

PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE



Problem

Data from the Florida Maternal Mortality Review Committee reveals that almost 40% of pregnancy-related deaths occur after delivery discharge, with a third involving prior standalone emergency department (ED) visits; 66% of these deaths could have been prevented. Black, obese, older (35+), and Medicaid-covered mothers face a higher risk of death after delivery discharge. Additionally, postpartum (PP) women are at increased risk of health complications. Despite ACOG's recommendation of an early PP visit for all patients within 3 weeks of giving birth, most PP patients lack appropriate follow-up care after delivery discharge and are not offered early PP visits.

Intervention

In January 2023, **[hospital name]** joined 75 maternity hospitals in the Postpartum Access & Continuity of Care (PACC) initiative led by the Florida Perinatal Quality Collaborative (FPQC). The initiative aimed to enhance postpartum care by increasing the number of patients who had a scheduled 2-week postpartum visit before discharge and received education on its benefits, postpartum warning signs, and birth spacing.

Throughout the initiative, our hospital actively engaged in two in-person FPQC PACC meetings, and monthly coaching calls, and received peer mentorship. We diligently tracked data to support our efforts. FPQC facilitated our progress by providing monthly QI reports for tracking improvement and supplying an evidence-based toolkit and resource directory.

Insert own hospital image

Health Impact

(This is just an example please add your hospitals data/ Information about metrics your hospital focused on)

Between January 2023 and May 2024, **[hospital name]** has improved substantially across multiple measures: scheduled 2-week PP visits rose from **__% to __%**, and PP education increased from **__% to __%**. High-risk patients defined as those undergoing cesarean sections or with health issues such as hypertension, deep vein thrombosis, substance use disorder, or PP depression were more frequently scheduled for early PP visits compared to low-risk women. While both groups improved in early PP visit scheduling (high-risk from **__% to __%**, low -risk from **__% to __%** from January 2023 to May 2024), a gap remains.

During PACC our ED has implemented verbal screening of pregnancy within the past year and established periodic education and engagement for ER physicians & staff about pregnancy/PP care including PP screening & care practices.

PACC efforts have facilitated early detection of postpartum issues, empowering patients and families to seek timely medical assistance, and enhancing emergency response times to perinatal OB emergencies. **Although the active phase of PACC concluded in June 2024, our hospital remains committed to tracking key PACC metrics to ensure sustainability.**