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Maternal Postpartum Care in Pregnancies Complicated by Fetal Congenital Anomalies

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Background: The importance of postpartum follow-up care is widely recognized. Patients whose pregnancies are complicated by fetal anomalies may encounter unique challenges and barriers to obtaining routine postpartum care.

Objective: Evaluate characteristics of patients whose pregnancies are complicated by fetal anomalies with respect to postpartum office visit attendance.

Study Design: This study was a retrospective chart review and was approved by the University Hospitals Institutional Review Board.

Inclusion criteria: Pregnant patients with prenatally diagnosed congenital anomaly receiving comprehensive prenatal care in a multidisciplinary fetal care clinic at a single tertiary care center from 6/1/2018 to 5/31/21.

Comparison group: pregnancies without fetal anomalies matched by delivery admission dates.

Statistical approach: two sample t-tests assuming equal variances, the chi-square test, Mood's median test, or the Fisher exact probability test. P-values <0.05 were considered statistically significant.

Table 1: Comparison of Characteristics Between Fetal Anomaly Group and Comparison Group			
	Pregnancies with fetal anomaly (n=10)	Pregnancies without fetal anomaly (n=10)	P-value
Maternal age at delivery (mean)	34.1	34.8	<0.0001
Parity (mean)	0.9	0.8	<0.0001
Prevalence of Cesarean delivery	3.0	3.1	<0.0001
Maternal weight at delivery (kg)	80.0	80.0	0.9999
Maternal BMI at delivery (kg/m ²)	30.0	30.0	0.9999
Maternal weight at 6 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 6 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 12 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 12 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 24 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 24 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 48 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 48 weeks postpartum (kg/m ²)	29.0	29.0	0.9999

Table 2: Comparison Between Patients with and without Postpartum Follow-Up in Pregnancies with Prenatally Diagnosed Fetal Anomalies			
	Patients with postpartum follow-up (n=7)	Patients without postpartum follow-up (n=3)	P-value
Maternal age at delivery (mean)	34.1	34.8	0.0001
Parity (mean)	0.9	0.8	0.0001
Prevalence of Cesarean delivery	3.0	3.1	0.0001
Maternal weight at delivery (kg)	80.0	80.0	0.9999
Maternal BMI at delivery (kg/m ²)	30.0	30.0	0.9999
Maternal weight at 6 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 6 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 12 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 12 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 24 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 24 weeks postpartum (kg/m ²)	29.0	29.0	0.9999
Maternal weight at 48 weeks postpartum (kg)	78.0	78.0	0.9999
Maternal BMI at 48 weeks postpartum (kg/m ²)	29.0	29.0	0.9999

Anomalies Diagnosed in the Anomaly Cohort:

The most common fetal diagnoses in the anomaly cohort were: multiple congenital anomalies (n=25 cases), abdominal wall defects (8 cases), congenital pulmonary airway malformation (CPAM) (7 cases), congenital heart disease (6 cases), and urinary tract malformations (6 cases).

Conclusions:

Obstetric patients with a prenatally diagnosed fetal anomaly with more prenatal visits and ultrasound visits have increased rates of postpartum follow-up.

The overall rate of postpartum follow-up in the study population is similar to the general population.

Lower rates of postpartum follow-up were associated with:

- Pregnancy termination, intrauterine fetal demise (IUFD), or spontaneous abortion (compared to live birth)
- Vaginal delivery compared to cesarean delivery

References:

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Postpartum Support International Perinatal Mental Health Certification Sample Questions (Q53-Q58):

NEW QUESTION # 53

86. You are working in an outpatient pediatric care setting and encounter a new mother who screens positive for depression and reports symptoms consistent with a depressive episode of moderate severity. You provide her with counseling referrals but she says she does not have time to attend counseling and intends to use a self-guided web-based intervention instead. Which of the following statements represents your BEST response?

- A. Tell the mother she should only use a web-based intervention in conjunction with counseling/therapy, offer to help her set up an initial appointment with a therapist before she leaves your office, and document your concerns.
- B. Inform the mother that web-based interventions are unproven and may do more harm than good; advise her that you cannot support her in this decision, and document your concerns.

- C. Seek a psychiatric consultation based on concerns that this mother may be delusional for thinking her symptoms can be helped by a self-guided web-based intervention and document your rationale for seeking consultation.
- D. Assess the mother to be certain there are no active symptoms of suicidality, mania or psychosis, ask her to identify the web-based intervention she intends to use, advise her to call you if her symptoms worsen, and document these steps

Answer: D

NEW QUESTION # 54

25. A nurse providing care for the antepartum woman should understand that the contraction stress test (CST):

- A. Sometimes uses vibroacoustic stimulation.
- B. Is considered to have a negative result if no late decelerations are observed with the contractions.
- C. Is an invasive test; however, contractions are stimulated.
- D. Is more effective than nonstress test (NST) if the membranes have already been ruptured.

Answer: B

NEW QUESTION # 55

71. A reliable web-based support for a mother who is struggling with perinatal mental health is:

- A. participating in an unmoderated online chat room for new moms
- B. web search for "perinatal mood disorders".
- C. joining a general online mothers group.
- D. completing an online Cognitive-Behavioral Therapy (CBT) intervention.

Answer: D

NEW QUESTION # 56

2. Four hours after a difficult labor and birth, a primiparous woman refuses to feed her baby, stating that she is too tired and just wants to sleep. The nurse should:

- A. recognize this as a behavior of the taking-hold stage.
- B. tell the woman she can rest after she feeds her baby.
- C. record the behavior as ineffective maternal-newborn attachment.
- D. take the baby back to the nursery, reassuring the woman that her rest is a priority at this time.

Answer: D

NEW QUESTION # 57

61. Case Study

Aliya is currently pregnant with her second child at 25 weeks gestation Her first child is 20 months old. She is coming to you to help her decide if what she is experiencing is normal for pregnancy or if she is having symptoms of a perinatal mood disorder. During her interview, she describes poor sleep, increased tearfulness, low energy, and irritability. She states that her first child sleeps well and is not interrupting her sleep, and that she is not waking up due to increased urination or physical discomforts of pregnancy. She reports that she has not ever been as tearful as she is now, including during her previous postpartum period She states that she has been tested by her obstetrician (OB) care provider for anemia and thyroid dysfunction and her lab results were normal. She is noticing that her irritability is affecting her relationship with her partner She worries that she is "pushing him away," even though he is trying to be supportive.

Question: In the scenario, Aliya is describing increased tearfulness. Her symptoms occur daily for the last two weeks and are affecting her functioning. In addition to depressed mood, what other symptom would she need in order to meet the criteria of DSM-5 diagnosis of Major Depressive Disorder, with peripartum onset?

- A. Excessive guilt
- B. Psychomotor retardation
- C. Suicidal ideation
- D. Anhedonia

Answer: D

NEW QUESTION # 58

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