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IHE Patient Care Coordination (PCC) Technical Framework Supplement

10

Postpartum Visit Summary (PPVS)

Draft for Public Comment

15

Date: June 01, 2010
Author: Anne Diamond
Email: pcc@ihe.net

Foreword

20 This page is standard language for all IHE supplements. The Introduction section following will list all other IHE documents that are modified by this supplement. This document is a supplement to the IHE Patient Care Coordination Technical Framework V5.0. The technical framework can be found at http://www.ihe.net/Technical_Framework/index.cfm#pcc.

25 This and all IHE supplements are written as changes to a base document. The base document is normally one or more IHE Final Text documents. Supplements tell a technical editor and the reader how to modify the final text (additions, deletions, changes in wording). In order to understand this supplement, the reader needs to read and understand all of the base documents that are modified by this supplement.

In this supplement you will see “boxed” instructions similar to the following:

30 Replace Section X.X by the following:

These “boxed” instructions are for the author to indicate to the Volume Editor how to integrate the relevant section(s) into the overall Technical Framework.

35 This format means the reader has to integrate the base documents and the supplement. When the material in the supplement is considered ready for incorporation into the final text of the Technical Framework, the IHE committees will update the technical framework documents with the final text. Supplements are written in this format to avoid duplication material. This means that two IHE documents (one possibly final text, and the other a supplement) should not contain contradictory material.

40 Text in this document is not considered final for the Technical Framework. It becomes Final Text only after the IHE Patient Care Coordination Technical Committee ballots the supplement (after testing) and agrees that the material is ready for integration with the existing Technical Framework documents.

It is submitted for Public Comment starting June 01, 2010.

45 **Comments on this supplement may be submitted <http://forums.rsna.org>:**

1. Select the “IHE” forum
2. Select Patient Care Coordination Technical Framework
3. Select 2010 Supplements for Public Comment
4. Select Postpartum Visit Summary

50

Please use the Public Comment Template provided there when starting your New Thread.

Details about IHE may be found at: www.ihe.net

55 **Details about the IHE Patient Care Coordination may be found at:**
<http://www.ihe.net/Domains/index.cfm>

Details about the structure of IHE Technical Frameworks and Supplements may be found at:
<http://www.ihe.net/About/process.cfm> and <http://www.ihe.net/profiles/index.cfm>

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95 Introduction

This supplement is written for Public Comment. It is written as changes to the documents listed below. The reader should have already read and understood these documents:

1. [PCC Technical Framework Volume 1, Revision 5.0](#)
2. [PCC Technical Framework Volume 2, Revision 5.0](#)

100 This supplement also references other documents¹. The reader should have already read and understood these documents:

1. [IT Infrastructure Technical Framework Volume 1, Revision 6.0](#)
2. [IT Infrastructure Technical Framework Volume 2, Revision 6.0](#)
3. [IT Infrastructure Technical Framework Volume 3, Revision 6.0](#)
- 105 4. [The Patient Identifier Cross-Reference \(PIX\) and Patient Demographic Query \(PDQ\) HL7 v3 Supplement to the IT Infrastructure Technical Framework.](#)
5. HL7 and other standards documents referenced in Volume 1 and Volume 2
6. Dilbert 2.0: 20 Years of Dilbert by Scott Adams, ISBN-10: 0740777351, ISBN-13: 978-0740777356

110

How to read the Postpartum Visit Summary Profile supplement

Please see the below documents that will need to be referenced to fully understand the profiles in this supplement. Each document has a short description describing what is contained.

1. **Perinatal Workflow (PW):** makes use of the antepartum, labor and delivery, postpartum, and newborn delivery profiles (some are in this supplement and many are in other supplements).
2. **Content Modules Supplement:** This document contains all PCC Section Templates, Entry Templates and Value Sets that are NOT in Final Text (that is, they are not in the Technical Framework Volume 2).
3. **PCC Technical Framework Volume 2, Revision 5.0 (published August 2008):** This contains all PCC Section Templates, Entry Templates and Value Sets (among other things) that *are* in Final Text.

¹ The first three documents can be located on the IHE Website at http://www.ihe.net/Technical_Framework/index.cfm#IT. The remaining documents can be obtained from their respective publishers.

How to Access the Reference Material

To access Perinatal Workflow and Content Modules supplements refer to the same web page from which you accessed this supplement. In the event that has left your memory please follow these instructions:

- Navigate to <http://www.ihe.net>
- Click “Get Involved” on the top menu
- Select “Public Comment”
- Click the “Patient Care Coordination” link

To access the PCC Technical Framework Volume 2 Revision 5.0 follow this link:

http://www.ihe.net/Technical_Framework/upload/IHE_PCC_TF_50_Vol_2_2009-08-10.pdf

115

Open Issues and Questions

- 1) Several sections are pulled over from other related profiles (and sometimes added to) and we need to address how to resolve this. It is likely something in the Groupings section, but could also go in an appendix as this same need applies to Labor and Delivery and Newborn profiles.
- 2) The volume 1 content may better fit into Perinatal Workflow – this is the approach taken with Antepartum and Labor and Delivery profiles.

120

Closed Issues

- 1) Verify European Standard with Dr. Rica and Ana Estelrich. Per Dr. Rica: In theory a post-partum visit is mandatory (and scheduled) in France 6 weeks after a "normal" delivery.
Of course this date can be modified according to the circumstances of the delivery.
As usual in France, "mandatory" is often translated in "optional" by the patients, and this visit is not always done (rarely within the 6 weeks after the delivery at least).
- 2) Comment from Jean: Add primary care provider to Actors & Options. If Acute Care Provider is implied to be the same as the PCP, I would probably rename this. We also want to be sure that any subsepecialist who provided care for the patient prior to her pregnancy also receives the summary. Assume lactation consultant is included in the ‘consultant’ category listed here. *Resolved by changing “Acute” care provider to “Other” care provider to encompass all.*

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135

Volume 1 – Profiles

Add the following to section 1.1.5

1.1.5 Copyright Permissions

140

Add the following to section 2.5

2.5 Dependencies of the PCC Integration Profiles

<Profile Name>	<?>	<?>	<->
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Add the following to section 2.7

145 2.7 History of Annual Changes

Add Section X

X Postpartum Visit Summary Profile

- 150 The normal workflow for pregnancy care includes antepartum care performed in the office (covered by the APS & APR Profiles), delivery and subsequent care in the birthing facility and discharge from the birthing facility (covered by the LDR Profile), and postpartum care. The routine postpartum visit occurs approximately six weeks after birth. However, if a woman delivered by Cesarean section, or experiences complications, she is likely to be seen earlier and more frequently than just a single six-week visit.
- 155 The Postpartum Visit Summary (PPVS) describes the content and format of the summary document that will be used to complete the pregnancy care record. PPVS captures any episode of treatment occurring during the postpartum period. This includes any care the woman receives after she has been discharged from the hospital/birthing facility, up to and including the postpartum visit. The routine postpartum visit, usually occurring six-weeks after birth, completes
- 160 the obstetric care record.

A sample form showing the data elements common to a postpartum visit can be found at:
<http://www.acog.org/acb-custom/aa197.pdf>.

165 X.1 Purpose and Scope

- The Postpartum Visit Summary (PPVS) addresses any care provided from the time of discharge from the hospital/birthing facility up to the point of return to the obstetric care provider's office, usually 6 weeks after the birth.
- 170 It is not uncommon for new mothers to travel to visit family in the weeks after delivery but prior to their final visit with the delivering clinician. If acute conditions arise, the mother may seek treatment at a facility remote from her normal place of care. A summary of the care provided by the remote provider should be available to the mother's primary obstetrical provider for follow up care.
- 175 Patients who have had a cesarean delivery often have a follow up visit 7 – 14 days after delivery. Likewise, patients who have had complications such as pre-eclampsia or severe hypertension may be seen prior to the routine 6-week visit. Information from these visits should be included in the patient's record and available if referral to a specialist is required. The information should also be available when the patient returns to her primary care provider or any other provider caring for existing chronic conditions.
- 180 The routine six-week postpartum visit includes an interval history, physical and pelvic examination, a review of newborn status, a discussion of birth control options, depression and intimate partner violence screenings, immunization review, counseling regarding any future pregnancies, and laboratory tests as needed.

185 **X.2 Process Flow**

X.2.1 Use Cases

X.2.1.1 Use Case 1

190 Dot Matrix sees Dr. Jean Poole, her obstetric care provider, at three weeks postpartum for a follow up visit after an uncomplicated delivery with a normal outcome. Dot complains of flu-like symptoms, breast tenderness, and pain, especially when nursing. She is also concerned because her new baby has not been feeding well and has been colicky for 2 weeks. Dr. Poole prescribes an antibiotic for Dot for treatment of mastitis and refers her to a lactation consultant. Information from the visit is sent to the lactation consultant and also to Dr. Kidd, the baby's pediatric care
195 provider. Dr. Poole and the consultants' offices utilize an EHR that participates with an HIE.

X.2.2 Diagrams

X.2.2.1 Basic Process Flow

200 This process flow diagram shows the movement of patient information over the course of care from time of discharge from a hospital/birthing facility through the postpartum visit, typically occurring six weeks after delivery.

The information is exchanged electronically between and among the different care settings and may be exchanged with consultants or acute care providers who will update the record.

205 The following steps describe the process flow for the Postpartum visit Summary

1. Patient's Maternal Discharge Summary, Labor and Delivery Summary, and her child's Newborn Discharge Summary are stored in local HIT system/repository.
2. The obstetric provider or other care provider can access the stored information for care.
- 210 3. When the patient seeks postpartum care, her demographics are recorded, verified and/or updated as needed.
4. A history and physical assessment is performed and the patient is treated as appropriate.
5. Treatment is recorded in the patient record. Medical summary of care is exchanged with the patient's local HIT system/repository.

- 215 6. Postpartum Visit Summary information stored in patient's local HIT system/repository and exchanged with other consultants, i.e. pediatrician, lactation consultant, mental health provider, etc.

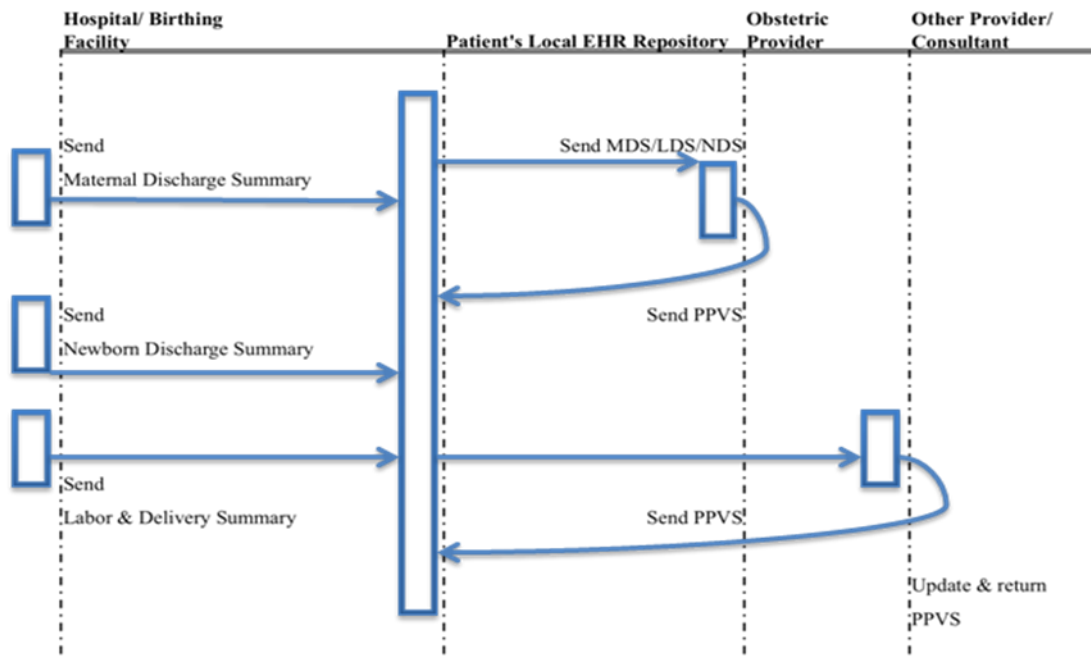


Figure X.2.2-1. Basic Process Flow in Postpartum Visit Summary Profile

220 X.3 Actors/Transactions

225 There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient, or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of appropriate IHE profiles described in the section on Content Bindings with XDS, XDM and XDR. in PCC TF_2:4.1

230

**Figure X.3-1 Actor Diagram**

X.3.1 Requirements of Actors

235 <Specific requirements for each Actor defined within this profile. The intent of this section is to summarize any requirements that have been laid out in previous sections. This section is included for testing purposes.>

240

X.4 Options

Table X.4-1 <Profile Name> Actors and Options

Actor	Option	Section
Content Consumer	View Option (See Note 1)	PCC TF-2: 3.0.1
	Document Import Option (See Note 1)	PCC TF-2: 3.0.2
	Section Import Option (See Note 1)	PCC TF-2: 3.0.3
	Discrete Data Import Option (See Note 1)	PCC TF-2: 3.0.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

245 X.5 Groupings

X.6 Security Considerations

X.7 Content Modules

Table X.7-1 maps data elements from the ACOG Postpartum Record either to new or to existing PCC section templates. Existing section template mappings are displayed in the format of:

250 *[Profile]:[Section]:[Subsection]*

When data elements are mapped to existing sections all existing data shall be incorporated into the section within this profile. Additional data may be added if appropriate.

Table X.7-1 Postpartum Visit Summary Content Modules

ACOG Postpartum Record Datum	PCC Template Name	PCC Template Id
Name of baby	Header Modules	
Discharge date	Header Modules	
Hospital	Header Modules	
Delivery date	LDS: Labor and Delivery Events	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3
Delivery by	LDS: Labor and Delivery Events	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3
Delivery at ___ weeks	LDS: Labor and Delivery Events	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3
Delivery Type	LDS: Labor and Delivery Events: Event Outcomes	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.9
Incision Type	LDS: Labor and Delivery Events: Procedures and Interventions	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Type of Labor	LDS: Labor and Delivery Events	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3
Tubal Sterilization	LDS: Postpartum Treatment: Procedures and Interventions	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Anesthesia Type	Medications Administered	1.3.6.1.4.1.19376.1.5.3.1.3.21
Complications	LDS: Labor and Delivery Events: Problems MDS: Problems	1.3.6.1.4.1.19376.1.5.3.1.3.6
HCT/HGB	MDS: Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Medications (discharge)	MDS: Hospital Discharge Medications	1.3.6.1.4.1.19376.1.5.3.1.3.22
Feeding Method	MDS: Postpartum Treatment: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Contraceptive Method	MDS: Postpartum Treatment: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Diagnostic studies pending	MDS: Postpartum Treatment: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Secondary Diagnosis/Preexisting condition	MDS: Postpartum Treatment: Problems	1.3.6.1.4.1.19376.1.5.3.1.3.6
Immunizations given	MDS: Postpartum Treatment: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Follow up appointment	MDS: Postpartum Treatment: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31

ACOG Postpartum Record Datum	PCC Template Name	PCC Template Id
Sex of baby	NDS: Newborn Delivery Information: Coded Physical Exam	1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1
Birth weight	NDS: Coded Physical Exam	1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1
Circumcision	NDS: Procedures and Interventions	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Disposition	MDS: Newborn Status at Maternal Discharge	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.8
Pediatrician Name	NDS: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Complications/Anomalies (Newborn)	NDS: Discharge Diagnosis	1.3.6.1.4.1.19376.1.5.3.1.3.7
Laboratory studies requested	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
HGB/HCT	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Lab Pap test	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Contraceptive method	Patient Education	1.3.6.1.4.1.19376.1.5.3.1.1.9.38
Postpartum Depression Screening	Coded Social History	1.3.6.1.4.1.19376.1.5.3.1.3.16.1
Intimate Partner Violence Screening	Coded Social History	1.3.6.1.4.1.19376.1.5.3.1.3.16.1
Interim Medical History	History of Present Illness	1.3.6.1.4.1.19376.1.5.3.1.3.4
Physical Exam	Coded Physical Exam	1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1
Allergies	Allergies and Other Adverse Reactions	1.3.6.1.4.1.19376.1.5.3.1.3.13
Medicaitons/Contraception	Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Interval Care Recommended	Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31

Glossary

<i>Add the following terms to the Glossary:</i>

- 260 **Anesthesia**
Loss of the ability to feel pain, caused by administration of a drug or other medical intervention.
- Arrest disorder**
- Arrest of dilation: Condition in which there is no progress in cervical dilation for more than 2 hours.
 - Arrest of descent: Condition in which the fetal head does not descend for more than 1 hour in primiparous woman and more than 0.5 hours in a multiparous woman.
- 265
- Circumcision**
Removal of the foreskin covering the tip of the penis, often done before a male baby leaves the hospital.
- 270
- Contraception (birth control)**
A process that prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process.
- 275
- Delivery**
Expulsion or extraction of the infant, placenta, and membranes at birth.
- Vaginal Delivery- The process of birth through the birth canal.
 - Cesarean Delivery- Surgery done to deliver a baby through an incision in the mother's abdomen.
- 280
- Essure**
A method of fallopian tube occlusion utilizing a coiled spring device that is inserted in through the uterine cavity and into the tubal openings using a hysteroscope.
- 285
- Hematocrit (HCT)**
The volume percentage of erythrocytes in whole blood.
- 290
- Hemoglobin (HGB)**
Protein in red blood cells that carries oxygen; HGB measured by blood test.
- Incision**
A cut into a body tissue or organ, especially one made during surgery, or the scar resulting from such a cut.
- 295
- Macrosomia**
-

- 300 Unusually large body, with birth weight in excess of the 90th percentile on the growth curve.
- Malpresentation
Abnormal position of fetus in birth canal. Natural delivery becomes difficult or impossible.
- Mastitis
305 Inflammation or infection of the breast.
- Neonatal
Pertaining to a newborn child < 28 days of age or 44 weeks post-conceptual age.
- 310 Obstetrician
A physician whose practice of medicine focuses on the care of women during pregnancy, through childbirth, and immediately following delivery. Often informally known as ob-gyn (obstetrician-gynecologist).
- 315 Pediatrician
A specialist in pediatrics. Pediatrics is the branch of medicine that deals with the development and care of infants and children and the treatment of their diseases.
- Protraction Disorder
320 Primary dysfunctional labor.
- Postpartum
Of or occurring in the period after childbirth
- 325 Tubal Sterilization
To make sterile by ligation of the fallopian tubes.
- Irving Tubal Ligation - A surgical method of fallopian tube occlusion that excises a small portion of Fallopian tubes and then embeds the end of the cut fallopian tube below the serosa, or peritoneal, surface of the uterus.
 - 330 • Modified Pomeroy Tubal Sterilization - A surgical method of fallopian tube occlusion that excises a small loop of Fallopian tube that has been tied firmly.
 - Parkland Tubal ligation - A surgical method of fallopian tube occlusion that excises a small portion of Fallopian tubes after liagtion proximally and distally.
 - 335 • Uchida Tubal Ligation - A surgical method of fallopian tube occlusion that excises a small portion of Fallopian tubes then embeds the end of the cut fallopian tube below the mesosalpinx resulting in female sterilization
- 340
-

Volume 2 – Transactions and Content Modules

5.0 Namespaces and Vocabularies

codeSystem	codeSystemName	Description

345

5.1 IHE Format Codes

<i>Add the following rows to Section 5.1</i>			
Profile	Format Code	Media Type	Template ID
Postpartum Visit Summary	urn:ihe:pcc:ppvs:2010	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.21.1.4

350 6.0 PCC Content Modules

6.2 Folder Content Modules

See Perinatal Workflow section 6.2.P.

6.3 HL7 Version 3.0 Content Modules

6.3.1 CDA Document Content Modules

355 *Add section 6.3.1.A*

6.3.1.A Postpartum Visit Summary 1.3.6.1.4.1.19376.1.5.3.1.1.21.1.4

360 The Postpartum Visit Summary contains a summary of any episode of treatment occurring during the postpartum period. The PPVS is a medical summary and inherits all header constraints from Medical Summaries. The use case for this profile is described fully in the Postpartum Visit Profile described in Volume 1.

The PPVS may use the Labor & Delivery Summary, the Maternal Discharge Summary and the Newborn Discharge Summary if those document are available.

6.3.1.A.1 Format Code

365 The XDSDocumentEntry format code for this content is **urn:ihe:pcc:ppvs:2010**

6.3.1.A.2 LOINC Code

The LOINC code for this document is **XX-PostpartumVisitSummary**

370 6.3.1.A.3 Standards

CCD	ASTM/HL7 Continuity of Care Document
CDAR2	HL7 CDA Release 2.0
ACOG PP	American College of Obstetricians and Gynecologists (ACOG), Postpartum Record
LOINC	Logical Observation Identifiers, Names and Codes
SNOMED	Systemized Nomenclature for Medicine
CDTHP	CDA for Common Document Types History and Physical Notes (DSTU)

6.3.1.A.4 Specification

This section references content modules using Template ID as the key identifier. Definitions of the modules are found in either:

- 375
- IHE Patient Care Coordination Volume 2: Final Text
 - IHE PCC Content Modules 2010 Supplement

Table 6.3.1.A.4-1 Postpartum Visit Summary Specification

Template Name	Opt	Section Template Id	Value Set Template Id
Labor and Delivery Events: Event Outcomes This section should contain the delivery date, the discharge date of the mother, the hospital or birthing center from which she was discharged, and the delivering clinician. The type of labor and any complications should also be included.	R2	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.9	
Labor and Delivery Events: Procedures and Interventions This section is the same as for L&D Procedures and Interventions and SHALL include the type of incision used during cesarean section.	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11	
Medications Administered This section SHALL include any anesthesia give to the mother during the birth process.	R	1.3.6.1.4.1.19376.1.5.3.1.3.21	
Postpartum Treatment: Procedures and Interventions This section SHALL the procedures and interventions received by the mother during the postpartum period including the type of tubal sterilization procedure (if performed).	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11	
Postpartum Treatment: Care Plan This section SHOULD contain the type of feeding method and contraceptive method. This section should also note any diagnostic studies that were not completed at the time of discharge and the date and time of the postpartum/follow up appointment.	R2	1.3.6.1.4.1.19376.1.5.3.1.3.31	

Template Name	Opt	Section Template Id	Value Set Template Id
Postpartum Treatment: Problems This section is the same as for Postpartum Treatment: Problems. Any secondary diagnoses or pre-existing conditions (e.g. diabetes, etc). SHOULD be included.	R	1.3.6.1.4.1.19376.1.5.3.1.3.6	
Postpartum Treatment: Immunizations	R2	1.3.6.1.4.1.19376.1.5.3.1.4.12	
Newborn Status at Maternal Discharge This section should identify the disposition of the infant at mother's discharge, i.e. home with mother, transferred, stillbirth, adopted, etc.	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.8	
Coded Results This section should contain laboratory results prior to discharge from the birthing facility (e.g. HGB/HCT) as well as laboratory results pending since discharge from the birthing facility (e.g. HGB/HCT, last pap test).	R	1.3.6.1.4.1.19376.1.5.3.1.3.28	
Hospital Discharge Medications	R2	1.3.6.1.4.1.19376.1.5.3.1.3.22	
Care Plan This section is the same as for Care Plan and should contain the intended pediatrician's name.	R	1.3.6.1.4.1.19376.1.5.3.1.3.31	
Newborn Delivery Information: Coded Physical Exam This section is the same as for Coded Physical Exam and should contain the gender and birthweight of the baby(ies).	R	1.3.6.1.4.1.19376.1.5.3.1.1.9.15	
Newborn Delivery Information: Procedure and Interventions This section is the same as for Procedures and Interventions and should contain an observation for circumcision.	R2	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11	
Discharge Diagnosis This section is the same as for Discharge diagnosis and should contain any complications of birth or anomalies present in the newborn.	R2	1.3.6.1.4.1.19376.1.5.3.1.3.7	

Template Name	Opt	Section Template Id	Value Set Template Id
Coded Social History This section is the same as for Social History and should include postpartum depression screening and intimate partner violence screening	R	1.3.6.1.4.1.19376.1.5.3.1.3.16.1	
Allergies and Other Adverse Reactions	R	1.3.6.1.4.1.19376.1.5.3.1.3.13	
Coded Physical Exam This section is the same as for Physical Examination but shall contain elements of a pelvic examination.	R	1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1	
History of Present Illness This section is the same as History of Present Illness and should contain a history of any maternal problems occurring since the birth of her infant (approx 6 weeks)	R	1.3.6.1.4.1.19376.1.5.3.1.3.4	
Patient Education This section is the same as for Patient Education and shall contain include contraception, diet and exercise education.	R	1.3.6.1.4.1.19376.1.5.3.1.1.9.38	

380 6.3.1.A.5 Conformance

385 CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the [Medical Summary](#) content module, and so must conform to the requirements of that template as well, thus all <templateId> elements shown in the example below shall be included.

```

390 <ClinicalDocument xmlns='urn:hl7-org:v3'>
    <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.2' /> <!--Medical Summary-->
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.1.4' /> <!--Postpartum Visit Summary-->
    <id root=' ' extension=' ' />
    <code code='XX-PostpartumVisitSummary' displayName='Postpartum visit summary'
395     codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC' />
    <title>Postpartum Visit Summary</title>
    <effectiveTime value='20080601012005' />
    <confidentialityCode code='N' displayName='Normal'
    codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
    <languageCode code='en-US' />
    :
400 <component><structuredBody>
    <component>
    <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3' />
405     <!-- Required if known Labor and Delivery Events Section content -->
    </section>
    </component>
    <component>
    <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.21' />
410     <!-- Required Medications Section content -->
    </section>
    </component>
    <component>
    <section>
415     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.7' />
    <!-- Required if known Postpartum Treatment Section content -->
    </section>
    </component>
    <component>
    <section>
420     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.8' />
    <!-- Required Newborn Status at Maternal Discharge Section content -->
    </section>
    </component>
425 <component>
    <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.28' />
    <!-- Required Coded Results Section content -->
    </section>
430 </component>
    <component>
    <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.22' />
435     <!-- Required if known Hospital Discharge Medications Section content -->
    </section>
    </component>
    <component>
    <section>
440     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.31' />
    <!-- Required Care Plan Section content -->
    </section>
    </component>
    <component>
    <section>
445     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4' />
    <!-- Required Newborn Delivery Information Section content -->
    </section>
    </component>
450 <component>
    <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.7' />

```

```

455     <!-- Required if known Discharge Diagnosis Section content -->
        </section>
    </component>
    <component>
460     <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16.1' />
        <!-- Required Coded Social History Section content -->
    </section>
    </component>
    <component>
465     <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13' />
        <!-- Required Allergies and Other Adverse Reactions Section content -->
    </section>
    </component>
    <component>
470     <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1' />
        <!-- Required Coded Physical Exam Section content -->
    </section>
    </component>
    <component>
475     <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4' />
        <!-- Required History of Present Illness Section content -->
    </section>
    </component>
    <component>
480     <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.38' />
        <!-- Required Patient Education Section content -->
    </section>
    </component>
485 </structuredBody></component>
</ClinicalDocument>

```

Figure 0.1.C.5-1 Sample Postpartum Visit Summary Document

490 6.5 PCC Value Sets

Add section 6.5.A

6.5.A <Value Set Name>

495