

Maternal Health Infant Health Initiative

Improving Postpartum Care Learning Collaborative Affinity Group Fact Sheet

The Center for Medicaid and CHIP Services (CMCS) is pleased to announce the **Improving Postpartum Care Affinity Group**, to support states in implementing quality improvement (QI) projects to improve health outcomes during the postpartum period for Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries. This affinity group follows the Postpartum Care Learning Collaborative webinar series and is part of the CMCS [Maternal and Infant Health Initiative](#).

Why Postpartum Care?

All women should receive comprehensive care during the postpartum period to assess their physical recovery from pregnancy and childbirth, address chronic conditions (such as diabetes or hypertension), address mental health issues (including postpartum depression), discuss reproductive health (including contraception and birth spacing), and ensure continuity of care.¹ In spite of having a higher prevalence of medical conditions such as diabetes and hypertension, Medicaid and CHIP beneficiaries have lower postpartum care visit rates than women with private insurance.² More than half of pregnancy-related deaths occur in the postpartum period, with 12 percent occurring after six weeks postpartum. The leading causes of death during the late postpartum period include treatable conditions such as hypertension, cardiovascular diseases, non-cardiovascular medical conditions, and blood clots and 60 percent of deaths are preventable.³ Racial and ethnic disparities in maternal morbidity and mortality rates remain unacceptably large.⁴ Because Medicaid covers 42.3 percent of all births in the United States,⁵ improving postpartum care presents an opportunity for state Medicaid and CHIP programs to improve maternal health outcomes and to intervene on conditions contributing to maternal mortality.

The Opportunity

To address postpartum care for high risk Medicaid and CHIP beneficiaries, including women with pre-existing or pregnancy related chronic medical conditions, CMCS is pleased to launch the **Improving Postpartum Care Learning Collaborative Affinity Group**. The affinity group will provide technical assistance (TA) to state Medicaid and CHIP agencies and their partners through group webinars and one-on-one meetings. QI advisors and subject-matter experts (SMEs) will provide state teams with individualized guidance, including QI tools to identify, implement, and test change ideas to improve postpartum care, and then scale those changes that prove successful. Participating states will meet monthly April 2021 to April 2022 (with additional TA available until October 2022) to develop and test data-driven interventions. States will work with CMCS to improve the core set and Scorecard measure, Prenatal and Postpartum Care: Postpartum Care (PPC-AD), and to identify other relevant indicators to track progress. States will have the option for extended TA in the year following the initiation of the affinity group to continue implementation and spread successful activities.

The Improving Postpartum Care Affinity Group is part of the Postpartum Care Learning Collaborative which includes a series of webinars on best practices about (1) maintaining continuity of coverage and access to care during the postpartum period for high risk postpartum women, (2) improving the content of care during the postpartum period including use of value-based care, and (3) models of women-centered care. Although listening to the webinars is not a requirement to join the affinity group, it is encouraged. You can access them [here](#).

State Team Learning Objectives

The affinity group state QI teams will:

- Meet virtually, on a monthly basis for workshops and one-on-one state coaching calls, learning from QI advisors, SMEs, and peers
- Improve QI skills through workshops and individual state QI team coaching
- Create a driver diagram to help plan a state QI project informed by the Improving Postpartum Care Affinity Group driver diagram
- Test, implement, and assess data-driven QI change ideas
- Identify indicators to track progress on improving quality

Application and Selection

To participate in the affinity group, please complete and submit the Expression of Interest (EOI) form, found [here](#), by **8 p.m. eastern time March 12, 2021**. In addition to the relevant state Medicaid and CHIP staff, states are encouraged to include representatives from managed care plans, providers, state health departments, other public health entities, and other relevant partners as part of the affinity group team. Upon receipt of the EOI form, CMCS and the TA team will contact the proposed state QI team leader to discuss the state's postpartum care improvement goals.

Criteria for affinity group participation include:

- Well-articulated goals for improving postpartum care for high risk women
- An understanding of the state's challenges and opportunities related to postpartum care improvement
- Access to maternal health data, including the ability to report the Core Set measure Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
- Identification of a well-rounded state team willing to work approximately 10-15 hours each month (depending on role, project, and team size) on the state QI project
- Commitment to action, with support from Medicaid and/or CHIP leadership

Questions?

Please submit your questions to the TA Mailbox at MACQualityImprovement@mathematica-mpr.com.

¹ American College of Obstetricians and Gynecologists. ACOG Opinion Number 736. "Optimizing Postpartum Care." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150.

² Medicaid and CHIP Access and Payment Commission. "Access in Brief: Pregnant Women and Medicaid." Issue Brief, November 2018. Available at <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.

³ Petersen, E.E, N.L. Davis, D. Goodman, et al. "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017." *Morbidity and Mortality Weekly Report*, vol. 68, no. 18, 2019, pp. 423–429.

⁴ Jain, J.A., L.A. Temming, M.E. D'Alton, et al. "SMFM Special Report. Putting the 'M' Back in MFM: Reducing Racial and Ethnic Disparities in Maternal Morbidity and Mortality: A Call to Action." *American Journal of Obstetrics & Gynecology*, vol. 218, no. 2, 2018, pp. B9–B17.

⁵ Martin, J.A., B.E. Hamilton, M.J.K. Osterman, and A.K. Driscoll. "Births: Final Data for 2018." *National Vital Statistics Reports*, vol. 68, no. 13, 2019.