



## TRANSITION FROM MATERNITY TO WELL-WOMAN CARE

### READINESS

#### *Every Health Care System*

- Establishes a mechanism to provide relevant obstetric, newborn, and postpartum discharge information to every woman and her and her newborn's health care teams.
- Develops and maintains a readily accessible catalogue of community and health care system resources for primary and specialty care, behavioral health, chronic and emergent conditions, reproductive health, breastfeeding and parenting support, and other support services for women.
- Develops a mechanism to assist every woman in accessing ongoing comprehensive insurance coverage.

#### *Every Health Care Team*

- Ensures a documented customized, current plan of care in the medical record, consistent with the early postpartum care plan that addresses ongoing medical conditions, behavioral health issues, substance use/misuse, and contraceptive options/choices.
- Distributes patient education materials and strategies that meet the woman's health literacy, cultural, and language needs.
- Educates clinicians and office staff on implementation of standardized assessment protocols, screening tools, and referral mechanisms.

#### *Every Woman*

- Identifies a care team to provide medical, behavioral health, social, and material support.
- Engages with her health care team to develop and communicate a personalized plan of care that includes medical, behavioral health, reproductive health, and social support needs.

# Postpartum Care Basics for Maternal Safety



## RECOGNITION AND PREVENTION

### *Every Health Care Team*

- Obtains and documents a comprehensive personal and family health history.
- Assesses if a woman of childbearing age presenting for care is currently breastfeeding or has been pregnant in the past year.
- Formulates a reproductive health plan that meets the woman's pregnancy intentions.
- Engages the woman in discussions that support shared decision making regarding maternal physical and emotional health, parenting and infant feeding, and safety.
- Screens for and treats common medical and behavioral health morbidities, as well as social determinants of health, such as exposure to violence, unstable housing, food insecurity, and ongoing level of health insurance coverage.
- Assesses ongoing medical issues, genetic conditions, chronic diseases, and recovery from birth.

### *Every Woman*

- Knows how to access her maternity care and birth records to inform future health care for herself and her child.
- Reviews and revises, as needed, her interpregnancy plan of care with her health care provider and team.
- Attends a subsequent well-woman visit, scheduled at an interval tailored to her needs.

## RESPONSE

### *Every Provider/Health Care Team*

- Assures that recommended well-woman and specialty care is available, by providing the care or facilitating appropriate referral and transition of care to a primary or specialty care provider.
- Utilizes the catalogue of community and system resources to facilitate referrals for social and material support.
- Implements mechanisms to assure timely referral and follow up for identified medical, behavioral health, reproductive health, and social issues.
- Assists the woman in addressing social determinants that may impact her ability to access recommended services.

### *Every Woman*

- Understands, can access, and maintains her family and personal health history.
- Understands the importance of her role in communicating post-partum status, breastfeeding, and pregnancy intentions to care providers.

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## REPORTING

### *Every Health System/Provider/Health Care Team*

- Identifies and monitors well-woman quality measures, such as attendance at postpartum visit, cervical cancer screening, and contraceptive access.
- Monitors quality metrics that compare the woman's health outcomes with her intentions, such as receipt of intended contraception, attainment of desired breastfeeding duration, and interval to subsequent pregnancy.
- Ensures that reimbursement policies support access to necessary health services.
- Incorporates prepregnancy and interpregnancy wellness measures into quality programs.

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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.