



Using Care Plans and Telephone Screenings to Improve Effective Postpartum Care in a Suburban Outpatient Setting

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Background

National Problem

- 40% of women do not receive postpartum care in the United States.¹
- The maternal mortality in Virginia is 16.4 per 100,000 live births, with black mothers dying at a rate three times higher than white mothers.²
- 63% of maternal deaths occur in the postpartum period with 43% in the first 42 days.³
- Postpartum complications such as suboptimal breastfeeding cost \$3 billion and postpartum depression cost \$14.2 billion annually with multigenerational effects.^{4,2}
- American College of Obstetricians and Gynecologists recommend optimizing postpartum care with prenatal documentation of postpartum care plan, evaluation by one to three weeks postpartum and care on a continuum.¹
- Postpartum telephone evaluation associated with improved breastfeeding rates and lower Edinburgh Postpartum Depression Scale (EPDS) scores.⁵

Local Problem

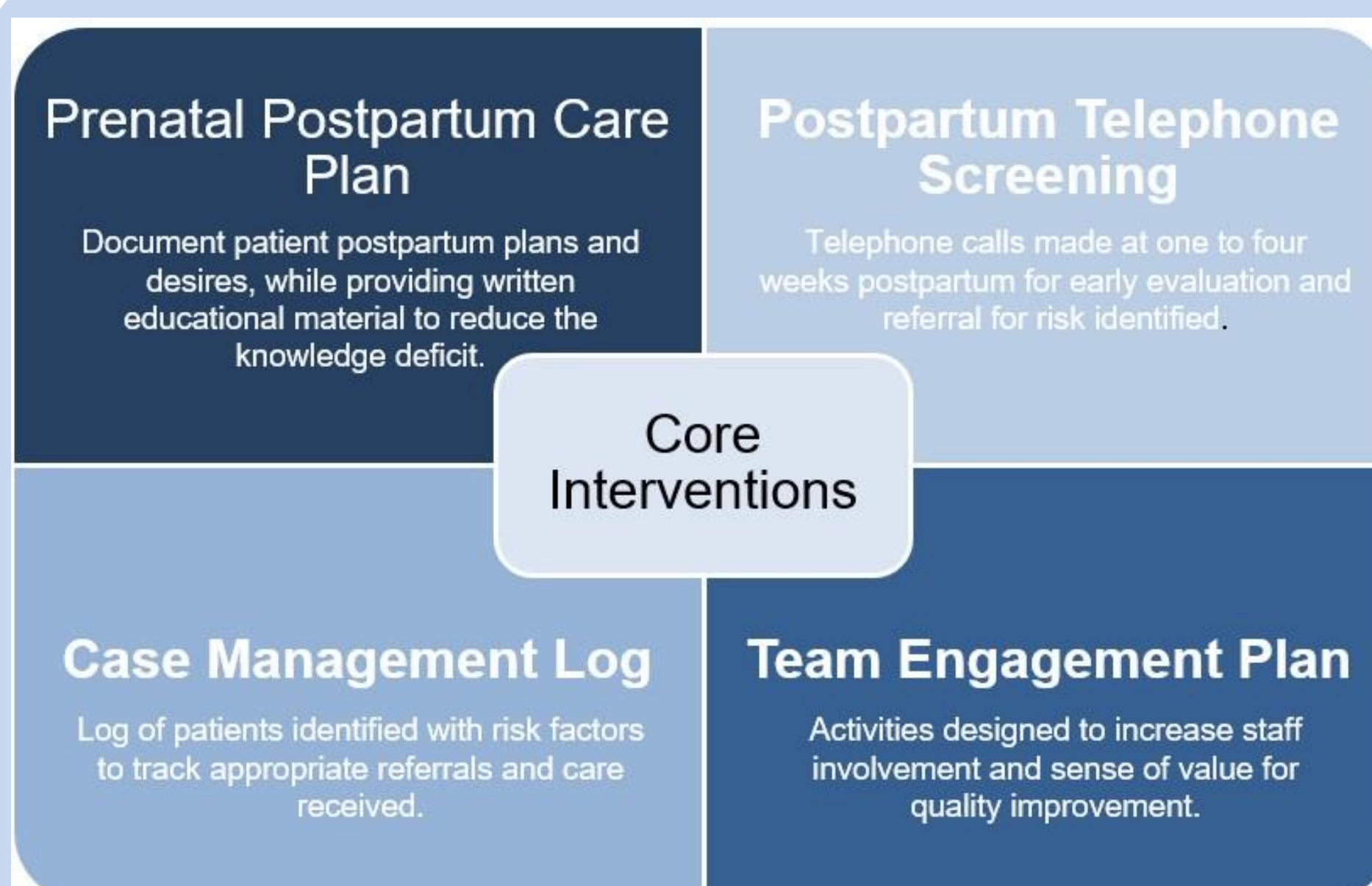
Retrospective chart audits exemplified

- 0% with documented prenatal postpartum care plan.
- 55% with single postpartum visit.
- 80% patients breastfeeding at discharge with only 40% breastfeeding at six weeks.
- 30% patients score greater than 10 on EPDS.
- Patient surveys using Likert scale of five, score of 3 for felt informed about postpartum care and for receiving written handouts on postpartum care.

Aim

Improve effective postpartum care for obstetrical patients at Riverside's Partners in Women's Health by 25% over a 90-day period.

Methodology



- This rapid cycle quality improvement (QI) project was implemented using four plan-do-study-act (PDSA) cycles over an eight-week timeframe.
- Utilizing iterative change each cycle began with implementation of a small test of change and analyzed.

	PDSA cycle 1	PDSA cycle 2	PDSA cycle 3	PDSA cycle 4
Patient Engagement/ Experience of care	Pilot postpartum engagement tool	Postpartum engagement tool given at check-in	Add resuming physical activity	Addition of "POST BIRTH" handout
Postpartum telephone screening	Pilot screening tool	Calls to 1-4 week postpartum	3-question EPDS screening	Discuss returning to physical activity
Case Management Log	Pilot case management log	Include all high risk postpartum patients	Appointment made at discharge	Discontinue log, perform chart audits
Team engagement plan	Implement team engagement plan	Implement provider team competition	Suggestion box with prize	Take the stairs challenge

Acknowledgements

- The providers, office staff, and nursing staff at Riverside's Partners in Women's Health Warwick boulevard location.

Results

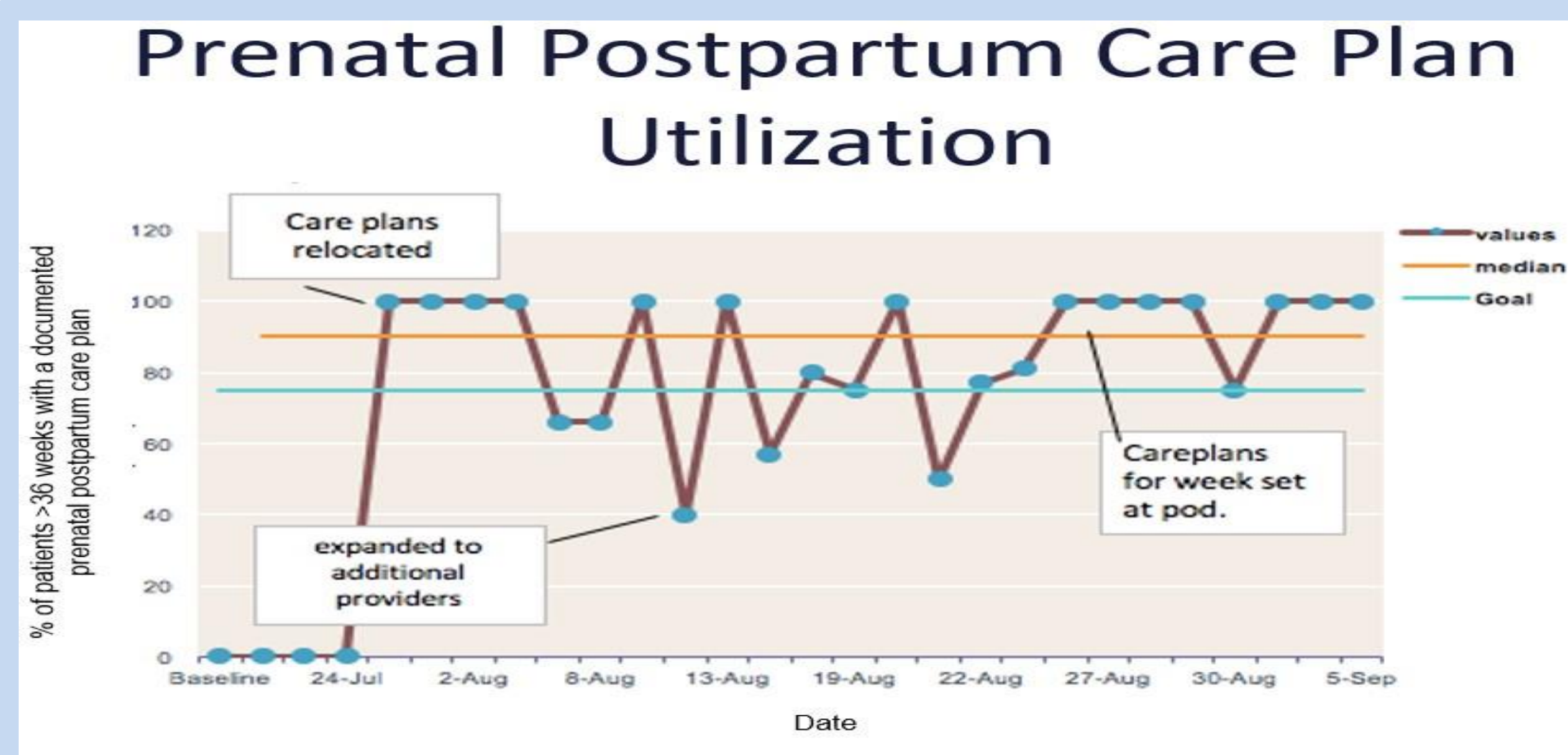


Figure 1. Process for use of Prenatal Postpartum Care Plan required a couple of changes to the process, first with initial implementation and again when expanded to additional providers. The most effective change was made by preparing care plans for each provider's weekly appointments on Monday and having them ready at the pod for utilization.

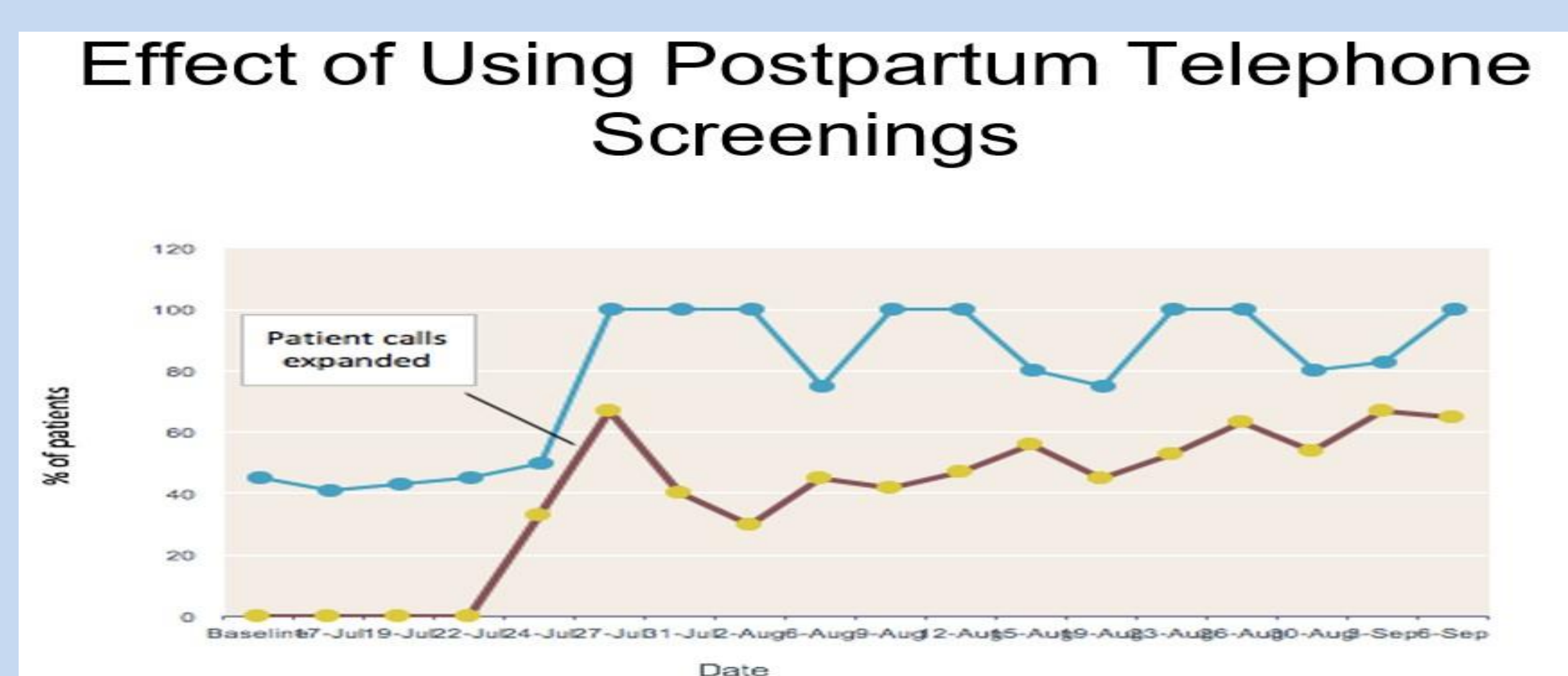


Figure 2. Use of Postpartum Telephone Screenings increased the number of patients evaluated by three weeks postpartum, either by phone or in office in accordance with ACOG guidelines.

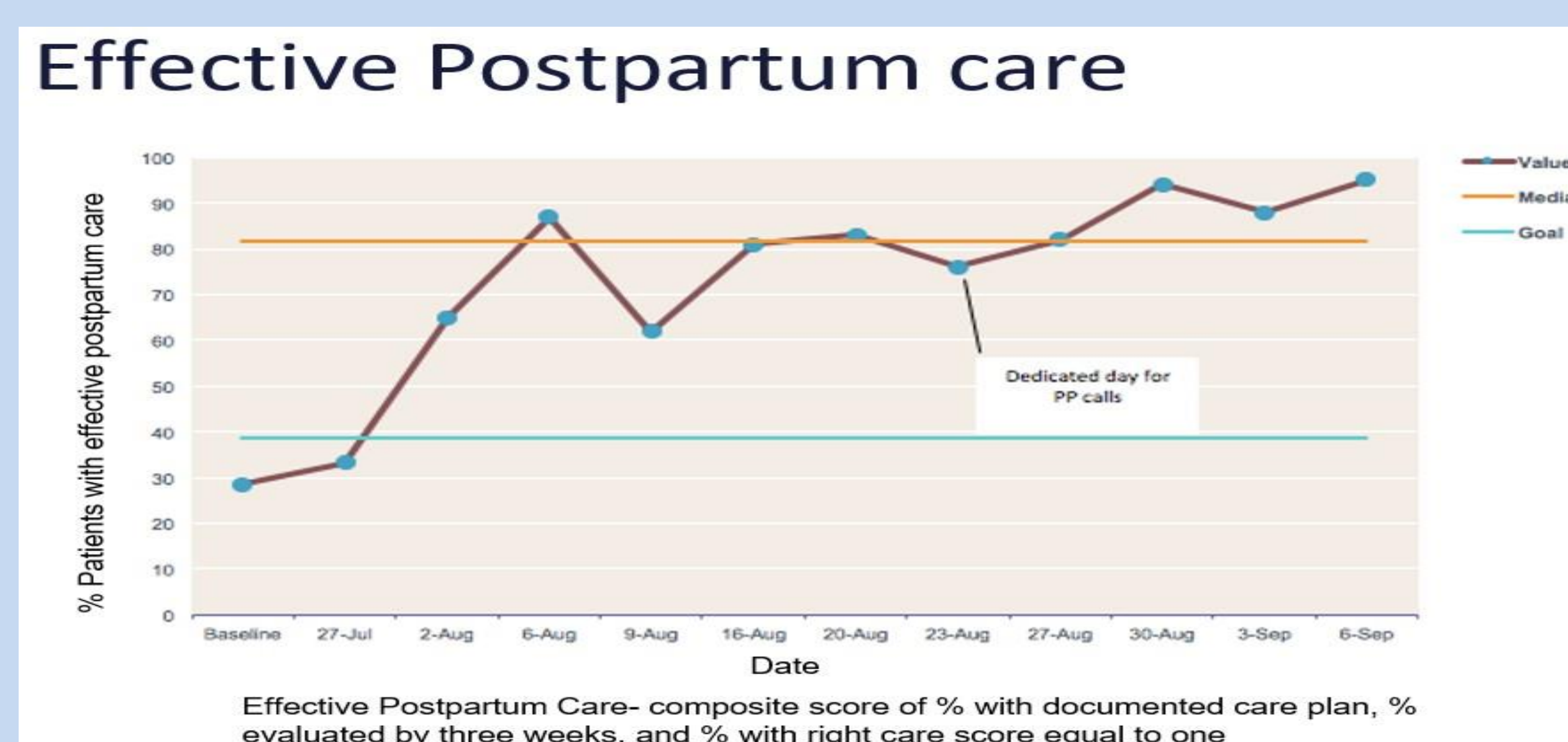


Figure 3. Effective postpartum care increased by 66.4% over an eight-week period with a positive trending ending above median at 95%.

Measures

		Baseline	Results
Aim: Effective postpartum care- composite score of percent with documented prenatal care plan, percent evaluated by three weeks postpartum, and percent with right care score equal to one.		28.5%	95%
Postpartum Engagement Tool	Process: Number of patients with documented Postpartum care plan/ Patients >36 wks pregnant in clinic per day Outcome: Mean score of patient survey (Likert scale 1-5)	0%	100%
Postpartum Telephone Screening tool	Process: Number patients with documented telephone screening/ Number 1-4 wks postpartum patients Outcome: Number of patients evaluated by 3 weeks postpartum/ Number of patients 3 week postpartum	0%	53%
Case Management Log	Process: Number of postpartum patients 0-4 weeks in log/ Number of postpartum patients 0-4 weeks with risk factors Outcome: Number patients with right care score of 1/ Number of patients in log	41%	85%
Team engagement Plan	Process: Number of completed activities/Number of planned engagement activities Outcome: Mean score of team member survey (Likert scale 1-5)	0%	80%
		3.5	4.52
Balancing Measure: Six- Week Postpartum Visit		85%	93%

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Conclusions

- Increasing patient education, screening, and intervention led to an increase in effective postpartum care by 66.4%.
- Prenatal Postpartum Engagement Tool (n=64) streamlined patient education and provided insight into patient expectations.
- Survey addressed patient experience to enable customization of educational material.
- Integrating Postpartum Telephone Screening Tool (n=44) into regular practice resulted in average of 91% of patients evaluated by three weeks postpartum.
- Telephone screening identified 7(19%) patients requiring referral for additional services, and 14(45%) of patient questions.
- Telephone screening is cost effective \$17,500, compared to \$32,175.
- Case Management Log identified gaps in maternal health care and provided evidence of improved follow up compliance with appointments made at discharge.

Limitations

- Generalizability limited based on patient populations and interdisciplinary care team.

Sustainability

- Prenatal Postpartum Care Plan-condensed version integrated into the electronic medical record.
- Postpartum Telephone Screening Tool- expanded to register nurse staff or additional certified nurse midwives.

Lessons Learned

- Team engagement is pivotal to quality improvement and tool dissemination.
- Competitions improved staff engagement and tool utilization.
- Need for designated quality improvement leader.
- Staff education of postpartum care and warning signs.