



A Family Approach to Postpartum Discharge Transition *Alliance For Innovation On Maternal Health Patient Safety Bundle*

»» This version of the measure specifications document is the current version in use and contains updates (in red) made on September 10, 2026. ««

Process Measures and Specifications

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
1. OB Provider and Nursing Education – Respectful and Equitable Care	At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on respectful and equitable care?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.	This measure is from the AIM Postpartum Discharge Transition Patient Safety Bundle

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
2. Pediatric or Neonatal Provider and Nursing Education – Respectful and Equitable Care	At the end of this reporting period, what cumulative proportion of Pediatric or Neonatal clinicians have received in the last 2 years education on respectful and equitable care?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient Pediatric Nursery or NICU. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, physician associates, and Pediatric/Neonatal physicians.	
3. OB Provider and Nursing Education on Life-Threatening Postpartum Concerns	At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on life-threatening postpartum concerns?			Report quarterly. The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution. Life-Threatening Postpartum Concerns include:  • Hemorrhage • Sepsis • Cardiomyopathy • Preeclampsia • Amniotic Fluid Embolism • Stroke	This measure is from the AIM Postpartum Discharge Transition Patient Safety Bundle

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
				• Deep Vein Thrombosis • Pulmonary Embolism • Substance Use Disorder • Postpartum Depression • Intimate Partner Violence • HELLP Syndrome	
4. Post-partum Visit Scheduling	Among the denominator, those who had a postpartum visit scheduled before or within 24 hours of discharge from birth hospitalization	All maternal discharges following a live birth	EHR Data	Report quarterly. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> The postpartum visit refers to an in-person  comprehensive postpartum visit with a provider that occurs no later than 12 weeks (84 days) after delivery. ACOG guideline suggests contact with a maternal care provider within the first 3 weeks postpartum with a comprehensive postpartum visit no later than 12 weeks after birth, Optimizing Postpartum Care ACOG.	This measure is from the AIM Postpartum Discharge Transition Patient Safety Bundle
5. Pediatric Visit Scheduling	Among the denominator, those who had a pediatric visit scheduled prior to discharge from	All live births	EHR Data	Report quarterly. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories	

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs	Reference
	birth hospitalization			<i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> The AAP/Bright Futures guidelines state that newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital. Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge. <i>See AAP Recommendation for Preventative Pediatric Health Care (superscript #4): periodicity_schedule.pdf</i>	
6. Screening for Social and Structural Drivers of Health (SSDOH)	Among the denominator, those who were screened for SSDOH using a standardized, validated tool by the time of discharge from birth hospitalization	All maternal discharges following a live birth	EHR Data	Report quarterly. Disaggregate by race and ethnicity, payor annually. AIM Demographics and Payor Categories <i>Source: AIM Data Upload Guide Version 2.0 April 2022, Appendix D and Appendix E</i> To be included in the numerator, patients had to have answered any question(s) from a validated SSDOH screening tool.	This measure is from the AIM Postpartum Discharge Transition Patient Safety Bundle

Structure Measures and Specifications

Survey questions to assess whether the following are in place at each participating hospital:

7. Has your department established a standardized process to conduct debriefs **with patients** after a severe **maternal** event*?

**Severe events may include TJC maternal sentinel event definition but not limited to, severe maternal morbidity, or fetal death*

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

8. Has your department established a standardized process to conduct debriefs **with the family** after a severe **neonatal** event*?

**Severe events may include TJC sentinel event definition but not limited to, any perinatal death or major permanent loss of function unrelated to a congenital condition in an infant having a birth weight greater than 2,500 grams*

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

9. Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

10. Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

11. Has your hospital established a process to screen for Social and Structural Drivers of Health (SSDOH) using a standardized, validated tool by the time of discharge from birth hospitalization?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

12. For which of the **perinatal-specific** elements does your hospital currently screen or assess patient needs? (may include screening elements that are embedded in patient discharge and education) Select all that apply.



(For reference, here is the link to the information compile from the May 2026 SSDOH Maternal Health Symposium: [SSDOH Workshop Perinatal Screening Domain Results](#))

- ☐ Transportation (e.g. how will you get home from hospital with baby, do you need transportation assistance for upcoming medical appointments, do you have/need car seat)
- ☐ Housing (e.g. where will you and baby stay after leaving the hospital, where will baby sleep, do you need a safe sleep surface, do you need help childproofing your home/home safety hazards)

- ☐ Food/Nutrition (plans for feeding baby, concerns around access, supports or supplies, WIC, postpartum nutritional needs/concerns)
- ☐ Social, Emotional, Relational (IPV, social isolation, access to support, caregiving responsibilities for other children or adults, postpartum or parenting concerns or worries)
- ☐ Financial (access to diapers or other baby supplies, access to personal care and hygiene items for postpartum self-care, financial worries related to postpartum recovery, childcare or medical costs)

Other - please use this space to list any other perinatal-specific elements you screen for:

13. Has your hospital created a comprehensive list of updated community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

14. Has your hospital established a process to schedule the **postpartum** visit before or within 24 hours of discharge from birth hospitalization? **The postpartum visit refers to an in-person comprehensive postpartum visit with a provider that occurs no later than 12 weeks (84 days) after delivery.**



Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

15. Has your hospital established a process to schedule the **initial pediatric** visit prior to discharge from birth hospitalization?

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place

16. Has your hospital shared with all its affiliated outpatient sites a **postpartum visit documentation template within your hospital's EMR** that includes at minimum all elements of a comprehensive postpartum visit as outlined in the [AIM Postpartum Discharge Transition Bundle Implementation Details](#)? 

Scale rating:

- 1 – not yet started
- 2
- 3
- 4
- 5 – fully in place