Postpartum Systems of Care Recommendations

Background

The American Heart Association, the world's leading voluntary organization focused on heart and brain health and this year celebrating 100 years of lifesaving service, convened a group of thought-leaders (postpartum system of care writing group) to develop comprehensive recommendations for enhancing postpartum systems of care. This was part of the Association's comprehensive Advancing Maternal Health Through Quality Improvement and Professional Education initiative, launched in July 2022 with funding support from Merck for Mothers, Merck's global maternal health effort to help create a world where no woman has to die while giving birth.

Postpartum System of Care Writing Group

Nine thought-leaders (Table 1) with experience in maternal health, postpartum health and/or women's health and cardiovascular disease were identified to draft recommendations for a postpartum system of care. These writing group members represented and/or care for populations at disproportionate risk of postpartum maternal morbidity or mortality.

Table 1: Postpartum System of Care Writing Group

Name	Title	State
Rachel Bond, MD, FACC	System Director, Women's Heart Health at Dignity Health	Arizona
Erin Ferranti, PhD, MPH, RN	Assistant Professor, Emory University	Georgia
Trisha Lehnert, RN	Nurse Manager II, Good Samaritan Hospital	Ohio
Emily McGahey DM, MSN, CNM, FACNM	Clinical Director and Midwife, The Midwife Center for Birth and Women's Health	Pennsylvania
Tyeesha Roberts	Founder, Executive Director and Certified Doula, Gennisi Birth Services	Tennessee
Patricia Suplee PhD, RNC-OB, FAAN	Associate Professor, Rutgers University - Camden	New Jersey
Carolyn Zelop, MD, FAHA	Director of Fetal Echocardiography and Perinatal Research, Valley Health System; Clinical Professor of Obstetrics and Gynecology, NYU Medical School	New Jersey and New York
Kristal Graves DNP, RN	Clinical Nurse Improvement Coach, University of Iowa Health Care	Iowa
Eboni Williams, CD (Community-based Doula); CD (Dona); CD Doula trainer	Community Organizer and Owner of Carolinas Black Birth Worker Alliance;	South Carolina

Disclaimer

These recommendations were developed by an interdisciplinary writing group representing experts across the postpartum system of care, including physicians, nurses, doulas, a midwife and nurse researchers. The recommendations and opinions presented may not represent the official position of the American Heart Association. The materials are for educational purposes only and do not constitute an endorsement or instruction by AHA/ASA. The AHA/ASA does not endorse any product or device.

The full recommendations include a theme, action statement(s), implementation strategies, short and long-term objectives, target audience and dissemination strategies. An abbreviated version of the recommendations is below.

Recommendation No. 1

Theme 1.0	**"Communication, Education, Data and Cost of Illness"**
Action Statement 1.1 Summary	Standardize clinical education for all health care professionals who may encounter pregnant or postpartum birthing persons. Action Statement Supporting Evidence[1]
Action Statement 1.1a	Standardize length of time considered postpartum. (*Ask the question if the patient is pregnant or had a baby in the last year)*
Action Statement 1.1b	Evaluate hypertension and cardiovascular risk postpartum. *(Understand that birthing individual can develop elevated blood pressure and cardiovascular issues during pregnancy and postpartum)*
Action Statement 1.1c	Assess and draw labs based on American College of Obstetricians and Gynecologist (ACOG) standards of care[2].

Recommendation No. 2

Theme 2.0	**"Holistic, person-centered care on the whole continuum"**
Action Statement 2.1 Summary	Patient-centered holistic care should be standard practice for health care providers and institutions. Education on patient-centered holistic care providers (midwives, doulas, mental health practitioners, community health workers and others), and individuals trusted by the patient is important to ensure collaborative care between providers to establish a safe continuum of care not solely determined by insurance coverage. Collaboration and respect for all members of the maternity team has lifesaving and community empowering potential.

[1] Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. *Circulation*. 2021 Oct 12;144(15):e251-e269.

[2] https://www.acog.org/clinical

	Action Statement 2.0 supporting evidence: [3,4,5,6,7,8,9,10,11,12]
Short-term and long-term objectives	Short-term objectives: • Develop tools on trauma-informed care and for holistic care providers. • Develop high-impact one-pager for policymakers. • Collect and produce stories related to holistic care experiences. Long-term objective: • Implement policy for more integration of midwives, doula and community health workers into reproductive care.

Recommendation No. 3

Theme 3.0	**"Policy and advocacy, macro care models"**
Action Statement 3.1 Summary	All postpartum people should have access to comprehensive health coverage through the first 12 months following birth. This includes care received in-office, telehealth, home visits, emergency department and urgent care centers. Coverage may include: • 7-10 day high risk visit (i.e. BP check) • 2-3 week initial wellness visit (in-office or telehealth) • 6-week comprehensive visit • 2 months, 6 months and 12 months screening during pediatric visits (i.e. cardiac and mental health risk assessments) and BP check • Specialty care (i.e. cardiologist, endocrinologist) • Periodic care received in ED or UCC • Doula and Community Health Worker services

[3] Saldanha IJ, Adam GP, Kanaan G, et al. Postpartum Care up to 1 Year After Pregnancy: A Systematic Review and Meta-Analysis [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2023 Jun. (Comparative Effectiveness Review, No. 261.)
[4] Searing, A., Ross, D. C., & May (2019). Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies. Georgetown University Health Policy Institute, Center for Children and Families
[5] Molenaar J, Korstjens I, Hendrix M, de Vries R, Nieuwenhuijze M. Needs of parents and professionals to improve shared decision-making in interprofessional maternity care practice: A qualitative study. Birth. 2018 Sep;45(3):245-254. doi: 10.1111/birt.12379. Epub 2018 Jul 26. PMID: 30051527.
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[7] Matthews K, Morgan I, Davis K, Estriplet T, Perez S, Crear-Perry JA. Pathways To Equitable And Antiracist Maternal Mental Health Care: Insights From Black Women Stakeholders. *Health Aff* (Millwood). 2021 Oct;40(10):1597-1604. doi: 10.1377/hlthaff.2021.00808. PMID: 34606342.
[8] Murugesu L, Damman OC, Derksen ME, Timmermans DRM, de Jonge A, Smets EMA, Fransen MP. Women's Participation in Decision-Making in Maternity Care: A Qualitative Exploration of Clients' Health Literacy Skills and Needs for Support. *Int J Environ Res Public Health*. 2021 Jan 27;18(3):1130. doi: 10.3390/ijerph18031130. PMID: 33514070; PMCID: PMC7908258.
[9] Cypher RL. Shared Decision-Making: A Model for Effective Communication and Patient Satisfaction. *J Perinat Neonatal Nurs*. 2019 Oct/Dec;33(4):285-287. doi: 10.1097/JPN.0000000000000441. PMID: 31651624.
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[11] Wagner T, Stark M, Milenkov AR. What About Mom? Health Literacy and Maternal Mortality. *J Consum Health Internet*. 2020;24(1):50-61. doi: 10.1080/15398285.2019.1710980. Epub 2020 Feb 11. PMID: 33402879; PMCID: PMC7781239.
[12] Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. *Circulation*. 2021 Oct 12;144(15):e251-e269.

	Action Statement 3.1 supporting evidence: [13, 14, 15,16]
Short-term and long-term objectives	Short-term objective: • Public and private insurers adopt comprehensive coverage. Long-term objective: • Those who have a child, are pregnant or have given birth within the past year will be notified of this change.
Action Statement 3.2 Summary	Postpartum persons should have access to a family medicine or women's health nurse practitioner during pediatric office visits that coincide with newborn (initial and vaccine) visits within the first two weeks, 42 days, 2 months, 6 months and 12 months. Postpartum care during these visits should focus on: • CVD, blood pressure and mental health screenings • A review of potential signs and symptoms of complications of pregnancy using the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) POST-BIRTH[17] Warning Signs tool or ACOG/CDC Urgent Maternal Warning Signs tool[18] • Comprehensive postpartum assessment per ACOG guidelines (42-day visit only) • Additional visits can be scheduled for those postpartum people with complications related to their pregnancy (i.e. 4 and 9 months)
Short-term and long-term objectives	Short-term objective: • Change must first occur at insurer level. Long-term objective: • All people who are considering having a child, are pregnant, or have given birth within the past year will be notified of this change.
Action Statement 3.3 Summary	All birthing people should have access to group-based care and peer mentoring such as Centering Pregnancy and Centering Parenting[19].
Short-term and long-term objectives	Short-term objective: • Change must first occur at insurer level. Long-term objective: • All people who are considering having a child, are pregnant, or have given birth within the past year will be notified of this change.

[13] Gordon SH, Sommers BD, Wilson IB, Trivedi AN. Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization. *Health Aff* (Millwood). 2020 Jan;39(1):77-84. doi: 10.1377/hlthaff.2019.00547. PMID: 31905073; PMCID: PMC7926836.

[14] Searing, A., Ross, D. C., & May (2019). Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies. Georgetown University Health Policy Institute, Center for Children and Families.

[15] Myerson R, Crawford S, Wherry LR. Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, And Postpartum Contraception. *Health Aff* (Millwood). 2020 Nov;39(11):1883-1890. doi: 10.1377/hlthaff.2020.00106. PMID: 33136489; PMCID: PMC7688246.

[16] Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. *Circulation*. 2021 Oct 12;144(15):e251-e269.

[17] https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/

[18] https://www.cdc.gov/hearher/maternal-warning-signs/index.html

[19] https://centeringhealthcare.org

Action Statement 3.4 Summary	Pregnant and postpartum people should have access to evidence-based home visiting service such as the Nurse Family Partnership[20] or Family Connects[21] up to 12 months postpartum.
Short-term and long-term objectives	Short-term objective: • Change must first occur at insurer level. Begin with state-level demonstration projects to build the evidence and refine implementation strategies. Long-term objective: • All people who are considering having a child, are pregnant or have given birth within the past year will be notified of this change.
Action Statement 3.5 Summary	Health coverage payment models should be designed specifically for prenatal, intrapartum and postpartum care focused on improving quality of care and health outcomes rather than value-based payment models that use incentives to decrease costs.
Short-term and long-term objectives	Short-term objective: • Begin with state-level demonstration projects to build the evidence and refine implementation strategies to expand nationally. Long-term objective: • Health insurance reimbursement will be equivalent across public and private payers.
Action Statement 3.6 Summary	Create a national database for reporting quality performance measures and outcomes (including prenatal, intrapartum and postpartum care) that can be accessed by health providers and administrators from hospital and outpatient settings who offer maternity care.
Short-term and long-term objectives	Short-term objective: • Develop demonstration projects Long-term objective: • Improve maternal health through existing national database
Action Statement 3.7 Summary	Provide standardized postpartum warning signs education (i.e. AWHONNs POST-BIRTH Warning Signs tool or ACOG/CDC Urgent Maternal Warning Signs tool) to all doulas and community health workers who provide care for postpartum people.
Short-term and long-term objectives	Short-term objective: • Develop demonstration projects and identify champion leaders. Long-term objective: • Standardize basic education for doulas and community health workers and improve maternal health outcomes.

[20] www.nursefamilypartnership.org
[21] www.familyconnects.org

Recommendation No. 4

Theme 4.0	**"Systems Risk Identification and Stratification"**
Action Statement 4.1 Summary	Risk factor monitoring during routine pre-conception and interconception care should include screening of cardiovascular (CVD) risk factors such as blood pressure, fasting lipid panel, weight and glucose intolerance/ diabetes and other, lesser-known biomarkers should be considered. Action Statement 4.1 supporting evidence: [22, 23, 24, 25, 26, 27]
Action Statement 4.2 Summary	Health care delivery systems must be sensitive to, trained on and regularly screen for Social Determinants of Health (SDoH) that may limit access to quality of care[28].
Action Statement 4.3 Summary	With the current gaps in literature regarding birthing individual health in cardiology and the disparities of representation in research, additional studies should be conducted to increase the body of knowledge around birthing individual cardiovascular health and clinically useful yet unknown biomarkers, as well as address disparities when it comes to sex, gender, race, ethnicity and reproductive age in studies.
Short-term and long-term objectives	Short-term objective: • Create checklist to improve risk identification. Long-term objective: • System-level changes occur with checklist integration and reflective payment models.

[22] Hauspurg A, Countouris ME, Catov JM. Hypertensive Disorders of Pregnancy and Future Maternal Health: How Can the Evidence Guide Postpartum Management? *Curr Hypertens Rep*. 2019 Nov 27;21(12):96. doi: 10.1007/s11906-019-0999-7. PMID: 31776692; PMCID: PMC7288250.
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[26] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol*. 2018 May;131(5):e140-e150. doi: 10.1097/AOG.0000000000002633. PMID: 29683911.
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