

## Perinatal/Infant Health

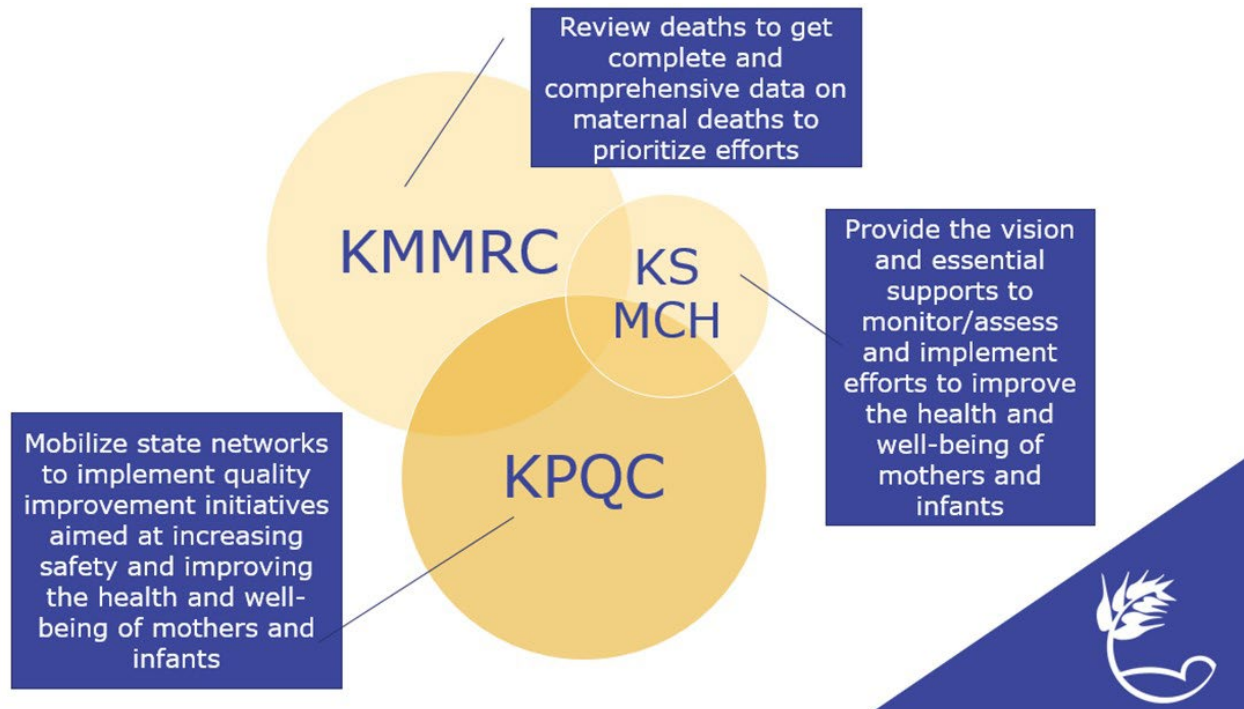
### Objective 2.3 Kansas Perinatal Quality Collaborative

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#### REPORT – October 2021 through September 2022

**Role of State MMRCs & PQC:** State Perinatal Quality Collaboratives (PQCs) and Maternal Mortality Review Committees (MMRCs) function to improve maternal and perinatal health and believe that investing in the mother’s health leads to healthier birth/pregnancy outcomes. Roles are different but complementary.

- PQCs: Focus on efforts during the maternal and perinatal periods intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants
- MMRCs: Focus on reviewing maternal and pregnancy-associated deaths (pregnancy through one year after delivery) to identify gaps in health services and make actionable recommendations to prevent future deaths, improving maternal and perinatal health



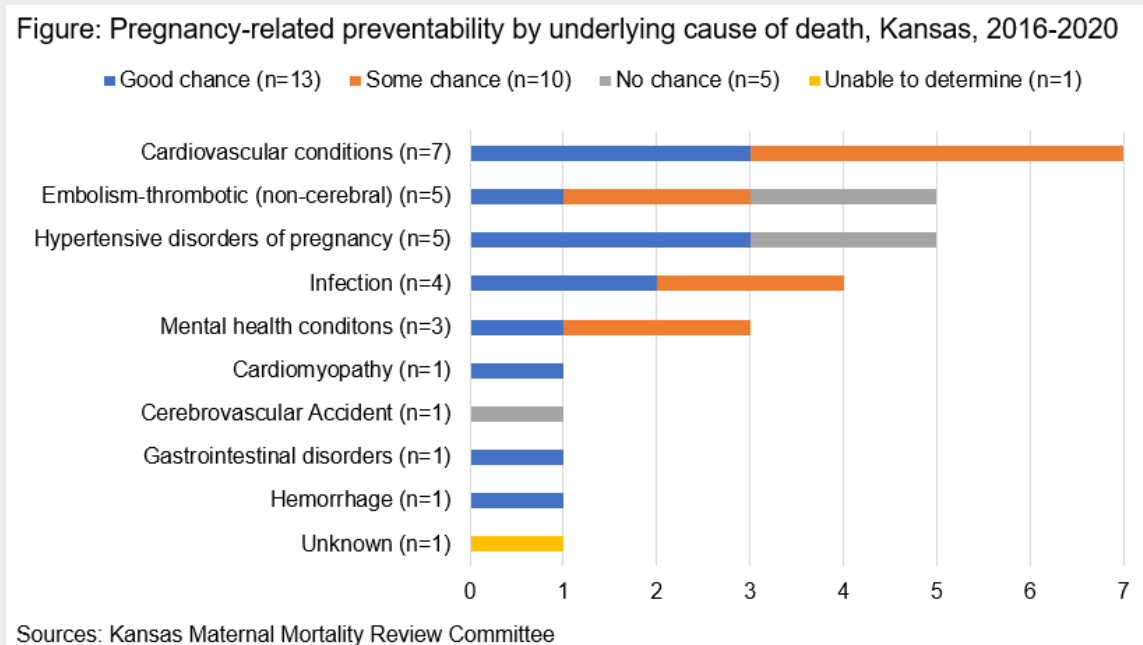
As convener of the Kansas PQC and MMRC, KDHE Title V brings together the work of both entities to translate findings and recommendations to action, in partnership with other state organizations, such as American College of Obstetricians and Gynecologists (ACOG), March of Dimes, Kansas Hospital Association (KHA), and others. As the KMMRC focuses on identifying gaps in health services and making actionable recommendations to prevent future deaths, the KPQC focuses on acting on these recommendations by using data-driven, evidence-based practice and quality improvement processes (e.g., Patient Safety Bundles). This is intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants.

The Title V State Action Plan aligns with collaborative efforts underway for the [Kansas Perinatal Quality Collaborative](#) (KPQC). The KPQC is a panel of experts working to improve the quality of care for mothers and infants, affecting measurable improvements in statewide health care and health outcomes.

KPQC, KMMRC, KPCC & KCC Collaborative Efforts – Data to Action: Data from KDHE Vital Statistics and the KMMRC indicated that targeted interventions during the postpartum period should be the primary focus in order to improve maternal health outcomes. The KMMRC recommended that all providers thoroughly screen, provide brief interventions and make appropriate referrals based on screening results. Additional recommendations included improving communication and collaboration between providers, and dramatically increasing patient education and empowerment. In the fall of 2020, the KPQC launched the [Fourth Trimester Initiative](#) (FTI) aimed at decreasing maternal morbidity and mortality in Kansas. The FTI focuses on quality care and provider communication and collaboration related to the transition from pregnancy through the postpartum period. As of July 2022, there are 28 birth hospitals and 2 birth centers enrolled in the FTI project, representing over 80% of births in Kansas.

FTI was designed to be a cutting-edge approach to study and improve the experience of mothers and families in Kansas. FTI focuses on chronic disease, behavioral health (mental health and substance use), breastfeeding, health equity, and access to care. Implementation of the FTI initiative positioned Kansas to enroll in the [Alliance for Innovation on Maternal Health \(AIM\)](#) in October 2021, for the Postpartum Discharge Transition AIM bundle, the only state to date to select this bundle. AIM is a national, data-driven initiative based on proven implementation approaches to improving maternal safety and outcomes in the country. AIM works through state teams and health systems to align national, state, and hospital level efforts to improve maternal and perinatal health outcomes. States that enroll in AIM receive access to 8 Core AIM “Patient Safety Bundles;” patient safety tools; and the “AIM Community of States.” This bundle will help to guide Kansas in implementation of FTI, including tracking progress measures and data collection, and leverage existing MCH investments around the KPCC model.

The KMMRC’s work and recommendations continuously guide the KPQC and MCH activities and initiatives. Title V has continued to advocate for policy changes, develop action alerts/bulletins, and identify and develop public and patient education initiatives for statewide implementation in response to data/findings. 2016-2020 findings indicate the majority of “pregnancy-related deaths” are related to chronic pre-existing conditions exacerbated by the pregnancy, or conditions of pregnancy that worsen in the postpartum period, where symptoms are not recognized as emergent or life threatening, and appropriate treatment is not sought/provided quickly enough – 79.3% were found to be preventable.



In response, the KPQC, in partnership with the KDHE Title V led [Maternal Warning Signs Initiative \(MWS\)](#), is finishing implementation of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

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[Post-Birth Warning Signs](#) (PBWS) Education Program. Training seats were purchased and initially made available for local Title V and MIECHV grantees, KPCC sites and partnering birthing facilities, and facilities enrolled in the FTI. Title V included resources from multiple other national campaigns such as CDC's [Hear Her Campaign](#) and NIH's [Mom's Mental Health Matters](#). State-developed and modified tools and resources targeting families and support persons are included. Additionally, there is a focus to address the specific needs of racially and ethnically disparate and low-literacy populations. The intent and purpose of this comprehensive statewide initiative is to provide consistent and repeat messaging across all health care sectors in Kansas. Phase II implementation, launched September 2022, has included providing AWHONN PBWS training seats and MWS resources to Title X, WIC and Community Health Worker programs. As of September 30, 2022, 209 individuals representing 45 local programs have completed the AWHONN PBWS training. Work is also underway on the development of a Perinatal Hypertension Patient Education Guide as a supplemental component to the MWS Initiative and will include home blood pressure monitoring pilots through MIECHV and BaM/KPCC programs in 2023.

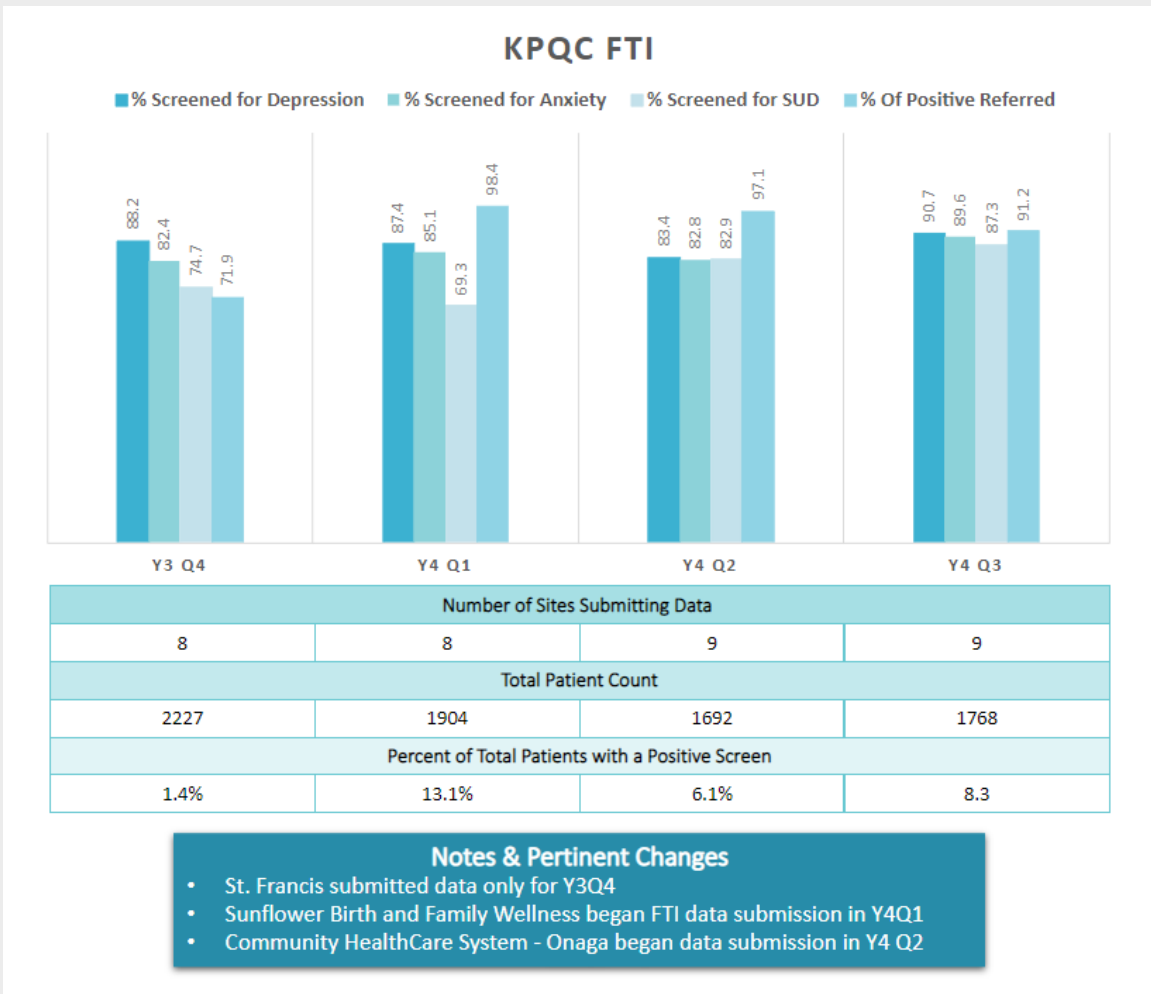
During 2016-2020, there were 105 pregnancy-associated deaths, which translated to a pregnancy-associated mortality ratio of 56 deaths per every 100,000 live births occurring in Kansas ([KMMRC Infographic](#)). Most pregnancy-associated Kansas deaths have been the result of motor vehicle accidents (20.9%), homicide (10.5%), and cardiovascular conditions (10.5%). The combination of the underlying cause of death determined by the KMMRC and underlying cause filed on the death certificate were used to categorize the type of pregnancy-associated death. Results indicate nearly one-third (27.7%) were caused by homicide, suicide, mental health conditions, or unintentional poisoning/overdose. Further, KMMRC determinations on circumstances surrounding death were obesity (contributed to 23.8%), mental health conditions other than substance use disorder (contributed to 22.9%) and substance use disorder (contributed to 26.7%). KPQC/KMMRC is promoting and incorporating universal education, and a universal screening, brief intervention, and referral to treatment (SBIRT) approach to identifying health risks across MCH programming and all perinatal service providers. The [SBIRT process](#) was used as the comprehensive, integrated, public health approach for the early identification and intervention of MCH patients exhibiting health risk behaviors.

*KPQC FTI/Kansas Connecting Communities (KCC) Integration:* Given KMMRC findings and overall prevalence and impact of untreated PMADs, KPQC FTI and Kansas' Perinatal Psychiatric Access Program, KCC, a HRSA-funded Maternal Depression and Related Behavioral Disorders (MDRBD) program partnered to develop an intervention strategy. KCC strives to increase health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for depression, anxiety, and substance use disorders (more information is available in the Woman/Maternal and Cross-Cutting Reports). KPQC and KCC launched a *FTI Mental Health Technical Assistance* cohort in September 2021. During this project, participating clinics received individualized implementation technical assistance from a team of perinatal behavioral health experts to develop and implement a maternal mental health screening policy, including identifying and providing needed staff training and ensuring workflows and resources are available to facilitate connections to a variety of effective treatment options. Participants shared their experiences with other FTI Enrollees to support replication. Fourteen FTI Centers applied and eight were selected to participate in the first cohort.

In addition to site-specific technical assistance provided, FTI Centers had the opportunity to participate in a 5-session peer learning series from April-June 2022.

- Policy Development, Part 1 – screening policy templates, creating buy-in, using new vs. existing policies, and strategies for aligning existing organizational policies with best practice recommendations.
- Policy Development, Part 2 – screening workflow, SBIRT model, referral and follow-up, supplementing policy with staff training.
- Interventions, Part 1 – having and navigating difficult conversations with patients.
- Interventions, Part 2 – having and navigating difficult conversations with patients, continued.
- Building Referral Networks – strategies for building referral networks, processes for loop closure, and other infrastructure considerations (e.g., supporting policies, MOUs, etc.).

The participating FTI Centers were asked to submit screening data each quarter as well as annually, in aggregate form, to measure implementation progress and refine practices. Requested data will include: (1) Number of perinatal women seen during the reporting period; (2) Number of perinatal women in the immediate postpartum setting who received at least one screening for depression, anxiety, and/or substance use using a standardized validated tool; (3) Number of perinatal women in the immediate postpartum setting who screened positive for a mental health condition and were referred or treated; (4) Demographic data, where available. The following graph reflects perinatal depression, anxiety, and substance use screening as well as referrals initiated based on “positive” screening results; for clarify, “Y3 Q4” is time period 7/1/2021-9/30/2021, “Y4 Q1” is time period 10/1/2021-12/31/2021, “Y4 Q2” is 1/1/2022-3/31/2022, and “Y4 Q3” is 4/1/2022-6/30/2022.



Data “dashboards” were also created for each participating FTI Center using their quarterly screening data. The “dashboard” was created in Microsoft PowerPoint and outlined each center’s quarterly screening data overview noting improvements and opportunities for improvements based on screening practices that were previously reported, a referral practices overview, screening data trends over time, comparison of the center’s screening data trends compared to the combined FTI Mental Health Technical Assistance cohort’s trends, and included training opportunities, resources, and contact information for further technical assistance and support offered by the KCC Team. This offered opportunity to reflect on screening practices, identify opportunities for improvement, and work with the KCC Team to make enhancements.

**Birth Defects Surveillance Education:** Since January 1, 2022, the program has successfully verified 128 core, 517 recommended, and 33 extended diagnosed birth defects. Starting September 19th, 2022, core

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defects have been referred to internal and external partner groups: Kansas Special Healthcare Needs and Critical Congenital Heart Disease. These partners have ensured families and children affected by birth defects received proper education, outreach, and service navigation to effectively care for themselves.

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. These materials are not yet ready for distribution to families upon verification of the birth defect via traditional mail.

The Kansas Administrative Regulations (K.A.R. 28-4-520, 28-4-521) were approved and effective on October 7th, 2022. Changes to those regulations included Neonatal Abstinence Syndrome (NAS) as a reportable condition. This change allowed both mothers and infants to get adequate follow-up care and intervention.

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## PLAN – October 2023 through September 2024

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**KPQC & KMMRC Collaborative Efforts – Data to Action:** The KPQC kicked off implementation of the [Fourth Trimester Initiative](#) (FTI), in FY21 and will continue efforts during FY24. FTI is a maternal health quality initiative aimed at decreasing maternal morbidity and mortality. Data from KDHE Vital Statistics and the [Kansas Maternal Mortality Review Committee](#) (KMMRC) reveal that targeted assessment and intentional intervention in the postpartum period should be primary care team activities to improve maternal health outcomes. FTI was designed to be a cutting-edge approach to study and improve the experience of mothers and families in Kansas. FTI focuses on chronic disease, behavioral health (including mental health and substance use disorder), breastfeeding, health equity, care coordination and access to care.

Implementation of the FTI initiative positioned Kansas to enroll in the [Alliance for Innovation on Maternal Health \(AIM\)](#) Postpartum Discharge Transition bundle in October 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. States that enroll in AIM receive access to: 8 Core AIM “Patient Safety Bundles;” patient safety tools; and the “AIM Community of States.” Participating in this bundle helps to guide Kansas in implementation of FTI, including tracking progress measures and data collection, and leverage existing MCH investments around the KPCC model.

Based off data from KMMRC, hypertensive conditions in pregnancy and the postpartum period have been determined to be a significant contributing factor to maternal morbidity and mortality in Kansas. In response, existing efforts around the [Maternal Warning Signs](#) (MWS) statewide initiative and online toolkit, will be expanded to include [Perinatal Hypertension Patient Education Guides](#) for blood pressure monitoring in the perinatal period. Guides include a call to action for home blood pressure monitoring, preeclampsia and postpartum preeclampsia overview, guidance on self-measured blood pressure cuff selection, validated cuff selection, the Preeclampsia Foundation’s Check-Know-Share handout, Preeclampsia Foundation's Blood Pressure Monitoring Instructions and Log, and the March of Dimes' Health Action Sheet on Low-Dose Aspirin. These materials will be distributed to all FTI participating facilities to be included (as appropriate) as part of MWS patient discharge education, as well as to all MCH, BaM, Teen Pregnancy Targeted Case Management, Pregnancy Maintenance Initiative, MIECHV, Title X and WIC programs to supplement current MWS education efforts. Additionally, BaM programs will pilot a home blood pressure monitoring program, which is currently in the planning phase with kick-off slated for July 2023. Ideally, all participants enrolled in the BaM program will receive access to an automatic blood pressure cuff for home monitoring, along with the education components outlined above. In addition, an evaluation component will be designed and implemented. Simultaneously, Title V is advocating for state Medicaid policy change to include coverage of automatic blood pressure cuffs for home monitoring for all pregnant and postpartum Medicaid recipients.

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Based off KMMRC recommendations for improved care coordination and linkage to services for perinatal persons, especially during the postpartum period, the KPQC and KDHE Title V is working with statewide Community Health Worker programs to align and promote this model, as well as integrate into FTI participating facilities through pilot projects in Fall 2023. In addition, Title V is helping to align and integrate CHW programs, MCH Universal Home Visiting programs and FTI facilities within KPCC identified communities. This work will continue through FY24.

In FY24, the KPQC will continue to implement and expand birth equity training using the Kansas Birth Equity Network (KBEN) curriculum. This training includes implicit bias and antiracism training and was developed by the University of Kansas. Seats have been purchased and offered to all participating FTI birth facilities and centers. Resources are being developed to encourage policy change in the facilities and to ensure that birth equity training will be continued for all staff. KDHE plans to extend KBEN training seats and technical assistance to local public health partners (Title V, Title X, MICEHV, etc.) in FY24.

Additional public health campaigns will be implemented targeting causes of deaths found to be “pregnancy-associated, but not related.” KPQC/KMMRC will continue to promote and incorporate screening, brief intervention, and referral to treatment (SBIRT) across MCH programming and perinatal service providers. The [SBIRT process](#) will be 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 will also include integration of screening and education on intimate partner violence, utilizing resources from the [Futures Without Violence](#) Initiative.

Title V, Kansas Connecting Communities (KCC), and KPQC staff are currently working to develop a recognition program for Kansas communities who are actively engaged in MWS and FTI initiatives. This recognition program will highlight and celebrate those communities actively engaged in addressing perinatal mood and anxiety disorders, MWS and POST-BIRTH awareness and education, along with other key maternal health initiatives, in both the public health/community (outpatient) and birth facility (in patient) settings.

The KMMRC’s work and recommendations continuously guide the KPQC and MCH activities and initiatives. Title V will continue 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.

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**Birth Defects Surveillance:** The program will continue verifying all core, recommended, and extended birth defects, as defined by the National Birth Defects Prevention Network.

The Kansas Birth Defects Coordinator, in collaboration with the Education and Outreach Coordinator, will continue to develop educational materials and identify outreach/partnership opportunities pertaining to core, recommended and extended birth defects that support program growth and access to information for families. Resources and information will be disseminated in several formats which include, but are not limited to, the Screening & Surveillance monthly newsletter and in referral packets to families with a confirmed diagnosis.

The Kansas Birth Defects Surveillance program intends to assess other state birth defects programs to support strategic planning over the course of the following year. To support the development of the birth defects registry, the KS Birth Defects Coordinator will be spending dedicated time with the KS Newborn Screening programs which utilize the same data system. Upon completion, the birth defects program will coordinate with system support for enhancements to the current Birth Defects Information System.

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**Local MCH Agencies:**

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- Community Health Council of Wyandotte County will continue to participate in the KPQC and Fourth Trimester Initiative in Wyandotte County. Their Maternal Community Health Worker Program Director will serve as Co-Chair of the Kansas Maternal Mortality Review Committee and Chair the Wyandotte County FIMR Community Action Team. They will provide content support, develop action plans, and educational opportunities.
  - Delivering Change will continue implementing perinatal risk screenings, preterm labor education, Count the Kicks, and Maternal Warning Sign education within their Navigation Program, in partnership with Stormont Vail Flint Hills Campus which is a Kansas Perinatal Quality Collaborative site enrolled in the Fourth Trimester Initiative. Through this initiative Maternal Warning Signs education, in the form of the POST BIRTH “Mom Card,” created by Delivering Change, is distributed. Navigators ensure follow up regarding the Mom Card and education at breastfeeding clinic appointments. By June 30, 2024, 90% of Delivering Change postpartum clients receive education specific to Maternal Warning Signs.
  - Kearny County Hospital is a Kansas Perinatal Quality Collaborative and Fourth Trimester Initiative site. Their Labor and Delivery Nurses will educate pregnant and post-partum patients on the Maternal Warning Signs. Currently, 98% of pregnant/post-partum patients receive the Maternal Warning Sign education. This program year, 100% of pregnant/post-partum patients will be educated at least once on the Maternal Warning Signs by use of educational handouts and refrigerator magnets. MCH staff will educate patients during pregnancy, post-partum, and in-person prenatal classes. Progress will be monitored using DAISEY reports.
  - Saline County Health Department will assess 100% of their MCH clients for perinatal risk behaviors through initial surveys and nursing assessments. Education will be provided in relation to each assessment. Brief intervention and referral to treatment will be completed when assessments indicate need. To achieve this goal, all MCH staff will receive one training on smoking cessation, one training on Maternal Warning Signs, one training on Neonatal Abstinence Syndrome, one training on PMADs, and one training on program referral processes and follow-up.
  - University of Kansas School of Medicine-Wichita will see 40% of their Baby Talk participants correctly identify an average of at least 80% (4 of 5) of warning signs for which they should call 911. Session 6-Healthy After Pregnancy covers the POST-BIRTH Warning Signs. In class, participants will be taught when to call 911 or their provider, depending on the POST-BIRTH warning sign. The Nurse instructor will reference two handouts from the participant binder that visibly show the POST-BIRTH warning signs and the appropriate follow-up action. Additionally, participants will receive a POST-BIRTH Warning Signs magnet to hang in their home for a quick reference, if needed.
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