

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

In 2024, Kansas birth certificate data showed that breastfeeding was initiated for 89.0% of resident live-born infants.¹ Despite high initiation rates, the 2023-2024 National Survey of Children's Health data showed that only 30.7% of Kansas children ages 6 months through 2 years were breastfed exclusively for six months.² Continued efforts are needed to reach the Healthy People 2030 goal of 42.4%.

Continued investment and support for a cross-sector approach to increasing access to culturally affirming breastfeeding education, support, and practices are crucial to enhancing the health and well-being of all Kansans. Collaboration with local and state partners, such as the [Kansas Breastfeeding Coalition](#) (KBC) and Kansas Perinatal Community Collaborative sites, has strengthened the impact of policies, systems, and environmental changes aimed at creating a statewide culture of breastfeeding support. 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 adequate and sustainable initiatives, such as:

- [Kansas Business Case for Breastfeeding](#) awards for employers (9)
- [Breastfeeding Welcome Here](#) for public spaces (92)
- [Breastfeeding Friendly Designations](#) for:
 - Local Health Departments (1)
 - Child Care Programs (3)
 - Communities Supporting Breastfeeding (1)
 - Physician Practices

The KBC strives to use a [health equity lens](#) to inform and guide its external work and also serves as a "mirror" to examine internal structures, culture, and policies, which aligns with Title V's mission to support optimal breastfeeding practices among Black families. The KBC has deployed several strategies to make progress towards this goal in FY2025:

- Increasing access to lactation support by African American providers, such as breastfeeding peer counselors, doulas, International Board-Certified Lactation Consultants (IBCLCs), and mid-level lactation providers who represent high-risk populations, to provide culturally congruent support for women of color to initiate and maintain breastfeeding. 11 educational stipends funded by the United Methodist Health Ministry Fund (UMHMF) were awarded to individuals, of those one self-identified as Black, two as Hispanic, and one as multiracial. 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).

- 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 Black, Hispanic, and Indigenous communities that connect healthcare providers and the community to local information and resources (e.g., the African American Breastfeeding Coalition of Wyandotte County) to foster a culture of change within communities.



Title V continues to collaborate with various 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, 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 KBC that recognizes communities that cultivate a culture of breastfeeding support. Communities achieve this designation through a collaborative, multi-sector approach, engaging stakeholders from public health, hospitals, early childhood development, and businesses via 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. Harvey County achieved the CSB Plus designation in August 2025.

This designation expands upon the CSB foundation to include addressing working with multiple cultures and racial groups, as well as 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 guide communities as they develop implementation strategies for their local MCH programs. As of September 2025, 27 communities have achieved the CSB designation, and three have achieved the CSB Plus designation, with support from KDHE, KBC, the Kansas Health Foundation, UMHMF, and the Prime Health Foundation.

[Local Breastfeeding Coalitions](#)

One of the six required CSB criteria is the presence of an active local breastfeeding coalition. Over the past decade, the number of local breastfeeding coalitions has increased from eight to 27 county coalitions, five regional coalitions, and five cultural coalitions, covering 71 counties, or approximately 68% of the state.

KBC's Local Breastfeeding Coalition Section supports local coalitions by providing networking opportunities, learning experiences, technical assistance, and fostering the formation of new coalitions. In FFY 2025, 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 365 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."
- Hosting the 2024 Kansas Breastfeeding Coalitions Conference, drawing 189 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.

The KBC awarded the "Breastfeeding Friendly Local Health Department" designation to the Miami County Health Department. There are 20 local health departments with this designation.

The KBC trained 157 Kansas WIC staff members using the USDA Breastfeeding Training, including two in-person lactation skills days on October 16, 2024, and April 29, 2025.

The KBC hosted 7 “Connect the Stars” virtual meetings in July 2025 to improve and strengthen breastfeeding referral systems and warm hand-offs. These events drew 91 individuals.

The KBC shipped 52 orders of parent education materials to community partners, including local health departments, hospitals, child care providers, and local organizations.

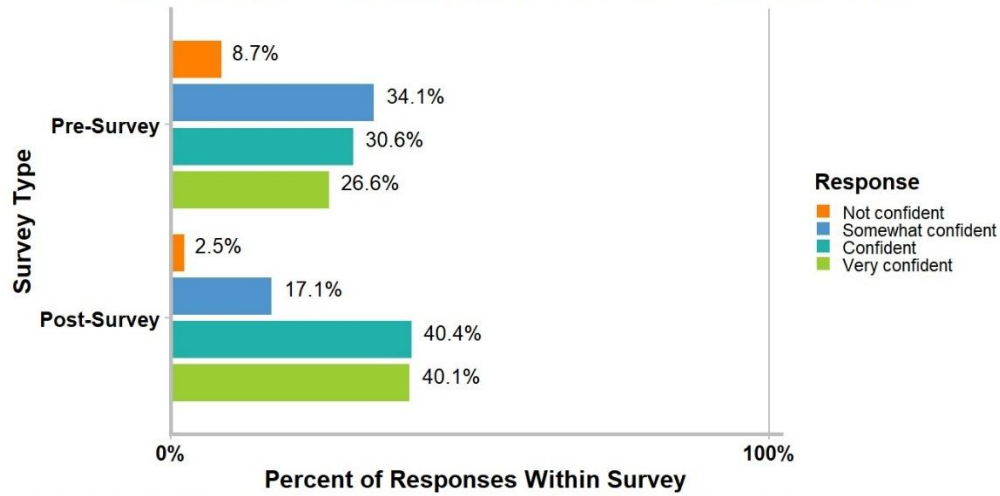
MCH-WIC-KBC-Becoming a Mom (BaM) Program Collaboration

Through collaboration among WIC, MCH, Becoming a Mom® (BaM), and community partners – including hospitals, birth centers, breastfeeding coalitions, La Leche League groups, and Kansas Breastfeeding Coalition (KBC) - Kansas has made significant progress in improving breastfeeding initiation and continuation rates. 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 of local BaM program implementation and supports easy access and dual enrollment in both programs. The 2024 BaM State Aggregate Report indicates that WIC accounted for 14.7% of BaM program referrals, ranking it fourth among sources.

KBC reviews and updates the BaM Infant Feeding session curriculum annually. Updates were postponed in 2025 due to a focus on the low-literacy adaptation process, for which the KBC will partner to review and provide feedback on the breastfeeding content. Alignment with the Kansas Baby-Friendly Hospital efforts continues, ensuring the curriculum meets Baby-Friendly Hospital requirements. The Breastfeeding Integration Toolkit continues to be provided as part of the online resources for local program sites through the BaM private website, as well as on the broader MCH Integration Toolkit webpage. This toolkit has proven to be very useful as local programs continue to face significant staff turnover. BaM breastfeeding curriculum resources continue to be made available to WIC and MCH programs in counties across the state where KPCC/BaM sites are not in place.

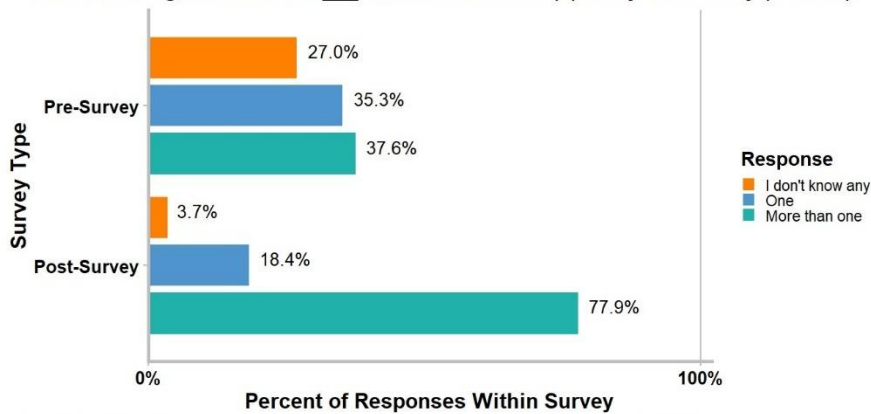
According to the 2024 BaM State Aggregate Report, initiation rates were 91.2% (higher than the 88.7% state rate, according to Kansas Birth Certificate data, 2024), reflecting the extensive education and support provided by KPCC partners around this priority. See data below reflecting the significant improvement in BaM participants' confidence in their ability to breastfeed and their knowledge of available breastfeeding support resources, pre- to post-intervention, two significant variables affecting breastfeeding initiation and continuation rates.

Figure 32. I feel ___ about my ability to breastfeed my baby (N=1038)



A statistically significant improvement was detected between Pre- and Post-Survey Responses (p-value < 0.05).
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 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=1028)



A statistically significant improvement was detected between Pre- and Post-Survey Responses (p-value < 0.05).
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 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.

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 are 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, with a specific focus on the 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).

The Safe Sleep Instructor Certification was endorsed by the [Association of Maternal Child Health Programs \(AMCHP\) as a Best Practice](#) in June 2025. Using an implementation science framework to assess the impact of safe sleep interventions, this project evaluates the effectiveness of the SSI certification program in disseminating AAP Safe Sleep recommendations, guided by theoretical frameworks such as the Health Belief Model. The model emphasizes understanding the risks, benefits, and barriers to behavior change while building participants' self-efficacy. The [RE-AIM framework](#) is also applied to evaluate the program's Reach, Effectiveness, Adoption, Implementation, and Maintenance. Additionally, Strategic Frame Analysis® from the FrameWorks Institute helps ensure effective communication by framing messaging to shift public understanding and influence behavior regarding infant sleep safety. This comprehensive approach aims to reduce sleep-related infant deaths by promoting safe sleep practices statewide.

In FY2025, the KIDS Network, in collaboration with KIDS Network-certified SSIs and other partners, assisted 58 Kansas counties and six states in implementing their "Safe Sleep Strategy" to reduce infant mortality. This includes: 59 new Safe Sleep Instructor certifications, 62 Safe Sleep Community Baby Showers, 123 Safe Sleep Crib Clinics, 1,347 Professional Safe Sleep Trainings, and 591 Parent/Caregiver Safe Sleep Trainings. These initiatives are instrumental in providing consistent, safe sleep messages and education that align with the American Academy of Pediatrics' Safe Sleep Recommendations, updated in June 2022.

A total of 824 childcare providers completed the Safe Sleep course through KS TRAIN in FY 25. The course was completed in English and Spanish. Information and training 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, KIDS Network Golf Scramble, and Step Up for KIDS).

KIDS Network Safe Sleep Strategy




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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 in accordance with the updated 2022 American Academy of Pediatrics (AAP) recommendations and is updated annually to reflect 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 the SSI faculty, which consists of the KIDS Network executive director, program director, a pediatrician, an obstetrician, a community psychologist, and a data analyst from the University of Kansas Department of Pediatrics, 3-6 months before each training. SSI faculty update materials, including presentations, handouts, the 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 to 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 the bronze level. After SSI certification, SSIs must educate parents/caregivers, childcare providers, healthcare 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.

KIDS Network Safe Sleep Instructor Certification Train-the-Trainer



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In addition to updating all SSI certification training materials, the KIDS Network also updated the SSI web portal, educational videos, posters, crib cards, postcards, and social media platforms. The Executive Director presented at numerous conferences and workshops, providing updates to state agencies, public health entities, hospitals, early childhood programs, and child abuse prevention programs across the state on the American Academy of Pediatrics (AAP) 2022 Safe Sleep Recommendations.

Following the termination of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) *Safe to Sleep*® campaign in February 2025, the KIDS Network has made every effort to fill the gap by providing safe sleep educational materials to communities across the state.

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 surpasses the traditional health fair by offering education, service access, and data to measure the strategy's effectiveness. 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, reliable information on 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 communities.
- Breastfeeding: increase confidence in the 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 communities.

A total of 2,998 individuals attended these Safe Sleep CBS events in FY25. Of those, 1,638 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 show an improvement in infants being placed to sleep "mostly on the back" from 80.2% in 2017 to 81.1% in 2022, suggesting that years of safe sleep collaboration and work are 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. [A review of evaluation results](#) from this format was conducted to determine its effectiveness and practicality for continued use 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 indicates 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 implemented through increased home visits to deliver safety-approved cribs and wearable blankets. 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 after their first year can participate in the Safe Sleep Hospital Certification Program to promote safe sleep education in hospitals and hospital systems.

Safe Sleep Hospital Certification



Safe Sleep Star Outpatient Toolkit

SSIs who complete all training requirements after their first year 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 through the use of evidence-based/informed practices, including the [Safe Sleep Toolkit](#). To maintain the earned stars, practices must continue to report compliance annually. Practices may upgrade their status at any time a higher level is reached. The clinic certification program offers three designations: Bronze, Silver, and Gold. These are explained in the following image.

KIDS Network Safe Sleep Star: Levels for Outpatient Clinics



Limitations associated with the pandemic slowed progress with the certification program. Many clinics halted or slowed the process due to restrictions on visitors presenting non-mandatory training. 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 the Kansas Chapter of the American Academy of Pediatrics (KAAP) to increase implementation across the state.

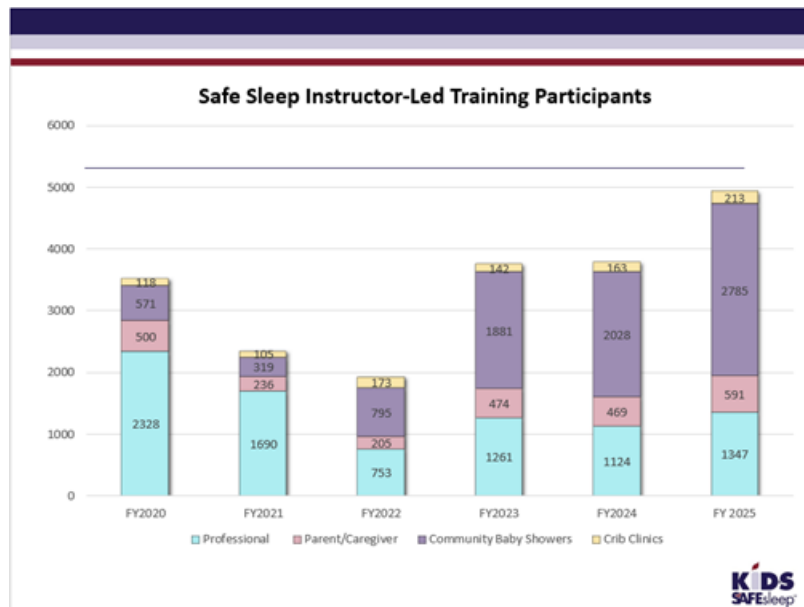
Examples of the impact of the above strategies and initiatives, from the FY25 Instructor-Led Training Annual Report (published July 2025), produced by the Center for Research for Infant Birth and Survival (CRIBS), KIDS Network evaluator, highlight that Safe Sleep Instructors can increase parent/caregiver knowledge of safe sleep through the SSI training module.

Parent/Caregiver Training: Results

	PRE	POST
Back only*	83%	96%
Safe surface only*	87%	97%
Safe items only*	63%	93%
Non inclined*	74%	97%
Same room/separate bed	87%	94%
Discuss safe sleep with others*	64%	97%

*Statistically significant at $p < 0.001$

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



The above data is exciting because, with the increasing number of professionals and caregivers trained, we are approaching 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 is that they serve as a point of entry for new and expectant parents into local MCH programs. With this, SSIs can 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 2025 Safe Sleep Instructors certification training.



At the Marion County Safe Sleep Community Baby Shower, the SSI is conducting a safe sleep crib demonstration and responding to attendees' questions.



At the Stafford County Safe Sleep Community Baby Shower, the SSI is conducting a safe sleep crib demonstration and responding to attendees' questions.



After several years without hosting the event, Saline County resumed its Safe Sleep Community Baby Shower, offering attendees education on safe sleep practices.



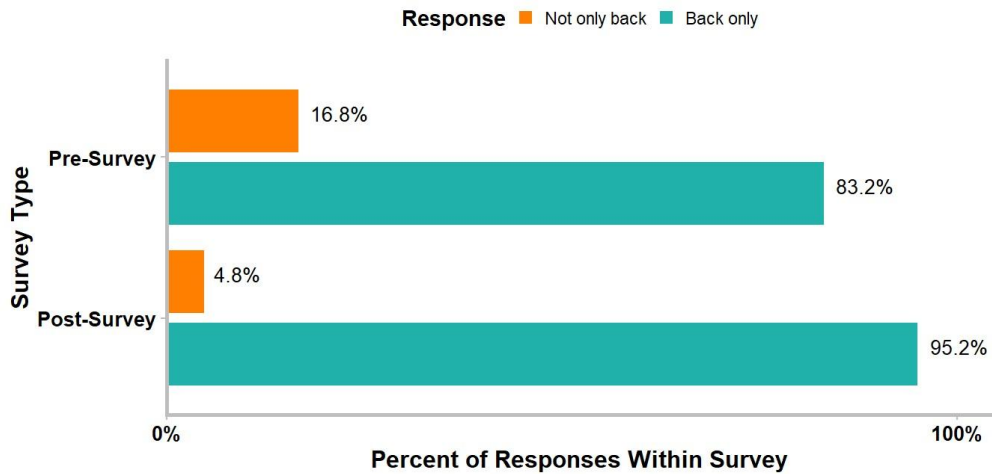
Reno County Safe Sleep Community Baby Shower



MCH-KIDS Network-BaM-KPCC Collaboration

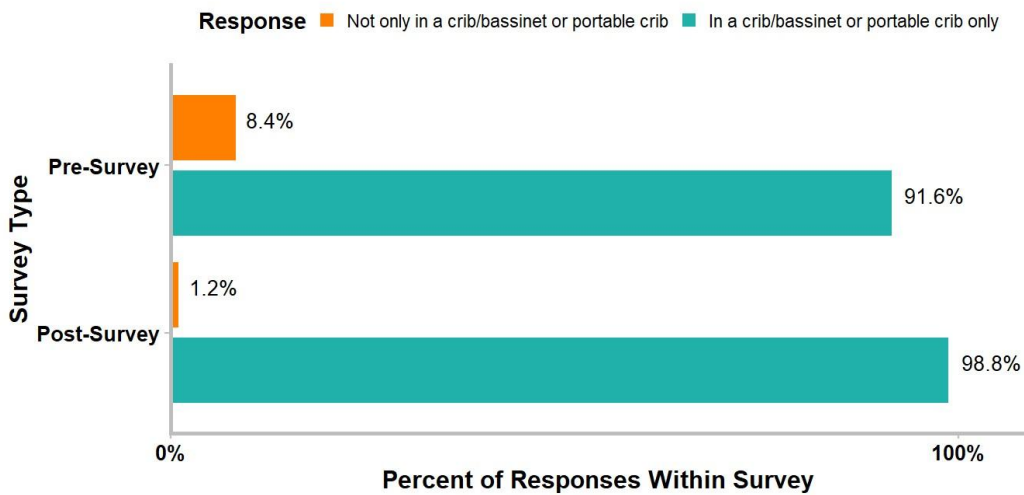
Training on the SIDS/Safe Sleep integration component is recorded and available online for new KPCCs preparing to implement the BaM curriculum, as well as new BaM facilitators. Annual review and updates to the safe sleep content in the BaM curriculum and associated implementation resources are made in partnership with the KIDS Network. Updates were postponed in 2025 due to a focus on the low-literacy adaptation process, for which the KIDS Network will partner to review and provide feedback on SUID and safe sleep content. To support messaging within the BaM curriculum, program incentives align with recommendations and guidelines. Every site includes Pack 'N Play crib distribution as part of the incentive-based program, which provides a safety-approved crib to expectant mothers with limited resources. 2024 BaM outcome data showed significant improvement in knowledge and intentions for safe sleep position from 83.2% “On his/her back ONLY” to 95.2% and 91.6% on location “In a crib/basinet or portable crib ONLY” to 98.8% following the provided education (Figures 38 and 39).

Figure 38. I will put my baby to sleep on his/her: ____ (N=1032) (Check All That Apply)



A statistically significant improvement was detected between Pre- and Post-Survey Responses (p-value < 0.05).
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 Post-Survey Data Linked to Pre-Survey Data

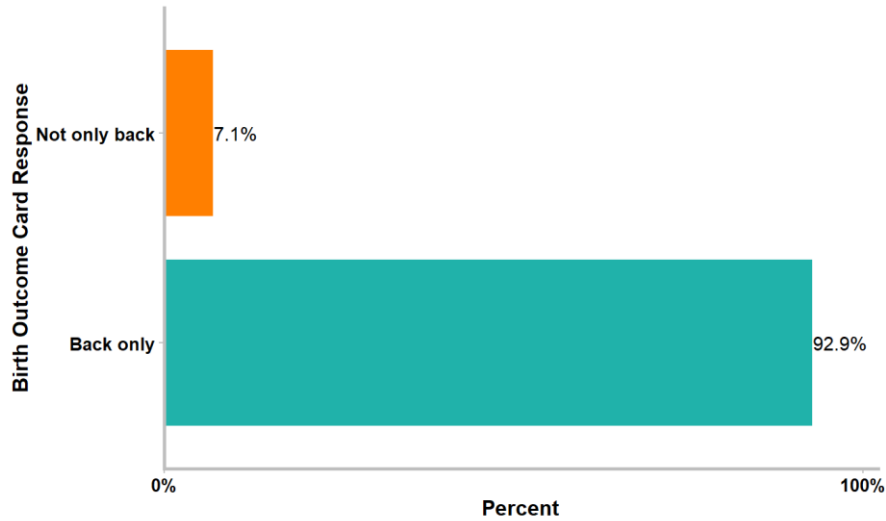
Figure 39. At home, my baby will sleep: ____ (N=1035) (Check All That Apply)



A statistically significant improvement was detected between Pre- and Post-Survey Responses (p-value < 0.05).
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 Post-Survey Data Linked to Pre-Survey Data

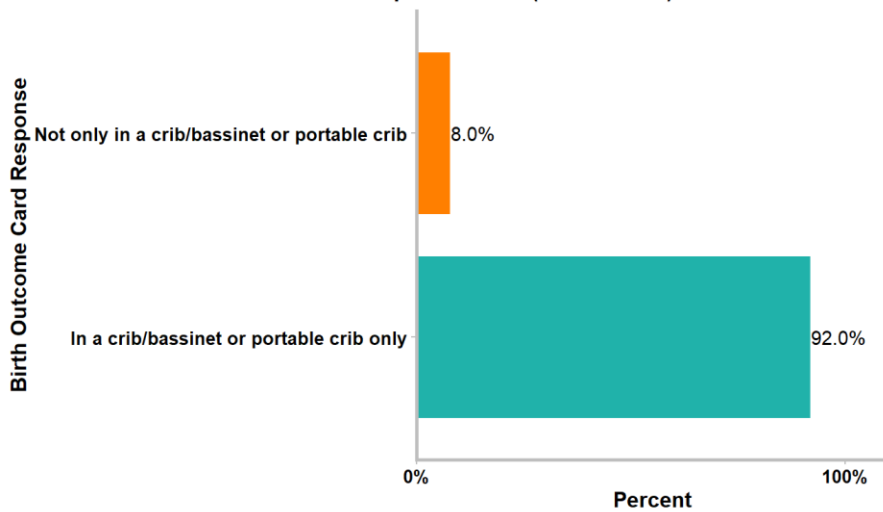
In 2020, to determine whether parents/caregivers were following through on intentions expressed during their pregnancy, KDHE began collecting data on actual sleep position through participant feedback following their infant's birth via the BaM Birth Outcome Card. This evaluation data, included in the 2024 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).

Figure 45. I put my baby to sleep on his/her: (Check All That Apply). For which the participant had reported in the Pre-Survey not only their backs (N=98)



Excludes participants who did not complete a Pre-Survey and Post-Survey.
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 Post-Survey Data Linked to Pre-Survey and Birth Outcome Card Data

Figure 46. My baby is put down to sleep: (Check All That Apply). For which the participant had reported in the Pre-Survey their babies would not sleep only in a crib/bassinet or portable crib (N=50 Babies)



Excludes participants who did not complete a Pre-Survey and Post-Survey.
 Source: KDHE Bureau of Family Health, BAM/CB Program Data, 2024 Post-Survey Data Linked to Pre-Survey and Birth Outcome Card Data

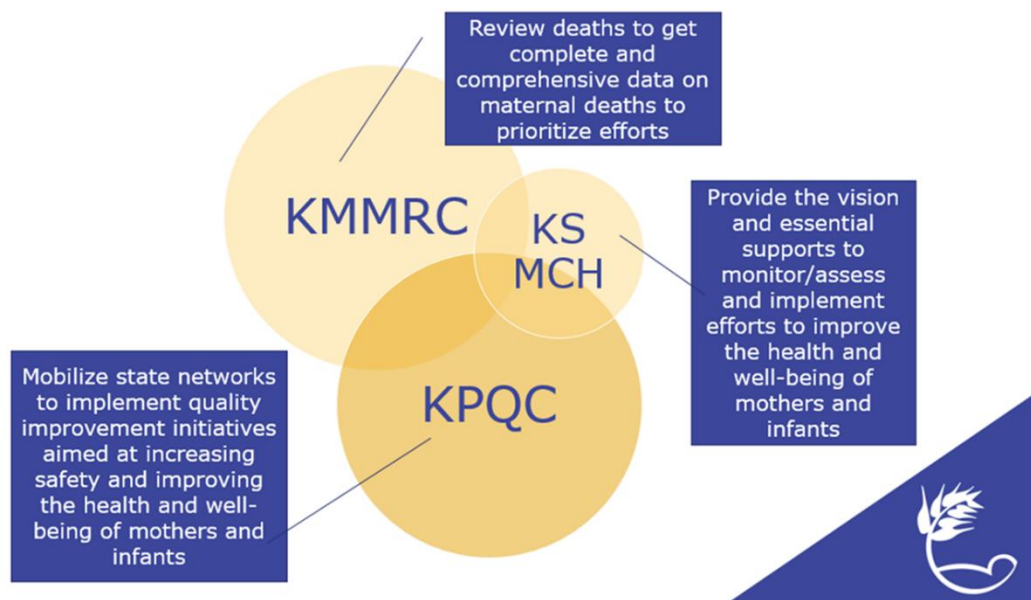
Kansas Perinatal Quality Collaborative Initiatives

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).

Role of State MMRCs & PQCs

State Perinatal Quality Collaboratives (PQCs) and Maternal Mortality Review Committees (MMRCs) work to improve maternal and perinatal health and believe that investing in maternal 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.



The work of the Kansas Maternal Mortality Review Committee (KMMRC) and Kansas Perinatal Quality Collaborative (KPQC) is funded through a cooperative agreement with the Centers for Disease Control and Prevention, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant, and the Health Resources and Services Administration (HRSA) Alliance for Innovation on Maternal Health (AIM) State Capacity grant.

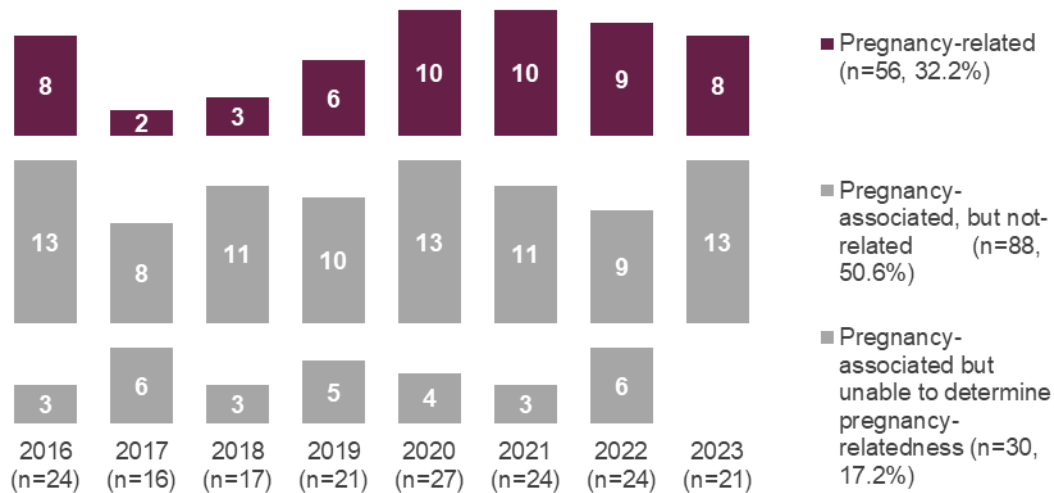
As convener of the Kansas PQC and MMRC, KDHE Title V brings together the work of both entities to translate findings and recommendations to action, in partnership with other state organizations, such as American College of Obstetricians and Gynecologists (ACOG), Kansas Chapter of the American College 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 implementing these recommendations through data-driven, evidence-based practice and quality improvement processes (e.g., Patient Safety Bundles). This is intended to improve birth outcomes and strengthen perinatal care systems for mothers and infants.

The Title V State Action Plan aligns with collaborative efforts underway by the [Kansas Perinatal Quality Collaborative](#) (KPQC). The KPQC is a panel of experts working to

improve the quality of care for mothers and infants, resulting in measurable improvements in statewide health care and health outcomes.

Data To Action: MMRC/PQC/Title V Collaboration

From 2016-2023, there were 174 pregnancy-associated deaths, which translated to a pregnancy-associated mortality ratio of 59 deaths per 100,000 live births occurring in Kansas. Nearly 70% (121 deaths, 69.5%) of pregnancy-associated deaths **occurred during the postpartum period**, with over half (91 deaths, 52.3%) occurring between 43 and 365 days after pregnancy.



From 2016-2023 the leading underlying causes of pregnancy-associated death were motor vehicle crashes (32 deaths, 18.4%), followed by cardiovascular conditions, including hypertensive disorders (25 deaths, 14.4%); mental health conditions, including those contributing to suicide (24 deaths, 13.9%); homicide (20 deaths, 11.5%); and unintentional poisoning/overdose (16 deaths, 9.2%).

From 2016 to 2023, 56 maternal deaths were determined to be pregnancy-related. More than half (31 deaths, 55.4%) of pregnancy-related deaths occurred during the postpartum period.

The leading underlying causes of pregnancy-related death were cardiovascular conditions, including hypertensive disorders (18 deaths, 32.1%), followed by mental health conditions, including those contributing to suicide (13 deaths, 23.2%); embolism, excluding amniotic fluid embolism (6 deaths, 10.7%); and infection, including 2 deaths due to COVID-19 (6 deaths, 10.7%).

KMMRC data indicate that targeted interventions during the postpartum period should be a primary focus to improve maternal health outcomes.

Based on 44 preventable pregnancy-related deaths, the KMMRC recommends:

- Patient education and empowerment

- Screen, brief intervention, and referrals to treatment (SBIRT) for:
 - Comorbidities and chronic illness
 - Intimate partner violence
 - Pregnancy intention
 - Mental health conditions (including postpartum anxiety and depression)
 - Substance use disorder – alcohol, illicit, or prescription drugs
 - Health-related social needs
- Better communication and multi-disciplinary collaboration between providers, including referrals
- Obstetric providers and facilities should implement and follow Alliance for Innovation on Maternal Health (AIM) patient safety bundle recommendations for critical clinical events.
- Promote and support culturally congruent, holistic care coordination for all birthing persons using midwives, doulas, community health workers (CHWs), and home visiting services as the standard of perinatal care in Kansas.
- Emphasize continuing mental health treatment, including medication-assisted treatment (MAT), during pregnancy.
- Expand Medicaid in Kansas, including coverage for mental and behavioral health.

In the fall of 2020, the KPQC launched the [Fourth Trimester Initiative](#) (FTI) to reduce maternal morbidity and mortality in Kansas. The FTI focused on quality care and on provider communication and collaboration during the transition from pregnancy through the postpartum period (up to 365 days). 39 birth hospitals and 2 birth centers participated in the FTI initiative, impacting approximately 93% of births in Kansas.

To address the KMMRC recommendations for improved care coordination and linkage to services for perinatal persons, especially during the postpartum period, the KPQC and KDHE Title V continue to build collaborations between AIM-enrolled hospitals and their local Title V services, including MCH Universal Home Visiting programs, Title X, WIC, MIECHV, CHW, and doula programs. Kansas is leading the way for establishing and piloting this "new" postpartum model of care.

Community Support for Positive Clinical Outcomes



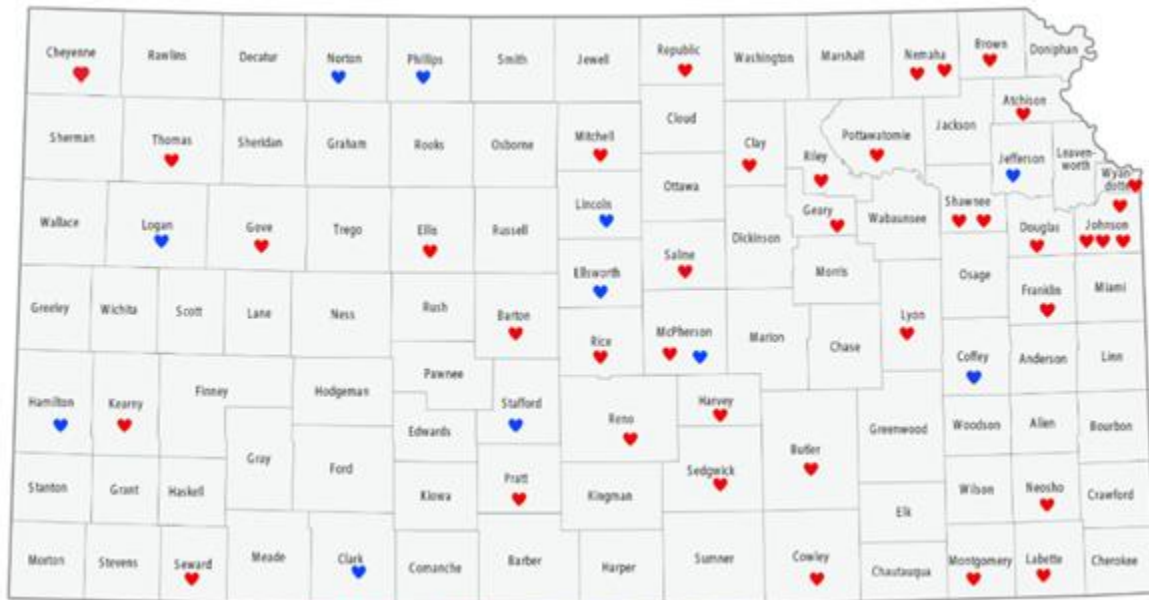
Implementation of the FTI initiative positioned Kansas to enroll in the [Alliance for Innovation on Maternal Health](#) (AIM) Postpartum Discharge Transition (PPDT) AIM bundle in October of 2021. AIM is a national, data-driven initiative based on proven implementation approaches to improving maternal 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. This bundle helped guide Kansas in implementing FTI, including tracking progress measures and data collection, and leveraging existing MCH investments around the KPCC model. Kansas transitioned from implementation to sustaining the FTI/PPDT bundle in December 2024. In June 2024, the KPQC, in collaboration with the KS Hospital Association, disseminated a survey to all current AIM-enrolled birthing hospitals, to birthing hospitals not enrolled in the AIM bundle, and to all critical access and rural hospitals (that are not birthing hospitals) 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 on survey data, hypertension and sepsis were the top bundles identified by hospitals across the state. The KPQC Advisory Board met in July 2024 and chose the [Severe Hypertension in Pregnancy](#) (SHTN) patient safety bundle as the next maternal QI initiative. The KPQC Advisory Board decided to not only recruit birthing hospitals to participate in 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 serve pregnant and postpartum women through their emergency departments and primary care practices.

In addition to including non-birthing hospitals in the SHTN bundle initiative, the KPQC Advisory Board decided to include an infant health-related component in the bundle implementation. 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 well-being. Hospitals enrolled in AIM will establish or update policies regarding early maternal lactation to address establishing pumping within the first three hours for women who deliver early, and/or for women who may be separated from their infants due to the need for higher-level care (e.g., infant transferred to a neonatal intensive care unit).

Enrollment in the SHTN initiative began in January 2025. Thirty-nine birthing hospitals and eleven non-birthing hospitals are participating, impacting approximately 85% of all births in Kansas.



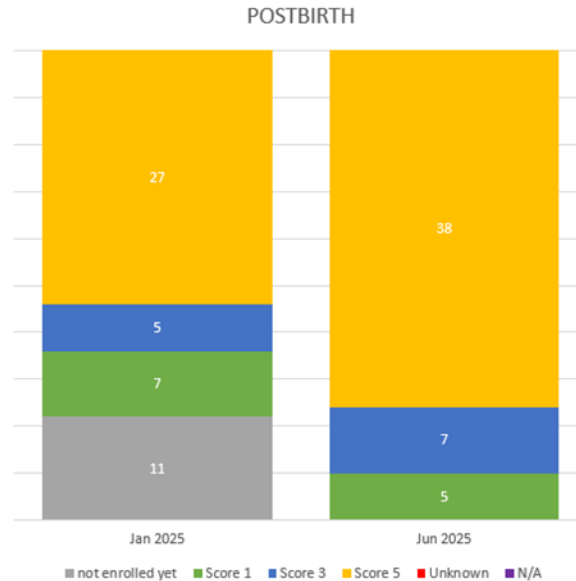
39 Birthing Facilities, 11 Non-Birthing Facilities

While the primary focus of the SHTN bundle is identification, recognition, and timely treatment of hypertensive disorders in pregnancy/postpartum, the groundwork laid during the FTI/PPDT bundle regarding screening, referrals, and inpatient-to-outpatient care coordination continues as an integral component of this bundle.



KMMRC data indicate that cardiovascular conditions, including hypertensive disorders in pregnancy and the postpartum period, have been determined to be a significant contributing factor to maternal morbidity and mortality in Kansas. The KPQC, in partnership with KDHE Title V, led [the Maternal Warning Signs Initiative \(MWS\)](#) and continues to implement the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) [Post-Birth Warning Signs \(PBWS\)](#) Education Program. Training seats have been purchased and made available for local Title V, KPCC sites, and partnering hospitals enrolled in AIM, MICEHV, Title X, WIC, doula, and community health worker programs. Title V included resources from multiple other national campaigns, such as the 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 on addressing the specific needs of racially and ethnically disparate and low-literacy populations. The purpose of this comprehensive statewide initiative is to provide clear, consistent, and repeated messaging across the perinatal continuum and across all health care sectors in Kansas. From 2021-2025, 257 individuals representing 49 local programs, as well as an additional 1,567 labor and delivery, emergency department, NICU, and postpartum staff, along with other healthcare providers (e.g., EMS, first responders) across the AIM-enrolled hospitals, have completed the POST BIRTH training. 90% of all AIM-enrolled hospitals have taken the POST-BIRTH training, 76% have fully implemented and embedded staff and patient education within their facilities.



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, as well as to hospitals participating in the SHTN AIM bundle in 2025. The Perinatal Hypertension toolkit provides educational materials and resources for local providers to support enhanced education and awareness of this serious, potentially life-threatening health concern. By providing patient education through the use of toolkit resources, educating on Hypertensive disorders in Pregnancy (HDP), risk factors, warning signs, proper self-monitoring of blood pressure at home, and the importance of communication with their provider, KDHE aims to prevent severe maternal morbidity and maternal mortality associated with HDP.

KPQC Cuff Project

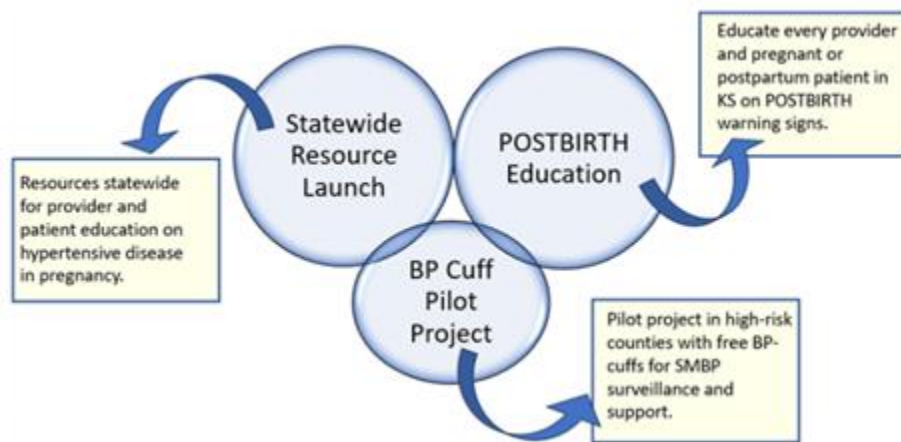
Early identification and timely management of hypertension are critical to preventing adverse outcomes such as stroke, eclampsia, and maternal death. The KPQC Cuff Project includes three coordinated components: a statewide resource launch, including education on prescribing and appropriate billing codes for providers; POSTBIRTH education focused on maternal warning signs; and the Blood Pressure Cuff Pilot Project. Together, these efforts ensure that pregnant and postpartum patients at the highest risk for hypertensive disorders have access to validated home blood pressure monitoring, education on maternal warning signs, and clear pathways for provider connection. Home visitors reinforce blood pressure monitoring, provide education on maternal warning signs, and support connection to follow-up care, extending AIM bundle principles beyond the inpatient setting. While the long-term goal is to leverage existing patient-payor benefits, delays in authorization and fulfillment create a critical gap.

The Kansas Cuff Pilot Project places validated blood pressure cuffs directly into patients' hands for immediate use when an individual is identified at high risk of a hypertensive disorder, supporting early detection and timely escalation of care. The pilot

also strengthens care coordination through formal referral pathways between OB providers and community-based home-visiting programs, such as Title V Universal Home Visiting.

To determine eligible counties for the pilot project, Kansas hospital discharge data were reviewed to identify counties with the highest prevalence of hypertensive disorders of pregnancy (HDP). Identified counties with high prevalence were then crosswalked with counties that had a hospital enrolled in the AIM SHTN bundle. Finally, communities with high prevalence and an AIM-enrolled hospital were reviewed to prioritize counties with a strong public health/community partner, such as KPCC.

State Maternal Health Innovation (MHI) and AIM grant funding were used to purchase validated home blood pressure cuffs and support hospital workflows aligned with AIM recommendations, including standardized discharge education and follow-up. Leveraging MHI and AIM funding to strengthen implementation of the AIM SHTN bundle allows Kansas to translate national patient safety recommendations into practical, hospital- and community-based interventions that reduce preventable maternal morbidity and mortality.



Additionally, in partnership and collaboration with the State MHI grant, obstetric simulations (e.g., hypertensive emergency prenatal/postpartum, precipitous delivery, shoulder dystocia, etc.), along with an obstetric emergency flipbook developed through the University of Kansas School of Nursing Rural Maternal Obstetric Management Strategies (RMOMS) grant, will be offered to all hospitals participating in the SHTN AIM patient safety bundle. For more information about these collaborations, please see the State Maternal Health Innovation section of the Women/Maternal report.

The combination of the underlying cause of death determined by the KMMRC and the underlying cause filed on the death certificate was used to categorize the type of pregnancy-associated death. Results indicate one-third (60 deaths, 34.5%) of pregnancy-associated deaths were caused by homicide, mental health conditions (including those contributing to suicide), or unintentional poisoning/overdose.

Furthermore, KMMRC determinations on the circumstances surrounding death were obesity (contributed to 21.3%), mental health conditions other than substance use disorder (contributed to 26.4%), and substance use disorder (contributed to 29.9%). 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](#) is 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 also include integrating universal education on Intimate Partner Violence and healthy relationships, using resources from the Futures Without Violence Initiative.

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.

Birth Defects Surveillance (BDS)

The Kansas Birth Defects Program has continued to refer core cases to Special Health Care Needs and Kansas Early Childhood Developmental Services. Since over 50 families have been referred to one or both programs, these include current Kansas residents, either born in Kansas or out of state, who now reside in Kansas. These partners have ensured families and children affected by birth defects receive proper education, outreach, and service navigation to care for themselves effectively. Case abstractions continued for core, recommended, and extended cases in Kansas, as well as additional birth defect cases. In 2024, 98 cases were confirmed; 78 of those were core, recommended, or extended. In 2025, 394 cases were confirmed; 102 of those were core, recommended, or extended. Excluding cases with only notifiable conditions, the total number of birth defects reported for 2025 at this time is 1,377.

Program material is being updated and created to support referring cases to services, education and outreach, quality improvement and assurance, and other program activities. An English- and Spanish-language program brochure was created and disseminated to internal partners and online for public consumption, and has been included in packets sent to families who were referred to Special Health Care Needs or Kansas Early Childhood Developmental Services. 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.

A data project is being conducted, covering core and critical congenital heart defects across Kansas over the past five years. The goal of this project is to identify trends across regions and tailor educational resources and activities based on the findings.

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: 2024 Kansas Home Visiting Conference

Home visitors play a critical role in supporting the health and well-being of pregnant and parenting families. Because they are often the first professionals to build sustained, trusting relationships with caregivers, they are uniquely positioned to identify early signs of perinatal behavioral health concerns. Training home visitors in these areas equips them with the knowledge and confidence to recognize risk factors, provide timely support and education, and connect families with appropriate services. Strengthening this workforce is essential to improving outcomes and reducing preventable crises for families across Kansas. As such, multiple perinatal behavioral health sessions were made available during the virtual 2024 Kansas Home Visiting Conference:

- **Perinatal Substance Use and Behavioral Health Screening and Referral:** Mental health conditions impact an estimated 20% of individuals during pregnancy or postpartum, and substance use disorders are estimated to co-occur at a rate of 19%. This presentation outlined relevant terminology, prevalence, signs, and symptoms, and discussed best practices for screening, brief intervention, and referral for this population. About 50 providers attended this conference breakout session facilitated by the Kansas Connecting Communities Team.

Perinatal Substance Use: Recognition, Reporting, and Support

The perinatal period (pregnancy through 12 months postpartum) can be a complex time for care professionals and the populations they serve. Substance use during the perinatal period can raise a variety of questions for professionals regarding mandated reporting requirements and appropriate, timely referrals to support services. This training will present an abridged overview of Kansas mandated reporting requirements, especially as they relate to the perinatal population, and review risk factors for abuse and neglect in the perinatal period. Additionally, this training provided an overview of the perinatal provider workflow, focused on pregnant women using substances, intended to increase access to treatment and connection to community support services. Participants learned from case examples taken from the perinatal period. Kansas Department of Children and Families (DCF) and Kansas Department of Health and Environment (KDHE) staff facilitated this breakout session. About 101 providers attended the breakout session.

As a follow-up to the Home Visiting Conference sessions, the Behavioral Health Consultant was invited to provide a perinatal behavioral health resources overview to local Kansas MIECHV programs. As part of the annual MIECHV virtual program meeting, one presentation geared toward home visitors focused on prevalence, screening implementation, and available resources. In contrast, a second presentation for supervisors focused on these same principles, including best practices, fidelity standards, and Medicaid billing opportunities for maternal depression screening services. About 37 home visitors and 6 supervisors attended the live training event.

Other P/I Work

Pregnancy Risk Assessment Monitoring System (PRAMS)

Title V has historically provided funding to the PRAMS team to ensure the program's continuation. In FFY25, the decision was made to shift PRAMS funding to the Maternal Health Innovation grant due to alignment between the projects. Title V continues to support PRAMS by serving on the steering committee, discussing opportunities to leverage PRAMS data to improve MCH services across the state, and maintaining open lines of communication through quarterly coordination meetings.

Welcoming Babies Project

In the fall of 2024, domain workgroups within the Kansas Maternal Child Health Council were asked to develop a special project to work on during the allotted time at each meeting over the next year. The Perinatal/Infant Workgroup identified an opportunity to leverage the newborn screening (NBS) platform to increase awareness of critical postpartum information and resources for families of newborns. Traditionally, NBS follow-up is limited to infants with abnormal screening results; however, this pilot expanded outreach by sending a postcard to families whose infants received a *normal* newborn screen. The postcard directed them to a curated resource webpage developed and reviewed by multiple partner programs. The pilot was implemented in April–May 2025 and concluded in July–August 2025. Approximately 5,000 postcards were mailed during this period.



Congratulations
on the birth of your baby from the Kansas Newborn Screening Program. For questions about the results, please contact your baby's doctor.

As you navigate this exciting time, we've compiled resources and information that may be useful for you and your family.

Scan for more information or visit:
nbss.ks.gov/information-for-families/welcoming-babies

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