

# Maternal Discharge Risk Assessment



## Questions:

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.