


Postpartum Safety Patient Education

Birth Equity Initiative Monthly Webinar 8
June 13, 2024




● NEBRASKA, WHERE A GREAT LIFE STARTS WITH HEALTHY MOMS AND HEALTHY BABIES. ●

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Agenda

- NPQIC Updates
- Equity Exercise
- Postpartum Safety Patient Education
- QI Data Corner
- Spotlight: CHI Lakeside
- Team Talk
- BE Next Steps

Please enter your name and the hospital team you are affiliated with in the chat!



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Monthly Webinar Topic Schedule

Title	Month
Integrating Doulas into the Care Team	May 2024
Postpartum Safety Patient Education	June 2024
Actionable Respectful Care Practices and PREM Implementation	August 2024
Achievable Patient/Community Engagement Strategies	September 2024
All-cohort coaching call	October 2024
Strategies to Increase PREM Survey Completion	November 2024



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NPQIC Updates



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SUD Webinar Series

SAVE THE DATES

MONDAYS FROM 12-1 PM CST

- APRIL 22, 2024
- MAY 6, 2024
- JUNE 10TH, 2024
- AUGUST 12, 2024



ATTEND ALL 4 WEBINARS FOR A CHANCE TO WIN A **FREE** REGISTRATION TO THE NPQIC SUMMIT ON SEPTEMBER 27, 2024!



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The 9th Annual NPQIC Summit: Transforming Perinatal Care for All Nebraskans

JOIN US

- Friday, September 27, 2024 - Omaha, NE
- Make sure your BE team is represented by at least one provider champion, one nursing leader, and one patient/community partner



Photo: Sand Hills. Brandon Mowinkel via Unsplash



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Birth Equity Awards Distributed at NPQIC Summit!

- **Data Champion Award**
 - Complete up-to-date data submitted by August 15 (baseline + first 6 months)
- **QI Leader Award**
 - Complete up-to-date data submitted by August 15 (baseline + first 6 months)
 - At least 4 structure measures in place
- **Patient Engagement Leader Award**
 - You have identified and onboarded a patient partner as part of your QI team



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Equity Exercise



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Insights Into the U.S. Maternal Mortality Crisis: An International Comparison

- In 2022 there were approximately 22 maternal deaths for every 100,000 live births in the United States — far above rates for other high-income countries.
- Maternal death rates increased in Australia, Japan, the Netherlands, and the U.S. during the height of the pandemic, between 2020 and 2021. In Chile, Norway, and the U.S., where 2022 data are available, maternal death rates have begun to decline.

Nearly two of three maternal deaths in the U.S. occur during the postpartum period, up to 42 days following birth. Compared to women in the other countries we studied, U.S. women are the least likely to have supports such as home visits and guaranteed paid leave during this critical time.



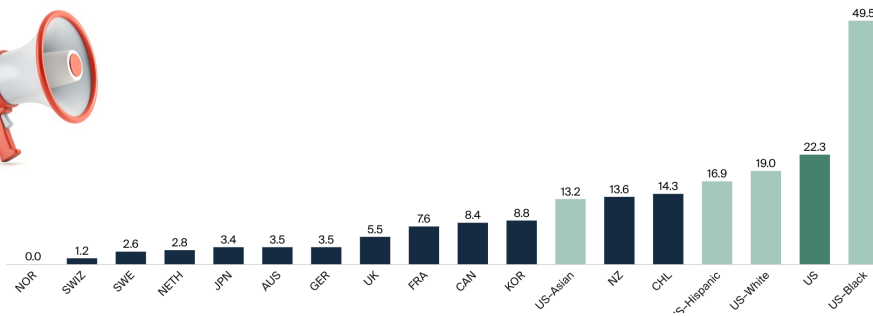
The Commonwealth Fund Issue Brief June 4, 2024

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Maternal Mortality Crisis- a uniquely American problem

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



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Insights Into the U.S. Maternal Mortality Crisis: An International Comparison

- The U.S. maternal mortality rate continues to far exceed those of other high-income nations, despite a decline since the end of the COVID-19 pandemic
- **Persistent inequities in health care are a big reason why Black women in the U.S. are by far the most likely to die from pregnancy or childbirth**
- The U.S. and Canada have the lowest supply of midwives and ob-gyns. In the U.S., Canada, and Korea, ob-gyns outnumber midwives.

Authors: Munira Z. Gunja, Evan D. Gumas, Relebohile Masitha, Laurie C. Zephyrin

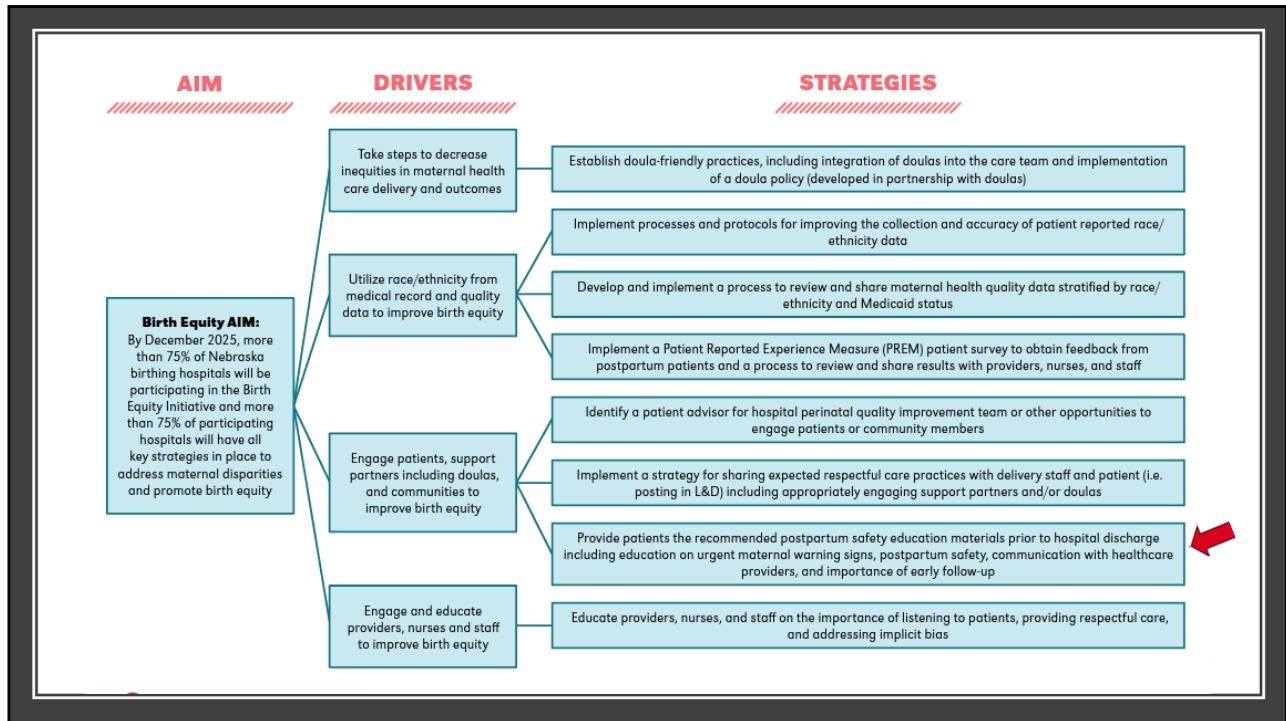


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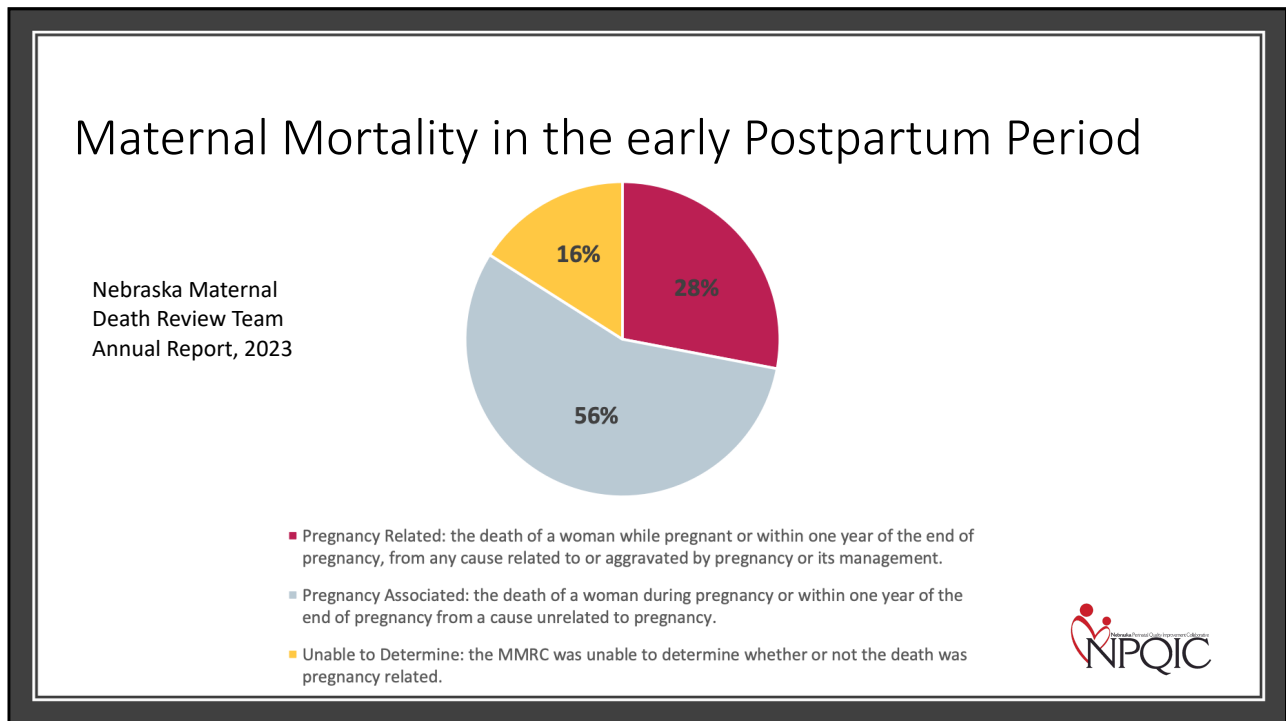
Focusing on Postpartum Safety



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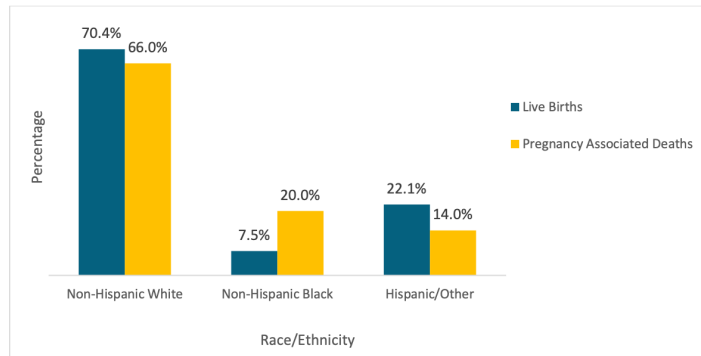
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Significant disparities persist

Figure 3. Proportion of Live Births (N=120,348) and Pregnancy Associated Deaths (N=50) by Race/Ethnicity, Nebraska 2017-2021.



Source: Nebraska Vital Records and Nebraska Maternal Mortality Review Committee.



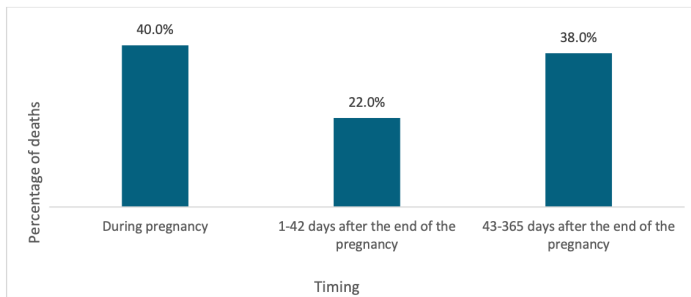
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60% of Nebraska Maternal Deaths Occur in the year following delivery

Timing of Death

Over half (62%, n=31) of pregnancy associated deaths occurred during pregnancy or within 42 days after the end of the pregnancy (Figure 4). The remaining 38% of pregnancy associated deaths occurred between 43 days and 1 year of the end of a pregnancy.

Figure 4. Timing of Pregnancy Associated Deaths, Nebraska 2017-2021 (N=50).

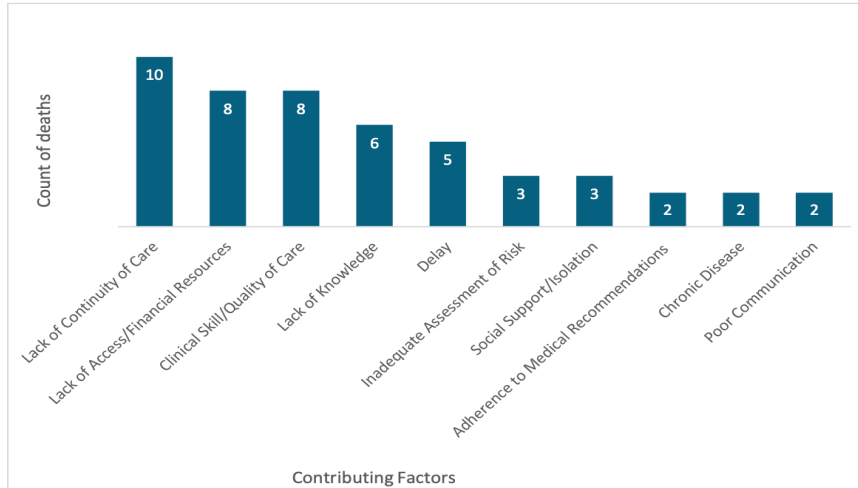


Source: Nebraska Vital Records Office and Nebraska Maternal Mortality Review Committee.



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Figure 7. Contributing Factors to Pregnancy Related Deaths, Nebraska, 2017-2021 (n=14).



Note: More than one factor could contribute to each death.
Source: Nebraska Maternal Mortality Review Committee.



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Maternal Morbidity in the Early Postpartum Period

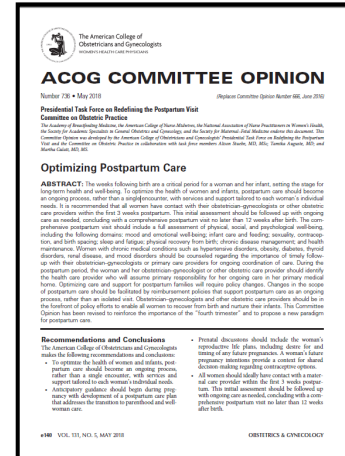
- **50% of postpartum strokes occur within 10 days** of discharge (*Too G et al, 2018*)
- **20% of women discontinue breastfeeding** before the first 6-weeks (*Stuebe et al, 2014*)
- **Up to 40% of women do not attend the 6-week postpartum visit** (*ACOG CO #736 2018*)
- As many as **1 in 5 women experience a postpartum mental health** disorder which is a leading cause of pregnancy related death (*Tully, 2018, IDPH Maternal Mortality Report*)



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Redefining Postpartum Care: ACOG Committee Opinion #736

- To *optimize* the health of women and infants, postpartum care should *become an ongoing process*, rather than a single encounter
- All women should ideally have contact with maternal care provider *within the first 3 weeks postpartum (2 week maternal safety check)*
 - Blood pressure checks
 - Breastfeeding support
 - Mental health well-being
 - Contraception
- Initial assessment should be followed up with *ongoing care as needed*
- Conclude with a *comprehensive* postpartum visit approx. 6 weeks postpartum, *no later than 12 after birth*



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Maternal Health Safety Check

- Blood pressure/ preeclampsia symptoms check
- Wound/perineum check
- Assess appropriate postpartum bleeding
- Mood check/ depression screening
- Breastfeeding support
- Family planning/ contraception options
- Linkage to health/community services
- Assess medical/ pregnancy complications, including SUD/ OUD risks and link to needed follow up care
- Review risk reduction strategies for future pregnancies

Components of the 2 week early postpartum visit

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AIM Bundle

Postpartum Discharge Transition Patient Safety Bundle: To address the postpartum period, specifically focusing on key transition periods, such as hospital discharge to outpatient obstetrical care and ongoing specialist care as needed.



Focusing on Postpartum Safety Patient Education




Example Postpartum Patient Education Materials

Importance of early postpartum visit


Congratulations on the birth of your baby!

After giving birth, it's important to maintain the healthy habits you practiced while you were pregnant and continue to see your obstetric (OB) health care provider postpartum.


We recommend that all women have a **POSTPARTUM MATERNAL HEALTH SAFETY CHECK** within 2 weeks of giving birth.



WHY IS THIS IMPORTANT TO ME?
Most women who give birth recover without problems, but any woman can have complications. Your OB health care provider will look for these potential complications along with assessing your general wellbeing during your postpartum maternal health safety check within 2 weeks of your delivery.



WHAT HAPPENS AT MY CHECK?
Your OB provider will conduct a brief exam that may include:
• Blood pressure check
• Wound and perineum exam
• Postpartum bleeding assessment
• Breastfeeding support
• Mental health wellbeing check
• Family planning/ contraceptive counseling
• Linking to other health services



WHAT IF I'M FEELING FINE?
Attending this visit is an important part of postpartum recovery that you shouldn't miss. It is recommended by your OB provider and national organizations that all postpartum patients have contact with their OB provider within two weeks of delivery. Keeping your appointment will help to maintain you and your baby's health.

My Healthcare Provider Name: _____ **RESER hospital**
My Healthcare Provider Phone: _____ **Learn here**
Date of my appointment: _____ **IL PQC**

Healthy Pregnancy Spacing

How long should you wait before getting pregnant again?

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1 1/2 years old before you get pregnant.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy. Having at least 18 months between pregnancies may help reduce your risk for premature birth in your next pregnancy. Use this time to talk to your health care provider about things you can do to help reduce your risk. To learn more, go to marchofdimes.org/prematurebirth.

What you can do:

- Wait 18 months or more after having a baby before getting pregnant again.
- If you're older than 35 or had a miscarriage or stillbirth, talk to your provider about how long to wait.
- Use effective birth control until you're ready to get pregnant.
- Talk to your health care provider about birth control options.

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help.

WATCH A VIDEO
marchofdimes.org/videos

MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES.

NPQIC

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URGENT MATERNAL WARNING SIGNS



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in your vision



Fever



Trouble breathing



Chest pain or fast beating heart



Severe belly pain that doesn't go away



Severe nausea and throwing up (not like morning sickness)



Baby's movements stopping or slowing



Vaginal bleeding or fluid leaking during pregnancy



Vaginal bleeding or fluid leaking after pregnancy



Swelling, redness, or pain of your leg



Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornertstones/urgent-maternal-warning-signs/>

Take a photo to learn more

Post-Birth Warning Signs

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:

- 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 _____ and I am having _____"

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 (unable 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 (soaking more than one pad in an hour or passing an egg-sized clot or bigger) may mean you have an obstructed hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section will 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, but 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/ Clinic/ To Me: _____

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CDC Hear HER

You know your body best
If you experience something that seems unusual or is worrying you, don't ignore it.

HEAR
HEAR HER CONCERNS

Learn about urgent warning signs and how to talk to your healthcare provider.

During Pregnancy

If you are pregnant, it's important to pay attention to your body and ask your healthcare provider about concerns that don't seem right. If you experience any of the urgent maternal warning signs, get medical care immediately.

After Pregnancy

While your new baby needs a lot of attention and care, it's important to monitor signs of your own body and also care of yourself. Be sure to attend to your own health and have some pain, particularly in the first few weeks after having a baby, and there are some symptoms that could be signs of more serious problems.

Tip:

- Bring this conversation starter and any additional questions you want to ask to your provider.
- Do not stop taking any medicine you are currently taking or have recently taken.
- Tell the doctor or nurse what medication you are currently taking or have recently taken.
- Have notes and ask them questions about anything you don't understand.

Learn more about CDC's Hear Her Campaign at www.cdc.gov/hearher

Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



Headache that won't go away or gets worse over time



Dizziness or fainting



Changes in your vision



Fever of 100.4°F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Learn more at www.cdc.gov/hearher

How Can You Help?

If a pregnant or recently pregnant woman expresses concerns about any symptoms she is having, take the time to Hear Her. Listening and acting quickly could help save her life.

- Learn the urgent maternal warning signs.
- Listen to her concerns.
- Encourage her to seek medical help. If something doesn't feel right, she should reach out to her provider. If she is experiencing an urgent maternal warning sign, she should get medical care right away. Be sure that she says she is pregnant or was pregnant within the last year.
- Offer to go with her to get medical care and help her ask questions. Visit hearher.cdc.gov/hearher
- Take notes and help her talk to a healthcare provider to get the support she needs.
- Support her through follow-up care.

Urgent Maternal Warning Signs

If someone who is pregnant or was pregnant within the last year has any of these symptoms, she should get medical care immediately.

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4°F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Heavy vaginal bleeding or fluid leaking that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

Hear Her

Pregnancy complications can happen up to a year after birth. If your loved one shares that something doesn't feel right, support her to get the care and answers she may need. Learn the urgent warning signs that need immediate medical attention. Here are some talking points to help with the conversation.

During Pregnancy

- It's hard to tell what's normal with everything that's changing right now. It's better to check if there's anything you are worried about.
- It's important that we share this information with your doctor and make sure everything is okay.
- I am here for you. Let's talk to a healthcare provider to get you the care you need.

After Pregnancy

- It's not so hard to feel tired and have some pain after giving birth, but you know your body best. If something is worrying you, you should talk to your doctor.
- Although your new baby needs a lot of attention and care, it's important to take care of yourself, too.
- You are not alone. Hear her. Let's talk to a healthcare provider to get you the care you need.

If you need additional support, don't be afraid to ask for help. Learn more about CDC's Hear Her Campaign at www.cdc.gov/hearher.

Conversation Guide for partners, friends, & family of pregnant & postpartum patients




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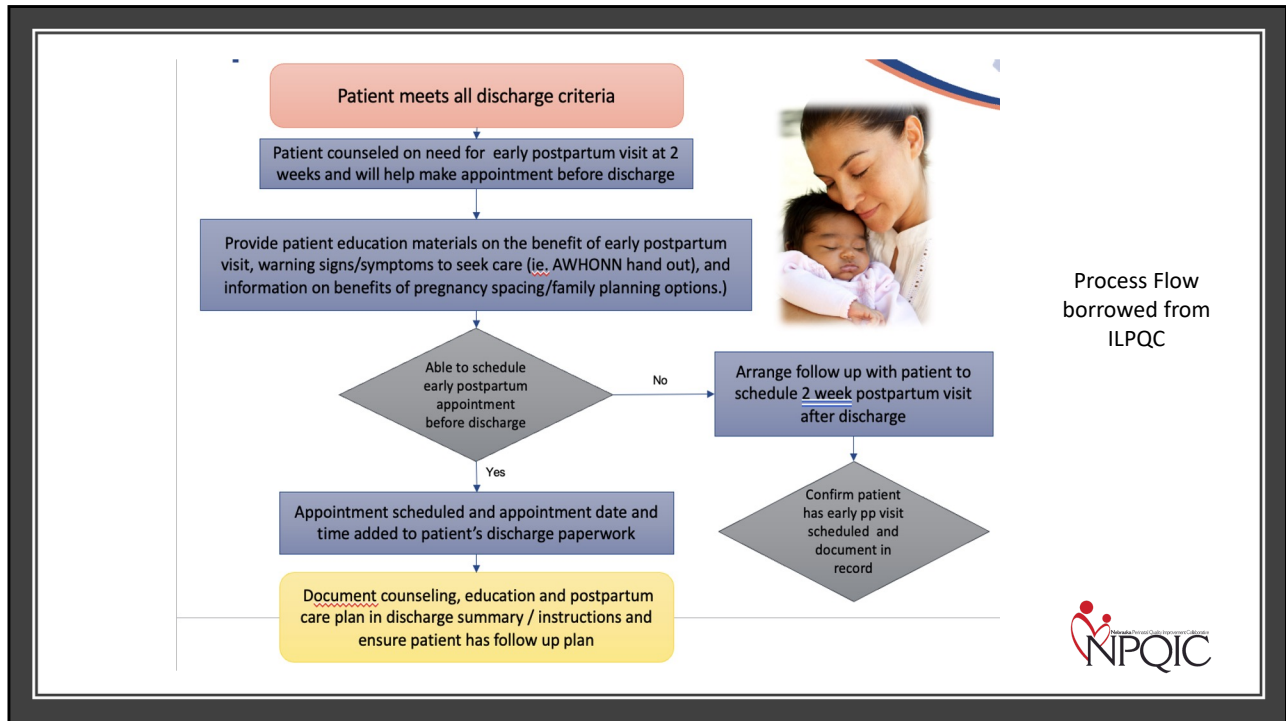
ILPQC Early Postpartum Visit Maternal Health Safety Checklist

Checklist Element	Discussed	Comments
Maternal Blood Pressure Check		
Maternal blood pressure check and assess signs/symptoms of preeclampsia and when to seek care		
Wound and Perineum Complications		
Assess wound incision or perineum for appropriate healing and provide guidance on signs / symptoms to seek care		
Postpartum Bleeding Assessment		
Assess postpartum bleeding resolution and when to seek care		
Signs of infection		
Review with patient signs of infection and importance of seeking care		
Breastfeeding Support		
Discuss infant feeding, provide breastfeeding support and evaluate any concerns with breasts or breastfeeding; link to lactation support and where to call with questions		
Mood and Depression Screening		
Assess mood/ provide depression screening, review signs and symptoms of postpartum depression and when to seek care, link to follow up		
Medical and Pregnancy Complications		
Check in on any medical/pregnancy complication and need for follow-up care, help navigate need follow up referrals / appointments		
Other points of discussion		
Discuss risk reduction strategies for future pregnancies (ie. 17 OHP for preterm birth, aspirin for preeclampsia)		
Offer linkage to health/community resources as needed (ie. WIC, home visiting, social work, lactation support groups, lactation counselor)		

Early Postpartum Visit/ Maternal Health Safety Checklist Elements



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Postpartum Medicaid expansion in NE


Extended Postpartum Coverage

Frequently Asked Questions

Nebraska Medicaid is making improvements to Medicaid coverage for postpartum mothers.

Effective January 1, 2024, Nebraska Medicaid will expand postpartum coverage for Mothers from 60 days to 12 months. This change comes after [LB 227](#) was signed into law requiring Nebraska Medicaid to extend postpartum coverage from 60 days to a minimum of 6 months.

Medicaid covers approximately thirty-five percent of all births in Nebraska and is vital to safeguarding the well-being of our mothers and their children. This change will ensure that nearly 5,000 mothers across our state will maintain access to a comprehensive range of behavioral and physical health services, as well as additional support. Without this change, these services might be out of reach when it is most crucial for the mother and baby.



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What is the role of the OB provider for postpartum safety?

- Counsel all patients on the plan for early postpartum visit and why a maternal health safety check within 2 weeks is important (discuss key components of visit); document plan/discussion
- Make sure patient receives PP education material before discharge:
 - Benefit of early PP visit
 - Postpartum early warning signs and how to seek care
 - Benefits of pregnancy spacing, family planning options



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OB Provider's role continued

- Facilitate scheduling early PP visit within 2 weeks for all patients; document in chart
- Complete mental health screening; document in chart
- Confirm patients receive early PP visit within 2 weeks/ maternal health safety check and use checklist for key components
- Document and bill for early PP visit



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What is the role of the OB Nurse for postpartum safety?

- Understand maternal risks in the postpartum period and benefits of early postpartum visit/ maternal health safety check
- Make sure patient receives PP education material before discharge:
 - Benefit of early PP visit
 - Postpartum early warning signs and how to seek care
 - Benefits of pregnancy spacing, (outpatient) family planning options



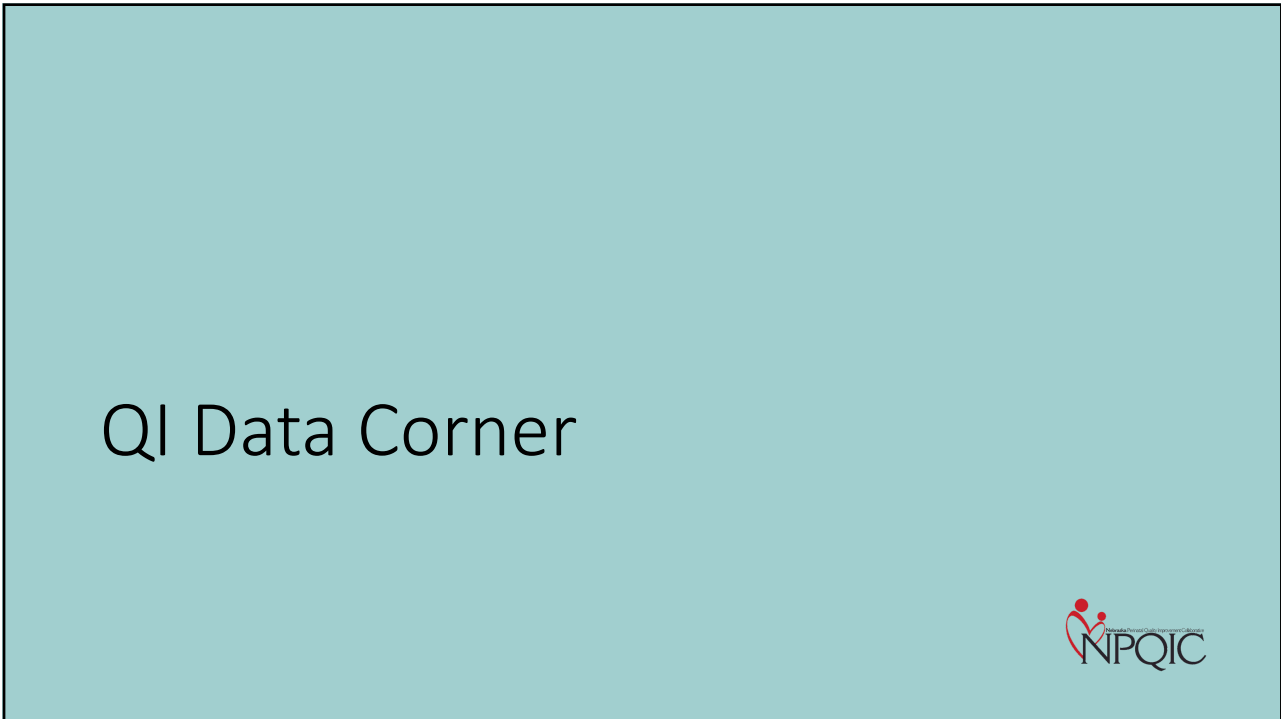
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What is the role of the OB Nurse for postpartum safety?

- Facilitate and help ensure scheduling early PP visit (within 2 weeks) for all patients before hospital discharge; confirm documented in chart and discharge instructions
- Ensure mental health screening was completed and document in chart
- Discharge conversation- ensure patient understands key PP education materials, understands plan for early PP visit, and has appointment scheduled



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Birth Equity Structure Measures

Structure Measures	
% of facilities that have implemented a doula policy which was informed by doulas and providers	% of facilities that have a standardized system to provide all patients the recommended postpartum patient education materials prior to hospital discharge including education on urgent maternal warning signs postpartum safety and tools to improve communication between patients and their healthcare providers
% of facilities that have engaged patients and/or community members to provide input on quality improvement efforts	% of facilities that have developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status
% of facilities that have adopted the principles of a doula-friendly hospital	% of facilities that have a strategy for sharing expected respectful care practices with delivery/postpartum staff and patients (i.e. posting in L&D rooms) including appropriately engaging support partners and/or doulas
% of facilities that have implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data	% of facilities that have implemented a Patient Reported Experience Measure (PREM) survey to obtain feedback from postpartum patients and a process to review and share results

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Structure Measures



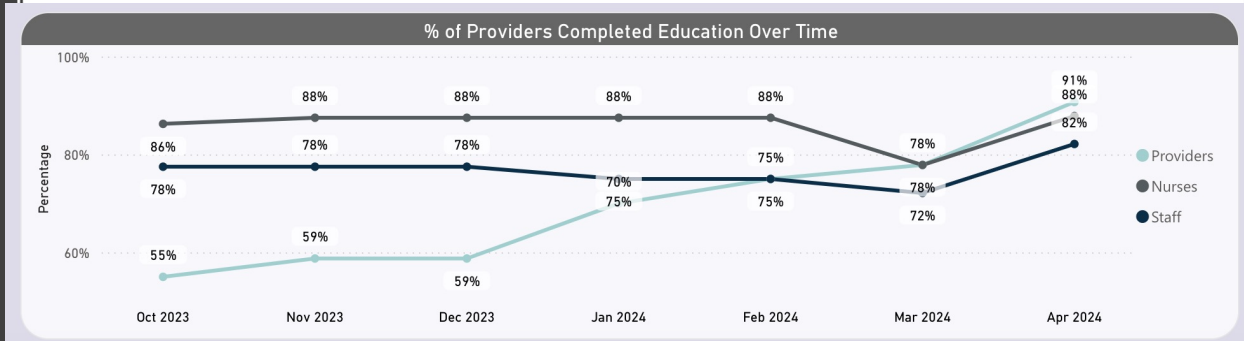
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Structure Measures cont'd



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Structure Measures cont'd



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BE Hospital Team Data Submission (8 teams total)

Month	# of Teams Reporting
Baseline 1	8 ★
Baseline 2	8 ★
Baseline 3	8 ★
January	8 ★
February	8 ★
March	7
April	7
May	3

We are on track for having all teams' data up to date by the August 15 goal!



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REDCap update

Total # of Deliveries (Birthing People) Discharged for Month with a Doula:

* must provide value

Deliveries by Race/Ethnicity

Note: Because some birthing parents belong to more than one group, the sum of the groups may be more than the total number of deliveries.

Other Race Category: Includes individuals that specify "some other race", decline to answer, or race is unknown/unavailable.

Ideally, doula care will be documented as yes or no, if there is no indication of doula care categorize as "doula care not documented."

Race/Ethnicity	All Deliveries	Deliveries with Doula Care	Deliveries without Doula Care	Doula Care Not Documented
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Hispanic	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

In order to improve data accuracy, we made two new adjustments in REDCap:

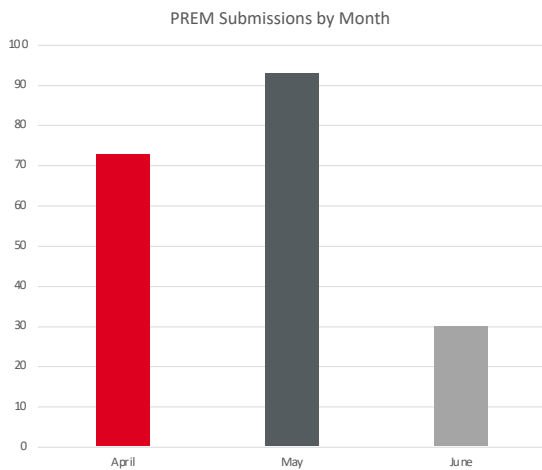
1. All values-based fields are defaulted to zero.
2. All other questions require a response.

This will prevent us from having null values and ensure a smooth transition of your data to the dashboard!



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PREM Survey Completions



- PREM Surveys submission began April 1
- Total completed to date: 196
- Currently, 6 hospitals have received PREM submissions
- Counts for those reporting range from 1 to 152




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BE Team Spotlight:
CHI Lakeside's




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Team Talk




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BE Next Steps



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Preparation	Getting Started	Early Implementation	Throughout Year 1	Year 2
Meet with colleagues to establish buy-in and determine co-leads	Schedule regular meetings with team to review data and PDSAs and make improvements	Work with IT and data team to make system changes	Establish stakeholder group including doulas and patients	Continue reviewing PDSAs
Complete participation agreement	Attend the data call	Collect baseline data (Jan, Feb, March 2024)	Implement strategy for sharing REC practices in L&D	Continue reviewing PREM data
Complete Readiness Survey (Microsoft Forms)	Attend Kickoff Call	Create a draft 30-60-90 day plan	Implement doula-friendly policies	Continue reviewing equity data
Review your hospital's data and identify opportunities for improvement	Review Data Collection Form with your team; identify needed systems changes in order to collect equity variables	Plan first PDSA cycle to address 30-60-90 day plan	Standardize system for sharing urgent maternal warning signs 	Additional equity trainings for providers (film screening, modules, etc)
	Review Birth Equity Toolkit	Schedule kickoff meeting/grand rounds	Implement implicit bias training	Continue meeting with provider/ doula/patient group
		Create plan for implicit bias training	Implement PREM survey and regularly review PREM data	

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Birth Equity Timeline- Next 3 months

June	July	August
<p>Monthly Webinar: Postpartum Safety Education June 13, 12-2pm (NEW DATE)</p> <p>Office Hours <i>No office hours in June!</i></p> <p>June Data Due by July 15</p>	<p>Monthly Webinar: NO monthly webinar in July</p> <p>Office Hours <i>July 12, 12-1pm (new date)</i></p> <p>July Data Due by Aug 15</p> <p>ALL DATA UP TO DATE BY AUG 15 to be eligible for awards at Summit!!</p>	<p>Monthly Webinar: Actionable Respectful Care Practices and PREM Implementation</p> <p>Office Hours <i>August 16, 12-1pm</i></p> <p>Aug Data Due by Sept 15</p> <p>Don't forget to register for Summit!!</p>

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BY NEXT TUESDAY

- Drop in the chat or say out loud one thing your team is committed to accomplishing by next Tuesday.
- Ideas:
 - Invite team members from other specialties
 - Equity Exercise
 - Draft a press release
 - Schedule Grand Rounds
 - Engage patient/doula partners
 - Get your data entries up to date
 - PDSA or 30/60/90 day plan



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