B'more for Healthy Babies
Every baby counts on you

POSTPARTUM INFANT AND MATERNAL REFERRAL AND CARE COORDINATION:

Connecting Your Patients to Supportive Resources

Hospitals complete the PIMR before discharging mothers after a baby's delivery. The form refers families facing any risks to the mother or infant to county-specific care coordination.

The Maryland Postpartum Infant and Maternal Referral (PIMR) connects postpartum women and families — particularly high-risk mothers or infants — to a wide range of critical, community-based services.

Linking postpartum women to seamless care coordination is a critical goal of B'more for Healthy Babies, the citywide strategy to improve birth outcomes. Hospitals and providers play an invaluable role in this process; the PIMR is a powerful extension of the care you provide every day.

In Baltimore City, HealthCare Access Maryland (HCAM) receives PIMRs and provides short-term care coordination, helping to align available local resources to improve health and wellbeing outcomes of babies and families. Services may include home visiting and parenting support, health benefits navigation, dental and mental health services, behavioral health services, crib assistance, and more.

These resources make a vital difference: in recent years, families referred to care coordination in Baltimore City were ***80% less likely to suffer a fetal or infant loss****.*[1]

Your referral matters!

To ensure families receive county-specific care coordination, hospitals complete the PIMR before discharge. Any circumstances that present a risk for the mother or infant can prompt a need for the PIMR, including:

- **Very low birthweight (< 1500 grams)**
- **Teen motherhood**
- **No prenatal care**
- **Substance use**
- **Mental health concerns**
- **Domestic violence**
- **Unstable housing/homelessness**
- **Previous infant death**
- **Previous preterm birth**
- **And more**

As the process provides a single point of access to care coordination, submitting a PIMR is the best way to connect your patients to important resources that can support a family's health and wellbeing. This referral is necessary, and it does not replace or connect with referrals made to the Department of Social Services or Substance Exposed Newborn referrals.

Learn more about PIMRs and connecting your patients to care coordination at https://www.healthybabiesbaltimore.com/provider-portal

[1] Baltimore City Health Department analysis of Maryland Department of Health Vital Statistics Administration data, 2009-2021; and 2019-2020.

BEST PRACTICES FOR PIMRS

- **Simplify completion**. Access the PIMR as a fillable PDF.
- **Ensure the PIMR is a part of your regular paperwork or checklists at patient discharge**. Work with staff to put a clear plan in place for PIMR submission. Assign the PIMR to specific staff and ensure they are trained on how and when to complete it.
- **Include reminders of the PIMR in the patient's record**. A check box or field in the electronic medical record can help remind staff and track PIMRs. (Providers of postpartum and pediatric care can also check patient records to confirm a PIMR has been submitted.)