Integrating the Healthcare Enterprise

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IHE Patient Care Coordination (PCC)

Technical Framework Supplement

**Postpartum Visit Summary (PPVS)**

Draft for Public Comment

Date: June 01, 2010

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Email: pcc@ihe.net **Foreword**

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.

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:

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.

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.

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.**

**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

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

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

**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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## 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](http://www.ihe.net/Technical_Framework/index.cfm#PCC)
2. [PCC Technical Framework Volume 2, Revision 5.0](http://www.ihe.net/Technical_Framework/index.cfm#PCC)

This supplement also references other documents[[1]](#footnote-1). The reader should have already read and understood these documents:

1. [IT Infrastructure Technical Framework Volume 1, Revision 6.0](http://www.ihe.net/Technical_Framework/index.cfm#IT)
2. [IT Infrastructure Technical Framework Volume 2, Revision 6.0](http://www.ihe.net/Technical_Framework/index.cfm#IT)
3. [IT Infrastructure Technical Framework Volume 3, Revision 6.0](http://www.ihe.net/Technical_Framework/index.cfm#IT)
4. [The Patient Identifier Cross-Reference (PIX) and Patient Demographic Query (PDQ) HL7 v3 Supplement to the IT Infrastructure Technical Framework.](http://www.ihe.net/Technical_Framework/index.cfm#IT)
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

### How to read the Postpartum Visit Summary Profile supplement

Please see the below documents that will need to 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.

### 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>

## 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.

## 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).

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.*

Volume 1 – Profiles

Add the following to section 1.1.5

### 1.1.5 Copyright Permissions

Add the following to section 2.5

## 2.5 Dependencies of the PCC Integration Profiles

|  |  |  |  |
| --- | --- | --- | --- |
| <Profile Name> | <?> | <?> | <-> |

Add the following to section 2.7

## 2.7 History of Annual Changes

Add Section X

# X Postpartum Visit Summary Profile

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.

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 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>.

## 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.

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.

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.

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.

## X.2 Process Flow

### X.2.1 Use Cases

#### X.2.1.1 Use Case 1

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 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

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 occuring 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.

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.
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.
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

## X.3 Actors/Transactions

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



Figure X.3-1 Actor Diagram

### X.3.1 Requirements of Actors

*<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.>*

## X.4 Options

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

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

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

## 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:

***[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 | MDS: Postpartum Treatment: Procedures and Interventions | 1.3.6.1.4.1.19376.1.5.3.1.3.31 |
| Anesthesia Type | LDS: 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: Post-Partum Treatment: Coded Results | 1.3.6.1.4.1.19376.1.5.3.1.3.31 |
| 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 |
|  |  |  |
| Immunizations given | MDS: Postpartum Treatment: Immunizations | 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 |
| Sex of baby | LDS: Newborn Delivery Information  or NDS: Discharge Physical Exam | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 or  1.3.6.1.4.1.19376.1.5.3.1.3.31  1 |
| Birth weight | LDS: Newborn Delivery Information or NDS: Discharge Physical Exam | 1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 or  1.3.6.1.4.1.19376.1.5.3.1.3.31 |
| 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/Anomolies (Newborn) | NDS: Problems | 1.3.6.1.4.1.19376.1.5.3.1.3.6 |
| 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 |
| Medications/Contraception Plan | 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

Add the following terms to the Glossary:

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.

Circumcision

Removal of the foreskin covering the tip of the penis, often done before a male baby leaves the hospital.

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.

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.

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.

Hematocrit (HCT)

The volume percentage of erythrocytes in whole blood.

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.

Macrosomia

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

Inflammation or infection of the breast.

Neonatal

Pertaining to a newborn child < 28 days of age or 44 weeks post-conceptual age.

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).

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

Primary dysfunctional labor.

Postpartum

Of or occurring in the period after childbirth

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.
* 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.
* 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

Volume 2 – Transactions and Content Modules

# 5.0 Namespaces and Vocabularies

|  |  |  |
| --- | --- | --- |
| codeSystem | codeSystemName | Description |
|  |  |  |

## 5.1 IHE Format Codes

Add the following rows to Section 5.1

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

# 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

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

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

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**

##### 6.3.1.A.3 Standards

|  |  |
| --- | --- |
| CCD | ASTM/HL7 Continuity of Care Document |
| CDAR2 | [HL7 CDA Release 2.0](http://www.hl7.org/documentcenter/private/standards/cda/r2/cda_r2_normativewebedition.zip) |
| ACOG PP | [American College of Obstretricians and Gynecologists (ACOG), Postpartum Record](http://www.acog.org) |
| LOINC | [Logical Observation Identifiers, Names and Codes](http://www.regenstrief.org/medinformatics/loinc/) |
| SNOMED | [Systemized Nomenclature for Medicine](http://www.snomed.org) |
| CDTHP | [CDA for Common Document Types History and Physical Notes (DSTU)](http://www.hl7.org/dstucomments/index.cfm) |

##### 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:

* 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 |  |
| 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 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 anomolies present in the newborn. | R2 | 1.3.6.1.4.1.19376.1.5.3.1.3.7 |  |
| 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 occuring 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 |  |

##### 6.3.1.A.5 Conformance

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.

<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'

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'/>

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<component><structuredBody>

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<!-- Required if known Labor and Delivery Events Section content -->

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<!-- Required Medications Section content -->

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<templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.7'/>

<!-- Required if known Postpartum Treatment Section content -->

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<!—Required Newborn Status at Maternal Discharge Section content -->

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<!-- Required Coded Results Section content -->

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<section>

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<!-- Required if known Hospital Discharge Medications Section content -->

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<!-- Required Care Plan Section content -->

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<!-- Required Newborn Delivery Information Section content -->

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 <component>

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<templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.7'/>

<!-- Required if known Discharge Diagnosis Section content -->

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<section>

<templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16.1'/>

<!-- Required Coded Social History Section content -->

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<section>

<templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13'/>

<!-- Required Allergies and Other Adverse Reactions Section content -->

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<templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1'/>

<!—Required Coded Physical Exam Section content -->

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<section>

<templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4'/>

<!-- Required History of Present Illness Section content -->

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<templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.38'/>

<!-- Required Patient Education Section content -->

</section>

</component>

</strucuredBody></component>

</ClinicalDocument>

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

## 6.5 PCC Value Sets

Add section 6.5.A

### 6.5.A <Value Set Name>

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. [↑](#footnote-ref-1)