

Optimizing Postpartum Care

How Ariadne Labs Can Use Health System Innovation and Tool Design Principles to shift the Conversation on Postpartum Care

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Abstract

Birthing people experience multiple barriers that prevent continued engagement in care postpartum, particularly engagement in primary care after giving birth. Since the adoption of the Affordable Care Act (ACA), Medicaid expansion has emerged as a clear policy solution for expanding health care access to pregnancy and postpartum care. While there is an opportunity to continue engagement with care after birth, there are multiple barriers that prevent access. Medicaid expansion only addresses part of the issue. A framework exists for the ideal transition from obstetric care to primary care following delivery, but there is a “know-do” gap: clear guidelines on how to provide better care, but unclear steps on how to get the desired outcome. Ariadne Labs is a joint center for health systems innovation that develops simple, scalable solutions that dramatically improve the delivery of health care at critical moments to save lives and reduce suffering. We focus our work on the Know-Do gap — areas where we can translate evidence on what should be done into better practice using human-centered design, rigorous testing, and implementation strategies; thus, Ariadne Labs is perfectly situated to design a solution to the know-do gap concerning the transition from obstetric care to primary care.

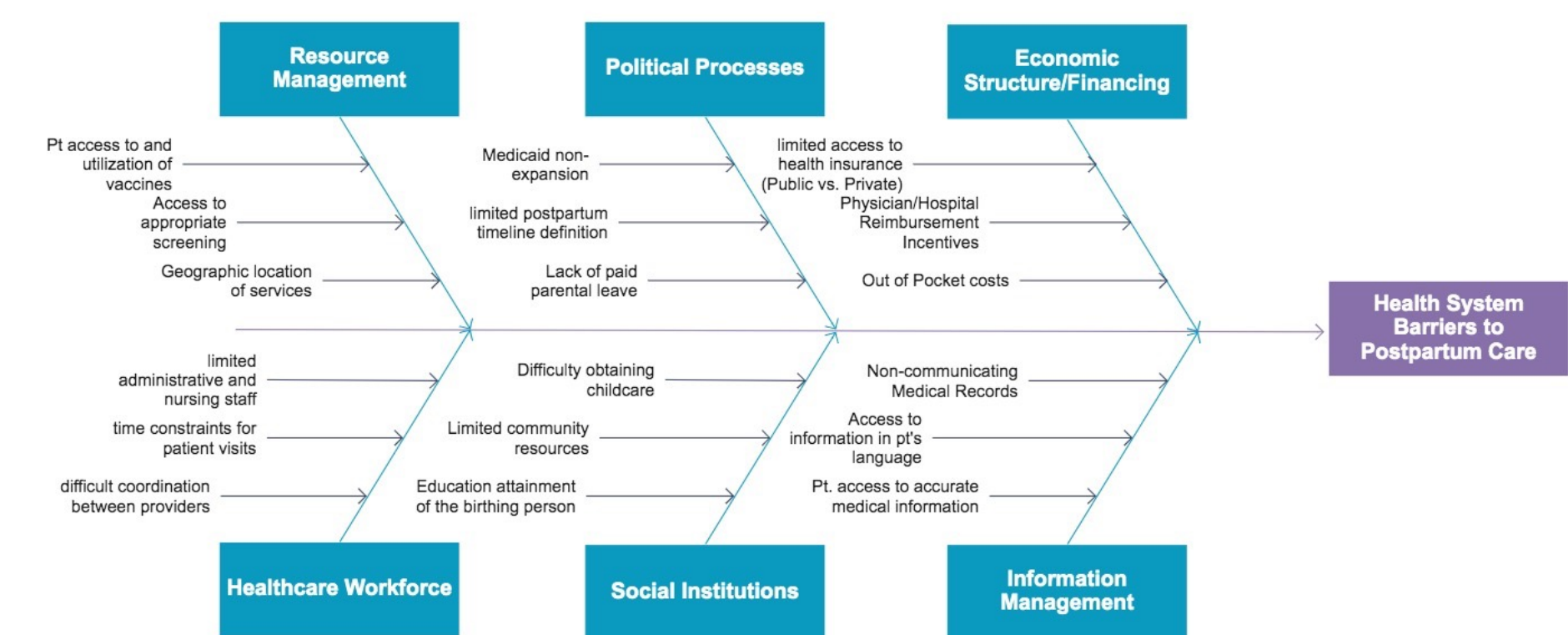
Using tool design methods centering reproductive justice, we’ve designed a shared patient and provider facing “Postpartum Care Plan Workbook.” This workbook is designed to empower patients with a comprehensive postpartum care plan that will guide them through the transition from pregnancy care to ongoing primary health care and is to be reviewed by both patient and provider at timepoints during the pregnancy.

The Problem with Postpartum Care

“After giving birth mothers still often hear “see you in 6 weeks and then see you next year” This has been the failed mantra of postpartum care for too long. It’s in those gaps that many mothers die. No longer an ‘OB patient’, not yet in ‘primary care’, just alone. Continuous health insurance is not enough, there needs to be continuous concern and accountability for the health of mothers in the year postpartum. It’s easy for OBs to say “not me” when asked who should be accountable for the 3 month overdose, 6 month cardiac arrest or 364 day suicide in a postpartum mother. The arbitrary 6 week line in the sand not only cuts off Medicaid, it cuts off concern and accountability.”

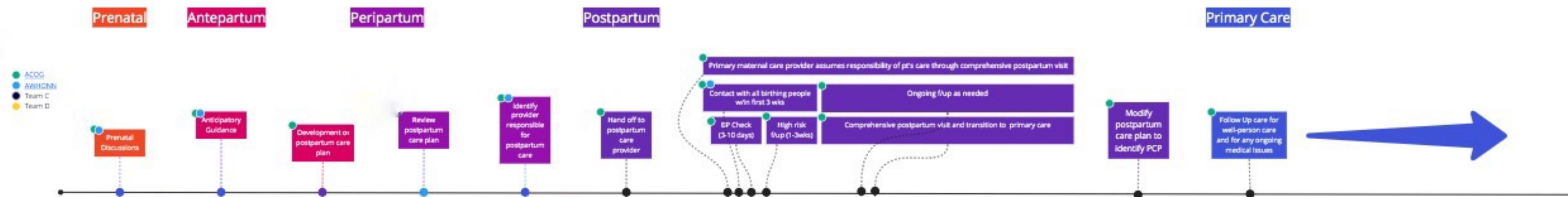
~Charlene Collier, MD, MPH

Systemwide Barriers to Care



Barriers to the ideal state are both individual and systemic in nature. The United States healthcare system can be broken down into its component building blocks: how resources are managed, the abilities of the healthcare workforce, the regulatory political processes, the economic structure and financing, how information is managed throughout the systems, and the social structures that support the system. The Ishikawa diagram above graphically displays the possible barriers to postpartum care at each building block

What would the Ideal State of the Postpartum Transition Look Like?



In 2018 the American College of Obstetricians and Gynecologists (ACOG), released their Committee Opinion No. 736, “Optimizing Postpartum Care³⁵.” This committee opinion detailed the paradigm shift from focusing on one 6-week postpartum visit to postpartum care being a continuous and comprehensive process over 12 weeks post-delivery. This paradigm shift is incredibly important in the field of obstetrics because it emphasizes the necessity of ongoing care in the fragile postpartum period. 52% of maternal deaths occur postpartum,³⁶ therefore it is imperative that maternity care realigns itself to better take care of birthing people in this time. The committee opinion outlines the ideal situation for care after birth. This Framework is illustrated above. While the framework exists, there is a “know-do” gap: clear guidelines on how to provide better care, but unclear steps on how to get the desired outcome. Providers *know* what the guidelines are and what the ideal state of care would look like; however, there are barriers to *doing* it.

Why is Medicaid Expansion a Suboptimal Solution?

As the largest payer for childbirth services in the United States, Medicaid is an important lever to address the well-described maternal mortality crisis.²⁷ Birthing people experience multiple barriers that prevent continued engagement in care postpartum, particularly engagement in primary care after giving birth. Since the adoption of the ACA, Medicaid expansion has emerged as a clear policy solution for expanding health care access to pregnancy and postpartum care. As of March 2021, The American Rescue Plan Act gives expansion and non-expansion states alike the option to extend Medicaid postpartum coverage from 60 days to 12 months, and several states have filed waivers to expand services. While this is a huge win in maternal health policy that should be celebrated, Medicaid expansion is merely the first step to ensure quality health care delivery during the postpartum period. Because access to care is not the same as reliable high-quality care, policy makers and providers should aim higher than just Medicaid coverage to make significant advances in maternal health outcomes.

There has been national recognition of the high rate of pregnancy-related morbidity and mortality in the United States. The United States ranks first in maternal morbidity and mortality among developed countries, and due to the effects of systemic racism, the rates among black women are three times that of white women²⁸. The high morbidity and mortality rate is driven by chronic medical conditions such as depression, hypertension, diabetes, and cardiovascular disease, all of which benefit from longitudinal care past the allotted 60 days post-delivery; in particular, deaths related to untreated behavioral health needs happen almost exclusively after obstetric care usually ends. Thus, many academic bodies including the American College of Obstetricians and Gynecologists recognize the need to shift the focus of postpartum care from the traditional 6-week post delivery visit, to more thorough model of care in which a birthing person has multiple touchpoints with providers over a period of time that may extend beyond a year. The postpartum period is an opportune time to engage birthing people in their care and transition them to a long-term relationship with primary care, however we often miss this opportunity to invest in healthcare by not only failing to keep people adequately insured after birth, but also not committing to practices that optimize the transition.

Medicaid expansion has been touted as a promising strategy to improve coverage thus research has focused on its positive effects, especially when comparing states that accepted expansion to those that had not. Study after study shows that Medicaid expansion has been pivotal to improving access to care, and also pivotal to reducing maternal mortality^{21–24}. For example, while maternal mortality increases overall, Medicaid expansion states saw a maternal mortality ratio that is significantly lower than that of non-expansion states²¹.

Medicaid expansion remains a state-level decision, and thus current strategies to broaden coverage still fail to address the needs of those with chronic health conditions that require long-term care before and well after birth. It also allows the states with the most structural barriers to care to continue in their failure to address the racism that is an underpinning of environmental, educational, and other social determinants of health. Additionally, the United States has a long-standing history of reinforcing racial health inequities using Medicaid policies²⁶. Policy change will require deliberate anti-racist focus in order to address these determinants of health. If we allow Medicaid expansion to be the only focus of policy reform to address maternal mortality, we will fail to bridge the gap between reproductive care and lifelong health care, and will likely exacerbate existing inequities in maternal health outcomes.

While coverage rates during pregnancy are similar amongst expansion and non-expansion states, the percentage of uninsured women after delivery in states that declined to expand Medicaid is nearly 3 times the rate of that in states which have opted to expand coverage²⁹. Federal law mandates that pregnant women with incomes up to 138% of the federal poverty line (FPL) be covered by Medicaid, and pregnancy related care be covered for only 60 days post-delivery. There is wide state variability in eligibility criteria as well as in services provided³⁰. Even after the ACA, gaps in coverage remained, especially for those who live in non-expansion states. For example, in Texas, a pregnant person loses Medicaid coverage 2 months after delivery if she and her partner make an annual income above \$3,733 (17% FPL)³¹. States limiting inclusion to extreme poverty leaves people vulnerable to morbidity and mortality postpartum.

Additionally, federal law only mandates pregnancy related care to be covered, without defining what pregnancy related care is, opening the door for even more state variability in comprehensive coverage beyond reproductive care. Failing to include comprehensive care, fails to address the true drivers of morbidity and mortality. Access to quality primary care beyond pregnancy related care and throughout a person’s reproductive years, allows one to identify and address conditions that place people at higher risk for pregnancy related complications including cardiovascular disease and mental health disorders.

Medicaid expansion is a critical first step, but what would comprehensive policy solutions to the postpartum gap in care look like? Because coverage doesn’t necessarily equate to quality of care, policy solutions should first include reliable health care quality measures that ensure that the care that is given to patients is competent and equitable. Secondly, policies that historically reinforce health inequities should be reviewed and dismantled, giving room for new policies that center anti-racism. Thirdly, policy solutions should include expanding the federal definition of pregnancy related care to include comprehensive primary care to engage people of reproductive age in care that modifies their risk of pregnancy related complications. Additionally, solutions should evaluate practices that continue to disincentive providers from addressing care after delivery of the infant. Investing in maternal care is an investment in the long term health of the entire family. Efforts to expand maternity care are essential; however, deficiencies and inequity in postpartum healthcare delivery stem from decades of system level dysfunction. Reaching the finish line requires a more complex and thoughtful solution which means starting a dialogue, paying more attention, and requiring more from our state and federal policy makers.

Patient Facing Tool Design

Currently there is no simple, scalable, widely spread tool that bridges the gap between obstetric care and primary care for birthing people in the postpartum period. Ariadne Labs is perfectly situated to design a solution to this problem.

One option is to design a tool that the patient/birthing person would interface with. After conducting interviews with multiple birthing people, they mentioned being unfamiliar with a postpartum care plan, and not knowing how or when to engage with primary care after delivery. A patient facing tool has the potential to empower birthing people to take charge of their own health care during this delicate time as well as empower them to ask the right questions.

The Postpartum Care Plan Workbook

This workbook is designed to empower patients with a comprehensive postpartum care plan that will guide them through the transition from pregnancy care to ongoing primary health care and is to be reviewed by both patient and provider at timepoints during the pregnancy

Postpartum Transition Workbook



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The workbook has two sections - one to plan for your care transition and one to guide conversations about your health

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MY HEALTH NEEDS

To plan for your post-delivery care, discuss your birth story and six key areas of your health with your care team.

