



POSTPARTUM ACCESS & CONTINUITY OF CARE (PACC) INITIATIVE: **TOOLKIT**



Florida Perinatal Quality Collaborative

The Florida Postpartum Access & Continuity of Care (PACC) toolkit is intended to provide guidance to hospitals and obstetric providers in the development of individualized policies, protocols, practices, and materials related to hospital-facilitated postpartum care and education. This is not to be construed as a standard of care; rather it is a collection of resources that may be adapted by local institutions to develop and implement their quality improvement initiative. The toolkit will be updated as additional resources become available.

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INTRODUCTION

The PACC Toolkit is a dynamic document that reflects a review of up-to-date clinical, public health practice, scientific and patient safety recommendations. Information presented here should not be used as a standard of care. Rather, this is a collection of resources that can be adapted by local institutions to develop and implement their quality improvement initiative.

The overall goals of the PACC Initiative Toolkit are:

1. To aid the development of standardized approaches to promote recommended screening, prevention, treatment, and education services for all pregnant and postpartum women with a special emphasis on high-risk women.
2. To guide and support hospitals in implementing a multidisciplinary team approach to improving the identification, clinical care, education and coordinated treatment plan and support for all pregnant and postpartum women with a special emphasis on high-risk women.

This toolkit will provide maternal and obstetric healthcare providers, staff at healthcare facilities and collaborating providers and services with the resources to locally develop their own PACC policies and protocols with a focus on safe practices and optimizing postpartum care and outcomes.

Every US maternity hospital should develop and implement a process to provide respectful, timely, and risk-appropriate care and services for postpartum patients and arrange for the needed continuum of care. This may include early postpartum visit scheduling, connection with community resources, and/or referrals to specialists.

Another important element is having interdisciplinary teams in place with necessary skill sets and identified roles in screening, care, education, and follow-up for postpartum patients. Administration, nursing, obstetric providers, neonatology, social work/case managers, community providers, and others are all critical partners in the interdisciplinary team approach necessary for QI and the provision of quality care. These teams need to train together and practice together in order to maintain and gain new competencies. Because each hospital and care team has differing resource sets, it is important to develop individualized protocols and processes for each facility. A QI team composed of a core set of team members from the disciplines involved must review current policies and data, determine the priorities for improvement, and develop a work plan to address their needs. Patient and family involvement in this type of QI initiative is important and valuable. Incorporating the Emergency Department team members is also key.

How to Use This Toolkit

This toolkit is intended to provide guidance and core concepts for facility QI teams to include practice, education, and administrative components. Hospitals have an obligation to patients, providers, and others to assure patient safety, competent care, education and referral, and likewise providers have an obligation to patients and the hospital to practice in a competent, evidence-based manner. These obligations are closely tied together and supportive of the multi-disciplinary team including the immediate obstetrical care team and the extended team to include ER providers, nurses, primary care providers, other healthcare professionals (e.g., social work, behavioral health treatment providers), as well as community partners. It is everyone's responsibility to coordinate efforts to screen postpartum patients for health risks and arrange appropriate follow-up care, engage, and educate patients in their care, engage and educate the spectrum of postpartum clinicians and emergency department providers, and report on the outcomes for future improvements. This guide offers the concepts and tools which may be adopted or adapted for local use.

The Florida PACC Toolkit is designed as a dynamic document to be modified as new information and strategies are identified. It is organized by the initiative's key drivers: screening and arranging early postpartum visits, comprehensive patient education, and clinician engagement and education. Links to helpful resources are provided under each driver and are meant as a starting point for hospitals to develop their own approaches to facilitating postpartum care. All levels of hospitals can utilize the toolkit and modify the strategies to fit their local resources and needs.

Disclaimer

This toolkit is considered a resource. Readers are advised to adapt the guidelines and resources based on their local facility's level of care and patient populations served and are also advised to not rely solely on the guidelines presented here. This toolkit is a working draft and living document. As more recent evidence-based strategies become available, hospitals and providers should update their guidelines and protocols accordingly; the FPQC will also send out updates as well as revise these materials. Please note the version number in the footer.

BACKGROUND

According to Florida’s Maternal Mortality Review Committee (MMRC), since 2018, Florida’s pregnancy-related deaths are on the rise with 35-56% of these deaths occurring postpartum (PP) after discharge from the hospital. The most common causes of PP discharge deaths are cardiomyopathy, other cardiovascular conditions, infections, and thrombotic embolism. Significant PP risk factors include being Black, older, obese, or Medicaid insured. According to the MMRC findings, more than two-thirds of these deaths were considered preventable. Currently, it is estimated that roughly 40% of new mothers do not see a provider for their recommended PP follow-up care.

Recommendations based on these findings have been proposed that are in concert with the American College of Obstetricians and Gynecologists’ (ACOG’s) Committee Opinion 736 on “Optimizing Postpartum Care”. This includes scheduling an early postpartum visit, a “2-week Post-Birth Health Check,” for patients prior to being discharged from the hospital. The days and weeks following birth are a critical intervention period that set the stage for women and their infants for both short and long-term health outcomes. Prior to discharge, it is imperative for patients to receive PP education, screening for high-risk PP complications, assistance with scheduling a 2-week Post-Birth Health Check, and linkages to other applicable community and health resources. Mothers must know when medical concerns/issues are occurring and where/how to get the timely risk-appropriate care that may be needed.

Initiative Foci

Standardization related to:

- Utilizing a Maternal Discharge Risk Assessment, completing a PP Discharge Assessment, and scheduling an early Post-Birth Health Check for patients prior to discharge from the hospital.
- Emphasizing the need for PP patient education on PP care including PP warning signs, when to call their OB provider, and when to go to the emergency room.
- Patient education on the importance of a Post-Birth Health Check with their OB provider within 2-weeks PP
- Educating clinicians on PP warning signs including Emergency Department clinicians, nurses, and providers in both OB hospitals and in OB provider offices.
- Developing emergency department pregnancy and postpartum screening for PP care management.
- Developing a welcoming and supportive environment that is respectful of the individual and their values.

Initiative Goal

PACC’s primary aim is that by June 2024, FPQC participating hospitals will increase the percentage of patients with a 2-week PP encounter (Post-Birth Health Check) scheduled prior to discharge by 20%. A secondary aim is to increase patient PP education which includes the benefits of early PP encounters, warning signs, and birth spacing by 20%. The initiative will also incorporate respectful care as a foundational component of the work. A baseline will be established after the first quarter of hospital data is received. This toolkit will assist hospitals to create and implement the changes needed to make improvements.

There are two PACC Overview PowerPoint presentations available:

- [PACC Comprehensive Overview](#)
- [Brief Overview](#)

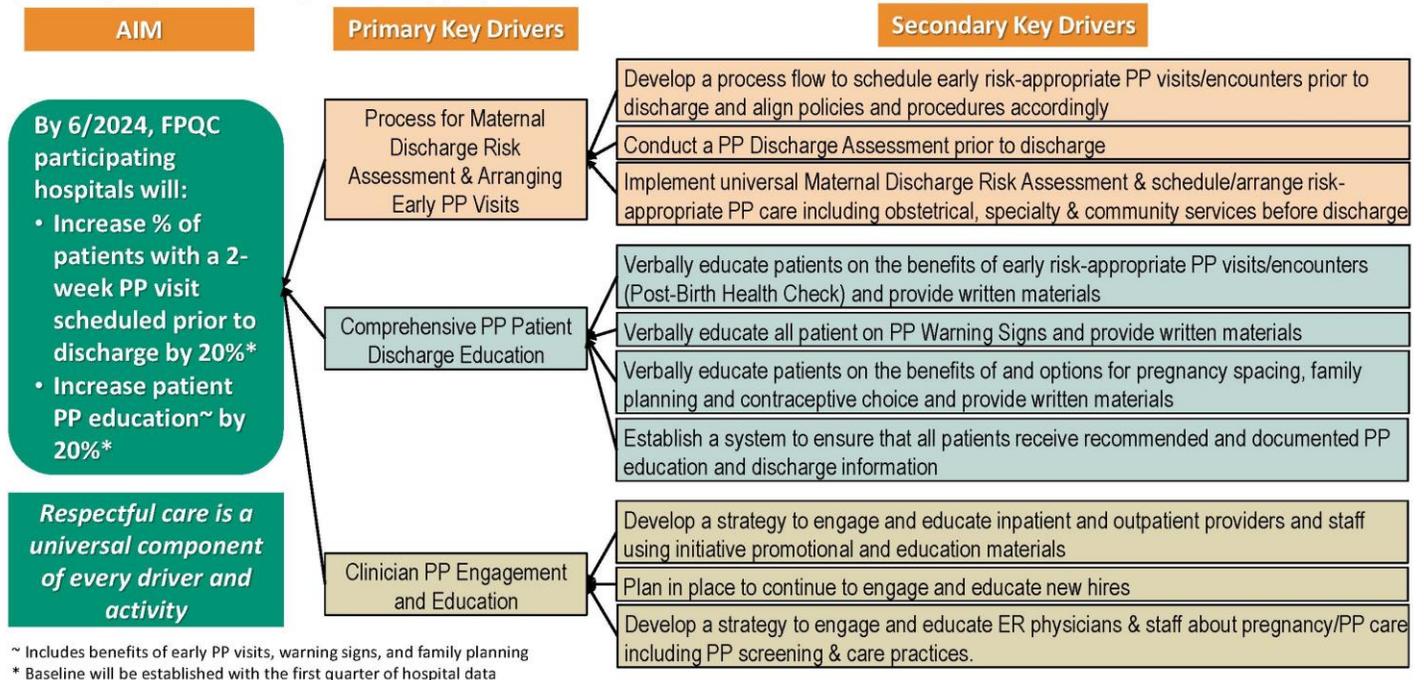
PACC Implementation Guidance:

- [Video on PACC Implementation Guidance](#)
- [PACC Implementation Guidance Slide Deck \(Non-Narrated\)](#)

The sections of the toolkit are organized by primary drivers shown in the PACC Initiative Key Driver Diagram below. Each primary driver section includes additional information related to the secondary drivers in the diagram.

Postpartum Access & Continuity of Care (PACC)

Global AIM: Improve maternal health through hospital-facilitated continuum of postpartum (PP) care by coordinating and providing respectful, timely, and risk-appropriate coordinated care and services.



Primary Driver #1: Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion #736 recommends optimizing the health of women and infants by tailoring postpartum support and services as an ongoing process, rather than a single encounter. Specifically, the committee opinion recommends an early postpartum visit/encounter with a maternal care provider in the first 3 weeks postpartum followed by a comprehensive postpartum follow-up visit between 4 and 12 weeks. In addition, providers should work to facilitate the transition to well-woman care. Here is the current clinical opinion related to postpartum care:

[ACOG Committee Opinion #736: Optimizing Postpartum Care](#): This 2018 (reaffirmed in 2021) ACOG opinion provides recommendations for ongoing postpartum care and is also endorsed by the Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women’s Health, the Society for Academics Specialists in General Obstetrics and Gynecology, and the Society for Maternal Fetal Medicine (SMFM). This committee opinion describes the recommended timing of postpartum care with first postpartum visit in the first 3-weeks after delivery.

General Reference Materials:

- [Key Driver # 1 Narrated PPT Presentation](#): Overview of the PACC Initiative Key Driver # 1 from PACC Clinical Co-Lead, Kimberly Fryer, MD.
- [Key Driver # 1 Slide Deck \(Non-Narrated\)](#)

Secondary driver 1a: *Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly*

FPQC recommends hospitals develop a comprehensive process workflow for safe discharge including scheduling the actual early PP encounter (Post-Birth Health Check):

- Establish a policy/standard operating procedure (SOP) to include a Maternal Discharge Risk Assessment to determine appropriate discharge timing and follow-up plan.
- Establish a policy/SOP to perform the PP Discharge Assessment to ensure all health parameters are within normal limits just prior to discharge.
- Establish a policy/SOP to schedule a Post-Birth Health Check: a follow-up encounter within two weeks (may be needed sooner if high risk factors) prior to discharge from hospital.

Resources:

- [PP Discharge Flow](#): An FPQC example postpartum discharge flow diagram.
- [PP Discharge Flow PPT](#): A slide for providers with the PP Discharge Flow.

Secondary driver 1b: *Conduct a PP Discharge Assessment just prior to discharge*

FPQC recommends a maternal postpartum health assessment (“PP Discharge Assessment”) be performed just prior to discharge with any abnormal findings being reported to the provider in a timely manner.

Resources:

- [Florida Maternal Mortality Review Committee Report 2019](#): The most recent pregnancy-related mortality report and committee recommendations.
- [ACOG Practice Bulletin #222: Gestational Hypertension and Preeclampsia](#): Diagnosis and treatment for pre-eclampsia and gestational hypertension
- [PP Discharge Assessment](#): To be completed just prior to discharge updating the provider if needed.
- [PP Discharge Assessment PPT](#): Slide deck that provides details on the PP Discharge Assessment.

Secondary driver 1c: *Implement a Maternal Discharge Risk Assessment for PP care and schedule/arrange risk-appropriate postpartum care including obstetrical, specialty, and community services before discharge*

FPQC recommends hospitals implement a Maternal Discharge Risk Assessment as part of the PP plan of care to determine timing of postpartum follow-up encounter (Post-Birth Health Check) and type of appropriate referrals.

- Complete the PP Discharge Assessment. Any abnormal findings are relayed to the provider.
- Risk factors and conditions are identified, and referrals are completed prior to discharge.
- Timing of early PP encounter (Post-Birth Health Check) is determined based on the Maternal Discharge Risk Assessment process.

FPQC recommends using the following validated screening tools for the Maternal Discharge Risk Assessment:

- Validated screening tools for depression
 - [Edinburgh Postnatal Depression Scale \(EPDS\)](#) – recommended as gold standard
 - [Patient Health Questionnaire-2 \(PHQ-2\)](#)
- Screening approaches and validated screening tools for substance use disorder:
 - [Screening, Brief Intervention, Referral to Treatment \(SBIRT\)](#): A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. A validated screening tool should be integrated into the first step of this process.
 - Validated screening tools for substance use disorder
 - [NIDA Quick Screen](#)
 - [5 P’s](#)
 - [CRAFFT](#)

Links to community resources:

- [Florida BH IMPACT consultation line](#): “Clinician to clinician” help line for mental and behavioral health issues for all Florida providers with a next business day response. The phone number is 833.951.0296
- [SAMHSA Substance Use Treatment Locator](#): Link to assist patients in finding treatment centers for substance abuse and mental health disorders.
- [Naloxone Patient Education Brochure](#): Infographic for patients with information on opioid safety and how to use naloxone.
- [FL Healthy Start Connect](#): This one-stop entry point provides phone numbers by county to link pregnant women and families with Healthy Start services.
- [Findhelp.org](#): Links to local resources for food, housing, and other needs; searchable by zip code.

Reference articles:

- [ACOG Practice Bulletin #212: Pregnancy and Heart Disease](#): Recommends a postpartum follow-up visit (early postpartum visit) with either the primary care provider or cardiologist is recommended within 7–10 days of

delivery for women with hypertensive disorders or 7–14 days of delivery for women with heart disease/cardiovascular disorders.

- [Society for Maternal-Fetal Medicine Special Statement](#): Quality metric for timely postpartum follow-up after severe hypertension. Because postpartum exacerbation of severe hypertension is common, the American College of Obstetricians and Gynecologists recommends that patients with severe hypertension during the childbirth hospitalization be seen within 72 hours after discharge.

Resources:

- [Maternal Discharge Risk Assessment](#): Use when patient is admitted to determine appropriate discharge timing and follow-up plan
- [Maternal Discharge Risk Assessment PPT](#): Slide deck with the Maternal Discharge Risk Assessment topics.

Primary Driver #2: Comprehensive Postpartum Patient Discharge Education

Based on recommendations from ACOG and AWHONN, it is imperative for patients to receive PP education on post-birth warning signs, importance of the early PP visit/encounter, and linkages to applicable specialty and community health resources and referrals.

It is essential that hospitals analyze current workflow around PP education processes and look for any opportunities to improve and strengthen PP discharge education.

Current clinical opinions, general resources, and guidelines supporting the early PP visit/encounter:

- [Key Driver # 2 Narrated PPT Presentation](#): Overview of the PACC Initiative Key Driver # 2 from PACC Clinical Co-Lead, Margie Boyer, RN
- [Key Driver # 2 Slide Deck \(Non-Narrated\)](#)
- [ACOG Committee Opinion 736](#): Optimizing Postpartum Care: This June 2018 (reaffirmed 2021) opinion provides justification and recommendations for an early PP visit.
- [AWHONN provides educational offerings promoting Post-Birth Warning Signs](#) as an essential component of PP education standard operating procedures.
- [FPQC PP Mortality Brief Handout](#): Describes Florida’s high mortality rate, underlying causes and risk factors, and potential preventability and strategies.
- [AWHONN Post-Birth Warning Signs Education program](#): Includes patient video, clinician education modules and toolkit (available for a fee), patient education flyers in multiple languages and other resources.
- [Hear Her campaign poster on PP Early Warning Signs](#): Patient, family/friends, and healthcare provider resources developed by CDC and available in multiple languages for download.

Secondary driver 2a: *Verbally educate patients on the benefits of early risk-appropriate postpartum visits/encounters (Post-Birth Health Check) and provide written materials*

FPQC recommends all patients receive verbal and written information on PP warning signs and importance of early PP follow-up encounter (Post-Birth Health Check) by 2 weeks.

- Review current discharge process workflow & identify opportunities to enhance PP education process & resources.
- Provide the FPQC handout on “Post-Birth Health Check”.

- Provide the “My Post-Birth Wallet Card” and remind patients to show it to all healthcare providers at any follow-up encounters for one year.
- Ensure clinicians/hospital staff discuss the importance of the early follow up encounter within 2 weeks throughout hospital stay and prior to discharge.
- Schedule appointment for patients. Educate on the Post-Birth Health Check visit prior to discharge. Ensure appointment date & time is written on discharge education forms prior to discharge.

Resources:

- [FPQC 2-week Post-Birth Health Check handout](#): Patient handout explaining the importance of the 2-week Post-Birth Health Check; can be used as part of discharge education and includes space to write information about the scheduled appointment.
- [FPQC My Post-Birth Wallet card](#): Wallet card for patient information on date of giving birth, date of Post-Birth Health Check, provider contact, complications, and medications. Can be used as part of discharge education.

Secondary driver 2b: Verbally educate all patients on postpartum warning signs and provide written materials

FPQC recommends all patients receive verbal and written information on PP warning signs, when and how to contact their provider. **If an emergency, call 911.**

- Evaluate existing PP education materials to ensure they are current and evidence-based.
- Provide written materials on PP warning signs including how to get immediate care as appropriate.
- Reinforce this information through verbal discussion of handouts and other resources.
- Display PP warning signs information in clinical areas including ED.

Resources:

- [AWHONN Post-Birth Warning Signs handout for patients](#): After accessing the link, scroll down to find the post-birth warning signs handout available to print in multiple languages.
- [HEAR HER campaign poster on PP Early Warning Signs](#): Patient, family/friends, and healthcare provider resources developed by CDC and available in multiple languages for download.

Secondary driver 2c: Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice, and provide written materials

FPQC recommends providers discuss plans for birth spacing with their patients during delivery hospitalization and as part of PP planning encounters

- Provide written handout on PP birth spacing
- Reinforce written handout through verbal discussion
- Encourage patient discussion during each encounter

Resources:

- [FPQC Birth Spacing Handout](#): Raises key questions about birth spacing and highlights different methods especially long-acting reversible contraception (LARC).

- [March of Dimes: How Long Should I Wait Before Getting Pregnant Again?](#) Free family planning one page handout available in English and Spanish. Includes video link for more information and conversation starter for patients to have when meeting with providers.

Secondary driver 2d: *Establish a system to ensure that all patients receive recommended and documented postpartum education and discharge information*

FPQC recommends all clinicians document PP education as a part of discharge education processes:

- Develop standardized workflow in EHR for PP discharge education from admission to discharge
- Ensure EHR captures patient education information for each encounter
- When conducting patient rounds, confirm that patients and families understand discharge process and PP warning signs

Primary Driver #3: Clinician Postpartum Engagement and Education

It is essential for all inpatient and outpatient OB/postpartum clinicians to receive an overview of the PACC Initiative. Pertinent content includes MMRC findings and strategies to decrease PP maternal morbidity and mortality. A plan for ongoing continuing education strategies should be established, and is supported by ACOG Committee Opinion 736, “Optimizing Postpartum Care” and AWHONN.

General Reference Materials:

- [Key Driver # 3 Narrated PPT Presentation](#): Overview of the PACC Initiative Key Driver # 3 from PACC Clinical Co-Lead, Julie DeCesare, MD.
- [Key Driver # 3 Slide Deck \(Non-Narrated\)](#)
- [Implementing Early Postpartum Care in a Florida Private Practice Video Snippet \(Dr. Megan Bagwell\)](#): Learn about the 2-week Post Birth Health Check and how to incorporate it within your practice.

Secondary driver 3a: *Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials*

FPQC recommends:

- OB physicians, nurses, and other staff should be educated on recognition and management of postpartum conditions. The [FPQC PACC Comprehensive Overview slide set](#) can be used as the foundation for all OB clinician education.
- Inpatient and outpatient OB teams as well as ED clinical teams should review the FPQC Toolbox for clinician education materials, including:
 - FPQC PP Mortality Brief handout
 - PP warning signs
 - PP risk factors
 - PP appropriate interventions
 - FPQC ED PP Poster linked to the FPQC PP Condition Management Guide

- OB providers should review and share the letters detailing the PACC Initiative overview which includes a list of supporting materials.
 - [Letter from the ACOG District XII Chair supporting early postpartum visits and the PACC Initiative](#)
 - [Modifiable PACC explanation letter for hospitals to customize and share with their outpatient and inpatient providers](#)
- Hospitals may share the [Post-Birth Health Check Billing/Coding document](#) with their OB provider offices which details strategies necessary to receive additional reimbursement for the early postpartum visit.
- Additionally, hospitals can share the following PACC Toolbox materials designed for OB provider offices:
 - [Post-Birth Health Check “Follow the B’s” Provider-Facing Poster](#)
 - [Post-Birth Health Check “Follow the B’s” Patient-Facing Handout](#)
- FPQC also recommends clinicians be familiar with evidence-based patient education materials and learn about ways to improve patient communication to enhance patient understanding. Several PP educational material options are available in the [FPQC Toolbox](#). These materials can complement the hospital’s existing educational resources.
- Appropriate follow-up referrals when needed to medical specialties, mental health, behavioral health, Healthy Start, and other community services should be completed prior to discharge.
- Healthy Start Coalitions can help connect PP patients to outpatient OB providers and other community services.

Resources:

- [FPQC PP Mortality Brief Handout](#): Describes Florida’s high mortality rate, underlying causes and risk factors, and potential preventability and strategies.
- [CDC “Hear HER” Campaign](#): Free healthcare education on maternal mortality for OBs, pediatricians, and other healthcare professionals. Includes clinical resources and tools, as well as handouts and social media content.
- [AWHONN post-birth warning signs education program](#): Clinician education and toolkit are available for a fee
- [PACC Comprehensive Overview and Purpose](#): Intended for all OB clinicians and for use during Grand Rounds.
- [PACC Brief Overview](#): Intended for all OB clinicians.
- [FPQC Preventing Maternal Mortality Overview Presentation](#): Intended for ED clinicians
- [ILPQC 30-Minute PP Initiative Overview Video](#): Best practices from the Illinois experience.
- [Florida BH IMPACT consultation line](#): “Clinician to clinician” help line for mental and behavioral health issues for all Florida providers with a next business day response. Phone number is 833.951.0296

Secondary driver 3b: *Plan in place to continue to engage and educate new hires*

FPQC recommends:

- Hospitals should formalize the process for PP clinician education.
- The [FPQC Comprehensive Overview and Purpose](#) may be utilized as part of initial orientation plan.
- Hospitals should review the PACC initiative as part of annual requirements for clinical teams on an ongoing basis.
- The [PACC Toolbox](#) contains educational handouts that may be utilized to promote PACC education.

Resources:

- See Secondary Driver 3a Resource list

Secondary driver 3c: *Develop a strategy to engage and educate Emergency Room (ER) physicians and staff about pregnancy/postpartum care including postpartum screening and care practices*

FPQC recommends:

- Hospitals need to formalize the workflow and protocols of emergency care for postpartum women (up to one year after delivery) and define the operational roles of ER and maternity unit physicians and staff. The same process, support, and training should be offered to coordinating hospital ER and urgent care centers.
- Hospital emergency room staff need to recognize and/or screen all women 15 to 45 years of age regarding pregnancy in the last year. Subsequently, review their pregnancy history. The same is true for the hospital's EMS providers.
 - Where possible, Hospital EHR systems should flag all women seen in the ER who are postpartum.
 - Hospital ER staff should screen all women verbally if they have been pregnant in the last year at either intake or initial assessment. In addition, required pregnancy and postpartum screening questions should be added to the hospital ER EHR system for women 15 to 45 years of age.
 - Hospital ER physicians and providers should review patient's pregnancy problem list or history.
- Hospital ER physicians and staff should be educated by maternity physicians and staff on recognition and management of postpartum conditions. Similar education and training should be considered for the hospital's EMS providers.
 - Offer annual educational session on pregnancy and postpartum conditions and treatment.
 - Postpartum poster and/or flyers in such a way that ER providers and staff can be reminded of postpartum conditions and link to postpartum condition management guide.
 - Seek obstetrical consultation early if needed.
- Hospitals should consider developing an order set and care bundle for select postpartum conditions such as hemorrhage. Consult with FPQC's online ER postpartum condition diagnosis and management summaries.
- Hospital ER physicians and staff should make appropriate follow up referrals when needed to medical specialties, mental health, behavioral health, and other community services.
- FPQC and supporting professional organizations should provide alerts, resources, and materials on postpartum care through professional organization mechanisms to all Florida professionals in all ER units and urgent care centers as well as EMS providers.

Resources:

- [ER Driver Narrated PPT Presentation](#): This presentation discusses ER components of the PACC Initiative, and is narrated by FPQC Executive Director, William Sappenfield, MD, MPH, CPH.
- [ER Driver Slide Deck \(Non-Narrated\)](#)
- [FPQC PP Mortality Brief Handout](#): Describes Florida's high mortality rate, underlying causes and risk factors, and potential preventability and strategies.
- [FPQC ER Resources](#): Website with information on common postpartum diagnoses and their management.
- [FPQC ER staff educational poster on postpartum conditions](#): This 11x17 poster contains visuals and QR codes for the most complications/diagnosis for PP period and links to guidelines for care.
- [FPQC ER PP Conditions 8x11 Handout](#): The 8x11 version of our FPQC ER PP Condition Poster.

- [FPQC online postpartum conditions diagnoses and treatment clinical management guide for ERs](#): These are short medical education blurbs on postpartum conditions for ER providers and staff.
- [FPQC ER physician and staff postpartum condition educational slide presentation](#): This example presentation is for use annually in providing education to ER providers and staff on postpartum conditions.

Respectful Care

FPQC recommends:

Respectful maternity care (RMC) is a universal component of every PACC driver and activity. Here are some RMC resources to share with your hospital teams:

Resources:

- [RMC Narrated PowerPoint](#): This presentation discusses RMC components of the PACC Initiative, and is narrated by FPQC Senior Quality Improvement Analyst, Nicole Pelligrino, MPH, MCHES, Certified Doula.
- [RMC Slide Deck \(Non-Narrated\)](#)
- [The PACC Pledge](#): Customizable pledge for hospital teams to demonstrate their commitment to providing patients with RMC in the hospital, in the transition to home, and during the PP period.
- [ACOG Committee Opinion #587: Effective Patient–Physician Communication](#): Physicians’ ability to effectively and compassionately communicate information is key to a successful patient–physician relationship. The use of patient-centered interviewing, caring communication skills, and shared decision making improves patient–physician communication. Involving advanced practice nurses or physician assistants may improve the patient’s experience and understanding of her visit.
- [Respectful Maternity Care Implementation Toolkit \(RMC-IT \[AWHONN\]\)](#): The Respectful Maternity Care Implementation Toolkit (free for AWHONN members and available for a small fee for non-members) provides the tools and resources needed to implement the 10-Step “C.A.R.E. P.A.A.T.T.H.” within organizations. Make the commitment today to provide Respectful Maternity Care to every patient, every interaction, every time.
- [New York City Standards for Respectful Care at Birth](#): This brochure is useful for both patients and providers and discusses shared decision-making and respect for human rights during pregnancy, labor, and childbirth.
- [Operationalizing respectful maternity care at the healthcare provider level: a systematic scoping review](#): Ensuring the right to respectful care for maternal and newborn health, a critical dimension of quality and acceptability, requires meeting standards for Respectful Maternity Care (RMC). Absence of mistreatment does not constitute RMC. Evidence generation to inform definitional standards for RMC is in an early stage. The aim of this systematic review is clear provider-level operationalization of key RMC principles, to facilitate their consistent implementation.
- [Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Reports from a Landscape Analysis \(USAID\)](#): This is an important review by Bowser and Hill of the evidence on the topic of disrespect and abuse in facility-based childbirth. The primary purpose of the report is to review the evidence in published and gray literature with regard to the definition, scope, contributors, and impact of disrespect and abuse in childbirth, to review promising intervention approaches, and to identify gaps in the evidence.

- [Respectful Maternity Care: The Universal Rights of Childbearing Women \(White Ribbon Alliance\)](#): By design, this document focuses specifically on the interpersonal aspects of care received by women seeking maternity services. A woman's relationship with maternity care providers and the maternity care system during pregnancy and childbirth is vitally important. Not only are these encounters the vehicle for essential and potentially lifesaving health services, women's experiences with caregivers at this time have the impact to empower and comfort or to inflict lasting damage and emotional trauma, adding to or detracting from women's confidence and self-esteem. Either way, women's memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.