Post-Partum Guidelines for Providers

BACKGROUND

Postpartum care is equally important - early infancy is a critical time for the health of both baby and mother; continuity of care can help detect problems early and prevent complications. Compared to infants born after 33 weeks of gestation, infants born pre-term incur significantly higher hospitalization charges at birth. Infants born at low-birth weight are also significantly more likely to incur higher hospitalization charges than infants born at normal birth weight and are at increased risk for several health problems, including neurodevelopment handicaps, congenital anomalies and respiratory illness. The postpartum visit is a chance for a physician to converse with the mother to detect early problems with parenting skills and perform pelvic, breast and postpartum depression screenings, among other tests. The postpartum visit also allows the physician to follow-up with any problems that occurred during pregnancy, such as maternal diabetes. (NCQA, 2010). Early infancy is a critical time for the health of both baby and mother. Continuity of care can help detect problems early and prevent complications (National Committee for Quality Assurance, 2005).

Newborn Testing

(Source: USPSTF, 2010)

The United States Preventive Services Task Force made the following recommendations:

- Prophylactic ocular topical medication against gonococcal ophthalmia neonatorum (Grade A, May 2005).
- Screening for hearing loss in all newborn infants (Grade B, July 2008).
- Screening for sickle cell disease in newborns (Grade A, September 2007).
- Screening for congenital hypothyroidism in newborns (Grade A, March 2008).
- Screening for phenylketonuria (PKU) in newborns (Grade A, March 2008).

Patient Education and Specialized Assessment / Counseling

(Source: CDC, 2008; U.S. National Library of Medicine, 2011)

It is recommended that new mothers should be counseled and provided information on the following health topics:

- **Newborn screenings** are conducted within 48 hours of a baby’s birth. A heel stick can test for treatable diseases; over 98% of all children born in the United States are tested for these disorders.

- **Jaundice** can sometimes lead to brain damage in newborns; perform a jaundice bilirubin test prior to discharge.

- **Hearing screening** to check for hearing loss should be conducted before a baby is 1 month of age, preferably before leaving the birth hospital.

- **Vaccinations** are very important to a baby’s health. Providers should discuss the vaccination schedule with new parents to be sure children receive their shots on time. Parents can also be referred to the CDC’s Parent's Guide to Childhood Vaccinations which contains information about 13 childhood diseases and 9 vaccines that can protect children from them. (http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm)
• **Birth defects** typically develop during the first 3 months of pregnancy. Providers make appropriate referrals for treatment of genetic conditions and birth defects to a genetic counselor to help with information, resources, and support. **Blood disorders** such as hemophilia, von Willebrand disease, thrombophilia, and thalassemia should be explained to the baby’s parents; referrals should be made as appropriate.

• **Developmental disabilities** are a diverse group of severe, lasting conditions that are caused by mental or physical problems, or both (e.g., autism, cerebral palsy, hearing loss, intellectual disability and vision impairment).

• **Child development** should be discussed as the early years of a child’s life are crucial for learning, social, and emotional development. Discuss developmental milestones with new parents that include tracking height and weight as well as how their baby plays, learns, speaks, and acts.

• **Breastfeeding** education and counseling should be offered to pregnant women and should include:
  o **Benefits.** Babies gain many benefits from breastfeeding as breast milk is easy to digest and has antibodies that can protect them from bacterial and viral infections.
  o **Safety.** Safely preparing and storing expressed breast milk is important to maintain its high quality.
  o **Medication:** Certain medications, including prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements should be avoided while breastfeeding.
  o **Travel.** Travel need not be a reason to stop breastfeeding; it may make traveling easier.
  o **HIV:** Women with HIV should not breastfeed as the virus is in breast milk and can be passed to the baby.

• **Sudden Infant Death Syndrome (SIDS)** rates have dropped dramatically since 1992 when parents were first told to put babies to sleep on their backs or sides to reduce the likelihood of SIDS. SIDS is most likely to occur between 2 and 4 months of age and affects boys more often than girls. Most SIDS deaths occur in the winter. While studies show that babies with the following risk factors are more likely to be affected, the impact or importance of each factor is not well-defined or understood as it relates to a baby’s increased risk of SIDS:
  o Sleeping on the stomach
  o Being around cigarette smoke (in womb and after)
  o Sleeping in same bed as parents (co-sleeping)
  o Having a brother or sister who had SIDS
  o Being born to a teen mother
  o Late or no prenatal care
  o Soft bedding in the crib
  o Multiple birth babies (being a twin, triplet, etc.)
  o Premature birth
  o Mothers who smoke or use illegal drugs
  o Short time period between pregnancies
  o Living in poverty situations

Guidelines were developed by the Task Force on SIDS based on recommendations from the USPSTF and released in 2011 by the American Academy of Pediatrics:

**Level A Recommendations**
- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing without bed-sharing is recommended
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS
- Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep-related infant deaths. Pediatricians, family physicians, and other primary care providers should actively participate in this campaign.
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Level B Recommendations
- Infants should be immunized in accordance with recommendations of the AAP and CDC.
- Avoid commercial devices marketed to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

Level C Recommendations
- Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk-reduction recommendations from birth.
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.
- Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.

In addition to the topics listed above, discussion and education on the following safety issues are recommended:

- **Child safety seats** are imperative for the safety of children while riding in an automobile. Motor vehicle crashes are the leading cause of death among children in the United States. The risk of serious and fatal injuries can be reduced by more than 50% with the proper use of a child safety seat that is age- and size-appropriate.
- **Fire Safety** tips should be provided to help prevent injury or death from a fire in the child’s home including maintenance of fire detectors and smoke alarms as well as having a fire extinguisher readily available.
- **Domestic violence and child maltreatment** are serious problems that can have lasting harmful effects on a child’s life. Encourage mothers to seek help if they or their child(ren) are in danger. Provide a crisis line phone number in the mother’s area, if available.

REFERENCES


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Clinical Practice Guideline

Original Effective Date: 6/7/2012 Revised: 6/17/2014
### MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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