



# A Toolkit for Implementing Two-Generation Postpartum Care

Developed by the UI Health Two-Generation Clinic



Since 2020, the University of Illinois Health System (UI Health) has successfully implemented Two-Generation care clinics on the west and south sides of Chicago. This innovative care model combines dyadic care with behavioral health support and aid for social needs for postpartum families up to two years after birth. This model, known as UI Health Two-Gen, has begun to offer advantages to postpartum families beyond traditional care.

This toolkit is designed to explain the UI Health Two-Gen model and to inspire healthcare leaders to integrate similar enhancements into their postpartum care services. In it, we outline our approach, provide various resources, and suggest ideas for other healthcare organizations to improve postpartum care, even with limited resources. We believe that adopting innovative approaches to postpartum care will be pivotal in addressing the maternal health crisis.

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# Postpartum Care in Maternal Health

**The United States is facing a maternal health crisis**, with rates of maternal morbidity and mortality continuing to increase, especially for Black women. In the U.S., more than 60,000 women experience life-threatening maternal morbidity each year, resulting in more than 700 pregnancy-related deaths annually.<sup>1</sup> As these rates have increased, two critical shifts have happened. First, pregnancy-related deaths have become predominantly caused by cardiovascular diseases and preexisting medical conditions,<sup>1</sup> and mental health and substance use disorders in states like Illinois are also playing a critical role.<sup>2,3</sup> The second shift is that **most pregnancy-related deaths now occur in the postpartum period**, with 1 in 5 deaths taking place even after 42 days postpartum.<sup>1</sup> These shifts highlight the critical importance of primary and behavioral healthcare for mothers in the postpartum period.

**Unfortunately many mothers do not receive postpartum care**, and rates of not attending a postpartum visit are higher among mothers with Medicaid insurance.<sup>4</sup> To address this, the American College of Obstetricians and Gynecologists has called for postpartum care to transition from a single encounter to regular, ongoing care concluding with a comprehensive visit no later than 12 weeks after birth.<sup>5</sup> Beyond these early postpartum visits, care throughout the extended postpartum period (12 months postpartum) can provide crucial chronic condition management, behavioral health support, and access to contraception and education, ultimately leading to improved maternal health and healthier future pregnancies.<sup>6</sup>

**While many mothers do not receive optimal postpartum care, approximately 80% of infants receive 2 or more well-child visits within the first 12 months after delivery.<sup>7</sup> This presents a crucial opportunity for healthcare organizations to provide comprehensive care and support for mothers at the same time and place as these well-child visits.<sup>8,9,10</sup> This opportunity is known as two-generation or dyadic care.**

Since 2020, the University of Illinois Health System (UI Health) has operated Two-Generation care clinics in the west and south sides of Chicago using a care model that combines dyadic care with behavioral health and support for social needs for postpartum families during the extended postpartum period (and up to two years after birth). **This model, called UI Health Two-Gen, has begun to provide benefits for postpartum families** beyond what would be expected in traditional postpartum care.

**We have assembled this Toolkit to describe UI Health Two-Gen and to invite healthcare leaders to envision and introduce postpartum care enhancements into their own organizations.** Enhancing and reimagining postpartum care using new approaches is essential, especially to effectively leverage the Medicaid Postpartum Extension<sup>6</sup> now being implemented in multiple states. In this Toolkit, we share the UI Health Two-Gen approach, provide multiple resources, and offer ideas for other healthcare organizations to improve postpartum care, even under tight resource constraints.

**We believe that adopting new and innovative approaches to postpartum care delivery will play a crucial role in addressing the maternal health crisis.**

# What is UI Health Two-Gen?

UI Health Two-Gen is a high-touch postpartum care model that combines dyadic care and collaborative care for families. The purpose of this care model is to provide families that have experienced a recent birth a place for integrated, continuous care for both mother, infant, and in some cases, other children, and partners/fathers. UI Health Two-Gen is based on two fundamental pillars:

## ***Dyadic Care***

Mothers are often more likely to bring their infants for well-child visits than to attend their own postpartum care visit. Because mothers are already regularly attending well-child visits, UI Health Two-Gen uses this opportunity to provide care and support for mothers by creating co-scheduled and co-located visits. While dyadic care implies care for the mother and infant, UI Health Two-Gen recognizes that the health of the entire family is closely intertwined, and the clinics often provide care for partners, siblings, and other family members.

## ***Collaborative Care***

Behavioral health services and support for social needs are both key to improving postpartum maternal health and well-being. Collaborative care is a model used by UI Health Two-Gen that integrates behavioral health care into primary care. Collaborative care improves physical and behavioral health outcomes, enhances access to care, is more convenient for patients, and improves quality and coordination of care.<sup>11</sup> At UI Health Two-Gen, these services include counseling, psychiatric services, and education for mental health issues.

Shaped by these pillars, UI Health Two-Gen brings together a cross-functional care team to provide primary care, behavioral health, care management, patient education, and lactation consultation services. In the model, visit co-scheduling, comprehensive screenings, and team-based care planning result in personalized and effective care for postpartum families.

## UI Health Two-Gen

### Postpartum Care Model



#### ***Care Team***

Primary Care Providers  
 Social Workers  
 Psychiatrists  
 Care Coordinators  
 Lactation Specialists

#### ***Care Delivery***

Primary Care  
 Behavioral Health  
 Care Management  
 Patient Education  
 Lactation Consultation

#### ***How it Works***

Co-Scheduling Visits  
 Intake and Comprehensive Screening  
 Team Meetings, Trainings, and Clinical Support

UI Health Two-Gen often follows the blueprint shown below. Families, typically referred by other providers, are co-scheduled for an initial dyadic visit with the clinic. During that initial visit, families receive comprehensive screenings for physical, social, and behavioral health needs, the results of which are used to inform a care plan for the family. The family is then introduced to their care team, and they begin receiving high-touch primary care, care management, and behavioral health services as needed. Behind the scenes, the UI Health Two-Gen care team meets regularly to discuss the family's needs and care planning.

## UI Health Two-Gen

### Postpartum Care Journey





UI Health Two-Gen is driven by a set of core values that focus on:



**Family-centered care** in the postpartum period for mothers, infants, partners, and siblings.



**Whole-person care** to address physical, behavioral, and social needs.



**Relationship-focused care** that builds trust and increases engagement over time.



**Compassionate, flexible care** that supports the sometimes complex and unpredictable needs of families.



**Team-based care** that recognizes a collaborative group of providers has more impact than a single provider.

The UI Health Two-Gen effort is defined by the care team's alignment with and embodiment of these values.

# Enhancing Postpartum Care in Your Organization

UI Health Two-Gen is just one example of dyadic postpartum care in use today (see [Ohio Healthy Mom, Healthy Family](#) and [IMPLICIT Network](#)); in fact, enhancing postpartum care using Two-Gen principles is likely to look different in every organization. Two-Gen can be adapted in many ways to fit into a wide range of organizations with varying resources and flexibility.

To help leaders of healthcare organizations envision a version of Two-Gen in their own organizations, the Toolkit focuses on each individual component of the model, outlining key considerations and potential alternative approaches to implementation. Specifically, for each of the major components of UI Health Two-Gen, we describe delivery of **Two-Gen at UI Health**, followed by ideas for what you can do at **Your Organization**, and provide a list of questions for **Consideration** to help your organization to move from here to there.

## Two-Gen Care Delivery Components



Primary  
Care



Behavioral  
Health



Care  
Management



Patient  
Education



Lactation  
Consultation

## How Two-Gen Works: Key Workflows



Co--Scheduling  
Visits and Reducing  
Care Burden



Intake and  
Comprehensive  
Screenings



Care Team  
Meetings, Training,  
and Clinical Support

# Primary Care

### ***At UI Health***

With a passion for maternal and infant health, primary care physicians (PCP) board certified in Medicine and Pediatrics at UI Health Two-Gen provide comprehensive care for both mothers and infants, and sometimes other family members including fathers, grandparents, or siblings. Families are usually seen by the same provider across visits, though the model's team-based care approach allows other PCPs to step in and see those families seamlessly. Weekly UI Health Two-Gen team meetings allow providers to discuss and share plans for upcoming visits, which facilitates a much-needed culture of inter-provider communication and flexibility necessary to meet the multifaceted and sometimes complex needs of families in the postpartum period.

### ***At Your Organization***

Other healthcare organizations may have PCPs who can provide care for both mothers and infants as well, or they may rely on a combination of providers such as pediatricians, family practitioners and/or internists. Whatever the configuration of providers, initial dyad visits should be co-scheduled and co-located to the extent possible, though visit cadence may change for mothers and infants naturally over time.

When possible, patient-provider continuity across visits should be prioritized. However, because clinic schedulers may need to forego patient-provider continuity to reduce visit lead times, strong team-based care and communication among PCPs can be an effective alternative. A focus on team-based communication may be the primary workflow change needed for healthcare organizations starting a Two-Gen clinic.

# Primary Care

### *Considerations*

- Who in your organization provides care to mothers, and who provides care to infants? Are these the same providers?  
\_\_\_\_\_
- Are there providers in your organization with a passion for maternal and infant health who may serve as champions of enhanced postpartum care?  
\_\_\_\_\_
- Do patients of your organization consistently see the same primary care provider (PCP) across visits? If not, how are patients matched with providers when scheduling appointments?  
\_\_\_\_\_
- How do PCPs communicate about patients they care for collectively? (e.g., electronic medical record, in-person meetings, phone, etc.) Are these communication methods effective? Why or why not?

# Behavioral Health

### *At UI Health*

Comprehensive behavioral health services are available for families and include psychiatry, counseling, social support, and psychoeducation for the prevention, diagnosis, and treatment of behavioral and mental health conditions.

Licensed clinical social workers provide screenings, referrals, and psychotherapy services for patients with needs such as depression, anxiety, trauma, stress, relationship issues, or substance abuse. When needed, a telehealth-based psychiatrist provides real-time psychiatric evaluation, services, and medication management to patients.

### *At Your Organization*

Not all healthcare organizations can offer patients ready access to psychiatric services. Connecting families with social workers or other behavioral health workers can help families either receive counseling directly or get connected to community behavioral health resources such as mental health providers, rehab centers, or technology-based self-paced programs. Telehealth visits may also offer access to non-local providers and make behavioral health services more accessible for patients.

# Behavioral Health

### *Considerations*

- What is your organization's behavioral health provider complement?  
\_\_\_\_\_
- What mental or behavioral health offerings are currently available for your organization's patients?  
\_\_\_\_\_
- Do any behavioral health providers in your organization have a passion for maternal and infant health care who may be champions of an integrated approach to care?  
\_\_\_\_\_
- What behavioral health assessments are currently built into visits for parents of infants and young children? Would it be possible to add such assessments to standard practice for postpartum mothers and infants?  
\_\_\_\_\_
- What community or other clinical partners are available who can provide behavioral and mental health support and services for mothers, infants, and families?

# Care Management

### *At UI Health*

Social needs, healthcare access challenges, and mistrust in the healthcare system often prevent patients from receiving necessary care. In UI Health Two-Gen, families are assigned a care manager (i.e., a social worker if there are behavioral health needs, otherwise a care coordinator) to help overcome these barriers. The care manager uses a high-touch approach to coordinate the family's visits, help the family resolve social needs, and ultimately establish rapport and build trust. The care manager provides referrals and links families to community resources for needs such as benefit eligibility, housing, food security, transportation, utilities, childcare, finances, legal assistance, and access to essentials such as menstrual supplies, formula, and diapers.

### *At Your Organization*

Care management services can be invaluable in helping families access services and resolve social needs that may impact their wellbeing. Healthcare organizations may not have staffing resources available (i.e., care coordinators, social workers, or trained community health workers) to engage directly with every family for these services. If so, the highest-need families should be identified, prioritized, and provided these services to the extent possible. Directly partnering with a community-based family case management or home visiting program might be a strategy that an organization can undertake to extend its staff resources. A directory of local community resources could also be made available to families to access services they may need, although this approach does not provide the “touch” that many families need to navigate the health and social service systems.

If staffing resources prevent ongoing patient communication and follow-up calls with every family, automated communication systems can be set up to remind patients of upcoming visits and allow patients to request additional help.

Helping patients access transportation to visits, including Medicaid-provided services, can increase access to care and visit adherence.

# Care Management

### *Considerations*

- Who provides care management services in your organization, including coordination of care and providing support for social needs? If there are no individuals in your organization who are available to provide these services, is there a community organization that could fill this role for Two-Gen patients? Do you have connections with an organization that provides family case management or home visiting such as [Healthy Start](#) or [MIECHV](#)?

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- How does your organization communicate with patients outside of the healthcare visit setting? Are there mechanisms to help patients schedule visits, remind patients of upcoming visits, or allow them to ask questions or get help?

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- If many of your patients have Medicaid insurance, is there a Medicaid Webpage or Medicaid Toolkit available in your state that provides clear information on how to access transportation services?

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- If your organization is in a state with a high degree of Medicaid Managed Care, is information about Medicaid covered transportation available on the websites of each Managed Care entity?



# Patient Education

### *At UI Health*

All mothers receive health education from nurses, including information about urgent postpartum warning signs and instructions about seeking immediate healthcare if any of these warning signs occur. Families also receive education regarding safe sleep practices, infant feeding, and many other key child development and childcare topics. Educational topics often covered in UI Health Two-Gen include:

- Family planning and contraception
- Maternal health warning signs
- Nutrition for women
- Postpartum depression and other mental health issues
- Relationship safety / Intimate partner violence
- Infant safety (car seats, medication safety, childproofing)
- Infant feeding
- Child development
- Soothing fussy babies
- Age-appropriate child development skills and milestones
- Promoting positive play and parent-child interaction
- Locating and accessing community services and supports such as home visiting programs
- Application to government assistance programs
- Choosing childcare

# Patient Education

### *At Your Organization*

PCPs and other providers at your organization offering dyadic care should be able to identify and prioritize the educational needs for families and provide education or resources on those topics. Some suggested patient education materials that can be used as is or adapted and provided to families during postpartum visits or maintained on your organizational website can be found at <https://linktr.ee/ipromoteil>.

### *Considerations*

- Who in your organization provides health education to adult patients? To caregivers of infants and small children?  
\_\_\_\_\_
- What education is currently provided to patients regarding maternal health, infant feeding and safety, parenting education, and other relevant topics?  
\_\_\_\_\_
- Are there individuals in these roles in your organization who have knowledge and passion for maternal and child health education?  
\_\_\_\_\_
- At what moments within the delivery of care to mothers and infants might additional education be introduced?

# Lactation Consultation

### ***At UI Health***

Lactation consulting services are a frequently requested option for UI Health Two-Gen Clinic patients and are offered by Certified Lactation Specialists.

### ***At Your Organization***

Personnel in your organization may already be available to provide lactation services for patients. However, if no one is currently able to provide these services, there are multiple pathways to be able to provide lactation support and services including breastfeeding peer counselors, Certified Lactation Counselors or Specialists, and International Board-Certified Lactation Consultants (IBCLC). Depending on the personnel type (which may be current staff or new hires), there are different time commitments and requirements for training.

*(See website toolkit for further resources)*

# Lactation Consultation

### *Considerations*

- Who in your organization currently provides lactation resources or support for breastfeeding mothers? Who might be able to provide ongoing lactation services for patients? If no one can provide such services, who might be trained for this role?  

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- If lactation consultation or services cannot be provided directly by your healthcare organization, what community-based lactation support resources are available? Is a partnership possible with these community-based organizations?  

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- What is the connection of your organization to the [WIC](#) sites in your community? Are you able to partner with WIC for lactation consultation for your patients?

# Co-Scheduling Visits and Reducing Care Burden

### *At UI Health*

Families are referred to UI Health Two-Gen via multiple pathways including through other providers (often OB-GYNs or NICU providers) as well as self-referrals. An intake worker reviews all incoming referrals and contacts potential patients to confirm interest and schedule a dyad appointment. Families may join UI Health Two-Gen immediately after birth or anytime during the first 12 months postpartum. Currently, UI Health Two-Gen does not restrict the number of days or months postpartum that families are eligible for services although due to resource limitations, there is a plan to transition families to usual care after 1 year postpartum.

Dyad clinic visits for mothers and infants are co-scheduled (back-to-back) and co-located (in the same facility), at least for the first visit. After that, the cadence at which mothers and infants may need care or services often naturally becomes staggered, although dyadic visits are available throughout the care period.

Note: The American Academy of Pediatrics periodicity schedule recommends preventive infant health care at 3–5 days post-hospital discharge and then at 1, 2, 4, 6, 9, and 12 months of age. This is the baseline schedule followed in a two-generation care model. While expected care for postpartum mothers typically occurs less frequently, providing care to a mother or just a check-in during the infant's well-child visit is well-aligned with the provision of postpartum and primary care for mothers after delivery, particularly for those with complex mental and physical health needs.

Any needed social or behavioral health services are offered while families are on-site for primary care visits. These services may occur before and/or after the primary care visits. Behavioral health visits and care management are also offered virtually to reduce the burden on families.

# Co-Scheduling Visits and Reducing Care Burden

### *At Your Organization*

Various means of patient referral into a Two-Gen program can be arranged by healthcare organizations, including direct provider referrals or patient-led requests.

After the initial dyad visit, visits for mothers and infants may not always naturally align, and strong communication is needed to ensure mothers continue receiving the care they need. However, co-scheduling visits whenever possible can reduce the care burden on families and help ensure mothers receive postpartum and primary care. Well-child visits, whether co-scheduled or not, are always an opportunity to check in on mothers when they are already on site.

When possible, any needed behavioral and social support services should also be offered to mothers during well-child visits to maximize services provided per visit. Behavioral health visits and care management may be offered virtually to increase access for patients.

# Co-Scheduling Visits and Reducing Care Burden

### *Considerations*

- How are postpartum mothers and their infants referred to your organization now? What referral pathways might be needed to better meet the needs of postpartum families?  
\_\_\_\_\_
- Does your organization have the scheduling capability to co-schedule visits for mothers and infants, either with the same provider or different providers?  
\_\_\_\_\_
- Does your organization have the capacity to schedule visits with families at the recommended pediatric well-child cadence? If not, for how many months might this be feasible?  
\_\_\_\_\_
- How might your organization integrate behavioral health services and/or support for social needs immediately before or after primary care visits?  
\_\_\_\_\_
- If your organization provides behavioral health services, which services are offered in a virtual format? Can other services be offered virtually to reduce care burden for families?

# Intake and Comprehensive Screenings

### ***At UI Health***

During intake, the UI Health Two-Gen provider team conducts an initial comprehensive screening to identify behavioral health and social service needs, including issues such as interpersonal violence, mental health history, depression, post-traumatic stress disorder, substance use, discrimination, neighborhood safety, family planning, and health-related social needs. The responses to these intake screenings form the basis of the family's care plan developed by the UI Health Two-Gen team. UI Health Two-Gen Screening questions incorporate or are adapted from several established tools, including:

- [Edinburgh Postnatal Depression Scale](#)
- [PHQ-9 Patient Health Questionnaire](#)
- [Primary Care \(PC\)-PTSD](#)
- [CAGE-AID](#)
- [E-HITS](#)
- [Social Determinants of Health](#)

*(See website toolkit for further resources)*



# Intake and Comprehensive Screenings

### *At Your Organization*

During intake, healthcare organizations might offer patients a visual diagram with descriptions of the care team and the services provided to best orient and empower them to seek needed support.

There are multiple tools and instruments that healthcare organizations can utilize to screen mothers and families for behavioral and social needs. These screenings can be provided in person, via phone, asynchronously, or in some combination.

The delivery of Two-Gen care and its associated screenings is aligned with many of the standard measures collected by many health care organizations, increasing the feasibility of conducting such screenings. (Note: Federally Qualified Health Centers and other healthcare organizations report on various sets of quality measures, including the HRSA Uniform Data Set (UDS) for FQHCs and look-alikes, the Core set of Adult and Child Health Measures for Medicaid and CHIP, and Healthcare Effectiveness Data and Information (HEDIS) measures for health plans.)

# Intake and Comprehensive Screenings

### *Considerations*

- What screenings are typically conducted with postpartum patients at your healthcare organization?  
\_\_\_\_\_
- What screenings and/or population-specific questions could be added to the current screenings for postpartum families in your organization to ensure a more comprehensive assessment of needs? How and when might those be conducted?  
\_\_\_\_\_
- Does your organization have the capacity to address the results of the screening or have partnerships with community-based resources to connect patients?

# Care Team Meetings, Training, and Clinical Support

### *At UI Health*

All members of the UI Health Two-Gen team meet weekly to discuss updates and care plans for Two-Gen families. A list of families is continuously developed, maintained, and reviewed. Families who would benefit from this type of clinic model are those with significant medical or social needs that affect their ability to receive care, such as severe clinical depression or child developmental delays requiring early intervention. These weekly team meetings enable a true team-based care approach.

Many UI Health Two-Gen families have complex needs that require a variety of therapeutic techniques and strategies. Consequently, UI Health Two-Gen team members also receive individual and group training on topics such as maternal health, child development, trauma-informed care, and motivational interviewing. UI Health Two-Gen personnel also receive access to counseling.

### *At Your Organization*

Regular meetings and/or open communication channels among team members to discuss families facilitates team-based care and ensure families' needs are met. If the personnel at your healthcare organization can't meet regularly to discuss the needs of postpartum families, prioritization may be necessary to ensure the needs of the most complex families are communicated between team members. If needed, this communication could be asynchronous.

Personnel should receive/have extensive training in maternal and infant health and the specific needs and challenges of the postpartum population they are serving. In addition, team members should receive additional training in mental health, trauma-informed care, motivational interviewing, and implicit bias.

# Care Team Meetings, Training, and Clinical Support

### *Considerations*

- How do clinical care and other providers in your healthcare organization communicate and collaborate across disciplines?  
\_\_\_\_\_
- Do providers at your healthcare organization have the capacity to meet regularly to review care plans and communicate about the needs of Two-Gen patients?  
\_\_\_\_\_
- How does your healthcare organization provide training on new substantive content?  
\_\_\_\_\_
- Who helps to support the implementation of new programs or initiatives?  
\_\_\_\_\_
- How does your healthcare organization train and disseminate new approaches and workflows to clinical providers and other personnel? Who in your organization might direct, facilitate, or coordinate these activities?

# **Additional Considerations and Resources**

## **Funding and Reimbursement**

### ***Dyadic Care***

Medical and psychiatric care delivered in UI Health Two-Gen are reimbursed through usual billable health care encounters, billed for each patient (mother, infant, family members). Providing dyadic care should not affect clinic reimbursement from Medicaid or private insurance, as two (or more) different patients are being scheduled and seen.

The Two-Gen care model has the potential to include billing insurance (including Medicaid) for wrap-around services such as care coordination, depending on patient's insurance plan or the state's Medicaid coverage for services.

### ***Collaborative Care***

If the Two-Gen clinic offers collaborative care in which psychiatric services are offered in conjunction with primary care, many payers (including Medicaid) cover this service.<sup>11</sup> Collaborative care billing requires specific documentation and care coordination activities. For more information, see this [psychiatry.org](https://www.psychiatry.org) resource.

### ***Grant Funding***

In some instances, organizations providing Two-Gen care may consider grant funding to hire additional providers such as community health workers or lactation consultants if the services provided by these individuals are not reimbursable by Medicaid or private insurance.

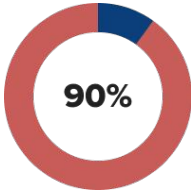
# How do Patients Feel about Two-Gen?

In 2022 and 2023, a Patient Care Satisfaction Survey was administered via phone to UI Health Two-Gen patients.<sup>12</sup> The survey had 33 respondents out of 85 patients approached. Key findings are noted below:

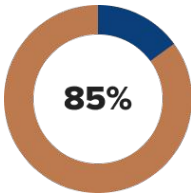
- 100% of respondents indicated they would recommend the UI Health Two-Generation Clinic to a friend or relative.



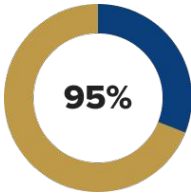
- 90% of respondents indicated they “very much” liked the ability to receive care for themselves and their child(ren) in the same location on the same day.



- 85% of respondents rated the convenience of the colocation of services for physical and emotional needs as “very good” or “excellent”.



- 95% of patients who received care related to depression/anxiety (61% of respondents received this care) were very satisfied or satisfied.



***In May 2023, select patients were approached to share their experiences of being a part of the UI Health Two-Gen Clinic. Some of their responses are shown below.***

**How is the Two-Gen clinic different from your past healthcare experiences?**

“The Two-Gen clinic focuses not just on the medical part but like the whole picture, so the health care, the mental, as well as the kids. So, it’s not just me, it’s all of us at the same time.”

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“Ever since I came into the clinic, I have had more support, more understanding not just the physical checkup but more about the family and my stresses in life.”

**What parts of your care or your child’s care are you most happy or satisfied with?**

“I am satisfied with the calling and making sure that I am on track with my appointments, that’s something other clinics have never done for me, and the text messages.”

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“I am happy with pretty much every service that we have gotten. Our primary care doctor is great, she is very attentive to all of us. You guys [the social workers] are great, you are very attentive as well and with resources. Whatever we need pretty much you guys are giving us whatever resources we need.”

**What surprised you the most about the Two-Gen Clinic?**

“Originally, I thought it was just for kids, but it is for us adults as well. So that’s actually good, so I don’t have to go a different clinic and we just all come here and do everything at once.”

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