

WMH 1 PERFORMANCE MEASURE	The percent of programs promoting and/or facilitating timely prenatal care.
Goal: Prenatal Care	
Level: Grantee	
Domain: Women's/ Maternal Health	
GOAL	To ensure supportive programming for prenatal care.
MEASURE	The percent of MCHB funded projects addressing prenatal care. The percent of pregnant program participants who receive prenatal care beginning in the first trimester.
DEFINITION	<p>Tier 1: Are you addressing prenatal care in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you addressing prenatal care?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># receiving TA# receiving training# products developed# peer-reviewed publications published# receiving information and education through outreach# receiving screening/ assessment# referred/care coordinated# received direct service# participating in quality improvement initiatives <p>Tier 4: What are the related outcomes?</p> <p>% of pregnant women who receive prenatal care beginning in the first trimester</p> <p>Numerator: Number of pregnant program participants who began prenatal care in the first trimester of pregnancy.</p> <p>Denominator: Number of pregnant program participants who were enrolled prenatally, prior to their second trimester of pregnancy, during the reporting period.</p>
BENCHMARK DATA SOURCES	Related to Healthy People 2030 MICH Objective #08: Increase the proportion of pregnant women who receive early and adequate prenatal care. (Baseline: 76.4% in 2018, Target: 80.5%).
GRANTEE DATA SOURCES	Title V National Outcome Measure #1.

WMH 1 PERFORMANCE MEASURE

The percent of programs promoting and/or facilitating timely prenatal care.

Goal: Prenatal Care

Level: Grantee

Domain: Women's/ Maternal Health

SIGNIFICANCE

Early and continuous prenatal care is essential for identification of maternal disease and risks for complications of pregnancy or birth. This can help ensure that women with complex problems, chronic illness, or other risks are seen by specialists. Prenatal care can also provide important education and counseling on modifiable risks in pregnancy, including smoking, drinking, and inadequate or excessive weight gain.

WMH 2 PERFORMANCE MEASURE	The percent of programs promoting and/or facilitating timely postpartum care.
Goal: Postpartum Care	
Level: Grantee	
Domain: Women's/ Maternal Health	
GOAL	To ensure supportive programming for postpartum care.
MEASURE	The percent of MCHB funded projects addressing postpartum care. The percent of pregnant women with a postpartum visit within 4-6 weeks of delivery
DEFINITION	Tier 1: Are you promoting and/ or facilitating timely postpartum care in your program? <input type="checkbox"/> Yes <input type="checkbox"/> No Tier 2: Through what processes/ mechanisms are you promoting and/ or facilitating postpartum care? <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Training <input type="checkbox"/> Product Development <input type="checkbox"/> Research/ Peer-reviewed publications <input type="checkbox"/> Outreach/ Information Dissemination/ Education <input type="checkbox"/> Tracking/ Surveillance <input type="checkbox"/> Screening/ Assessment <input type="checkbox"/> Referral/ care coordination <input type="checkbox"/> Direct Service <input type="checkbox"/> Quality improvement initiatives Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i> # receiving TA # receiving training # products developed # peer-reviewed publications published # receiving information and education through outreach # receiving screening/ assessment # referred/care coordinated # received direct service # participating in quality improvement initiatives Tier 4: What are the related outcomes in the reporting year? % of pregnant women with a postpartum visit within 4 to 6 weeks after delivery ¹ Numerator: Number of women program participants who enrolled prenatally or within 30 days after delivery and received a postpartum visit within 4-6 weeks after delivery ² . Denominator: Number of women program participants who enrolled prenatally or within 30 days after delivery during the reporting period. Definition: ACOG recommends that the postpartum visit occur between 4-6 weeks after delivery. ACOG suggests a 7-14 day postpartum visit for high-risk

¹ Consistent with Healthy Start Benchmark 3: The percent of Healthy Start women participants who receive a postpartum visit.

² PRAMS measures 4-6 weeks, a visit between 28-42 days of delivery.

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Goal: Postpartum Care	
Level: Grantee	
Domain: Women's/ Maternal Health	
	women. ³ A participant who has a visit prior to 4-6 weeks must still have a visit between 4-6 weeks to meet the standard and be included in the numerator.
BENCHMARK DATA SOURCES	Related to Healthy People 2030 MICH- D01: Increase the proportion of women giving birth who attend a postpartum care visit with a health worker. Pregnancy Risk Assessment Monitoring System (PRAMS) (91% in 14 states with no timing restriction, 2011); Healthcare Effectiveness Data and Information Set (HEDIS) – (61.8% Medicaid HMO, 2014)
GRANTEE DATA SOURCES	Grantee Data System; Pregnancy Risk Assessment Monitoring System
SIGNIFICANCE	Since the period immediately following birth is a time of many physical and emotional adjustments, the postpartum visit is important for educating new mothers on what to expect during this period and address any concerns which may arise. Additional issues include any health complications the mother may have and the health benefits of breastfeeding for the mother and baby. ⁴ ACOG Committee on Obstetric Practice. Guidelines for Perinatal Care (7th Edition, p. 207) state that 4 to 6 weeks after delivery, women should have a postpartum visit with her doctor.

³ Note: ACOG suggests a 7-14 day postpartum visit for high-risk women.

⁴ <http://www.aafp.org/afp/2005/1215/p2491.html>

WMH 3 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating well woman visits/ preventive health care.
Goal: Well Woman Visit/ Preventive Health Care	
Level: Grantee	
Domain: Women's/ Maternal Health	
GOAL	To ensure supportive programming for well woman visits/ preventive health care.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating well woman visits/ preventive health care and through what processes.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you promoting and/ or facilitating well woman visits/ preventive health care?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># receiving TA# receiving training# products developed# peer-reviewed publications published# receiving information and education through outreach# receiving screening/ assessment# referred/care coordinated# received direct service# participating in quality improvement initiatives <p>Tier 4: What are the related outcomes in the reporting year? % of women with a well woman/ preventative visit in the past year.⁵</p> <p>Numerator: Number of women program participants who received a well-woman or preventive visit (including prenatal or postpartum visit) in the past 12 months prior to last assessment within the reporting period.</p> <p>Denominator: Number of women program participants during the reporting period.</p> <p>Definition: A participant is considered to have a well-woman or preventive visit and included in the numerator if she has a documented health assessment visit where she obtained recommended preventive</p>

⁵ Consistent with Healthy Start Benchmark 5: The percent of Healthy Start women participants who have a well-woman visit.

WMH 3 PERFORMANCE MEASURE The percent of programs promoting and/ or facilitating well woman visits/ preventive health care.
Goal: Well Woman Visit/ Preventive Health Care
Level: Grantee
Domain: Women's/ Maternal Health

services that are age and developmentally appropriate within twelve months of her last contact with the Program in the reporting year. For purposes of reporting, a prenatal visit or postpartum visit during the twelve month period would meet the standard.

BENCHMARK DATA SOURCES

BRFSS (Women 18-44 with a past-year preventive visit: 65.2%, 2013); Vital Statistics (any prenatal care: 98.4%, 2014); PRAMS (postpartum visit: 91%, 2011)

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

An annual well-woman visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. The American College of Obstetrics and Gynecologists (ACOG) recommends an annual well-woman visit beginning in adolescence and continuing across the lifespan with any health care provider offering preventive well-woman care.

WMH 4 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating depression screening.
Goal: Depression Screening	
Level: Grantee	
Domain: Women's/ Maternal Health	
GOAL	To ensure supportive programming for depression screening.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating depression screening and through what processes.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating depression screening in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you promoting and/ or facilitating depression screening?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># receiving TA# receiving training# products developed# peer-reviewed publications published# receiving information and education through outreach# receiving screening/ assessment# referred/care coordinated# received direct service# participating in quality improvement initiatives <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>% of women screened for depression using a validated tool⁶</p> <p>Numerator: Number of women program participants who were screened for depression with a validated tool during the reporting period.</p> <p>Denominator: Number of women program participants in the reporting period.</p> <p>Definition: A participant is considered to have been screened and included in the numerator if a standardized screening tool which is appropriately validated for her circumstances is used. Several screening instruments have been validated for use to assist with systematically identifying patients with depression.⁷</p>

⁶ Consistent with Healthy Start Benchmark 12a and 12b: Percent of Healthy Start women participants who receive depression screening and referral.

⁷ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>

WMH 4 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating depression screening.
Goal: Depression Screening	
Level: Grantee	
Domain: Women's/ Maternal Health	

% of women who screened positive for depression who receive a referral for services

Numerator: Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services.

Denominator: Number of HS women participants who screened positive for depression during the reporting period.

Definitions: A participant is considered to have been referred for follow-up services and included in the numerator if she is referred to a qualified practitioner for further assessment for depression. Referral can be to either an internal or external provider depending on availability and staffing model.

BENCHMARK DATA SOURCES

Related to Healthy People 2030 MICH-D01Objective: (Developmental) Increase the proportion of women who are screened for postpartum depression at their postpartum checkup PRAMS (depression screening).

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

Postpartum depression (PPD) is common, affecting as many as 1 in 7 mothers.⁸ Symptoms may include depressed mood, loss of interest or pleasure in activities, sleep disturbance, appetite disturbance, loss of energy, feelings of worthlessness or guilt, diminished concentration, irritability, anxiety, and thoughts of suicide.⁸ PPD is associated with negative maternal physical and psychological health, relationship problems, and risky behaviors.⁹ PPD is also associated with poor maternal and infant bonding and may negatively influence child development. Infant consequences of PPD include less infant weight gain and stunting, problems with sleep, poor social, emotional, behavioral, cognitive, and language development.¹⁰ Universal screening and treatment for pregnant and postpartum women is recommended by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), and the U.S. Preventive Services Task Force.⁸

⁸ Pearlstein T, Howard M, Salisbury A, Zlotnick C. Postpartum depression. American Journal of Obstetrics & Gynecology. 2009; 200(4): 357-364. <https://pubmed.ncbi.nlm.nih.gov/19318144/>

⁹ Slomian J, Honvo G, Emonts P, Reginster JY, Bruyere O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. Women's Health. 2019; 15:1-55. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492376/pdf/10.1177_1745506519844044.pdf