

## Women/Maternal Health – Other Initiatives

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### REPORT – October 2021 through September 2022

**Count the Kicks® (CTK) Stillbirth Prevention Initiative:** Title V began the fourth year of formal partnership with Healthy Birth Day to continue the Count the Kicks ([CTK campaign](#)) to prevent stillbirth through provider and patient education around monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. The CTK campaign is provided across the state at no cost to maternal care providers who have full access to videos and educational materials, including posters, brochures, and magnets in English and Spanish). In FY22, CTK Toolkits containing low literacy (picture) materials and Kick Counting wristbands for individuals who may not have internet/data to access the Count the Kicks App were distributed to home visitors, WIC offices, and maternal care providers across the state. A KS-specific version of the CTK app with four follow-up questions that connect mothers directly with resources in Kansas (1-800-CHILDREN) based on expressed needs and concerns was launched in January 2022.

*Kansas Baby Save Story:* "I signed up for the Becoming a Mom classes after hearing about them from a friend. During Session 1, there was a segment about kick counting and the importance of monitoring fetal movements. I had never heard of this before, and this information and testimonies really stuck with me. I found myself being very aware of my baby's movements and tracking her patterns religiously. I typically had a very active baby, particularly at night and in the morning. Fast forward a few months, I was going to my final routine appointment that was 2 days before I was scheduled for an induction. The night before, my baby was extremely active with lots of strong, frequent movement. That morning, I had felt very minimal movement. I had been busy and active that morning, so I tried not to get too worried before my appointment. At my appointment, I mentioned to my doctor that I hadn't noticed as much movement as I had come to expect. When he measured the heart tones with a Doppler, he was getting inconsistent values anywhere from 60-70 to 135 that weren't as strong as they had been in the past. For a better assessment, I was sent to the sonogram room for a biophysical scan. As soon as the wand scanned over her heart, I could see something wasn't right. I held my breath as I waited for the doctor to say something. Her heart tones were measuring between 60-70 BPM. I was immediately sent to the emergency room and up to labor and delivery. Once I was hooked onto the fetal monitor, we could see that her heart was usually beating around 140, but every time I had a contraction it would drop to 60-70. We were able to wait until my husband got to the hospital, but as soon as he arrived, we were sent to the OR where my daughter was born via C-section. When they got to her, they discovered that her umbilical cord was wrapped around her neck 4 times. Not only would she never have been born naturally, my daughter likely wouldn't have survived until my induction or the labor process. She had to spend a night in the NICU to get help breathing and for her blood sugar, but we were able to take her home 2 days after she was born. Today, I have a healthy, strong baby girl. Without the Becoming a Mom class and the information it provided, I would not have been as aware and intentional about monitoring my baby's movements. I truly believe "kick counting" and the information I learned in the Becoming a Mom class saved my daughter's life. I'm so thankful for the class and for my incredible doctor and the hospital staff for acting quickly and being so responsive to my concerns. Without them, my daughter wouldn't be here."

**MAVIS (Maternal Anti-Violence Innovation and Sharing) Project:** KDHE was selected by the U.S. Department of Health and Human Services (HHS) Office on Women's Health to receive funding as part of the [State, Local, Territorial, and Tribal Partnership Programs to Reduce Maternal Deaths due to Violence](#). KDHE,

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in partnership with Kansas Perinatal Quality Collaborative (KPQC), enrolled in the Alliance for Innovation on Maternal Health (AIM) October 2021 cohort. The Kansas maternal mortality rate of 20.9 (2017-2021) is 33.1% higher than the Healthy People 2030 goal of 15.7 maternal deaths per 100,000 live births. These initiatives help to address the urgent matter of maternal mortality in Kansas. This cooperative agreement between KDHE and HHS functions to expand the Maternal Mortality Review Committee, into a sub-committee further examining all maternal deaths due to suicide, homicide, poisoning, or overdose. Social determinants of health considerations are reviewed by a select panel to examine a range of potential circumstances and provide recommendations to address factors contributing to preventable maternal deaths.

MAVIS work focuses on creating collaborative relationships and cross-training educational opportunities between the Kansas Coalition of Sexual and Domestic Violence (KCSDV) and perinatal psychiatric providers through the Kansas chapter of Postpartum Support International (PSI). KCSDV leads the charge on training providers in universal education on domestic violence through the Confidentiality, Universal Education and empowerment, and Support (CUES) intervention, and the KCC Grant Team provides education and training in PMADs to KCSDV affiliated agencies. To date, 14 IPV providers across 7 different organizations have been provided a three-session specialized training on the identification and treatment of PMADs. KCSDV facilitated one of the scheduled learning collaboratives through the MCH Third Thursday Webinar Series on offering universal education and the CUES intervention, which was attended by 74 participants and received overwhelmingly positive feedback. The organizations trained in 2021 have represented rural and frontier populations of Eastern and Western regions. Future trainings will be provided for Central Regions, Wichita, Kansas City, Lawrence, and Tribal Programs.

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## PLAN – October 2023 through September 2024

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**Count the Kicks® (CTK) Stillbirth Prevention Initiative:** Title V will continue the formal partnership with Healthy Birth Day to continue the [CTK campaign](#) to prevent stillbirth through provider and patient education around monitoring fetal movements during the 3<sup>rd</sup> trimester of pregnancy. This will continue to be provided across the state at no cost to providers, who will have full access to videos and educational materials (including posters, brochures, and appointment cards in English and Spanish). Kansas plans to build on the momentum of the CTK campaign through social media and sharing data and information with the MCH network. The following are examples of planned initiatives:

- *Stillbirth Awareness Month:* Encourage local MCH agencies to spread awareness in their communities and encourage moms to count kicks. (October 2023)
- *Kansas CTK Mobile App:* A KS-specific version of the app with four follow-up questions that connect mothers directly with resources in Kansas based on expressed needs and concerns was developed and launched in 2022. Data from this app will be collected and evaluated throughout FY24, and adjustments will be made as deemed necessary in the following contract.
- *CTK Toolkit:* Distribution of the CTK Toolkit, low literacy materials, and kick counting wrist bands to MCH, home visiting (including Maternal and Child Health Home Visiting), and Teen Pregnancy Targeted Case Management/Pregnancy Maintenance Initiative programs across the state. Utilization of these materials will be monitored throughout the year for discussion and inclusion of material/resource needs in the upcoming contract year.
- *CTK Awareness Marketing:* Marketing plans include social media, Google display and Apple App Store ads as well as CTK billboards in rural areas of the state.
- *Faith-Based Initiative Toolkit:* to be piloted with KPCC/BaM Communities. Healthy Birth Day will partner with KPCC communities in reaching out to faith-based organizations, offering a CTK training webinar and resources providing CTK messaging for their parishioners. While CTK resources have been adapted specifically for this audience, it will serve as a great opportunity to begin a partnership with the faith-based communities that will hopefully foster integration of additional programming and resources such as BaM, Safe Sleep Community Baby Showers and breastfeeding support.

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**MAVIS – Maternal Antiviolence Innovation and Sharing:** MAVIS is a five-year cooperative agreement between KDHE and the U.S. Department of Health and Human Services’ OASH/Office on Women’s Health to develop, implement, and sustain interventions to reduce maternal deaths due to violence, specifically homicide and suicide. Between 2016-2018, the second and third leading causes of pregnancy-associated but not related deaths in Kansas were homicide and poisoning/overdose. Substance use disorder and/or mental health contributed to more than half of the deaths. MAVIS initiatives will help address the urgent matter of maternal mortality through collaborative efforts to cross-train and educate providers across the state on perinatal mood and anxiety disorders, domestic violence, and substance use disorders. Partners in this initiative include the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC), and Kansas Maternal Mortality Review Committee (KMMRC). Plans for the upcoming grant year include; providing onsite training for interpersonal violence education and awareness to KPQC Fourth Trimester Initiative (FTI) sites, continued training and TA for providers, and data review and analysis based on KMMRC subcommittee decision points and recommendations.

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