



Delaware Postpartum Transition Project

Improving Postpartum Access To Care (IPAC)



Why IPAC matters?

ACOG Committee Opinion #736:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter
- All women should have an early postpartum visit
 - ❑ Blood pressure checks
 - ❑ Breastfeeding support
 - ❑ Mental health well-being
 - ❑ Contraception
- Initial assessment should be followed up with ongoing care as needed
- Followed by a comprehensive postpartum visit between 6-12 weeks



ACOG COMMITTEE OPINION

Number 736 • May 2018

(Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal-Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MS; Tamika Auguste, MD; and Martha Galant, MD, MS.

Optimizing Postpartum Care

ABSTRACT: The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs. It is recommended that all women have contact with their obstetrician-gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance. Women with chronic medical conditions such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, and mood disorders should be counseled regarding the importance of timely follow-up with their obstetrician-gynecologists or primary care providers for ongoing coordination of care. During the postpartum period, the woman and her obstetrician-gynecologist or other obstetric care provider should identify the health care provider who will assume primary responsibility for her ongoing care in her primary medical home. Optimizing care and support for postpartum families will require policy changes. Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit. Obstetrician-gynecologists and other obstetric care providers should be in the forefront of policy efforts to enable all women to recover from birth and nurture their infants. This Committee Opinion has been revised to reinforce the importance of the "fourth trimester" and to propose a new paradigm for postpartum care.

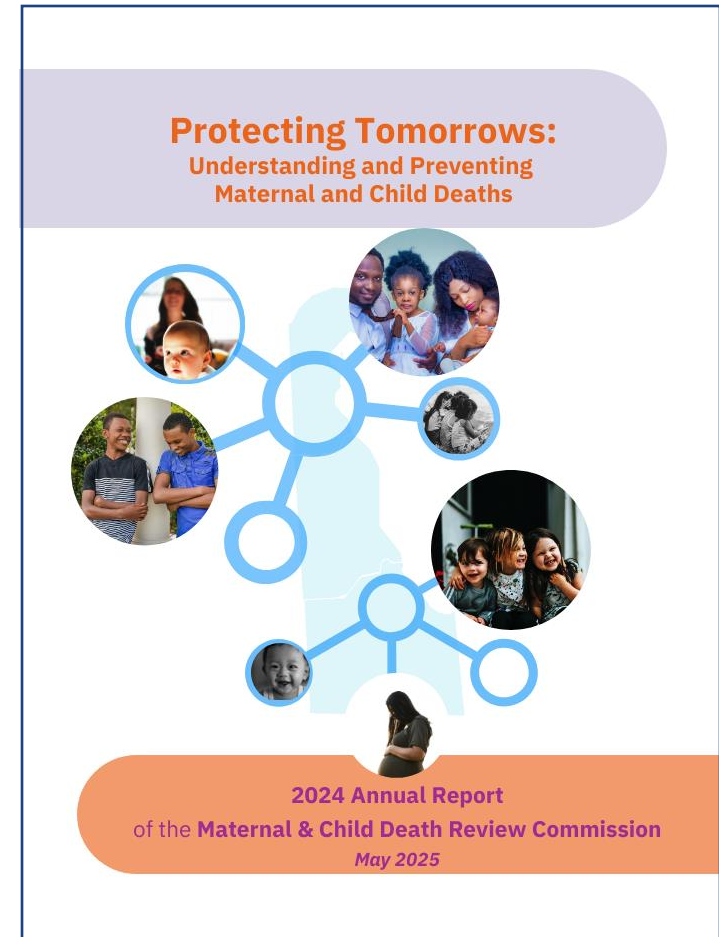
Recommendations and Conclusions

The American College of Obstetricians and Gynecologists makes the following recommendations and conclusions:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.
- Anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care.
- Prenatal discussions should include the woman's reproductive life plans, including desire for and timing of any future pregnancies. A woman's future pregnancy intentions provide a context for shared decision-making regarding contraceptive options.
- All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

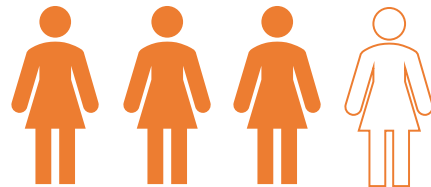
Review of MMR and FIMR Findings

Maternal Mortality Review
Fetal and Infant Mortality Review



FIMR: Postpartum visit rates

- About 50 cases are reviewed each year representing a subset of all fetal and infant deaths occurring in Delaware
- There is a lag of only 5 months between the occurrence of a death and review by a FIMR team, so information is timely and represent current trends and experiences of pregnant women
- Postpartum visit rates for women experiencing a loss have been 70%-74% in the last 3 years of review, and these women are at highest risk for a subsequent pregnancy complication



About 1 in 4

women with a fetal or infant loss do not return for a postpartum visit

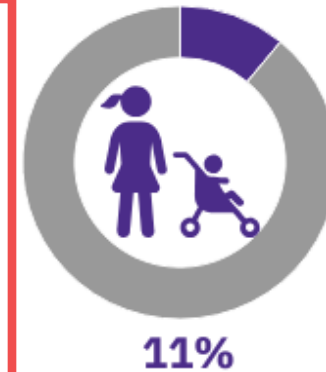
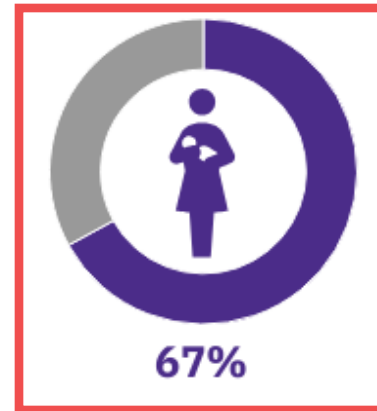
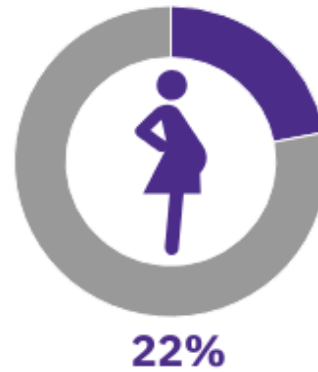
MCDRC Report Overview: MMR

- An average of 10 pregnancy associated deaths are reviewed each year by the MMR Committee
- Pregnancy associated deaths are those occurring during pregnancy or up to 1 year postpartum regardless of cause
- The leading cause of death reviewed has been overdose (61% of cases)
- Over the last five years of review, **20%** of pregnancy associated cases reviewed have been determined to be **pregnancy related**
- **80%** of MMR cases were potentially **preventable**

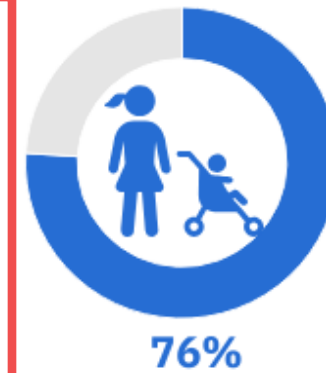
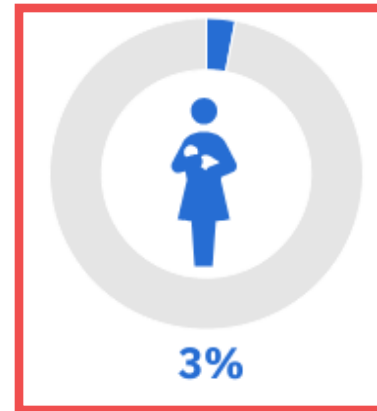
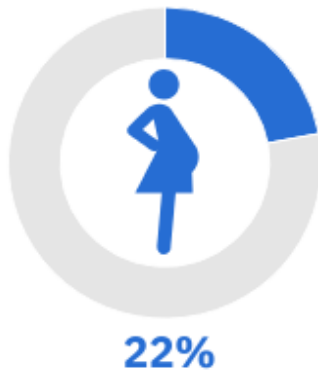
MMR: Timing of Deaths

- Based on 46 MMR cases reviewed between 2020 and 2024, 15% occurred in the early postpartum period
- A higher proportion of pregnancy related deaths (67%) occurred in the early postpartum

Two-thirds of pregnancy related deaths occurred in the early postpartum, 1-42 days after delivery.




Most deaths not related to pregnancy (PANR/UTD) occur months after delivery in the late postpartum period.



Maternal Complications in the Early Postpartum Period

- Up to 40% of women do not attend the 6-week postpartum visit
- 50% of postpartum strokes occur within 10 days of discharge
- 20% of women discontinue breastfeeding before the first 6-weeks
- As many as 1 in 5 women experience a postpartum mental health disorder

2024 Key Recommendation: FIMR & Special Populations



What can we do: Develop clinical pathways for interconception care following a pregnancy loss

The MCDRC recommends that the DPQC develop materials to promote the 4th trimester/interconception care and early postpartum safety check include materials appropriate for women who have experienced a pregnancy loss. Clinical protocols should acknowledge these women's high risk in future pregnancies and provide extra support for bereavement counseling and interconception services.

2024 Key Recommendations: MMR & Continuity of Care

Transition between delivery hospitalization and early postpartum period:

What can we do: Respond to the special needs right after the delivery.

MCDRC recommends that birthing hospitals should hire a nurse navigator to help plan for discharge and early postpartum follow up for all delivery patients.

DPQC's approach is focused on early postpartum education and a process to schedule (while in the hospital) a two-week postpartum visit, also called a "safety" visit.

What can we do: Increase referrals to Medicaid care coordinators

The MCDRC recommends that all birthing hospitals work with the three Medicaid MCOs in Delaware to embed a MCO care coordinator staff member on site to ensure all pregnant and postpartum patients are connected to their MCO care coordination team and that they are involved in discharge planning.



According to 2022 PRAMS data for Delaware:

- 89.0 percent of mothers had a **postpartum checkup**. However, 79.1 percent of mothers receiving Medicaid had a postpartum checkup compared to 93.6 percent of those not receiving Medicaid; this is a statistically significant difference ($p < 0.05$).
- 10.4 percent of mothers had **postpartum depressive symptoms**.
- 71.4 percent of mothers in Delaware reported **being asked** by a doctor, nurse, or other health care worker **if someone was hurting them emotionally or physically at a postpartum visit** following their pregnancy.

New Postpartum Care Continuum

An early postpartum visit (within 2 weeks of delivery) provides women with essential maternal safety checks such as blood pressure evaluation, wound/perineum evaluation, breastfeeding support, mental health well-being, and family planning, among other essential health services. Medicaid provider reminder: schedule and bill for well-women care visit.





Components of the 2 week Early Postpartum Visit

Maternal Health Safety Check

- Blood pressure / preeclampsia symptoms check
- Wound/ perineum check
- Assess appropriate postpartum bleeding
- Mood check/depression screening
- Breastfeeding support
- Family planning/contraception options
- Linkage to health / community services
(i.e. WIC, breastfeeding support, home visits)
- Assess medical / pregnancy complications,
including SUD/ODU risks and link to needed
follow up care
- Review risk reduction strategies for future
pregnancies



DPQC Structure and Supports

Delaware Collaborative (DPQC)

- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 7 Delaware Birthing facilities participating in 1 or more initiatives.
- Supports participating hospital's implementation of evidenced-based practices using quality improvement science, collaborative learning and data sharing.

>100%
of DE
births



Initiative Overview

Improving Postpartum Access to Care (IPAC)

DPQC Improving Postpartum Access to Care Initiative

IPAC Goals:

- To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum, to facilitate follow-up as an ongoing process, rather than a single 6-week encounter, and provide an opportunity for a maternal health safety check and link women to appropriate services.

DE Key Goals:

- 100% of women have a two -week postpartum visit scheduled with an obstetric provider prior to discharge
- 100 % of women receive postpartum education materials prior to hospital discharge
- Providers and office staff at all birthing facilities receive education on optimizing fourth trimester/early postpartum care.

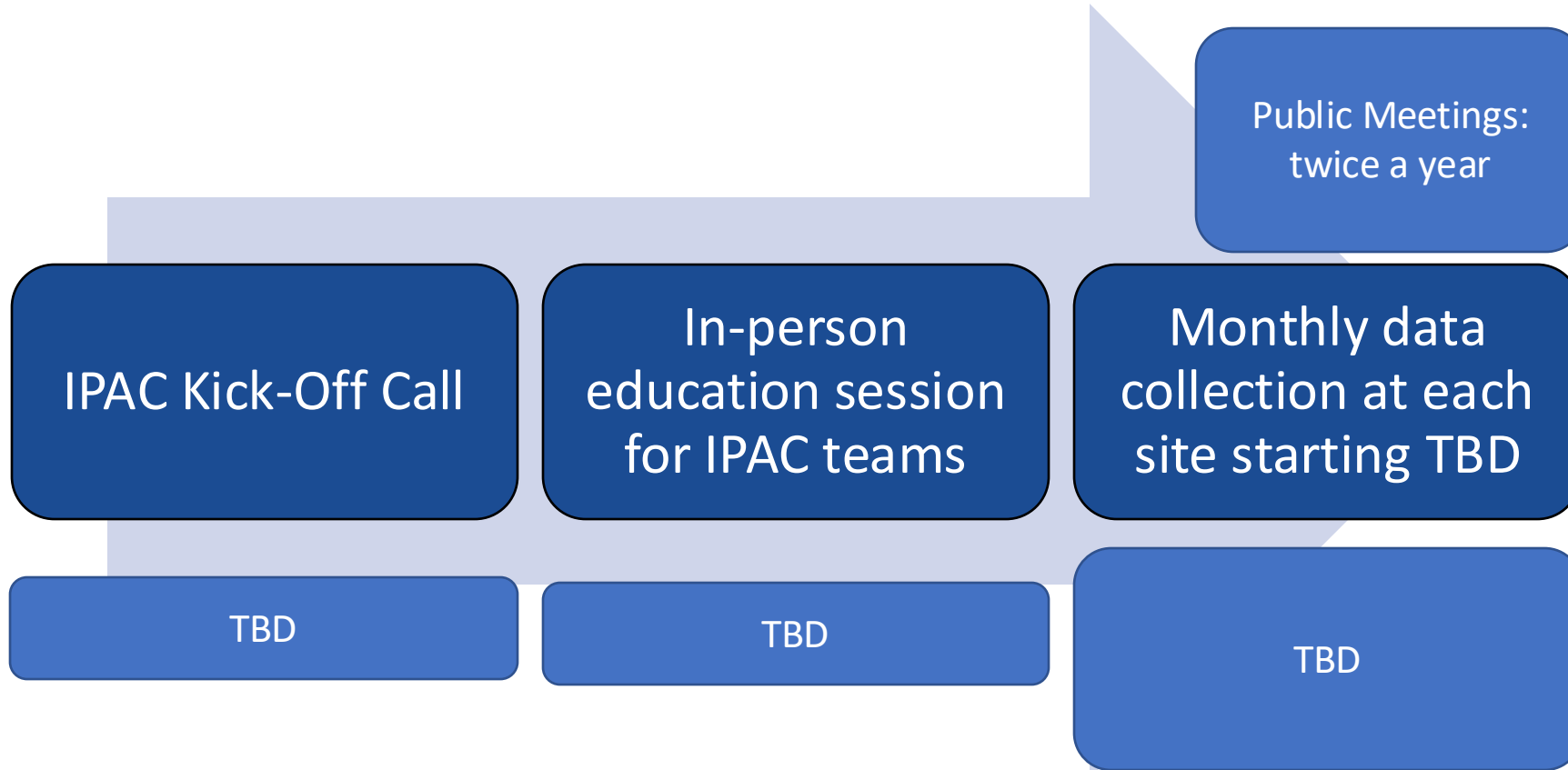




Overall Specific Aim:

Within 12 months of initiative start, all participating hospitals will schedule early postpartum (pp) visits prior to discharge from the hospital after birth. (Within 2-3 weeks)

Timeline for IPAC





How do we track progress to assure we are making change happen????

Track progress with system changes, process and outcomes across time and compare to other participating hospitals.



Aims & Measures

Overall Initiative Aim

Within 12 months of initiative start, 100% of 7 birthing facilities will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

Structure Measures

IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge

Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/ outpatient care sites (share OB provider/outpatient care site packet)

Implement standard postpartum education prior to discharge after delivery regarding:

- a) benefits of early postpartum care
- b) postpartum early warning signs and how to seek care
- c) benefits of pregnancy spacing and options for (outpatient) family planning

Process Measures

Educate all providers and staff on optimizing early postpartum care including:

- a) maternal safety risks in the postpartum period
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check

Outcome Measure

100% of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery

100% of patients receive standardized pp patient education prior to discharge

Delaware PQC Data Collection Form-DRAFT

Hospital ID: _____

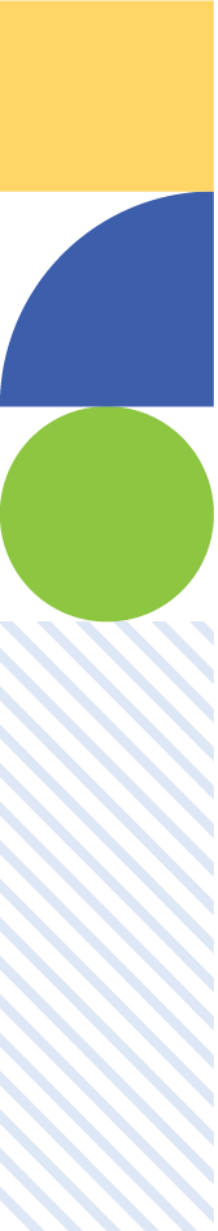
Hospital ID: _____

DPQC Data Collection Form	
Question	Answers/Format
1. For which month are you reporting? [month]	Month/year: _____
Structure Measures	
2. What stakeholders do you have on your hospital QI team to date? (check all that apply)	1. Administration 2. Nursing 3. OB provider champion 4. Postpartum care site liaison 5. Social Work 6. Other: _____
3. Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (e.g., share DPQC OB provider/outpatient care site packet)	a. Have not started b. Working on it c. In place
4. Does your team have a system in place to facilitate scheduling early postpartum visits with affiliated prenatal care sites prior to hospital discharge	a. Have not started b. Working on it c. In place
5. Does your team have patient education materials selected/created to disseminate to patients prior to hospital discharge?	a. Have not started b. Working on it c. In place
a. Benefits of early postpartum care	a. Have not started b. Working on it c. In place
b. Postpartum early warning signs and how to seek care	a. Have not started b. Working on it c. In place
c. Benefits of pregnancy spacing and options for outpatient family planning	a. Have not started b. Working on it c. In place
6. Does your team have a system in place for educating inpatient providers and nurses on the benefits of early pp visit/maternal health safety check and strategies to facilitate scheduling early pp visit prior to hospital discharge?	a. Have not started b. Working on it c. In place
7. Does your team have a system in place for communication with all affiliated obstetric providers and outpatient care sites the benefits of early pp visit, key components of the maternal health safety check and education on billing and coding for this visit?	a. Have not started b. Working on it c. In place

Process Measures	
8. % of providers educated on optimizing early postpartum care	a. 10% f. 60% b. 20% g. 70% c. 30% h. 80% d. 40% i. 90% e. 50% j. 100%
9. % of nurses educated on optimizing early postpartum care	a. 10% f. 60% b. 20% g. 70% c. 30% h. 80% d. 40% i. 90% e. 50% j. 100%
Outcome Measures	
10. Number of deliveries this month	Number: _____
11. Begin by systematically selecting 10 delivery charts. First, divide the total number of live births occurring at your facility in a given month by 10 and then select every n th chart where n is the result of that division. <u>Example 1:</u> If your hospital has 102 births in a month, then divide 102 by 10=10.2 and you will select every 10 th birth for that month. <u>Example 2:</u> If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2 nd birth for that month. Review this random sample of charts and record the number of charts (0-10) with the information documented:	a) #___ patients with early postpartum visit discussion documented prior to hospital discharge b) #___ of patients with early postpartum visits scheduled prior to hospital discharge after delivery Of patients who did not have an early postpartum visit scheduled prior to hospital discharge, what was the reason the early PP visit wasn't scheduled? i) #___ patient declined to schedule at this time ii) #___ early PP visit discussion not documented iii) #___ patient postpartum care site/provider not participating in early postpartum visits iv) #___ other (write in) _____ c) # ___ of patient who received standardized pp patient education prior to hospital discharge (benefits of early pp care visit, pp early warning signs, and benefits of pregnancy spacing).

DPQC Project Leads

- Project Leads:
 - Garrett HC Colmorgen MD
 - Bridget Buckaloo MSN, RN
 - Vikrum Vishnubhakta MBA/MPH
 - Naa Dede Hesse PhD, MPH
- Project leads work with DPQC to develop and refine data project aims/measures, data collection, scope, etc.



AIM

Within 12 months of initiative start, all participating hospitals will schedule early postpartum (pp) visits prior to discharge from the hospital after birth (within 2-3 weeks)

Key Drivers

Utilize provider education packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding (the "Fourth Trimester")

Develop a process flow for scheduling early pp visits prior to discharge

Provide education to OB clinicians and nurses on the benefits of early pp visit and the key components of maternal health safety check (2-3 week early pp visit)

Standardize content of hospital discharge education on the benefits of early pp visit, early pp warning signs, birth spacing, and family planning

Strategies

Visit OB providers/practices and attend OB department meetings to provide education on the fourth trimester

Provide billing and coding information to OB providers/practices for the early pp visit

Create a hospital specific process to schedule an early pp visit.

Include scheduling of early postpartum visits within existing policies and procedures

Educate inpatient and outpatient providers and staff on the purpose and content of the early postpartum visit (maternal health safety check)

Develop and distribute a master list of SDOH resources for providers to use to connect/refer patients

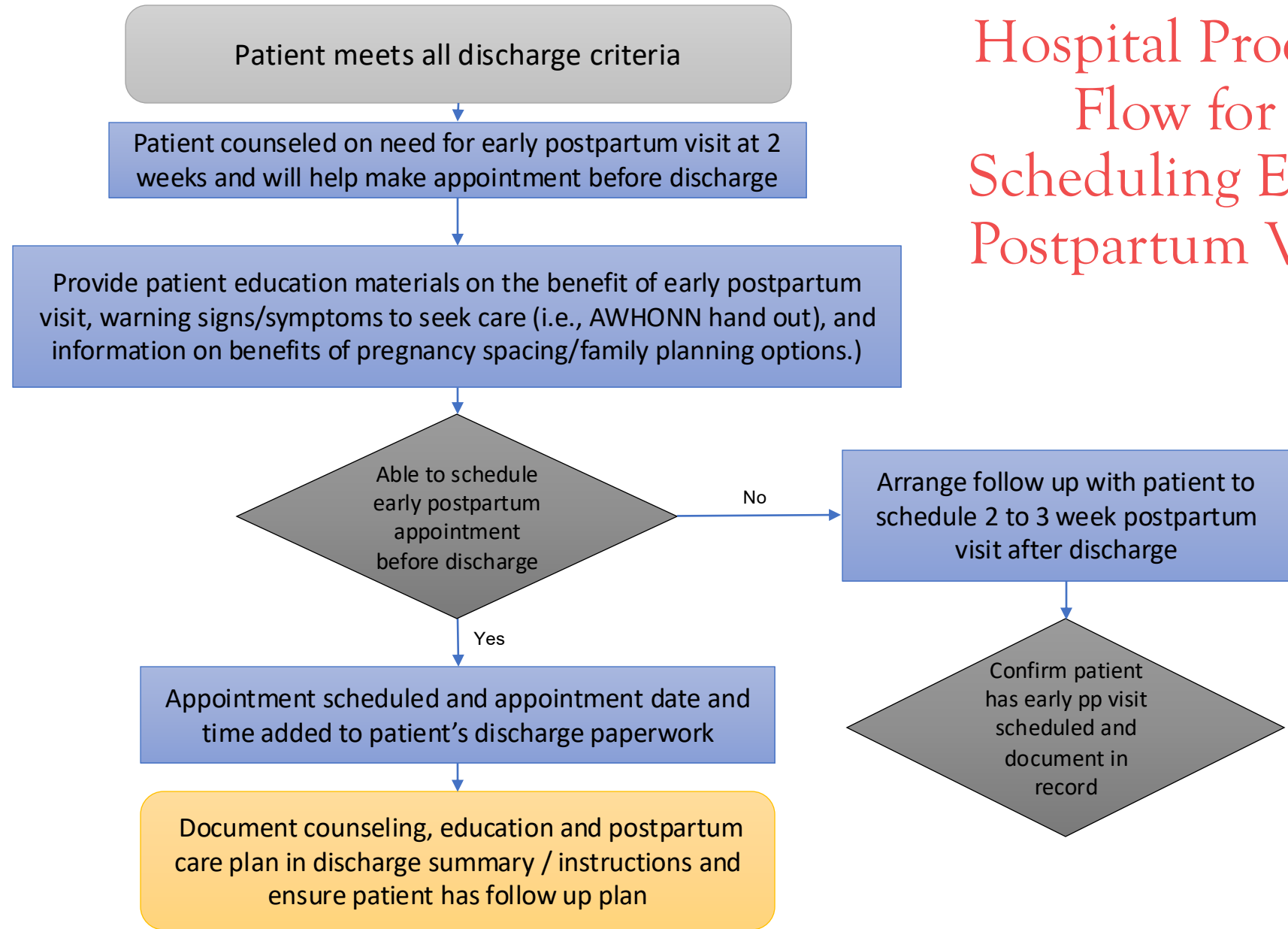
Scripting of the importance of the early pp visit and birth spacing

Standardize patient education materials: i.e., benefits of early pp visit, components of maternal health safety check, early pp warning signs, how to seek care, benefits of healthy pregnancy spacing, and family planning

Embed standardized content into existing pp discharge education workflow



Hospital Process Flow for Scheduling Early Postpartum Visit



What is the role of the OB provider for DPAC success?

- Counsel all patients on the plan for early postpartum visit and why a maternal health safety check within 2-3 weeks is important (discuss key components of visit), document plan/discussion
- Make sure patient receives postpartum education materials before discharge:
 - Benefit of early postpartum visit
 - Postpartum early warning signs and how to seek care
 - Benefits of pregnancy spacing, family planning options
- Facilitate scheduling early postpartum visit (within 2 weeks) for all patients, document in chart
- Confirm patients receive early postpartum visit within 2 weeks/ maternal health safety check and use check list for key components
- Document and bill for early postpartum visit



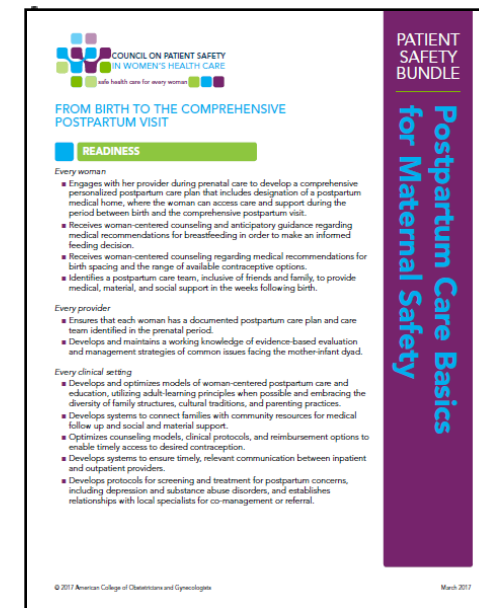
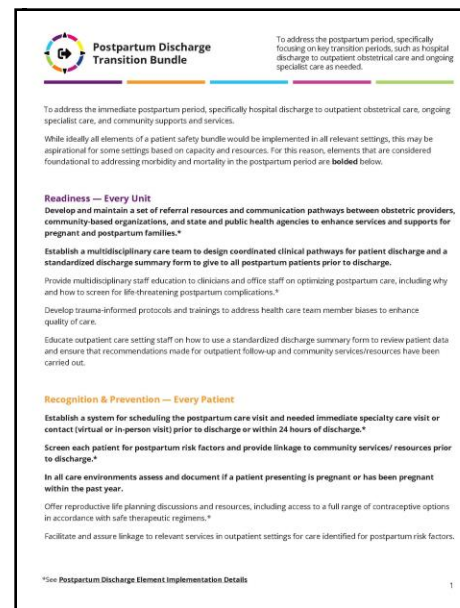
What is the role of the OB Nurse for DE PAC success?

- Understand maternal risks in the postpartum period and benefits of early postpartum visit / maternal health safety check
- Make sure patient receives pp education material before discharge:
 - Benefit of early postpartum visit
 - Postpartum early warning signs and how to seek care
 - Benefits of pregnancy spacing, (outpatient) family planning options
- Facilitate and help ensure scheduling early postpartum visit (within 2-3 weeks) for all patients before hospital discharge, confirm documented in chart and discharge instructions
- Discharge conversation ensure patient understands key postpartum education materials, understands plan for early postpartum visit, and has appointment scheduled.

Your OB Provider Packet


What's included in your packet


- Initiative introductory letter signed by your OB Chair
- Your hospital's discharge process flow
- DE IPAC Fact Sheet
- National and State Guidance documents
 - ACOG CO #736
 - AIM Postpartum Care Safety Bundle
 - **DE Maternal Morbidity and Mortality Report**
- Billing and coding resources
- Provider education resources, onsite
- Office Flyer: 2-3 Week Safety Check






Early Postpartum Visit/Maternal Health Safety Office Flyer



 Remember to schedule all patients for a 2 week postpartum visit

2 Week Postpartum Maternal Health Safety Check

- Blood pressure / preeclampsia symptoms check
- Wound/ perineum check
- Assess postpartum bleeding
- Mood check/depression screening
- Breastfeeding support
- Family planning/contraception options
- Linkage to health / community services (ie WIC, lactation support)
- Assess medical / pregnancy complications and link to needed follow up care
- Review risk reduction strategies for future pregnancies



See all patients back at 2 and 6 weeks to improve postpartum access to care!

DPQC Early Postpartum Visit Maternal Health Safety Checklist Form

DPQC Early Postpartum Visit Maternal Health Safety Checklist

Checklist Element	Discussed	Comments
Maternal Blood Pressure Check		
Maternal blood pressure check and assess signs/symptoms of preeclampsia and when to seek care		
Wound and Perineum Complications		
Assess wound incision or perineum for appropriate healing and provide guidance on signs / symptoms to seek care		
Postpartum Bleeding Assessment		
Assess postpartum bleeding resolution and when to seek care		
Signs of infection		
Review with patient signs of infection and importance of seeking care		
Breastfeeding Support		
Discuss infant feeding, provide breastfeeding support and evaluate any concerns with breasts or breastfeeding, link to lactation support and where to call with questions		
Mood and Depression Screening		
Assess mood/ provide depression screening, review signs and symptoms of postpartum depression and when to seek care, link to follow up		
Medical and Pregnancy Complications		
Check in on any medical/pregnancy complication and need for follow-up care, help navigate need follow up referrals / appointments		
Other points of discussion		
Discuss risk reduction strategies for future pregnancies (ie, 17 OHP for preterm birth, aspirin for preeclampsia)		
Offer linkage to health/community resources as needed (ie, WIC, home visiting, social work, lactation support groups, lactation counselor)		


Example Postpartum Patient Education Material

⚠ Urgent Maternal Warning Signs


Pregnant or gave birth within the last year? If you have any of these urgent warning signs, call 9-1-1 or go to the nearest Emergency Room/OB Triage!



Headache that won't go away or gets worse over time, with or without vision changes



Trouble breathing




Baby's movements stop or slow down



Seizures



Vaginal bleeding or fluid leaking *during* pregnancy



Severe belly pain that doesn't go away



Thoughts about hurting yourself or your baby

When you get to the Emergency Room/OB Triage, tell them:


- Your name
- You are pregnant OR had a cesarean or vaginal delivery on (date)
- Who your OB Provider is and where you delivered
- The warning sign you are experiencing

Trust your instincts! You know your body better than anyone else! It is OK to call 9-1-1 in an emergency.


DID YOU KNOW:

- In 2020 in the U.S., 861 women died from a problem related to pregnancy, and an estimated 50,000 women experienced severe pregnancy complications.*
- Women of color are three times more likely to die from a pregnancy-related cause than white women.†
- For every pregnancy-related death, two out of three are preventable!‡

*Maternal Mortality Rates in the United States, 2020 (cdc.gov)
†Eugene Declercq and Laurie Zephyrin, Severe Maternal Morbidity in the United States: A Primer (Commonwealth Fund, Oct. 2021)




Birth Spacing



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Center for Family, Child, Adolescent and Reproductive Health


BENEFITS FOR MOM



Having a baby can be a huge change physically and emotionally. Birth spacing can provide time for these benefits:

- Restore key vitamins and nutrients
- Return to healthy weight with exercise and healthy eating
- Heal, recover, and regain energy
- Adjust to stress and new demands of parenting


BENEFITS FOR BABY



Birth spacing can help to give your baby the best start in life with these benefits:


- Increase the chances of baby being born at the right time and a healthy weight
- Increase bonding time
- More time to breastfeed if mom chooses
- Increase interactions and play time
- Children are better prepared to begin kindergarten and perform better in school

BENEFITS FOR FAMILY



Having a baby can be a huge change within your family and home. Birth spacing may provide these added benefits:

- Parents and other family members will have a chance to bond with the new baby
- Older children will have time to adjust
- Parents will have time with each other
- Decrease financial stress
- Increase family time



----- 18 MONTHS -----

is how long you should wait between giving birth and getting pregnant again!



Questions/Discussion

Contact



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Delaware
**Perinatal
Quality**
COLLABORATIVE