



Re-Engineering Postnatal Unit Care and the Transition Home to Reduce Perinatal Morbidity and Mortality

Funded by the Agency for Healthcare Research and Quality R18HS027260



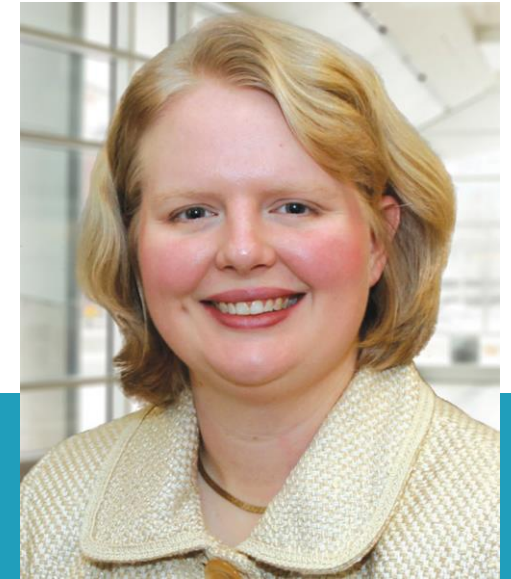
Leadership Team



Alison Stuebe, Maternal-Fetal Medicine
**Kristin Tully, Center for Maternal and
infant Health, UNC Chapel Hill**



Kelly Umstead & Carolina Gill
Industrial Design
NC State University



Emily Patterson
Human Factors Engineering
Ohio State University

**How might
we provide
better care?**



Postnatal
Patient Safety Learning Lab

I am **seen**

I am **heard**

I am **loved**

#decolonizebirth19



Chanel L. Porchia-Albert

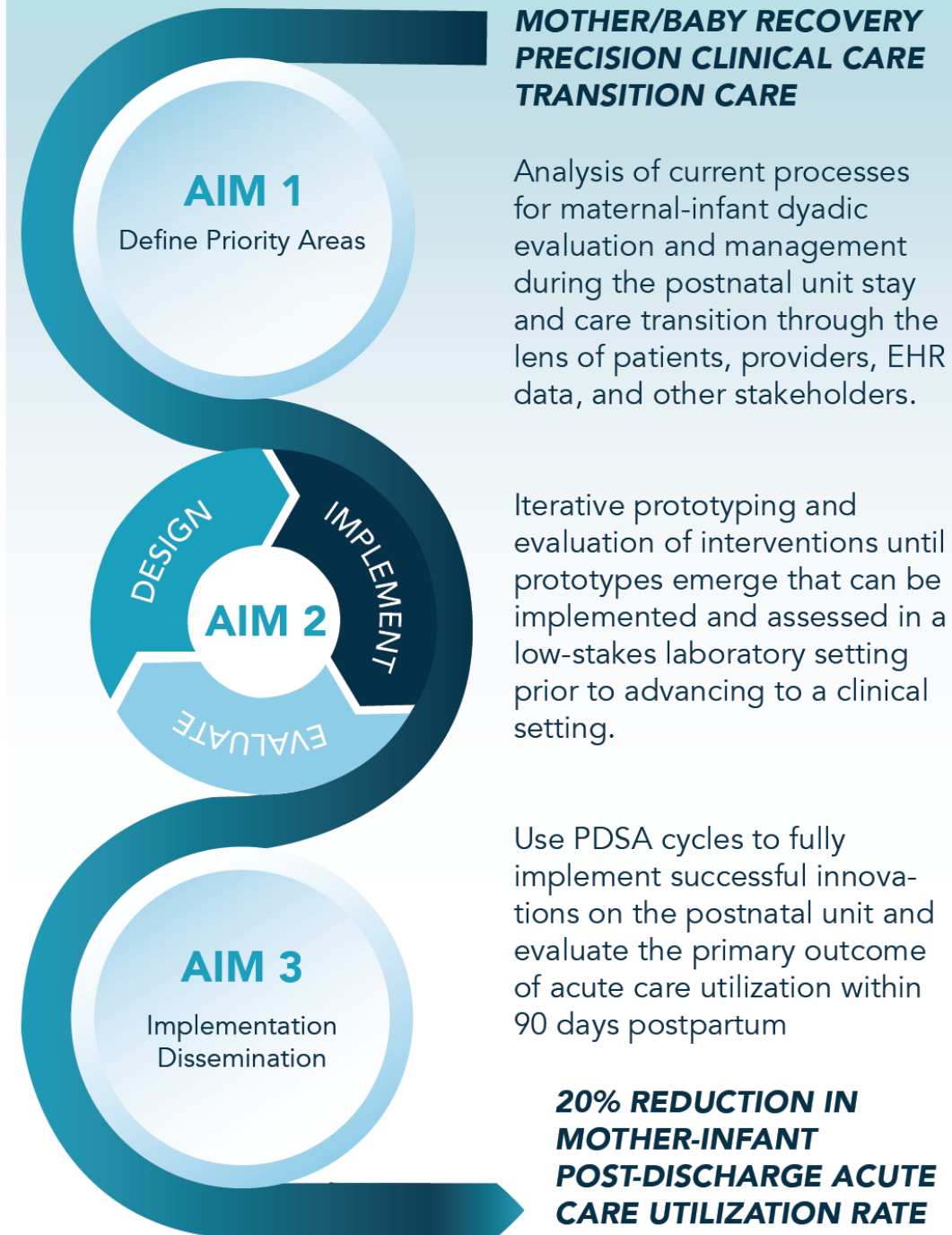
@ChanelPorchia

Mother of 6. Speaker. Birth Justice
Activist. CEO @ancientsong7. Race &
Reproductive Justice Consultant.
Progressive.

Aim 1: Define priority areas

Using mixed methods, we will analyze current processes and procedures for maternal-infant dyadic evaluation and management during the postnatal unit stay and discharge transition through the lens of mothers, clinicians, other key stakeholders, and Electronic Health Record (EHR) data.

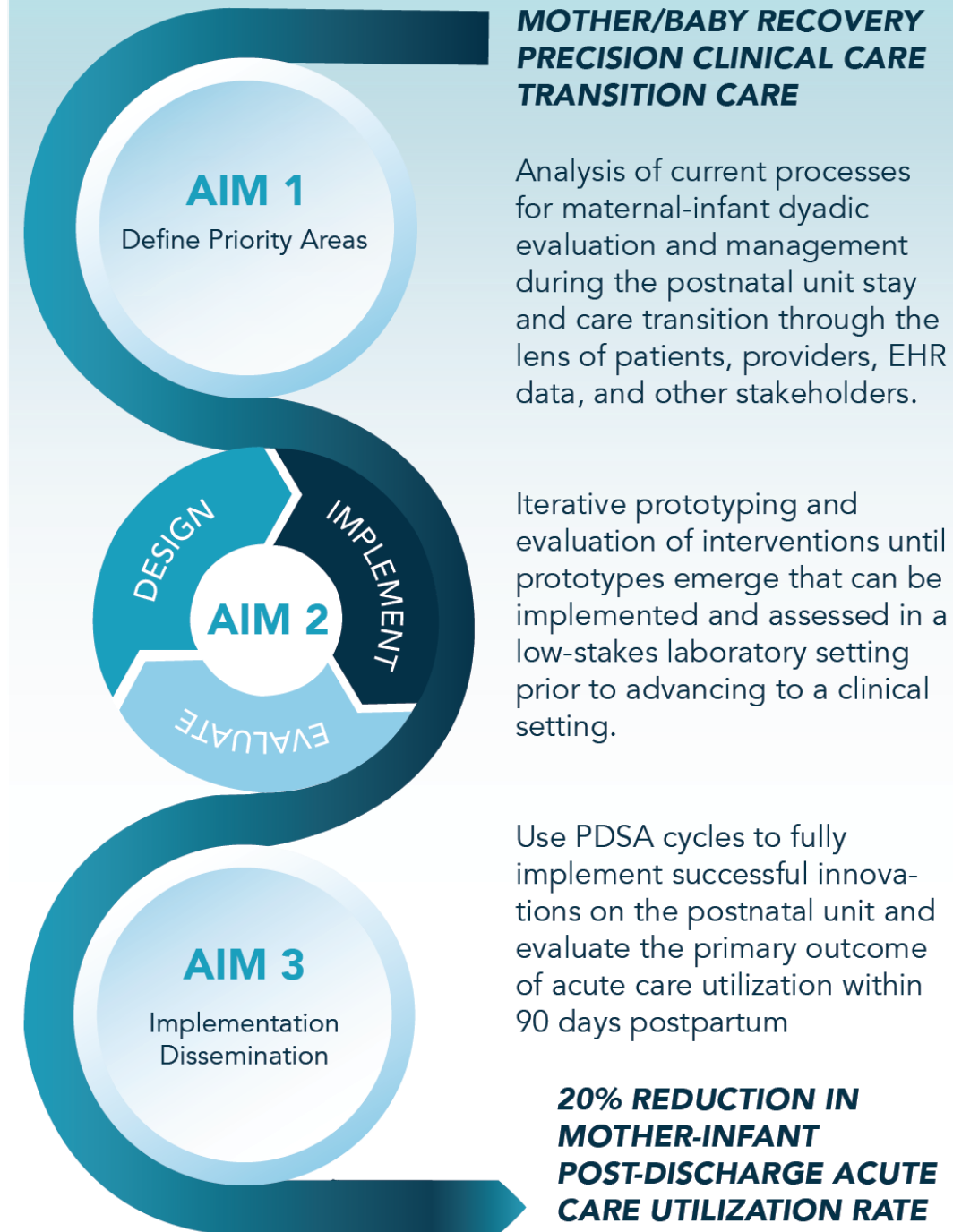
This work will identify multiple priority areas to improve the value and safety of postpartum care.



Aim 2: Iterative prototyping and evaluation of interventions

Building on identified priority areas, we will alternate between idea generation and evaluation until design concepts emerge that can be implemented and assessed in a low-stakes laboratory setting before advancing to a clinical setting.

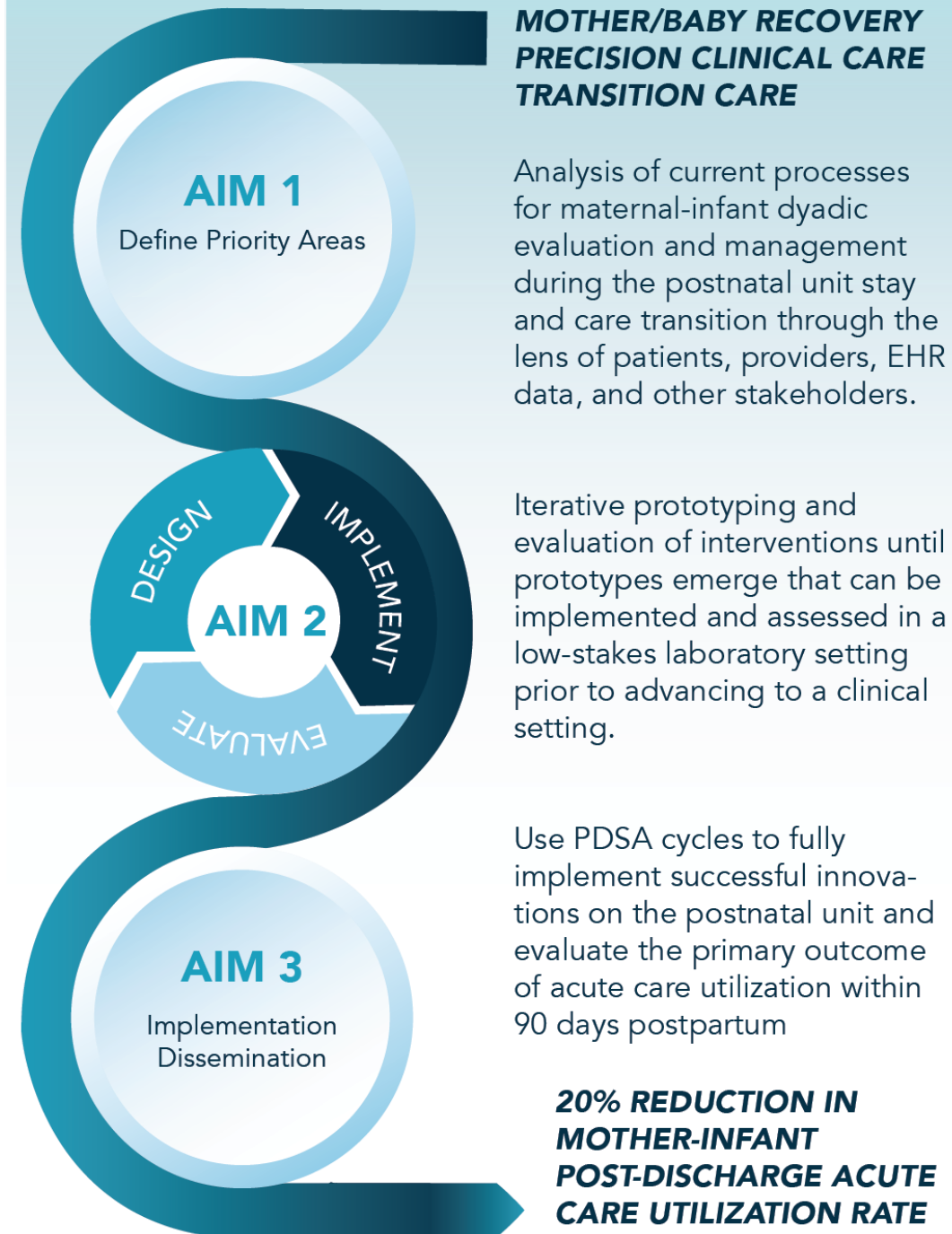
We hypothesize that the resulting prototypes and systems approaches will improve patient safety and care value.



Aim 3: Implementation and Dissemination

We will use continuous quality improvement (PDSA cycles) to fully implement “bundles” of successful innovations on the postnatal unit at UNC Hospital.

We will assess effectiveness using the primary measure of acute care utilization within 90 days postpartum.



Discovery



Postnatal
Patient Safety Learning Lab



Understanding the realities of postnatal care

- **Shadowing**
- **Interviews**
- **Surveys**
- **Filming**
- **Focus Groups**
- **Electronic Health Record**



Approaching childbirth

- Resilience
- Sadness
- Missing out
- “Cold” experience
- Isolation
- Frustration

“I do wish...but understand.”



Labor and delivery

- Day to day changes
- Mentally unprepared
- Grateful
- Mothers “worlds”

“I just didn't feel prepared for it this time.”

“It was the world. It meant the world to me, especially with everything that's going on. I felt like that I had somebody in my corner that knew me and knew the experiences that we had leading up to giving birth.”



Postnatal
Patient Safety Learning Lab



Postnatal unit experiences

- Different than expected
- Support person protocol
- Food and childcare needs
- Discharge timing
- Partner emotional distress

“As we all know, the restrictions have been very strict.”

“The room was small, and he was getting a little bit restless being in the room. I also don't think he was allowed to leave the room. And so, he was more adamant about leaving the hospital earlier or as soon as possible. We ended up leaving the next day...we were so tired. I think I would've appreciated staying maybe one more night.”



Postnatal
Patient Safety Learning Lab



Safety

- **Unique experiences to peers**
- **Vigilance**
- **Self-advocacy**
- **Trauma-informed care**
- **Proactive support**
- **Not feeling understood**
- **Partner emotional distress**

“There could be some paranoia, there could be some concerns there when it doesn't have to be.”

“She went to go put her stethoscope on my baby, and she didn't wipe it with an alcohol pad or alcohol wipe, and that really made me cringe because it's like I know you guys are using this on different babies, and I don't know what's going on out there in these other rooms, and it made me feel really uncomfortable to see you just come in...it's very important to do these things in front of parents so that they have the reassurance and their minds are at peace.”



Postnatal
Patient Safety Learning Lab



Protocols

- **Masked communication**
- **Confusion**
- **Upset around compliance**
- **Deception**
- **Racism**
- **Emotional toll**

**“It was hard to tell if
they are being
serious.”**

“I didn't like having to wear a mask inside of my room, and I gave birth with a mask on and I had to wear it in the room. The nurses and the doctors came in. And it just felt kind of like I know I didn't have COVID and they know I didn't, because we have to get tested before we went to the unit, but it just kind of feels like you're dirty or there's something wrong with you when you have to put on the mask and the doctor is coming in.”



Postnatal
Patient Safety Learning Lab

”I hate to say this, but there is a lot of negative stereotypes and simply racism that is associated with COVID-19 and with people discriminating against Asians...I can't help but have those kinds of – like, I wonder if she acted that way towards me or she asked me to wear a mask because she's afraid that I have COVID-19 or there is some racial biases. So, yeah. I wonder that sometimes.”



Postnatal
Patient Safety Learning Lab



Online resources

- **Breastfeeding**
- **Peer connection**

“They canceled everything.”

“

What would it look like for mothers to not only **survive** pregnancy, but to **thrive**?

Joia Crear-Perry, MD
@docccrearperry





Postnatal
Patient Safety Learning Lab

Kristin.Tully@unc.edu