AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Postpartum Discharge Transitions Bundle

Implementation Resources

Section	Resource	Description	Link
Readiness			
Readiness	ACOG Committee Opinion Number 736: Optimizing Postpartum Care *ACOG, 2018*	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. Women with chronic medical conditions 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. This Committee Opinion has been revised to reinforce the importance of the "fourth trimester" and to propose a new paradigm for postpartum care.	

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Readiness	ACOG Consensus Bundle on Postpartum Care Basics *ACOG, 2021*	Abstract: In the weeks after childbirth, a woman navigates multiple challenges. She must recover from birth, learn to care for herself and her newborn, and cope with fatigue and postpartum mood changes as well as chronic health conditions. Alongside these common morbidities, the number of maternal deaths in the United States continues to increase, and unacceptable racial inequities persist. One third of pregnancy-related deaths occur between 1 week and 1 year after delivery, with a growing proportion of these deaths due to cardiovascular disease; one fifth occur between 7 and 42 days postpartum. In addition, pregnancy-associated deaths due to self-harm or substance misuse are increasing at an alarming rate. Rising maternal mortality and morbidity rates, coupled with significant disparities in outcomes, highlight the need for tailored interventions to improve safety and well-being of families during the fourth trimester of pregnancy, which includes the period from birth to the comprehensive postpartum visit. Targeted support for growing families during this transition can improve health and well-being across generations.	
Readiness	Listening to Mothers III: Pregnancy and Birth *Childbirth Connection, 2013*	Childbirth Connection's ongoing Listening to MothersSM Initiative is devoted to understanding experiences and perspectives of childbearing women and using this knowledge to improve maternity care policy, practice, education, and research. Listening to Mothers surveys are central to this initiative. They enable us to compare actual experiences of childbearing women, newborns, and families with mothers' values and preferences, as well as with evidence-based care, optimal outcomes, and protections granted by law. Identified gaps present opportunities to improve conditions during this crucial developmental period for about four million mothers and babies annually in the United States.	
Readiness	Clinical guidelines for postpartum women and infants in primary care - a systematic review *BioMed Central, 2014*	Systematic review of the quality of clinical guidelines about routine postpartum care in primary care. Introduces the use of the AGREE II guidelines for evaluating quality of guidelines and a methodological strategy for their development. Understanding this could be instrumental in development of clinical guidelines.	

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Readiness	Quality Maternal Health Care from the Voices of Childbearing Women: Factors that Optimize and Disturb Wellbeing* *Journal of Prenatal & Perinatal Psychology & Health, 2020*	Abstract: Maternal health care providers play a significant role in shaping women's childbearing experiences. While there is increasing recognition of the importance of understanding psychosocial processes for childbearing women, there is a lack of research from the perspectives of women themselves. For this study, women were asked about incidents that optimized and disturbed their perinatal experience, and about what they had originally hoped for in these experiences. The results emphasize personal and relational dimensions of women's experiences with care providers over medical dimensions; correspondingly, the childbearing women's personal sense of empowerment and/or disempowerment was salient, while experiences of pain were scarcely mentioned.	
Recognition			
Recognition	Optimizing Postpartum Care: The Development of a Debriefing Tool and Guideline for Healthcare Providers *University of Northern Colorado, 2017*	DNP Capstone project: Delphi method and process used to create a tool and practice guideline. This project could serve as a roadmap for quality initiatives.	
Recognition	The Fourth Trimester of Pregnancy: Committing to Maternal Health and Well-Being Postpartum *Rhode Island Medical Journal, 2018*	For many women, pregnancy serves as the first encounter with the health care system in adulthood and as a result, obstetric providers may be the first provider to diagnose and address chronic health conditions such as hypertension, obesity, and substance dependence. While obstetric providers may manage pregnancy complications and chronic conditions independently during pregnancy, uncoordinated transitions from obstetric to primary care can result in women failing to receive care that may mitigate long-term risks for diabetes, hypertension, and cardiac disease. This resource discusses formulation of a postpartum careplan and local initiatives that might be used for ideas.	
Recognition	Edinburgh Postnatal Depression Scale 1 (EPDS)	One example of a perinatal depression scale	
Recognition	The Periscope Project: PASS Evaluation and Treatment algorithm *Medical College of Wisconsin, 2017*	Perinatal Anxiety Screening Scale (PASS) and treatment alogrithm published by the Medical College of Wisconsin.	

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Response			
Response	CDC: Hear Her Concerns Campaign *National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2021*	Urgent Maternal Warning Signs Poster (many languages)	🔗
		Conversation Guide	🔗
Response	Depression or Anxiety during or after pregnancy *Minnesota Department of Health, 2016*	Minnesota Department of Health Brochure: When being pregnant or having a new baby is not what you expected.	🔗
Response	Washington State Healthcare Authority	MSS Prenatal Screening Tool	🔗
		MSS Risk Factor Clarificaion Table	🔗
Reporting & Systems Learning			
Reporting & Systems Learning	Checklists, Huddles, and Debriefs: Critical Tools to Improve Team Performance in Obstetrics* *Clinical Obstetrics and Gynecology, 2019*	Checklists, huddles, and debriefs are tools being more commonly adopted in health care with the goal to achieve a safer health system. Details regarding what, how and when to implement these tools in different circumstances related to women's health are described in this review	🔗
Reporting & Systems Learning	Improving Patient Safety and Team Communication through Daily Huddles *Agency for Healthcare Research and Quality, 2013*	Communication failures among healthcare personnel are significant contributors to medical errors and patient harm. When used consistently, huddles – a technique to enhance team communication – are an effective and efficient way for healthcare teams to share information, review their performance, proactively flag safety concerns, increase accountability, and ensure that safety interventions are hardwired into the system. Huddles empower and engage frontline staff in problem identification and build a culture of collaboration and quality, thereby enhancing the ability to deliver safer care.	🔗

*Resource Behind Paywall

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Reporting & Systems Learning	CDC: Pregnancy Risk Assessment Monitoring System (PRAMS) *Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 2021*	PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and health departments. Developed in 1987, PRAMS collects jurisdiction-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS surveillance currently covers about 81% of all U.S. births. PRAMS provides data not available from other sources. PRAMS data are used by researchers to investigate emerging issues in the field of reproductive health and by state, territory, and local governments to plan and review programs and policies aimed at reducing health problems among mothers and babies	
Reporting & Systems Learning	Region 9 Perinatal Quality Collaborative	Example: Interactive website (and downloadable poster) to learn more, connect with insurance and explore resources for pregnant people in Southeast Michigan.	
Reporting & Systems Learning	AJOG: American Journal of Obstetrics & Gynecology, Society for Maternal-Fetal Medicine Special Statement: A critique of postpartum readmission rate as a quality metric *SMFM Special Statement, 2021*	Abstract: Hospital readmission is considered a core measure of quality in healthcare. Readmission soon after hospital discharge can result from suboptimal care during the index hospitalization or from inadequate systems for postdischarge care. For many conditions, readmission is associated with a high rate of serious morbidity and potentially avoidable costs. In obstetrics, for postpartum care specifically, hospitals and payers can easily track the rate of maternal readmission after childbirth and may seek to incentivize obstetricians, maternal-fetal medicine specialists, or provider groups to reduce their rate of readmission. However, this practice has not been shown to improve outcomes or reduce harm. There are major concerns with incentivizing providers to reduce postpartum readmissions, including the lack of a standardized metric, a baseline rate of 1% to 2% that is too low to accurately discriminate between random variation and controllable factors, the need for risk adjustment that greatly complicates rate calculations, the potential for bias depending on the duration of the follow-up interval, the potential for "gaming" of the metric, the lack of evidence that obstetric providers can influence the rate, and the potential for unintended harm in the vulnerable postpartum population. Until these problems are adequately addressed, maternal readmission rate after a childbirth hospitalization currently has limited utility as a metric for quality or performance improvement or as a factor to adjust provider reimbursement.	

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Reporting & Systems Learning	The Potential for Health Information Technology Tools to Reduce Racial Disparities in Maternal Morbidity and Mortality *Journal for Women's Health, 2021*	Journal Article: Health information technology (health IT) potentially is a promising vital lever to address racial and ethnic,socioeconomic, and geographic disparities in maternal morbidity and mortality (MMM). This is especially relevant given that approximately 60% of maternal deaths are considered preventable.1–36 Interventions that leverage health IT tools to target the underlying drivers of disparities at the patient, clinician, and health caresystem levels potentially could reduce disparities in quality of care throughout the continuum (antepartum,intrapartum, and postpartum) of maternity care.	
Respectful, Equitable & Supportive Care			
Respectful, Equitable & Supportive Care	WHO: Respectful Maternity Care Project	Universal rights of childbearing women	
Respectful, Equitable & Supportive Care	Columbia School of Public Health: Respectful Maternity Care	Robust tools to help define and study disrespect and abuse during childbirth	
		Disrespect during Childbirth Brief	
Respectful, Equitable & Supportive Care	Respectful Maternity Care and Maternal Mental Health are Inextricably Linked *Health Newborn Network, 2021*	Much is still unknown about the connections between respectful maternity care and maternal mental health outcomes, said Patience Afulani, Assistant Professor at the University of California, San Francisco. Nevertheless, existing research indicates that women who have negative birth experiences are at higher risk of developing post-traumatic stress disorder, postpartum depression, and other perinatal mental health issues.	

Respectful, Equitable & Supportive Care	How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States *Journal of Women's Health, 2021*	Abstract: Over the past two decades, maternal mortality rates have declined around the world. In the United States, however, 700 women die each year as a result of pregnancy or delivery complications. This represents a 50% increase in the U.S. maternal mortality rate over the same time period. According to the Centers for Disease Control and Prevention (CDC), the pregnancy-related mortality ratios vary significantly by race, with White women experiencing 13.0 deaths per 100,000 births, compared with 42.8 deaths per 100,000 births for Black women, from 2011 to 2015. Multiple studies suggest that implicit bias—defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner—is most likely a contributing factor to this alarming racial health disparity. The failure to recognize the pain of African American patients, regardless of whether it is conscious or unconscious, has the potential to affect the way obstetrician/gynecologists counsel patients about treatment options when it comes to chronic conditions, contraception, vaginal birth after cesarean delivery, and the management of fibroids. In this article, we will review implicit bias and the impact it can have on health care and health disparities.	
Respectful, Equitable & Supportive Care	Targeting bias to improve maternal care and outcomes for Black women in the USA *EClinical Medicine, 2020*	Commentary regarding implict bias training	
Respectful, Equitable & Supportive Care	Quick Safety 23: Implicit Bias in Health Care *The Joint Commission, 2021*	On the eve of the 15th anniversary of two seminal reports from the Institute of Medicine (IOM) – Crossing the Quality Chasm1 and Unequal Treatment2 – we find that racial and socioeconomic inequity persists in health care. In Crossing the Quality Chasm, the IOM stressed the importance of equity in care as one of the six pillars of quality health care, along with efficiency, effectiveness, safety, timeliness and patient-centeredness. Indeed, Unequal Treatment found that even with the same insurance and socioeconomic status, and when comorbidities, stage of presentation and other confounders are controlled for, minorities often receive a lower quality of health care than do their white counterparts.	

Respectful, Equitable & Supportive Care	Nursing CE Connection: Addressing Implicit Bias in Nursing *American Journal of Nursing, 2019*	ABSTRACT: This article examines the nature of implicit, or unconscious, bias and how such bias develops. It describes the ways that implicit bias among health care providers can contribute to health care disparities and discusses strategies nurses can use to recognize and mitigate any biases they may have so that all patients receive respectful and equitable care—regardless of their race, ethnicity, religion, sexual orientation, gender identification, socioeconomic status, disabilities, stigmatized diagnoses, or any characteristic that distinguishes them from societal norms.	
Respectful, Equitable & Supportive Care	The Everyone Project *American Academy of Family Physicians, 2021*	Implicit Bias resources, including: webcast, facilitators guide, participants guide and training guide.	

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