MDPQC Office Hours

Postpartum Discharge Initiative Data Reporting
April 7, 2026

State Surveillance Measures

State Surveillance Measures

Metric	Name	Description	Notes
PPDT SS1	Postpartum Readmissions within 42 Days	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** All documented birth admissions **Numerator:** Among the denominator, readmissions at or within 42 days of discharge from birth admissions	
PPDT SS2	Postpartum Pregnancy-Related Deaths	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** Live births among state residents **Numerator:** Among the denominator, pregnancy-related deaths between 7 and 365 days postpartum	
PPDT SS3	Postpartum Visit Attendance	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** All documented birth admissions **Numerator:** Birth admissions in which patients had a postpartum visit at or within 7 to 84 days after discharge from birth hospitalization	Calculate using **HEDIS measure specifications**.

Postpartum Discharge Transition Bundle

NOT reported by hospitals!

Full Data Collection Plan Available Here

Postpartum Discharge Transition Measures

	PROCESS MEASURES	STRUCTURE MEASURES
Reporting Frequency:	Quarterly	Quarterly – Likert scale
PDT Measures:	1. OB Provider Education a) Life-Threatening Postpartum Concerns b) Respectful & Equitable Care 2. OB Nursing Education a) Life-Threatening Postpartum Concerns b) Respectful & Equitable Care 3. Inpatient-Outpatient Care Provider Collaborative Education 4. Postpartum Visit Scheduling 5. Screening for Social and Structural Drivers of Health (SSDOH) 6. Patient Education on Life-Threatening Postpartum Conditions	1. Patient Event Debriefs 2. Patient Education Materials on Urgent Postpartum Warning Signs 3. Emergency Department Screening for Current or Recent Pregnancy 4. Inpatient-Outpatient Care Coordination Workgroup 5. Resource Mapping/Identification of Community Resources 6. Shared Comprehensive Postpartum Visit Template
Sustainability Measures:	1. Timely Treatment for Severe Hypertension 2. Number of Drills 3. Hemorrhage Rate (via separate MS Form)	

Process Measure P1

Measure	Description	Notes
Provider & Nursing Education: Life-Threatening Postpartum Concerns	Report estimates in 10% increments (rounding up): At the end of this reporting period, what cumulative proportion of OB clinicians/nurses has received in the last 2 years education on life-threatening postpartum concerns?	The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.
Provider & Nursing Education: Respectful & Equitable Care	Report estimates in 10% increments (rounding up): At the end of this reporting period, what cumulative proportion of OB clinicians/nurses has received in the last 2 years education on respectful and equitable care?	The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.

Process Measures P2-P5

Measure	Description	Notes
Inpatient-Outpatient Care Provider Collaborative Education	PPDT P2A: At the end of this reporting period, how many shared learning experiences on issues related to pregnancy and the postpartum period that cross the continuum of care took place between inpatient and affiliated outpatient providers and nursing staff? PPDT P2B. At the end of this reporting period, how many care settings were represented by attendees at all shared learning experiences?	May include clinical and non-clinical care settings
Postpartum Visit Scheduling	Denominator: All maternal discharges following a live birth Numerator: Among the denominator, those who had a postpartum visit scheduled before or within 24**-48** hours of discharge from birth hospitalization	Disaggregated by race/ethnicity
Screening for SSDOH	Denominator: All maternal discharges following a live birth Numerator: Among the denominator, those who were screened for SSDOH using a standardized, validated tool by the time of discharge from birth hospitalization	Disaggregated by race/ethnicity. To be included in the numerator, patients had to have answered any question(s) from a validated SSDOH screening tool.
Patient Education on Life-Threatening Postpartum Concerns	Denominator: All maternal discharges following a live birth Numerator: Among the denominator, those who had documentation of verbal and written education on life-threatening postpartum concerns before discharge from birth hospitalization	To be included in the numerator, patient record needs to include documentation of verbal and written education.

Structure Measures

Measure	Description	Notes
Patient Event Debriefs	Has your department established a standardized process to conduct debriefs with patients after a severe event?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place Include patient support networks during patient event debriefs, as requested. Severe events may include the The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death. This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.
Patient Education Materials on Urgent Postpartum Warning Signs	Has your department developed/ curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place
Emergency Department (ED) Screening for Current or Recent Pregnancy	Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place

Structure Measures, Cont'd

Measure	Description	Notes
Inpatient-Outpatient Care Coordination Workgroup	Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place. This workgroup should help coordinate the completion of the other structure measures.
Resource Mapping/ Identification of Community Resources	Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place. Resource list should be updated annually. Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population (e.g., BIPOC).
Shared Comprehensive Postpartum Visit Template	Has your hospital shared with all its affiliated outpatient sites a postpartum visit template that includes at minimum all elements of a comprehensive postpartum visit as outlined in the AIM Postpartum Discharge Transition Bundle Implementation Details?	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.

MDPQC Sustainability Plan

1. Measures to carry forward:
   - Timely Treatment (AIM)
   - Drills (AIM)
   - Hemorrhage Rate (MDPQC Form)

2. Office hours
   - Hypertension
   - Hemorrhage

3. Check-in call standing agenda items
   - QBL, Patient Debriefing

Q&A

Next Steps

✓ Check out relevant resources:
- MDPQC Community Resource Inventory
- MDPQC Community Mapping Tool
- MDMOM Resource Map

✓ Complete a Participation Agreement for the new Postpartum Discharge Transition initiative, available here!

✓ Register for May Maternal Health Office Hours:
- Legislative Update!
- Tuesday, May 5th, 12pm-1pm

  Register here

Open Discussion

Please complete the evaluation poll before you go!

Contact Us

For more information

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