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Compliance with Postpartum Follow-up in LSU OB/GYN Resident Continuity Clinics

Background: The importance of a postpartum visit has been illustrated by the alarming statistic that fifty percent of maternal mortality occurs during the postpartum period. The American College of Obstetricians and Gynecologists (ACOG) has found that up to 40% of women do not attend a postpartum visit. This important time immediately following pregnancy provides a unique opportunity to address and promote the overall physical and mental health of women. The recommendations state that all women should ideally be in contact with their health care provider within the first three weeks postpartum in addition to a comprehensive visit no later than 12 weeks postpartum. As the recommendations regarding the “fourth trimester” make their way into action, it is important to assess the current rate of postpartum follow up visits in each community.

This study aimed to determine postpartum follow up rates in the LSU OB/GYN resident continuity clinics over the span of a year. This baseline statistic in addition to demographic information will allow for data analysis to better understand factors influencing postpartum follow-up as well as to determine areas where interventions can improve postpartum follow up rates and overall maternal health outcomes.

Study Design: This is a retrospective chart review of patients who delivered at one of four LSU continuity clinics in the span of a year. Medical records were examined for demographic information including preferred language, average income, insurance information, as well as birth details and complications, maternal medical history, and prenatal provider training level. Primary outcome for this analysis was overall postpartum follow up rate as well as for each individual clinic. Secondary outcomes included patient factors that predict postpartum care. Postpartum visit “attendees” were compared to “non-attendees” and a logistic regression was fit to find factors that predicted compliance with postpartum follow-up.

Results: It was found that New Orleans is lagging the national average with only 37.7% of patients attending postpartum visits between three and twelve weeks. Non-attendance was correlated with older maternal age (P value=.015) with an adjusted odds ratio of .62. Increased number of gestations was associated with an increased probability of attending their postpartum follow up (aOR = 1.56, 95% CI = 1.18-2.07). The patients who were seen by a faculty doctor only had significantly lower follow up rates when compared to those staffed by both faculty and residents (P value= .001).

Discussion: Now that these factors and statistics are known, this information can be used to identify patients at risk of not attending their postpartum visit and changes can be made to improve how we utilize care in the “fourth trimester.” Some ideas for improvement include physician and resident education regarding these risk factors, flagging charts for patients at risk, and also implementing a phone call check-in before the routine postpartum visit. The overall goal is to move towards postpartum care becoming a comprehensive means to decrease maternal morbidity and mortality in the postpartum phase of care.