

Making Maternal Care Primary: Improving Long-Term Outcomes for Mothers

September 29, 2026
3:00 – 4:00 pm

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Azara Healthcare, LLC

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Agenda



Importance of Advancing Prenatal & Post-Partum Care



Maintaining & Improving Health of Women of Child-Bearing Age



Promoting Better Care During Pregnancy



Providing High-Quality Post-Partum Care & Ensuring Return to Care



The Problem

Women in the United States often experience **fragmented and incomplete** prenatal & postpartum care.

41%

of pregnancies are
unplanned

80%

Of maternal deaths are
likely **preventable**

Over
50%

of maternal deaths occur
postpartum

A
substantial
portion

of women do not attend any
postpartum care visits

In Recent News...

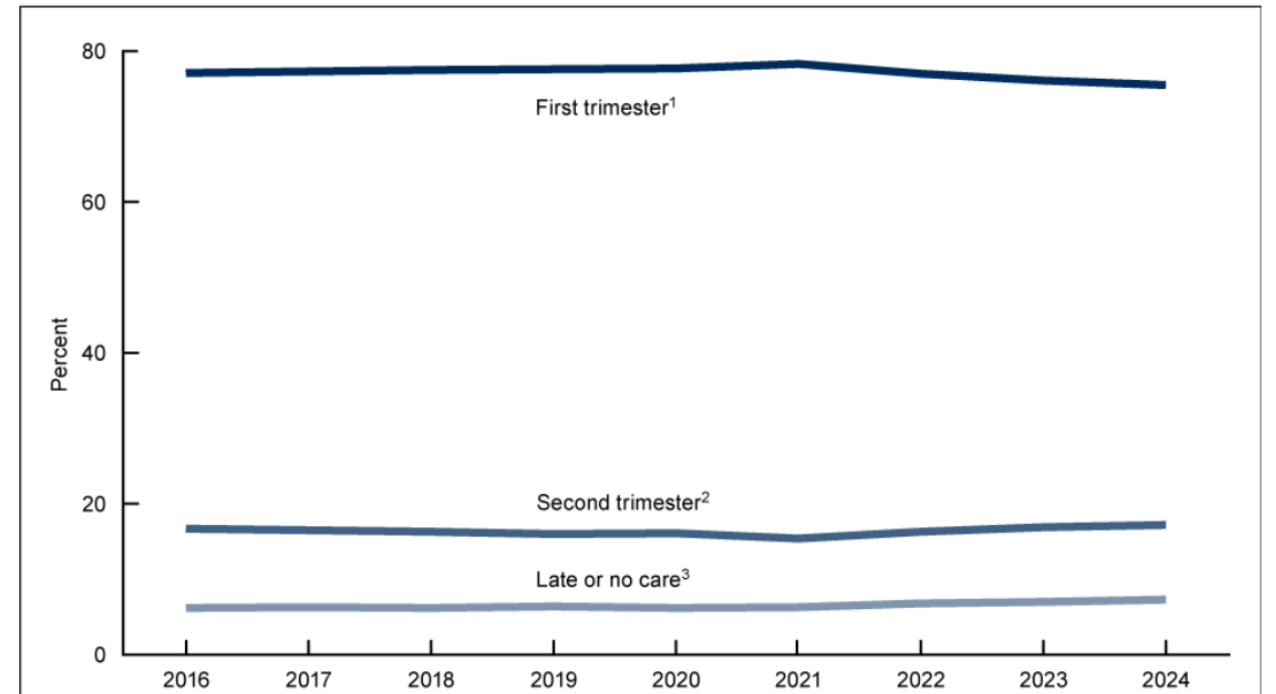
First trimester prenatal care decreased, while second trimester prenatal care and late or no care increased, for nearly all race and Hispanic-origin groups from 2021 to 2024.

From 2021 to 2024, **late or no care increased in 36 states and the District of Columbia.**

Meanwhile for Azara customers, the **Early Entry Intro Prenatal Care UDS measure rate has risen** from 46% to 52% between 2022 and 2025

- From 2016 to 2021, prenatal care beginning in the first trimester increased 2% from 77.1% to 78.3%; care beginning in the second trimester decreased 8% from 16.7% to 15.4%; and late or no prenatal care fluctuated, ranging from 6.2% to 6.4% ([Figure 1](#), [Table 1](#)).
- From 2021 to 2024, first trimester prenatal care declined 4%, from 78.3% to 75.5%.
- Prenatal care beginning in the second trimester increased 12% from 2021 to 2024, from 15.4% to 17.3%.
- Late or no care increased 16% from 2021 (6.3%) to 2024 (7.3%).

Figure 1. Timing of prenatal care initiation: United States, 2016–2024



Maternal Health and Value-Based Care

38% of the female population in the US is age 15-44 (~66 million)



25% of this population (~17 million) is on Medicaid



Pregnancy complications are expensive in the perinatal and postpartum period and in future pregnancies, and often increase the risk for cardiovascular and metabolic conditions later in life (NIH)



Pregnancies impact primary care

Support & Funding Sources for Maternal Care

- CMS [Transforming Maternal Health Model](#)
- HRSA local [Healthy Start](#) programs
- HRSA [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#)
- HRSA [State Awards for Maternal Health](#)
- HRSA [RMOMS Program](#) (Rural Maternity and Obstetrics Management Strategies)
- Two new HRSA Funding Opportunities: [Maternal Produce Prescription Program](#) and Screening & Treatment for Maternal Mental Health and [Substance Use Disorder](#)

How Azara Maternal Care Tools Can Help



Identify pregnant patients



Manage prenatal & postpartum patient populations



Evaluate program efficacy



Support Primary Care and OB



Monitor patients at risk



Report to external stakeholders

Core DRVS Maternal Health Features

These features are included **for all customers with core DRVS** and do not require the Maternal Health module:

Feature	Use Case
UDS Measures/Tables - Initial Trimester of Entry - Birthweight	UDS Reporting
OB Episode Summary Report	Identify all pregnant episodes and corresponding start and end dates and outcome information
Postpartum Depression Screening + Postpartum Follow Up Visit measures + alerts	Track essential postpartum patient engagement and care
Actively Pregnant Patient, Post-Partum Patient 12 months, Post-Partum Patient 90 Days diagnosis filters	Filter any report/dashboard/registry with the diagnosis filter to patients who are currently pregnant, delivered within the past year or 90 days.
Active Pregnancy risk factor on PVP	Inform care teams when pregnant patients come in for appointments
Prenatal Documentation alert	Informs care team if Initial Trimester has not been recorded in the EHR/is not mapped in DRVS

Bookended Care: Where FQHCs Fit in the Maternal Care Journey

FQHC stays engaged across the gap: chronic conditions + social needs

Before Pregnancy:
Help women maintain good health status — whether or not they plan to become pregnant

Primary care, chronic disease management, contraceptive counseling, behavioral health

During Pregnancy – Typically Referred

Pregnancy-specific prenatal care

Most FQHCs don't deliver this directly, but the pregnancy episode is still an opening to manage chronic conditions and social needs that shape a healthy pregnancy.

After Delivery

Return to primary care immediately after delivery to manage at-risk conditions

Postpartum visits, depression screening, chronic condition follow-up, care coordination

The biggest lever isn't adding prenatal care, it's strengthening what FQHCs already do well on both ends of the pregnancy episode.

Strategic Approach

Help women
maintain good
health status
before
becoming
pregnant

Control high
risk chronic
conditions early

Promote better
pregnancy and
postpartum
health
outcomes

Return to
primary care
immediately
after delivery to
manage at risk
conditions in
the year post
delivery

Improving Maternal Health as a continuum from child-bearing age throughout the first-year post delivery



Maintaining & Improving Health of Women of Child-Bearing Age

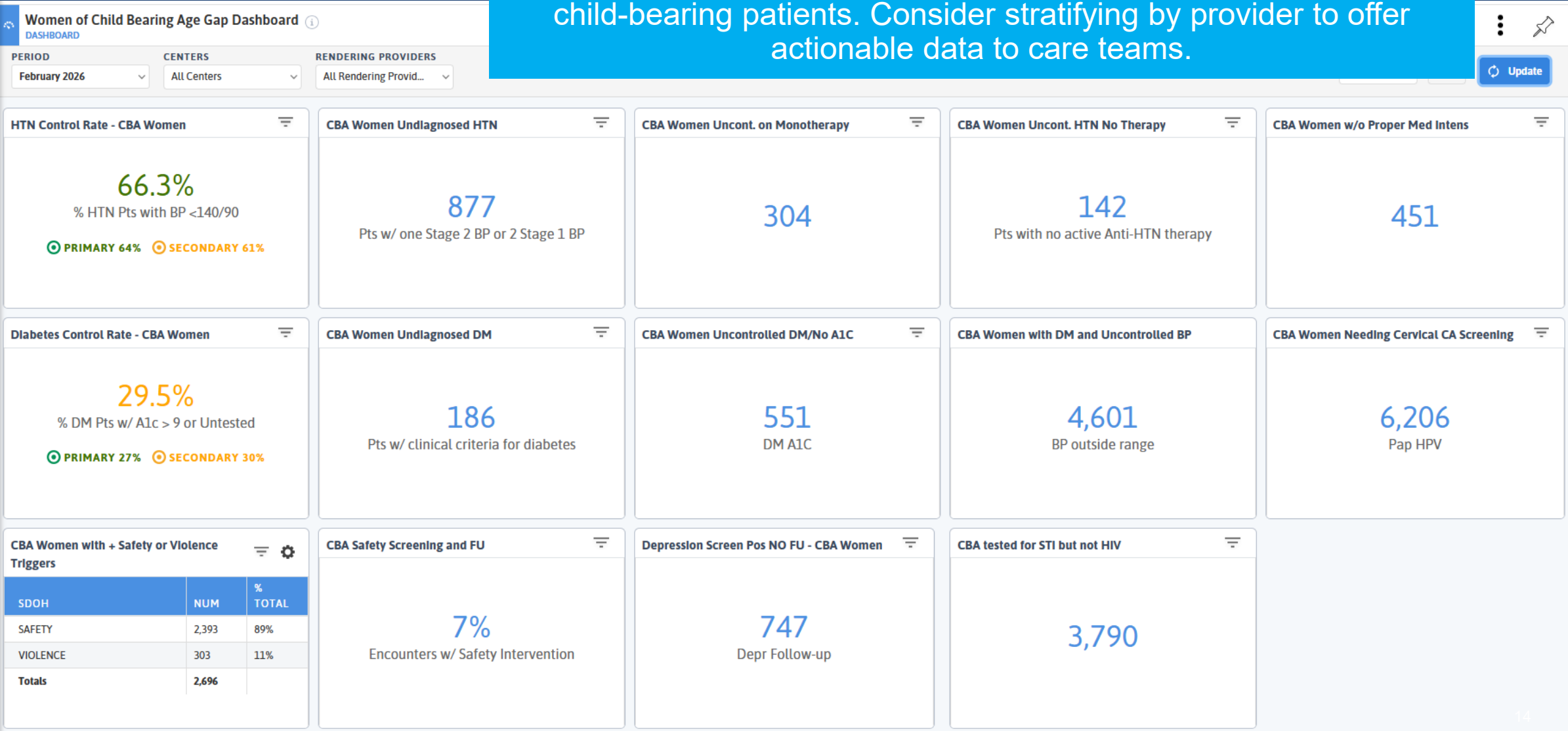


Prevalence of Disease and Related Needs

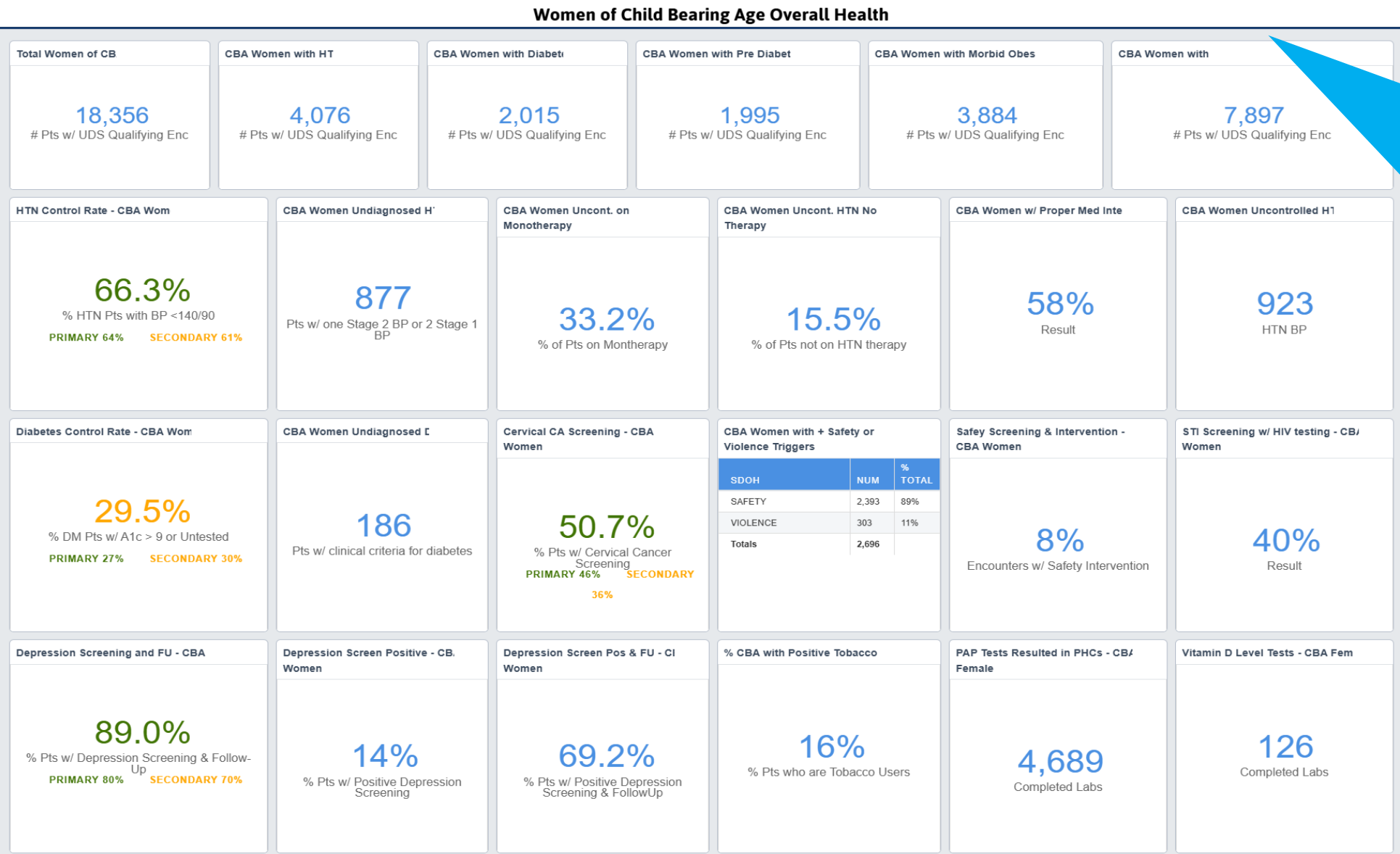
Women of Child Bearing Age Disease Prevalence DASHBOARD			Start by identifying top chronic conditions being experienced among women of child-bearing age			FILTER ⌵			+ Add Filter ⌵ Update ↻		
PERIOD			CENTERS			RENDERING PROVIDERS					
TY February 2026 ⌵			All Centers ⌵			All Rendering Provid... ⌵					
Diagnosis Prevalence - CBA Females			Chronic Condition Comorbidity Prevalence - CBA Females			Non-Medical Needs Identified Prevalence Females 13+					
PATIENT DIAGNOSES	NUM	% TOTAL	PATIENT DIAGNOSES	NUM	% TOTAL	SDOH	NUM	% TOTAL			
Anxiety	28,075	11.8%	Actively Pregnant Patient	320	0%	ISOLATION	7,185	14%			
Depression	22,458	9.5%	Acute Myocardial Infarction	25	0%	SAFETY	5,323	11%			
Morbid (Severe) Obesity	16,692	7.0%	Alcohol Disorder	300	0%	INSURANCE	4,993	10%			
Hypertension (all types)	16,521	7.0%	Alcohol/Substance Dependency	989	1%	MED/CARE	4,291	9%			
Hypertension - Essential	16,443	6.9%	Anxiety	9,820	8%	STRESS	4,063	8%			
Severe Mental Illness and Psychosis	15,008	6.3%	Arteriosclerosis/Cardiovascular Disease (ASCVD)	327	0%	EMPLOYMENT	3,546	7%			
Hypertlipidemia	14,606	6.2%	Asthma	8,853	7%	FOOD	2,926	6%			
Asthma	8,853	3.7%	Atrial Fibrillation/Flutter (ICD-9 codes)	78	0%	UTILITY	2,512	5%			
Chronic Non-malignant Pain	7,953	3.4%	Attention-deficit hyperactivity disorders	1,800	1%	CLOTHING	1,979	4%			
Prediabetes First Dx	7,745	3.3%	Autism Spectrum Disorders	137	0%	EDU	1,872	4%			
Diabetes Type I or Type II	6,993	2.9%	Bipolar Diagnosis	1,442	1%	TRANSPORT-MED	1,830	4%			
Severe Emotional Disturbance (SED)	6,412	2.7%	Bipolar Disorder First Dx	1,606	1%	PHONE	1,773	4%			
Attention-deficit hyperactivity disorders	6,206	2.6%	Cancer or Malignancy Active Diagnosis	312	0%	HOUSING	1,458	3%			
Prediabetes	5,999	2.5%	Cataract Age-Related	60	0%	TRANSPORT-NONMED	1,447	3%			
Pregnancy Past Year	4,614	1.9%	Cerebral Palsy	101	0%	MIGRANT	1,006	2%			
Diabetes (Any Type) With Complications	4,248	1.8%	Chronic Hepatitis C	153	0%	CHILDCARE	820	2%			
Bipolar Disorder First Dx	4,113	1.7%	Chronic Kidney Disease Stages 3 and 4	249	0%	HOMELESS	813	2%			
Bipolar Diagnosis	3,642	1.5%	Chronic Kidney Disease, Stage 5	55	0%	VIOLENCE	683	1%			
Hypothyroidism	3,325	1.4%	Chronic Non-malignant Pain	3,861	3%	VETERAN	519	1%			
Post-Partum Patient 12 Months	3,030	1.3%	Chronic Obstructive Pulmonary Disease (COPD)	267	0%	INCARC	430	1%			
Post-traumatic stress disorder (PTSD)	2,553	1.1%	Cirrhosis	45	0%	RENT/MORTGAGE	318	1%			
Cirrhosis or other liver disease	2,407	1.0%	Cirrhosis or other liver disease	1,232	1%	MATERIAL SECURITY	121	0%			
Alcohol/Substance Dependency	2,399	1.0%	Congestive Heart Failure	371	0%	REFUGEE	117	0%			

Women of Child-Bearing Age Gap

Once high-priority conditions are identified, monitor care gaps for child-bearing patients. Consider stratifying by provider to offer actionable data to care teams.



Women of Child-Bearing Age Overall Health



Build a dashboard to monitor overall health of women of child bearing age. Consider trending outcomes over time to evaluate if interventions are having the intended impact.

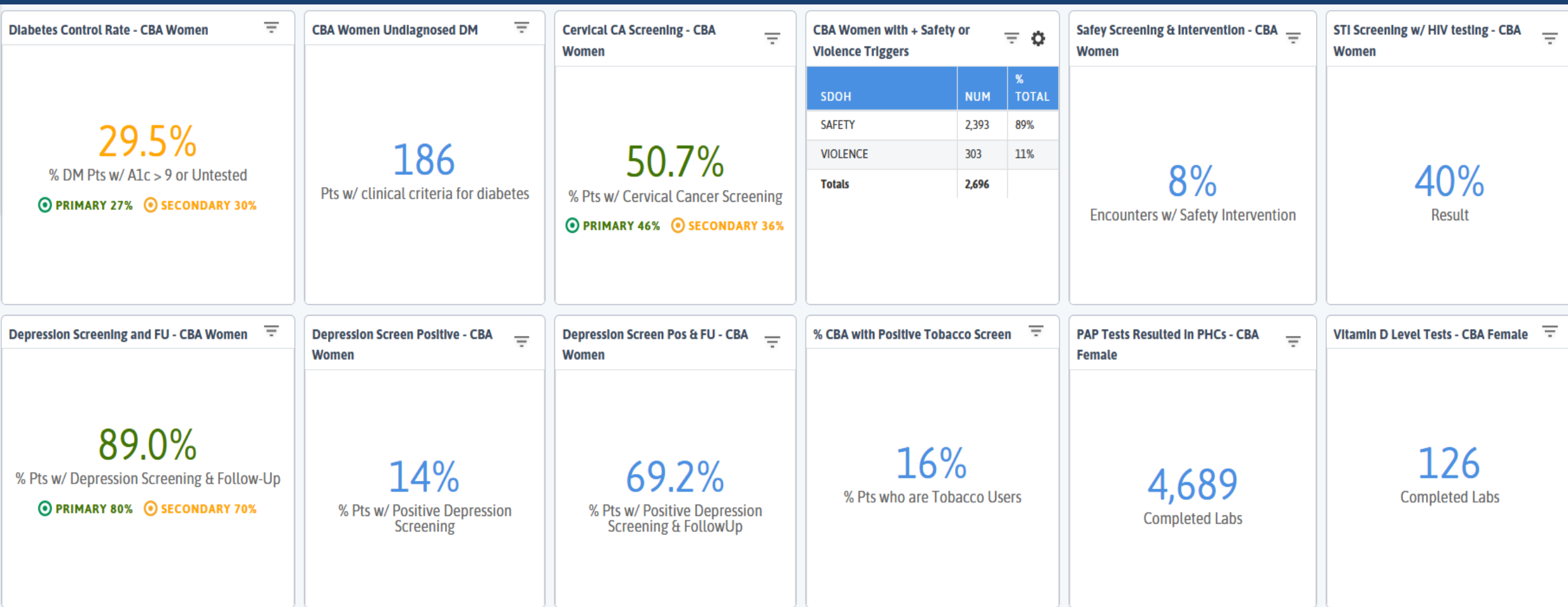
Connecting to Patient Lives



Overall Care for HTN



Diabetes Care and Safety/MH Metrics





Promoting Better Care During Pregnancy

Target Populations & How DRVS Can Support

Identify



Flag pregnant patients at the point of care, right in the huddle

Gain Insight



See stage, risk level, and gaps across your pregnant population

Manage



Address chronic conditions, behavioral health, and social needs

Prioritize



Target your highest-risk patients (including IPV exposure) for focused outreach



Identifying Pregnant Patients | Point of Care

Utilize the PVP during huddles to identify patients coming in that day that are actively pregnancy and are missing initial trimester documentation, among other key details.

Patient Visit Planning (PVP) ⓘ
PVP PVPVIEW

FILTER ^

⋮

📌

DATE RANGE
02/17/2026-03/17/2026 🗒️

RENDERING PROVIDERS
All Rendering Provid... ▾

MRN LIST

PATIENT DIAGNOSES
Actively Pregnant Pa... ▾ ❌

ALERT
Prenatal Documenta... ▾ ❌

+ Add Filter

▼

Update

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Total Providers: (6)

4:30 AM Monday, March 9, 2026

Visit Reason: High BP Canceled

Ruiz, Karina
MRN: ACM18
DOB: 05/26/1979 (46)
Gest Wks: 29_1

Race: Unreported/Choose Not to Disclose Race
Lang: Persian
Ethnicity: Mexican, Mexican American, Chicano/a
Sex at Birth: F (She/Her/Hers)
SO: Straight (not lesbian or gay)

PCP: Gunther, Eric
CM: Siddhi Chouhan
Phone: 508-957-5265

Veteran Status: Unmapped
Public Housing: N
Migrant Status: Migratory
Housing Situation: Street

Appt No Show Rate:
Next BH Appt:
Next PCP Appt:

DIAGNOSES (1)

HyLip

RISK FACTORS (2)

Act Preg BMI

ALERT

MESSAGE DATE RESULT OWNER

Tetanus Due Due Date: 2026-01-29 | Most Recent: None

Orientation Missing - - -

1st Trimester Prenatal Visit Documentation Missing

Depression Screen Missing MA

Tobacco Scr Missing MA

BMI & FU - Nurse Note Missing MA & Prov

BMI & FU - Nurse Note Missing MA & Prov

Beyond Identification | Acting on Risk

1:00 PM Tuesday, September 22, 2026

Visit Reason: PRENATAL RETURN Perinatal sent letter

Eibel, Irish PNP MRN: 1100126 DOB: 08/04/2001 (25)	Sex at Birth: F (She/Her/Hers) GI: Female SO: Lesbian or gay	Phone: 351-647-0090 Lang: Persian	Portal Access: 11/06/2025 Plan: CostPerMember Cohort: SMBP Candidate	PCP: Black, Ronda Payer: Aetna CM: Keith Tagseth
Gest Wks: 23_2				

DIAGNOSES (2)

AnxietyAsthma

RISK FACTORS (3)

Act PregBMISED

SDOH (6)

FOODFPL<200%HOUSING
RACEUTILITYVIOLENCE

ALERT	MESSAGE	DATE	RESULT	OWNER
Pap HPV	Missing			Provider
A1c	Overdue	11/6/2025	9.9	MA
LDL	Out of Range	11/6/2025	150	
Depression Screen	Overdue	11/6/2025	Negative	MA
Tobacco Scr	Overdue	11/6/2025	N	MA
BP	Out of Range	11/6/2025	140/90	MA
Hepatitis B Adult	Due	8/4/2020	Dose 1 Due Date: 2020-08-04 Most Recent: None	
Adv Care Discussion	Missing			MA

Flag patients trending toward preeclampsia risk (BP ≥140/90) and connect them to interventions like SMBP enrollment

[illegible]

Filter to a specific provider
to identify who their
pregnant patients

Gain Insight | Comprehensive Pregnancy View

OB Pregnancy Episode Summary REPORT

DATE RANGE

02/17/2026-02/17/2026

RENDERING PROVIDERS

FILTER

+ Add Filter

Update

REPORTS

VALUE SETS

Search ...

NE PT

AllNo ApptUpcoming Appt

SAVED COLUMNS

NAME	TRIMESTER	GESTATIONAL WKS	PREG START			EST DELIVERY	
			EST DATE CONCEPTION	LMP	TYPE	DATE	TYPE
	2	25_6	8/20/2025	8/20/2025	EHR	5/27/2026	
	3	34_2	6/22/2025	6/22/2025	EHR	3/29/2026	
	3	28_3	8/2/2025	8/2/2025	EHR	5/9/2026	
	3	34_0	6/24/2025	6/24/2025	EHR	3/28/2026	
	3	31_5	7/10/2025	7/10/2025	EHR	4/16/2026	
	2	23_4	9/5/2025	9/5/2025	EHR	6/12/2026	
	2	19_4	10/3/2025	10/3/2025	EHR	7/10/2026	
	3	37_1	6/2/2025	6/2/2025	EHR	4/9/2026	
	3	41_1	5/5/2025	5/5/2025	EHR	3/26/2026	

What stage they're at in their pregnancy

Gain Insight | Comprehensive Pregnancy View

OB Pregnancy Episode Summary REPORT

DATE RANGE

02/17/2026-02/17/2026

RENDERING PROVIDERS

FILTER

Update

REPORTS

Search ...

NEXT APPT

All

No Appt

Upcoming Appt

Reset Columns

SAVED COLUMNS

NAME	ME	RISK		INITIAL		NEXT APPOINTMENT	
		LEVEL	SCO... ↓	TRIMESTER	TRIMESTER HERE	DATE ▾	
		Low	6	1	true		
		Low	6	1	true		
		Low	6	2	true		
		Low	5	1	false		
		Low	4	2	true		
		Low	4	1	true		
		Low	3	1	false		
		Low	3	1	true		
		Low	2	1	false		

No Date ▾

Clear

Providers might prioritize outreach based on risk level

And whether or not they have an upcoming appointment scheduled

Manage | Addressing Comprehensive Care Needs

Create Registry

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

NAME

Actively Pregnant Patients

ACCESS SETTINGS

DESCRIPTION

Used to monitor the comprehensive care needs of actively pregnant patients

STATUS

Enabled

Disabled

Cancel

Confirm

Set the inclusion to be your actively pregnant patients

Create Registry

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

SELECT SAVED POPULATION DEFINITION

Select an existing population

☒ I'D PREFER TO USE MY OWN POPULATION DEFINITION

INCLUSION CRITERIA

MIN AGE

0

MAX AGE

120

MINAGEUNITS

Years

MAXAGEUNITS

Years

SEX AT BIRTH

Any

EXCLUSION CRITERIA

EXCLUSION OBSERVATIONS

REQUIRE ANY OR ALL OBSERVATIONS FOR EXCLUSION

All

INCLUSION OBSERVATIONS

× Actively Pregnant Patient

REQUIRE ANY OR ALL OBSERVATIONS FOR INCLUSION

All

Cancel

Confirm

azara
healthcare

25

Manage | Addressing Comprehensive Care Needs

Create Registry

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

Select from the options below, double click to add from the left or double click from the right to remove.

TITLE

Search

CATEGORIES

All

Demographics

Dental

Diabetes

Diagnosis

Encounter

Immunization

Incarceration

Lab

Laboratory

OPTIONS

Bacterial Infection

Care Plan

Developmental Screening

Measles IgG Antibody presence

Microalbumin in Urine

SARS-COV-2 (COVID-19) Vaccine Booster Dose

SOAPP-R

Tobacco Cessation Counseling

Tobacco Interest to Quit

Vaccination Assessment

▲

▼

◀

▶

SELECTED

Full patient name

Medical Record Number

Age

Actively Pregnant Patient

Actively Pregnant Patient Current or Past High Risk

Gestational Diabetes

Hypertension

BMI

Rubella

Tetanus (Td) Immunization

Influenza Vaccination

TDAP

Cancel

Confirm

Reference a patient's co-existing chronic conditions

And ensure they're up-to-date on high-priority immunizations

Manage | Addressing Comprehensive Care Needs

Create Registry

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

Select from the options below, double click to add from the left or double click from the right to remove.

TITLE

Search

CATEGORIES

All

Demographics

Dental

Diabetes

Diagnosis

Encounter

Immunization

Incarceration

Lab

Laboratory

OPTIONS

Bacterial Infection

Care Plan

Developmental Screening

Measles IgG Antibody presence

Microalbumin in Urine

SARS-COV-2 (COVID-19) Vaccine Booster Dose

SOAPP-R

Tobacco Cessation Counseling

Tobacco Interest to Quit

Medication Adherence

SELECTED

SARS-COV-2 (COVID-19) Vaccine Documented

Depression

PHQ-9 Depression Screen

Anxiety Disorders

GAD-7 Score

Substance Abuse Screen

HIV Screen

Hepatitis C Screening

Material Security - Food

SDOH Food Intervention

Domestic Violence

Violence Screening

Cancel

Confirm

Manage behavioral health needs

As well as their social care needs

Manage | Addressing Comprehensive Care Needs

Create Registry

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

Select from the options below, double click to add from the left or double click from the right to remove.

TITLE

Search

CATEGORIES

All

Demographics

Dental

Diabetes

Diagnosis

Encounter

Immunization

Incarceration

Lab

Laboratory

OPTIONS

Bacterial Infection

Care Plan

Developmental Screening

Measles IgG Antibody presence

Microalbumin in Urine

SARS-COV-2 (COVID-19) Vaccine Booster Dose

SOAPP-R

Tobacco Cessation Counseling

Tobacco Interest to Quit

Next Primary Care Appointment

▲

▼

◀

▶

SELECTED

Anxiety Disorders

GAD-7 Score

Substance Abuse Screen

HIV Screen

Hepatitis C Screening

Material Security - Food

SDOH Food Intervention

Domestic Violence

Violence Screening

Next Primary Care Appointment

Next Dental Appointment

Next Behavioral Health Appointment

Cancel

Confirm

And ensure they are being supported by an integrated care team

Manage | Addressing Comprehensive Care Needs

Actively Pregnant Patients

REGISTRY

VISIT DATE RANGE

02/23/2026-02/27/2026

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+ Add Filter

Update

VALUE SETS

Reset Columns

SAVED COLUMNS

REGISTRY

Search Patients ...

MRN	NAME	AGE	PREGNANCY		PREGNANT PATIENT HIGH RISK		GESTATIONAL DIABETES DATE	MOST RECENT BMI		RUBELLA AB	
			EDD	EDC	EDD	DX CODE ▾		DATE	VALUE	DATE	CODE
		32	5/17/2026	8/10/2025	5/17/2026	O09.92	2/12/2026	2/12/2026	32.17		
		37	3/12/2026	6/5/2025	3/12/2026	O09.523	2/11/2026	2/11/2026	41.27		
		25	4/2/2026	6/26/2025	4/2/2026	O09.93	2/10/2026	2/10/2026	39.17		
		36	5/11/2026	8/4/2025	5/11/2026	O09.92	2/9/2026	1/27/2026	36.84		
		30	4/3/2026	6/27/2025	4/3/2026	O09.93	2/9/2026	2/9/2026	28.37		
		30	7/1/2026	7/1/2025	7/1/2026	O09.291	1/28/2026	1/28/2026	37.84		
		28	7/18/2026	10/11/2025	7/18/2026	O09.92	3/17/2025	2/2/2026	36.48		
		39	8/21/2026	11/14/2025	8/21/2026	O09.521	11/10/2023	2/4/2026	27.76		
		23	3/4/2026	5/28/2025	3/4/2026	O09.93		2/13/2026	42.51		
		26	5/28/2026	8/21/2025	5/28/2026	O09.92		2/2/2026	24.61		
		30	4/10/2026	6/26/2025	4/10/2026	O09.92		2/4/2026	31.43		

1 to 11 of 112

Page 1 of 11

Who are my actively pregnant patients who are coming in next week that have high-risk pregnancies?

Manage | Addressing Comprehensive Care Needs

Actively Pregnant Patients

REGISTRY

VISIT DATE RANGE

02/23/2026-02/27/2026

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+ Add Filter

Update

Reset Columns

SAVED COLUMNS

REGISTRY

Search Patients ...

HIV SCREENING			HEP C SCREEN			MATERIAL SECURITY		SDOH FOOD INTERVENTION		VIOLENCE SCREENING	
DATE	CODE	RESULT	DATE	TEST	RESULT	TRIGGER-FOOD-DATE	TRIGGER-FOOD			DATE	TYPE
12/29/2025	56888-1	Negative	8/28/2025	16128-1	Negative	10/29/2025	Y				
12/5/2025	56888-1	Negative	9/5/2025	16128-1	Negative	9/15/2025	Y				
11/10/2025	56888-1	Negative	7/29/2025	16128-1	Negative	12/19/2025	Y				
12/29/2025	56888-1	Negative	5/15/2025	16128-1	Negative	9/23/2025	Y			10/25/2021	Violence Screening
10/31/2025	56888-1	Negative	7/14/2025	16128-1	Negative	10/17/2025	Y			8/29/2022	Violence Screening
1/27/2026	56888-1	Negative	11/18/2025	16128-1	Negative	1/30/2026	Y				
1/8/2026	56888-1	Negative	1/8/2026	16128-1	Negative	5/2/2025	Y			11/10/2022	Violence Screening
1/27/2026	56888-1	Negative	1/27/2026	16128-1	Negative	1/27/2026	Y			11/21/2022	Violence Screening
12/15/2025	56888-1	Negative	9/15/2025	16128-1	Negative	9/15/2025	Y				
12/5/2025	56888-1	Negative	11/4/2025	16128-1	Negative	10/28/2025	Y				
12/18/2025	56888-1	Negative	12/18/2025	16128-1	Negative	5/30/2025	Y			8/26/2022	Violence Screening

1 to 11 of 32

Page 1 of 3

How many pregnant patients are coming in next week with a documented food insecurity? Have they had a corresponding intervention?

Search...

(Select All)

(Blanks)

N

Y

Manage | Addressing Comprehensive Care Needs

Actively Pregnant Patients

REGISTRY

VISIT DATE RANGE

02/23/2026-02/27/2026

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

REGISTRY

Search Patients ...

NEXT PRIMARY CARE APPOINTMENT			NEXT DENTAL APPOINTMENT		NEXT BEHAVIORAL HEALTH APPOINTMENT		
DATE	PROVIDER	LOCATION	DATE	LOCATION	DATE	PROVIDER	LOCATION
2/23/2026							
2/19/2026							
2/17/2026							
2/27/2026							
2/23/2026							
2/23/2026							
2/27/2026							
2/25/2026							
2/19/2026							
2/19/2026							
2/26/2026							

1 to 11 of 152

Page 1 of 14

FILTER

+ Add Filter

Update

VALUE SETS

Reset Columns

SAVED COLUMNS

Periodontal disease is associated with preterm delivery. Are you pregnant patients coming in next week connected to dental care services?

Manage | Addressing Comprehensive Care Needs

Supporting a patient's mental health is essential to supporting a healthy pregnancy and baby. Who are your patients coming in next week with depression and anxiety who do *not* have an upcoming behavioral health appointment?

Actively Pregnant Patients ?

REGISTRY

VISIT DATE RANGE

02/23/2026-02/27/2026

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

Update

REGISTRY

Search Patients ...

Reset Columns

SAVED COLUMNS

MRN	DEPRESSION DX		PHQ-9 RESULT		ANXIETY DISORDER		GAD-7		NEXT BEHAVIORAL HEALTH APPOINTMENT	
	DATE	CODE ▾	DATE	VALUE ↓	ONSET DATE	CO... ▾	DATE	SCORE	DATE ▾	LOCATION
	12/20/2024	F33.1	9/25/2024	24	12/20/2024	F41.1			No Date ▾	
	3/12/2025	F43.23	9/2/2025	18	3/12/2025	F43.23	9/2/2025	10	Clear	
	12/1/2023	F32.0	7/30/2024	17	12/1/2023	F41.9				
	12/1/2025	F33.1	2/27/2025	17	12/1/2025	F41.1	11/4/2025	10		
	4/10/2024	F43.23	5/28/2024	13	4/10/2024	F43.23				
	12/30/2024	F43.23	12/13/2024	9	12/30/2024	F43.23				
	5/6/2025	F43.23	5/6/2025	9	5/6/2025	F43.23				
	11/28/2023	F43.23	12/5/2025	5	11/28/2023	F43.23	12/5/2025	2		
	6/22/2023	F43.23	8/6/2025	5	6/22/2023	F43.23				
	10/15/2025	F32.1	3/7/2024	5	10/15/2025	F41.9				
	12/16/2025	F43.23	11/18/2025	5	12/16/2025	F43.23				

1 to 11 of 20

Page 1 of 2

Prioritize | Intimate Partner Violence Screening

Safety Screening and Intervention Encounters

MEASURE

PERIOD

TY February 2026

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

AGE

7 selected

SEXES AT BIRTH

F

MEASURE ANALYZER

DETAIL LIST

4%

Safety Screening and Intervention Encounters

Endorser: None
Steward: Azara

Encounters in the measurement period that included documentation of a screening asking the patients about feelings of safety or the experience of domestic violence, and if a response indicates a lack of safety that an intervention or resource has been provided.

Numerator:

Encounters where a patient has been screened for safety or domestic violence and if an answer indicates a lack of safety, an intervention is provided.

- Encounters where a patient's answer is a
 - Negative response to questions of lack of safety or domestic violence
 - OR
 - Positive response to questions of lack of safety or domestic violence
 - AND
 - An intervention has been documented that addresses domestic violence or lack of safety

Denominator:

Encounters with any patient of any age in the filtered period.

- Any encounter identified as a patient interaction during the filtered period

Exclusions:

Encounters where a screening for safety or domestic violence screening has been documented and the answer to the question is uninterpretable, or indicates that the patient declined to answer.

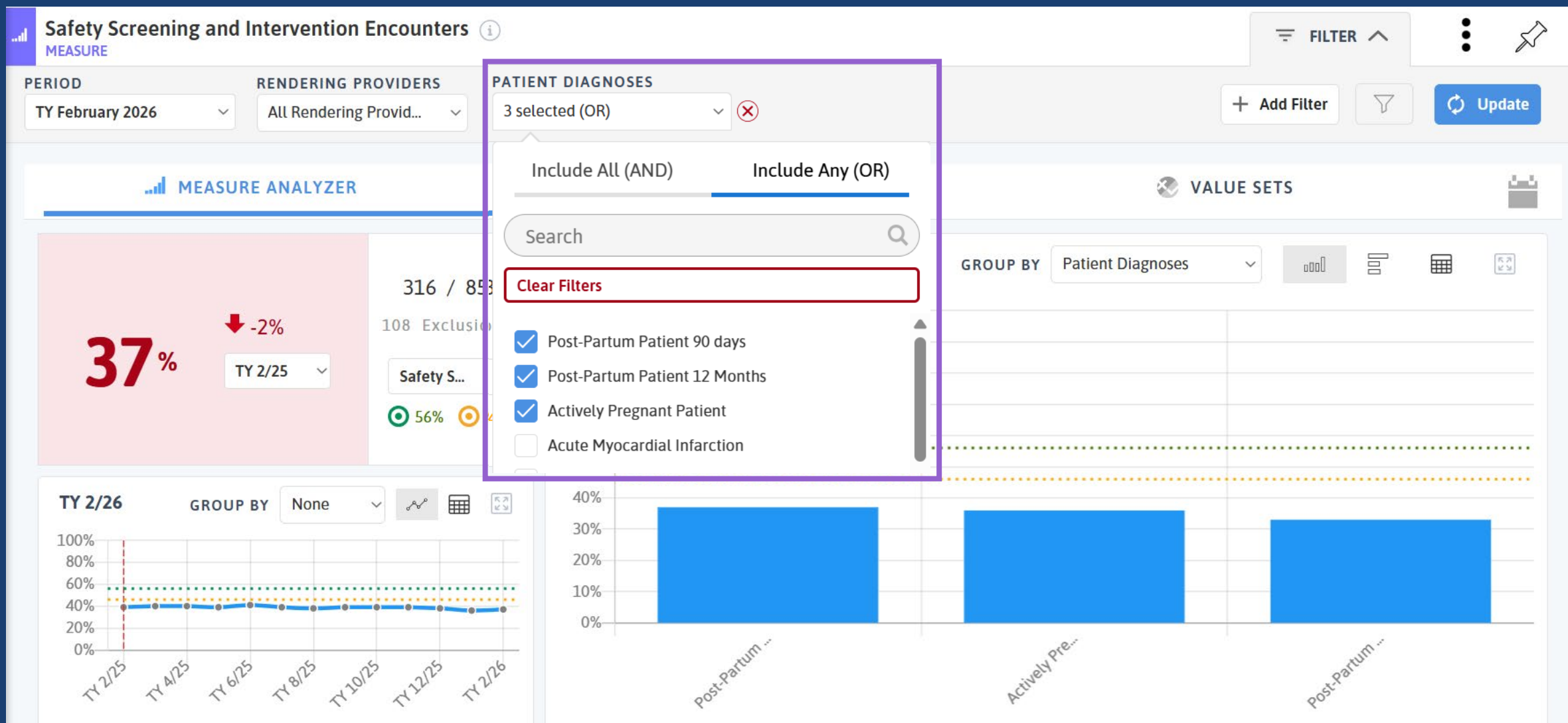
Why Prioritize Pregnant Patients?

- 1 Homicide is the leading cause of death for pregnant women in the US.
- 2 High correlation between IPV and maternal and infant mortality, low birth weight, and premature babies.
- 3 Medical care is often restricted by partners inflicting violence. Pregnancy offers providers an exceptional opportunity to deliver comprehensive care for patients.

Reference Resources Slide in Appendix

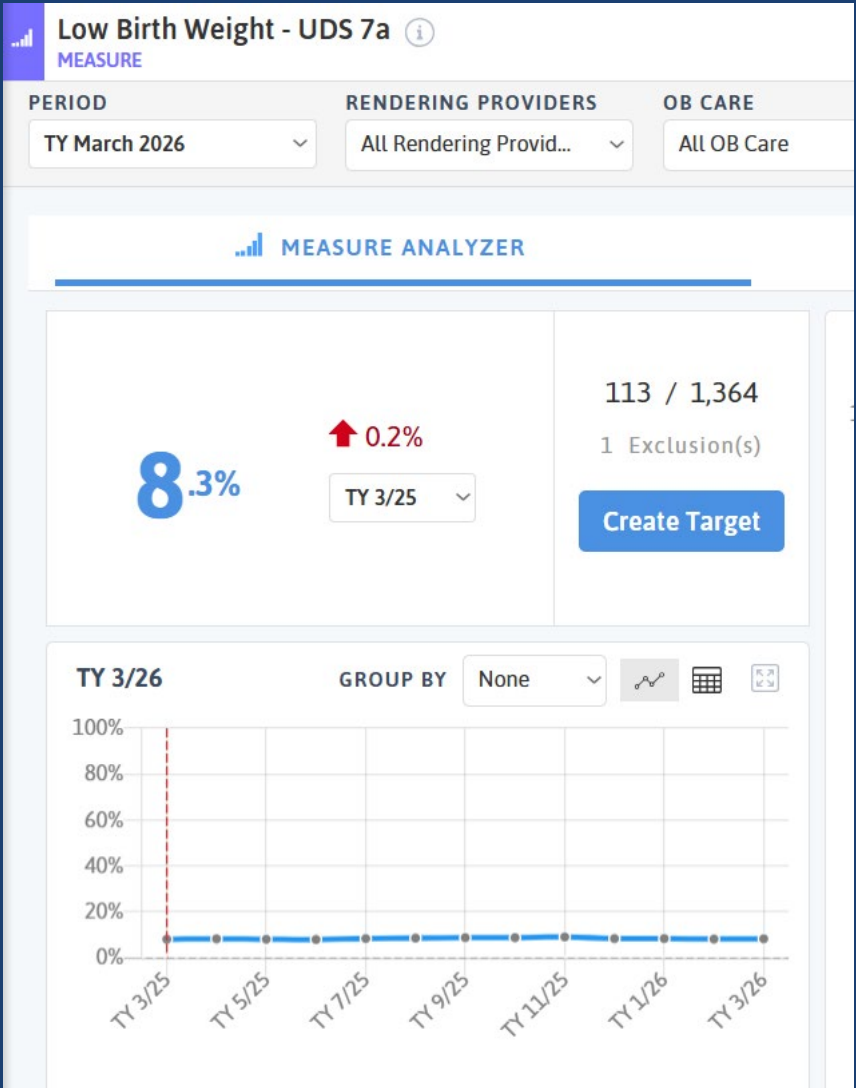


Are we screening pregnant & post-partum patients?

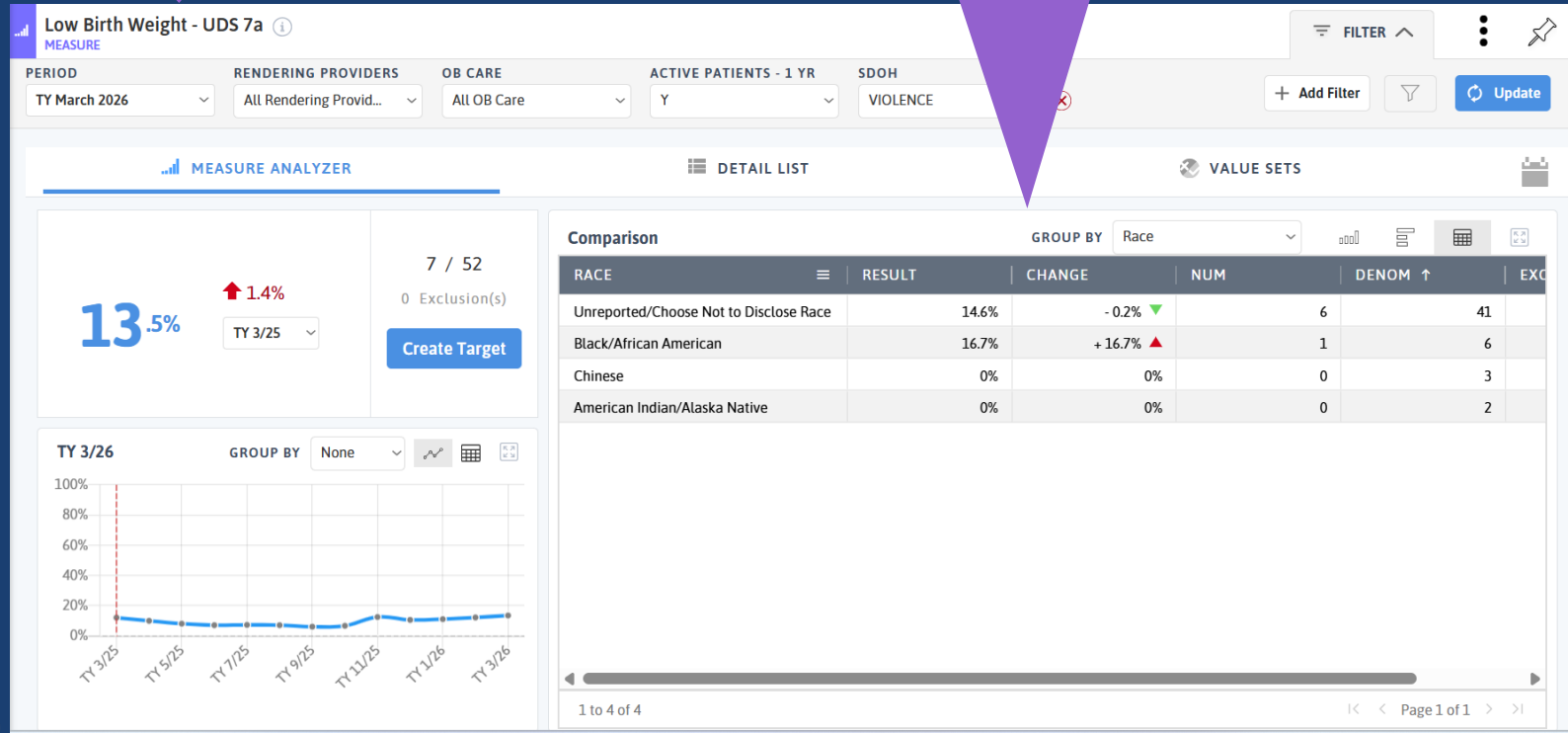


Demo Data

Uncovering Linkage Between IPV & Maternal Outcomes

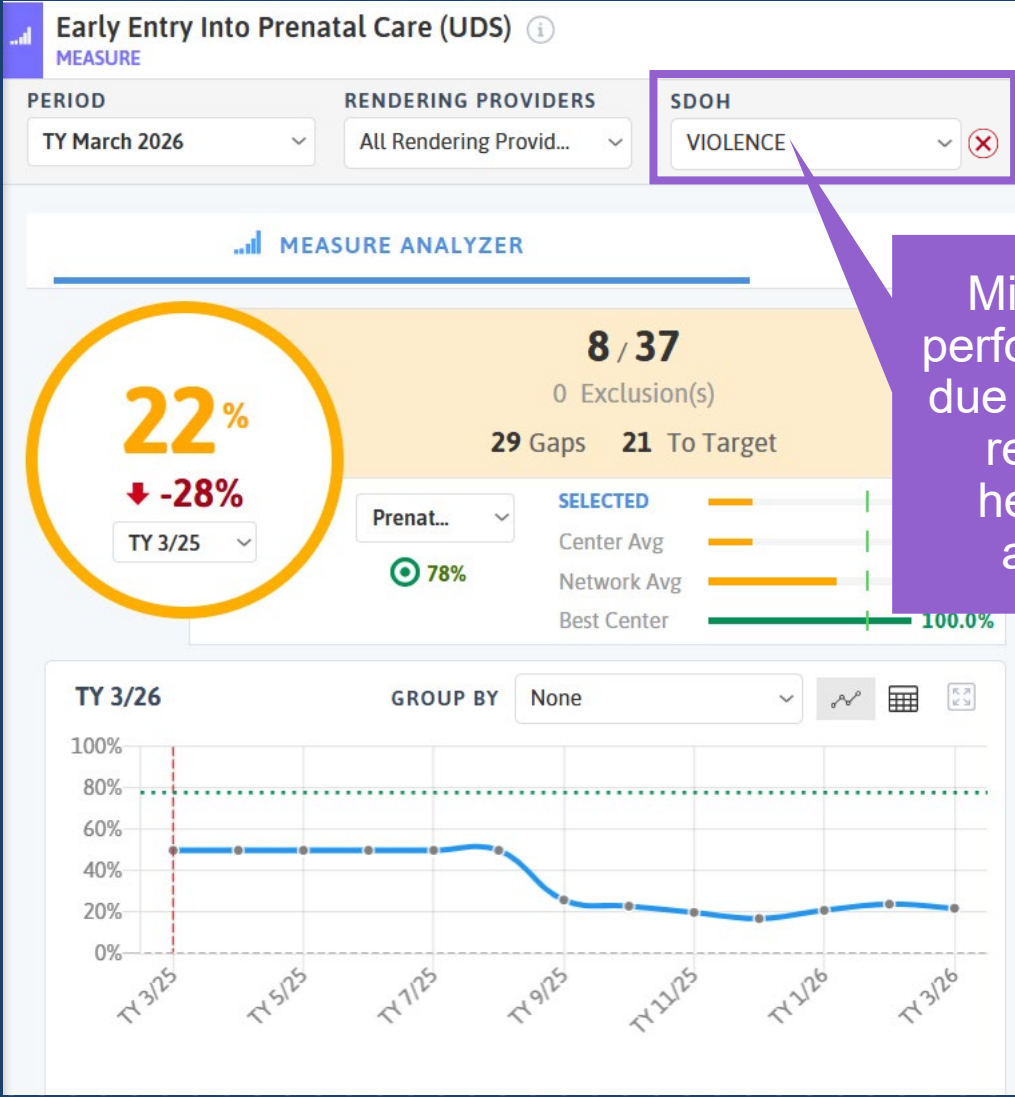
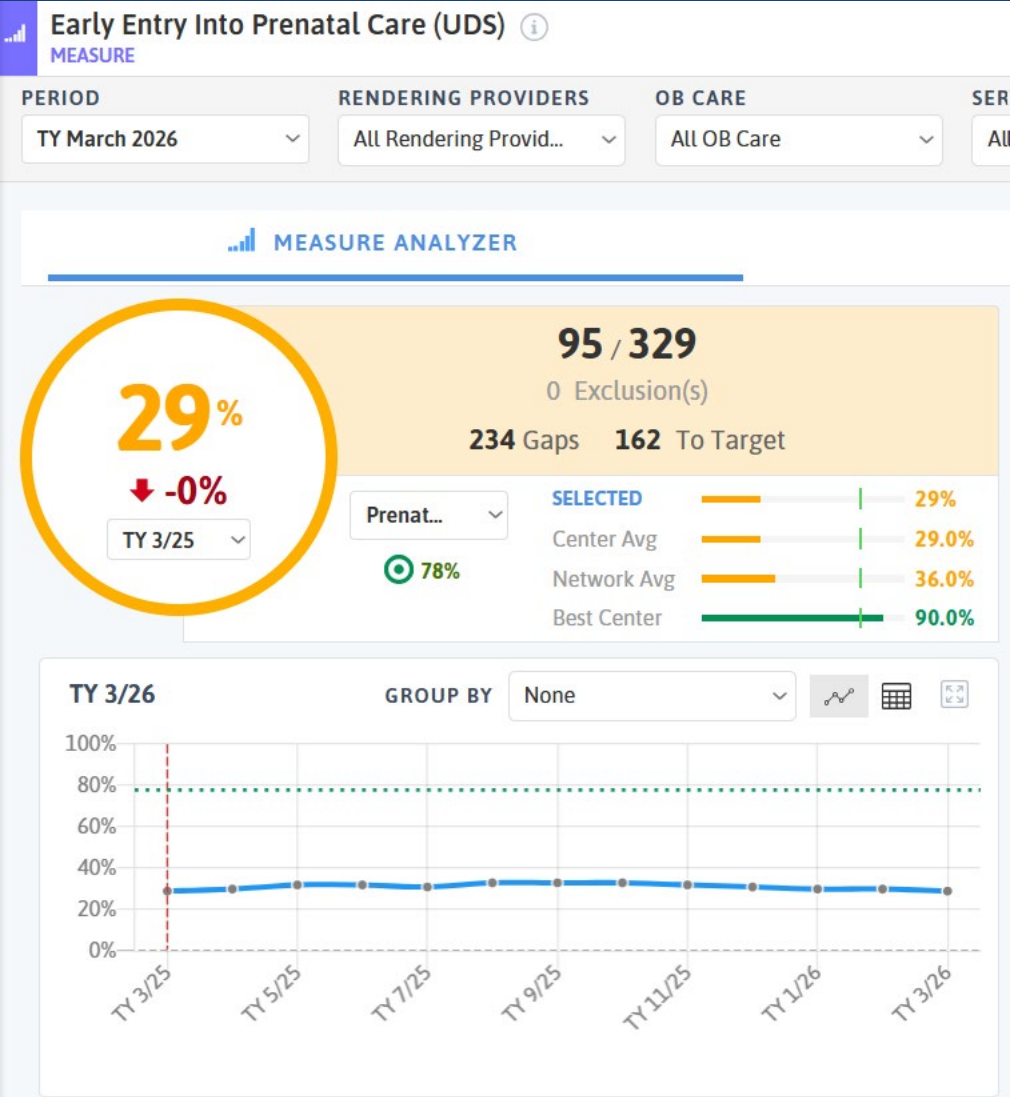


LBW is higher for patients experiencing violence than general population



LBW & IPV is disproportionately impacting Black patients and patients who choose not to report race

Is entry into prenatal care lower for patients with violence exposure?



Might lower performance be due to partners restricting healthcare access?

Who are our actively pregnant patients who have previously screened positive for IPV?

OB Pregnancy Episode Summary

REPORT

FILTER

DATE RANGE

03/15/2026-03/15/2026

RENDERING PROVIDERS

All Rendering Provid...

SDOH

VIOLENCE

+ Add Filter

Update

REPORTS

VALUE SETS

Search ...

NEXT APPT

All

No Appt

Upcoming Appt

SAVED COLUMNS

NAME	DATE OF BIRTH	ETHNICITY	LANGUAGE	PHONE	ZIP	AGE	MRN	CA
Chars, Orpha	5/1/2008	Cuban	English	508-321-3144	01006	17	1103739	Mil
Corkery, Moises	3/28/1979	Puerto Rican	English	413-624-0895	01010	47	1103743	Tor
Emdee, Allie	1/4/2008	Not Hispanic, Latino/a, or Spanish Origin	Spanish	508-547-5024	01010	18	1102332	Rei
Alier, Adria	1/15/2005	Cuban	English	978-517-8738	01009	21	1102775	Kel
Hunkele, Winifred	4/27/2017	Unreported/Choose Not to Disclose Ethnicity	English	413-240-1105	01009	8	1102817	Chi
Kostka, Marx	5/23/2005	Unreported/Choose Not to Disclose Ethnicity	English	857-529-6332	01003	20	1103442	Eri
Hempton, Quincy	8/25/1998	Unreported/Choose Not to Disclose Ethnicity	French	781-290-0972	01008	27	1103498	Ver

azara
healthcare

Demo Data

Practices Providing OB Care | Prenatal Passport (PNP)

For practice providing direct OB care, DRVS' Maternal Care Module provides additional reports & tools, including the PNP. PNP quickly surfaces abnormal values, screenings, tests, and diagnoses relevant to prenatal care and launches directly from the PVP or EHR Plug-In.

Prenatal Passport (PNP)
REPORT

Patient Lookup

05:00 AM Monday, January 19, 2026

PROVIDER: Jones, James VISIT REASON: Departure

Wable, Mendy
MRN: 1104185

DOB: 8/23/1968 (57)
Phone: 774-131-6988

EDD: 3/4/2026
OB Risk Level: Y

Gest Wks: 32_3
Rh Type:
Gravida Para:

Payer: Medicare
Cohorts:

PCP: Weixel, Evan
CHC OB Care: Y

Prenatal Flowsheet

DATE	GEST WKS	BP	WEIGHT	PRESENTATION	FH	FM	FHR	EDEMA	GLUCOSE	PROTEIN	BLOOD	WBC
No prenatal encounters found												

Prenatal Screenings

☐ Incomplete ☒ Complete

INITIAL LABS	1ST TRIMESTER	2ND TRIMESTER	3RD TRIMESTER
☐ Ab Scr	☐ HCT	☐ GCT	☐ Depr Scrn
☐ Blood Type	☐ HgB	☐ HCT	☐ GBS
☐ CF Scr	☐ MMM	☐ HgB	☐ STD Scr
☐ HBsAg	☐ US Init	☐ US Anatomy	☒ TDAP
☐ HCT			
☐ HgB			
☐ Pap			
☐ Rh Type			
☐ Rubella			
☐ STD Scr			

Medications (Last 10 of 31)

ACTIVE AS OF	NAME
5/28/25	dabigatran etexilate 150 MG
5/28/25	rivaroxaban
5/28/25	fluoxetine 40 MG Oral Capsule
5/28/25	theophylline 5.33 MG/ML Oral Solution
5/28/25	colestimol hydrochloride 1000 MG Oral Tablet
5/28/25	chlorthalidone hydrochloride 10 MG [Libritabs]
5/28/25	aspirin 325 MG Oral Capsule
5/28/25	aliskiren 300 MG / amlodipine 5 MG Oral Tablet
5/28/25	1 ML butorphanol tartrate 1 MG/ML Injection
7/13/24	montelukast 10 MG Oral Tablet [Singulair]

Appointments (2)

PNP Highlights

- ▶ **Prenatal Flowsheet**
Pregnancy related vitals & results, by visit
- ▶ **Prenatal Screenings**
Surfaces completed & outstanding labs, by trimester
- ▶ **Risk Factors, Diagnoses, SDOH**
Factors and diagnoses that can impact prenatal care



Providing High-Quality Post-Partum Care & Return to Care Delivery

Postpartum Return to Care Timeliness Priority

Value-Based Care

- Core measure (HEDIS PPC) embedded in many payer VBC and Medicaid managed care contracts
- Most of the cost burden also lands in that first year, not at delivery*

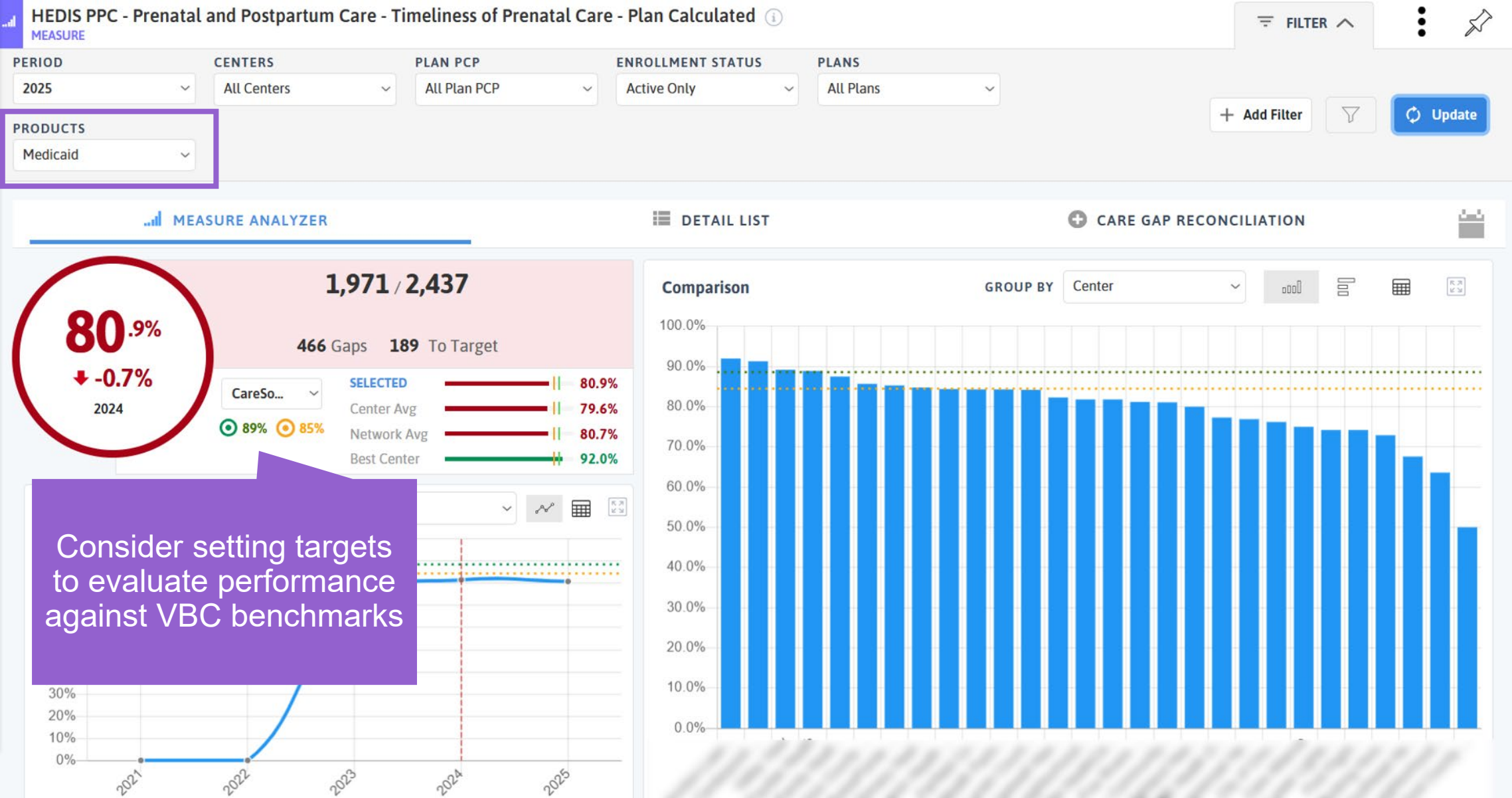
UDS / Federal Reporting

- Reportable clinical quality measure tracked annually
- Feeds into the center's overall UDS performance profile — affecting funding and public benchmarking

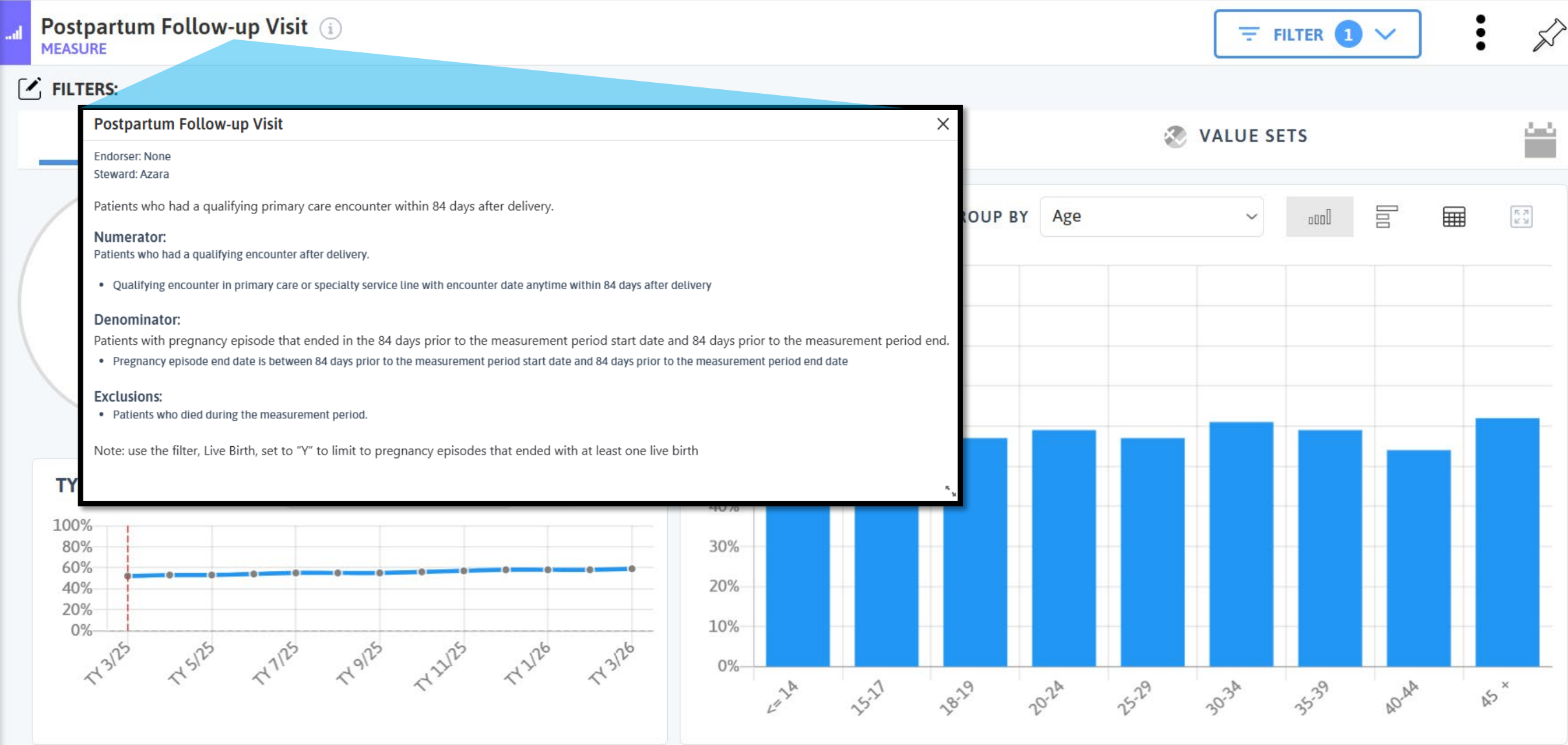
Clinical Outcomes

- Often the last reliable touchpoint before a patient re-enters “routine care” status
- Window to catch depression screening, chronic disease follow-up, and SDOH needs
- Missed visit = missed opportunity to catch complications early

PPC HEDIS Performance Monitoring



Post Partum Follow Up Visit Tracking



Ensuring Continuity of Care | Return to Care Alert

Alert Administration

post partum follow

AllEnabledDisabled

AllIn POC MeasureNot in POC Measure

CATEGORY	NAME	PVP NAME	ENABL...	CONFIGU...	DESCRIPTION	OWNER
Screening	Postpartum Follow-Up Appointment	Postpartum Appointment	Y	N	Alert will trigger for patients that do not have an appointment scheduled in the primary care or specialty service line during the postpartum period, from pregnancy end date to 12 weeks after. Patients must have a record of a pregnancy episode with an end date between tomorrow and up to 30 days after today. This alert is not configurable	PCP

A patient in her postpartum window might come in for a sick visit, a med refill, or even her baby's well-child check — not a dedicated OB follow-up.

An alert will notify the care team that she's in the postpartum window, especially if she's seeing a different provider than whoever did her prenatal care.

1 to 1 of 1

Page 1 of 1

Harnessing Data at the Point-of-Care

Patient is coming in for a sick visit

1:20 PM Friday, September 25, 2026

Visit Reason: SICK VISIT

COMBINED PROVIDER

NAME TITLE

DOB (YY-MM-DD)

Gest Wks: 38_6

DOB (YY-MM-DD)

DOB (YY-MM-DD)

DOB (YY-MM-DD)

NAME TITLE

DOB (YY-MM-DD)

DOB (YY-MM-DD)

NAME TITLE

DOB (YY-MM-DD)

DOB (YY-MM-DD)

DIAGNOSES (1)

Depression

RISK FACTORS (4)

Act Preg

BMI

Pre-DM

SED

SDOH (9)

FOOD

FPL<200%

HISP/LAT

HOMELESS

HOUSING

INSURANCE

TRANSPORT-MED

TRANSPORT-NONMED

UTILITY

RAF GAP DISEASE GROUPS

ALERT	MESSAGE	DATE	RESULT	OWNER
Postpartum Appointment	Missing			PCP
Flu - Seasonal	Due Soon Seasonal	2/11/2020	Due Date: 2026-10-01	PCP
Well Visit 19+	Overdue	10/30/2023		PCP
E/D Encounter	Occurred	9/15/2026		

But we see an ED encounter 10 days ago – likely a delivery? Can we convert this appointment to a post-delivery follow-up visit?

ORDERED DATE	APP T. DATE
6/11/2026	
26	

Post-Partum Care | Depression Screening



Alert Administration ⓘ



post



All

Enabled

Disabled

All

In POC Measure

Not in POC Measure

CATEGORY	NAME ▾	PVP NAME	DESCRIPTION	OWNER
Screening	Postpartum Depression Screen	Depression Screen (Postpartum)	Alert will trigger if patient has not had a post-partum depression screening within 6 weeks after pregnancy end date. This alert is not configurable	
Screening	Postpartum Depression Screen 12mos	Post Partum Depression	Alert will trigger for patients which had a pregnancy episodes that ended in the past 12 months, but no depression screening has been completed since the end of the pregnancy. This alert is not configurable	

Columns

Ensure postpartum depression screens are taking place for patients in their post-partum window

1 to 3 of 3

Page 1 of 1

Addressing Comprehensive Post-Partum Care Needs

9:30 AM Friday, April 10, 2026

Visit Reason: POST PARTUM 5 wk post partum

Surgeon Surgeon,
Rafiq

MD, Obstetrics

MD, Obstetrics & GYN

MD, OB, G

Dr. M. H. T.

Obstetrics & Gynecology

MD, Obstetrics

MD, Obstetrics & Gynecology

MD

Phone: 301-222-1111

Long Island

Phone: 301-222-1111

MD, Obstetrics & Gynecology

MD, Obstetrics & Gynecology

MD

MD, Obstetrics

DIAGNOSES (0)

RISK FACTORS (0)

SDOH (5)

FOODFPL<200%HISP/LAT

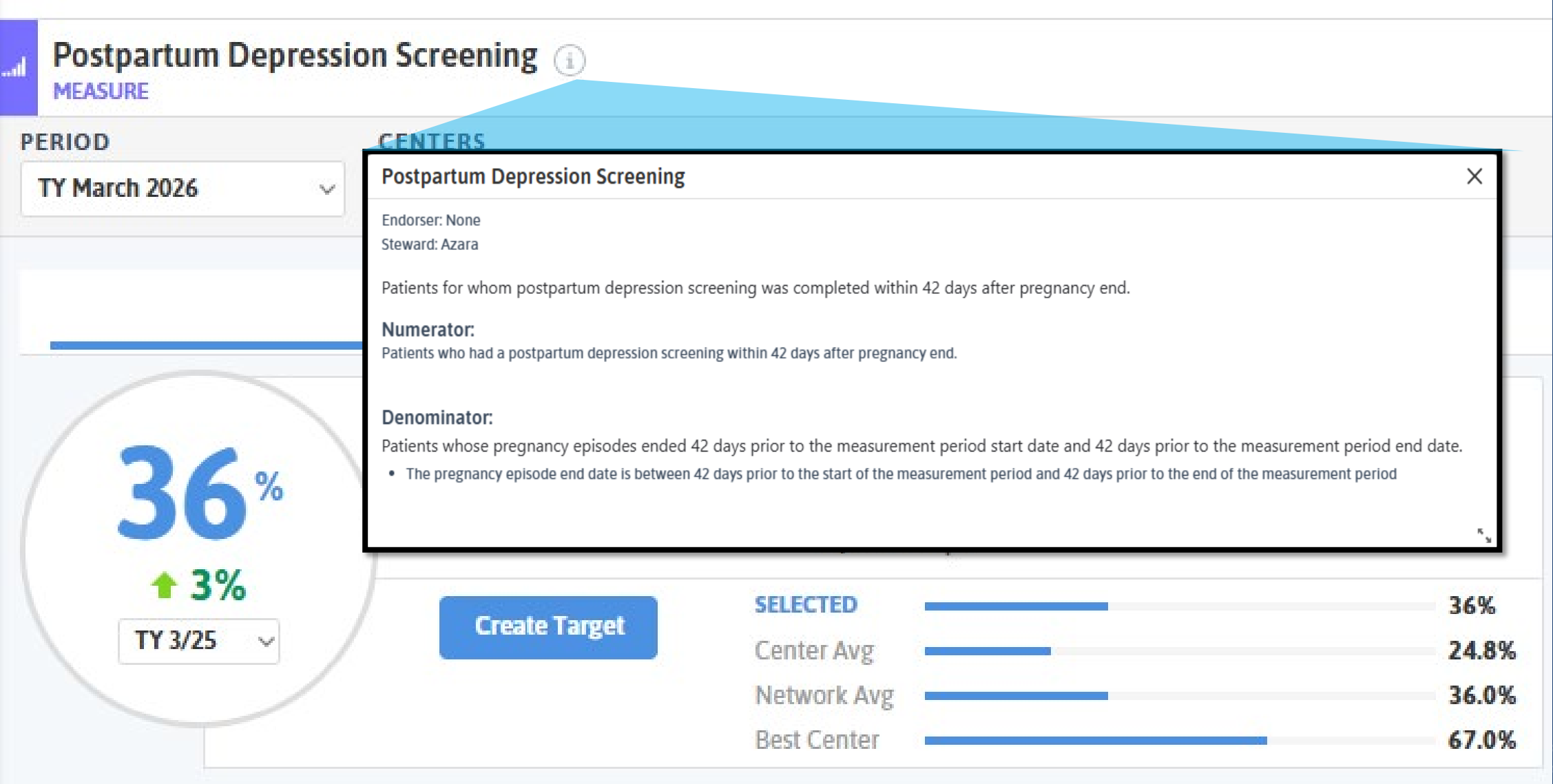
LANGUAGERACE

RAF GAP DISEASE GROUPS

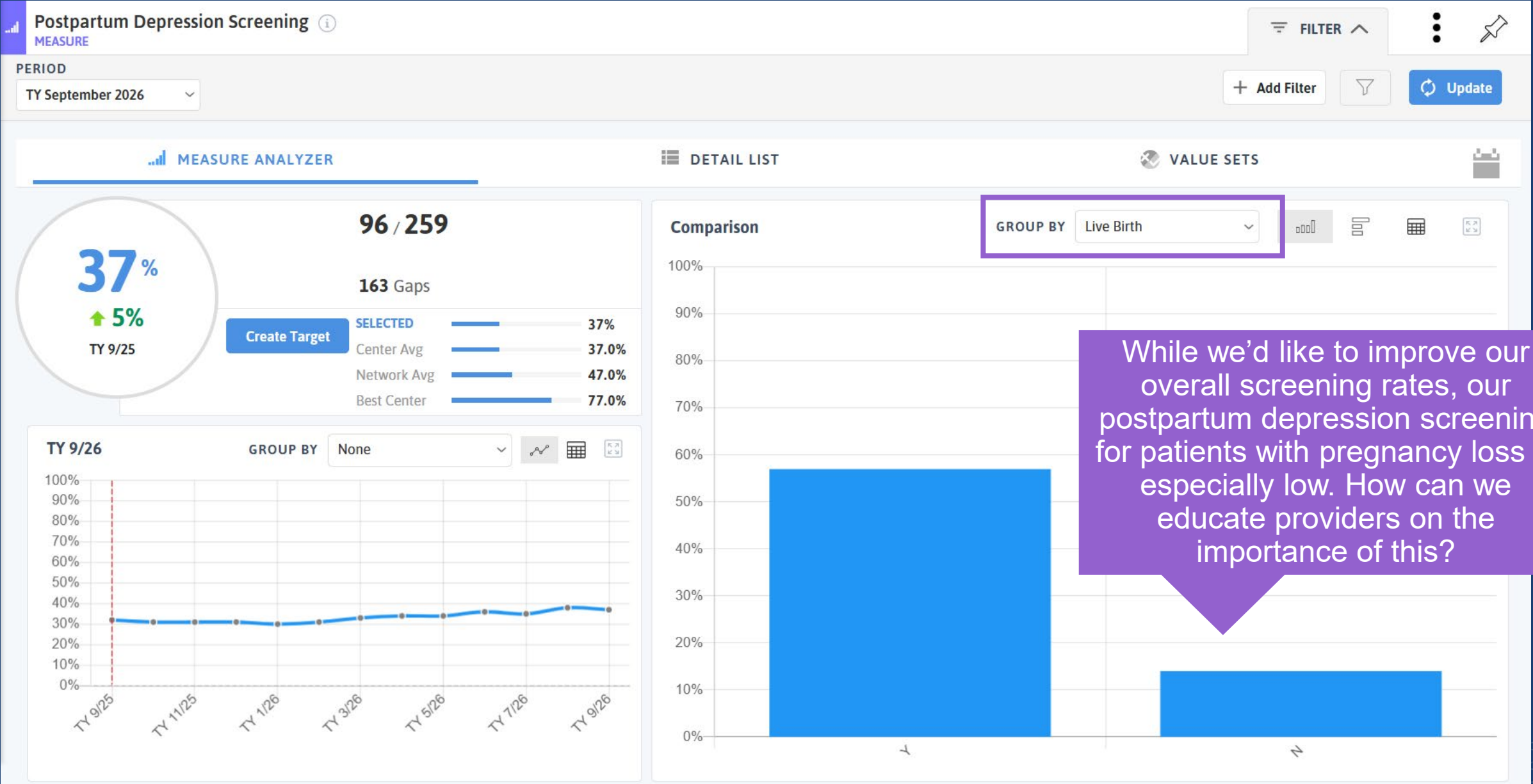
ALERT	MESSAGE	DATE	RESULT	OWNER
Anxiety Screen	Missing			MA/Nursing
AUDIT	Missing			MA/Nursing
Depression Screen	Missing			MA/Nursing
PHQ-9	Missing			MA/Nursing
Post Partum Depression	Missing			MA/Nursing
Sexual Hist. Scr.	Missing			Provider
Violence Scr	Missing			MA/Nursing
Preventive Care Visit	Missing			Provider



Performance Evaluation | Postpartum Depression Screening



Evaluating Postpartum Depression Screening Rates



Comprehensive Post Partum Care

Post Partum Care Dashboard

HTN Control Rate - PP Women

50.0%

% HTN Pts with BP <140/90

+50.0%

Sep 25

PRIMARY 64%

SECONDARY 61%

PP Women Undiagnosed HTN

2

Pts w/ one Stage 2 BP or 2 Stage 1 BP

PP Women Uncont. on Monotherapy

25.0%

% of Pts on Monotherapy

PP Women Uncont. HTN No Thera

25.0%

% of Pts not on HTN therapy

PP Women W/ Proper Med Inter

25%

Result

PP Women Uncontrolled HTN

4

HTN BP

Diabetes Control Rate - PP Women

23.7%

% DM Pts w/ A1c > 9 or Untested

+23.7%

Sep 25

PRIMARY 27%

SECONDARY 30%

PP Women Undiagnosed Diabetes

0

Pts w/ clinical criteria for diabetes

Cervical Cancer Screen - PP Women

69.6%

% Pts w/ Cervical Cancer Screening

PRIMARY 46%

SECONDARY 36%

Positive Safety Screening - PP Women

SDOH	NUM	% TOTAL
SAFETY	86	91%
VIOLENCE	8	9%
Totals	94	

Safety Screening & Interv - PP Women

4%

Encounters w/ Safety Intervention

STI Screening w/ HIV testing - PP Women

51%

Result

Post Partum Follow Up Visit w/in 84

61%

Result

PP Depression Screening w/ 42

45%

Result

Depression Screening and FU - 12 mo PP period

93.8%

% Pts w/ Depression Screening & Follow-Up

PRIMARY 80%

SECONDARY 70%

Depression Screen Positive - PP Women

8%

% Pts w/ Positive Depression Screening

Tobacco Screen & FU PP Women

97.3%

% Pts w/ Tobacco Screening & Cessation

PRIMARY 90%

SECONDARY 80%

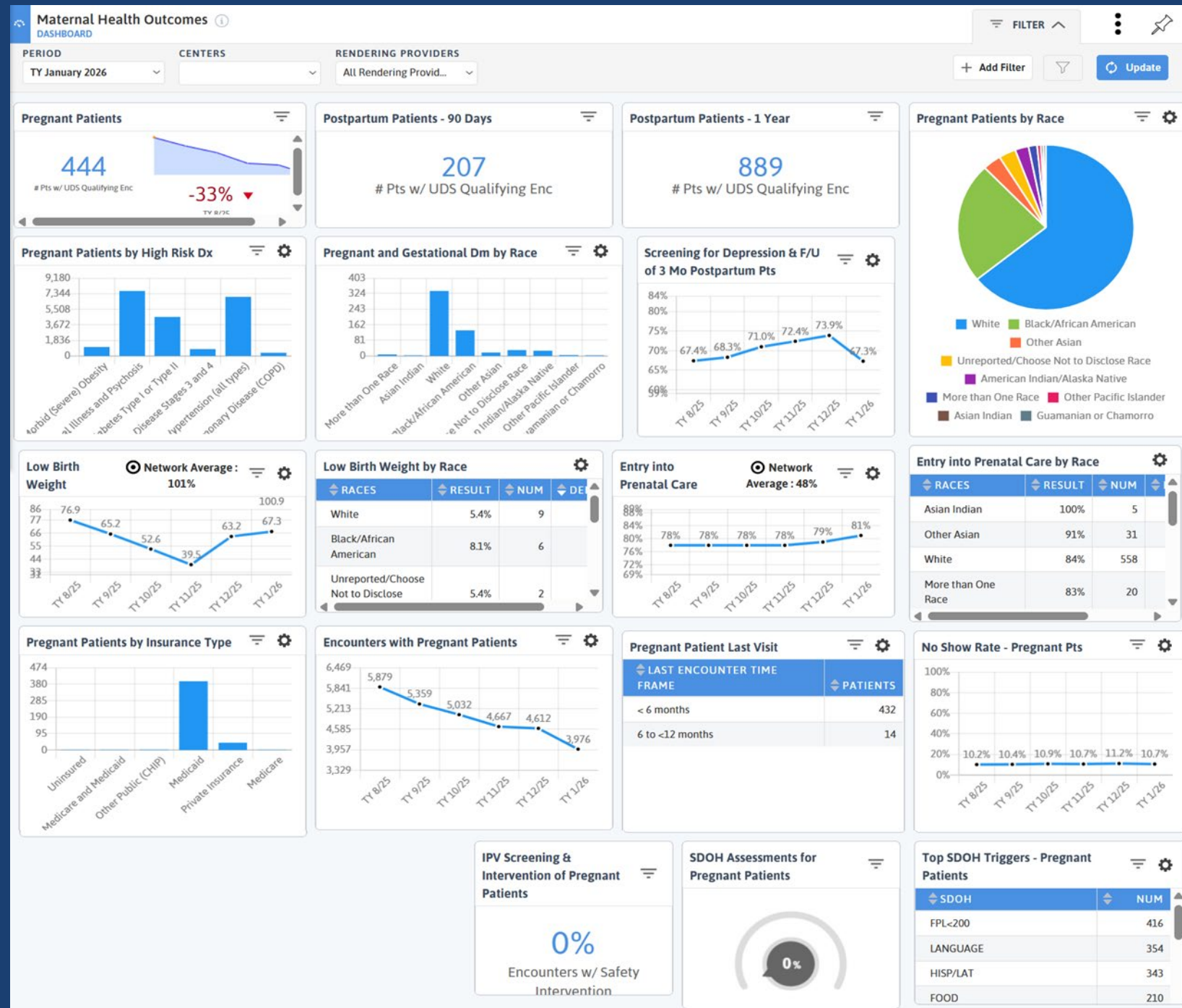
Tobacco Screen Pos PP Women

9%

% Pts who are Tobacco Users

Consider:

1. Is care is being provided to patients equitably?
2. Are our efforts to improve OB care having the intended impact on health outcomes?
3. Are there high priority populations with care gaps that could benefit from elevated levels of care?



Wrap Up



Key Takeaways



Providing high-quality OB care begins before and ends after the patient's pregnancy episode.



Beyond OB care delivery, consider & support the patient's comprehensive care needs.



Leverage data to evaluate performance and continuously improve on maternal & post-partum outcomes.



Questions?



 azarahealthcare.com

 [azara-healthcare](https://www.linkedin.com/company/azara-healthcare)

 [@AzaraDRVS](https://twitter.com/AzaraDRVS)

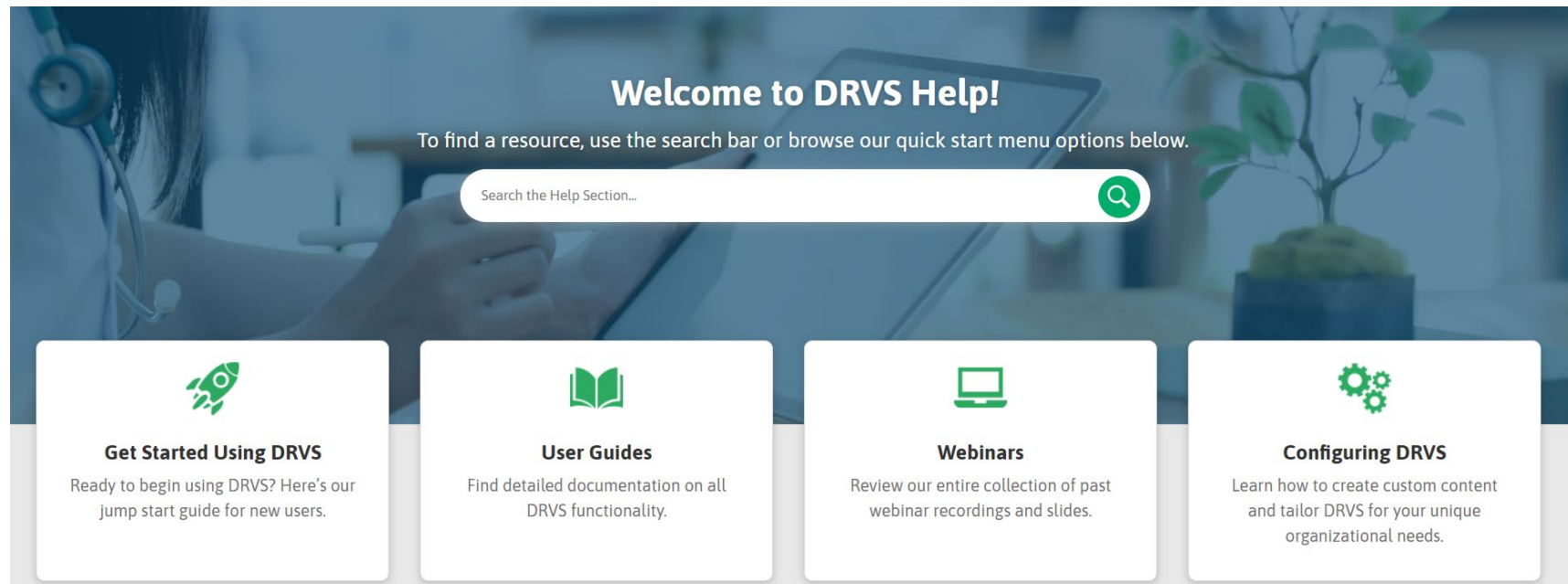


Appendix



Resources | User Guides

- Utilize the Help section in DRVS for the most current information
- Click the question mark icon and select Help Documentation. Enter your search criteria (i.e. scorecards).
- User Guides are available for many topics covered today (and many more)!



Pregnancy Risk Factors

Unplanned pregnancy (last PISQ response + No)	Preeclampsia	Maternal Metabolic Disorder
Gestational Diabetes	Diagnosis of Thalassemia	Anemia
Diagnosis of Neural Tube Defect	Hyperemesis	Congenital Heart Defect
Headache syndrome in pregnancy	Downs	IUGR – intrauterine growth restriction
Tay-Sachs	HiRisk OB Infertility Hx	Canavan
HiRisk OB Ectopic Hx	Sickle Cell	HiRisk OB Pre-Term Labor Hx
Hemophilia	HiRisk OB Poor OB Hx	Muscular Dystrophy
HiRisk OB Insufficient Prenatal Care	Cystic Fibrosis	HiRisk OB 5+ Past Pregnancies
Huntington's	HiRisk OB Elderly	Mental Retardation/Autism
HiRisk OB Young	Drug use/Alcohol since EDC/LMP	HiRisk OB Fertility Technology
Diagnosis of STI	HiRisk OB In Utero Procedure Hx	BMI before LMP
HiRisk OB Other	Obesity diagnosis	HiRisk OB Unspecified
Hypertension	HiRisk OB Molar Pregnancy Hx	

Resources | IPV & Pregnant Patients

The National Domestic Violence Hotline. Healthcare and abuse. Accessed March 11, 2026.
<https://www.thehotline.org/get-help/healthcare-and-abuse/>

Masselli M, Flinter M. Intimate partner violence: Health care providers' role. Moses/Weitzman Health System. Published November 6, 2025. <https://www.mwmediagroup.org/2025/11/intimate-partner-violence-health-care-providers-role/>

Steele-Baser M, Brown AL, D'Angelo DV, et al. Intimate partner violence and pregnancy and infant health outcomes—Pregnancy Risk Assessment Monitoring System, nine U.S. jurisdictions, 2016–2022. MMWR Morb Mortal Wkly Rep. 2024;73(48).
<https://www.cdc.gov/mmwr/volumes/73/wr/mm7348a1.htm>

Khan A. Understanding and addressing intimate partner violence. National Center for Biotechnology Information. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10278872/>

