Best Practice Recommendations for Postpartum Care

“The Best Health and Care for Moms and Babies”

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Overview

Call to Action

The U.S. is the only developed nation with a rising maternal mortality rate, and severe maternal morbidities are increasingly common in recent decades. Our infant mortality rate and preterm birth rate are higher than in most developed countries. These facts persist even though the total amount spent on health care in the U.S. is greater than in any other country, with childbirth being one of the highest areas of hospitalization costs. Although Washington State compares favorably to national averages, disparities between sub-populations and suboptimal care scenarios persist, and women and babies continue to suffer preventable morbidity and mortality.

Through the Safe Deliveries Roadmap initiative, the Washington State Hospital Association (WSHA) and its partners aim to improve maternal and infant outcomes by establishing and promoting evidence-based best practices for care across four phases of the perinatal continuum:

- Pre-pregnancy
- Pregnancy
- Labor and Delivery
- Postpartum

About the Safe Deliveries Roadmap Recommendations

The recommendations are universally relevant for all women and newborns. Recommendations for care specific to select special populations (those with certain health conditions or making certain health-related choices) that are relatively common or likely to be subject to variations in current care practices are also included in the “Special Considerations” sections throughout. Physical examinations, patient health self-assessments, and complete health and family history-taking are established as foundations of primary care, and therefore are not specified in these recommendations.

The recommendations are aspirational – they outline the ideal care for optimal health outcomes. They are meant to be adaptable to the changing healthcare landscape. New care models such as team approaches and telemedicine may support implementation of the recommended practices.


The recommendations, tips, tools and resources provided in this toolkit reflect the best evidence as of 2014 and the input of expert clinicians and leaders in health care delivery and public health with expertise in women’s health, obstetrics, midwifery, neonatology, pediatrics, family practice, and health promotion. They will be reviewed and updated as evidence changes, with a full review planned every 2-3 years.

* The Society for Maternal and Fetal Medicine’s grading system ([http://www.ajog.org/article/S0002-9378(13)00744-8/fulltext](http://www.ajog.org/article/S0002-9378(13)00744-8/fulltext)) was used as a model; recommendations meeting any level of evidence were allowed to be included.

**Vision for the Future**

- Women and their families are informed on and engaged in care related to the topics covered by these recommendations.
- Providers and healthcare systems identify and meet each patient’s needs to optimize health outcomes.
  - Care is always culturally appropriate and relevant to each patient. (i.e. Services are responsive to patients’ gender, race/ethnicity, sexual orientation, age, stage, cognitive ability, language, and cultural beliefs.)
- All women and infants have access to care through coverage and primary care medical/health homes.
- Health equity and social determinants of health are addressed to enable optimal health attainment.

**Summary of Postpartum Care Recommendations**

1. **Maternal Postpartum Follow-Up Visits**
   - Provide an appointment for the postpartum follow-up visit before discharging the woman from the hospital after delivery.
   - Provide at least two follow-up visits: 1-2 weeks and 3-6 weeks.
   - During follow-up visits, address the following topics and treat/refer as needed: contraception, diabetes, hypertension, thyroid, medication use, postpartum mood disorders, healthy lifestyle and weight, breastfeeding, immunizations, injury prevention, substance use, violence and abuse, continence, and other patient-specific conditions.

2. **Infant Postpartum Follow-Up Visits**
   - Follow the American Academy of Pediatrics Bright Futures recommendations for preventive care within 24 hours of birth, at 3-5 days, by 1 month, and by 2 months.
   - Schedule the first newborn follow-up visit before discharging the newborn from the hospital or immediately postpartum after an out-of-hospital delivery.

3. **Family Planning**
   - Counsel on the patient’s Reproductive Life Plan.
   - Screen for pregnancy desire in next year. Provide follow up care based on patient’s stated pregnancy intention.
   - Consider the patient’s potential for experiencing reproductive coercion or interference with her contraception.
   - Assess breastfeeding status before recommending non-LARC birth control methods.

4. **Diabetes**
   - For women who were diagnosed with gestational diabetes: screen at 6-12 weeks postpartum for diabetes.
   - For women with history of gestational diabetes: repeat screening annually.
   - For women with pre-diabetes or diabetes type 1 or 2: strongly encourage appropriate lifestyle changes and weight management.
   - For women with pre-diabetes or diabetes type 1 or 2: verify appropriate follow up care and continued use of folic acid.
5. Mental Health
   • Screen for maternal postpartum mood disorders using a validated tool; treat/refer as needed.

6. Healthy Weight, Nutrition, and Physical Activity
   • At every visit, measure body mass index. Educate on recommended weight gain or loss, as needed.
   • Assess comorbidities/risks to determine treatment priorities, as needed.
   • Assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and tailored plan of action. Refer to dietitian and/or individual or group lifestyle intervention programs as appropriate.

7. Breastfeeding
   In hospital:
   • Promote exclusive breastfeeding, as outlined by the US Taskforce on Breastfeeding.
   • Provide or refer to out-patient or community lactation support.
   In and out of hospital:
   • Encourage exclusive breastfeeding for about the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
   • Assess maternal use of medications and recreational drugs, and counsel on reducing potential risks of harm to the baby.

8. Maternal Immunizations
   • Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices recommendations.
   • Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

9. Infant Immunizations
   • Ensure vaccines are up to date, per CDC ACIP recommendations.
   • Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

10. Injury Prevention
    • Identify high risk family situations and refer to appropriate resources.
    • Provide counseling about the full range of infant safety topics, including both the Safe Kids recommendations and: sepsis, second hand smoke, shaking prevention, and gun safety.
    • Encourage new parents to program the phone number for the Washington Poison Center into their phones.

11. Bilirubin Screening
    • Before discharge from the hospital, assess every newborn for the risk of developing severe hyperbilirubinemia using total serum bilirubin or transcutaneous bilirubin and/or assessment of clinical risk factors.
    • Infants discharged at <72 hours should be seen within 2 days of discharge.

12. Hearing Screening
    • Screen all newborns per Early Hearing Detection and Intervention guidelines, and ensure referral to follow up care as needed.

13. Critical Congenital Heart Defects
• Screen all newborns for critical congenital heart defects after 24 hours of birth, using pulse oximetry screening, along with a complete history and physical examination.

14. Future Preterm Birth Risk
• Assess for poor obstetrical history

Note about the Postpartum Care Recommendations

These recommendations consider the postpartum period to be the first 60 days of life, and address care needed during that period.

**Topic 1: Maternal Postpartum Follow-Up Visits**

**Recommendations**
• Provide an appointment for the postpartum follow-up visit before discharging the woman from the hospital after delivery.
• Provide at least two follow-up visits: 1-2 weeks and 3-6 weeks.
• During follow-up visits, address the following topics and treat/refer as needed:
  - contraception
  - diabetes
  - hypertension
  - thyroid
  - medication use
  - postpartum mood disorders
  - healthy lifestyle and weight
  - breastfeeding
  - immunizations
  - injury prevention
  - substance use (alcohol, nicotine, marijuana, and other drugs with abuse potential)
  - violence and abuse
  - continence
  - other patient-specific conditions

**Implementation Tips**
• Maternal postpartum follow-up visits can be done by diverse provider types.
• Ensure access to follow-up care, e.g. via drop-in centers or alignment with newborn follow-up care.
• Consider routinely screening mothers’ blood pressure at newborn follow-up visits.
• For women with gestational hypertension or preeclampsia, blood pressure should be monitored for at least 72 hours postpartum and then again 7-10 days after delivery.

**Maternal Postpartum Follow-Up Visits Tools & Resources**

**References**
Topic 2: Infant Postpartum Follow-Up Visits

Recommendations

- Follow the American Academy of Pediatrics (AAP) Bright Futures recommendations for preventive care within 24 hours of birth, at 3-5 days, by 1 month, and by 2 months. C, D
- Schedule the first newborn follow-up visit before discharging the newborn from the hospital or immediately postpartum after an out-of-hospital delivery.

Implementation Tip

- Provide postpartum depression screening for the mother, and referral if necessary, at pediatric follow-up visits.

Infant Postpartum Follow-Up Visits Tools & Resources

C. Bright Futures Recommendations for Preventive Pediatric Health Care (American Academy of Pediatrics (AAP)):
   http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

D. Content of the First Newborn Follow-Up Visit checklist (AAP, available to AAP members only):
   http://www.aap.org/en-us/professional-resources/practice-support/Vaccine-Financing-Delivery/Documents/Newborn_Visit_SAMPLE.pdf

References

(19-21)

Topic 3: Family Planning

Recommendations

- Counsel on the patient’s Reproductive Life Plan. E, F
- Screen for future pregnancy desire in the next year, for example by asking “Would you like to become pregnant in the next year?”
  - If NO (never wants to be pregnant again): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), sterilization, and vasectomy. G-O
  - If NO (wants to be pregnant again but later than the next year) or AMBIVALENT (not sure about pregnancy desire in the next year): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), and educate about planning pregnancy/preconception health. Counsel on a healthy pregnancy interval of 18-60 months and risks of pregnancy at advanced maternal age, as appropriate. Encourage woman to return for a visit to address pregnancy planning if she decides to become pregnant before next regular visit. G-O
  - If YES (wants to be pregnant in the next year): Educate about planning pregnancy and preconception health, or health-related preparation for pregnancy. Where relevant, educate about a healthy pregnancy interval of 18-60 months and the risks of pregnancy at advanced maternal age. Emphasize the importance of starting prenatal care once pregnant; educate about how to seek prenatal care. If the woman has a significant medical condition (e.g. hypertension, diabetes), discuss the impact of her condition on pregnancy and plan for optimal management of the disease.
Consider the patient’s potential for experiencing reproductive coercion or interference with her contraception; as appropriate, counsel on methods that are easily hidden and difficult to interfere with.

Assess breastfeeding status before recommending non-LARC birth control methods.

### Special Considerations:
- Discuss recurrence risks of pregnancy complications based on her obstetric and medical histories (trial of labor after cesarean section (TOLAC), preeclampsia, intrauterine growth restriction).
- Refer to or provide preconception consultation with Maternal Fetal Medicine specialist as indicated.

### Family Planning Tools & Resources
- **E. Reproductive Life Plan tool for Health Professionals (Centers for Disease Control and Prevention (CDC))**: [http://www.cdc.gov/preconception/rlptool.html](http://www.cdc.gov/preconception/rlptool.html)
- **F. Reproductive life plan tool for women (CDC)**: [http://www.cdc.gov/preconception/reproductiveplan.html](http://www.cdc.gov/preconception/reproductiveplan.html)
- **H. Contraceptive Medical Eligibility Criteria (CDC)**: [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm#a](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm#a)
- **J. When to Start Using Specific Contraceptive Methods (CDC)**: [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Box1_App_B_D_Final_TAG508.pdf](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Box1_App_B_D_Final_TAG508.pdf)
- **L. Recommended Actions After Late or Missed Combined Oral Contraceptives (CDC)**: [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Fig_2_3_4_Final_TAG508.pdf](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Fig_2_3_4_Final_TAG508.pdf)

### References
(22-42)

### Topic 4: Diabetes

#### Special Considerations
- For women who were diagnosed with gestational diabetes: screen at 6-12 weeks postpartum for diabetes.
- For women with history of gestational diabetes: repeat screening annually.°
- For women with pre-diabetes or diabetes type 1 or 2: strongly encourage appropriate lifestyle changes and weight management. (See also Topic 6.)
- For women with pre-diabetes or diabetes type 1 or 2: verify appropriate follow up care and continued use of folic acid.
### Topic 5: Mental Health

#### Recommendations
- Screen for maternal postpartum mood disorders using a validated tool; treat/refer as needed.$^Q,R,T,U$

#### Implementation Tip
- Screen for traumatic experience during birth. (Ideally, this should be done by the delivering provider.)

#### Mental Health Tools & Resources


**S.** Pregnancy and Depression website (Washington State Department of Health (WA DOH)): [http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Depression](http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Depression)

**T.** Website on depression screening, including Patient Health Questionnaire 2 (PHQ-2) and PHQ-9 (American Academy of Family Physicians (AAFP)): [http://www.aafp.org/afp/2012/0115/p139.html](http://www.aafp.org/afp/2012/0115/p139.html)


**V.** Perinatal Depression Initiative website (ACOG): [http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Perinatal-Depression-Initiative](http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Perinatal-Depression-Initiative)

#### References
(48-61)

### Topic 6: Healthy Weight, Nutrition, and Physical Activity

#### Recommendations
- At every visit, measure body mass index (BMI). Educate on recommended weight gain or loss, as needed.$^X$
- Assess comorbidities/risks to determine treatment priorities, as needed.
- Assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and tailored plan of action. Refer to dietitian and/or individual or group lifestyle intervention programs (e.g. healthy eating, active living), as appropriate.$^{x-cc}$

#### Special Considerations
- For women with gestational diabetes, pre-diabetes or diabetes types 1 or 2: see also topic 4.
Healthy Weight, Nutrition, and Physical Activity Tools & Resources

W. Postpartum Visit Algorithm: Overweight/Obesity (ACOG):

X. Tool for calculating BMI & nutrition needs (Food and Nutrition Information Center):
   http://fnic.nal.usda.gov/fnic/interactiveDRI/

Y. Dietary and exercise tools and resources (United States Department of Health and Human Services (US DHHS):
   http://www.health.gov/dietaryguidelines/2010.asp#resources

Z. 10 Tips for Women’s Health handout (United States Department of Agriculture (USDA)):

AA. Choose My Plate Daily Food Plan calculator (USDA):
   http://www.choosemyplate.gov/myplate/index.aspx

BB. Physical Activity guidance (CDC):
   http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html

CC. Readiness/confidence to change ruler tool (Perinatal Services):

DD. Women and Obesity: Tools and Resources to Help Patients Lead Healthier Lives (ACOG):
   http://www.acog.org/About_ACOG/ACOG_Districts/District_II/Women_and_Obesity

References
(62-65)

Topic 7: Breastfeeding

Recommendations

In hospital:
- Promote exclusive breastfeeding, as outlined by the US Taskforce on Breastfeeding.
- Provide or refer to out-patient or community lactation support. FF-EI

In and out of hospital:
- Encourage exclusive breastfeeding for about the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
- Assess maternal use of medications and recreational drugs, and counsel on reducing potential risks of harm to the baby. EE

Breastfeeding Tools and Resources

EE. LactMed database on medications and breastfeeding (National Institutes of Health (NIH)):

FF. Webpage for moms on breastfeeding, including resources on going back to work and breastfeeding (WithinReach):

GG. BreastFeeding Inc. website:
   http://www.breastfeedinginc.ca

HH. Black Mothers’ Breastfeeding Association website:
   http://blackmothersbreastfeeding.org

II. La Leche League of Washington website:
   http://www.lllofwa.org/

References
(66-78)
**Topic 8: Maternal Immunizations**

**Recommendations**
- Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices (ACIP) recommendations.\textsuperscript{JJ}
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

**Maternal Immunizations Tools & Resources**

**References**
(79-85)

**Topic 9: Infant Immunizations**

**Recommendations**
- Ensure vaccines are up to date, per CDC ACIP recommendations.\textsuperscript{LL-OO}
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

**Infant Immunizations Tools & Resources**
- OO. Videos modeling how to talk with parents about child vaccines (AAP): [http://www2.aap.org/immunization/pediatricians/riskcommunication-VIDEOS.html](http://www2.aap.org/immunization/pediatricians/riskcommunication-VIDEOS.html)

**References**
(86-87)

**Topic 10: Injury Prevention**

**Recommendations**
- Identify high risk family situations and refer to appropriate resources.\textsuperscript{PP,QQ}
- Provide counseling about the full range of infant safety topics, including both the Safe Kids recommendations and:\textsuperscript{RR}
  - Sepsis (using a thermometer; how to assess fever temperature and signs of sepsis; when to call provider)
  - Second hand smoke\textsuperscript{SS}
  - Shaking prevention\textsuperscript{UU}
Gun safety 
- Encourage new parents to program the phone number (1-800-222-1222) for the Washington Poison Center into their phones.

Implementation Tip
- Strongly recommend safe gun storage strategies and consider recommending the removal of guns from the home. Consider counseling about and promoting use of gun safes, trigger locks, cable locks, etc.
- Consider modeling safe sleep practices while mothers and babies are still in the birthing hospital.

Injury Prevention Tools and Resources

RR. Safe Kids infant safety website (Safe Kids Worldwide): http://www.safekids.org/infantsafety
SS. Substance Free for My Baby (WA DOH): http://here.doh.wa.gov/materials/substance-free-for-my-baby
UU. Period of PURPLE Crying website and video: http://purplecrying.info/
WW. Washington Poison Center website: http://www.wapc.org/

References
(88-94)

Topic 11: Bilirubin Screening

Recommendations
- Before discharge from the hospital, assess every newborn for the risk of developing severe hyperbilirubinemia using total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) and/or assessment of clinical risk factors.
- Infants discharged at <72 hours should be seen within 2 days of discharge.

Bilirubin Screening Tools & Resources

XX. Bilitool website for providers to assess risk (Bilitool, Inc.): http://bilitool.org/

References
(95-107)

Topic 12: Hearing Screening

Recommendations
- Screen all newborns per Early Hearing Detection and Intervention guidelines, and ensure referral to follow up care as needed.

Hearing Screening Tools & Resources

References
(108-110)

Topic 13: Critical Congenital Heart Defects

Recommendations
- Screen all newborns for critical congenital heart defects (CCHD) after 24 hours of birth, using pulse oximetry screening, along with a complete history and physical examination.

Critical Congenital Heart Defects Tools & Resources
- Strategies for Implementing Screening for Critical Congenital Heart Disease (AAP): http://pediatrics.aappublications.org/content/128/5/e1259.full

References
(111-115)

Topic 14: Future Preterm Birth Risk

Recommendations
- Assess for poor obstetrical history (e.g. previous preterm birth, miscarriage, stillbirth, low birth weight, hypertension, gestational diabetes, birth defects/genetic conditions, postpartum depression and psychosis).

Special Considerations
- For patients with poor obstetrical histories, strongly encourage further counseling before next pregnancy with a maternal and fetal medicine specialist (a.k.a. perinatologist) as appropriate.
- For patients with poor obstetrical histories and intending or at risk for pregnancy, screen for perinatal risk factors. Counsel and refer as indicated before next pregnancy.
- For women with modifiable risks (e.g. tobacco use, depression, violence, alcohol/drugs, lack of support systems), provide treatment or referrals.
- For women with a history of spontaneous preterm birth 16-36 weeks, educate about the use of 17-OH-P injections in future pregnancies.

Future Preterm Birth Risk Tools & Resources
- Wait One Year website for women who had a preterm birth (WA DOH): http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Pregnancy/WaitOneYear

References
General Tools and Resources

General Resources for Providers and Patients:


EEE. Postpartum Algorithms and Patient Handouts (Every Woman California Interconception Care Project): http://www.everywomancalifornia.org/content_display.cfm?contentID=359&categoriesID=120&CFTOKEN=bd87b90f638d419-318A2115-C622-BD9D-76102CD3AFFD68E2

FFF. Pregnancy Portal (WA DOH): http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Pregnancy

Reference List


37. Centers for Disease Control and Prevention. Update to CDC’s U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception among Women at High Risk for HIV Infection or Infected with HIV. MMWR. 2012 June 22; 61(24): 449-52. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6124a4.htm?s_cid=mm6124a4_e%0D%0A


