Length of Gestation and Postpartum Visit Attendance

Visit Article

Introduction

Approximately 40% of obstetric patients do not attend a postpartum visit. Postpartum parents of preterm infants (<37 weeks) are often sicker than parents of full-term infants. Nonetheless, they may forgo postpartum visits to attend to the needs of their infant when admitted to the neonatal intensive care unit. Our goal was to evaluate whether postpartum visit attendance varied with length of gestation at birth, hypothesizing after preterm birth, parents would be less likely to attend postpartum visits than after full-term birth.

Methods

Retrospective cohort study of births in Epic Systems Cosmos research platform (2018-2024), a national electronic health record database with deidentified, patient-level data. To increase the likelihood that postpartum visits, if attended, would be captured by Cosmos, we only included births with prenatal visits in the database. Bivariate analyses examined characteristics associated with not attending postpartum visits. Multilevel, multivariable, modified Poisson regression models calculated adjusted risk ratios of not attending postpartum visits after various lengths of gestation compared to full-term birth (39-40 weeks). Models adjusted for age, race and ethnicity, insurance, residential Centers for Disease Control and Prevention Social Vulnerability Index, rural versus urban residence, smoking, body mass index (BMI), hypertension, diabetes, parity, cesarean birth, and birth year.

Results

Of the 2,403,574 included births, 653,552 (27%) parents did not attend a postpartum visit. For the several characteristics with significant differences in visit attendance rates, notably high rates of not attending a postpartum visit were observed for Black non-Hispanic race and ethnicity (32%), smoking during pregnancy (56%), BMI >30 kg/m2 (30%), no diabetes (28%), multiparity (29%), and no cesarean birth (29%). After multivariable adjustment, preterm (< 37 weeks), early-term (37-38 weeks), late- and postterm (41-43 weeks) birth were all associated with not attending a postpartum visit compared to full-term (39-40 weeks' gestation) birth. Periviable birth (22-23 weeks) demonstrated the highest risk (aRR 1.21, 95% CI: 1.13-1.29).

Conclusions

Compared to full term birth, all other length of gestation categories, were significantly associated with not attending a postpartum visit, with periviable birth at highest risk. Interdisciplinary, innovative approaches to provide postpartum care to this vulnerable population are needed.

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Topics

Maternal-Child Health