

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

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Introduction

- The American College of Obstetricians and Gynecologists (ACOG) has found that up to 40% of women do not attend a postpartum visit.¹
- New emphasis has been placed on the “fourth trimester” since 50% of maternal mortality occurs during the postpartum period.
- ACOG currently recommends contact with a health care provider within the first three weeks postpartum in addition to a comprehensive visit no later than 12 weeks postpartum. This allows a unique opportunity to address and promote overall health of women.¹
- It is important to assess the current rate of postpartum follow up visits in each community. This baseline statistic will allow for data analysis leading to a deeper understanding of areas where interventions can improve postpartum follow-up rates and overall maternal health outcomes.
- A prior similar study showed young maternal age, African-American maternal race, and income below \$20,000 correlated with lack of postpartum follow-up.²
- According to www.census.gov, the national poverty rate in 2019 is 11.8%; New Orleans poverty rate is a staggering 24.6%. In New Orleans, African-Americans make up 59.7% of the population, while the national percentage is 13.4%.³ Given the national lack of postpartum follow-up in addition to the statistics of the New Orleans population, we hypothesize that the postpartum follow-up rate will be less than for other populations.

Methods

- This is a retrospective chart review of patients who had prenatal care 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 a breakdown 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

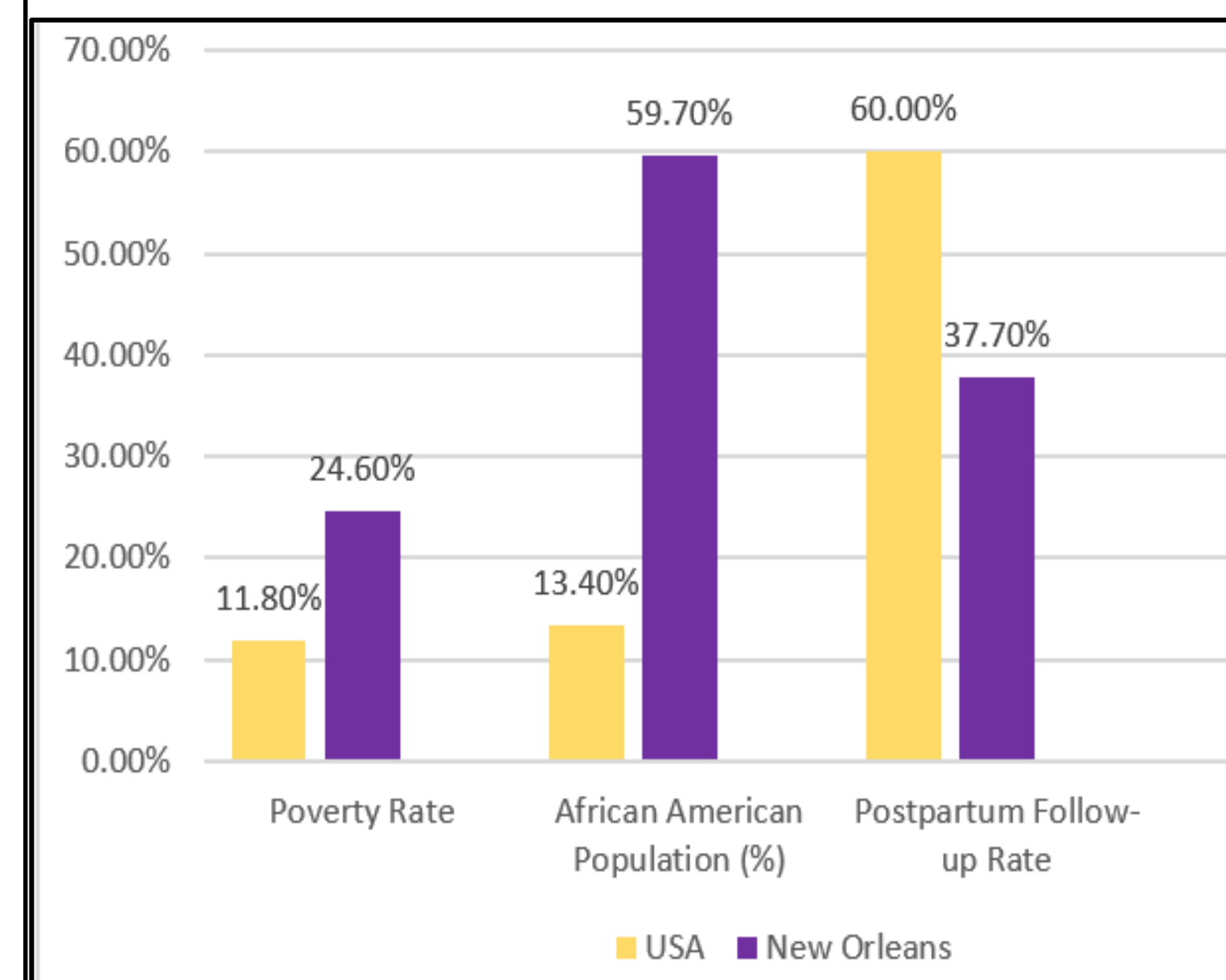


Table 1. Comparing New Orleans versus USA

Variable	All	Attended	Did not Attend	P value
Maternal Age	28.17	27.16	28.78	.015
Number of Gestations	2.75	2.97	2.62	.06
Faculty Physician	207	63	144	.001
Private Insurance	46	9	37	.009

Table 2. Factors Affecting Postpartum Follow-up

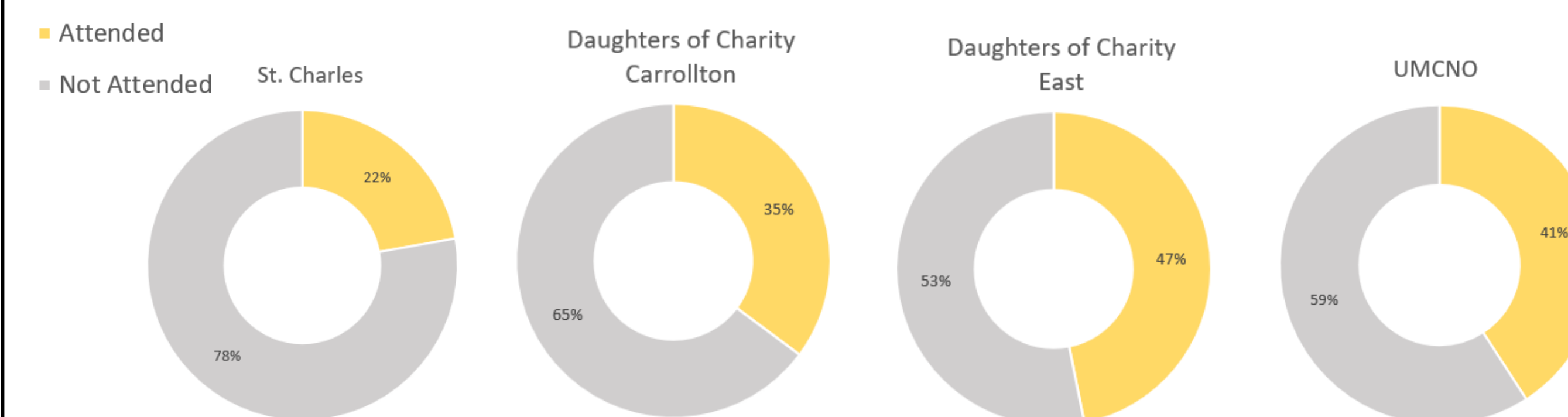


Figure 1. Comparing Rates of Postpartum Visit Attendance Between Clinics

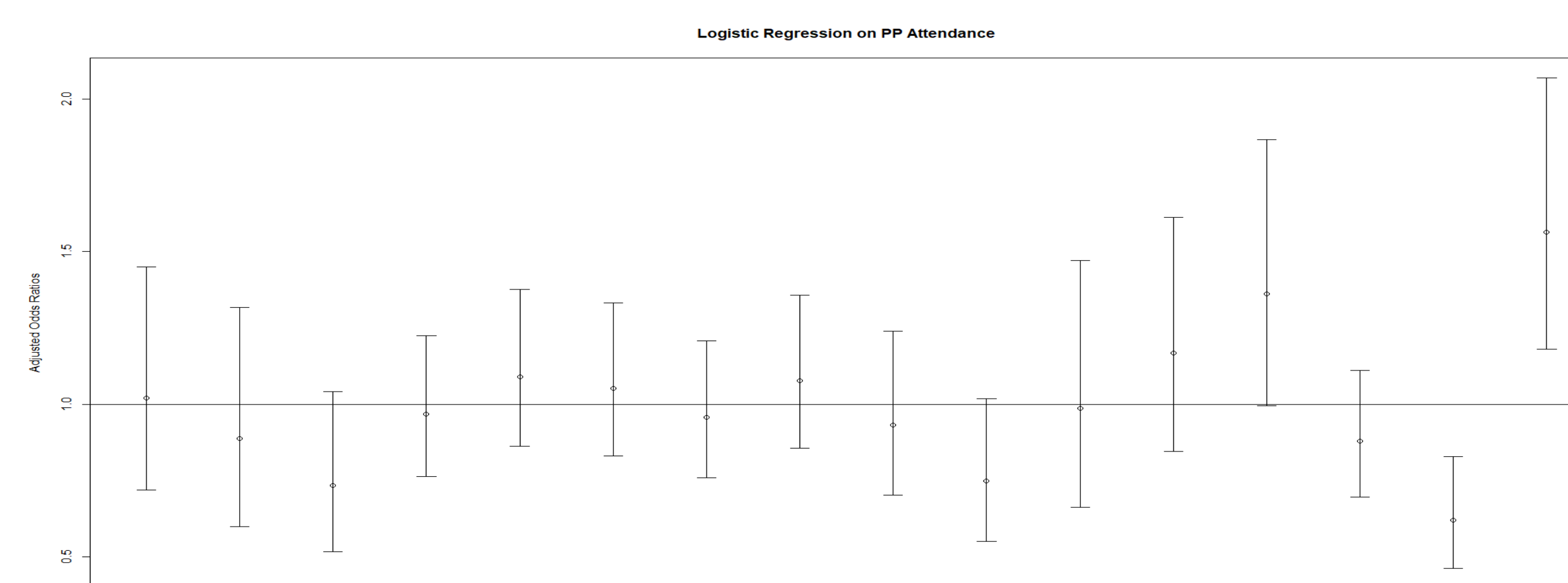


Figure 2. Logistic Regression for Standardized Variables

Discussion

- Our analysis revealed that New Orleans is less than the national average with only 37.7% of patients attending postpartum visits between three and twelve weeks. (Table 1)
- Non-attendance was correlated with older maternal age (P value= .015) as well as private insurance (P value= .009). 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). (Table 2 & Figure 2)
- When comparing the clinics tested in this study, the St. Charles Clinic location had the least postpartum follow-up attendance at only 22%. This clinic is the only location without residents; this correlates to the finding that patients who were seen by a faculty physician only had lower follow up rates when compared to those patients seen by both faculty and residents during prenatal care (P value= .001). (Figure 1)

Future steps:

These results can now be used to identify patients at risk of not attending their postpartum visit. changes can then be designed 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 a postpartum care model that acts as a comprehensive means to decrease maternal morbidity and mortality in the postpartum phase of care.

References

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