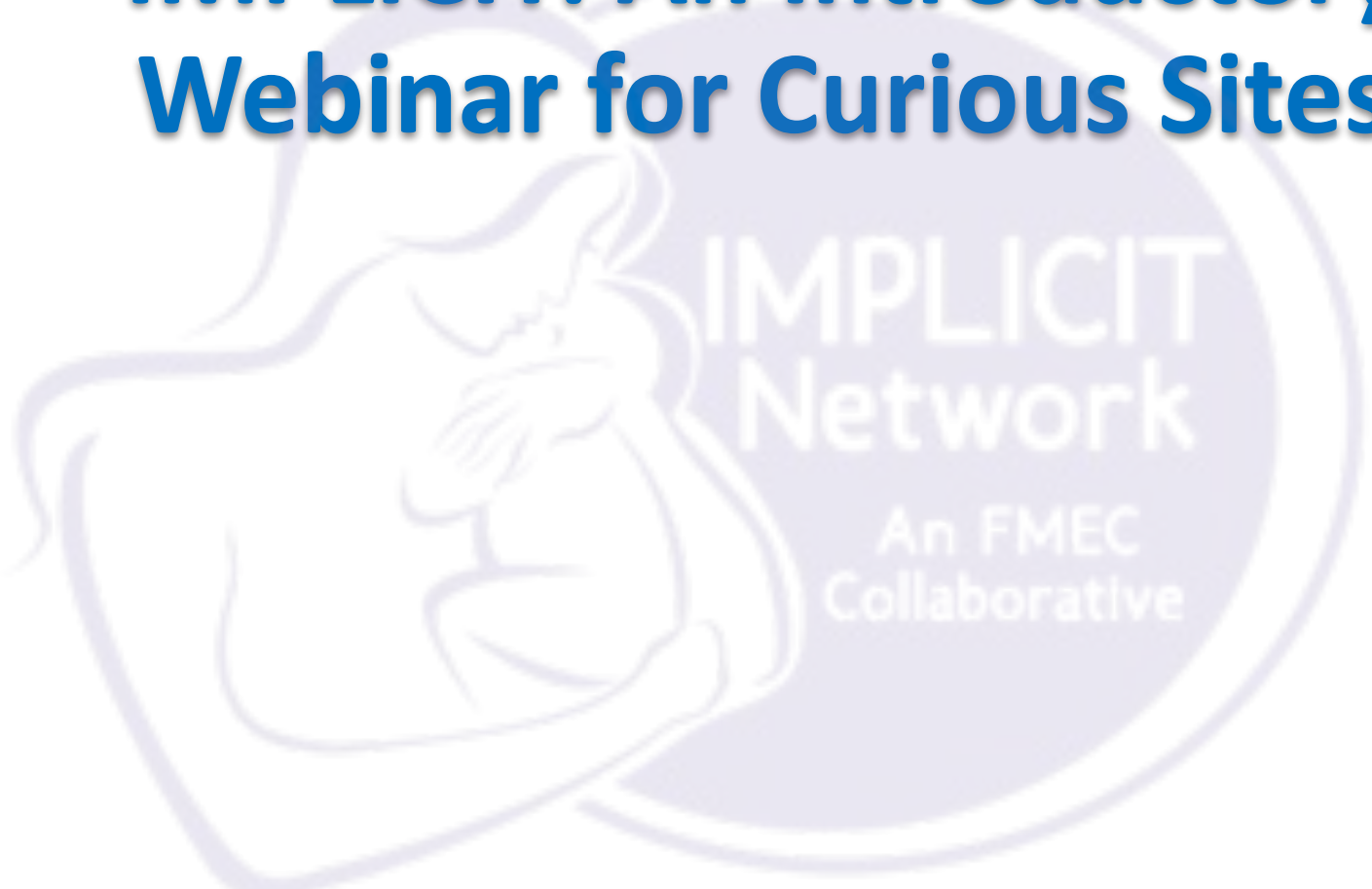


# Getting Started with IMPLICIT: An Introductory Webinar for Curious Sites



# Session Objectives

- Learn more about the IMPLICIT Network
- Review IMPLICIT ICC and IMPLICIT 4TM
- Identify 2-3 next steps to move towards membership/ implementation in your organization



# The IMPLICIT Network: An FMEC Collaborative



Penn Medicine  
Lancaster General Health



# Mission

The IMPLICIT Network is a family medicine maternal child health learning collaborative focused on improving birth outcomes and promoting the health of women, birthing people, infants, and families through innovative models of care, quality improvement and professional development for current and future physicians.



# Values

Education



Improving maternal health one woman/birthing people one person at a time

Collaborate



Developing methods to improve the health of women, birthing people, children and families

Innovate



Training future physicians and health care providers to positively impact the health of women/birthing people in their communities

Commitment



Fostering a synergistic environment where all specialties can work towards birth and health equality for all

Cultural Humility



Amplifying the expert voices of all women/birthing people to create trustworthy therapeutic alliances

Justice



Promoting respect, empathy and shared decision making as well as protecting dignity and safety for everyone

# What does the IMPLICIT Network do?

...develops, implements, evaluates, and optimizes new and existing models of care focused on improving birth outcomes and the health of women/birthing people, infants and families.

Interventions to Minimize Preterm and Low birth weight Infants using Continuous Improvement Techniques

- Established in 2003
- Initial focus on IMPLICIT Pregnancy (2004 – 2010)
- Current focus on IMPLICIT Interconception Care (2012 – Present)
- Developing IMPLICIT 4<sup>th</sup> Trimester (2019 – Present)

\* The Network is currently working to integrate health equity into IMPLICIT projects

**Vision:** To envision a future where all mothers/birthing people are fully supported to attain optimal health and wellness for themselves and their babies.

With support from:



# What does IMPLICIT...you know...actually do?!?

- Supports implementation of ICC and 4TM models at clinical sites
- Provides evidence, materials, resources, trainings and support for providers and residency faculty
- Creates a professional forum for primary care providers that grounds conversations about maternal and infant health outcomes in evidence, equity and justice.





# IMPLICIT Network Interconception Care (ICC)



Interconception Care (ICC) is the care that is given to women/birthing people **BETWEEN** pregnancies. It allows us to identify and address risk factors prior to the next pregnancy.



Early and adequate prenatal care is not enough to prevent premature and low birth weight infants.



1 in 10 infants in the United States are born prematurely.

**52%**

Non-Hispanic Black women/birthing people are 52% more likely to experience premature birth as compared to their white counterparts.



# What is IMPLICIT ICC?

## What are the risk factors?



Smoking



Depression



Family Planning



Prenatal &  
Multivitamin Use

ICC is a brief, innovative model that **screens** mothers/birthing people at well child visits from 0 -24 months to address **4** modifiable risk factors.

## The Stats:

94%

of mothers/birthing people attend their child's well child visit!

93%

of mothers/birthing people are willing to receive health advice from their child's doctor!

64%

of mothers/birthing people screened positive for one or more ICC risk factors during a well child visit!



## SMOKING IN PREGNANCY

Prenatal smoking is associated with **5-8%** of preterm births, **13-19%** of term infants with growth restriction, **5-7%** of preterm-related deaths and **23-34%** of sudden infant death syndrome (SIDS) deaths.



## FOLIC ACID FOR BIRTHING PEOPLE

In the United States, **3,000** infants are born with neural tube defects. Periconceptional folic acid supplementation reduces the rate of neural tube defects by **72%**.



## PERINATAL DEPRESSION SCREENING

**1 in 8** women/birthing people is affected by perinatal depression. Major depression peaks **6** weeks after birth, but may occur at any time in between pregnancies

# IMPLICIT ICC Model

## Rationale

- Mothers/birthing people bring children to well child visits though may not seek care for themselves
- Mother's/birthing people's health and behaviors directly impact child's health – positively and negatively
- Women/birthing people accept inquiry and advice about own health at pediatric visits

# Building an ICC Team

- Each site must identify a Provider Champion
- Success depends on establishing an ICC Team
- Time and energy is needed to implement and maintain/improve
- Funding is integral to success!

## Members may include:



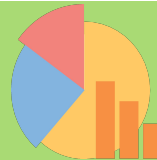
**Physicians, Advanced Practitioners, Nurses, Pharmacists**



**Office Managers & Project Coordinators**



**Residents, Medical Assistant, Medical Students**



**Data Analysts & Electronic Health Record Experts**

# Developing Workflows

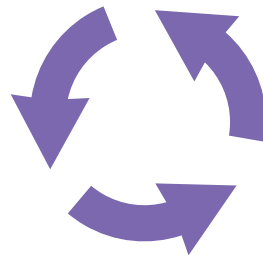
- Each site needs to develop a workflow to administer ICC screen during WCVs
- Successful models do not rely entirely on the physician to remember to screen for ICC

## Things to Consider:



### Engage

the entire office!  
Front to Back



### Workflows

What will work in your existing office flow? i.e. tobacco screening



### Language Needs

Do you need materials in different languages?

# Intervention Spectrum

Least Intensive

Most Intensive

Smoking	Reinforce cessation or advise to quit	Provide patient education materials	Referral to Fax to Quit Referral to community program Schedule follow-up appointment with provider	Rx for nicotine replacement therapies or medication	5As – Ask, Advise, Assess, Assist, Arrange
Depression	Provide patient education materials	Give emergency crisis phone number	Referral to community program Schedule follow-up appointment outside of current session Currently under treatment: Assess medications and treatments	Warm hand-off to Behavioral Health provider	In-visit counseling with provider
Family Planning	Discuss <u>interpregnancy interval</u>	Provide patient education materials Review current method compliance	Coordinate with PCP/Schedule an appointment to discuss options for established patient	Discuss family planning options including LARC	Provide birth control during the Well Child Visit
Multivitamin with Folic Acid Use	Verbal counseling - Recommend taking multivitamin with folic acid daily	Provide patient education materials	Write Rx or provide coupon, voucher, or information on how to get low-cost multivitamin	Provide a bottle of MVI to the patient in the office	

# ICC Patient Education

## Smoking

Although **50%** of women quit smoking while pregnant, **70%-80%** of women start again after birth

Quitting smoking ↓ risk of:

- cancer
- heart attack
- stroke
- lung disease



Women who smoke while pregnant are at an ↑ risk of having a baby **born too early and underweight**



Mom's smoking can lead to long term childhood health issues like:

- child smoking
- attention-deficit hyperactivity disorder (ADHD)
- childhood obesity



Children exposed to **SECONDHAND SMOKE**

are more likely to get:

- ear infections
- lung infections
- asthma
- the flu



& die from **Sudden Infant Death Syndrome (SIDS)**



## Depression



**Baby blues** is a time **3-5 days after giving birth** when mom can feel more annoyed, sad, or confused. She may cry more easily. It can last anywhere from **a few days to 2 weeks and is completely normal**

*Talk to your doctor if your baby blues lasts longer than 2 weeks*

Depression is an **illness** that affects:



body mood thoughts

### Postpartum Depression

is a type of sadness that women can get after giving birth and is **nothing to be ashamed of**

**1 in 7** women feel depressed after having a baby

Women who are depressed may not have the **strength or desire to care for themselves or for their baby**



Early **detection and treatment** of mom's depression ↓ risk of **behavioral & mental health problems in children**

## Family Planning

Planning time between pregnancies is important to both **mom and each of her children**

Ideal spacing between pregnancies is **18 months** or more

Getting pregnant less than **12 months** after you had your baby will ↑ the risk that the baby will be **born too early**

*Talk to your doctor about the best form of birth control for you!*



Having more space in-between children gives mom enough time to **recover physically & emotionally** from the previous pregnancy



**Birth control** is the best way to protect yourself from getting pregnant

Types of birth control:  
**IUD, Implant, Shot, Pill, Patch, Ring**

**IUDs & Implants** are one of the **most effective** ways to help ↓ the chance of unintended to help ↓ pregnancy and increase the odds of better birth spacing

## Multivitamin



Folic Acid is a type of B vitamin that helps our bodies **make new cells, and may prevent heart disease and cancer**

It also helps **prevent birth defects**

Eating a healthy diet that includes **fruits and vegetables** helps you get the folic acid you need



But the **best** way to make sure you are getting enough folic acid is to **take a multivitamin with folic acid DAILY**



Neural tube defects (NTDs) are birth defects of the



**brain & spine**. They can start **days to weeks** after conception, **when many women do not know they are pregnant**

Folic Acid alone reduces the rate of NTDs by 70%

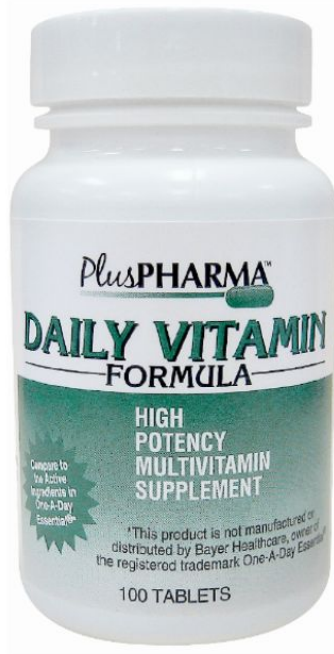


**BUT Multivitamins** with folic acid reduce the risk of NTDs by **90%**



To help prevent NTDs, women should take a multivitamin with folic acid **DAILY** for **1 month** prior to conception

# Free Multivitamins & Prenatal Vitamins



# ICC Continuous Quality Improvement

- To improve ICC processes and maternal behavior, sites should use ICC data for continuous quality improvement (CQI)

## Examples of QI Activities Include:



### Meetings

Regular meetings with ICC  
Team at site



### Screening

Identify and troubleshoot  
barriers to screening



### Data Analysis

Analyze/use data  
e.g. develop provider  
report cards



### Data Analysis

Check data quality with  
Network Coordinator



### Optimize Risk

#### Factors

Make risk factor  
interventions more  
meaningful

# Maternal Health Outcomes: IMPLICIT and the 4<sup>th</sup> Trimester

- New models of care have been building pressure beneath the surface
- ACOG has called for a new paradigm in postpartum care (2018)



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

## ACOG COMMITTEE OPINION

Number 736 • May 2018

*(Replaces Committee Opinion Number 666, June 2016)*

### Presidential Task Force on Redefining the Postpartum Visit Committee on Obstetric Practice

*The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal-Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.*

### Optimizing Postpartum Care

**ABSTRACT:** The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs. It is recommended that all women have contact with their obstetrician-gynecologists or other obstetric care providers within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing

care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contracep-



# IMPLICIT Network - The 4th Trimester Pilot Program

Redefining Postpartum Care through an Innovative Model

## We can do better...

Facts about current state of care

- Each year in the United States more than 700 women die from pregnancy-related causes.
- Maternal mortality and severe maternal morbidity from cardiovascular conditions and other acute and chronic problems continue to increase.
- Over 50% of postpartum strokes occur within 10 days of discharge.
- Black women experience 3.5 times higher pregnancy-related mortality rates than their white counterparts.
- Over 50% of pregnancy-related deaths occur after the birth of the infant.
- Over 40% of women in the US do not receive any postpartum care following delivery.

**In May 2018, the American College of Obstetricians and Gynecologists (ACOG) called for a new paradigm for postpartum care that addresses the current needs for women and protects against morbidity and mortality for women after pregnancy**

## Specific Aims of the 4th Trimester Model

### IDENTIFY PATIENTS AT RISK//

Patients who are at risk may have mood concerns, obesity/wound concerns, thyroid disorders, hypertensive disorders, endocrine disorders, renal disease, or substance abuse

### ATTEND THE EARLY VISIT//

As many as 40% of women do not attend a postpartum visit. This program aims to get the patient back into see their doctor between 7 and 21 days after delivery.

### ESTABLISH THE CARE TEAM//

Postpartum care is often fragmented among multiple providers and settings. This program aims to connect patients with psychosocial, biomedical, and other wrap around services



# IMPLICIT: 4TM

The 4<sup>th</sup> Trimester is a model of postpartum care that addresses the current needs for women/birthing people and protects against morbidity and mortality after pregnancy

Over 50% of postpartum stroke occurred within 10 days of discharge

Over 50% of pregnancy-related deaths occur after the birth

Postpartum women/birthing people experience physical, social, AND psychological challenges

As many as 40% of women/birthing people do not attend a postpartum visit

Postpartum care is often fragmented among multiple providers and settings



# IMPLICIT: 4TM

The 4<sup>th</sup> Trimester is a model of postpartum care that addresses the current needs for women/birthing persons and protects against morbidity and mortality after pregnancy

## Specific Aims

Identify and support **high-risk mothers/birthing people** as early as possible

Provide postpartum care for all women/birthing people **within three weeks** after giving birth

Enhance care delivery for all mothers/birthing people and babies by establishing a **care team**

# IMPLICIT: 4TM Care Model

The 4<sup>th</sup> Trimester is a model, not a time period.




## 3rd Trimester Visit (~36 weeks)

- Identify preexisting conditions/risk factors
- Create plan for postpartum period



## Hospital Discharge (2-3 days from birth)

- Identify delivery/recovery complications
- Communicate with outpatient care team



## Early Postpartum Visit (within 21 days from birth)

- Assess signs of biomedical/psychosocial conditions
- Provide support services as indicated



## Routine Postpartum Visit (6-8 weeks from birth)

- Review engagement with services
- Comprehensive recovery assessment
- Ensure connection to primary care

# Final Thoughts

- IMPLICIT has successfully integrated innovative care models into primary care
- Adaptable models and Network support allow you to implement in a number of ways
- Join us at our Spring (Virtual) or Fall (In Person) meetings!



# Want to Learn More?

Download Our **ICC Toolkit**

Contact us:

[implicitinfo@fmec.net](mailto:implicitinfo@fmec.net)

<http://www.fmec.net/implicitnetwork.htm>

Follow us on Instagram:



**IMPLICITNETWORK**



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# Questions?

