Mothers Matter
Postpartum Care Program

Purpose

Improve the health of women and infants in Wake County by addressing the interconception health needs of low-income mothers.

Overview

- Partnership between Wake County Human Services and UNC Center for Maternal and Infant Health
- Funded by the John Rex Endowment
- Started in May 2009 and ends in June 2013
- Key investments – Women’s Health Nurse Practitioner (Years 1-3) and Communications Director (Year 4)
**Target Audience**

- All postpartum mothers who receive care through Wake County Human Services (n = 5,000+/year)

- Postpartum mothers who had poor birth outcomes and/or high risk pregnancies who receive care through WCHS (n = ~ 800/year)

**Advisory Council**

- Meets quarterly and emails as needed.
- Comprised of 20 people including:
  - Prenatal & Women’s Health Clinics
  - WIC
  - Pregnancy Case Managers
  - Child Health Clinic
  - Wake Med Mom Baby Unit Staff
  - High Risk Clinic Staff Liaison
  - Nurse-Family Partnership
  - UNC School of Medicine (including Research Fellows)
  - Community Groups including SAFE Child, NC Council of Churches and more

**Objective 1**

**IMPROVE UTILIZATION AND CONTENT OF THE POSTPARTUM VISIT**
## Addressing Utilization

- **Strategies**
  - Review of the Literature
  - Appointment Scheduling System Analysis
  - In-Service Provider & Staff Training
  - Appointment Reminders
    - Available in English and Spanish
    - Distributed by WakeMed staff when making appointments
    - Newer form of this sheet includes instructions for moms who had GDM
  - Outreach & Marketing
    - Posters, Appointment Fliers, Tote Bags, Cards, & Social Media
    - Feedback from Patients
      - Pilot Survey
      - Contraceptive Study

## Marketing

- [Mother’s MATTER poster](#)
- [Mother’s MATTER appointment reminder](#)

## Challenges

- Calculating Postpartum Attendance Percentages
- Postpartum visits take place in the Women’s Health Clinic – not the Prenatal Clinic
  - Good for linking mom to her ongoing source for family planning and well woman care
  - Not good for continuity of care – women often do not know these providers
- Billing for the appointment
- High volume of women to serve in a narrow window of time (Medicaid coverage ends 60 days postpartum)
Challenges

- Busy clinic – reminder calls don’t always happen – especially during times when the clinic is short staffed
- Has been difficult to get utilization over 76% in spite of the multitude of services offered by the health department and consistent messaging about the importance of the visit
- Future – exploring possibility of mother/baby visits and open access appointments

Content of Visit

- Staff believe the postpartum visit is important
- WCHS has a very comprehensive standard postpartum visit
- Access to WakeMed Electronic Records NEW
- Interpreters are available on site
- Mental health services are available on site
- Staff have a good understanding of available local services and refer women to them as needed

Objective 2

IMPROVE NEW MOTHERS’ ACCESS TO WELL WOMAN INFORMATION AND HEALTH CARE SERVICES
Postpartum Education Booklet

- Given to every new mother
- Developed in partnership with the NC Chapter of the March of Dimes
- Available in English and Spanish


Focus Areas

- Breastfeeding
  - Massive collaborative effort between Wake Med hospital and the health department. Wake Med is now a baby-friendly hospital. Many of their nurses are being trained as lactation specialists. There is a large peer-to-peer breastfeeding support program, 24/7 warm line, and very active involvement by WIC.

- Family Planning
  - Partners are using common educational materials and messages. Conversations begin during prenatal care. Women can leave hospital with family planning methods. Yet, there are still many challenges.

More Resources

- Bulletin Board added to waiting room
- Brochures and booklets on a wide range of topics. Health info is tailored to women’s needs.
  - Healthy Weight Healthy Women
  - Birth Control Options
  - Folic Acid for New Mothers
  - Taking Care of Me Magazine for New Moms
  - Condition specific fact sheets
  - Reproductive Life Planning Booklet
Social Media Project

USING SOCIAL MEDIA TO PROVIDE SUPPORT, EDUCATION AND INFORMATION TO POSTPARTUM MOTHERS

Why Social Media?

Purpose

Using tailored messaging to:

- Provide ongoing support
- Provide educational resources
- Connect families to local and national resources
- Increase health literacy skills
- Develop a community of new mothers
- Support the underlying objectives of the Mothers Matter Program
  - reproductive life planning
  - attending postpartum appointment
## Featured Topics
- Period of PURPLE Crying & Shaken Baby Syndrome
- BMI
- Postpartum Depression
- Child Development
- Breastfeeding
- Drug Abuse
- Medicaid / Family Planning Waiver
- Car Seat Safety
- Well Woman Care
- Birth Spacing
- Tobacco Cessation / Tobacco Free Environment
- Family Planning
- Immunizations for Mother and Baby
- Taking Care of You messages
- Family Planning Appointment
- Eat Smart Move More
- Domestic Violence / Healthy Relationships
- Safe Sleep / SIDS
- Healthy Eating
- Healthy Exercise
- Reminders about bringing insurance cards to appointments

## Audience
- **Primary:** New mothers (infants birth to six months) in Wake County - served by Wake County Health Department
- **Secondary:** Pregnant mothers, families of new mothers, new mothers outside of Wake county, new mothers in Wake County with private OBGYN care & private insurance
- **Tertiary:** Local, Regional, National groups and providers doing direct work with the population

## Facebook
- [www.facebook.com/mothersmatternc](http://www.facebook.com/mothersmatternc)
Objective 3

ALL MOTHERS WILL HAVE A REPRODUCTIVE LIFE PLAN

Addressing Birth Spacing

- In Wake County from 2007 to 2011, 4,931 or 11.5% of live births had an interval from last delivery to conception of 6 months or less*
- Study by Dr. Jennifer Tang demonstrated that there is a gap between the women who report that they would like to use a LARC method and the number of women who actually get this method
- Women who receive family planning in the hospital may be less likely to return for a postpartum visit

*Women’s Health Branch 2013 County Health Data Book

Addressing Birth Spacing: Challenges

- The clinic is currently unable to offer same day provision of the IUD
- Reaching all women - postpartum visit utilization rates
- Financial barriers in accessing the birth control method of choice
- Myths and misperceptions about fertility and risk for pregnancy
Objective 4

HIGH-RISK MOTHERS WILL HAVE A TAILORED, COMPREHENSIVE PLAN

Services

- Clinic provides postpartum visits to high-risk women.
  - Outreach to NICU staff – available for consults with mothers of NICU babies
  - Longer postpartum visit(s)
  - Link mothers to programs, services and other providers as needed
  - Follow up as appropriate
Weight Loss Study

- The most common behavioral risk factor for high risk mothers is overweight/obesity.
- Piloted weight loss classes and curriculum this past spring & summer. Data currently being analyzed.
- Learned that new mothers want to lose weight, but it is very difficult to find time to do so with young children.
- Classes need to focus on self esteem, mental wellness and body image.

Content of Visit

- The postpartum visit for high-risk mothers is typically about one hour and includes:
  o Physical exam
  o Contraceptive counseling
  o Preconception health counseling
  o Immunizations
  o Key screenings including postpartum depression and GDM
  o Address general postpartum health needs as well as acute or chronic health needs
  o Referrals

Training

- Provided to nurses, social workers and community project leaders on issues related to the postpartum period.
- Provided to groups of women in the community – often on topics related to reproductive health.
- In-services for clinic staff (e.g. tobacco cessation, reproductive life planning, etc).
- Online answers to specific postpartum medical questions from Advisory Council members and others.
Next Steps

- Work with new Pregnancy Medical Home and High Risk Case Management Program.
- Explore and implement different possibilities to continue to provide information and support to mothers around weight loss and exercise.
- Continue to work with Advisory Council to develop action items to address short birth intervals.
- Offering group Weight Loss classes through services currently provided by WCHS

Recommendations

- Clinics need flexible appointments and the ability to reschedule patients quickly.
- Reminders make a difference – multiple sources
- Increase reimbursement of the postpartum visit
- All partners who work with pregnant women and new mothers should provide consistent messages about the importance of the visit and facilitate women receiving this care
- Consider policies that impact women’s ability to access the visit
- Address systems that make it difficult for clinics to offer and women to receive LARC*. Clinics should offer same visit provision of LARC methods whenever possible.
- New mothers need ongoing support and encouragement – beyond the visit!

*Long Acting Reversible Contraceptives

Questions?

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