

PIMR

POSTPARTUM INFANT & MATERNAL REFERRAL

Best Practices



A RESOURCE GUIDE TO IMPROVE MATERNAL AND CHILD HEALTH





Introduction

Linkages to care have been identified as a priority to improve maternal and child health (MCH) outcomes in Maryland. The Postpartum Infant Maternal Referral Form (PIMR) is a tool used by Maryland hospitals to refer high risk mothers and infants at hospital discharge to their local health department (LHD) for community-based services, and thereby linking this population to life-saving care. The PIMR provides families with connections to critical services, such as housing support and case management, that improve MCH outcomes, and does NOT replace the “Prenatal Risk Assessment” (PRA) form.

Find the Postpartum Infant Maternal Referral Form: [PIMR Form](#)

Process to Complete and Send the Postpartum Infant Maternal Referral Form

1) PIMR is completed by hospital staff.

a) *When should the form be submitted?*

The form should be submitted at discharge and under the following circumstances:

- (1) Teen Mother
- (2) No prenatal care
- (3) Substance Use/Misuse
- (4) Mental/behavioral health
- (5) Intimate Partner Violence
- (6) Unstable housing/homelessness
- (7) Previous infant death
- (8) Previous preterm birth
- (9) Very low birthweight (<1500 grams)
- (10) Any other circumstance deemed to be a serious risk for the mother or infant

b) *Who can complete the PIMR?*

Typically a social worker or nursing staff completes the PIMR; however, anyone at the hospital can fill out the form.

c) *Is consent needed?*

Because this form constitutes coordination of care and related services among health care providers, completion and submission of this form does not require patient consent. However, it is highly recommended to notify the birthing person that the referral will be sent.



2) PIMR is faxed to the Local Health Department.

The Maternal and Child Health Program staff at the local health department receives the referral. The Maternal and Child Health staff will then review the form and may contact the person who sent the form if further information is needed.



3) The MCH LHD staff contacts the client to coordinate their care, including referrals to appropriate programs and services.



Best Practices for Hospitals

Planning: Ensure there is a standardized plan in place for PIMR submission at the time of patient discharge.

Timing: Ensure the PIMR is sent close to the time of discharge and no less than 30 days after discharge to link birthing people to urgent services. Specify if referrals have already been made during hospitalization.

Thoroughness: Please take the time to provide complete information about the client's current unmet needs. Utilize the comment boxes within the PIMR to provide any additional details. This will allow the LHD to better serve the client.

Documentation: Include any information relevant to the PIMR within a patient's record.

Best Practices for Local Health Departments

Assessment: LHDs vary in terms of workflows, population demographics/needs, as well as community programs and resources. Therefore, it is important for every LHD to identify all available community resources and identify any gaps, with plans in place to address these gaps.

Training and Outreach: LHDs should provide outreach to local hospitals about completing the PIMR. In addition, there should be staff training in place about how and when to complete the form.

Communication: Bidirectional communication between designated staff at the birthing hospitals and LHDs regarding the PIMR and any follow up is critical for linkage to care.



Frequently Asked Questions (FAQ)

What is the Postpartum Infant Maternal Referral Form?

The Postpartum Infant Maternal Referral Form (PIMR) is used by Maryland hospitals to refer high risk mothers and infants at hospital discharge to their LHD for community-based services. The PIMR does NOT replace the PRA form.

What is the difference between the PRA and the PIMR?

The PRA and PIMR are complementary forms that are used to facilitate linkages to care at different points of a pregnant person's journey. While the PRA is filled out before delivery, the PIMR is filled out after delivery. Additionally, the PRA is a Medicaid-specific form, while the PIMR is a public health form and can be used for any birthing patient regardless of their payer status. It is important to note that while the two forms are similar in nature, the needs of a pregnant person can change over time. Filling out both forms will result in increased linkages to care and, ultimately, improved MCH outcomes.

Why is the PIMR important?

The PIMR provides families with connections to critical services from reproductive health services and medical health follow up to mental health and case management/home visiting services. These connections provide long lasting care and reduce future MCH risk.

Contact

If you have additional questions about the PIMR, please contact:

Anjana Rao, MHS at mdh.mchb@maryland.gov, and include "PIMR" within the subject line.

Acronyms

LHD: Local Health Department

MCH: Maternal and Child Health

PIMR: Post Partum Infant Maternal Referral Form

PRA: Prenatal Risk Assessment Form

