



## FROM BIRTH TO THE COMPREHENSIVE POSTPARTUM VISIT

### READINESS

#### *Every woman*

- Engages with her provider during prenatal care to develop a comprehensive personalized postpartum care plan that includes designation of a postpartum medical home, where the woman can access care and support during the period between birth and the comprehensive postpartum visit.
- Receives woman-centered counseling and anticipatory guidance regarding medical recommendations for breastfeeding in order to make an informed feeding decision.
- Receives woman-centered counseling regarding medical recommendations for birth spacing and the range of available contraceptive options.
- Identifies a postpartum care team, inclusive of friends and family, to provide medical, material, and social support in the weeks following birth.

#### *Every provider*

- Ensures that each woman has a documented postpartum care plan and care team identified in the prenatal period.
- Develops and maintains a working knowledge of evidence-based evaluation and management strategies of common issues facing the mother-infant dyad.

#### *Every clinical setting*

- Develops and optimizes models of woman-centered postpartum care and education, utilizing adult-learning principles when possible and embracing the diversity of family structures, cultural traditions, and parenting practices.
- Develops systems to connect families with community resources for medical follow up and social and material support.
- Optimizes counseling models, clinical protocols, and reimbursement options to enable timely access to desired contraception.
- Develops systems to ensure timely, relevant communication between inpatient and outpatient providers.
- Develops protocols for screening and treatment for postpartum concerns and establishes relationships with local specialists for co-management or referral.

# Postpartum Care Basics for Maternal Safety

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.



## RECOGNITION AND PREVENTION

### *Every woman*

- Is respected as the expert in her own needs, and is empowered to trust her instincts and access care as early and frequently as needed in the weeks following birth.
- Reviews her postpartum care plan with her provider prior to discharge from maternity care, revising as needed. The care plan should include a list of warning signs and responses for life-threatening postpartum complications, a “first call” phone number for her postpartum medical home, and the time and date of postpartum visits.
- Attends a comprehensive postpartum visit, scheduled at an interval tailored to the needs of the mother-infant dyad.

### *Every clinical setting*

- Determines guidelines for patient education, discharge from inpatient maternity care, and indications for early postpartum visits.
- Coordinates ongoing care between inpatient and outpatient settings and between the maternal and infant providers to facilitate the health and wellbeing of the dyad.
- Screens for and treats common morbidities, including mental health issues, smoking, and substance use, as well as concerns such as unstable housing and food insecurity.
- Ensures that each woman has identified a source of ongoing primary health care.

## RESPONSE

### *Every clinical setting*

- Implements treatment protocols and either provides desired care or facilitates timely referral to an appropriate resource. Whenever feasible, a warm hand-off is provided, via a face-to-face introduction to the specialist to whom the patient is being referred.
- Maintains an up-to-date inventory of community resources to assist with unmet needs, such as 24-hour hotlines, food banks, diaper banks, and home visiting programs.
- Develops strategies to reach women who do not attend the comprehensive postpartum visit.

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# Postpartum Care Basics for Maternal Safety



### *Every identified need*

- Is assessed for its acuity using a tiered response.
  - If life-threatening, the identifying provider facilitates transportation to an appropriate facility for immediate care.
  - If non-acute, the need is addressed by the woman and her provider in a woman-centered, shared-decision making discussion, honoring each woman's self-sufficiency and autonomy.

### REPORTING

### *Every health system*

- Convenes inpatient and outpatient providers to share successful strategies and identify opportunities for improvement.
- Identifies and monitors postpartum quality measures, such as postpartum emergency room utilization and readmission rates.
- Works toward quality metrics that compare postpartum outcomes with prenatal intentions, such as receipt of intended contraception or attainment of desired breastfeeding duration.
- Conducts quality improvement projects to reduce preventable postpartum morbidity.
- Collaborates with the community to maintain a clearinghouse for resources that address the needs of women during the postpartum period.
- Ensures that reimbursement policies do not disincentivize postpartum visits.

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