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Title: Improving Postpartum Visit Attendance Rate: *A Quality Improvement Study*

Background: The postpartum period is marked by various social, emotional, and physical stressors. However, most postpartum hospital stays are less than two days and the majority of postpartum care is primarily addressed in the ambulatory setting. Therefore, the American College of Obstetricians and Gynecologists (ACOG) recommends a postpartum visit within 3 weeks of delivery followed by a comprehensive health assessment occurring no later than 12 weeks after birth (ACOG, 2018).

The postpartum visit attendance rate averages 72% nationally (Attanasio et al, 2022). In Florida, the rate is lower at about 60% (Robertson et al, 2020). Gaps in postpartum care are important as pregnancy related death rates are increasing. About half of maternal deaths occur between 7 days and 1 year postpartum with the highest rates in the early postpartum, highlighting the need for timely and quality postpartum care. (Attanasio et al. 2022).

Objective: This project aim was to achieve a 50% increase in postpartum visit attendance rate among University of Florida midwifery practice patients by three weeks of birth.

Methods: Using Plan-Do-Study-Act, barriers to postpartum care were identified, and a corrective action was selected to improve adherence to the ACOG guideline. This was a 6-month (September 2022 to February 2023) pre and post intervention study that examined timing of the postpartum visit and patient preference of visit format as primary drivers of postpartum attendance rate. University of Florida midwifery patients were scheduled a visit by three weeks postpartum at the 39-week prenatal care visit or upon discharge from the birth hospitalization. They were also given the option of telemedicine vs in-person visit. This intervention was launched and sustained through multiple meetings with midwives and clinic scheduling staff. A chart review was used to assess adherence to the scheduling guideline. The primary outcome measure was the percent of patients who attended a visit by 3 weeks postpartum. The secondary outcome measure was format of postpartum visit. Univariate and bivariate analysis (Chi-square test) were performed using Microsoft Excel Version 16.26.

Results: A total of 127 charts were reviewed (pre-intervention n=64 and post-intervention n=63). The majority of patients included in the review were primigravid (57%) and non-Hispanic White (78%). Our patients represented 14 different Florida counties. The overall postpartum visit attendance rate of the pre-intervention group was 83%. There was a 7% increase in overall attendance rate post-intervention ($p=0.80$). In the pre-intervention group, 29% of patients were seen for their initial visit by three weeks postpartum. Post-intervention, there was a 45% increase in postpartum visit attendance rates by three weeks postpartum ($p<0.001$). Ninety-six percent of patients elected for an in-person visit.

Conclusions: By scheduling a postpartum visit prenatally or immediately after birth, we improved our adherence to ACOG postpartum visit guidelines. Limitations include the study being performed in a single institution and only in the midwifery practice. Future research plans

include expanding the ACOG postpartum visit guideline to all postpartum patients at UF. Additionally, we plan to evaluate patient needs in the postpartum period and develop community-informed interventions to address identified needs.