as Hispanic in 2017-2019 data. This issue has been fixed beginning with 2020 data. Although the effect of this issue on weighted estimates is believed to have been minor, caution should be used when interpreting race/ethnicity estimates when pre-2020 data are compared/combined with 2020 data.

† As indicated on the infant's birth certificate.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019-2020

(B) Infants sleeping on separate approved sleep surface

Among Kansas residents with a recent live birth in 2020, fewer than half (46.1%) reported that their infants "always" or "often" slept alone, usually in a crib, bassinet, or pack and play, and *not* usually in a standard bed, couch, sofa, armchair, car seat, or swing in the past two weeks. However, this was significantly higher than the U.S. estimate for this indicator, which was 36.9% (95% confidence interval [CI]: 36.1%-37.7%). The 2020 estimate for Kansas was not significantly different from the Kansas estimate for 2019 (41.2%).

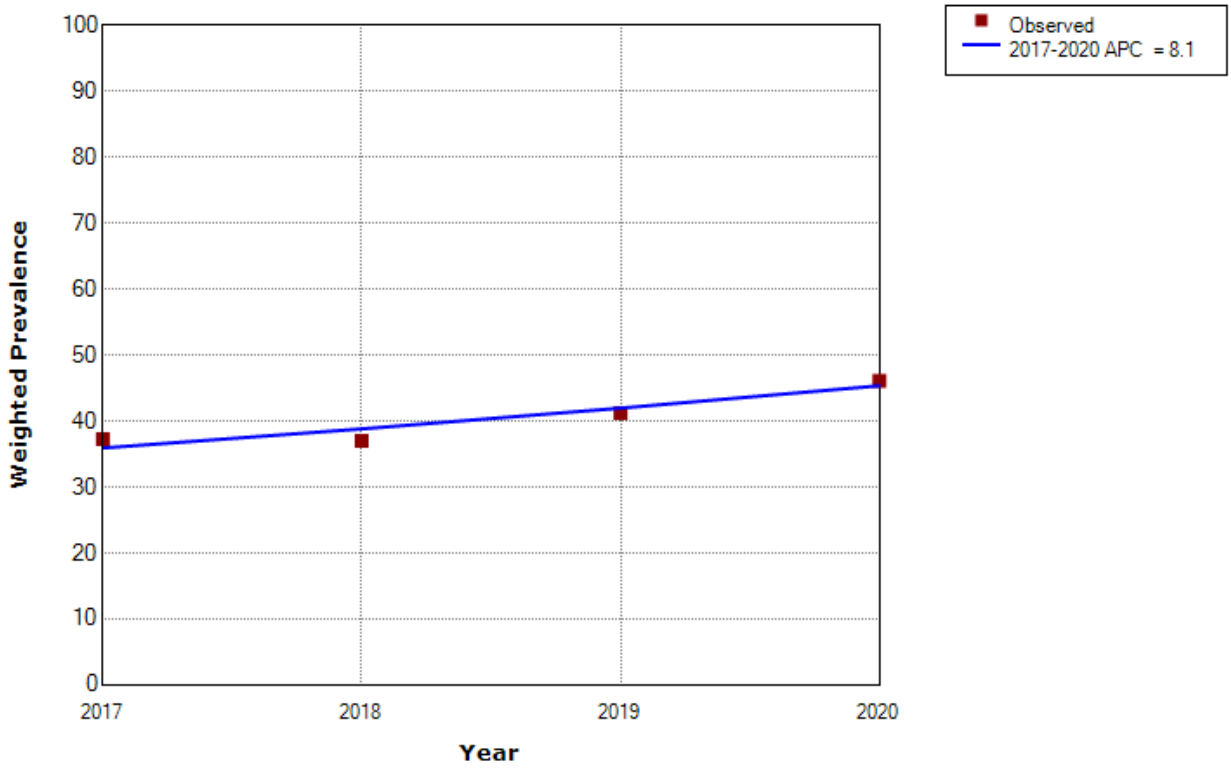
Weighted Prevalence of Infant Sleeping on a Separate Approved Sleep Surface, by Year of Infant's Birth, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

Birth Year	Weighted Prevalence	95% Confidence Interval
2017	37.3	33.4-41.4
2018	37.0	33.0-41.2
2019	41.2	37.2-45.3
2020	46.1	42.4-49.7

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

The prevalence of this indicator also did not experience a statistically significant change from 2017 to 2020, despite an increasing trend.

Weighted Prevalence of Infant Sleeping on a Separate Approved Sleep Surface, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



The Annual Percent Change (APC) was not found to be significantly different from zero at the alpha = 0.05 level.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among those with a recent live birth in 2020, whose deliveries were indicated on the birth certificate as being paid for by **Medicaid**, 39.5% reported that their infants "always" or "often" slept alone, usually in a crib, bassinet, or pack and play, and *not* usually in a standard bed,

couch, sofa, armchair, car seat, or swing in the past two weeks. This was significantly lower than among those with a non-Medicaid delivery payment source (48.7%).

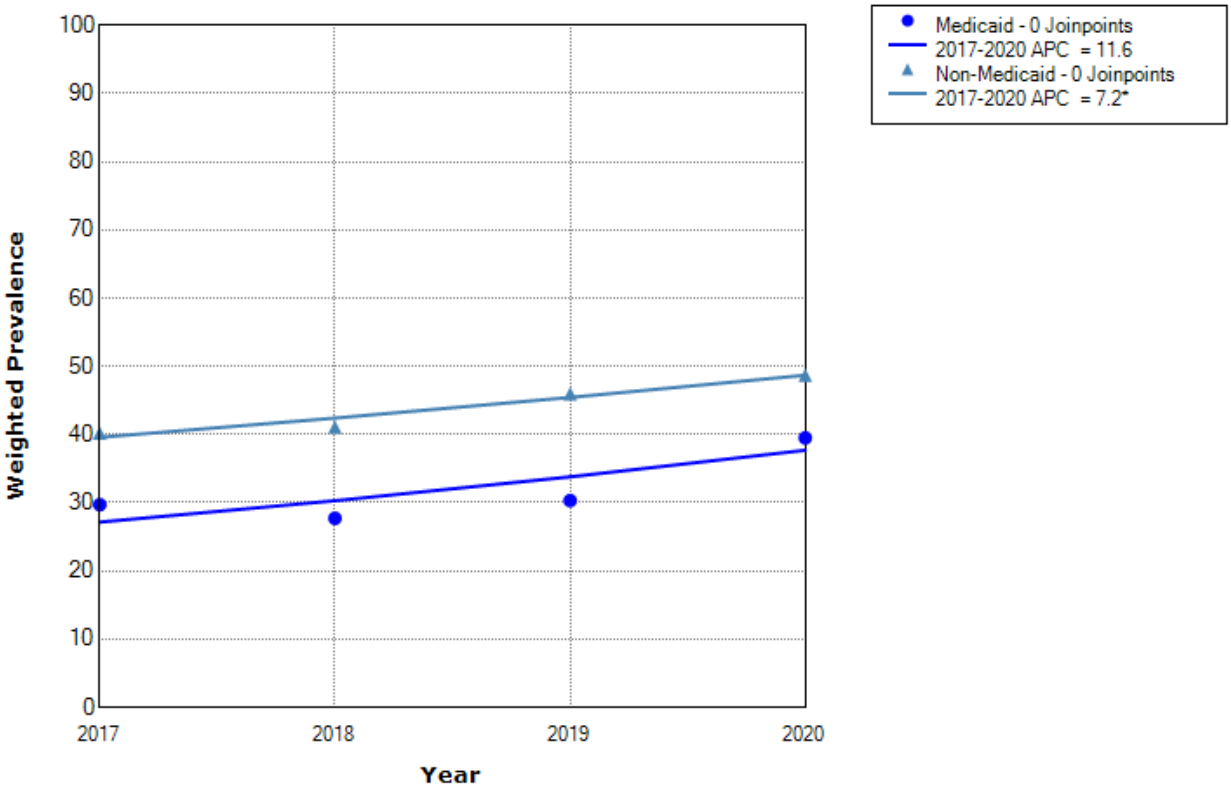
Weighted Prevalence of Infant Sleeping on a Separate Approved Sleep Surface, by Year of Infant's Birth and Payment Source for the Delivery,* as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

Birth Year	Medicaid		Non-Medicaid	
	Weighted Prevalence	95% CI	Weighted Prevalence	95% CI
2017	29.7	22.8-37.7	40.2	35.6-44.9
2018	27.7	20.8-35.9	41.1	36.4-46.0
2019	30.3	23.5-38.1	46.0	41.2-50.8
2020	39.5	33.0-46.4	48.7	44.4-53.1

* As indicated on the infant's birth certificate.
95% CI = 95% Confidence Interval
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

From 2017 to 2020, for those whose deliveries had a **non-Medicaid** payment source, the prevalence of the infant sleeping on a separate approved sleep surface increased significantly, with an annual percent change of 7.2% (95% CI: 2.4%-12.1%). Meanwhile, no significant change was observed from 2017 to 2020 for those whose deliveries were paid for by **Medicaid** (despite having an increasing trend, as well).

Weighted Prevalence of Infant Sleeping on a Separate Approved Sleep Surface, by Payment Source for the Delivery, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Payment source for the delivery was derived from the infant's birth certificate.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among Kansas residents with a recent live birth in 2019-2020 (two years combined), some subpopulations more commonly reported that their infants slept on a separate approved sleep surface, including:

- Those who were 25 to 34 years old (45.8%) or 35 years or older (48.3%), compared to those who were under 25 years old (36.1%)
- Those who were of non-Hispanic White race (46.8%), compared to those who were of non-Hispanic Black race (30.7%) or of non-Hispanic ethnicity and of other race or multiple races* (31.0%)
- Those with at least some college education (48.5%), compared to those whose highest level of education was a high school diploma/GED (33.7%)
- Those who did not receive WIC food during pregnancy (46.6%), compared to those who did (34.7%)
- Those whose deliveries were indicated on the birth certificate as being paid for by a non-Medicaid source (47.3%), compared to those with a Medicaid-covered birth (34.8%)

***** Note: Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

There was not enough evidence to show that the prevalence differed significantly by urban/rural residence.

Weighted Prevalence of Infant Sleeping on a Separate Approved Sleep Surface, By Selected Maternal and Pregnancy Characteristics, 2019-2020

Characteristic	Unweighted Numerator	Weighted Numerator	Weighted Prevalence	95% Confidence Interval
Age				
<25 years	180	5925	36.1	30.8-41.7
25-34 years	589	17275	45.8	42.4-49.3
35+ years	155	4111	48.3	41.1-55.6
Race/Ethnicity*				
Non-Hispanic White	717	21348	46.8	43.7-50.0
Non-Hispanic Black	60	1338	30.7	22.1-40.8
Hispanic	102	3638	38.4	30.9-46.6
Non-Hispanic Other Race, Including Multiracial†	44	982	31.0†	21.4-42.6
Education Level				
Less than HS/GED	73	2417	39.3	30.4-48.8
High School Diploma/GED	209	5839	33.7	28.7-39.1
At least some college education	638	18880	48.5	45.2-51.9
Payment Source for Delivery‡				
Medicaid	244	6271	34.8	29.9-39.9
Non-Medicaid	676	20906	47.3	44.1-50.6
WIC Status During Pregnancy				
WIC Recipient	208	5326	34.7	29.6-40.2
Not a WIC Recipient	715	21980	46.6	43.5-49.8
Urban/Rural Residence (NCHS 2013 Classifications)				
Urban	655	18699	44.2	40.9-47.5
Rural	269	8611	42.4	37.6-47.3

* Note on race/ethnicity: To yield more reliable estimates, 2019 and 2020 data have been combined in this table. However, due to issues with mapping of ethnicity fields from the Kansas birth certificate for the PRAMS weighted datasets, not all persons of Hispanic ethnicity were classified as Hispanic in 2017-2019 data. This issue has been fixed beginning with 2020 data. Although the effect of this issue on weighted estimates is believed to have been minor, caution should be used when interpreting race/ethnicity estimates when pre-2020 data are compared/combined with 2020 data.

† Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

‡ As indicated on the infant's birth certificate.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019-2020

(C) Infants sleeping without soft objects or loose bedding

Among Kansas residents with a recent live birth in 2020, 54.8% reported that their infants did not usually sleep with blankets, toys, cushions, pillows, or crib bumper pads in the past two weeks. This was not significantly different from the prevalence in 2019 (54.1%).

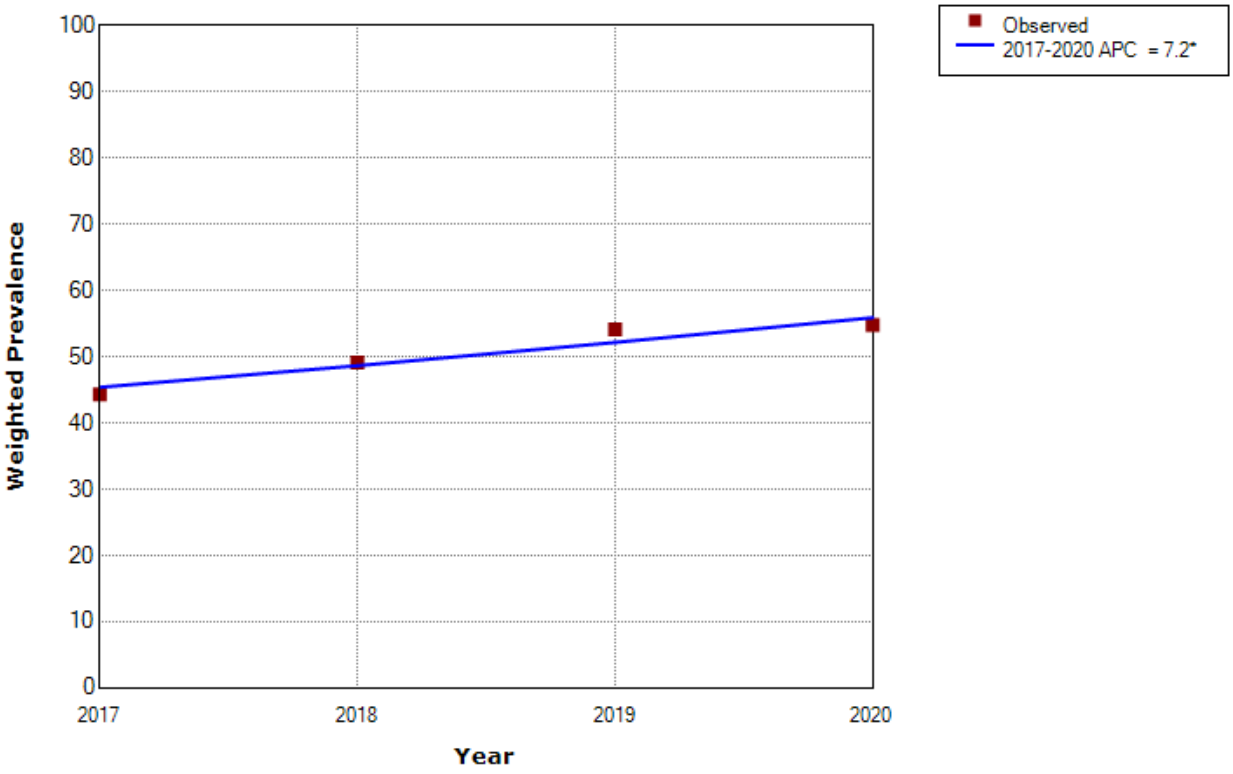
Weighted Prevalence of Infant Sleeping without Soft Objects or Loose Bedding, by Year of Infant's Birth, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

Birth Year	Weighted Prevalence	95% Confidence Interval
2017	44.3	40.3-48.5
2018	49.1	44.9-53.4
2019	54.1	49.9-58.2
2020	54.8	51.2-58.5

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

The prevalence of this indicator increased significantly from 2017 to 2020, with an annual percent change of 7.2% (95% CI: 0.1%-14.7%).

Weighted Prevalence of Infant Sleeping without Soft Objects or Loose Bedding, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among those with a recent live birth in 2020, whose deliveries were indicated on the birth certificate as being paid for by **Medicaid**, 37.7% reported that their infants had usually slept without soft objects or loose bedding in the past two weeks. This was significantly lower – and

24 percentage points lower – than among those with a non-Medicaid delivery payment source (61.7%).

Weighted Prevalence of Infant Sleeping without Soft Objects or Loose Bedding, by Year of Infant's Birth and Payment Source for the Delivery,* as Reported by Kansas Residents with a Recent Live Birth, 2017-2020

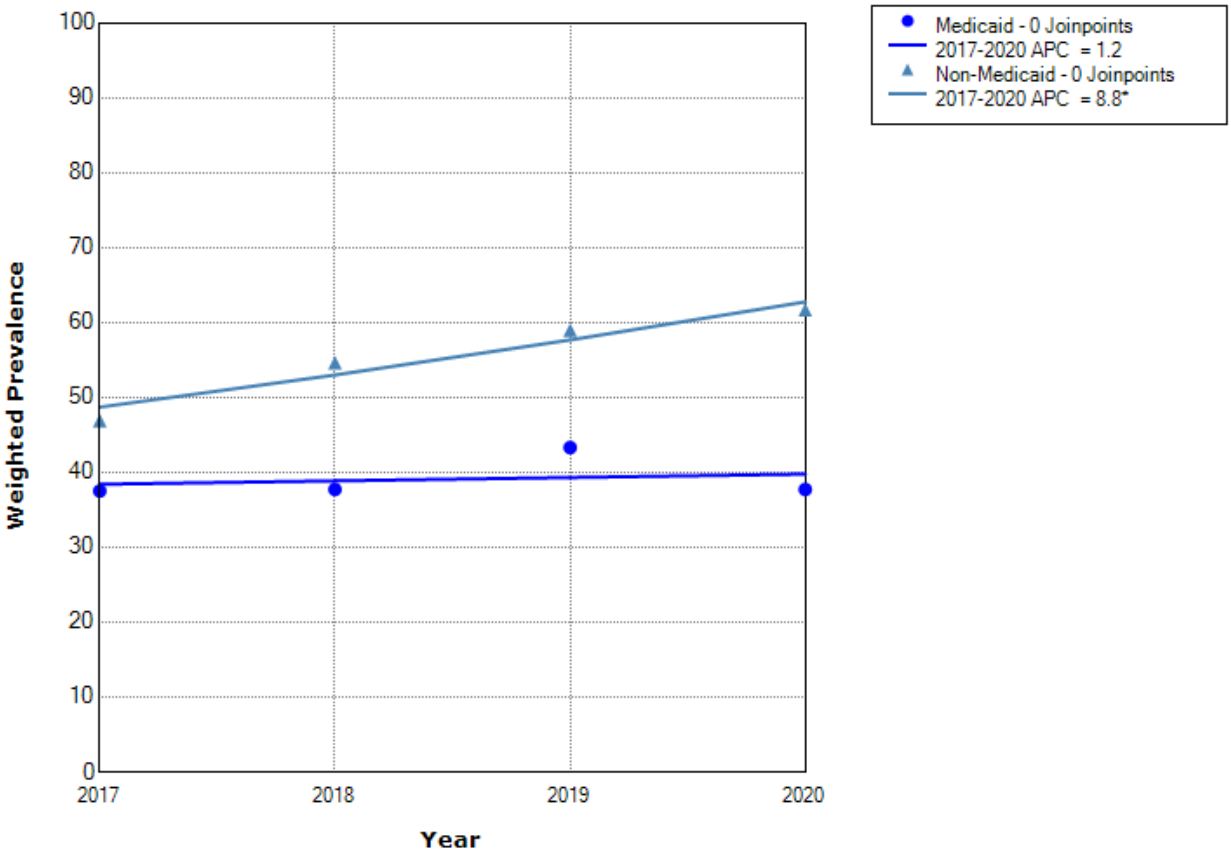
Birth Year	Medicaid		Non-Medicaid	
	Weighted Prevalence	95% CI	Weighted Prevalence	95% CI
2017	37.5	30.0-45.7	46.9	42.2-51.7
2018	37.7	29.9-46.3	54.6	49.7-59.5
2019	43.3	35.6-51.4	59.0	54.1-63.7
2020	37.7	31.4-44.6	61.7	57.4-65.8

* As indicated on the infant's birth certificate.
95% CI = 95% Confidence Interval
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

From 2017 to 2020, those whose deliveries were indicated as having a **Non-Medicaid** payment source experienced significant improvement in the prevalence of infants sleeping without soft objects or loose bedding, with an annual percent change of 8.8% (95% CI: 1.3%-16.9%).

However, no statistically significant change from 2017 to 2020 was observed for those whose deliveries had been indicated as being paid for by **Medicaid**. This suggests that while overall, improvement is being observed in this indicator, those with Medicaid-covered births may need additional supports concerning this safe sleep indicator.

Weighted Prevalence of Infant Sleeping without Soft Objects or Loose Bedding, by Payment Source for the Delivery, as Reported by Kansas Residents with a Recent Live Birth, 2017-2020



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Payment source for the delivery was derived from the infant's birth certificate.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2020

Among Kansas residents with a recent live birth in 2019-2020 (two years combined), some subpopulations more commonly reported that their infants slept without soft objects or loose bedding, including:

- Those who were 25 to 34 years old (58.6%) or 35 years or older (59.4%), compared to those who were under 25 years old (42.4%)
- Those who were of non-Hispanic White race (57.9%), compared to those who were of non-Hispanic Black race* (41.0%**)**, Hispanic ethnicity (47.9%), or of non-Hispanic ethnicity and of other race or multiple races* (45.1%)
- Those with at least some college education (60.8%), compared to those whose highest level of education was a high school diploma/GED (43.0%) or less education (45.9%)
- Those who did not receive WIC food during pregnancy (57.2%), compared to those who did (46.1%)
- Those who had lived in urban counties (59.2%), compared to those who had lived in rural counties (44.6%)
- Those whose deliveries had been indicated on the birth certificate as paid for by a non-Medicaid source (60.3%), compared to those with Medicaid-covered births (40.6%)

***** Note: Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

Weighted Prevalence of Infant Sleeping without Soft Objects or Loose Bedding, By Selected Maternal and Pregnancy Characteristics, 2019-2020

Characteristic	Unweighted Numerator	Weighted Numerator	Weighted Prevalence	95% Confidence Interval
Age				
<25 years	195	6918	42.4	36.8-48.2
25-34 years	724	22089	58.6	55.1-62.0
35+ years	201	5118	59.4	52.0-66.4
Race/Ethnicity*				
Non-Hispanic White	864	26288	57.9	54.7-61.0
Non-Hispanic Black†	71	1790	41.0†	31.3-51.4
Hispanic	123	4578	47.9	39.9-55.9
Non-Hispanic Other Race, Including Multiracial†	60	1463	45.1†	34.0-56.8
Education Level				
Less than HS/GED	80	2847	45.9	36.8-55.4
High School Diploma/GED	222	7377	43.0	37.6-48.6
At least some college education	813	23724	60.8	57.4-64.1
Payment Source for Delivery‡				
Medicaid	248	7340	40.6	35.5-45.9
Non-Medicaid	868	26616	60.3	57.1-63.5
WIC Status During Pregnancy				
WIC Recipient	245	7117	46.1	40.5-51.7
Not a WIC Recipient	872	26914	57.2	54.0-60.4
Urban/Rural Residence (NCHS 2013 Classifications)				
Urban	833	25033	59.2	55.9-62.5
Rural	287	9093	44.6	39.8-49.6

* Note on race/ethnicity: To yield more reliable estimates, 2019 and 2020 data have been combined in this table. However, due to issues with mapping of ethnicity fields from the Kansas birth certificate for the PRAMS weighted datasets, not all persons of Hispanic ethnicity were classified as Hispanic in 2017-2019 data. This issue has been fixed beginning with 2020 data. Although the effect of this issue on weighted estimates is believed to have been minor, caution should be used when interpreting race/ethnicity estimates when pre-2020 data are compared/combined with 2020 data.

† Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

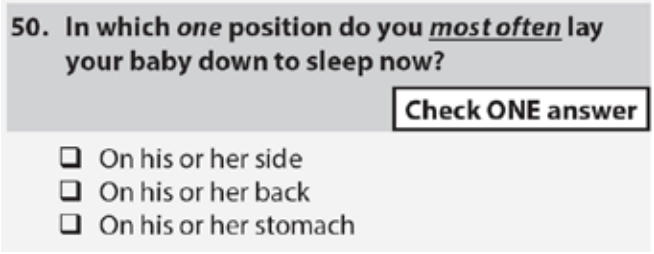
‡ As indicated on the infant's birth certificate.

Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2019-2020

PRAMS Questions for Safe Sleep Indicators

(A) Infants sleeping on their backs

This indicator is defined as infants being placed to sleep most often on their backs.



50. In which *one* position do you *most often* lay your baby down to sleep now?

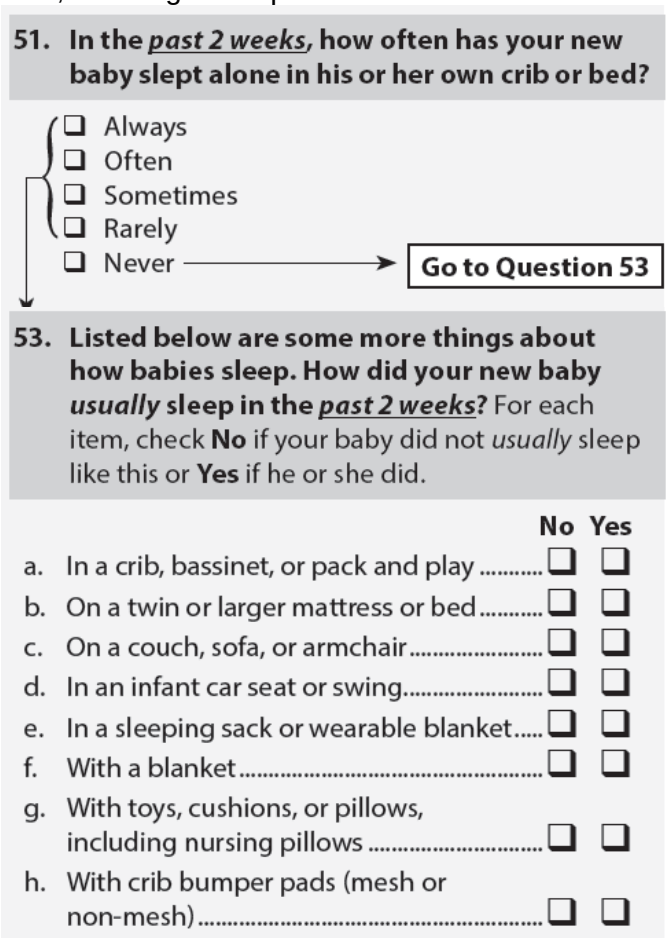
Check ONE answer

- ❑ On his or her side
- ❑ On his or her back
- ❑ On his or her stomach

A small number of respondents indicate a combination of positions in this question (e.g., "side" and "back"). Those indicating a combination of positions are considered as the infants not being placed to sleep most often on their backs.

(B) Infants sleeping on a separate approved sleep surface

This indicator is defined as infants "always" or "often" sleeping alone, usually in a crib, bassinet, or pack and play, and *not* usually in a standard bed, couch, sofa, armchair, car seat, or swing in the past two weeks.



51. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 53**

53. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

(C) Infants sleeping without soft objects or loose bedding

This indicator is defined as infants not usually sleeping with blankets, toys, cushions, pillows, or crib bumper pads in the past two weeks.

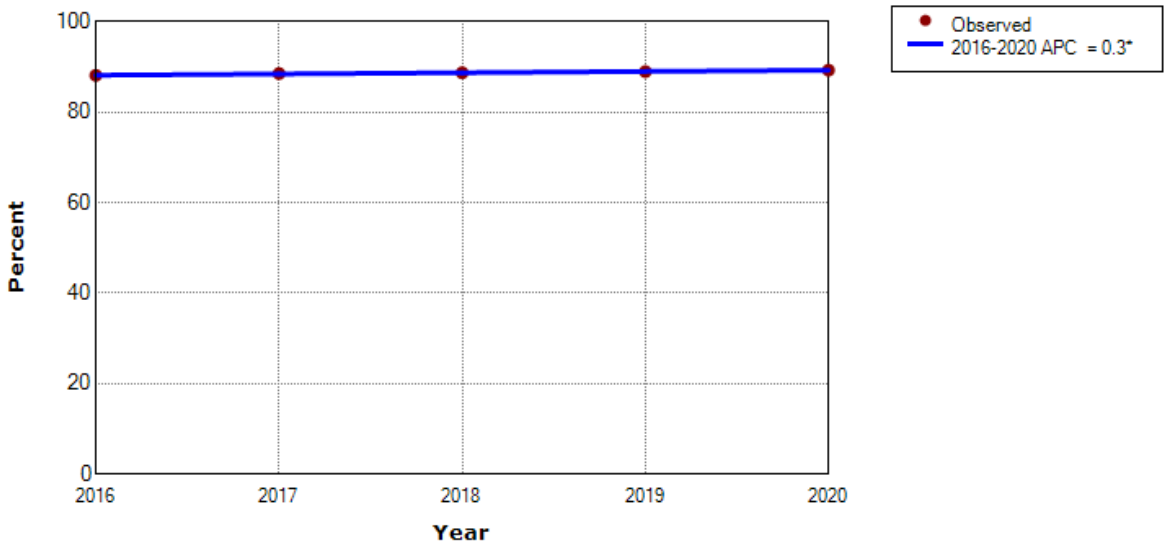
53. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

SPM2: Breastfeeding

In 2020, Kansas birth certificate data showed that mothers initiated breastfeeding in 89.3% of resident live births. This was a small increase from the 88.9% reported in 2019 and surpassed the Healthy People 2020 target of an 81.9% breastfeeding initiation rate.[1] The overall breastfeeding initiation rate has been significantly increasing by 0.3% per year (95% Confidence Interval: 0.2%, 0.4%) for the past five-year period (2016-2020).

Figure 1. Trends in breastfeeding initiation among infants born in Kansas, 2016-2020



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Source: Birth certificate data (Resident)

Breastfeeding initiation rates varied across racial and ethnic groups (Table 1). In 2018-2020, non-Hispanic Asian mothers had the highest breastfeeding initiation rate (93.9%), followed by non-Hispanic White (90.1%), Hispanic (87.4%), non-Hispanic Other (86.2%), non-Hispanic Black (81.4%), non-Hispanic American Indian or Alaska Native (80.7%), and non-Hispanic Native Hawaiian or Other Pacific Islander (80.6%) mothers. Most notably, for non-Hispanic Black mothers, breastfeeding initiation rate increased significantly from 77.7% in 2015-2017 to 81.4% in 2018-2020. Furthermore, the racial/ethnic gaps in breastfeeding initiation decreased. However, non-Hispanic Black mothers breastfeeding initiation continued to remain the lowest among the three largest race and Hispanic-origin groups.

Table 1. Breastfeeding initiation by maternal race and ethnicity, Kansas, 2018-2020 vs. 2015-2017

Maternal race/ethnicity	Initiated breastfeeding	Resident live births	2018-2020 % (95% CI)	Trend	2015-2017 % (95% CI)
Asian, non-Hispanic	3213	3420	93.9 (93.1-94.7)	↑	93.4 (92.5-94.2)
White, non-Hispanic	65570	72780	90.1 (89.9-90.3)	↑*	89.2 (89.0-89.4)
Hispanic	15662	17926	87.4 (86.9-87.9)	↑	86.7 (86.2-87.2)
Other, non-Hispanic	2904	3370	86.2 (85.0-87.3)	↑	85.5 (84.3-86.7)
Black, non-Hispanic	5884	7229	81.4 (80.5-82.3)	↑*	77.7 (76.7-78.6)
American Indian or Alaska Native, non-Hispanic	369	457	80.7 (77.1-84.4)	↑	79.9 (76.4-83.3)
Native Hawaiian or Other Pacific Islander, non-Hispanic	170	211	80.6 (75.2-85.9)	↑	78.9 (72.8-85.1)
Total	93869	105512	89.0 (88.8-89.2)	↑*	88.0 (87.8-88.2)

*Statistically significant ($p<0.05$)
CI=confidence interval
Note: Missing/unknown breastfeeding status and infants that died shortly after birth were excluded.
Source: Birth certificate data (Resident)

Breastfeeding initiation rates also varied widely based on where in the state a mother resides at the time of the birth (Figures 2 and 3). From 2015-2017 to 2018-2020, the overall percentage of breastfeeding initiation increased significantly in Kansas (88.0% and 89.0%, respectively) (Figure 2 and Figure 3).

Counties with significantly higher breastfeeding initiation rate in 2018-2020 than in 2015-2017:

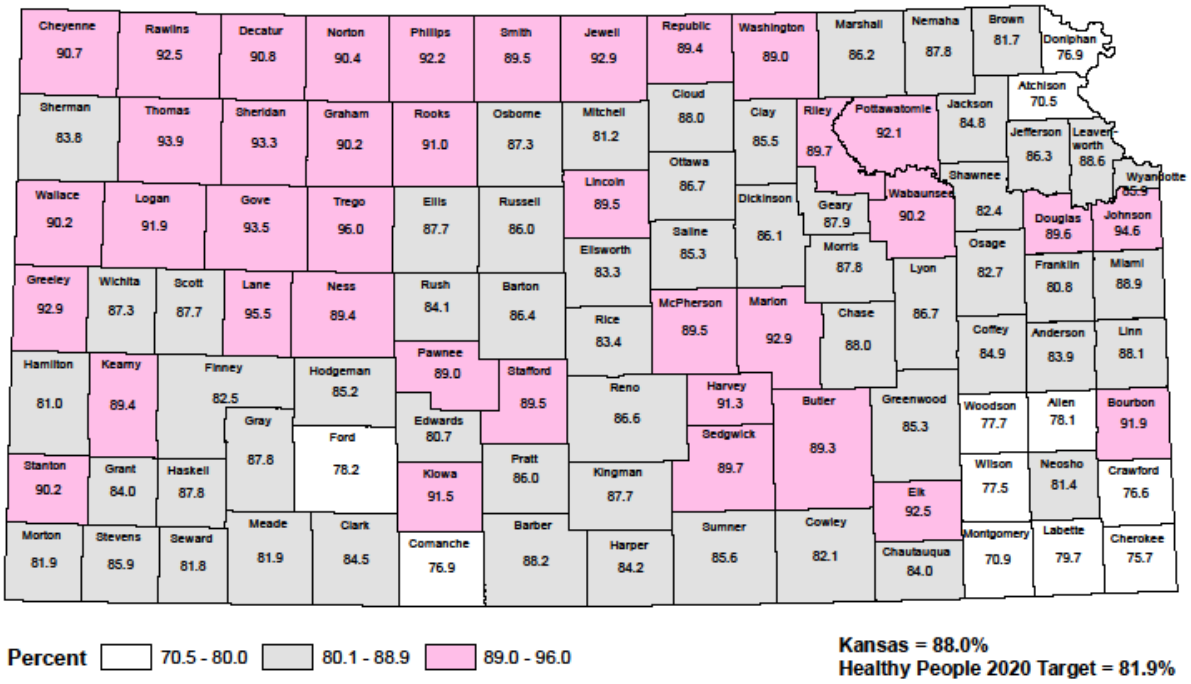
- Anderson
- Atchison
- Ellis
- Finney
- Ford
- Franklin
- Harper
- Johnson
- Kingman
- Leavenworth
- Rice
- Sedgwick
- Shawnee
- Wyandotte

Counties with significantly lower breastfeeding initiation rate in 2018-2020 than in 2015-2017:

- Bourbon
- Labette
- Logan
- Lyon
- Seward
- Thomas

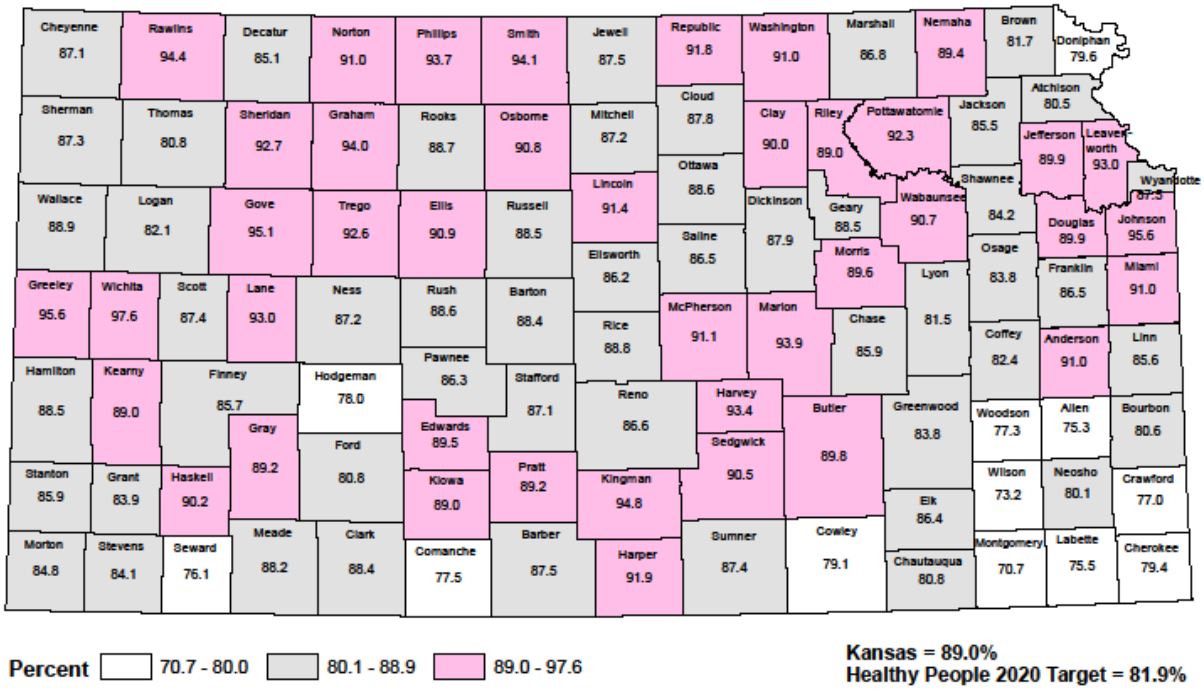
Infants born in the Northeast, Northcentral and Southcentral regions, were most likely to be breastfed. These regions have eight of ten Kansas hospitals that are currently recognized as 'Baby-Friendly Designated Facilities' through the Baby-Friendly Hospital Initiative.[2]

Figure 2. Breastfeeding initiation by county of residence, Kansas, 2015-2017



Note: Missing/unknown breastfeeding status and infants that died shortly after birth were excluded.
Source: Birth certificate data (Resident)

Figure 3. Breastfeeding initiation by county of residence, Kansas, 2018-2020



Note: Missing/unknown breastfeeding status and infants that died shortly after birth were excluded.
Source: Birth certificate data (Resident)

According to the most recent National Immunization Survey (NIS), for infants born in Kansas, in 2018, 87.9% of mothers reported ever breastfeeding, 60.2% reported breastfeeding at six months, and 32.0% reported exclusive breastfeeding at six months.[3] While there has been an improvement in exclusive breastfeeding at six months, more work is needed to meet the Healthy People 2030 goal (42.4%).[4] Breastfeeding is linked to a reduced risk for many illnesses in children and mothers. The U.S. Dietary Guidelines for Americans and the American Academy of Pediatrics recommend exclusive breastfeeding for about 6 months, and then continuing breastfeeding while introducing complementary foods until your child is 12 months old or older. Preventative health through exclusive breastfeeding can save health care dollars through reduction in acute illnesses and chronic disease.[1,3] One of the factors contributing to stopping breastfeeding earlier than 6 months may include lack of accessible breastfeeding support especially for those returning to work or school soon after birth. Breastfeeding support programs including Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Breastfeeding Peer Counselors, lactation consultants, workplace policies, and supportive communities can help address these barriers.

The Centers for Disease Control and Prevention (CDC) invites biennially all hospitals across the country to complete the Maternity Practices in Infant Nutrition and Care Survey (mPINC).[5] The Survey measures maternal care practices and policies that impact newborn feeding, feeding education, staff skills and discharge support.[5] A Total mPINC score indicates its overall level of maternity care practices and policies that support optimal infant feeding.[5] Subscores further categorize maternity care practice subdomains: Immediate Postpartum Care, Rooming-In, Feeding Practices, Feeding Education & Support, Discharge Support, Institutional Management.[5] Responses are scored using an algorithm that denotes the evidence and best practices to promote optimal infant feeding within the maternity care setting.[5] Possible scores range from 0 to100, with higher scores indicating better maternity care practices and policies.[5] The mPINC survey results provide feedback to encourage hospitals to make improvements that better support breastfeeding.[5] In the most recent 2020 mPINC survey, 44 of 57 eligible Kansas hospitals (77%) that deliver babies participated. Kansas scored 83/100, which was higher than the national average (81/100).[6] Kansas scored higher than three out of four neighboring states - Nebraska 73%,

Missouri and Oklahoma 79%, Colorado 85%.[6] Kansas hospitals are doing well in the domains related to Feeding Practices, Feeding Education & Support and Discharge Support, which positively impact early initiation. However, improvement could be made in the domain of Institutional Management.

*The mPINC survey was redesigned in 2018. Results from the mPINC surveys 2018 or later cannot be compared with results from 2007-2015 mPINC surveys.

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