

December 1, 2022

3:00 PM ET

AIM TAP WEBINAR:

Implementing the Postpartum Discharge Transition Bundle to Improve Maternal Outcomes

with Patricia Suplee Ph.D., RNC-OB, FAAN





ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that **make birth safer, improve maternal health outcomes, and save lives.**

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Before we get started

**AIM TAP
Webinars
are
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**Resources
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**Resources
should be
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your
discretion**

**If you need
help during
the call,
please chat
an AIM staff
member**



Implementing the Postpartum Discharge Transition Bundle to Improve Maternal Outcomes



Patricia Suplee
Ph.D., RNC-OB, FAAN



Recognizing Urgent Maternal Warning Signs in the Postpartum Period

December 8th | 3pm-4pm ET



Elena Jenkins

RN, BSN, Nurse Manager and Team Lead for a hospital-based Birth Equity Initiative and AIM Clinical Champion



April Chavez

Survivor, Patient Advocate, and Maternal Sepsis Spokeswoman for END SEPSIS



Dr. Tiffany Messerall

DNP, APRN, WHNP-BC, RNC-OB, Evidence-Based Practice Lead for OhioHealth and AIM Clinical Champion

Implementing the Postpartum Discharge Transition Safety Bundle to Improve Maternal Outcomes

Patricia D. Suplee PhD, RNC-OB, FAAN
Associate Professor
Rutgers University



By the end of the presentation participants will be able to:

- **Describe the 5-R structure of the Postpartum Discharge Transition Patient Safety Bundle**
- **Examine how healthcare organizations can implement the bundle to improve maternal outcomes**

Start with YOU:

Self-Awareness

equity beliefs

social influences

cultural humility

Responsibility

Perception

Integration

Engagement:

Assess individual's needs

Reassess when your "role" ends

Reflection:

Did I respond appropriately?

Could I have done anything else?

How will the patient remember this experience?

Provider's Role in Improving Maternal Outcomes



5-R structure of the Postpartum Discharge Transition Patient Safety Bundle (PTB)



Develop & maintain a set of referral resources & communication pathways

Establish a multidisciplinary team to design clinical pathways for patient discharge

Develop trauma-informed protocols and trainings

Educate outpatient care setting staff

Readiness: Every Unit



Multidisciplinary Discharge Process:

1. Establish who should be included both internal and external members
2. Examine complete comprehensive process
3. Who should do what and when
4. What is included in discharge teaching
5. Who should teach what and when
6. Who assesses need for internal vs external referrals/resources
7. How are referrals and resources made
8. Develop a standardized POSTPARTUM discharge summary
 - a. Physician/Midwife/Nurse/Social Services completion
 - b. Hard copy to postpartum person and picture in phone

Referrals & Resources:

1. Create a list of most common internal and external referrals with name, phone number, email address, & website – should be checked for accuracy every 6 months
2. Create a list of most common internal and external resources with name, phone number, email address, & website – should be checked for accuracy every 6 months

Trauma Informed Care - Training & Protocols:

1. Offer training to ALL staff and ancillary personnel
2. Develop protocols



Recognition & Prevention: Every Patient

- Establish a system for scheduling the postpartum care visit and immediate specialty care
- Screen each patient for postpartum risk factors
- Assess & document if a patient is pregnant or has been pregnant within the past year
- Offer reproductive life planning discussions and resources
- Facilitate and assure linkage to relevant services in outpatient settings



Response: Every Event



- Provide patient education prior to discharge
- Provide each postpartum patient with a standardized discharge summary
- Conduct a comprehensive postpartum visit
- Encourage the presence of a designated support person
- Engage in dialogue with the postpartum patient around elements of postpartum self-care prior to discharge
- Implement a multidisciplinary discharge process

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



Call 911 if you have:

- Pain in chest**
- Obstructed breathing or shortness of breath**
- Seizures**
- Thoughts of hurting yourself or someone else**

Call your healthcare provider if you have:
(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger**
- Incision that is not healing**
- Red or swollen leg, that is painful or warm to touch**
- Temperature of 100.4°F or higher**
- Headache that does not get better, even after taking medicine, or bad headache with vision changes**



Tell 911 or your healthcare provider:

"I gave birth on _____ (Date) and I am having _____ (Specific warning signs)."

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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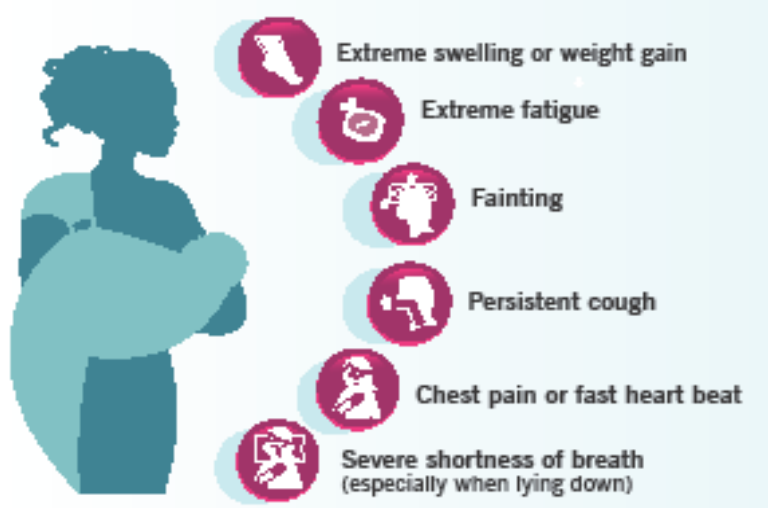
AWHONN (n.d.). POST-BIRTH Warning Signs Education Program. <https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/>

Signs & Symptoms of Heart Disease

During Pregnancy and Postpartum

Heart disease is the leading cause of death among women in the U.S. who are pregnant or gave birth in the last 5 months (postpartum).

Symptoms to watch for in late pregnancy and up to five months postpartum:



NOTE: While some of these symptoms are common in late pregnancy, they may be a sign of heart disease especially if they are severe and do not go away after treatment.

If you have any of these symptoms and they don't go away:

- ♥ Contact your OB, midwife, family medicine doctor, or your primary care provider
- ♥ Describe your symptoms clearly and explain how sick you feel
- ♥ If your symptoms arise postpartum, be sure to tell the provider that you recently had a baby
- ♥ If your provider says your symptoms are normal, ask what symptoms should cause you to call or come back

Go to the Emergency Department

If you have persistent chest pain or severe shortness of breath, or otherwise feel extremely sick. If possible, take someone with you.

Any woman can develop heart disease in pregnancy or postpartum, but you are at **higher risk** if you:

- ♥ Have prior heart disease
- ♥ Are over 40 years old
- ♥ Have preeclampsia or high blood pressure (hypertension)
- ♥ Are African-American (4X greater risk and 8-10X more likely to die of heart disease)
- ♥ Are obese



Bottom line

- ♥ Trust your instincts when you feel something is wrong
- ♥ When you see a healthcare provider, bring your partner, friend or family member who can support you and help explain these symptoms are not normal for you
- ♥ Seek a second opinion if you don't feel listened to or your symptoms are not taken seriously

Get online support and information: www.myheartsisters.com | www.womenheart.org



Funding for the development of this Infographic was provided by Federal Title V MCH block grant funding from the California Department of Public Health; Maternal Child Adolescent Health Division, and Stanford University.

CMQCC (n.d.). Improving health care response to cardiovascular disease in pregnancy and postpartum. <https://www.cmqcc.org/resources-toolkits/toolkits/improving-health-care-response-cardiovascular-disease-pregnancy-and>

POSTPARTUM CARE PLAN

To be developed prenatally by the patient and her maternity provider and revised as needed after delivery.

Name:

LAST FIRST

Care Team

Primary Maternal Provider/Group:	Care Coordinator:
PCP:	Home Visitor:
Infant Medical Provider:	MFM:
Lactation Support:	Consultant:

Postpartum Visits

Early Visit (Indication) ___/___/___ At: _____

Hypertension Depression/Anxiety Wound Check Lactation Difficulties Medication Titration

Comprehensive Visit ___/___/___ At: _____

Number Of Children Desired: _____

BTL Implant LNG-IU

Vasectomy Condoms

Immediate Postpartum LARC?

Desires Declines Ur

ACOG Committee Opinion # 736

- ## Comprehensive Postpartum Visit
1. Introduction
 2. Physical assessment
 - Healing, Self-care, Sleep/Fatigue
 3. Psychological assessment
 - PMAD, Violence, Substance Use, Tobacco, Alcohol
 4. Social assessment
 - Support Systems
 5. Medical home
 6. Chronic disease management
 7. Nutrition & Exercise
 8. Contraception, Birth Planning, Spacing
 9. Immunizations
 10. Infant care & well-being, feeding, medical home, issues
 11. Referrals, Resources, Education
 12. Praise!

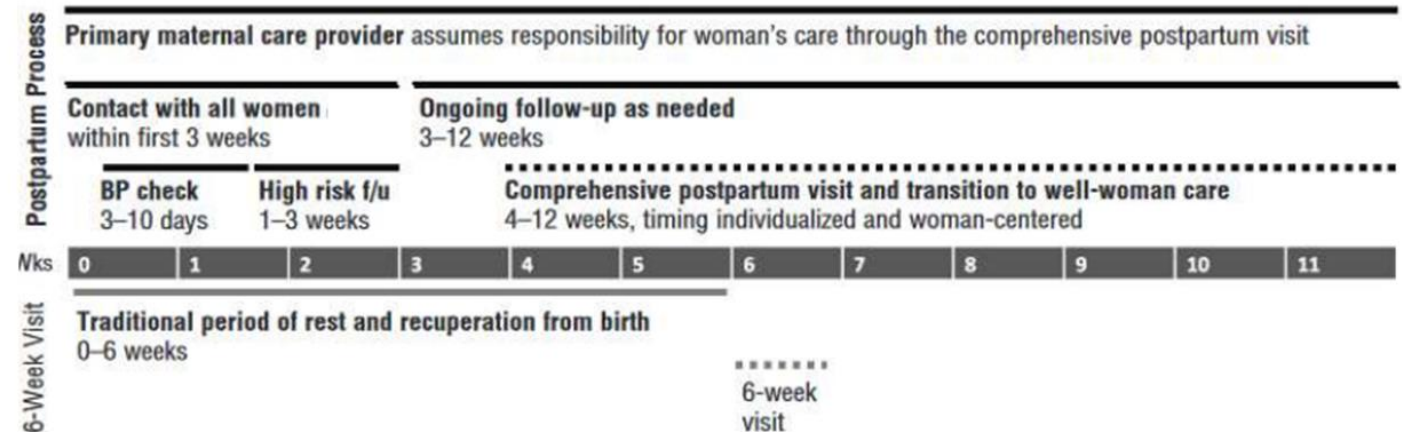


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ←

<https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/05/optimizing-postpartum-care.pdf>

REPORTING & SYSTEMS LEARNING: EVERY UNIT

- Convene meetings/communications with inpatient and outpatient providers
- Consider a multidisciplinary huddle for postpartum patients
- Develop and systematically utilize a standard comprehensive postpartum visit template
- Identify and monitor postpartum quality measures in all care settings
- Monitor data related to completed postpartum comprehensive visits in each office

<https://saferbirth.org/psbs/postpartum-discharge-transition>





Postpartum Discharge Transition Patient Safety Bundle Core Data Collection Plan

State Surveillance

Metric	Name	Description	Notes
SSI	Postpartum Readmissions within 42 Days	Report N/D Denominator: All documented birth hospitalizations Numerator: Among the denominator, readmissions at or within 42 days of discharge from birth hospitalization	Disaggregate by race/ethnicity
SS2	Postpartum Pregnancy-Related Deaths	Report N/D Denominator: Live births among state residents Numerator: Pregnancy-related deaths between 7 and 365 days postpartum	Disaggregate by race/ethnicity
SS3	Postpartum Visit Attendance	Report N/D Denominator: All documented birth hospitalizations Numerator: Birth hospitalizations in which patients had a postpartum visit at or within 7 to 84 days after discharge from birth hospitalization	Calculate using HEDIS measure specifications Disaggregate by race/ethnicity

Process

Metric	Name	Description	Notes
P1	Inpatient-Outpatient Care Provider Collaborative Education	Report integers for each submeasure A. At the end of this reporting period, how many shared learning experiences on issues related to pregnancy and the postpartum period that cross the continuum of care took place between inpatient and affiliated outpatient providers and nursing staff? B. At the end of this reporting period, how many care settings* were represented by attendees at all shared learning experiences?	*May include clinical and non-clinical care settings
P2	Provider and Nursing Education – Postpartum Concerns	Report proportion completed (estimated in 10% increments-round up) At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last 2 years an education program on life-threatening postpartum concerns ?	
P3	Provider and Nursing Education – Respectful and Equitable Care	Report proportion completed (estimated in 10% increments-round up) At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last two years an education program on respectful and equitable care ?	
P4	Postpartum Visit Scheduling	Sample patient charts or report for all patients; report N/D Denominator: All maternal discharges following a live birth, whether from sample or entire population Numerator: Among the denominator, those who had a postpartum visit scheduled before or within 24 hours of discharge from birth hospitalization	Disaggregate by race/ethnicity

Structure

Metric	Name	Description	Notes
S1	Inpatient-Outpatient Care Coordination Workgroup	Report Start Date Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?	This workgroup should help coordinate the completion of S2-S6.

Metric	Name	Description	Notes
S2	Resource Mapping/ Identification of Community Resources	Report Initial Completion Date Has your hospital created a comprehensive list of community resources , customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?	<ul style="list-style-type: none"> Resources list should be updated annually. Resources list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population (e.g. BIPOC).
S3	Shared Comprehensive Postpartum Visit Template	Report Completion Date Has your hospital shared with all its affiliated outpatient sites a postpartum visit template that includes at minimum all elements of a comprehensive postpartum visit as outlined in the AIM Postpartum Discharge Transition Bundle Implementation Details?	
S4	Emergency Department (ED) Screening for Current or Recent Pregnancy	Report Start Date Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	

Perinatal Quality Collaboratives: Working Together to Improve Maternal Outcomes



Overview

[Perinatal Quality Collaboratives \(PQCs\)](#) serve an important role, providing infrastructure that supports quality improvement efforts addressing obstetric care and outcomes. State-based PQCs partner with hospitals, providers, nurses, patients, public health, and other stakeholders to provide opportunities for **collaborative learning**, **rapid response data**, and **quality improvement science support** to achieve systems-level change.



<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc/working-together-improve-maternal-outcomes/pdfs/PQCs-working-together-H.pdf>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention





<https://www.mombaby.org/4th-trimester-project/>

CMQCC
California Maternal
Quality Care Collaborative

<https://www.cmqcc.org/resources-tool-kits/toolkits>



<https://pcainitiative.acog.org/resource-library/acog-resources/>

The logo for the Alliance for Innovation on Maternal Health Community Care Initiative (AIM CCI) features a stylized icon of three people in purple and orange. To the right, the text "ALLIANCE FOR INNOVATION ON MATERNAL HEALTH" is in purple, and "Community Care Initiative (AIM CCI)" is in orange.

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Community Care Initiative (AIM CCI)

<https://www.aimcci.org/who-we-are/>



<https://cjfhc.org/what-we-do/community/connecting-nj-formerly-central-intake.html>



Respectful, Equitable, and Supportive Care: All

- Include each postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team
- Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network

References & Resources

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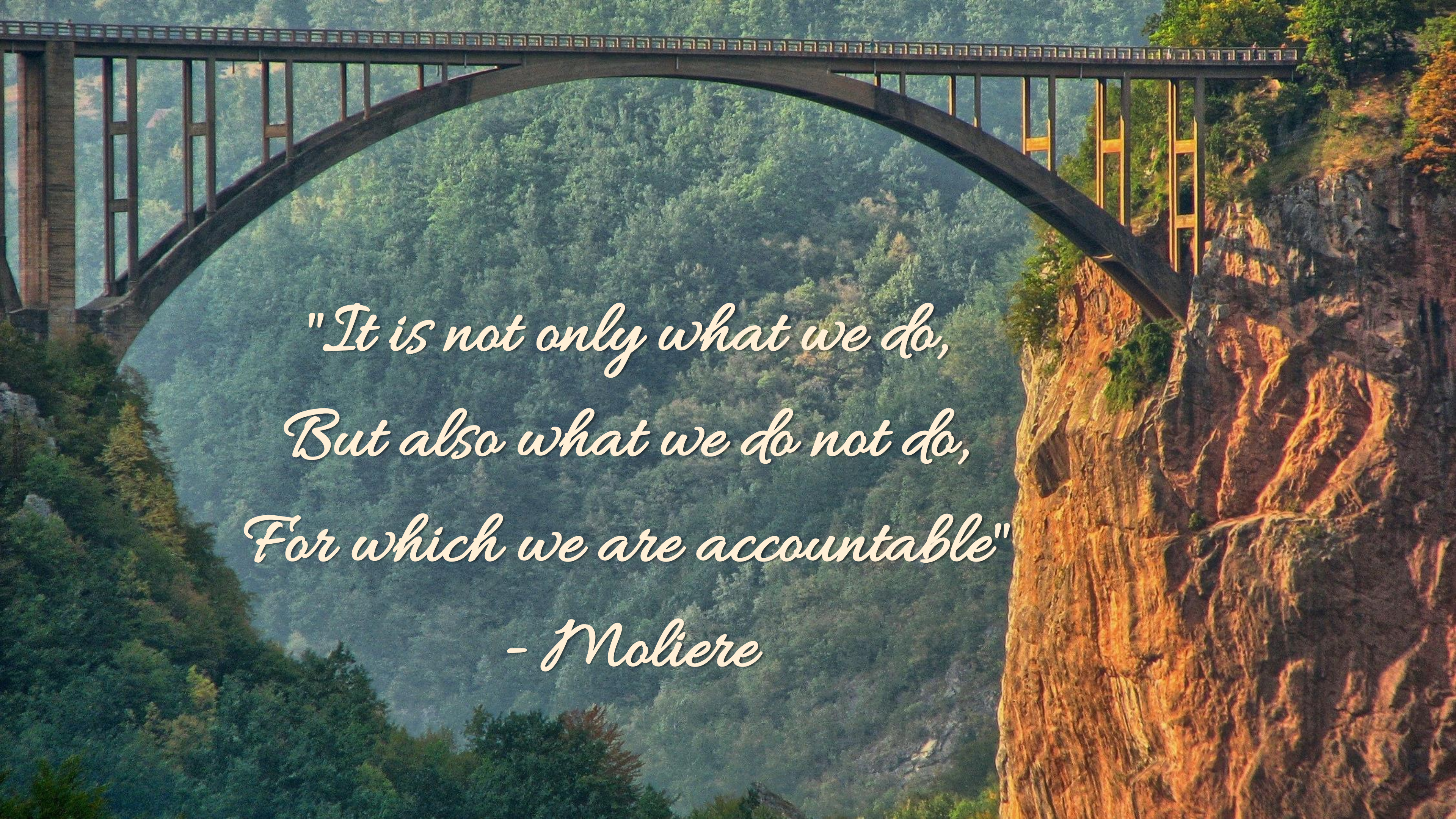
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<https://doi.org/10.1161/CIR.0000000000001000>



*"It is not only what we do,
But also what we do not do,
For which we are accountable"*
- Moliere



How did you find us?





Upcoming TAP Webinars

Register at saferbirth.org under Resources > Events

Safe Reduction of Primary Cesarean Birth

January 5th
at 3 PM ET



Dr. Stephanie Radke, MD

Implementing a Clinician and Staff Peer Support Program

January 19th
at 3 PM ET



Linda Kenney & Jackie Ewuoso, MPH



Thank you!

**The recording
will be emailed
to all attendees
once ready**

**AIM will also post
the recording on
our website,
saferbirth.org**

**Any questions about
this webinar or the
series can be sent to
AIM@acog.org**

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upcoming
webinars!**