Maternal Discharge Risk Assessment



	Questions:	Checked
1	 Has the patient been diagnosed with chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia, maternal heart disease, or related conditions? Schedule blood pressure check in 2-3 days and appointment with OB or PCP in 1-2 weeks. If yes to maternal heart disease, schedule appointment with cardiology in 1-2 weeks. 	
2	Does the patient have a history of venous thromboembolism (DVT or pulmonary embolism) this pregnancy or on anticoagulation prior to delivery? • If yes, then ensure patient has 6 weeks of medication for anticoagulation in hand prior to discharge.	
3	Did the patient have a c-section or 3rd or 4th degree vaginal laceration? • If yes, schedule for 1–2-week incision check with OB.	
4	Does the patient have substance use disorder or screened positive with an evidence-based verbal screening tool? • If yes, perform SBIRT, refer for MAT/MOUD, provide Naloxone kit/Rx, and OB follow up in 1-2 weeks.	
5	QUESTIONS TO ASK THE PATIENT: Ask: Do you feel unsafe at home? Is there a partner from a relationship who is making you feel unsafe now? • If yes, then refer to case manager or social worker for assessment prior to discharge.	
6	 Ask: Over the last two weeks have you felt down, depressed, hopeless, have little interest in doing things, or have a history of mood or anxiety disorder? If yes, then screen with Edinburgh Postnatal Depression Scale (recommended), contact OB provider, and schedule follow up for mood check in 1-2 weeks. Consider psych consult prior to discharge or discharge as appropriate. 	
7	Ask: Can I connect you to additional community resources? • If yes, consult social worker, refer to Healthy Start, Medicaid Case Manager, or hospital financial counselor.	

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