

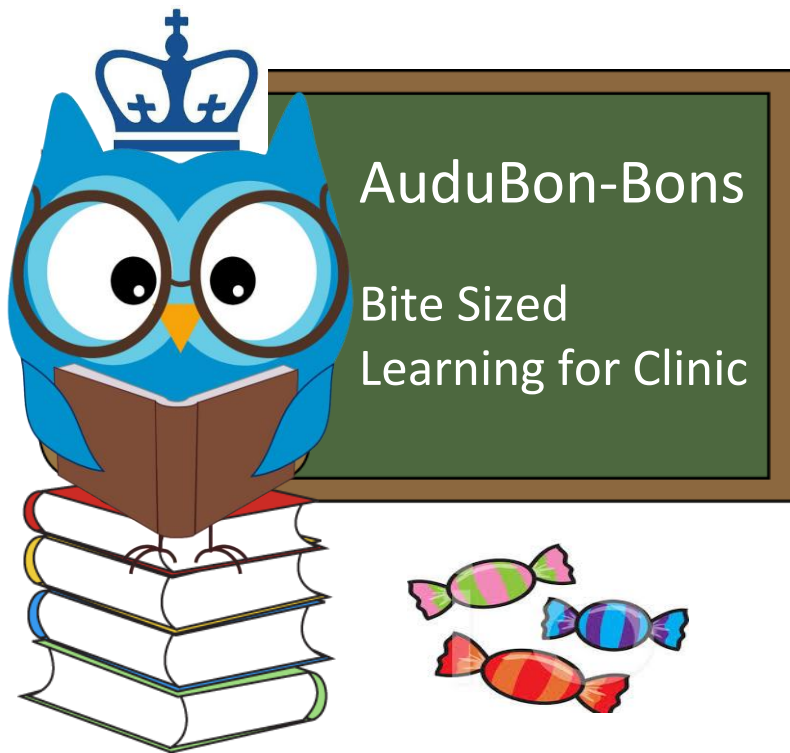
# INTERPREGNANCY CARE

Week 74

Prepared by: **Devon Rupley, MD**

Reading Assignment:

ACOG, SMFM. Obstetric Care Concensus #8: Interpregnancy care.



# LEARNING OBJECTIVES

- Understand the goals of interpregnancy care
- Review the core components of interpregnancy care



<https://www.acog.org/>



<https://www.smfm.org/>



# INTERPREGNANCY CARE

- “The stress test of pregnancy provides glimpses into otherwise silent early adult years in which chronic disease trajectories are set”
  - Edwards, Fraser, Lawlor, Catov



# CASE VIGNETTE

- A 30 yo G3P2012 woman presents for follow up visit. She is **5 months post-partum from an NSVD**, with a pregnancy notable for **GDMA2**, **gHTN** and **obesity**. She is **breastfeeding** her 5 month old infant, who is doing well, but she is considering stopping soon.
- She was never seen for postpartum visit because she didn't have child-care to make it to her appointment
- She presents today to discuss **family planning**
- She desires **one more child** in the next "few years"



# FOCUSED HISTORY

- PMH: Class III obesity with BMI 41
- PSH: Lap choley
- OBHx: 6 wk sab x 1, 1 FT NSVD's uncomplicated 2014, most recent pregnancy 12/2019: 37+5, c/b GDMA2 requiring insulin and gHTN discharged on no meds
- GynHx: Remote h/o abnl pap (LSIL) in 2010 s/p LEEP, all normal since, last with co-testing 2/2019 NILM/ neg, remote h/o CT 10+ years ago, no cysts, multiple small (<2cm) IM fibroids
- FH: DM in mother and father, HTN in father, MI in MGM, and PGF
- SH: Soc EtOH, denies drugs or smoking, works part time as HHA, lives with partner and 2 children, feels safe at home, no exercise
- Meds: None
- All: NKDA



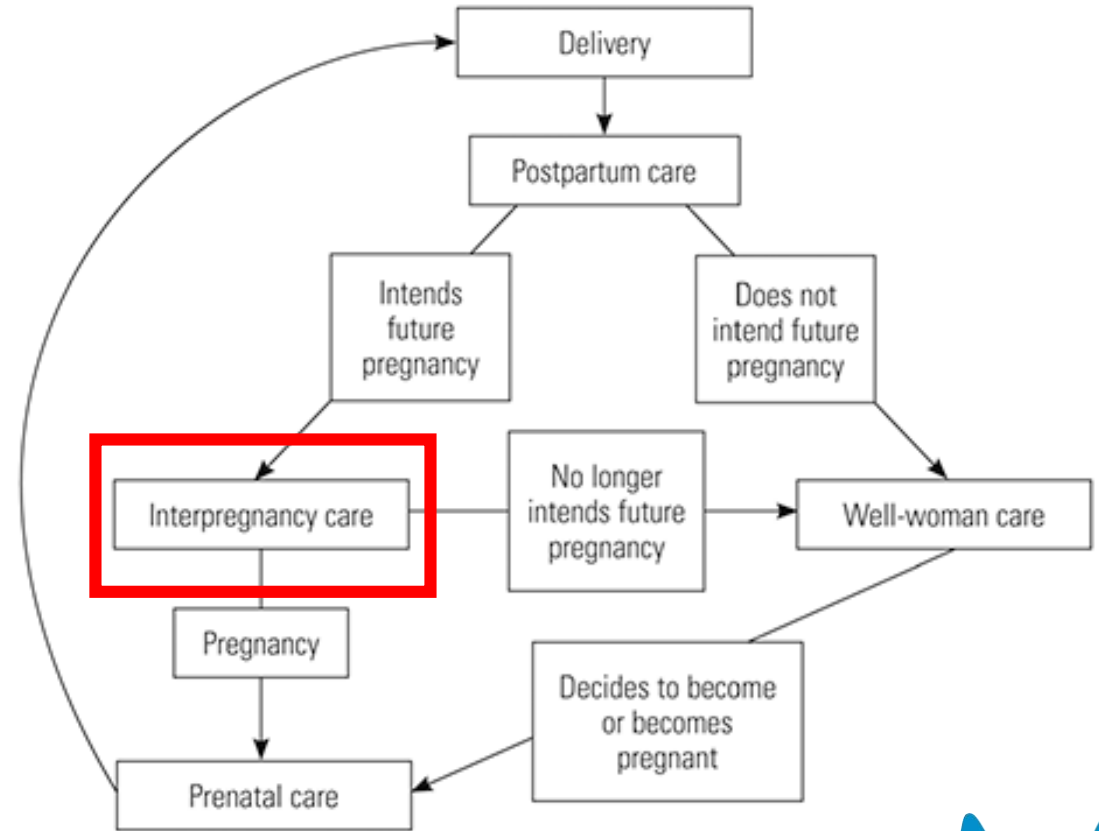
# PERTINENT PHYSICAL EXAM FINDINGS

- VS: Wt 105 kg, Ht 160 cm, **BMI 41**; BP 130/88, P 90, T 37.0
  - Gen: NAD
  - HEENT: WNL
  - Chest: CTAB
  - CVS: RRR
  - Breast: **Full, soft, non-tender, no areas of erythema, no visible or palpable masses**
  - Abd: **Obese, Soft, NT, obese, 3 well-healed LSC port sites**
  - Pelvic: **NI external genitalia, no blood in vault, physiologic discharge, cervix appears nl without lesions, AV, mobile, small uterus exam limited by body habitus**
  - Ext: WWP



# INTERPREGNANCY CARE

- Care provided to women of childbearing age who are between pregnancies with goal of improving outcomes for women and infants
- Opportunity to address complications developed during pregnancy to optimize health for life course



**Figure 1.** Interpregnancy Care Within the Continuum of Care.



## Back to our patient...

- What will you cover with the patient during the visit today?
  - Breastfeeding
    - Longer duration of breastfeeding is associated with improved maternal health, including **lower risk of DM, HTN, MI, ovarian/breast cancer**
    - **With GDM, longer breastfeeding = decreased risk of metabolic syndrome and DMII**





# Visit continued...

- What else?

- Optimal interpregnancy interval:
  - Avoid interpregnancy interval < 6 months
  - Contraceptive counseling: ideally starts in prenatal period
- Depression: AAP recommends screening for PPD at 1, 2, 6 months PP.
  - Screening alone has beneficial impact on mental health
- Weight reduction: return to pre-pregnancy wt within 6-12 months
  - Consider referral to bariatric surgery for our pt given BMI >40



A

| Condition            | Counseling   | Interpregnancy Test/Screening   | Management Considerations   | Goals  | Medications of Concern for Pregnancy*                            |
|----------------------|--|---|---|--|--|
| Gestational diabetes | Women with gestational diabetes have a sevenfold increased risk of developing type 2 diabetes.   | 2-hour OGTT at 4–12 weeks postpartum; screening every 1–3 years   | Women with impaired fasting glucose, IGT, or diabetes should be referred for preventive or medical therapy.   | Early detection of overt diabetes; diabetes prevention   |  |
| Diabetes             | Poorly controlled diabetes damages the woman's eyes, heart, blood vessels, and kidneys. Poor control further increases risk of birth defects in the next pregnancy.<br><br>Diabetes is a risk factor for future heart disease. | Patients should demonstrate good control of blood sugars with hemoglobin A <sub>1c</sub> <7.0% (53 mmol/mol). | Weight management<br><br>Testing for underlying vasculopathy: retinal examination, 24-hour urine protein testing, and electrocardiography.<br><br>Thyroid screening | Hemoglobin A <sub>1c</sub> <6.5% (48 mmol/mol) if a future pregnancy is desired, to reduce the risk of congenital anomalies<br><br>Discuss aspirin for future pregnancies. | Medications for comorbidity<br><br>ACE inhibitors<br><br>Statins |
| Preeclampsia         | Women with a history of preeclampsia have an increased risk of recurrence in subsequent pregnancies. These women also have a twofold increased risk of subsequent cardiovascular disease.                                      | Evaluate BP for resolution of hypertension.   |   | Maintain BP <120/80.<br><br>Maintain healthy weight.<br><br>Discuss aspirin for future pregnancies.  | ACE inhibitors<br><br>Angiotensin receptor blockers              |

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# Other things to address...

- Substance use disorders including tobacco cessation
- Evaluation of Social Determinants of Health
  - Referrals to community programs to optimize outcomes and address racial and ethnic disparities
- Screen of IPV/DV
- Assessment for STIs and safe sexual practices
- Immunizations: initiate or complete recommended vaccination series



# Address High Risk Pregnancy Issues

- History of pre-term delivery
  - Plan for future possible interventions including cerclage, mackena, cervical lengths
  - Optimal interpregnancy interval counseling
  - Prior preterm birth is associated with increased risk of maternal cardiovascular disease
- Fetal anomalies
  - Address modifiable risk factors: obesity, GDM/DM, folic acid supplementation
- Genetic testing: complete carrier testing, or genetic counseling
- Mode of delivery counseling in case of cesarean, higher order tear, or shoulder dystocia



# SOCIAL DETERMINANTS OF HEALTH

- Unintended pregnancy
  - Percent by race: White 42%, Hispanic 56%, Black 69%
- Short interval pregnancy:
  - Risk factors for unintended short interval pregnancy
    - Teenager
    - Black or Hispanic race
    - Less than High School education
    - Medicaid funded delivery
- Breastfeeding
  - Significant differences between both any and exclusive breastfeeding rates at 3, 6, 12 months between black and white infants
    - Black women return to work prior to 12 wks at higher rates
      - Increases with decreasing income



# Epic .phrase

## **.BBonInterpregnancycare**

### Description: Interpregnancy care counseling

We discussed strategies for optimizing maternal health through addressing past pregnancy complications and implications for future pregnancies as well as reviewing age appropriate screening strategies including cervical cancer screening, breast cancer screening, STI testing, and safe sex practices. We reviewed optimal spacing of pregnancies through optimal use of family planning methods. We also reviewed healthy weight and exercise recommendations, substance use risks, and the importance of mental healthcare.



# CODING AND BILLING

- Z01.419: Encounter for gynecological examination without abnormal findings
- Z01.411: Encounter for gynecological examination with abnormal findings
- Z30.0: Encounter for general counseling and advice on contraception
- Z30.49: Encounter for surveillance of contraceptive
- Z31.69: Encounter for general counseling and advice procreation



# EVIDENCE

- ACOG, SMFM. Obstetric Care Concensus #8: Interpregnancy care. *Obstet Gynecol* 2019; 133: e51-72.
- Rich-Edwards JW, Fraser A, Lawlor DA, Catov JM. Pregnancy characteristics and women's future cardiovascular health: an underused opportunity to improve women's health? *Epidemiologic Reviews*. 2014 (1): 36:57-70.
- Screening for perinatal depression. ACOG Committee Opinion No. 757. *ACOG. Obst and Gyn*. 2018: 132: 208-12.

