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\(^1\)
- 50% of postpartum strokes occur within 10 days of discharge
- 20% of women discontinued breastfeeding before the first six weeks\(^3\)
- Up to 40% of women do not attend the 6-week postpartum visit\(^2\)
- 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\(^1\)
- 72% of pregnancy-associated deaths in Illinois were preventable\(^1\)
- In Illinois, Black women share a significant burden of maternal morbidity and mortality
  - 6x more likely to experience pregnancy-associated death than white women\(^1\)
  - Experience severe maternal morbidity at almost 3 times the rate of white women\(^1\)

Reframing the Postpartum Period

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**Universal early postpartum visit within 2 weeks**
- BP check
- Wound/perineum check
- Mood check/depression screening
- Family planning
- Breastfeeding support

**Traditional 6-week postpartum visit**
- Full physical, social, emotional assessment, including
  - Mood and emotional well-being
  - Infant care and feeding
  - Family planning
  - Sleep and fatigue
  - Physical recovery from birth

**Transition to well-woman care**
- Identify ongoing primary care provider
- Recommendations for follow up for well-woman care and/or any ongoing medical issues
- Appropriate referrals to other members of health care team

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\(^4,5\)

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\(^1\) This reference is not provided in the text.

\(^2\) This reference is not provided in the text.

\(^3\) This reference is not provided in the text.

\(^4\) This reference is not provided in the text.

\(^5\) This reference is not provided in the text.
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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