UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 13: Postpartum Care

Rationale: Knowledge of normal postpartum events allows appropriate care, reassurance and early recognition of abnormal events.

Intended Learning Outcomes:

A student should be able to:

- Discuss the normal physiologic changes of the postpartum period
- Describe the components of normal postpartum care
- Outline topics to cover in postpartum patient counseling
- Describe appropriate postpartum contraception

TEACHING CASE

CASE: A 22 year-old multigravida delivered her third healthy child vaginally without complication. During sign-out and hand-off, the patient is described as ready for discharge from the hospital. She is breastfeeding, as she has with all of her children, but reports difficulty latching on. Although she is not married, she is in a stable relationship. She is considering permanent sterilization and wants to discuss it at her postpartum check-up. She states that she does not want any contraception at discharge, since she is breastfeeding and thinks she does not need any. On further questioning, she alludes to a vague history of a possible deep venous thrombosis (DVT) and history suggestive of postpartum depression after a prior pregnancy. Even though she is not a new mother, she asks about when she should expect her period.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:
Competencies addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Systems based practice

1. What are you going to tell the patient about her difficulty with latching on?

    - Discuss the indications for referral to and role of a lactation consultant prior to discharge.

2. How are you going to answer the patient's question about resumption of menses?

    - The average time to ovulation is 45 days in non-lactating women and 189 days in lactating women.
    - The likelihood of ovulation increases as the frequency and duration of breastfeeding decreases.
    - Review the physiological basis [reactivation of the HPOA axis] for clinically relevant postpartum changes such as resumption of ovulation and menstruation.

3. What type of contraceptive counseling are you going to provide?

    - Provide contraceptive counseling while the patient is still in the hospital. Include the CDC recommendations for timing of initiation of postpartum contraception to minimize the risk of DVT and methods appropriate for a history of DVT according to the *CDC US Medical Eligibility Criteria for Contraceptive Use.* Emphasize that unless women are breastfeeding every 3-4 hours around the clock, they may be fertile before the 6 week postpartum checkup.
    - Combined estrogen-progestin oral contraceptives should not be used during the first 21 days after delivery as there is an increased risk of VTE (venous thromboembolism during this period. The current CDC guidelines further state that during days 21-42 postpartum, women who don't have risk factors (age> 35 years, recent cesarean section, or smoking) for VTE generally can initiate combined hormonal contraception. After 42 days postpartum, in the absence of medical conditions that may increase the risk for VTE, no restrictions on the use of combined hormonal contraceptives based on postpartum status apply (refer to updated CDC guidelines in our reference below)

    - Progestin-only oral contraceptives, depot medroxyprogesterone acetate injections and implants may be initiated immediately postpartum whether exclusively breast-feeding or not. They are not associated with an increase in complications. Although IUD expulsion rates are higher during the first 6 weeks postpartum, IUDs can be inserted immediately postpartum. Once lactation is established, neither the volume nor the composition of breast milk is adversely affected by progestin contraceptives.

4. How would your contraceptive counseling change if the patient had persistently elevated blood pressure?

    - Presume the patient is hypertensive and counsel according to the *CDC US Medical Eligibility Criteria for Contraceptive Use. (See CDC US Medical Eligibility Criteria Chart -updated in June 2012)*

5. How would contraception counseling change if the patient had gestational diabetes?

    - Counsel according to the *CDC US Medical Eligibility Criteria for Contraceptive Use.*

6. How are you going to include the history of potential postpartum depression in your management plan?

    - Review the risk factors for postpartum depression, screening methods (e.g., Edinburgh Postnatal Depression Scale), and indications for immediate intervention. *See APGO Educational Topic 29, Anxiety and Depression.*

7. What discharge instructions are you going to give this patient?

    - Discuss the content of discharge instructions, including warning signs and symptoms and what the patient should do if she experiences them.
    - Inform the patient that 70% to 80% of women report feeling sad, anxious or angry beginning 2 – 4 days after birth. These postpartum blues may come and go throughout the day, are usually mild, and abate within 1 – 2 weeks. Approximately 10% to 15% of new mothers experience postpartum depres-

sion (PPD), which is a more serious disorder and usually requires medication and counseling. PPD differs from postpartum blues in the severity and duration of symptoms.

- PPD features pronounced feelings of sadness, anxiety, and despair that interfere with activities of daily living. These symptoms do not abate but worsen over several weeks.
- Postpartum psychosis is the most severe form of mental derangement and is most common in women with preexisting disorders, such as bipolar disorder and schizophrenia. This condition should be considered a medical emergency and the patient should be referred for immediate, often inpatient treatment.

REFERENCES

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

CDC US Medical Eligibility Criteria for Contraceptive Use www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0528a1.htm

Update to CDC's *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010(updated in June 2012)* : Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period
www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm