

Maternal Mortality Initiatives

Objective 1.2—By 2030, reduce the number of pregnancy-related deaths from 18 per 100,000 live births to 14.

Doula Trainings: As of July 2024, doula services are reimbursed through KanCare and will allow a greater number of communities to receive the socioemotional support that doulas provide during pregnancy through the postpartum period. Doulas play an important role in reducing the risk of maternal mortality by offering a high level of support, particularly when it comes to patient advocacy and navigating the relationship with other providers in the clinical setting to achieve better birth outcomes. Through funding from the Maternal Health Innovation program, two community-based organizations that provide doula trainings will be scaling up their work to reach a wider population and to support the training and credentialing of doulas. In partnerships with the Kansas Doula Alliance and the Academy of Childbirth Educators and Doulas, community members will be recruited, trained, and then offered a period of mentorship after their training is complete. These two organizations focus particularly on recruitment of individuals from rural communities and other priority populations (populations that are more disproportionately impacted by maternal mortality).

Severe Hypertension in Pregnancy AIM bundle: According to KMMRC data from 2016-2022, cardiovascular conditions, including HDP, were the leading cause of pregnancy-related death in Kansas. To address this, in January 2025, the Kansas Perinatal Quality Collaborative (KPQC) in partnership with KDHE launched the *Severe Hypertension in Pregnancy* patient safety bundle and began enrolling Kansas hospitals. See the P/I report for details on the Severe Hypertension in Pregnancy AIM bundle.

In collaboration, P/I Consultant efforts will continue to focus on supporting this work in the public health / community setting, by furthering the development of resources to be included in the PHTN Provider/Patient Education Guide and associated toolkit, as well as supporting implementation of the Kansas Cuff Kit Project. (See P/I Plan for more details)

Quality Improvement Framework Exploration: The Title V team will explore and assess multiple quality improvement frameworks aimed at addressing the core drivers of maternal mortality in Kansas. This includes evaluating the feasibility and fit of the International Childbirth Initiative (ICI), TeamBirth, and MoreOB models. Activities will include engaging key stakeholders, assessing system readiness, identifying potential pilot sites, and co-developing implementation strategies. Emphasis will be placed on models which strengthen teamwork and communication, standardize safe practices, and promote high-quality, patient-centered care across maternity settings, with the goal of informing a sustainable, data-driven approach to improving maternal outcomes statewide.

BFH Community Advisory Council: KDHE BFH will explore the feasibility of an external community committee which would provide input and feedback to a variety of programs within BFH (Title V, Title X, etc.). This external committee has been championed by Community Based Organizations (CBO) in the state for several years. The CBOs champions have offered to help KDHE recruit individuals with lived experience to participate on this committee.

CUES/Maternal Anti-Violence Innovation and Sharing (MAVIS): The MAVIS Project is a federally funded initiative designed to reduce maternal deaths due to suicide and homicide by strengthening perinatal behavioral health and intimate partner violence (IPV) prevention and response systems across Kansas. While MAVIS is supported through federal grant funding from the Office of Women's Health, it is implemented through the existing infrastructure of the Title V

Maternal and Child Health program. Utilizing Kansas' Title V systems—including the Kansas Perinatal Quality Collaborative (KPQC), Kansas Connecting Communities (KCC), and Kansas Perinatal Community Collaboratives (KPCC)—MAVIS activities focus on provider training, cross-sector collaboration, and the development of referral pathways to integrate IPV and behavioral health services into perinatal care. This alignment ensures sustainability, maximizes resource efficiency, and embeds MAVIS efforts into ongoing state-led maternal health quality improvement initiatives.