



How Home Visiting Can Support Postpartum Care

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Overview of Home Visiting

Home visiting programs build on the strengths of pregnant women and families, particularly those considered at-risk, by providing resources and support focused on promoting physical, social, and emotional health and ensuring children are ready to thrive in school (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.). Today's programs have their roots in the settlement house and public health nursing movements. In the earliest days, private charities supported home visiting. Government funding increased for home visiting from the early 1900s to the 2000s, and programs focused on health care. In the mid-1960s, home visiting programs expanded to respond to poverty, meet the needs of teen parents, and enhance the well-being of low birthweight babies (Finello & California Center for Infant-Family and Early Childhood Mental Health, 2012). By the end of the 20th century, home visiting was viewed as a promising approach to building knowledge of effective parenting and child development and preventing child abuse and neglect (Duffee et al., 2017). In 2010, home visiting got a tremendous boost when the [Patient Protection and Affordable Care Act](#) established the Maternal, Infant, and Early Childhood (MIECHV) Program.

MIECHV supports voluntary home visiting services for expectant parents and parents with young children from birth to age 5 in high-need communities. The program's design draws upon a substantial base of research demonstrating that home visits by a trained professional during pregnancy and in the first years of a child's life improve the lives of children and families (U.S. Department of Health & Human Services, Administration for Children & Families, 2020). Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.).

The MIECHV program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). HRSA funds implementation of the MIECHV program in all 50 states and in 6 jurisdictions. States and jurisdictions engage with local agencies to provide home visiting services in communities that have been identified as high need. Each state or jurisdiction selects one or more among the approved, evidence-based home visiting models that may be implemented by the local agencies. There are currently [20 models](#) that meet HHS and legislative criteria for evidence of effectiveness as evaluated by [Home Visiting Evidence of Effectiveness](#) (HOMVEE), and HOMVEE has the responsibility for reviewing home visiting models to make sure they meet the criteria.

Home Visiting Focuses on Postpartum Care

Because of its emphasis on working with pregnant women, one area of focus for home visiting programs is postpartum care. Home visiting programs have a unique opportunity to support women during this period of vulnerability. Several of the evidence-based home visiting models specifically target enrolling women prenatally and continuing home visiting services after the baby's birth.

MIECHV programs report progress on a number of performance measures, six of which relate to maternal and newborn health. One of the measures addresses completion of a postpartum visit with a healthcare provider within 8 weeks of giving birth (Fitzgerald Lewis et al., 2018). The American College of Obstetricians and Gynecologists (ACOG) describes the postpartum visit as follows (ACOG, 2018, Comprehensive postpartum visit and transition to well-woman care section, para. 2):

“The comprehensive **postpartum visit** should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management and health maintenance.”

Specifically, MIECHV programs track and report on the percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.

The Importance of Postpartum Care

The term “the fourth trimester” describes the “...transition period after childbirth when infants are adjusting to life outside the womb and mothers are adjusting to new parenthood. This critical period is marked by significant biological, psychological, and social changes” (Verbiest et al., 2017, p. 34).

Although almost 40% of American women do not receive a postpartum health care visit (ACOG, 2018), postpartum care is important for a number of reasons (ACOG, 2018):

- More than half of pregnancy-related deaths occur after the birth of the infant.
- In addition to the physical recovery from childbirth, during the first two months postpartum, women may experience health issues such as breast infection; hemorrhoids; painful intercourse; frequent headaches; feelings of depression; backaches; sore nipples, breast tenderness, and other breastfeeding problems; physical exhaustion; and sleep loss.

- Postpartum visits offer the opportunity for health promotion, family assessment and screenings, disease detection and prevention, and connection to community resources. In addition, postpartum visits give mothers the chance to discuss important postpartum issues such as maternal depression.

In May 2018, ACOG updated its recommendations regarding postpartum visits. ACOG had previously recommended a postpartum visit within six weeks after delivery. However, the updated committee opinion states, “It is recommended that all women have contact with their obstetrician–gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth” (ACOG, 2018, p. 140). The guidance also recommends that women develop a postpartum care plan during pregnancy and that women with chronic medical conditions, including mood disorders, be counseled about scheduling timely follow-up visits to address those illnesses.

Barriers to Obtaining Postpartum Care

While many new mothers recognize the importance of follow-up care, barriers at the patient level, provider level, and healthcare system level influence the ability of a new mother to access and keep postpartum appointments. A variety of characteristics have been found to correlate with women’s likelihood of attending a postpartum visit. Women less likely to attend did not have health insurance (Danilack et al., 2019), did not receive prenatal care (Danilack et al., 2019; DiBari et al., 2014; Masho et al., 2018), had lower incomes (Danilack et al., 2019; DiBari et al., 2014), reported abuse by their partner (Danilack et al., 2019), were younger (Masho et al., 2018; Wilcox et al., 2016), were single parents (Danilack et al., 2019; DiBari et al., 2014), had lower levels of education (Danilack et al., 2019; Masho et al., 2018; Wilcox et al., 2016), or misused substances (Danilack et al., 2019; Masho et al., 2018).

Patient-Level Barriers

- **Time constraints** – Mothers’ busy lives can present barriers to keeping postpartum appointments. Challenges can include attending to newborns (DiBari et al., 2014; Henderson et al., 2016), going to school (Holland et al., 2014), work schedules or the need to return to work (Handler et al., 2019; Henderson et al., 2016; Holland et al., 2014; Tully et al., 2017), time spent on appointments or caring for their other children (Henderson et al., 2016; Holland et al., 2014), lack of childcare (Verbiest et al., 2018), and exhaustion (Tully et al., 2017).

- **Transportation** – Lack of transportation (Henderson et al., 2016; Wilcox et al., 2016) or difficulty in getting to the provider’s office (Declercq et al., 2014) can result in women not making or missing a postpartum appointment.
- **Unstable housing** – Unstable housing can be a challenge for women receiving postpartum care through home visiting programs (Holland et al., 2014; Wilcox et al., 2016), making it difficult for nurses to reach women and provide care.
- **Depression** – Depression can be another reason for not attending a postpartum visit (Holland et al., 2014). Over 1/3 of the women in a study by Declercq et al. (2014) described themselves as feeling depressed and having little interest in doing things. Shim et al. (2019) reported that “women with antenatal depressive symptomatology were significantly less likely to attend their postpartum visit.”
- **Feeling fine** – Some women do not feel that a postpartum visit is necessary because they do not feel like they need support (Declercq et al., 2014; DiBari et al., 2014; Handler et al., 2019).
- **Other** – In some cases, women may delay postpartum visits due to procrastination (Henderson et al., 2016), or they may have cultural values or beliefs that preclude them from seeking out postpartum visits (Henderson et al., 2016; Tully et al., 2017; Verbiest et al., 2018).

Provider-Level Barriers

- **Lack of trust** – Understandably, women need to feel comfortable with their providers (Henderson et al., 2016), and a lack of trust in their providers might prevent them from seeking a postpartum visit. Specifically, they want to feel respected, that they can tell the truth without fear of being judged, and that they can understand their providers’ instructions and reasoning (Tully et al., 2017). Women often feel that “providers are good at planting seeds, but poor at following up with needed information” (Verbiest et al., 2018).
- **Scheduling practices** – Office visits are most often scheduled during work hours, making it difficult for women with no childcare and a partner who works to schedule a postpartum visit at a convenient time (Henderson et al., 2016).

Health Care System Barriers

- **Disjointed care** – As women transition from prenatal to postpartum care, there is often a change in providers and/or settings. This shift can make it confusing for women to know where to turn for postpartum care, as well as making them uncomfortable and forcing them to navigate new relationships during a time when they’re undergoing many physical and emotional changes (Henderson et al., 2016; Tully et al., 2017).

- **Insurance** – Several barriers around insurance exist for women attempting to schedule a postpartum visit. Many women do not schedule a postpartum visit because they do not have insurance or a regular doctor, especially those who use Medicaid (Declercq et al., 2014). Not surprisingly, researchers have found that women without insurance or those who use Medicaid are less likely to attend a postpartum visit (Wilcox et al., 2016). In addition, women are often unsure about what services are covered under insurance and what they are expected to pay for, making it daunting to navigate the healthcare system (Tully et al., 2017).

Half of U.S. women receive perinatal care through Medicaid. In states that have not expanded Medicaid under the Affordable Care Act (ACA), women lose insurance coverage by 60 days after birth. States have the authority to extend this time period by expanding Medicaid eligibility under the ACA. States that have done this must cover all [preventive services](#) recommended by the [United States Preventive Services Task Force](#) for beneficiaries that qualify as a result of the ACA expansion. These include breastfeeding supports that extend to the postpartum period, with coverage for lactation consultation and breast pumps. Many states cover substance use treatment and home visiting services (Gifford et al., 2017; Ranji et al., 2019).

Overcoming Barriers: Coordinating Health Care and Home Visiting Services

Although coordination, collaboration, and integration of health services and home visiting services can be challenging to implement and sustain, coordination has multiple benefits for families as well as for both service providers. Health care providers and home visitors have complementary goals.

Part of coordinating postpartum care is recognizing that early engagement is essential (Rodin et al., 2019). Ironically, there is often a heavy focus on women's health prenatally, and on care for newborn babies, but too little attention is paid to postnatal care (ACOG, 2018). Prenatal providers play a vital role in changing women's mindsets towards postpartum care. During prenatal care visits, health care providers can emphasize the importance of postpartum care (DiBari et al., 2014; Handler et al., 2019) and share a list of postpartum providers with information about the scope of their support and contact information.

Challenges around transportation, childcare, and lack of time can often be addressed through alternative methods such as home visits, telephone calls, and providing Web-based content. These supports can supplement postpartum clinical

visits by providing information and care in a flexible way with “just in time” information about everything from postpartum depression to contraceptives.

Home visiting programs can support the development of a shared agenda between the health care provider and the family to maximize the effectiveness of the visit. A shared agenda allows for time to discuss the mother’s concerns and address her questions, as well as time for medical providers’ priorities. Home visitors can also play an important role in supporting the mother’s self-efficacy so that the visit is accessible, effective, and efficient.

Coordination between the health care system and home visiting has many benefits:

- **Reinforce each other’s health promotion messages.** When women hear consistent, caring, and reinforcing messaging about key health issues during postpartum visits and home visits, it supports them in changing behaviors in ways that can influence positive outcomes.
- **Reduce duplication of effort.** When home visitors provide in-depth and proactive guidance, it enables families to focus on the most critical medical issues when they visit their physician.
- **Increase access to community resources.** When mothers are experiencing depression, home visitors and medical providers can use [motivational interviewing](#) with mothers, link mothers to behavioral health providers, provide appropriate resources, and monitor depressive symptoms.

Strategies to Support Coordination: What Health Care Providers and Home Visiting Programs Can Do

- **Sign a Memorandum of Understanding (MOU) and have formal policies and procedures in place** to define the roles and responsibilities of both parties. These documents can spell out procedures and policies for making referrals, set the stage for regular team meetings, and identify possibilities for shared professional development.
- **Ensure regular ongoing communication** – Each partner has information to share. Both can share screening results (with permission), track visits made and missed for both doctor’s appointments and home visits, and follow up to see if referrals were completed.
- **Share electronic medical records** – An electronic medical record system can help identify eligible patients, track appointments and follow up, allow for review of a patient’s chart, and coordinate communication between partners. Both medical practice staff and home visitors can enter and review information.

- **Co-locate home visiting and health care services.** While not widespread, some home visiting programs share space with health care services, providing one-stop services, and facilitating case management. This can be extremely supportive to busy mothers.

Strategies for Home Visiting Programs to Support Mothers in Obtaining Postpartum Care

- **Encourage clients to make a plan with their doctors during the prenatal period.** Home visitors can follow up on information provided by prenatal providers and help mothers make a follow up plan detailing the name and contact information for the doctor that they will see after the baby is born.
- **Assist mothers in making and keeping regular and follow-up medical appointments.** Work with mothers to identify their most pressing barriers, such as lack of time or lack of transportation, and share resources and strategies that the mother can use to overcome them.
- **Use a centralized intake system to support postpartum care.** For instance, in Ohio, at the beginning of every home visit, the home visitor gets a prompt to document any medical care received by the mother and child, if applicable, since the last visit. Once a home visitor enters a birth (including the date of birth) into the system, the system matches the information with information in the state's Vital Statistics data system and prompts the home visitor to set up a postpartum visit for the mother.
- **Work with an infant and early childhood mental health consultant (IEMCHC) to support home visitors working with mothers who are experiencing postpartum depression.** IECMH consultants work directly with home visitors to build their capacity to recognize and respond to the mental health needs of children and families. Related to postpartum care, they can help train home visitors on how to administer screening tools and share screening results. They can also support referrals by identifying and making linkages to community resources.
- **Supplement information from postpartum visits with other resources for mothers that are engaging, relevant, and supportive.** Home visitors can share culturally responsive resources related to breastfeeding, maternal depression, smoking cessation, birth spacing, and other important postpartum issues.

Resources

The following guides, briefs, and articles provide strategies for strengthening support for new mothers.

- [Counselling for Maternal and Newborn Health Care: A Handbook for Building Skills](#) – World Health Organization handbook that uses a self-directed approach to help strengthen counselling and communication focused on pregnancy, childbirth, and postpartum care.
- [Expanding Postpartum Medicaid Coverage](#) – Kaiser Family Foundation brief that discusses Medicaid eligibility for pregnancy and postpartum care, describes gaps in coverage, and highlights efforts to extend postpartum coverage to more women for a longer period of time.
- [Resources on strategies to improve postpartum care among Medicaid and Children’s Health Insurance Program \(CHIP\) populations](#) – Helpful guidance on improving the postpartum care visit rate and the content of care, postpartum care patient education and outreach, and comprehensive case management and care management.
- [Strong Start for Mothers and Newborns Initiative](#) – Profile of a Centers for Medicare and Medicaid Services (CMS) initiative that sought to improve maternal and infant outcomes among women who were Medicaid/CHIP recipients and increased postpartum visit attendance.
- [Postpartum Care](#) – Online resource hub from the March of Dimes that features links to related issues, including warning signs after birth and postpartum depression.

Conclusion

The American College of Obstetricians and Gynecologists emphasizes the importance of ongoing follow-up care for new mothers and infants. Yet barriers at the healthcare system level, provider level, and patient level influence the ability of new mothers to schedule or keep postpartum appointments. Home visitors and home visiting programs can help overcome these barriers by coordinating with health care systems to support new mothers and address the challenges they face.

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