

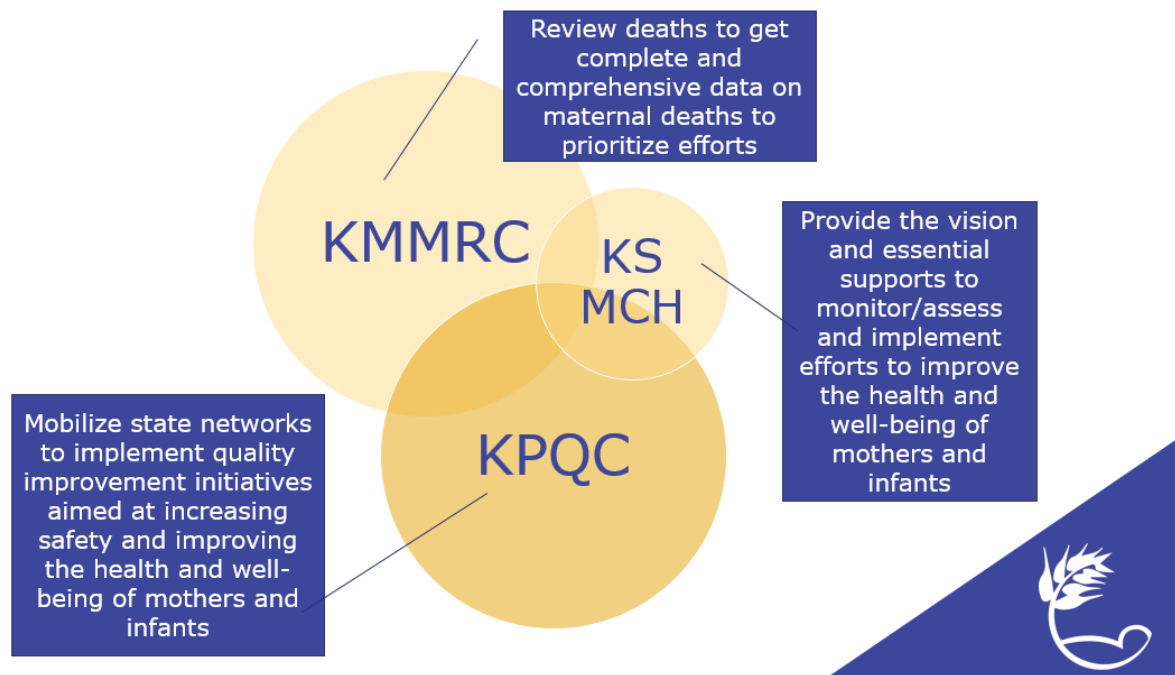
Perinatal and Infant Health: Kansas Perinatal Quality Collaborative Initiatives

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).

Activities During Federal Fiscal Year 2023

KPQC & MMRC Collaborative Efforts – Data to Action: Role of State MMRCs & PQC: State Perinatal Quality Collaboratives (PQCs) and Maternal Mortality Review Committees (MMRCs) function to improve maternal and perinatal health and believe that investing in the mother's health leads to healthier birth/pregnancy outcomes. Roles are different but complementary.

- PQCs: Focus on efforts during the maternal and perinatal periods intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants.
- MMRCs: Focus on reviewing maternal and pregnancy-associated deaths (pregnancy through one year after delivery) to identify gaps in health services and make actionable recommendations to prevent future deaths, improving maternal and perinatal health.



As convener of the Kansas PQC and MMRC, KDHE Title V brings together the work of both entities to translate findings and recommendations to action, in partnership with other state organizations, such as American College of Obstetricians and Gynecologists (ACOG), March of Dimes, Kansas Hospital Association (KHA), and others. As the

KMMRC focuses on identifying gaps in health services and making actionable recommendations to prevent future deaths, the KPQC focuses on acting on these recommendations by using data-driven, evidence-based practice and quality improvement processes (e.g., Patient Safety Bundles). This is intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants.

The Title V State Action Plan aligns with collaborative efforts underway for the [Kansas Perinatal Quality Collaborative](#) (KPQC). The KPQC is a panel of experts working to improve the quality of care for mothers and infants, affecting measurable improvements in statewide health care and health outcomes.

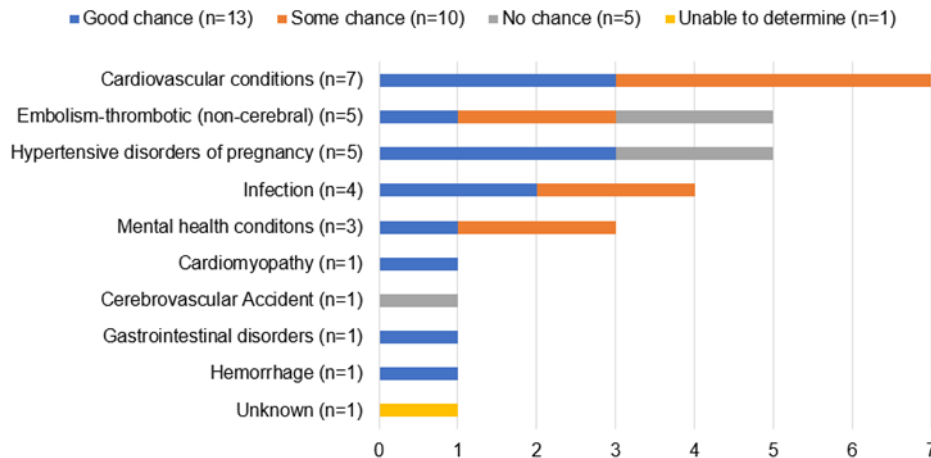
KPQC, KMMRC, KPCC & KCC Collaborative Efforts – Data to Action: Data from KDHE Vital Statistics and the KMMRC indicated that targeted interventions during the postpartum period should be the primary focus in order to improve maternal health outcomes. The KMMRC recommended that all providers thoroughly screen, provide brief interventions and make appropriate referrals based on screening results. Additional recommendations included improving communication and collaboration between providers, and dramatically increasing patient education and empowerment. In the fall of 2020, the KPQC launched the [Fourth Trimester Initiative](#) (FTI) aimed at decreasing maternal morbidity and mortality in Kansas. The FTI focuses on quality care and provider communication and collaboration related to the transition from pregnancy through the postpartum period. As of September 30, 2023, there are 37 birth hospitals and 2 birth centers enrolled in the FTI project, representing approximately 90% of births in Kansas.

FTI was designed to be a cutting-edge approach to study and improve the experience of mothers and families in Kansas. FTI focuses on chronic disease, behavioral health (mental health and substance use), breastfeeding, health equity, and access to care. Implementation of the FTI initiative positioned Kansas to enroll in the Alliance for Innovation on Maternal Health (AIM) in October 2021, for the [Postpartum Discharge Transition](#) AIM bundle, the only state to date to select this bundle. AIM is a national, data-driven initiative based on proven implementation approaches to improving maternal safety and outcomes in the country. AIM works through state teams and health systems to align national, state, and hospital level efforts to improve maternal and perinatal health outcomes. States that enroll in AIM receive access to 8 Core AIM “Patient Safety Bundles,” patient safety tools; and the “AIM Community of States.” This bundle will help to guide Kansas in implementation of FTI, including tracking progress measures and data collection, and leverage existing MCH investments around the KPCC model.

The KMMRC’s work and recommendations continuously guide the KPQC and MCH activities and initiatives. Title V has continued to advocate for policy changes, develop action alerts/bulletins, and identify and develop public and patient education initiatives for statewide implementation in response to data/findings. 2016-2020 findings indicate the majority of “pregnancy-related deaths” are related to chronic pre-existing conditions exacerbated by the pregnancy, or conditions of pregnancy that worsen in the

postpartum period, where symptoms are not recognized as emergent or life threatening, and appropriate treatment is not sought/provided quickly enough – 79.3% were found to be preventable.

Figure: Pregnancy-related preventability by underlying cause of death, Kansas, 2016-2020



Sources: Kansas Maternal Mortality Review Committee

In response, the KPQC, in partnership with the KDHE Title V led [Maternal Warning Signs Initiative \(MWS\)](#), is finishing implementation of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) [Post-Birth Warning Signs \(PBWS\)](#) Education Program. Training seats were purchased and initially made available for local Title V and MICEHV grantees, KPCC sites, and partnering birthing facilities enrolled in the FTI. Title V included resources from multiple other national campaigns such as CDC's [Hear Her Campaign](#) and NIH's [Mom's Mental Health Matters](#). State-developed and modified tools and resources targeting families and support persons are included. Additionally, there is a focus to address the specific needs of racially and ethnically disparate and low-literacy populations. The intent and purpose of this comprehensive statewide initiative is to provide clear, consistent, and repeat messaging across all health care sectors in Kansas. Phase II implementation, launched September 2022, included providing AWHONN PBWS training seats and MWS resources to Title X, WIC, doula, and community health worker programs. As of September 30, 2023, 257 individuals representing 49 local programs have completed the POST-BIRTH training. An additional 994 labor and delivery, emergency department, NICU, and postpartum staff; along with other healthcare providers (e.g. EMS, first responders) across the 39 FTI enrolled birth facilities have completed the training between 2021-2023.

Development of a Perinatal Hypertension Patient Education Guide, an expansion of the MWS Initiative, is complete and will be provided to the local public health partners and grantees listed above, and to FTI participating birth facilities in 2024. The Perinatal Hypertension toolkit provides educational materials and resources for use by local providers to support enhanced education and awareness around this serious, and potentially life-threatening, health concern. By providing patient education through use of toolkit resources, educating on Hypertensive disorders in Pregnancy (HDP), risk

factors, warning signs, proper self-monitoring of blood pressure at home and importance of communication with their provider, KDHE aims to prevent maternal mortality associated with HDP.

During 2016-2020, there were 105 pregnancy-associated deaths, which translated to a pregnancy-associated mortality ratio of 56 deaths per every 100,000 live births occurring in Kansas ([KMMRC Infographic](#)). Most pregnancy-associated Kansas deaths have been the result of motor vehicle accidents (20.9%), homicide (10.5%), and cardiovascular conditions (10.5%). The combination of the underlying cause of death determined by the KMMRC and underlying cause filed on the death certificate were used to categorize the type of pregnancy-associated death. Results indicate nearly one-third (27.7%) were caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose. Furthermore, KMMRC determinations on circumstances surrounding death were obesity (contributed to 23.8%), mental health conditions other than substance use disorder (contributed to 22.9%) and substance use disorder (contributed to 26.7%). KPQC/KMMRC is promoting and incorporating universal education, and a universal screening, brief intervention, and referral to treatment (SBIRT) approach to identifying health risks across MCH programming and all perinatal service providers. The [SBIRT process](#) will be used as the comprehensive, integrated, public health approach for the early identification and intervention of MCH patients exhibiting health risk behaviors, such as substance use and mental health. Promotional efforts will also include integration of screening and education on IPV, utilizing resources from the Futures Without Violence Initiative.

Birth Defects Surveillance (BDS): Throughout FY23, Title V continued verifying core, recommended, external defects, and making referrals of core defects to internal and external partner groups: Kansas Special Healthcare Needs and Critical Congenital Heart Disease. This ensured families and children affected by birth defects received proper education, outreach, and service navigation to effectively care for themselves.

Some education material relevant to core, recommended, and extended birth defects was created and utilized by the Kansas Birth Defects Coordinator in collaboration with the Education and Outreach Coordinator. These materials are not yet ready for distribution to families upon verification of the birth defect via traditional mail. However, outreach of birth defects has continued to deliver to subscribers of the Newborn Screening newsletter. Social media campaigns on specific topics such as Birth Defects Awareness Month (BDAM) and World Birth Defects Awareness Day, began in early 2023.

Local MCH Agencies: The following are examples of how some of the local MCH grantee agencies have made progress toward objective 2.3 during the reporting period.

- Barton County Health Department's DAISEY data reports indicate Maternal Warning Signs (MWS) education was provided 170 times and Count the Kicks (CTK) education was provided 42 times in 2023. In addition to the one-on-one instances of CTK and MWS education, clients received education through social media posts, health department signage, and newsletters.

- Clay County Health Department partnered with their local hospital to obtain a list of parents who had just delivered and consented to being contacted for services. The MCH Coordinator contacted every parent within 7 days of delivery and visited with them about how they were doing. They also delivered gift bags to each family containing information about postpartum depression and maternal warning signs. In 2022 they didn't document any MWS education in DAISEY but documented MWS education 20 times in 2023.
- Delivering Change is affiliated with Stormont Vail Health Flint Hills which is an enrolled Fourth Trimester Initiative site. Delivering Change incorporated Perinatal Quality Collaborative Toolkit, Signs/Symptoms of Preterm birth, Hear Her Campaign, and Maternal Warning Signs resources into their navigation services and education. Preterm Labor signs/symptoms education, along with Count the Kicks education was given to each client in pregnancy. The Preterm Birth Magnets were given to clients, with Navigators assisting them in identifying their 37-week mark. Maternal Warning Signs education was provided to each client postpartum, and the "Mom Card" was given as a reminder of Maternal Warning Signs. Navigators confirmed that each postpartum woman received a "mom card", developed by Delivering Change and adopted by the 4th Trimester Initiative, during her hospital discharge and provided follow up education and support regarding Maternal Warning Signs. Maternal Warning Signs education was provided 109 times in 2023, exceeding the number from 2022 which was 74.
- Leavenworth County Health Department screened their clients for perinatal risks at their first clinic visit as well as their first physician visit. They used patient education pages from the 'Maternal Warning Signs Integration Toolkit'.
- University of Kansas Medical Center in Wichita conducted Becoming a Mom (BaM) and shared progress specific to Session 6, known as Healthy After Pregnancy. This session covered the POST-BIRTH Warning Signs. Participants were taught when to call 911 or their provider, depending on the POST-BIRTH warning sign. The nurse instructor referenced two handouts from the participant binder that depicted the POST-BIRTH warning signs and the appropriate follow-up action. Additionally, participants were provided with a POST-BIRTH Warning Signs magnet to hang in their home for a quick reference, if needed. Throughout the year, 166 BaM participants completed the Birth Outcome Survey. Of these, 26% (n=43) identified 4 of 5 POST-BIRTH Warning signs for which they should call 911.

Plans for Federal Fiscal Year 2025

Role of State MMRCs & PQCs: State Perinatal Quality Collaboratives (PQCs) and Maternal Mortality Review Committees (MMRCs) function to improve maternal and perinatal health and believe that investing in the mother's health leads to healthier birth/pregnancy outcomes. Roles are different but complementary.

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As convener of the Kansas PQC and MMRC, KDHE Title V brings together the work of both entities to translate findings and recommendations to action, in partnership with other state organizations, such as American College of Obstetricians and Gynecologists (ACOG), March of Dimes, Kansas Hospital Association (KHA), and others. As the KMMRC focuses on identifying gaps in health services and making actionable recommendations to prevent future deaths, the KPQC focuses on acting on these recommendations by using data-driven, evidence-based practice and quality improvement processes (e.g., Patient Safety Bundles). This is intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants. The Title V State Action Plan aligns with collaborative efforts underway for the Kansas Perinatal Quality Collaborative (KPQC). The KPQC is a panel of experts working to improve the quality of care for mothers and infants, affecting measurable improvements in statewide health care and health outcomes.

KPQC & MMRC Collaborative Efforts – Data to Action: The KPQC kicked off implementation of the [Fourth Trimester Initiative](#) (FTI), in FY21 and will finalize efforts during FY25. FTI is a maternal health quality initiative aimed at decreasing maternal morbidity and mortality. Data from KDHE Vital Statistics and the [Kansas Maternal Mortality Review Committee](#) (KMMRC) reveal that targeted assessment and intentional intervention in the postpartum period should be the primary care team activities to improve maternal health outcomes. FTI was designed to be a cutting-edge approach to study and improve the experience of mothers and families in Kansas. FTI focuses on chronic disease, behavioral health (including mental health and substance use disorder), breastfeeding, health equity, care coordination and access to care. Implementation of the FTI initiative positioned Kansas to enroll in the [Alliance for Innovation on Maternal Health \(AIM\) Postpartum Discharge Transition](#) (PPDT) bundle in October 2021. AIM is a national, data-driven initiative based on proven implementation approaches to improving maternal safety and outcomes in the country. AIM works through state teams and health systems to align national, state, and hospital level efforts to improve maternal and perinatal health outcomes. States that enroll in AIM receive access to 8 Core AIM “Patient Safety Bundles,” patient safety tools, and the “AIM Community of States. Participating in the PPDT bundle has helped guide Kansas in implementation of FTI, including tracking progress measures and data collection, and leverage existing MCH investments around the KPCC model.

The KMMRC data shows hypertensive conditions in pregnancy and the postpartum period have been determined to be a significant contributing factor to maternal morbidity and mortality in Kansas. In response, existing efforts around the [Maternal Warning Signs](#) (MWS) statewide initiative and online toolkit, will be expanded to [include Perinatal Hypertension Patient Education Guides](#) for blood pressure monitoring in the perinatal period. Guides include a call to action for home blood pressure monitoring, preeclampsia and postpartum preeclampsia overview, guidance on self-measured blood

pressure cuff selection, validated cuff selection, the Preeclampsia Foundation's Check-Know-Share handout, Preeclampsia Foundation's Blood Pressure Monitoring Instructions and Log, and the March of Dimes' Health Action Sheet on Low-Dose Aspirin. These materials will be distributed to all FTI participating facilities to be included (as appropriate) as part of MWS patient discharge education, as well as to all MCH, BaM, TPTCM, PMI, MIECHV, Title X and WIC programs to supplement current MWS education efforts.

To address the KMMRC recommendations for improved care coordination and linkage to services for perinatal persons, especially during the postpartum period, the KPQC and KDHE Title V is helping to build collaborations between FTI facilities and their local Title V services including MCH Universal Home Visiting programs, Title X, WIC, MIECHV, CHW and Doula programs. Kansas is leading the way for establishing and piloting this "new" postpartum model of care. This work will continue through FY25.

In FY25, the KPQC will continue to implement and expand birth equity training using the Kansas Birth Equity Network (KBEN) curriculum. This training includes implicit bias and antiracism training and was developed by University of Kansas. In partnership with Blue Cross Blue Shield of Kansas Healthy Blue Initiatives, KBEN training seats have been purchased and offered to all participating FTI birth facilities and centers. Resources are being developed to encourage policy change in the facilities and to ensure that birth equity training will be continued for all staff. Additionally, in FY25 the KPQC will partner with the Preeclampsia Foundation's [MoMMA's Voices](#) to offer three webinars featuring MoMMA's Voices Patient Family Partners personal stories, the role and responsibility that birth facility staff and healthcare providers play in ensuring birth equity at their facility, and the importance of listening and centering the birthing person at the heart of all healthcare related decisions.

Additional public health campaigns will be implemented targeting causes of deaths found to be "pregnancy-associated, but not related." KPQC/KMMRC will continue to promote and incorporate screening, brief intervention, and referral to treatment (SBIRT) across MCH programming and perinatal service providers. The [SBIRT](#) process will be used as a comprehensive, integrated, public health approach for the early identification and intervention of MCH patients exhibiting health risk behaviors, such as substance use and mental health. Promotional efforts will also include integration of screening and education on IPV, utilizing resources from the [Futures Without Violence](#) Initiative.

Title V, Kansas Connecting Communities (KCC), and KPQC staff will continue to develop a recognition program for Kansas communities who are actively engaged in MWS and FTI initiatives. This recognition program will highlight and celebrate those communities actively engaged in addressing perinatal mental health and substance use, MWS and POST-BIRTH awareness and education, along with other key maternal health initiatives, in both the public health/community (outpatient) and birth facility (in patient) settings.

The KMMRC's work and recommendations continuously guide the KPQC and MCH activities and initiatives. Title V will continue to advocate for policy changes, develop action alerts/bulletins, and identify and develop public and patient education initiatives for statewide implementation in response to data/findings.

Birth Defects Surveillance (BDS): In FY 25, MCH staff will continue verifying core, recommended, external defects, and referrals to internal and external partner groups. At a minimum, all verified core disorders will be referred to internal and external partner groups such as the Kansas Special Health Care Needs, Kansas Early Childhood Developmental Services, March of Dimes, Ronald McDonald House Charities and other specialty healthcare clinics as related/needed for the reported birth defect. These partners will work to engage the families and children affected by birth defects and ensure they have the proper education, outreach, and service navigation to effectively care for themselves and their children.

Education material relevant to core, recommended, and extended birth defects will continue to be created by the Kansas Birth Defects Coordinator in collaboration with the Education and Outreach Coordinator. These materials are not yet ready for distribution to families upon verification of the birth defect via traditional mail but this is the goal for FY25. Current outreach efforts for birth defects will continue to be delivered to subscribers of the Newborn Screening newsletter. Social media campaigns on specific topics such as Birth Defects Awareness Month (BDAM) and World Birth Defects Awareness Day, began in early 2024 and will continue throughout FY25 to include Folic Acid Awareness Week (FAAW) among others with the goal of bringing attention to resources and education provided by the state and other national organizations.

Local MCH Agencies: The following are examples are local MCH grantee agencies plans toward Objective 2.3 during the plan period.

- Community Health Center of Southeast Kansas will screen all perinatal and expectant women for any risk factors that would result in a negative outcome for themselves and/or their newborn to improve the quality of the care we deliver. Bright Futures is the foundation of our pediatric care, and our perinatal, prenatal, obstetrical and post-partum protocols are based on the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians guidelines.
- Delivering Change During will enhance implementation of risk screenings for clients, education about preterm labor, Count the Kicks, and Maternal Warning Signs through continued education, support and collaboration with Stormont Vail Flint Hills, a 4th Trimester Site utilizing the AIM bundle. Beginning with initial enrollment, Delivering Change Navigators/Universal Home Visitor implement risk screenings for each client to assess their ongoing social needs. Delivering Change utilizes the Social Determinants of Health screening to ascertain what clients need, such as housing, food, mental health, insurance, etc., which can all affect a client's prenatal and postpartum health. During pregnancy, Navigators/Universal Home Visitors provide education to clients regarding preterm labor, maternal warning signs and Count the Kicks. Preterm Labor

education is given to each prenatal client along with utilizing the KPCC's tool Preterm Labor magnets. Beginning at 28 weeks, Navigators begin providing direct education about Count the Kicks, encouraging each client to utilize Count the Kicks tools and applications. Maternal Warning Signs education is also provided to clients beginning in pregnancy, providing clients again with KPCC's tool Maternal Warning Signs Magnet. Maternal Warning Sign education is also provided to clients postpartum, ensuring that clients understand the signs and symptoms of Maternal Warning Signs through the first year after childbirth. The post-birth "Mom Card", created by Delivering Change and utilized by Stormont Vail Flint Hills 4th Trimester site, assists postpartum women with recognizing maternal warning signs and their upcoming postpartum appointments, to include breastfeeding appointments with Delivering Change Breastfeeding Clinic. Delivering Change also coordinates with Stormont Vail Flint Hills OB/GYN and Birthplace to screen for PMADs both prenatal and postpartum. These screening results are directly shared with Delivering Change Navigators who follow up with clients to ensure that services are offered and provided.

- Miami County Health Department will continue to provide the Post Birth Warning Signs/Urgent Maternal Warning Signs education to patients enrolled in our Home Visiting Program. We recently started conducting MCH home visits during the patient's scheduled WIC appointment. We created an educational curriculum for our home visits that provides universal education to the patient and family based on what "visit category" they fall in. Each "visit category" has different educational components, but is universal, as it is provided to every individual seen for a home visit during a certain time frame. Patients will be provided with maternal warning sign education during the third trimester visit, and during the newborn/postpartum visit. The MCH Home Visitor will screen patient's for substance use using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), and can provide appropriate referrals based on the patient's results and needs.