



Retrospective Analysis of Postpartum Visits at AHSMEMC Family Medicine Residency Program

A Preliminary Report

Alicia Milan-Flanigan, MD

Marcela Hinojosa-Clapp, MD - Danique Lippens, MD - Sara Luczkiewicz, MD

Abbreviations

- ▶ AHSMEMC: AMITA Health Saints Mary and Elizabeth Medical Center
- ▶ FQHC: Federally Qualified Health Center
- ▶ ACOG: American College of Obstetricians and Gynecologists

Background and Significance

- ▶ In Illinois, 43% of births have complications (including perineal trauma, PPH among others)
- ▶ The maternal mortality rate in the US is 23.7 per 100,000 live births
- ▶ 61% of maternal deaths occur in the postpartum period, of which 66% of these occur within the first postpartum week
- ▶ Per ACOG only 40% of women nationwide had a postpartum visit in 2017
- ▶ In Illinois, only 55% of females receive postpartum care between 3 to 6 weeks after delivery
- ▶ Healthy People 2020 had a goal to achieve 90.8% attendance for postpartum visits nationwide

ACOG Quality Criteria for Postpartum Care

- ▶ Mood and emotional well-being screening
- ▶ Infant care and feeding
- ▶ Sexuality, contraception, and birth spacing
- ▶ Physical recovery and chronic disease care including pregnancy complications

Research Question

- ▶ What is the percentage of postpartum visits in our patient population after implementing a postpartum workflow?
- ▶ Are we meeting the ACOG quality criteria for our postpartum visits?

Objectives: Primary Goals

- ▶ To identify the percentage of postpartum follow up visits, and measure the quality of postpartum care in patients who delivered at AHSMEMC from 12/02/2017 – 07/31/2020
- ▶ This is an in-progress study that began analyzing same data from 01/01/2014-12/01/2017

Secondary Goals

- ▶ Describe the patient population
- ▶ Identify possible causes and correlations for the lack of postpartum follow up
- ▶ Assess effect of implementation of a standardized postpartum workflow

Study Design

- ▶ Observational/descriptive study that uses retrospective analysis
- ▶ Research population: all pregnant patients served by the FM residency program FQHC clinics from 12/02/2017 – 07/31/2020
- ▶ Total sample of 749 charts of which only 472 met inclusion criteria

Characteristics of the FQHC Affiliated Clinics

- ▶ PrimeCare is a FQHC with six medical sites, two dental sites, two MAT sites, and one school-based health center. Behavioral Health services are integrated into all sites.
- ▶ We receive an approximate of 400 prenatal patients per year (416 in 2020) who are mainly seen in the West Town and Wicker Park Clinics.
- ▶ We serve patients regardless of insurance or ability to pay
- ▶ 8.5 % of patients, identify as African American and 68% identify as Hispanic/Latinx.
- ▶ 36 % of patients are best served in a language other than English
- ▶ Our patients deliver at AHSMEMC and are seen in the clinics for their postpartum visits

Postpartum Workflow: Part 1

- ▶ No prior standardization of visits and postpartum follow up
- ▶ Postpartum workflow implemented on fall 2019
- ▶ Starting at 36 weeks, set weekly appointments for prenatal patients up to 41-42 weeks
- ▶ At the time of delivery, resident physicians will ensure that there is a postpartum appointment scheduled within 1-2 weeks

Postpartum Workflow: Part 2

- ▶ During the postpartum visit the template “1-2 weeks postpartum visit” should be selected as reason for visit which includes assessment for depression, breastfeeding, and contraception
- ▶ At the end of 1st postpartum visit, a second bundled visit should be scheduled in 3-4 weeks and 1 month well child for newborn

Postpartum Workflow: Part 3

- ▶ Template “4-6 week postpartum visit” should be used for second visit as it includes assessments for depression, breastfeeding, return to work plan and contraception
- ▶ If the patient no-shows to the appointments, Medical Assistant will start a patient case and call patient to re-schedule within 1 week (even if patient is re-scheduled, patient case still needed to document call). Attempt to call patient three times, if no response, send a certified letter
- ▶ If patient calls to cancel or re-schedule appointment, scheduling staff should be alerted by postpartum visit type and attempt to re-schedule within 1 week

Results:

Postpartum Follow-up Appointment Documentation

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Appointment present on chart	127 (66 %)	184 (93.4 %)	79 (96 %)	390 (82.6 %)
Appointment absent in chart	66 (34 %)	13 (6.6 %)	3 (4 %)	82 (17.4 %)
Total	193	197	82	472

Results:

Attendance of Follow-up Appointment

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Came to visit	104 (45.3%)	140 (70.8%)	74 (90.8%)	318 (70.5%)
Rescheduled but came	170 (88%)	185 (94%)	77 (94%)	432 (91.5%)
Did not come	23 (12%)	12 (6%)	5 (6%)	40 (8.5%)
Total	193	197	82	472

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Visit at less/equal to 8 weeks	160 (83%)	176 (89%)	75 (91.5%)	411 (87%)
Visit at more than 8 weeks	10 (5.1%)	9 (5%)	2 (2.4%)	21 (4.5%)
Did not come	23 (12%)	12 (6%)	5 (6%)	40 (8.5%)
Total	193	197	82	472

Distribution of Patients by Parity and Type of Delivery

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
1 or less	57 (29.5 %)	56 (28.4 %)	19 (23 %)	132 (28 %)
2-4	124 (64.2 %)	114 (57.8 %)	53 (64.6 %)	291 (61.6 %)
5+	12 (6.2 %)	27 (13.7 %)	10 (12.2 %)	49 (10.4 %)
Total	193	197	82	472

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Vaginal	143 (74 %)	131 (66.5 %)	46 (56 %)	320 (68 %)
C-section	50 (26 %)	66 (33.5 %)	36 (44 %)	152 (32 %)
Total	193	197	82	472

Preliminary Results on Quality of Care Provided

- ▶ Addressing medical problems/comorbidities and pregnancy complications
 - ▶ The most common medical problems found were hypertension, thyroid disorder, anemia, obesity, and depression
 - ▶ 28 % developed pregnancy complications, such as pregnancy induced hypertension/preeclampsia, cholestasis of pregnancy, gestational diabetes, anemia/postpartum hemorrhage.

Demographics: Age at the Time of Delivery

Age range	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
<18	5 (2.6 %)	5 (2.5 %)	2 (2.4 %)	12 (2.5 %)
18-35	166 (86 %)	163 (82.7 %)	74 (90.2 %)	403 (85.4 %)
>35	22 (11.4 %)	29 (14.7 %)	6 (7.2 %)	57 (12.1 %)
Total	193	197	82	472

Demographics: Race

Race	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Hispanic	152 (78.8 %)	167 (84.7 %)	69 (84.1 %)	388 (82 %)
African-American	17 (8.8 %)	13 (6.6 %)	8 (9.7 %)	38 (8%)
Caucasian	18 (9.3 %)	10 (5.1 %)	1 (1.2 %)	29 (6.1 %)
Middle Eastern	0	1 (0.5 %)	1 (1.2 %)	2 (0.4 %)
Other	2 (1 %)	2 (1 %)	1 (1.2 %)	5 (1 %)
NA	4 (2 %)	4 (2 %)	2 (2.4 %)	10 (2.1 %)
Total	193	197	82	472

Demographics: Marital Status

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Married	50 (26 %)	54 (27.4 %)	18 (22 %)	122 (26 %)
Single	131 (68 %)	140 (71 %)	56 (68.3 %)	327 (69.2 %)
NA	12 (6 %)	3 (1.5 %)	8 (9.7 %)	23 (4.8 %)
Total	193	197	82	472

Demographics: Employment Status

	12/02/2017- 12/31/2018	2019	1/1/2020- 7/31/2020	Total
Employed	51 (26.4 %)	67 (34 %)	30 (36.6 %)	148 (31.4 %)
Unemployed	70 (36.2 %)	111 (56.3 %)	37 (45 %)	218 (46.2 %)
NA	72 (37.3 %)	19 (9.6 %)	15 (18.3 %)	106 (22.4 %)
Total	193	197	82	472

Discussion Regarding Workflow Implementation

- ▶ Our postpartum attendance improved every year. In Dec 2017 - 2018 our postpartum attendance was 88.5%, then 94% in both 2019 and 2020. Which surpassed the goals for Healthy People 2020
- ▶ Postpartum follow up during the first 8 weeks after delivery has improved every year and may represent that the implementation of the postpartum workflow has been effective in improving postpartum follow up.

Discussion Regarding Workflow Implementation

- ▶ Patient's charts had a more complete documentation of breast feeding, depression screening, and contraception after implementation of text macros.
- ▶ We noted that there was a greater number of patients who lost prenatal FU during 2020, and thi may be related with the COVID-19 pandemic.

Challenges

- ▶ EMR from the Hospital is not linked with the EMR of the Clinic
- ▶ Difficulty finding data and demographics as it is not recorded uniformly. Needing to look in different parts of the chart to obtain that information, and this would vary from patient to patient
- ▶ Lack of protected time assigned for research purposes
- ▶ Loss of patients to follow up

Next Steps

- ▶ Determine quality of care provided
 - ▶ Analyze data of medical comorbidities and pregnancy complications
- ▶ Correlate results with previous data from the first part of this study
- ▶ Find statistically significant correlations that determine lack of follow up

Thank you