



**Arkansas Center for
Women & Infants' Health**
A PROGRAM OF UAMS

Closing the Postpartum Gap

**The Proactive Postpartum Call Center
and Maternal Mental Health in Arkansas**



Today's Focus

- › The Postpartum Gap
- › The PPCC Model
- › What We're Learning
- › Closing the Gap



Between 2018 and 2022,
218 Arkansas mothers died
during pregnancy or within
one year of giving birth.



AR's Postpartum Problem

- › **94.5 deaths per 100,000 live births**
- › **71%** of pregnancy-related deaths occur in postpartum period
- › **94%** are preventable



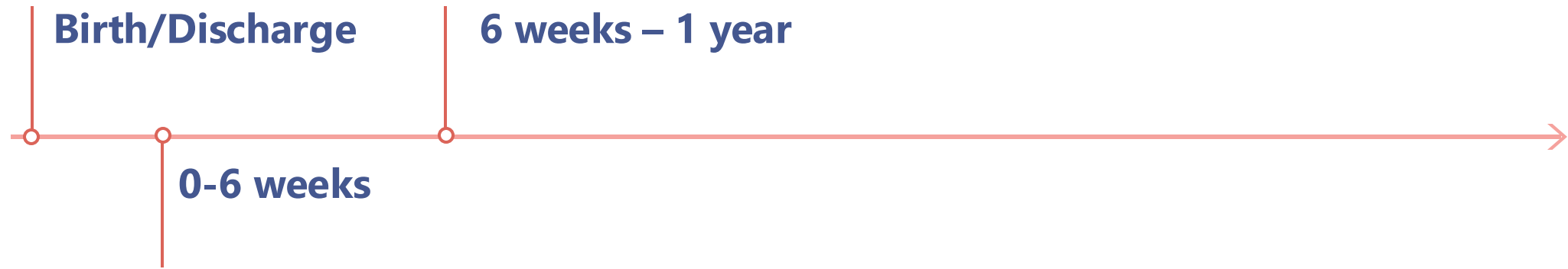
Postpartum: Part of the Prevention Window

- > The risk *does not* end at discharge



Postpartum care $\neq$ a single moment

- > The six-week visit leaves a lot of time uncovered



- > **33.9%** of pregnancy-related deaths occurred more than 42 days after pregnancy.



Mental health during postpartum

- › **20%** of new Arkansas mothers experienced postpartum depression in **2021**.
- › Behavioral health events were more common postpartum than during pregnancy.



System-Level Needs

The AMMRC has made their recommendation clear:

Address mental health and substance use disorders.

Improve screening and management

Increase access to mental health and substance-use treatment

Strengthen follow-up and care coordination

Where is the gap?

Traditional Model

Patient initiates contact

Episodic follow-up

Screening may depend on encounter

Referral can end the process

Proactive Model

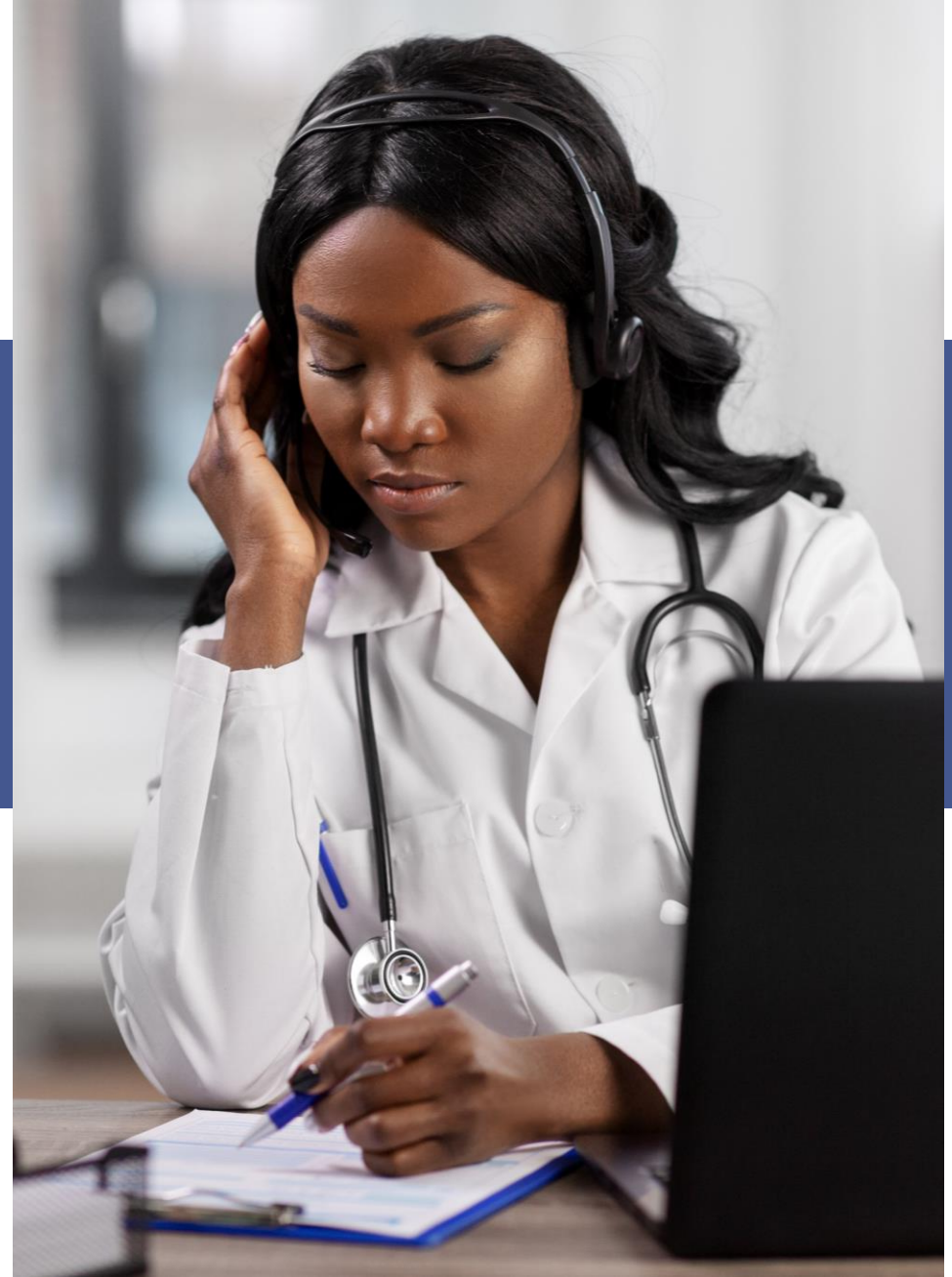
Care team initiates contact

Proactive outreach

Standardized screening

Warm connection to care

Helping Close the Gap





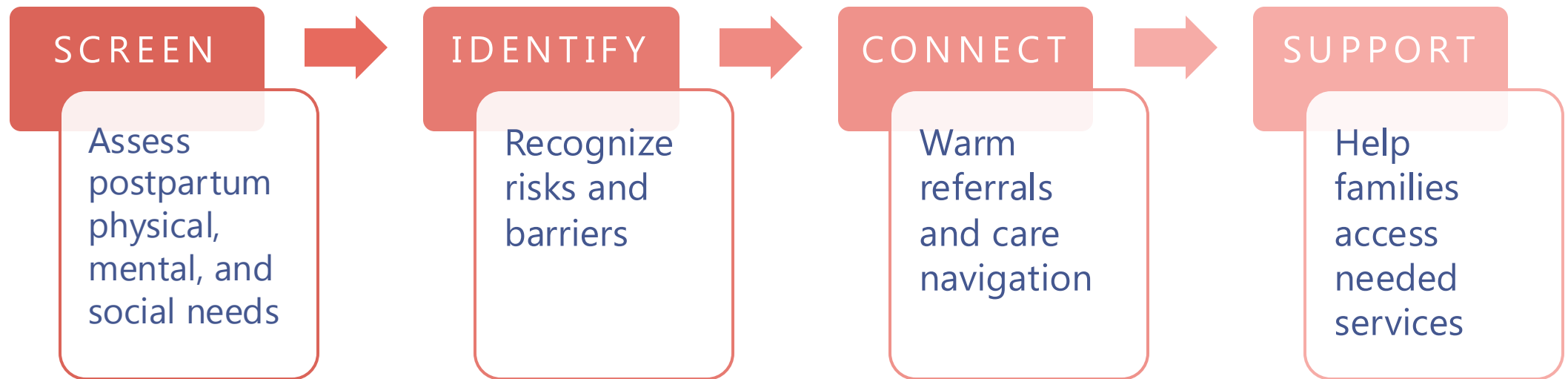
Proactive Postpartum Call Center

Nurses call postpartum patients
5-10 days after discharge

- › Postpartum warning signs
- › Mental health
- › Health coverage
- › Social needs



How it Works



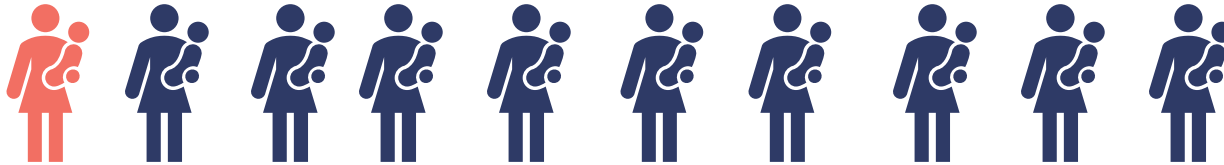
Patient does *not* have to initiate the process.



We're finding mental health concerns early

5-10 days after discharge, the PPCC found:

› **1 in 10** screened positive for possible postpartum depression



› **152** referred for mental health follow-up in year one

But one call can't capture the whole postpartum year.

12% of assessed patients were connected to mental health resources

> **5–10 DAYS**
PPCC call



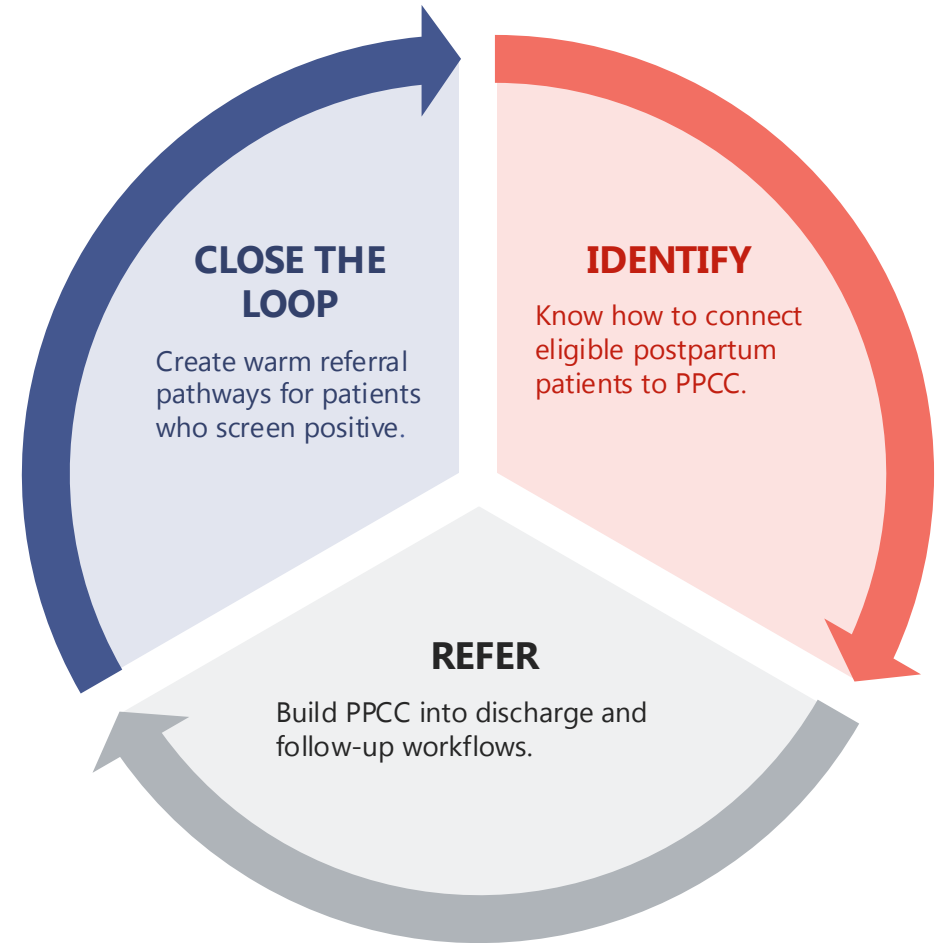
> **6 WEEKS**
Traditional postpartum touchpoint



> **6–12 MONTHS**
Symptoms can still emerge

Make the connection before discharge

Small changes in workflow can create more opportunities to identify and treat postpartum mental health concerns.



The postpartum gap is actionable.

1. We know **deaths are preventable.**
2. We know **risk continues** after discharge.
3. We can build systems that reach patients **before they have to ask** for help.



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