Safety Action Series

Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care

Patient Safety Bundle Presentation

Thursday, March 29, 2018
2:00 p.m. Eastern
Dial In: 888.863.0985
Conference ID: 49390463
Speakers

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Disclosures

➢ Susan Kendig, JD, WHNP-BC, FAANP has no real or perceived conflicts of interest.
➢ Renee Carter, MD, MPH, FACP has no real or perceived conflicts of interest.
Objectives

➢ Provide an in-depth overview of the Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well Woman Care Patient Bundle.
➢ Describe the processes, methods, and tools that were used to develop the bundle.
➢ Discuss strategies for bundle implementation and utilization within different practice settings.
➢ Identify resources to customize the bundle for use within your organization.
Why Do We Need an Interpregnancy Patient Safety Bundle?

• Severe Maternal Mortality (unexpected outcomes of L & D that can result in significant short or long-term consequences for women’s health) are increasing. Indicators

• Changes in overall women’s health status may contribute to rising maternal mortality and morbidity
  – Pre-pregnancy obesity
  – Pre-existing chronic medical conditions

• Consequences include increased health care costs, including longer length of hospital stay

Medical Conditions in Pregnancy, Chronic Disease, Birth Trauma

• ~50,000 women in the US experience severe maternal morbidity during delivery each year; nearly doubled cost of delivery in New York study. (Howland, RE, Angley, A, Won, SH et al. (2018) Obstetrics & Gynecology, 131(2), 242-252)

• Meta-analysis of 22 studies found preeclampsia associated with a 4-fold increase in future incident heart failure and a 2-fold increased risk in coronary heart disease, stroke, and death because of coronary heart or cardiovascular disease. (Wu, P, Haththotuwa,R, Kwok, CS, et al. (2017).Circ Cardiovasc Qual Outcomes)

• 15 yr. follow up study of women with GDM
  – Increased incidence of diagnosed diabetes
Pre/Interpregnancy Health: Pregnancy Intention

- 49% of US pregnancies unintended
- 48% occur in a month contraception was used.
- Shortened interpregnancy intervals contribute to poorer perinatal outcomes
- One-third of repeat pregnancies conceived within 18 months of prior birth

Mortality Risk: Self-Harm

Maternal deaths in Colorado from 2004 to 2012 (N=211)

Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012.
Metz, Torri; MD, MS; Rovner, Polina; Hoffman, M; Camille MD, MSc; Allshouse, Amanda; Beckwith, Krista; Binswanger, Ingrid; MD, MPH
DOI: 10.1097/AOG.0000000000001695

Maternal deaths in Colorado from 2004 to 2012 (N=211) classified by cause. The x-axis delineates the percentage of maternal deaths in each category stated on the y-axis with the frequency in each category provided at the end of each bar. Classifications are mutually exclusive. Fig. 1. Metz. Maternal Deaths From Self-Harm in Colorado. Obstet Gynecol 2016.
Mortality Risk: Self-Harm

Temporal distribution of maternal deaths from self-harm by trimester of pregnancy and number of months postpartum.

Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012.
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Temporal distribution of maternal deaths from self-harm by trimester of pregnancy and number of months postpartum. Relatively few cases occurred during the pregnancy. Fig. 3. Metz. Maternal Deaths From Self-Harm in Colorado. Obstet Gynecol 2016.
The Opioid Crisis and Maternal Mortality

Overdose is more common cause of maternal death in US than obstetric causes
Transition from Maternity to Well Woman Care (PP2)

- This *Bundle* seeks to address the period from the comprehensive postpartum visit through the first well-woman visit to provide continuity of care.

- **Four domains:** Readiness, Recognition, Response, Reporting.

- **Framework reflected in each domain:**
  - Medical conditions—medical conditions identified in pregnancy, chronic disease and birth trauma.
  - Behavioral Health.
  - Substance use disorders.
  - Reproductive life planning.
Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care

Multidisciplinary Team

- Alison Stuebe, MD, MSc, FACOG
- Sue Kendig, JD, MSN, WHNP-BC, FAANP
- Matthew Broom, MD, FAAP
- Renee Carter, MD
- Siobhan Dolan, MD, MPH
- Eve Espey, MD, MPH, FACOG
- Pat Fontaine, MD, MS
- Julia Logan, MD, MPH
- Ruth Mielke, PhD, CNM, FACNM, WHNP-BC
- LaToshia Rouse
- Stacy Selbert, RN, MSN, WHNP-BC
- Patricia Suplee, PhD, RN, RNC-OB
- Sarah Verbiest, DrPH
- Kim Yonkers, MD
4 Domains of Patient Safety Bundles

• Readiness
• Recognition
• Response
• Reporting/Systems Learning
TRANSLATION FROM MATERNITY TO
WELL-WOMAN CARE

**READYNESS**

*Every Health Care System*
- Establishes a mechanism to provide relevant obstetric, newborn, and postpartum discharge information to every woman and her and her newborn’s health care teams.
- Develops and maintains a readily accessible catalogue of community and health care system resources for primary and specialty care, behavioral health, chronic and emergent conditions, reproductive health, breastfeeding and parenting support, and other support services for women.
- Develops a mechanism to assist every woman in accessing ongoing comprehensive insurance coverage.

*Every Health Care Team*
- Ensures a documented customized, current plan of care in the medical record, consistent with the early postpartum care plan that addresses ongoing medical conditions, behavioral health issues, substance use/misuse, and contraceptive options/choices.
- Distributes patient education materials and strategies that meet the woman’s health literacy, cultural, and language needs.
- Educates clinicians and office staff on implementation of standardized assessment protocols, screening tools, and referral mechanisms.

*Every Woman*
- Identifies a care team to provide medical, behavioral health, social, and material support.
- Engages with her health care team to develop and communicate a personalized plan of care that includes medical, behavioral health, reproductive health, and social support needs.
Readiness: Every Health Care System

- Establishes a mechanism to provide relevant obstetric, newborn, and postpartum discharge information to the woman and the woman’s and newborn’s healthcare team.
Readiness: Every Health Care System

• Develops and maintains a readily accessible catalogue of community and healthcare system resources for a woman’s primary and specialty care, behavioral health, chronic and emergent conditions, reproductive health, breastfeeding and parenting support, and other support services.
Readiness: Every Health Care System

• Develops a mechanism to assist a woman in accessing ongoing comprehensive insurance coverage.
Readiness: Every Health Care Team

• *Ensures a documented customized, current plan of care in the medical record, consistent with the early postpartum care plan that addresses ongoing medical conditions, behavioral health issues, substance use/misuse, and contraceptive options/choices.*
Readiness: Every Health Care Team

• *Distributes patient education materials and strategies that meet the woman’s health literacy, cultural, and language needs.*
Readiness: Every Health Care Team

• *Educates clinicians and office staff on implementation of standardized assessment protocols, screening tools, and referral mechanisms.*
Readiness: Every Woman

• *Identifies a care team to provide medical, behavioral health, social and material support.*
Readiness: Every Woman

• *Engages with her health care team to develop and communicate a personalized plan of care that includes medical, behavioral health, reproductive health, and social support needs.*
**RECOGNITION AND PREVENTION**

**Every Health Care Team**
- Obtains and documents a comprehensive personal and family health history.
- Assesses if a woman of childbearing age presenting for care is currently breastfeeding or has been pregnant in the past year.
- Formulates a reproductive health plan that meets the woman’s pregnancy intentions.
- Engages the woman in discussions that support shared decision making regarding maternal physical and emotional health, parenting and infant feeding, and safety.
- Screens for and treats common medical and behavioral health morbidities, as well as social determinants of health, such as exposure to violence, unstable housing, food insecurity, and ongoing level of health insurance coverage.
- Assesses ongoing medical issues, genetic conditions, chronic diseases, and recovery from birth.

**Every Woman**
- Knows how to access her maternity care and birth records to inform future health care for herself and her child.
- Reviews and revises, as needed, her interpregnancy plan of care with her health care provider and team.
- Attends a subsequent well-woman visit, scheduled at an interval tailored to her needs.
Recognition and Prevention: Every Health Care Team

• *Obtains and documents a comprehensive personal and family health history.*
Recognition and Prevention: Every Health Care Team

• Assesses if a woman of childbearing age presenting for care is currently breastfeeding or has been pregnant in the past year.
Recognition and Prevention: Every Health Care Team

• *Formulates a reproductive health plan that meets the woman’s pregnancy intentions.*
Recognition and Prevention: Every Health Care Team

- *Engages the woman in discussions that support shared decision making regarding maternal physical and emotional health, parenting and infant feeding, and safety.*
Recognition and Prevention: Every Health Care Team

• Engages the woman in discussions that support shared decision making regarding maternal physical and emotional health, parenting and infant feeding, and safety.
Recognition and Prevention: Every Woman

• *Screens for and treats common medical and behavioral health morbidities, as well as social determinants of health, such as exposure to violence, unstable housing, food insecurity, and ongoing level of health insurance coverage.*
Recognition & Prevention: Every Health Care Team

• Assesses ongoing medical issues, genetic conditions, chronic diseases, and recovery from birth.
Recognition and Prevention: Every Woman

• Knows how to access her maternity care and birth records to inform future health care for herself and her child.
Recognition and Prevention: Every Woman

• *Reviews and revises, as needed, her interpregnancy plan of care with her health care provider and team.*
Recognition and Prevention: Every Woman

- **Attends a subsequent well woman visit, scheduled at an interval tailored to the woman’s needs.**
Every Provider/Health Care Team

- Assures that recommended well-woman and specialty care is available, by providing the care or facilitating appropriate referral and transition of care to a primary or specialty care provider.
- Utilizes the catalogue of community and system resources to facilitate referrals for social and material support.
- Implements mechanisms to assure timely referral and follow up for identified medical, behavioral health, reproductive health, and social issues.
- Assists the woman in addressing social determinants that may impact her ability to access recommended services.

Every Woman

- Understands, can access, and maintains her family and personal health history.
- Understands the importance of her role in communicating post-partum status, breastfeeding, and pregnancy intentions to care providers.
Response: Every Provider/Health Care Team

• Assures that recommended well woman and specialty care is available, by providing the care or facilitating appropriate referral and transition of care to a primary or specialty care provider.
Response: Every Provider/Health Care Team

- Utilizes the catalogue of community and system resources to facilitate referrals for social and material support.
Response: Every Provider/ Health Care Team

• Implements mechanisms to assure timely referral and follow up for identified medical, behavioral health, reproductive health and social issues.
Response: Every Provider/ Health Care Team

• Assists the woman in addressing social determinants that may impact her ability to access recommended services.

  – Reduction of Peripartum Racial/Ethnic Disparities Patient Safety Bundle
Response: Every Woman

• Understands, can access, and maintains her family and personal health history.
Response: Every Woman

- Understands the importance of her role in communicating post-partum status, breastfeeding, and pregnancy intentions to care providers.
Every Health System/Provider/Health Care Team

- Identifies and monitors well-woman quality measures, such as attendance at postpartum visit, cervical cancer screening, and contraceptive access.
- Monitors quality metrics that compare the woman’s health outcomes with her intentions, such as receipt of intended contraception, attainment of desired breastfeeding duration, and interval to subsequent pregnancy.
- Ensures that reimbursement policies support access to necessary health services.
- Incorporates prepregnancy and interpregnancy wellness measures into quality programs.
Reporting: Every Health System/Provider/Health Care Team

• *Identifies and monitors well woman quality measures, such as attendance at postpartum visit, cervical cancer screening, and contraceptive access.*
Reporting: Every Health System/Provider/Health Care Team

- Monitors quality metrics that compare the woman’s health outcomes with intentions, such as receipt of intended contraception, attainment of desired breastfeeding duration, and interval to subsequent pregnancy.
Reporting: Every Health System/Provider/Health Care Team

• *Ensures that reimbursement policies support access to necessary health services.*
Reporting: Every Health System/Provider/Health Care Team

• *Incorporates prepregnancy and interpregnancy wellness measures into quality programs.*
Crossing the continuum of Care
Speaking With One Voice

• **Women's Preventive Services Initiative (WPSI)**

• **National Preconception Health and Health Care Initiative (PCHHC)**

• ACOG/SMFM Interconception Care Consensus document

• ACOG President Haywood Brown’s Presidential Initiative
Q&A Session
Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

*Recognizing Opioid Use Disorder During Pregnancy: Effective Screening for OUD and its Co-Morbidities*

*Wednesday, April 18, 2018*

2:00 p.m. Eastern

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