An early postpartum visit (within 2 weeks of delivery) provides women with an essential maternal health safety check, including: blood pressure evaluation, wound/perineum check, mental health well-being check, breastfeeding support, discussion of pregnancy spacing and family planning options, as well as follow-up for any medical/pregnancy complications with linkage to indicated referrals and community services (i.e., WIC, home visiting programs, lactation support groups, Substance Use Disorder treatment and support).

Why See All Patients Within 2 weeks? Why Can’t it Wait?

- In Illinois, 24% of pregnancy-associated deaths occurred 0-42 days postpartum - the period before the traditional 6-week postpartum visit
- 50% of postpartum strokes occur within 10 days of discharge
- 20% of women discontinued breastfeeding before the first six weeks
- Up to 40% of women do not attend the 6-week postpartum visit
- As many as 1 in 5 women experience a postpartum mental health disorder
- Illinois Maternal Morbidity and Mortality Report recommends adopting ACOG standards re: early postpartum visits scheduled prior to hospital discharge

Maternal Morbidity and Mortality

- 80% of pregnancy-associated deaths in Illinois occurred in the postpartum period
- 72% of pregnancy-associated deaths in Illinois were preventable
- In Illinois, Black women share a significant burden of maternal morbidity and mortality
  * 6x more likely to experience pregnancy-associated death than white women
  * Experience severe maternal morbidity at almost 3 times the rate of white women

Reframing the Postpartum Period

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<td><strong>Universal early postpartum visit within 2 weeks</strong></td>
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<td><strong>Traditional 6-week postpartum visit</strong></td>
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<td><strong>Transition to well-woman care</strong></td>
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<td>- Identify ongoing primary care provider</td>
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<td>- Recommendations for follow up for well-woman care and/or any ongoing medical issues</td>
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<td>- Appropriate referrals to other members of health care team</td>
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Women Desire Early Postpartum Visits Qualitative studies point to women’s lack of satisfaction with postpartum care compared to maternal care with women noting a steep drop off in care in the early postpartum period.
Improving Postpartum Access to Care (IPAC)

Components of the Visit

- Blood pressure check
- Wound / perineum check
- Postpartum bleeding assessment
- Mood check/Depression screening
- Breastfeeding support
- Review of pregnancy spacing recommendations/ family planning/ contraception options
- Linkage to health/community services (i.e., WIC, home visiting programs, lactation support groups)
- Check in on any medical / pregnancy complications and need for follow-up care
- Discuss risk reduction strategies for future pregnancies (i.e., 17-OHP for preterm birth, aspirin for preeclampsia, blood sugar control for diabetes)
- Follow up on substance use risks / disorder and link to treatment and support

National and State Guidance

ACOG (Committee Opinion #736)
Optimizing Postpartum Care, May 2018

- Recommends an early postpartum visit with a maternal care provider
- Followed by a comprehensive postpartum visit between 4-12 weeks
- Transition to well-woman care

Illinois Maternal Morbidity and Mortality Report Key Recommendations

- Expand Medicaid eligibility to one year post-delivery
- Unbundle postpartum visit payment from delivery bundle
- Adopt ACOG recommendations re: early postpartum visits
- Schedule early postpartum visit prior to hospital discharge
- Check in on any medical / pregnancy complications and need for follow-up care
- Discuss risk reduction strategies for future pregnancies (i.e., 17-OHP for preterm birth, aspirin for preeclampsia, blood sugar control for diabetes)
- Follow up on substance use risks / disorder and link to treatment and support

What About Billing?
The Illinois Maternal Morbidity and Mortality Report recommends future policy solutions to address common issues with billing. Current solutions include:
1. One pregnancy related visit during the postpartum visit is billable linked to pregnancy.
2. An early postpartum visit can also be billed without a pregnancy diagnosis using CPT Evaluation and Management codes 99211-99215. Key components of the maternal health safety check should be documented. Apend modifier 24 to the E/M code to indicate care outside of global fee.

Focus on Changing Practice to Improve Outcomes
National and State groups recommend a paradigm shift in caring for postpartum women. Postpartum maternal morbidity and mortality can affect all patients, regardless of a healthy and uncomplicated pregnancy. Early postpartum visits can make a difference for all moms.

References

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