



Maternal Morbidity in Kansas City

Health issues & near-misses moms face when pregnant or giving birth + potential solutions

A report by Nurture KC ~ 2021



Table of Contents

1	Introduction
2	Maternal Morbidity
3	21 Medical Indicators
4	Elaine Diaz's story
5	Kansas Statistics
6	Daysha Lewis' story
7	Missouri Statistics
8	Pregnancy/Mental Health
9	Doulas
10	Midwives
11	State Solution
12	Federal Solution
13	Systematic Solution
14	Thank You
15	Citations



Introduction:

Why is Nurture KC doing this report?



Maternal morbidity, referred to as a “near miss” during pregnancy, delivery and postpartum is a condition that impacts women across the nation, state and Kansas City. It occurs much more often with women of color, highlighting a key health disparity that demands action. This report is compiled to provide that aggregated, baseline data to inform the work at Nurture KC and in our community. More importantly, the data is coupled with the real-life, near-miss experiences of two moms – Elaine and Daysha – in our Healthy Start Program. They bravely share their stories here.

While our service area encompasses the 14 ZIP codes of Kansas City, KS and Kansas City, MO with the highest rates of infant mortality, not coincidentally other health indicators, including lower life expectancy in these areas of the city, illustrate the disparate outcomes that often fall along a fault line of race. Kansas and Missouri lag behind other states that have prioritized maternal and infant health through policy, investment and service, and our outcomes reflect that reality. The federal government has opened the door to real improvement in maternal and infant health and our states need to walk through it – proving that all of our families matter.

Nurture KC serves more than 750 participants in our Healthy Start Program, deploying a community health worker model to ensure healthy moms and babies. We have adapted to our families’ needs, focusing on health and wellness. Our new offerings include: prenatal yoga, healthy cooking videos and group counseling sessions for moms experiencing perinatal mood disorders. While our outcomes defy the grim expectations of some neighborhoods, we need broad, collective change that comes only with a state commitment to address disparities.



Let’s utilize this report as a starting point in achieving the cultural change that must happen if we are to reverse the far too common occurrence of maternal morbidity in Kansas and Missouri.

What is Severe Maternal Morbidity?

“Severe Maternal Morbidity (SMM) is the unintended process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.”

— American College of Obstetricians and Gynecologists

One in every 173 live births results in SMM for the mother.
As with maternal mortality (death), the majority of these incidents are considered preventable.¹

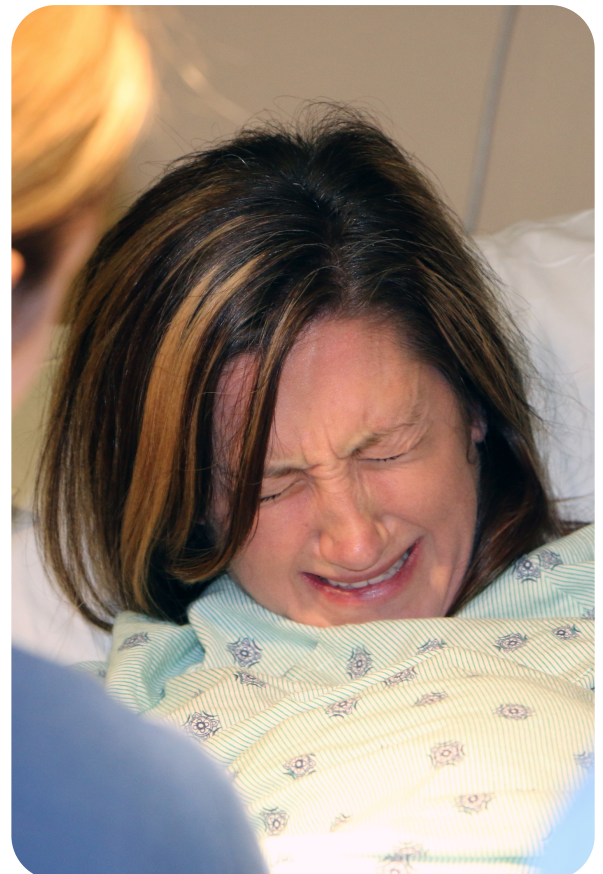
Maternal Morbidity by the Numbers

50,000 ~ Occurrences in the United States annually²

70 ~ Experiences for every pregnancy-associated death

21 ~ Indicators of Maternal Morbidity

200% ~ Black women experience rates DOUBLE that of white women³



21 Indicators of Maternal Morbidity

Acute Myocardial Infarction – Heart attack

Aneurysm – Localized enlargement of a blood vessel(s) caused by a weak blood vessel wall

Acute Renal Failure – Kidney failure

Adult Respiratory Distress Syndrome – Inflammation in the lung due to a lung injury

Amniotic Fluid Embolism – Rare and serious condition when amniotic fluid enters into maternal vessels causing such medical problems as heart or lung failure

Cardiac Arrest – Heart stops beating

Conversion of Cardiac Rhythm - CPR with shocking

Disseminated Intravascular Coagulation (DIC) - Bleeding/clotting disorder

Eclampsia - Seizures due to preeclampsia (high blood pressure in pregnancy)

Heart Failure/Arrest During Procedure – Heart stops during a procedure

Puerperal Cerebrovascular Disorders – Generalized terms for postpartum strokes, heart attacks, heart failure, high blood pressure, etc.

Pulmonary Edema – Fluid in the lungs

Severe Anesthesia Complications – Issues that typically impact the heart or lungs

Sepsis – Severe whole body infection that can cause organ failure

Shock – Life-threatening condition of circulatory (cardiovascular) failure

Sickle Cell Disease with Crisis – Episodes of acute pain related to the abnormal shape of red blood cells that can cause severe problems in many organs (lungs, spleen, etc.)

Air and Thrombotic Embolism – Air or blood clot within a major blood vessel

Blood Products Transfusion – Transfusion of different components of blood (red blood cells, platelets, etc.)

Hysterectomy – Removal of the uterus

Temporary Tracheostomy - Airway placed in the neck

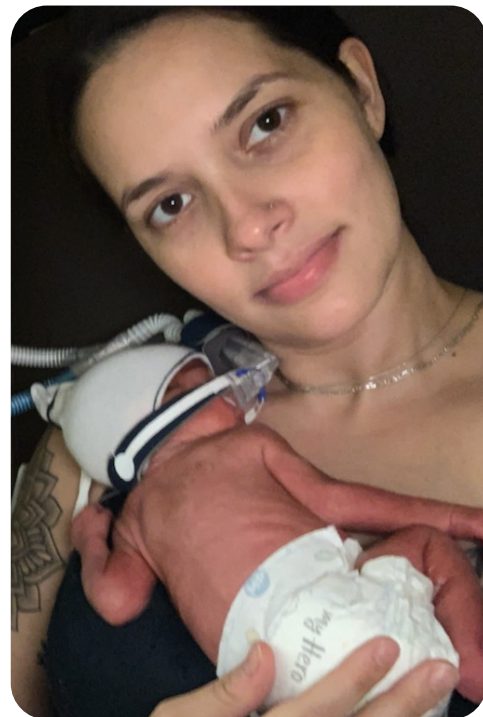
Ventilation – Breathing tube with a machine that helps patients breathe when they are not able to do so on their own

'I had to advocate for my medical treatment and fight for my baby'

"My three boys are my greatest blessing. Bringing them into the world wasn't easy though. My youngest, Oliver, is about to celebrate his first birthday, and we call him our miracle.

I delivered all my boys early, before their due dates, because of my shortened cervix. It got worse with each pregnancy. When I was pregnant with Oliver, it was high risk from the start because I never stopped bleeding. Doctors said I would miscarry. I lost a ton of blood. But I could feel him moving despite everything. I had hope.

Next, I had a cervical cerclage procedure – a strong stitch that closes the cervix – with the goal of keeping Oliver in my stomach for as long as possible. I was put on strict bed rest. Unfortunately, at only 23 weeks along in my pregnancy, my water broke. It wasn't a huge gush of fluid like you see in the movies. Instead, it was a trickle. I knew what was happening though because it was the same with my other boys. I called my doctor, who thought I was nuts. He didn't think my water broke. I advocated for myself until he told me to go get it checked out 'if I felt like I really had to.'



Elaine with her son, Oliver.

We went straight to the hospital. I was admitted, as I was in active labor and doctors were doing everything they could to stop it. It worked for a week, but then there was an infection in my amniotic fluid and I had to undergo an emergency c-section. Oliver was born at 3 pounds and 2 ounces at 24 weeks. Luckily, he did not contract the infection – even though it went into my blood stream and I had to be treated. Oliver was in the NICU for 2 months with some gastrointestinal and breathing issues, but he was a fighter and otherwise fine. A true miracle!

My medical journey wasn't over though. I got another infection in my c-section incision that was painful and had to be treated. Then, just recently, I found out that the surgery to remove my fallopian tube wasn't done correctly. The plan during my c-section with Oliver was for doctors to remove my fallopian tube completely (I only have one; not two). Insurance had even pre-approved it due to all my pregnancy complications. Instead of removing it, all the surgeon did was clip the tube. I only found out because I was in the ER with another issue.

Above all else, I have learned that I'm my own best advocate when it comes to my medical care. Women have to speak up, sometimes loudly and firmly, to be heard and taken seriously. We know our bodies best."

— Elaine Diaz, Wyandotte, KS

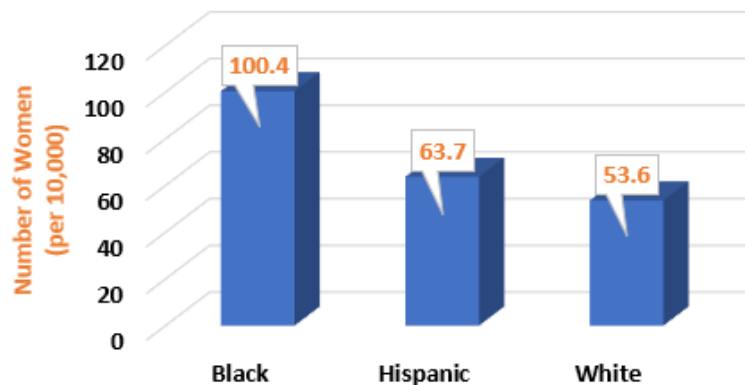
Kansas Statistics

The 5 leading Maternal Morbidities in Kansas are:

- 1) Kidney Failure
- 2) Bleeding/Clotting Disorder
- 3) Sepsis
- 4) Hysterectomy
- 5) Respiratory Distress Syndrome

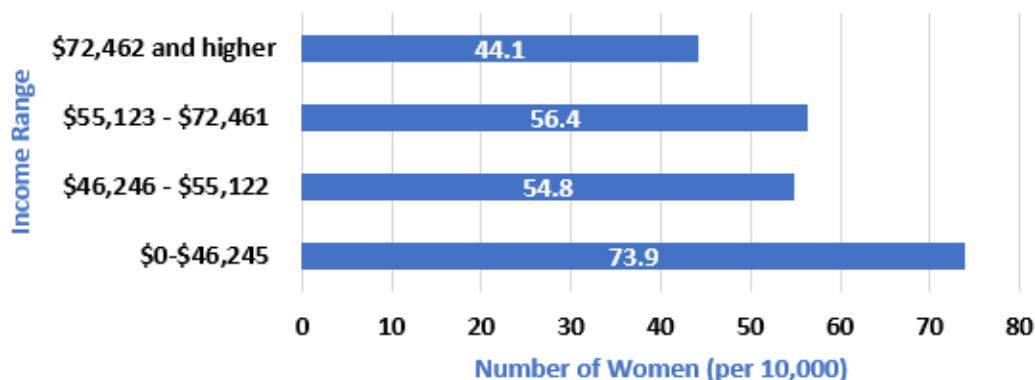
As the chart on the right shows, black women are impacted nearly twice as much as white women. The disparity is clear. Moms of color are more at risk due to poverty, racism and lack of access to health care.⁴

**Maternal Morbidity Rates by Race
Kansas - 2019**



Another factor in increased Maternal Morbidity rates in Kansas is income range. The less income you make, the more likely you are to suffer from complications:

**Maternal Morbidity Rate By Income
Kansas - 2019**



Wyandotte County (which Nurture KC serves) falls into the lowest income range bracket in the above chart. **Maternal Morbidity in Wyandotte is high at 83.5 per 10,000 live births -- compared to the state average of 61.9.** Even though the state average continues to trend higher each year. Wyandotte's rate reflects several factors, including less access to prenatal care in the first trimester (72% compared to the Kansas average of 80%). Some of the barriers to early prenatal care include transportation difficulties, inability to schedule an appointment at a desired time and not having a Medicaid card. This lack of access carries through postpartum (21% missing health coverage compared to the Kansas average of 12%).⁵

How can Kansas improve? ⁶

Kansas is 1 of 12 states that has not approved Medicaid eligibility expansion. As a result, most mothers covered under Medicaid through pregnancy and delivery lose coverage after 60 days postpartum. Kansas is 1 of only 3 states without family planning/contraception coverage in the Medicaid program. Inadequate health coverage is a factor in maternal morbidity. Let's work to change this!

What is Kansas doing right?

Paid parental leave is a tool to improve maternal and infant health. Governor Laura Kelly just extended paid parental leave for state employees to 8 weeks. Kansas does not require paid parental leave for private employers, but the leadership of the state could change the culture on this issue going forward. It's progress in the right direction!

'I was induced unnecessarily and it almost killed me'

"I went in for my routine 36-week pregnancy check-up and it turned into a nightmare. One that almost cost me my life. Looking back, it was a series of errors made in succession.

Up until that time, my pregnancy had been pretty routine. My blood pressure was on the higher end, but it was consistent and my OB was monitoring it. For this particular appointment, I was seen at the hospital where I was set to deliver, which is normal for my OB's office. This meant I saw another doctor, who determined my blood pressure was too high. She immediately admitted me to the hospital and decided to induce me a few days later. I assumed she had consulted with my OB. She did not. I assumed she knew my medical history. She did not. My blood pressure wasn't any higher than it had been, but I was induced anyway and went through a delivery that took a drastic turn for the worse.



Daysha now with her son, Aeon.

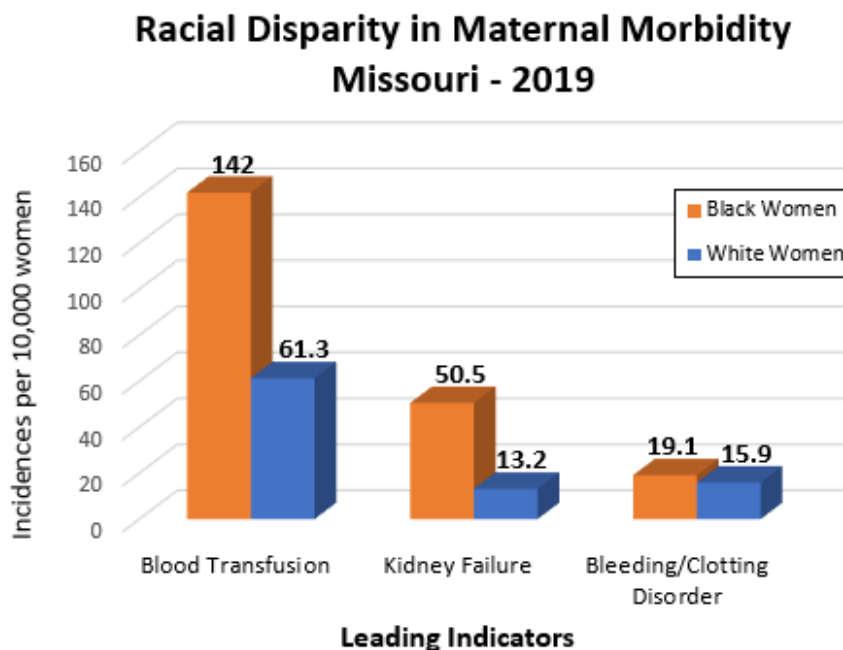
After I delivered my son, I was in danger but no one knew it. I was taken back to my room and just didn't feel right. I ended up fainting when I got out of bed. Luckily, a nurse broke my fall. I insisted to the staff that something was wrong. Turns out, I had a postpartum hemorrhage (PPH), which is the leading cause of maternal morbidity and mortality worldwide. I believe the hemorrhage was due to my placenta being yanked out instead of spontaneously (naturally) delivered. I underwent an emergency procedure to stop the bleeding. I'm 'lucky' this procedure saved my life. But the truth is, my OB said I should have never been induced in the first place.

Because of my experience, I became a doula. Now I advocate for moms in the delivery room so they don't have to go through what I did. Do I see a difference in the level of care received between my black and white moms? Absolutely! A racial inequality gap exists. Black mothers are treated differently and their opinions are frequently dismissed. In my experience, black moms are offered more drugs quicker and they aren't given as much time to labor before pushing for c-sections. I'm working to change this disparity one mom at a time, but we need systematic change in our health care systems."

— **Daysha Lewis, Kansas City, Missouri**

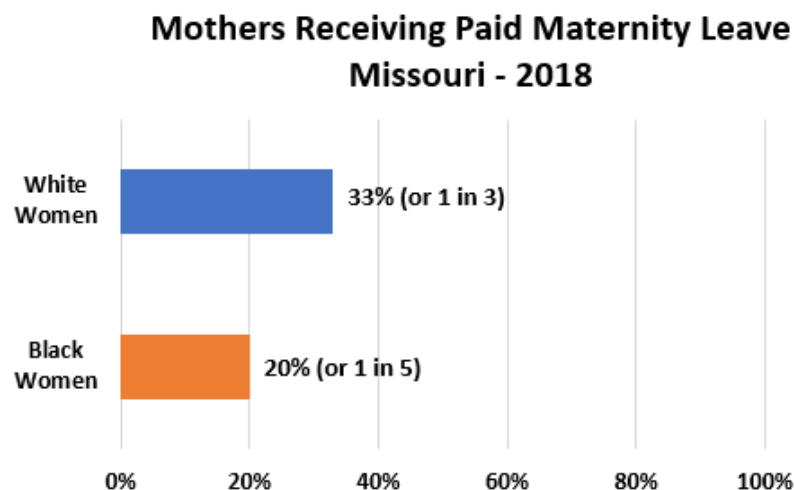
Missouri Statistics

While Missouri ranks among the worst at 44th in the nation for Maternal Mortality (death), it stands to reason that incidence of Maternal Morbidity (near-misses) would be relatively common as well. There are policies, systems and barriers that combine to make progress difficult. Not only is maternal health not a priority, it could be argued that the barriers in place create an environment that drives poor outcomes for our local moms, especially moms of color. Here is a closer look at the three leading causes of Maternal Morbidity in Missouri:



Source: Missouri Department of Health and Senior Services

On a related note, 50% of new black mothers did not receive prenatal care in the first trimester - compared to 32% of all new mothers.⁷ Also, Missouri has no requirements for maternity leave, other than the federal Family and Medical Leave Act. This is why not enough moms received paid maternity leave. Here is how that data breaks down:



Source: Missouri Department of Health and Senior Services

Pregnancy and Mental Health

Mental well-being is often forgotten in the conversation around maternal health, but it is a foundational piece to improving maternal morbidity.

1 in 5 new moms experience Perinatal Mood or Anxiety Disorders (PMAD). This equates to 800,000 women each year. 75% of these cases go untreated.⁸

Mental illness is considered the top cause of complications during pregnancy and childbirth. Black mothers are only half as likely to receive mental health treatment and counseling as their white counterparts.⁹ Maternal depression and perinatal mood disorders are linked to preeclampsia, hypertension and gestational diabetes. Black and hispanic mothers experiencing depression face greater stressors than white mothers, including less access to care based on affordability and availability, as well as a lack of providers who are culturally-sensitive. Toxic stress plays a substantial role in the incidence of maternal morbidity for black women. **Toxic stress includes: racism, trauma, poverty, food and housing insecurity, and community violence.**



Dr. Tamela Ross helps new moms dealing with PMAD in Nurture KC's Healthy Start program

Access to adequate mental health care presents an even greater challenge. There are few providers to meet the need within Medicaid. According to a Health Affairs Report, a quarter of mental health providers did not have a single Medicaid patient. There are also structural barriers, including low reimbursement rates in network, prior authorization requirements and insufficient providers. Lastly, the same impediments exist for all access to care issues, including lack of transportation, cost of care and child care expenses.

Some potential remedies are expanded use of telehealth, increased provider rates, application of screening tools and investment in mid-level providers.

The Moms Matter Act — 1 of the 12 bills that encompass the Momnibus package in Congress, aimed at improving maternal health — would expand access to mental health and substance use treatment.

Local Solution: Doulas

A doula is a trained professional who supports expecting and new mothers at each stage of pregnancy, delivery and postpartum. A doula's purpose is to help guide families through a safe, healthy and happy pregnancy experience. There are local, national and international entities that provide certified doula training, such as:

DONA International – www.dona.org

National Black Doulas Association – www.blackdoulas.org

Uzazi Village – www.uzazivillage.org

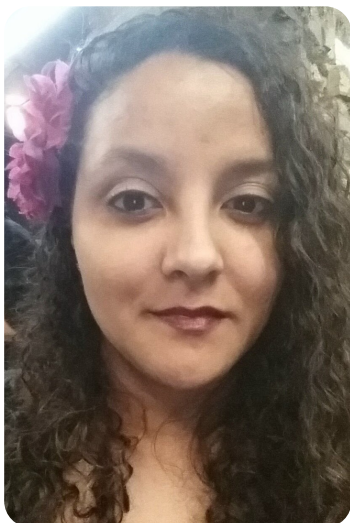
Birthing Beyond – www.birthingbeyond.com

The key difference between doulas and midwives is doulas do not deliver babies, but support mothers through being a resource and advocate. Doulas are often in the delivery room and help moms with birthing plans and other needs in the pre-birth, delivery and postpartum periods. Doulas take a holistic approach in facilitating a favorable birth experience.

This support system is important in the context of maternal morbidity. Within Medicaid, doulas providing education and support can lower the occurrence of pre-term birth and c-sections. C-sections present risk of injury to the baby as well as hemorrhage, blood clots and infection. Currently, just three states – Minnesota, Oregon and New Jersey – provide a doula benefit within Medicaid.¹⁰



KC Doula, Daysha Lewis, supports new mom Zaria Wilson.



KC Doula, Ashley Haden-Peaches, also works with moms in Nurture KC's Healthy Start program.

"A doula is a pregnant person's advocate, extended support system or, sometimes, sole support system and an educated resource for matters related to birth. Having a doula who is a calming presence at a chaotic time can be the key to a pleasant birth experience. Evidence shows doulas lower unnecessary interventions at birth, including fewer epidurals and c-sections, and need for forceps or vacuum during delivery. Doulas empower others to make informed choices. Doulas help ease fears and release tensions. Doulas are a warm light in a dark, crowded room. Doulas listen, cheer, support, guide, coach and validate."

— Ashley Hayden-Peaches

Local Solution: Midwives



Samantha Collinson, MSN, APRN, CNM, who also serves on Nurture KC's Board

A midwife has medical training that allows her to deliver babies. Midwives perform low-risk births, focusing on the mother with a goal of reducing surgical intervention.

There are four categories of midwives:

Certified Nurse Midwife (CNM) – A registered nurse with a graduate degree in midwifery.

Certified Midwife (CM) – Has an undergraduate degree (not in nursing) and a graduate degree in midwifery + certification by the American Midwifery Certification Board.

Certified Professional Midwife (CPM) – Has served an apprenticeship or taken professional courses and is certified by the North American Registry of Midwives (NARM).

Direct Entry Midwife – Is not a nurse, but has either gone to midwifery school or had apprenticeship or relevant training.

It is important to note:

Only 5% of certified midwives are women of color.¹¹

"People often ask me: 'What is the difference between a midwife and physician?' While there are many practical differences, such as midwives are not surgeons and therefore do not do c-sections, there are also many subtleties that guide the two differing practice styles. Unexpected situations can and do arise during pregnancy and birth. A midwife is a trained expert in the normalcy of pregnancy and birth and therefore approaches care from a patient-centered perspective by providing education and inviting the patient to be a participant in her own plan of care. The midwife is committed to providing women with relevant, standardized, quality information, necessary to make decisions that yield the best chance for the birth experience they so desire."

'A 2019 study in the journal of Obstetrics & Gynecology concluded a 30% reduced risk of cesarean section in low-risk nulliparous women (who had never given birth) and a 40% reduced risk in low-risk multiparous women (who had already given birth). The same study also reported less operative deliveries with midwives. In a world and country of rising maternal and infant mortality and morbidity rates, the midwife remains grounded in patient advocacy and the preservation of safe, quality care for women and children.'

— Samantha Collinson, MSN, APRN, CNM

State Solution:

Expand postpartum coverage to 1 year for Medicaid beneficiaries



The American Rescue Plan provides the framework and funding for states to extend postpartum coverage up to one year. This policy is particularly beneficial in states that have not expanded Medicaid coverage, leading to mothers losing coverage 60 days postpartum. Half of women covered by Medicaid were uninsured for some period of time in the six months following delivery. Known as churn, this is a key public health policy that could have a great impact on maternal health if coverage was ensured.

In the U.S., 40% of all births are covered by Medicaid, representing the single largest provider.¹² The American Rescue Plan does not mandate this extension so it will require state action to approve and implement. According to the Missouri Foundation for Health (MFH), an additional **6,211 Missouri moms would benefit from this extension.¹³**

States have 5 years to adopt this option. According to MFH's white paper *Examining the 12-Month Postpartum Medicaid Coverage Option for Missouri*: "More than half of pregnancy-related deaths occur after delivery, and 12% occur between 43 to 365 days postpartum."

Adopting a state plan amendment for postpartum mothers also represents a positive and necessary shift in how we approach care. Postpartum care should be more than a single visit. It should be an ongoing system of care, such as lactation support, well-woman visits, mental health screenings for postpartum depression and overall health exams.

Postpartum coverage through a state plan amendment would be comprehensive and not narrowly limited to issues of pregnancy. A measure like this recognizes the importance of overall health for the well-being of our mothers and not just health during pregnancy.



Federal Solution: The Black Maternal Health Momnibus Act of 2021



The Black Maternal Health Caucus has proposed sweeping reforms to improve maternal health outcomes with the introduction of the Black Maternal Health Momnibus Act of 2021 – a package of 12 bills that can be viewed at: blackmaternalhealthcaucus-underwood.house.gov/Momnibus.

The legislation is a compilation of 12 individual bills which:

- 1) Make critical investments in **social determinants of health** that influence maternal health outcomes, such as housing, transportation and nutrition.
- 2) Provide funding to **community-based organizations** working to improve maternal health outcomes and promote equity.
- 3) Study the unique maternal health risks facing **pregnant and postpartum veterans** and support VA maternity care programs.
- 4) Grow and diversify the **perinatal workforce** to ensure every mom in America receives culturally congruent maternity care.

- 5) Improve **data collection processes and quality measures** to better understand the causes of the maternal health crisis in the U.S. and inform solutions to address it.
- 6) Support moms with **maternal mental health** conditions and substance use disorders.
- 7) Improve maternal health care and support for **incarcerated moms**.
- 8) Invest in **digital tools** (like telehealth) to improve maternal outcomes in underserved areas.
- 9) Promote **innovative payment models** to incentivize high-quality maternity care and non-clinical perinatal support.
- 10) Invest in federal programs to address the unique risks/effects of **COVID-19 during and after pregnancy** and to advance respectful maternity care in future public health emergencies.
- 11) Invest in community-based initiatives to reduce exposure to **climate change-related risks**.
- 12) Promote **maternal vaccinations**.



You can view the contents of each bill at bit.ly/MomnibusAct2021.

“We are facing a crisis of maternal health in this country, particularly for Black and Indigenous mothers, and Kansas is no different. I introduced the [Data to Save Moms Act](#) as part of the Momnibus Act of 2021 to not only improve data collection practices, but to ensure we are truly listening to their stories, because effective, compassionate policy is built on reliable data. We can and we must address the shameful rate of maternal mortality here in Kansas City and across the country – but to do so, we first must understand its causes.”

— Rep. Sharice Davids (KS-03)



Systematic Solution:

Level the maternal playing field and change how moms receive care

Alison Williams, Vice President of Clinical Quality Improvement for the Missouri Hospital Association, says the **3 keys to improving maternal outcomes at the systems level** are:

- 1) Meet the standards of care that are set forth in the [Alliance for Innovation on Maternal Health \(AIM\) bundles](#) and establish a culture of accountable care through the Chief Medical Officer and other hospital leaders.
- 2) Address health care worker stigma and implicit bias through [equitable, trauma-informed policies](#) and training.
- 3) Implement [TeamSTEPPS® training](#) and tools as best practices for team communication and decision-making to mitigate common root causes of adverse events.



"As a mom and patient who also has suffered from Maternal Morbidity, I make it a goal to listen to the concerns and fears of my pregnant moms. I think my experience of having a preterm baby due to pre-eclampsia gives me more insight into the struggles - both mentally and physically - of dealing with an adverse health outcome in a time which is supposed to be the happiest in your life. I bring that experience with me to the patient's bedside every day. I believe in order to make an impact, we need to start approaching healthcare by taking care of the whole patient, which includes both her physical and mental state. We will not make ground on reversing Maternal Morbidity until we start listening to women."

— Dr. Karen Florio, DO, MPH, FACOG

Thank you to these professionals who contributed to this report

Together, we can create change and improve maternal morbidity in Kansas and Missouri. Thank you to partners:

Alison Williams, Vice President of Clinical Quality Improvement, Missouri Hospital Association

Ashley Haden-Peaches, Samuel Rodgers and Doula

Daniel J. Quay, M.A., Senior Research/Data Analyst, Missouri Department of Health and Senior Services, Office of Epidemiology

Daysha Lewis, Healthy Start Mom and Doula

Devon Ramaeker, MD, FACOG, Saint Luke's Health System

Traci Johnson, MD – Ob/Gyn, Truman Medical Centers

Elaine Diaz, Healthy Start Mom

Karen Florio, DO, MPH – Maternal-Fetal Medicine, Saint Luke's Health System

Samantha Collinson, MSN, APRN, CNM, Director of Perinatal Services, Lakewood Family Birthplace, Truman Medical Centers

Rep. Sharice Davids, Member of Congress, Kansas Third District

Tamela Ross, PhD., The Healing Corner KC

Nurture KC Staff:

Tracy Russell, Nurture KC Executive Director

Katherine Campbell, BSN, RN, Fetal, Infant Mortality Review Coordinator

Shannon Williams, Kansas City Healthy Start Initiative Director

Report Designed By:

Angie Henderson, Nurture KC Communications Director, Inspire Communications



Citations

- 1) **Kansas Maternal Mortality Report**
https://kmmrc.org/wp-content/uploads/2021/02/KS-Maternal-Morbidity-Mortality-Report_Dec-2020_FINAL2-21.pdf
- 2) **National Public Radio (NPR)**
www.npr.org/2018/05/10/607782992/for-every-woman-who-dies-in-childbirth-in-the-u-s-70-more-come-close
- 3) **The American Journal of Managed Care (AJMC)**
www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health
- 4) **The New York Times**
www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html
- 5) **Kansas Maternal Mortality Report + Maternal and Child Health Data Chartbook**
https://kmmrc.org/wp-content/uploads/2021/02/KS-Maternal-Morbidity-Mortality-Report_Dec-2020_FINAL2-21.pdf *(hard copy only)*
- 6) **Kaiser Family Foundation**
www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/
- 7) **Missouri's Pregnancy-Associated Mortality Review (PAMR)**
<https://health.mo.gov/data/pamr/pdf/annual-report.pdf>
- 8) **Center for American Progress**
www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/
- 9) **Maternal Mental Health Leadership Alliance**
www.mmhla.org/congressional-briefing-june-2021briefing/
- 10) **National Health Law Program**
<https://healthlaw.org/doulamedicaidproject/>
- 11) **Center for American Progress**
www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/
- 12) **Centers for Medicare & Medicaid Services**
www.cms.gov/newsroom/fact-sheets/medicaid-facts-and-figures
- 13) **Missouri Foundation for Health**
<https://mffh.org/wp-content/uploads/2021/05/Postpartum-coverage.pdf>

Learn more about Nurture KC



Visit us at:
www.nurturekc.org

Facebook @[NurtureKC](https://www.facebook.com/NurtureKC)

Twitter @[NurtureKC](https://twitter.com/NurtureKC)

