



TRAINING MANUAL

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Welcome to the **Ask Me 5** Training Manual

Let's improve Missouri outcomes.

This comprehensive manual equips and empowers health care providers¹ with the tools, knowledge and resources needed to implement the Ask Me 5 approach in their daily practice.

Created by the Missouri Perinatal Quality Collaborative with input from diverse stakeholders, this manual serves as your foundation for improving maternal health outcomes through enhanced provider-patient communication.

Whether you're facilitating sessions, implementing the program or enhancing patient care, you'll find the tools and information needed to create meaningful change in maternal care.

¹ Within the Ask Me 5 campaign, the term "provider" refers to everyone who interacts with pregnant and postpartum patients throughout their health care journey. Whether you're a physician, nurse, nurse practitioner, medical assistant, community health worker, doula, birth worker, front desk staff member or working in a local support clinic — you play a vital role in maternal health outcomes.

ABOUT ASK ME 5

About **Ask Me 5**

What is the Ask Me 5 Initiative?

Quality Questions. Quality Care.

At the heart of Ask Me 5 are five essential topics critical to maternal health.

- high blood pressure/preeclampsia
- emotional and mental health
- access to health care appointments
- recognizing substance use
- trauma, abuse and safety

These questions aren't just checkboxes — they're carefully designed conversation starters that open doors to deeper understanding and better care. By integrating these questions into patient interactions, providers create opportunities for meaningful dialogue that can identify risks early and prevent adverse outcomes.

Our Mission & Vision

Missouri's Pregnancy-Associated Mortality Review (PAMR) determined that 80% of pregnancy-related deaths from 2018 to 2022 were preventable.² This high percentage underscores the urgent need for high-quality care for mothers and babies. Our vision is to empower health care providers and patients to engage in open, effective conversations that build trust, ensure patients feel seen and heard, and address key health concerns, maternal morbidity and mortality.

Through approachable, actionable steps, the Ask Me 5 campaign aims to foster trust and ensure high-quality care, making Missouri a leader in maternal health. We're committed to creating an approachable framework that helps providers communicate effectively with their patients, fostering trust and ensuring patients feel heard.

² Department of Health and Senior Services. (2025, June). A Multi-Year Look at Maternal Mortality: 2018-2022 Pregnancy-Associated Mortality Review [PDF]. <https://health.mo.gov/data/pamr/pdf/2025annual-report.pdf>

Bridging the Gap

While the purpose of this manual is to support providers, the Ask Me 5 campaign uniquely addresses both sides of maternal health care conversations — providers and patients. This dual approach is essential for creating meaningful change in maternal health outcomes during pregnancy and through 12 months postpartum.

MATERNAL HEALTH IN MISSOURI

The Facts

Maternal Health in Missouri

When it comes to maternal health, Missouri needs to take action now. The state has one of the highest maternal mortality rates in the country — 32.3 maternal deaths per 100,000 births.³

Pregnant and postpartum Missourians also risk incurring severe maternal morbidities (115 per 10,000 births), during labor and delivery that result in significant short- or long-term health complications.⁴

There are a host of issues behind these troubling figures, including disparities in health outcomes, rising rates of substance use and lack of access to maternity care. One way of combating these issues is to reach patients early and often to identify health concerns and provide needed care and resources.

³ Ibid.

⁴ Department of Health and Senior Services. (2024, June). Missouri Pregnancy Associated Mortality Review 2017-2021 Annual Report [PDF]. <https://health.mo.gov/data/pamr/pdf/2021-annual-report.pdf>

Missouri Statistics

- According to the state's Pregnancy-Associated Mortality Review Board, an average of **70 Missourians died** while pregnant or within one year of pregnancy each year over five years.⁵
- **Black birthing people faced the highest pregnancy-related mortality ratio** at 66.7 deaths per 100,000 live births compared to 28 in their non-Black counterparts.⁶
- Mental health conditions were the leading underlying cause of pregnancy-related deaths, followed by cardiovascular diseases. **The PAMR Board determined that all pregnancy-related deaths due to mental health conditions, including substance use disorder, were preventable.**⁷
- Another leading cause of pregnancy-related death (**7%**) **was homicide**; in each instance, the assailant was a current or former partner and most had a history of intimate partner violence.⁸
- In addition, **51.6% of Missouri counties are defined as maternity care deserts**, where there are no hospitals or birth centers offering obstetric care, no obstetric providers and a dearth of maternity care resources.⁹

⁵ Department of Health and Senior Services. (2025, June). A Multi-Year Look at Maternal Mortality: 2018-2022 Pregnancy-Associated Mortality Review [PDF]. <https://health.mo.gov/data/pamr/pdf/2025annual-report.pdf>

⁶ Department of Health and Senior Services. (2024, June). Missouri Pregnancy Associated Mortality Review 2017-2021 Annual Report [PDF]. <https://health.mo.gov/data/pamr/pdf/2021-annual-report.pdf>

⁷ Department of Health and Senior Services. (2025, June). A Multi-Year Look at Maternal Mortality: 2018-2022 Pregnancy-Associated Mortality Review [PDF]. <https://health.mo.gov/data/pamr/pdf/2025annual-report.pdf>

⁸ Ibid.

⁹ Stoneburner, A., Lucas, R., Fontenot, J., Brigance, C., Jones, E., DeMaria, A. L. Nowhere to Go: Maternity Care Deserts Across the US. (Report No 4). March of Dimes. 2024.

<https://www.marchofdimes.org/maternity-care-deserts-report>

Based on these statistics, it is clear that more must be done to protect and improve the health of birthing people in Missouri.

We Can Improve Outcomes

The Ask Me 5 initiative is rooted in five years of maternal death reviews across Missouri, where **recurring, critical gaps** in maternal care were identified.

The Missouri PAMR Board's comprehensive reviews of medical, social and environmental factors surrounding each maternal death revealed key issues that often went unaddressed during pregnancy and postpartum.

- **high blood pressure/preeclampsia**
- **emotional and mental health**
- **access to health care appointments**
- **recognizing substance use**
- **trauma, abuse and safety**

Supporting patients through these sensitive times requires building trust through intentional, empathetic conversations. Thoughtful questions centered on these five areas enable providers to identify and address critical needs, bridging gaps in care and empowering patients to understand and prioritize these health factors in their own lives.

Ask Me 5 promotes open, normalized discussions, encouraging patients to share essential information and access resources. Additional evidence-based screenings can then be used to lend further information regarding risk and diagnosis support.

For patients, their families, and the larger community, this approach supports equitable health outcomes. By initiating these evidence-based conversations, providers facilitate better care, prevent adverse outcomes and improve maternal health across Missouri.

Crafting the Questions

With the five critical topics identified, we turned to focus groups to **carefully shape** the questions themselves.

This process ensured that each question was crafted with sensitivity, clarity and intent to build trust and invite honest dialogue. By considering patient feedback, we refined the language to create a welcoming, compassionate tone that opens doors to meaningful conversations.

Now, let's dive into the questions.

FIVE KEY QUESTIONS

The Ask Me 5

Five Key Questions

Below are the core questions in their short, direct form. These concise versions are designed to quickly address each key area while signaling openness to further discussion. However, each question can also be expanded for deeper conversations, allowing providers to explore specific concerns with care and sensitivity.

Each patient and conversation is unique, so while this script offers guidance, it's meant to be flexible.

Providers can adapt and personalize it to ensure the conversation feels natural and supportive. The framework is designed to simplify and guide these important discussions, helping providers cover key points while allowing room for authentic connection. Remember, taking the time to cover these five topics with patients is a vital step in addressing the root causes of maternal morbidity and mortality.

The Questions:

1. High Blood Pressure/Preeclampsia

Have you ever been told you have high blood pressure or preeclampsia?

2. Emotional and Mental Health

How have you been feeling lately?

3. Access to Health Care Appointments

Are there obstacles making it difficult to attend appointments?

4. Recognizing Substance Use

Can we discuss your experience with alcohol or drug use?

5. Trauma, Abuse and Safety

Do you feel safe in your home, both emotionally and physically?

The Ask Me 5 Questions: Expanded

Now, let's explore the expanded questions and suggested language to guide these critical discussions.

How you introduce each question is just as important as the question itself. A warm, empathetic introduction sets the tone, signaling to patients that these conversations are welcome, nonjudgmental and aimed at their well-being.

1. High Blood Pressure

PREFRAME:

High blood pressure is a common issue we see, and it's important to monitor it closely to ensure both your and your baby's health.

THE QUESTION:

Have you ever been told you have high blood pressure or preeclampsia?

Have you ever been told you have high blood pressure or preeclampsia? Has anyone in your family had high blood pressure, heart disease or preeclampsia? Can you tell me more about that experience? Have you ever been prescribed medication for your blood pressure?

Helpful Language and Examples

- Understanding your history with blood pressure helps me provide the best care. For instance, if you've ever been told that your blood pressure was high or you've been on medication for it, I need to know so we can manage it effectively.
- Were either you or your partner born early due to high blood pressure?
- If there are any stressors in your life right now, sharing them can help us address any potential impacts on your blood pressure.

2. Emotional and Mental Health

PREFRAME:

I understand that life can be overwhelming, and it's important to take care of your mind as much as your body. Many people experience a range of emotions, especially during and after pregnancy, and it's okay — and even helpful — to talk about it.

THE QUESTION:

How have you been feeling lately?

Are there any persistent feelings of sadness, stress, anxiety or thoughts that are troubling you? How are you sleeping? Do you have support to take care of your own needs?

Helpful Language and Examples

- I want you to feel free to share whatever you're feeling — whether it's good, bad or anything in between. Life can be tough, and I'm here to listen and help.
- For example, if you've been feeling unusually sad, stressed, anxious or are struggling with sleep, these are things we can work on together.
- It's also important to know if you feel supported at home. Your emotional well-being is crucial for both you and your baby.
- Community is important. How often do you see or talk to people that you care about and feel close to? (Family, visiting friends, etc.)

3. Access to Care

PREFRAME:

Welcome. I am so glad you made it to your appointment today. Sometimes that can be a challenge in itself.

THE QUESTION:

Are there obstacles making it difficult to attend appointments?

Such as transportation, cost or childcare?

Helpful Language and Examples

- If you ever have trouble making it to your appointments, please let me know. There might be resources we can connect you with to make it easier.
- For instance, if transportation or childcare is an issue, sharing this with me can help us find solutions together.
- Your health is important, and I want to help you in any way I can to make sure you get the care you need.

4. Recognizing Substance Use

PREFRAME:

I ask all my patients about drug, alcohol and tobacco use to find out how I can best support their care. Addiction is often misunderstood and stigmatized, but I want you to know that I am not here to judge, only to listen and provide support if you need it.

THE QUESTION:

Can we discuss your experience with alcohol or drug use?

Helpful Language and Examples

- Please know that my intention is to help you. Sharing any substance use helps us create a plan to ensure you and your baby are healthy.
- If you've used any substances, telling me about it allows us to provide the right support and resources early on.
- We can connect you with recovery programs and support services, so being honest with me will help us help you better.
- Please know if you are struggling, we can discuss this at any time.

5. Trauma, Abuse and Safety

PREFRAME:

Your safety and well-being are very important. Your living situation and previous experiences that may have been traumatic can impact your and your baby's health. I don't need explicit details, but having an understanding of any trauma that you've experienced is important so I can help you.

THE QUESTION:

Do you feel safe in your home, both emotionally and physically?

It's important to know you are supported at home. Do you feel you have someone you can confide in? Do you feel safe in your home, both emotionally and physically? It's important for us to understand what your home life is like so we can take the best care of you and your baby.

Helpful Language and Examples

- Review their chart to see if they have a previous birth trauma, complicated pregnancies or labor, miscarriage or loss. Ask appropriately.
- Feeling safe at home is important. If there's anything making you feel unsafe or if you've experienced trauma, please let me know.
- If you're afraid of someone at home or feel you can't come to appointments freely, it's something we need to address together.
- In the past year, have you been afraid of your partner or ex-partner?
- Safety can mean different things for different people, so feel free to share anything that might be affecting you.

The Ask Me 5 Questions: Wrap Around

Closing each conversation is just as important as how it begins.

A thoughtful wrap-up not only reinforces trust but also ensures that patients feel valued, heard and supported. Expressing gratitude and offering a clear sense of next steps helps patients feel comfortable with the process and confident in their care.

Key Elements for a Meaningful Wrap-Up

- **Express Gratitude:** Acknowledge and thank the patient for their openness and willingness to share. This reinforces the safe, trusting space you've created together.
- **Outline Next Steps:** Briefly explain how the information shared will be used, what they can expect going forward, and any immediate steps you'll take to support their health journey.
- **Offer Follow-Up Support:** Share any relevant resources or follow-up plans that can provide additional support, making sure they know you are available.

STRATEGIES FOR IMPLEMENTING

Strategies for Implementing

Create a Safe and Trusting Environment

To effectively support pregnant and postpartum people, fostering a safe and trusting environment is essential.

Additional training in Equity Centered Trauma-Informed Care and motivational interviewing also are recommended to build trust, learn active listening skills and ensure referral to appropriate support.

Though time with patients is often limited, these practices allow for compassionate, effective care, increase situational awareness, and may actually save both providers and patients time and frustration while improving outcomes.

STRATEGY 1: UNDERSTANDING & ADDRESSING TRAUMA

Equity Centered Trauma-Informed Care¹⁰ recognizes that addressing trauma must also involve addressing its impact on health care access and broader health outcomes, particularly for underserved populations disproportionately affected by social, political and structural determinants of health.

Practicing EC-TIC involves addressing the health consequences of trauma through integrative responses that encompass an understanding of the effects of trauma, the various pathways to recovery and the potential for re-traumatization.

The core mission of EC-TIC is to transform cultures, systems and communities by providing a path to greater equity, well-being and healing. The six principles of a trauma-informed approach include:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help

¹⁰ Simpson, C., Rawlins, R. (2024). The Missouri Model of Equity-Centered Trauma Informed Healthcare Institutions [training manual]. Alive and Well Communities and St. Louis Regional Health Commission.

4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues

Implementing an EC-TIC approach provides numerous benefits, not only for patients but also for providers and staff. Oftentimes patients that have experienced trauma have difficulty maintaining healthy, open relationships with a health care provider. For patients, EC-TIC offers the opportunity to engage more fully in their health care, develop a trusting relationship with their provider, and improve long-term health outcomes.¹¹

STRATEGY 2: EFFECTIVE COMMUNICATION

- **Active Listening**

Patients appreciate providers who sit down to talk with them, especially to start the visit. Asking personable questions about a patient's general well-being or what their needs are during the visit are helpful to ensure the patient is getting their goals met from the care experience. Patients report that, often, the medical team focuses on the tasks they must complete, especially with the advent of the electronic medical record, and they completely miss discussing the patient's goals and concerns as well as the opportunity to help. What does active listening look and feel like?

- Begin visits by sitting with patients and engaging in genuine conversation.
- Focus fully on the patient rather than the computer screen.
- Practice reflective listening to demonstrate engagement.
- Acknowledge and check your own implicit biases.
- Express genuine appreciation for the opportunity to provide care.

- **Teach-Back Method**

Use teach-back and reflective listening techniques to ensure mutual understanding and that patients know they're truly being heard. For example:

- "Let me make sure I understand..."
- "What I'm hearing is..."
- "Could you help me understand if I've got this right?"

- **Check Your Biases — Our Most Critical Task**

Take time to examine your own thoughts and assumptions before each patient interaction and do your best to acknowledge how they might impact the care you provide and how you interact with the patient. Biases are well-documented as a

¹¹ Trauma-Informed Care Implementation Resource Center. (n.d.). What is trauma-informed care? The Center for Health Care Strategies. Retrieved from <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

contributor to negative health care experiences and are tied to poor outcomes. Remember that:

- Everyone carries implicit biases.
 - Medical training and burnout can reinforce unconscious prejudices.
 - Self-awareness is the first step to providing equitable care.
 - Regular self-reflection improves patient outcomes.
- **Express Genuine Appreciation**
Start each visit by acknowledging the patient's effort to be there.
 - "Thank you for coming in today."
 - "I'm glad you're here."
 - "I appreciate the opportunity to support you and your family."

STRATEGY 3: FOLLOW-UP AND REFERRAL PROTOCOL

When Ask Me 5 conversations identify needs, having a clear action plan is crucial. Helping can be as simple as offering a list of resources and contact information to the patient. However, patients are more likely to engage with social interventions if they believe the resource will benefit them, the referral is presented in a way that matches their preferences, and the activity is accessible to them.¹²

1. Prepare in Advance

Referral and follow-up protocols should be put in place prior to Ask Me 5 conversations. Identifying relevant staff, internal resources and external resources is key to being prepared to connect patients with support for any needs that come up. When a patient discloses a need, respond with cultural awareness, humility and sensitivity.

- Establish referral protocols before beginning conversations.
- Identify and vet internal and external resources.
- Build relationships with community support services.

2. Make Effective Referrals

If a patient agrees to the resources available, use of effective patient hand-offs are important to facilitating a continuity of care, eliminating preventable errors and

¹² ACOG. (2024). Committee statement no. 11: Addressing social and structural determinants of health in the delivery of reproductive health care. *Obstetrics and Gynecology*, 144(5), e113–e120. Retrieved from <https://doi.org/10.1097/AOG.0000000000005721>

providing a safe patient environment.¹³ Warm hand-offs and closed-loop referrals to known, vetted resources are preferred, as is following-up with the patient to verify support was received.

- Present resources that align with patient preferences and accessibility.
- Use warm hand-offs when possible.
- Implement closed-loop referral systems.
- Utilize community information exchange systems.
- Consider telehealth and app-based support options.

3. Ensure Continuity of Care

- Follow up to verify support was received.
- Remember that when a patient has a “no-show” appointment that is a clue that a resource or social issue exists and, if not addressed, could lead to poor outcomes for mom and baby.
- Leverage community-based support roles (doulas, community health workers, behavioral health supports, peer recovery specialists).

Remember: When patients feel truly seen, heard and supported, they're more likely to engage openly in these important conversations, leading to better health outcomes for both mother and baby.

¹³ ACOG. (2012). Committee opinion no. 517: Communication strategies for patient handoffs. *Obstetrics and Gynecology*, 119(2 Pt 1), 408–411. Retrieved from <https://doi.org/10.1097/aog.0b013e318249ff4f>

Quick Tips

- ☐ Remember to be relaxed, unhurried and clear.
- ☐ Clearly communicate “why” you’re asking these questions.
- ☐ Use language and an approach that normalizes the real-life challenges covered by Ask Me 5.
- ☐ Ask every patient consistently, not just the people you think may have a problem. This helps avoid bias.
- ☐ Approach patients with humility, making an active effort to embrace different experiences, as well as different ways of thinking and living.
- ☐ Be mindful of your spoken language when discussing the questions, avoiding stigmatizing language.
- ☐ Be mindful of your body language used when discussing the questions, such as sitting with the patient rather than standing over them.
- ☐ Use active listening or reflective listening (reflecting back what you’ve heard to the patient) to show you are interested in your patient’s answers.
- ☐ Educate all patient-facing office staff.

TOOLS AND RESOURCES

Tools and Resources

Frequently Asked Questions

Q: Why is Ask Me 5 needed in Missouri?

A: Missouri has one of the highest maternal mortality rates in the country – 32.3 maternal deaths per 100,000 births. Even more concerning, 80% of pregnancy-related deaths are considered preventable. Ask Me 5 addresses the most critical areas identified through five years of maternal death reviews in Missouri.

Q: Who should implement Ask Me 5?

A: Ask Me 5 is designed for all health care team members who interact with pregnant and postpartum patients, including doctors, nurses, front desk staff and community clinic workers. It is also focused on empowering patients and helping them expect to be asked these questions.

Q: How does Ask Me 5 improve outcomes?

A: By facilitating early identification of risks through meaningful conversations about critical health areas, Ask Me 5 helps connect patients with necessary resources and support before complications arise.

Q: How do I find time to ask all five questions during a busy appointment?

A: The questions can be integrated naturally throughout the visit and don't need to be asked all at once. They're designed to be conversation starters that can be woven into your existing workflow.

Q: What if I'm uncomfortable asking some of these sensitive questions?

A: The manual provides specific scripts and approaches for each question. With practice, these conversations become more natural. Remember, your slight discomfort is worth the potential to prevent serious complications.

Q: What if a patient becomes emotional or upset?

A: This is actually an opportunity for deeper connection. Use active listening techniques, validate their feelings, and remember that showing empathy and providing resources is more important than finding immediate solutions.

Q: What if a patient doesn't want to answer the questions?

A: Respect their choice while keeping the door open for future conversations. You might say, "I understand these are personal questions. I ask because I care about your overall well-being, and I'm here when you're ready to talk."

Q: How do I handle it when a patient discloses a serious issue?

A: Have your referral protocols in place before you begin Ask Me 5. When issues arise, respond with cultural awareness and sensitivity, use warm hand-offs when possible, and always follow up to ensure support is received.

Q: What if I don't have the resources to address all potential needs?

A: Start by building a basic resource list for your most common referrals. Connect with your local public health department and the Missouri PQC for additional resource suggestions.

Q: Where can I get additional support for implementing Ask Me 5?

A: Visit AskMe5.org or contact the Missouri PQC at mopqc@mohospitals.org for implementation support, materials and training inquiries.

Glossary of Terms

- **Active Listening:** a communication technique that involves fully focusing on, understanding, and responding to the speaker, ensuring that their message is received accurately. It requires both verbal and non-verbal feedback to show engagement and comprehension.
- **EC-TIC (Equity Centered Trauma-Informed Care):** an approach that recognizes addressing trauma must also involve addressing its impact on health care access and broader health outcomes, particularly for underserved populations disproportionately affected by social, political and structural determinants of health.
- **PAMR:** Pregnancy-Associated Mortality Review, a program designed to improve data collection and reporting of maternal deaths in Missouri. The PAMR board is comprised of a diverse group of health care experts and reviews all maternal deaths that occur while a woman is pregnant, or within one year of the end of her pregnancy.
- **Provider:** a health care provider is an individual or organization that delivers medical services, treatments or support to patients. This can include doctors, nurses, therapists, hospitals, community health workers, clinic staff, and other professionals or facilities involved in promoting health, diagnosing illnesses and providing care.
- **Screening:** a process used to identify individuals at risk for a particular condition or disease before symptoms appear, or to evaluate a patient's mental health, emotional state, or other therapeutic needs. It may involve the use of tests, questionnaires or assessments to detect potential health issues early, allowing for timely intervention and treatment. The goal is to guide treatment decisions and tailor interventions to support the patient's overall well-being and recovery.
- **Substance use disorder:** a medical condition characterized by an individual's inability to control their use of alcohol, drugs, or other substances, despite negative consequences. It involves a pattern of compulsive use, cravings, and

withdrawal symptoms, leading to significant impairment or distress in daily life. Treatment often includes counseling, behavioral therapies and medication.

- **Teach-back:** a communication technique used in health care to ensure that patients understand the information presented to them. After explaining a concept or instruction, the provider asks the patient to repeat the information in their own words. This helps confirm the patient's comprehension and allows the provider to clarify any misunderstandings, ultimately enhancing patient education and adherence to care plans.
- **Trauma:** refers to a deeply distressing or disturbing experience that can have lasting effects on an individual's mental, emotional and physical well-being. It often arises from events such as accidents, abuse, natural disasters or loss, leading to feelings of helplessness, anxiety and emotional pain.
- **Warm hand-off:** a communication process used in health care and other fields where one professional transfers responsibility for a client or patient to another while ensuring a smooth transition. This typically involves a direct introduction, sharing relevant information, and maintaining personal connection to build trust and continuity of care.

Additional Reading and Resources

- [The Missouri Model: A Developmental Framework for Trauma-Informed Approaches](https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches),
<https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches>
- [A Multi-Year Look at Maternal Mortality: 2018-2022 Pregnancy-Associated Mortality Review](https://health.mo.gov/data/pamr/pdf/2025annual-report.pdf), <https://health.mo.gov/data/pamr/pdf/2025annual-report.pdf>
- [Introducing and Integrating Perinatal Mental Health Screening: Development of an Equity-informed Evidence-based Approach](https://pmc.ncbi.nlm.nih.gov/articles/PMC9615047/),
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9615047/>
- [Rates of Screening for Social Determinants of Health in Pregnancy Across a Statewide Maternity Care Quality Collaborative](https://www.ajog.org/article/S0002-9378(23)00720-2/fulltext),
[https://www.ajog.org/article/S0002-9378\(23\)00720-2/fulltext](https://www.ajog.org/article/S0002-9378(23)00720-2/fulltext)
- [Active Listening: The Art of Empathetic Conversation](https://positivepsychology.com/active-listening/),
<https://positivepsychology.com/active-listening/>
- [Missouri Perinatal Quality Collaborative Website](https://mopqc.org/), <https://mopqc.org/>

Contact Information for Support

For more information on Ask Me 5 implementation, materials or training, please email mopqc@mohospitals.org.