PRIORITY 6

Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

CROSS-CUTTING AND SYSTEMS BUILDING

OBJECTIVE 6.1

Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

OBJECTIVE 6.2

Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% annually through 2025.

OBJECTIVE 6.3

Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

SPM 3: *Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event.*

Behavioral Health Initiatives

Objective 6.1: Increase the proportion of providers with increased comfort to address the behavioral health needs of MCH populations by 5% by 2025.

Universal Screening Practices: KS Title V began utilizing the *Creating Effective Partnerships to Improve Behavioral Health Outcomes Guide* to assist local programs seeking to implement or enhance their behavioral health screening practices. Programs were recommended to follow the best practice guidelines referenced throughout the guidance and were strongly encouraged to follow the U.S. Preventive Services Task Force's recommendation for screening to be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up for all health screens for all populations. Title V continued promotion of the Behavioral Health Screening Guidance for Kansas MCH Programs resource which includes a behavioral health screening overview, universal screening framework, suggested workflows (integration of brief screen and/or full screen), virtual screening considerations, crisis assessments, supporting resources, and overviews of each of the behavioral health screening tools integrated into DAISEY. On each of the screening tool overviews, information about the screening tool is provided as well as guidance on how to introduce the screening tool to a patient or client, how to administer and score the screening, and suggestions on interventions to conduct following the screening.

To further support MCH ATL organizations, several Q&A/Technical Assistance Sessions were facilitated by KDHE MCH staff throughout this Report period, including on behavioral health:

- Perinatal Behavioral Health Screening: 25 providers registered for the session and received the follow-up email with resources discussed during the live session. Resources included: SBIRT Medicaid Reimbursement Policy, promotional materials for the Kansas Consultation Line, perinatal mental health training scholarship opportunities, KMIM case consultation clinic information, and a Rile County resource, a searchable mental health provider database.
- Perinatal Substance Use Disorders (SUD): 52 providers registered for the session and received the follow-up email with resources discussed during the live session. Resources included: SBIRT Medicaid Reimbursement Policy, screening resources, substance use posters/handouts, health risk fact sheets, perinatal provider workflow: pregnant women using substances, and the Kansas Consultation Line

Perinatal Behavioral Health Initiatives: Five key initiatives were implemented to help increase workforce capacity to screen, facilitate brief interventions, make referrals to treatment, and provide education and resources to their perinatal patients at risk of behavioral health conditions:

1) Maternal Depression Screening Payment Policy: Effective January 2021, the maternal depression screening payment policy was adopted by Kansas Medicaid. This policy supports reimbursement for an unlimited number of screenings during prenatal and 12 months postpartum period under the mother's Medicaid plan, and an unlimited number of screenings during the 12-month postpartum period under the child's Medicaid plan supporting child social and emotional development and healthy family functioning. BFH continued to support implementation by assisting with any necessary guidance to providers, developing any needed training materials and analyzing Medicaid claims data to determine provider or clinic training or technical assistance needs.
2) Kansas Connecting Communities (KCC): Through KCC, a Perinatal Provider Consultation Line was established to support perinatal providers through case consultations, providing best-practices information, and offering multiple training opportunities. The line is accessible weekdays from 8 a.m. to 5 p.m. to assist providers with their perinatal behavioral health questions. Consultation line staff can help with diagnosis, medication, treatment, patient

resources, identifying local referral options, and connecting the calling provider with a clinical psychiatrist for case consultations. This effort directly supports increasing health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for depression, anxiety, and substance use disorders.

3) Paternal Postpartum Depression (PPD): Title V continued to promote the PPD package (Paternal Depression tab in the (Perinatal Mental Health Toolkit) to increase provider awareness about prevalence, educate about symptoms, inform on the difference of PPD and maternal depression, guide implementation of paternal screenings into clinic workflow, offer programming considerations, and provide resources for fathers who might be experiencing postpartum depression.
4) Perinatal Behavioral Health Toolkits: Title V continued promotion activities to increase awareness and utilization of the Perinatal Mental Health and Perinatal Substance Use toolkits. The toolkits provide education, guidance, and resources to providers in support of their perinatal behavioral health screening practices. Each toolkit includes an overview of screening integration, screening tools, workflows and algorithms, templates for local use (e.g., sample policy, MOA/MOU template to execute with treating providers), provider resources, and resources providers can use with their clients. Title V reviews toolkit content and make updates, as needed, on an annual basis.
5) The perinatal period (pregnancy through 12-months postpartum) can be a complex time for care professions and the populations they serve. Substance use during the perinatal period can bring up a variety of questions for professionals related to mandated reporting requirements and making appropriate and timely referrals to support services. To address concerns, KS MCH worked with the Kansas Department for Children and Families (DCF) to create a Perinatal Provider Workflow: Pregnant Women Using Substances with the intent of increasing education around mandated reporting laws in Kansas as well as transparency in what happens after a report is made to the Kansas Protection Reporting Center. The MCH Behavioral Health Director and DCF then collaborated to develop a 'Perinatal Substance Use: Recognition, Reporting, and Supporting' training to offer an overview of Kansas mandated reporting requirements, especially as they relate to the perinatal population, and review risk factors for child abuse and neglect. The training includes real case examples, with outcomes, of families who have interacted with the Kansas child welfare system. The training was offered twice during this Report period with momentum building and several trainings already scheduled for FFY25:
    a) October 2023: Kansas Governor's Conference on Child Abuse and Neglect Prevention – 20 attendees
    b) April 2024: Webinar sponsored by the Kansas Children's Services League – 240 attendees

KSKidsMAP: The MCH Behavioral Health Director continued to provide leadership and guidance as the project director for Kansas' Pediatric Mental Health Access Program, KSKidsMAP to Mental Wellness (KSKidsMAP). KSKidsMAP continued to identify innovative outreach methods to increase provider enrollment, including presenting at conferences geared towards PCP engagement (e.g., American Academy of Pediatrics). Further, KSKidsMAP continued its development of subsequent sections to the Pediatric Mental Health Toolkit prioritizing new topic sections based on emerging needs identified via case consultation requests and ECHO Clinic sessions.

To promote sustainability of the Consultation Lines established by KCC and KSKidsMAP, KDHE transitioned data collection and storage for the KCC program from the DAISEY system to the University of Kansas Health System's REDCap system. This is the same system that Kansas' Pediatric Mental Health Access Program, KSKidsMAP, has established and uses. Transitioning the KCC Consultation Line data collection and storage to REDCap will also allow for the two programs to be integrated for sustainability, coordination, and improved access to both programs for practitioners. As part of the infrastructure consolidation, the programs began to use one Consultation Line number, as opposed to a number for each Line/program. Prompts for "Press one for pregnant/postpartum inquiries or press two for pediatric inquiries" will be established ensuring the PCP is connected to each program's social worker. Use of one 1-800 number should help reduce confusion around which number to call while maximizing marketing and outreach opportunities. The number that is discontinued will remain active for at least one year and will be forward to the main number to ensure all PCPs can access the programs. As part of this consolidation, the program also explored re-branding and co-branding opportunities developing what is now known as the 'Kansas Mental Health Consultation and Resource Network.'

The rebranding activities also lead to development of new marketing materials – leveraging creative, attention-capturing designs to help stand out while exhibiting at large conferences. Recognizing the strategic and innovative approach taken by Kansas to join their PMHCA and MMHSUD programs, HRSA invited the programs to present at a Strategic Marketing learning event for PMHCA and MMHSUD programs.

Trauma-Informed Approach Initiatives

Objective 6.2: Increase the proportion of MCH local agencies implementing trauma-informed approaches that support increased staff satisfaction and healthier work environments by 5% by 2025.

Trauma-Informed Training: The Woman/Maternal Health Consultant is a certified *When Survivors Give Birth* trainer. This is a trauma-informed training for perinatal professionals on working with trauma survivors before, during, and after childbirth. The training covers common challenges experienced by the perinatal professional providing care to survivors, types of abuse, brain development and brain changes as a result of trauma, toxic stress, impact of childhood sexual abuse on childhood, adulthood, pregnancy period, birthing period, and postpartum period, clinical challenges and possible solutions, triggers and how to help clients manage them, navigating the birthing experience without experiencing additional trauma, the

importance of consent, and tools for provider self-care. Training opportunities were facilitated, highlighted below, during this Report period.

At the time of writing this Report, the Woman/Maternal Health Consultant has resigned from her role. KS MCH is exploring options for continuing to offer this training, or something similar, in future years.

Local MCH Agencies: The Home Visiting Unit Manager, Women/Maternal (W/M) Health Consultant and Clinical Perinatal/Infant (P/I) Health Consultant facilitated joint HV / BaM / KPCC Fall Trainings. This consisted of 6 day-long trainings across 6 regions. The trainings took place in Salina, Wichita, Chanute, Topeka, Garden City, & Hays. The W/M Health Consultant's presentation was on When Survivors Give Birth (a focus on Trauma Informed Care) and the Clinical P/I Health Consultant presented on the Kansas Perinatal Community Collaborative (KPCC) with activities to facilitate collaboration and networking within their regions, focusing on Social Determinants of Health. Across all six regions, there were 98 local MCH agency staff in attendance.

Trauma-Informed Health Collaborative: KS Title V was invited to participate in the Kansas Chapter of the American Academy of Pediatrics (KAAP) Trauma-Informed Care and Relationship Health Summit. The purpose of the Summit was to assist KAAP in creating a vision and preliminary plan of action to help pediatricians in Kansas provide trauma-informed care and support relational health. The day included an overview of the project, the vision for the perfect Kansas, the Kansas Landscape – within and across partner organizations, identifying gaps and priorities, and suggestions for how KAAP can meet the most critical unmet needs or gaps. KAAP compiled information and intends to facilitate a follow-up convening in 2025.

Social Determinants of Health Initiatives

Objective 6.3: Increase the proportion of MCH-led activities that address social determinants of health (SDOH) to reduce disparities and improve health outcomes for MCH populations by 15% annually through 2025.

*Becoming a Mom (*BaM®*) Health Equity Opportunity Project (HEOP):* Historically, the rate of infant mortality in the Black non-Hispanic population has been significantly higher than in other racial/ethnic groups. According to the KDHE Annual Summary of Vital Statistics, 2023, the Black non-Hispanic infant mortality rate in 2023 was 10.6 deaths per 1,000 live births – which was over double the rate of White non-Hispanic births (4.1/1,000). While the gap is narrowing in recent years, additional resources are still needed to focus strictly on reaching and supporting this population.

Utilizing lessons learned through the first two cohorts of the MCH Health Equity Opportunity Project, Title V granted six Health Equity Opportunity Projects (HEOP) to local BaM® programs. Utilizing the Kansas Healthy Communities Action Toolkit, mini-grant opportunities have been made available to programs interested in targeting high-risk disparity populations with service provision through unique cross-sector partnerships and the development and implementation of approaches to address social determinants of health and leading chronic disease risk factors among BaM® participants, as well as decreasing risks associated with chronic disease processes associated with pregnancy.

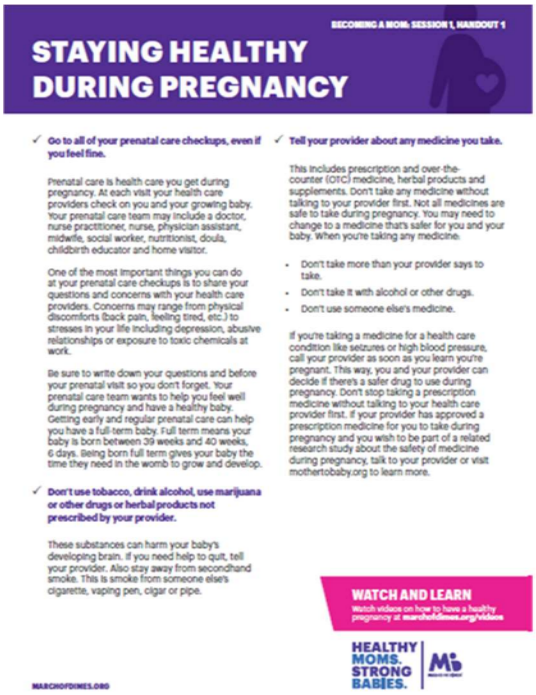
The first BaM® HEOP was awarded in July 2022 to *Baby Talk*, a long-standing Kansas Perinatal Community Collaborative (KPCC) implementing the BaM® prenatal education program. *Baby Talk* has formed a partnership with the Wichita Black Nurse Association (WBNA) to provide

BaM® classes in a trusted, faith based, setting within the black and brown community. Funding for the MCHEOP has provided three WBNA nurses with Labor and Delivery experience to teach *Baby Talk* classes, as well as recruiting participants alongside the *Baby Talk* program. First classes were scheduled for October 2022. The Wichita Black Nurse Association (WBNA) stays committed to their partnership with the *Baby Talk* organization to grow and strengthen this targeted initiative. The project has continued to be sustained through FFY2024 through a combination of MCH ATL funds and other locally generated funds. In the FFY2024 reporting period, 17 individuals have been served through this continued partnership.

As of July 2023, five additional BaM® HEOP awards were granted to local communities. Focus of these projects included: expanding services to reach a broader Spanish-speaking population (Lawrence-Douglas Co. HD); providing TA to support the development of additional *Becoming a Dad* fatherhood initiatives across KPCC/ BaM® sites (Delivering Change); improving physical and mental health, fostering peer support and encouraging positive connections between pregnant and postpartum women through trauma-informed yoga (Riley Co. HD); adapting BaM® curriculum and resources for English Language Learners, low-literacy populations, and for provision through a one-on-one format in special circumstances (Seward Co. HD and Catholic Charities of NEK). Project kick-off occurred in July 2023, with check-in calls occurring on a quarterly basis through the end of the July 2023-June2024 project period. Below are a few highlights and notable outcomes from a couple of these projects:

- Riley County - improving physical and mental health, fostering peer support and encouraging positive connections between pregnant and postpartum women through trauma-informed yoga:
  - Successful use of the GroupMe app to support participant engagement and provide additional resources between sessions.
  - Final average class size for this project was 8.16 participants per session.
  - 50+ individual participants were engaged in the program throughout the year.
  - The average total of pre and post survey answers improved overall in all 4 questions from the pre-test to the post test. In fact, one question, regarding opportunities to connect and feel supported by peers, increased by 23% overall.
  - Before and after class mood check-ins were completed. The overall feeling among participants at each class improved by a minimum of 2 points, and on occasion by a maximum of 4 points, on a scale of 1-10.
  - Satisfaction surveys were consistently positive. Some of the comments included:
    - Thank you for the techniques that have helped throughout my pregnancy and now in postpartum!
    - Awesome class and program! I look forward to going every week.
    - This class was incredibly helpful throughout my pregnancy and gave me experience I needed to help my body throughout labor. I am excited to continue to gain the benefits from this class in my postpartum journey. Thank you!
    - I hope this program lasts forever! It's so beneficial!
    - Love that this is an option! It's new since I was pregnant previously and I'm grateful for the opportunity and childcare!
    - I didn't discover this class until third trimester, but I have learned some amazing stretches and movements that I use daily at home to make third trimester more comfortable!!! I also love the wide variety of exercises/focus from week-to-week!! Thank you for this free yoga class for the pregnant/postpartum population!!
    - Really like the teacher and the space for the class.
- Seward Co. HD and Catholic Charities of NEK - adapting BaM® curriculum and resources for English Language Learners and low-literacy populations:

- Workgroup met bi-weekly to review ½ a session's content, which had been reviewed along with input template completed by each workgroup member between each meeting. Input from the group was very insightful. Workgroup phase of the project was completed by June 2024.
- A paid intern was contracted to help support the Clinical P/I Consultant with this project. The intern's focus was creating agendas and templates for workgroup input as well as taking workgroup notes and creating a first draft of the adapted version.
- Clinical P/I Consultant facilitated workgroups, reviewed and provided recommended edits to first draft, as well as coordinated efforts with KDHE Communications team who began graphic design work on the adapted curriculum in September 2024.
- As of the end of FFY2024, Session 1 graphic design was underway, with permission from the March of Dimes (original curriculum is copyright protected). Below are screenshots comparing a couple of handouts from the original curriculum (L side) and the adapted curriculum (R side):



BECOMING A MOM: SESSION 1, HANDOUT 1

STAYING HEALTHY DURING PREGNANCY

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

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

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

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

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

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

✓ **Tell your provider about any medicine you take.**

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

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

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

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

HEALTHY MOMS. STRONG BABIES.

MARCHOFDIMES.ORG

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

Staying Healthy During Pregnancy

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

- Monitors the health of you and your baby.
- Important to ask questions and share your concerns.

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

- Harms your baby's developing brain.
- Even second-hand smoke can harm your baby.

Tell your doctor about all medicines you take.

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

Daily: Take a prenatal vitamin with 600 micrograms of folic acid.

- When taken before and during early pregnancy, it can prevent major birth defects of the brain and spine.
- Hard to get enough from foods alone.

PRENATAL VITAMINS

1

COMMON DISCOMFORTS OF PREGNANCY

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

1. BACKACHE

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

What you can do:

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

2. BREAST CHANGES

You may notice these changes to your breasts during pregnancy.

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

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

HEALTHY MOMS. STRONG BABIES.

Common Discomforts of Pregnancy

1. Backache

Common during pregnancy, (especially late pregnancy).

What Can You Do?


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


Discuss **stretches and exercises** you can do with your provider.


Wear **comfortable shoes with good support**.


Stand up **straight**.


Squat to lift heavy objects, like children or groceries.

2. Breast Changes

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

What Can You Do?


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


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


Use **breast pads** in your bra if leaking colostrum.


Wear a support or maternity bra with **wide straps**.


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

COMMON DISCOMFORTS OF PREGNANCY

What you can do:

- Wear a support or maternity bra with wide straps. These bras usually include extra hooks so you can adjust the size as your body changes. You can wear the bra when you sleep to help make you more comfortable during the night.
- If you exercise, make sure your bra gives you good support.
- If your breasts itch, use lotion. Talk to your health care provider about what kind to use.
- If the soreness in your breasts doesn't go away or is severe, call your provider.
- If you've had breast surgery or implants, tell your provider.
- Put breast pads in your bra if you're leaking colostrum.

3. CONSTIPATION

Constipation is when it's hard to have a bowel movement. It's a common problem during pregnancy. It may be caused by hormone changes and the pressure of your growing belly on your intestines. An upset stomach and constipation also may be caused by the iron in your prenatal vitamins. Talk to your provider about any symptoms you may be having.

What you can do:

- Drink lots of water. Prune juice can help, too.
- Eat foods that are high in fiber, like fruits, vegetables, beans and bran cereal. When shopping, choose breads, tortillas and pastas that are made from whole grains.
- Do something active every day. Walking is a good option.
- Eat dried fruit, like prunes or dates, every day.
- Ask your health care provider about medicines you can take.
- If you haven't had a bowel movement in 3 days, call your provider.

4. HEARTBURN

Heartburn is a painful, burning feeling in the throat or chest. Heart burn is common during pregnancy. You may have heartburn for the first time during pregnancy, especially during the second and third trimesters.

What you can do:

- Eat small, low-fat meals and snacks.
- Eat slowly, don't rush.
- Drink fluids between meals, not with meals.
- Avoid foods that cause heartburn, like greasy or fatty foods, spicy foods, citrus products (like oranges or orange juice) and chocolate.
- Wait 1 to 2 hours after eating to lie down, especially before bedtime.
- Wear loose-fitting clothing.
- Ask your health care provider if you can take an antacid.
- Raise your head up on pillows when you sleep.

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

HEALTHY MOMS. STRONG BABIES.

Common Discomforts of Pregnancy

3. Constipation

Meaning: Hard to have bowel movement. A common problem in pregnancy.

What Can You Do?


Eat foods that are **high in fiber**, like fruits, vegetables, beans and bran cereal. Shop for **whole grain** foods.


Call your doctor if you haven't had a bowel movement in **three days**.


Drink lots of **water, prune juice** can help too.


Daily: Eat dried fruit like **dates** or **prunes**.


Do something **active daily, like walking**.

4. Heartburn

- Painful, burning feeling in throat or chest.
- Common during pregnancy.

What Can You Do?


Eat small, low-fat meals and snacks.


Eat slowly, don't rush. Wait **1-2 hours** to lie down after eating.


Drink fluids between meals not during meals.


Ask your provider if you can take an antacid.

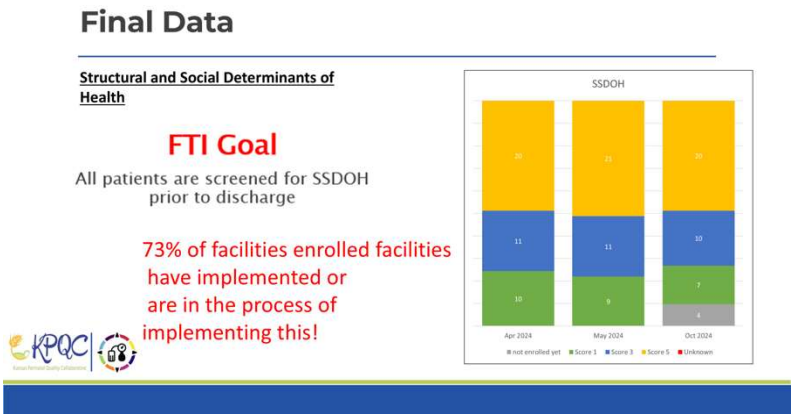
Avoid


Greasy, fatty foods.

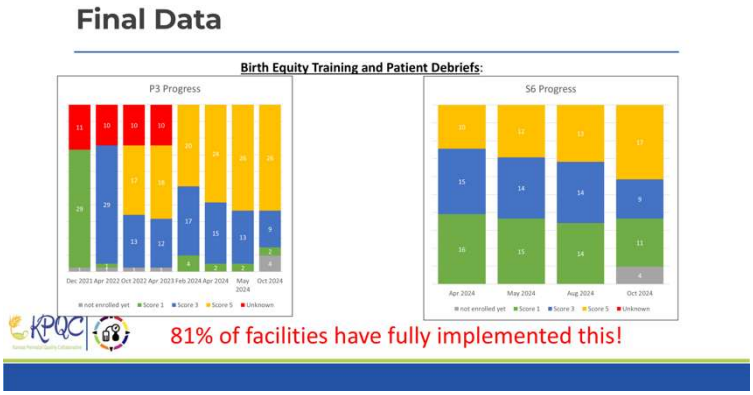

Citrus products (oranges and orange juice.


Spicy foods.

KPQC SDOH Screening & Health Equity: As part of the FTI/AIM Postpartum Discharge Transition patient safety bundle (for more information see Perinatal/Infant Report) birth facilities enrolled in the FTI screen all maternal discharges for the Social and Structural Drivers of Health (SSDOH). As of September 2024, 73% of FTI enrolled facilities have implemented or are in the process of implementation of this measure.



In March 2024, the KPQC partnered with the Preeclampsia Foundation's Momma's Voices to offer 3 educational opportunities to all FTI enrolled birth facilities on the importance of birth equity and centering the patient as the expert in their care and of all medical decision making. 351 staff members from FTI enrolled facilities participated in the training opportunities. As of September 2024, 81% of FTI enrolled facilities have fully implemented birth equity education and patient debriefs within their hospital setting.



Local MCH Agencies:
The Home Visiting Unit Manager, Women/Maternal (W/M) Health Consultant and Clinical Perinatal/Infant (P/I) Health Consultant facilitated joint HV / BaM / KPCC Fall Trainings. The 6 day-long trainings across 6 regions. The trainings took place in Salina, Wichita, Chanute, Topeka, Garden City, & Hays. The W/M Health Consultant's presentation was on When Survivors Give Birth (a focus on Trauma Informed Care) and the Clinical P/I Health Consultant presented on the Kansas Perinatal Community Collaborative (KPCC) with activities to facilitate collaboration and networking within their regions, focusing on Social Determinants of Health.

Other MCH Workforce Development Activities

Title V Academy: Based on feedback from BaM/KPCC sites, a ten module pilot training series was developed in partnership with KU Center for Community Health and Development and the Clinical Perinatal and Infant Health Consultant. The first of ten 90-minute virtual modules was provided for BaM/KPCC sites in September 2024. These trainings are aimed to support sites in building collaborative development skills, utilizing a wealth of resources available through the Community Toolbox. The training topics were chosen based on a survey completed by the BaM/KPCC sites about which topics would be most helpful. The goal is community skill building for community health and development work.

Community Tool Box Capacity-building Curriculum Training Schedule

Trainings will typically be held online via Zoom from 9-10:30am on the 4th Wednesday of each month. Trainings will be recorded and made available following each session. Participant guide pdfs with activity worksheets will be provided to participants.

These practical trainings will provide curriculum material, skills training, activities, and opportunities for hands-on application.

Date	Topic
9/25/24	Module 1 - Creating and Maintaining Coalitions and Partnerships
10/23/24	Module 8 - Increasing Participation and Membership
11/13/24	Module 2 - Assessing Community Needs and Resources
12/18/24	Module 3 - Analyzing Problems and Goals
1/22/25	Module 5 - Developing Strategic and Action Plans
2/26/25	Module 6 - Building Leadership
3/5/25	Module 9 - Enhancing Cultural Competence
4/23/25	Module 10 - Advocating for Change
5/28/25	Module 12 - Evaluating the Initiative
6/25/25	Module 16 - Sustaining the Project or Initiative

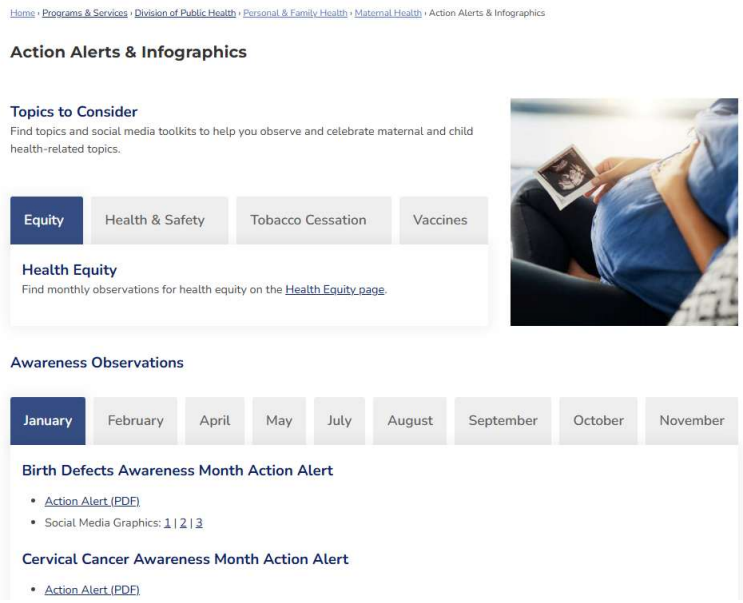
Each module includes a Curriculum Module sent to each participant in advance, a PowerPoint presentation with training content, breakout groups, and discussion, a survey to give feedback afterwards, and a recording of the live session. The feedback is reviewed, and adjustments are made for future modules by the KU Center for Community Health and Development team and the KDHE Perinatal/Infant Health Consultant team. Based on successful engagement and feedback during this pilot, the plan is to possibly expand these to broader MCH programming next year.

MCH Third Thursday Webinar Series: In August 2021, Title V launched their MCH Third Thursday Webinar Series. The Kansas MCH Team, along with subject matter experts from across the state, began convening a monthly learning opportunity for MCH providers. The sessions focused on providing information about initiatives and resources that can be applied to MCH work across all communities. All webinar sessions were recorded, and a copy of the recording, slide deck, and referenced resource materials were made available to anyone who

registered for the sessions following the live training. The following sessions were facilitated throughout this Report period:

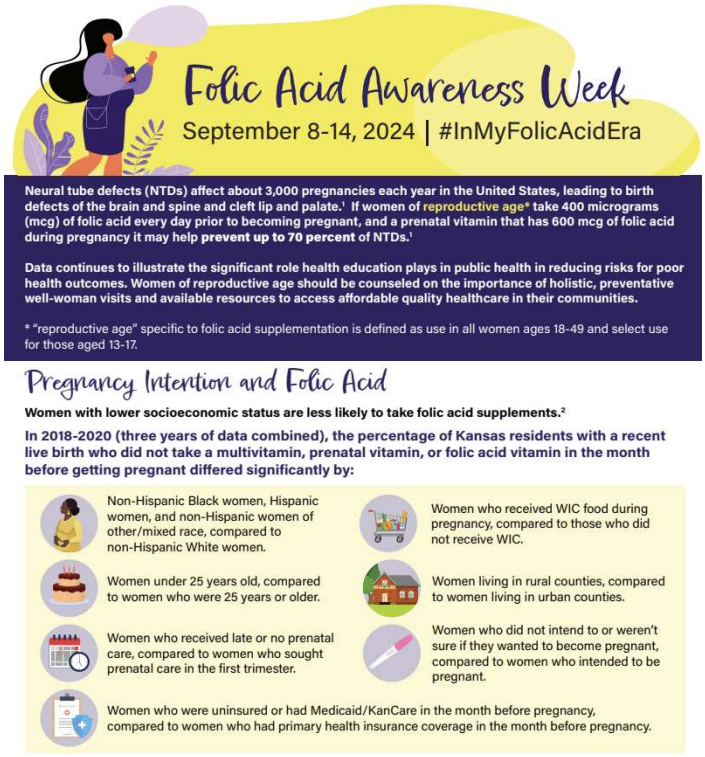
Webinar Topic	Registrants
Impact of COVID-19 on Perinatal Populations	75
Physiological Infant Care: Conversations about Nighttime Breastfeeding	124
Well-Visit Considerations for Individuals with Special Health Care Needs	92
Engaging with your Families: How to Use Feedback	119
A Window to Motivational Interviewing	149
The Importance of Adolescent Well-Visits	71
New Research on Safe Sleep	110
Maternal Mental Health	117
Youth Vaping and Resist	96
Doula Coverage and Support for Birthing Persons	119
Sports Physicals and Well-Visits: What's the Difference?	68
Practical Steps for Implementing Trauma-Informed Care	91

Action Alerts & Infographics In support of local MCH service providers, the Consultant Team has been working to create Action Alerts and Infographics that align with awareness observations, health and safety, and equity topics.



Action Alerts are awareness resources that include a statement of need, call to action, consumer educational resources, as well as a social media toolkit for local use. Domain Consultants collaborate with Bureau of Family Health program staff (i.e. Birth Defects Program

Coordinator), state partners (i.e. the Kansas Infant Death and SIDS Network) and Epidemiologists from the Bureau of Epidemiology and Public Health Informatics, as well as KDHE's Communications team in development of these Action Alerts. Existing Action Alerts are updated on an annual basis, as well as new ones are created as capacity allows.



Annual Home Visitor Conference:

Tailored Resources for MCH ATL Programs: As part of the MCH ATL annual grant applications, local organizations indicate populations they intend to serve as well as services they intend to provide. Title V provided a tailored list of recommended activities and resources for each domain that aligns with the Kansas Title V MCH 2021-2025 State Action Plan (SAP). A master list of all activities and resources was also made available on the MCH Workstation for local programs who had interest in expanding their operations. The aim of this project was to help ensure MCH ATL programs have quick access to vetted resources and activity ideas for providing quality MCH services that align with best practice strategies and guidelines. In addition to recommendations by each domain and SAP objective, links were provided to the MCH Services Manual, MCH Workstation, Kansas Grant Management System, DAISEY, and the MCH Materials Order Form for quick reference. To streamline information for local programs, Title V cross-referenced all ATL application responses and tailored the resource packet for each locally funded program; 56 community-based organizations received Title V: MCH ATL funding in SFY2025. Regardless of ATL application responses, all ATL programs received resource information for the Workforce Development and Family Services and Supports domain priorities. The resource packet was made available to everyone listed as a contact for the MCH program, not just the primary point of contact. The following outlines the percentage of all ATL programs who received resources for each SAP objective.

Woman/Maternal Health Priority 1: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.	
1.1: Comprehensive annual well-woman/preventive services	66%
1.2: Education and/or screening for perinatal mood and anxiety disorders	82%
1.3: Prenatal education and support services	80%
1.4: Pregnancy intention screening	64%
Perinatal/Infant Health Priority 2: All Infant and families have support from strong community systems to optimize infant health and well-being.	
2.1: Breastfeeding supports and education	91%
2.2: Safe Sleep promotion/initiatives	86%
2.3: Perinatal quality initiatives	54%
2.4: MCH universal home visits	77%
Child Health Priority 3: Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.	
3.1: Developmental screening	68%
3.2: Access to health promotion activities and programs	66%
3.3: Comprehensive annual well-child/preventive services	64%
Adolescent Health Priority 4: Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.	
4.1: Comprehensive annual adolescent well-visit/preventive services	48%
4.2: Access to health promotion activities and programs	48%
4.3: Screening, intervention, referral for adolescent behavioral health needs	39%
Children with Special Health Care Needs (CSHCN) Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	
5.1: Transition support and services	13%
5.2: Function of systems of care for CSHCN	13%
5.3: Care coordination supports	14%
Workforce Development Priority 6: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.	
6.1: Providers' knowledge, skill, and/or comfort to address behavioral health needs	100%
6.2: Trauma-informed and hope-infused services	100%
6.3: Address social determinants of health	100%
Family Services and Supports Priority 7: Strengths-based supports and services are available to promote healthy families and relationships.	
7.1: Family and consumer partnership	100%
7.2: Peer support/peer-to-peer connections	100%
7.3: Family leadership and partnership	100%
7.4: Holistic care coordination	100%

KPQC Learning Forums & Conference: The KPQC offers monthly online learning forums throughout the year that are open to the general KPQC Membership. General membership in the KPQC is voluntary and consist of individuals who are committed to the KPQC mission of improving maternal and infant health outcomes. Many of our aid to local Title V partners are members of the KPQC. Utilizing state and national experts to provide education, KPQC learning forum topics are focused on the reduction of maternal morbidity and mortality; and improving infant health outcomes. All learning forums are recorded and available for later access on the KPQC website. The KPQC general membership is 355. On average, learning forum attendance from October 2023 to September 2024 was 51.

The Kansas Perinatal Quality Collaborative (KPQC) and the Kansas Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) hosted the *Maternal Mortality: Who's at the Table of Change* conference in October 2023. Clinical and State-level public health experts engaged in groundbreaking conversations exploring inpatient and outpatient collaborations and connections to improve maternal health outcomes in Kansas. 123 individuals from across the state attended.

Maternal Mortality:
Who's at the Table of Change?

A Conference Sponsored Collaboratively by:

KPQC | AWHONN

Friday, October 20, 2023 • 8:00 a.m. to 4:00 p.m. • Salina, KS

Maternal mortality is a national crisis. One organization can't do it alone – we need everyone at the table to lower the maternal mortality rate in Kansas.

Join the Kansas Perinatal Quality Collaborative (KPQC) and the Kansas Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) for an inaugural conference featuring Clinical and State-level public health experts. Engage in groundbreaking conversations as we explore inpatient and outpatient collaborations and connections to improve maternal health outcomes in Kansas.

Keynote Speakers

Ginger Breedlove, PhD, CNM, FACNM, FAAN

Beyond the Bundles: Additional Factors That Influence Maternal Mortality and Severe Events

Dr. Breedlove is a past president of the American College of Nurse-Midwives and has led many national initiatives to address and improve perinatal health in the United States. Over her 45-year career she co-founded the first licensed, free-standing birthing center in Topeka, KS in 1973; the first hospital-based midwifery service at St. Luke's Hospital in Kansas City, MO in 1994; and established and directed the University of Kansas graduate Nurse-Midwife program in 1999. Dr. Breedlove was on faculty for a combined 17 years as Professor of Nursing and Midwifery at the University of Kansas School of Nursing and Shenandoah University. She is a widely published author in numerous journals and publications, is a national speaker, and has received over $5 million as principal investigator in grant-funded projects related to health care for women. She co-founded March for Moms with Dr. Neel Shah, and edited and launched a best-selling book for new parents titled *Nobody Told Me About That!*

Traci Johnson, MD, FACOG

The Centerpiece of Change: Addressing Racial Disparities

Dr. Johnson was born and raised in rural Texas, attending Prairie View A&M University and then MCP Hahnemann College of Medicine, now Drexel University College of Medicine. She entered residency at Washington University in St. Louis, where she was honored to serve as Administrative Chief Resident. Dr. Johnson then felt called to work in academics at University Health, where she was the Director for L&D while also serving as Associate Program Director for the OBGYN residency program. She is a leader in the Missouri Hospital Association's Perinatal Quality Review Board and was appointed as a member of the Pregnancy-Associated Mortality Review Board in Jefferson City, to which she was recently elected Chair-Elect, and will focus the next two years on health equity. Dr. Johnson recently completed a life-long dream of subspecialty training in Maternal-Fetal Medicine at the University of Missouri-Kansas City and will return to academics this summer.

Chandra Burnside, RN, MSN, CNL, IBCLC

Driving Lasting Change: Maternal Child Legislation

Chandra is a graduate of the University of Virginia and The George Washington University. She currently teaches health policy in the graduate nursing programs at Georgetown University and serves as the Clinical Mentor for Women's Health at INOVA Alexandria Hospital in Alexandria, Virginia. She is a graduate of the AWHONN Emerging Leaders Program and a former member of the AWHONN Policy Committee.

REGISTER *today* FOR EARLY BIRD PRICING!

Click here or scan the QR code to register.

SCAN ME

Please note that if you do not already have an AWHONN account, you will be prompted to create one when registering.