Improving the Health of New Mothers: Building Woman-Centered Postpartum Systems of Care

NICHQ, AMCHP, and the UNC Center for Maternal and Infant Health

February 2, 2016
General Housekeeping

Please note the following:

• All participants will be muted on entry
  • We encourage participants to comment or ask questions throughout the webinar.
  • Please either use the chat box to “All Panelists” or use the “Raise Hand” function to be unmuted
  • When you’re done speaking, please click the “Raise Hand” button one more time to lower your hand

• Please do not place this call on hold
• The recording of this webinar will be shared with the public after today’s session

Functions:

• Raise your hand
• Use the chat box
Today’s Speakers

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Welcoming Address
Planting the Seed:

• Opening Activity:
  Reflect on a personal postpartum experience (yourself, partner, friend, family). Think of something that was great and/or helpful

• Chat it in when you are ready
Objectives

• Share current challenges, directions and emerging postpartum health initiatives

• Consider the role of Title V in promoting preconception wellness

• Discuss actionable strategies for change
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Opening Activity

• Take 2 minutes:
  Reflect on a personal postpartum experience (yourself, partner, friend, family). Think of something that was great and/or helpful

• Chat it in!
Sarah Verbiest, DrPH, MSW, MPH
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Postpartum Care: A Call to Action
Healthy People 2020 & Definitions

- Healthy People 2020 Postpartum Health and Behavior:
  - (Developmental) Reduce postpartum relapse of smoking among women who quit smoking during pregnancy
  - (Developmental) Increase the proportion of women giving birth who attend a postpartum care visit with a health worker

- Fourth Trimester – first 3 months after giving birth (postpartum)

- Interconception Care
  - Care in between pregnancies with specific focus on improving next birth outcome – generally defined as two years

- Well Woman Care
  - Care across the life course regardless of pregnancy intention
New Model of Care: Women as Focus

Initiation of Prenatal Care
  ↓
  Labor & Delivery
  ↓
  Hospital Discharge
  ↓
  Postpartum Visit
  ↓
  Well-Woman & Contraceptive Care
  ↓
  Postpartum Visit
  ↓

Original model developed by Merry-K Moos
Babies are Transformational

- Time of great joy for a woman, couple and extended family
- Fulfillment of a life goal / reproductive life plan
- Joining the circle of mothers
- The majority of women want to become mothers
- Motherhood as a source of empowerment and creativity
It’s Not Easy Being a New Mom

• Motherhood has also been described as “all-encompassing, guilt-provoking, unrelenting, labor intensive and emotionally charged”

• Public expectation: happy with quick recovery

• Changes in body image, disruption in life styles along with daily 24-hour demands of infant care, fatigue and loss of personal time and space as well as dealing with relationships with parents, partner and other children

• Many different variables (young moms, older moms, first time moms, moms with other children, infant temperament) require woman-centered resources and support

Aber 2013 / Coyle 2009
It’s Not Easy Being a New Mom

- Fatigue / Sleep loss (56% overall / 21% major)
- Stress (54% overall, 17% major)
- Physical exhaustion (51%, 16% major)
- Sore nipples/breast tenderness (48%, 12% major),
- Backache (46%, 12% major)
- Weight control (45%, 16% major)
- Lack of sexual desire (43%, 13% major)
- C-section numbness (48%, 12% major) and itchiness (51%, 13% major)
- Six months later 1:3 mothers were still feeling stressed, had problems with sleep loss, weight control. Women with a C-section - 20% still had numbness and itchiness

Listening to Mothers III, 2013
It’s Not Easy Being a New Mom

- Headaches
- Hair loss & acne
- C-section / episiotomy site / breast pain – 80% of early postpartum women
- Constipation
- Hot flashes & dizziness
- Pain with intercourse
- Bleeding
- Iron depletion / anemia / thyroid dysfunction

Listening to Mothers III, 2013
It’s Not Easy Being a New Mom

• Breastfeeding initiation 79% vs continuation 49% (6 mos) and 27% (12 mos)*

• One in three mothers reported “feeling down, depressed or hopeless” (35%) or having “little interest or pleasure in doing things” (36%) for at least several days in the past two weeks

• Postpartum depression (17%-20% or nearly 1:5 new moms)

• Tobacco recidivism (up to 70%)

• Less than 6 months between pregnancies:
  • 40% increased risk of preterm birth
  • 61% increased risk of low birth weight
  • 26% increased risk of being small for gestational age
  • 1/3 of US pregnancies occur within 18 months after delivery

* Varies by population
Postpartum Preparation

- Postpartum women are not adequately prepared for specific, common postpartum physical and emotional symptoms
  - Only 24% were prepared for urinary incontinence and less than half were prepared to expect breastfeeding problems, hair loss, hemorrhoids, large mood swings or anxiety
  - 24% were not prepared in general
- Providers may not want to worry women about problems they may not have.
- Women who perceived themselves as adequately prepared for postpartum had higher satisfaction with their physician or midwife and were more likely to return for their postpartum visit.
  - Women with higher incomes and greater education reported higher satisfaction with their providers and greater preparation

Howell, OB/GYN, 2010
Postpartum Preparation

- Providers found their patients had inaccurate expectations regarding severity of pain following delivery, amount of bleeding, changes in sex drive and not losing pregnancy weight right away.

- Disconnect between what providers viewed as normal postpartum recovery and what mothers considered major problems.

- Providers are focused on postpartum problems that indicate serious conditions while women are more focused on the impact of symptoms on their daily functioning.

- Women look to their providers for support and think it is their role to link them with additional resources like lactation specialists and social workers.

Howell, OB/GYN, 2010
Postpartum Preparation

• Much of the education provided prior to delivery focused on infant care and breastfeeding

• When women were aware of problems to expect (depression, sore breasts and vaginal bleeding) they didn’t have a clear picture about how the symptoms would appear, develop over time, last and the impact on their daily lives

• Women and providers are concerned about lack of continuity of care and absence of maternal care during the early postpartum period. After intense prenatal care mothers felt support disappeared in the first six weeks.

*When you see them and you’ve been seeing them, it’s a continuation of a discussion you’ve been having for nine months. You kinda miss that critical time...you’re like a reporter at the end of 6 weeks and say so what did you manage to do in this past six weeks?*

Martin et al, MCHJ, 2013
High-Risk Moms

• Regaining Normality
  • This may be swift for some women making them feel much better than before (e.g. hyperemesis)
  • May not happen as hoped – particularly for women with pre-existing conditions that were aggravated by pregnancy

• Feelings of Neglect or Abandonment
  • Close monitoring and support during pregnancy followed by immediate shift in focus on baby with little to no postpartum follow up

• Future Threats to Health
  • Fears about recurrence in future pregnancy
  • Worries about longer-term impact on health
  • Worries about risk for future chronic disease
4th Trimester PCORI Project

- Mood
- Infant Feeding
- Medications, Substances & Environmental Exposures
- Sexuality, Contraception & Birth Spacing
- Sleep & Fatigue
- Physical Recovery from Childbirth
The 4\textsuperscript{th} Trimester Project

Goal:

- To bring together patients, clinicians, researchers, and other stakeholders to define patient-centered research priorities in the first three months after birth, laying the groundwork for comparative effectiveness studies that will determine optimal practices to improve outcomes for mothers and infants.

Follow on Social Media:
- Website: 4thtrimester.web.unc.edu
- Facebook: http://j.mp/4thTriFB
- Twitter: @4thTriProject
It’s Not Easy Being a Parent

• Many public health messages competing for attention
  • Safe Sleep
  • Purple Period of Crying
  • Breastfeeding
  • Car seats
  • And more

• Potential info overload at antenatal classes and/or hospital discharge

• Research is needed as to the timing of when information should be delivered and how.
Becoming a Mother...

Fahey and Shenassa, 2013
Multi-Faceted Approach

Women

Health System

Providers

Public Health & Community
PEOPLE ARE PAYING ATTENTION - WORK IS UNDERWAY!
Postpartum Think Tank Meeting

• December 2014

• Employed systems-thinking (consumer, clinician, payers, public health perspectives)

• Continuity of quality care is essential – preconception through prenatal care into postpartum and new parenting

• Need to shift the larger political will to invest in new mothers/families

• Mothers’ voices are critical = activated consumers and woman-centered care

• Metrics, measures and reimbursement matter
Championing New Motherhood
Mending A Broken System

Moms say they forgo needed care because...

- My baby's health is most important
- I'm feeling too blue to go
- I'm busy caring for a new baby
- I need better care

Solution: Integrated services and seamless care transitions, including pediatricians, home visitors, from preconception through well-baby

Moms say they forgo needed care because...

- I don't have child care
- I feel like I'm all alone
- All my helpers left after the first few weeks
- I can't take time off from work

Solution: Community and business support, including paid parental leave, health insurance, and neighborhood meet ups for new moms

Moms say they forgo needed care because...

- I couldn't reschedule
- I feel fine (now)
- I just want to get back to normal

Solution: Mother-centered care, including quality visits on her schedule with complete and culturally appropriate information
Infographic Discussion

Question: There are many reasons that mothers forgo needed care. Did we miss any in the info graphic? If yes, please tell us!

Answers:
- Yes, this looks complete
- Nope, you are missing something
- Tell us what we missed!

If you think we should add something to the infographic, please include it here:
Solutions

• Integrated services and seamless care transitions including pediatricians, home visitors, from preconception through well baby

• Community and business support including paid parental leave, health insurance and neighborhood meet ups for new moms

• Mother centered care including quality visits on her schedule with complete and culturally appropriate information
Erin Bonzon, MSW, MPH
Associate Director for Women’s and Infant Health
AMCHP

Postpartum Visit & Care Actions Underway
Merck for Mothers

- 10 years, $500M commitment focused on improving maternal health
- Major programs based in India, Senegal, Uganda, the U.S., and Zambia
- U.S. investments focus on prevention of obstetric emergencies, community initiatives to get women into care, and strengthening surveillance systems
Merck for Mothers is supporting the development of an app to educate women in the US about health related matters after childbirth. This app will empower women to take responsibility for their own care and their newborn’s care in the critical weeks between giving birth and the six-week postpartum visit. The app will translate guidelines based on the latest evidence-based recommendations into an easily understandable, engaging format available via smartphone.

Provide education and empower women to be active in their care

Create a customized daily health checklist and help women track key activities like feeding and sleeping

Share data with maternal health researchers to improve services for women and newborns
Community Partners

• **Camden Coalition of Healthcare Providers** is working to improve care for women of reproductive age who have multiple health problems. The project is increasing data sharing among providers, coordinating multidisciplinary care during pregnancy, and seamlessly connecting new mothers to postpartum healthcare.

• **Maternity Care Coalition** is running "Safe Start MOMobile," a home-visiting program that partners community health workers with at-risk pregnant women to provide them with the health education and support they need to reduce their risk of poor or catastrophic outcomes during pregnancy and childbirth.

• **Northern Manhattan Perinatal Partnership (NMPP)** is helping women who have had a childbirth-related problem better manage their chronic conditions so they can live a healthier life and have a safer next pregnancy.
AIM – Maternal Health

• Goal: Prevent 1,000 maternal deaths and 100,000 cases of SMM nationally by 2018

• Objective: Implement maternity safety bundles across birth facilities in 8 states over 4 years

• Led by ACOG, funded by HRSA/MCHB

• States enrolled: FL, IL, LA, MD, MI, OK

• Bundle Development Underway: Postpartum Care Basics for Maternal Safety

• Process will launch Spring 2016; typically takes 10-12 weeks
AWHONN - Empowering Women to Obtain Needed Care

• **Purpose:** Develop standardized key messages for postpartum women to promote awareness and understanding of the warning signs and symptoms of obstetric hemorrhage, severe hypertension, and venous thromboembolism.

• **Activities:**
  • Assess discharge education needs and gaps in materials
  • Review the scientific literature
  • Interview nurses in order to develop new ways to integrate information into postpartum discharge teaching
  • Pilot educational materials and discharge teaching tools at six hospitals
CMQCC

• **Coming in 2016:** Cardiovascular Disease in Pregnancy and Postpartum Toolkit

• **Infographics:** Lifetime Risks of Heart Disease after Pregnancy Complications; Signs and Symptoms of Heart Disease During Pregnancy and Postpartum
Interconception Care Project of CA

Provider Algorithms

- Anemia Algorithm
- Chronic Hypertension Algorithm
- Domestic Violence Screening Algorithm
- Gestational Diabetes Algorithm
- Gonorrhea & Chlamydia Algorithm
- Hepatitis Algorithm
- HIV Algorithm
- Immunizations Algorithm
- Migranes Algorithm
- Overweight and Obesity Algorithm
- Postpartum Depression Algorithm
- Preeclampsia Algorithm
- Premature Birth Algorithm
- Prior Cesarean Section Algorithm
- Seizure Algorithm
- Substance Use Algorithm
- Syphilis Algorithm
- Thrombocytopenia Algorithm
- Thyroid Disorder Algorithm
- Tobacco Use Algorithm
- Alcohol Use Algorithm

Patient Handouts

- Alcohol Use Patient Handout
- Anemia Patient Handout
- Chronic Hypertension Patient Handout
- Domestic Violence Patient Handout
- Gestational Diabetes Patient Handout
- Gonorrhea & Chlamydia Patient Handout
- Hepatitis B & C Patient Handout
- HIV Patient Handout
- Immunizations Patient Handout
- Migraines Patient Handout
- Overweight & Obesity Patient Handout
- Postpartum Depression Patient Handout
- Preeclampsia Patient Handout
- Premature Birth Patient Handout
- Prior Cesarean Section Patient Handout
- Seizures Patient Handout
- Substance Use Patient Handout
- Syphilis Patient Handout
- Thrombocytopenia Patient Handout
- Thyroid Disorder Patient Handout
- Tobacco Use Patient Handout
Recent Health Alert: Preeclampsia may be associated with heart disease and stroke later in life

Preeclampsia may lead to heart disease, stroke and high blood pressure

5% to 8%
Preeclampsia (including eclampsia and HELLP syndrome) impacts 5% to 8% of all pregnancies – that’s up to one in every 12 pregnancies.

2x to 4x
Preeclampsia doubles your risk of heart disease and stroke, and quadruples your risk of high blood pressure later in life.

Take heart – lower your risk
A history of preeclampsia doesn’t mean you’ll definitely develop cardiovascular problems, especially if you take the higher risk to heart and make changes today for a healthier tomorrow.

Every year
- If you have a history of preeclampsia, talk to your healthcare provider within one year after delivery about taking extra care to monitor the health of your heart and blood vessels.
- You should be regularly evaluated and treated for cardiovascular risk factors such as high blood pressure, blood sugar and cholesterol, obesity, and smoking.

Adopt a heart-healthy lifestyle
- Get adequate physical activity
- Eat a heart-healthy diet
- Stay at a healthy weight
- If you smoke, stop!
- Talk to your doctor about taking low-dose aspirin
- Know your family health history
- Know your numbers for blood pressure, blood sugar, and cholesterol

Now that you know
Take heart and do your part to stay healthy!

2 out of 3 women who experienced preeclampsia will die from cardiovascular disease.

For more information, go to www.preeclampsia.org
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UNC School of Social Work
National Preconception Health & Health Care Initiative (PCHHC)

More Strategies in Action
10 states tested changes designed to improve the rate of postpartum care visits among Medicaid/CHIP enrollees

Identified a diverse range of changes to improve postpartum care, including care coordination (esp. transitioning to FQHCs if Medicaid coverage lost), appointment reminders, home visits, provider education, clinical checklists, provider and/or staff incentives, transportation access, and policy changes such as removing postpartum care from global billing

Focused on key aspects of health, such as contraception, chronic conditions, transitions to primary care, breastfeeding, and postpartum depression as part of the postpartum care visit
CMS Postpartum Care Action Learning Series cont.

State Next Steps include:

• Surveys about women’s experiences with health care during and after pregnancy; their reasons for missing appointments and solutions to avoid missed appointments; their opinions on the value of postpartum care visits
• Review effectiveness of incentives
• Develop communications in collaboration with MCOs about postpartum care benefits.

CMS Next Steps include:

• Further explore and support state reimbursement reforms
• Further exploration of care transition
• Public Private Partnerships
Ohio Moves the Margin

• GDM Collaborative is designing and implementing a QI project to improve the % of Medicaid women who receive postpartum screening for Type 2 Diabetes Mellitus
• QI pilot project in Cincinnati to improve the occurrence and content of the postpartum visit, focus on reducing disparities in care and identifying potential interventions for statewide implementation
• Medicaid includes postpartum care as 1 of 22 QI measures
• Several Medicaid managed care plans have implemented incentive programs to reward mothers who complete perinatal and PPV. They also offer a home visit and are working to enhance services such as tobacco cessation and group care
PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care

February 2015

Background

Postpartum care offers an opportunity to promote the health and well-being of women. While there is incomplete evidence on optimal content and timing of postpartum care, a number of elements of well-woman care are evidence-based. These include postpartum depression screening, reproductive health planning to promote healthy birth spacing, screening for chronic diseases, promoting smoking cessation, and providing appropriate vaccinations. The postpartum period is an important opportunity to provide preventive care and to promote a smooth transition to well woman care.

Care transitions in the postpartum period

1. Prior to discharge from the hospital post delivery, provide contact information for the postpartum care provider and educate about reasons to contact the provider. Reasons may include but are not limited to: lactation difficulties, signs of infection, hemorrhage, or signs/symptoms of postpartum preeclampsia.
   a. Review immunization history prior to discharge and provide necessary counseling and vaccines. Ideally, indicated vaccines should be given during pregnancy (Influenza, Tdap) or prior to discharge from the hospital (MRR, varicella).
   b. Address smoking cessation strategy. If indicated (see PMH Care Pathway: Management of Perinatal Tobacco Use), give pneumococcal vaccine to smokers who were not previously vaccinated.
   c. Signs and symptoms of preeclampsia warrant timely evaluation. When associated with new onset hypertension, close observation and consideration of antihypertensive therapy and/or magnesium sulfate therapy are indicated.

2. Schedule a comprehensive postpartum visit for all women at 14-42 days post-delivery. See pages 3-5 for an outline of the content of the comprehensive visit.
   a. Visit completion rates may improve by scheduling a first visit early enough to allow rescheduling if necessary.
   b. Women with specific characteristics, including multiparous women and those who experienced a poor birth outcome, are more likely to miss the postpartum visit and may benefit from targeted interventions to improve adherence to the visit.
   c. Engage Pregnancy Care Managers to promote postpartum visit attendance.
New Models of Care: IMPLICIT

- IMPLICIT is an MCH Family Practice QI collaborative
- Over about 2 years, the IMPLICIT Network looked at 8,309 Well Child Visits from 2,631 different babies across 6 sites
- Mothers accompanied their babies to 8,125 WCVs (97.8%)
- Women were screened for ICC at 5,058 WCVs (62.3%)
- There was significant variation in the rate of ICC delivery across the sites
- Of the mothers screened for ICC at the 5,058 WCVs:
  - 20.7% reported current tobacco use
  - 8.4% had risk of current maternal depression
  - 33.7% were not compliant with contraception
  - 38.6% were not using a multivitamin
  - Intervention rates varied from 16.8% to 100.0%
Thousanddays.org

WHAT TO EXPECT®
1,000 DAYS TEAMS UP
with Heidi Murkoff and What to Expect®

GET UPDATES ABOUT 1,000 DAYS

WHY 1,000 DAYS?
It's the window of opportunity

FROM OUR NEWSROOM
LATEST NEWS
At global food conference, U.N.
#meditateonthis Success Shows Moms with PPD Will Fight the Good Fight

By Jenna Hattfield 3 Comments

Share Tweet Like Post Email
Share YOUR Work

• In the next minute:
  • What have you or your agency worked on related to postpartum health and wellness? Take a minute to make a quick note in chat about your work / resources. Be sure to include the name of your state or agency.

• Chat it in!
Elaine Fitzgerald, DrPH, MIA
Project Director
NICHQ

Infant Mortality CoILN:
Pre & Interconception Care Learning Network
Infant Mortality CoIIN (IM CoIIN)

**Question 1:** Share with us your level of familiarity with the IM CoIIN on a scale of 1 – 5:
- 1: not familiar with the IM CoIIN at all
- 5: highly familiar with the IM CoIIN

**Question 2:** Share with us your level of engagement with your state’s IM CoIIN teams:
- Not at all involved
- Interested in getting involved, but not connected
- Involved with state IM CoIIN team
Infant Mortality CoIIN

Shared Agenda: *Increase number of infants reaching their 1\textsuperscript{st} birthday*

Aim to do this by:

1. Supporting collaborative learning, innovation & QI efforts to reduce infant mortality and improve birth outcomes;

2. Applying evidence-based (EB) strategies for reducing IM; and

3. Scaling-up interventions to reduce IM by stimulating action across states and among many partners.

For more information: Contact us at CoIIN@NICHQ.org
# IM CoIIN State Strategy Selection

(n= number of states)

| Improve Safe Sleep Practices (n = 40) | Reduce smoking before, during and/or after pregnancy (n = 24) | Pre & Interconception Care
Promote optimal women’s health before, after and in between pregnancies during Postpartum Visits & Adolescent Well Visits (n = 32) |
|--------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Social Determinants of Health
Incorporating evidence-based policies/programs & place-based strategies to improve equity in birth outcomes (n = 21) | Prevent Pre and Early Term Births (n = 24) | Risk Appropriate Perinatal Care (Perinatal Regionalization)
Increase the deliver of higher-risk infants and mothers at appropriate level facilities (n = 14) |
IM CoIIN: Pre & Interconception Care
(State Teams n=32)
By July 2016, we will improve life course care for women related to pre and interconception care. Our goals are to:

1. Improve the postpartum visit rate 10% or more relative to the State baseline
2. Improve adolescent well visit rate 10% or more relative to the State baseline
3. Improve birth intention and client choice of contraceptive methods including most and moderately effective contraception
4. Improve birth spacing and reduce the proportion of live births that were conceived <6 and <12 months from the previous live birth* by 10% or more relative to State baseline and ultimately <18
5. Reduce racial/ethnic disparities in the above goals relative to non-Hispanic Whites by 10% or more relative to the State baseline

*Also defined as short inter-pregnancy intervals of <6 and <12 months

*States may customize the goals based on their area(s) of focus.*
Primary Driver 4: Valuable Postpartum Care

- Improve postpartum visit content; value and meaning for women
- Increase postpartum visit attendance
### Primary Driver 4: Valuable Postpartum Care

#### Secondary Driver
- Improve postpartum visit content; value and meaning for women

#### Change Ideas

- Improve PPV content by including ACOG recommendations.
- Screen for smoking, intimate partner violence, substance misuse, eating disorders.
- Counsel women to continue breast feeding and share in joint problem solving around how to continue.
- Based on woman’s preference, offer a range of contraception including those moderate and most effective, reversible contraception at PPV.
- Ask women how they need help supporting their health.
- Ask women how they need support with parenting and navigating services.
- Connect women with longitudinal support like home visitation program.
## Primary Driver 4: Valuable Postpartum Care

**Secondary Driver**  
Increase postpartum visit attendance

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<td>Message value of PPV at all inter-conception visits, use teach back and motivational interviewing, joint problem solving, goal setting.</td>
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<tr>
<td>Primary Care Providers and Pediatric Providers coach mother on value of Postpartum visit (PPV).</td>
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<tr>
<td>Learn what keeps women from postpartum visit then improve access to post partum care visits. Offer transportation, support services like child care and other social determinants of health so mothers can access PPV.</td>
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<tr>
<td>Improve antecedents to post partum visit. Strengthen prenatal visit experience.</td>
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Early Successes within the Pre & Interconception Care Learning Network

- States sharing their learnings collaboratively to:
  - Partner with community entities to promote postpartum visit (PPV), like WIC and home visiting programs
  - Assess connection with postpartum visits at hospitals and Federally Qualified Health Centers
  - Targeted efforts to reach Medicaid women to increase PPV visits
  - Engaging MCOs to contact postpartum mothers encouraging postpartum visits

- Increasing comfort sharing state data, resources, and challenges in the IM CoIIN Collaboratory (online community and data dashboard)

- State blogs and articles
  - LARC Accessibility, Knowledge Key for Better Interconception Care
    Read
  - Strengthening and Leveraging Preconception and Interconception Health
    Read
Shared successes across IM CoIIN

States report:

• Improved access to provisional vital records data and Medicaid data
  • “MCH is very excited to finally get access to Medicaid data. “

• Improved usefulness of data
  • “Reviewing and sharing quarterly data is motivating and allows for targeted improvements. Working with the CoIIN has tremendously improved how we use data.”

• Broaden focus of work to include indicators to measure social determinants of health (e.g. poverty) into public health surveillance
States Identified Challenges

• Limited staff and time

• Lack of expertise
  • Integrating Medicaid data with birth records
  • Lack of familiarity with Medicaid data
  • Difficulty linking Medicaid data files
  • Difficulty calculating certain indicators (i.e. progesterone)

• Lack of access to data
  • Medicaid, provisional and pilot data
  • Lag time for out-of-state vital records
  • Filing delays (universal issue)
  • Electronic birth records glitches
  • No electronic death registration
  • Small numbers

For more information: Contact us at CollIN@NICHQ.org
Specific Challenges

Pre & Interconception Care Learning Network

• Contraception Measures
  • SAS Code now available, being piloted in IA where SAS was created
  • Released measures are annual and specific to postpartum LARC insertion
  • Medicaid measures don’t align with original measure set definitions

• Postpartum Visit Measures
  • Defined as coming from Medicaid claims data
  • Developed as quality measure in Ohio
  • Latest completion date is set for January, may no longer be rolling annual and now a 3 month limited timeframe.
Women’s Health Resources & Title V Opportunities
Access to Care for Women

- **Who Will be Covered for What in 2015 and Beyond? (2015)**
  - Assists state MCH programs in understanding insurance affordability programs not including employee-sponsored coverage
- **Opportunities and Strategies for Improving Preconception Health through Health Reform (2015)**
  - Features CO, DE, MI, OK, OR
  - Strategies focus on building/strengthening state and community partnerships, improving access to and quality of primary care, improving financing of preconception care services, and using data to inform program development and policy change
Access to Care for Women

- **Women’s Preventive Services Guidelines**
  - Current guidelines were developed in 2011 based on recommendations from an IOM study
  - IOM recommended the guidelines be updated every five years
  - First set of recommended guidelines due to HRSA by **12/1/16**

- **UIC/CityMatCH Well Woman Project**
  - Purpose: to collect and listen to stories of women about the factors that affect their ability to be healthy and their ability to seek and receive health care, especially preventive health care or well-woman care.
Helpful Resources

• “Put Your Health First”
  • Office of Women’s Health with HHS partners, created a series of infographics, flyers, and postcards
  • Co-sponsored a graphics competition on ACA benefits (Spanish and English winners)
• ACOG Well-Woman Resources
  • Infographic (Top Reasons Why)
  • Guidance
  • Recommendations
  • Patient-oriented health topic discussion guides, exams and screening tests, and immunizations by age range
Helpful Resources (cont.)

- Kaiser Family Foundation’s *Interactive Profiles* of Women’s Health
  - Data sources include the latest data from CDC and the U.S. Census Bureau
Title V Strategies from the Field

Increase the percent of women with a past year preventive visit by...**

• 50 jurisdictions selected NPM 1
• Common themes → **Coverage, awareness, new care delivery models**
  • Develop a paper system or EHR reminder alert to inform patients of their needed annual visit
  • Develop promotional and educational tools and materials; Use social media platforms including Facebook, Twitter, and Pinterest and traditional media outlets
  • Distribute preconception/interconception health materials at community events: Farmer’s Markets, Community Baby Showers, beauty and nail salons, and school open houses
  • Work closely with Medicaid to improve the process of auto-enrollment into additional coverage or programs after Medicaid coverage expires
Title V Strategies from the Field

• Provide a webinar for providers on the importance of annual preventive health visits and how to leverage missed opportunities using the following strategies:
  1) Provide preventive health visit during sick visit and detail how to properly code visit for proper reimbursement
  2) Schedule preventive health visit during sick visit
  3) Encourage evening and weekend appointments for preventive care in addition to acute care which is often available

• Work with children’s scheduled well visits to check on the health of women

• Analyze data to understand the trends for women's preventive visit utilization; create hot spot map and conduct outreach and enrollment based on map, review enrollment progress
Discussion & Recommendations For Next Steps
Championing New Motherhood

Mending A Broken System

Moms say they forgo needed care because...

- My baby’s health is most important
- I’m feeling too blue to go
- I’m feeling too blue to go
- I need better care
- I’m always so tired
- I’m busy caring for a new baby
- I thought maternity care was done
- I don’t have child care
- I feel like I’m all alone
- I’m sure I’m the only one who feels this way
- I don’t have coverage
- All my helpers left after the first few weeks
- I can’t take time off from work
- I don’t want to see that doctor again
- It’s not worth the hassle
- I need more than one visit
- I wasn’t ready for the changes to my body
- I just want to get back to normal
- I feel fine (now)
- I’m not happy with the care my doctor gave me

Solution: Integrated services and seamless care transitions, including pediatricians, home visitors, from preconception through well-baby

Solution: Community and business support, including paid parental leave, health insurance, and neighborhood meet ups for new moms

Solution: Mother-centered care, including quality visits on her schedule with complete and culturally appropriate information
Solutions

• Integrated services and seamless care transitions including pediatricians, home visitors, from preconception through well baby

• Community and business support including paid parental leave, health insurance and neighborhood meet ups for new moms

• Mother centered care including quality visits on her schedule with complete and culturally appropriate information
Infographic Discussion

**Question:** There were 3 main solutions that came out of the Postpartum Think Tank meeting. Is this complete? What are we missing?

**Answers:**
- Yes, this looks complete
- Nope, you are missing something
- Tell us what we missed!

If you think we should add something to the infographic, please include it here:
Share YOUR Ideas

• In the next 2 minutes:
  • What are your ideas for some critical, priority next action steps? What ideas do you have for engaging mothers and building broader community support? Be sure to include the name of your state or agency.

• Chat it in!

Chat it in!
Final Questions?

**NOTE:** A special issue of the Maternal and Child Health Journal focusing on postpartum health and wellness is under development. We hope that the issue will be released by the end of the year as open access. Stay tuned!
Thank you!

Additional questions or comments? Please contact:

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