



GULF COAST  
**TotalCare**

**FY25 2<sup>ND</sup> Quarter  
Medical Management Meeting  
February 2025**



# **Routine Postpartum Care and Care of the Newborn**

# Postpartum Quality Measure



- Measures the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Includes members who delivered in any setting.
- For these members, the measure assesses the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
- Includes multiple births. Members who had two separate deliveries (different dates of service) between October 8 of the year prior to the measurement year and October 7 of the measurement year count twice. Members who had multiple live births during one pregnancy count once.

# Postpartum Quality Measure



- Exclusions include hospice, death and non live births
- Types of encounters that qualify include a routine post-partum visit, cervical cytology, a bundled service where the date of the postpartum care is identified.
- Acute inpatient visits do NOT count.

# Components of a Postpartum Visit Needed



- Pelvic exam
- Evaluation of weight, BP, breasts and abdomen (notation that the mom is breastfeeding is acceptable for breast exam)
- Notation of postpartum care
- Perineal or cesarean incision/wound check

# Components of a Postpartum Visit Needed



- Screening for depression, anxiety, tobacco use, substance abuse disorder, or pre-existing mental health disorders\
- Glucose screening for members that had gestational diabetes
- Documentation of infant care or breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity and attainment of a healthy weight

# Optimizing Postpartum Care



- Postpartum care is an ongoing process
- Timing for the postpartum visits should be individualized
- An initial assessment should be within the first 3 weeks to address acute postpartum issues
- A comprehensive well-woman visit should occur no later than 12 weeks after birth, and should include full assessment of physical, social and psychological well-being

# Postpartum Mood

## Postpartum Blues



- Develops in up to 40 % women within one week of delivery
- A transient condition develops within 2-3 days after delivery, resolves within two weeks of onset.
- Mild depressive symptoms: sadness, crying, insomnia, anxiety and mood lability
- Self limited condition: ensure adequate time to sleep and rest
- Watch for signs for postpartum depression



# Postpartum Depression



- **About 10 % of women suffer from postpartum depression**
- **All postpartum women should be screened for postpartum depression**
- **Evaluation:**
  - *History: mood swings, concentration, crying, anxiety, appetite, etc.*
  - *Screening tools: PHQ-2, PHQ-9, Edinburgh Postnatal Depression Scale*
  - *Screening at 6 weeks and 3 months postpartum visits*
- **Management:**
  - *Mild to moderate depression with no prior history: psychotherapy*
  - *Mild to moderate depression with prior history: initiate pharmacotherapy.*
  - *SSRI as initial treatment option for breast feeding women (Paroxetine or sertraline)*

# Postpartum Care: GDM



- GDM increase maternal risk of type 2 diabetes later in life.
- Breastfeeding improves maternal glucose metabolism
- Screening for overt diabetes:
  - *Check glucose 24-72 hour after delivery*
  - *Two-hour 75 gm oral GTT 4-12 weeks postpartum*
  - *A1c at one year after delivery*
  - *Ongoing lifestyle changes for risk reduction*

Online Viewing Code



22025



# Postpartum Care: Gestational Hypertensive Disorder

- Increases risk of developing chronic hypertension later in life, as well as Cardiovascular disease, hyperlipidemia and chronic kidney disease.
- Blood pressure normalization after delivery:
  - *Within the first week after delivery, two weeks for preeclamptic pregnancy.*
  - *Transient hypertension of pregnancy: blood pressure returns to normal by 12-week postpartum*
- Early postpartum visit for blood pressure check:
  - *within 3-10 days after delivery*
- Choice of antihypertensive postpartum is same as during pregnancy

# Postpartum Contraception



- Optimal interpregnancy interval is 18-59 months.
- Average ovulation in nonlactating postpartum women starts from 45-94 days with earliest at 25 days.
- More than 50% couples will resume sexual activity by 6-week postpartum.
- Important to address contraception plan at 3-week visit!

# Postpartum Contraception



- Can be initiated immediately postpartum:
  - *Female/male sterilization*
  - *Progestin-only implants*
  - *Intrauterine devices*
  - *The Progestin injection*
  - *Progestin-only pills*

# Postpartum Contraception



- Special considerations
  - Combined hormonal contraception:
    - *Evidence does not support significant effect of hormonal contraception on breastfeeding outcomes*
    - *Delay for at least 30 days to decrease VTE risk, six weeks if women with additional VTE risk factors*
  - Women with depression
    - *Both combined hormonal contraception and progestin-only methods can be used*
  - BMI>30: IUDs and implants are least associated with weight gain

# Care of the Newborn



- Parents should be given instructions on feeding the infant, stooling and urination expectations, umbilical cord care, skin care, genital care and signs of illness prior to discharge
- Car seats should be inspected to ensure the safety of the infant. Proper car seat size and use is critical.
- Follow-up appointments should be facilitated prior to discharge
- Most infants who are healthy, breastfeeding or have left the hospital after 48 hours can be seen in 3-5 days
- If there are any health concerns or the infant left the hospital less than 48 hours, the infant should be seen earlier.



# Areas to Address



- General health of the infant
- Quality of the mother-infant interaction
- Infant behavior
- Feeding
- Stooling and urination
- Review outstanding lab tests/hearing, vision, vaccinations and the newborn screen if available
- Recheck any labs or tests that the infant did not pass
- Parental well being

# Care of the Newborn



- Provide parents with resources for breastfeeding, WIC, and address any social determinants of health
- A good maternal pregnancy and birth history should be obtained
- Discuss infant safety with parents

# Care of the Newborn



AGE <sup>1</sup>	INFANCY								
	Prenatal <sup>2</sup>	Newborn <sup>1</sup>	3-5 d <sup>3</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo
<b>HISTORY</b>									
Initial/Interval	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>									
Length/Height and Weight		●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●
Body Mass Index <sup>4</sup>									
Blood Pressure <sup>5</sup>		★	★	★	★	★	★	★	★
<b>SENSORY SCREENING</b>									
Vision <sup>7</sup>		★	★	★	★	★	★	★	★
Hearing		● <sup>8</sup>	● <sup>9</sup>	→		★	★	★	★
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>									
Maternal Depression Screening <sup>11</sup>				●	●	●	●		
Developmental Screening <sup>12</sup>								●	
Autism Spectrum Disorder Screening <sup>13</sup>									
Developmental Surveillance		●	●	●	●	●	●		●
Behavioral/Social/Emotional Screening <sup>14</sup>		●	●	●	●	●	●		●
Tobacco, Alcohol, or Drug Use Assessment <sup>15</sup>									
Depression and Suicide Risk Screening <sup>16</sup>									
<b>PHYSICAL EXAMINATION<sup>17</sup></b>		●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>18</sup></b>									
Newborn Blood		● <sup>19</sup>	● <sup>20</sup>	→					
Newborn Bilirubin <sup>21</sup>		●							
Critical Congenital Heart Defect <sup>22</sup>		●							
Immunization <sup>23</sup>		●	●	●	●	●	●	●	●
Anemia <sup>24</sup>						★			●
Lead <sup>25</sup>							★	★	● or ★ <sup>26</sup>
Tuberculosis <sup>27</sup>				★			★		★
Dyslipidemia <sup>28</sup>									
<b>Sexually Transmitted Infections<sup>29</sup></b>									
HIV <sup>30</sup>									
Hepatitis B Virus Infection <sup>31</sup>		★							
Hepatitis C Virus Infection <sup>32</sup>									
Sudden Cardiac Arrest/Death <sup>33</sup>									
Cervical Dysplasia <sup>34</sup>									
<b>ORAL HEALTH<sup>35</sup></b>							● <sup>36</sup>	● <sup>36</sup>	★
Fluoride Varnish <sup>37</sup>							←		
Fluoride Supplementation <sup>38</sup>							★	★	★
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●

# Questions



Please reach out with any questions:

- Haleigh Tapscott, Executive Director  
[hptapscott@uabmc.edu](mailto:hptapscott@uabmc.edu)
- Ann Payne-Johnson M.D., M.S., Medical Director  
[apjohnson@health.southalabama.edu](mailto:apjohnson@health.southalabama.edu)
- Genevieve Mantell BSN, RN, Quality Director  
[gmantell@uabmc.edu](mailto:gmantell@uabmc.edu)



GULF COAST  
**TotalCare**

**THANK  
YOU!**