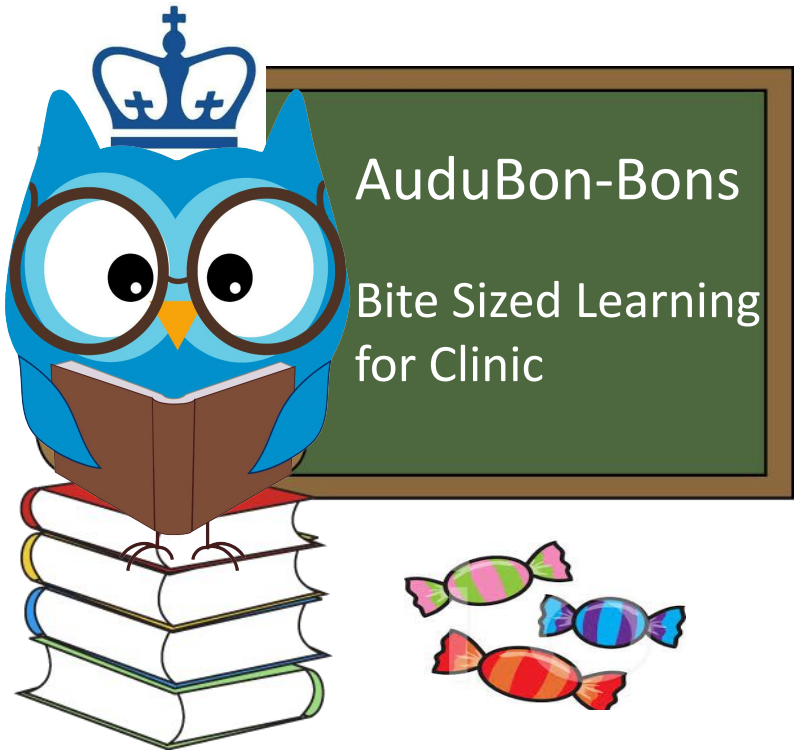
POSTPARTUM VISIT



Week 20

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Reading Assignment:

- Download **Guidelines for Perinatal Care.** https://www.acog.org/Clinical-Guidance-and-Publications/Guidelines-for-Perinatal-Care
Read Chapter 8, section on Postpartum Mood Disorders (pg 294) and Postpartum Visits (pg 296)

- *Dr. Chapa's ObGyn Pearls* podcast: The "4th Trimester" April 28, 2018https://anchor.fm/dr-hector-chapa/episodes/The-4th-Trimester-e1cvra

LEARNING OBJECTIVES

- To understand the importance of the “fourth trimester”
- To provide a general overview of what encompasses routine postpartum visit
- To review how to promote lifelong health and well-being of women

CASE VIGNETTE

- Ms. Post Partum, a 35 y.o. G3P2012, presents for her routine post partum visit.

FOCUSED HISTORY

- What elements of the patient's history of present illness are most important?
  - Antepartum, intrapartum and postpartum issues
  - Mood and emotional wellbeing
    - Depression (PHQ-9)
    - Adaptation to role as a mother
    - Sleep and fatigue
  - Physical recovery
    - Bleeding
    - Laceration healing
    - Pelvic floor recovery
  - Infant care and feeding plan

PERTINENT PHYSICAL EXAM FINDINGS

- VS: BP 118/76, Weight 80kg, BMI 32
- Breast: Symmetric, non-tender, no masses, skin changes, nipple changes or LN
- Abdomen: Non-distended, soft, non-tender
- Pelvic: NEFG, normal vagina and cervix, no lesions or discharge, uterus small and AV, non-tender, no adnexal masses or tenderness

TIMING

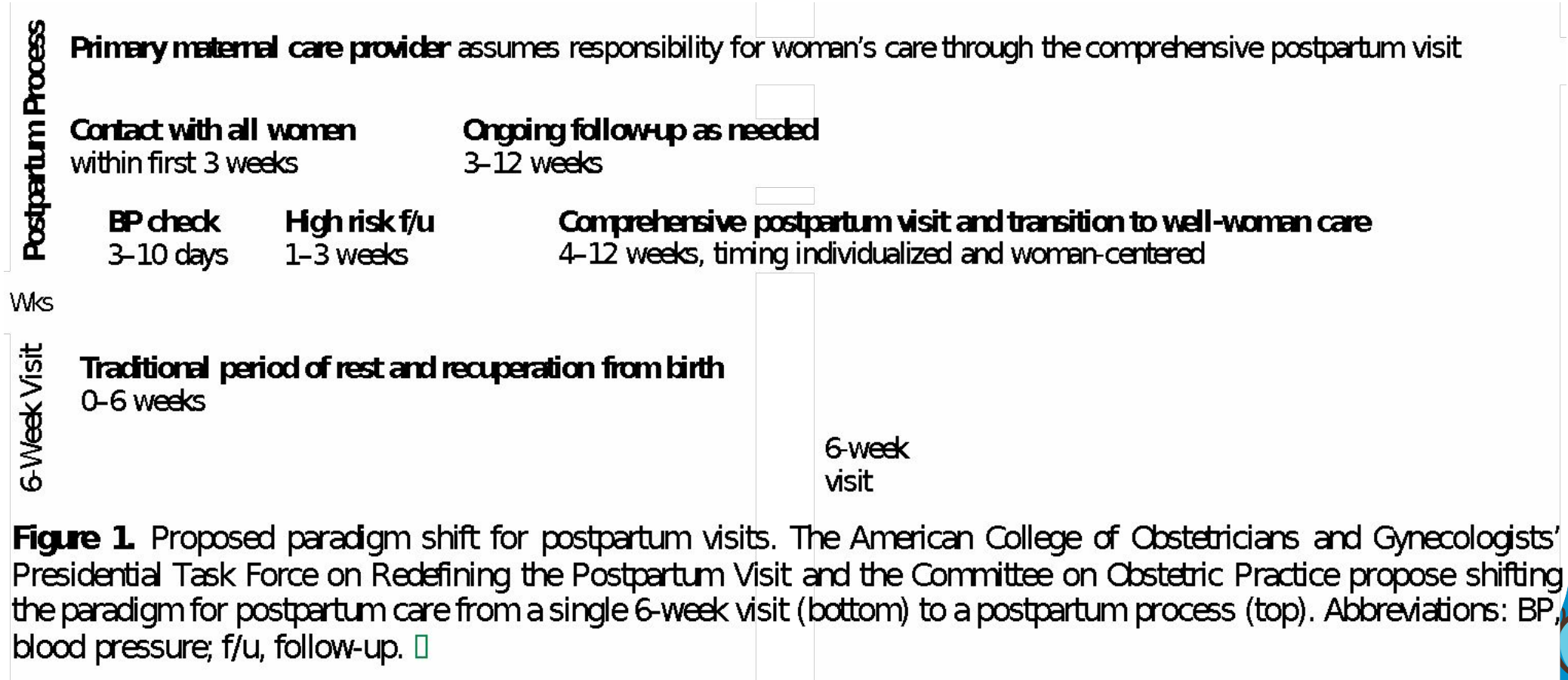

Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up.

TESTING AND TREATMENT

- Vaccinations
  - Tdap
  - MMR
  - Varicella
  - ± Gardasil
  - ± Influenza
- Cervical cancer screening
- ± Diabetes testing
  - 6 – 12 weeks PP
  - Repeat glucose testing at least every 3 years if WNL

EDUCATION AND PLANNING

- Anticipatory guidance
  - Infant feeding
  - Breast pumping at work/school
  - Sexuality
- Healthy lifestyle
  - PP weight retention
  - Physical activity
  - Nutrition
  - Supportive guidance re: tobacco, alcohol or other substance abuse disorders

EDUCATION AND PLANNING - CONTRACEPTION

CONTRACEPTIVE TYPE	TIMING OF INITIATION – BF	TIMING OF INITIATION – NOT BF
COCs, patch, ring	**Avoid if < 21 days PP (4)**	**Avoid if < 21 days PP (4)**
	Risks outweigh benefits 21-29 days PP, regardless of VTE risk (3)	Risks outweigh benefits 21-42 days PP, with other risks for of VTE (3)
	Risks outweigh benefits 30-42 days PP, with other risk factors for VTE (3)	**Benefits outweigh risk 21-42 days PP, without other VTE risks (2)**
	Benefits outweigh risk 30-42 days PP, without other VTE risks (2)	No safety concerns if > 42 days PP (1)
	Benefits outweigh risk of > 42 days PP (2)	
POPs	Any time, including immediately PP (1 or 2)	Any time, including immediately PP (1)
DMPA	Any time, including immediately PP (1 or 2)	Any time, including immediately PP (1)
Implant	Any time, including immediately PP (1 or 2)	Any time, including immediately PP (1)
IUD (all)	Any time, including immediately PP, unless contraindicated (1 or 2)	Any time, including immediately PP, unless contraindicated (1 or 2)

U.S. MEC for Contraceptive Use, 2016

EDUCATION AND PLANNING

- Future family planning
  - Optimization of maternal health during inter-pregnancy period
  - Pregnancy complications
    - How does this pertain to future pregnancies?
    - Future chronic disease risk
  - Pre-pregnancy counseling
    - Planning, spacing, timing of subsequent pregnancies
- Timing of return to work
  - 6 – 8 weeks

REFERRALS

- Primary care provider
  - Assume primary responsibility of ongoing care
- Social worker vs Psychiatrist
- Pelvic floor PT

SOCIAL DETERMINANTS OF HEALTH

Medicaid enrollees have a much lower compliance rate with PPV (~55%) than those enrolled in commercial plans (~80%).

~~Women with incomes > $15,000 per year~~ have a 2x greater odds of being compliant with the postpartum visit than their counterparts.

Among low-income women in the US, unstable housing, transportation barriers and difficulties communicating with providers are significant barriers to receiving a postpartum visit.

Table 3. Multiple regression model for compliance with postp artum visit

Factor	*Adjusted OR*[*]	*95% CI*	*p-value*
Chronic health condition	2.49	(1.07, 5.80)	0.034
≥2 moves in pregnancy	0.35	(0.18, 0.67)	0.002
Trouble understanding provider's language	0.65	(0.43, 0.99)	0.048
Problem traveling to provider	0.59	(0.04, 0.89)	0.013
Received reminder from provider	2.37	(1.40, 4.02)	0.001

[*] Model adjusted for maternal age, race, parity and insurance status. Reference group includes women without a chronic health condition, fewer than two moves in pregnancy, no trouble understanding or traveling to the provider and whom did not receive an appointment reminder.

Policies aimed at improving interconception care in low SES women are needed to address these barriers to accessing health services.

Bryant, Allison S, et al. Predictors of compliance with the postpartum visit among women living in healthy start project areas. Maternal and Child Health Journal, 10(6). 2006-11-01. https://escholarship.org/uc/item/87t7k7zp

Epic .phrase

BBonPostpartumVisit

Description: Assessment and plan for the postpartum visit

1) Post partum
   - Feeding: Breastfeeding/bottle feeding/both***, with no issues, no evidence of breast engorgement or mastitis
   - PP depression screen: denies s/s of mood changes, overall feeling well***
   - BCM: Contraceptive methods were discussed with patient. Patient chooses:*** Patient has no contraindications to the prescribed method. Patient was counseled about risks and benefits, proper use and precautions. Advised use of condoms for prevention of STDs.
   - Sexual activity: safe to resume***
   - Baby: doing well, seeing pediatrician regularly***
   - Postoperatively***: healing well, scar intact, returning to normal activities
   - SW: referral given 2' to ***

2) HCM
   - Pap: ***
   - Flu shot: received during pregnancy***
   - Tdap: received during pregnancy***
   - HPV vaccine: ***
   - Mammo: not indicated***

RTC 1 year for well woman exam or earlier prn

CODING AND BILLING

- Diagnostic Codes (ICD-10)
  - Z39.2Postpartum care and examination
  - Z31.69 General counseling and advice on procreative management
  - Z30.09 Encounter for counseling regarding contraception
- Procedure Codes (CPT): Subsequent OB Visits
  - 99213 Office/outpt visit for an ESTABLISHED pt with 3 key components (expanded problem focused history, expanded problem focused exam, medical decision making of low complexity, counseling, typically 15 minutes spent face-to-face

EVIDENCE

References

- ACOGs Clinical Guidelines. http://www.acog.org/Resources-And-Publications/Guidelines-for-Perinatal-Care (Accessed on May 21, 2019).
- American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, Eighth Edition. Washington, DC: American College of Obstetricians and Gynecologists; 2017.
- Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140–50.
- Screening for perinatal depression. ACOG Committee Opinion No. 757. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e208–12.