Executive Summary: Improving Postpartum Follow-Up Attendance Using a Combined Intervention

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Key Points

- Attendance rates at the 6-week postpartum visit increased by 12% at the end of the intervention period.
- Transportation and a lack of childcare were identified as barriers to attending the postpartum appointment in the post-intervention survey results.
- Three patients attended their rescheduled appointment after receiving a personal phone call. Further research is needed on this intervention and its effects on postpartum appointment attendance rates.
- 85% of patients reported that the information in the pamphlet and flyer intervention was useful and helped them ask their providers more informed questions about the postpartum period.
- The project site's goals align with the Healthy People 2030 goal of improving access and quality of care (Reduce maternal deaths, n.d.).
- Improving attendance rates at the 6-week postpartum appointment can help reduce financial burdens and decrease healthcare costs.

Background and Purpose

The problem addressed in this quality improvement project is the low percentage of patients attending their postpartum appointment at the project site. Prior to project initiation, 70% of patients attended the appointment as scheduled within the recommended time frame, while the remaining 30% either did not attend or attended outside the recommended time frame. Given that more than half of pregnancy-related deaths in the United States occur during the

postpartum period, improving attendance at postpartum visits is essential to advancing maternal health outcomes (Wouk et al., 2021). The postpartum timeframe is a vulnerable time during which unintended outcomes and complications may occur. Close monitoring and timely follow-up are essential, as they directly influence maternal health outcomes and the overall quality of care. According to the American College of Obstetricians and Gynecologists, an inclusive postpartum appointment should take place by no later than 12 weeks postpartum for all postpartum women (The American College of Obstetricians and Gynecologists, 2018).

The problem is a lack of patient attendance at their postpartum follow-up appointment. The project is significant because it aims to increase attendance rates and improve healthcare outcomes. The purpose of the project was to design a multifaceted, evidence-based intervention to increase the number of patients who attend their postpartum appointments. Healthy People 2030, a framework that addresses healthcare issues, includes a statement in support of this project, which is to reduce maternal deaths and improve access and quality of care (Reduce maternal deaths, n.d.). The intended audience is the postpartum patients who receive postpartum care at the partnering organization. The results will be used to implement organizational improvements and process changes to help the organization continue to increase attendance at postpartum visits.

Methodology

The Plan-Do-Study-Act (PDSA) Model was the operational framework chosen for this project. Four change cycles took place during the intervention phase. A notable change during one cycle was to incorporate clinic nurses and the provider in the intervention by having them distribute flyers and pamphlets to patients at their final prenatal appointment. Initially, the patient

care navigators were the primary facilitators of the intervention, distributing the flyer and pamphlet at hospital discharge.

The intervention included informative pamphlets with the patients' appointment date and time, the facility's contact information, evidence supporting the need to attend their postpartum appointment, what to expect during the postpartum period, and public transportation assistance within the county. The flyer titled "POSTBIRTH Warning Signs" included information on alarm signs and symptoms such as infection, fever, hemorrhaging, hypertensive crisis, thoughts of harming self or others, and signs of a blood clot. The information on the flyer was adopted from the Association of Women's Health, Obstetric and Neonatal Nurses (AWONN) and edited and approved by the project's media approval team at the project site. (Post birth warning signs, 2025). Collaboration with patient care navigators has been shown to be effective in prior studies, and it was essential for this project, as they were the main drivers of the implementation phase (Polk et al., 2021). The patient care navigators distributed the pamphlet and flyer to patients during their twice-weekly rounds at the hospital. The intervention aimed not only to increase attendance rates but also to provide patients with education regarding the postpartum period. In support of incorporating education, a previous study found that structured postpartum education may reduce maternal morbidity and mortality (Adams et al., 2023).

A post-intervention survey evaluated the intervention's success. The survey consisted of six questions, including multiple-choice and open-ended questions. Surveys could be completed electronically by scanning a QR code or on paper. Spanish and English surveys were offered. Survey responses were collected via Google Forms, and the data were compiled into a spreadsheet for interpretation and a graph to display the results for each question. Patient attendance was tracked via a spreadsheet and confirmed using the electronic health record.

Results

Twenty-three patients were included in the project as they were scheduled to deliver and return for the postpartum visit during the 14-week implementation period. Of the 23 patients who delivered during the intervention phase, 19 attended their postpartum appointment as scheduled; 4 did not; 3 did not complete the post-intervention survey; and 3 attended their rescheduled appointment after receiving rescheduling assistance.

Notably, attendance increased by 12% at the conclusion of the project. Survey results revealed that 85% of patients reported the information in the pamphlet was useful and helped them ask their providers more informed questions about the postpartum period. All patients received the intervention and reported positive outcomes. 95% of patients reported that the pamphlet and flyer provided useful information on bleeding, hypertension, and blood clots.

Strengths and Limitations

Key strengths of the project include a supportive implementation site and a topic that aligns with the partnering organization's priorities, fostering greater engagement and commitment to improving patient outcomes. Additionally, a key strength was the use of the PDSA methodology, which facilitated ongoing revisions and process improvements to enhance project outcomes. Overall, the findings demonstrate increased attendance following implementation of the intervention, supporting the continuation of the project at this facility.

Limitations of the project included a small sample size of 23 patients during the implementation phase and language barriers, as most participants were Spanish-speaking. Several patients had to be transferred to higher levels of care during the intervention period, which reduced the number of individuals available for participation and evaluation. Language differences may have contributed to misunderstandings of medical terminology and affected data

interpretation. In conclusion, further studies with larger sample sizes are needed to explore this problem and its interventions, and to confirm the validity and generalizability of the project data.

Implications and Conclusions

In healthcare, increasing attendance at postpartum appointments promotes early identification and management of potential complications, enabling timely interventions and continuity of care. Attendance on the patient's behalf is the first step to improving patient outcomes. This supports the overarching goal of improving maternal health outcomes and reducing maternal morbidity and mortality.

For the project partner, these implications are significant, as they lead to increased attendance and utilization of follow-up care. The project helps reduce missed appointments, which, in turn, can reduce emergency department visits and costly hospital readmissions. Early intervention and consistent follow-up can prevent the progression of complications, ultimately decreasing healthcare costs and reducing the financial burden on the partnering organization.

For nursing as a profession, the findings reinforce the central mission of delivering high-quality, patient-centered care and improving maternal health outcomes.

The data demonstrates increased attendance following the intervention, supporting both the need for the project and its continuation beyond the initial timeframe. Patient-reported outcomes were positive, further reinforcing its effectiveness. As a patient-driven intervention, it has the potential to sustain meaningful improvements in maternal health outcomes.

In conclusion, the identified implications for patients, the partnering organization, and the broader healthcare system closely align with the Triple Aim Initiative by promoting improved quality of care and outcomes, lowering costs, and advancing population health—key objectives consistent with the goals of both the project and the partnering organization. (Improvement area, n.d).

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