Topic Brief: Postpartum Care

Date: 6/25/2020
Nomination Number: 0896

Purpose: This document summarizes the information addressing a nomination submitted on 01/21/2020 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: There is a lack of current evidence-based guidance for care of postpartum women, including the appropriate timing of follow-up visits. Most patients are not seen until 6 weeks after delivery, if at all.

Program Decision:

The scope of this topic met all EHC Program selection criteria and was considered for a systematic review. However, it was not selected for further development.

Key Findings: One question (KQ5) is covered by a recent systematic review, another key question will be partially covered by an in-progress review (KQ4), and there is little primary evidence for KQs 1-3 in this nomination. One recent Cochrane systematic review about pelvic floor therapy for the prevention and treatment of postpartum urinary and fecal incontinence was identified which covered the scope of KQ5. Another Cochrane review update is in progress which will cover immediate versus delayed postpartum contraceptive implant and intrauterine device (KQ4). Two further trials on postpartum contraceptive counselling were identified, which are not covered by the in-progress Cochrane review. Three published trials and one in-progress trial were found which met the criteria for KQ1 on the timing of postpartum visits. Only one trial was found for KQ2 on the screening and care components of the postpartum visit. Three trials were identified which explored strategies to increase postpartum visit attendance (KQ3).

Background

- Childbearing women and newborns in the U.S. have worse outcomes than their peers in other high-resource countries. Rates of pregnancy-related mortality have increased in the U.S since the 1980s. In 2014, there were 18 pregnancy-related deaths per 100,000 live births.[1] Considerable racial and ethnic disparities in pregnancy-related mortality exist. Maternity care costs are also generally higher in the U.S. than those of other countries.[2] Postpartum care services and resources can vary significantly according to birth settings (birth center, hospital, home), care providers' education, training, credentialing, and practice, as well as policy and financing mechanisms.[3]

- The American College of Obstetricians and Gynecologists[4] (ACOG) recommends contact between the provider and a new mother within the first 3 weeks postpartum, followed by a comprehensive postpartum visit within 12 weeks after birth. However, postpartum visit attendance rates have been reported as low as 50 percent.[5] Some studies have hypothesized that scheduling the postpartum visit sooner after giving birth will increase attendance[6] and increase use of contraception[7]. Initiation of contraception early in the postpartum period may reduce short interval pregnancies, which are associated with adverse outcomes for the mother and infant, including increased risk of preterm birth, low birth weight, and preeclampsia[8].
- Around one-third of women experience urinary incontinence following delivery.[9] Managing incontinence after pregnancy is important for the individuals themselves and can also incur healthcare costs. The average annual direct medical cost of urinary incontinence has been estimated as $1433 per patient.[10] This demonstrates the importance of understanding the most efficient strategies of managing urinary incontinence in a healthcare context.
- There is variation in practice regarding the timing of postpartum visits, with some centers implementing earlier visits, which may also serve to increase attendance.[11] . Postpartum care is important for promoting maternal and infant health and well-being. Timely postpartum care can aid in the early detection of cardiac or hypertensive complications or depression that can lead to maternal mortality. Furthermore, postpartum visits also offer opportunities for treating ongoing or chronic conditions, addressing complications related to pregnancy or birth, discussion of contraception, and addressing breastfeeding concerns. Timely postpartum care can also reduce emergency department visits and hospitalizations.[12]

Nomination Summary

- This topic was nominated by the American Academy of Family Physicians (AAFP), who will use the evidence from an AHRQ report to inform recommendations for a clinical practice guideline on postpartum care.
- After discussion with the nominator, a question was added about strategies to increase postpartum visit attendance (KQ3).

Scope

See also: Table 1

1. What is the effect of the timing of the postpartum visit on outcomes for a) mothers and b) their infants?
2. What is the effect of the care components/assessments included during the postpartum visit on outcomes for mothers and their infants?
3. What strategies are effective in increasing women's attendance to the post-partum visit?
4. What are the benefits and harms of offering or placing contraception prior to discharge compared to delayed offer or placement of contraception in postpartum women?
5. What are the benefits and harms of pelvic floor therapy to prevent urinary incontinence in postpartum women?

Table 1. Questions and PICOTS (population, intervention, comparator, outcome, timing and setting)

Questions	1. Timing of postpartum visit	2. Postpartum visit care components
Population	Postpartum women and their infants Subgroups of women: Age, racial/ethnic minorities, low socioeconomic status, women at risk of postpartum depression, women at risk of cardio-metabolic issues (e.g., hypertension/diabetes); method of delivery (e.g., C-section) Exclude: women with underlying chronic conditions such as hypertension and diabetes	Postpartum women and their infants Subgroups of women: Age, racial/ethnic minorities, low socioeconomic status, women at risk of postpartum depression, women at risk of cardio-metabolic issues (e.g., hypertension/diabetes); method of delivery (e.g., C-section) Exclude: women with underlying chronic conditions such as hypertension and diabetes
Interventions	Postpartum visit	Postpartum visit care components/assessments (e.g., depression screening; newborn care/feeding; contraception; chronic disease screening)
Comparators	Postpartum visit at a different time (Consider the timing of the visit, such as 3-week versus 6-week)	Any
Outcomes	Maternal outcomes: Attendance at postpartum visit Timing of repeat pregnancy/Interpregnancy interval Patient satisfaction with postpartum care Use of contraception Quality of life outcomes including stress and anxiety Mental health outcomes (e.g., depression incidence or symptoms) Physical outcomes (e.g., development of hypertension, diabetes) Cost/resource use (e.g., number of doctor visits or referrals) Infant outcomes: Mortality/morbidity; neglect or abuse; Physical, social, behavioral development; health care utilization (ED visits, hospital admissions)	Maternal outcomes: Attendance at postpartum visit Repeat pregnancy/Interpregnancy interval Patient satisfaction with postpartum care Use of contraception Quality of life outcomes including stress and anxiety Mental health outcomes (e.g., depression incidence or symptoms) Physical outcomes (e.g., development of hypertension, diabetes) Cost/resource use (e.g., number of doctor visits or referrals) Infant outcomes: Mortality/morbidity; neglect or abuse; Physical, social, behavioral development; health care utilization (ED visits, hospital admissions)
Timing	Any	Any
Setting	Any	Any. Subgroup analysis by provider type (e.g., obstetrician/gynecologist; family physician)

Questions	3. Attendance improving strategies	4. Timing of contraception	5. Pelvic floor therapy
Population	Postpartum women	Postpartum women	Postpartum women

Questions	3. Attendance improving strategies	4. Timing of contraception	5. Pelvic floor therapy
Interventions	Strategies designed to increase postpartum visit attendance •Patient education and outreach •Incentives •Facilitate access to appointments (e.g., scheduling interventions, telehealth, home visits) •Provider education and provider-focused interventions •Other	Discussion of contraception or provision of IUD/implant/Depo-Provera (contraceptive injection) prior to discharge (immediate postpartum period)	Pelvic floor therapy/pelvic floor muscle training
Comparators	Any No strategies	Discussion of contraception or placement of contraception after discharge at other postpartum times No postpartum discussion or provision of contraception	Usual care, placebo treatment or no treatment (usual care may include advice about pelvic floor muscle training)
Outcomes	Attendance at postpartum visit	Repeat pregnancy Interpregnancy interval Harms (e.g., expulsion, infection) Patient satisfaction with postnatal care Use of contraception Successful contraception placement	Self-reported urinary incontinence symptoms Clinicians measure of urinary incontinence (cough or pad test) Incontinence-specific quality of life Discomfort or pain associated with pelvic floor muscle training Other quality of life and health status measures Cost/Resource use (e.g. number of doctor visits or referrals)
Timing	Any. Consider timing of intervention (prenatal, delivery, postnatal)	Consider timing of contraception. (e.g., immediate post-placental contraception vs early postpartum contraception (prior to discharge) vs standard contraception (delayed or interval). Consider insurance coverage of delayed contraceptive placement	Consider timing of pelvic floor therapy for prevention or treatment (antenatal/postpartum) and treatment adherence
Setting	Any	Any.	Any

Abbreviations: ED=emergency department

Assessment Methods

See Appendix A.

Summary of Literature Findings

- Three randomized trials identified for KQ1 explored the timing of the post-partum visit on outcomes including visit attendance[7, 13] and contraception initiation.[7, 14] One ongoing clinical trial was also identified which will evaluate the utility of an early postpartum visit at 2 weeks in addition to a standard 6-week visit.[15]
- For KQ2, only one study was found pertaining to postpartum screening.[16] One other study[17] identified by our search was a further analysis of a study already included in a 2015 systematic review[18]. This review was not identified in our limited search because it was published over 3 years ago and is therefore not included in Table 2 below. However, the review explored the benefits and harms of depression screening and treatment, and the accuracy of selected screening instruments, for pregnant and postpartum women.[18] A systematic review protocol for depression screening during pregnancy for up to one year postpartum was identified[19], which will provide an update of the evidence for postpartum depression screening and will explore mental health outcomes, parenting outcomes and infant outcomes. Once complete, this systematic review will be used to update a guideline of the Canadian Task Force on Preventive Health Care.
- Three randomized trials were found for KQ3, which investigating the impact of strategies to improve postpartum visit attendance. These include a pilot study for a web-based tool to increase attendance[20], a trial of enhanced visit reminders[21], and a further trial of reminder messages specifically for postpartum women who had gestational diabetes.[22]
- Two Cochrane systematic reviews assessed outcomes after immediate postpartum or delayed IUD insertion[23] and contraceptive implant[24] (KQ4). An updated Cochrane review is currently in progress which will cover both postpartum IUD and implant. Additionally, two trials of postpartum contraceptive counselling were identified.[25, 26] No trials of the Depo-Provera contraceptive injection were found.
- One systematic review, published in May 2020, was found which covered the scope of KQ5 on pelvic floor therapy for postpartum urinary incontinence.[27]
- The areas of this topic that are not covered by the existing reviews and primary studies are the impact of components of a postpartum visit (except for depression screening) on maternal and infant outcomes (KQ2), and one of the interventions of interest in KQ4 (the contraceptive injection).

Table 2. Literature identified for each Key Question

Question	Systematic reviews (3/2017-3/2020)	Primary studies (3/2015-3/2020)
Question 1: Timing of visit	Total: 0	Total: 4 • RCT: 3[7, 13, 14] • Controlled pre-post: 0 Clinicaltrials.gov • Active, not recruiting: 1[15] (NCT03733405)
Question 2: Postpartum visit care components	Total: 0 Protocol: 1[19]	Total: 1 • Comparative: 1[16] Clinicaltrials.gov: 0
Question 3: Attendance improving strategies	Total: 0	Total: 3 • RCT:3[20-22] • Controlled pre-post: 0 Clinicaltrials.gov:0

Question	Systematic reviews (3/2017-3/2020)	Primary studies (3/2015-3/2020)
Question 4: timing of contraception	Total: 2 • Cochrane:2[23, 24] (currently being updated in one new review)	Total: 2 • RCT:2[25, 26] • Controlled pre-post: 0 Clinicaltrials.gov:0
Question 5: Pelvic floor therapy	Total: 1 • Cochrane:1[27]	Not assessed

Abbreviations: RCT=randomized controlled trial

Summary of Selection Criteria Assessment

Existing systematic reviews cover KQ5 and parts of KQ4 and KQ2. 10 studies were identified relating to KQ 1-4. A new evidence product that collates the existing reviews and primary studies on postpartum care could provide clinicians with up-to-date findings to better inform their decision making. An evidence product from AHRQ could meet the nominators needs by conducting a more comprehensive literature search for KQs 1-3; assessing the quality and summarizing the findings of the primary studies; and by summarizing the systematic reviews that are published for KQ4 and KQ5. The nominator is intending to develop clinical guidance to address variation in practice in postpartum care.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

Related Resources

We identified additional information in the course of our assessment that might be useful to the nominator.

The U.S. Preventive Services Task Force (USPSTF) has developed recommendations for some relevant topics, including:

- A systematic review of the benefits and harms of primary care–relevant interventions to prevent perinatal depression.[28] A systematic review on screening for intimate partner violence, elder abuse, and abuse of vulnerable adults. This includes studies on screening and interventions in postpartum women.[29]

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Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years (up to March 28, 2020) on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
  - AHRQ Evidence Reports https://www.ahrq.gov/research/findings/evidence-based-reports/index.html
  - EHC Program https://effectivehealthcare.ahrq.gov/
  - US Preventive Services Task Force https://www.uspreventiveservicestaskforce.org/
  - AHRQ Technology Assessment Program https://www.ahrq.gov/research/findings/ta/index.html
- US Department of Veterans Affairs Products publications
  - Evidence Synthesis Program https://www.hsrd.research.va.gov/publications/esp/
  - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program https://www.healthquality.va.gov/
- Cochrane Systematic Reviews https://www.cochranelibrary.com/
- University of York Centre for Reviews and Dissemination database https://www.crd.york.ac.uk/CRDWeb/
- PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospero/
- PubMed https://www.ncbi.nlm.nih.gov/pubmed/

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a limited literature search in PubMed from the last five years (up to March 26, 2020) on parts of the nomination scope not addressed by earlier identified systematic reviews. We reviewed all identified titles and abstracts for inclusion and classified identified studies by question and study design to estimate the size and scope of a potential evidence review.

Search strategy
KEY QUESTIONS 1-3 Search Strategy
Ovid MEDLINE(R) ALL 1946 to March 26, 2020
Date searched: March 27, 2020

Searched by Robin Paynter, MLIS

1 Postpartum Period/ or Postnatal Care/ (29957)
2 (breastfeeding or breast-feeding or lactation or lactating or postnatal* or post-natal* or postpartum or post-partum or puerper*).ti,kf. (94165)
3 or/1-2 (105982)
4 (appointment* or call or clinician* or counsel* or ehealth* or educat* or followup or follow-up or "health care" or healthcare or house or home or intervention* or mhealth or nurse* or pediatrician* or paediatrician* or phone* or program* or provider* or psychoeducation or psycho-education or psychosocial or psycho-social or schedul* or screen* or smartphone or support* or tele* or therapist* or training or visit* or "well baby" or "well child").ti,kf. (2604843)
5 "randomized controlled trial".pt. (502716)
6 (random* or trial*).ti,kf. (380700)
7 drug therapy.fs. (2190159)
8 or/5-7 (2695433)
9 8 not ((exp animals/ not humans/) or (bovine or canine or capra or cat or cats or cattle or cow or cows or dog or dogs or equine or ewes or feline or goat or goats or horse or mice or mouse or ovine or pig or pigs or porcine or rabbit or rabbits or rat or rats or rattus or sheep or sow or sows).ti.) (2426877)
10 and/3-4,9 (1324)
11 limit 10 to yr="2015 -Current" (590)
12 limit 11 to english language (569)
13 (meta-analy* or metaanaly* or ((evidence or systematic) adj3 (review or synthesis))).ti,kf. (195912)
14 (meta-analysis or systematic review).pt. (185706)
15 or/13-14 (247057)
16 and/3-4,15 (289)
17 16 not ((exp animals/ not humans/) or (bovine or canine or capra or cat or cats or cattle or cow or cows or dog or dogs or equine or ewes or feline or goat or goats or horse or mice or mouse or ovine or pig or pigs or porcine or rabbit or rabbits or rat or rats or rattus or sheep or sow or sows).ti.) (285)
18 limit 17 to yr="2017 -Current" (127)
19 limit 18 to english language (120)

Key Question 4 search strategy
Ovid MEDLINE(R) ALL 1946 to March 26, 2020
Date searched: March 27, 2020
Searched by Robin Paynter, MLIS

1 Postpartum Period/ or Cesarean Section/ or Delivery, Obstetric/ or Peripartum Period/ (91739)
2 ((after or afterward or before or day or days or delay* or during or early or follow* or hour or hours or immediat* or insert* or initiat* or late or later or month or months or placement* or subsequent* or timing or uptake or week or weeks or while or within) adj5 (breastfeeding or breast-feeding or cesarean or delivery or deliveries or delivered or discharg* or childbirth or "child birth" or interpregnancy or inter-pregnancy or interval or intracesarean or intra-cesarean or intrapartum or intra-partum or lactation or lactating or parturition or peripartum or peri-partum or placenta or postcesarean or post-cesarean or postdelivery or post-delivery or postnatal* or post-natal* or postpartum or post-partum or postplacental or post-placental or pregnancy or puerperium)).ti,kf. (101499)

3 or/1-2 (178059)
4 Contraception/ or Contraceptive Agents, Female/ or Contraception Behavior/ or Contraceptive Devices, Female/ or Long-Acting Reversible Contraception/ (31273)
5 (((contracept* or etonogestel or ENG or levonorgestrel or LNG or progest*) adj5 (implant or implants or rod or rods or subcutaneous* or sub-cutaneous* or subdermal* or sub-dermal*)) or LARC or LARCs or (long-acting adj2 reversible)).ti,ab,kf. (4509)
6 (Femplant or Jadelle or Implanon or Nexplanon or Norplant or Sino-implant* or Sinoimplant* or Trust or Zarin).ti,ab,kf. (33949)
7 Intrauterine Devices/ or Intrauterine Devices, Medicated/ or Intrauterine Devices, Copper/ (11396)
8 (IUC or IUCs or IUCD or IUCDs or IUD or IUDs or IUS or IUSs or CuIUC or CuIUCs or CuIUCD or CuIUCDs or CuIUD or CuIUDs or CuIUS or CuIUSs or LNGIUC or LNGIUCs or LNGIUCD or LNGIUCDs or LNGIUD or LNGIUDs or LNGIUS or LNGIUSs or PPIUC or PPIUCs or PPIUCD or PPIUCDs or PPIUD or PPIUDs or PPIUS or PPIUSs).ti,ab. (10079)
9 ((intrauterine or intra-uterine) adj3 (coil or coils or contraceptive or contraception or device or devices or system or systems)).ti,ab,kf. (9240)
10 (Kyleena or Liletta or Mirena or Skyla).ti,ab,kf. (328)
11 or/4-10 (77645)
12 "randomized controlled trial".pt. (502716)
13 (blind* or mask* or random* or trial*).ti,ab. (1858620)
14 drug therapy.fs. (2190159)
15 or/12-14 (3718660)
16 15 not ((exp animals/ not humans/) or (bovine or canine or capra or cat or cats or cattle or cow or cows or dog or dogs or equine or ewes or feline or goat or goats or horse or mice or mouse or ovine or pig or pigs or porcine or rabbit or rabbits or rat or rats or rattus or sheep or sow or sows).ti.) (3289567)
17 and/3,11,16 (303)
18 limit 17 to yr="2015 -Current" (128)
19 (meta-analy* or metaanaly* or ((evidence or systematic) adj3 (review or synthesis))).ti,ab,kf. (293296)
20 (meta-analysis or systematic review).pt. (185706)
21 or/19-20 (315332)
22 and/3,11,21 (48)
23 limit 22 to yr="2017 -Current" (16)

Key Question 5 search strategy
Ovid MEDLINE(R) ALL 1946 to March 26, 2020
Date searched: March 27, 2020
Searched by Robin Paynter, MLIS

clinicaltrials.gov link
https://clinicaltrials.gov/ct2/results?show_xprt=Y&xprt=%28%28+postpartum+OR+post-partum+OR+postnatal+OR+post-natal+OR+perinatal+OR+peri-natal+OR+puerperium+OR+puerperial+%29+AND+%28+visit+OR+home+OR+schedule+OR+appointment+OR+depression+OR+pelvic+floor+OR+urinary+incontinence+OR+contraception+OR+contraceptive+OR+screening%29+OR+well-baby+%29+AND+AREA%5BOverallStatus%5D+EXPAND%5BTerm%5D+COVER%5BFullMatch%5D+%28+%22Active%2C+not+recruiting%22+OR+%22Completed%22+OR+%22Suspended%22+OR+%22Terminated%22+OR+%22Withdrawn%22+%29+AND+AREA%5BStart

Date%5D+EXPAND%5BTerm%5D+RANGE%5B01%2F01%2F2017%2C+03%2F30%2F2020%5D

Value

We assessed the nomination for value. We considered whether or not the clinical, consumer, or policymaking context had the potential to respond with evidence-based change; and if a partner organization would use this evidence review to influence practice.

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the United States?	Yes
1b. Is the nomination a request for an evidence report?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes, the maternal mortality rate in the United States is one of the highest in the developed world. Women are more likely to die of pregnancy-related conditions in the weeks following birth than during pregnancy or delivery.[30]
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the United States population or for a vulnerable population	Yes, in 2018 there were 3,791,712 births in the United States
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	One recent systematic review covered the scope of KQ5 on pelvic floor muscle therapy. Two older Cochrane reviews which covered two of the interventions in KQ4 on postpartum contraception (IUD and implant) were identified, which are currently being updated in one in-progress Cochrane review. A systematic review protocol was identified which would potentially cover part of KQ2 as it only pertains to screening for depression and not other components of a postpartum visit.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Guidelines for postpartum care have been produced by ACOG, who recommend replacing the one-off, six-week postpartum visit with 12 weeks of ongoing support, tailored to the needs of each woman. The American Academy of Pediatrics recommends screening for maternal depression at well-baby visits. A comprehensive evidence review is needed to facilitate the development of a clinical practice guideline for family physicians to provide high value and appropriate postpartum care.

Selection Criteria	Assessment
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes, despite guidance from ACOG, there is variation in practice in postpartum care. There is a need for guidance for family physicians about the optimal timing and content of postpartum follow-up visit(s).
5. Primary Research	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	*Size/scope of review:* We estimate a small review for this topic. Three trials (and one in-progress trial) were identified for KQ1. One trial was identified for KQ2. Three trials were identified for KQ3. Two trials were identified for KQ4 which covered contraceptive counselling/discussion. No trials were identified for the contraceptive Depo injection. Feasibility was not assessed for KQ5 because an update of an existing review of pelvic floor therapy is being published, which covers the scope of that question.
6. Value	
6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change	Yes
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	Yes, the nominator will use the systematic review to develop a new guideline

Abbreviations: ACOG=American College of Obstetricians and Gynecologists; AHRQ=Agency for Healthcare Research and Quality; IUD=intrauterine device; KQ=key question