5

IHE Patient Care Coordination (PCC)

Technical Framework Supplement

10

Postpartum Visit Summary (PPVS)

Trial Implementation

15

Date: August 30, 2010

Author: Anne Diamond

Email: pcc@ihe.net

Foreword

20 This is a supplement to the IHE Patient Care Coordination Technical Framework V6.0. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

This supplement is submitted for Trial Implementation as of August 30, 2010 and will be available for testing at subsequent IHE Connectathons. The supplement may be amended based

25 on the results of testing. Following successful testing it will be incorporated into the Patient Care Coordination Technical Framework. Comments are invited and may be submitted on the IHE forums at http://forums.rsna.org/forumdisplay.php?f=309 or by email to pcc@ihe.net.

This supplement describes changes to the existing technical framework documents and where indicated amends text by addition (**bold underline**) or removal (**bold strikethrough**), as well as

30 addition of large new sections introduced by editor's instructions to "add new text" or similar, which for readability are not bolded or underlined.

"Boxed" instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume:

35
> *Replace Section X.X by the following:*

General information about IHE can be found at: www.ihe.net

Information about IHE Patient Care Coordination can be found at: http://www.ihe.net/Domains/index.cfm

40 Information about the structure of IHE Technical Frameworks and Supplements can be found at: http://www.ihe.net/About/process.cfm and http://www.ihe.net/profiles/index.cfm

The current version of the IHE Technical Framework can be found at: http://www.ihe.net/Technical_Framework/index.cfm

45

CONTENTS

80

Introduction

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

85
1. PCC Technical Framework Volume 1, Revision 6.0

2. PCC Technical Framework Volume 2, Revision 6.0

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

1. IT Infrastructure Technical Framework Volume 1, Revision 7.0

90
2. IT Infrastructure Technical Framework Volume 2, Revision 7.0

3. IT Infrastructure Technical Framework Volume 3, Revision 7.0

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

95
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).

100

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).

105
3. **PCC Technical Framework Volume 2, Revision 6.0 (published August 2010):** This contains all PCC Section Templates, Entry Templates and Value Sets (among other things) that *are* in Final Text.

---

[1] The first four 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, CDA Content Modules or the PCC Technical Framework refer to the same web page from which you accessed this supplement or follow the instructions below. Navigate to http://www.ihe.net

110
- Click "Developer Resources" on the top menu
- Select "Technical Frameworks"
- Click the "Patient Care Coordination" link

Open Issues and Questions

115   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
120   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.
125   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
130   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*.

3.   There are several sections specified in table 6.3.1.A.4-1 and table 6.3.1.A.4-2 that
135   contain verbiage that belongs in the CDA Content Modules. When possible the complete specification should be included in the CDA Content Modules and not in the document specification in each profile. A valid case for not including all possible specification in the CDA Content Modules *could be (but not always) when a section will be used in multiple profiles and constrained* differently.   In the following cases I
140   believe we can consolidate the verbiage for the sections listed below (taken from this profile) with the CDA Content Modules.

4

Volume 1 – Profiles

Add the following to section 1.5

1.5 Copyright Permissions

145

Add the following to section 2.4

2.4 Dependencies of the PCC Integration Profiles

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

Add the following to section 2.5

150 2.5 History of Annual Changes

Add Section X

5

X Postpartum Visit Summary Profile

155   The normal workflow for pregnancy care includes antepartum care performed in the office, delivery and subsequent care in the birthing facility and discharge from the birthing facility, 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.

160   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.

165   A sample form showing the data elements common to a postpartum visit can be found at:
http://www.acog.org/bookstorefiles/aa128.pdf

X.1 Purpose and Scope

170   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 obstetric care provider. If acute conditions arise, the mother may seek treatment at a facility remote from her normal place of care. A summary of the care
175   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
180   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
185   intimate partner violence screenings, immunization review, counseling regarding any future pregnancies, and laboratory tests as needed.

6

X.2 Process Flow

X.2.1 Use Cases

190 **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

195 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

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 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.

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.

3. When the patient seeks postpartum care, her demographics are recorded, verified and/or
210 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
215 and exchanged with other consultants, i.e. pediatrician, lactation consultant, mental health provider, etc.
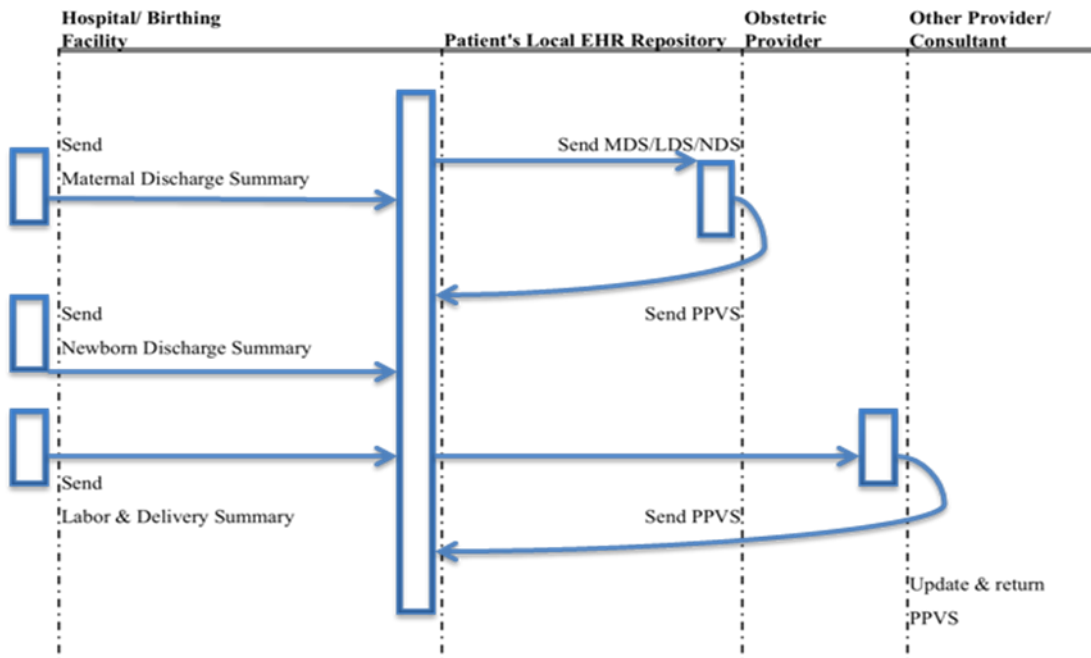
Figure X.2.2.1-1. Basic Process Flow in Postpartum Visit Summary Profile

X.3 Actors/Transactions

220

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
225 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

8

X.3.1 Requirements of Actors

<Specific requirements for each Actor defined within this profile. The intent of this section is to
235 *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 PostpartumVisit Summary Actors and Options

Actor	Option	Section
Content Consumer	View Option (See Note 1)	PCC TF-2:3.1.1
	Document Import Option (See Note 1)	PCC TF-2:3.1.2
	Section Import Option (See Note 1)	PCC TF-2:3.1.3
	Discrete Data Import Option (See Note 1)	PCC TF-2:3.1.4
Content Creator	No options defined	

240
Note 1: The Actor shall support at least one of these options.

X.5 Groupings

X.6 Security Considerations

X.7 Content Modules

245 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.

250

Table X.7-1 Postpartum Visit Summary Content Modules

ACOG Postpartum Record Datum	PCC Template Name
Name of baby	Header Modules
Discharge date	Header Modules
Hospital	Header Modules

9

ACOG Postpartum Record Datum	PCC Template Name
Delivery Information	Labor and Delivery Events
Delivery Information Procedures & Interventions	Labor and Delivery Events: Procedures and Interventions
Tubal Sterilization	Postpartum Hospitalization Treatment:Procedures and Interventions
Medications at Delivery (Maternal)	Medications Administered
Complications (Maternal)	Problems
Maternal Labs	Postpartum Treatment: Coded Results
Discharge Medications (Maternal)	Hospital Discharge Medications
Maternal Discharge Information	Postpartum Treatment: Care Plan
Immunizations given	Postpartum Treatment: Immunizations
Neonatal Information	Newborn Delivery Information: Coded Physical Exam
Circumcision	Procedures and Interventions
Disposition of newborn	Newborn Status at Maternal Discharge
Pediatric Care Provider Name	Care Plan
Complications/Anomolies (Newborn)	Problems
Postpartum laboratory tests	Coded Results
Contraception Education	Patient Education
Social History Screenings	Coded Social History
Interim Medical History	History of Present Illness
Physical Exam	Coded Physical Exam
Allergies	Allergies and Other Adverse Reactions
Plan of Care	Care Plan

10

Glossary

255

Anesthesia
Loss of the ability to feel pain, caused by administration of a drug or other medical intervention.

Arrest disorder

260
- 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.

Contraception (birth control)
270 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
275 Expulsion or extraction of the fetus, placenta, and membranes at birth.
- Vaginal Delivery- The process of birth through the birth canal.
- Cesarean Delivery- Surgery done to deliver a fetus 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.

Hematocrit (HCT)
285 The volume percentage of erythrocytes in whole blood.

Hemoglobin (HGB)
Protein in red blood cells that carries oxygen; HGB measured by blood test.

290 **Incision**
A cut into a body tissue or organ, especially one made during surgery, or the scar resulting from such a cut.

Macrosomia

295   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.

300   **Mastitis**

Inflammation or infection of the breast.

Midwife

A midwife is registered nurse who prepared, through advanced education and clinical training,
305   provides care to women during pregnancy, labor and delivery, and the postpartum period.

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

Volume 2 – Transactions and Content Modules

340

5.0 Namespaces and Vocabularies

codeSystem	codeSystemName	Description

5.1 IHE Format Codes

Add the following rows to Section 5.1

345

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

350   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

355   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
360   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**

365   #### 6.3.1.A.3 Standards

CCD	ASTM/HL7 Continuity of Care Document
CDAR2	HL7 CDA Release 2.0
ACOG PP	American College of Obstretricians 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:

- IHE PCC TF-1: Final Text
370 - IHE PCC Content Modules 2010 Supplement

The Record Target of this CDA document shall reference the mother. All sections listed in Table 6.3.1.A.4-1 shall refer to the mother. All sections listed in Table 6.3.1.A.4-2 shall refer to the newborn and shall include the subject at the section level. Multiple newborns shall be
375 represented with each newborn having his/her own section.

Table 6.3.1.A.4-1 Postpartum Visit Summary Specification (Mother)

Template Name	Opt	Section Template Id / Location	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 name of the delivering obstetric care provider. The gestational age of the newborn at delivery, the type of labor and any complications should also be included. The subsection Procedures and Interventions with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 SHALL include the type of delivery and the type of incision used during cesarean section.	R2	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.2.39	

Template Name	Opt	Section Template Id / Location	Value Set Template Id
Postpartum_Hospitalization Treatment The subsection Postpartum Hospitalization Treatment: Procedures and Interventions with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 SHALL include the procedures and interventions received by the mother during the postpartum period including the type of tubal sterilization procedure (if performed). The subsection Postpartum Hospitalization Treatment: Medications Administered with template ID 1.3.6.1.4.1.19376.1.5.3.1.3.21 **has optionality R** and SHALL include any medications, including anesthesia given to the mother during the birth process. The subsection Postpartum Hospitalization Treatment: Coded Results with template ID 1.3.6.1.4.1.19376.1.5.3.1.3.28 **has optionality R** and SHOULD contain laboratory results for the mother prior to her 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). The subsection Postpartum Hospitalization Treatment: Care Plan with template ID 1.3.6.1.4.1.19376.1.5.3.1.3.31 **has optionality R2** and 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. The subsection Postpartum Hospitalization Treatment: Immunizations with template ID 1.3.6.1.4.1.19376.1.5.3.1.4.12 **has optionality R2.**	R2	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.7 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.2.41	

Template Name	Opt	Section Template Id / Location	Value Set Template Id
Active Problems	R	1.3.6.1.4.1.19376.1.5.3.1.3.6 IHE PCC 2:6.3.3.2.3	
Hospital Discharge Medications	R2	1.3.6.1.4.1.19376.1.5.3.1.3.22 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.3.4	
Newborn Delivery Information The subsection Newborn Delivery Information: Coded Physical Exam with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 SHOULD contain the gender and birthweight of the baby(ies). The subsection Newborn Delivery Information: Procedures and Interventions with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 SHOULD contain an observation for circumcision.	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.2.40	
Coded Social History In addition to the constraints required of the Coded Social History section, postpartum depression screening and intimate partner violance data SHOULD also be included.	R	1.3.6.1.4.1.19376.1.5.3.1.3.16.1 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.6.2.36	
History of Present Illness In addition to the constraints required of the History of Present Illness section, the history of any maternal problems occuring since the birth of her baby (approx. 6 weeks) SHOULD also be included.	R	1.3.6.1.4.1.19376.1.5.3.1.3.4 IHE PCC 2:6.3.3.2.1	
Coded Physical Exam In addition to the constraints required of the Coded Physical Exam section the elements of a pelvic examination SHOULD also be included.	R	1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.4.30	
Allergies and Other Adverse Reactions	R	1.3.6.1.4.1.19376.1.5.3.1.3.13 IHE PCC 2:6.3.3.2.11	

Template Name	Opt	Section Template Id / Location	Value Set Template Id
Care Plan In addition to the constraints required of the Care Plan section any medications prescribed, contraceptive methods and any recommended follow up care SHOULD be included.	R	1.3.6.1.4.1.19376.1.5.3.1.3.31 IHE PCC 2:6.3.3.6.1	

Table 6.3.1.A.4-2 Postpartum Visit Summary Specification (Children)

Template Name	Opt	Section Template Id / Location	Value Set Template Id
Newborn Delivery Information The subsection Newborn Delivery Information: Coded Physical Exam with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1 SHOULD contain the gender and birthweight of the baby(ies). The subsection Newborn Delivery Information: Procedures and Interventions with template ID 1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11 SHOULD contain an observation for circumcision.	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.2.40	
Newborn Status at Maternal Discharge This section SHOULD identify the disposition of the baby at mother's discharge, i.e. home with mother, transferred, stillbirth, adopted, admission to NICU.	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.8 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.2.43	
Care Plan In addition to the constraints required of the Care Plan section the intended pediatrician's name SHOULD be included.	R	1.3.6.1.4.1.19376.1.5.3.1.3.31 PCC TF Supplement CDA Content Modules (TI) Vol 2: 6.3.3.6.15	
Active Problems This section SHOULD contain any complications of birth or anomolies present in the newborn.	R2	1.3.6.1.4.1.19376.1.5.3.1.3.6 IHE PCC 2:6.3.3.2.3	

380

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.

385

```
     <ClinicalDocument xmlns='urn:hl7-org:v3'>
       <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
390    <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'/>
395    <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>
410          <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.21'/>
             <!-- Required Medications Section content -->
           </section>
         </component>
         <component>
415          <section>
             <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>
420        <component>
           <section>
             <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>
425        </component>
         <component>
           <section>
             <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.28'/>
             <!-- Required Coded Results Section content -->
430          </section>
         </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>
445        <section>
             <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='1.3.6.1.4.1.19376.1.5.3.1.3.16.1'/>
```

```
        <!-- Required Coded Social History Section content -->
      </section>
455   </component>
      <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13'/>
        <!-- Required Allergies and Other Adverse Reactions Section content -->
460    </section>
      </component>
      <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.15.1'/>
465     <!—Required Coded Physical Exam Section content -->
       </section>
      </component>
      <component>
       <section>
470     <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>
475    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.38'/>
        <!-- Required Patient Education Section content -->
       </section>
      </component>
480  </strucuredBody></component>
</ClinicalDocument>
```

Figure 6.3.1.A.5-1 Sample Postpartum Visit Summary Document

6.5 PCC Value Sets

Add section 6.5.A

6.5.A <Value Set Name>