

Automated appointment scheduling, reminder messages may improve postpartum health for those with chronic conditions

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Many pregnant people have chronic medical conditions, and although they are usually closely monitored during pregnancy, they often face

barriers when transitioning to primary care following delivery.

A [new study](#) in *JAMA Network Open* has found that an intervention involving automated appointment scheduling and reminder messages may improve post-partum health and well-being for these individuals.

The research was led by investigators at Massachusetts General Hospital.

"Individuals with chronic and mental health conditions typically have frequent contact with obstetrical care providers while pregnant but often are largely left to navigate ongoing care needs on their own after delivery—referred to as the 'postpartum cliff,'" explained lead author Mark Clapp, MD, MPH, a maternal-fetal medicine specialist in the Department of Obstetrics and Gynecology at Massachusetts General Hospital and an assistant professor of Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School. "Among other factors, this 'cliff' is caused by administrative burdens, such as appointment scheduling and navigating insurance, which make it difficult for individuals to seek care."

To address this problem, Clapp and his colleagues evaluated the potential of automatically scheduling appointments, along with tailored messages and nudge reminders, to improve primary care engagement within four months after delivery for postpartum individuals with diabetes, hypertension, [mental illness](#), or obesity.

In the [randomized clinical trial](#) of 360 patients, those who received the intervention were more likely to have a primary care visit than those who did not, highlighting the potential of this low-cost intervention to transition ongoing care needs after pregnancy to primary care clinicians.

Specifically, the intervention increased postpartum primary care visits by 19 percentage points. It also resulted in more individuals receiving

important screening tests and services, including blood pressure screening (42.8% versus 28.3%), weight assessment (42.8% versus 27.7%), and depression screening (32.8% versus 16.8%).

"Our findings indicate that a multifaceted and relatively low-resource behavioral economic [intervention](#) may improve postpartum health and well-being," said Clapp.

"As a primary care physician, I have frequently observed how care is improved for individual patients by a careful transition between obstetrics and primary care," says Alaka Ray, MD, a Mass General primary care physician and an author of the study. "It is wonderful that this study has now demonstrated the importance of that connection in the form of significant benefits for postpartum patients with high-risk conditions."

"I would also note that this study population is comprised of patients who already had an established primary care physician. We all know, however, that many others cannot find a primary care physician," says Ray. "It is my hope that this study will add further urgency to the call to address our worsening primary care shortage so that evidence-based interventions like this can be broadly implemented for all of our patients."

More information: Mark A. Clapp et al, Postpartum Primary Care Engagement Using Default Scheduling and Tailored Messaging, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.22500](https://doi.org/10.1001/jamanetworkopen.2024.22500)

Provided by Massachusetts General Hospital

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