



April 2021

New Evidence Supports Need for Earlier Postpartum Care and an Extended Definition of the Postpartum Period

Key Findings

- Postpartum women were more likely to use health care of all types during the first three weeks after childbirth compared to typical health care use among non-postpartum women.
- Postpartum women were over three times more likely to have an emergency department visit and eight times more likely to be hospitalized than non-postpartum women in the early postpartum period.
- Problem-related health care visits remained higher among postpartum women compared to non-postpartum women through sixteen weeks postpartum.
- Fewer than half of postpartum women received any preventive care between 61 and 365 days after childbirth.

The Question:

How does health care use differ between postpartum women and women who are neither pregnant nor postpartum, and for how long do differences last?

Women face unique pregnancy-related health challenges during the postpartum period including pain, heavy bleeding, breastfeeding issues, urinary incontinence, depression and hypertensive disorders of pregnancy. In the United States, postpartum maternal morbidity has risen dramatically over time and an estimated one third of pregnancy-related deaths occur between one week and one year after childbirth. Until recently, clinical guidelines only recommended a single postpartum follow-up visit six weeks after childbirth. In May 2018, the American College of Obstetricians and Gynecologists (ACOG) recommended that all women receive an early postpartum contact within three weeks and a comprehensive postpartum visit within three months postpartum, but little evidence exists to guide decisions about how to reorganize follow-up care so that clinical practice conforms to new ACOG recommendations.

Maria Steenland, research assistant professor at Brown University, and colleagues sought to address this gap in the literature by examining the frequency, timing and reason for health care use among postpartum women in the year after childbirth. In this cross-sectional study, the authors compared care in postpartum women to health care use over a yearlong period among women who were neither pregnant nor postpartum (non-postpartum), using data from the Health Care Cost Institute (HCCI) national database that includes inpatient, outpatient, physician and enrollment claims from over 50 million commercially insured individuals per year drawn from four major U.S. payers. Steenland and colleagues examined preventive, problem, and emergency department visits, and hospitalization among postpartum women during the early postpartum (< 21 days after childbirth), postpartum (21 – 60 days postpartum), and extended postpartum period (61 – 365 days after childbirth). Visits among non-postpartum women were assessed during time periods of equivalent duration. Full study details and findings are available in *Obstetrics and Gynecology*.

The Implications:

The large share of women seeking care for health problems in the first three weeks after childbirth—including high rates of emergency department use and hospitalizations—demonstrates substantial health care needs during this time period.

Most early problem visits occurred in the first two weeks postpartum, suggesting that contact as early as one or two weeks postpartum may benefit many women. Obstetric care delivery models will have to adapt to meet these early postpartum needs. Telehealth and home visits are promising options to promote early and consistent health care contact and reduce known barriers to postpartum care seeking such as fatigue, lack of transportation, and childcare.

Study findings demonstrate that postpartum women receive more visits for health problems than non-postpartum women until 16 weeks postpartum, suggesting that policies that use a postpartum period ending at sixty days to define insurance eligibility (e.g., pregnancy-related Medicaid) or to structure reimbursement reforms (e.g., pay-for-performance schemes) are arbitrary in relation to the timing of women's actual health needs and may result in missed opportunities to prevent maternal morbidity. Given that postpartum women receive more care than non-postpartum women until 16 weeks postpartum, an expanded definition of the postpartum period for follow-up, for example the 12 weeks currently suggested in the ACOG 2018 guidelines, is warranted.

Contact Us:

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Robert Wood Johnson
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Health Data for Action (HD4A) is a program supported by the Robert Wood Johnson Foundation, and administered by AcademyHealth. The views expressed here do not necessarily reflect the views of the Foundation or AcademyHealth.