UCLA David Geffen School of Medicine

OFFICE OF THE CALIFORNIA SURGEON GENERAL

Postpartum Passport: A California Partnership to Strengthen Maternal Care Continuity

*Marissa Millwater[1], *Ryan Clarke[2], Lauren Groves MPH[4], Aparna Sridhar M.D.[2,3], Diana Ramos M.D.[4]
[1]Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ | [2]UCLA David Geffen School of Medicine, Los Angeles, CA
[3]UCLA Department of Obstetrics and Gynecology, Los Angeles, CA | [4]Office of the California Surgeon General, Sacramento, CA

The Fourth Trimester

- The "fourth trimester," defined as the first 12 weeks after birth, is increasingly recognized as a period of heightened vulnerability, yet healthcare engagement during this time is often fragmented[1].
- Maintaining and communicating key postpartum health information to future care teams often relies on the EMR, creating health history blind spots when patients change providers, insurance, or health systems.
- Patient-held maternal records, including structured postpartum summaries, have been shown to improve health service uptake, empower patients in their own care, and facilitate communication between patients and providers[2].
- Here, we created a Postpartum Passport (PPP) in aim to address the limited evidence on the usability and clinical validity of digital postpartum tools designed to retain patient information between pregnancies.

Objectives

Feasibility & Usability
- Do patients successfully complete the PPP?
- Does PPP hold up on a reliable usability evaluation? (e.g. Systems Usability Scales)

Criterion Validity
- Does the patient-entered data system agree with the medical history recorded in EMR?
- Does validity of information in the PPP change by age, education level, or language of use?

Future Directions
- Does PPP improve patient satisfaction with discharge education?
- How does the PPP change prenatal care in regions without EMR?

The Postpartum Passport

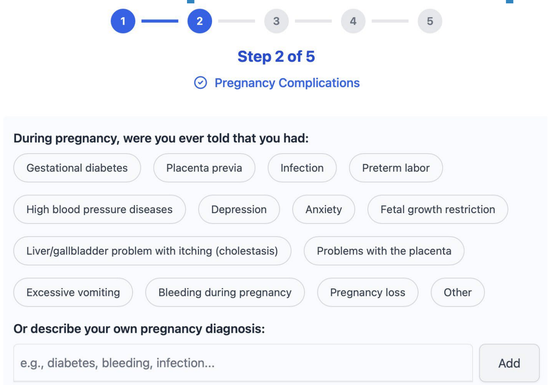


Figure 1. The webpage is a 5-step survey that takes less than 3 minutes to complete. Patients may either select from common pregnancy/delivery conditions *or* free-respond in each section.

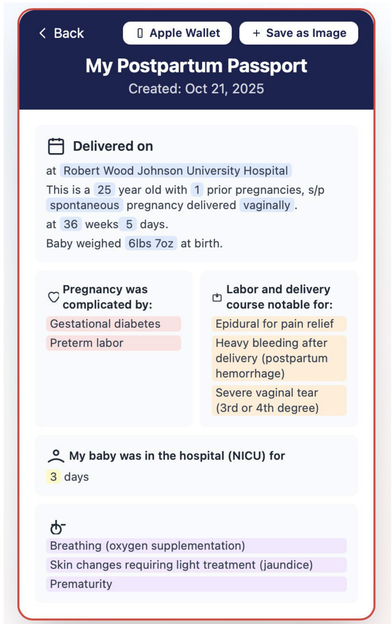


Figure 2. The survey results in a downloadable image: a postpartum passport. This personal reference document is self-stored on a mobile device or printed and kept with other important personal documents.

Study Design

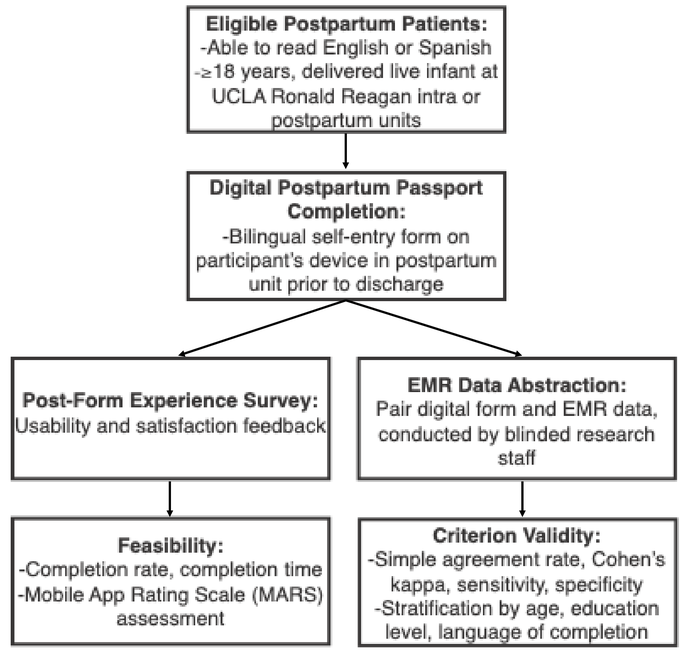


Figure 3. Schematic representation of the feasibility and criterion validity branches of the study. Eligible participants are recruited and provided informed consent before completing the digital form.

Acknowledgements

The authors would like to thank the Office of the California Surgeon General for their generous support, mentorship, and funding throughout this project.

References

[1]Tully KP, Stuebe AM, Verbiest SB. The fourth trimester: a critical transition period with unmet maternal health needs. *Am J Obstet Gynecol*. 2017;217(1):37-41. doi:10.1016/j.ajog.2017.03.032

[2]Turner KE, Fuller S. Patient-Held Maternal and/or Child Health Records: Meeting the Information Needs of Patients and Healthcare Providers in Developing Countries? *Online J Public Health Inform*. 2011;3(2). doi:10.5210/ojphi.v3i2.3631