



# Kansas Maternal Mortality

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# Kansas Maternal Mortality Review Committee (KMMRC)

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- Established in 2018 to review all pregnancy associated deaths
- Completed reviews of 2016-2018 cases
- Annual report was released in January, which includes cases from 2016-2018 for maternal mortality

# Definitions

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**Pregnancy associated (PA):** The death of a woman during pregnancy or within one year of the end of pregnancy regardless of cause.\*

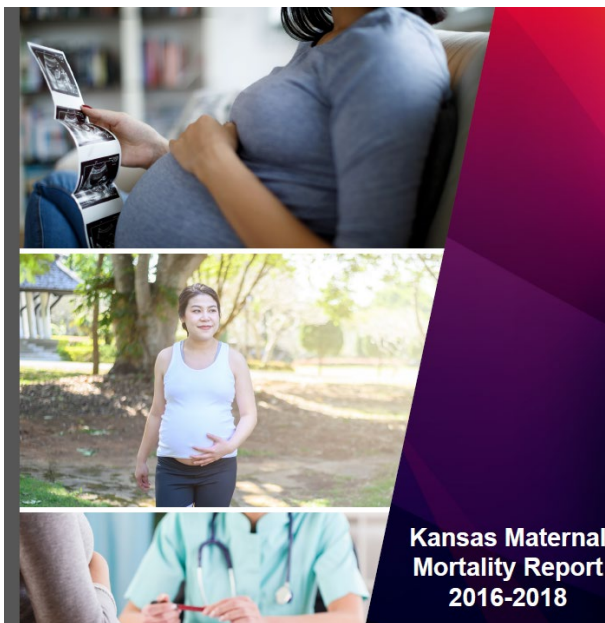
**Pregnancy related (PR):** The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.\*

**Severe Maternal Morbidity (SMM):** Severe maternal morbidity can be thought of as unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health.

\*Source: Centers for Disease Control and Prevention. Division of Reproductive Health. Building U.S. Capacity to Review and Prevent Maternal Deaths Program. Maternal Mortality Review Committee Decisions Form v20. October 13, 2020.

<https://reviewtoaction.org/content/maternal-mortality-review-committee-decisions-form>

# Data, Figures & Surveys



**Kansas Maternal Mortality Report 2016-2018**



## KMMRC 2020 Survey Highlights

A total of 128 survey responses were collected representing **42\* of 66 birth facilities in Kansas.**



\*Not all birth facilities answered every question.



### Screenings for Pregnant or Postpartum Women

Of the 40 affiliated birth facilities who provided at least one response to this question, the use of **sexual and domestic violence screenings was reported the most (97.5%)**, while the use of reproductive health, including goal-setting, screenings was reported the least (57.5%).

Sexual and domestic violence	97.5%
Tobacco	95.0%
Substance use	95.0%
Mental health	92.5%
Chronic and infectious disease	92.5%
BMI	77.5%
Social determinants	62.5%
Reproductive health	57.5%

## KMMRC 2020 Survey Highlights



### Referral Mechanisms for Postpartum Women

Of the 42 birth facilities who provided at least one response to this question, the **most common referral mechanism reported was, 'patient is provided resources and self-refers' (78.6%)**. The least common referral mechanism reported was, 'healthcare navigator is in charge of referrals' (19.0%).



**Patient is provided resources and self-refers – 78.6%**



**Local Health Department providers are in charge of referrals – 33.3%**



**OB provider is in charge of all referrals – 69.0%**



**Other responses, such as EHR or other staff – 18.6%**



**Social work referral from inpatient to outpatient setting – 66.7%**



**Healthcare Navigator is in charge of referrals – 19.0%**



**OB clinic is in charge of referrals – 35.7%**

# Pregnancy Associated deaths

The leading causes of death were (in order):



**19.3% (11 deaths)**  
**Motor vehicle crash**



**14.0% (8 deaths)**  
**Homicide**



**10.5% (6 deaths)**  
**Poisoning/overdose**



**8.8% (5 deaths)**  
**Infection**

**Obesity** contributed to about one in six deaths (9 deaths, 15.8%)

**Substance use disorder** contributed to about one in three deaths (17 deaths, 29.8%).

47% of the deaths occurred **43 days to one year after the end of pregnancy**

Source: Kansas Maternal Mortality Review Committee

# Pregnancy Related deaths

The leading causes of death were (in order):



Cardiovascular and coronary conditions



Preeclampsia and Eclampsia



Embolism



Infection

**Obesity** contributed to more than half of the deaths (7 deaths, including 1 additional probably contributed, 53.8%)

**Mental health conditions** contributed to about one in 13 deaths (1 death, 7.7%)

**Substance use disorder** contributed to nearly one in four deaths (3 deaths, 23.1%).

Source: Kansas Maternal Mortality Review Committee

# Severe Maternal Morbidity

Per 10,000 delivery hospitalizations, respectively, the top five most common indicators of SMM were:



**10.3**

Acute renal failure



**10.1**

Disseminated intravascular coagulation



**9.3**

Sepsis



**9.0**

Hysterectomy



**8.8**

Adult/acute respiratory distress syndrome

Source: Kansas Maternal Mortality Review Committee



KANSAS  
MATERNAL &  
CHILD HEALTH



# Kansas Perinatal Quality Collaborative



# Kansas Perinatal Quality Collaborative (KPQC)

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- ❖ Established in 2018
- ❖ 2018-2020 focus was on Neonatal Abstinence Syndrome (NAS).
- ❖ Starting in 2021, the focus will be a maternal quality improvement initiative, called the Fourth Trimester Initiative.
  - ❖ The project was chosen based off of MMRC data

# Dissecting the Data

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## Postpartum follow up

40 % of women do not attend PP visits

Higher rates in low SES populations... health disparity

### **No PP visit means No:**

- ID of medical/social problems (Exam & Screenings)
- Referral for Chronic Disease Treatment
- Family Planning
- Behavioral Health Eval (SUD, Mental Health)
- Breastfeeding support

### **No PP F/U means YES to:**

- Unintended PG, short interval PG, PTB
- Unhealthy pregnancies, still unhealthy moms
- Mental Health concerns untreated (NAS connection)
- “More than half of PG-related deaths occur after the birth of the infant”

We had to decide  
TOGETHER...



NOT on my watch

# Fourth Trimester Initiative (FTI)

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- ❖ **ONE GOAL:** decreasing maternal morbidity and mortality in our state.
- ❖ **The FTI was designed to be a cutting-edge approach to study and improve the experience of our mothers and families in Kansas.**
- ❖ Align with state and national goals
- ❖ Constantly watch data, be responsive
- ❖ Engage all partners:
  - ❖ **Providers**
  - ❖ **Patients**
  - ❖ **Population (Community)**

## Fourth Trimester Initiative Plan

- 🍌 Provide guideline-driven, best practice health care
- 🍌 Conduct standardized screening of all childbearing-aged women
- 🍌 Provide mechanisms to assure timely referral and follow up
- 🍌 Identify each mother's Postpartum Care Team
- 🍌 Ensure a personalized Patient Plan of Care ("Mom Plan")
- 🍌 Provide reproductive health planning
- 🍌 Establish ongoing insurance coverage
- 🍌 Address social determinants of health and health equity

**GOAL:**  
**Decrease**  
**maternal**  
**morbidity and**  
**mortality in**  
**Kansas**

# Fourth Trimester Initiative

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- ❖ Birth Facilities will :
  - ❖ Participate in educational opportunities that will include SBIRT and implicit bias training
  - ❖ Be provided technical assistance (TA) to review policies and processes to make changes that encourage improved maternal outcomes
  - ❖ Connect with their community providers and services to ensure a collaborative approach and collective impact for each mom
- ❖ The facilities will report on predetermined performance measures and outcomes

# Collective Impact: We are ALL IN

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## Inpatient

Hospitals

Birth Centers

Home Births

Providers

Nurses

Navigators

Social Workers

Lactation

## Outpatient

Public Health Depts: MCH

FQHCs

PCP Clinics

OB Private Practice

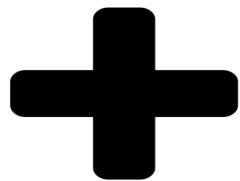
WIC

KanCare and the MCOs

Nurse Home Visitors

School Districts: PAT

“Mom Plan”



The Postpartum  
Care Plan



Healthy  
Moms



# “New” Model: *The Postpartum Care Team* Nurses



Infant Health provider

Specialty Provider

Support persons

OB Provider

PCP

OB Navigator

Lactation Support

Home Visitor

# Enrollment in AIM

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AIM PP Bundle- set to be released Summer 2021

# The “Mom Plan”

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Support Person

Money

COVID

Warning Signs



Racism

Insurance

Day Care

Breastfeeding

Mental health

# Fourth Trimester Initiative

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Through this work we will **engage and empower** patients, their families and support system, providers, and Kansas communities to **intentionally improve** maternal health outcomes with our collective, inspired effort.

# Helpful links

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KPQC: [Home - Kansas Perinatal Quality Collaborative \(kansaspgc.org\)](https://kansaspgc.org)

AIM: [Council on Patient Safety in Women's Health Care | \(safehealthcareforeverywoman.org\)](https://safehealthcareforeverywoman.org)