**Optimizing Postpartum Care**

According to the American College of Obstetricians and Gynecologists:

“All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth."

At the current time, as many as 40% of women do not attend a postpartum visit. Research also shows that postpartum visit rates are lower among groups with limited resources. In the U.S., Black women are particularly at risk for maternal death, regardless of education and the resources that a college degree provides. Data gathered by the Commonwealth Fund Foundation in their publication *Maternal Mortality in the United States: A Primer* points to the high maternal mortality rate in the U.S. as well as the disparity between mortality rates of Black women compared to White or Hispanic women.

- 52 percent of maternal deaths occur in the postpartum period, and Black women are 2.5 times more likely than white women to die from a pregnancy-related condition.
- The most recent U.S. maternal mortality ratio, or rate, of 17.4 per 100,000 pregnancies represented approximately 660 maternal deaths in 2018. This is the highest rate among industrialized countries.
- Substantial morbidity occurs in the early postpartum period; more than one half of pregnancy-related maternal deaths occur after the birth of the infant.
- The maternal death ratio for Black women (37.1 per 100,000 pregnancies) is 2.5 times the ratio for white women (14.7) and three times the ratio for Hispanic women (11.8).
- A Black mother with a college education is at 60 percent greater risk for a maternal death than a white or Hispanic woman with less than a high school education.

*Anticipatory guidance is key*

Early discussion of and planning for postpartum care also allows the practitioner to offer anticipatory guidance in the areas of infant feeding, postpartum depression, managing chronic conditions such as obesity or hypertension, and pregnancy-related complications that put the patient at greater risk for postpartum complications.

The questions below can be used as a discussion-starter during the prenatal period to engage and empower women early in the postpartum care decision-making process and to make them aware of available resources.

**Question:** Will you be returning to work or school after the baby is born?

*Reason:* 23% of employed women return to work as early as 10 days postpartum which impacts recovery and scheduling the first visit.

**Question:** Do you anticipate any changes to your insurance coverage that will impact your ability to get follow up care?

*Reason:* Barriers to care can be solved for early when needs are identified early.

**Question:** Do you have any concerns about being able to get to your appointments due to transportation or other issues?

*Reason:* Understanding the social determinants of health that impact the patient is critical to providing equitable care.

*Scheduled postpartum visits in advance to increase engagement*

To enhance engagement, consider scheduling postpartum visiting in advance, based on the expected delivery date or by utilizing a structured system that engages women intrapartum or immediately postpartum to ensure that the visit occurs.

**Postpartum care plan recommendations**

The American College of Obstetricians and Gynecologists provides research-based, recommendations for effective postpartum care planning. Visit their website at [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care) to learn more.
References

1 Optimizing Postpartum Care Committee Opinion CO Number 736 May 2018 - Number 736 (Replaces Committee Opinion Number 666, June 2016. Reaffirmed 2021)  [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care)


10 Optimizing Postpartum Care Committee Opinion CO Number 736 May 2018 -- Number 736 (Replaces Committee Opinion Number 666, June 2016. Reaffirmed 2021) [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care)