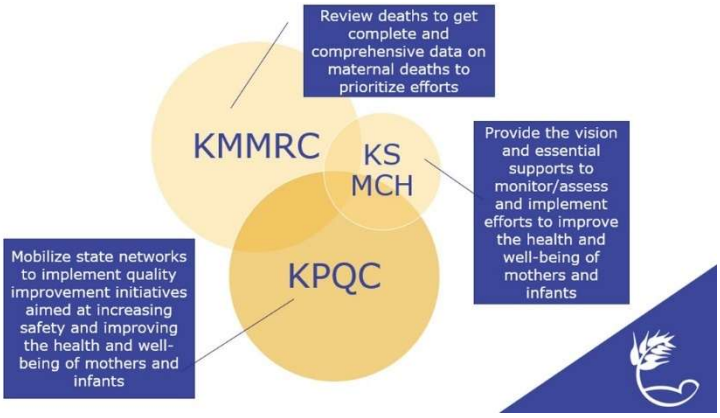
**Kansas Perinatal Quality Collaborative Initiatives**

*Objective 2.3— Maintain 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 2030.*

*Role of State MMRCs and 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.

- 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), American College of Nurse Midwives (ACNM), Association of Women's Health and Neonatal Nurses, 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:* According to Kansas Maternal Mortality Review Committee (KMMRC) data, from 2016-2022 there were 153 pregnancy-associated deaths, which translated to a pregnancy-associated mortality ratio (PAMR) of 59 deaths per every 100,000 live births occurring in Kansas. 69.9% of pregnancy-associated deaths occurred

during the postpartum period. The leading causes of death were motor vehicle crashes, followed by cardiovascular conditions (including hypertensive disorders of pregnancy), mental health conditions (including those contributing to suicide), homicide, and unintentional poisoning/overdose. Over one fourth (27.7%) were caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose.

Based on KMMRC recommendations for improved care coordination and linkage to services for perinatal persons, especially during the postpartum period, Kansas formally enrolled as an AIM state in October of 2021 and implemented the Postpartum Discharge Transition (PPDT) patient safety bundle, in Kansas known as the Fourth Trimester Initiative (FTI). The FTI focused on quality care and provider communication and collaboration related to the transition from pregnancy through the postpartum period including chronic disease management and referral, behavioral health (including mental health and substance use disorder) screening and referral, breastfeeding, health equity, care coordination and access to care. In December 2024, Kansas moved from the implementation phase of the FTI to sustainment.

As discussion about what AIM bundle Kansas should implement next, the KPQC Advisory Committee made an intentional decision to enroll not only birth facilities, but to engage and partner with all hospitals across the state- especially those rural and critical access facilities that may not offer labor and delivery services but do serve pregnant and postpartum women through their emergency departments and outpatient clinics.

Cardiac conditions, including hypertensive disorders in pregnancy, are the leading cause of pregnancy-related death, and the second leading cause of all pregnancy-associated deaths in Kansas. In response, the KPQC began implementation of the Severe Hypertension in Pregnancy patient safety bundle in January 2025. For more detail see the AIM Capacity Award.

Additional public health campaigns will continue to 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 CUES Initiative. For more information see the Women/Maternal Plan.

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.

*Community-Based Education and Engagement Through BaM and KPCC*: As the Becoming a Mom® (BaM) program, implemented through the Kansas Perinatal Community Collaborative (KPCC) model, has provided a strong, integrated framework for community outreach and engagement over the past ten years, the plan is to continue to support, strengthen and expand both the program and the model in FFY26. Via this investment, there will be a continued focus on increasing community awareness of maternal health risks—including chronic conditions, behavioral health, pregnancy intention, and interpersonal violence—along with many other maternal and infant health topics that remain a priority.

The BaM program provides a standardized yet adaptable prenatal education curriculum that can be tailored to address specific maternal health risk topics. While continuing to strengthen education on chronic disease management, mental health, healthy pregnancy planning, and recognizing and addressing interpersonal violence in BaM sessions, communities can ensure participants receive timely, relevant, and potentially life-saving information. Because the BaM curriculum is designed to be culturally responsive and linguistically accessible, it is well-positioned to meet the needs of diverse communities across Kansas. Sessions will continue to be delivered in both in-person and virtual formats to increase accessibility and engagement, with numerous enhancements planned for FFY26. One of these enhancements includes completion of the Curriculum Adaptation Health Equity Opportunity Project that was started in FFY25, making the curriculum more accessible to low-literacy and English language learners. Below is a snapshot of the transpiring of the curriculum from its original narrative format to the new, highly graphic based format.


BECOMING A MOM: SESSION 1, HANDOUT 1

STAYING HEALTHY DURING PREGNANCY

✓ Go to all of your prenatal care checkups, even if you feel fine.

Prenatal care is health care you get during pregnancy. At each visit your health care providers check on you and your growing baby. Your prenatal care team may include a doctor, nurse practitioner, nurse, physician assistant, midwife, social worker, nutritionist, doula, childbirth educator and home visitor.

One of the most important things you can do at your prenatal care checkups is to share your questions and concerns with your health care providers. Concerns may range from physical discomforts (back pain, feeling tired, etc.) to stresses in your life including depression, abusive relationships or exposure to toxic chemicals at work.

Be sure to write down your questions and before your prenatal visit so you don't forget. Your prenatal care team wants to help you feel well during pregnancy and have a healthy baby. Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time they need in the womb to grow and develop.

✓ Don't use tobacco, drink alcohol, use marijuana or other drugs or herbal products not prescribed by your provider.

These substances can harm your baby's developing brain. If you need help to quit, tell your provider. Also stay away from secondhand smoke. This is smoke from someone else's cigarette, vaping pen, cigar or pipe.

✓ Tell your provider about any medicine you take.

This includes prescription and over-the-counter (OTC) medicine, herbal products and supplements. Don't take any medicine without talking to your provider first. Not all medicines are safe to take during pregnancy. You may need to change to a medicine that's safer for you and your baby. When you're taking any medicine:

- Don't take more than your provider says to take.
- Don't take it with alcohol or other drugs.
- Don't use someone else's medicine.

If you're taking a medicine for a health care condition like seizures or high blood pressure, call your provider as soon as you learn you're pregnant. This way, you and your provider can decide if there's a safer drug to use during pregnancy. Don't stop taking a prescription medicine without talking to your health care provider first. If your provider has approved a prescription medicine for you to take during pregnancy and you wish to be part of a related research study about the safety of medicine during pregnancy, talk to your provider or visit mothertobaby.org to learn more.

WATCH AND LEARN
Watch videos on how to have a healthy pregnancy at marchofdimes.org/videos

HEALTHY MOMS. STRONG BABIES.

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2024 Becoming a Mom® Adapted Version: Session 1, Handout 1

Staying Healthy During Pregnancy

Go to all prenatal care checkups, even if you feel fine.
- Monitors the health of you and your baby.
- Important to ask questions and share your concerns.

Don't use tobacco, drink alcohol, use marijuana or other drugs or herbal products not prescribed by your doctor.
- Harms your baby's developing brain.
- Even second-hand smoke can harm your baby.

Tell your doctor about all medicines you take.
- Includes prescription and over-the-counter medicine, herbal products and supplements.
- Don't stop taking a prescription medicine without talking to your doctor first.

Daily: Take a prenatal vitamin with 600 micrograms of folic acid.
- When taken before and during early pregnancy, it can prevent major birth defects of the brain and spine.
- Hard to get enough from foods alone.

PRENATAL VITAMINS

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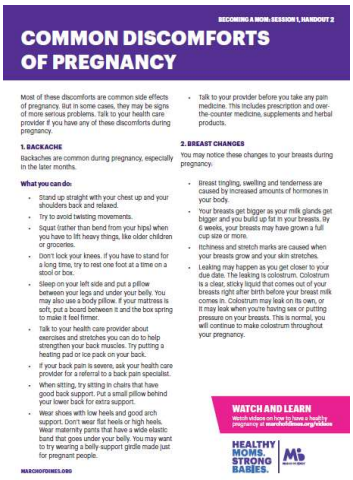
BECOMING A MOM: SESSION 1, HANDOUT 2

COMMON DISCOMFORTS OF PREGNANCY

Most of these discomforts are common side effects of pregnancy. But in some cases, they may be signs of more serious problems. Talk to your health care provider if you have any of these discomforts during pregnancy.

1. BACKACHE

Backaches are common during pregnancy, especially in the later months.

What you can do:
- Stand up straight with your chest up and your shoulders back and relaxed.
- Try to avoid twisting movements.
- Squat (rather than bend from your hips) when you have to lift heavy things, like older children or groceries.
- Don't lock your knees. If you have to stand for a long time, try to rest one foot at a time on a stool or box.
- Sleep on your left side and put a pillow between your legs and under your belly. You may also use a body pillow. If your mattress is soft, put a board between it and the box spring to make it feel firmer.
- Talk to your health care provider about exercises and stretches you can do to help strengthen your back muscles. Try putting a heating pad or ice pack on your back.
- If your back pain is severe, ask your health care provider for a referral to a back pain specialist.
- When sitting, try sitting in chairs that have good back support. Put a small pillow behind your lower back for extra support.
- Wear shoes with low heels and good arch support. Don't wear flat heels or high heels. Wear maternity pants that have a wide elastic band that goes under your belly. You may want to try wearing a belly-support girdle made just for pregnant people.
- Talk to your provider before you take any pain medicine. This includes prescription and over-the-counter medicine, supplements and herbal products.

2. BREAST CHANGES

You may notice these changes to your breasts during pregnancy.
- Breast tingling, swelling and tenderness are caused by increased amounts of hormones in your body.
- Your breasts get bigger as your milk glands get bigger and you build up fat in your breasts. By 6 weeks, your breasts may have grown a full cup size or more.
- Itchiness and stretch marks are caused when your breasts grow and your skin stretches.
- Leaking may happen as you get closer to your due date. The leaking is colostrum. Colostrum is a clear, sticky liquid that comes out of your breasts right after birth before your breast milk comes in. Colostrum may leak on its own, or it may leak when you're having sex or putting pressure on your breasts. This is normal, you will continue to make colostrum throughout your pregnancy.

WATCH AND LEARN
Watch videos on how to have a healthy pregnancy at marchofdimes.org/videos

HEALTHY MOMS. STRONG BABIES.

MARCHOFDIMES.ORG


2024 Becoming a Mom® Adapted Version: Session 1, Handout 2

Common Discomforts of Pregnancy

1. Backache

Common during pregnancy, (especially late pregnancy).

What Can You Do?

Sleep on your left side, put a pillow between your legs and under your belly, use a firm mattress.

Discuss stretches and exercises you can do with your provider.

Wear comfortable shoes with good support.

Stand up straight.

Squat to lift heavy objects, like children or groceries.

2. Breast Changes

- Breast tingling, swelling, tenderness.
- Breasts get bigger as milk glands grow.
- Itchiness and stretch marks.
- Leaking (closer to due date).

What Can You Do?

Use lotion for itching, talk to your provider about what kind to use.

Tell your provider if you have had breast surgery or implants.

Use breast pads in your bra if leaking colostrum.

Wear a support or maternity bra with wide straps.

If breast soreness won't go away or is severe, call your provider.

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In FFY26, this adapted curriculum will be field tested by local communities to gather participant input for the finalized version which will then be translated and printed in both English and

Spanish. The primarily graphic-based curriculum is expected to be more easily translatable into multiple other languages needed in growing communities across the state. While this project is coordinated by the Clinical P/I Consultant and BaM Program Manager who are funded by Title V, costs of out-sourced graphic design and translation are being supported through Maternal Health Innovation grant funding. This blended funding approach leverages the strengths of both sources, creating a synergistic impact that enhances the project's reach, quality, and sustainability.

The KPCC model enhances the reach and impact of BaM by embedding the program within a collective impact framework that unites healthcare providers, local public health agencies, community-based organizations, faith-based groups, and other partners. This collaborative approach ensures that outreach is grounded in local context and informed by community needs. Through KPCCs, local Maternal and Child Health (MCH) programs can lead tailored engagement efforts, supported by shared community data, cross-sector partnerships, and coordinated strategies. By building strong, trust-based relationships with community partners, KPCCs help amplify maternal health messaging and extend the reach of educational and support resources.

State-level collaboration with the KPQC and KMMRC plays a critical role in aligning local efforts with broader maternal health initiatives. Consistent, coordinated messaging at the state level helps reinforce key messages shared across the in-patient and out-patient clinical sectors as well across public health and other community-based organizations. Educational materials developed with state-level guidance can be distributed via community channels, including clinics, social media, and partner organizations, ensuring messages are clear and consistent, as well as far-reaching and locally relevant.

Robust evaluation mechanisms will continue to be embedded in the BaM program, while evaluation efforts will be explored that focus on the KPCC model and its impact. KPCCs will be supported to encourage local partners to collect and analyze community level data impacting infant and maternal health outcomes, to monitor progress and inform continuous improvement. By leveraging the strengths of both BaM and KPCC, and aligning with state and local partners, this strategy offers a comprehensive, community-driven approach to increasing awareness of maternal health risks and supporting healthier pregnancies and births across Kansas.

*Expanding KPCC to Advance Perinatal Health Awareness*: To advance the Title V objective of increasing community awareness of maternal and perinatal health risks—including chronic conditions, behavioral health, pregnancy intention, and interpersonal violence—Kansas is leveraging a powerful and innovative approach that blends Title V-supported state-level infrastructure with Maternal Health Innovation (MHI) funding to expand regional capacity for the KPCC model.

At the core of this effort, state-level Title V P/I Consultant staff provide strategic guidance, technical assistance, and coordination to sustain and advance the KPCC framework. These positions ensure consistency, fidelity, and alignment with broader maternal and child health goals. However, to truly scale and spread this model, local capacity is essential. The recent MHI-funded proposal will enable the hiring of eight Regional KPCC Coordinators across the state in SFY26. These positions will be strategically placed to build and sustain the local infrastructure needed to implement KPCC principles, expand stakeholder engagement, and deliver culturally responsive maternal health initiatives.

By combining Title V leadership with MHI-funded local implementation, Kansas is creating a sustainable, distributed infrastructure that can drive innovation in maternal health outreach and engagement. This blended funding model supports locally tailored strategies led by Regional Coordinators who convene coalitions, apply local data, build referral pathways, and partner with clinical providers, employers, and faith-based organizations. These Coordinators will expand access to resources like the BaM program, Maternal Warning Signs (MWS) initiative, Perinatal Hypertension (PHTN) toolkit and CUES intervention, while also integrating other relevant perinatal interventions to address locally identified risks and disparities.

This innovative, dual-investment strategy represents a scalable, high-impact model. It enables a stronger synergy between state and local action—ensuring that evidence-based programs and equity-driven outreach are embedded at the community level, while remaining aligned with state priorities. The result is a more resilient and coordinated maternal/perinatal health infrastructure that not only increases awareness of maternal health risks but also builds the foundation for sustained impact across Kansas.

*Alliance for Innovation on Maternal Health (AIM) 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 the 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.

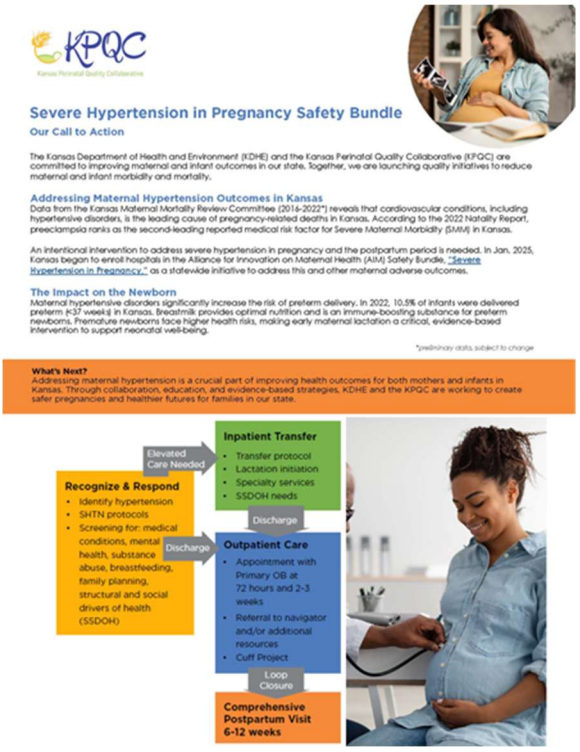
Based on KMMRC recommendations for improved care coordination and linkage to services for perinatal persons, especially during the postpartum period, Kansas formally enrolled as an AIM state in October of 2021 and implemented the Postpartum Discharge Transition (PPDT) patient safety bundle, in Kansas known as the Fourth Trimester Initiative (FTI). The FTI focused on quality care and provider communication and collaboration related to the transition from pregnancy through the postpartum period including chronic disease management and referral, behavioral health (including mental health and substance use disorder) screening and referral, breastfeeding, health equity, care coordination and access to care. In December 2024, Kansas moved from the implementation phase of the FTI to sustainment.

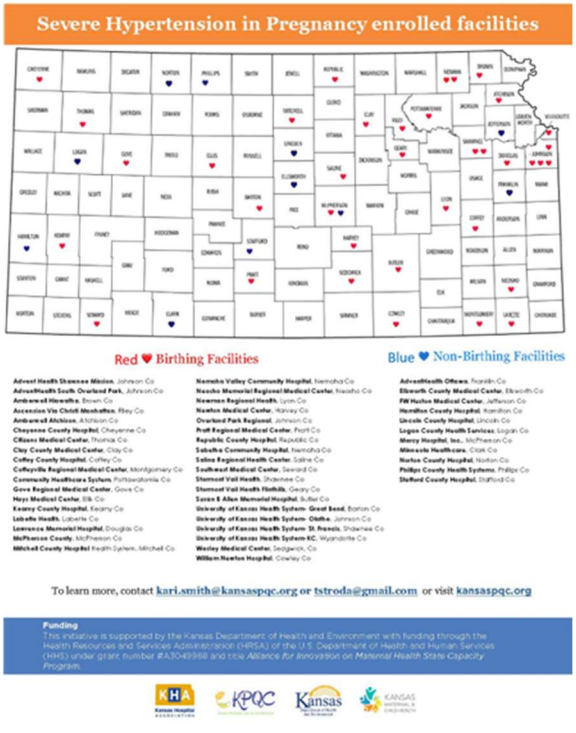
As discussion and planning about what AIM bundle Kansas should implement next, the KPQC Advisory Committee made an intentional decision to enroll not only birth facilities, but to engage and partner with all hospitals across the state- especially those rural and critical access facilities that may not deliver babies but do serve pregnant and postpartum women through their emergency departments and outpatient clinics. Additionally, the KPQC Advisory Committee desired to include an infant health focused component as well.

During the summer of 2024, the Kansas Perinatal Quality Collaborative (KPQC) in partnership with the Kansas Hospital Association (KHA) disseminated a survey to all current AIM enrolled birth facilities, birth facilities not currently enrolled in the AIM bundle, and to all critical access and rural hospitals (that are not birthing facilities) to gather input on the next AIM bundle. Responders were able to prioritize 4 patient safety bundles- Hypertension, Sepsis, Mental Health, and Substance Use Disorder- in order from the most pressing need to the least. Based on the data gathered from all of the facilities, Hypertension followed by Sepsis were the top bundles identified by hospitals across the state.

Survey results were provided to the KPQC Advisory Committee along with the most recent KMMRC data and vital statistics data for review and input. According to KMMRC data from 2016-2022, cardiovascular conditions, including hypertensive disorders of pregnancy, were the leading cause of pregnancy-related death in Kansas. Additionally, in 2022, 10.5% of infants were delivered preterm (<37 weeks) in Kansas. Recognizing that maternal hypertensive disorders significantly increase the risk of preterm delivery and premature newborns face higher health risks, early maternal lactation is a critical, evidence-based intervention to support neonatal well-being.

In January 2025, the KPQC launched the *Severe Hypertension in Pregnancy* patient safety bundle and began enrolling Kansas hospitals. As of March 31, 2025, 38 birthing hospitals and 12 non-birthing hospitals are enrolled.

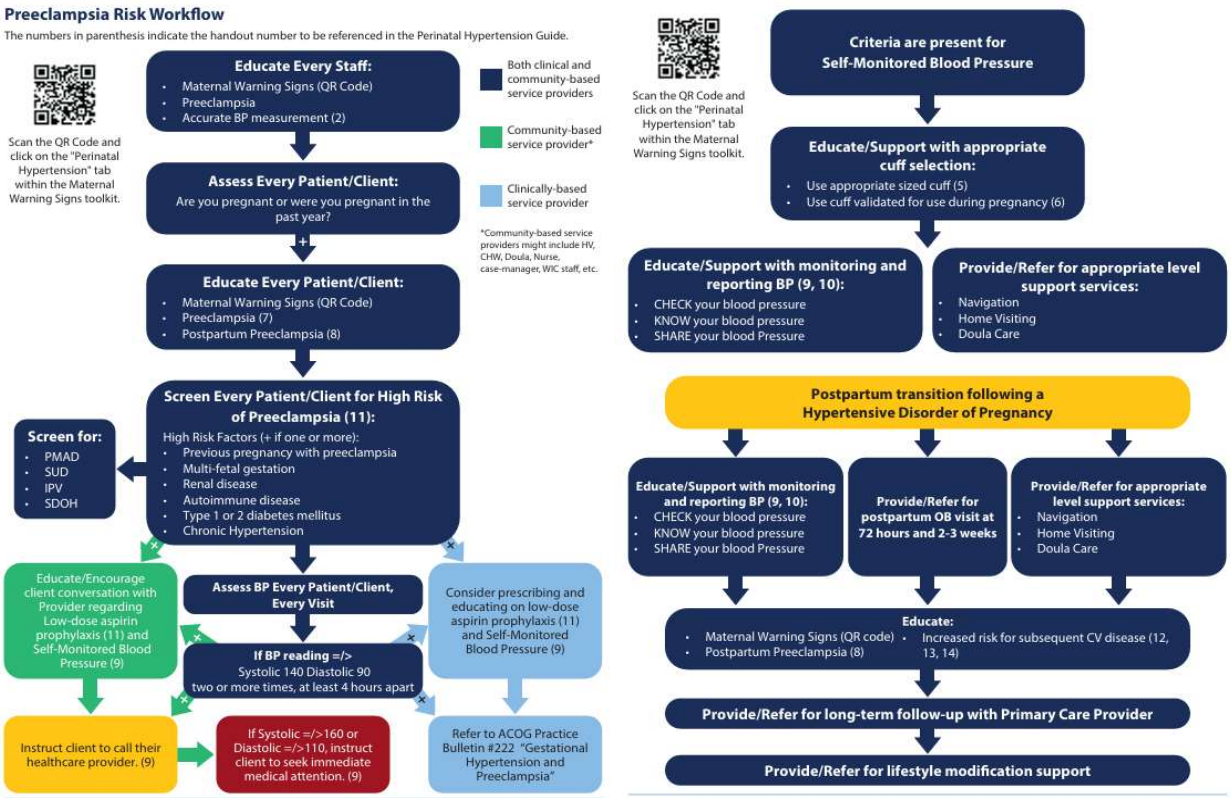



Throughout 2025 and 2026, enrolled hospitals will ensure that all service lines- emergency department, outpatient clinics, labor and delivery- have implemented screening of all child-bearing age women for current or recent pregnancy status (within the past year), are accurately measuring blood pressures in the perinatal population, and are using accurate definitions of hypertensive disorders for diagnosis. Additionally, hospitals will review and update/or

implement evidence-based protocols for the treatment of hypertensive disorders in the perinatal population, participate in obstetric simulations, collaborate with emergency services around education and maternal transport, and work with community partners to improve care coordination and collaboration.

In collaboration, Title V 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. Plans are in the works to disseminate these laminated education guides in the fall of 2025, with the launch of the Kansas Cuff Kit Project. While much of this project will be supported by Maternal Health Innovation funds, it is through the collaboration with Title V supported staff positions at both the state and local level, that will enable the scale and spread of this project through engagement across the community setting. Educational resources will be integrated into existing Title V supported programs such as HV, BaM/Cb prenatal education, Part C, and through partnerships with WIC and the state's Doula and midwife networks. One component of this education will be focused on raising awareness of the risks, signs and symptoms of preeclampsia and other hypertensive disorders of pregnancy (HDP) and the postpartum period, as well as increasing awareness of the increased risk of subsequent cardiovascular disease for those who have had a HDP. Additionally, there will be focus on educating providers across all settings on their role in screening and addressing risks related to HDP, as one of the leading causes of maternal morbidity and mortality in our state. Promotion of self-monitoring of blood pressure and daily low-dose aspirin use (as indicated) are included in these education efforts. See the below "Preeclampsia Risk Workflow" that has been created and added to the guide that will be disseminated this fall.



*POST BIRTH Education*: According to KMMRC data, over 50% of all pregnancy-associated deaths in Kansas occur during the postpartum period. Further, the KMMRC identified that some of these deaths could have been prevented had the woman, and/or her support persons, received education about maternal warning signs and known the appropriate action to take should they experience them.
In 2021, as part of the state-wide *Maternal Warning Signs Initiative,* Title V invested in Association for Women's Health and Neonatal Nurses (AWHONN) POST BIRTH education training seats for all FTI/AIM enrolled birth facilities; and local Title V, BaM, Title X, MIECHV, and WIC programs. POST BIRTH training seats highlights the importance of educating pregnant/postpartum women, and their support persons, on maternal warnings signs and the appropriate action in response at every touch point throughout the perinatal period.

Recognizing the continuous need for training and education due to staff attrition and turnover, and leveraging HRSA AIM funding, POST BIRTH training seats and resources will continue to be provided to all birthing, and non-birthing hospitals enrolled in the Severe Hypertension in Pregnancy AIM bundle; and to all local Title V, BaM, Title X, MIECHV, and WIC programs during FY26.

*Cuff Project*: Maternal mortality remains a critical public health concern in the United States, with cardiovascular conditions, particularly hypertensive disorders, being significant contributors. Kansas reflects these national trends, highlighting an urgent need for targeted interventions. In Kansas, the Maternal Mortality Review Committee (MMRC) reported that cardiovascular conditions, including hypertensive disorders, were among the leading causes of maternal mortality in recent years.

A pilot home blood pressure monitoring program is currently in the planning phase with implementation slated for the fall of 2025. This project will align with national and state maternal health goals by enhancing early detection and management, reducing disparities, and contributing to Kansas MMRC recommendations. Pilot communities will be identified and selected based on having a hospital participating in the Severe Hypertension in Pregnancy AIM patient safety bundle, a strong Title V program, and has been identified through hospital discharge data as having higher rates of preeclampsia/hypertension compared with other communities. The pilot will focus on both urban and rural populations.

KDHE will leverage HRSA AIM and MHI funding to partner with the Preeclampsia Foundation to provide the Cuff Kit: pregnancy-validated blood pressure monitor for home monitoring, blood pressure tracking log, and awareness and educational materials. Home blood pressure monitoring has been shown to improve the detection and management of hypertension during and after pregnancy. It empowers patients, facilitates earlier interventions, and reduces reliance on clinic visits, addressing barriers like transportation and healthcare access disparities.

The Perinatal Hypertension education components outlined above will be delivered through the AIM enrolled facilities and all Title V, Title X, MIECHV, WIC programs. Simultaneously, the KPQC and Title V are working with the Medicaid Medical Director and Managed Care Organizations (MCO) to better streamline access to automatic blood pressure monitors which are a covered benefit.

*OB Simulations*: In order to address barriers to healthcare in the more rural parts of the state, MHI will support a collaborative project between RMOMS, the KU Care Collaborative, and leaders representing midwifery in Kansas. The KU Care Collaborative are doing obstetric simulations and are looking for the opportunity to scale up, as additional facilities have

expressed interest, and they do not currently have the capacity or staff to provide simulations to all interested facilities. Additionally, RMOMS has developed an immersion training program and stenography training for providers and EMS. Leveraging funding from MHI, there is an opportunity to hire additional staff which would allow the trainings to be cross-referenced and offered at a greater number of hospitals (additional non-birthing facilities and critical access hospitals) so that they have the tools that they need to be successful during any precipitous deliveries.