

HEDIS® Measure

Prenatal and Postpartum Care (PPC)

Data collection method:

Administrative (Claims), Hybrid (HEDIS Chart Chase), Supplemental Data Submission

Measure description:

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Timeliness of Prenatal Care

The Timeliness of Prenatal Care HEDIS measure looks at the percentage of enrollees who had a live birth or delivery and received a prenatal care visit from an obstetrical (OB) practitioner, midwife, family practitioner, or other primary care provider. The visit must be:



- Documented, indicating when prenatal care was initiated.
- In the first trimester or within 42 days of enrollment.

Make sure your medical record reflects evidence of the following:

- Documentation of when the prenatal care was initiated or the date of the patient's first prenatal visit.
- Last menstrual period and/or expected date of delivery.
- Complete OB history.
- Prenatal risk assessments and counseling/education.
- Prenatal care procedure that was performed at each visit:
 - o Basic physical examination that includes auscultation for fetal heart tone, pelvic exam with OB observation or measurement of fundus.
 - o Screening test in the form of an obstetric panel.
 - o Torch antibody panel.
 - o Rubella antibody/titer with RH incompatibility (ABO/RH blood typing).
 - o Ultrasound (echocardiography) of pregnant uterus.

Postpartum Care

The Postpartum Care HEDIS measure captures the percentage of deliveries that had a postpartum visit on or between 7 to 84 days after delivery (a day early or a day late does not count). Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
 - o Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of postpartum care, including, but not limited to:
 - o Notation of "postpartum care," "PP care," "PP check," "6-week check."
 - o A preprinted "Postpartum Care" form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for enrollees with gestational diabetes.
- Documentation of any of the following topics:
 - o Infant care or breastfeeding.
 - o Resumption of intercourse, birth spacing or family planning.
 - o Sleep/fatigue.
 - o Resumption of physical activity.
 - o Attainment of healthy weight.

Best practices:

- Provide education to patients on importance of prenatal and postpartum care for them and their baby.
- Review the visit schedule with the patient.
- Schedule initial prenatal visits in the first 12 weeks of pregnancy with an OB/GYN, primary care provider (PCP) or other prenatal practitioner.
- Be aware that post-operative visits within six days after discharge don't count as a postpartum visit. When scheduling Postpartum visit, use the discharge day and schedule the patient after the 6th day from discharge which begins the postpartum period for the measure (within 7-84 days postpartum).
- Encourage patients to maintain the relationship with an OB/GYN to promote consistent and coordinated health care.
- Ensure patients are aware of available resources to overcome barriers and any incentives for care.
- Remind patients of their appointment by making calls or sending texts prior to visit and follow-up on any missed or cancelled appointments.
- Maintain available appointments for patients to be seen during their first trimester or postpartum period.
- Use appropriate and accurate codes on claims and complete documentation.
- Services provided during a telephone visit, e-visit or telehealth will meet the criteria for prenatal and postpartum compliance, for patients who miss appointments, offer telephone or telehealth visits.

There is a large list of approved codes used to identify services included in this measure. For more information see HEDIS Measures and Technical Resources at [NCQA.org](https://www.ncqa.org).

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
NCQA is a private, non-profit organization dedicated to improving health care quality.*