REVIEW to ACTION
WORKING TOGETHER TO PREVENT MATERNAL MORTALITY

State Name:

Kansas

SUCCESS STORY

LEVEL OF SUCCESS

- ☐ PROVIDER
- ☐ FACILITY
- ☒ SYSTEM
- ☐ COMMUNITY
- ☐ DATA

SUCCESS STORY OVERVIEW

Through recommendations made by the Kansas Maternal Mortality Review Committee (KMMRC), the Kansas Perinatal Quality Collaborative (KPQC) elected to implement a maternal health quality improvement initiative beginning in 2021. The Fourth Trimester Initiative will focus on the postpartum period (through one year after delivery) of the mother to improve attendance to the postpartum visit, utilization of obstetric best practice models, appropriate screening and timely referral to services, and improved communication and collaboration among providers to improve quality of care and promote referrals/connections when indicated.

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THE CHALLENGE

During the pregnancy associated death case reviews, many recommendations from the KMMRC related directly to improved screening, timely referral, and provider communication. Improved screening includes screening for chronic conditions, behavioral health conditions, and social determinants of health that could negatively impact health. There were also many recommendations for timely referral to a specialty physician as well as community resources based on negative medical and mental health outcomes for women in the state. Finally, during case reviews, gaps in care were identified that could be resolved with adequate communication and collaboration between the providers and health care team. Access to screening tools and more efficient ways of communicating and referring at the local level (provider to provider) would be beneficial.

THE SOLUTION

The Fourth Trimester Initiative will target birthing hospitals, primary care, public health, and community-based providers to enhance protocols for improved health during pregnancy through the first year postpartum. Focus will be on improving practices at birthing hospitals across the state beginning immediately after delivery through discharge. The initiative will also work with birthing hospitals to identify community partners to create a system of care for adequate referral to services for streamlined care coordination during the postpartum period. Specific KMMRC recommendations include: Comprehensive screening and referrals for services throughout prenatal care for tobacco, alcohol, and other substances; social determinants of health and social service connections; intimate partner violence; Timely and appropriate referrals to higher level of care when indicated; consultation with Maternal-Fetal Medicine or other subspecialists; Collaboration between specialists/subspecialists involved in patient care obstetrics; continuous involvement in patient care as needed; and Obstetric provider presence at emergency room visits with pregnant patients

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THE RESULTS

The KMMRC and the KPQC worked together to review the data, trends, and KMMRC recommendations. After identifying the trends and priorities from this review, the KPQC reviewed the patient safety bundles that are available through the Alliance for Innovation on Maternal Health (AIM) and identified that the Postpartum Discharge Bundle would be the best fit for the State. The KPQC is planning to enroll in AIM and begin planning for implementation of the bundle in Spring 2021. The goal of implementing the Fourth Trimester Initiative using this AIM bundle is to improve identification, early intervention, referral, and treatment of conditions that negatively impact health including behavioral health conditions (mental illness and substance use disorders), intimate partner violence, and social determinants of health. With early identification and treatment of conditions, maternal health outcomes should improve significantly.

METHODS OF SUSTAINABILITY

The Title V Maternal and Child Health State Action Plan is aligned with the KPQC and KMMRC activities. Therefore, work will remain priority and visible/supported at the state level. Additionally, the Fourth Trimester Initiative involves solutions that will be sustained through strategic integration at the state and local levels. Education, training, resources/tools, and technical assistance will be developed for providers and patients; protocols for screening, referral, and follow-up will be implemented in the birthing hospitals and other settings; utilization of community perinatal coalitions will be in place/improved, and communication and collaboration among providers will be established and maintained.