Postpartum Visit Change Package

**Rationale:** The postpartum period occurs immediately after birth up until the infant is six months of age, and is typically a time of many physical and emotional adjustments for mothers. The American College of Obstetricians and Gynecologists (ACOG) recommends that a postpartum visit occur between 4 - 6 weeks after delivery.\(^1\) The postpartum visit is an important opportunity to promote the health and well-being of women following childbirth. It can also offer an opportunity to provide preventive care and ensure a smooth transition to well woman care.

In 2011, approximately 91% of mothers had a postpartum checkup with a health provider within 4 - 6 weeks since their baby was born.\(^2\) The postpartum visit provides a woman and her health care provider the opportunity to assess physical and emotional well-being following childbirth, provide education on what to expect during this period, and address any concerns, health complications, or questions the mother may have. A postpartum visit with a health provider 4 - 6 weeks after delivery may involve:\(^3,4\)

- Assessing the mother’s health, including the status of pregnancy-related conditions such as gestational diabetes;
- Screening for hypertension;
- Screening for postpartum depression;
- Screening for intimate partner violence (IPV);
- Screening, counseling and referral to promote smoking cessation, if indicated;
- Providing appropriate vaccinations;
- Reproductive health planning, such as discussing reproductive life plans, birth spacing, contraceptive counseling and providing a contraceptive method as appropriate; and
- Providing counseling on infant care and feeding, such as safe sleep practices and breastfeeding.

Screening and referrals for the management of chronic conditions can also be addressed during the postpartum visit. For some women, the postpartum visit may be the only visit with a health care provider before the next pregnancy due to subsequent loss of Medicaid coverage or lack of an established relationship with a primary care provider. Healthy Start grantees work with mothers, infants and families during the postpartum period providing an important opportunity to promote a timely postpartum visit among Healthy Start women participants.

**Purpose/Objective:** This change package provides recommended strategies and a selection of resources and evidence-based practices to aid Healthy Start grantee organizations, partners and their staff in promoting a timely postpartum visit among Healthy Start participants. **Healthy Start Screening Tools**, available on the Healthy Start Epic Center website and referenced in the change package strategies, can be used to assist in comprehensive and consistent assessment of Healthy Start participant needs and standardized data collection to support monitoring and reporting on Healthy Start benchmarks.

---

\(^1\) CDC. Postpartum Care Visits—11 States and New York City, 2004. MMWR. 56(50); 1312-1316. December 2007.


Healthy Start Change Package Strategies for Postpartum Visit

**Healthy Start Program Goal:** Increase the proportion of Healthy Start women participants who receive a postpartum visit to 80%.

<table>
<thead>
<tr>
<th>Level of Strategy</th>
<th>Strategy</th>
<th>Select Resources &amp; Evidence-Based Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Level</strong></td>
<td><strong>Build Capacity to Promote the Postpartum Visit</strong></td>
<td><strong>Postpartum Care</strong>&lt;br&gt;<strong>An Approach to the Postpartum Office Visit</strong>&lt;br&gt;<strong>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</strong></td>
</tr>
<tr>
<td></td>
<td>➢ Educate Healthy Start program providers and staff on the importance of the postpartum visit to promote health and well-being of women, including blood pressure screening, postpartum depression and IPV screening, reproductive life planning, breastfeeding support, smoking cessation, and transition to primary care.&lt;br&gt;➢ Establish referral systems with local health care providers to coordinate postpartum visits for Healthy Start women participants.</td>
<td><strong>Interconception Care Project of California</strong>&lt;br&gt;<strong>Postpartum Care in the Pregnancy Medical Home Setting: A Quality Improvement focus to improve women’s health and future pregnancy outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>➢ Establish a process in your program or workflow to screen Healthy Start participants on whether they have had or have scheduled a postpartum visit 4 - 6 weeks after delivery. Document the postpartum visit date or scheduled appointment.&lt;br&gt;➢ Establish a scheduling practice to refer or coordinate a postpartum visit for Healthy Start women participants as they near delivery (e.g., refer for or coordinate scheduling of a postpartum visit within 21 days of delivery for 4-6 weeks from expected delivery date).&lt;br&gt;➢ Implement an outreach process to remind Healthy Start participants of an upcoming postpartum visit with a health care provider (e.g., reminder calls/ postcards/ texts).</td>
<td></td>
</tr>
<tr>
<td><strong>Individual &amp; Family Level</strong></td>
<td><strong>Assess for a Postpartum Visit and Educate on the Value of a Postpartum Visit</strong></td>
<td><strong>Postpartum Care</strong>&lt;br&gt;<strong>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</strong>&lt;br&gt;<strong>Pregnancy Medical Home Program Care Pathway: Postpartum Care and the</strong></td>
</tr>
<tr>
<td></td>
<td>➢ Message the value and purpose of having a timely postpartum visit at all encounters with Healthy Start women participants as they near delivery and during the postpartum period.&lt;br&gt;➢ Screen all Healthy Start women participants as they near delivery and/or in the</td>
<td></td>
</tr>
<tr>
<td>Level of Strategy</td>
<td>Strategy</td>
<td>Select Resources &amp; Evidence-Based Practices</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
|                   | postpartum period on whether they have had or have scheduled a postpartum visit 4-6 weeks after delivery.  
  **KEY QUESTION:** Since your child was born, have you had a postpartum checkup for yourself?  
  - Refer to the Healthy Start Screening Tools for key questions  
  If no, refer to OB/GYN or PCP. Coordinate referral and scheduling of postpartum visit as needed.  
  ➢ Provide or coordinate transportation, child care or other support services so mothers can access a postpartum visit with a health care provider.  
  ➢ Assist Healthy Start participants in enrolling in and obtaining health insurance to support access to postpartum care and other preventive care. | Transition to Well Woman Care  
  - Healthy Start Screening Tools |
| Community Level | Promote Awareness and Support for the Postpartum Visit Among Community Providers and Partners | From Coverage to Care  
  - Getting the Coverage You Deserve: What to Do If You Are Charged a Co-Payment, Deductible, or Co-Insurance for a Preventive Service  
  - Health Insurance Marketplace  
  - PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care |
|                   | Partner with community programs that serve women, children, and families (e.g., WIC, home visiting) to (1) promote awareness on the value of the postpartum visit among women served during the pregnancy and postpartum periods and (2) coordinate timely postpartum care visits for women as needed.  
  ➢ Distribute education materials on the postpartum visit and other postpartum care issues, such as postpartum depression, IPV, smoking cessation, reproductive life planning, and breastfeeding support to community partners and programs that serve women, children, and families. | Postpartum Care  
  - PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care |

Depression During and After Pregnancy: A Resource for |
<table>
<thead>
<tr>
<th>Level of Strategy</th>
<th>Strategy</th>
<th>Select Resources &amp; Evidence-Based Practices</th>
</tr>
</thead>
</table>
|                   | ➢ Conduct outreach and education to health care providers in the community (e.g., primary care providers, obstetricians, and pediatric providers) on the purpose and importance of a timely postpartum visit, and the providers’ role in coaching women on the value of a postpartum visit. | Women, Their Families, and Friends  
- CDC Tobacco Use and Pregnancy  
- My Reproductive Life Plan  
- The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies  
- MotherToBaby |

*This change package was last updated on July 7, 2016 and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number UF5MC268450 for $2,077,544. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

*This change package can be accessed electronically: [http://healthystartepic.org/healthy-start-approaches/improve-womens-health/](http://healthystartepic.org/healthy-start-approaches/improve-womens-health/)