Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

**Primary Key Drivers**

- Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.
- Implement process flow to facilitate universal scheduling of early pp visits prior to hospital discharge.
- Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check.
- Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of pregnancy spacing and options for (outpatient) family planning.

**Secondary Key Drivers**

- Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.
- Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.
- Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge.
- Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks.
- Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, IPAC Fact Sheet and/or didactic education.
- Plan in place for ongoing and new hire education.
- Determine standard education about the benefits of early pp visits and components of maternal health safety check.
- Provide AWHONN’s early warning signs for all patients before delivery discharge.
- Determine standard education that includes benefits of pregnancy spacing and options for outpatient family planning.
- Develop a system change to ensure that all patients receive recommended postpartum education with documentation prior to hospital discharge, consider IT/EMR updates as needed.