Postpartum Visit Note

Structured to ACOG's fourth trimester guidance, where postpartum care is an ongoing process rather than a single six week appointment.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · in person / telehealth*
Delivery details	*Delivery date _____ · route: vaginal / cesarean / VBAC · weeks at delivery ___ · complications _____*
Visit type	*Initial contact within 3 weeks / interim / **comprehensive visit** · weeks postpartum ___*

A Physical Recovery

Symptoms and recovery	*Bleeding, pain, incision or laceration healing, bladder and bowel function, fatigue, sleep*
Examination	*BP _____ · weight _____ · exam findings as indicated*

B Mood and Well-Being

Instrument and score, not an impression

Depression and anxiety screening	*Instrument _____ · score _____ · result · risk assessment*
Support and safety	*Social support · intimate partner violence screen · substance use*

C Reproductive Planning and Feeding

Contraception	*Method chosen _____ · initiated today Y / N · counseling documented*
Infant feeding	*Breastfeeding, formula, mixed · problems · lactation referral Y / N*

D Chronic Conditions and Long-Term Risk

The handoff most often missed

Pregnancy complications and future risk	*Hypertensive disorder, gestational diabetes, preterm birth · long-term cardiovascular and metabolic risk discussed Y / N*
Transition of care	*Ongoing primary care clinician _____ · follow-up arranged Y / N · date _____*

E Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

Timing and billing. ACOG recommends contact with a maternal care clinician **within the first 3 weeks** postpartum, ongoing care as needed, and a **comprehensive visit no later than 12 weeks** after birth covering physical, social, and psychological well-being. Payers generally still define the postpartum period as **six weeks** from delivery, so the timing your patient needs and the window your contract pays for are not the same thing. Postpartum care is bundled into the global OB codes; **59430** is postpartum care only, for when your group did not provide the rest. Uncomplicated outpatient visits related to the pregnancy and discussion of contraception are **not** separately reimbursable. Evaluation and management of a genuine problem or complication **is** separately reportable.

A template still means you write the note. Sully's AI Scribe captures the visit and writes it into your EHR, the AI Coder submits the coded claim, and the AI Receptionist books the follow-up, on one integration across Epic, Cerner, Meditech, and Athenahealth.

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