American Heart Association.

ADVANCING MATERNAL HEALTH

Postpartum Care Recommendations and Resources Toolkit

Heart.org/maternalhealth

This program is supported by funding from Merck, through Merck for Mothers, the company's global initiative to help create a world where no woman has to die while giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

MERCK for Mothers

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Background

Several publications exist to give guidance on pregnancy and cardiovascular health, including the 2018 Joint Presidential Advisory with the American College of Obstetricians and Gynecologists, American Heart Association (AHA)'s Scientific Statement on cardiovascular considerations for pregnant patients , AHA's Maternal Health Policy Statement , and most recently, AHA published "Optimizing Prepregnancy Cardiovascular Health to Improve Outcomes in Pregnant and Postpartum Individuals and Offspring".

U.S. pregnancy-related mortality has increased over the past two decades, with cardiovascular conditions consistently representing one of the leading causes of pregnancy-related death[1]. Heart disease during pregnancy leaves women with a higher lifetime risk of cardiovascular disease after delivery and associated with increased cardiovascular risk in offspring. More specifically, high blood pressure during pregnancy, preeclampsia and gestational diabetes are associated with significantly greater risks of later heart disease and death from cardiovascular disease[2]. Despite existing medical guidance on pregnancy and cardiovascular health, current trends in health outcomes suggest a significant opportunity for an improved system of care, particularly in the postpartum period.

In response, the American Heart Association (AHA) launched the comprehensive initiative, Advancing Maternal Health Initiative, in July 2022 with funding support from Merck for Mothers, Merck's global maternal health effort to help create a world where no woman has to die while giving birth. This initiative aims to strengthen maternal cardiovascular care by improving systems of care, expanding professional education and training, identifying barriers and effective models for evidence-based implementation, reducing silos through stronger community-clinical linkages, and disseminating recommendations that advance high-quality postpartum care.

Learn more at heart.org/maternalhealth

Postpartum Care Recommendations Overview

The recommendations are designed to provide a pathway for implementing evidence-based care during the postpartum phase across diverse care settings, including clinical environments and community organizations. Their initial development was informed by a comprehensive literature review conducted by the writing group and multiple live discussions. This second iteration of the recommendations reflects further refinement based on additional literature review, ongoing dialogue with participating clinical and community organizations, and insights gathered through a learning collaborative and a postpartum lived experience cohort. These contributions helped ensure that the recommendations are community-centered and responsive to real-world needs.

Postpartum Care Writing Group

The recruitment approach for the writing group intentionally included voices representing a variety of care settings, especially those outside of the clinical setting. Nine champions with experience in maternal health, postpartum health, and/or women's health and cardiovascular disease were identified to draft recommendations for a postpartum system of care. These writing group members represented and/or care for populations at disproportionate risk of postpartum maternal morbidity or mortality.

Name	Title	State	Focus Area
Rachel M. Bond, MD, FACC	System Director, *Women's Heart Health, Dignity Health*	Arizona	Internal Medicine and Cardiovascular
Erin Ferranti, PhD, MPH, RN	Associate Professor, *Emory University*	Georgia	Nursing Maternal Health
Trisha Lehnert, MSN, RN	Nurse Manager II, *Good Samaritan Hospital*	Ohio	Nurse Administration
Emily McGahey, DM, MSN, CNM, FACNM	Clinical Director and Midwife, *The Midwife Center for Birth and Women's Health*	Pennsylvania	Midwifery Model of Care
Tyeesha Roberts	Founder, Executive Director, and Doula, *Gennisi Birth Services*	Tennessee	Community Doula
Patricia Suplee, PhD, RNC-OB, FAAN	Director, *School of Nursing and Irwin Belk Distinguished Professor, UNCW*	North Carolina	Nursing Maternal Health
Carolyn M. Zelop, MD, FAHA	Director of Fetal Echocardiography and Perinatal Research, *Valley Medical Group and NYU School of Medicine*	New Jersey	Maternal Health
Kristal Graves DNP, RN	Clinical Nurse Improvement Coach, *University of Iowa Health Care*	Iowa	Nursing, Emergency Medicine
Eboni Williams, CD	Lead Doula, *Birth Matters*	South Carolina	Community Doula

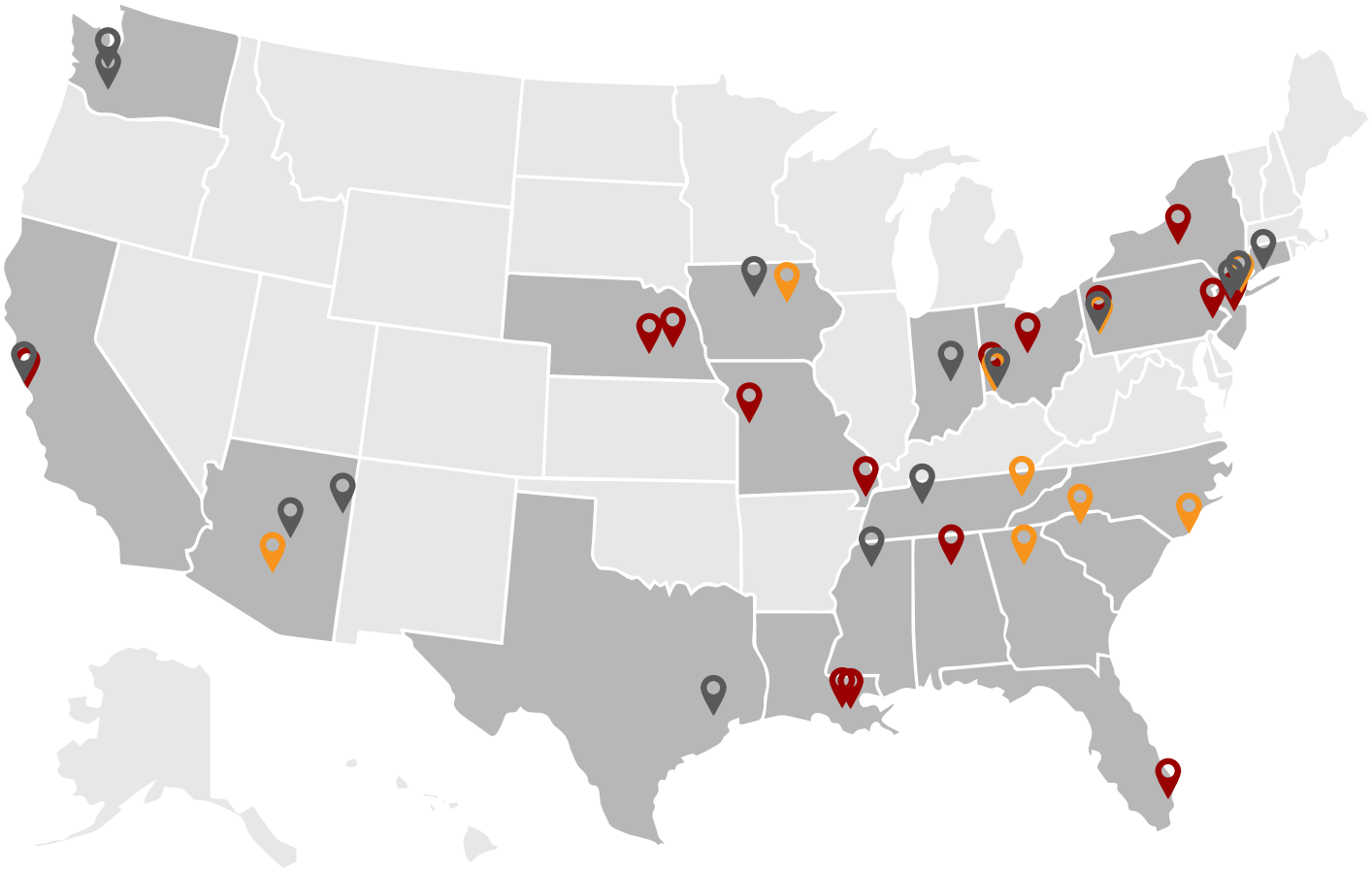
Postpartum Care Learning Collaborative

The Postpartum Care Learning Collaborative is a diverse network of 15 clinical organizations dedicated to improving postpartum systems of care. Members include health centers, hospitals, midwives, and doulas from geographically varied regions, including maternal health deserts—areas with limited access to care and disproportionately high maternal mortality rates (see Figure 1). The collaborative works together through model sharing and peer learning, while also focusing on site-specific objectives to strengthen postpartum care within their own settings.

Postpartum Lived Experience Collective

The Postpartum Lived Experience Cohort is a group of 15 community-based organizations united by a shared commitment to improving postpartum care through the voices and experiences of birthing people. These organizations represent diverse communities and geographic regions, including areas with limited access to maternal health services and higher maternal mortality rates (see Figure 1). The cohort works collaboratively to share real-world insights, lived experiences, and community-driven strategies that inform more equitable and culturally responsive postpartum care. By centering the perspectives of those most impacted, this group plays a critical role in shaping recommendations and advancing systems of care that truly meet the needs of families.

Advancing Maternal Health Initiative Participant Map



Postpartum Care Champions

1. Rachel M. Bond, MD, FACC
2. Erin Ferranti, PhD, MPH, RN
3. Kristal Graves, DNP, RN
4. Trisha Lehnert, MSN, RN
5. Emily C. McGahey, DM, MSN, CNM, FACNM
6. Tyeesha Roberts
7. Patricia Suplee, PhD, RNC-OB, FAAN
8. Eboni Williams, CD
9. Carolyn Zelop, MD, FAHA

Postpartum Lived Experience Collective

1. A Mother's Love
2. Central Jersey Family Health Consortium
3. Cocolife.Black
4. Conscious Moms
5. Cradle Cincinnati
6. Healthy Start, Pittsburgh
7. Imagine Birth Doula
8. Mary's Hands Network LA
9. Mid-America Regional Council
10. Mount Carmel Health
11. New Madrid County Family Resource Center
12. Postpartum Peace of Mind Inc.
13. Seven Valleys Health Coalition
14. SisterWeb
15. The Malone Center

Postpartum Learning Collaborative

1. Essential Health and Wellness Clinic
2. Fort Defiance Indian Hospital/Tsehootsooi Medical Center
3. Good Samaritan Hospital, TriHealth
4. HealthNet
5. Iowa Specialty Hospital
6. Norwalk Community Health Center
7. RWJBarnabas Health System
8. St. Anne Medical Center
9. Tennessee Maternal Fetal Medicine, University of Tennessee
10. The Midwife Center
11. Tomagwa Health Ministries
12. University of California, San Francisco Medical Center
13. University of Washington
14. Valley Health System
15. Winslow Indian Health Care Center

Figure 1: Advancing Maternal Health Initiative Participant Map

Postpartum Care Recommendations Overview

The recommendations were developed by an interdisciplinary writing group and initiative participants representing experts across the postpartum system of care, including physicians, nurses, doulas, a midwife and nurse researchers. The recommendations and opinions presented by our guest speakers may not represent the official position of the American Heart Association. The materials are for educational purposes only, and do not constitute an endorsement or instruction by the Heart Association. The American Heart Association does not endorse any product or device.

RECOMMENDATION 1

Beyond Pregnancy: Standardizing Postpartum Systems

Communication, Education, Data and Cost of Illness

Writing Group Content Leads

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Trisha Lehnert, MSN, RN
Nurse Manager II, Good Samaritan Hospital

Action Statement Supporting Evidence[5]

Standardizing education for all healthcare professionals who may come in contact with pregnant or postpartum birthing persons is needed.

Action Statement 1.1

Standardize length of time considered of the postpartum period (Ask the question if the patient is pregnant or had a baby in the last year).

Implementation Strategy 1.1

- **Address Policy Gaps**: States need adopt 12-month extension for Medicaid postpartum care.
- **Address Awareness Gaps:** Emphasize importance of postpartum period of one year. Examples of existing campaigns and resources:
  - "Hear Her" campaign
  - "Suicide and Maternal Mortality"
  - American College of Obstetricians and Gynecologists (ACOG) "2024 Commitment to Policy Action"
- **Address Education Gaps:** Education to providers and patients that continued monitoring for cardiovascular health is needed in the postpartum period:
  - Implement blood pressure monitoring at clinic and at home - hypertension protocol to consider:
    - "What BP is considered high" and "When to call your doctor"
    - Does the patient's insurance pay for a home Blood Pressure kit?
  - Labs – Hypertension, Cardiac
    - Labs to draw for patients at risk or showing signs and symptoms
  - Identifying at risk patients
    - History of hypertension and/or cardiac disorders
    - Socioeconomic risks (e.g. no transportation, lack of communication such as phone or email, etc.)

Action Statement 1.2

Hypertension and cardiovascular risk postpartum (Understand that birthing individual can develop elevated blood pressure and cardiovascular issues during pregnancy and into the postpartum period.)

Implementation Strategy 1.2

Education for patients on continued risk after delivery:

- The provider office schedules out follow-up visits post delivery.
- Provide patients with written and verbal education on risks in postpartum period.
- Consider a hospital hypertension bundle that would trigger for at risk patients to have a 72 hour follow up appointment. Either with primary care provider or in Labor & Delivery.
- Provide at home BP monitors for at risk patients with instructions to call if BP changes.
    - BP escalation parameters for patients:
        - Contact provider if BP ≥ 140/90 mmHg
        - Urgent evaluation if BP ≥ 160/110 mmHg

Education for healthcare professionals on timing of hypertension and cardiovascular disease, treatment, etc.

- Clinical risk assessment for preeclampsia
- Pregnancy and Heart Disease
- Gestational HTN and Preeclampsia
- Prevention of Preeclampsia

Action Statement 1.3

Assess and draw labs based on American College of Obstetricians and Gynecologist (ACOG) standards of care.

- Target audience includes perinatal quality collaboratives, ACOG chapters,
- Association of Women's Health, Obstetric and Neonatal Nurses, and National
- Certification Corporation
- Recommended Learning Style:
  - Webinar
  - In-person presentations
- Strategy to illustrate value, urgency and important of recommendation: emphasize existing campaigns, resources, checklists, and standards of care

Action Statement 1.4

Promote equity and inclusivity in postpartum care through language shifts to affirm all birthing individuals, standardizing culturally and linguistically appropriate terminology in patient education materials, and training healthcare providers in bias-free, respectful communication to strengthen trust and improve care experiences across diverse communities.

Implementation Strategy 1.4

Develop inclusive language guidelines

- Create and disseminate standards for gender-inclusive and culturally sensitive language across postpartum care materials.
- Update patient forms, discharge instructions, and educational content to reflect these standards.
- Collaborate with patients from diverse backgrounds to review materials and guide improvements.

Workforce trainings

- Provide mandatory training for all care providers (e.g., physicians, nurses, doulas, CHWs, midwives) on implicit bias, trauma-informed care, and inclusive communication and care practices.
- Incorporate role-play and patient scenarios reflecting diverse gender identities, cultures, and experiences.

Partner with community-based organizations to co-host cultural and/or bias training workshops and stay responsive to evolving community needs.

Action Statement 1.5

Expand and formalize the role of doulas as integrated members of the postpartum care team, with standardized training to support cardiovascular risk monitoring, including blood pressure (BP) monitoring.[11]

Implementation Strategy 1.5

Provide doula with the necessary skills and knowledge to monitor cardiovascular risk, including blood pressure, and support patients with hypertensive disorders of pregnancy (HDP) in postpartum care.

- Collaboration with providers and experts to design training curriculum for doulas that includes:
  - Blood pressure monitoring techniques
  - Understanding of cardiovascular risk factors
  - Emergency protocols for escalations when BP is elevated and/or signs of severe maternal morbidity
  - Cultural competence and trauma informed care to address health disparities

Formalize doulas as integral members of the postpartum care team alongside OBs, primary care providers, and other health professionals.[12]

- Establish care team structures in hospitals and community health settings where doulas can collaborate with clinical teams
- Develop protocols for seamless communication between doulas, healthcare providers, and patients to ensure continuity of care

Create clear, standardized policies on the role of doulas in blood pressure monitoring, including when to escalate to healthcare providers.

- Define the scope of practice for doulas in BP monitoring, ensuring clarity on their role in collecting data (not diagnosing) and how to communicate abnormal findings to clinicians
- Create clear clinical escalation pathways for doulas when BP readings are elevated or other signs of HDP (e.g., headaches, visual disturbances) are present

Work with insurance providers and health systems to ensure reimbursement for BP monitoring services provided by doulas within the care team.

Short-Term and Long-Term Objectives 1.5

Short-term Objectives:

- Create and disseminate standards for gender-inclusive and culturally sensitive language across all maternal and postpartum care materials
- Establish clinical escalation pathways when BP readings are elevated or when signs of HDP are present, ensuring seamless communication between doulas and healthcare providers

Long-term Objectives:

- Make implicit bias and trauma-informed care training a continuous and embedded part of healthcare provider education and professional development
- Expand the integration of doulas into hospital and community health settings

Action Statement 1.6

Because pregnancy can unmask or lead to acute and chronic CVD, there is a strong need for training in cardio-obstetrics.

Implementation Strategy 1.6a

A cardio-obstetrics team requires a group of dedicated individuals committed to caring for this growing population of women. Establishing formal pregnancy heart teams (PHTs) that include cardiologists with expertise in cardio-obstetrics, obstetricians, maternal-fetal medicine specialists, primary healthcare providers, obstetric anesthesiologists, neonatologists, geneticists, pharmacists, social workers, nurses, and other care team members, allows for commitment and effective communication.

Implementation Strategy 1.6b

At a minimum, establishment of clinical workforce competencies for general CVD specialists and the widespread implementation of cardio-obstetric subspecialty fellowships can help focus the CVD community to prevent, detect, risk stratify, and optimally treat CVD in pregnancy while addressing the long-term cardiac needs of this population.[13]

The clinical areas of focus should include the following:

- Preconception risk stratification and counseling in patients with existing CVD or risk factors for CVD. Risk stratification may require cardiovascular evaluation with testing such as EKG, echocardiography, stress testing and other cardiac evaluation;
- Health optimization before pregnancy;
- Personalizing antenatal care and delivery on the basis of risk profile; and
- Early diagnosis and treatment of complications during pregnancy and postpartum.

Implementation Strategy 1.6c

Enhancing cardio-obstetrics care requires health policies that improve structural supports for pregnant women. In particular, cardiologists need to be more involved, seeking out collaborations with obstetricians, professional societies, patient support groups, healthcare institutions, and health policy makers.

RECOMMENDATION 2

Beyond Pregnancy: Interdisciplinary Care and Engagement

Holistic, Person-Centered Care on the Whole Continuum

Writing Group Content Leads

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Eboni Williams, CD
Lead Doula, Birth Matters

Tyeesha Roberts
Founder, Executive Director, and Doula, Gennisi Birth Services

Action Statement Supporting Evidence[14, 15, 17, 17, 18, 19, 20, 21, 22, 23]

To effectively treat the whole person, patient-centered holistic care should be standard practice across healthcare providers and institutions. This includes educating staff on the roles of midwives, doulas, mental health practitioners, community health workers, and trusted community leaders. Ensuring collaborative care among providers, including community-based organizations, is essential for creating a seamless continuum of care that extends beyond insurance coverage. Additionally, integrating universal postpartum mental health screenings for both patients and their partners is crucial for early identification of depression, anxiety, or trauma. Collaboration and respect for all members of the maternity team has lifesaving and community empowering potential.

Implementation Strategy 2.1

Address Policy Gaps:

- Federal policy could be changed to require trauma-informed training including holistic care providers in all training programs receiving Federal reimbursement.
- State level Medicaid reimbursement for 100% pay parity for Midwives and reimbursement of doula services would improve integration.

Advocacy and Training Components includes:

- Develop a tool for educational programs for medical training programs (e.g., Medical School, Residency Programs, Nursing Programs, Physician Assistant programs) to include trauma-informed inclusive training for pregnancy and reproductive care.
- Address system level policies that restrict doulas and community health workers from fully participating in client care
- Train-the-trainer model of education for stakeholders in client care

Action Statement 2.2

Establish referral pathways between hospitals, healthcare providers, and community-based organizations to address social needs and enhance access to postpartum resources by identifying and training postpartum care champions within healthcare systems who advocate for comprehensive maternal care and ensure sustained connections to community-based support services.[24]

Implementation Strategy 2.2

- Select care team members (e.g., providers, nurses, social workers, doulas, midwives, community health workers) to serve as postpartum care champions. Champions should take the lead in establishing and maintaining regular communication with community partners through scheduled meetings or shared resource platforms.
- Nephrologists also play a critical role alongside cardiologists, maternal-fetal medicine specialists, primary care physicians, and internal medicine providers in managing hypertension and identifying renal dysfunction following hypertensive disorders of pregnancy. Their involvement complements other specialty care by addressing the high prevalence of persistent renal abnormalities that may continue into the early postpartum period.[25]
- Build and sustain relationships with community organizations that support pregnant and postpartum individuals. Prioritize long-term collaboration and mutual capacity-building to ensure the sustainability and effectiveness of partnerships.
- Create standardized referral workflows (e.g., electronic referrals, warm handoffs, or coordinated care teams) to ensure timely and efficient connections between patients and community-based services.
- Track referral pathways and patient follow-through to assess the effectiveness of the referral system. Use data to identify gaps, improve coordination, and ensure equitable access to ongoing postpartum support.

Action Statement 2.3

Incorporate partners and chosen family members into postpartum education and support efforts to foster shared responsibility, strengthen support networks, and enhance the well-being of birthing individuals.[26]

Implementation Strategy 2.3

Establish peer support groups within clinic and/or in partnership with community-based organizations, specifically for birthing individuals without identified partners, providing emotional, social, and informational support.[27]

Involve partners and chosen family into educational sessions and discussions to ensure that all are aligned with birthing and postpartum plan.

- Develop inclusive materials and resources that cater to different family dynamics, ensuring all participants, whether biological partners or chosen family, feel equipped to support birthing individuals.

Target Audience, Learning Style, and Dissemination Strategy

Target audience includes individuals providing direct patient care, healthcare learners, hospital and medical system administrators, policymakers, individuals and family, and local and State Health Departments.

Typical learning styles for target audience:

- Trainings or classes led by experts
- High-quality information handouts geared toward policy and lawmakers
- Media Outreach
- Meaningful small group staff meeting

Strategy to illustrate value, urgency and important of recommendation: use real life stories (written and recorded) of individuals impacted by the care of doulas and midwives or other holistic care providers and consider how to talk about the current crisis while highlighting the positive impacts of care.

Short-Term and Long-Term Objectives 2.3

Short-term Objectives:

- Develop tools for dissemination to programs or stakeholders around trauma-informed care and holistic care providers
- Develop high impact 1-pager for policymakers to stress importance Collect and produce stories related to holistic care experiences
- Develop and distribute a community resource guide tailored to the needs of birthing persons, including social support, mental health, and lactation services.

Long-term Objectives:

- Policy implementation for more integration of midwives, doula, and community health workers into reproductive care
- Sustain and expand community-based partnerships through regular collaboration, shared training, and joint outreach efforts

RECOMMENDATION 3

Beyond Pregnancy: Advocacy and Policy Expansion

Policy and Advocacy, Macro Care Models

Writing Group Content Leads

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Associate Professor, Emory University

Action Statement Supporting Evidence: 28, 29, 30, 31, 53, 54, 55, 56, 57

U.S. Federal law should require all states to provide comprehensive Medicaid coverage through the first 12 months following birth to all postpartum people who meet the Federal Poverty Level guidelines (except for Hawaii and Alaska who have different criteria). This includes care received in-office, telehealth, home visits, Emergency Department (ED) and/or Urgent Care Centers (UCC). Because adoption varies by state, this recommendation is intended to establish a national standard. In addition, private insurers should provide their clients with comprehensive pregnancy-related coverage up to 12 months following birth.

Coverage may include:

- 7-10 day high risk visit (i.e. BP check)
- 2-3 week initial wellness visit (in-office or telehealth)
- 6 week comprehensive visit
- 2 mos, 6 mos, and 12 mos screening during pediatric visits (i.e. cardiac and mental health risk assessments) and BP check
- Specialty care (i.e. cardiologist, endocrinologist)
- Periodic care received in ED or UCC
- Doula and Community Health Worker services

Implementation Strategy 3.1

- **Address Awareness Gaps:** Educational/Informational guidelines need to be developed and shared with all OB clinicians who provide care to people who have given birth. Educational/informational guidelines need to be developed and shared with all potential stakeholders throughout the U.S.
- **Address Policy Gaps:** All states need to adopt comprehensive Medicaid coverage and consider establishing a clear implementation timeline.
- **Address Process Gaps**: Will need to address how to best roll out at the national level.
- **System Changes**: Will need to address individual system roll out.

Target Audience, Learning Style, and Dissemination Strategy

Target audience includes providers, state Medicaid officers, insurance companies, birthing and postpartum individuals.

Recommended Learning Style:

- Providers – e-alerts, webinars, national organizations (American College of Obstetricians and Gynecologists (ACOG), Society of Maternal Fetal Medicine (SMFM), Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN), etc.), staff meetings, advocacy training
- State Medicaid offices – policy/practice updates and advocacy training
- Insurance Companies – policy/practice updates and advocacy training
- Birthing and Postpartum Individuals – hand-outs, social media, advocacy training

Strategy to illustrate value, urgency and important of recommendation:

- Visual aids and storytelling

Short-Term and Long-Term Objectives 3.1

Short-term Objective:

- Insurer and Medicaid adoptions of comprehensive coverage.

Long-term Objective:

- Once comprehensive coverage is adopted, people who are pregnant or who have had a child within the past year will receive information about these changes.

Action Statement 3.2

Pediatric out-patient practices should consider employing Family Medicine MD or NP (or a Women's Health Nurse Practitioner (WHNP) to collaborate with Pediatric health provider) who can provide care for postpartum persons at visits that coincide with newborn (initial and vaccine) visits within the first two weeks, 42 days, 2 months, 6 months, and 12 months including:

- CVD, hypertension, and mental health screenings
- A review of potential signs and symptoms of complications of pregnancy using the AWHONN POST-BIRTH Warning Signs tool or ACOG/CDC Urgent Maternal Warning Signs tool
- Comprehensive postpartum assessment per ACOG guidelines (42-day visit only)
- Additional visits can be scheduled for those postpartum people with complications related to their pregnancy (i.e. 4 and 9 months)

Implementation Strategy 3.2

This recommendation will be used to address awareness gaps and requires policy, processes, and system changes, as well as advocacy and training components.

- **Awareness Gaps:** Educational/Informational guidelines need to be developed and shared with all pediatric clinicians who provide care to people who have given birth. Educational/Informational guidelines need to be developed and shared with all potential stakeholders throughout the U.S.
- **Policy Gap:** All states should adopt comprehensive Medicaid coverage and establish a clear timeline for implementation.
- **Process Gap:** Will need to address how best to roll out in each system.
- **System Gap:** Will need to address individual system rollout.

Target Audience, Considerations, and/or Dissemination Strategy

The target audience is Providers, Departments of Health, Insurance Companies, and birthing and postpartum individuals, doula and community worker services, pharmacies, and suppliers of equipment such as breast pumps.

Typical Learning Style for the Target Audience:

- Providers – webinars, and presentations at conferences sponsored by national organizations such as e-alerts, national organizations (AAP, ACOG, SMFM, AWHONN, etc.), staff meetings
- Department of Health – policy/practice updates
- Insurance Companies – policy/practice updates
- Birthing and Postpartum People – hand-outs, social media

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Visual aids and storytelling.

Short-Term and Long-Term Objectives 3.2

Short-term Objective:

- Change must first occur at insurer and Medicaid level

Long-term Objective:

- All people who are considering having a child, are pregnant, or have given birth within the past year will be notified of this change.

Action Statement 3.3

Obstetrical health providers should offer all birthing people the opportunity to participate in group-based care and peer mentoring (i.e. Centering Pregnancy, Centering Parenting, etc.) to be Centering Pregnancy and Centering Parenting to be covered by Medicaid and private insurers, and coverage should include any prenatal or postpartum service that will complement primary obstetric or pediatric provider services.

Implementation Strategy 3.3

This recommendation will be used to address both an awareness gap and requires policy, processes, and system changes.

- **Awareness Gap:** Educational/Informational guidelines need to be developed and shared with all obstetrical clinicians who provide care to people who have given birth. Educational/Informational guidelines need to be developed and shared with all potential stakeholders throughout the U.S.
- Policy Gap: All states should adopt comprehensive Medicaid coverage and establish a clear timeline for implementation.
- Process Gap: Will need to address how best to roll out in each system.
- System Gap: Will need to address individual system rollout

Target Audience, Learning Style, and Dissemination Strategy

Target audience for this recommendation include Providers, State Medicaid offices, Insurance Companies, Birthing and Postpartum People, and State/Community agencies.

Typical Learning Style for the Target Audience:

- Providers – e alert, webinars, national organizations (ACOG, SMFM, AWHONN, etc.), staff meetings
- State Medicaid offices – policy/practice updates
- Insurance Companies – policy/practice updates
- Birthing and Postpartum People – hand-outs, social media
- State/Community agencies
- Webinars, presentations, hand-outs

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Visual aids and storytelling.

Short-Term and Long-Term Objectives 3.3

Short-term Objective:

- Change must first occur at insurer and Medicaid level.

Long-term Objective:

- All people who are considering having a child, are pregnant, or have given birth within the past year will be notified of this change.

Action Statement 3.4

Any evidence-based home visiting service that provides care to pregnant and/or postpartum people such as the Nurse Family Partnership or Family Connects should be covered by both Medicaid and private insurers up to 12 months postpartum and should include the full cost of an evidence-based home visiting service for up to 12 months.

Implementation Strategy 3.4

This recommendation will be used to address both an awareness gap and requires policy, processes, and system changes.

- **Awareness Gap:** A comprehensive list of potential covered services and the evidence that supports the services would need to be created and shared with payors, providers, policymakers, healthcare systems.
- **Policy Gap:** Legislation to require payors to support
- **System Change:** Continuity of care from prenatal-birth-postnatal

Dissemination Strategy, Considerations and/or Target Audience

Target audience includes providers, state Medicaid officers, insurance companies, birthing and postpartum individuals, state/community agencies.

Typical Learning Style for the Target Audience:

- Providers – e alert, webinars, national organizations (ACOG, SMFM, AWHONN, etc.), staff meetings
- State Medicaid offices – policy/practice/regulatory updates
- Insurance Companies – policy/practice/regulatory updates
- Birthing and Postpartum Individuals – hand-outs, social media, through provider recommendations

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Visual aids and storytelling when advertising, demonstration of the cost savings, and evidence-based stories from the program

Short-Term and Long-Term Objectives 3.4

Short-term Objective:

- Change must first occur at insurer and Medicaid level. Begin with state-level demonstration projects to build the evidence and refine implementation strategies.

Long-term Objective:

- All people who are considering having a child, are pregnant, or have given birth within the past year will be notified of this change.

Action Statement 3.5

Medicaid reimbursement rates should be increased for all birth and postpartum care; payment models should be designed specifically for prenatal, intrapartum, and postpartum care focused on improving quality of care and health outcomes rather than focusing on value-based payment models which use incentives to decrease costs. Coverage includes all prenatal, intrapartum, and postpartum care focused on improving quality of care and health outcomes in line with reimbursement rates of private insurers.

Implementation Strategy 3.5

Raising Medicaid reimbursement will be a commitment of both state and federal dollars, so awareness is needed to increase this support. Policy changes are also required - both at state and federal levels.

Dissemination Strategy, Considerations and/or Target Audience

Target audience includes taxpayers and birthing individuals, Medicaid regulators, providers, and policymakers.

Typical Learning Style for the Target Audience:

- Providers – e alert, webinars, national organizations (ACOG, SMFM, AWHONN, etc.), staff meetings
- State Medicaid officers – policy/practice/regulatory updates
- Insurance Companies – policy/practice/regulatory updates
- Birthing and Postpartum Individuals – hand-outs, social media, through provider recommendations
- Policymakers – story telling from constituents.

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Visual aids and storytelling when advertising, demonstration of the cost savings, and evidence-based stories from the program

Short-Term and Long-Term Objectives 3.5

Short-term Objective:

- Begin with state-level demonstration projects to build the evidence and refine implementation strategies to expand nationally.

Long-term Objective:

- Medicaid reimbursement will be equivalent to private insurers and all providers will accept Medicaid.

Action Statement 3.6

Create a national database for reporting quality performance measures and outcomes (including prenatal, intrapartum, and postpartum care) that can be accessed by Action Statement health providers, and administrators from hospital and outpatient settings who offer maternity care.

Implementation Strategy 3.6

This recommendation will be used to address both an awareness gap and required policy and system changes.

- **Policy Gap:** Require providers and hospitals to report data.
- **System Gap:** Create the electronic medical records that make this a seamless process.
- **Awareness Gap:** Convincing providers and health care systems to adopt database.

Dissemination Strategy, Considerations and/or Target Audience

The target audience for this recommendation is health care systems and providers, electronic medical record companies, governing organizations that will oversee this database.

Typical Learning Style for the Target Audience:

- Health care systems and providers – demonstration projects, how-to videos
- Electronic medical record companies – iterative process of creating systems, testing them, readjusting.

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Convincing health care systems and providers of the need for national level data to move the needle on maternal health and tie reimbursement to how well health care systems and providers comply

Short-Term and Long-Term Objectives 3.6

Short-term Objective:
- Develop demonstration projects

Long-term Objective:
- Improve maternal health through existing national database

Action Statement 3.7

Provide standardized postpartum warning signs education (i.e. AWHONNs POSTBIRTH Warning Signs tool or ACOG/CDC Urgent Maternal Warning Signs tool) to all doulas and community health workers who provide care for all postpartum people.

Implementation Strategy 3.7

This recommendation will be used to address both an awareness gap and required policy changes with insurance or payers.

Dissemination Strategy, Considerations and/or Target Audience

The target audience includes doulas and community ealth workers, Medicaid and private insurers, and professional associations will take the lead on developing and administering this training/education to assure competency.

Typical Learning Style for the Target Audience:

- Doulas and community health workers- coursework with pre/posttests to demonstrate competency.
- Payors – regulatory measures, briefs, tutorial videos
- Professional Associations – champion leadership, lectures, association recommendations

Strategy to Illustrate Value, Urgency and Importance of Recommendation:

- Demonstration projects – illustrating the evidence in maternal health improvements, and higher reimbursement rates for "certified" doulas, community health workers

Short-Term and Long-Term Objectives 3.7

Short-term Objective:

- Develop demonstration projects, Identify champion leaders

Long-term Objective:

- standardized basic education for doulas and community health workers – improved maternal health outcomes

RECOMMENDATION 4

Beyond Pregnancy: Risk Factor Identification and Monitoring

Systems Risk Identification and Stratification

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Action Statement Supporting Evidence
35, 36, 37, 38,39,40

Risk Factor Monitoring during routine pre-conception and interconception care should include screening of cardiovascular (CVD) risk factors such as blood pressure, fasting lipid panel, weight, and glucose intolerance/diabetes and other, lesser-known biomarkers should be considered.

Implementation Strategy 4.1a

Create CVD Risk Identification and Stratification Checklist for Peripartum and Interconception Care.

- Messaging and Content:
  - Pregnancy is a cardiopulmonary stress test that may unmask underlying CVD conditions [41]
  - Suggested Major categories: Valvular disease, Aortopathy, Arrhythmias [42]
  - Health care professionals involved in the care of pregnant patients are strongly encouraged to be aware of CVD risk and need for risk stratification to guide pregnancy management algorithms especially the peripartum process including the postpartum fourth trimester.
  - Signs and symptoms of CVD during pregnancy may mimic physiological changes of pregnancy [43]
  - Persistent complaints are suggested to receive thorough and timely cardiopulmonary evaluation.
  - Evaluation may include one or more of the following based on symptoms [44] :
    - EKG
    - Echocardiography
    - Stress test/stress echo
    - Laboratory tests: BNP, troponin, creatinine, liver function tests, electrolytes, urine analysis, 24 hour urine for total protein and creatinine clearance
  - Diagnosis and management of CVD may require multidisciplinary care by the pregnancy heart team/cardiobstetrics care team where relationships matter among the members of the "go to" team for each patient. Level of care may require transition to another facility.
  - Pregnancy complications are a window to future CVD risks including stroke.
    - Clinicians and health care professionals are strongly encouraged to recognize that pregnancy history and potential adverse pregnancy complications foreshadow an at-risk group that should be identified and supported by interconception care.[45]

- Identification of long- term health care navigator and health care home are important
- Long term follow-up with attention to fasting lipids and glucose, BMI and blood pressure.
- Life's Essential Eight™ [46]
- Interconception Care
    - Pre-pregnancy identification of comorbidities that require ongoing care and may prognosticate for adverse maternal and fetal/ neonatal outcomes.
    - Although shared decision[47] - making process is employed, the patient must be aware of short- and long-term adverse outcomes for both the patient and fetus/neonatal.
    - Infertility paradigms include pregnancy miscarriage and infertility. Medical comorbidities may be operative and fully evaluated prior to proposed pregnancy.
- Stroke
    - Stroke prevention strategies during pregnancy and postpartum include[48] risk factor modification through healthy lifestyle behaviors, managing high blood pressure and anti-clotting medications, if needed.
    - Understanding risk factors for stroke during and after pregnancy which include, chronic hypertension, advanced maternal health (defined as 35 years or older), diabetes, obesity, infections, migraine, heart or cerebrovascular disease, hormonal shifts, and clotting disorders.
    - All health care professionals who care for pregnant patients, including obstetricians, family medicine practitioners and nurses, to be trained to recognize stroke symptoms so they can promptly start treatment and potentially minimize stroke-related complications.

- Birthing individuals with co-morbidities and family history of CVD are at increased risk for CVD and require evaluation by well-informed internist and or cardiologist who understand the physiologic changes of pregnancy and the relationship between CVD and adverse pregnancy complications for pregnant patients and their fetuses.
  - Hormonal and immunologic/inflammatory alterations of pregnancy can lead to primary CVD complications.
  - Arrhythmia
  - Peripartum cardiomyopathy
  - Spontaneous coronary artery dissection
  - Hypertensive complications of pregnancy

Implementation Strategy 4.1b

Postpartum Discharge training is essential for nurses and clinicians.

- The AWHONN POST-BIRTH Warning Signs online course and program resources educate nurses and clinicians about postpartum maternal morbidity and mortality crises in the United States, and provides a respectful, evidence-based approach to postpartum pre- and post-discharge education for all patients, regardless of risk factors.[49]

Action Statement 4.2

Health care delivery systems must be sensitive to, trained on, and regularly screen for Social Determinants of Health (SDoH) that may limit access to quality of care.[50]

Implementation Strategy 4.2

Create CVD Risk Identification and Stratification Checklist for Peripartum and Interconception Care.

- Social Determinants of Health Considerations:
  - Contraception and Maternity health care desserts
  - Impact upon quality measures
  - Health Care access issues:
    - Geographical barriers
    - Financial barriers
  - Mental Health (e.g. "Superwoman" stressors and cortisol[51])
  - Systemic Discrimination and disparities for people of color and all people with lesser means

Action Statement 4.3

With the current gaps in literature regarding birthing individual health in cardiology and the disparities of representation in research, additional studies should be conducted to increase the body of knowledge around birthing individual cardiovascular health and clinically useful yet unknown biomarkers, as well as address disparities when it comes to sex, gender, race, ethnicity, and reproductive age in studies.

Implementation Strategy 4.3

Strategies to address research and learning gaps include:

- Inclusion of pregnant and recently pregnant women in CVD studies
- Study of future biomarkers such as cardiac strain to risk stratify those with history of adverse pregnancy outcomes more likely to develop cardiovascular disease. Can risk be modified by appropriate interventions to optimize ongoing care?
- Consider: How do we manage the identified at risk groups?

Action Statement 4.4

Implement mental health screenings at multiple touchpoints during the perinatal period through the first year after birth to identify and address emotional, psychological, and behavior health needs.

Implementation Strategy 4.4

Strategies to prioritize and implement mental health screenings for perinatal and postpartum patients:

- Follow evidence-based screening tools, such as ones recommended by the Postpartum Support International (PSI) to implement universal screening for prenatal and postpartum mood and anxiety disorders. Validated tools include the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire-9 (PHQ-9)[52].
- Identify key screening points across the perinatal and postpartum timeline (e.g., prenatal visits, hospital discharge, postpartum check-ups, and pediatric visits). Establish clear clinical pathways for intervention and referral based on screening results and patient needs.
- Provide comprehensive training for healthcare providers, doulas, home visitors, community health workers, and other care team members on perinatal mood and anxiety disorders (PMADs), trauma-informed care, and appropriate use of screening tools. Emphasize nonjudgmental, culturally responsive communication to build trust and reduce stigma.
- Engage with local mental health providers and community-based counseling centers, including peer-support groups.

Action Statement 4.5

Women with CVD should ideally be evaluated before conception for discussions about pregnancy risks, optimization of their cardiovascular health, substitutions of teratogenic medications, and education about the need for regular surveillance through pregnancy and postpartum.

Implementation Strategy 4.5

Pre-pregnancy counseling and close monitoring throughout gestation is needed for optimal outcomes. From an operational standpoint, regular multidisciplinary team meetings are essential to facilitate patient-centered decisions about testing, disease management, and coordinated delivery plans.

Contraception should also be discussed with patients before delivery to facilitate tubal ligation or long-acting reversible contraception (intrauterine devices or progesterone implants) at delivery when desired and feasible.

Target Audience, Learning Style, and Dissemination Strategy

Target audience for this recommendation include Clinicians and healthcare professionals

Strategy to illustrate value, urgency and importance of recommendation: creation of comprehensive checklist from recommended sources, demonstrations of checklist usage in workflow.

Short-Term and Long-Term Objectives 4.5

Short-term Objective:
Creation of a checklist to improve risk identification

Long-term Objective:
System level changes with checklist integration and reflective payment models

Quality Improvement Resources

WEBINAR

Advancing Material Health: Exploring the Impact of Hypertension guidelines in Pregnancy

Advancing Maternal Health Webinar

Website Slide Show Deck

Scan to visit the website

Watch this webinar to explore the 2025 AHA / ACC High Blood Pressure Guidelines and its impact on maternal health. Learn about key updates for pregnancy and the postpartum period, the evolution of hypertension thresholds, and practical strategies for integrating new recommendations into clinical care. The session will also explore opportunities to strengthen hypertension surveillance and improve long-term cardiovascular outcomes for pregnant and postpartum patients.

Find the Guideline at https://www.ahajournals.org/guidelines/high-blood-pressure

PODCAST

Building Better Postpartum Care Maternal Health | American Heart Association

Building Better Postpartum Care is a podcast series dedicated to transforming the way we understand and support postpartum health. Each episode dives into the most pressing issues in maternal care, spotlighting expert insights, real experiences, and innovative solutions. Listen now to learn more.

WEBSITE

For more quality improvement: heart.org/maternal health

Patient Education Resources

Scan for Patient Education Resources

Blood Pressure During Pregnancy and Postpartum

- At-Home Blood Pressure Measurement Instructions (PDF)
- Questions to Ask Your Health Care Professional About Blood Pressure While Pregnant (PDF)

Gestational Diabetes and Blood Glucose

- Gestational Diabetes (PDF) | Spanish (PDF)
- What is Gestational Diabetes (PDF) | Spanish (PDF)
- At-Home Blood Glucose Log (PDF) | Spanish (PDF)

Health by Trimester

- Keeping Moms Healthy English (PDF) | Spanish (PDF)

Healthy Eating

- What Should I Eat During Pregnancy (PDF) | Spanish (PDF)
- Nutrition Tips for Pregnancy (PDF) | Spanish (PDF)

Physical Activity

- Should I Exercise While I'm Pregnant (PDF) | Spanish (PDF)

Mental Health

- Mental Health and Pregnancy (PDF) | Spanish (PDF)

Talk to Your Health Care Provider

- Pre-Pregnancy Checklist (PDF) | Spanish (PDF)
- Pre-Pregnancy Checklist for Women with Existing Cardiovascular-Related Conditions (PDF) | Spanish (PDF)
- Pregnancy Checklist (PDF) | Spanish (PDF)
- Postpartum Checklist (PDF) | Spanish (PDF)

Professional Education Resources

Scan for Professional Education Resources

Discover strategies to reduce adverse maternal cardiovascular outcomes through engaging professional educational activities including eModules, HeartBEATS from Lifelong Learning™, Digital Learning, and more. Learn how to bridge gaps in care with appropriate surveillance, prevention and treatment strategies from preconception to postpartum. CE and MOC available on select activities.

eModules Available:

The Role of Cardiovascular Health in Maternal Health
This module, guided by experts, explores the heightened cardiovascular risks and comorbidities in pregnant and recently pregnant individuals, particularly among women of color, with a focus on improving women's health and addressing maternal health disparities.
Link https://education.heart.org/productdetails/the-role-cardiovascular-health-in-maternal-health

Hypertensive Disorders of Pregnancy
This course provides healthcare professionals with essential knowledge on hypertensive disorders in pregnancy, including postpartum preeclampsia, and teaches how to differentiate conditions and address barriers to effective postpartum blood pressure monitoring.
Link: https://education.heart.org/productdetails/hypertensive-disorders-pregnancy-opportunity-for-postpartum-health-optimization-2

Acute Coronary Syndrome
This course helps healthcare professionals understand acute coronary syndrome (ACS) and pregnancy-related spontaneous coronary artery dissection (SCAD), including the incidence, causes, and appropriate treatment approaches for pregnancy-associated myocardial infarction and SCAD.
Link: https://education.heart.org/productdetails/acute-coronary-syndrome-pregnancy-related-spontaneous-coronary-artery-dissection-2

Check out HeartBEATS from Lifelong Learning™

https://professional.heart.org/en/education/role-of-cardiovascular-health-in-maternal-health

American Heart Association Publications on Maternal Health

- Prevention and Treatment of Maternal Stroke in Pregnancy and Postpartum: A Scientific Statement From the American Heart Association | Stroke
- Opportunities in the Postpartum Period to Reduce Cardiovascular Disease Risk After Adverse Pregnancy Outcomes
- Adverse Pregnancy Outcomes and Cardiovascular Disease Risk: Unique Opportunities for Cardiovascular Disease Prevention in Women

- Assessing and Addressing Cardiovascular and Obstetric Risks in Patients Undergoing Assisted Reproductive Technology
- Status of Maternal Cardiovascular Health in American Indian and Alaska Native Individuals
- Appraising the Preclinical Evidence of the Role of the Renin-Angiotensin-Aldosterone System in Antenatal Programming of Maternal and Offspring Cardiovascular Health Across the Life Course: Moving the Field Forward
- Call to Action: Maternal Health and Saving Mothers
- Cardiovascular Considerations in Caring for Pregnant Patients
- Optimizing Prepregnancy Cardiovascular Health to Improve Outcomes in Pregnant and Postpartum Individuals and Offspring
- JAHA Spotlight on Pregnancy and Its Impact on Maternal and Offspring Cardiovascular Health
- JAHA Spotlight: Go Red For Women. Cardio-Obstetrics: Moving Beyond Programming to Action

For more professional education resources,

- Role of Cardiovascular Health in Maternal Health - Professional Heart Daily | American Heart Association

AWOHNN POST-BIRTH Warning Signs Online Course

- POST-BIRTH Warning Signs Education Program - | AWHONN Maternal Safety Training

References

1. *Brown HL. et al, Promoting risk identification and reduction of cardiovascular disease in women through collaboration with obstetricians and gynecologists: a presidential advisory from the American Heart Association and the American College of Obstetricians and Gynecologists. Circulation. 2018;137:e843–e852.*

2. *Mehta, L. et al, Cardiovascular considerations in caring for pregnant patients: a scientific statement from the American Heart Association. Circulation. 2020;141:e000–e000.*

3. *Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. Circulation. 2021 Oct 12;144(15):e251-e269.*

4. *Khan SS et al, Optimizing Prepregnancy Cardiovascular Health to Improve Outcomes in Pregnant and Postpartum Individuals and Offspring: A Scientific Statement From the American Heart Association. Circulation. 2023 Feb 14;147(7):e76-e91.*

5. *Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. Circulation. 2021 Oct 12;144(15):e251-e269.*

6. *kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/*

7. *CDC. (2025, January 31). Hear Her® Campaign Posters and Handouts for Health Care Professionals. HEAR HER Campaign. https://www.cdc.gov/hearher/hcp/toolkit/posters-and-handouts.html*

8. *Chin K, Wendt A, Bennett IM, Bhat A. Suicide and Maternal Mortality. Curr Psychiatry Rep. 2022 Apr;24(4):239-275. doi: 10.1007/s11920-022-01334-3. Epub 2022 Apr 2. PMID: 35366195; PMCID: PMC8976222.*

9. *2023 Commitment to Policy Action. (n.d.). www.acog.org. https://www.acog.org/advocacy/policy-priorities/commitment-to-policy-action*

10. *Spinner JR, Haynes E, Nunez C, Baskerville S, Bravo K, Araojo RR. Enhancing FDA's Reach to Minorities and Under-Represented Groups through Training: Developing Culturally Competent Health Education Materials. Journal of Primary Care & Community Health. 2021;12. doi:10.1177/21501327211003688*

11. *Albert, E., Sinaise, M. K., Murray, T., Thomas, N., Wannemuehler, K., Passmore, S., & Hoppe, K. K. (2024). 481 Engaging community doulas with a remote postpartum hypertension program for Black persons: A qualitative study. American Journal of Obstetrics & Gynecology, 230(1), S263–S264. https://doi.org/10.1016/j.ajog.2023.11.507*

12. *Albert, E., Sinaise, M. K., Murray, T., Thomas, N., Wannemuehler, K., Passmore, S., & Hoppe, K. K. (2024). 481 Engaging community doulas with a remote postpartum hypertension program for Black persons: A qualitative study. American Journal of Obstetrics and Gynecology, 230(1), S263–S264. https://doi.org/10.1016/j.ajog.2023.11.507*

13. *Sharma, G., Zakaria, S., Michos, E. D., Bhatt, A. B., Lundberg, G. P., Florio, K. L., Vaught, A. J., Ouyang, P., & Mehta, L. (2020). Improving Cardiovascular Workforce Competencies in Cardio-Obstetrics: Current Challenges and Future Directions. Journal of the American Heart Association, 9(12), e015569. https://doi.org/10.1161/JAHA.119.015569*

14. *Saldanha IJ, Adam GP, Kanaan G, et al. Postpartum Care up to 1 Year After Pregnancy: A Systematic Review and Meta-Analysis [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2023 Jun. (Comparative Effectiveness Review, No. 261.)*

15. *Searing, A., Ross, D. C., & May (2019). Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies. Georgetown University Health Policy Institute, Center for Children and Families*

16. *Molenaar J, Korstjens I, Hendrix M, de Vries R, Nieuwenhuijze M. Needs of parents and professionals to improve shared decision-making in interprofessional maternity care practice: A qualitative study. Birth. 2018 Sep;45(3):245-254. doi: 10.1111/birt.12379. Epub 2018 Jul 26. PMID: 30051527.*

17. *Begley K, Daly D, Panda S, Begley C. Shared decision-making in maternity care: Acknowledging and overcoming epistemic defeaters. J Eval Clin Pract. 2019 Dec;25(6):1113-1120. doi: 10.1111/jep.13243. Epub 2019 Jul 23. PMID: 31338953; PMCID: PMC6899916.*

18. *Matthews K, Morgan I, Davis K, Estriplet T, Perez S, Crear-Perry JA. Pathways To Equitable And Antiracist Maternal Mental Health Care: Insights From Black Women Stakeholders. Health Aff (Millwood). 2021 Oct;40(10):1597-1604. doi: 10.1377/hlthaff.2021.00808. PMID: 34606342.*

19. *Murugesu L, Damman OC, Derksen ME, Timmermans DRM, de Jonge A, Smets EMA, Fransen MP. Women's Participation in Decision-Making in Maternity Care: A Qualitative Exploration of Clients' Health Literacy Skills and Needs for Support. Int J Environ Res Public Health. 2021 Jan 27;18(3):1130. doi: 10.3390/ijerph18031130. PMID: 33514070; PMCID: PMC7908258.*

20. *Cypher RL. Shared Decision-Making: A Model for Effective Communication and Patient Satisfaction. J Perinat Neonatal Nurs. 2019 Oct/Dec;33(4):285-287. doi: 10.1097/JPN.0000000000000441. PMID: 31651624.*

21. *Khajeei D, Neufeld H, Donelle L, Meyer SB, Neiterman E, Ike NA, Li JZ. Maternal health literacy and health numeracy conceptualizations in public health: A scoping review. Health Soc Care Community. 2022 Nov;30(6):e3534-e3546. doi: 10.1111/hsc.13981. Epub 2022 Aug 29. PMID: 36039472.*

22. *Wagner T, Stark M, Milenkov AR. What About Mom? Health Literacy and Maternal Mortality. J Consum Health Internet. 2020;24(1):50-61. doi: 10.1080/15398285.2019.1710980. Epub 2020 Feb 11. PMID: 33402879; PMCID: PMC7781239.*

23. *Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. Circulation. 2021 Oct 12;144(15):e251-e269.*

24. *Health, G. (2024, October). Improving Postpartum Care Through Health System and Community Partnerships. GoMo Health. https://gomohealth.com/2024/improving-postpartum-care-through-health-system-and-community-partnerships/*

25. *Ushida, T., Katsuki, S., Fuma, K., Tano, S., Matsuo, S., Yoshida, S., Yamashita, M., Kajiyama, H., & Kotani, T. (2025). Maternal Renal Function During Pregnancy and the Early Postpartum Period in Normotensive and Hypertensive Pregnancies. Journal of Obstetrics and Gynaecology Research, 51(12). https://doi.org/10.1111/jog.70172*

26. *Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E. A. (2013). Social support during the postpartum period: mothers' views on needs, expectations, and mobilization of support. Maternal and child health journal, 17(4), 616–623. https://doi.org/10.1007/s10995-012-1037-4*

27. *Kamalifard, M., Yavarikia, P., Babapour Kheiroddin, J., Salehi Pourmehr, H., & Iraji Iranagh, R. (2013). The effect of peers support on postpartum depression: a single-blind randomized clinical trial. Journal of caring sciences, 2(3), 237–244. https://doi.org/10.5681/jcs.2013.029*

28. *Gordon SH, Sommers BD, Wilson IB, Trivedi AN. Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization. Health Aff (Millwood). 2020 Jan;39(1):77-84. doi: 10.1377/hlthaff.2019.00547. PMID: 31905073; PMCID: PMC7926836.*

29. *Searing, A., Ross, D. C., & May (2019). Medicaid expansion fills gaps in maternal health coverage leading to healthier mothers and babies. Georgetown University Health Policy Institute, Center for Children and Families.*

30. *Myerson R, Crawford S, Wherry LR. Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, And Postpartum Contraception. Health Aff (Millwood). 2020 Nov;39(11):1883-1890. doi: 10.1377/hlthaff.2020.00106. PMID: 33136489; PMCID: PMC7688246.*

31. *Mehta L. et al, American Heart Association Advocacy Coordinating Committee. Call to Action: Maternal Health and Saving Mothers: A Policy Statement From the American Heart Association. Circulation. 2021 Oct 12;144(15):e251-e269.*

32. *Homepage. (n.d.). Centering Healthcare Institute. https://centeringhealthcare.org*

33. *Home - Changent. (2025, May 30). Changent. https://changent.org/*

34. *Home. (n.d.). Family Connects International. https://familyconnects.org/*

35. *Hauspurg A, Countouris ME, Catov JM. Hypertensive Disorders of Pregnancy and Future Maternal Health: How Can the Evidence Guide Postpartum Management? Curr Hypertens Rep. 2019 Nov 27;21(12):96. doi: 10.1007/s11906-019-0999-7. PMID: 31776692; PMCID: PMC7288250.*

36. *Jones EJ, Hernandez TL, Edmonds JK, Ferranti EP. Continued Disparities in Postpartum Follow-Up and Screening Among Women With Gestational Diabetes and Hypertensive Disorders of Pregnancy: A Systematic Review. J Perinat Neonatal Nurs. 2019 Apr/Jun;33(2):136-148. doi: 10.1097/JPN.0000000000000399. PMID: 31021939; PMCID: PMC6485948.*

37. *Lewey J, Levine LD, Yang L, Triebwasser JE, Groeneveld PW. Patterns of Postpartum Ambulatory Care Follow-up Care Among Women With Hypertensive Disorders of Pregnancy. J Am Heart Assoc. 2020 Sep;9(17):e016357. doi: 10.1161/JAHA.120.016357. Epub 2020 Aug 27. PMID: 32851901; PMCID: PMC7660757.*

38. *Tenfelde S, Joyce C, Tell D, Masinter L, Wallander-Gemkow J, Garfield L. Reducing Disparities in Postpartum Care Utilization: Development of a Clinical Risk Assessment Tool. J Midwifery Womens Health. 2023 Mar,68(2):179-186. doi: 10.1111/jmwh.13461. Epub 2022 Dec 24. PMID: 36565235; PMCID: PMC10089952.*

39. *ACOG Committee Opinion No. 736: Optimizing Postpartum Care. Obstet Gynecol. 2018 May;131(5):e140-e150. doi: 10.1097/AOG.0000000000002633. PMID: 29683911.*

40. *Bond, R.M., Phillips, K., Ivy, K.N. et al. Cardiovascular Health of Black Women Before, During, and After Pregnancy: A Call to Action and Implications for Prevention. Curr Cardiovasc Risk Rep 16, 171–180 (2022).*

41. *Chambers ME, De Zoysa MY, Hameed AB. Screening for Cardiovascular Disease in Pregnancy: Is There a Need? J Cardiovasc Dev Dis. 2022 Mar 17;9(3):89. doi: 10.3390/jcdd9030089. PMID: 35323636; PMCID: PMC8953180.*

42. *Thakkar A, Hameed AB, Makshood M, Gudenkauf B, Creanga AA, Malhamé I, Grandi SM, Thorne SA, D'Souza R, Sharma G. Assessment and Prediction of Cardiovascular Contributions to Severe Maternal Morbidity. JACC Adv. 2023 Mar,2(2):100275. doi: 10.1016/j.jacadv.2023.100275. Epub 2023 Mar 22. PMID: 37560021; PMCID: PMC10410605.*

43. *ACOG Practice Bulletin No. 212: Pregnancy and Heart Disease*

44. *Chetran A, Costache AD, Ciongradi CI, Duca ST, Mitu O, Sorodoc V, Cianga CM, Tuchilus C, Mitu I, Mitea RD, Badescu MC, Afrasanie I, Huzum B, Moisa SM, Prepeliuc CS, Roca M, Costache II. ECG and Biomarker Profile in Patients with Acute Heart Failure: A Pilot Study. Diagnostics (Basel). 2022 Dec 3;12(12):3037. doi: 10.3390/diagnostics12123037. PMID: 36553044; PMCID: PMC9776598.*

45. *Rich-Edwards JW, Fraser A, Lawlor DA, Catov JM. Pregnancy characteristics and women's future cardiovascular health: an underused opportunity to improve women's health? Epidemiol Rev. 2014;36(1):57–70. doi: 10.1093/epirev/mxt006. Epub 2013 Sep 11. PMID: 24025350; PMCID: PMC3873841.*

46. *American Heart Association. (2024). Life's Essential 8. www.heart.org. https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8*

47. *Begley K, Daly D, Panda S, Begley C. Shared decision-making in maternity care: Acknowledging and overcoming epistemic defeaters. J Eval Clin Pract. 2019 Dec;25(6):1113-1120. doi: 10.1111/jep.13243. Epub 2019 Jul 23. PMID: 31338953; PMCID: PMC6899916.*

48. *Miller, E. C., Bello, N. A., Chen, P. R., Leffert, L., Leppert, M., Madsen, T., Skeels, K., Tita, A., Valdes, E., & Shields, A. (2026). Prevention and Treatment of Maternal Stroke in Pregnancy and Postpartum: A Scientific Statement From the American Heart Association. Stroke. https://doi.org/10.1161/str.0000000000000514*

49. *Association of Women's Health, Obstetric and Neonatal Nurses. (2025, January 20). POST-BIRTH Warning Signs Education Program - AWHONN. AWHONN. https://www.awhonn.org/education/post-birth-warning-signs-education-program/*

50. *Bradywood A, Leming-Lee TS, Watters R, Blackmore C. Implementing screening for social determinants of health using the Core 5 screening tool. BMJ Open Qual. 2021 Aug;10(3):e001362. doi: 10.1136/bmjoq-2021-001362. PMID: 34376389; PMCID: PMC8356186.*

51. *Bond RM, Ansong A, Albert MA. Shining a Light on the Superwoman Schema and Maternal Health. Circulation. 2022 Feb 15;145(7):507-509. doi: 10.1161/CIRCULATIONAHA.121.058905. Epub 2022 Feb 14.*

52. *Postpartum Support International. (2024, January 9). Screening recommendations. Postpartum Support International (PSI). https://postpartum.net/professionals/screening/*

53. *Centering Pregnancy- https://centeringhealthcare.org/about*

54. *Medicaid Postpartum Coverage Extension Tracker - https://www.kff.org/medicaid/medicaid-postpartum-coverage-extension-tracker/*

55. *Concensus Bundle on Postpartum Care - https://pubmed.ncbi.nlm.nih.gov/33278281/*

56. *CDC Hear Her Campaign - https://www.cdc.gov/hearher/maternal-warning-signs/index.html*

57. *Optimizing Postpartum Care - https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care*

Disclaimer:
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