

# Quality improvement intervention links high-risk prenatal patients at safety-net health centers with primary care

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Researchers assessed the development and implementation of a quality improvement learning collaborative's (QILC) intervention to link high-

risk prenatal patients with primary care. The aims of the study were twofold: To identify any quantitative impact of the intervention on postpartum and primary care utilization for high-risk prenatal patients and to explore the Federally Qualified Health Center (FQHC) participants' experiences of working with a QI collaborative.

The results have been published in the *Annals of Family Medicine*.

Using information from patients' charts and/or [electronic health records](#) (EHRs), 19 clinics within the six participating FQHCs identified high-risk prenatal patients in their care who delivered between January and June 2021. High-risk conditions included pregestational diabetes, [gestational diabetes](#), gestational/chronic hypertension, and depression.

The QI [intervention](#) implemented a patient registry to facilitate linking these patients to [primary care](#) within six months of delivery. FQHC participants conducted direct patient outreach through six months [postpartum](#) to connect patients to postpartum and primary care. The researchers compared data reported by the FQHC at the start and end of the intervention.

The primary outcome was the change in proportion of high-risk patients with a documented primary care visit within six months postpartum, while the secondary outcome was the change in proportion of patients with a documented postpartum visit within six weeks post-delivery. The former measure increased from 25% to 72%, while the latter went from 83% up to 91%.

At the conclusion of the intervention, all six FQHCs had successfully implemented processes for coordinating their maternal and primary care. However, post-implementation, only five chose to continue following the new processes they had developed.

Maternal mortality rates continue to rise across the United States, with non-Hispanic Black birthing people being disproportionately affected—in 2020, they were almost three times more likely to die than non-Hispanic White birthing people. As many deaths occur postpartum, transitioning from prenatal to primary care and remaining engaged in care throughout the first year are critical preventive steps.

This was the first initiative in Chicago to directly tackle the issue of maternal mortality and morbidity across multiple community-based clinic sites using a QILC framework. The researchers found that, by both quantitative and qualitative measures, FQHC participation in this QILC intervention significantly improved postpartum and primary care utilization for high-risk prenatal patients, albeit with challenges resulting from institutional and structural factors. Greater resources are necessary to ensure sustainability.

**More information:** Jena Wallander Gemkow et al, A Mixed Methods Evaluation of a Quality Improvement Model to Optimize Perinatal and Primary Care in the Community Health Setting, *Annals of Family Medicine* (2024). [doi.org/10.1370/afm.3059](https://doi.org/10.1370/afm.3059)

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