



# The Postpartum Visit

## Preconception Health

### What is a Postpartum Visit?

While there is no standard definition for postpartum visits (PPVs), there is a general acceptance that a postpartum visit is a woman's visit to a health care provider within the recommended 4-6 weeks after giving birth.<sup>1</sup>

Recommendations for care during this visit include a check on how new mothers are doing emotionally and physically. New mothers also have the opportunity to ask any questions about their body changes, contraception, breastfeeding, infant sleep position, smoking, and a host of other postpartum issues.

### Why are PPVs important?

PPVs provide opportunities to assess the physical and psychosocial well-being of the mother, counsel her on infant care and family planning, and give appropriate referrals for preexisting or developing chronic conditions such as diabetes, hypertension, or obesity.<sup>1</sup>

PPVs are great opportunities for the prevention of future illnesses. For example, 50-70 percent of women who developed gestational diabetes mellitus (GDM) during their pregnancy will go on to develop type 2 diabetes (T2DM). The PPV is a time for these women to have their blood sugar tested and receive counseling and referrals to prevent developing T2DM.

PPVs are considered an indicator for preconception health in the general population. This is because the care a woman receives can improve the health of a future pregnancy. It is an opportunity for both provider and patient to discuss birth spacing, contraception, and health in between births.

### Barriers to the PPV

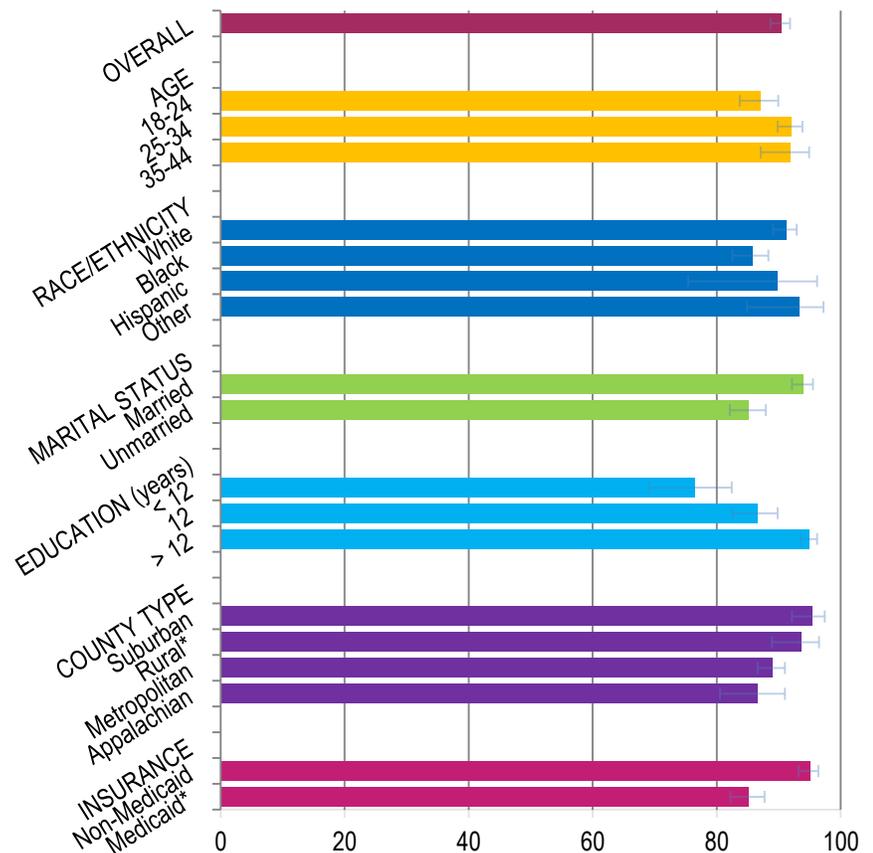
Documented barriers to completion of the PPV include:

- Adjusting to being a new mom;
- Lack of child care during appointment time;
- Conflict of work schedule with appointment;
- Discontinuation of insurance coverage;
- Dissatisfaction with care; and
- Perception of poor continuity of care.

Even mothers with complications such as GDM may not recognize the importance of postpartum care due to<sup>3</sup>

- Fear of negative prognosis, or
- Perception of having good health, therefore no need for follow up.

### Mothers (18-44) Who Reported Receiving a Postpartum Visit, by Demographics, Ohio, 2009-2010



Source: Ohio Pregnancy Risk Assessment Monitoring System, Ohio Department of Health

Overall, 90 percent of new Ohio mothers *report* receiving a postpartum visit, and this proportion did not change between 2006 and 2010.

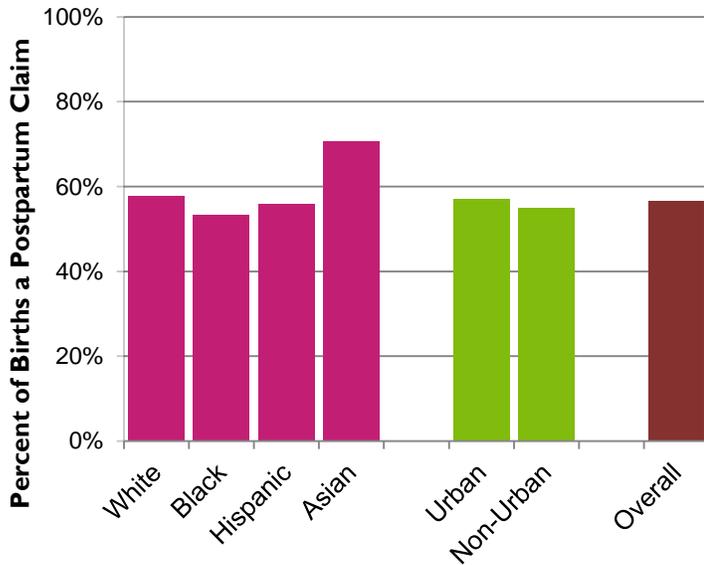
The following groups were significantly less likely to report completing a postpartum visit:

- Non-Hispanic black mothers (versus non-Hispanic white)
- Unmarried (versus married)
- Mothers with less than a high school education (versus 12 or more years)
- Mothers living in metropolitan and Appalachian counties (versus suburban)
- Medicaid recipients (versus not insured by Medicaid)

### Preconception Health

is a woman's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant.

## Postpartum Visit Medicaid Claims, by Race and Geography, Ohio, 2010



Source: Ohio Medicaid Claims

## Postpartum Visit Completions in Medicaid

Medicaid is a source of payment in more than half of all births that occur in Ohio. Women covered by Medicaid for childbirth retain coverage for at least 60 days after the pregnancy ends. Ohio Medicaid claims data for calendar year 2010 indicate that 56.5 percent of women received a PPV between 21 and 56 days after delivery.

This percent varies by race and ethnicity in a similar pattern to self-reported visits (self-reported data on opposite page), where black and Hispanic women less often have a claim for a PPV compared to white women. PPV claims are highest among Asian women. There is little difference between women living in urban and rural areas.

These data only captured visits that are billed to Medicaid and women may receive care during this period that is not billed to Medicaid, or may receive care before 21 days or after 56 days. These data do not capture information about the content or quality of the PPV.



## What is Being Done in Ohio to Increase Postpartum Visits?

- ✓ Ohio's GDM Collaborative is working to increase PPVs and diabetes screening among women with a history of GDM.
  - In 2014-15, the collaborative is overseeing the design and implementation of a quality improvement project for improving the percentage of Medicaid women with a GDM history that undergo postpartum screening for T2DM. A toolkit is being produced for providers to better educate women with GDM on T2DM risk reduction and the importance of lifelong screening beginning at the PPV.
- ✓ Ohio Medicaid initiated a grant-funded postpartum care quality improvement pilot project in the Cincinnati area to improve both the occurrence and content of the PPV, to focus efforts on reducing racial/ethnic disparities in care, and to identify potential interventions for statewide implementation. Medicaid also includes postpartum care as one of the 22 contract measures used to focus on quality improvement.
- ✓ Several Medicaid managed care plans (MCPs) have implemented incentive programs that reward mothers who complete perinatal and PPV. MCPs also offer a home visit to the newborn and the mother to assess their well-being, address concerns, and to reiterate the importance of receiving a PPV. Ohio Medicaid is working with MCPs to more timely identify women who are at risk for poor pregnancy or birth outcomes by using vital statistics information and then to provide enhanced services such as tobacco cessation counseling, specialized care management, and centering (group) care.
- ✓ ODH supports PPVs through local grantees.
  - Local Child and Family Health Services (CFHS) grantees have benchmarks to increase the proportion of clients who attend PPV, and receive separate reimbursement for PPVs. Clinical protocols for the content of these visits were updated in 2013. Importantly, mothers diagnosed with GDM will be screened for T2DM at the PPV.
  - Local Reproductive Health and Wellness Program grantees may elect to earmark monies to increase the number of PPVs in order to enhance the number of women optimally spacing pregnancies in order to increase the time between births and improve birth outcomes.
  - ODH programs that interact with women in the perinatal period, including WIC, CFHS and home visiting, encourage completion of PPVs.

**\*Data Notes:** Mothers on Medicaid include those that reported having Medicaid for health care coverage during any of the following three time periods: in the month before pregnancy, for prenatal care visits, or for delivery. Grey bars within figures represent 95% confidence intervals (CI). The width of the CI gives us an idea of how certain we are about the true prevalence. The 95% CI means that if we were to repeat this study 100 times, 95 of the intervals generated would contain the true estimate. "Rural" does not include Appalachian counties as designated by the Appalachian Regional Commission.

### References:

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5650a2.htm>
2. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7213-04.pdf>
3. Bennett WL, Ennen CS, Carrese JA, Hill-Briggs F, Levine DM, Nicholson WK, et al. Barriers to and facilitators of postpartum follow-up care in women with recent gestational diabetes mellitus: a qualitative study. J Womens Health (Larchmt) 2011;20(2):239-245. doi: 10.1089/jwh.2010.2233.

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