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Optimizing Postpartum Care: The Development of a Debriefing Tool and Guideline for Healthcare Providers

Shirelle L. Claggett
University of Northern Colorado

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

OPTIMIZING POSTPARTUM CARE: THE DEVELOPMENT OF A DEBRIEFING TOOL AND GUIDELINE FOR HEALTHCARE PROVIDERS

A Capstone Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Shirelle L. Claggett

College of Natural and Health Sciences
School of Nursing
Nursing Practice

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This Capstone Project by: Shirelle L. Claggett

Entitled: *Optimizing Postpartum Care: The Development of a Debriefing Tool and Guideline for Health Care Providers*

has been approved as meeting the requirement for the Degree of Doctor of Nursing Practice in College of Natural and Health Sciences, School of Nursing, Program of Nursing Practice

Accepted by the Capstone Research Committee:

_____

Kathleen Dunemn, Ph.D., APRN, CNM, Research Advisor

_____

Martha Levine, Ph.D., RN, Committee Member

_____

Sonia P. Novotny, MD, Clinical Member

Accepted by the Graduate School

_____

Linda L. Black, Ed.D.
Associate Provost and Dean
Graduate School and International Admissions

EXECUTIVE SUMMARY

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This capstone project was a quality improvement project to reinforce evidence-based practice for the care of postpartum women and their infants. The aim of the project was to provide a guideline and tool to allow for assessment of needs, resources available, and ongoing support to promote well-being, improved quality of life, and physical and mental health needs.

Research showed postpartum care in the United States has been found to be fragmented with communication deficits between healthcare providers including maternal and pediatric providers and patients (American Congress of Obstetricians and Gynecologists [ACOG], 2016). Patients who attended a scheduled postpartum visit reported not receiving enough information or education at their postpartum visit with regard to "postpartum depression, birth spacing, healthy eating, the importance of exercise, or changes in their sexual response and emotions" (AGOG, 2016, p. 2). This fragmented care results in the mother uncertain of her future healthcare needs, timing, and potential risk factors adversely affecting her health and future pregnancies. At the postpartum visit, providers should assist the patient to identify "who will assume primary responsibility for her ongoing care in her primary care medical home" (ACOG, 2016, p. 4). This should also include documentation for the patient or other healthcare providers

including pregnancy complications, risks, timing, and intervals of future medical needs such as contraception or family planning, cervical cancer screening pap smear, diabetes screening, cholesterol screening, as well as any other ongoing treatments for health issues such as thyroid disorder or depression. This would allow the patient to be fully aware of her health conditions, ongoing health care needs, and care coordination.

The project was developed with the use of a Delphi method and process to create the tool and practice guideline. Staff from Kaiser Permanente's Obstetrics and Gynecology Departments within metro Denver were surveyed with the use of Delphi questionnaires. Once the tool and guideline were created, the quality department must approve the guideline and implementation shall occur within Kaiser Permanente's Obstetrics and Gynecology Departments. Implementation was not accomplished by the completion of this capstone project due to the prolonged time of the quality department's approval. Once implementation occurs, a brief survey will be conducted of healthcare providers within several weeks of use to determine effectiveness and changes that might need to be made.

The Stetler (2001) model provided the framework of this project to assure appropriate evidence-based medicine was incorporated into nursing practice once determined effective.

ACKNOWLEDGEMENTS

This author would like to thank the many people who provided support, time, and encouragement for the completion of this project. To Dr. Sonia Novotny for her insight and help in determining the topic for the capstone project. To my peers within Kaiser Permanente who answered my Delphi surveys with careful consideration to assure effective change and ongoing comprehensive postpartum care of our patients. To Dr. Kathleen Dunemn for her support, coaching, and guidance throughout this project. And finally, my family, who showed nothing but love, support, an extreme amount of patience and understanding of my desire to complete my Doctor of Nursing Practice degree. With my loving husband, Chris, and the endless number of tasks he took on, my daughters Lola and Reagan will see they, too, can do anything they want to in their futures with determination and perseverance.

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LIST OF ABBREVIATIONS

ACOG	American College of Obstetricians and Gynecologists
DNP	Doctorate of Nursing Practice
GDM	Gestational diabetes mellitus
GYN	Gynecology
KP	Kaiser Permanente
OB	Obstetrics

CHAPTER I

STATEMENT OF THE PROBLEM

Background and Significance

Postpartum care of women and their infants provides assessment of needs, resources available, and ongoing support to promote well-being, improved quality of life, and physical and mental health needs. Postpartum is a period of vulnerability when "a woman must adapt to multiple physical, social, and psychological changes" (American College of Obstetricians and Gynecologists [ACOG], 2016, p. 2). According to ACOG (2016), all postpartum women should receive a comprehensive history, physical exam, and a social and psychological evaluation within the first six weeks postpartum to determine ongoing health concerns. In addition, contraception counseling should be provided within this time frame to ensure women receive education and methods with regard to their desires for family planning. Discussion regarding previous pregnancy complications, such as hypertension or diabetes, should be performed for anticipatory guidance with respect to future healthcare needs regarding these issues as well as the implications for future pregnancy risk. All postpartum patients should be screened for postpartum depression within the first six weeks after delivery. Risks for postpartum depression should be assessed and closely monitored for those considered to have documented risk factors.

Postpartum care in the United States has been found to be fragmented with communication deficits between healthcare providers including maternal and pediatric providers and patients (ACOG, 2016). Patients who had attended a scheduled postpartum visit reported not receiving enough information or education at their postpartum visit in regards to "postpartum depression, birth spacing, healthy eating, the importance of exercise, or changes in their sexual response and emotions" (AGOG, 2016, p. 2).

Problem Statement

Postpartum care in the United States is fragmented, leaving the mother uncertain of her future health care needs, timing, and potential risk factors adversely affecting her health and future pregnancies. It is estimated 40% of postpartum women do not attend any scheduled postpartum visits within four to six weeks following birth (ACOG, 2016). Healthy People 2020 (U.S. Department of Health and Human Services, 2011) has set a developmental goal to increase postpartum visits with a healthcare provider. Health concerns arising during pregnancy and the postpartum period including diabetes, hypertension, depression, and anxiety might result in ongoing sequelae, and long-term health effects. Additionally, future pregnancies might be considered high risk due to pregnancy or chronic health complications. It is imperative for clinicians to educate patients on the importance of attending a postpartum visit during their prenatal care. During the postpartum visit, healthcare providers should discuss health needs such as ongoing future health concerns. At the postpartum visit, providers should assist the patient to identify "who will assume primary responsibility for her ongoing care in her primary care medical home" (ACOG, 2016, p. 4). This should also include documentation for the patient or other healthcare providers that includes pregnancy

complications, risks, timing, and intervals of future medical needs such as a pap smear, diabetes screening, cholesterol screening, as well as any other ongoing treatments for health issues such as thyroid disorder or depression. This documentation should also incorporate a list of the patient's medical healthcare providers, phone numbers, and emergency contact information. This would allow the patient to be fully aware of her health condition and who is responsible for her ongoing needs and care coordination.

Theoretical Framework: The Stetler Model

Utilization of a theoretical framework is necessary for "a rationale for proposing that a relationship between variables will have a particular outcome" (Terry, 2015, p. 34). Theoretical frameworks are utilized to help guide both organization and direction to a study as well as "starting with the general picture or theory and moving toward a direction for nursing practice" (Terry, 2015, p. 37). The Stetler (2001) model of research utilization to facilitate evidence-based practice provides feasibility, "determination of the availability of needed resources and, if applicable, the cooperation, support, or readiness of the stakeholders" (p. 273). To assist in the development and adoption of the debriefing guideline and tool within the Obstetrics and Gynecology Department at Kaiser Permanente, employment of the Stetler model helped to determine the intentions and behaviors of providers within this department. In addition, the Stetler model provided an evidence-based conceptual framework that described the process of "application of research findings to practice" (Stetler, 1994, p. 15).

Five phases of the Stetler (2001) model translate research (literature review) into evidence-based practice. These phases are outlined within the framework with clear definitions of the concepts and mapping of the project within the framework.

Phase I of the Stetler (2001) model is described as the preparation phase whereby the researcher reviews the literature and incorporates or utilizes the data and outcomes in current practice. Within this phase of the project, "conscious, critical thinking" (Stetler, 2001, p, 275) is employed to identify the problem and define measurable outcomes as well as factors that might influence the application or goals of the project. For this capstone, a recently released committee opinion from ACOG (2016) stated postpartum care in the Unites States was lacking and optimization of postpartum care was needed \for recognition of the problem. Additionally, postpartum care within Kaiser Permanente of Colorado was fragmented with healthcare providers performing postpartum visits differently from each other.

Phase II of the Stetler Model is defined as the validation stage. This phase of the project included rigorous appraisal of the literature and evidence reviewed for the project. A systematic review of literature including prospective and retrospective studies that supported the need for comprehensive postpartum care was accomplished through databases including CINAHL, EBSCO, and PubMed. Additionally, an informal chart review of postpartum notes completed by healthcare providers within Kaiser Permanente to appraise current practices and determine congruency among charting. This would determine changes that could be included to ensure comprehensive and similar standard care among all health providers.

Phase III, the evaluation and decision-making phase, included the cumulative findings from literature review and Delphi method questionnaires. This stage of this capstone project utilized the Delphi method to determine stakeholder and peer consensus within the OB/GYN departments at Kaiser Permanente. Current postpartum care,

deficits, as well as stakeholder willingness to change were determined. Conclusion of this phase helped determine the criteria to be included in the postpartum guideline and tool that would be implemented into practice.

Phase IV, the translation and application phase, allowed for the guideline and tool to be written. The postpartum debriefing tool and guideline were created during this phase with the help of William Martchenke in Kaiser Permanente's Information Technology Department. The tool will then be approved by quality departments within Kaiser Permanente prior to implementation. Once approved, the guideline and tool will be implemented into practice with direct use during the scheduled postpartum visit and integrated into the electronic health record utilized by healthcare providers. However, implementation will be accomplished after the completion of this capstone project as approval often consumes a prolonged amount of time.

Phase V will provide evaluation of the postpartum debriefing tool and guideline. A final survey of health care providers will provide evidence of effectiveness, usability, and likability of the project. This will determine if the goals of the project were met and changes that might need to occur to refine the project. Evaluation is anticipated after four weeks of use by health care providers.

Figure 1 provides a visual representation of the phases of the Stetler (2001) model to show the relationship of concepts and phases of the project.

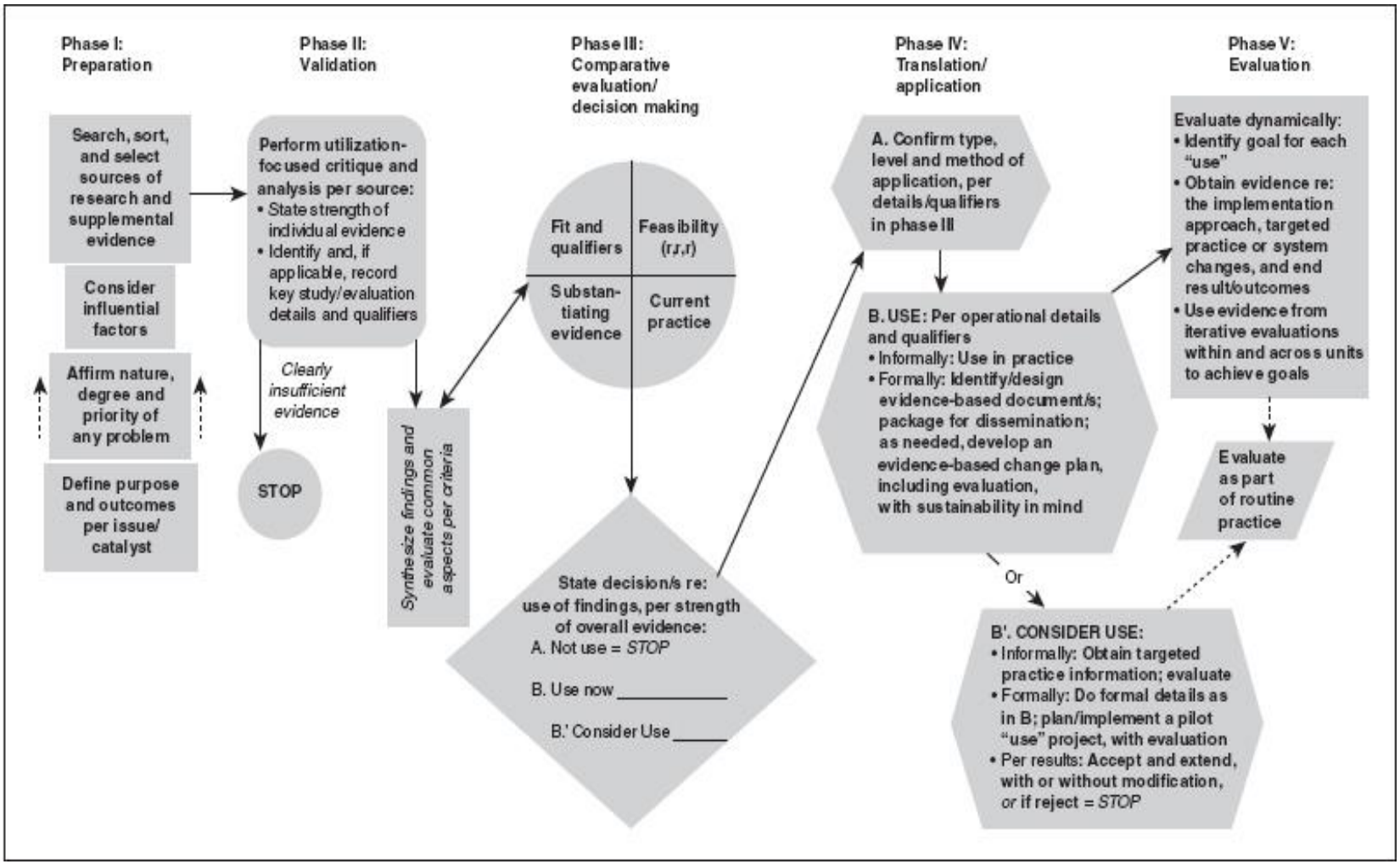

Figure 1. The Stetler model: Phases of research utilization for evidence-based practice.

The purpose of this capstone project was to fully understand through literature reviews pregnancy complications requiring postpartum follow up and current deficits in postpartum care. To reduce the deficits, the goal of the postpartum debriefing tool and guideline implementation was to provide thorough postpartum assessment, risk determination, and healthcare recommendations. The use of the Stetler (1994) model provided the framework of this project to allow for "focus on critical thinking and decision making at the practitioner level" (p. 24). Additionally, Kaiser Permanente covets the use of evidence-based practice to inform policy, procedure, and guideline implementation to assure high-quality, comprehensive, engaging care for patients. This project supported the organization's goals by continuing to advance health care through evidence-informed practice.

Literature Review

A literature review for this capstone project was performed to seek current postpartum care practices as well as pregnancy concerns that might affect the postpartum period. Keywords utilized were postpartum, postpartum care, pregnancy complications, and postpartum complications. Search engines employed were The Cochrane Database of Systematic Reviews, CINAHL, EBSCO, and PubMed. Articles reviewed were limited to those in English. In addition, ACOG (2016) practice bulletins and guidelines were reviewed for current recommendations of postpartum care.

Postpartum care was shown to be fragmented with inconsistent communication, minimal anticipatory guidance, and ongoing support for health and well-being (ACOG, 2016). According to ACOG (2016), approximately 40% of postpartum women do not attend a scheduled postpartum visit when there is an opportunity for improved outcomes

for women, newborns, and their families. The ACOG recommended "all women undergo a comprehensive postpartum visit within the first 6 weeks after birth" (p. 1). This visit should include a comprehensive physical exam as well as an assessment of psychological and social well-being. In addition, anticipatory guidance for ongoing health needs including a review of the course of their recent pregnancy to determine future pregnancy risks and preparedness, postpartum depression signs and symptoms, contraceptive options and family planning goals, weight concerns and management, health behavior risks, and routine screening recommendations should be provided during the postpartum period to assure continuity of care (ACOG, 2016).

Summary of Pregnancy Complications

A review of the patient's pregnancy history and most recent pregnancy course would help both healthcare providers and patients to understand past and future health risks for subsequent pregnancies. Pregnancies in which a high-risk condition arose should be reviewed with the patient to assess potential health risks as well as probabilities of recurrence for future pregnancies.

Pregnancies in which a hypertensive disorder was diagnosed would require ongoing assessment of cardiovascular risk assessment. "Hypertensive disorders of pregnancy include preeclampsia-eclampsia, gestational hypertension, chronic hypertension and preeclampsia superimposed on chronic hypertension" (Stuart et al., 2013, p. 37). When women are asked about pregnancy history, "maternal recall is highly dependent on the questions asked of the mother" (Stuart et al., 2013, p. 44). Many women do not understand their pregnancy history, terminology, or diagnoses. Therefore,

it is imperative to review pregnancy course and discuss complications when they occurred.

Approximately 10-15% parous women will experience at least one pregnancy with a hypertensive condition (Stuart et al., 2013). According to Stuart et al. (2013), "A growing body of literature indicates that women with a history of hypertensive pregnancies are twice as likely as women with normotensive pregnancies to develop [coronary heart disease] CHD" (p. 37). In addition, Poon, Kametas, Chelemen, Leal, and Nicolaides (2010) reported, "Women with a history of [preeclampsia] PE, compared with nulliparous women, there is a fourfold increase in risk for early-PE and twofold increase in risk for late-PE" (pp. 107-108). Additionally, women with a history of chronic hypertension are also at an increased risk for preeclampsia with severe, early onset in pregnancy (Poon et al., 2010).

During the postpartum visit, review of pregnancy course, risks, and preventative measures should be discussed. Counseling should include increased risks with maternal age, increased BMI, history of hypertensive disorders, and the use of aspirin and folic acid to prevent preeclampsia in subsequent pregnancies.

Pregnancies in which gestational diabetes (GDM) was diagnosed are considered high-risk pregnancies. Up to 7% of pregnancies are estimated to be complicated by gestational diabetes (ACOG, 2013; Ortiz, Jimenez, Boursaw & Huttlinger, 2016). Gestational diabetes can be attributed to adverse perinatal outcomes by a "reported twofold to fivefold increased risk" (McCance, 2015, p. 686). Poor outcomes might include miscarriage, stillbirth, congenital anomalies, preterm labor or delivery, preeclampsia, macrosomia, increased cesarean rates, and infants with poor glycemic

control, increased jaundice, and breathing difficulties (ACOG, 2013; McCance, 2015). Future health complications related to gestational diabetes might include cardiovascular disease, hypertension, and diabetes. Women found to develop gestational diabetes had a seven-fold increase with an estimated 15-50% of women developing Type 2 diabetes within 10 years of delivery (ACOG, 2013; Ortiz et al., 2016).

Postpartum care of women diagnosed with gestational diabetes is recommended to include a two-hour, 75g fasting glucose challenge test within 6-12 weeks postpartum and at one year postpartum (ACOG, 2013; Ortiz et al., 2016). Additionally, hemoglobin A1C screening should occur at minimum every three years. Furthermore, other risk factors should be discussed including elevated BMI, nutrition status, and exercise recommendations at the postpartum visit. Early gestational diabetes screening is recommended in subsequent pregnancies between 12-16 weeks gestation (ACOG, 2013).

A study performed by Ortiz et al. (2016) found postpartum care of women with diagnosed gestational diabetes needs to be improved. The authors reported "only about three fourths of providers on the reviewed charts ordered the recommended postpartum glucose screening" (p. 120). It is imperative adequate follow up be included in the postpartum visit to reduce the recurrence or risk factors and decrease adverse pregnancy outcomes in subsequent pregnancies. In addition, patients should be made aware of the increased risk of a subsequent diabetes Type 2 diagnosis later in life.

Postpartum depression might occur without previous risks or diagnosis of depression. According to Glavin, Smith, Sørum, and Ellefsen (2010), postpartum women are at "increased psychological vulnerability, detectable across a broad spectrum of reactions" (p. 3051). It is evident postpartum depression can affect maternal and infant

bonding due to unstable maternal sensitivity. This might result in decreased quality of care provided as well as develop a vulnerable attachment of infant to mother. Children might later develop emotional and cognitive impairments as a result (Glavin et al., 2010). Early prevention, detection, and treatment of postpartum depression could prevent long-term adverse outcomes. Thung (2010) stated postpartum depression is the most common occurring complication of motherhood. However, less than 50% of women report being screened or treated appropriately for depression within the postpartum period (Thung, 2010).

Identification of postpartum depression and risk factors is key during the postpartum visit. Effective assessment tools are critical to detect depression or anxiety. Ongoing support for depression as well as resources should be discussed and provided to the patient at the postpartum visit. Additionally, a list of symptoms for future knowledge is vital for early detection if depression occurs beyond the six-week visit.

Contraception and family planning options should be reviewed and discussed during the postpartum visit. This dialogue should include the patient's family planning goals as well as contraindications to contraceptive options. According to Thiel de Bocanegra, Chang, Howell, and Darney (2014), "One-third of all repeat pregnancies are conceived within 18 months of the previous birth" (p. 311). Intervals between pregnancies, if shortened, can be associated with poor outcomes including "increased risk of preterm birth and infants with low birthweight" (Thiel de Bocanegra et al., 2014, p. 311). Healthy People 2020 n.d.) established a goal to reduce the number of pregnancies conceived within 18 months of a previous delivery (Thiel de Bocanegra et al., 2014).

During the postpartum visit, healthcare providers should discuss risks of shortened pregnancy intervals, family planning goals, and contraceptive options. This discussion should detail the options effectiveness and failure rates to determine an appropriate, shared decision-making option to assure goals are met. Long-acting reversible contraception should be discussed and offered as other methods have been known to fail if not consistently or accurately utilized, e.g., birth control pills or barrier methods.

Health behavior risks including tobacco use should also be discussed as part of the postpartum visit. Tobacco use has been linked to medical complications in children due to second-hand smoke exposure including "sudden infant death syndrome, ear infections, respiratory illness, and asthma" (Levine, Marcus, Kalarchian, Houck, & Cheng, 2010, p. 345). Studies have shown an estimated 60% of women who quit smoking during their pregnancy will resume before six months postpartum (Levine et al., 2010). Additionally, smoking relapse has been related to postpartum stress, depression, or weight concerns (Levine et al., 2010). Patients often rely on smoking as a coping mechanism or as a means to lose weight in the postpartum period. Recognition of these patterns and the patient's history of tobacco use is critical. Postpartum discussion and resources should be offered to assist the patient in remaining tobacco free, thereby reducing the incidence of childhood adverse outcomes.

Finally, weight issues, concerns, and management options should be reviewed in the postpartum visit. Obesity rates in America continue to rise and have poor implications on health including consequences of obesity in pregnancy. Adverse pregnancy outcomes related to obesity or excessive weight gain in pregnancy could result

in early miscarriage, fetal anomalies, gestational diabetes, gestational hypertension or preeclampsia, increased cesarean rates, and stillbirth (Lim & Mahmood, 2014). Additional increased risks of labor complications are hemorrhage, shoulder dystocia, and fetal distress (Lim & Mahmood, 2014). Postpartum complications related to weight could include increased risks of thromboembolism, postpartum infection, breastfeeding difficulty, depression, and weight retention (Lim & Mahmood, 2014).

With known adverse outcomes of maternal-fetal health and obesity, there has been an increased "focus on guidelines to manage the clinical risks of maternal obesity, and for pregnancy weight management" (Heslehurst et al., 2014, p. 462). Interventions for postpartum weight management were shown to be effective in a study by Skouteris et al. (2011). This study utilized health coaching counseling sessions as the intervention and it was successful in assisting women with weight management postpartum. History has shown "passive dissemination is not effective" (Heslehurst et al., 2014, p. 462); it is necessary to evaluate and implement strategies to educate and provoke behavior change. Montgomery et al. (2011) identified barriers to weight management in postpartum women including time issues and the inability to manage a new infant with additional life balances of work, school, multiple children, and food choices. Additionally, motivation for weight loss was found to be an obstacle for weight loss. Postpartum women also felt a lack of support by family members, spouses, and healthcare providers. It is imperative that healthcare providers discuss weight management during the postpartum period as well as offer support and resources for a reduction in weight retention.

Gap Analysis

Up to 40% of women currently do not attend a scheduled postpartum visit with a healthcare provider. In addition, women often are not clear on what their ongoing needs or concerns are for both short- and long-term health (ACOG, 2016). As part of Healthy People 2020 (n.d.), the goal to increase the number of women who attend a postpartum visit requires education, encouragement, and anticipatory guidance during the prenatal period. Additionally, healthcare providers should be responsible for reviewing the patient's history, pregnancy complications, risk factors, as well as ongoing healthcare needs. This information should be documented for both the patient and other healthcare providers to assure continuity of care. Development and implementation of a postpartum debriefing tool and guideline would allow for this discussion to occur as well as provide a summary for the patient to take with her at the conclusion of her visit.

CHAPTER II

PROJECT DESCRIPTION

Purpose of the Doctor of Nursing Practice Project

The purpose of this Doctor of Nursing Practice (DNP) project was to assess and improve upon current postpartum care practice deficits within Kaiser Permanente Obstetrics and Gynecology (OB/GYN) Departments. Postpartum care provides an integral opportunity for healthcare providers to discuss pregnancy, complications, childbirth, and ongoing healthcare needs. This is a time for providers to assist the patient in developing a clear understanding of her pregnancy, delivery, and postpartum course as well as complications that might have occurred and future health or pregnancy risks. This visit also provides anticipatory guidance in postpartum needs including depression, lactation support, infant care, postpartum weight management, physical activity, sexuality, and returning to work.

Project Objectives

This capstone project encompassed three objectives to create and implement a postpartum debriefing tool and guideline to assist healthcare providers in the OB/GYN Department of Kaiser Permanente.

1. Determine current postpartum care practice within Kaiser Permanente
    - Determine current items covered in the postpartum visit
    - Determine deficits in postpartum care within Kaiser Permanente
    - Determine differences in postpartum care among healthcare providers within Kaiser Permanente.
2. Develop a guideline to allow for healthcare providers to implement and enhance postpartum care within the OB/GYN Department of Kaiser Permanente.
    - Obtain organizational support to create and implement guideline and tool as part of this capstone project
    - Provide specific health information in which should be reviewed at the scheduled postpartum visit
    - Develop a postpartum debriefing tool in which addresses pertinent health history, ongoing health concerns, and resources in which patients can obtain health information, and care for specific needs
3. Assess improvement in postpartum care with the debriefing tool
    - Evaluation through surveillance of health care providers to determine satisfaction, barriers, and ongoing feedback of the debriefing tool and guideline
    - Evaluation of the tool to determine provider perception of enhanced postpartum care.

Project Design and Method

This capstone project was a non-experimental, quality improvement project to ensure implementation of evidence-based practice in postpartum care. The groundwork of this capstone project was initiated with the use of the Delphi method. The measurement approach to the Delphi method was developed in the 1950s and is "one of the most commonly used formal consensus methods" (Fitzsimons & Modder, 2010, p. 101). This method utilizes questionnaires or anonymous surveys to gain consensus of an expert panel, in addition to panel meetings, and is utilized as a communication tool. The purpose is to create protocols and procedures based on consensus of expert opinion. Participation was voluntary and the identities of the panelists remained anonymous.

Project Plan

Congruence of Organization Mission

It was recognized within the healthcare setting of the OB/GYN Department at Kaiser Permanente that postpartum care was not optimal. As a clinician within this setting, the DNP student was made aware of the recent ACOG (2016) *Committee Opinion* to optimize postpartum care within the United States--a debriefing process should occur during the scheduled postpartum visit. This process was not currently employed within this healthcare setting, leaving postpartum care incomplete and fragmented.

The mission of Kaiser Permanente remains focused on the health of their members and the communities they serve. The commitment is to provide affordable, high-quality healthcare services with expert medical providers and teams. The commitment to preventative health care, disease prevention, health promotion, and chronic disease management is supported by health care and technology advances.

Kaiser Permanente's (2016) vision "to be a leader in Total Health by making lives better" (para. 1) certainly includes high quality, comprehensive postpartum care. As a leader in health care, it is imperative postpartum care be re-evaluated and improved to meet the standards of care of both Kaiser Permanente and ACOG (2016)--a governing body of obstetricians and gynecologists.

In addition, it was noted patients were consistently in a state of change. During the implementation of the Affordable Care Act in 2014, patients moved in and out of healthcare systems. This limited continuity of care and resulted in fragmented, inconsistent understanding of health conditions and ongoing health maintenance needs. Patients were often not educated nor understanding of their course of pregnancy or labor and delivery process.

The postpartum debriefing tool and guideline would aid clinicians and patients to review the recent pregnancy course, healthcare history, and provide a summary documenting past health concerns, pregnancy complications, and future healthcare necessities.

Setting and Resources

This project was completed within Kaiser Permanente, which has a total of 11 OB/GYN Departments throughout the Denver metropolitan area. Once the guideline tool has been approved by the quality department, the guideline and tool will be introduced to all 11 OB/GYN Departments to allow for utilization to increase effective, comprehensive postpartum care throughout the region.

Through an extensive literature review and evaluation of current postpartum practice, it was determined a postpartum debriefing tool was needed to provide more

comprehensive postpartum care. Other departments such as pediatrics, behavioral health, and primary care within the Kaiser Permanente system felt postpartum care could and should be enhanced to provide a more collaborative healthcare approach.

Financial support for this project was not established as this project was completed as part of the capstone requirement for the Doctor of Nursing Practice degree. Collaborative physician partner support for this capstone project came from Dr. Sonia Novotny, Obstetrics and Gynecology, Kaiser Permanente. Support was also received by the Department of Obstetrics and Gynecology, Arapahoe Medical Office of Kaiser Permanente.

Participants

Healthcare providers within the OB/GYN Departments of Kaiser Permanente participated in this project including physicians, nurse practitioners, and physician assistants. These healthcare providers were asked to complete two rounds of surveys using the Delphi method. The initial survey obtained information about what was believed to be necessary components of the postpartum visit. The second and final survey consisted of screen shots to show the debriefing tool and guideline created with the assistance of William Martchenke, Kaiser Permanente Information Technology Department. Once the tool and guideline are fully implemented within Kaiser Permanente, it will be utilized with postpartum patients as part of their scheduled six-week postpartum follow-up appointment.

Protection of Human Subjects

The design of this project did not require a database to be kept of patient identifying information. Healthcare providers will utilize this tool during the routine,

scheduled postpartum visit once it is implemented. When soliciting information from healthcare providers with regard to the tool, no patient identifiers were collected.

Timeline

- Phase I--Preparation
  - Topic identified--September, 2016
  - Capstone committee formed--October, 2016
  - Capstone committee approved--October, 2016
- Phase II--Validation
  - Literature review, rigorous analysis of postpartum care needs--September, 2016
  - Capstone proposal approved, written comps completed--November, 2016
- Phase III--Evaluation and Decision Making
  - Approval from Kaiser Permanente (healthcare organization) Institutional Review Board--December, 2016 (see Appendix A)
  - Approval from University of Northern Colorado Institutional Review Board--January, 2017 (see Appendix B)
  - First Delphi method questionnaire and informed consent sent to peers/colleagues--February, 2017 (see Appendices C and D)
- Phase IV--Translation and Application:
  - Analysis of literature review, current practice within Kaiser Permanente, and first Delphi method questionnaire—March 2017

- The questionnaire and process helped to conclude what current practice for postpartum visits included--deficits as well as beliefs of healthcare providers as to inclusion criteria for a postpartum debriefing tool.
- Postpartum Debriefing Guideline and Tool created with the help of William Martchenke, within Kaiser Permanente, Information Technology Department--March, 2017

- Phase V--Evaluation
  - Upon completion of the tool, screen shots were taken to send out with the second round of the Delphi method. The purpose of this round was to gain consensus and approval of the tool prior to it being sent to the quality department for approval of implementation. The second Delphi questionnaire was sent out early April, 2017.
  - The second questionnaire also assessed the healthcare provider's opinions of the newly constructed tool and guideline as well as additional information that should be incorporated into the tool. The Delphi method process concluded May, 2017.
  - The debriefing tool and guideline were completed May, 2017. The guideline was then routed through Kaiser Permanente's quality department for approval of implementation. Once approval is received, it will be introduced to healthcare providers within Kaiser Permanente of Colorado's OB/GYN Departments.

- It is anticipated approval will not be obtained prior to the completion of this capstone project. Once implemented and after a four-week period, a brief survey will be deployed using the Stetler (2001) model framework along with a final Delphi method questionnaire to determine if the postpartum guideline and tool had successfully been implemented into everyday practice within the department (see Appendix E). This would allow for a follow up on the guideline and tool utilized by Kaiser Permanente's OB/GYN Departments in the Denver metropolitan area.
- The goal for full implementation of the debriefing tool and guideline within Kaiser Permanente is August 2017.

Feasibility

Rigorous analysis of literature combined with informal chart reviews and the Delphi method to obtain evidence-based practice as well as deficits within postpartum care provided an adequate knowledge base to guide and implement this capstone project. The desire to continue to provide high quality, comprehensive postpartum care within the organization allowed for gaps in current postpartum care to close. The postpartum debriefing guideline and tool would assure health care providers are on the same page regarding postpartum care.

Sustainability

Utilization of the current electronic health record at Kaiser Permanente Medical Offices would allow for healthcare providers to continue to use the postpartum debriefing guideline and tool. Ease of access and use to the tool would continue to offer a high-

quality standard of care guideline to secure appropriate review of the patient's health status, risks, pregnancy outcomes, and ongoing health needs during the postpartum visit. Additionally, once implemented, the electronic health record and postpartum debriefing tool could allow for changes to occur as evidence-based medicine, technology, and knowledge advance.

CHAPTER III

EVALUATION PLAN

This capstone project encompassed objectives to identify crucial assessment components of a postpartum visit and determine deficits in current postpartum care within Kaiser Permanente. Analysis of these findings led to creation and implementation a postpartum debriefing tool and guideline to guide healthcare providers in the OB/GYN Department of Kaiser Permanente. Once implemented, The tool will ensure comprehensive, evidence-based postpartum care and management of health conditions and ongoing health needs. Three objectives within this capstone project were evaluated to determine effectiveness of the project.

Objective One

Objective number one aimed at determining current postpartum care practice recommendations as well as postpartum care within Kaiser Permanente. This information was obtained through three different approaches: (a) a literature review of pregnancy and health conditions that might lead to ongoing health needs, (b) informal chart review to determine differences across healthcare providers' postpartum care, and (c) items healthcare providers perceived were or were not covered in the postpartum visit within Kaiser Permanente's OB/GYN Departments. The latter was obtained through a Delphi method questionnaire wherein all health care providers within the OB/GYN

Departments in the organization were queried on the topic. Descriptive statistics were utilized to analyze the results.

Objective Two

Objective two was to develop a guideline and tool to allow healthcare providers to implement and enhance postpartum care within the OB/GYN Department of Kaiser Permanente. This tool and guideline--which addresses pertinent health history, ongoing health concerns, and resources patients can use to obtain health information and care for specific needs--will provide specific health information that should be reviewed at the scheduled postpartum visit. Organizational support to create and implement the guideline and tool was obtained as part of this capstone project. This support was also obtained through the second Delphi method questionnaire to obtain consensus for the approval and implementation of the postpartum debriefing tool and guideline.

Objective Three

Finally, objective three was to assess improvement in postpartum care with the use of the debriefing tool. As the Stetler (2001) model suggested, the fifth phase of the project would evaluate the postpartum debriefing guideline and tool after a trial period was performed. This phase would determine if changes needed to occur to secure longevity of the use of the tool and guideline. This would include a final Delphi questionnaire after the tool had been implemented for a trial period of four weeks. This questionnaire would determine feasibility, satisfaction, barriers, and ongoing feedback of the debriefing tool and guideline to ensure its success. Furthermore, providers' perceptions of enhanced postpartum care would be assessed with the use of the guideline and tool.

CHAPTER IV

RESULTS AND OUTCOMES

This DNP quality improvement capstone project aimed to enhance postpartum care and reduce deficits within Kaiser Permanente's OB/GYN Departments. Postpartum care has been found to be fragmented in the United States as well as within Kaiser Permanente. The first objective of this project included a baseline determination of current postpartum practices, discussion of health issues that should be covered, and deficits found to be detrimental to postpartum patients. The second objective was to develop a postpartum debriefing tool and guideline to assure comprehensive postpartum care and obtain organizational support for the implementation of the guideline and tool. Finally, the third objective was to determine healthcare providers' perceptions of improved postpartum care within Kaiser Permanente. This objective will be completed outside of this capstone project once the guideline and tool have been approved by Kaiser Permanente and placed into production within the electronic health record.

Objective One Outcomes

The first objective to determine baseline of current postpartum care, deficits, as well as recommended criteria to be included in a postpartum visit was met through a rigorous literature review, informal chart reviews, a Delphi method questionnaire, and casual conversation within the workplace at Kaiser Permanente. As a healthcare provider in this organization, this author recognized postpartum care was significantly lacking

important issues that should be discussed during the postpartum visit. Although a complete physical examination is included in the visit, it was determined the postpartum visit was more of a social visit during which time was allowed for the healthcare provider to review health care issues that occurred prior to, during, or after pregnancy which might pose future health risks. A thorough postpartum visit should include discussion of pregnancy complications such as gestational hypertension, gestational diabetes, preterm labor, and preeclampsia. This discussion is to advise patients on long-term health risks and determine continuity of care such as ongoing diabetes and blood pressure screenings to improve adverse health outcomes later in life. Labor complications that further increase long-term health risks such as postpartum hemorrhage, infection, or cesarean section could result in risks in future pregnancies. Finally, contraception, family planning, postpartum depression, exercise, and weight management are detrimental to the health of postpartum women. American Congress of Obstetricians and Gynecologists (2013) has provided a postpartum debriefing tool providers can implement into practice. Criteria included on this tool were utilized to determine conditions to incorporate into both the questionnaire and practice at Kaiser Permanente. The ACOG postpartum tool can be viewed in Appendix F.

Studies have shown postpartum care is lacking, fragmented, and needs to be improved. Furthermore, postpartum care differed greatly between healthcare providers within Kaiser Permanente as evidenced by an informal, brief chart review of postpartum visits performed by healthcare providers within the department. The use of the Delphi method questionnaire allowed for information to be gathered from subject matter experts regarding postpartum care.

Objective one of this capstone project encompassed the Stetler (2001) model theoretical framework, Phase I (preparation), identification of the topic, Phase II (validation) with a review of literature, and Phase III (evaluation and decision making) with the use of the first Delphi method questionnaire.

Surveys

The Delphi method is a structured communication method that utilizes a questionnaire to survey experts within the field of study using two or more rounds of questioning. Since the 1950s, the Delphi method has been used in health care as well as other industries. It is of value when there is uncertainty or lack of empirical knowledge to gain consensus. It is a strong tool to assist in protocol changes with expert reviews and opinions (Landeta, 2005). The round one questionnaire provided further insight to the healthcare providers at Kaiser Permanente perception of current practice, perceptions of deficits, as well as recommendations for inclusion criteria of the postpartum visit. The questionnaire addressed time concerns and desired use of the postpartum guideline and tool.

This author developed the round one questionnaire and survey questions based on current practice, knowledge gained through literature review of recommended postpartum care criteria, and the suggested ACOG (2016) postpartum guideline. Round two questionnaires were to gain consensus of the postpartum debriefing tool and guideline. Round three of the Delphi Method would determine the effectiveness of the tool and perceptions of enhanced postpartum care. Round three did not occur in the timeline of this capstone project.

Participants

The Delphi method questionnaire was sent to 100 OB/GYN providers at Kaiser Permanente of Colorado. This included nurse practitioners and physicians in all Denver Metro area Kaiser Permanente clinics that perform postpartum visits. The survey was available online for voluntary response for approximately 21 days (see Appendix D). Consent for participation was included with the round one questionnaire (see Appendix E). The demographics of participants are provided in Table 1.

Table 1

Demographics of Delphi Method Survey Participants

Discipline	Number Invited to Participate	Number of Participants
All	100	39
MD (physician)	59	18
DO (physician)	1	1
Nurse Practitioner	40	20

Data Collection

Data were collected during round one of the Delphi Method in the month of March, 2017. The Zoho online survey platform program was sent to healthcare providers through Kaiser Permanente's intranet. This questionnaire was utilized to determine OB/GYN providers' perceptions of current postpartum care and criteria that should be included in the postpartum visit. The survey consisted of multiple choice questions, yes

or no questions, as well as open-ended options to allow for additional comments and recommendations.

Round One Delphi Method Results

This questionnaire generated 39 responses that supported this author's efforts to enhance postpartum care within the organization. Question three addressed the perception of comprehensive postpartum care within Kaiser Permanente. Almost 26% of participants felt Kaiser Permanente healthcare providers were not providing comprehensive postpartum care. A list of criteria was listed in question four asking participants to check items they felt should be addressed during the postpartum visit. These criteria were found on the ACOG (2016) recommended postpartum tool. Figure 2 demonstrates most healthcare providers supported the comprehensive list supplied within the question. Additional comments were offered and included:

- Counseling on pelvic floor and core disorders and more frequent referral to physical therapy for pelvic floor
- Needs for financial support or resources
- Current mental health status
- Weight management
- Patient/family concerns
- Newborn/child issues- new diagnosis

	Response Percent	Response Count
Review of patient's health care providers including GYN, Primary Care, Perinatal Home Care, Mental Health, Pediatrician.	62.5%	25
Include Phone numbers and locations of health care providers	27.5%	11
Gravida and Para	75.0%	30
Past pregnancy complications	75.0%	30
Types of deliveries	72.5%	29
Family planning, reproductive life plan	97.5%	39
Type of contraceptive plan in which supports reproductive life plan	97.5%	39
Lactation concerns, and infant feeding plan	95.0%	38
Results of lab work (ie. CBC, TSH, GTT, ABO-Rh)	75.0%	30
Risks for future pregnancy	100.0%	40
Past mental health history	75.0%	30
pap history and schedule	90.0%	36
GYN history	52.5%	21
major medical complications or chronic health conditions	70.0%	28
Immunization history	60.0%	24
Substance Use (tobacco, recreational drugs, alcohol)	80.0%	32
Ongoing health needs (annual glucose screening, blood pressure screening, mammogram)	77.5%	31
Other (Please Specify)	20.0%	8

Figure 2. Responses to question four.

Question five of the Delphi questionnaire addressed individual response and determined if the providers felt their postpartum care was comprehensive. This answer yielded only 16% of respondents who felt they were offering comprehensive postpartum care. Approximately 54% of healthcare providers felt they were discussing “most” of the recommended criteria and approximately 20% of respondents felt they were only able to review the most recent pregnancy with a limited review of health history and ongoing health needs.

Question six asked if the healthcare provider would find a handout or guideline to helpful in ensuring comprehensive care; 78% reported a handout or guideline would be beneficial. However, an overwhelming response of 80% of survey participants felt there was not enough time within the scheduled 20-minute visit to review a handout or

guideline with the patient. One participant stated, "I feel my postpartum visit is as comprehensive as it can be in the time we are given for the appointment. Overall, it could be more comprehensive but there just isn't enough time so I have to focus on the most pertinent." Conversely, 82% of participants stated they would be more likely to use a guideline or tool if embedded into the current electronic medical record system utilized by the organization.

Round one of the Delphi Method concluded with health care providers feeling postpartum care within Kaiser Permanente could be enhanced with the use of a postpartum debriefing guideline embedded within the currently used electronic medical record.

Objective Two Outcomes

Objective two of this capstone encompassed Phase IV of the Stetler (2001) model (translation and application) and solidified the postpartum debriefing tool and guideline criteria. This objective was to provide specific health information that should be reviewed during the postpartum visit, obtain organization support, and develop the postpartum debriefing tool and guideline. The results rendered from both the literature review and analysis of the first Delphi questionnaire allowed for the criteria to be written into a formal guideline and tool. As indicated in the first questionnaire, a guideline or tool embedded into the current electronic medical record was determined to yield higher use and satisfaction among healthcare providers. The guideline was created with the assistance of William Martchenke in the Information Technology department. A meeting with Mr. Martchenke on March 30, 2017 resulted in completion of the guideline in the electronic medical record system. The criteria recommended on the ACOG (2016)

postpartum tool as well as the results from the Delphi round one questionnaire generated a comprehensive guideline and a tool for healthcare providers to use during postpartum visits. This guideline would allow for healthcare providers to quickly access the health record, determine health risks, pregnancy and delivery complications; as well as ongoing health needs. Additionally, this guideline would provide easy function buttons to answer the guideline's questions within the medical record of the patient. The guideline would be embedded in the currently used postpartum set within the electronic medical record. Once the guideline and tool was created, a follow-up Delphi questionnaire was deployed again to the OB/GYN providers to determine consensus for approval prior to implementation. The PlanetSurvey online survey platform program was utilized for this round to allow for the following screen shot pictures (Figures 3-9) to be embedded within the questionnaire.

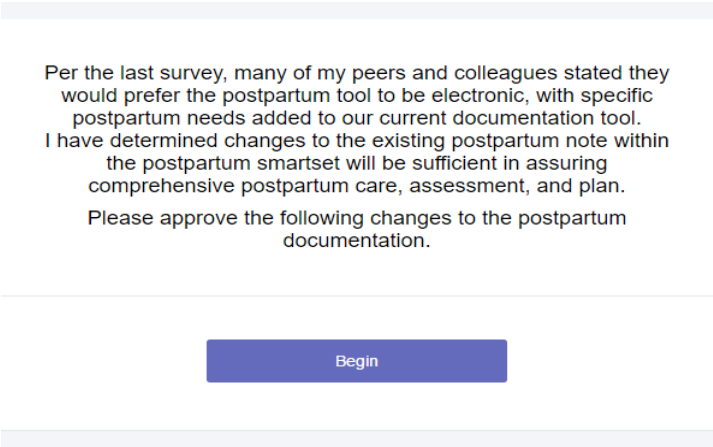

Figure 3. Survey introduction.

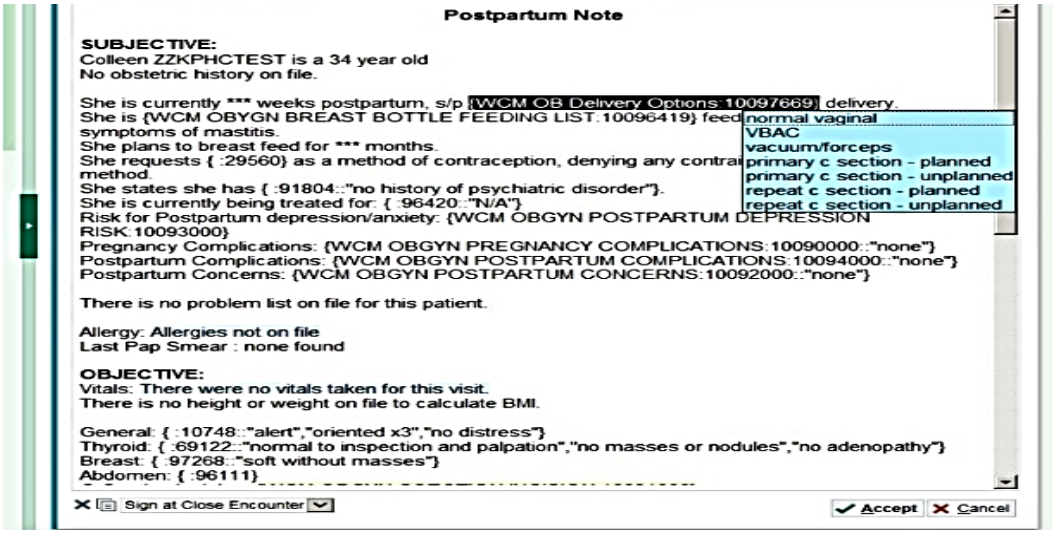

Figure 4. Delivery options.

Figure 5. Pregnancy complications.

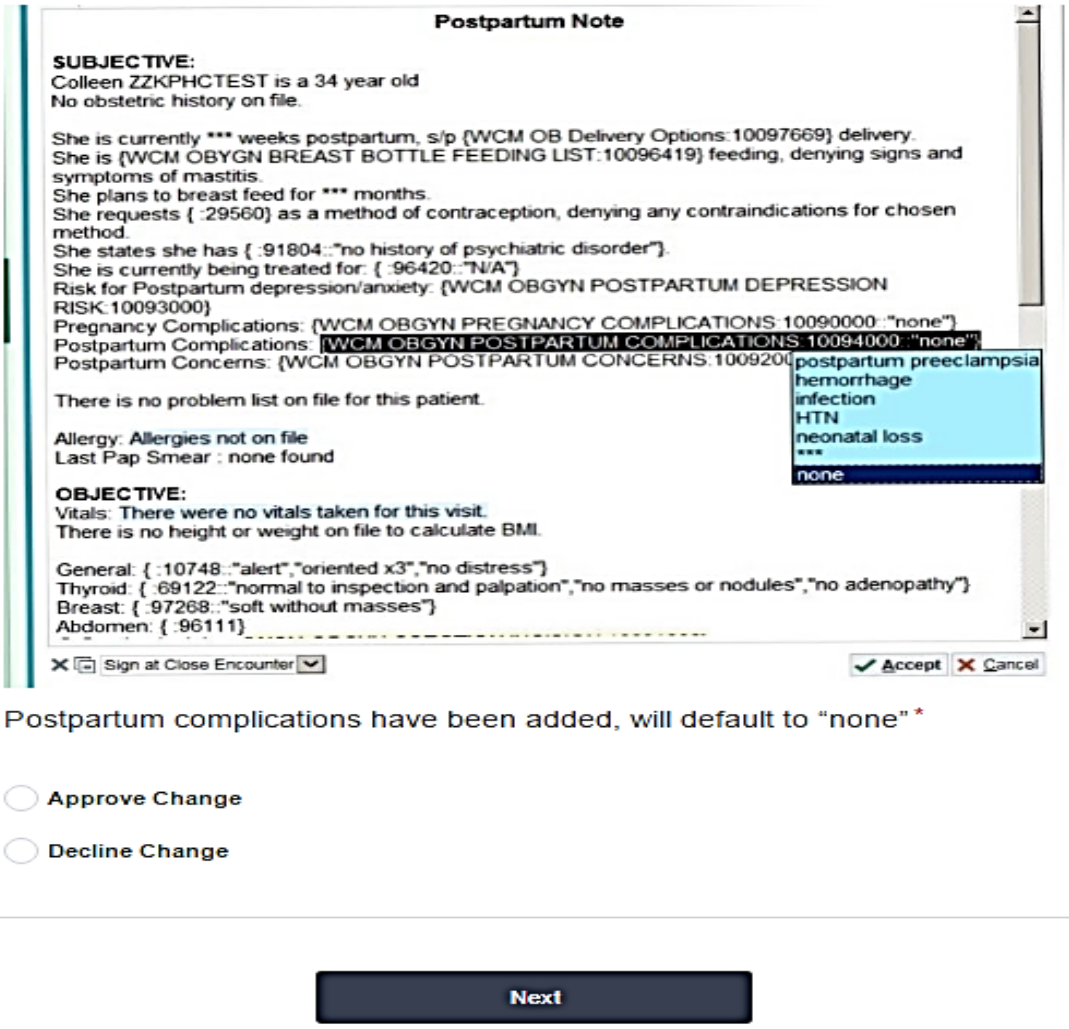

Figure 6. Postpartum complications.

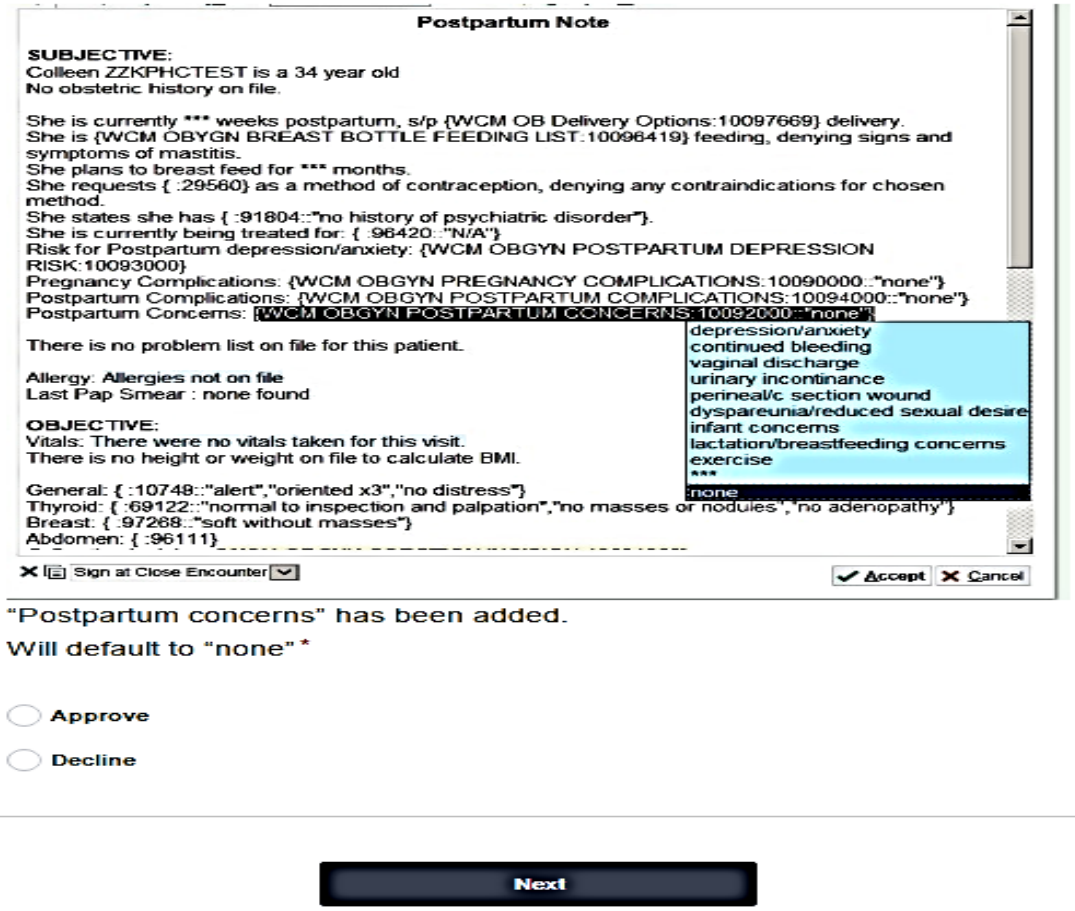

Figure 7. Postpartum concerns.

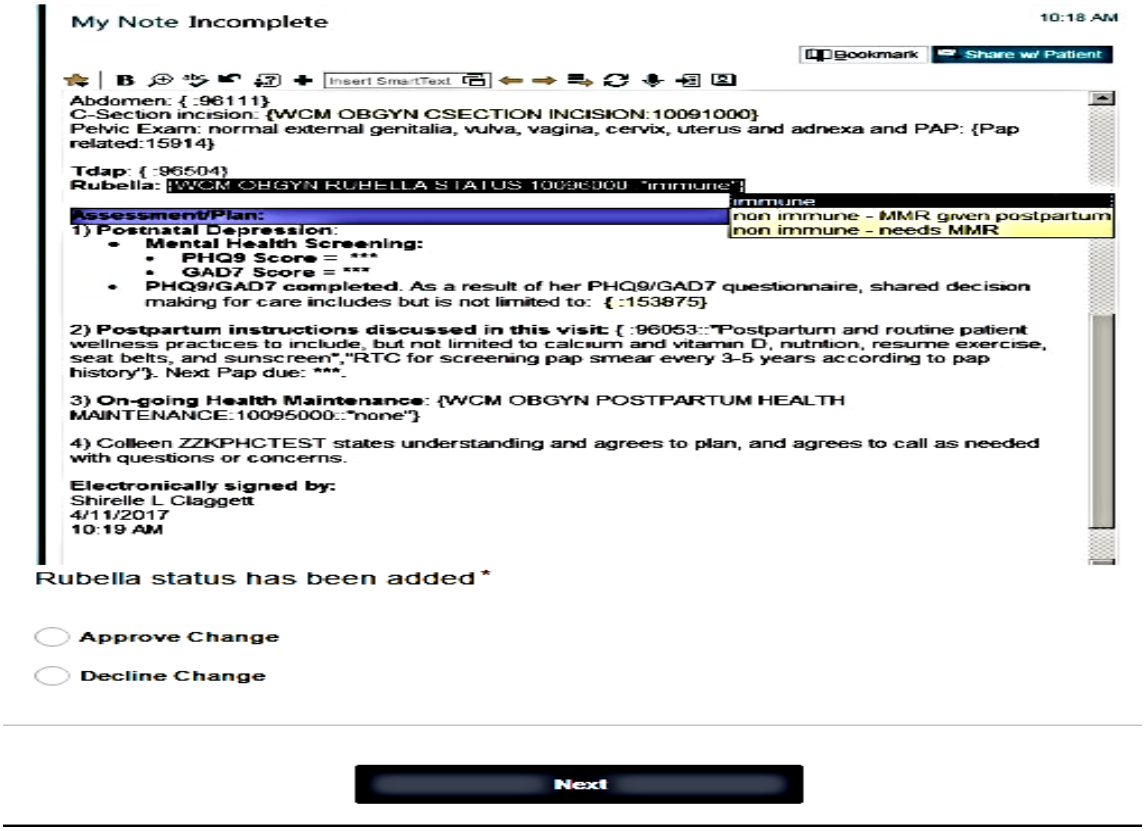

Figure 8. Immunization status.

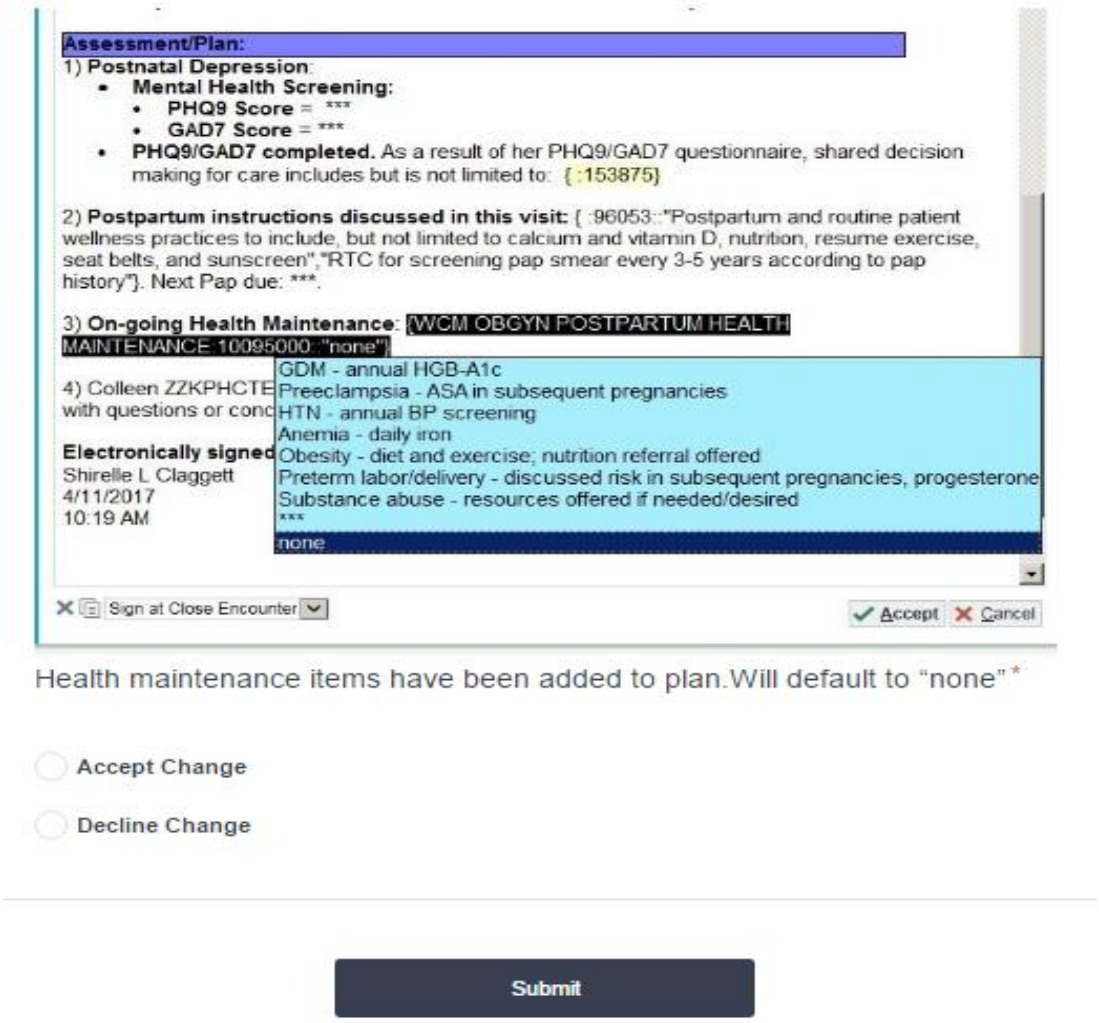

Figure 9. Ongoing health maintenance needs.

The providers were to "accept," or "decline" specific parts of the postpartum debriefing guideline. This survey was sent out in the second week of April, 2017. It remained available for response for 21 days. Consensus was obtained with 23 out of 25 (92%) respondents approving the recommended guideline.

Objective Three Outcomes

Objective three of this capstone project was to assess improvement of postpartum care at Kaiser Permanente once the debriefing tool and guideline is implemented. This

will determine satisfaction of using the tool among healthcare providers as well as barriers and ongoing feedback regarding the guideline and tool. This objective encompasses the evaluation phase of the Stetler model (2001). With the use of a final Delphi survey, providers' perceptions of enhanced or improved postpartum care will be evaluated. Assessment of the criteria included in the debriefing guideline will determine if healthcare providers felt the postpartum visit was more comprehensive with the use of the tool when compared prior to the implementation.

Kaiser Permanente is a large organization with a complex, integrated electronic health record (EHR). The postpartum debriefing tool and guideline was originally planned to be implemented as a form for providers to complete at the time of the postpartum visit. However, the first questionnaire resulted in a change to integrate the form into the EHR to ensure provider satisfaction, use, and time concerns. Any changes to the EHR within Kaiser Permanente must first be approved by a committee prior to release into production in the EHR. This approval process can be prolonged, which resulted in the author's inability to implement the tool within the timeframe of this capstone project. It is anticipated the tool will be implemented by August, 2017. Therefore, evaluation of objective three will occur in Fall, 2017.

Key Facilitators and Key Barriers to Project Objectives

Facilitators

This project was completed with the help of Dr. Sonia Novotny who recommended the topic as a capstone project. Healthcare providers with the OB/GYN departments of Kaiser Permanente believed this to be an effective project through their interest and participation in the Delphi method questionnaires. This author believed the

healthcare providers' desire to enhance current postpartum care practices was instrumental in both their responses to the questionnaires and approval of the postpartum debriefing tool and guideline. The ease of reaching the healthcare providers through the Kaiser Permanente intranet proved efficient. The Zoho and SurveyPlanet platforms offered effective tools to facilitate the surveys to participants.

Barriers and Unintended Consequences

Competing demands are often a barrier for the completion of any task. Time proved to be the largest barrier for completion of this project. This author concluded the number of responses (39/100) was likely due to the high demands of the health care providers within Kaiser Permanente. Although the responses were beneficial and valuable, an increase in the number of responses could have allowed for increased participation, a more comprehensive evaluation, and more buy-in of healthcare providers in the OB/GYN Departments. Additionally, the completion of the project was not able to be obtained during the duration of this capstone project due to prolonged time of quality approval of the postpartum debriefing guideline and tool.

An unintended and positive consequence was the idea of implementing the postpartum debriefing tool and guideline in the EHR. The original plan of developing a tool to be used as a handout was to provide the patient with the handout at the completion of the postpartum visit. As a direct result of the Delphi questionnaire, the task to implement the debriefing guideline and tool into the EMR proved to be more complicated. However, this author felt the change resulted in a positive modification that would result in a higher rate of use within the OB/GYN Departments. While this change

will have a positive outcome, the completion of the project was unattainable during the duration of this capstone project.

CHAPTER V

RECOMMENDATIONS AND IMPLICATIONS FOR PRACTICE

This DNP capstone addressed the recommendations for criteria to be included in postpartum visits and care, the deficits in current practice at Kaiser Permanente, and implementation of a postpartum debriefing tool and guideline to assure comprehensive postpartum care. As indicated by a review of literature, personal experience, and observation in the clinic setting by this author, it was illustrated postpartum care was fragmented, inconsistent across healthcare providers, and incomplete. Optimization of postpartum care has been put forth in a recommendation through means of a position statement by ACOG (2016) to allow for postpartum care to become more thorough and comprehensive. Postpartum visits in the clinic proved to be a more social visit for both the healthcare provider and patient. This offered time to review health history, pregnancy, complications that might have occurred, family planning, depression screening, and assessment of ongoing health risks and needs.

With the work completed throughout this capstone project, healthcare providers within OB/GYN Departments at Kaiser Permanente agreed postpartum care could be enhanced to include a more comprehensive approach. Additionally, healthcare providers indicated the use of the existing EMR could allow for a postpartum debriefing tool and guideline to be effectively and efficiently utilized during the postpartum visit.

Key stakeholders of this project included OB/GYN healthcare providers including physicians, nurse practitioners, midwives, and physician assistants. Additional stakeholders were female postpartum patients. The postpartum debriefing tool would assist in a review of ongoing health needs that might also affect primary care providers as these patients might need ongoing health maintenance for chronic health conditions.

It was determined by this DNP author, a Delphi questionnaire was an appropriate and efficient option to determine OB/GYN healthcare providers' perceptions of current postpartum care, deficits, concerns, and desired method of completing a postpartum debriefing tool. Approval of the developed guideline was also obtained by asking survey participants to "accept" or "decline" the options within the newly created postpartum debriefing too. Limitations to utilizing the Delphi method were time, provider interest in the subject matter, and bias of those who responds to the Delphi questionnaires.

The remaining phase of this capstone project would be full implementation of the tool into current practice. This is anticipated by August 2017. A final Delphi questionnaire will determine effectiveness, efficiency, and deficiencies of the tool once it has been in use for four weeks.

Recommendations Related to Facilitator, Barriers, and Unintended Consequences

As determined by the Delphi questionnaire process, approximately 30% of the healthcare providers who responded believed postpartum care within Kaiser Permanente could be enhanced or improved. However, it was a surprise to this author to find nearly 70% of the questionnaire participants felt their postpartum care was adequate. As aforementioned, postpartum care within Kaiser Permanente varied greatly between healthcare providers. While it was not determined by this project, it was unclear to this

author whether the postpartum care of that 70% addressed the criteria recommended by ACOG (2016) to be completed within the postpartum visit. This author questions whether the results might have been different if a further explanation of the ACOG guidelines was offered during the Delphi method process.

As previously discussed, an unintended consequence of the project was implementation of the postpartum debriefing tool within the EMR at Kaiser Permanente. Due to the overwhelming response received by the survey participants, an electronic version of the tool instead of the form was highly desired. As this proved to be a more efficient and effective approach to enhance postpartum care, the original plan to complete a separate form was discarded. This unintended consequence proved to be a catalyst for the tool to be implemented as part of the EMR, resulting in more comprehensive, streamlined postpartum care among the healthcare providers within Kaiser Permanente.

Ongoing Activities or Evaluation Outside the Scope of the Doctor of Nursing Practice Project

While nearly 30% of healthcare providers considered the current postpartum care deficient, the remaining 70% felt their current practice was comprehensive and effective. However, once the postpartum debriefing tool is implemented into production in the EMR, all healthcare providers within Kaiser Permanente will be forced to use the guideline and tool as part of the postpartum care workflow within the EMR. For those 70% of providers who did not feel a change was necessary, this tool might feel tedious, time consuming, and difficult to complete in the time allotted for the postpartum visit. However, this author believes once the tool is implemented and used daily, it will continue to guide all OB/GYN healthcare providers through the postpartum visit to ensure a comprehensive assessment of health history and ongoing health needs. The

follow up Delphi questionnaire will allow for feedback of the tool once all OB/GYN providers have had the opportunity to utilize it in practice. It is anticipated participation might be higher with this final questionnaire than the previous two questionnaires sent to the providers. As previously discussed, once the tool is implemented into production, healthcare providers within Kaiser Permanente will be forced to use the tool as it will be embedded into the postpartum "smart set" used in this organization's EMR. Due to enhanced postpartum care with the use of the tool, providers might be more likely to provide feedback and ongoing suggestions or recommendation for changes.

Recommendations Within the Framework of the Organization's Strategic Plan

Kaiser Permanente (2016) desires to improve the health of their members with evidence-based medical practices to prevent and recognize health conditions and increase the health and well-being of their patients and the communities they serve. Pregnancy and postpartum complications impact the patient, her newborn child, her family, and personal relationships. It is imperative healthcare providers recognize issues that might affect future pregnancies, health, and well-being of the patient. Enhancing postpartum care allows for healthcare providers and patients to address and take control of health issues with an evidence-based approach and shared decision-making to reduce long-term health deficits and adverse outcomes.

Kaiser Permanente (2016) is a supportive organization that allows healthcare providers opportunities to determine healthcare deficits. Encouraging healthcare providers to make changes within the organization is key to advancing healthcare practices. Innovation is recognized and valued within the organization to allow for continued success of quality, affordable health care.

Personal Goals and Contribution to Advanced Practice Nursing

Nursing practice and guidelines change at a rapid pace--almost daily. With new evidence being produced rapidly in medicine and health care, the ability to remain abreast of all new recommendations and changes is daunting. However, this author desires to continue to advance health care in a positive direction with implementing evidence-based practice. As a Women's Health Nurse Practitioner, this author intends to promote women's health to ensure effective, ongoing health maintenance to reduce adverse outcomes. As the postpartum period can be a challenging time for new mothers, a comprehensive discussion of the risks and ongoing healthcare needs could help alleviate additional stress that might be encountered during this time. Enhanced postpartum care could affect patients in a broader range than just the postpartum visit encounter.

Throughout this DNP capstone project, this author had the opportunity to experience many aspects of obtaining new knowledge, translate healthcare needs to address current deficits, implement evidence-based change, and evaluate the process and change. This process allowed this author to demonstrate advanced problem solving skills crucial to advanced practice nursing.

Essentials of Doctoral Education for Advanced Nursing Practice

The American Association of Colleges of Nursing (AACN; 2015) has recommended the terminal degree of nurse practitioners to be at the doctoral level including the Doctor of Philosophy in Nursing (Ph.D.) and the Doctor of Nursing Practice (DNP). The DNP is now recognized "as one of the discipline's two terminal degrees and the preferred pathway for those seeking preparation at the highest level of

nursing practice" (AACN, 2015, p. 1). Advanced practice nursing has the ability to influence healthcare outcomes through direct and indirect patient care. Direct patient care is to be evidence-based and innovative to reflect research, guidelines, and recommendations. Moreover, DNP-prepared nurse practitioners should demonstrate the ability to improve health outcomes with application of both generalizable knowledge, interpretation of evidence and research, and "translation of new science, its application and evaluation" (AACN, 2015, p. 2). The goal of the DNP is to have the ability to implement change in practice and improve health and health outcomes through process and quality improvement in healthcare settings (AACN, 2015).

The AACN (2006) developed eight essentials that "address the foundational competencies that are core to all advanced nursing practice roles" (p. 8). These essentials are outlined in Appendix G. The scientific underpinning for practice and quality improvement through organizational and systems leadership as discussed in Essentials I-II states APNs at the doctoral level understand laws and principles that regulate life-processes, patterns of behavior that can interact with the environment, recognition of the patient as a whole in constant interaction with the environment, and optimal function leading to their well-being: "Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes" (AACN, 2006, p. 10). Postpartum care certainly lends itself to assessing well-being and the interaction between health and environment. This project met these goals through quality improvement of current postpartum practice.

Essentials III- IV discuss the ability to critically analyze and appraise current literature with the use of information technology and determine best evidence for practice

implementation. Essential IV aims to allow DNP graduates to be "distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems" (AACN, 2006, p. 12). This DNP project utilized multiple online electronic tools including databases for research such as CINAHL, EBSCO, PubMed, and ACOG websites. Online survey platforms including SurveyPlanet and Zoho Surveys were utilized for the Delphi method to gain consensus and organizational support to develop and implement the postpartum debriefing tool and guideline.

Essential V defines healthcare policy for advocacy in health care in the DNP role (AACN, 2006). While no current guidelines or tools are available to healthcare providers outlining criteria recommended for postpartum care, this project aimed to demonstrate leadership through recognition of deficits, design and implement the tool to educate the providers, as well as ensure quality postpartum health care. While the lack of an official policy was evident, the recommendation of criteria by ACOG (2016) was sufficient to provide regulation of postpartum care criteria. It is imperative OB/GYN providers recognize and implement ACOG guidelines into practice.

Essential VI describes interprofessional collaboration to improve patient and population health outcomes (AACN, 2006). This project encompassed this goal with consensus among physicians, nurse practitioners, and physician assistants. Additionally, the help of the IT department was needed to implement the guideline and tool as an electronic health note per survey results. Through this process, interprofessional working relationships were necessary to obtain the final tool--creating change to ensure quality patient care.

Essential VII addresses clinical prevention and population health for improving the nation's health including risk assessment, health promotion to increase health, and reduction of adverse health outcomes. Postpartum care is essential in determining ongoing health risks and needs to increase the overall health of both the individual and the population. Pregnancy risks might impact the health of future pregnancies, and increase the incidence of poor outcomes if not addressed within the postpartum period. This project addressed this concern appropriately and effectively.

Finally, Essential VIII describes the role and expectation of the advanced practice nurse. It is clear an APN should show competency, analytical skills, and advanced "levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes" (AACN, 2006, p. 17). This project encompassed these criteria with evidence for the need for improvement and the ability to critically appraise the literature for support. With design, implementation, and evaluation of the postpartum debriefing tool intervention, this project exemplified scholarly work at the doctoral level.

Five Criteria for Executing a Successful Doctor of Nursing Practice Final Project

When evaluating a DNP project, it should be determined the individual completing the capstone project demonstrated the ability to translate findings through discovery of new knowledge into practice application. Waldrop, Caruso, Fuchs, and Hypes (2014) developed the acronym EC as PIE approach for a successful DNP project with five criteria for execution.

Enhancing health outcomes (E) should be achieved with the DNP project through policy or practice change. This project aimed at enhancing postpartum care with the use

of a postpartum debriefing tool to guide health care providers through a health risk and needs assessment.

Culmination (C) allowed this author to demonstrate expertise in the subject matter by enacting an effective change. This project exhibited evidence of subject matter expertise with the postpartum debriefing tool that contained criteria needed to assure a comprehensive postpartum visit. Additionally, the use of the existing EMR within the organization allowed for practical and pragmatic use by healthcare providers.

Partnerships (P) were made with physicians, nurse practitioners, and physician assistants throughout this project. The IT partnership and collaboration were established to develop the tool within the EMR at Kaiser Permanente.

Implementation (I) is the ability to translate the evidence and survey findings into a specific clinical scenario. The postpartum debriefing tool accomplished this by being embedding within the EMR.

Finally, evaluation (E) includes the outcome of the DNP project. While implementation will occur outside the timeline of this DNP project, evaluation of the provider's perception of enhanced or improved postpartum care will be performed. It is anticipated the results of the final Delphi questionnaire will show evidence of perceived improvement in postpartum care within Kaiser Permanente.

Summary

The DNP project allowed for a positive change to enhance postpartum care within Kaiser Permanente. With evidence to support the need for this change, effective, comprehensive postpartum care is essential to the health of the postpartum patient, her family, and the community. The ACOG (2016) as well as Healthy People 2020 (n.d.)

have recognized the need to address postpartum care within the United States. This project allowed for the organization to implement evidence-based practice and remain competitive within health care to assure positive outcomes, reduced health risks, and increased patient satisfaction.

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APPENDIX A

KAISER PERMANENTE INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

KAISER PERMANENTE

December 15, 2016

Shirelle Claggett
Arapahoe OB/GYN
Kaiser Permanente Colorado

RE: OPTIMIZING POSTPARTUM CARE: THE DEVELOPMENT OF A DEBRIEFING TOOL AND GUIDELINE FOR HEALTH CARE PROVIDERS

Dear Ms. Claggett:

On December 15, 2016, a designated member of the Kaiser Permanente of Colorado (KPCO) Institutional Review Board (IRB) reviewed the documents submitted for the above referenced project. The project does not meet the regulatory definition of research involving human subjects as noted here:

◉ Not Research

The activity does not meet the regulatory definition of research at 45 CFR 46.102(d).

◦ Not Human Subject

The activity does not meet the regulatory definition of a human subjects at 45 CFR 46.1 02(f).

Therefore, the project is not required to be reviewed by a KP Institutional Review Board ORB). This determination is based on the information provided. If the scope or nature of the project changes in a manner that could impact this review, please resubmit for a new determination. Also, you are responsible for keeping a copy of this determination letter in your project files as it may be necessary to demonstrate that your project was properly reviewed.

This notification is only informing you about the outcome of the Human Subjects Research determination form. There may be other institutional approvals required before this project may move forward (e.g. KP-IT, Operations, Compliance).

Please feel free to call me at (303)614-1342 if you have any questions regarding this notification.

Thank you,

Melissa Goff
Compliance Senior Manager, IR

IRB

45CFR46.102(d) Research means a system

45CFR46.102(d) Research m ns a systematic investigation, including research development
t, testing and evaluation, designed to develop or contribute to generaiizable knowledge.
45CFR46.102(f) Human subject means a living individual about mom an investigator Whether professional or student) conducting research obtains(l) Data through intervention or interaction with the individual, or (2) Identifiable private information.

APPENDIX B

UNIVERSITY OF NORTHERN COLORADO INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

DATE:	January 22, 2017
TO:	Shirelle Claggett, MSN
FROM:	University of Northern Colorado (UNCO) IRB
PROJECT TITLE:	[1003473-1] Optimizing Postpartum Care: Development of a Postpartum Debriefing Guideline and Tool
SUBMISSION TYPE:	New Project
ACTION:	APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE:	January 22, 2017
EXPIRATION DATE:	January 22, 2021

Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Thank you for clear and through materials and explanation of protocols for your IRB application. It is verified/approved exempt and you may begin participant recruitment and data collection.

Best wishes with your capstone research.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years. If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX C

ROUND ONE DELPHI SURVEY

Postpartum Care Survey 1

What is your current career title/ role? (You may indicate more than one if applicable)*

- MD
- DO
- APN
- PA
- Other (Please Specify)

In which Kaiser Permanente, Denver-Boulder Colorado region do you work?*

- North
- Central
- South
- Mountain
- Other (Please Specify)

Do you feel providers within Kaiser Permanente are offering comprehensive postpartum care?*

- Yes
- No

What do you believe should be covered in a comprehensive postpartum visit? (check all that apply)*

- ☐ Review of patient's health care providers including GYN, Primary Care, Perinatal Home Care, Mental Health, Pediatrician.
- ☐ Include Phone numbers and locations of health care providers
- ☐ Gravida and Para
- ☐ Past pregnancy complications
- ☐ Types of deliveries
- ☐ Family planning, reproductive life plan
- ☐ Type of contraceptive plan in which supports reproductive life plan
- ☐ Lactation concerns, and infant feeding plan
- ☐ Results of lab work (ie. CBC, TSH, GTT, ABO-Rh)
- ☐ Risks for future pregnancy
- ☐ Past mental health history
- ☐ pap history and schedule
- ☐ GYN history
- ☐ major medical complications or chronic health conditions
- ☐ Immunization history
- ☐ Substance Use (tobacco, recreational drugs, alcohol)
- ☐ Ongoing health needs (annual glucose screening, blood pressure screening, mammogram)
- ☐ Other (Please Specify) [ ]

Do you feel your current postpartum visits cover all necessary info?*

- ○ I feel I discuss ALL past medical history, and recent pregnancy course to make recommendations on all future health care needs
- ○ I feel I discuss MOST of the health history, and pregnancy course, and recommend most of the patient's ongoing health care needs
- ○ I feel I discuss THIS pregnancy course only, with limited review of pregnancy and health history, and provide health recommendations
- ○ I feel this is more of a social visit to determine how the patient is doing in the immediate postpartum days/weeks
- ○ I feel there is very little time to complete the history review, and all of the health recommendations in the postpartum visit.
- ○ Other (Please Specify) [ ]

Do you feel a handout with all applicable information would be useful during your postpartum visits to assure comprehensive review and recommendations?*

- Yes
- No

Do you feel there is enough time within the postpartum visit to complete the handout?*

- Yes
- No

Would you be more likely to use this handout as a form, or imbedded within the postpartum smart set in Kaiser Permanente's EMR, HealthConnect?*

- Form/handout
- Imbedded in the smart set in the AVS

What additional items do you feel is necessary to review and discuss during the postpartum visit?

Are there any other comments about this recommendation you would like to make?

APPENDIX D

CONSENT FORM FOR HUMAN PARTICIPATION IN RESEARCH

CONSENT FORM FOR HUMAN PARTICIPATION IN RESEARCH

UNIVERSITY OF NORTHERN COLORADO

KAISER PERMANENTE

Project title: Optimization of Postpartum Care: The Development of a Debriefing Tool and Guideline

Student: Shirelle L. Claggett, MSN, WHPN-BC (DNP Student)

Academic Advisor: Kathleen N. Dunemn, PhD, APRN, CNM, School of Nursing

Project advisor: Sonia P. Novotny, MD, Kaiser Permanent, Colorado Permanente Medical Group Phone number: (303) 949-7747, email address: Sonia.novotny@gmail.com

Expert Consensus via a Delphi Study

The purpose of this DNP capstone project is to evaluate the current postpartum practices within OB/GYN providers in Kaiser Permanente, and surrounding Denver Metro Area practices; assess the health care organization's current attitude of postpartum care; determine what additional components should be imbedded into the postpartum visit; and to develop and implement a postpartum debriefing tool (handout) for providers and patients, with a guideline for the use of the tool. This is to increase comprehensive postpartum care within our organization.

The Delphi method is a structured communication method that utilizes a questionnaire to survey experts within the field of study, using two or more rounds of questioning. Information from the literature review on postpartum care will be provided, with information regarding patient surveys completed for satisfaction of their previous postpartum care in which was discovered in the literature review. Additionally, the American College of Obstetricians and Gynecologists (ACOG) recommendation for postpartum care will be included within the questionnaire.

The response from the first round of questioning will be anonymously shared with the participants during the second round, when a final survey will approve the postpartum debriefing tool and guideline prior to implementation. All participants will gain additional knowledge through the Delphi process and shared responses.

The Delphi method, since the 1950's, has been used in healthcare, as well as other industries and is of value where there is uncertainly or lack of empirical knowledge to gain consensus. It is a strong tool to assist in protocol changes with expert review and opinion. It is anticipated that two rounds will be necessary, but not more than three rounds of questioning. All Delphi surveys will be sent and returned electronically with a

private email account. It is expected that each participant will spend approximately 15-20 minutes to complete each round of the Delphi process.

The purpose of this e-mail is to invite your participation as an OB/GYN provider. Participation is voluntary, and all received responses will be kept anonymous. The data collected will be kept on a password protected thumb drive that is accessible only by the nurse practitioner (DNP student) and her advisor (Sonia Novotny). There are no foreseeable risks to participants. This is a quality improvement project to evaluate and improve postpartum care within Kaiser Permanente.

Participation is voluntary. If you choose to participate, you may stop or withdraw your participation at any time in the process. Your decision will be respected and will not result in a loss of benefits to which you are otherwise entitled. If you have any questions, please contact one of the undersigned.

Having read the above document and having had an opportunity to ask any questions, please access and complete the attached document, "Phase One: Delphi Study Round One Questions." Please complete the attached survey.

By completing and returning the Delphi questionnaire, you give us permission for your participation. This informed consent will be e-mailed and accompany each round of the Delphi study. You may keep this form for future reference.

If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, office of Sponsored Programs, Kepner, Hall, University if Northern Colorado, Greeley, Co 80639. Phone 970-351-1910.

Shirelle L. Claggett, MSN, WHNP-BC
Shirelle.L.Claggett@kp.org

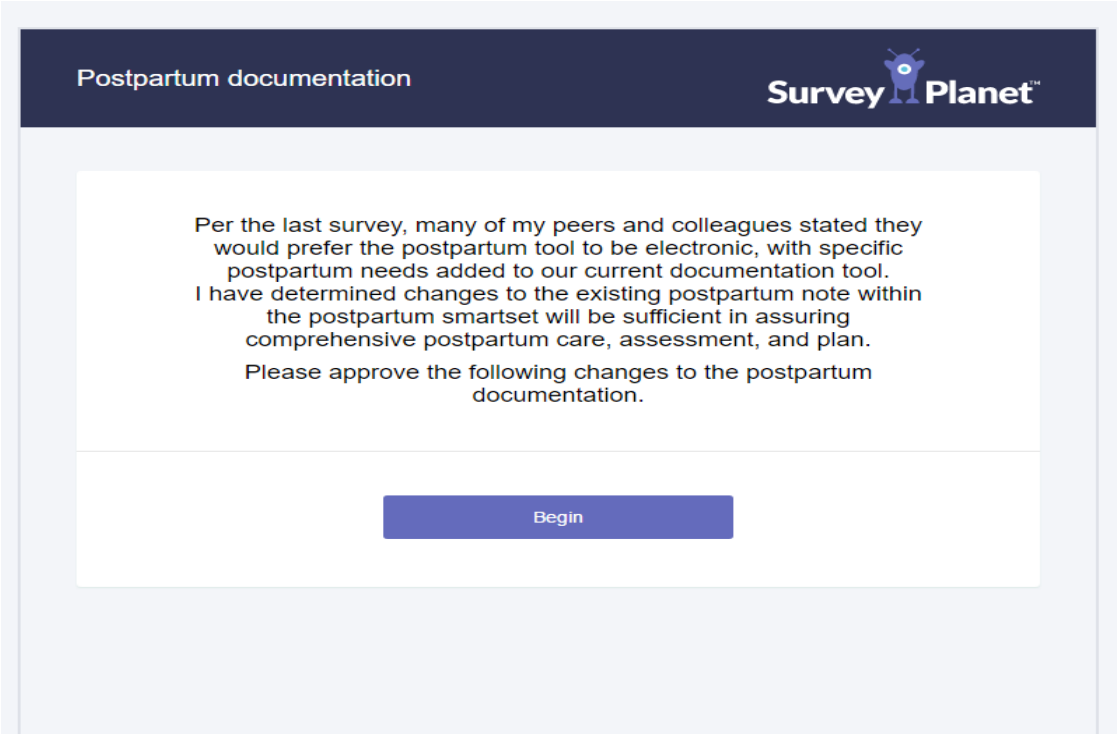
Kathleen N. Dunemn, PhD, APRN, CNM
Kathleen.Dunemn@unco.edu
970-351-3081

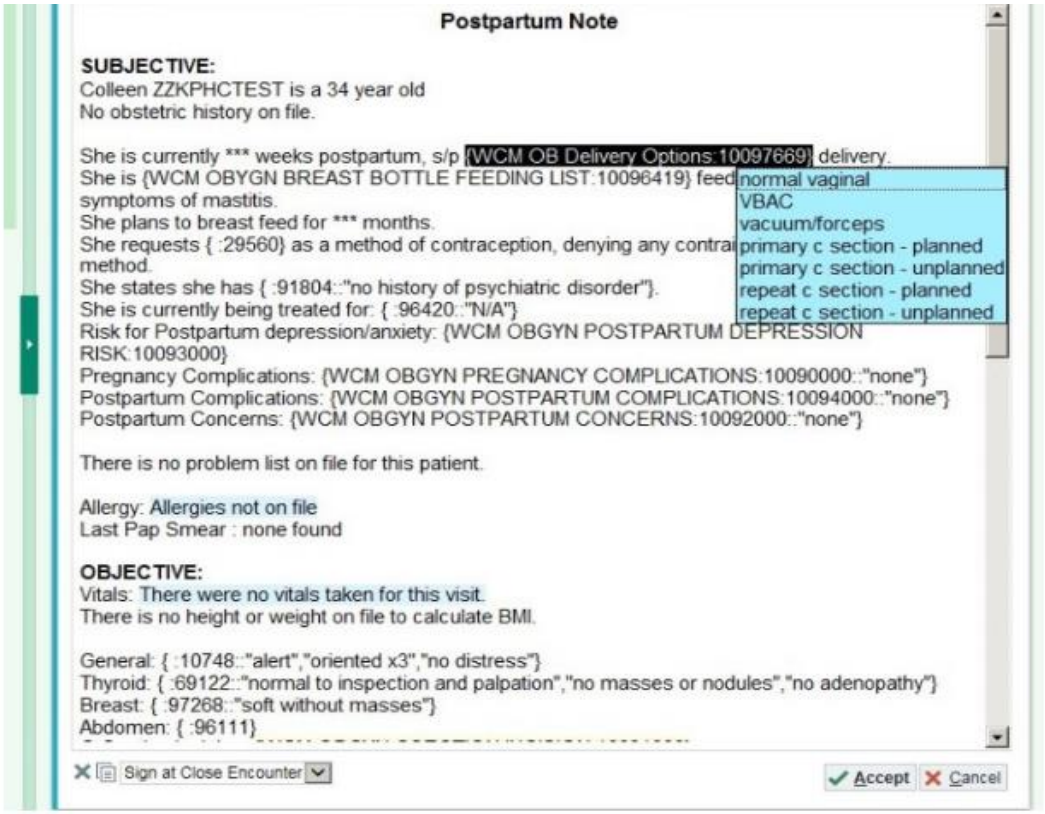
Sonia P. Novotny, MD
Sonia.Novotny@gmail.com
303-949-7747

Shirelle L. Claggett, MS, RN, WHNP-BC
Kaiser Permanente
Arapahoe Medical Office, OB/GYN

APPENDIX E

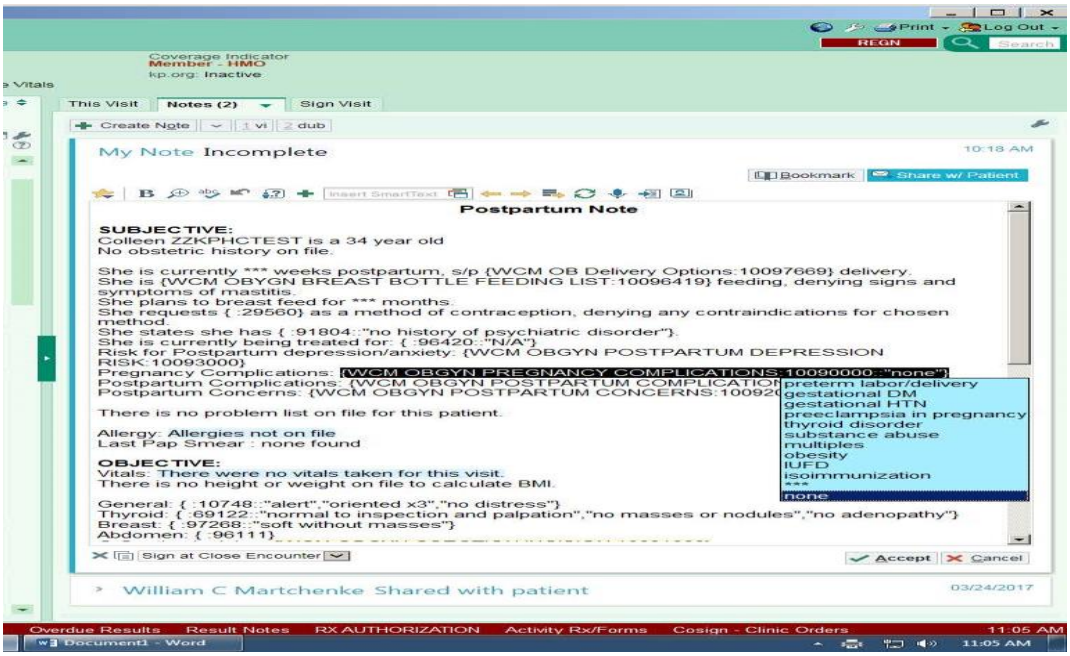
ROUND TWO DELPHI QUESTIONNAIRE

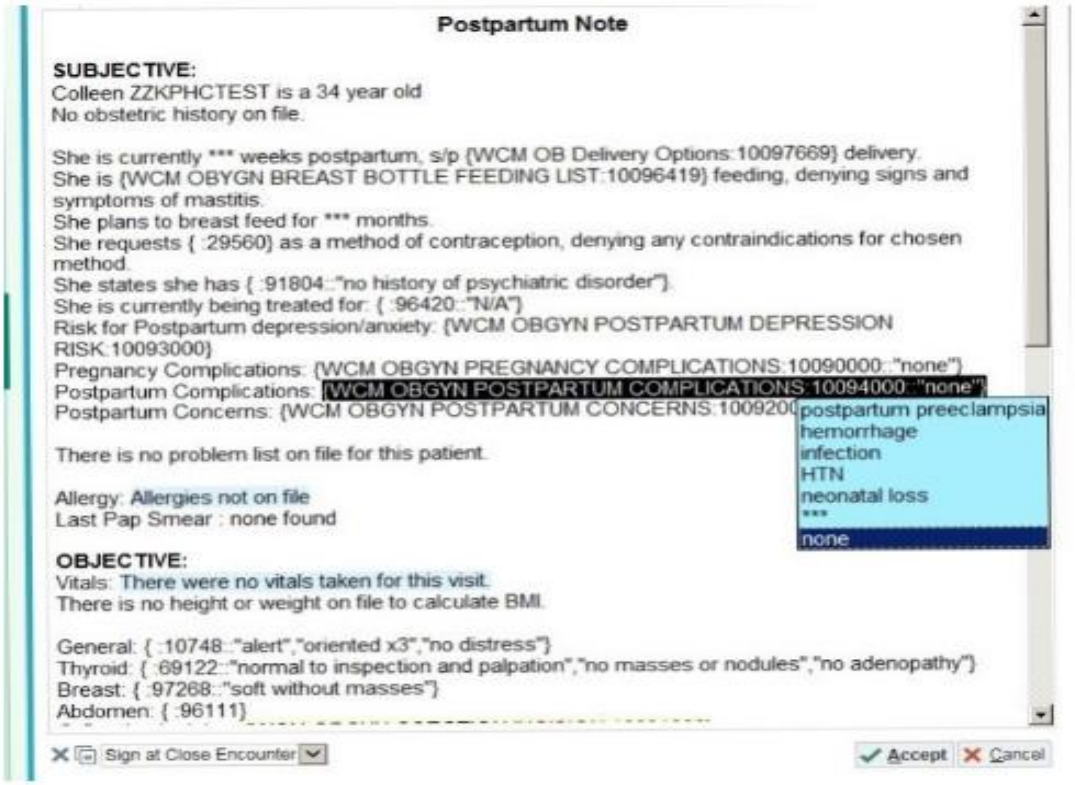

Postpartum documentation
Survey Planet
Per the last survey, many of my peers and colleagues stated they would prefer the postpartum tool to be electronic, with specific postpartum needs added to our current documentation tool.
I have determined changes to the existing postpartum note within the postpartum smartset will be sufficient in assuring comprehensive postpartum care, assessment, and plan.
Please approve the following changes to the postpartum documentation.
Begin



Delivery types have been changed, as postpartum risk for depression can be increased with unexpected delivery outcome. *

- Approve Change
- Decline Change

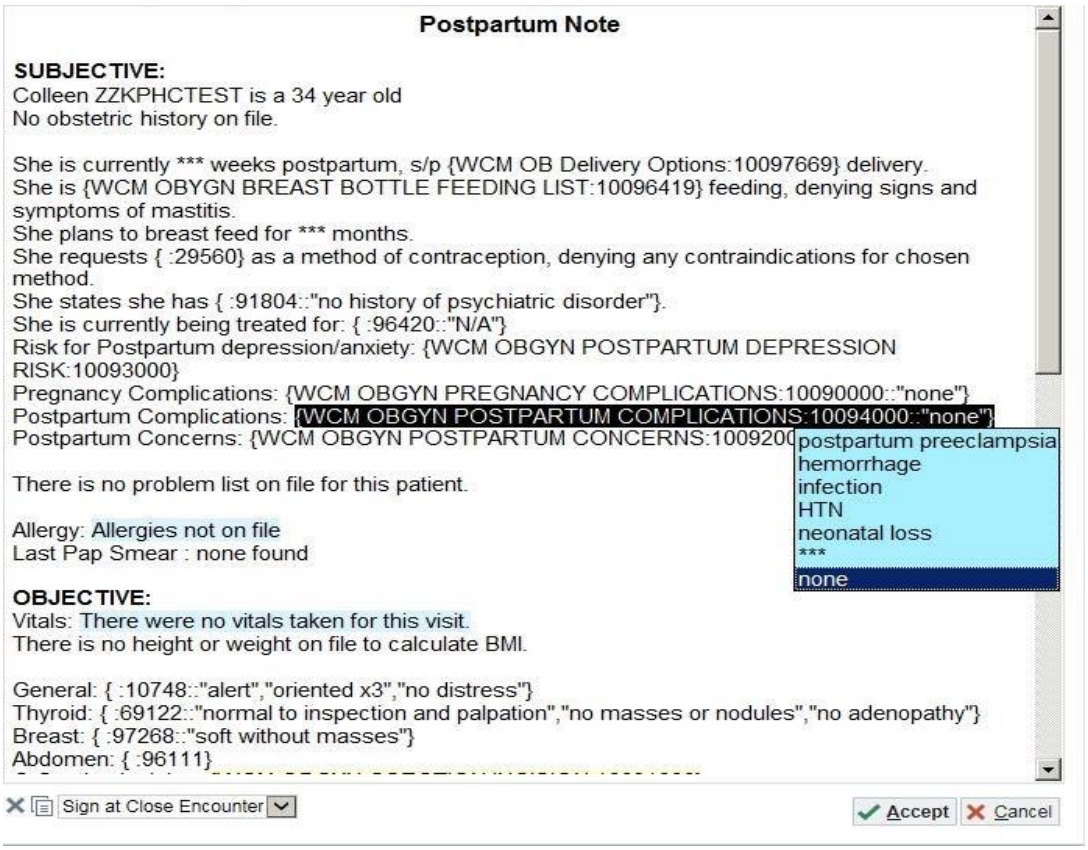

Print
Log Out
REGN
Search
Coverage Indicator
Member - HMO
kp.org: Inactive
Vitals
This Visit
Notes (2)
Sign Visit
Create Note
My Note Incomplete
10:18 AM
Bookmark
Share w/ Patient
Postpartum Note
SUBJECTIVE:
Colleen ZZKPHCTEST is a 34 year old
No obstetric history on file.
She is currently *** weeks postpartum, s/p {WCM OB Delivery Options:10097669} delivery.
She is {WCM OBYGN BREAST BOTTLE FEEDING LIST:10096419} feeding, denying signs and symptoms of mastitis.
She plans to breast feed for *** months.
She requests { :29560} as a method of contraception, denying any contraindications for chosen method.
She states she has { :91804::"no history of psychiatric disorder"}.
She is currently being treated for: { :96420::"N/A"}.
Risk for Postpartum depression/anxiety: {WCM OBGYN POSTPARTUM DEPRESSION RISK:10093000}
Pregnancy Complications: {WCM OBGYN PREGNANCY COMPLICATIONS:10090000::"none"}
Postpartum Complications: {WCM OBGYN POSTPARTUM COMPLICATIO
Postpartum Concerns: {WCM OBGYN POSTPARTUM CONCERNS:10092
There is no problem list on file for this patient.
Allergy: Allergies not on file
Last Pap Smear : none found
OBJECTIVE:
Vitals: There were no vitals taken for this visit.
There is no height or weight on file to calculate BMI.
General: { :10748::"alert","oriented x3","no distress"}
Thyroid: { :69122::"normal to inspection and palpation","no masses or nodules","no adenopathy"}
Breast: { :97268::"soft without masses"}
Abdomen: { :96111}
preterm labor/delivery
gestational DM
gestational HTN
preeclampsia in pregnancy
thyroid disorder
substance abuse
multiples
obesity
IUFD
isoimmunization
***
none
Sign at Close Encounter
Accept
Cancel
William C Martchenke Shared with patient
03/24/2017
Overdue Results
Result Notes
RX AUTHORIZATION
Activity Rx/Forms
Cosign - Clinic Orders
11:05 AM
Document1 - Word
11:05 AM

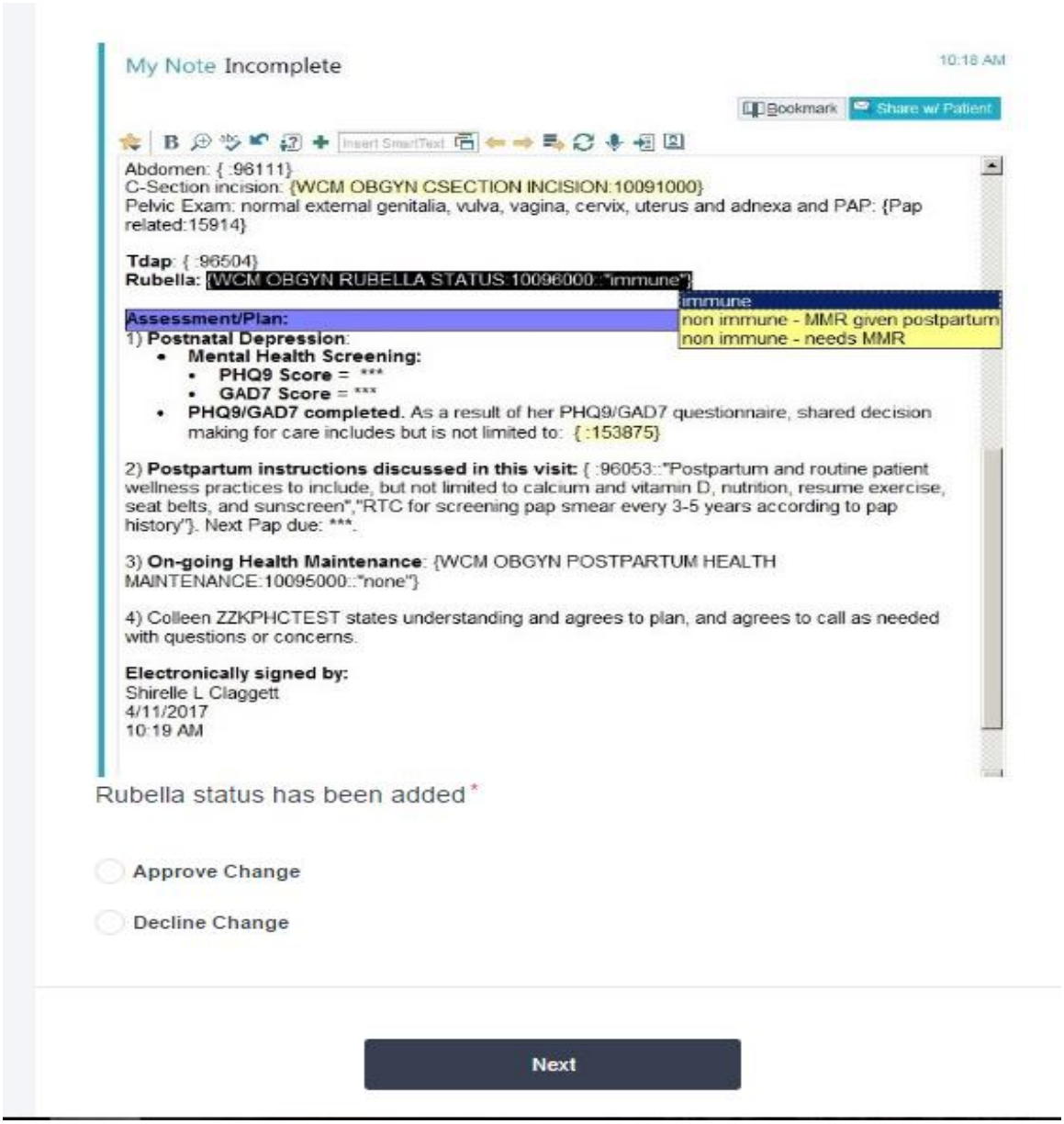


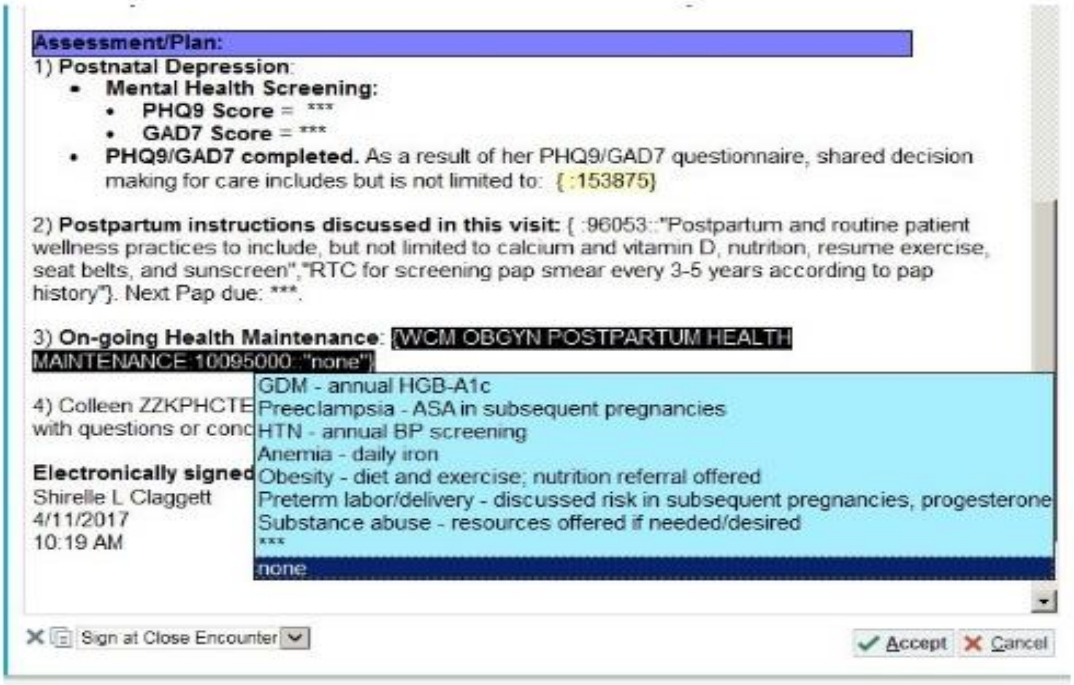
Postpartum complications have been added, will default to "none" *

- Approve Change
- Decline Change

Next


Postpartum Note
SUBJECTIVE:
Colleen ZZKPHCTEST is a 34 year old
No obstetric history on file.
She is currently *** weeks postpartum, s/p {WCM OB Delivery Options:10097669} delivery.
She is {WCM OBYGN BREAST BOTTLE FEEDING LIST:10096419} feeding, denying signs and symptoms of mastitis.
She plans to breast feed for *** months.
She requests { :29560} as a method of contraception, denying any contraindications for chosen method.
She states she has { :91804::"no history of psychiatric disorder"}.
She is currently being treated for: { :96420::"N/A"}
Risk for Postpartum depression/anxiety: {WCM OBGYN POSTPARTUM DEPRESSION RISK:10093000}
Pregnancy Complications: {WCM OBGYN PREGNANCY COMPLICATIONS:10090000::"none"}
Postpartum Complications: {WCM OBGYN POSTPARTUM COMPLICATIONS:10094000::"none"}
Postpartum Concerns: {WCM OBGYN POSTPARTUM CONCERNS:1009200
postpartum preeclampsia
hemorrhage
infection
HTN
neonatal loss
***
none
There is no problem list on file for this patient.
Allergy: Allergies not on file
Last Pap Smear : none found
OBJECTIVE:
Vitals: There were no vitals taken for this visit.
There is no height or weight on file to calculate BMI.
General: { :10748::"alert","oriented x3","no distress"}
Thyroid: { :69122::"normal to inspection and palpation","no masses or nodules","no adenopathy"}
Breast: { :97268::"soft without masses"}
Abdomen: { :96111}
Sign at Close Encounter
Accept
Cancel


My Note Incomplete
10:18 AM
Bookmark
Share w/ Patient
Abdomen: { :96111}
C-Section incision: {WCM OBGYN CSECTION INCISION:10091000}
Pelvic Exam: normal external genitalia, vulva, vagina, cervix, uterus and adnexa and PAP: {Pap related:15914}
Tdap: { :96504}
Rubella: {WCM OBGYN RUBELLA STATUS:10096000::"immune"}
immune
non immune - MMR given postpartum
non immune - needs MMR
Assessment/Plan:
1) Postnatal Depression:
Mental Health Screening:
PHQ9 Score = ***
GAD7 Score = ***
PHQ9/GAD7 completed. As a result of her PHQ9/GAD7 questionnaire, shared decision making for care includes but is not limited to: {:153875}
2) Postpartum instructions discussed in this visit: { :96053::"Postpartum and routine patient wellness practices to include, but not limited to calcium and vitamin D, nutrition, resume exercise, seat belts, and sunscreen","RTC for screening pap smear every 3-5 years according to pap history"}. Next Pap due: ***.
3) On-going Health Maintenance: {WCM OBGYN POSTPARTUM HEALTH MAINTENANCE:10095000::"none"}
4) Colleen ZZKPHCTEST states understanding and agrees to plan, and agrees to call as needed with questions or concerns.
Electronically signed by:
Shirelle L Claggett
4/11/2017
10:19 AM
Rubella status has been added *
Approve Change
Decline Change
Next



Health maintenance items have been added to plan.Will default to "none" *

- Accept Change
- Decline Change

Submit

APPENDIX F

RECOMMENDED POSTPARTUM DEBRIEFING GUIDELINE

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

POSTPARTUM CARE PLAN

To be developed prenatally by the patient and her maternity provider and revised as needed after delivery.

Name:
LAST FIRST MIDDLE

Care Team

Primary Maternal Provider/Group:	Care Coordinator:
	Home Visitor:
PCP:	MFM:
Infant Medical Provider:	Consultant:
Lactation Support:	Consultant:

Postpartum Visits

Early Visit (Indication) _____ /_____ /_____ At: _____

☐ Hypertension ☐ Depression/Anxiety ☐ Wound Check ☐ Lactation Difficulties ☐ Medication Titration ☐ Other: _____

Comprehensive Visit: _____ /_____ /_____ At: _____

Reproductive Life Plan

Number Of Children Desired:	Timing Of Next Pregnancy:

Contraceptive Plan

☐ BTL ☐ Implant ☐ LNG- IUS ☐ Copper IUD ☐ Depot Medroxyprogesterone Acetate (DMPA) ☐ Combined Ocp ☐ Progesterone Only Pill

☐ Vasectomy ☐ Condoms ☐ Diaphragm ☐ Lactational Amenorrhea ☐ Natural Family Planning ☐ Other

Immediate Postpartum LARC?

☐ Desires ☐ Declines ☐ Unsure

Infant Feeding Plan

☐ Exclusive Breastfeeding For _____ Months ☐ Mixed Feeding ☐ Formula

Community Resources

☐ WIC Peer Counselor ☐ Mothers' Groups ☐ Lactation Warmline ☐ Return To Work Resources

Pregnancy Complications

Complication	Follow-Up Scheduled	Result
☐ GDM	Glucose Screen: _____ /_____ /_____	_____ MG/DL (Fasting) _____ MG/DL (Post 75 G Load)
☐ Preeclampsia ☐ GHTN	BP Check _____ /_____ /_____	_____ /_____ MM HG
☐ Other:		

Mental Health

Risk For Postpartum Depression/Anxiety	Screening (Should Be Performed At Least Once During Perinatal Period)
☐ High ☐ Medium ☐ Low	Date: _____ /_____ /_____ Result:

Postpartum Problems

☐ Perineal/C-Section Wound Pain ☐ Urinary Incontinence ☐ Fecal Incontinence ☐ Dyspareunia/Reduced Sexual Desire ☐ Fatigue/Sleep Issues

Referrals/Interventions:

Chronic Health Conditions

Problem	Plan
1.	
2.	
3.	
4.	

(AA197) 12345/54321

Patient Addressograph

POSTPARTUM FORM

Name:
LAST FIRST MIDDLE

ID#: EDD:

Discharge Date: – –

Delivery Information

Delivery At_____weeks

☐ Vaginal
- ☐ Svd
- ☐ Vacuum
- ☐ Forceps
- ☐ Episiotomy
- ☐ Lacerations
- ☐ Tolac

☐ Cesarean
- ☐ Primary (For:_____)
- ☐ Repeat (For:_____)

☐ Uterine Incision
- ☐ Low Transverse
- ☐ Low Vertical
- ☐ Classical

Labor
- ☐ None
- ☐ Spontaneous
- ☐ Induced
- ☐ Augmented

Anesthesia
- ☐ None
- ☐ Local/Pudendal
- ☐ Epidural
- ☐ Spinal
- ☐ General
- ☐ Other:

Postpartum Contraception

BTL	☐ Yes	☐ No
Implant	☐ Yes	☐ No
LNG-IUS	☐ Yes	☐ No
Copper IUD	☐ Yes	☐ No
Depot Medroxyprogesterone Acetate (DMPA)	☐ Yes	☐ No
Combined OCP	☐ Yes	☐ No
Progesterone-Only Pill	☐ Yes	☐ No
Vasectomy	☐ Yes	☐ No
Condoms	☐ Yes	☐ No
Diaphragm	☐ Yes	☐ No
Lactational Amenorrhea	☐ Yes	☐ No
Natural Family Planning	☐ Yes	☐ No

Other: _____

Delivered By: _____

Postpartum Information

Complications

☐ None ☐ Hemorrhage ☐ Infection ☐ Hypertension ☐ Diabetes ☐ Other: _____

Discharge Information

Neonatal Information

Name Of Baby: _____

Sex
☐ Female ☐ Male
Circumcision ☐ Yes ☐ No

Birth Weight: _____ g

Disposition
- ☐ Home With Mother
- ☐ In Hospital
- ☐ Transfer
- ☐ Neonatal Death
- ☐ Stillbirth
- ☐ Other:_____

Complications/Anomalies:

Newborn Care Provider:

Seen By Newborn Care Provider Before Discharge
☐ Yes ☐ No

Received Hepatitis B Birth Dose Prior to Hospital Discharge ☐ Yes ☐ No

Maternal Information

Maternal Age:_____ Gravity And Parity:_____

Regarding Smoking, Chewing, Using A Nicotine Delivery System (ENDS), and Vaping
- ☐ Does Not Use
- ☐ Quit During Pregnancy
- ☐ Current User

HGB/HCT Level: _____

Medications: _____

HIV Status* Known ☐ Yes ☐ No
- ☐ POS
- ☐ NEG

Feeding Method ☐ Breast ☐ Bottle

Diagnostic Studies Pending:

Secondary Diagnosis/Preexisting Conditions
- ☐ Asthma
- ☐ Hypertension
- ☐ Diabetes
- ☐ Other: _____

Immunizations Given
- ☐ Anti-D Immune Globulin
- ☐ Tdap Or TD
  - ☐ No, Received During Pregnancy
  - ☐ No, Received Before Pregnancy
  - ☐ Patient Declined
- ☐ HPV (When Indicated)
- ☐ Influenza
  - ☐ No, Received During Pregnancy
  - ☐ Patient Declined
- ☐ Varicella
- ☐ Other:_____
- ☐ MMR (When Indicated)

Infant Status: _____

☐ If Neonatal Death, Bereavement Counseling

Follow-Up Appt: _____

Date: _____ /_____ /_____

Location: _____

Other: _____

*Check state requirements before recording results.

Interim Contacts Or Hospitalizations

Date	Comment

PROVIDER SIGNATURE (AS REQUIRED): _____

 (AA197) 12345/54321

Patient Addressograph

Postpartum Visit

Date: — —

Feeding Method:

Contraception Method

- Tubal Sterilization ☐ Yes ☐ No
- Intrauterine Device (IUD) ☐ Yes ☐ No
- Depot Medroxyprogesterone Acetate (DMPA) ☐ Yes ☐ No
- Implant ☐ Yes ☐ No
- Oral Contraceptives ☐ Yes ☐ No
- Other: _____

Postpartum Depression Screening:

Intimate Partner Violence Screening:

Discuss Tobacco (Smoked, Chewed, ENDS, Vaped) Relapse Prevention Techniques:

Infant Health:

Interim History:

Follow-Up Lab Studies Ordered

☐ Yes ☐ No Postpartum HCB/HCT: _____

☐ Yes ☐ No Postpartum Glucose Screening If Patient Had Gestational Diabetes: _____

☐ Yes ☐ No Other Studies Requested: _____

Physical Examination

BP:_____ WT:_____ BMI:_____

Breasts	☐ Normal	☐ Abnormal: _____
Abdomen	☐ Normal	☐ Abnormal: _____
External Genitalia	☐ Normal	☐ Abnormal: _____
Vagina	☐ Normal	☐ Abnormal: _____
Cervix	☐ Normal	☐ Abnormal: _____
Uterus	☐ Normal	☐ Abnormal: _____
Adnexa	☐ Normal	☐ Abnormal: _____
Rectal–Vaginal	☐ Normal	☐ Abnormal: _____

Pap Test ☐ Yes ☐ No If No, Due: _____

Allergies:

Immunization Update:

Medications/Contraception:

☐ Dispensed

Interval Care Recommendations

For General Health Promotion:

Plans For Future Pregnancies:

For Reproductive Health Promotion:

Repeat Glucose Screening Needed? ☐ Yes ☐ No
If Yes, Has Patient Been Counseled? ☐ Yes ☐ No
Date Of Repeat Testing:

Return Visit:

Referrals:

Examined By:

Comments

PROVIDER SIGNATURE (AS REQUIRED): _____

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APPENDIX G

AMERICAN ASSOCIATION OF COLLEGES OF NURSING'S ESSENTIALS OF DOCTORAL EDUCATION FOR ADVANCED NURSING PRACTICE

American Association of Colleges of Nursing
The Essentials of Doctoral Education
for Advanced Nursing Practice
October 2006

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