Welcome to the Pregnancy Medical Home “First Tuesdays” Webinar: Postpartum Care and the Transition to Well Woman Care

- Webinar will begin at 7:30am
- Connect to audio by computer
- Submit any questions through chat
The Pregnancy Medical Home (PMH) program is a statewide model to improve quality of care, improve outcomes and reduce health care costs in the pregnant Medicaid population.

- Primary focus is on preterm birth prevention.
- Funding/oversight from NC Division of Medical Assistance (Medicaid), operated by Community Care of North Carolina, a private, non-profit population management organization.
- CCNC has 14 networks and a central office in Raleigh.
  - “OB teams” in each network/central office include physician champions and nurse coordinators.
- 1,700 maternity providers in 380 practices.
- 57,000 “non-Emergency” Medicaid deliveries/year in NC.
PMH Care Pathways

- PMH physician leadership from across the state (network OB Champions) collaborate to create clinical guidance for maternity providers
- Evidence-based guidance to promote best practices, improve quality and improve outcomes
- PMH Care Pathways shared on PMH webpage on CCNC’s website
Currently available PMH Care Pathways:

- Hypertensive Disorders of Pregnancy
- Induction of Labor in Nulliparous Patients
- Perinatal Tobacco Use
- Postpartum Care and the Transition to Well Woman Care
- Preterm Birth Prevention: Treatment with Progesterone and Cervical Ultrasound Screening

https://www.communitycarenc.org/population-management/pregnancy-home/pmh-pathways/
Today’s session:
Postpartum Care and the Transition to Well Woman Care

Upcoming Webinars:
- May 5: Management of Substance Use in Pregnancy
- June 2: Reproductive Life Planning and the Use of Long-Acting Reversible Contraception
Postpartum Care and the Transition to Well Woman Care

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Postpartum Pathway Presentation: Outline

- Background: Evidence-base and importance
- Pathway: organization and additional resources
- Pathway: care transitions
- Pathway: content of comprehensive visit
Postpartum Care: Background

- Lack of evidence regarding optimal timing and content of postpartum care
  - Other ACOG guidelines and taskforce statements regarding gestational diabetes and gestational hypertension
- Other recommendations based on evidence and guidance behind specific preventive interventions for all reproductive age women
Postpartum Pathway Principle

The postpartum period is an important opportunity for preventive care and ensuring a smooth transition to well woman care.
Comprehensive Postpartum Visits in NC, 2012

- NC Medicaid reimbursed a postpartum visit incentive payment for fewer than 50% of Pregnancy Medical Home patients in 2012

- Risk factors for no postpartum visit:
  - Multiparity
  - Poor birth outcomes
  - Low educational attainment
  - Older age

CCNC, 2014, unpublished data
Postpartum Pathway
Additional Resources

- **Checklist:** *Coming Soon!!!*
- **Appendix A** – Additional Content Guidance
- **Appendix B** – Ongoing Health Insurance Info
- **Appendix C** – Medicaid Reimbursement for postpartum care (including $150 incentive)
- **Appendix D** – Resources for postpartum care
Postpartum Care Pathway

- Care Transitions in the Postpartum Period
  - Timing of postpartum visits
  - Coordination of primary care
- Content of the Comprehensive Postpartum Visit
Care Transitions: Prior to Discharge

- Provide contact information for postpartum care provider and reasons to contact provider
  - Provide 24 hour lactation support contact information
- Review immunization history and provide vaccines
- Address smoking cessation
- Evaluate for signs or symptoms of postpartum preeclampsia
Care Transitions: Scheduling Comprehensive Postpartum Visit

- Schedule a comprehensive postpartum visit for ALL women at 14-42 days post-delivery

- Strategies which may improve adherence to the postpartum visit:
  - Use of pregnancy care managers
  - Schedule the visit prior to delivery or discharge
  - Reminder letters/phone calls
  - Schedule the visit earlier to allow time for rescheduling if necessary
  - Immediate outreach to patients after missed visits
All gestational diabetics should have glucose screening 6-12 weeks after delivery.

Certain family planning methods have recommended time for initiation after delivery per the CDC:

- **IUD**: insertion immediately postpartum or ≥4 weeks postpartum
- **Implant**: no restrictions
- **Combined oral contraceptive pills, contraceptive patch and contraceptive ring**: 30 days postpartum if no VTE risk factors; 42 days with risk factors for VTE
- **Diaphragm**: fit ≥6 weeks after delivery
Care Transitions: Early Follow-up

- Gestational hypertension: 7-10 day post-delivery blood pressure check

- Risk factors for postpartum mood disorder: 7-14 days post-delivery depression screen
  - Mental health history
  - Lack of social support
  - Recent stressful events
  - Other (provider determines)

- Consider for other factors:
  - Operative delivery
  - 3rd/4th degree perineal lacerations
  - Diabetes
  - Lactation difficulties
Comprehensive Postpartum Visit Content

- Review of complications of pregnancy and/or delivery
  - Educate the patient about risks for future pregnancies, long-term health implications
Comprehensive Postpartum Visit Content

- Blood pressure measurement
  - Perform after patient has rested for >5 minutes
Comprehensive Postpartum Visit Content

- Screening for postpartum depression using a validated screening tool
  - Links to screening tools and other resources: Appendix A
  - Develop a referral protocol for complicated and uncomplicated depression
Comprehensive Postpartum Visit Content

- Reproductive life planning
  - Encourage the woman to discuss short- and long-term pregnancy intentions with partner
  - Promote optimal birth spacing
  - Assist women to select a family planning method that aligns with their reproductive life plan
  - Provide access to or referral for the patient’s preferred method
  - Adhere to the CDC recommendations regarding timing of specific methods postpartum
Comprehensive Postpartum Visit content

- Immunization review/provide immunizations
  - Focus on influenza, Tdap, MMR and Varicella
  - Others may be indicated: Pneumonia, Hepatitis, Meningitis, HPV
Comprehensive Postpartum Visit Content

- Breastfeeding support
  - At comprehensive visits assess breasts and lactation history
  - Discuss and treat problems
  - Discuss return to work and lactation
Comprehensive Postpartum Visit Content

- Smoking cessation – utilize the “5 A’s”
  - Ask all patients about current smoking status
  - Advise to quit with personalized message
  - Assess willingness to quit
  - Assist: Provide a brief intervention to current smokers, consider pharmacotherapy, and initiate a proactive referral to the NC Quitline
  - Arrange follow-up visit
  - See Perinatal Tobacco Use Pathway
Comprehensive Postpartum Visit Content

- Healthy lifestyle behavioral advice
  - Measure BMI
  - Provide weight loss counseling to women with BMI ≥25 and recommend intensive lifestyle intervention
  - For ALL women:
    - Adequate physical activity
    - Daily multivitamin with folic acid
    - High quality, healthful diet
Comprehensive Postpartum Visit Content

- Pap smear if indicated by ASCCP guidelines
  - Every 3-5 years for women 21-65
Transition to primary care: Ongoing Health Insurance

- Some patients have ongoing Medicaid coverage
- For patients in the MPW category, coverage ends on the last day of the month in which the 60th postpartum day occurs
  - Healthcare.gov for insurance with possible subsidies
  - Medicaid Family Planning coverage
    - Annual exam
    - Periodic visits
    - STI testing/treatment
    - Some labs
    - Almost all contraceptive methods
Transition to primary care

- Educate all patients about the value/timing of primary care in the reproductive years
  - Annual visits for all women
  - More frequent visits for women with medical complications
- Identify a source of ongoing primary care
  - Insured patients: continue with current practice or PCP referral
  - Uninsured patients: Safety net provider referral
  - Warm hand-off for medically complicated patients
Questions?

- Next webinar:
  Tuesday May 5, 7:30am – Management of Substance Use in Pregnancy

- Slides from today’s webinar, recording of today’s webinar, and all PMH Care Pathway materials are available on the Postpartum Pathway page on CCNC’s website: