Clinical Practice Guidelines
Postpartum Care Clinical Practice Guidelines

### Criteria for Examination

- 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:
- Hemoglobin and hematocrit
- 75 grams of glucoa
- Pap smear and/or HPV

### History and Physical Examination

- 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.

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations and benefits.
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<thead>
<tr>
<th>Patient Education and Therapy</th>
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<tbody>
<tr>
<td>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.</td>
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**NOTE**

Services commensurate with benefit structure

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<thead>
<tr>
<th>RESOURCES/REFERENCES</th>
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<tr>
<td>AAP/ACOG, Sixth Edition, 2007, Guidelines for Perinatal Care</td>
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