



Clinical Practice Guidelines

Postpartum Care Clinical Practice Guidelines

Criteria for Examination
<ul style="list-style-type: none">• A visit within seven to 14 days of delivery may be advisable after a Caesarean delivery or a complicated gestation.• Approximately four to six weeks after delivery, the mother should visit her physician for a postpartum review and examination.• This interval may be modified according to the needs of the patient with medical, obstetric or intercurrent complications.
Laboratory and Diagnostics
Laboratory data should be obtained as indicated. May include: <ul style="list-style-type: none">• Hemoglobin and hematocrit• 75 grams of gluco• Pap smear and/or HPV
History and Physical Examination
<ul style="list-style-type: none">• During the postpartum visit, an interval history should be obtained to evaluate the patient's current status and her adaptation to the newborn.• Specific inquiries regarding breastfeeding should be documented.• The physical examination should include an evaluation of weight, blood pressure levels, breasts and abdomen, as well as a pelvic examination.• Episiotomy repair and uterine involution should be evaluated and a Pap smear test performed if needed.• Methods of birth control should be reviewed or initiated.• Screening for postpartum depression should be performed.
Immunizations
Immunizations should be reviewed, including rubella vaccination for women who are susceptible and did not receive the vaccine immediately postpartum. Check to see that the patient received Rhogam if she is unsensitized and D negative and gave birth to a D-positive or DU-positive infant. If she did not receive Rhogam, make sure she receives 300 micrograms of Rhogam ideally within 72 hours of giving birth.

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Patient Education and Therapy
Preconception counseling for patients who may wish to have future pregnancies should include risk assessment to facilitate the planning, spacing and timing of the next pregnancy, health promotion measures, timely intervention to reduce medical and psychosocial risks, smoking cessation programs, and review of birth control.
NOTE
Services commensurate with benefit structure
RESOURCES/REFERENCES
AAP/ACOG, Sixth Edition, 2007, Guidelines for Perinatal Care

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