



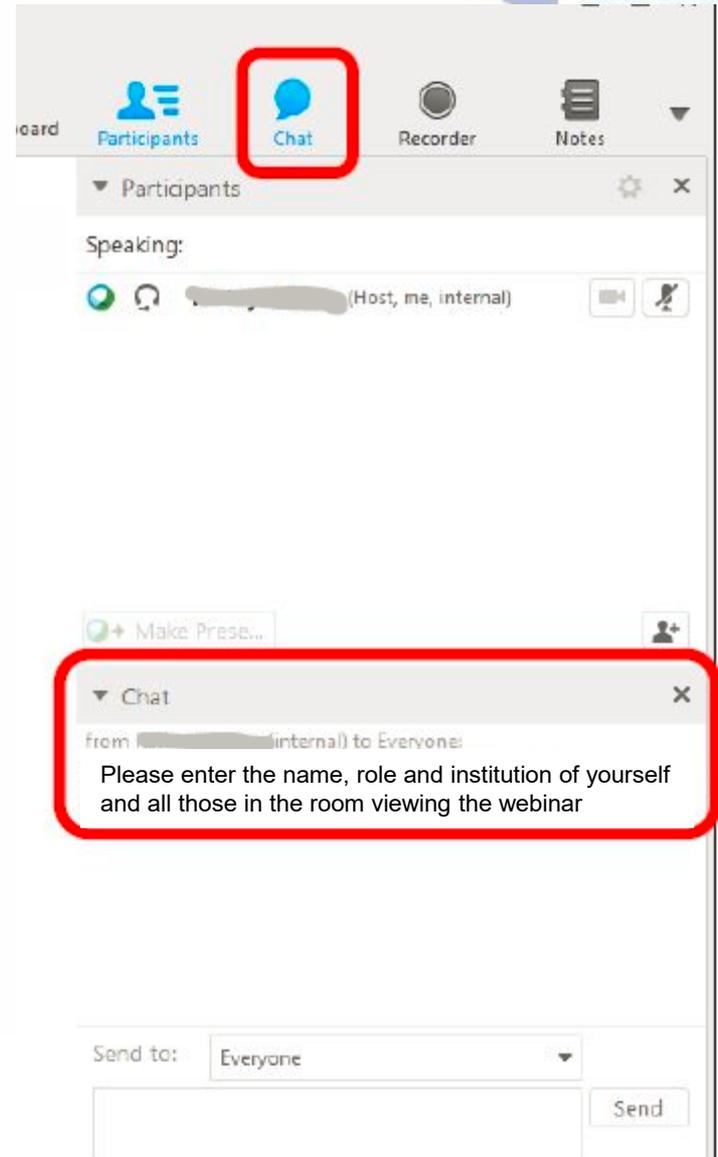
# IPAC COVID-19 & Moving towards Sustainability Round Robin

April 20<sup>th</sup>, 2020

11:00am-12:00PM

# Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance





# Overview



- Welcome/introductions
- Face-to-Face Meeting
- Sustainability Planning
- Round Robin
- IPAC updates and data review
- ILPQC Resources to remember
- Webinar To-Dos & take-away(s)

# IPAC during COVID

- Patients need close postpartum follow up during COVID. There is concern for increased mental health issues/postpartum depression / domestic violence / strain from unemployment other social determinants.
- Also concern for underlying medical conditions will not receive appropriate care or patients may avoid seeking care when needed could worsen maternal mortality crisis.
- Consider IPAC 2 week follow up telehealth appointments.
- Consider sending BP cuffs home with all patients with HTN or preeclampsia.

# ILPQC COVID-19 Webpage

[www.ilpqc.org](http://www.ilpqc.org)



A screenshot of the ILPQC website's COVID-19 information page. The top navigation bar includes 'Home', 'About', 'Initiatives', 'News / COVID-19' (circled in red), and 'Contact'. The main heading is 'COVID-19 Information for ILPQC Hospital Teams'. The text below reads: 'Given these unprecedented times, we wanted to reach out and express our support to all of you on the front lines caring for patients and your concern for the health of our patients and for the health of each of you, your colleagues and families. We will continue to monitor national and state sources regarding the care of pregnant women and newborns during the COVID-19 crisis and will add to our monthly team webinars, we will also share COVID-19 information as it is available and hold a space for teams to share expertise as you are able. Our thoughts are with those affected and continue to be affected by this crisis. Please stay safe and healthy.' A 'Resources' section follows with links: 'Example COVID-19 Hospital Policies/Protocols/Resources', 'CDC Resources', 'ACOG, SMFM, and AJOG Resources', 'Perinatal Mental Health Resources', 'COVID-19 National Registries', and 'Relevant News Articles'. A blue text box on the right contains the text: 'ILPQC will post national guidelines and OB &amp; Neonatal COVID-19 example protocols &amp; resources please note dates as guidelines are changing rapidly'.

<https://ilpqc.org/covid-19-information/>

# ILPQC COVID 19 Webinars



- COVID 19 Strategies for OB/Neonatal Units 4.3.20
  - [recording link](#) and questions/answers [OB](#) & [Neonatal](#)
- COVID 19 Strategies for OB/Neonatal Units 4.10.20
  - [recording link](#) and questions/answers LINK (coming soon)
- Please let us know if you have had COVID+ pregnant cases on L&D/inpatient?
- Please let us know if you are willing to share strategies on an upcoming webinar?
- Please provide any feedback on the webinars and what we should focus on going forward?

# ILPQC COVID-19 Webinar Resources



- Please review the recording of ILPQC webinar available [here](#) to learn more about resources available.

## COVID-19 OB & Neonatal National Registries



### OB Registry:

- **PRIORITY:** Nationwide registry established by UCSF for pregnant and postpartum women with suspected COVID-19 or confirmed diagnosis. The goal is to gather a high volume of nationwide data quickly.
- CDC is collecting surveillance data on pregnant women with COVID through a supplement to the regular case report form (CRF), which should be completed on all COVID-19 cases. The [CRF can be found online](#).

### Neonatal Registry:

- Section on Neonatal Perinatal CO

## AJOG New Columbia Article

COVID-19 Infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed pregnancies to an affiliated pair of New York City hospitals [4.7.2020]-[https://doi.org/10.1097/AJOG.0000000000003202028129.pdf](#)

COVID-19 infection in pregnant women presenting for delivery is often asymptomatic, and routine testing of pregnant women being admitted to labor and delivery is not available, then low threshold for PUI (PPE on L&D). Many of these women ultimately developed COVID-19. This small cohort of pregnant patients - 86%

## Updated OB/Neo Resources



- [SMFM/ACOG: Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus \(COVID-19\)](#) (3.13.20)
- [SMFM Guidance for COVID-19](#) (3.19.20)
- [Strategies to reduce risk from work to families at home](#) (3.26.20)
- [AJOG: COVID-19 In Pregnancy Early Lessons](#) (3.27.20)
- [SMFM, ACOG, AAFP, and ACNM Statement on COVID-19 in Pregnant Patients During COVID-19 Pandemic](#) (3.27.20)

[SMFM Clarify CDC's Recommendations for Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#) (4.2.2020)  
[ACOG Clinical Guidance: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#) (4.2.2020)  
[COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed pregnancies to an affiliated pair of New York City hospitals](#) (4.7.2020)

## New Patient Education Resources

- [IL EverThrive Protecting and Caring for Your Family During the Coronavirus Outbreak](#) (4.3.2020)
- [SMFM Information for Women & Families](#) (4.3.2020)
- ["Is It Safe to Provide Milk for my Baby if I Have, or Have Been Exposed to, COVID-19"](#) (Adapted by ILPQC with permissions 4/2020)
- ["If Your Doctors Suspect You Have COVID-19"](#) (Adapted by ILPQC with permissions 4/2020)
- [MoMMA's Voices COVID-19 Patient Resources Page](#) (Last Updated 4.5.2020)
- [The 4th Trimester Project's patient education website on COVID-19 For New Moms](#) (3.2020)



## Maternal Health Resources



- During this crisis heightened awareness of need for mental health resources for our patients and staff.
- IL Perinatal Depression Program Hotline 1-866-364-MOMS (1-866-364-6667)
- Postpartum Depression Illinois Alliance 1-847-205-4455
- NAMI (National Alliance for the Mentally Ill) Help line 1-800-950-NAMI (1-800-950-6264)
- [Mental Health and Coping During COVID-19 | CDC](#)
- [Resources for providers, families, and leaders to support the health and well-being of communities impacted by COVID-19](#)



# 2020 FACE-TO-FACE VIRTUAL MEETING



# You're Invited!

## 2020 OB & Neonatal Face-to-Face Meetings

**Nurses, Providers, & Staff**  
join us for an interactive day of  
collaborative learning for current  
& upcoming ILPQC initiatives!

### **OB Teams: May 20, 2020**

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - OB (MNO-OB)  
Immediate Postpartum LARC (IPLARC)  
Improving Postpartum Access to Care (IPAC)  
Promoting Vaginal Birth (PVB)

### **Neonatal Teams: May 21, 2020**

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - Neonatal (MNO-Neonatal)  
Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

**Register now!** <https://ilpqc.eventbrite.com>

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

**NEW VIRTUAL MEETING – NO FEE!**

Illinois Perinatal Quality Collaborative  
633 N. St. Clair, 20th Floor  
Chicago, IL 60611

# 2020 Face-to-Face Speakers and Panels



**Jessica Brumley,  
CNM, PhD**

*“Promoting Vaginal Birth:  
Lessons Learned from FPQC”*



**Helena Girouard**

*“A Mom’s Recovery Story:  
Helena Girouard”*

*“OB Teams Panel: Sharing Strategies for Success for Obstetric QI Initiatives”*

**MNO X2**



**IPLARC**



**IPAC**





# Breakout Sessions



OB Breakout Sessions	Neonatal Breakout Sessions
MNO-OB: Finishing Strong / Key Strategies for Success	MNO-Neonatal: Finishing Strong
MNO-OB: Preparing for Sustainability	MNO-Neonatal: Preparing for Sustainability
MNO-OB: Optimize Narcan Counseling & Access	MNO-Neo: Engaging Pediatricians
Immediate Postpartum LARC (IPLARC): Sustainability & Billing	QI: Using QI Data to Drive Change
Improving Postpartum Access to Care (IPAC): Sustainability & Billing	QI: Building a Strong Interdisciplinary QI Team
PVB: Data Collection Strategies	BASIC: Preparing your QI Team for BASIC
PVB: Unpacking the Toolkit / Getting Started	State & Community Partner Breakout
Obstetrics Chair / Obstetrics Leadership Breakout	
State & Community Partner Breakout	



# F2F Storyboard Session

More information to come in  
your IPAC Newsletter

<Hospital Logo>

<Hospital Name>

**ILPQC 2020**  
OB Storyboard

## 2. Hospital & QI Team Overview

Fill in QI Team & Roles Here

## 4. MNO-OB Progress

Screening Tools

MNO-OB Folders

Education Campaign

Monthly Review of all OUD Cases

## 5. IPLARC/IPAC or MNO Overflow

Display IPLARC/IPAC progress and sustainability planning

**OR** MNO Overflow-display your MNO-OB protocol/algorithm

## 6. PVB

Fill in QI team & Roles

30/60/90 day plan if draft is ready to share

## 3. MNO-OB Data

Screening

MAT

Recovery Treatment Services

Narcan



# ILPQC QI Excellence Awards



- In order to be eligible for awards:
  1. Must have all data: submitted through February 2020 by April 27
  2. Must have IPLARC Sustainability Plan submitted

# QUALITY IMPROVEMENT EXCELLENCE AWARDS

## ILPQC INCREASING POSTPARTUM ACCESS TO CARE

### IPAC

#### QI CHAMPION

- ✓ All Data Submitted\*
- +
- ✓ LIVE or Piloting IPAC\*\*
- +
- ✓ Sustainability Plan Submitted
- +
- ✓ Green on 4 Key Opportunities\*\*

### IPAC

#### QI LEADER

- ✓ All Data Submitted\*
- +
- ✓ LIVE or Piloting IPAC\*\*
- +
- ✓ Sustainability Plan Submitted

### IPAC

#### QI RECOGNITION

- ✓ All Data Submitted\*
- +
- ✓ Sustainability Plan Submitted

*\*ALL DATA SUBMITTED THROUGH MARCH 2020 BY APRIL 27*

*\*\*BY MARCH 2020*

Improving Postpartum Access to Care (IPAC)

# SUSTAINABILITY PLANNING EXAMPLE



# IPAC Overview

## Key Strategies

- Create and Utilize outpatient provider packet & provide billing/coding strategies for OB providers
- Implement process flow for universal scheduling and patient education
- Provider/staff Education
- Standardize system for key patient education materials

## Systems Change

- Institutional buy-in
- Test and implement key strategies
- Engage diverse group of stakeholders on QI team
- GO LIVE with IPAC to facilitate universal scheduling

## Culture Change

- Ensure all patients receive key education materials
- Monitor scheduling
- New hire / ongoing provider/staff education including outpatient site staff

# We're LIVE – What's Next?



- **Monitor scheduling**

- How do we work with outpatient sites to ensure all patients receive a 2 week maternal health safety check?
  - **Review REDCap Data** to monitor progress and identify gaps
  - **Share OB provider / outpatient packet** with all OB providers/outpatient sites

- **Continue with provider and nurse education**

- What about new hires?
  - Implement **new hire** IPAC education for providers / staff including **outpatient staff**
- What about ongoing education?
  - Determine with QI team, your education tool(s) will you use for ongoing education for providers and nurses (ACOG CO# 737, Protocols, Grand Rounds, etc.)

# IPAC Sustainability Plan

- Complete the sustainability plan and submit to Autumn Perrault
- Please reach out to Autumn or ILPQC with any questions

ILPQC Improving Postpartum Access to Care Initiative: Sustainability Plan	
<b>Compliance Monitoring</b>	
1. Percent of patients with early postpartum visit scheduled before discharge 2. Percent of patients who received standardized postpartum education prior to discharge: <ol style="list-style-type: none"> <li>Benefits of early postpartum visit</li> <li>Early warning signs</li> <li>Healthy pregnancy spacing</li> </ol>	
How will measures be collected? _____	
Will you continue to track IPAC data using the ILPQC Data System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Team member(s) in charge of reporting in REDCap: _____	
How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
<b>New Hire Education</b> for all new hires	
What education tool(s) will you use for new hires?	
<input type="checkbox"/> ILPQC Grand Rounds Slide Set <input type="checkbox"/> ILPQC IPAC Toolkit Binder <input type="checkbox"/> ILPQC OB Provider Packet <input type="checkbox"/> ILPQC Checklist for Maternal Health Safety Check <input type="checkbox"/> Other: _____	
How will you incorporate IPAC to care education into new hire training/onboarding:	
a) maternal safety risks in the postpartum period/healthy pregnancy spacing b) benefits of early postpartum care/maternal health safety check c) protocol for facilitating scheduling early postpartum visit prior to discharge d) documentation and billing for early postpartum visit e) components of early postpartum visits/maternal health safety check _____	
How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education? _____	
<b>Ongoing Education</b> for all providers and nurses	
What education tool(s) will you use for ongoing education for providers and nurses?	
<input type="checkbox"/> Protocols <input type="checkbox"/> Grand Rounds <input type="checkbox"/> ACOG Committee opinion #736 <input type="checkbox"/> ILPQC Checklist for Maternal Health Safety Check <input type="checkbox"/> Other: _____	
How will you incorporate IPAC education into ongoing provider/staff education including:	
a) maternal safety risks in the postpartum period/healthy pregnancy spacing b) benefits of early postpartum care/maternal health safety check c) protocol for facilitating scheduling early postpartum visit prior to discharge d) documentation and billing for early postpartum visit e) components of early postpartum visits/maternal health safety check _____	
How will you work with outpatient staff to ensure ongoing education is provided re: IPAC? _____	
Nursing Champion(s): _____ Provider Champion(s): _____	
Drafted Date: _____ Quarterly Review Dates: _____	
Hospital Name: _____	

## Example- UI Health Shannon Hastings

### Compliance Monitoring

1. Percent of patients with early postpartum visit scheduled before discharge **100% to date**
2. Percent of patients who received standardized postpartum education prior to discharge: **80% to date**
  - a. Benefits of early postpartum visit
  - b. Early warning signs
  - c. Healthy pregnancy spacing

How will measures be collected? **Measures are collected via monthly auditing of 10 randomly selected patient charts based on the # of deliveries per that month.**

Will you continue to track IPAC data using the ILPQC Data System?  Yes  No

Team member(s) in charge of reporting in REDCap: **Shannon Hastings**

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?:  Weekly  Monthly  Quarterly  Other

# IPAC Sustainability Plan-

## Example- UI Health Shannon Hastings

**New Hire Education** for all new hires

What education tool(s) will you use for new hires?

- ILPQC Grand Rounds Slide Set
- ILPQC IPAC Toolkit Binder
- ILPQC OB Provider Packet
- ILPQC Checklist for Maternal Health Safety Check
- Other: **IPAC Staff Pamphlet, Qualtrix Posttest**

How will you incorporate IPAC to care education into new hire training/onboarding:

- a) maternal safety risks in the postpartum period/healthy pregnancy spacing
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check: **Utilizing purple discharge folder to combine IPAC education materials given to patient.** \_\_\_\_\_

How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education?

# IPAC Sustainability Plan-

## Example- UI Health Shannon Hastings

How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education?

**Ongoing discussion conducted with outpatient staff administration to ensure staff is educated. Outpatient staff to receive updated PowerPoint narrated with IPAC education and copies of IPAC education sheets as well as IPAC staff education pamphlet.**

**Ongoing Education** for all providers and nurses

What education tool(s) will you use for ongoing education for providers and nurses?

- Protocols
- Grand Rounds
- ACOG Committee opinion #736
- ILPQC Checklist for Maternal Health Safety Check
- Other: **Staff huddles and One on one meetings as needed to assure understanding and competency**

How will you incorporate IPAC education into ongoing provider/staff education including:

- a) maternal safety risks in the postpartum period/healthy pregnancy spacing
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check \_\_\_\_\_

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How will you work with outpatient staff to ensure ongoing education is provided re: IPAC? **Ongoing discussion conducted with outpatient staff administration to ensure staff is educated. Outpatient staff to receive updated PowerPoint narrated with IPAC education and copies of IPAC education sheets as well as IPAC staff education pamphlet via email. Due to Covid-19, virtual huddles and meetings being held amongst outpatient staff during clinic closings to update with IPAC education.**

Nursing Champion(s): **Shannon Hastings RN, BSN, Michelle Cherry RN, DNP** Provider Champion(s): **Emily Hall, MD, Kathleen Harmon, APRN, CNM, Gloria Elam, MD**

Drafted Date: April 5, 2020 Quarterly Review Dates: 1/5/2020 4/5/2020 8/5/2020 12/5/2020

Improving Postpartum Access to Care (IPAC)

# IPAC- UPDATES AND DATA REVIEW

# ILPQC Improving Postpartum Access to Care (IPAC) Initiative



**Aim:** Within 11 months of initiative start,  $\geq 80\%$  of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

## Key Goals:

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for  $\geq 80\%$  participating hospitals by May 2020





# Aims & Measures

## Overall Initiative Aim

Within 11 months of initiative start,  $\geq 80\%$  of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

## Structure Measures

IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge

Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet)

Implement standard postpartum education prior to discharge after delivery regarding:

- a) benefits of early postpartum care
- b) postpartum early warning signs and how to seek care
- c) benefits of pregnancy spacing and options for (outpatient) family planning

## Process Measures

Educate all providers and staff on optimizing early postpartum care including:

- a) maternal safety risks in the postpartum period
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check

## Outcome Measure

Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery

Increase % of patients who receive standardized pp patient education prior to discharge

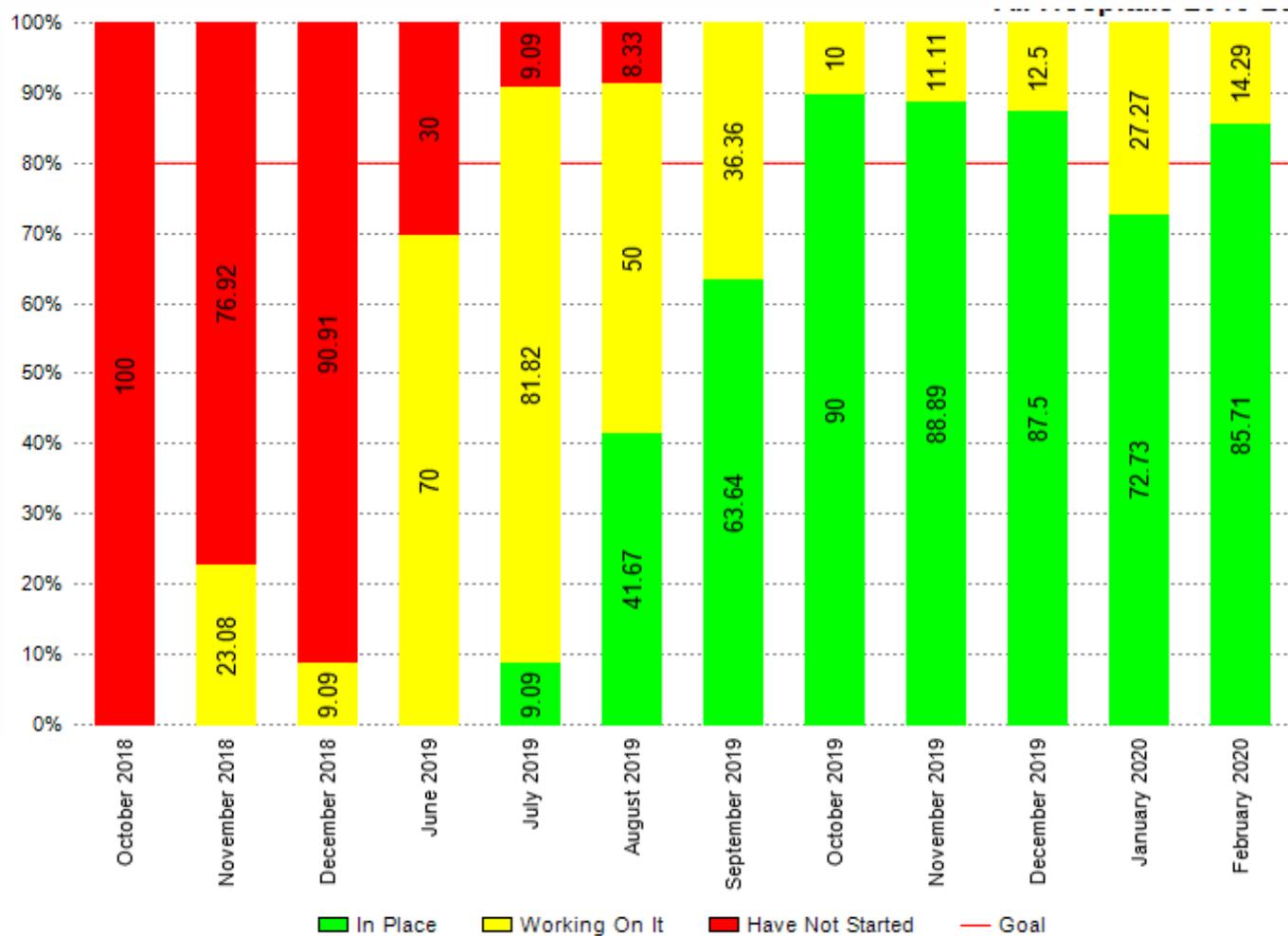
# Don't forget to submit your team's monthly data!



Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	8
December 2019	9
January 2020	10
February 2020	10
March 2020	4

# IPAC Strategy and Buy-in

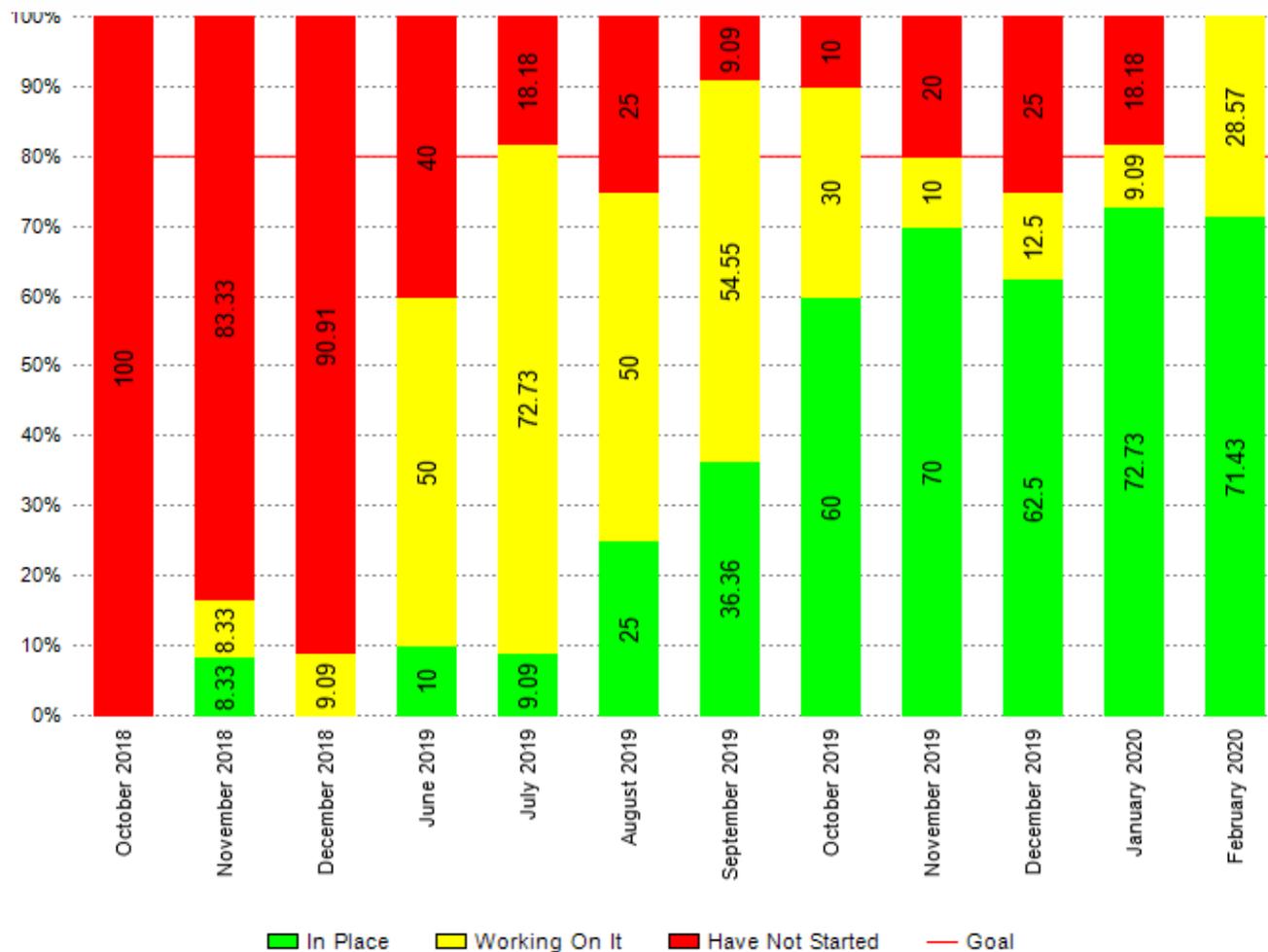
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-February 2020



# System in Place to Facilitate Early PP Visit Scheduling



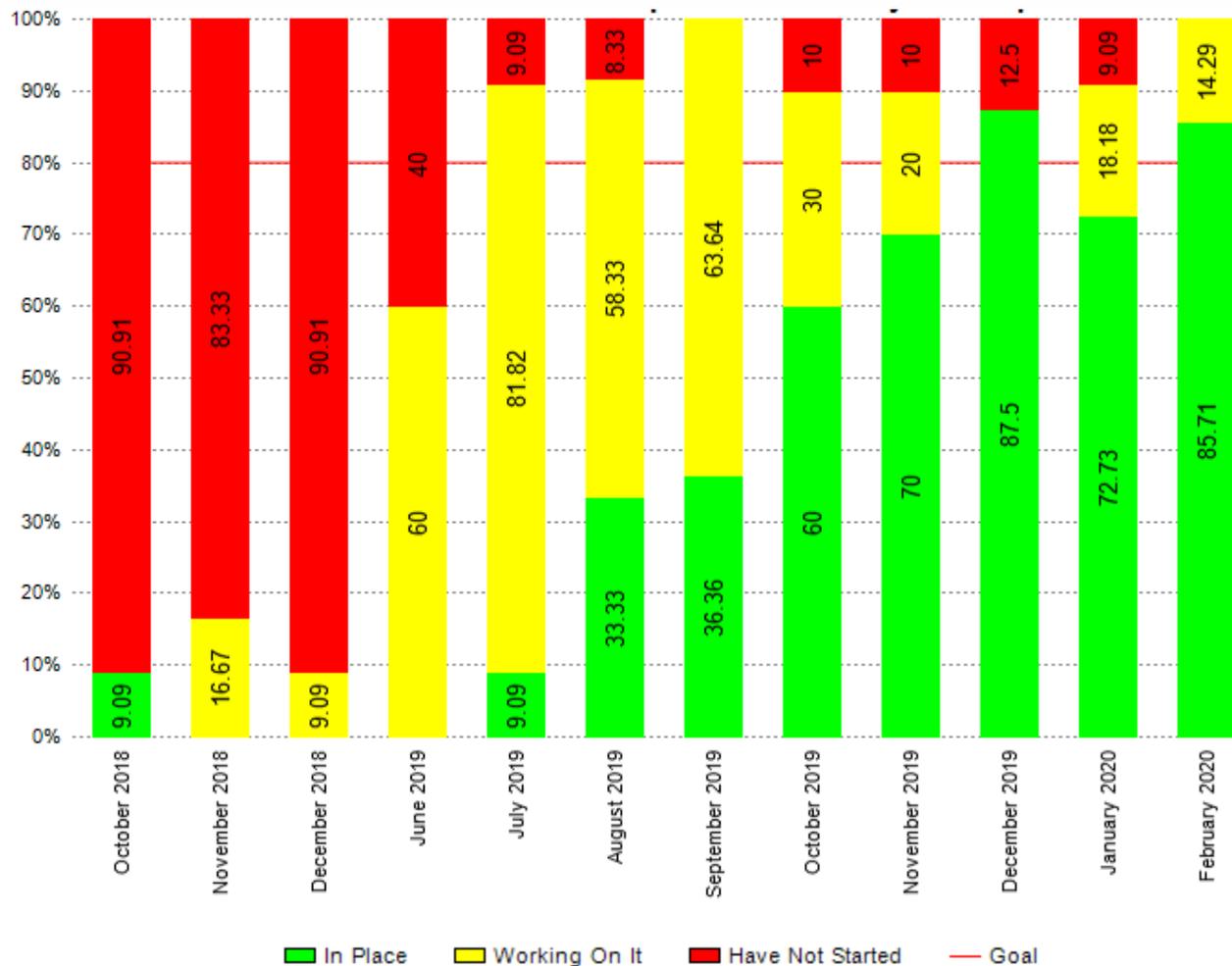
Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-February 2020





# IPAC Provider/Nurse Education

Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-February 2020

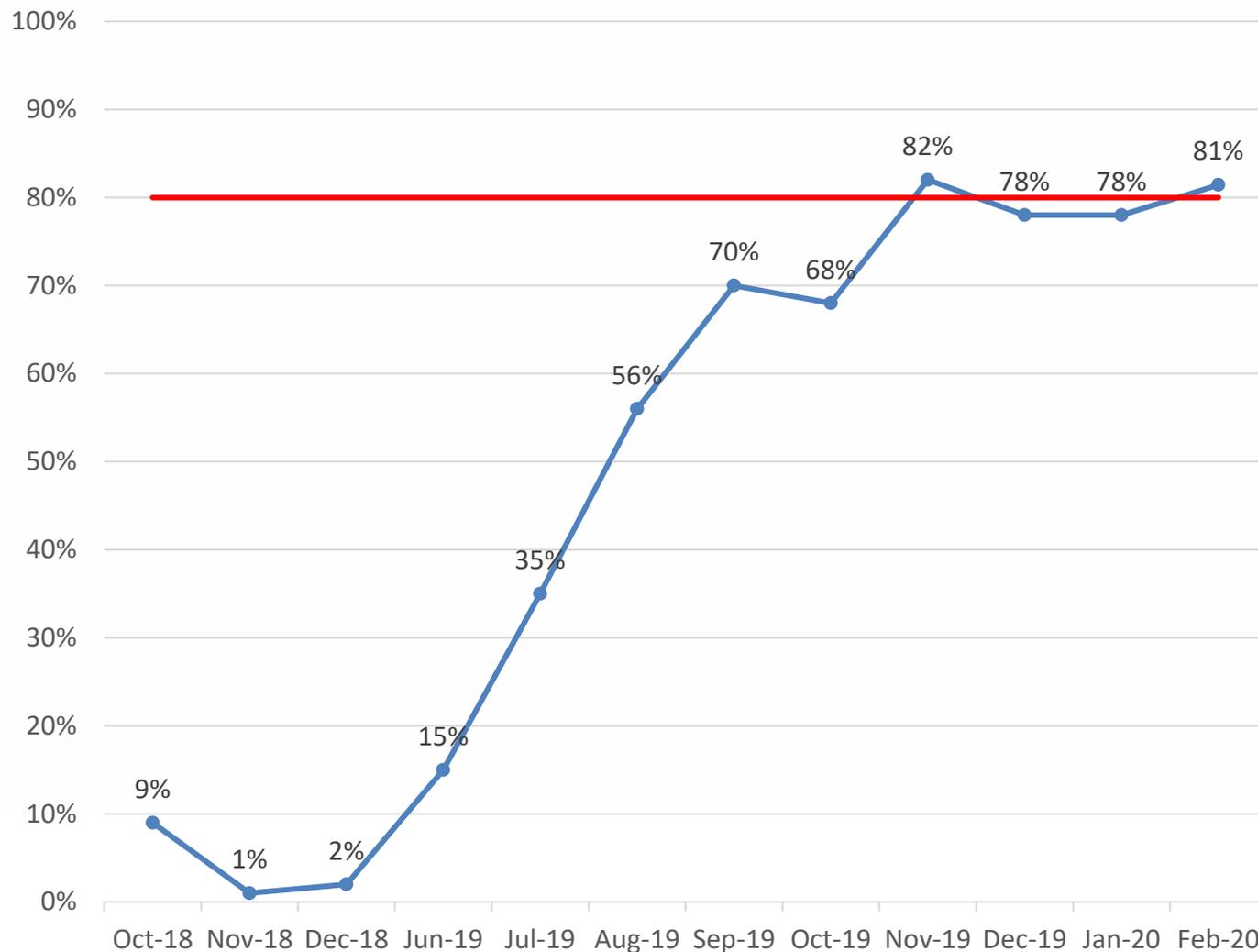




# Percent of Provider Education



Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-February 2020

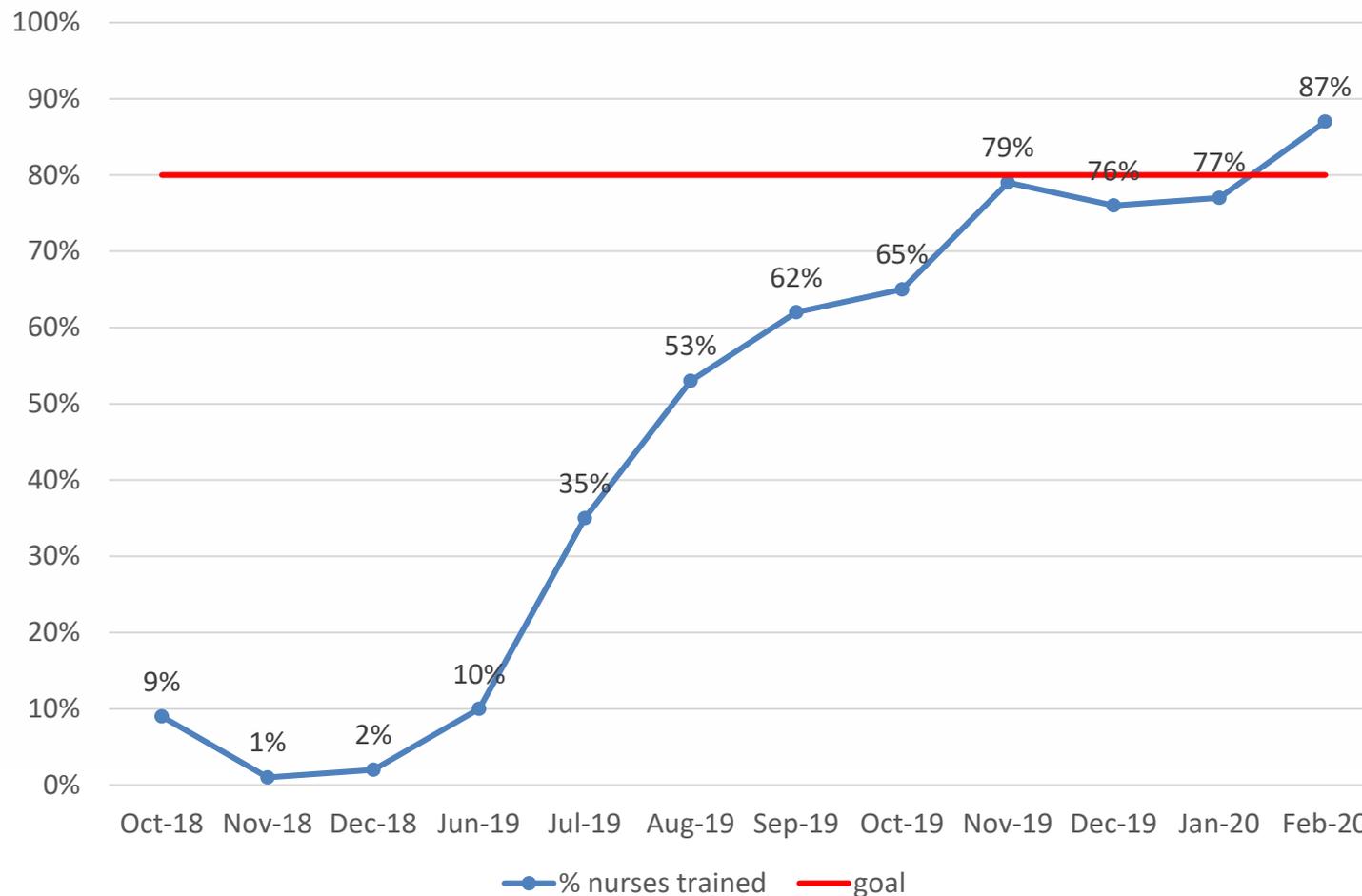




# Percent of Nurse Education



Percent of Nurses Educated on Optimizing Early Postpartum Care,  
Baseline + June February 2020

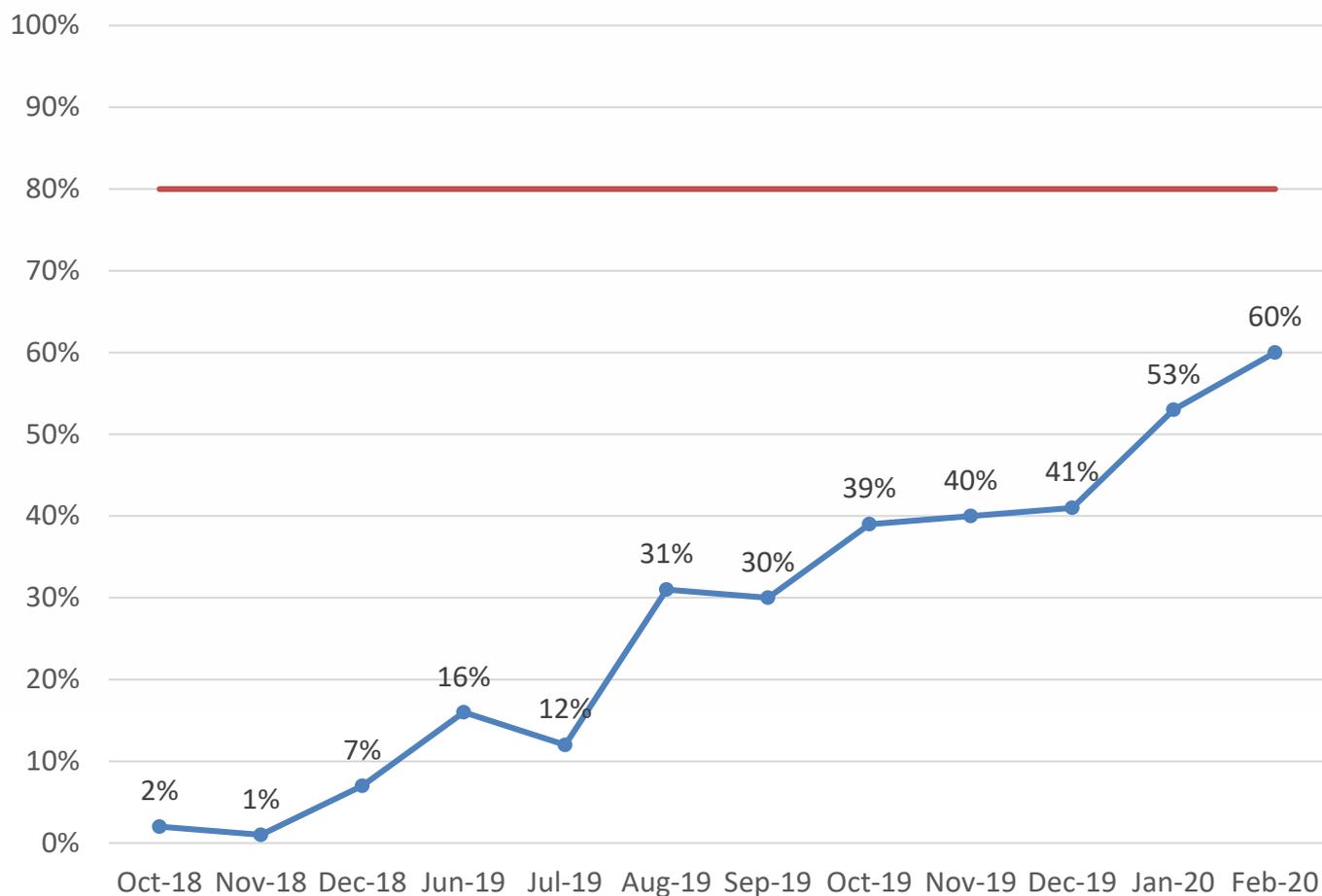




# Percent of Patients with Early Postpartum Visit Scheduled



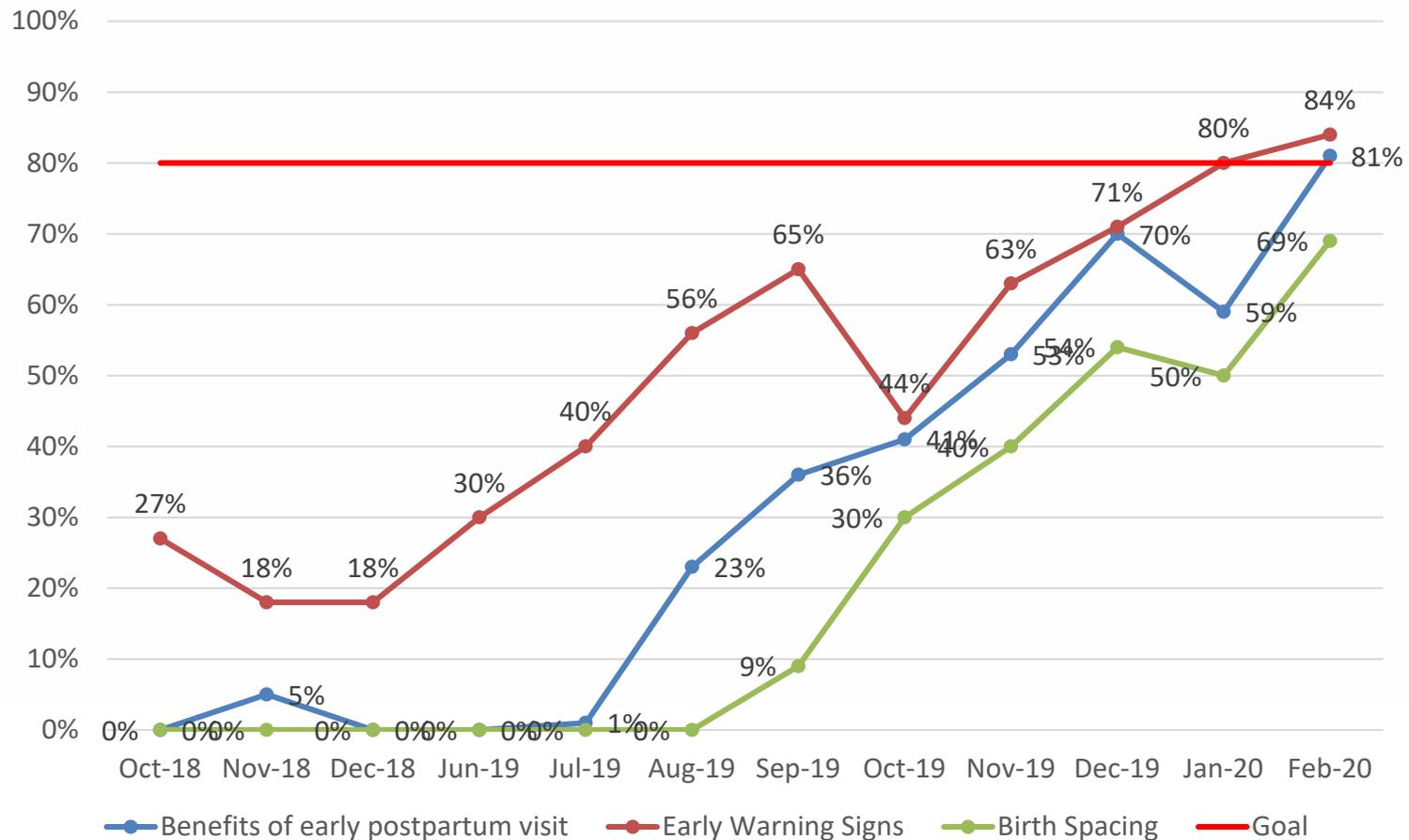
Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-December 2019



# Percent of Patients with Standardized Patient Education



Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June February 2020



# IPAC GO LIVE Status



Team	Date	Team	Date
AMITA St. Alexius	LIVE	Illinois Valley	LIVE
AMITA Alexian Brothers *	LIVE	SSM St. Mary's Centralia	LIVE
AMITA Resurrection	LIVE	Morris Hospital	LIVE
AMITA St. Joseph	LIVE	St. Margaret	May 2020
AMITA Adventist	LIVE	UI Health *	LIVE
Franciscan Health	LIVE	KSB Hospital	
Loyola	LIVE	Memorial Hospital	

\* = Sustainability plan submitted

Improving Postpartum Access to Care (IPAC)

# ROUND ROBIN

# Round Robin- Each team to share:

- Share your anticipated sustainability plan for [new hire education](#)
- Share your anticipated sustainability plan for [ongoing education](#)
- What [barriers](#) do you anticipate and what [strategies will you implement to overcome those barriers?](#)

1. AMITA Alexius Brothers Women's & Children's Hospital – *Hoffman Estates*
2. AMITA Alexian Brothers Hospital – *Elk Grove Village*
3. AMITA Resurrection Medical Center - *Chicago*
4. Loyola University Medical Center - *Maywood*
5. Franciscan Health Olympia Fields - *Olympia Fields*
6. SSM St. Mary's – *Centralia*
7. St. Joseph Hospital – *Chicago*
8. Morris Hospital & Healthcare Centers – *Morris*
9. St. Margaret's Health- *Spring Valley*
10. UI Health – *Chicago*
11. Illinois Valley Community Hospital-*Peru*
12. Memorial Hospital- *Carbondale*
13. KSB Hospital- *Dixon, IL*
14. AMITA Adventist GlenOaks Hospital, *Glendale Heights, IL*

Improving Postpartum Access to Care (IPAC)

# NEXT STEPS

# IPAC Calls

**IPAC Teams  
11am-12pm**



THIRD MONDAY OF THE MONTH through May 2020

Date	Topic
<b>April 20</b>	COVID-19 & Moving towards Sustainability
<b>May 20</b>	Face-to-Face
<b>July 20</b>	IPAC Sustainability Call
<b>September 21</b>	IPAC Sustainability Call
<b>December 21</b>	Final IPAC Sustainability Call

# To Do List

- Submit [IPAC data](#) for all months- March
- Ask providers/staff for 2 week Maternal Health Safety Check [Patient Success Stories](#) to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)
- [Collect items for your team storyboard to share your IPAC Success](#) for the OB Face-to-Face meeting
- Add the OB Face-to-Face Meeting to your calendars

# Healthy Pregnancy Spacing Resources

- If you have created a Healthy Pregnancy Spacing Resource please share it with ILPQC and let us know if you are willing to share with other teams.
- We will share resources to provide additional Healthy Pregnancy Spacing education patient hand out options.

# Promoting Vaginal Birth



## SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

### READINESS

Every Patient, Provider and Facility

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

### RECOGNITION AND PREVENTION

Every patient

- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NICHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

PATIENT  
SAFETY  
BUNDLE

Safe Reduction of  
Primary Cesarean Births

Wave 1 Starting  
Feb 2020  
Initiative Launch  
May 2020

CMQCC  
California Maternal  
Quality Care Collaborative

Toolkit to Support Vaginal Birth and Reduce  
Primary Cesareans



Partnering to Improve Health Care Quality  
for Mothers and Babies

# PVB Timeline



Feb 2020	Mar	Apr	May	July	Sept
<p><b>Feb 7:</b> Wave 1 Rosters Due</p> <p><b>Feb 10:</b> Wave 1 Launch Call</p>	<p><b>Mar 9:</b> Wave 1 Call</p> <p>Statewide recruitment opens</p>	<p><b>Apr 13:</b> Wave 1 Call</p> <p>Statewide Recruitment continues</p>	<p><b>May 4:</b> PVB Launch Call</p> <p><b>May 20:</b> OB Face-to-Face Meeting, Springfield, IL</p>	<p><b>Jul 27:</b> Statewide Initiative Webinars begin, every other month to start</p>	<p>Data Collection Begins</p>

# PVB QI Team Roster

## Required

- Team lead
- OB lead
- Nurse lead

## Suggested

- Anesthesia rep
- Outpatient rep
- QI Professional
- Patient/family member
- Doula/midwife rep
- Administrative leader champion
- Other team member

Roster  
forms  
[available  
here](#)

### Promoting Vaginal Birth Statewide Launch Call

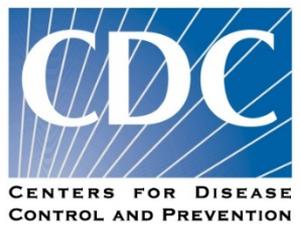
Monday, May 4, 2020  
11am-1pm

Tune in to hear from national expert  
Christa Sakowski from CMQCC!





**THANKS TO OUR  
FUNDERS**



**JB & MK PRITZKER**  

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**Family Foundation**

Online: [www.ilpqc.org](http://www.ilpqc.org)  
Email: [info@ilpqc.org](mailto:info@ilpqc.org)

Improving Postpartum Access to Care (IPAC)

# APPENDIX-IPAC RESOURCES

## Key Driver Diagram

### AIM

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge



### Key Drivers

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning

### Strategies

Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.

Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.

Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge

Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks

Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education

Plan in place for ongoing and new hire education

Patient education materials selected: benefits of early pp visit/ components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options

Implement system to provide and review IPAC patient education prior to hospital discharge

# IPAC: Making Change Happen

## Key QI Strategies

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**Utilize provider outpatient packet** to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

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**Implement process flow to facilitate universal scheduling and patient education**, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

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**Implement provider and nurse education** on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

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**Standardize system to provide patient education prior to hospital discharge** on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning

## ILPQC is here to help!

- We have developed resources for your team available in our online toolkit
- Need additional materials or help with buy-in or billing?
  - Reach out to Autumn for assistance [aperrault@northshore.org](mailto:aperrault@northshore.org)



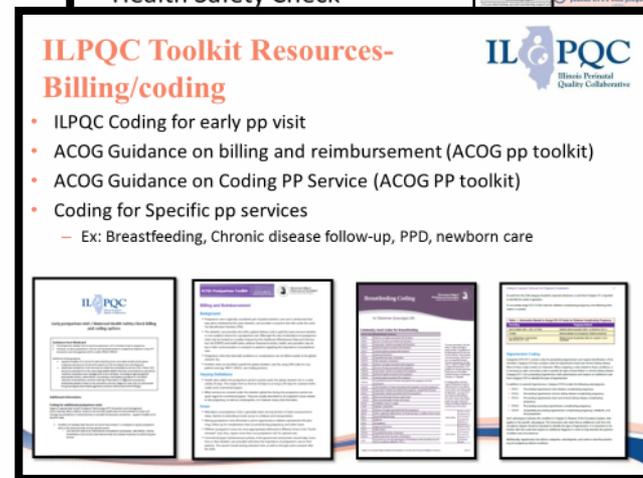
**IPAC Toolkit Materials-  
Provider and Nurse Education**

- [ILPQC Grand Rounds](#)
- ILPQC Checklist for Maternal Health Safety Check

ILPQC Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Reproductive Health Services (IPACS)

Remember to schedule at least 1-2 week postpartum visit



**ILPQC Toolkit Resources-  
Billing/coding**

- ILPQC Coding for early pp visit
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
  - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care

ILPQC Illinois Perinatal Quality Collaborative

# IPAC: Patient Education Resources

## Congratulations on the birth of your baby!

After giving birth, it's important to maintain the healthy habits you practiced while you were pregnant and continue to see your obstetric (OB) health care provider postpartum.

We recommend that all women have a **EARLY POSTPARTUM VISIT / MATERNAL HEALTH SAFETY CHECK** within **2 weeks** of giving birth, as well as a routine postpartum visit at approximately 6 weeks after delivery.

**WHY IS THIS IMPORTANT TO ME?**  
We recommend that all women are seen within 2 weeks of giving birth so that their health care provider can assess how they are recovering after delivery. Most women who give birth recover without problems, but any woman can have complications. Your OB health care provider will look for these potential complications that can occur in the postpartum period and will also assess your recovery and provide support.

**WHAT HAPPENS AT MY EARLY POSTPARTUM VISIT?**  
Your OB provider or clinical team will:  

- Check your blood pressure
- Assess for wound or perineum healing
- Assess your postpartum bleeding is appropriate
- Assess your mood and provide support
- Provide breastfeeding support
- Provide family planning/ contraceptive counseling
- Link you to any needed health services or follow up

**HOW DO I SCHEDULE MY EARLY POSTPARTUM VISIT?**  
Please call your OB provider's office before you leave the hospital after delivery to schedule your early postpartum visit / maternal health safety check within 2 weeks of delivery. You may also want to schedule your 6 week postpartum visit. Tell your nurse or provider when your visit is scheduled. If you deliver over a weekend, then please call the office on Monday to schedule.

My Healthcare Provider Name: \_\_\_\_\_  
 My Healthcare Provider Phone: \_\_\_\_\_  
 Date of my appointment: \_\_\_\_\_

INSERT hospital Logo here

## How long should you wait before getting pregnant again?

**For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.**

Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy. Having at least 18 months between pregnancies may help reduce your risk for premature birth in your next pregnancy. Use this time to talk to your health care provider about things you can do to help reduce your risk. To learn more, go to [marchofdimes.org/prematurebirth](http://marchofdimes.org/prematurebirth).

**What you can do:**

- Wait 18 months or more after having a baby before getting pregnant again.
- If you're older than 35 or had a miscarriage or stillbirth, talk to your provider about how long to wait.
- Use effective birth control until you're ready to get pregnant.
- Talk to your health care provider about birth control options.

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help.

**WATCH A VIDEO**  
[marchofdimes.org/videos](http://marchofdimes.org/videos)

**TAKE ACTION**  
**Get your 18 months.**  
 Fill this out with your provider so you know when you can start trying to get pregnant again.

**Example:**

Date your baby was born \_\_\_\_\_ May 16, 2017  
 Add 1 year and 6 months \_\_\_\_\_ Nov. 16, 2018

**Now you try:**

Date your baby was born \_\_\_\_\_  
 Add 1 year and 6 months \_\_\_\_\_

MARCH OF DIMES  
 HEALTHY MOMS. STRONG BABIES

## 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 pre-eclampsia

**GET HELP** My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Closest To Me: \_\_\_\_\_

# A

[ILPQC IPAC Maternal Health Safety Check](#)

# B

[Healthy Pregnancy Spacing Information](#)

# C

[AWHONN Post-Birth Warning Signs](#)

**Do you have these 3 resources in place?**