

## Women and Maternal Health: Other Women/Maternal Initiatives

### ***Activities During Federal Fiscal Year 2023***

Count the Kicks® (CTK) Stillbirth Prevention Initiative: Title V began the fifth year of formal partnership with Healthy Birth Day to continue the Count the Kicks [\(CTK\) campaign](#) to prevent stillbirth through provider and patient education around monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. CTK educates providers and patients about monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy and teaches mothers the importance contacting their provider right away if they notice a change in patterns. We continue to promote and utilize the KS-specific version of the CTK app with four follow-up questions that connect mothers directly with resources in Kansas (1-800-CHILDREN) based on expressed needs and concerns.

The CTK campaign provided 120 toolkits across the state at no cost to maternal care providers, and provided access to videos and educational materials, including posters, brochures, and magnets in English and Spanish. Toolkits contained low literacy materials and Kick Counting wristbands for individuals who may not have internet/data to access the Count the Kicks App, and were distributed to home visitors, WIC offices, maternal care providers, and faith leaders across the state.

Compared to the previous year, the number of Count the Kicks materials ordered increased by 37%. Count the Kicks fulfilled 182 orders throughout the span of the work, and 38,385 materials in the last year. Kansans completed 776 app downloads and made 10,516 visits to the Count the Kicks website. Additionally, Google Ad displays engaged 15.8K clicks, social media reach engaged 2,217 clicks reaching 71,246 users and making 400,155 impressions.

#### Kansas Baby Save Press Release:

##### **KANSAS MOM USES COUNT THE KICKS, SAVES HER BABY'S LIFE**

LAWRENCE, Kan. --- A simple, free prenatal tool available to expectant parents in Kansas is credited with saving the life of a Lawrence baby. When Lawrence mom Jenna Sheldon-Sherman reached the third trimester of pregnancy with her baby, she began using the Count the Kicks app every day to monitor her baby's well-being. During her 38th week of pregnancy, Jenna noticed a change in baby Sophia's normal movement patterns, which she brought up at her ultrasound appointment.

"They then did a Biophysical Profile (BPP) ultrasound, and the baby failed the practice breathing portion. A non-stress test showed the baby's heart was not fluctuating as much as they would like," Jenna said.

Jenna was admitted to the hospital for monitoring, and while everything looked fine at first, Jenna kept telling her providers that something was wrong because she knew how much her baby normally moved. "They performed another BPP, and the baby again failed the practice breathing portion. Because of the failed BPPs and my insistence that the baby was moving less than usual, they induced me immediately," she said.

Jenna and her doctor credit the Count the Kicks app with helping her be in tune with her body and her baby. "After delivery, the doctor discovered a true knot in her umbilical cord. She said this is likely what caused the decreased movement. I am beyond thankful to the Count the Kicks app for helping me stay

attuned to my baby's movements. I know that my knowledge and advocacy helped to get her here safely," Jenna said.

Because Jenna had a son who was born still in 2021, her provider knew movement monitoring would be an especially important part of her pregnancy with Sophia, which is why Jenna's doctor recommended she use the Count the Kicks app. Count the Kicks helps expectant parents get to know their baby's normal movement patterns in the third trimester of pregnancy and empowers them to speak up if their baby's normal movement ever changes. Regular use of the app is [proven](#) to improve birth outcomes for moms and babies. In addition, 77% of app users report using the app daily helped to decrease their anxiety about the well-being of their baby.

The CDC lists a change in baby's movements as one of its 15 urgent maternal warning signs, and research proves the importance of monitoring fetal movement. The free [Count the Kicks app](#) provides a simple way for expectant parents to track how long it takes their baby to move 10 times each day and rate the strength of their baby's movements. When the strength of movement or the amount of time it takes to get to 10 movements changes, this could be a sign of potential problems and is an indication to call their provider.

The Count the Kicks program is made possible by funds from the Kansas Department of Health and Environment, which launched the program in Kansas in 2018. Through the partnership, maternal health providers, birthing hospitals, social service agencies, childbirth educators and other providers in Kansas can order FREE Count the Kicks educational materials (available at [CountTheKicks.org](#)) to help them have a conversation about getting to know their baby's normal movement patterns in the third trimester of pregnancy.

"The Kansas Department of Health and Environment is committed to improving birth outcomes for families in our state, especially those who have been historically and traditionally marginalized and disproportionately affected by stillbirth," said Secretary Janet Stanek, "We encourage anyone who works with expectant parents to order Count the Kicks educational materials to share with the communities you serve. Through our collective and inclusive efforts, together we can help more families have healthy birth outcomes."

Every year in the U.S. an average of 21,745 babies are stillborn according to the CDC. The CDC also reports an average of 190 babies are stillborn each year in Kansas. Through this collaboration, the organizations hope to reduce the stillbirth rate in Kansas by 30% as they have seen in Iowa, which would save approximately 61 babies in the state each year<sup>1</sup>.

**Black Maternal Health Statewide Interviews:** Title V awarded a contract to Wichita State University to solicit feedback from Black mothers about their pregnancy, delivery, and postpartum experiences to better identify barriers to care and gaps in services to inform policies and programs. The goal of these interviews was to facilitate conversations and record the perspectives of Non-Hispanic Black mothers in Kansas regarding the following:

- Views on importance of overall health and the functionality of the current health care system
- Health priorities and biggest needs
- Availability of health care services for them and their children

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<sup>1</sup> Number based on 5-year average stillbirth rate (201-2021), multiplied by the 32% reduction seen in Iowa. Stillbirth data is from CDC Wonder. Note stillbirth rate is calculated by: Fetal Deaths/Total of Live Births + Fetal Deaths\*1,000.

- Services and supports they feel were lacking during the perinatal period and neonatal periods related to physical health, emotional wellbeing, and mental health
- Barriers faced when seeking whole health services, including prenatal and postpartum care
- Tools they find helpful, or would find helpful, when navigating the health care system

The interviews begin in early summer of 2021 and the final report and subsequent presentation of the findings was to conclude by May 2022. However, because the scope of the project was smaller than anticipated (limited interviews were held in lieu of focus groups due to difficulties in recruitment) Kansas Title V staff was not able to release the report and has instead continued to connect with Black-led maternal health organizations across the state to identify areas for collaboration.

Blood Pressure Monitoring: Based off data from the Kansas Maternal Mortality Review Committee (KMMRC) hypertensive conditions in pregnancy and the postpartum period are a significant contributing factor to maternal morbidity and mortality in Kansas. In response, Title V had planned to collaborate with home visiting and Kansas Perinatal Community Collaboratives across the state to implement a pilot blood pressure cuff project to provide eligible pregnant persons access to blood pressure cuffs to be utilized in the home setting at little to no cost. However, Title V was waiting on the release of the statement on screening for hypertensive disorders of pregnancy from the U.S. Preventive Services Task Force before proceeding. This statement was released in September 2023 and the Title V team will revisit the potential of this project in the coming year.

Maternal Anti-Violence and Information Sharing (MAVIS): KDHE continues work on the federally funded competitive Maternal Anti-Violence Innovation and Sharing (MAVIS) grant with the specific goal to reduce violent maternal deaths (homicide, suicide, poisoning/overdose). This grant funding has supported the Maternal Mortality Review Committee through epidemiology, expert consultation, and state-wide collaborative training. The CDC maternal mortality review process is such that robust case-reviews are somewhat stipulated by pregnancy-relatedness and manner of death. MAVIS funding enables the sub-committee to fully review violent deaths irrespective of the pregnancy-relatedness. The information garnered through the subcommittee has informed ongoing adjustments to programmatic work, including education and awareness on the proliferation of fentanyl, healthy relationships, and social determinants of health. This year, MAVIS funded expert training for community-based professionals and birth-setting based professionals. The recorded trainings that occurred during this grant year will be available on an ongoing basis and CME's/CEU's will be made available for attendees to support sustainability on this important topic. Promotional information is as follows:

- From ACEs to Promoting Positive Experiences: Training for Home Visitors  
Audience: home visitors, social workers, and community health workers only. In

this virtual session, trainer Rebecca Levenson guided attendees through the impact of ACEs on health and introduce new frameworks for mitigating harm. Attendees learned more about the Healthy Outcomes from Positive Experiences (HOPE) framework and how it can be used by home visitors in their work with parents and children.

- Impacts of Intimate Partner Violence (IPV) on Maternal Health and Pregnancy: Training for Birth Centers. Audience: nurses (APRN, RN, LPN), physicians, physician assistants, and other health professionals working with patients in maternal and reproductive health only. In this virtual session, trainer Rebecca Levenson described how intimate partner violence can affect maternal health and pregnancy. Attendees become familiar with new strategies for addressing IPV with patients. The significance of partnership and collaboration on this important topic cannot be understated. Collaboration between multiple programs and grants have provided educational opportunities across the state. Challenges in the critical piece of relationship building between partner organizations independent of MCH facilitation has been difficult. In August of 2023 the Kansas Coalition of Sexual and Domestic Violence hired a MAVIS Coordinator with extensive experience as a birth doula. KDHE is anticipating robust and collaborative work in the upcoming grant year. The MAVIS Coordinator initiated efforts to offer the Future's Without Violence recorded trainings for CME's /CEU's on a recurring basis and in a few short months has been an active participant in taking steps to reduce harm, including the introduction of fentanyl test strips, Narcan and medication lock boxes across the state at advocacy shelters.

Maternal Health Innovation Grant: In FFY23, the Maternal Health Innovation Grant funding opportunity was released. Interested in increasing work and capacity in this area of maternal health, Kansas Title V took leadership on applying for this opportunity. Building on existing partnerships and the work of the Kansas Maternal Mortality Review Committee (KMMRC) and Kansas Perinatal Quality Collaborative (KPQC), the Title V Team proposed the following goals:

- By Sept. 29, 2024, the Maternal Health Task Force (MHTF) will have developed a draft strategic plan to improve maternal health, including addressing identified health disparities and other gaps and incorporating activities outlined in the State Title V needs assessment.
- By September 29, 2024, annual maternal health data will be used to report on and implement culturally and linguistically appropriate and innovative approaches to address identified needs and disparities.
- By September 29, 2024, an annual report will be submitted to HRSA that documents and reports on maternal health indicators and outcomes disaggregated by maternal race/ethnicity, age, level of education, health insurance coverage, and geographic location (urban/rural).
- By September 29, 2025, the established MHTF will update and finalize the Maternal Health Strategic Plan by increasing the number of actionable recommendations based on state-level maternal health data and will submit a final strategic plan to HRSA.

- By September 29, 2028, the number of innovative approaches for replication and scale-up to improve maternal health will be increased.
- By September 29, 2028, innovations focused on addressing existing maternal health disparities within the state will be evaluated and supported.

Proposed grant activities included surveys, strategic planning, training, education, and outreach for providers and partners on the continuum of maternal health services, family engagement, and other activities deemed necessary by data from the KMMRC reviews and review of SMM data. These activities were proposed to be identified and lead by the KS MHTF with partnership from the KMMRC and Kansas Title V. Kansas received a notice of award for this grant and has begun the process of launching these activities.

### ***Plans for Federal Fiscal Year 2025***

Count the Kicks® (CTK) Stillbirth Prevention Initiative: Title V will continue its partnership with Healthy Birth Day to support the [CTK campaign](#) to prevent stillbirth through provider and patient education around monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. CTK education and resources will continue to be provided across the state at no cost to providers and community partners, who will have full access to videos and educational materials (including posters, brochures, and appointment cards in English and Spanish). Kansas Title V plans to build on the momentum of the CTK campaign through social media and sharing data and information with the MCH network. Planned initiatives include:

**Digital Education and Outreach**: Using Google Display ads and geofenced social media campaigns, CTK will encourage expectant parents in Kansas to download the CTK app and continue fetal movement monitoring conversations with their providers. Ads and Campaigns will raise awareness of special interest topics such as syphilis infection prevention and counting with multiples.

**Stillbirth Awareness Month**: Title V will encourage local MCH agencies to spread awareness in their communities and encourage moms to count kicks.

**Kansas CTK Mobile App**: A KS-specific version of the app with four follow-up questions that connect mothers directly with resources in Kansas based on expressed needs and concerns was developed and launched in 2022. Data from this app will continue to be collected and evaluated throughout FY25, and adjustments will be made as deemed necessary.

**CTK Wristbands**: Following the success of the wristband initiation with Home Visiting teams in 2023, Title V is building upon that effort by making the wristbands widely available to interested providers. A letter campaign will introduce the wristbands to clinics and hospitals, and bundles of wristbands will be placed on the CTK KS website for ordering.

Finally, CTK will host one educational webinar for all grantees during the grant year.

Maternal Anti-Violence and Information Sharing (MAVIS): MAVIS is a five-year cooperative agreement between KDHE and OASH/Office on Women's Health to develop, implement, and sustain interventions to reduce maternal deaths due to violence, specifically homicide and suicide. Between 2016-2018 the second and third leading causes of pregnancy-associated but not related deaths in Kansas were homicide and poisoning/overdose. Substance use disorder and/or mental health contributed to more than half of the deaths. MAVIS initiatives help address the urgent matter of maternal mortality through collaborative efforts to cross-train and educate providers across the state on perinatal mood and anxiety disorders, domestic violence, and substance use disorders. Partners in this initiative include the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), the Kansas Perinatal Quality Collaborative (KPQC), and the Kansas Maternal Mortality Review Committee (KMMRC). Plans for the upcoming year include expanding training for interpersonal violence education and awareness to doulas and community health workers across the state, continued training and TA for providers, and data review and analysis based on KMMRC decision points and recommendations brought about by Social Determinants of Health determination tool.

Alliance for Innovation on Maternal (AIM) Health Capacity Award: In September 2023, KDHE was awarded a 4-year funding opportunity from the Health Resources and Services Administration (HRSA) for the implementation of the Alliance for Innovation on Maternal (AIM) Health patient safety bundles.

The AIM program is a national, cross-sector commitment designed to lead in the identification, development, implementation, and dissemination of maternal (patient) safety bundles for the promotion of safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and SMM rates within the United States. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care.

Through AIM Capacity funding Kansas will increase the number of hospitals, and other birthing facility settings implementing patient safety bundles; increase the number of bundles being implemented and/or sustained by birthing facilities; support the fidelity of bundle delivery; and promote effective data collection and reporting.

Kansas formally enrolled as an AIM state in October of 2021 and have been implementing the Postpartum Discharge Transition (PPDT) patient safety bundle, in Kansas known as the Fourth Trimester Initiative (FTI). In FY25, Kansas plans to complete implementation of the PPDT bundle, and to select a new AIM bundle for implementation. Bundle selection will be made by the KPQC Advisory Committee based on maternal health data from the KMMRC, PRAMS, other state level maternal health data sources and MHI MHTF recommendations.

State Maternal Health Innovation: In September 2023, KDHE was awarded a 5-year State Maternal Health Innovation (MHI) grant through the Health Resources and Services Administration (HRSA). The purpose of the MHI grant is to reduce maternal mortality and severe maternal morbidity (SMM) by supporting state-led demonstrations focused on improving maternal health and addressing maternal health disparities through quality services, a skilled workforce, enhanced data quality and capacity, and innovative programming. The MHI work will engage public health professionals, providers, payers, and consumers by developing and convening a state-led Maternal Health Task Force (MHTF). The MHTF will review state-specific maternal health data and then implement innovations to improve health outcomes, develop state-specific plans that will guide maternal health efforts, and enhance measurement of maternal health outcomes.

To ensure alignment and to avoid duplication of maternal health related efforts, the Maternal and Perinatal Initiatives Consultant, who coordinates the KMMRC and KPQC (including the AIM Capacity Award), will help to supervise the MHI Program Coordinator.

In FY25, KDHE will develop a MHTF and create a draft strategic plan, integrating health equity into evaluation plans. KDHE initiated with the Office of Vital Statistics linking birth certificates (mothers) with Medicaid claims and delivery hospital discharge records for 2017-2022 to support the AIM state surveillance measures – specifically the readmission data and the postpartum appointment. Additionally, the linked data will be used to explore/quantify potentially preventable SMM.

### **Universal NPM: Postpartum Visit**

*A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components.*

Fourth Trimester Initiative (FTI): All FTI enrolled facilities schedule a postpartum appointment for the birthing person prior to discharge from the FTI facility. This will continue throughout FY25. Title V staff will work to identify ways that follow through on the postpartum visit could be tracked to help support its work on the universal NPM of postpartum visit. Through these efforts, Title V intends to identify potential best practices that could be expanded to grantees and other MCH partners throughout the state.

Planning Year: Beyond the current work around postpartum visit occurring at FTI sites, the Title V team will review current data on attendance at the postpartum visit to understand where the state is currently at. Additionally, the Title V Needs Assessment will be utilized to understand the potential barriers to attending the postpartum visit. A thorough review of this information will be used to help the Title V team determine plans for future years.