

Safe Deliveries Roadmap

Advancing Safety for Mothers and Babies
A Roadmap from Pre-pregnancy to Postpartum

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Washington State
Hospital Association

Best Practice Recommendations for Postpartum Care

“The Best Health and Care for Moms and Babies”

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Overview

Call to Action

The U.S. is the only developed nation with a rising maternal mortality rateⁱ, and severe maternal morbidities are increasingly common in recent decadesⁱⁱ. Our infant mortality rate and preterm birth rate are higher than in most developed countries^{iii, iv}. These facts persist even though the total amount spent on health care in the U.S. is greater than in any other country^v, with childbirth being one of the highest areas of hospitalization costs^{vi}. Although Washington State compares favorably to national averages, disparities between sub-populations and suboptimal care scenarios persist, and women and babies continue to suffer preventable morbidity and mortality^{vii}.

Through the Safe Deliveries Roadmap initiative, the Washington State Hospital Association (WSHA) and its partners aim to improve maternal and infant outcomes by establishing and promoting evidence-based* best practices for care across four phases of the perinatal continuum:

- Pre-pregnancy
- Pregnancy
- Labor and Delivery
- Postpartum

- i. Kassebaum NJ, et. al. [Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013](#). The Lancet. Sept. 2014; 384 (9947): 980–1004.
- ii. Callaghan WM, Creanga AA, Kuklina EV. [Severe maternal morbidity among delivery and postpartum hospitalizations in the United States](#). Obstet Gynecol. Nov. 2012; 120 (5): 1029-36.
- iii. MacDorman MF, Mathews TJ, Mohangoo AD, Zeitlin J. [International comparisons of infant mortality and related factors: United States and Europe, 2010](#). National vital statistics reports. 2014; 63 (5). Hyattsville, MD: National Center for Health Statistics.
- iv. March of Dimes, PMNCH, Save the Children, WHO. [Born Too Soon: The Global Action Report on Preterm Birth](#). Eds Howson CP, Kinney MV, Lawn JE. World Health Organization. Geneva, 2012.
- v. Davis K, Stremikis K, Schoen C, Squires D. [Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally](#). June 2014: The Commonwealth Fund.
- vi. Moore B, Levit K, Elixhauser A. [Costs for hospital stays in the United States, 2012](#). HCUP Statistical Brief #181. October 2014. Agency for Healthcare Research and Quality, Rockville, MD.
- vii. Washington State Department of Health. [Infant mortality](#). Updated Mar. 7, 2013.

About the Safe Deliveries Roadmap Recommendations

The recommendations are universally relevant for all women and newborns. Recommendations for care specific to select special populations (those with certain health conditions or making certain health-related choices) that are relatively common or likely to be subject to variations in current care practices are also included in the “Special Considerations” sections throughout. Physical examinations, patient health self-assessments, and complete health and family history-taking are established as foundations of primary care, and therefore are not specified in these recommendations.

The recommendations are aspirational – they outline the ideal care for optimal health outcomes. They are meant to be adaptable to the changing healthcare landscape. New care models such as team approaches and telemedicine may support implementation of the recommended practices.

The recommendations, tips, tools and resources provided in this toolkit reflect the best evidence as of 2014 and the input of expert clinicians and leaders in health care delivery and public health with expertise in women's health, obstetrics, midwifery, neonatology, pediatrics, family practice, and health promotion. They will be reviewed and updated as evidence changes, with a full review planned every 2-3 years.

* The Society for Maternal and Fetal Medicine's grading system ([http://www.ajog.org/article/S0002-9378\(13\)00744-8/fulltext](http://www.ajog.org/article/S0002-9378(13)00744-8/fulltext)) was used as a model; recommendations meeting any level of evidence were allowed to be included.

Vision for the Future

- Women and their families are informed on and engaged in care related to the topics covered by these recommendations.
- Providers and healthcare systems identify and meet each patient's needs to optimize health outcomes.
 - Care is always culturally appropriate and relevant to each patient. (i.e. Services are responsive to patients' gender, race/ethnicity, sexual orientation, age, stage, cognitive ability, language, and cultural beliefs.)
- All women and infants have access to care through coverage and primary care medical/health homes.
- Health equity and social determinants of health are addressed to enable optimal health attainment.

Summary of Postpartum Care Recommendations

1. Maternal Postpartum Follow-Up Visits

- Provide an appointment for the postpartum follow-up visit before discharging the woman from the hospital after delivery.
- Provide at least two follow-up visits: 1-2 weeks and 3-6 weeks.
- During follow-up visits, address the following topics and treat/refer as needed: contraception, diabetes, hypertension, thyroid, medication use, postpartum mood disorders, healthy lifestyle and weight, breastfeeding, immunizations, injury prevention, substance use, violence and abuse, continence, and other patient-specific conditions.

2. Infant Postpartum Follow-Up Visits

- Follow the American Academy of Pediatrics Bright Futures recommendations for preventive care within 24 hours of birth, at 3-5 days, by 1 month, and by 2 months.
- Schedule the first newborn follow-up visit before discharging the newborn from the hospital or immediately postpartum after an out-of-hospital delivery.

3. Family Planning

- A. Counsel on the patient's Reproductive Life Plan.
- B. Screen for pregnancy desire in next year. Provide follow up care based on patient's stated pregnancy intention.
- C. Consider the patient's potential for experiencing reproductive coercion or interference with her contraception.
- D. Assess breastfeeding status before recommending non-LARC birth control methods.

4. Diabetes

- For women who were diagnosed with gestational diabetes: screen at 6-12 weeks postpartum for diabetes.
- For women with history of gestational diabetes: repeat screening annually.
- For women with pre-diabetes or diabetes type 1 or 2: strongly encourage appropriate lifestyle changes and weight management.
- For women with pre-diabetes or diabetes type 1 or 2: verify appropriate follow up care and continued use of folic acid.

5. Mental Health

- Screen for maternal postpartum mood disorders using a validated tool; treat/refer as needed.

6. Healthy Weight, Nutrition, and Physical Activity

- At every visit, measure body mass index. Educate on recommended weight gain or loss, as needed.
- Assess comorbidities/risks to determine treatment priorities, as needed.
- Assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and tailored plan of action. Refer to dietitian and/or individual or group lifestyle intervention programs as appropriate.

7. Breastfeeding

In hospital:

- Promote exclusive breastfeeding, as outlined by the US Taskforce on Breastfeeding.
- Provide or refer to out-patient or community lactation support.

In and out of hospital:

- Encourage exclusive breastfeeding for about the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
- Assess maternal use of medications and recreational drugs, and counsel on reducing potential risks of harm to the baby.

8. Maternal Immunizations

- Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices recommendations.
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

9. Infant Immunizations

- Ensure vaccines are up to date, per CDC ACIP recommendations.
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

10. Injury Prevention

- Identify high risk family situations and refer to appropriate resources.
- Provide counseling about the full range of infant safety topics, including both the Safe Kids recommendations and: sepsis, second hand smoke, shaking prevention, and gun safety.
- Encourage new parents to program the phone number for the Washington Poison Center into their phones.

11. Bilirubin Screening

- Before discharge from the hospital, assess every newborn for the risk of developing severe hyperbilirubinemia using total serum bilirubin or transcutaneous bilirubin and/or assessment of clinical risk factors.
- Infants discharged at <72 hours should be seen within 2 days of discharge.

12. Hearing Screening

- Screen all newborns per Early Hearing Detection and Intervention guidelines, and ensure referral to follow up care as needed.

13. Critical Congenital Heart Defects

- Screen all newborns for critical congenital heart defects after 24 hours of birth, using pulse oximetry screening, along with a complete history and physical examination.

14. Future Preterm Birth Risk

- Assess for poor obstetrical history

Note about the Postpartum Care Recommendations

These recommendations consider the postpartum period to be the first 60 days of life, and address care needed during that period.

Topic 1: Maternal Postpartum Follow-Up Visits

Recommendations

- Provide an appointment for the postpartum follow-up visit before discharging the woman from the hospital after delivery.
- Provide at least two follow-up visits: 1-2 weeks and 3-6 weeks.
- During follow-up visits, address the following topics and treat/refer as needed:^{A, B}
 - contraception
 - diabetes
 - hypertension
 - thyroid
 - medication use
 - postpartum mood disorders
 - healthy lifestyle and weight
 - breastfeeding
 - immunizations
 - injury prevention
 - substance use (alcohol, nicotine, marijuana, and other drugs with abuse potential)
 - violence and abuse
 - continence
 - other patient-specific conditions

Implementation Tips

- Maternal postpartum follow-up visits can be done by diverse provider types.
- Ensure access to follow-up care, e.g. via drop-in centers or alignment with newborn follow-up care.
- Consider routinely screening mothers' blood pressure at newborn follow-up visits.
- For women with gestational hypertension or preeclampsia, blood pressure should be monitored for at least 72 hours postpartum and then again 7-10 days after delivery.

Maternal Postpartum Follow-Up Visits Tools & Resources

- Guideline summary NGC-9263 for Routine Prenatal and Postnatal Care (Agency for Healthcare Research and Quality (AHRQ)): <http://www.guideline.gov/content.aspx?id=37958>
- Guidelines for Perinatal Care, seventh edition (pages 207-209) (American College of Obstetricians and Gynecologists (ACOG), American Academy of Pediatrics (AAP)). Available for purchase at: <http://sales.acog.org/Guidelines-for-Perinatal-Care-Seventh-Edition-P262C54.aspx>

References

Topic 2: Infant Postpartum Follow-Up Visits

Recommendations

- Follow the American Academy of Pediatrics (AAP) Bright Futures recommendations for preventive care within 24 hours of birth, at 3-5 days, by 1 month, and by 2 months.^{C, D}
- Schedule the first newborn follow-up visit before discharging the newborn from the hospital or immediately postpartum after an out-of-hospital delivery.

Implementation Tip

- Provide postpartum depression screening for the mother, and referral if necessary, at pediatric follow-up visits.

Infant Postpartum Follow-Up Visits Tools & Resources

- C. Bright Futures Recommendations for Preventive Pediatric Health Care (American Academy of Pediatrics (AAP)): http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
- D. Content of the First Newborn Follow-Up Visit checklist (AAP, available to AAP members only): http://www.aap.org/en-us/professional-resources/practice-support/Vaccine-Financing-Delivery/Documents/Newborn_Visit_SAMPLE.pdf

References

(19-21)

Topic 3: Family Planning

Recommendations

- Counsel on the patient's Reproductive Life Plan.^{E, F}
- Screen for future pregnancy desire in next year, for example by asking "Would you like to become pregnant in the next year?"
 - If NO (never wants to be pregnant again): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), sterilization, and vasectomy.^{G-O}
 - If NO (wants to be pregnant again but later than the next year) or AMBIVALENT (not sure about pregnancy desire in the next year): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), and educate about planning pregnancy/preconception health. Counsel on a healthy pregnancy interval of 18-60 months and risks of pregnancy at advanced maternal age, as appropriate. Encourage woman to return for a visit to address pregnancy planning if she decides to become pregnant before next regular visit.^{G-O}
 - If YES (wants to be pregnant in the next year): Educate about planning pregnancy and preconception health, or health-related preparation for pregnancy. Where relevant, educate about a healthy pregnancy interval of 18-60 months and the risks of pregnancy at advanced maternal age. Emphasize the importance of starting prenatal care once pregnant; educate about how to seek prenatal care. If the woman has a significant medical condition (e.g. hypertension, diabetes), discuss the impact of her condition on pregnancy and plan for optimal management of the disease.

- Consider the patient’s potential for experiencing reproductive coercion or interference with her contraception; as appropriate, counsel on methods that are easily hidden and difficult to interfere with.
- Assess breastfeeding status before recommending non-LARC birth control methods.

Special Considerations:

- Discuss recurrence risks of pregnancy complications based on her obstetric and medical histories (trial of labor after cesarean section (TOLAC), preeclampsia, intrauterine growth restriction).
- Refer to or provide preconception consultation with Maternal Fetal Medicine specialist as indicated.

Family Planning Tools & Resources

- E. Reproductive Life Plan tool for Health Professionals (Centers for Disease Control and Prevention (CDC)): <http://www.cdc.gov/preconception/rlptool.html>
- F. Reproductive life plan tool for women (CDC): <http://www.cdc.gov/preconception/reproductiveplan.html>
- G. Long-Acting Reversible Contraception Clinical Resources (ACOG): <http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/LARC-Clinical-Resources>
- H. Contraceptive Medical Eligibility Criteria (CDC): <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm#a>
- I. Poster: Effectiveness of Family Planning Methods (CDC): <http://www.cdc.gov/ReproductiveHealth/UnintendedPregnancy/PDF/POSTER-Effectiveness-Family-Planning-Methods.pdf>
- J. When to Start Using Specific Contraceptive Methods (CDC): http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Box1_App_B_D_Final_TAG508.pdf
- K. QuickStart Algorithm (Reproductive Health Access Project): for purchase at <http://reproductive-health-access-project-store.myshopify.com/products/quick-start-algorithm>; free download at http://www.caiglobal.org/titlex/downloadable/rhap_QuickstartAlgorithm.pdf
- L. Recommended Actions After Late or Missed Combined Oral Contraceptives (CDC): http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Fig_2_3_4_Final_TAG508.pdf
- M. Provider continuing education module on 2013 Contraceptive Practice Recommendations (CDC): <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USSPRTraining.html>
- N. Provider continuing education module on practice recommendations for teen pregnancy prevention (CDC): <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/TeenPregTraining.html>
- O. Intrauterine Devices and Implants: A Guide to Reimbursement, (National Family Planning and Reproductive Health Association): http://www.nationalfamilyplanning.org/file/documents---reports/LARC_Report_2014_R5_forWeb.pdf

References

(22-42)

Topic 4: Diabetes

Special Considerations

- For women who were diagnosed with gestational diabetes: screen at 6-12 weeks postpartum for diabetes.
- For women with history of gestational diabetes: repeat screening annually.^P
- For women with pre-diabetes or diabetes type 1 or 2: strongly encourage appropriate lifestyle changes and weight management. (See also Topic 6.)
- For women with pre-diabetes or diabetes type 1 or 2: verify appropriate follow up care and continued use of folic acid.

Diabetes Tools and Resources

- P. Diabetes website (American Diabetes Association (ADA)): <http://www.diabetes.org/>

References

(43-47)

Topic 5: Mental Health

Recommendations

- Screen for maternal postpartum mood disorders using a validated tool; treat/refer as needed.^{Q, R, T, U}

Implementation Tip

- Screen for traumatic experience during birth. (Ideally, this should be done by the delivering provider.)

Mental Health Tools & Resources

- Q. Brief Measure of Worry Severity Questionnaire (Australian and New Zealand Journal of Psychiatry): <http://www.blackdoginstitute.org.au/docs/BriefMeasureofWorrySeverity.pdf>
- R. Edinburgh Postnatal Depression Screening Scale (British Journal of Psychiatry): <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>
- S. Pregnancy and Depression website (Washington State Department of Health (WA DOH)): <http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Depression>
- T. Website on depression screening, including Patient Health Questionnaire 2 (PHQ-2) and PHQ-9 (American Academy of Family Physicians (AAFP)): <http://www.aafp.org/afp/2012/0115/p139.html>
- U. Opinion on Screening for Depression during and after pregnancy (ACOG): <http://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co453.pdf?dmc=1&ts=20141220T1022541648>
- V. Perinatal Depression Initiative website (ACOG): <http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Perinatal-Depression-Initiative>

References

(48-61)

Topic 6: Healthy Weight, Nutrition, and Physical Activity

Recommendations

- At every visit, measure body mass index (BMI). Educate on recommended weight gain or loss, as needed.^X
- Assess comorbidities/risks to determine treatment priorities, as needed.
- Assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and tailored plan of action. Refer to dietitian and/or individual or group lifestyle intervention programs (e.g. healthy eating, active living), as appropriate.^{Y-CC}

Special Considerations

- For women with gestational diabetes, pre-diabetes or diabetes types 1 or 2: see also topic 4.

Healthy Weight, Nutrition, and Physical Activity Tools & Resources

- W. Postpartum Visit Algorithm: Overweight/Obesity (ACOG): <http://www.acog.org/-/media/Districts/District-II/PDFs/D9-Postpartum-Algorithm-Obesity.pdf>
- X. Tool for calculating BMI & nutrition needs (Food and Nutrition Information Center): <http://fnic.nal.usda.gov/fnic/interactiveDRI/>
- Y. Dietary and exercise tools and resources (United States Department of Health and Human Services (US DHHS): <http://www.health.gov/dietaryguidelines/2010.asp#resources>
- Z. 10 Tips for Women's Health handout (United States Department of Agriculture (USDA)): <http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet35MakeBetterFoodChoices.pdf>
- AA. Choose My Plate Daily Food Plan calculator (USDA): <http://www.choosemyplate.gov/myplate/index.aspx>
- BB. Physical Activity guidance (CDC): <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>
- CC. Readiness/confidence to change ruler tool (Perinatal Services): <http://www.perinatalservicesbc.ca/NR/ronlyres/F4EA410B-E419-47E8-9098-929D9891CF28/0/ReadinessRuler.pdf>
- DD. Women and Obesity: Tools and Resources to Help Patients Lead Healthier Lives (ACOG): http://www.acog.org/About_ACOG/ACOG_Districts/District_II/Women_and_Obesity

References

(62-65)

Topic 7: Breastfeeding

Recommendations

In hospital:

- Promote exclusive breastfeeding, as outlined by the US Taskforce on Breastfeeding.
- Provide or refer to out-patient or community lactation support.^{FF-II}

In and out of hospital:

- Encourage exclusive breastfeeding for about the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
- Assess maternal use of medications and recreational drugs, and counsel on reducing potential risks of harm to the baby.^{EE}

Breastfeeding Tools and Resources

- EE. LactMed database on medications and breastfeeding (National Institutes of Health (NIH)): <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- FF. Webpage for moms on breastfeeding, including resources on going back to work and breastfeeding (WithinReach): <http://www.withinreachwa.org/what-we-do/healthy-communities/breastfeeding/about-breastfeeding/>
- GG. BreastFeeding Inc. website: <http://www.breastfeedinginc.ca>
- HH. Black Mothers' Breastfeeding Association website: <http://blackmothersbreastfeeding.org>
- II. La Leche League of Washington website: <http://www.llofwa.org/>

References

(66-78)

Topic 8: Maternal Immunizations

Recommendations

- Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices (ACIP) recommendations.^{JJ}
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

Maternal Immunizations Tools & Resources

JJ. Immunization Guidelines (CDC, Advisory Committee on Immunization Practices (ACIP)):

<http://www.cdc.gov/vaccines/schedules/hcp/index.html>

KK. Postpartum Visit Algorithm: immunizations (ACOG): www.everywomancalifornia.org/files.cfm?filesID=47

References

(79-85)

Topic 9: Infant Immunizations

Recommendations

- Ensure vaccines are up to date, per CDC ACIP recommendations.^{LL-OO}
- Encourage all household members or others with routine exposure to the infant to have up-to-date immunizations, per CDC ACIP recommendations.

Infant Immunizations Tools & Resources

LL. Child Immunization Schedules (CDC, ACIP): <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

MM. Plain Talk About Child Immunization, 7th Edition – resource on talking with parents about immunizations (WA DOH): <http://here.doh.wa.gov/materials/plaintalk>

NN. Provider Resources for Vaccine Conversations with Parents (CDC): <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/>

OO. Videos modeling how to talk with parents about child vaccines (AAP): <http://www2.aap.org/immunization/pediatricians/riskcommunication-VIDEOS.html>

References

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Topic 10: Injury Prevention

Recommendations

- Identify high risk family situations and refer to appropriate resources.^{PP,QQ}
- Provide counseling about the full range of infant safety topics, including both the Safe Kids recommendations and:^{RR}
 - Sepsis (using a thermometer; how to assess fever temperature and signs of sepsis; when to call provider)
 - Second hand smoke^{SS}
 - Shaking prevention^{UU}

- Gun safety^{WV}
- Encourage new parents to program the phone number (1-800-222-1222) for the Washington Poison Center into their phones.^{WW}

Implementation Tip

- Strongly recommend safe gun storage strategies and consider recommending the removal of guns from the home. Consider counseling about and promoting use of gun safes, trigger locks, cable locks, etc.
- Consider modeling safe sleep practices while mothers and babies are still in the birthing hospital.

Injury Prevention Tools and Resources

- PP. Child Maltreatment: Risk and Protective Factors website (CDC): <http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>
- QQ. Identifying Children and Families at Risk website (includes questionnaires) (National Academy for State Health Policy): <http://nashp.org/identifying-children-and-families-at-risk>
- RR. Safe Kids infant safety website (Safe Kids Worldwide): <http://www.safekids.org/infantsafety>
- SS. Substance Free for My Baby (WA DOH): <http://here.doh.wa.gov/materials/substance-free-for-my-baby>
- TT. Toolkit on Preventing Shaken Baby Syndrome (CDC): http://www.cdc.gov/Concussion/pdf/Preventing_SBS_508-a.pdf
- UU. Period of PURPLE Crying website and video: <http://purplecrying.info/>
- VV. Statement on Firearm Injury to Children (AAP): <http://pediatrics.aappublications.org/content/early/2012/10/15/peds.2012-2481.full.pdf>
- WW. Washington Poison Center website: <http://www.wapc.org/>

References

(88-94)

Topic 11: Bilirubin Screening

Recommendations

- Before discharge from the hospital, assess every newborn for the risk of developing severe hyperbilirubinemia using total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) and/or assessment of clinical risk factors.^A
- Infants discharged at <72 hours should be seen within 2 days of discharge.

Bilirubin Screening Tools & Resources

- XX. Bilitool website for providers to assess risk (Bilitool, Inc.): <http://bilitool.org/>

References

(95-107)

Topic 12: Hearing Screening

Recommendations

- Screen all newborns per Early Hearing Detection and Intervention guidelines, and ensure referral to follow up care as needed.^{YY}

Hearing Screening Tools & Resources

- YY. Newborn Hearing Screening Checklist (AAP): <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Documents/NBHSChecklist1%20FINAL%200414.pdf>

References

(108-110)

Topic 13: Critical Congenital Heart Defects

Recommendations

- Screen all newborns for critical congenital heart defects (CCHD) after 24 hours of birth, using pulse oximetry screening, along with a complete history and physical examination.^{ZZ}

Critical Congenital Heart Defects Tools & Resources

- ZZ. Strategies for Implementing Screening for Critical Congenital Heart Disease (AAP): <http://pediatrics.aappublications.org/content/128/5/e1259.full>

References

(111-115)

Topic 14: Future Preterm Birth Risk

Recommendations

- Assess for poor obstetrical history (e.g. previous preterm birth, miscarriage, stillbirth, low birth weight, hypertension, gestational diabetes, birth defects/genetic conditions, postpartum depression and psychosis).^{AAA}

Special Considerations

- For patients with poor obstetrical histories, strongly encourage further counseling before next pregnancy with a maternal and fetal medicine specialist (a.k.a. perinatologist) as appropriate.
- For patients with poor obstetrical histories and intending or at risk for pregnancy, screen for perinatal risk factors. Counsel and refer as indicated before next pregnancy.
- For women with modifiable risks (e.g. tobacco use, depression, violence, alcohol/drugs, lack of support systems), provide treatment or referrals.
- For women with a history of spontaneous preterm birth 16-36 weeks, educate about the use of 17-OH-P injections in future pregnancies.^{BBB}

Future Preterm Birth Risk Tools & Resources

- AAA. Infographic: Factors Associated with Preterm Birth (CDC): <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PDF/PretermBirth-Infographic.pdf>
- BBB. Preterm Labor website - includes information on 17-OH-P shots (March of Dimes): <http://www.marchofdimes.org/pregnancy/progesterone-treatment-to-prevent-preterm-birth.aspx>
- CCC. Wait One Year website for women who had a preterm birth (WA DOH): <http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Pregnancy/WaitOneYear>

References

General Tools and Resources

General Resources for Providers and Patients:

- DDD. Maternal and Infant Health Provider Resources (WA DOH):
<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/BestPractices/MaternalandInfantHealth>
- EEE. Postpartum Algorithms and Patient Handouts (Every Woman California Interconception Care Project):
http://www.everywomancalifornia.org/content_display.cfm?contentID=359&categoriesID=120&CFID=6729333&CFTOKEN=bd870b90f638d419-31BA2115-C622-BD9D-76102CD3AFFD68E2
- FFF. Pregnancy Portal (WA DOH): <http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Pregnancy>

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