

Customize Care Planning & Support

Customizing care planning and support includes innovations that adapt existing care approaches for routine prenatal and postpartum care to better meet birthing peoples' unique needs. Professional societies have recently highlighted that current practices and visit schedules are not based on strong evidence for what produces the best experiences and outcomes for birthing people. There is and has been demand for this change, and disruptions to routine modes of care during COVID-19 has created an opportunity among some systems to take new approaches, including revisiting the frequency, duration, interval, format, and location of appointments. While so much of maternal health work is about empowering birthing people, these systems are not always designed with the clients' voices in mind. COVID has highlighted both the need and opportunity to meet the demand of each birthing person, whether that is addressing their needs at home, or streamlining their care to all be in the same place.

Participants highlighted that innovations that customize care planning and support can be particularly helpful for:

- Shifting focus of care toward social connection and understanding for lower risk birthing people who may not benefit from as many clinically-focused appointments
- Providing more customization, flexibility, and efficiency to adapt to generational shifts in expectations among some younger birthing people
- Creating more opportunities to address maternal mental health
- Providing additional postpartum support in between birth and the standard six-week visit
- Adapting support to meet the needs of birthing people who are socially vulnerable (e.g. those in need of support around transportation, childcare, or healthcare access)
- Providing additional clinical support and care coordination for birthing people with medically complex issues

Strategies for Customizing Care Planning & Support

Health system leaders interested in innovations that customize care planning and support should consider the following strategies for building demand among birthing people and health system stakeholders and augmenting the supply of enabling factors to support successful and sustainable implementation. These strategies summarize key action steps recommended by participants for building momentum, but they are not intended to be comprehensive or required for all settings depending on your local context.

Encourage birthing people to prioritize their own health and wellbeing

- ❑ Promote the value of birthing people's health as well as their baby's health

Innovate on alternate models for customizing care and support to meet individual needs

- ❑ Adapt the types and frequencies of appointments to meet the needs and preferences of different birthing people (e.g. lower-touch visits for existing parents, higher frequency of visits for higher risk pregnancies)
- ❑ Integrate discussions about varied support and care options from the beginning of care
- ❑ Identify opportunities to integrate non-clinical support and touch-points (e.g. doulas) to augment prenatal and postpartum care

Expand the range of options available for accessing prenatal and postpartum care and support

- ❑ Expand open hours for offices and clinics (e.g. evenings, weekends)
- ❑ Coordinate and co-locate support for birthing people and their babies in the postpartum period
- ❑ Identify opportunities addressing birthing people's needs at home, including remote self-monitoring if appropriate (e.g. blood pressure cuff, scale, thermometer, fetal doppler)
- ❑ Leverage telehealth to increase access to clinical and non-clinical care and support for underserved communities, including in rural and urban areas
- ❑ Set up systems to be able to provide care in different modalities depending on individual needs, preferences, and technology capabilities (e.g. with and without video feature of call)

Promote relationships between birthing people and providers to enhance support

- ❑ Strengthen relationships between birthing people and providers to increase the likelihood of follow-up during the postpartum period
- ❑ Expand access to doulas and community health workers for underserved or socially and economically marginalized communities
- ❑ Recruit clinicians, doulas, and community health workers from the communities they serve to increase representation, especially for underserved or marginalized communities

Advocate for payment reforms to extend coverage for varied models of care and support

- ❑ Adapt payment models to cover new ways of providing care (e.g. adjustment visit designations)

- ❑ Demonstrate the value for insurers to extend coverage to technology and internet access (e.g. paying for hotspots for people who don't have access to internet)
- ❑ Improve or extend insurance coverage for doulas