**Title V Maternal & Child Health 2021-2025 State Action Plan Review**

**Women/Maternal Domain Group**

**Priority, Performance Measures, and Objectives: Each domain group had the opportunity to review and comment on performance measures, priorities, and objectives at the last meeting. Here is a summary of the final draft priority associated with your domain group.**

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| **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.** | | | |
| **NPM 1:** Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year) ***Source: BRFSS***   * **ESM:** Percent of women program participants (18-44 years) with a preventive medical visit in the past year ***Source: DAISEY***   **SPM 1:** Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth) ***Source: PRAMS***   * + **ESM:** Percent of MCH program participants screened for depression and anxiety during pregnancy and/or the postpartum period using the Edinburgh Perinatal/Postnatal Depression Scale (EPDS). ***Source: DAISEY***   + **ESM:** Percent of pregnant/postpartum MCH program participants who received a referral in response to a positive screen for depression or anxiety through the Edinburgh Perinatal/Postnatal Depression Scale (EPDS). ***Source: DAISEY*** | | | |
| **Obj. 1.1:** Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5% by 2025. | | | |
| **Obj. 1.2:** Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5% annually through 2025. | | | |
| **Obj. 1.3:** Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10% annually by 2025. | | | |
| **Obj. 1.4:** Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10% by 2025. | | | |
| **Looking at the objectives for this priority, is there something missing?** | | **Which one or two objectives would be most actionable and impactful for this group to move forward *first*? What can we accomplish in the next year?** | |
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| **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 1.1: Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit by 5% by 2025.** | | |  |
| 1.1.1 Provide resources and tools to support local health agencies on educating women about the importance of a high quality, comprehensive annual preventive medical/well visit, assessing for insurance coverage, and assisting women to obtain insurance if needed. | | |
| 1.1.2 Provide on-site assistance for accessing health care coverage through certified application counselors or Medicaid eligibility workers to ensure coverage before, during, and after pregnancy. | | |
| 1.1.3 Utilize peer and social networks for women, including peer group education models, to promote and support access to preventive care. | | |
| 1.1.4 Provide technical assistance to support local health agencies in developing policies and protocols that incorporate women’s goal-setting and health screenings to assess for basic needs and health status (e.g., substance use, tobacco use, mental health, social determinants of health, intimate partner violence [IPV]) into all preventive medical visits for women. | | |
| 1.1.5 Promote and support Medicaid policy change to expand pregnancy coverage through 12 months post-partum and the inclusion of screening for PMADs as a covered service. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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| **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 1.2: Increase the proportion of women receiving education or screening about perinatal mood and anxiety disorders (PMADs) during pregnancy and the postpartum period by 5% annually through 2025.** | | |  |
| 1.2.1 Integrate evidence-based mental health interventions into community-based services. | | |
| 1.2.2 Increase consumer and provider awareness about the importance of screening pregnant/postpartum women and new fathers for PMADs. | | |
| 1.2.3 Increase the number of local health agencies screening pregnant/postpartum women and fathers for postpartum/paternal PMADs. | | |
| 1.2.4 Partner with Medicaid and pediatric providers to implement parental depression screening during the child well visit to assess the needs of the family to support child social-emotional development, healthy family functioning, and ensure referral and early intervention. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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| **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 1.3: Increase the proportion of high-risk pregnant and postpartum women receiving prenatal education and support services through perinatal community collaboratives by 10% annually by 2025.** | | |  |
| 1.3.1 Strengthen existing perinatal community collaborations and programs, with a focus on expanding community-specific supports (e.g., doula services) and targeting disparities in birth outcomes. | | |
| 1.3.2 Engage FQHCs in more community collaboratives across the state to increase coordination and access to a variety of services for those at greatest risk. | | |
| 1.3.3 Develop regional models and innovative approaches to increase reach and support rural expansion of perinatal community collaboratives. | | |
| 1.3.4 Integrate web-based education and telehealth capabilities within the existing perinatal community collaborative models in targeted areas. | | |
| 1.3.5 Increase the number of Kansas Perinatal Community Collaboratives implementing postpartum education sessions. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
|  |  | |
| **Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.** | | | **Alignment opportunities: What work is already contributing to this objective and its strategies?** |
| **Objective 1.4: Increase the proportion of women receiving pregnancy intention screening as part of preconception and inter-conception services by 10% by 2025.** | | |  |
| 1.4.1 Increase consumer/family and provider awareness about the importance of preconception and inter-conception care, counseling/planning, and pregnancy intention screening by utilizing social media, infographics, data briefs, and partner networks. | | |
| 1.4.2 Provide resources and education specific to preconception and inter-conception care to providers in support of quality services and comprehensive visits during these critical periods. | | |
| 1.4.3 Increase the number of local health agencies utilizing evidence-based pregnancy interventions including One Key Question® and support implementation into practice through in-person or virtual skills building sessions, increase provider capacity to implement pregnancy intention screening into their practice. | | |
| ***Considering the above objective and strategies…*** | | |
| **Are these the right strategies?**  **Is there something missing?** | **Are there other complementary strategies driving this objective underway by you or other partners?** | |
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**Wrap-Up: Go back through this worksheet and review answers to these questions. Affirm or edit, and add more detail, if appropriate.**

* **Which one or two objectives would be most actionable and impactful for this group to move forward *first* (in the next year)?**
* **What can we accomplish *in the next year* to advance this plan?**

**Action Item:**

**What is my commitment as a council member and the organization I represent to advance this plan?**

**Type your answer into the chat.**