

POSTPARTUM VISIT

HEALTHY START PERFORMANCE MEASURE



Healthy Start Benchmark:

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

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. Recovery from the delivery can be assessed, and preventive health measures such as screening for postpartum depression, providing contraception, and reinforcing the health benefits of breastfeeding can be provided. Screening and referrals for the management of chronic conditions can also be addressed.

This Resource Sheet 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.





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Program Level Strategy

Build Capacity to Promote the Postpartum Visit

Strategies

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.

Establish referral systems with local health care providers to coordinate postpartum visits for Healthy Start women participants.

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.

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).

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).

Select Resources & Evidence-Based Practices

[Postpartum Care](#)

[An Approach to the Postpartum Office Visit](#)

[PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care](#)

[Interconception Care Project of California](#)

[Postpartum Care in the Pregnancy Medical Home Setting: A Quality Improvement focus to improve women's health and future pregnancy outcomes](#)



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Individual & Family Level Strategies

Assess for a Postpartum Visit and Educate on the Value of a Postpartum Visit

Strategies	Select Resources & Evidence-Based Practices
<p>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.</p> <p>Screen all Healthy Start women participants as they near delivery and/or in the postpartum period on whether they have had or have scheduled a postpartum visit 4-6 weeks after delivery.</p> <p>Provide or coordinate transportation, child care or other support services so mothers can access a postpartum visit with a health care provider.</p>	<p>Postpartum Care</p> <p>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</p> <p>Pregnancy Medical Home Program Care Pathway: Postpartum Care and the Transition to Well Woman Care</p> <p>Healthy Start Screening Tools</p>
<p>Assist Healthy Start participants in enrolling in and obtaining health insurance to support access to postpartum care and other preventive care.</p>	<p>From Coverage to Care</p> <p>Getting the Coverage You Deserve: What to Do If You Are Charged a Co-Payment, Deductible, or Co-Insurance for a Preventive Service</p> <p>Health Insurance Marketplace</p> <p>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</p>



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Community Level Strategies

Promote Awareness and Support for the Postpartum Visit Among Community Providers and Partners

Strategies	Select Resources & Evidence-Based Practices
<p>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.</p>	<p>Postpartum Care</p> <p>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</p>
<p>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.</p> <p>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.</p>	<p>Postpartum Care</p> <p>PMH Care Pathways: Postpartum Care and the Transition to Well Woman Care</p> <p>Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends</p> <p>CDC Tobacco Use and Pregnancy</p> <p>My Reproductive Life Plan</p> <p>The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies</p> <p>MothertoBaby</p>



Healthy Start EPIC Center Webinar Resources:

[Ask the Expert: Postpartum Care](#)

This Resource Sheet can be accessed electronically: <http://healthystartepic.org/>