

Early Postpartum Contact: A Quality Improvement Project

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Innovative Models of Care

Background: Postpartum care in the United States (US) is inconsistent and fragmented. Nationally 40% of women forgo postpartum follow up (ACOG, 2018). At the University of Colorado School Of Medicine OB/GYN resident practice, over 60% of low-risk postpartum patients forgo postpartum follow-up. Low rates of postpartum follow-up lead to low rates of recommended screenings. In Colorado, 10% percent of postpartum women report symptoms of postpartum depression (PPD), and self-harm is the most common cause of pregnancy related mortality (Metz, Rovner, Hoffman, Allshouse, Beckwith, & Binswanger, 2016). Gestational diabetes, a pre-cursor to Type 2 diabetes, is on the rise (CDC, 2017). The American College of Obstetrics and Gynecology (ACOG) revised committee Opinion, *Optimizing Postpartum Care*, calls for a paradigm shift in postpartum care advocating for more patient-provider contact, ideally, within 3-weeks postpartum (ACOG, 2018). Proactive telephone support during the early postpartum period can bridge this gap in care (Lavender, Richens, Milan, Smyth, & Dowswell, 2013); (Danbjorg, Wagner, Kristensen, & Clemensen, 2015).

Content/Action: An early contact, proactive, phone call intervention was initiated. Eligible low-risk postpartum patients delivering at the University of Colorado Hospital in Aurora, Colorado received a nurse initiated phone call approximately 1-week after discharge.

Lessons Learned:

- Early contact did not significantly improve postpartum follow up ($p = 0.78$).
- Sixty-seven percent of patients were successfully contacted.
- Almost 50% of successfully contacted patients attended their appointment ($p = 0.13$).
- Average call time was 6.7 minutes (SD 4.2); non-English 9.4 minutes (SD 4.3).
- Women who attended their postpartum appointment received screenings and referrals.

- Patient experience with the early contact intervention was overwhelmingly positive.
- One hundred percent of the nurses providing the intervention stated it was “non-burdensome” to workflow.

Implications for Practice: Early postpartum contact is best practice. Early contact is feasible and acceptable as demonstrated by successful contact rates, brief call duration, and positive patient and nurse surveys. Continued evaluation of alternative means of patient contact during the postpartum period, including text messaging, utilizing patient portals, and telehealth are next steps to improving contact and care during the postpartum period.

Process maps, charts, tables, and other visuals are available to build a poster

References

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