



## Prenatal and Postpartum Care

### A Resource for Clinicians

Promoting having a healthy pregnancy with patients is one of the best ways to promote a healthy birth. Engaging your patients early for regular prenatal care improves the chances of a healthy pregnancy. If a woman in your practice is pregnant or thinking about getting pregnant, talk to them about preconception, prenatal and postpartum guidelines.

Blue Cross endorses the MHQP Perinatal guide (see page 2 for detail). In addition NCQA's Health Care Effectiveness Data and Information Set (HEDIS) measures compliance with best practice guidelines. Please review the prenatal and postpartum care measures below for improvement opportunities in your practice.

#### Timeliness of Prenatal Care

HEDIS measures the percentage of deliveries that received a prenatal care visit in the first trimester.

A prenatal care visit can be with an OB/GYN practitioner, family practitioner or a primary care provider. For visits with a family practitioner or primary care provider, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (e.g., hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, syphilis test, *or*
  - TORCH antibody panel alone, *or*
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, *or*
  - Echography of a pregnant uterus.
- Documentation of LMP or EDD in conjunction with either of the following.
  - Prenatal risk assessment and counseling/education, *or*
  - Complete obstetrical history.

#### Postpartum Care

HEDIS measures the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. (A visit with an RN doesn't meet the requirement.)

If the member had a C-section and came in for an incision check, they are still required to have a postpartum visit within this timeframe.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam, or
- Evaluation of weight, blood pressure, breasts (notation of breastfeeding is acceptable) and abdomen, or
- Notation of postpartum care.

As part of the postpartum visit MHQP recommends screening for signs of postpartum depression. Postpartum depression symptoms may include:

- Loss of appetite
- Insomnia
- Intense irritability and anger
- Overwhelming fatigue
- Severe mood swings
- Difficulty bonding with baby
- Withdrawal from family and friends
- Thoughts of self-harm or harming the baby

#### Clinical resources for screening

##### Edinburgh Postnatal Depression Scale (EPDS) Questionnaire

This 10-item questionnaire was developed to identify women who have postpartum depression. It may be used within 8 weeks postpartum and it also can be applied for depression screening during pregnancy.

Once diagnosed, postpartum depression is treatable with medication (antidepressants) and counseling. To refer a patient for Behavioral Health Case Management, download our Patient Referral for Health Management form by logging on to [bluecrossma.com/provider](http://bluecrossma.com/provider) and selecting **Clinical Resources>Clinical Programs & Information> Health Management Programs.**





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#### Resources for providers

[Massachusetts Health Quality Partners \(MHQP\) Perinatal Care Recommendations](#)

These recommendations endorsed by us represent a core set of quality clinical guidelines for average-risk patients from the general population. The guidelines should not supersede clinical judgment or the needs of individual patients.

#### Refer a high risk pregnancy patient for Complex Case Management:

Some patients develop health problems during a pregnancy that make it high-risk, such as gestational diabetes or preeclampsia. To refer our members, download our *Patient Referral for Health Management form* by logging on to [bluecrossma.com/provider](#) and selecting **Clinical Resources>Clinical Programs & Information> Health Management Programs**.

#### How we support pregnant members

##### Classes

Members are eligible for reimbursement up to \$90 on first-time-mother classes and \$45 for refresher courses. Enrollment forms are available on [livinghealthybabies.com](#).

#### Educational resources for your patients:

##### AHealthyMe<sup>®</sup>

**AHealthyMe.com** offers our members pregnancy planning tools and information, lifestyle tips, and social networking.

##### Federal Employee Program members

Federal Employee Program members can visit [fepblue.org](#).

##### Living Healthy Babies<sup>®</sup> website

From preparing for pregnancy, being pregnant, going through delivery, and what to expect during baby's first year, [livinghealthybabies.com](#) help's guide our members each step of the way.

#### Total Health Solutions

Dental Blue members who are pregnant may be covered for two additional dental cleanings in a 12-month period and a periodontal scaling. Learn more by logging on to [bluecrossma.com/provider](#) and selecting **Clinical Resources>Oral and Overall Health**.

#### Support for postpartum depression

Our Call-in Maternity Depression Care is designed to help our members who experience postpartum depression, which can last up to a year. Members who are pregnant and new moms can find support, education, and treatment referrals. Our Behavioral Health Care Managers at **1-800-524-4010, ext. 62398**, Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.

#### Expanded access to breast pumps for members

Members must have a written prescription from their physician to place an order for a breast pump with Ameda Direct or Medela. The following information must be listed on the prescription:

- The expectant due date or actual birth date of the baby
- A diagnosis code
- The physician's name, address, and telephone number and NPI.

#### Text4baby<sup>SM</sup>

Text4baby<sup>SM</sup> is a free mobile information service designed to promote maternal and child health. Women who sign up for the service by texting **BABY (2229)** to **511411** (or **BEBE (2323)** in Spanish) will receive free SMS text messages each week, timed to their due date or baby's date of birth. This program is offered at no additional charge through certain cell phone carriers. Registration is also available online at [text4baby.org](#).

#### Ovia<sup>TM</sup> Fertility & Ovia<sup>TM</sup> Pregnancy Apps

We're partnering with Ovuline—developer of mobile reproductive apps Ovia Health<sup>TM</sup> and Ovia<sup>TM</sup> Pregnancy—to give our members tools to support conception and healthy pregnancies. Members can download—at no cost—by visiting the Apple App or Google Play store.