Expanding the number of Preventative Postpartum Visits in the Early Postpartum Period

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Background

Ensuring women in Illinois have two preventative postpartum visits is a key recommendation of the Illinois Maternal Mortality Review Committee to prevent future maternal deaths in Illinois (Illinois Department of Public Health [IDPH], 2018). This recommendation is based on the understanding that a 6-week postpartum (PP) visit occurs too late to address many women's critical needs in the early postpartum period. It is also based on a recognition that explicitly allowing reimbursement for two preventative PP visits in the early PP period encourages health care providers to educate postpartum persons about the need for early care and is more likely to ensure that access to this critical early care is facilitated.

Maternal Mortality during the Postpartum Period

The postpartum period is a critical time for mother and infant, where risk of death is highest for both (World Health Organization, 2015). In the United States, 39.5% of pregnancy-related deaths occur 1-41 days postpartum and 13.2% occur between 42-364 days postpartum (Creanga et al., 2017). In Illinois, 63% of pregnancy-related deaths in 2016-2017 occur during the postpartum period; thirty percent of these deaths occur less than 2 months postpartum and 33% of deaths occur between 2-11 months postpartum which is after the traditional postpartum visit at 4-6 weeks postpartum (Illinois Department of Public Health [IDPH], 2021).

There are significant racial/ethnic disparities in maternal mortality rates. During 2007-2016, non-Hispanic Black women in the US had a 3.2 times higher pregnancy-related mortality rate compared to non-Hispanic White women (40.8 versus 12.7) (Petersen et al., 2019). Likewise, in Illinois, non-Hispanic Black women were **three times** as likely to die of a pregnancy-related condition in 2016-2017 as non-Hispanic White women (IDPH, 2021). Even more alarmingly, during this same time in Illinois, **non-Hispanic Black women were eight times as likely to die due to a pregnancy-related medical condition**.

In 2016-2017, Illinois women on Medicaid were twice as likely to die from a pregnancy-related cause as women with private insurance, underscoring that Medicaid coverage for delivery is often a marker for other social risk factors (IDPH, 2021). However, studies show that insurance coverage during the periods before and after pregnancy has the potential to improve women's health (American College of Obstetricians and Gynecologists [ACOG], 2018; Johnson et al., 2006). Organizing this coverage in ways that facilitate women's access to prenatal and postpartum care is essential. Structural changes include expanding Medicaid postpartum coverage to 12 months, recently passed in Illinois through approval of the state's Medicaid waiver to the Centers for Medicare and Medicaid Services (CMS), as well as structuring reimbursement for prenatal and postpartum visits to facilitate women's access to care. In particular, as described below, the current structure of postpartum care does not meet postpartum person's unique health needs, leaving them at risk of serious, and even fatal consequences.

Explicitly allowing for reimbursement for two postpartum preventative visits will facilitate postpartum person's access to care, leading to decreased costs and improved maternal health outcomes.

Benefits of Postpartum Care

The period after the birth of an infant(s), the postpartum (PP) period, or the fourth trimester (Tully et al., 2017) is a critical time for both mothers and their infants, and for families in general. The early PP period is a time in which infants' needs are the greatest, mothers must recover from childbirth, a task made even more challenging if they have had a C-section, while also adapting to multiple physical, social, and psychological changes of their own. Together with other members of her family, mothers have to learn how to feed and care for their infants while getting little sleep, possibly experiencing pain, at a time when they are at risk of experiencing the "baby blues" or, more seriously, major PP depression (ACOG, 2018). Because many postpartum persons experience a substantial amount of morbidity during pregnancy, such as diabetes or hypertension, they often enter the postpartum period with chronic health problems which need to be addressed (Callaghan et al., 2012; Petersen et al., 2019). Women who have had a recent pregnancy are at increased risk of unintended pregnancy compared to other women of reproductive age not using contraception (Fagan et al., 2009) with rates up to 44% in the first PP year (Chen et al., 2010). Adequate birth spacing in the postpartum period is important for the health of mother and infant as pregnancies with a short interpregnancy interval (within 18 months of delivery) have been associated with increased risk of preeclampsia, preterm birth, and low birthweight (Gemmil & Lindberg, 2013). With women facing multiple demands, engagement with new mothers, infants, and families early in the PP period is critical. However, while the schedule for infant care in the US begins with a visit at two to five days and continues monthly (Hagan et al., 2017), mothers have not been expected to attend their own PP visit until at least four to six weeks postpartum (Stumbras et al., 2016).

Postpartum Care is Inadequate and Underutilized

Despite the fact that a large proportion of maternal deaths occur postpartum, pregnant persons transition from visiting their prenatal care provider on a weekly basis during the final weeks of pregnancy to a single potential visit after delivery. Further complicating this picture is that nationally fewer than 60% of Medicaid enrolled women attend their postpartum visit (Rodin et al., 2019). There are many reasons postpartum persons often do not seek PP care, including major system failures related to continuity of care issues between the prenatal and PP care systems, difficulties in managing a novel schedule and changed lifestyle due to the presence of a new baby, lack of childcare for other children, issues with transportation, and the need to bring the infant to multiple well baby visits (Henderson et al., 2016; Tully et al., 2017; Rodin et al., 2019). Underutilization of postpartum care prevents optimal management of chronic health conditions, such as depression, hypertension, and diabetes, and access to highly effective contraception. Non-attendance at the postpartum visit is also associated with an increased risk of short inter-pregnancy interval and preterm birth in future pregnancies (ACOG, 2018).

As the postpartum period is a critical time to prevent poor maternal outcomes, ACOG released a Committee Opinion in 2018 that called for postpartum care to transition from a single encounter to an ongoing process with obstetric care providers, culminating in a successful transition to primary care (ACOG, 2018). In response to ACOG's new recommendation, the National Committee for Quality Assurance (NCQA) proposed changing the current HEDIS measure of receipt of a postpartum visit between 3 to 8 weeks for Medicaid and private insurance (NCQA, 2019). NCQA proposed three new measures:

1. Early postpartum visit: percentage with a postpartum visit within 21 days after delivery.
2. Later postpartum visit: percentage with a postpartum visit during 22 and 84 days after delivery.
3. Early and later postpartum care: percentage with both an early and a later postpartum visit (numerator compliant for both indicators).

Changing the Postpartum Visit Landscape in Illinois

In line with current ACOG recommendations, proposed HEDIS measures, and recommendations from the Illinois Maternal Mortality Review Committee (IDPH, 2021), it is critical that all payors in Illinois institute two preventative postpartum care visits within the first 8-weeks postpartum as a standard benefit for their enrollees. This will ensure that providers give equal priority to the postpartum period in line with the attention currently given to the prenatal period; this reimbursement approach has substantial potential to prevent severe maternal morbidity and maternal mortality.

Increasing the number of preventative postpartum visits has the potential to significantly reduce cost to payors. An analysis of Maryland Medicaid claims data from 2003-2010 found 25% of women visited an emergency room within 6 months of delivery (Harris et al. 2015) and that 60% of ED visits occurred prior to 6-weeks postpartum. Many of these visits to the ED were among women who had complications during pregnancy such as gestational diabetes, gestational hypertension, and pre-eclampsia; in fact, according to Harris et al., experiencing one of these conditions during pregnancy increased the risk of emergency room visits by 14%. Going forward, increasing use of preventative postpartum care in the early postpartum period is likely to decrease costs to Medicaid and private insurance payors by avoiding emergency room utilization in favor of preventive care with an obstetric and/or primary care health provider.

Illinois is uniquely poised to restructure visits in the postpartum period to include universal adoption of a 2-week preventative postpartum visit or a "maternal health safety check" based on the prior work of The Illinois Perinatal Quality Collaborative (ILPQC). In May 2019, ILPQC launched the *Improving Postpartum Access to Care Initiative* with 14 hospital teams to offer universal scheduling of a maternal health safety check at two-weeks postpartum prior to hospital discharge (https://ilpqc.org/improving-postpartum-acess-to-care-ipac/). By May 2020, 59% of patients had an early postpartum visit scheduled prior to hospital discharge. However, participating hospitals reported that one of the key barriers to implementation was **lack of**

standardized billing for a 2-week postpartum visit. Due to the prior effort by ILPQC, if Illinois payors established standardized billing and reimbursement for a 2-week postpartum visit, Illinois hospitals are poised to ensure their patients have a scheduled 2-week visit prior to hospital discharge.

A Framework for Comprehensive Postpartum Care

Based on current ACOG recommendations and the foundational work of ILPQC, the IL Maternal Health Task Force proposes that comprehensive postpartum care reimbursed by Medicaid and private insurers should **include but is not limited, to the following components, as clinically appropriate:**

- A visit within 2-3 weeks postpartum including:
    - Blood pressure check
    - Wound/perineum check
    - Postpartum bleeding assessment
    - Depression screening using a validated tool
    - Substance use screening using a validated tool and linkage to treatment and services
    - Intimate partner violence screening using a validated tool
    - Check in on medical or pregnancy complications and need for follow-up care
    - Reproductive life planning and contraception counseling
        - Including the ability to insert LARC at same visit, if desired and appropriate
    - Discuss risk reduction for future pregnancies
    - Lactation support including International Board-Certified Lactation Consultants (IBCLC), Certified Lactation Consultants (CLC), and breastfeeding peer counselors
    - Linkage to health and community services such as WIC, home visiting, lactation support, and postpartum doulas
- A comprehensive visit between 4-8 weeks postpartum including:
    - Comprehensive physical, social, and emotional assessment
        - Reproductive life planning and contraception counseling
            - Including ability to insert LARC at same visit, if desired and appropriate
        - Depression screening using a validated tool
        - Substance use screening using a validated tool
        - Intimate partner violence screening using a validated tool
        - Social determinants of health screening
        - Infant care and breastfeeding support
        - Sleep and fatigue
        - Physical recovery from birth
        - Exercise and nutrition
        - Chronic disease management, if applicable

    - Linkage to health and community services
    - Warm handoff to well-woman care
        - Identify ongoing primary care provider and assist with scheduling appointment
- Additional visits as medically indicated
- Referral to specialist care, such as cardiology, endocrinology, psychiatry, etc., as medically indicated
- Lactation support services, including reimbursement for International Board-Certified Lactation Consultants (IBCLC), Certified Lactation Consultants (CLC), and breastfeeding peer counselors
- Reimbursement for postpartum doula services

Summary

The postpartum period is critical to addressing and preventing maternal morbidity and mortality, as a significant number of maternal deaths occur during this time. The current structure of postpartum care does not meet postpartum person's unique health needs during this critical period and leaves them vulnerable to injury and illness. Explicitly allowing for reimbursement for two early postpartum preventative visits will facilitate postpartum person's access to care, leading to decreased costs through timely recognition and treatment of health issues before they necessitate an emergency room visit. Reimagining and restructuring how postpartum care is provided in IL to ensure that the needs of postpartum persons, infants, and families are effectively met, will improve maternal health for all persons and will make a significant contribution to reducing inequities in severe maternal morbidity and mortality.

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