

REVIEWS

Patient Navigation in Maternal Healthcare: A Narrative Review Focused on Postpartum Care

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Keywords: maternal health disparities, care coordination, postpartum care, patient navigation, care continuity, maternal morbidity

<https://doi.org/10.52504/001c.169693>

Georgetown Medical Review

Vol. 10, Issue 1, 2026

Maternal morbidity and mortality in the United States remain unacceptably high despite advances in obstetric care, with the Centers for Disease Control and Prevention reporting a maternal mortality rate of 17.9 deaths per 100,000 live births in 2024. The postpartum period represents a particularly vulnerable time, characterized by fragmented care and high rates of loss to follow-up. Social, logistical, and healthcare system barriers disproportionately affect medically and socially vulnerable populations, contributing to persistent disparities in postpartum outcomes. Patient navigation, originally developed to reduce disparities in oncology care, has emerged as a promising strategy to improve care coordination, continuity, and healthcare engagement for patients during the perinatal period. This narrative review examines the evolution of patient navigation from its origins in cancer care to its application in maternal healthcare, with a particular focus on postpartum care. Current evidence suggests that patient navigation improves prenatal and postpartum visit attendance, increases utilization of preventive postpartum services, and enhances patient engagement, with the greatest benefits observed among individuals at increased risk of disengagement from care due to social or medical vulnerabilities. Despite these encouraging findings, widespread implementation remains limited by challenges related to funding, reimbursement, standardized training, and program sustainability. Future studies should focus on evaluating long-term maternal outcomes, establishing sustainable implementation models, and identifying populations most likely to benefit from patient navigation interventions.

Introduction

Despite advances in obstetric care and medical technology that have reduced deaths from many common obstetric complications, maternal healthcare outcomes in the United States continue to worsen.¹ The United States has one of the highest maternal mortality rates among high-income nations, with substantial racial, ethnic, geographic, and socioeconomic disparities.¹ ² Improvements in the prevention and management of hemorrhage, hypertensive disorders, infection, and anesthetic complications have substantially reduced maternal death rates. Cardiovascular disease, mental health conditions, and preexisting medical conditions now account for a growing proportion of pregnancy-related deaths.^{1,2}

Importantly, approximately 60% of pregnancy-related deaths from 2013-2017 were considered preventable, prompting substantial efforts toward identifying opportunities for intervention.^{3,4} The postpartum period, commonly referred to as the “fourth trimester,” has been characterized as a particularly vulnerable time for new mothers, with some studies finding that nearly one-third of pregnancy-related deaths occur between 1 week and 1 year postpartum.⁴ As the leading causes of maternal death have shifted toward chronic medical and behavioral health conditions, many adverse outcomes now occur after hospital discharge, when routine contact with the healthcare system becomes less frequent. Consequently, the postpartum period represents a critical period for identifying complications, addressing unmet social needs, and facilitating long-term engagement with healthcare services in an effort to improve maternal outcomes.^{4,5}

The vulnerability of patients during the postpartum period is driven by several healthcare system challenges, including reduced clinical surveillance after delivery, fragmented coordination among healthcare providers, and discontinuity of insurance coverage. These factors can disrupt continuity of care and contribute to adverse maternal outcomes. Patient-level factors further contribute to gaps in postpartum care, including limited awareness of long-term health risks, poor retention of postpartum counseling, competing caregiving responsibilities, and mental health disorders that may worsen during the postpartum period. Many individuals also face broader barriers to healthcare access, including transportation difficulties, language barriers, childcare responsibilities, financial constraints, and limited access to paid leave.⁶ These barriers are consistently recognized by healthcare professionals involved in postpartum care. In focus groups of physicians, nurses, and social workers serving low-income postpartum patients, Ruderman et al⁷ identified many of these challenges, highlighting the complex interplay of patient-, provider-, and system-level factors that contribute to gaps in postpartum follow-up.

Many contributors to maternal morbidity arise from challenges accessing and coordinating care rather than from a lack of effective treatments. As a result, interventions aimed at improving healthcare navigation and longitudinal follow-up have gained increasing attention.² In a qualitative study, Martin et al⁸ found that mothers often felt inadequately prepared for the postpartum period and described a marked decline in support after delivery. Both mothers and clinicians identified shortcomings in postpartum education, communication, and continuity of care, highlighting the need for interventions that provide ongoing guidance and support during the transition from pregnancy to the postpartum period.⁸ A large survey of more than 700 postpartum women found that many participants felt inadequately prepared for common postpartum symptoms, which was associated with

lower patient satisfaction and increased depressive symptoms, highlighting the potential consequences of insufficient postpartum education and support.^{9,10}

These findings highlight the multifactorial barriers that contribute to gaps in postpartum care and underscore the need for interventions that improve care coordination, continuity of care, and patient engagement. A promising strategy to address these challenges is patient navigation, a patient-centered intervention in which trained patient navigators provide individualized support to help patients overcome barriers to care, coordinate services, and access needed healthcare resources. Patient navigation can improve care coordination, continuity, and engagement throughout the perinatal period.^{11,12}

This narrative review examines the evolution of patient navigation, reviews its applications across obstetric and gynecologic care, with particular emphasis on postpartum care, and discusses the available evidence, implementation challenges, and future directions for integrating patient navigation into women's healthcare.

Methods

A narrative review was conducted using PubMed and Google Scholar to identify relevant literature on patient navigation in maternal healthcare. Search terms included combinations of *patient navigation*, *maternal health*, *pregnancy*, *postpartum care*, *prenatal care*, *care coordination*, and *health disparities*. English-language original research articles, systematic reviews, literature reviews, meta-analyses, clinical guidelines, and policy publications were considered. References from key articles were also reviewed to identify additional relevant literature. Studies were selected based on their relevance to patient navigation across the maternal healthcare continuum, with particular emphasis on prenatal and postpartum care.

Results

Origins and Evolution of Patient Navigation

Patient navigation originated in oncology and was first developed by Harold P. Freeman in 1990 at Harlem Hospital Center in New York City to address disparities in cancer screening, diagnosis, and treatment among underserved populations.¹² The model was informed by efforts to better understand barriers to cancer care in medically marginalized communities, including challenges identified through hearings conducted by the American Cancer Society. Developed in response to disproportionately high cancer mortality among medically underserved communities in Harlem, New York, the program sought to identify and eliminate barriers that prevented timely access to care.¹² Freeman recognized that delays in cancer care often stemmed from challenges extending beyond the disease itself, including socioeconomic

barriers, inadequate communication, healthcare system complexities, and patient concerns regarding the healthcare system. Early evaluations of the Harlem program demonstrated that the combination of patient navigation and free or low-cost breast cancer screening was associated with increased rates of early-stage cancer diagnosis and treatment, as well as improved 5-year survival among low-income women.¹²

Since its introduction, patient navigation has expanded beyond oncology and has been adapted across a wide range of healthcare specialties, including obstetrics and gynecology. A recent scoping review summarized patient navigation programs implemented across the perinatal continuum, including prenatal care, postpartum care, and family planning services, with the common goal of improving access to care by coordinating clinical and social support services tailored to each patient's individual needs. Across these programs, patient navigators commonly coordinated appointments and referrals, provided education and psychosocial support, identified barriers to care, and connected patients with community resources such as transportation, childcare assistance, and financial support services. Together, these developments established the foundation for applying patient navigation to maternal healthcare, where the model has been adapted to address the complex clinical and social barriers encountered throughout pregnancy and the postpartum period.¹³

Applications and Outcomes of Patient Navigation in Maternal Health

Since its adaptation to maternal healthcare, patient navigation has been evaluated across a variety of patient populations, particularly among those at increased risk of poor maternal outcomes. Evidence suggests that patient navigation programs can improve access to care, enhance patient engagement, and positively influence maternal and pregnancy-related outcomes.

Prenatal Care. Patient navigation has been increasingly incorporated into prenatal care to improve healthcare utilization, address barriers to care, and support women at increased risk for adverse pregnancy outcomes. In a randomized controlled trial of 150 Black pregnant women at increased risk for adverse pregnancy outcomes, Svikis et al¹⁴ evaluated an intervention combining patient navigation with behavioral incentives. Given the persistent disparities in maternal healthcare experienced by Black women, including inequities in access to and delivery of quality care, structural racism, and adverse social determinants of health, interventions to improve care engagement may be particularly valuable for this patient population. Women assigned to the intervention demonstrated greater adherence to scheduled prenatal visits and were more likely to complete a postpartum visit than those receiving usual care. These findings suggest that patient navigation may improve engagement with maternal healthcare among populations that are

disproportionately affected by barriers to care.^{14,15} Similar benefits have been observed among other high-risk obstetric populations. In a pilot study of pregnant women with opioid use disorder, Cochran et al¹⁶ demonstrated that integrating patient navigation into prenatal addiction treatment was feasible and showed promising improvements in treating substance use disorder and depression, treatment engagement, and prenatal care utilization.

The principles of patient navigation have also been incorporated into broader quality improvement initiatives. In a statewide Ohio program designed to reduce recurrent preterm birth, local patient navigators identified eligible patients, facilitated timely initiation of therapy, and addressed barriers to treatment.¹⁷ The initiative was associated with a 13% reduction in births before 32 weeks' gestation among women with a prior preterm birth. Investigators identified that dedicated patient navigators and proactive barrier reduction were important contributors to the program's success.¹⁷ Collectively, these studies suggest that patient navigation can improve prenatal care engagement, facilitate timely implementation of evidence-based interventions, and support vulnerable or high-risk pregnant individuals through enhanced care coordination and barrier reduction.

Postpartum care. Although patient navigation has demonstrated benefits during pregnancy, the postpartum period represents a particularly vulnerable stage of the perinatal continuum and has emerged as the primary focus of patient navigation interventions in maternal health. Loss to postpartum follow-up is common, particularly among women with medical, psychosocial, and socioeconomic risk factors. This contributes to missed opportunities for chronic disease management, mental health screening, contraception counseling, and preventive care. In a prospective observational study, Yee et al¹⁸ evaluated Navigating New Motherhood, a postpartum patient navigation program implemented in 2015. Participation in the program was associated with improved postpartum visit attendance as well as greater uptake of postpartum depression screening, recommended vaccinations, and contraception compared with historical controls.¹⁸ These findings suggest that postpartum patient navigation not only improves attendance at postpartum visits but also enhances the delivery of recommended preventive services, supporting more comprehensive postpartum care.

Subsequent evaluation of a postpartum patient navigation program among high-risk patients demonstrated improvements in several important components of postpartum care. Women enrolled in the patient navigation program were more likely to complete postpartum depression screening, continue breastfeeding at six weeks' postpartum, and participate in remote hypertension monitoring than women who were not enrolled in the patient navigation program, although attendance at comprehensive postpartum visits remained high in both groups.¹⁹ These findings suggest that patient

navigation may enhance the quality of postpartum care even when visit attendance is already high by improving adherence to recommended postpartum interventions.

Patient navigation may be especially beneficial for postpartum individuals requiring ongoing follow-up for medical or psychosocial conditions. Mental health disorders are among the leading causes of pregnancy-related mortality, with suicide representing one of the leading causes of death during the first year postpartum.²⁰ Early identification and treatment of postpartum depression are therefore critical components of comprehensive postpartum care. In a secondary analysis²¹ of a postpartum patient navigation program, women with antenatal depressive symptoms who received patient navigation achieved postpartum visit attendance rates comparable to those without depressive symptoms. These findings suggest that patient navigation may mitigate the adverse impact of antenatal depression on postpartum care utilization.²¹

Beyond improving postpartum care utilization and preventive service delivery, patient navigation has also demonstrated benefits in promoting continuity of care for women with chronic medical conditions requiring ongoing specialty follow-up. In New York City, a program utilizing telephone-based patient navigation sought to improve postpartum hepatitis B follow-up among immigrant women with chronic hepatitis B infection. Women who received telephone patient navigation were approximately 1.7 times more likely to attend a hepatitis B specialty care visit within 6 months of delivery than those receiving standard care, with nearly three-fourths of women successfully linked to follow-up. These findings suggest that patient navigation may improve continuity of care for women requiring ongoing specialty management after pregnancy, supporting the adaptability of patient navigation across diverse postpartum care needs.²²

Beyond specialty care, patient navigation may extend beyond the traditional postpartum visit by facilitating transition from obstetric to primary care for women with chronic medical conditions. In a recent postpartum transition program,²³ patient navigators coordinated referrals between maternal-fetal medicine and primary care, scheduled appointments, conducted outreach after missed visits, and facilitated communication between care teams. The program achieved an overall primary care attendance rate of 70.8% after rescheduling efforts and successfully linked many women without an established primary care provider to ongoing longitudinal care. These findings suggest that patient navigation may help bridge the transition from obstetric to primary care, addressing the fragmentation in care often described as the “postpartum cliff.”²³ Collectively, these studies demonstrate that postpartum patient navigation extends beyond improving visit attendance by strengthening preventive care delivery, facilitating chronic

disease management, and promoting successful transitions to long-term healthcare. These findings support patient navigation as a comprehensive strategy for addressing the fragmented nature of postpartum care.

Discussion

Challenges

Although patient navigation has demonstrated promising benefits across the perinatal continuum, several barriers continue to limit its widespread implementation, including inadequate funding, limited resources, and uncertainty regarding sustainable reimbursement models. Establishing and maintaining patient navigation programs requires substantial institutional investment, which can impose a considerable financial burden on healthcare systems and limit the feasibility of universal implementation. As a result, targeted implementation among patients at greatest risk for adverse maternal outcomes or loss to follow-up may represent a practical and sustainable strategy for maximizing clinical benefit while making efficient use of limited healthcare resources.²⁴ An important theme in the studies reviewed is that patient navigation may not benefit all postpartum individuals equally. For example, secondary analyses demonstrated particularly favorable outcomes among women with antenatal depressive symptoms, suggesting that patient navigation may have its greatest impact among patients at highest risk for disengagement from postpartum care.²¹ Building on this concept, a stepped-care model has been proposed in which the intensity of patient navigation is tailored according to each patient's clinical risk, psychosocial barriers, health literacy, social support, and socioeconomic resources, allowing more intensive patient navigation services to be reserved for individuals with the greatest needs.²⁵ This stepped-care approach represents a promising strategy to improve the efficiency and sustainability of patient navigation programs while maximizing the impact of limited healthcare resources but requires further study.

Future Directions

In addition to sustainable funding, successful implementation of patient navigation programs requires standardized training, clearly defined patient navigator roles, and strong institutional support. Yee et al²⁶ proposed a framework outlining the core responsibilities and competencies of effective postpartum patient navigators, underscoring the importance of clearly defined patient navigator roles and standardized training. They also emphasized that educating clinical stakeholders about the patient navigator's role and fostering collaboration with healthcare teams are critical to successful implementation.²⁶ Subsequent implementation studies have demonstrated that patient navigator confidence and effectiveness develop with experience and are strengthened through comprehensive training, regular reflection, and continuous feedback.²⁷ Barriers to implementation include clinician

unfamiliarity with the role of patient navigators as well as the complexity of integrating patient navigators into existing clinical workflows, whereas consistent communication, electronic medical record integration, and collaboration with multidisciplinary care teams have been shown to facilitate successful implementation.²⁷ Finally, ongoing program evaluation, clearly defined scopes of practice, and rigorous assessment of cost-effectiveness will be essential to support the scalability, sustainability, and broader implementation of postpartum patient navigation programs.^{26,27} High participant satisfaction reported across postpartum patient navigation programs further supports the acceptability of patient navigation and suggests that broader implementation is likely to be well received by patients.¹⁹

Evidence also suggests that patient navigation may not require exclusively in-person interactions to be effective. As previously discussed, telephone-based patient navigation successfully improved postpartum follow-up among women with chronic hepatitis B, demonstrating that remote patient navigation can facilitate continuity of care for postpartum patients.²² Similar findings have been observed with text message-based communication. In a secondary analysis²⁸ of the Navigating New Motherhood program, more frequent bidirectional text messaging between patient navigators and participants was associated with greater odds of postpartum follow-up, while lack of patient response was associated with failure to return for follow-up. These findings support remote patient navigation models and suggest that hybrid approaches integrating in-person along with telephone- and text message-based communication may represent scalable strategies for extending postpartum support while reducing resource demands. New technologies may further expand the reach of patient navigation. Early studies have explored digital patient navigation platforms to support prenatal care. In a pilot study of a digital patient navigation program for patients with iron deficiency anemia, using the platform was associated with an 18% increase in intravenous iron completion at the intervention site and high patient enrollment, although the study was underpowered to detect a statistically significant difference. Despite these encouraging findings, the low frequency of repeat platform use suggests that maintaining patient engagement remains an important challenge and highlights the need for further refinement before broader implementation.²⁹ Overall, these findings suggest that the future of patient navigation will depend on the development of scalable, cost-effective, and adaptable models that combine standardized implementation with innovative communication strategies to meet the diverse needs of postpartum populations.

Conclusion

Patient navigation is a promising strategy to address the fragmented and often complex nature of maternal healthcare throughout the perinatal continuum. The strongest body of evidence to date supports its role in improving postpartum care, where patient navigation programs have consistently demonstrated improvements in postpartum care utilization, preventive service delivery, chronic disease management, and continuity of care. Further evidence suggesting meaningful benefits among individuals at greatest risk for adverse maternal outcomes or loss to follow-up. Despite these encouraging findings, broader implementation will require sustainable funding mechanisms, standardized training and implementation frameworks, and continued evaluation of long-term maternal outcomes and cost-effectiveness. In the near term, targeted implementation among high-risk populations, coupled with innovative delivery models such as remote and technology-assisted patient navigation, may represent practical strategies to maximize clinical benefit while promoting efficient use of healthcare resources. As evidence continues to evolve, patient navigation has the potential to become an integral component of comprehensive, equitable maternal healthcare and an important strategy for improving maternal health outcomes and reducing persistent health disparities.

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Disclaimers

None.

Word Count

Abstract: 249 words; Body: ____ words

Tables

0

Figures

0

Source(s) of Support

No external funding was received for this work.

Conflict of Interest Statement

The author declares no conflicts of interest.

Submitted: July 03, 2026 EDT. Accepted: August 10, 2026 EDT. Published: September 11, 2026 EDT.

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Peer Reviews

Abstract:

Major comments:

- Line 29: It is mentioned that maternal mortality and morbidity remain “unacceptably high.” While this is a good way to point to the significance of the issue, consider including a representative estimate of current mortality/morbidity rates to give readers a better sense of the magnitude of the problem and further strengthen the rationale for the review.
- Line 38: “Current evidence suggests...” and Line 41: “Emerging evidence further suggests...” Consider merging and reducing the length of these sentences. Since this is the abstract, make sure to highlight the main points only briefly.
- Line 47: “As evidence continues to grow...” Consider deleting this sentence as the importance of implementing patient navigation has already been mentioned earlier in the abstract.

Introduction:

Major comments:

- Line 95: There may be utility in introducing in this paragraph what exactly “Patient navigation” is, with a clear definition. The introduction of this concept does not fully appear until the “Origins and Evolution of Patient Navigation” section on page 5, and even there it is somewhat difficult to discern what exactly it is. The inclusion of a broad-strokes definition earlier in the manuscript may help readers with clarity.

Methods:

Major comments:

- After the introduction section, please add a short methods paragraph for transparency. Since this is a narrative review, you do not need to explain the methodology of finding papers in detail. However, please include the databases searched, keywords used, and the types of papers included in this review. Again, it doesn’t have to be in as much detail as a systematic review.

Prenatal care:

Major comments:

- Line 140: “In a randomized controlled trial of 150 Black women at increased risk...” Readers may benefit from additional context regarding how the population being described as disproportionately affected here. This connects to line 145 “among populations disproportionately affected by barriers to care.” It might be useful for the readers to revisit some of the barriers to care that certain populations may face. You can include a couple lines here regarding that.

Postpartum care:

Minor comments:

- Line 183: “Mental health disorders are among the leading causes of pregnancy-related mortality...” This claim should include a citation. Please include it and change the other citation numbers accordingly, so they are numbered in the order that they appear in the manuscript.