

Reducing Maternal and Neonatal Morbidity and Mortality with Improved Postpartum Access to Care



Bucciero, Michele, MD MBA-HCM; Korzec, Michelle, CNM; Takhsh, Eden, MD MBA; Minogue, Kathleen, MSN RN

Problem

Our institution participated in the Improving Postpartum Access to Care (IPAC) initiative in May 2019. Upon review of our data from the initiative and the National Perinatal Information Center (NPIC) it was noted that our neonatal re-admission rates were slightly above average. When contemplating how to improve, we applied for and received a health equity grant from the American Hospital Association's Institute for Diversity and Health Equity (IFDHE) and Blue Cross and Blue Shield of Illinois (BCBSIL) aimed at eliminating health care disparities. Through the development of our process improvement plan, we decided to build on our previously implemented process through IPAC. The planned home visits were changed to telephone encounters due to COVID pandemic.

Project Implementation

Education regarding the program will be given to patients before hospital discharge with a planned phone call within three days by a Certified Nurse Midwife. All patients will also be discharged with a blood pressure cuff and infant thermometer. During the call, information will be collected and education/interventions offered for the following:

- Patient Demographics including Race/Ethnicity and Sexual Orientation
- Delivery and Provider Information
- Infant Data
- Intrapartum and Postpartum Complications
- Infant Feeding, Lactation Support, WIC services
- COVID status
- Home Blood Pressure reading
- Depression Score
- Preferred Birth Control Method
- Maternal Safety Check and Pediatric appointment status
- Infant Fever/Jaundice
- Safe Sleep, Family member vaccination, Infant CPR education
- Food insecurity, Phone access, Transportation assistance

Results

Phone calls and data collection are scheduled to begin 11/2020 and will continue for approximately six months. The data will then be analyzed to assess for the effects of our intervention.

Information regarding the program will be distributed to each patient prior to hospital discharge. A flyer was created with the information below:

Postpartum Early Follow-up - Telehealth

Thank you for delivering your baby at Saint Anthony Hospital!

We would like to call and check to see how you are adjusting at home on:

Infant Thermometer:

We are sending you home with an infant thermometer. From birth to 3-months use a digital rectal thermometer. Here are instructions on how to take your infants temperature:

- 1. Turn on the thermometer
- 2. Lubricate the tip with petroleum jelly
- 3. Place infant on his or her back
- 4. Lift hips and insert thermometer 1/2 to 1 inch into rectum

Blood Pressure Monitoring for Mother:

- 1. Rest in chair for at least 5 minutes with arm resting on flat surface at heart level
- 2. Sit with feet flat on the floor, legs not crossed, with your back straight and supported
- 3. Place the bottom of the cuff above the bend of the elbow
- 4. Please call your provider if your blood pressure is above 140/90

Danger Signs For Mom - Notify your health provider of:

Blood Pressure at 140/90 • Severe headache that won't go away • Vision changes • Stomach pain, nausea and vomiting • Swelling in hands or feet • Bleeding, soaking through one pad/hour or clots the size of an egg or bigger • Red or swollen leg that is warm or painful to the touch • Temperature of 100.4 or greater • Incision that is not healing

Go to the Emergency Room immediately if:

 You have difficulty breathing or shortness of breath • Blood Pressure is 160/110 or greater • You have a seizure • You have thoughts of hurting yourself or your baby

Danger Signs For Baby - Notify your pediatrician of:

Not urinating well • No bowel movement in 48 hours • Temperature of more than 100.4 or less than 95.9 • Odor, drainage or bleeding from umbilical cord • Yellowing of skin on chest, arms, legs, or whites of eyes • Crying or irritability that does not improve with cuddling or comfort • Poor appetite or weak sucking ability • Cough, diarrhea, pale skin color • Vomiting, especially when it is yellow or green in color

Conclusions

While this project is aimed at decreasing our neonatal readmission rates, we hope that by incorporating it with our process implemented through the IPAC initiative that we will also continue to decrease maternal morbidity and mortality, especially given our high-risk population.

Acknowledgements/Hospital Team

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