



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)

Breastfeeding Initiatives

Objective 2.1: Promote and support cross-sector breastfeeding policies, practices, and environments to increase exclusive breastfeeding rates at 6 months.

Kansas Breastfeeding Infrastructure: According to the National Immunization Survey Breastfeeding Data for children born in 2021, Kansas' breastfeeding initiation rates were at 86.4%, which exceeds the national average of 84.1%. Exclusive breastfeeding rates in Kansas at three and six months increased to 57.5% at 3 months and 36.1%, respectively. Kansas now ranks fifth in the nation for rates of infants exclusively breastfeeding at 6 months, a significant increase from 42nd in the previous year. However, Kansas's breastfeeding duration and exclusivity rates are still below the Healthy People 2030 goals.

Continued investment and support for a cross-sector approach to increasing access to culturally affirming breastfeeding education, support, and practices are essential to improving the health and prosperity of all Kansans. Collaboration with local and state partners such as the [Kansas Breastfeeding Coalition](#) (KBC) and Kansas Perinatal Community Collaborative sites have strengthened the impact of policies, systems, and environmental changes initiated to create a statewide culture of support for breastfeeding. Kansas has also continued its commitment to addressing racial and ethnic disparities, and incorporating behavioral health considerations into the promotion, protection, and support of breastfeeding.

The KBC continues to nurture a strong relationship with Title V to maintain effective and sustainable initiatives such as the [Kansas Business Case for Breastfeeding and the Breastfeeding Welcome Here](#) program. The KBC strives to use an [equity lens](#) to inform and guide their external work and also an “equity mirror” to examine internal structures, culture, and policies which aligns with Title V’s mission to support optimal breastfeeding practices among Black families. Several strategies have been deployed by the KBC to make progress towards this goal in FY2024:

- Increasing access to lactation support by African American providers such as breastfeeding peer counselors, doulas, International Board-Certified Lactation Consultants (IBCLC), and mid-level lactation providers that represent high-risk populations to provide culturally congruent support for women of color to initiate and maintain breastfeeding. Eight educational stipends funded by the United Methodist Health Ministry Fund (UMHMF) were awarded to individuals who self-identified as Black (4), Hispanic (3), and multiracial (1) to support the achievement of mid-level or higher lactation credentials. Title V is funding the KBC’s [Color-Filled Breastfeeding: Clinical Lactation Training Program](#) to increase the number of IBCLCs of color across Kansas. The KBC has secured four clinical sites for student placement in Wichita, Topeka, and Kansas City (2).
- Supporting 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, Fathers Uplift, Grandmothers Tea Project) to build capacity, and develop sustainable communities of support, for breastfeeding families of color. Title V funding supported the KBC’s “*Becoming the Lactation Support Provider You Want to Be*” program to increase the number of breastfeeding peer counselors, certified breastfeeding counselors, and International Board-Certified Lactation Consultants (IBCLC) available to provide culturally congruent breastfeeding support and clinical care. Additional culturally congruent breastfeeding support resources for Black, Hispanic, and Indigenous families are maintained on the [KBC Resources page](#).

- Broadening the establishment of breastfeeding coalitions for African Americans that connect health care providers, and the community, to local information and resources (e.g., African American Breastfeeding Coalition of Wyandotte County,) to foster a culture of change within communities. Title V funding supported five stipends to local leaders of Black Breastfeeding Coalitions in Topeka, Wichita, and Kansas City; a Latinx Breastfeeding Coalition in Southwest Kansas; and an Indigenous Breastfeeding Coalition in Kansas.



Title V continues to work with a variety of partners and programs to enhance the protection, promotion, and support of breastfeeding in Kansas.

[Communities Supporting Breastfeeding \(CSB\) Designation:](#) Title V has continued to support the KBC's work to establish the CSB designation. The Kansas CSB program has received state and national attention and was selected as an Emerging Practice for [AMCHP's Innovation Station](#) (2016) and was featured in AMCHP's NPM 4 toolkit (2019). The CSB is also included in the [Kansas Health Matters database of promising practices](#). CSB is a designation from the KBC that recognizes communities that are building a culture of supporting breastfeeding. Communities achieve this designation utilizing a collaborative multi-sector approach, engaging stakeholders from public health, hospitals, early childhood development, and businesses through partnerships with local breastfeeding coalitions. The goal of a CSB community is to improve exclusive breastfeeding rates for infants at six months of age by cultivating systems of breastfeeding support. Several established CSB communities are in the process of meeting the criteria to reach the new Community Supporting Breastfeeding Plus (CSB Plus) designation. Ford County achieved the CSB Plus designation in June 2024. This designation expands upon the CSB foundation to include addressing diversity and new systems of support including physician offices, emergency preparedness, city and/or county governments, faith-based organizations, schools, colleges and universities, correctional facilities, food pantries, doulas, and local health departments. The KBC also created a [toolkit](#) with resources to help guide communities as they develop strategies for implementation in their local MCH programs. As of September 2024, 27 communities achieved the CSB designation and two achieved the CSB Plus designation with support from KDHE, KBC, Kansas Health Foundation, UMHMF, and Prime Health Foundation.

[Local Breastfeeding Coalitions:](#) One of the six required CSB criteria is having an active local breastfeeding coalition. Over the past 10 years, the number of local breastfeeding coalitions

increased from eight to 27 county coalitions, five regional coalitions, and five cultural coalitions covering 71 counties, or 68% of the state.

KBC's Local Breastfeeding Coalition Section supports local coalitions by providing networking, learning opportunities, technical assistance and fostering the formation of new coalitions. In FFY 2024, the KBC's Local Breastfeeding Coalition Section:

- Held bi-monthly meetings for local coalition leaders and advocates interested in forming a coalition to provide an opportunity for sharing and networking for 279 members.
- Hosted presentations from guest speakers with specialized knowledge in coalition building, strategic planning, and fiscal management.
- Featured success stories from local coalitions across the state and highlighted unique partnerships established by local leaders.
- Facilitated discussions on strengthening organizational viability and sustainability.

In addition to the Local Breastfeeding Coalition Section, the KBC supports local coalitions through:

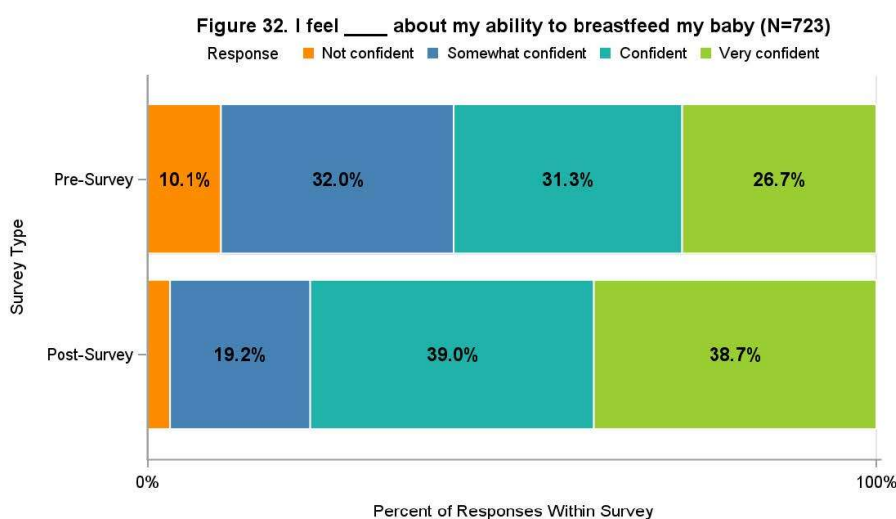
- Additional education identified through the review of Aid-to- Local grant applications that selected "Objective 2.1 Breastfeeding."
- Three statewide general meetings each year featuring speakers who are experts on topics of interest to local coalitions.
- Hosting the 2024 Kansas Breastfeeding Coalitions Conference drawing 220 attendees with 14 hours of education from national and local experts in lactation.

Maintaining and updating the [Tools for Coalitions](#) webpage with resources such as sample coalition documents, community needs assessment templates, project ideas for local coalitions, community engagement strategies, and tools for local coalitions.

MCH-WIC-KBC-Becoming a Mom (BaM) Program Collaboration: Working collaboratively across WIC, MCH, and BaM, as well as with community partners such as local hospitals and birthing centers, breastfeeding coalitions, and La Leche League groups, along with support from KBC, much progress has been made to improve breastfeeding initiation and continuation rates in Kansas. MCH Home Visitors are working alongside WIC Breastfeeding Peer Counselors (BFPC) and BaM facilitators to provide breastfeeding support to individuals in their homes and in group and clinic settings in both the prenatal and postpartum periods, providing consistent, repetitive messaging. The State WIC Director continues to promote and support local WIC staff to collaborate as BaM session facilitators, while also allowing local WIC budgets to include BaM incentives that support good nutrition and breastfeeding practices. This collaboration continues to be an integral component to local BaM program implementation and supports easy access and dual enrollment in both programs. The 2023 BaM State Aggregate Report indicates WIC as the source of 19.2% of BaM program referrals, rating it as the third leading source of referrals.

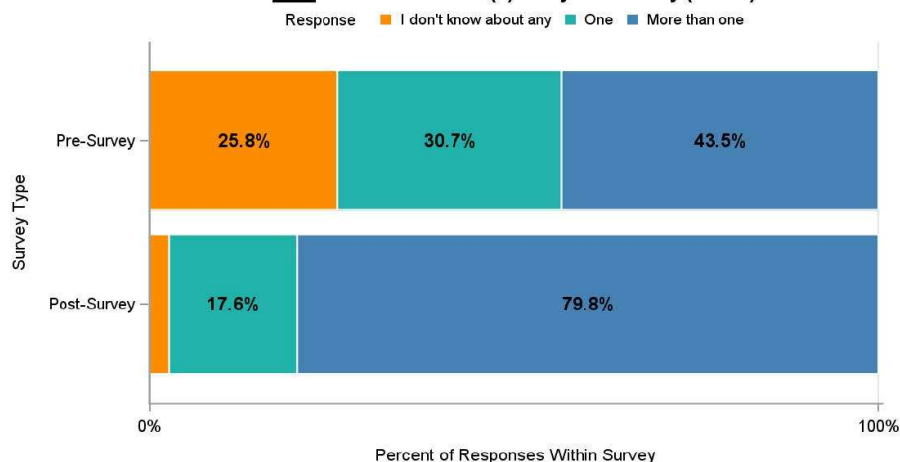
KBC reviews and updates the BaM Infant Feeding session curriculum annually. The 2023 revisions included: aligning with new best practices and policy changes from the AAP, CDC, and Academy of Breastfeeding Medicine (ABM); upgrading photos, videos, and images to increase racial and ethnic diversity; adding new engaging questions and activities; enhancing speaker notes and adding clarifying language, for ease of presenting. Updates went live in February 2024. Alignment with the Kansas Baby-Friendly Hospital efforts continue to occur, assuring the curriculum meets Baby-Friendly Hospital requirements. Work was completed in early 2019 to produce a recorded training webinar for the Breastfeeding Integration Toolkit that is provided as part of the online resources for local program sites through the BaM private website. This addition reduced reliance on in-person training, thereby promoting greater long-term sustainability of efforts, and has proven to be vital as local programs continue to face significant staff turnover. BaM resources continue to be made available to WIC and MCH programs in counties across the state where KPCC/BaM sites are not in place.

According to the 2023 BaM State Aggregate Report, initiation rates were 94.9% (higher than the 89.4% state rate, according to Kansas Birth Certificate data, 2023), which we feel is reflective of efforts by KPCC partners to provide extensive education and support around this priority. See data below reflecting the significant improvement in confidence of BaM participants in their ability to breastfeed and their knowledge of available breastfeeding support resources pre to post intervention, two significant variables effecting breastfeeding initiation and continuation rates.



A statistically significant difference was detected between Pre- and Post-Survey responses (p-value < 0.05).
Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data Linked to Pre-Survey Data

Figure 34. If I have difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about ____ available resource(s) in my community (N=717)



A statistically significant difference was detected between Pre- and Post-Survey responses (p-value < 0.05).
Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data Linked to Pre-Survey Data

Safe Sleep Initiatives

Objective 2.2: Promote and support safe sleep practices and cross-sector initiatives to reduce the sudden unexplained infant death (SUID) rate.

Kansas Infant Death and SIDS (KIDS) Network Infrastructure & Family Support: Title V continues to focus on reducing Sudden Unexpected Infant Death (SUID) rates through safe sleep education and professional trainings/resources offered to local MCH agencies, home visiting programs, hospitals, childcare facilities, and other providers to support safe sleep practices and accurate, consistent safe sleep messages across all sectors in a community. Consistent and current safe sleep education and messaging is critical as we strive to eradicate unsafe sleep practices. Title V has maintained a contractual partnership with the [Kansas Infant Death and SIDS \(KIDS\) Network](#) to reduce infant mortality, specifically with a focus on continued implementation of a comprehensive statewide safe sleep approach.

KIDS Network Safe Sleep Strategy: Title V provides organizational infrastructure support for the KIDS Network Executive Director and support staff. Safe sleep education and promotion is the predominant focus of the Network's outreach activities, including Safe Sleep Instructor (SSI) Certification Trainings, Safe Sleep Community Baby Showers, Safe Sleep Crib Clinics, Cribs for Kids Safe Sleep Hospital Certification, Safe Sleep Star Outpatient Toolkit and dissemination of safe sleep educational materials and tools (such as, safety-approved cribs and wearable blankets).

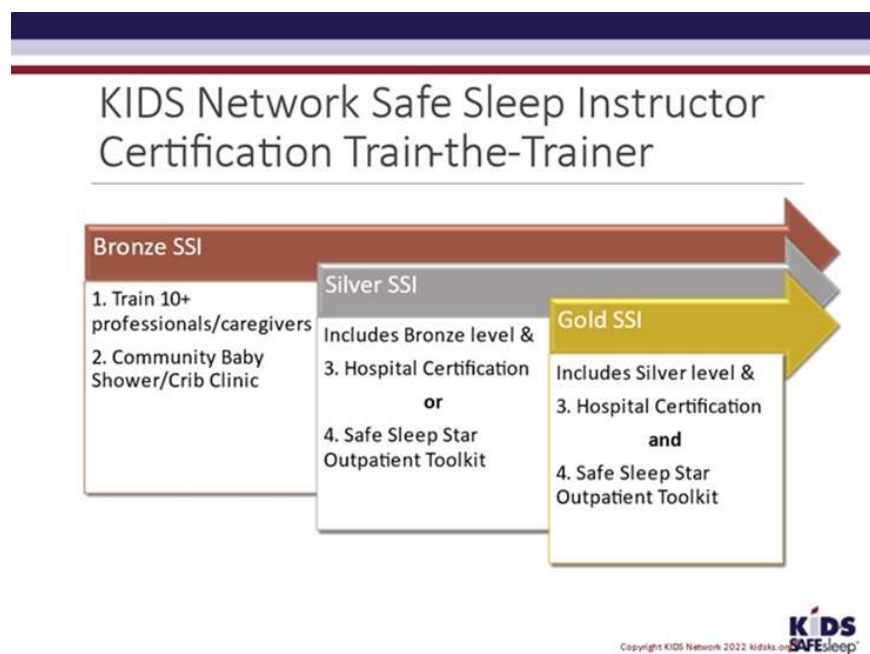
In FY2024, the KIDS Network, in collaboration with KIDS Network certified SSIs and other partners, assisted 50 Kansas counties and five states in implementing their "Safe Sleep Strategy" to reduce infant mortality. This includes: 69 Safe Sleep Instructor certifications, 44 Safe Sleep Community Baby Showers, 93 Safe Sleep Crib Clinics, 1,164 Professional Safe Sleep Trainings, and 469 Parent/Caregiver Safe Sleep Trainings. These initiatives are instrumental in providing consistent safe sleep messages and education in accordance with the American Academy of Pediatrics Safe Sleep Recommendations updated in June 2022. A total of 615 childcare providers completed the Safe Sleep course through KS train in FFY 24. The course was completed in English and Spanish. Information and trainings on safe sleep and bereavement were facilitated through presentations at hospitals, universities, conferences, outreach activities including professional meetings, online education system (KS Train), community events, social media, and KIDS Network events (e.g., Susan E. Bredehoft Candle Lighting, Haley's SIDS Scramble, and Step Up for KIDS).

KIDS Network Safe Sleep Strategy



Safe Sleep Instructor (SSI) Program: Each year, the KIDS Network hosts two SSI Trainings to certify professionals and caregivers as educators on safe sleep best practices. The curriculum was developed based on the updated 2022 American Academy of Pediatrics (AAP) recommendations and is updated annually based on current research and recommendations. Topics discussed in this training include diagnosis and disparity of sleep-related deaths, including sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed and undetermined causes of infant death.

Training plans begin with SSI faculty, which consists of the KIDS Network executive director, program director, a pediatrician, obstetrician, community psychologist and a data analyst from the University of Kansas Department of Pediatrics, 3-6 months prior to each training. SSI faculty update materials including presentations, handouts, SSI Safe Sleep workbook, and evaluation tools with the most updated research and infant mortality data. SSI training attendees learn to provide a 1-hour safe sleep training, a Safe Sleep Crib Demonstration, and host Safe Sleep Community Baby Showers/Safe Sleep Crib Clinics. Instruction is also provided on data collection, data entry, and grant writing. Following training, SSIs are certified at one of three levels – Bronze, Silver or Gold. Post SSI certification SSIs are required to educate parents/caregivers, childcare providers, health care providers and other community members through the KIDS Network training module and Safe Sleep Community Baby Showers/Crib Clinics to maintain their SSI certification. KIDS Network provides technical assistance to SSIs through quarterly webinars, electronic mail, and conference calls to ensure consistent messaging and continuity of care.



In addition to updating all SSI certification training materials, the KIDS Network also updates the SSI web portal, videos, posters, crib cards, postcards, and social media pages. The executive director presented at numerous conferences and workshops updating state agencies, public health entities, hospitals, early childhood programs and child abuse prevention programs across the state on the updated AAP 2022 Safe Sleep Recommendations.

Safe Sleep Community Baby Shower (CBS) Model: The Safe Sleep CBS is an interactive event that invites new and expectant parents, their support people, and community service providers to get together for an educational “baby shower.” This model goes beyond the traditional health fair by providing education, service access, and data to measure the effectiveness of the strategy. A memorandum of understanding was established by the BFH, KIDS Network, KBC, and the Bureau of Health Promotion/KS Quitline to collaboratively support the Safe Sleep CBS model statewide through staffing, education, and the provision of resources and referrals. This brings together key lead agencies to help provide consistent safe sleep messaging and comprehensive services to a greater reach of perinatal people and their support individuals. This multi-agency approach also supports cross-sharing of accurate and reliable information related to safe sleep, breastfeeding, perinatal mental health, and tobacco avoidance. Goals established for each of these priority areas include:

- Safe Sleep: increase education of and adherence to safe sleep practices (e.g., back position only, safe location, no unsafe items in bed)
- Tobacco avoidance: identify three or more ways to avoid secondhand smoke; identify at least three tobacco cessation resources in their local community
- Breastfeeding: increase confidence in ability to breastfeed for at least 6-months; identify at least three resources for breastfeeding support in their local communities
- Perinatal Mental Health: increase understanding of perinatal mental health conditions as a potential complication of pregnancy and the postpartum period; identify strategies to improve perinatal mental health; and identify at least three external resources for perinatal mental health support in their community.

A total of 2,191 individuals attended these Safe Sleep CBS events in FFY24. Of those, 1,343 pregnant or postpartum persons were educated about safe sleep, breastfeeding, perinatal mental health, tobacco cessation, and were provided substance use resources through demonstrations at KIDS Network Safe Sleep CBS/Crib Clinics. Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) data shows improvement of infants being placed to sleep “mostly on the back” from 80.2% in 2017 to 82.2% in 2021, suggesting that the years of safe sleep collaboration and work is resulting in positive change. During the pandemic, many communities began offering local Safe Sleep Crib Clinics virtually. KIDS network has provided support and technical assistance to local SSIs on adapting this model to a virtual format. [Review of evaluation results](#) from this format was completed to determine its effectiveness and practicality for continuation beyond the pandemic. In both event formats, most participants reported being more confident regarding safe sleep practices, avoiding secondhand smoke, breastfeeding, their ability to follow safe sleep recommendations even when receiving conflicting advice, and recognizing the signs and symptoms of perinatal depression or anxiety. However, the data showed less post-test response from those attending virtual crib clinics. Further interpretation of results indicate that virtual events may also further marginalize groups who are at high risk for poor birth outcomes due to access to technology. Strategies to increase technology access, recruit priority populations, and ensure disparities are not exacerbated have been addressed through increased home visits for delivery of the safety-approved crib and wearable blanket. QR codes have also been designed to improve the completion of both pre- and post-tests.

The SSI training is also being evaluated using the RE-AIM framework. Reach, effectiveness (R-E) and maintenance (M) are evaluated at SSI certification trainings and recertification webinars. Outcomes related to adoption and implementation (A-I) are assessed following safe sleep trainings. To enhance the success of future SSI Trainings, the following action steps have been implemented:

REACH
Continue to promote the training at conferences and meetings
Continue to engage in targeted outreach by identifying and connecting with early childhood education, other home visiting programs, and child protective services
EFFECTIVENESS
Based on feedback from the new SSI trainees, the SSI certification pre- and post-tests have been modified to address language that was unclear or confusing.
ADOPTION
The number of SSIs who complete the post-certification requirements has decreased since COVID-19 and those facilitating hospital or outpatient clinic certifications remain low. We have restructured to provide increased support. The executive director oversees the outpatient clinic certifications, which increases the amount of support the program director provides to SSIs related to professional trainings, caregiver trainings, Safe Sleep CBS/Crib Clinics and hospital certifications.
Develop and disseminate an SSI Newsletter with SSI spotlight in each issue.
SSIs are being asked to co-present with SSI faculty of the SSI Program at state conferences.
The SSI faculty are working to link SSIs with funding opportunities (e.g., injury prevention grants, MCH Title V funding, early childhood grants and families first funding).
The SSI director works with SSIs on promotion, reorganization, and incentives.
An awards program to highlight and recognize SSIs will be included in the KIDS Network's 25th Anniversary celebration in 2023.
SSI Director coordinates English/Spanish Safe Sleep Virtual Crib Clinics for SSIs to facilitate. This assists SSIs in meeting recertification requirements.
IMPLEMENTATION
Historically the same pre- and post-tests have been used for the SSI certification training and the SSI-led professional trainings. New SSI trainees noted some groups may struggle with the high readability and complexity of the questions. So, the evaluation team modified the assessment tools to be simpler and at a lower readability level.

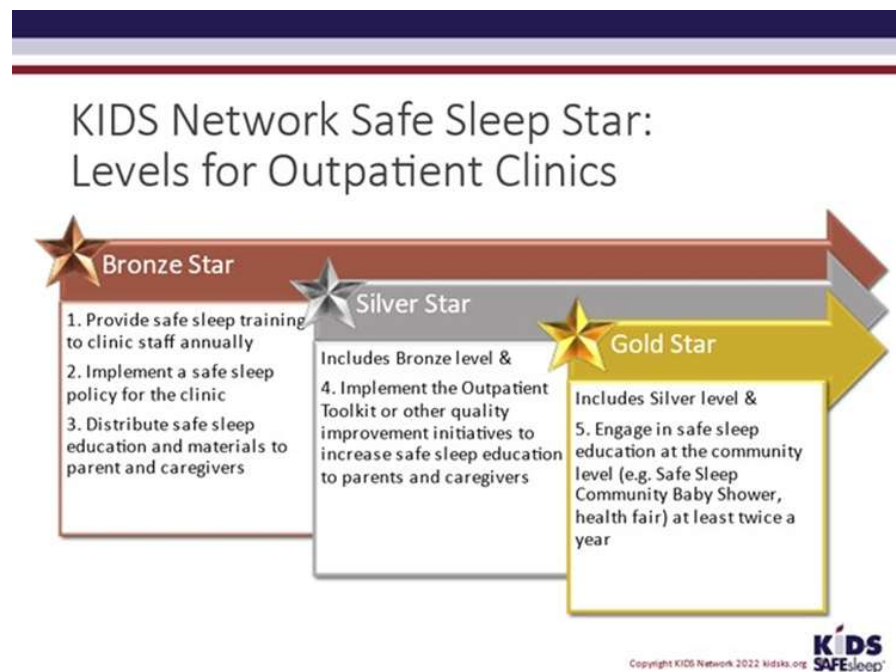
Hospital Safe Sleep Certification Program: The Safe Sleep Hospital Certification initiative was developed by Cribs for Kids to identify and recognize hospitals that demonstrate a commitment to community leadership for best practices and education on infant sleep safety. SSIs who



complete all training requirements can participate in Safe Sleep Hospital Certification Program to promote safe sleep education in hospitals and hospital systems.

Safe Sleep Star Outpatient Toolkit – SSIs who complete all training requirements can participate in the Safe Sleep Star Program to promote safe sleep education in outpatient clinics (e.g., obstetrics, pediatrics, family medicine).

The Safe Sleep Star Outpatient Toolkit was launched in FY18 to address infant mortality by providing implementation strategies to help outpatient perinatal and infant healthcare providers improve safe sleep promotion utilizing evidence-based/informed practices, including the [Safe Sleep Toolkit](#). To maintain the earned stars, practices must continue to report compliance on an annual basis. Practices may upgrade their status at any time a higher level is reached. The clinic certification program identifies three designations: bronze, silver, and gold. These are explained in the following image.



Limitations associated with the pandemic slowed progress with the certification program. Many clinics halted or slowed the process due to restrictions on visitors being allowed to present non-mandatory trainings. These barriers have been assessed, and contact has been made with 19 clinics in 13 counties. The executive director is working with a pediatric consultant, local SSIs, and Kansas American Academy of Pediatrics (KAAP) to increase implementation across the state.

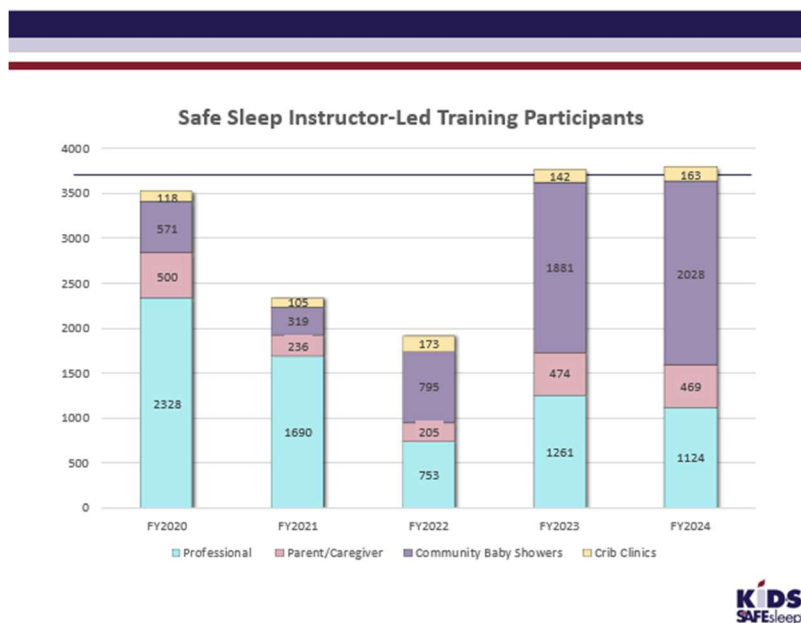
Examples of impact of the above strategies and initiatives, from the FFY24 Instructor-Led Training Annual Report (published July 2024) produced by the Center for Research for Infant Birth and Survival (CRIBS), KIDS Network evaluator, highlight that Safe Sleep Instructors can increase parent/caregiver knowledge of safe sleep through the SSI training module.

Parent/Caregiver Training: Results

	PRE	POST
Back only*	80%	99%
Safe surface only*	78%	98%
Safe items only*	57%	95%
Non inclined*	76%	97%
Same room/separate bed	80%	91%
Discuss safe sleep with others*	48%	94%

*Statistically significant at $p < 0.001$

Additionally, the following increases in trainings participants were noted from FFY20-FFY24:



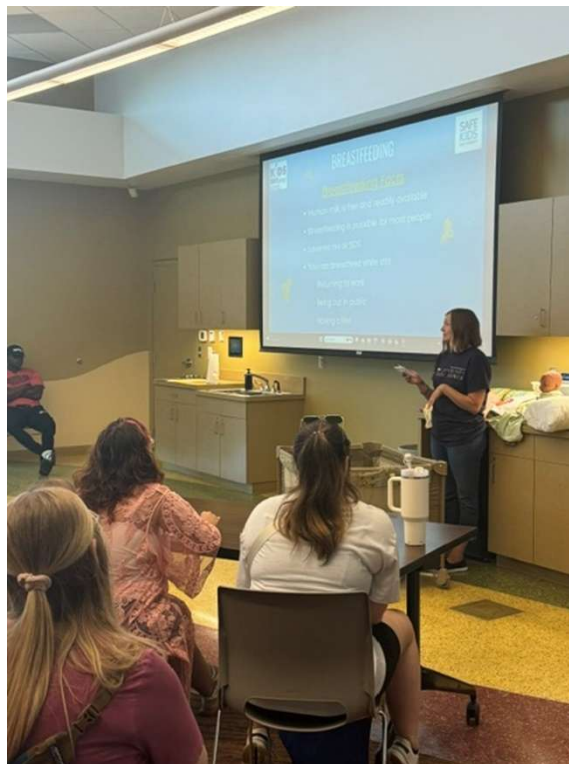
The above data is exciting because with the increased numbers of professionals and caregivers trained, we are pushing towards the tipping point. We have to educate a critical mass before we have a paradigm shift. The KIDS Network is also keenly aware that those still practicing unsafe sleep may have extenuating circumstances that make safe sleep more difficult to practice; thus, we are working with SSIs to address barriers using an ecological perspective.

The KIDS Network has also learned that an unintended outcome of the Safe Sleep Community Baby Showers has been that it is a point of entry for new and expectant parents into local MCH programs. With this, SSIs are able to meet families where they are and provide warm referrals to coordinating services to improve birth outcomes and adverse childhood outcomes. Post-pandemic SSIs have been able to host trainings and events across the state.

May 2024 newly certified Safe Sleep Instructors.



Riley County Safe Sleep Community Baby Shower with focus on breastfeeding education, tobacco avoidance, safe sleep, perinatal mental health.



Barton County Safe Sleep Community Baby Shower.



Ottawa County Safe Sleep Community Baby Shower sharing the safe sleep message with attendees.



Sheridan County Safe Sleep Community Baby Shower



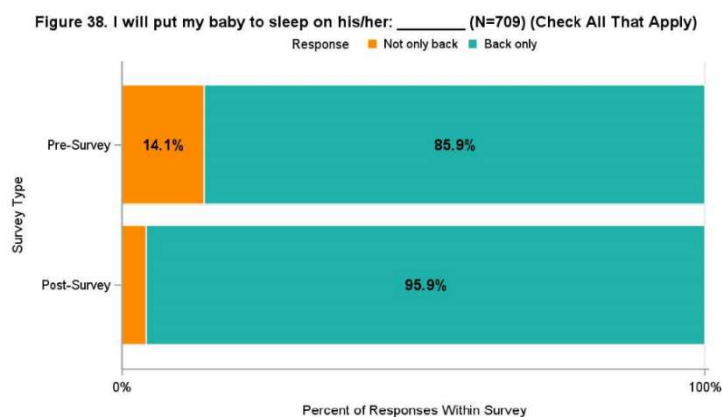
Coffey and Woodson County Safe Sleep Community Baby Shower with great volunteers.



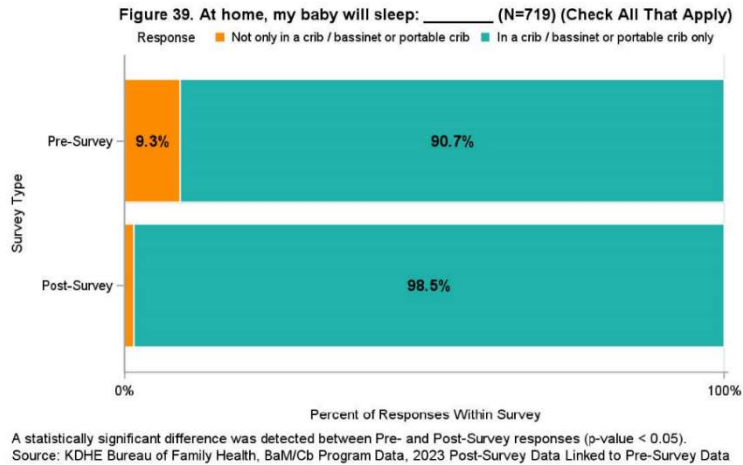
The KIDS Network with Safe Kids Kansas were selected in FFY24 to present the Safe Sleep Instructor Certification Program at the Safe States Conference in Portland, OR.



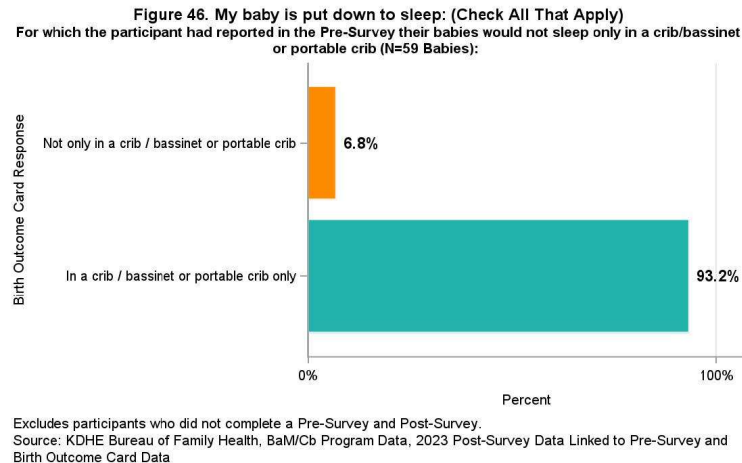
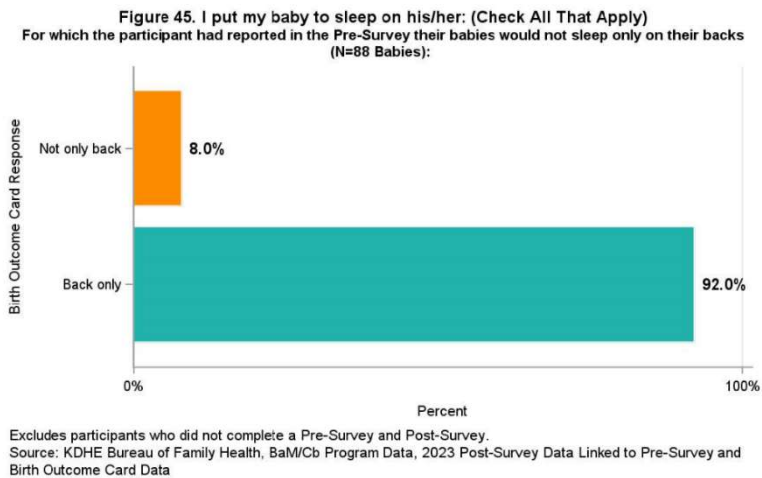
Safe Sleep Integration through Kansas Perinatal Community Collaboratives / Becoming a Mom®
 Training on the SIDS/Safe Sleep integration component is recorded and available online for new KPCCs preparing to implement the BaM curriculum, as well as new BaM facilitators. Annual review and updates to the safe sleep content in the BaM curriculum and associated implementation resources are made in partnership with the KIDS Network. Updates during this reporting period focused on updated guidance from the AAP, more information on the updates can be found in the Safe Sleep Instructor (SSI) Program section above. Updates went live in February 2024. To support messaging within the BaM curriculum, program incentives align with recommendations and guidelines. Every site includes the pack-n-play crib distribution as part of the incentive-based program, which provides a safety-approved crib for expectant mothers with limited resources. 2023 BaM outcome data showed significant improvement in knowledge and intentions for safe sleep position from 85.9% “On his/her back ONLY” to 95.9% and 90.7% on location “In a crib/basinet or portable crib ONLY” to 98.5% following the provided education.



A statistically significant difference was detected between Pre- and Post-Survey responses (p-value < 0.05).
 Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data Linked to Pre-Survey Data



In 2020, to determine if parents/caregivers were following through with intentions expressed during their pregnancy, KDHE began gathering data on actual sleep position through participant feedback following their infant's birth via the BaM Birth Outcome Card. This evaluation data, included in the 2023 BaM State Aggregate Report, showed even greater improvement in knowledge and intended behavior among those who initially reported an intended sleep position and location that was not recommended as safe (Figures 45 and 46).

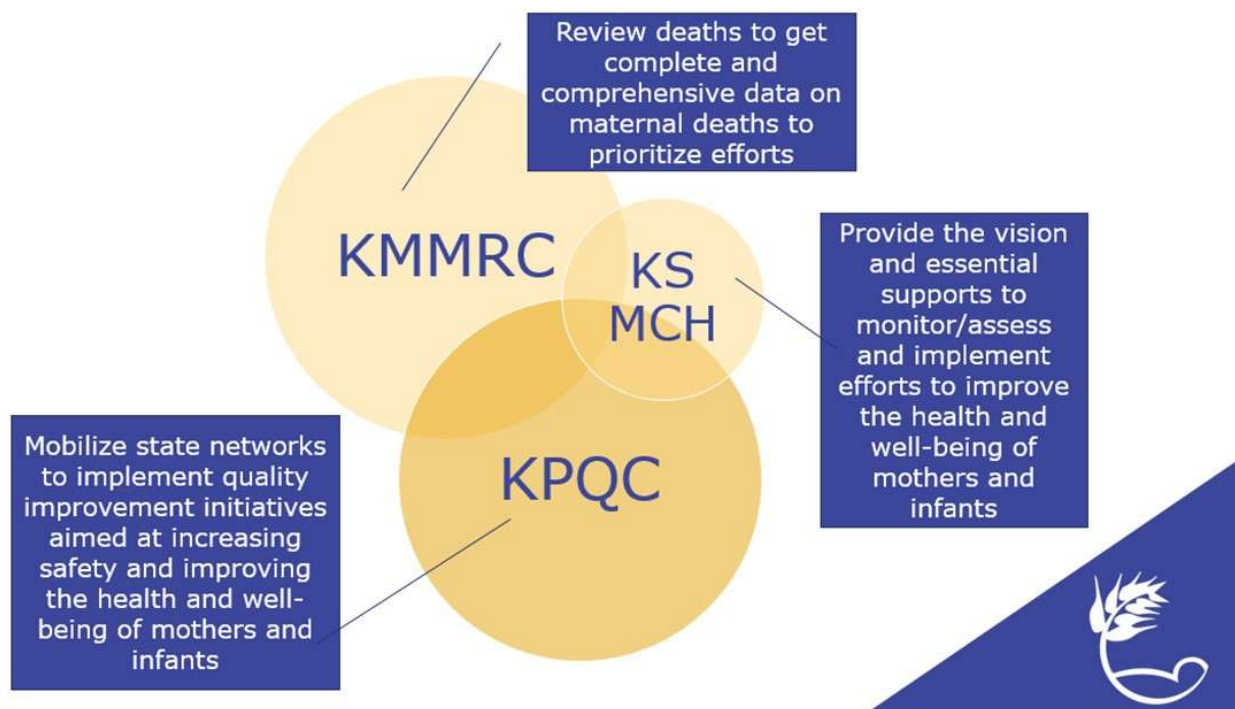


Kansas Perinatal Quality Collaborative Initiatives

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).

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.



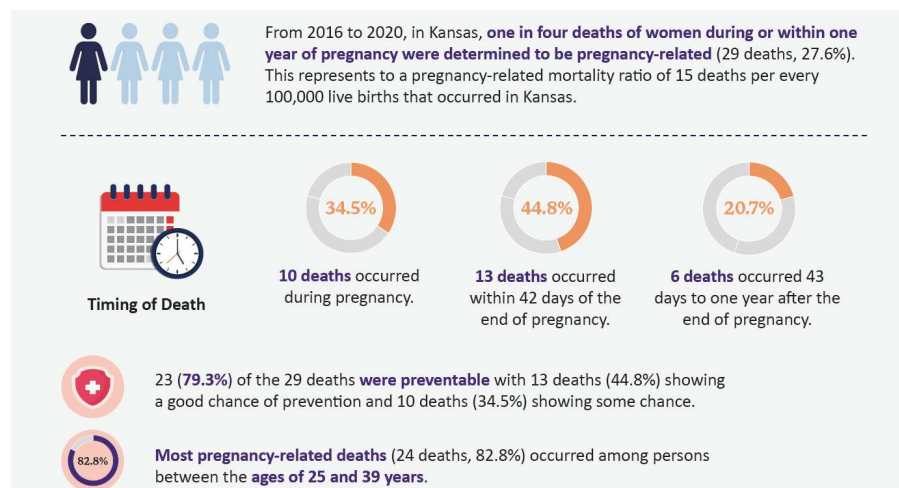
As convener of the Kansas PQC and MMRC, KDHE Title V brings together the work of both entities to translate findings and recommendations to action, in partnership with other state organizations, such as American College of Obstetricians and Gynecologists (ACOG), Kansas Chapter of the American College of Nurse Midwives (KS-ACNM), 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, 2024, there are 39 birth hospitals and 2 birth centers enrolled in the FTI project, representing approximately 93% 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 select this bundle at that time. 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.

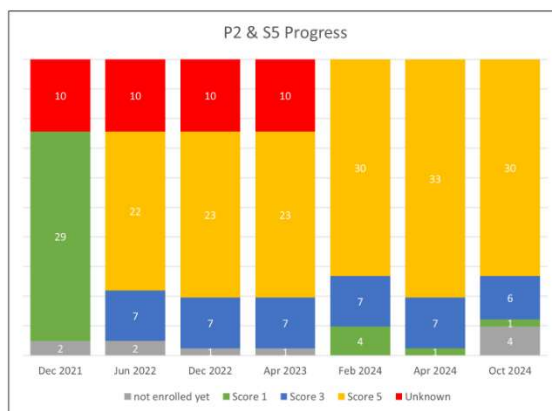
The KMMRC’s work and recommendations continuously guide the KPQC and MCH activities and initiatives. Title V has continued to advocate for policy changes, develop action alerts/bulletins, and identify and develop public and patient education initiatives for statewide implementation in response to data/findings.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



In response, the KPQC, in partnership with the KDHE Title V led [Maternal Warning Signs Initiative \(MWS\)](#), finished 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 made available for local Title V, KPCC sites and partnering birthing facilities enrolled in the FTI, MICEHV, Title X, WIC, doula and community health worker programs. 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 the perinatal continuum, and across all health care sectors in Kansas. As of September 30, 2024, 257 individuals representing 49 local programs have completed the POST-BIRTH training. An additional 1,371 labor and delivery, emergency department, NICU, and postpartum staff; along with other healthcare providers (e.g. EMS, first responders) across the 41 FTI enrolled birth facilities have completed the training between 2021-2024. 83% of all FTI enrolled facilities have fully implemented POST-BIRTH staff and patient education in their facilities:

Final Data

AWHONN POST BIRTH Training and Implementation to Discharge Teaching



83% of facilities have fully implemented this!

Kansas closed enrollment into the FTI in October 2023 and will complete implementation of the bundle in December 2024.

In June 2024, the KPQC in collaboration with the KS Hospital Association disseminated a survey to all current FTI/AIM enrolled birth facilities, to birth facilities not enrolled in the current FTI/AIM bundle, and to all critical access and rural hospitals (that are not birthing facilities) to gather input on the next AIM bundle. Survey responders were able to rank/prioritize 4 potential AIM bundles- hypertension, sepsis, mental health, and substance use disorder. Based off of the data gathered from the survey, hypertension followed by sepsis were the top bundles identified by hospitals across the state. The KPQC Advisory Committee met in July 2024 and chose the [Severe Hypertension in Pregnancy \(SHTN\)](#) patient safety bundle as the next maternal QI initiative. Kansas intends to not only target birth facilities with the SHTN bundle initiative, 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 primary care practices.

In addition to including non-birthing hospitals as part of the SHTN bundle initiative, the KPQC Advisory Committee decided to include an infant health related component. Maternal hypertensive disorders significantly increase the risk of preterm delivery. In 2022, 10.5% of infants were delivered preterm (<37 weeks) in Kansas. Breastmilk provides optimal nutrition and is an immune-boosting substance for preterm newborns. Premature newborns face higher health risks, making early maternal lactation a critical, evidence-based intervention to support neonatal wellbeing. The SHTN initiative will launch in January 2025.

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 hospitals participating in the SHTN AIM bundle in 2025. 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 severe maternal morbidity and 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 also include integration of universal education on IPV, utilizing resources from the Futures Without Violence Initiative.

Birth Defects Surveillance (BDS): The Kansas Birth Defects Program began confirming core defect cases the beginning of 2022 in preparation for referring cases to internal partners. The Kansas Administrative Regulations (K.A.R. 28-4-520, 28-4-521) were approved and effective on October 7th, 2022. Changes to those regulations included Neonatal Abstinence Syndrome (NAS) as a reportable condition. This change allowed both mothers and infants to get adequate follow-up care and intervention.

Core defects have been referred to internal and external partner groups: Kansas Special Healthcare Needs, Kansas Early Childhood Development Services, and Critical Congenital Heart Disease Program. These partners have ensured families and children affected by birth

defects received proper education, outreach, and service navigation to effectively care for themselves.

Program material is being updated and created to support referring cases to services, education and outreach, quality improvement and assurance, and other program activities. The program brochure was created and disseminated to internal partners and online for public consumption. Education material relevant to core, recommended, and extended birth defects is being created by the Kansas Birth Defects Coordinator in collaboration with the Education and Outreach Coordinator. Families of referred children are sent referral packages filled with information on the program(s) their child is referred to, the Kansas Birth Defects Program brochure and letter explaining the program, and the Guide to Kansas Family Supports brochure.

MCH Universal Home Visiting Initiatives

Objective 2.4: Increase the proportion of pregnant and postpartum women receiving MCH Universal Home Visiting services.

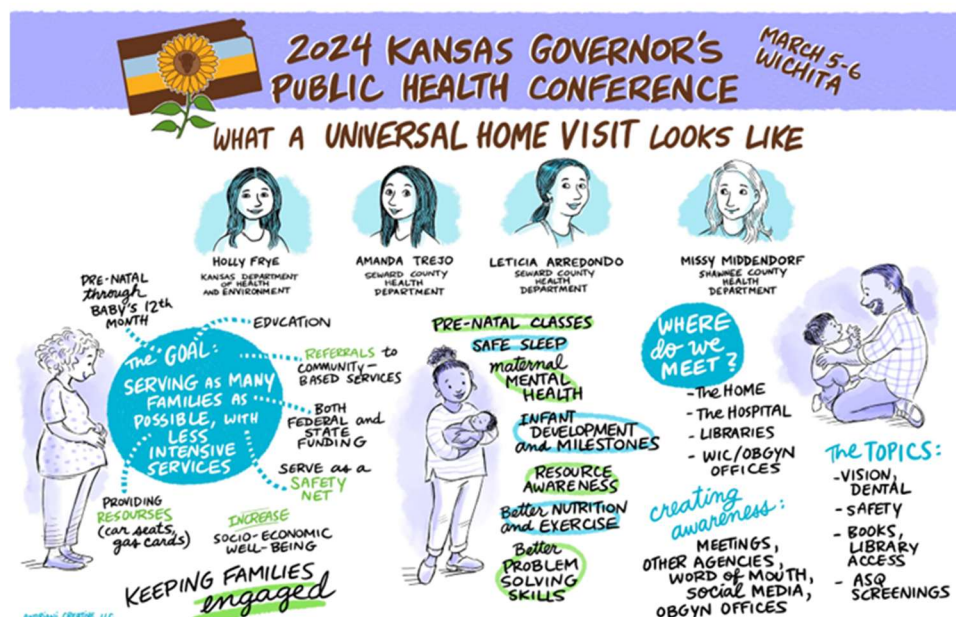
Home Visiting Workforce Training: Fall Home Visitor Training for Maternal and Child Health Home Visitors-

KDHE convened Maternal and Child Health (MCH) home visitors at Wichita State University for the first in-person MCH home visitor training since the COVID-19 pandemic. 90 home visitors and home visitor supervisors attended.

The agenda included the following topics:

- MCH home visiting education and screening components
- DAISEY data entry and reports
- Community Health Worker program updates and opportunities for partnership
- Small table discussions about what's going well and what is a challenge across programs
- Completion of a workforce wellbeing survey with rapid results and discussion of results
- Recognition of home visitors of the year

Governor's Public Health Conference Home Visiting Track



The MCH Program Manager and three local MCH Home Visiting programs presented on what MCH Universal Home Visiting is, what role it plays in the home visiting continuum, the unique characteristics of the model, and best practices for family engagement. There were approximately 60 attendees in this session. Other home visiting sessions included Advancing Language Access for Culturally Responsive Systems Change and the Kansas Home Visiting Learning Management System.

Kansas Virtual Home Visitor Conference The Kansas Virtual Home Visitor Conference was held in the afternoon on August 29 and 30, using Whova. There were a record 500 people in attendance representing multiple home visiting models and all geographical regions of the state.



Session topics included Home Visitor Safety, Beyond Toxic Stress, HOPE-ful Framework, Mindfulness and Resilience, Perinatal Behavioral Health, and Practical Strategies for Connecting with Kids.

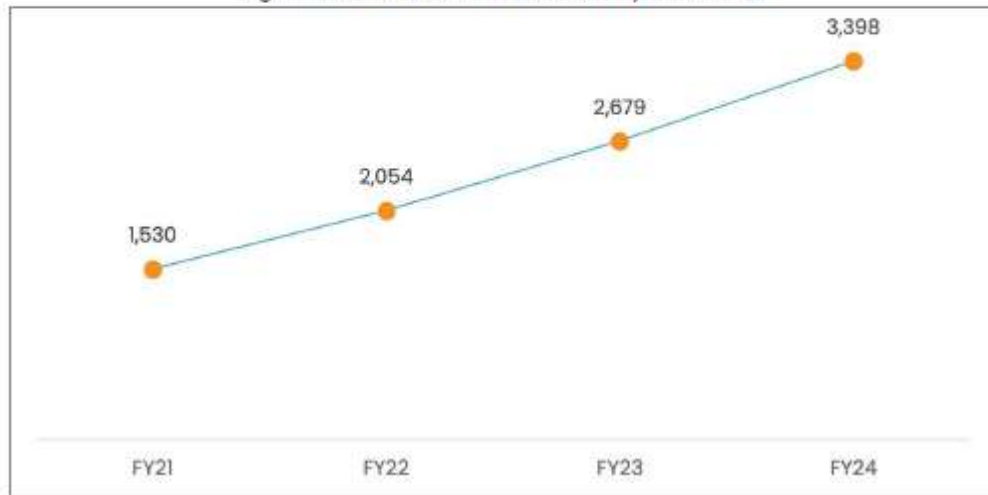


Home Visiting Expansion: In SFY2024 the MCH Aid-to-Local grant funded five more (n=45) organizations for universal home visiting than were funded in SFY2023 (n=40). This resulted in increases in number of families served, number of home visits conducted, program reach of total births, and county residence of clients.

Families Served

The number of families served increased by 65% from FY22 (the year prior to expansion funding implementation) to FY24 (the second year of expansion funding)

Figure 3. Number of Families Served by Fiscal Year.



Home Visits

The number of home visits increased by 105% from FY22 (the year prior to expansion funding implementation) to FY24 (the second year of expansion funding).

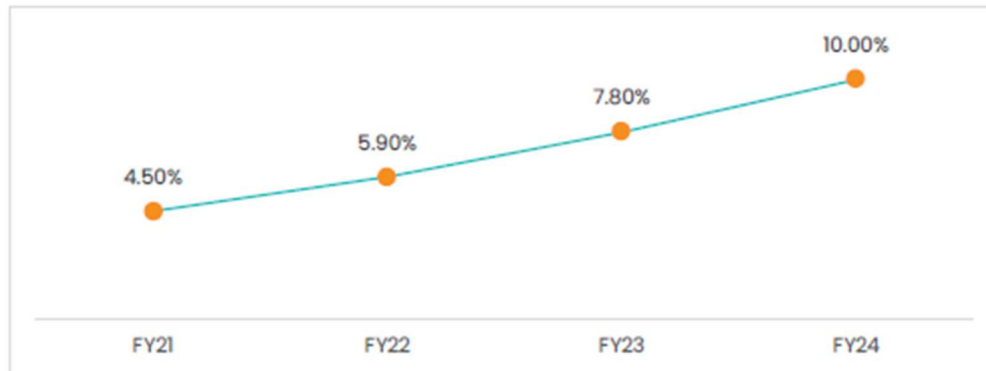
Figure 5. Home visits increased from FY22 to FY24.



Program Reach of Total Births

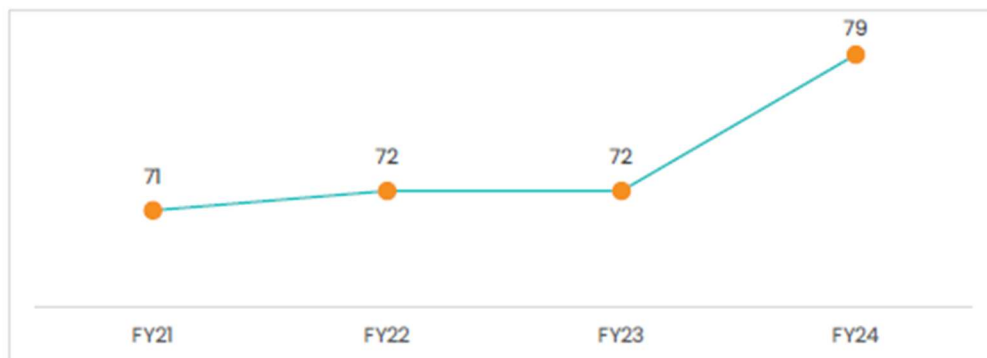
There was an increase in the reach of grantees' home visiting programs in the number of families served across the total births in the state of Kansas.

Figure 4. Grantee home visiting program reach increased from FY21 to FY24



County Residence of Clients

Figure 8. Number of different counties where home visits clients were residents increased in FY24.



The Bureau of Family Health created a Home Visiting Unit within the Children and Families Section. This enhancement brought universal home visiting and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs closer together for stronger coordination of efforts and greater capacity to support expansion of services to more parts of the state.

Local MCH Agencies

Jefferson County Health Department provided home visits to nearly twice as many families in SFY24 (n=109) as they did in SFY23 (n=59). They met their goal of prioritizing assessment for tobacco use and referral to quit resources when needed. While they achieved a tobacco use screening for each client, they observed clients not always being ready to quit or interested in speaking with the Kansas Tobacco Quitline counselors. Jefferson County doesn't have a hospital that delivers babies so they participated in Stormont Vail (Topeka)'s Welcome Baby Jubilee to meet any families that might reside in Jefferson County but planning to deliver in Topeka.

- Labette County Health Department recorded nearly four times as many home visiting clients in SFY24 (n=379) as they did in SFY23 (n=80). In the past, nursing staff were

challenged by the amount of time it required to enter data into DAISEY so clerical staff was trained to provide the Program Visit Form to clients and the MCH Service Form to nurses to complete after a visit. This led to an increase in services entered in DAISEY.

- Miami County Health Department's number of families served increased exponentially from SFY23 (n=3) to SFY24 (n=56). They credit this to strengthening the connection with WIC families. Every WIC family is universally offered a home visit in at the health department in conjunction with their WIC visit. They've worked hard to emphasize that home visits can happen not only in the home but other community settings if it's more convenient for the family and that visits are for all families not just those that meet certain criteria. They promoted home visiting and other services at a Safe Sleep Community Baby Shower in April. There were 14 participants including one participant that had moved to Miami County from Missouri. The participant stated that she was currently pregnant with twins, and did not have a very large support system. She expressed her gratitude multiple times during the event, stating that she was connected to great resources, support, and was provided with education that left her feeling more prepared for the delivery and arrival of her twins. This participant left the following message on the end of event evaluation "Thank you guys so much, we don't have many resources or family to rely on and all the information given today was amazing!"
- Reno County Health Department increased the number of families served with a home visit from SFY23 (n=106) to SFY24 (n=146). They achieved this with a bilingual RN who is able to form more trusting relationships with Spanish-speaking families in the community. They had a family that completed services through the MCH program, including home visits. On the last scheduled visit, the family gave the bilingual RN flowers for the educational opportunity and care she provided after the birth of their baby.
- Riley County Health Department met several of their goals related to universal home visiting. FY24 Goal: 85% of BaM participants will receive a prenatal and postpartum MCH home visit (MCHHV). Of the 101 participants delivering within the period of January through June 2024, 86% (87) attended their prenatal visit scheduled with the MCHHV at enrollment. 73% (74) received a postpartum MCHHV following their delivery. FY24 Goal: MCH will increase the MCH/BaM enrollment rate from community referrals by 30%. Jan-June 2024 Data: MCH increased the enrollment rate from referrals by 26%, enrolling 254 between July 1, 2023 and June 30, 2024, compared to 188 from July 1, 2022 through June 20, 2023. FY24 Goal: 98% of MCH clients will be screened using the Social Determinants of Health (SDOH) Screening Form. Jan-June 2024 Data: 100% (150) participants attending new client enrollment completed a SDOH screening form.
- The University of Kansas School of Medicine in Wichita increased the number of home visiting clients from 29 in SFY2023 to 208 in SFY2024. They increased their program reach by remaining fully staffed, developing a referral process with their prenatal education classes, and imbedding a universal home visitor at the Wesley OB/GYN and Ascension Via Christi Family Medicine clinics. University of Kansas also makes referrals to other universal home visiting programs in Kansas for prenatal education participants that reside outside of Wichita and Sedgwick County.

Other work towards this objective not listed in the plan

The State Home Visiting Leadership Group is made up of home visiting model leads and the group was restructured to create more focus on statewide systems-level impacts to make home visiting more accessible to families. The group used to include representation from local home visiting programs, university evaluators, and contracted group facilitators. It was pared down to only include the statewide leads for each home visiting model. The model leads are the decision

makers and voices for their home visitors and families served. The group selected four priorities to work on and elevate to the Kansas Early Childhood Recommendations Panel when appropriate. The four priorities include:

- Statewide availability of home visiting programs
- Home visiting workforce
- Family engagement
- Home visiting advocacy

Senate Bill 96 was introduced which would have established an Office of Early Childhood that consolidates Kansas early childhood services, including home visiting, from four different state agencies. The bill passed the House, but the Senate failed to act.

Pregnancy Risk Assessment Monitoring System (PRAMS): [KS PRAMS](#) continued data collection, including questions from one supplement. 2023 birth data collection has been completed. PRAMS also continued to integrate strategies for promoting the survey/questionnaire to hard-to-reach populations (such as low-income minority mothers). Finally, KS PRAMS worked to strengthen their ties with MCH partners across the state to ensure that they have the data they need to improve the health of mothers and babies in Kansas.

The Kansas MCH Council meetings often involve PRAMS updates, sharing of data and stories/input from mothers, and requests for more information. The Women/Maternal and Perinatal/Infant workgroups from the Council continue to serve in an advisory capacity for PRAMS. Perinatal/Infant Health Consultants will continue to work closely with the PRAMS/MCH Epidemiologist to incorporate PRAMS data into Action Alerts related to applicable Awareness Month and Health Equity topics that are shared with local MCH grantees and partner networks for promotion widely across the state