

Obstetrics Rehab Clinical Pathway

Enhanced Recovery After Delivery™ Care Coordination				
	OBGYN Midwife NP	RN	OT PT	Patient
Antepartum Outpatient	<p>Screen PMH & risk factors for pre- and/or post-delivery cardiopulmonary, MSK, & pelvic health impairments (i.e. T2DM, HTN, CVD, SCD, asthma, urinary/bowel incontinence, pelvic organ prolapse, pain with intercourse, pain in pelvic girdle, back, or shoulder).</p> <p>1st-2nd trimester: Referral to obstetric OT/PT to optimize pre/post-delivery function and provide early intervention for identified cardiopulmonary, MSK, & pelvic health concerns.</p>	<p>Communicate PMH & risk factors to provider for referral to OT/PT to reduce pre/post-delivery impairments.</p>	<p>Evaluate cardiopulmonary, MSK, and pelvic health function & instruct on home therapy program.</p> <p>Determine plan of care to address antepartum goals and concerns and provide recommendations for postpartum follow-up.</p>	<p>Consult with obstetric OT/PT to optimize birth and postpartum function and begin home or outpatient therapy program following evaluation with guidance on correct performance.</p>
<p>High-Risk Antepartum Inpatient</p> <p>or</p> <p>Home with Activity Limitations</p>	<p>Screen for MSK and pelvic health function impacted by antepartum activity limitations (i.e. bedrest with bathroom privileges).</p> <p>Referral to obstetric OT/PT to develop modified physical activity therapy program with high-risk pregnancy considerations and precautions.</p> <ul style="list-style-type: none"> □ Hospital: inpatient obstetric OT/PT referral □ Home/bedrest: home or tele-health obstetric OT/PT referral □ Home/non-bedrest: outpatient obstetric OT/PT referral 		<p>Review high-risk antepartum physical activity precautions/contraindications with provider.</p> <p>Instruct Patient on antepartum therapy program within prescribed activity guidelines to reduce deconditioning, loss of ROM, loss of strength, and postpartum symptom burden.</p> <p>Determine plan of care to address antepartum goals and concerns and provide recommendations for postpartum follow-up.</p>	<p>Consult with inpatient OT/PT or arrange home-health, outpatient, or telehealth visit regarding physical activity limitations and recommendations to optimize function during birth and postpartum recovery.</p>
Postpartum Day 0	<p>Place inpatient postpartum referral to OT/PT or implement automatic orders.</p> <p>Encourage position changes & early mobility to reduce pelvic & LE edema.</p> <p>Screen: active vital signs, cognition, transfers, balance, gait, MSK impairments (e.g. pelvic girdle dysfunction/pain), obstetric nerve palsy, & posture with infant care.</p> <p><u>Cesarean section</u></p> <ul style="list-style-type: none"> □ Diaphragmatic breathing interventions with instruction on IS; SCDs in bed. □ Encourage supine positioning (lying flat) every 2 hours s/p surgery for 10 min intervals to reduce surgical wound tension associated with sitting, prolonged hip flexion, and upright positioning in hospital bed or recliner. □ Instruct Patient on appropriate abdominal binder size and placement over incision. 		<p><u>Sulcus or perineal laceration</u> Interventions to reduce pelvic floor symptoms during transfers, gait, ADLs/infant care.</p> <p><u>Cesarean section</u> Diaphragmatic breathing, wound protection with infant care, weighted blankets/pillows for abdominal splinting, positioning, & mobility to optimize colonic/gas motility.</p> <p>Precautions/ Contraindications to Therapy P: Postpartum magnesium sulfate = bed activities only until discontinued. C: Heavy vaginal bleeding; LE pain & swelling</p>	<p>Begin post-delivery therapeutic program involving positioning and functional mobility recommendations to optimize recovery and reduce limitations as directed by OT/PT.</p> <p><u>Cesarean section</u> Ensure appropriate fitting of abdominal binder over incision.</p>

Abbreviations: MSK: musculoskeletal; T2DM: Type II Diabetes Mellitus; HTN: Hypertension; CVD: Cardiovascular Disease; SCD: Sick Cell Disease or Sequential Compression Device; LE: lower extremity; IS: incentive spirometer; MEWS: Maternal Early Warning Signs; AD: assistive device; DME: durable medical equipment; D/C: discharge.

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Obstetrics Rehab Clinical Pathway



Enhanced Recovery After Delivery™ Care Coordination

	OBGYN Midwife NP	RN	OT PT	Patient
			<p>C: Modified Early Obstetric Warning System</p> <p>Temp: < 95°F or > 100.4°F Systolic BP: mmHg < 90 or > 160 Diastolic BP: mmHg > 100 HR bpm < 50 or > 120 RR bpm < 10 or > 30 O2 sat < 95%</p>	
Postpartum Day 1 - 3	<p>Place inpatient postpartum referral to OT/PT or implement automatic orders.</p> <p>Encourage position changes & mobility to reduce pelvic & LE edema.</p> <p>Screen: active vital signs, cognition, transfers, balance, gait, MSK impairments (e.g. pelvic girdle dysfunction/pain), obstetric nerve palsy, & posture with infant care.</p> <p><u>Sulcus or perineal laceration</u> Screen for bowel/bladder incontinence, perineal pain affecting sleep, mobility, ADLs/infant care. Referral to inpatient, home-health, or outpatient pelvic OT/PT.</p> <p><u>Cesarean section</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Diaphragmatic breathing interventions with instruction on IS; SCDs in bed. <input type="checkbox"/> Encourage supine positioning (lying flat) every 2 hours s/p surgery for 10 min intervals to reduce surgical wound tension associated with sitting, prolonged hip flexion, and upright positioning in hospital bed or recliner. <input type="checkbox"/> Instruct Patient on appropriate binder size and placement over incision. 		<p>Suggested outcome measure: AM-PAC™</p> <p>Assess need for AD, DME, or OT/PT follow-up.</p> <p><u>Cesarean section</u> Emphasis on cardiopulmonary function, gait quality/distance, stair negotiation; wound protection strategies with log-roll transfer, wide BOS with sit<>stand, infant lift/lower.</p> <p>Initiate colonic mobilization and peri-incision desensitization training including use of mirror for visualization of incision location.</p> <p><u>Sulcus or perineal laceration</u> Pelvic health rehab & positioning to reduce perineal discomfort during ADLs/infant care.</p>	<p>Continue therapy program incorporating diaphragmatic breathing interventions, cesarean or perineal wound protection strategies with positioning, bed/chair transfers to simulate home environment, and safe lifting precautions during infant care as directed by OT/PT.</p>
Pre-Discharge Orders	<p>STAT referral to outpatient obstetric OT/PT for impairments affecting ADLs/infant care, mobility, fall risk, bowel/bladder function.</p>	<p>Coordinate D/C needs with provider, case management, and home health/outpatient therapy.</p>		<p>Schedule follow-up with home/tele-health or outpatient therapist.</p>
Postpartum Weeks 1 - 6	<p>Referral to home health or outpatient obstetric OT/PT via automatic orders for postpartum therapy consult.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Screen s/s for bowel/bladder incontinence & MSK/scar pain affecting mood, sleep, mobility, ADLs/infant care. <input type="checkbox"/> Assess risk factors for pelvic girdle pain, pelvic floor dysfunction, or wound healing complications (i.e. T2DM, high BMI, abdominal pannus edema, prolonged seated or infant holding positions, ADL/infant care activities exceeding lifting precautions, or abnormal gait pattern). 	<p>Communicate postpartum impairments and risk factors to provider for referral to OT/PT to optimize recovery.</p>	<p><u>Evaluation/Treatment</u></p> <p>Cardiopulmonary assessment, functional mobility, abdominal/perineal wound assessment/protection, diastasis recti, transfers, infant lifting/lowering techniques, gait quality/distance, stair negotiation.</p> <p>Physical activity progression within lifting guidelines, peri-wound desensitization training, pelvic health-specific rehabilitation.</p>	<p>Discuss any concerns with provider & obstetric OT/PT (i.e. weakness, pain, bowel/bladder incontinence, edema).</p> <p>Consult with obstetric OT/PT for appropriate activity progression.</p>

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