



Delivering Hope

WOMEN'S CARE CLINIC

SPECIALIZING IN HIGH-RISK PREGNANCY CARE

OVERVIEW OF CAPITAL PROJECT

Brightest minds. **Biggest Hearts.**

Summary

When LaKesha Wooten became pregnant, she knew her journey to motherhood would not be easy. Her medical history and past pregnancies left her anxious and scared. That is why she trusted University Health, where miracles happen every day. Our high-risk pregnancy specialists gave her the knowledge and expert care she needed throughout her pregnancy. Last year, LaKesha welcomed her baby girl, Malia, to the world.

University Health, the region's leader in women's care, including maternal-fetal medicine, brings hope to women like LaKesha. With the best high-risk pregnancy specialists in the area, we are proud of our accomplishments, yet we recognize that provider and programmatic expansion will bring our care to new heights. The **Delivering Hope** capital campaign will support the growth of Women's Health at University Health Truman Medical Center (UHTMC) and Women's Care Lee's Summit.

Women's Care at University Health Truman Medical Center (UHTMC)

The campaign will transform an empty area on the 1st floor of the UH2 Building (2011 Charlotte St., Kansas City, Missouri) into a modern space. The new area will allow us to move OB/GYN services from its existing location that is shared with various specialty areas (e.g., Dermatology) in Building UH1 (2101 Charlotte St., Kansas City, Missouri 64108). The additional space will expand our overall women's care footprint on the UHTMC campus, which also includes services on the 3rd floor of UH2. The Clinic will support expansion of specialty services, including urogynecology, gynecological oncology, and maternal fetal medicine, while increasing access to perinatal ultrasound.

Women's Care at University Health Women's Care Lee's Summit

University Health will also increase space of the UH Women's Care Lee's Summit (3450 NW Ralph Powell Road, Lee's Summit, Missouri) allowing provider and programmatic expansion in multiple growth areas, as well as increase the volume of perinatal ultrasounds. As we experience growth in the number of high-risk patients, additional space at UH Women's Care Lee's Summit (and UH2) will allow us to expand our wraparound approach by adding physicians, providers, and staff support, including behavioral health, genetic counseling, care coordination, case management, and Diabetes care and education.

University Health

University Health (UH) is an academic medical center providing quality healthcare to the region. With two hospitals and clinics (primary and multiple specialties), behavioral health, dental health, and long-term care, we deliver compassionate care to 117,000+ patients annually. University Health Truman Medical Centers (UHTMC), the system's main downtown location, was dedicated four decades ago, but its history dates back more than a century. Its forerunner was General Hospital, Kansas City's first hospital, built in 1870. The roots of University Health Lakewood Medical Center (UHTMC) in Eastern Jackson County go back even further—to the mid-1800s when Jackson County purchased a large farm to care for those who could no longer care for themselves. With a rich past, we understand our responsibility to the future of medicine. As the primary teaching site for the University of Missouri-Kansas City's (UMKC's) Schools of Medicine, Dentistry, Nursing, and Pharmacy, we are passionate about teaching the next generation of healthcare professionals.

UH's health equity approach aims to reduce disparities by providing care that is culturally competent, trauma-informed, and accessible to all. We are committed to providing health care for people with limited or no access due to their financial circumstances, insurance status, or health condition. UH provided \$73 million in uncompensated care last year alone. Seventy percent (70%) of the patients we serve are uninsured or enrolled in Medicaid or Medicare. **Our mission is to provide accessible state-of-the-art quality healthcare to our community regardless of the ability to pay.** We are distinguished by our role in the community as:

- The only Community Mental Health Center (CMHC) linked with an academic hospital.
- A designated Level 1 Adult Trauma Center
- The regional leader in high-risk pregnancies, delivering nearly half of Kansas City's babies.

Our priority is to ensure everyone has a fair and just opportunity to be healthier. As such, we offer services to enhance access to culturally competent healthcare and address the social determinants of health (SDOH) needs that our patients experience. UH's on-site food pantry, fresh produce distribution in the community, health education, cultural health navigation, outreach services to unhoused individuals, and interpretative services and telephonic interpreting in 150+ languages are just a few of the ways we do so.

The Lown Institute Hospital Index for Social Responsibility's (LIHSR) racial inclusivity index reflects how well a healthcare organization serves communities of color who reside in the areas surrounding a healthcare organization's facilities. UH TMC is honored to be recognized as first in Missouri and eighth in the United States with LIHSR's racial inclusivity index. Making this even more significant is the fact that Kansas City is, unfortunately, third in the LIHSR's ranking of the most segregated healthcare cities in the United States.

High Risk

Thanks to the excellent care LaKesha received at University Health, she and Malia are thriving. Unfortunately, maternal and infant health outcomes are worsening in our state. Too many women in Missouri, especially Black women, are dying at a higher rate than their peers across the nation. Last year, 85 women in Missouri lost their lives during and up to one year of pregnancy, placing Missouri 44th in the country for maternal health outcomes. Disparities by race in Missouri are even more discouraging. Black women are three times more likely to die than White women. This stark reality is especially concerning when compared to the U.S. rate. Black women across the nation are 2.5 times more likely to suffer maternal mortality than White women. Low socioeconomic status is also linked to maternal mortality. Pregnancy-related deaths were 2.9 times higher for women covered by Medicaid (versus private insurance) (Missouri Department of Health & Senior Services, 2023). Preeclampsia and persistent high blood pressure account for 10-15% of deaths.

Babies in our state aren't faring as well as their peers across the country. In fact, Missouri has received a D- grade for preterm births (births before 37 weeks) by the March of Dimes (2023). Missouri's rate of 11.3% of babies born earlier than 37 weeks of pregnancy is higher than the U.S. rate of 10.4%. Data showing disparities by race and ethnicity paint a bleaker picture. Black mothers are 1.5 times more likely to give birth prematurely, accounting for a preterm birthrate of 15.5%, followed by American Indian/Alaska Native (11%), and Latino/Hispanic (10.6%), white (10.4%), and Asian/Pacific Islander (10.2%). At least 40% of infant mortality in Missouri in 2022 was related to pre-term birth. The infant mortality rate for Jackson County, Missouri is 6.6 per 1,000 births compared to the national rate of 5.6% (March of Dimes, 2020). The zip codes with the highest rates in Kansas City, Missouri, including 64109, 64124, 64126, 64127, 64128, 64130, and 64132 mirror UHTMC's largest patient populations with devastating rates of 16-22 deaths per 1,000. Still, high infant mortality rates aren't just in Kansas City, Missouri. Four zip codes comprising Eastern Jackson County have rates above 7 per 1,000. Cities include Raytown (86% of population), Independence, Blue Springs, and Grandview. Further, the racial disparity in Eastern Jackson County is significant, with 9 per 1,000 births among African Americans compared to 4 per 1,000 among white infants (Jackson County Health Department, 2018).

Missouri's Pregnancy-Associated Mortality Review Board (PAMR), with Dr. Traci Johnson, MD, FACOG-MFM, Assistant Professor of Obstetrics and Gynecology, University Health and University of Missouri-Kansas City School

of Medicine, as Chair, reviews each maternal death. The board's work, analyzing data and patient records, has revealed the following top causes of pregnancy-related deaths:

Mental Health Issues/Substance Use Disorder (SUD): Mental health conditions, including substance use disorder (SUD), are highly associated with maternal mortality. Of the patient records reviewed by the PAMR board, mental health issues, including depressive disorder, anxiety, SUD, and other disorders, accounted for most of the deaths. Eighteen percent (18%) of deaths were suicides, with the majority between 43 days and one year postpartum. With substance use, including opioid use, gripping our communities, overdoses account for 19% of pregnancy-related deaths. Opioids accounted for 75% of deaths, followed by stimulants (33%) and benzodiazepines (33%) (Missouri Health & Senior Services, 2023). A contributing factor to anxiety and depression is low socioeconomic status (Verbeek, T., Bockting, C., Meijer, J., Von Pompus, M., and Burger, H., 2019). Further, "weathering," the cumulative effect of daily stress caused by racism, significantly impacts the health and well-being of pregnant moms of color (Zero to Three, 2020).

Chronic Diseases: Chronic disease burden rests heavily on individuals with low income and people of color. In fact, they are three times more likely to reduce their ability for daily functioning than their white peers. Chronic disease incidence, including diabetes, is twice as high among African Americans/Black and Latinas/Hispanic adults and is twice that of white adults. University Health's (UH's) data reveals that 77% of patients have at least one chronic disease, with 36,921 out of 117,000 total patients having hypertension. The rippling effect of disease presence during pregnancy can have serious consequences for both mom and baby. Chronic diseases, including cardiovascular disease, hypertension, and obesity, can cause stillbirth birth and health conditions for babies at birth. Factors contributing to preterm births include hypertension among mothers (26.4%), Diabetes (31.7%), and previous preterm births (33.2%) (March of Dimes, 2023). Data shows that 6% of pregnancy-related deaths were caused by cardiovascular disease during pregnancy.

The factors contributing to poor maternal health and birth outcomes are multifaceted and layered, including:

Socioeconomic Circumstances: A mother's difficulty in meeting her basic needs can have a direct relationship to her likelihood of mortality. Thirty-two percent (32%) of women who died in Missouri were unemployed. Women with high-risk pregnancies served by University Health (UH) have the lowest income. As women who experience the day-to-day struggles of living in poverty, UH patients are more likely to experience food insecurity and face other difficulties that influence maternal and birth outcomes. Social Determinants of Health screening among patients reveal that 8% of the 40% of UH patients screened have needs, meaning their current situation inadequately meets their basic needs. We anticipate the percentage to increase as we begin screening all patients (outpatient and inpatient) soon. The number of patients screening positive for food insecurity was the drive to open UH's One World Pantry at UHTMC. Nutritious food intake is critical to the health of both mom and baby. When intake is inadequate, pregnant women risk several health issues, including depression, hypertension, and diabetes (Dolin, C., Compher, C., Oh, J. & Durnwald, C., 2021). Studies show the causal relationship between food insecurity and gestational weight gain. Researchers are also learning about the link between food insecurity and the release of a stress hormone that can affect premature birth (Gourlay, K., 2023).

Lack of Access to Care: The lack of access to health care during and after pregnancy is closely linked to economic conditions. While access to prenatal care is essential to positive outcomes for mom and baby, too many women initiate care late, often due to their financial circumstances. In Missouri, between 2014 and 2018, 17% of women received inadequate care meaning they started prenatal care late or did not have a sufficient number of prenatal care visits (Missouri Department of Health and Senior Services). Forty-five percent (45%) of women cited financial

concerns or lack of coverage as the reason for late initiation of prenatal care (Missouri Department of Health and Senior Services). Women of color disproportionately lack adequate prenatal care. Between 2014 and 2018, 40% of African American women began care after the first trimester (Missouri Department of Health and Senior Services). Late or no prenatal care among African American women is nearly three times that of white women. Prenatal visits are essential for women with undiagnosed chronic disease (e.g., hypertension, diabetes) as issues can be addressed that unnoticed would intensify complications before, during, and after birth (The Commonwealth Fund, 2019).

Health Literacy: Mothers deserve the resources and support to empower them for birth and give their newborn the healthiest start possible. Unfortunately, mothers who lack resources and support experience barriers to growing their maternal health literacy, which can contribute to adverse health outcomes. Researchers found that 72% of moms with low income participating in a study had low health literacy, which resulted in “small but potentially clinically meaningful differences” in health outcomes. Women with low literacy were more likely to deliver prematurely (before 34 weeks) (Kenward, 2021). Breastfeeding is, of course, a highly encouraged parenting practice with benefits to the health of the mother and child. The Centers for Disease Control & Prevention reports that 77% of Black infants are breastfed (regardless of duration) compared to Caucasian (85%), Hispanic (82%), and Asian (87%) infants. Additionally, women with low income are less likely to breastfeed than those with higher income (Newhood, J., Newhood, L., Midodzi, W., Goodridge, J., Burrage, L., Gill, N., Halfyard, B., & Twells, L., 2017). This reflects three strong points. First, historically marginalized communities experienced barriers to accessing information to grow their health literacy. Second, the strong causal relationship between a mother’s resources and supports and its impact on her health literacy. Lastly, how barriers and the lack of resources and supports can translate into behaviors that impact the health of a mother and her child.

Women’s Health Disparities

Health disparities in various areas of women’s care exist for women of all ages, particularly women in historically marginalized communities. For example, in the area of gynecological cancer, the likelihood of dying from cervical cancer is 60% more for Black women than White women (Spencer, J., Kim, J., Tiro, J., Pruitt, S., Sliver, M., & Haas, J. (2023). The ovarian cancer-related death rate is the second highest (after Indian and Alaskan Native) despite having the lowest ovarian cancer incidence (Centers for Disease Control and Prevention, 2023.) Another service area included in the new Women’s Care Clinic is urogynecology. Racial and ethnic health disparities exist in this specialty area, which encompasses pelvic floor disorders (PFDs), including accidental bowel leakage (ABL), pelvic organ prolapse (POP), and urinary incontinence (Ackenbom, M., Carter-Brooks, C., Soyemi, S., Everstine, C., Soyemi, S., Everstine, C., Butters, M., & Davis, E., 2023).

University Health Women’s Care

University Health (UH) provides a wide variety of services and specialized Care for women throughout their lives. Our team of women’s health specialists includes OB/GYNs, urogynecologists, breast surgeons, certified nurse midwives, and imaging technicians who can perform mammograms and bone-density tests. Every member of our team is highly trained and experienced in their field.

Maternal Health Care: Every time a baby is born at University Health, Braham’s Lullaby can be heard throughout the hospital. UHTMC and UHLMC provide the best family-centered birthing services, celebrating over 3,200 births annually. Newsweek magazine recognized both facilities as two of America’s Best Maternity Hospitals for 2023. University Health Truman Medical Center is where nurturing Care and the highest level of maternal-fetal medicine meet. UHTMC’s recently updated Neonatal Intensive Care Unit (NICU) is designated as Level III by the American Academy of Pediatrics, which supports a full range of pediatric medical subspecialists. Patients can access the Level IV neonatal intensive care unit (NICU) at Children’s Mercy Hospital via the Bridge of Hope that connects the two

hospitals. A Level IV NICU offers the highest level of Care available for premature and critically ill newborns. This unique collaboration enables rapid access to life-saving care and rapid patient transfers when every second matters.

Nurse navigators support women with high risk in navigating the complex healthcare system while removing barriers to care (e.g., transportation) during the most critical time of a baby's development. With a goal of maintaining consistent prenatal appointments and education, navigators become a trusted member of their care team, coordinating appointments, tests, and services. Screening for social determinants of health and behavioral health needs, these dedicated health professionals build relationships with their patients, connecting them to area resources (e.g., food, domestic violence shelters) and supporting them emotionally and advocating throughout their journey.

Women's Care is a designated Level IV Perinatal Health Center by the Missouri Department of Health and Senior Services (MHSS)—the only one in Kansas City and one of five in Missouri. As a leader in maternal-fetal medicine, we serve more women with high-risk pregnancies than any other hospital in the area.

Maternal-Fetal Medicine: The Maternal Fetal Medicine Clinic (MFM) offers specialized care to pregnant women and their babies. We provide personalized case management services to support and guide expectant moms through a pregnancy that is deemed high-risk, whether it is due to a health condition or because a pregnant mom is caring for more than one baby. Our MFM program reaches University Health campuses (UHTMC and UH Women's Care Lees Summit), sharing resources and health providers.

Our maternal-fetal medicine specialists are leaders in the field of fetal medicine as well as fetal and neonatal surgery. Dr. Traci Johnson, MD, FACOG-MFM, Assistant Professor of Obstetrics and Gynecology, University Health and University of Missouri-Kansas City (UMKC) School of Medicine, chairs the Missouri Department of Health & Senior Services Pregnancy Associated Mortality Review Board, honoring the women who die from childbirth-related causes by reviewing each fatality in detail in an attempt to prevent maternal morbidity and mortality in our state. She also works on a state-wide collaborative to close gaps in care for women and infants in Missouri. Dr. Emily Williams, MD, Assistant Professor of Obstetrics and Gynecology, UMKC School of Medicine, who joined UH in 2023 has expertise in mental health conditions in pregnancy and ensures our ultrasound capabilities are the best in the region as Director of Perinatal Ultrasound. In addition to treating complex health conditions of pregnancy, Dr. Devika Maulik also uses translational research to advance health in our community. Dr. David Mundy, a staple at University Health (UH) for over 30 years, has treated generations of families in Kansas City and continues to ensure excellence for birthing people of all walks of life.

UH's expertise and demonstrated impact in addressing maternal mental health disparities is well-documented. For example, recognizing that significant racial disparities exist in perinatal healthcare, the EleVATE (Elevating Voices, Addressing Depression, Toxic Stress, and Equity) Collaborative works to establish equitable models of prenatal Care. The EleVATE Group Care (GC), bundles evidence-based care to improve health outcomes through group prenatal care and behavioral health techniques. The initiative was developed by an interdisciplinary team of Black patients, obstetric clinicians, and mental health providers. EleVATE collaborates with obstetric clinicians to apply trauma-informed care and behavioral health interventions. Curriculum and training are grounded in trauma-informed care and anti-oppressive principles. The goal of the program is to reduce inequitable and adverse pregnancy outcomes. Compared to individual care, GC patients experienced 13% fewer inductions of labor and 10% fewer C-sections, while 26% more patients were breastfeeding at discharge, and 28% more patients attended their postpartum visits compared to individual care. Through work from the Collaborative in St. Louis and Kansas City, group care has received enhanced reimbursement this year and has been requested to be expanded to other clinics throughout the state due to its superior outcomes.

University Health Behavioral Health's soon-to-be-opened Center for Recovery and Wellness Center will combine clinic-based substance use treatment and community-based treatment in one facility. Dr. Doug Burgess, Medical Director of Addiction Services at University Health and Associate Professor of Psychiatry at the University of Missouri – Kansas City, is recognized regionally for his expertise in opioid treatment (Missouri Department of Mental Health Addiction Medication Champion Award 2018). Missouri Governor Parson recently appointed Dr. Burgess to the Drug Utilization Review Board. Currently, Dr. Burgess' expertise in the areas of substance use disorder (SUD) and mental health issues support work in maternal-fetal medicine and plans are underway to begin a multidisciplinary clinic where patients treated for SUD receive "one-stop shopping" and see psychiatry, Maternal Fetal Medicine, psychotherapy, and Social Work during one encounter thereby eliminating many of the social impediments to health. Adding a psychiatrist and psychologist to routine care for the pregnant person ensures whole-person care for women.

Regarding education, we empower new moms to help give their babies the best start possible. UH was the first hospital in Kansas City to receive "Baby Friendly" designation for breastfeeding promotion—advancing health equity. UH offers an array of additional education opportunities for families, including safe sleep and prenatal Care.

Other Women's Services: Other UH women's health areas of growth are gynecological oncology and urogynecology. Urogynecology services includes the treatment of conditions that affect the pelvic organs, muscles and supportive connective tissue. Urogynecologists provide special expertise including minimally invasive surgical and nonsurgical therapies. UHTMC serves 1,025 patients each year. Gynecology Oncology, serving over 800 patients annually, promotes specialized care with the best oncological outcomes due to physicians working in multidisciplinary teams. Currently, urogynecologic services have increased exponentially with the addition of Dr. Nia Jenkins, MD, MPH, Assistant Professor of Obstetrics and Gynecology, a Female Pelvic Medicine and Reconstructive Surgeon at University Health dedicated to equitable care and access. Due to excellent service and demand, gynecologic oncologic services have expanded due to Dr. Blair Smith, MD, a fellowship-trained Gynecologic Oncologist, providing specialized care to women who need it most.

Women Served

Last year, we provided women's care to 11,684 patients at UHTMC through 36,239 visits. UH Women's Care Lee's Summit provided care to 6,314 patients through 19,753 patient visits. Combined with UH Lakewood Medical Center (UHLMC) (not part of this project), we provided exceptional care to 19,822 patients across the UH system. Last year, 5,668 women received obstetric care.

Regarding maternal-fetal medicine, UH had more high-risk deliveries than any other hospital in the area, including 16.24% (742) at UHTMC 11.58% (504) at UHLMC. During the last three years, the number has trended upward with increases of 16% and 10% respectively. High risk stratification is often associated with low income. Sixty-three percent (63%) of patients at UHTMC and 43% receiving care at UH Women's Care Lee's Summit have Medicaid, UH financial assistance, or self-pay. UH serves a higher number of patients with these payor sources than any other hospital in the metropolitan area.

The breakdown of Women's Care patients by race and ethnicity:

Race/Ethnicity	UHTMC Women's Clinic and UH Women's Care Lee's Summit	Jackson County, Missouri
American Indian or Alaska Native	1%	1%
Asian	1%	2%

Black or African American	37%	23%
Hispanic/Latino	11%	10%
Multiple	2%	4%
Native Hawaiian or Pacific Islander	<1%	<1%
Other/Unknown	8%	0%
White	40%	70%

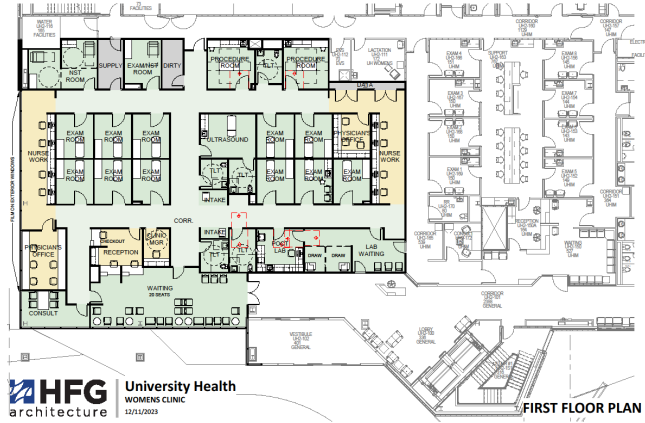
High Hope

Women’s Health is a Center of Excellence for University Health. We are shaping the future for women, families, and the next generation through cutting-edge medical care—bringing hope to everyone in our community, regardless of the ability to pay. Currently, women’s care is offered in two separate locations at UHTMC—buildings UH1 and UH2. Dedicated space will allow us to move women’s health services from a space provided in UH1 shared with other specialties (e.g., Dermatology) to the first floor of UH2, due to rapid growth of the women’s health services line. The expansion will add to the overall footprint of the women’s health, which includes services on the third floor, allowing for provider and programmatic expansion.

The expansion project will not only expand our access to the community for high-risk pregnancies, but also will give the community and our UH providers access to genetic counseling, high-risk diabetes education, placenta accreta spectrum, interventional procedures, including amniocentesis, women’s health and mental health services while having the expertise to care for the most critical patients in the region. The program provided at both locations uses a wraparound service approach by having physicians, providers, and staff support all the needs of our high-risk patient population. A side-by-side comparison of current offerings limited by space constraints and opportunities for growth at UHTMC (UH2) includes:

Existing Women’s Care Space at UH2	Expanded Women’s Care Space at UH2
Space for OB/GYN shared with Dermatology, Plastic Surgery, the Breast Clinic, COVID Therapy, and Pelvic Floor Therapy.	7,140 designated space for expansion of UHTMC’s Women’s Clinic (16 exam rooms)
No space for education/Diabetes education is fragmented.	Expanded space will allow the inclusion of a dedicated Diabetes Education program
Ultrasound capacity is at maximum capacity/Patients < 14 weeks gestation are required to access the Imaging Department for ultrasound/High volume requires remote reading. No sonographer in clinic.	Expanded space will include an additional ultrasound. Sonographer available every day.
No Non-stress Test (NST) room in the current space.	Non-stress Test (NST) room for noninvasive testing of baby’s health given to pregnant women
Inability to have a dietician see OB patients	Space will allow for a Dietician separate from Diabetes Education
Lack of coordination of a multidisciplinary team comprised of specialty care providers	Space for a Care Coordinator to develop a multidisciplinary committee to review complex cases (shared with Women’s Care Lee’s Summit)
Demand for psychiatric care and therapy is growing	Space will allow for the addition of a perinatal therapist, psychiatric provider, and a coordinator/navigator (shared with Women’s Care Lee’s Summit)
Prenatal diagnostic procedures are referred to Children’s Mercy Hospital	A Genetic Counselor (shared with Women’s Care Lee’s Summit) will improve quality of care

Women's Health Clinic Floor Plan (UHTMC)



The renovation and expansion of space at **UH Women's Care at Lee's Summit** includes:

Existing Women's Care Lee's Summit	Expanded Space at Women's Care Lee's Summit
Space is limited space at UH Women's Care Lee's Summit	Additional space (5,567) at UHTMC's Women's Care Lee's Summit
Ultrasound capacity is at maximum capacity	Expanded space will include an additional ultrasound.
Lack of coordination of a multidisciplinary team comprised of specialty care providers	Space for a Care Coordinator to develop a multidisciplinary committee to review complex cases (shared with Women's Care at UHTMC UH2)
Demand for psychiatric care and therapy is growing	Space will allow for the addition of a perinatal therapist, psychiatric provider, and a coordinator/navigator (shared with Women's Care at UHTMC UH2)
Prenatal diagnostic procedures are referred to Children's Mercy Hospital	A Genetic Counselor (shared with Women's Care at UHTMC UH2) will improve quality of care
Inability to have a dietician see OB patients	Space will allow for a Dietician separate from Diabetes Education

The Benefits of Renovation and Expansion

The Women's Clinic renovation and expansion project will allow:

- Increased patient access to women's health services.
- Increased access to maternal-fetal medicine with provider additions.
- Increased maternal-fetal medicine programmatic offerings.

- Increased ultrasound capacity.
- Increased access to Gynecology Oncology.