

# Guide for Post-Discharge Care After a Severe Maternal Event

## Follow-Up Visits Arranged

- Follow up within 1-2 weeks of hospital discharge with obstetric care provider (OB)
- Identify key contact for immediate care and support as needed
- Arrange follow-up with primary care provider (PCP) or specialist(s) as appropriate
  - Many patients will need ongoing care up to 1 year to assess on going needs (especially mental health)
- Send Discharge Summary/Summary of Hospital Course to OB, PCP, and specialists
- Give Summary of Hospital Course to patient (see CMQCC Sepsis Toolkit for example)

## Referrals (in-hospital or as outpatients)

- All patients with a Severe Maternal Event should have a referral to postpartum support group(s), either general or diagnosis specific (see resource list)
- Social Work—Medicaid or disability enrollment and transportation support as needed
- Lactation Consult—For support or suppression after major maternal illness or loss
- All patients with critical illness/ICU admission (for example: intubated, experiencing weakness) should have the following outpatient referrals placed on discharge<sup>1</sup>
  - Occupational Therapy and Physical Therapy
  - Speech/Swallow evaluation (usually done post-extubation refer if ongoing difficulties)

## Specialized Postpartum Care (beyond standard services)

- Note: Postpartum visits for complications may be billed outside of the global Obstetric fee.<sup>2</sup>
  - Serial mental health assessments recommended for one year. Patients can experience continuing or new symptoms over the course of a year. There may be overlap between PTSD symptoms, trauma-related postpartum depression, postpartum anxiety and ICU-related trauma; additionally, cognitive challenges (sleep, memory and concentration disorders) may complicate/compound the postpartum mental health course. Examples of validated tools are provided below. All 3 areas are important to evaluate.
    - **Depression**
      - PHQ-9<sup>3</sup> (Patient Health Questionnaire, a 9-question depression assessment)
      - EPDS (Edinburgh Postnatal Depression Scale, a 10-question assessment)
    - **Anxiety**
      - GAD-7<sup>3</sup> (Generalized Anxiety Disorder 7-item assessment)
    - **Post-Traumatic Stress Disorder (PTSD)**
      - PCL-5<sup>4</sup> (PTSD Checklist for DSM-5, a 20-item assessment of PTSD symptoms)
  - Contraception needs, in the context of medical conditions<sup>5</sup>
  - Mobilize a support system of family, community social services and/or Doula services

<sup>1</sup> Prescott HC, Angus DC. Post Sepsis Morbidity. JAMA. 2018;319(1):91. doi:10.1001/jama.2017.19809

<sup>2</sup> Optimizing Postpartum Care. Accessed April 10, 2024. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

<sup>3</sup> Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum. Accessed April 10, 2024. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>

<sup>4</sup> Arora IH, Woscoboinik GG, Mokhtar S, et al. Establishing the validity of a diagnostic questionnaire for childbirth-related posttraumatic stress disorder. Am J Obstet Gynecol. 2023;0(0). doi:10.1016/j.ajog.2023.11.1229

<sup>5</sup> CDC Summary Chart of Medical Eligibility Criteria for Contraceptive Use (2024). <https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf>