FOCUS ON THE 4TH: MEETING THE POSTPARTUM HEALTH NEEDS OF WOMEN

- Dr. Jennifer Bump, Pavilion for Women, Texas Children's Hospital
  Assistant Professor Baylor College of Medicine
- Adrian McKinney RNC-LRN, Nurse Manager, Nurse Family Partnership,
  Texas Children's Health Plan
- Kristin Thorp, RNC MSN, Assistant Clinical Director,
  Pavilion for Women, TexasChildren's Hospital

OBJECTIVES

- Describe the landscape of coverage options for women during the year postpartum and expected standard of care.
- Describe a strategy that supports and influences postpartum wellness and family support
- Describe programs and process that avert risk and heighten awareness regarding the care and concerns during the postpartum period.

CONFLICT OF INTEREST

Presenters and Moderator have no conflict of interest

MEETING HEALTH CARE NEEDS FOR WOMEN

- Essential components of Postpartum care and how it supports long term health
- Describe what a health care provider can do during the Postpartum period for both physical and psychosocial needs.
- Sometimes engaging in care is the entry into the next level of care

NFP 101

Adrian McKinney, RNC-LRN

Nurse-Family Partnership

Helping First-Time Parents Succeed®

BETTER WORLDS START WITH GREAT MOTHERS.

AND GREAT MOTHERS START WITH US.

Nurse-Family Partnership
Helping First-Time Parents Succeed®

DEPARTMENT NAME

https://youtu.be/m8V784A6tE

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THE MAGIC WINDOW

"There is a magic window during pregnancy…it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, Ph.D., Founder

"The magic of the program is the nurse/client relationship"

Adrian McKinney

KEY FEATURES AND BENEFITS

- *First-Time, Low-income* mothers
- Less than 28 weeks gestation
- Voluntary
- Home Visitation Program--Visited by a BSN in her home until the child turns 2 years of age
- Ideally, 50% enrolled < 16 weeks gestation
- ***Trusted professional***
  - Eyes, ears, and communication between provider visits
  - In person assessments (physical, BP checks, emotional/mental, safety)
  - Consistent and reliable support person
  - Referrals for counseling and other services:
    - Healthy Texas Women (Family Planning, PPD, some chronic disease care)
    - Smoking cessation
    - Legal (Child Support, Immigration, Paternity)
    - WIC (Women Infant and Children)
    - ECI (Early Childhood Intervention)
  - Visit time averages 1 hour (visit encompasses education, support, questions, problem solving, goal setting, mentoring, and resource coordination)

OVERVIEW - THE "WHAT" WE DO

Every visit is individualized to meet the mother's needs at that point in time

Pregnancy	Post Partum/Interconception Care	Family Dynamics	Infant/Child Health and Well-being	Economic Self-Sufficiency
Assess Chronic Health and Mental Health conditions, DANGER signs of Pregnancy BMI/weight gain monitoring Nutrition Chronic disease Social Determinants of Health Education on Labor, Delivery. Breastfeeding, PP Care, Family Planning	Danger Signs of Post Partum Period / Post Partum Care Importance of PP Visit by 60 days Blood pressure checks every visit Attaining Birth control by 60 days Transitioning to Healthy Texas Women or out of Medicaid Managing chronic disease	IPV Safety Plans Power and Control Wheels Parenting/Father-hood Engagement Positive Discipline Acknowledgement of paternity (legal documents Child support CPS	Infant and child assessments on the periodicity schedule-2, 4, 6, 9, 12, 15, 18, 24 months Well-child visits, Dental visits, Medications, Nutrition, Infant Mental Health Care coordination Certified in DANCE to observe predictive behaviors b/w mother and child dyad Developmental and Social/Emotional Assessments & Referrals as needed Period of Purple Crying/Child Abuse Prevention	Empowerment/ Encouragement Goal Setting/ Problem Solving GED Driver's License School/Work Interviewing Budgeting Resources/ Referrals
Reporting/communication with HCP	Reporting / communication with HCP	Reporting/Referring	Reporting/communication with HCP	

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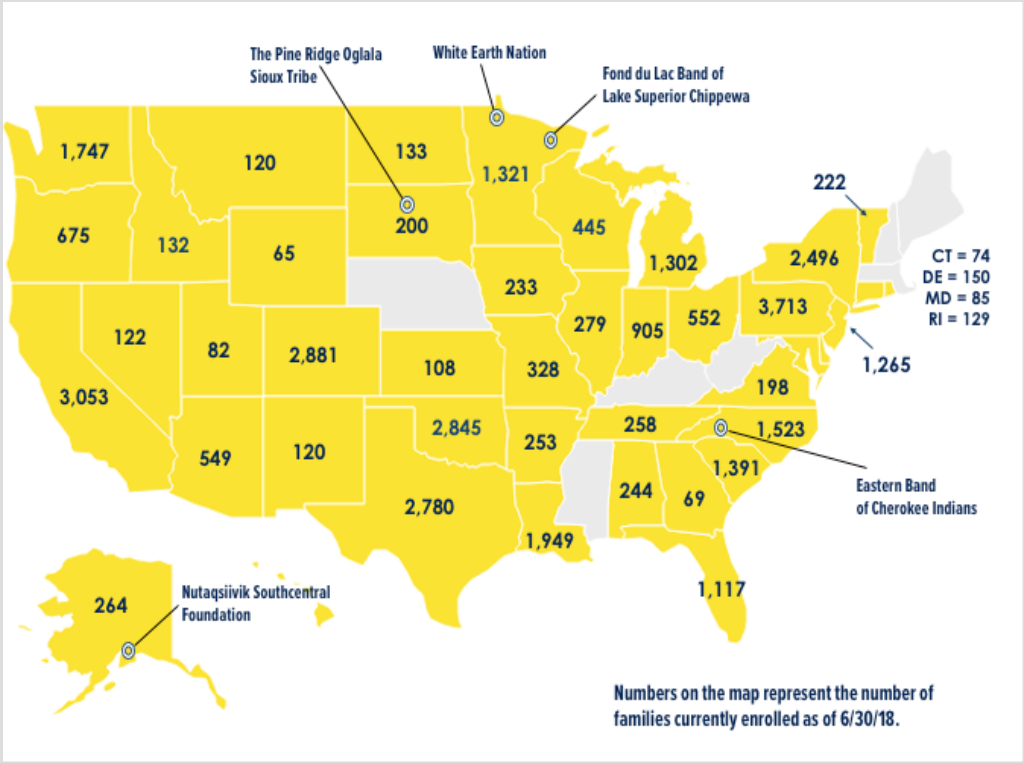
NURSE-FAMILY PARTNERSHIP IS NATIONAL PROGRAM



42 States that NFP serves

594 Number of counties NFP is serving

Tribal agencies are denoted by Band

Map does not include program in U.S. Virgin Islands

TEXAS NFP

Number of families served in Texas since program inception:

14,964

Number of families currently enrolled:

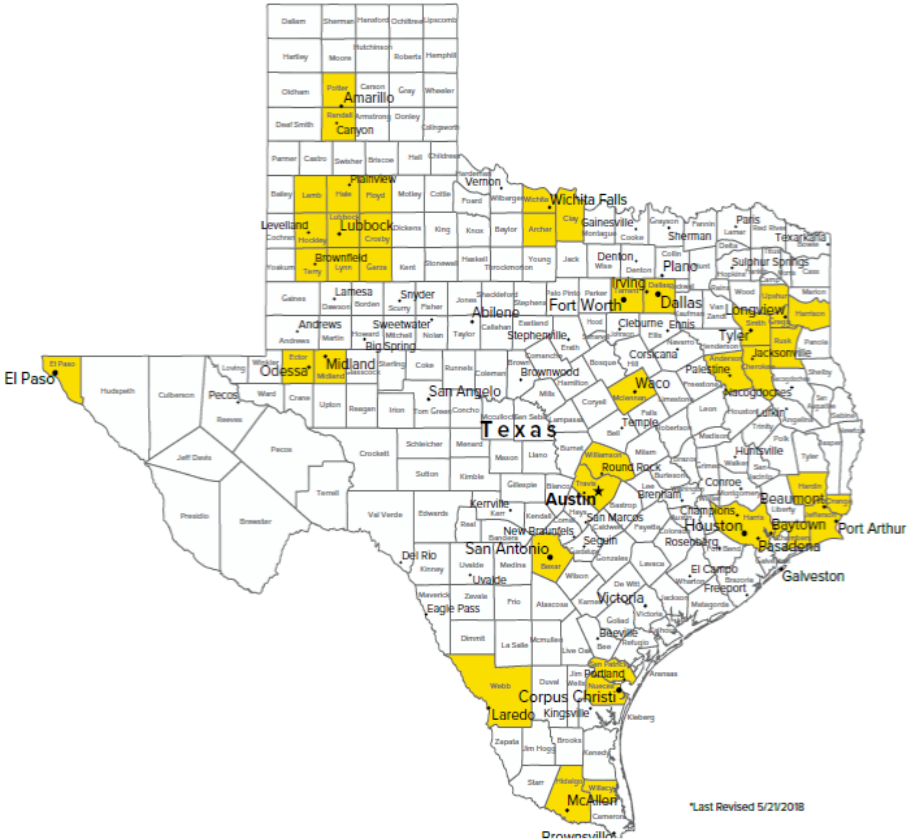
3,010

Number of nurse home visitors:

156

Number of counties where the program is serving clients:

51



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TEXAS CHILDREN'S NFP PROGRAM STATS

- 2018 First Trimester Prenatal Care = **91%**
- 2018 Breastfeeding initiation **96%**, 6 m = **47%**, 12 m = **19%**
- Cumulative Prematurity Rate since inception (2009) **9%**
- Cumulative Low Birth Weight Rate **8.5%**, VLBW = **0.9%**
- 2018 Subsequent pregnancy rate at 6 m=**4.3%**, 12 m = **8.8%**, 24 m = **18.5%**
- Underweight **4.2%**, Obese **23%**, and **38%** had chronic health conditions
- Of the **55** deliveries in 2018, **40%** were inductions, **33%** delivered by C–Section and of those, only **3** were **< 39 weeks**
- NICU: 5 admitted with gestational ranges between **32-40** weeks
- Immunizations: **94.2 %** infants up to date on immunizations at 24 months
- 2018 HEDIS DATA Post Partum Visit Completion =92%
- Graduated **24** clients in 2019 and **219** since inception

LONG TERM BENEFITS - WHY DOES NFP MATTER?

Nurse Family Partnership is a leader in social change

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QUESTIONS ABOUT NFP?

Adrian McKinney, RNC-LRN

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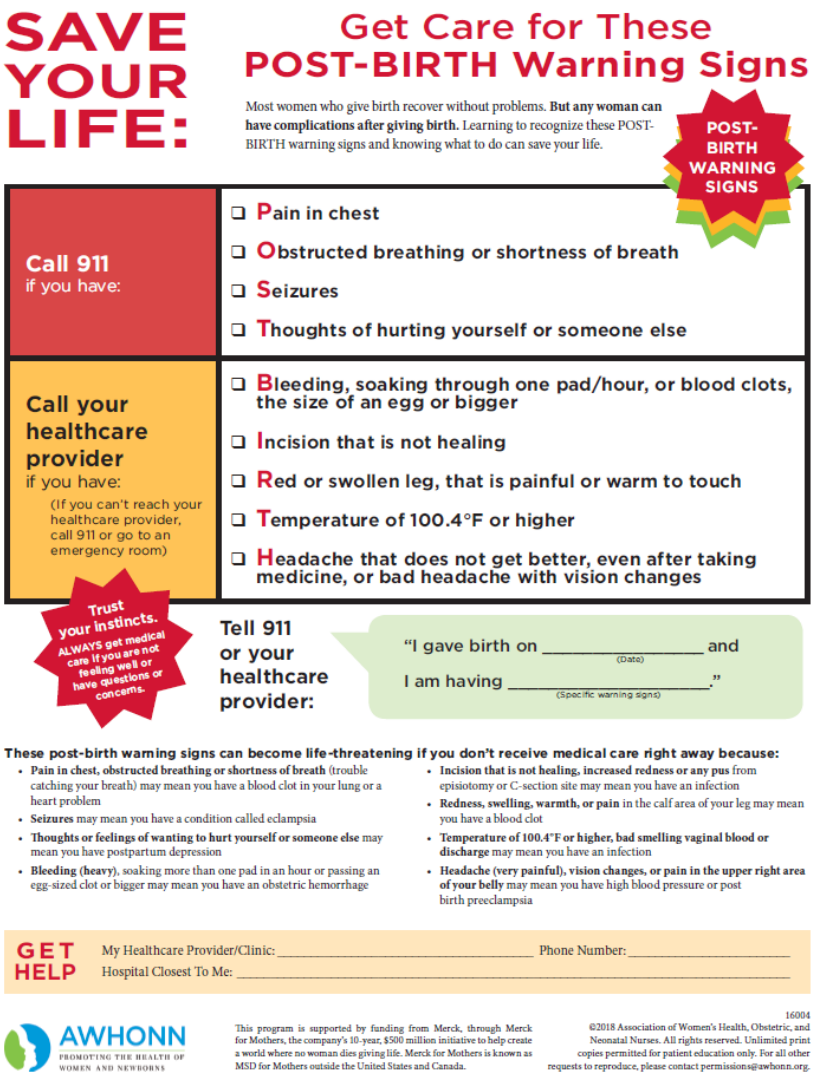
NFP National Website:
www.nursefamilypartnership.org

AVERTING HARM & STANDARDIZING PRACTICE

- How can we communicate risk and empower women to speak up when they do not feel well?
- What process can support evaluating women at risk?
- How can we improve care for women at risk?
  - The Joint Commission requirements
  - Texas AIM program.

Keeping Women Safe!

- Excellent patient education handout to be given at time of discharge.
- Covers clinical complications such as pre-eclampsia, hemorrhage and postpartum depression/psychosis.
- Easy to hang on the refrigerator so new mother can household members can see the signs to report
- Visit AWHHONN to access free PDF and begin including in discharge teaching



SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:

- ❑ Pain in chest
- ❑ Obstructed breathing or shortness of breath
- ❑ Seizures
- ❑ Thoughts of hurting yourself or someone else

Call your healthcare provider if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- ❑ Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ❑ Incision that is not healing
- ❑ Red or swollen leg, that is painful or warm to touch
- ❑ Temperature of 100.4°F or higher
- ❑ Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ (Date) and I am having _____ (Specific warning signs)."

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____

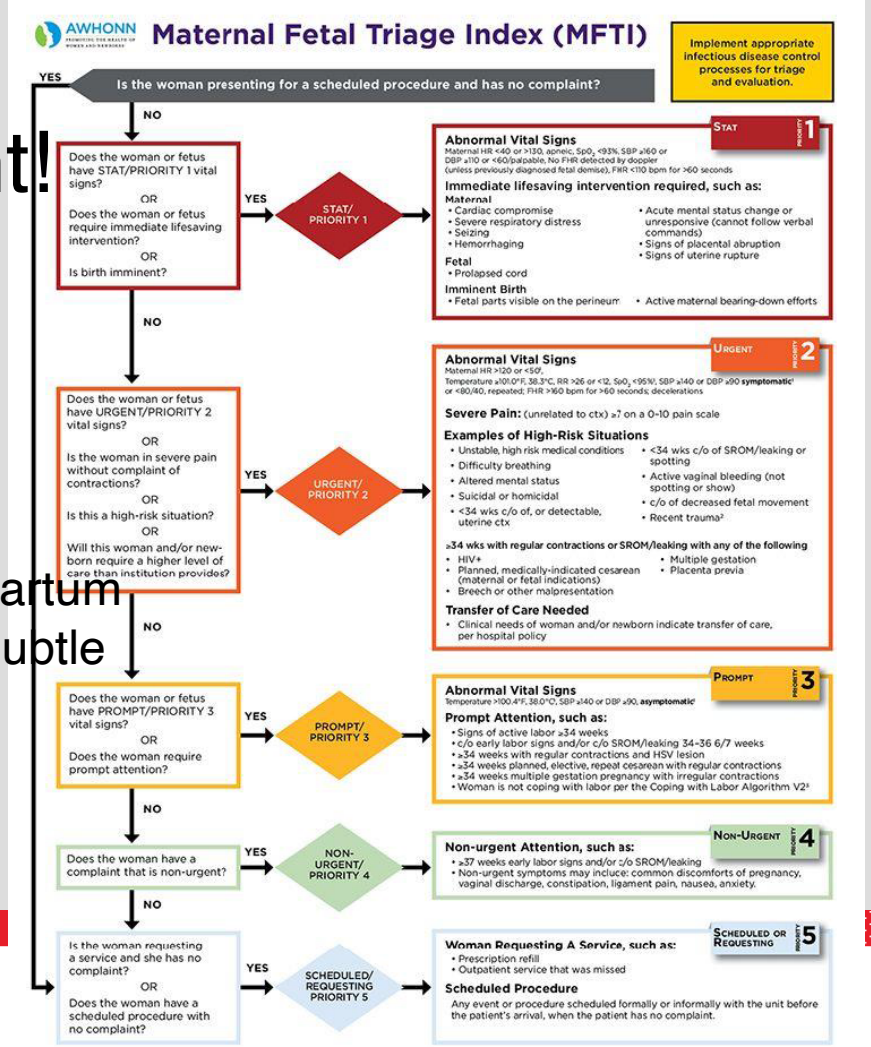
Hospital Closest To Me: _____

AWHONN PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, $500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

Evaluate women the Same at every entry point!

- Ensuring that everyone is on the same page that women have risk factors that they may not be able to express.
- Have a system that recognizes that being pregnant is not the only risk, that being postpartum has just as many risk factors, that can have subtle presentations.



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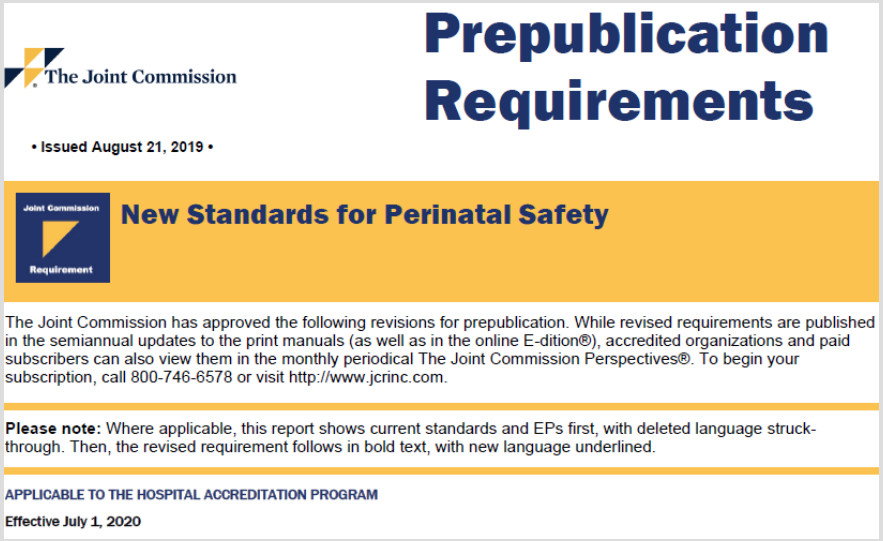
READINESS, RECOGNITION AND RESPONSE

- Maternal Early Warning System (MEWS) identifies a set of abnormal vital signs and patient conditions which require prompt attention
- Developed to facilitate timely recognition, diagnosis, and treatment for women developing critical illness

TJC REQUIREMENTS

- Utilization of the identified MEWS vital signs provides a basis for identification of severely elevated blood pressures.
- Knowledge of MEWS protocol by all providers increases opportunity to identify severe range BP



The Joint Commission

Prepublication Requirements

• Issued August 21, 2019 •

Joint Commission Requirement

New Standards for Perinatal Safety

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2020

PC.06.03.01

Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia.

Element(s) of Performance for PC.06.03.01

1. **Develop written evidence-based procedures for measuring and remeasuring blood pressure. These procedures include criteria that identify patients with severely elevated blood pressure.**

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TexasAIM Plus OB Hemorrhage Quality Measures
Monthly Reporting

Measure	NUMERATOR	DENOMINATOR	Notes
1. Percent of patients with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization	Number of patients admitted for a birth hospitalization with a documented risk assessment for maternal hemorrhage completed on admission	Number of patients admitted for a birth hospitalization	Utilizing an evidence-based risk scoring tool, all women admitted for giving birth at ≥ 20 weeks completed gestation will be assessed for risk of obstetric hemorrhage and the score documented in clinical record so that the risk is considered in the patient care plan for labor and delivery. Note whether risk score was included in the patient care plan for L&D.
2. Frequency of multi-disciplinary debrief sessions completed for obstetric hemorrhage of >1,000 mL blood loss	Number of completed multi-disciplinary debrief sessions	Number of patients admitted for a birth hospitalization with obstetric hemorrhage of > 1,000 mL blood loss	Track all obstetric hemorrhages > 1000 mL Use debrief forms to track the number completed debrief sessions and the disciplines that participated. To be counted as a "**multi-disciplinary debrief**", the debrief session must include at least one physician or Certified Nurse Midwife and at least one registered nurse as well as other members of the care team. *Recommendation:* Completion of debrief is encouraged to occur immediately after the patient is stabilized (i.e. when she goes to the recovery area) when feasible. *****Consult with your risk department about how to manage and store documentation of debriefs*****
3. Frequency of appropriate escalation initiated in response to maternal early warning signs	Number of patients admitted for a birth hospitalization with documentation of appropriate escalation initiated in accordance with unit protocol or guidelines in response to identification of maternal warning signs	Number of patients admitted for a birth hospitalization with maternal early warning signs that, according to unit protocol or guidelines, would initiate an escalation process	If unit protocol indicates that more than one instance of escalation was indicated for a single patient, then include the patient in the numerator only if escalation procedures were appropriately followed according to unit protocol for each instance for which escalation was indicated.

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COMMENTS/QUESTIONS?