



Improving Postpartum Access to Care (IPAC)

An early postpartum visit (within 2 weeks of delivery) provides women with an essential maternal health safety check, including: blood pressure evaluation, wound/perineum check, mental health well-being check, breastfeeding support, discussion of pregnancy spacing and family planning options, as well as follow-up for any medical/pregnancy complications with linkage to indicated referrals and community services (i.e., WIC, home visiting programs, lactation support groups, Substance Use Disorder treatment and support).

Why See All Patients Within 2 weeks? Why Can't it Wait?

- In Illinois, 24% of pregnancy-associated deaths occurred 0-42 days postpartum - the period before the traditional 6-week postpartum visit¹
- 50% of postpartum strokes occur within 10 days of discharge
- 20% of women discontinued breastfeeding before the first six weeks³
- Up to 40% of women do not attend the 6-week postpartum visit²
- As many as 1 in 5 women experience a postpartum mental health disorder
- Illinois Maternal Morbidity and Mortality Report recommends adopting ACOG standards re: early postpartum visits scheduled prior to hospital discharge

Maternal Morbidity and Mortality

- 80% of pregnancy-associated deaths in Illinois occurred in the postpartum period¹
- 72% of pregnancy-associated deaths in Illinois were preventable¹
- In Illinois, Black women share a significant burden of maternal morbidity and mortality
 - * 6x more likely to experience pregnancy-associated death than white women¹
 - * Experience severe maternal morbidity at almost 3 times the rate of white women¹

Reframing the Postpartum Period



Women Desire Early Postpartum Visits Qualitative studies point to women's lack of satisfaction with postpartum care compared to maternal care with women noting a steep drop off in care in the early postpartum period.^{4,5}



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Components of the Visit

- Blood pressure check
- Wound / perineum check
- Postpartum bleeding assessment
- Mood check/Depression screening
- Breastfeeding support
- Review of pregnancy spacing recommendations/ family planning/ contraception options
- Linkage to health/community services (i.e., WIC, home visiting programs, lactation support groups)
- Check in on any medical / pregnancy complications and need for follow-up care
- Discuss risk reduction strategies for future pregnancies (i.e., 17-OHP for preterm birth, aspirin for preeclampsia, blood sugar control for diabetes)
- Follow up on substance use risks / disorder and link to treatment and support

National and State Guidance

ACOG (Committee Opinion #736) Optimizing Postpartum Care, May 2018

- Recommends an early postpartum visit with a maternal care provider
- Followed by a comprehensive postpartum visit between 4-12 weeks
- Transition to well-woman care²

Illinois Maternal Morbidity and Mortality Report Key Recommendations¹

- Expand Medicaid eligibility to one year post-delivery
- Unbundle postpartum visit payment from delivery bundle
- Adopt ACOG recommendations re: early postpartum visits
- Schedule early postpartum visit prior to hospital discharge

What About Billing?

The Illinois Maternal Morbidity and Mortality Report recommends future policy solutions to address common issues with billing. Current solutions include:

1. One pregnancy related visit during the postpartum visit is billable linked to pregnancy.
2. An early postpartum visit can also be billed without a pregnancy diagnosis using CPT Evaluation and Management codes 99211-99215. Key components of the maternal health safety check should be documented. Append modifier 24 to the E/M code to indicate care outside of global fee.

Focus on Changing Practice to Improve Outcomes

National and State groups recommend a paradigm shift in caring for postpartum women. Postpartum maternal morbidity and mortality can affect all patients, regardless of a healthy and uncomplicated pregnancy. Early postpartum visits can make a difference for all moms.

References

1. Illinois Maternal Morbidity and Mortality Report. Illinois Department of Public Health. (October 2018)
2. Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140–50.
3. Stuebe AM, et. al. Prevalence and risk factors for early, undesired weaning attributed to lactation dysfunction. J Womens Health (Larchmt) 2014;23:404–12.
4. Martin A, et. al. Views of women and clinicians on postpartum preparation and recovery. Matern Child Health J 2014;18:707–13.
5. Tully KP, et. al. The fourth trimester: a critical transition period with unmet maternal health needs. Am J Obstet Gynecol 2017;217:37–41.