



Title: Postpartum patients: MFM vs. OB vs. GYN Service

SCOPE:

The Postpartum policies gives guidelines to providers to direct postpartum patients to the appropriate service.

OB service

- All postpartum patients except those listed as appropriate for MFM
- Patients who were MFM inpatients during antepartum period but are now postpartum and medically not complicated (e.g., PPRM/placenta previa/ initial admission for fetal indications).
 - o Patients who were transported from other facilities in the antepartum period: Sylvia (covers the ROB list during the day) can help identify these patients to alert the fellow to update the referring provider about the patient's status
- Patients followed by MFM for prenatal care for a pregnancy related problem but are no longer medically complex postpartum (e.g., GDMA1s, GDMA2s, and DM2s)
- Pre-eclampsia without severe features
- Pre-eclampsia with severe features who do not meet criteria below for MFM
 - o Preeclampsics who develop oliguria or CNS symptoms while postpartum on ROB should have consultation requested from MFM
- For postpartum follow-up:
 - o A patient who completes her postpartum course on MFM but is a private patient of a faculty member should be sent back to her private faculty physician for her postpartum visits.
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MFM service

- Medically complex patients: carry diagnoses which remain complex after pregnancy requiring consultation from other services or active management postpartum
- Pre pregnancy diabetics – brittle type 1s and uncontrolled type 2s
- Pre-eclampsia with severe features, on magnesium with the following features:
 - o Persistent/severe oliguria
 - o Persistent visual or CNS symptoms > 6 hours postpartum
 - o Delivered due to uncontrolled blood pressures or need for multiple IV antihypertensive rescues

[illegible]