Quality Measure Translation to Practice

April 2024

Prenatal and Postpartum Care

KDHE Approved 3 26 2024

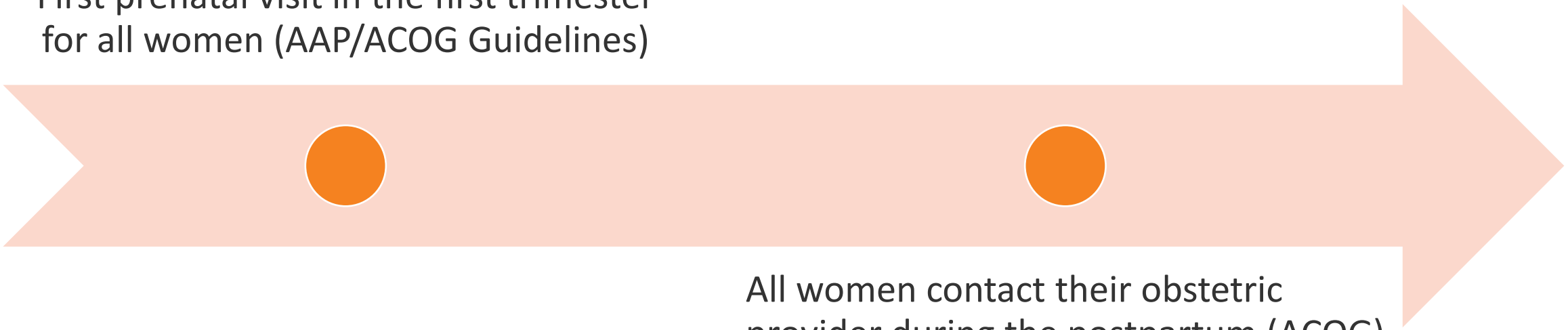
Prenatal & Postpartum Care

Why it's important:

- In the United States, 1 in 4 gestations are complicated during the pregnancy, labor and delivery and/or in the postpartum
- Estimated 60% of all pregnancy related deaths are preventable
  - 22% happen during pregnancy
  - 25% during the day of delivery or up to a week after
  - 53% one week to one year after pregnancy

Care Guidelines

First prenatal visit in the first trimester for all women (AAP/ACOG Guidelines)



All women contact their obstetric provider during the postpartum (ACOG)

- Within three weeks postpartum
- Followed by ongoing care as needed
- Concluding with a comprehensive postpartum visit no later than 12 weeks after birth

Address Health Inequities

Deaths from pregnancy-related complications:

- Black women are three times more likely to die of pregnancy complications than white women.
- American Indian and Alaska Native women are two times more likely to die than white women.
- A growing body of research documents the role that structural racism and implicit bias plays on generating health disparities across a spectrum of outcomes.

Providers must be conscious of how structural racism and personal biases may translate to patient care and health outcomes.

Health Inequities in Kansas

- **According to Kansas Maternal Mortality Review Committee (KMMRC):**
  - Severe Maternal Morbidity (SMM) rate for non-Hispanic Blacks was significantly higher than any other race and ethnicity.
  - Women enrolled in Medicaid or from low-income ZIP codes were more likely to experience SMM.
- A review of pregnancy related deaths shows that racial and ethnic minorities were disproportionately affected (2/3 of the deaths).
- Discrimination contributed to approximately one in four deaths among pregnancy-related deaths reviewed after May 29, 2020, when CDC added a discrimination field to committee decision forms.

Pregnancy-related Deaths in Kansas

(review from 2016 – 2020)

- 34.5% of deaths occurred during pregnancy
- 44.8% of deaths occurred within 42 days of the end of pregnancy
- 20.7% of deaths occurred 43 days to 1 year after the end of pregnancy

Leading causes included: cardiovascular conditions, embolism-thrombotic (non-cerebral), hypertensive disorder and infection.

Pregnancy-related Deaths in Kansas

(review from 2016 – 2020)

- Circumstances surrounding deaths included:
  - Obesity
  - Substance use disorder
  - Discrimination
- 79.3% were deemed **preventable*** by the committee.

*A death is considered preventable if there was at least some chance of the death being prevented by one or more reasonable changes to patient, family, provider, facility, system, and/or community factors. This definition is used by MMRCs to determine if a death they review is preventable.

- Most deaths were ages of 25-39 years and had either completed high school or GED or had less than high-school education.
- 62.1% had Medicaid, no insurance or unknown insurance.

ACOG recommendations to improve patient-centered care and decrease inequities in reproductive healthcare

Inquire and document social and structural determinants of health that may influence a patient's health and use of healthcare.

Maximizing referrals to social services to help improve patients' abilities to fulfill these needs.

Provide access to interpreter services for all patient interactions when patient language is not the clinicians' language.

Recognize that stereotyping patients using presumed cultural beliefs can negatively affect patient interactions, especially when patients' behaviors are attributed solely to individual choices without recognizing the role of social and structural factors.

Resources: www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/01/importance-of-social-determinants-of-health-and-cultural-awareness-in-the-delivery-of-reproductive-health-care

KMMRC* Recommendations for Action for Pregnancy-related Deaths

Screen, provide brief intervention and referrals for:

- Comorbidities and chronic illness
- Intimate partner violence
- Pregnancy intention
- Mental health conditions (including postpartum anxiety and depression)
- Substance use disorder

Better communication and multi-disciplinary collaboration between providers, including referrals.

Patient education and empowerment.

*Kansas Maternal Mortality Review Committee

Kansas Perinatal Resources

Perinatal Mental Health Toolkit	Includes screening resources and algorithms, provider resources and patient handouts, patient resources and finding treatment links
Perinatal Substance Use	Includes screening tools and workflows, provider and patient resources and finding treatment links
Maternal Warning Signs Toolkit	Includes statement of need, call to action, patient/client resources, provider resources and family/community resources

CDC Resources

HEAR Her Campaign

- Discusses urgent maternal warning signs.
- Patient handouts and resources.
- Provider education.
- Minority specific education and resources.

HEDIS Quality Measures: Prenatal & Postpartum Care is under the Access/Availability of Care Section

Description:

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care:

Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

NEW: KanCare extended coverage for pregnant moms to one year postpartum.

HEDIS PPC Definitions

The **First Trimester** is defined as 280-176 days prior to delivery (or estimated delivery date [EDD]).

Required exclusions:

- Members who use hospice services or elect to use hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Pregnancy did not result in live birth.
- Member not pregnant.
- Delivery outside of measure date parameters.

Prenatal Care

Prenatal visit that occurred during the required timeframe *(during the first trimester or within 280 days prior to delivery and 42 days after their enrollment start date)*.

- A Prenatal Bundled Service
- Stand Alone Prenatal Visit
- A prenatal visit with pregnancy-related diagnosis code

Note: Services must be rendered by an OB/GYN, prenatal care practitioner or PCP to meet criteria for prenatal visit. Ultrasound and lab tests alone are not considered a visit; they must be combined with an office visit documented by an appropriate practitioner.

Prenatal Care Medical Record

Prenatal care visit to OB/GYN or other prenatal care practitioner. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a not indicating the date when the prenatal care visit occurred and evidence of one of the following:

Documentation indicating the member is pregnant:

- Standardized prenatal flow sheet or
- Documentation of last menstrual period (LMP), EDD or gestational age or
- A positive pregnancy test result.

Prenatal Care Medical Record

- A basic physical obstetrical examination that includes:
  - An attempt at auscultation of fetal heart tones.
  - A pelvic exam with obstetric observations.
  - Measurement of fundus height.
- Evidence that prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric lab panel (Hct, diff. WBC count, plt, Heb B, rubella, syphilis test, RBC antibody screen) OR
  - TORCH antibody panel alone OR
  - Rubella antibody test/titer with Rh incompatibility (ABO/Rh) blood typing, OR
  - Ultrasound of a pregnant uterus.

Postpartum Care

A postpartum visit on or between 7 and 84 days after delivery. (Any of the following meet criteria):

- A postpartum visit.
- An encounter for postpartum care.
- Cervical cytology.
- A postpartum bundled service.

(Services provided in an acute inpatient setting are excluded.)

Postpartum Medical Record

Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP on or between 7 and 84 days after delivery.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen (notation of “breastfeeding” is acceptable for the “evaluation of breasts” component).
- Notation of postpartum care, including, but not limited to:
  - Notation of “Postpartum Care,” “PP Care,” “PP check,” “6-week check.”
  - A preprinted “Postpartum Care” form in which information was documented during the visit.

Postpartum Medical Record

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Perineal or cesarean incision/ wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for members with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

Prenatal & Postpartum

Best Practice Suggestions

- Stress and educate patients on the importance of the prenatal/initial visit and postpartum care for themselves and their baby.
- Review the visit schedule with the patient.
- Connect patients to resources for family assistance programs.
- Ensure members are aware of available resources to overcome barriers and any incentives for care.
- Identify patients seen in ER with diagnosis of pregnancy and initiate follow-up.

Prenatal & Postpartum

Best Practice Suggestions

- Follow members closely who have or had a substance abuse or mental health diagnosis. Initiate appropriate referrals.
- Encourage patients to maintain the relationship with an OB/GYN to promote consistent and coordinated health care
- Educate patients on the importance of keeping each prenatal visit and post-partum visit. Discuss and identify potential barriers to receiving care when pregnancy is confirmed. Discuss with members ways that barriers can be overcome.

Prenatal & Postpartum

Best Practice Suggestions

- Consider offering extended practice hours to increase care access. For those who do not show or schedule appointments, attempt to engage in a telephone or video visit to close the gap.
- Remind patients of their appointment by making calls or sending texts.
- Make outreach calls and/or send letters to advise members of the need for a visit.

Sunflower Health Plan Resources

Resources available for pregnant members include:

- Start Smart for Your Baby – Care Management Program.
- Help with benefits and community services/resources.
- Special texting programs for Start Smart moms.
- Available benefits, such as dental exams, prenatal checkups and vision exams.
- Discussion of benefits of WIC enrollment and available ride options through transportation agency provided by health plan and how to book a ride.
- Assistance with finding behavioral health providers during and after pregnancy.
- Assistance with finding community baby showers and available resources for free infant car seats.
- Assistance with obtaining breast pump through member benefits.

Health Plan Notification

- After receipt of the completed Notification of Pregnancy (NOP), our care managers reach out to members to invite them to participate in the Start Smart for Your Baby program.
- NOPs can be completed through the Sunflower website portal or via online forms. Forms can also be emailed to the health plan at maternitynicuteam@sunflowerhealthplan.com.
- Our members will earn $15 on their My Health Pays card for completion of the NOP.

Start Smart for Your Baby® (SSFB)

Start Smart for Your Baby® is designed for pregnant members, babies and their families. Care managers help members by providing:

- Education for a health pregnancy.
- Discussion of the importance of both prenatal and post-partum care.
- Identification of community resources near the member.
- Discussion of member eligible benefits during and after pregnancy.

SSFB is offered via telephonic and digital care management program with secure messaging app as a means of communication throughout and after pregnancy.

For more information about this program, visit Sunflower's Benefits page. Click on "Pregnancy and Newborn Services."

Postpartum Resources

Postpartum telephonic follow up visits are done by our care management team 4-6 weeks after delivery. These visits are to ensure the member has a postpartum visit scheduled with their obstetrical provider and to provide further education for postpartum care for both the member and infant.

Members can earn up to $15 on their My Health Pays card for a Postpartum Doctor visit 4-6 weeks after delivery. (Note: Members must also have a Notification of Pregnancy on file prior to the birth).

Clinical Tools Provided by CDC

- Identifying and Managing Obstetric Emergencies in Non-obstetric Settings
- Maternal Patient Safety Bundles
- Maternal Early Warning Signs (MEWS) Protocol
- Toolkit for Improving Perinatal Safety
- Guide to Patient and Family Engagement in Hospital Quality and Safety

Implicit Bias and Stigma Resources

- March of Dimes' Professional Education, including Implicit Bias Training focused on maternity care.
- Beyond Labels: Reducing Stigma developed by March of Dimes.
- SPEAK UP Program by the Institute for Perinatal Quality Improvement.
- AWHONN Insights Podcast: The Implicit Bias in Healthcare
- Health Equity, Implicit Bias, Stigma & Antiracism developed by the Michigan Department of Health and Human Services.

Health Equity and Cultural Awareness Resources

- American Medical Association (AMA) Center for Health Equity.
- Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care by the American College of Obstetricians and Gynecologists (ACOG).
- Birth Equity developed by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).
- Think Cultural Health developed by the Office of Minority Health.
- The EveryONE Project developed by the American Academy of Family Physicians.

Questions?