



The American College of Obstetricians and Gynecologists

District XII Florida

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October 21, 2022

All Postpartum Providers:

We are pleased to announce that your maternity hospital is participating in the Florida Perinatal Quality Collaborative's Postpartum Access and Continuity of Care (PACC) Initiative. Given the rising maternal morbidity and mortality rates nationally and in Florida, with a large percentage of these events occurring in the postpartum period, there is strong interest in improving how we care for postpartum women during this critical time period. The PACC initiative encourages maternity hospitals to implement recommended standards of practice for postpartum care by offering and scheduling universal early postpartum visits for a post-birth health/safety check (within 2 weeks postpartum) to improve maternal health outcomes.

Why schedule all women for an early postpartum visit within 2 weeks?

- ACOG (Committee Opinion #736) recommends that postpartum care include an additional early visit before the traditional six-week visit. FPQC recommends this visit be scheduled within two weeks to improve our opportunity to better manage early postpartum complications such as elevated blood pressure, wound complications, infection, challenges with breastfeeding or mental/behavioral health concerns. It is easier to schedule this visit prior to hospital discharge and patients are more likely to attend when they have an already scheduled visit to return within two weeks for an early post-birth health check.
- The obstetric provider and outpatient care team should facilitate the return of all patients for a post-birth health check within two weeks of delivery. The early postpartum visit/post-birth health check should include: assessment of blood pressure and other vital signs; incision or perineal examination; evaluation of mood/depression screening; review of any postpartum bleeding concerns; discussion of infant feeding and provision of support as needed; review of any medical complications (such as hypertension or diabetes) and coordination of any necessary follow-up or specialty care referral; review of any social supports or community resources needed (e.g. WIC, visiting home health services and lactation support groups); and, discussion of the benefits of pregnancy spacing, including a review of options for family planning to encourage an inter-pregnancy interval of at least 18 months.
- Emerging best practices are recommending early postpartum visits with appointments scheduled prior to hospital discharge.

What do I need to know?

- FPQC has developed guidance to facilitate billing and reimbursement for an early postpartum visit within two weeks of delivery for all postpartum patients. This is in addition to the traditional six-week postpartum visit.

- Please refer to the attached materials:
 - *Mortality Brief*
 - *ACOG Committee Opinion*
 - *Information regarding the process for documentation and billing for your office and where to find resources such as OB Providers Early Post-Birth Checklist and patient handouts.*

Partnership

We know that lasting results cannot be achieved without your active partnership. We will be collecting data as part of this statewide initiative. We will track progress to increase the percentage of women with documented scheduling of an early postpartum visit prior to discharge. We will also track the percentage of women who receive education and counseling prior to discharge on key issues, including: the benefits of an early postpartum visit/post-birth health check; the importance of maternal early warning signs and who/when to call if these signs are recognized; and, recommendations for pregnancy spacing.

By working together, we can improve maternal and newborn outcomes by increasing access to postpartum care. Should you have any questions, please feel free to contact a member of the PACC team.

Kindest regards,

A handwritten signature in black ink, appearing to read "C. Greves, MD". The signature is fluid and cursive, with the initials "C.G." being prominent.

Cole D. Greves, MD
Chair, ACOG District XII