

Promoting Better Health for Mothers and Babies Across the Continuum of Care

A Discussion and Action Guide for Key Stakeholders

Promoting Better Health for Mothers and Babies Across the Continuum of Care is designed to help hospital-based clinicians – working with community-based providers and other stakeholders – improve access to care and reduce health inequities for expectant and new mothers.

To improve the overall health of women and reduce maternal mortality and morbidity, it is critical that providers coordinate efforts across the continuum of care, from pre-conception up to one year after birth. Notably, one-third of maternal deaths occur during pregnancy, one-third during labor and delivery, and one-third between one week and one year after birth.

This guide is designed to facilitate discussion and information-sharing within your practice and among providers across the continuum. It is structured to raise specific questions and identify key takeaways. The guide contains the following components:

- ✓ **Part I** addresses prenatal care and is divided into two subparts (outpatient prenatal care and antenatal, emergency department and triage units).
- ✓ **Part II** focuses on labor and delivery.
- ✓ **Part III** concerns discharge protocols.
- ✓ **Part IV** concludes with the at-risk postpartum period.

The audience of stakeholders are outlined at the beginning of each section. As you engage in this discussion, consider a review of hospital policies and procedures and update them to incorporate any changes in practice resulting from protocols implemented. Hospitals also should review relevant state practice guidelines for providers.

For more information on how to use this guide and additional resources on maternal and infant health and well-being, please visit www.aha.org/better-health-for-mothers-and-babies.

Key Stakeholders: Patient’s Primary Obstetrician, Nurse Midwife or Family Practitioner in the Clinic Setting

Discussion Questions

1. Do you utilize a risk-assessment tool for identifying patients at higher risk of preeclampsia/eclampsia/hypertension, hemorrhage, diabetes, infection, ectopic pregnancy or miscarriage? Do you have a protocol for monitoring and treating these patients? Do you have a process to identify these patients so they are monitored by clinical staff?

2. Do you have a standard protocol for frequency of blood pressure, urine glucose and other laboratory values for identified high-risk patients and what triggers further review? Do you educate patients on signs and symptoms related to identifying high-risk diseases?

3. Do you screen for social needs (e.g., housing, food, employment), mental health needs and substance use? Do you use a validated screening tool? If so, which tool do you use? Do you have a list of mental health resources readily available if a patient screens positive? Who are the essential care team members needed when a patient is identified as needing additional support services? Do you use community health workers?

4. What standard protocols do you use for management of high-risk patients (e.g., cardiovascular disease)? What reporting systems, data collection processes and protocols are in place to monitor and measure outcomes for these patients?

KEY TAKE-AWAYS

- Have a standard protocol for early warning signs, identify patients for increased monitoring. Use standard protocols for measurement.
- Clinics should have a standard protocol to measure blood pressure and urine, and educate patients on the signs and symptoms of hypertension, hemorrhage and preeclampsia.
- Protocols should identify the thresholds for clinical indicators that trigger notification of the physician or provider and the appropriate treatment and follow-up procedures.
- Protocols should enable assessments of vulnerable subgroups (e.g., women with opioid- and substance-use disorders, racial and ethnic minorities, and individuals with language barriers) and afford relevant literature, tools and training of staff to identify at-risk patients and provide or refer patients for appropriate services.

Key Stakeholders: Hospital Leadership, Clinicians and Teams Practicing in the Hospital Setting, High-risk Clinics and Emergency Department

Discussion Questions

1. Do you utilize a risk-assessment tool for detecting patients at higher risk of preeclampsia/eclampsia/hypertension, hemorrhage, diabetes, shoulder dystocia or infection? Do you have a protocol for monitoring and treating these patients? Do you have a process to flag these patients for quick and consistent identification when they arrive at the hospital? Do you have a process for easy identification of the primary provider and other clinical team members involved in the patient's care throughout the hospital stay?

2. Do you have a standard protocol to measure blood pressure, urine and other laboratory values for identified high-risk patients? Do you educate patients on signs and symptoms related to high-risk conditions?

3. Do you conduct antenatal screening for social needs (e.g., housing, food, employment), mental health needs and substance use? Do you use a validated screening tool? If so, which tool do you use? Do you have a list of resources readily available if a patient screens positive? Who are the essential care team members needed when a patient is identified as needing additional support services?

4. What standard protocols do you use for management of high-risk patients? What reporting systems, data collection processes and protocols are in place to monitor and measure outcomes for these patients? Are teams impacted by the protocols included in their development and revisions?



KEY TAKE-AWAYS

- Every hospital and clinic should have a standard process to identify the primary clinician and other team members involved in the patient's care for the duration of the hospital stay.
- Hospitals and clinics should conduct antenatal screening for social needs, mental health, and substance use.
- Hospitals and clinics should retain a list of resources readily available if patients screen positive for social needs, mental health, substance use and other maternal needs.

Key Stakeholders: Hospital Leadership, Physicians, OB Hospitalists, Family Practice, Nurse Midwives and Nurses in the Hospital Setting

Discussion Questions

1. Do you utilize a risk-assessment tool for detecting patients at higher risk for preeclampsia/eclampsia/hypertension, hemorrhage, diabetes, infection, etc.? Is there a protocol to monitor and treat these patients? Do you have a process to flag these patients for quick and consistent identification with the primary physician and other clinical team members involved in the patient's care for the duration of the hospital stay? Is there a protocol for escalation and, if necessary, transport? Are those impacted involved in protocol development (e.g., blood bank)?

2. What standard protocols and equipment do you have in place to ensure readiness, recognition and response to obstetrical hemorrhage? What standard protocols and equipment are needed to quantify blood loss? What should the minimum requirements be for a standard protocol on quantifying blood loss?

3. Do you have a standard protocol for screening patients for substance use and/or a history of use? Do you use a standardized tool for assessing withdrawal for both the mother and baby during the inpatient period?

4. Is the patient's prenatal health record easily accessible to hospital clinicians upon admission? Is the record available to all members of the care team to facilitate shared care planning and decision-making? Is there a clinical decision support team?

5. What standard protocols should be available when a patient is identified as high-risk? What reporting systems and/or data collection and protocols are in place? Do you have data collection, sharing and reporting mechanisms and monitoring bodies in place (e.g., maternal morbidity and mortality review committee)? Do you contribute to any national databases?



KEY TAKE-AWAYS

- Hospitals should have standard protocols for identifying and evaluating women at higher risk for preeclampsia, eclampsia, hypertension and other conditions during labor and delivery (inpatient), as well as timely responses to escalation.
- Hospitals should have a standard policy and appropriate equipment to estimate blood loss.
- Hospitals should have a standard protocol for screening patients for substance use and/or a history of substance use.
- The patient's health record should be available in an accessible format to all members of the care team to facilitate shared care planning and decision-making.
- Hospitals should have an ongoing reporting system that allows for timely collection and sharing of outcomes data and process metrics that may be reviewed by an appropriate monitoring body.

Key Stakeholders: Nursing, Social Workers, Case Managers, Clinicians Practicing and Working on Discharge Process in the Hospital Setting

Discussion Questions

1. What pertinent clinical, obstetric, newborn and postpartum information should be included in a standard discharge protocol? Do mothers understand basic signs and symptoms of complications and where to go for follow-up? Do mothers and families know who their care team is for follow-up?

2. Do you have a process to ensure a customized care plan during the post discharge period based on patients' medical and mental health needs? Are educational materials provided and consistent with patients' cultural and linguistic needs? Do you have a process in place to identify patients with significant stress or depression? Do you have internal resources for assessment and counseling during the inpatient period?

3. Do you offer warm hand-offs (i.e., transfer of care between members of the health care team) or personalized referrals to external or community-based care team members to assist the patient? Does the hospital or clinic have an approach to identify high-risk mothers who return to the care delivery setting?

4. Is there a protocol for case managers and social workers to engage patients' families, caregivers and other members of the external or community-based care team to ensure patients receive follow-up care? Do you retain an active list of community resources to support patient needs? Do you have data collection, sharing and reporting mechanisms, and monitoring bodies in place (e.g. Women's Behavioral Health Needs Review Committee)?



KEY TAKE-AWAYS

- Hospitals should have standard discharge protocols with the relevant information for mothers.
- Hospitals should ensure that care plans are customized to the patient's unique medical and social needs and account for any racial, ethnic, language or cultural factors that may affect the care plan for the mother and infant.
- Hospitals should retain a current list of community resources and have a mechanism to share information with patients and assist them in connecting with community partners to address their unmet material, mental health and social needs.
- Hospitals should have a protocol for case managers and social workers to engage families, caregivers, external and community-based members of the care team to ensure that patients receive follow-up care.

Key Stakeholders: Administrative Hospital Leadership, Nursing, Social Workers, Case Managers, Primary Obstetrician, Family Practice, Behavioral Health Professionals, and Nurse Midwives in the Emergency Department and Clinic Setting

Discussion Questions

1. Do you have a standard protocol for screening new mothers for high-risk conditions? Does the ED or clinic have an approach to identify high-risk mothers who return to the care delivery setting? If a patient is identified as high-risk postpartum, is there a care pathway specific to these mothers? Do you have a protocol on screening for social determinants, mental health needs, substance use, pain and other unmet maternal needs?

2. If a patient is identified as high risk for depression or has a history of trauma, do you customize the patient's care plan to provide extra support/attention while in the postpartum period? Do you have a way to identify patients who are high risk for depression so that the entire care team is aware?

3. What additional evidence-based and management best practices should you adopt to support women between one-week and one year after delivery? Do you capture the voices of mothers in improving and designing care and support pathways?

4. What ways are you working to reduce unconscious and implicit bias for teams caring for mothers and babies in the postpartum period in the office, community or ED?



KEY TAKE-AWAYS

- EDs, physician offices or clinics should have a standard protocol on screening for social determinants, mental health and substance use.
- EDs should develop relationships with community partners as members of the external or community-based care team to increase the number of warm hand-offs and personalized referrals for high-risk mothers.
- Physician offices or clinics should continually assess the literature of evidence-based and management best practices to support women between one-week and one year after birth. Look for ways to reduce bias.
- EDs should continually assess literature for best practices in care of high-risk mothers and ways to reduce unconscious and implicit bias.