



Complete for 20 systematically selected postpartum (PP) women (sampling method on the back) admitted to your hospital for delivery regardless of infant outcome

STUDY ID # \_\_\_\_\_

DEMOGRAPHICS		
Delivery Month _____ Year _____	Saturday/Sunday/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Maternal age _____
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Mother's Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Non-Hispanic/Non-Haitian <input type="checkbox"/> Unknown
Prenatal care started in <input type="checkbox"/> I / II trimester <input type="checkbox"/> III trimester <input type="checkbox"/> No prenatal care <input type="checkbox"/> Unknown	Mother's Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Unknown <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____	Route of Delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean

POSTPARTUM CARE		
	Yes	No
Was a Maternal Discharge Risk Assessment performed?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient (pt.) verbally instructed on the benefits of early risk-appropriate PP visits/Post-Birth Health Check and given written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was the pt. verbally instructed about PP Warning Signs and given PP warning signs written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was the pt. verbally instructed about the benefits of and options for pregnancy spacing, family planning, and contraceptive choice and given written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>

POSTPARTUM VISITS		
How many days after delivery were Postpartum Visits <u>scheduled prior to discharge (check all that apply)?</u>	<input type="checkbox"/> <7 days <input type="checkbox"/> 7-14 days <input type="checkbox"/> 15 - 21 days <input type="checkbox"/> > 21 days <input type="checkbox"/> Not scheduled/mother instructed	
PP High risk? <input type="checkbox"/> Yes → check condition(s) below <input type="checkbox"/> No	Referrals scheduled and medications provided prior to discharge (check all that apply)	
<input type="checkbox"/> Chronic HTN, gestational HTN, pre-eclampsia, eclampsia, maternal heart disease, or related conditions	Specialty appointment	<input type="checkbox"/>
<input type="checkbox"/> Hx of venous thromboembolism (DVT or pulmonary embolism) /on anticoagulation	Mental/Behavioral Health appointment	<input type="checkbox"/>
<input type="checkbox"/> C-section or 3rd or 4th degree vaginal laceration	Healthy Start/home visiting	<input type="checkbox"/>
<input type="checkbox"/> Positive screen for Substance Use Disorder	Medicaid Case Manager	<input type="checkbox"/>
<input type="checkbox"/> Feeling unsafe at home / Positive for Intimate Partner Violence	Hospital financial counselor	<input type="checkbox"/>
<input type="checkbox"/> Positive Edinburgh Postnatal Depression Scale	Appropriate medication	<input type="checkbox"/>
<input type="checkbox"/> Requested/required additional community resources	Naloxone kit/Rx	<input type="checkbox"/>
<input type="checkbox"/> Other _____		



## SAMPLING

- **If your hospital has 40 births per month or more:** report 20 systematically selected discharged deliveries per month. Selection process: Start by dividing the total number of delivery discharges that occurred at your facility in a given month by 20. Then select every nth chart where n is the result of that division. e.g. Your hospital had 105 discharged deliveries in June. Divide 105 by 20. 5 is your nth for June. Report data on every 5th chart.
- **If your hospital has less than 40 births per month: report the first 10 delivery charts per month.**

## DATA DEFINITIONS

**Maternal age:** the age of the mother at the time of delivery. Completed years only. Do not round up.

**PP Discharge Assessment:** check blood pressure, heart rate, respiratory rate, and body temperature **just prior to discharge** - refer to FPQC's PP Discharge Assessment for appropriate response.

**Post-Birth Health Check:** patient preferred language for the early risk-appropriate PP visit within 2 weeks postpartum

## MATERNAL DISCHARGE RISK ASSESSMENT

Guidelines for postpartum management are to be set by your hospital. Patients should be assessed for the following at minimum:

<b>Chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia or maternal heart disease, or related conditions</b>	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.
<b>History of venous thromboembolism (DVT or pulmonary embolism) this pregnancy or on anticoagulation prior to delivery</b>	Ensure patient has 6 weeks of medication for anticoagulation in hand prior to discharge.
<b>C-section or 3rd or 4th degree vaginal laceration</b>	Schedule for 1–2-week incision check with OB.
<b>Positive screen for Substance Use Disorder</b>	Perform SBIRT; refer for MAT/MOUD, Narcan kit, OB follow up in 1-2 weeks
<b>Feeling unsafe at home or positive screen for Intimate Partner Violence</b>	Refer to case manager or social worker for assessment prior to discharge.
<b>Feelings of depression, hopelessness or disinterest</b>	Screen with Edinburgh Postnatal Depression Scale, contact OB provider, and schedule follow up for mood check in 1-2 weeks. Consider psych consult
<b>Need for additional community resources</b>	Consult social worker, refer to Healthy Start, Medicaid Case Manager, or hospital financial counselor.

Questions? Please contact [fpqc@usf.edu](mailto:fpqc@usf.edu)