Rehabilitative Services Postpartum Care for Women After Cesarean Section in the Acute Care Setting

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Executive Sponsor
Michele Munson, PT, DPT, MBA

Clinical Sponsor
Dr. Theresa Rose, MD

Sponsor
Corinne Manny, PT, DPT, GCS Emeritus

Process Owner & Improvement Leader
Kathryn Brito, PT, DPT, CCS
Education Coordinator-IP

Team Members: Linda Lin, OTR/L, MOT

M | LEAD

Successfully implemented a comprehensive rehabilitative services program providing early intervention and continuous support to women post-C-section at Northwestern Medicine Lake Forest Hospital that saw an increase in referral over 5 months from 0% to 70%, and will help the hospital improve patient recovery outcomes, mobility, and overall satisfaction scores, aiming to reduce postoperative complications and enhance the quality of maternal healthcare.

BACKGROUND

Background: Rehabilitation services were not consulted to see women in the acute care setting after a Cesarean section (C-section). A C-section results in a large incision that can make mobility painful & caring for a newborn challenging. Physical therapy (PT) & occupational therapy (OT) can significantly improve mobility, pain management, & safety, enhancing recovery & patient outcomes.

Problem Statement: The lack of PT/OT consults for women post-C-section (WPC) affects their recovery & ability to care for their newborns. This project focused on WPC with the intention of ensuring comprehensive evaluation & key interventions before discharge. This aligned with the voice of the customer, which highlighted the need for improved mobility, pain management, & readiness for discharge.

Goal: Increase PT/OT referral from 0% to 30% for women who undergo a C-section within 24 hours of surgery.

Figure #1: Baseline Survey Results

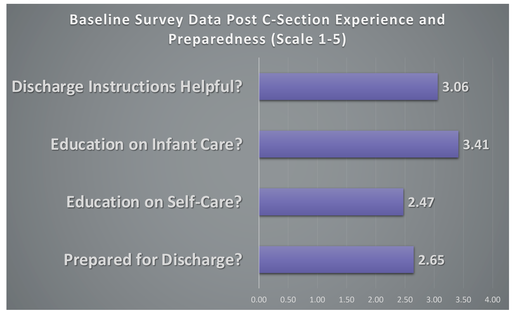


Figure #2: Voice of the Customer

METHODS

Define: Completed literature review, analyzed results, and presented to OB/GYN Department in January 2024. Presentation included basic information about education and clinical skill set of both PT/OT to apprise physicians of our role.

Measure: At baseline 0% of women were receiving orders for PT/OT following C-section. Created and distributed survey to colleagues, LFH staff, and family members who had C-section to evaluate their experience focusing on the domains of preparedness and satisfaction with hospital discharge, self care, home support, and infant care.

Analyze: Reviewed results and comments on survey to aide development of intervention and education points to ensure patient experience was included with information from the literature.

Improve: Set start date for program as March 1st, 2024, project team began seeing patients. Improvement Leader tracked patient caseload of C-sections daily and would message attending physicians if orders were not placed for patients within the first 24 hours.

Figure #3: PT/OT Order Tracking

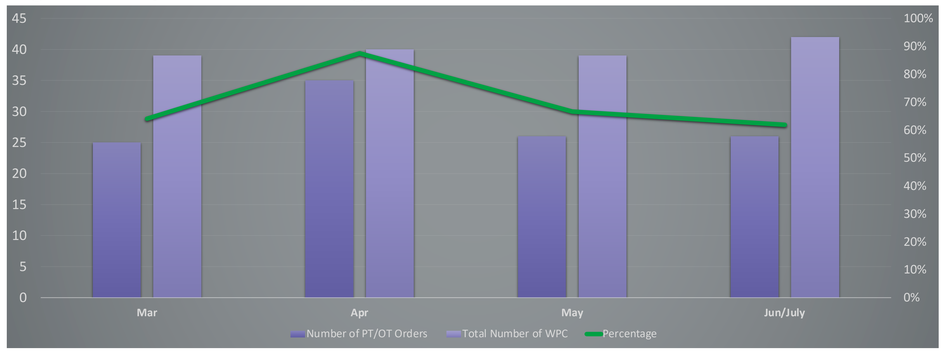
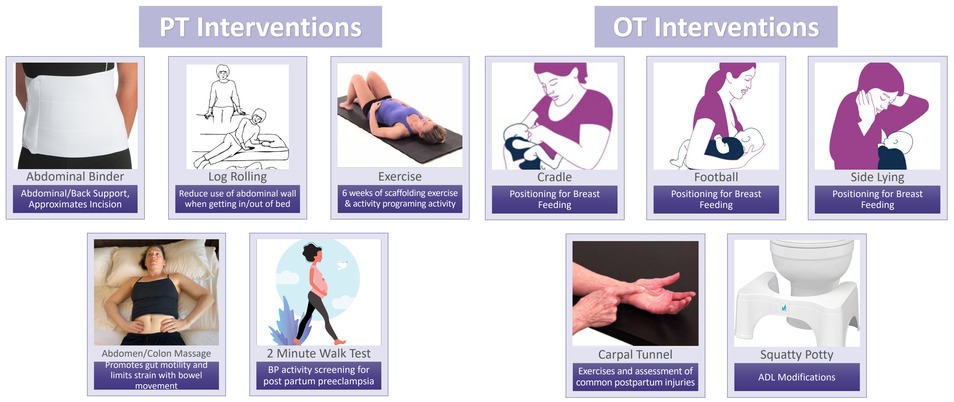


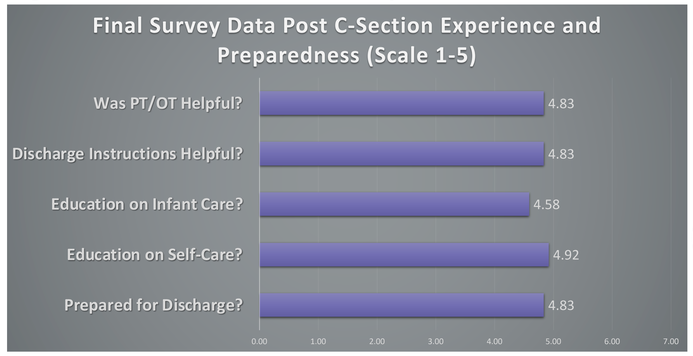
Figure #4: PT and OT Interventions



RESULTS

- Out of 112 out of 160 WPC saw PT & OT prior to discharge from hospital, overall order percentage of 70%, exceeding project goal of 30%.
- Patients reported improvement in their readiness for discharge home (2.65→ 4.83), satisfaction with education on self care (2.47→ 4.92), and rated helpfulness of PT/OT at 4.83

Figure #5: Post Intervention Survey Results



"I think this is a phenomenal program and should be done for all post partum, I didn't have this with my first c section, and I thought it was so helpful! Way to go!"

"I hope every hospital starts implementing these programs because I know it would have made a huge difference in improving my postpartum experience with my firstborn."

Table #1: Control Plan

Control Measurement							
Metric	**Goal**	**Control Limit**	**Review Process**	**Frequency**	**Process Owner**	**Threshold for Action**	**Recommended Action Steps**
Increased referrals for IP PT/OT	60% of all women s/p cesarean section	< 50% of women s/p cesarean section	Will work to build EDW/dashboard for long term tracking efficiency • Patient qualifier- women s/p c-section • Populate if they have received order In the meantime, Katie will continue to review daily/every other day and input patient info into spreadsheet	Daily – every other day	Kathryn Brito – Education Coordinator Rehab Services	• > 2 weeks below control limit • 4 consecutive weeks below control limit	• Follow up with physician partner on lack of orders. • Review spreadsheet to see which physicians are regularly forgetting to order. • Discuss with unit staff/leadership

CONCLUSIONS

The implementation of PT and OT services for post-C-section care has provided crucial education and support to mothers, improving their mobility, pain management, and overall satisfaction. This initiative addresses a population often overlooked, ensuring mothers receive the necessary guidance for self-care at discharge. The project enabled our team to expand our professional skills and apply our knowledge to a new patient group. Positive feedback from colleagues and physicians highlights the value and long-overdue need for these services. To sustain & improve these services, we recommend updating patient handouts with and the creation of an order-set for PT/OT that can be integrated into the C-section pathway. Addressing frequent barriers, such as the memory to order therapy, could involve therapists placing their own orders for co-signing by OB/GYN. We also suggest transitioning to using the Canadian Occupational Performance Measure (COPM) for outcome measures, which will require a larger budget request. Future expansion is planned, with interest from Palos Hospital, Huntley Hospital, and Pelvic SIG Leadership, indicating potential for wider implementation.

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