

Advancing Maternal Health: Partnerships, Mental Health and Practical Solutions

Victoria Johnson, MPH and Anna Chamberlain, BSN, RN, IBCLC

KPCA Annual Conference, September 2026



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Objectives

- Upon completion of this educational activity, you will be able to:
 - Identify partnership strategies that support the implementation of community-based maternal health initiatives.
 - Describe practical approaches for coordinating maternal health services across healthcare and community settings.
 - Apply lessons from existing maternal health programs to strengthen partnerships and support implementation within their own communities.

Kentucky Perinatal Quality Collaborative



Our Team



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Alliance for Innovation on Maternal Health

- AIM supports best practices that make birth safer, improve maternal health outcomes, and save lives. AIM is the national, cross-sector commitment designed to lead in the development and implementation of patient safety bundles for the promotion of safe care for every U.S. birth.
- AIM currently operates in 49 states, the District of Columbia, and Puerto Rico, and has more than 13 allied partners, including professional associations, training partners, patient advocacy organizations, and maternal health organizations, that provide clinical expertise, data, and credibility to the patient safety bundles.



[Alliance for Innovation on Maternal Health](#)

Current KyPQC Maternal Health Initiatives



Care for Pregnant and Postpartum
Patients with Substance Use Disorder



Severe Hypertension in Pregnancy



Safe Reduction of
Primary Cesarean Birth

Current KyPQC Infant Health Initiative

KyPQC Safe Sleep Initiative

- Clinical Workgroup
 - Identifying ways to educate patients about safe sleep before leaving the hospital
 - Addressing differences between positioning of the baby in the NICU compared to safe sleep recommendations
- Community Workgroup
 - Discussing cultural differences in safe sleep practices
 - Developing culturally and linguistically appropriate safe sleep resources
 - Convening with partners statewide to identify specific community needs and gaps in safe sleep knowledge.



Upcoming Perinatal Mental Health Initiative



Readiness

Provide training and education focused on quality of care, the prevalence and impact, perinatal mental health stigma, and trauma-informed care.



Recognition and Prevention

Consistently screen for perinatal mental health conditions by obtaining a thorough individual and family mental health history at initial intake, followed by routine depression and anxiety screenings throughout the perinatal period.



Response

Establish care pathways to facilitate coordination and follow-up among multiple providers for pregnant and postpartum patients referred to mental health treatment.



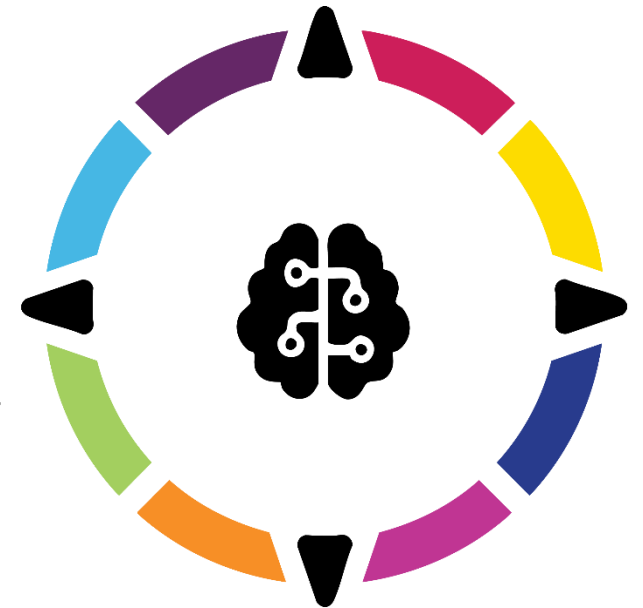
Reporting and Systems Learning

Identify and monitor data related to perinatal mental health care to evaluate and address known differences in maternal health outcomes.



Respectful, Supportive, and Patient-Centered Care

Include patients' identified support network as respected members and contributors to the multidisciplinary care team.



Perinatal Mental Health Conditions

[Perinatal Mental Health Conditions | AIM](#)

Becoming More Involved with KyPQC

- Receive updates via email
- Explore our website, KyPQC.org
- Join a KyPQC workgroup
 - Current workgroups include:
 - Substance Use Disorder
 - Safe Sleep – Community-Based
 - Safe Sleep – Hospital/Clinical
 - Coming Soon – Perinatal Mental Health

Join KyPQC Listserv

SCAN ME



KyCOMPASS

Kentucky Consultation and Outreach for Maternal Psychiatry and Support Services

Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program Fact Sheet

What is this program?

This program aims to expand health care providers' capacity to screen, assess, treat, and refer patients for maternal mental health and substance use disorders during or after pregnancy.



[Screening and Treatment for Maternal Mental Health and Substance Use Disorders | MCHB](#)

Who we are



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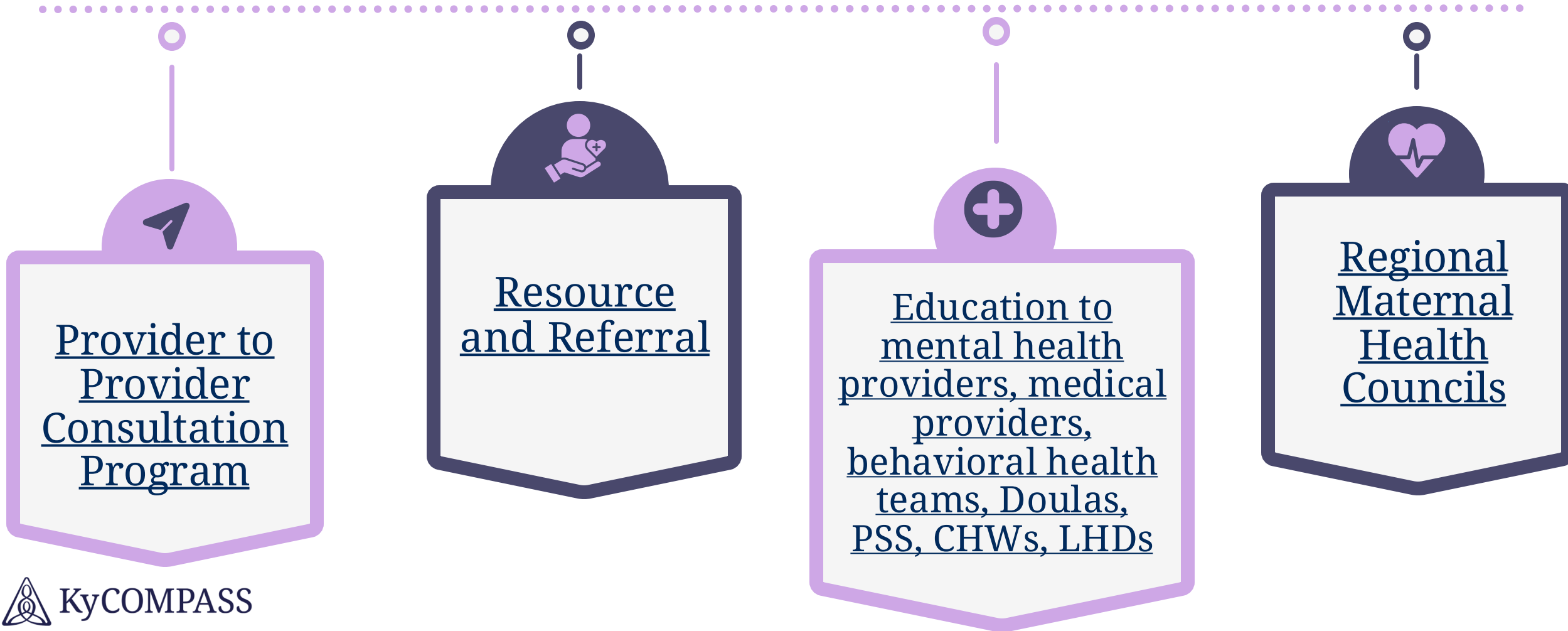


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KyCOMPASS in Action



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Kentucky Public Health

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CABINET FOR HEALTH
AND FAMILY SERVICES



KPCA
IMPROVING KENTUCKY'S CAPACITY TO CARE

2026
Annual
Conference

Maternal Health Partnerships: Putting Programs into Practice

Dr. Molly Bradshaw O'Neal

DNP, APRN, WHNP-BC, FNP-BC, CP-C

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Faculty Disclosure

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***** No Disclosures or Conflicts**



Maternal Health Partnerships: Putting Programs into Practice

Identify Partnerships To Support Initiatives	Approaches to Coordinate Care	Lessons from Existing Partnerships
Primary Care Teams (Providers)	PoWER, KY Compass, Mom is Vital Other ??? We ARE the MEDICAL HOME ...	Case 1, Case 2, Case 3
• Create the Primary Care “bundle” • Reframe OB Liability • Participation is NOT optional	• Primary Care must lead ... • “Wrap Around Care” = PCP • “Telehealth” = PCP • “Nutrition” = PCP • “Behavioral Health” = PCP • “Infant Care Resources” = PCP	• 1) Data from full PCP Engagement • 2) Integration of KY Compass • 3) Standing Rules, Future Goals

Identification of Partnerships to Support Initiatives

Primary Care Providers (Teams) are the KEY
First, we need a “Primary Care Bundle”

– Inspiration & Leaders:

California Maternal Quality Care Collaborative (CMQCC), Kentucky Perinatal Quality Collaborative (KyPQC)

***** Nice, but not clear enough for primary care**

NEEDS: Clarity on Treatment, YOU pick top 5-6 conditions for your population

What is a bundle? 5R Framework

Identification of Partnerships to Support Initiatives

Primary Care Providers (Teams) are the KEY

Second, we need to Reframe OB Liability – in the minds of PCPs

- Providers are embedded with inherent fear of OB patients and associated liability
- They do **NOT** understand FTCA coverage
- They do **NOT** (particularly APRNs) have adequate training on OB related care

Birch, et al., (2022) 16.4% of Primary Care Claims, OB related; 81.9% of settlement dollars
Only CNM and WHNP have standard training requirements for OB related care – **NOT** FNP

Identification of Partnerships to Support Initiatives

Primary Care Providers (Teams) are the KEY Participation is NOT optional

- Primary Care providers have been marginalized by the system (Smith, et al., 2023)
- Both PCP and OB providers need “warm hand-offs”
- Shireman, et al., (2026) qualitative study, “It would be helpful to have some standardized language.”
 - As a PCP, I get no communication from any hospital that my primary care patient delivered.
 - The OB gets a report, the Pediatrician gets a report – but not us
 - Don't assume that transition back to primary care is smooth

Approaches to Coordinating Care

Primary Care is the Medical Home



Lessons from Existing Partnerships

Case #1: PCPs that are “ALL-in” for Maternal Health

When PCPs are fully educated, fully engaged, this is what you get:

- **Data Tracking**
 - I keep a spreadsheet of all encounters with women from confirmation of pregnancy to 1 year
 - I am starting to implement communication from me to my patient with anticipatory guidance (BF)
 - I am coaching new NPs to participate
- **Clinic Rules for Scheduling**
 - No pregnant patient is turned away for same-day appt
 - When baby is scheduled, mom is screened (BP and PHQ2)
- **Integration of Resources**

Lessons from Existing Partnerships

Case #2: Resource Integration, Case of KY Compass

When PCPs are fully educated, fully engaged, this is what you get:

- **Use it the 1st time**
 - Inquiry sent to ask about resources for a patient – related to transportation
 - 1 hr response
 - Added to resource list
 - Difficulty – access for me via email and busy clinic
- **Use on the 2nd time**
 - Post review of order to wean mental health meds on patient with preg confirmed
 - Did I do it right?
 - End of day, no time pressure, but learning for next time and could have called pt to change plan

Lessons from Existing Partnerships

Case #3: Standing Rules, Future Goals

- **Standing Rules**
 - Schedule mom when baby is scheduled
 - Screen mom's bp and depression even if she is not seen that day by provider
 - Caretakers are not always mom, don't forget dad, grandparents, foster parents, etc
- **Future Goals**
 - Successful outcomes for maternal health is everyone's responsibility
 - I'm waiting on the Primary Care bundle to help me teach other providers ... who's developing that KY?
- **Integration of Resources**
 - Ky has not tapped into the potential for MIH and Community Paramedicine