An analysis of communication between obstetric specialists and primary care providers during postpartum care in Manitoba, Canada

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INTRODUCTION

Gestational diabetes mellitus (GDM) and **hypertensive disorders of pregnancy (HDP)** are known to increase the risk of perinatal complications and the possibilities of long-term cardiovascular and metabolic health risks for these patients and infants.

Yet little is known about access to primary care providers (PCPs) outside of pregnancy for these patients, especially since patients in Manitoba, Canada don't need a referral from a PCP to see an obstetrician. Moreover, the COVID-19 pandemic has affected patients' access to PCPs.

AIM

The overall goal of this study was to analyze access to primary care for GDM & HDP patients, who are at high risk for long-term health complications. Our secondary objective was to determine if the COVID-19 pandemic had an influence on access to PCP for these patients.

METHODS

This was a cross-sectional study of pregnant patients with GDM and/or HDP delivering at Health Sciences Center (HSC) Women's Hospital in Winnipeg, Canada Two time periods were compared**: pre-COVID** (July 2019-December 2019) and **COVID** (November 2020-December 2020). All participants were identified using delivery record books.

The patients' electronic hospital discharge summaries were then reviewed to collate information about communication between specialist OB/Gyns and PCPs, access to PCPs, and recommendations for future pregnancy and long-term healthcare outside pregnancy.

Descriptive and inferential statistics were used to evaluate outcomes between groups. Temporal trends were also evaluated between time periods.

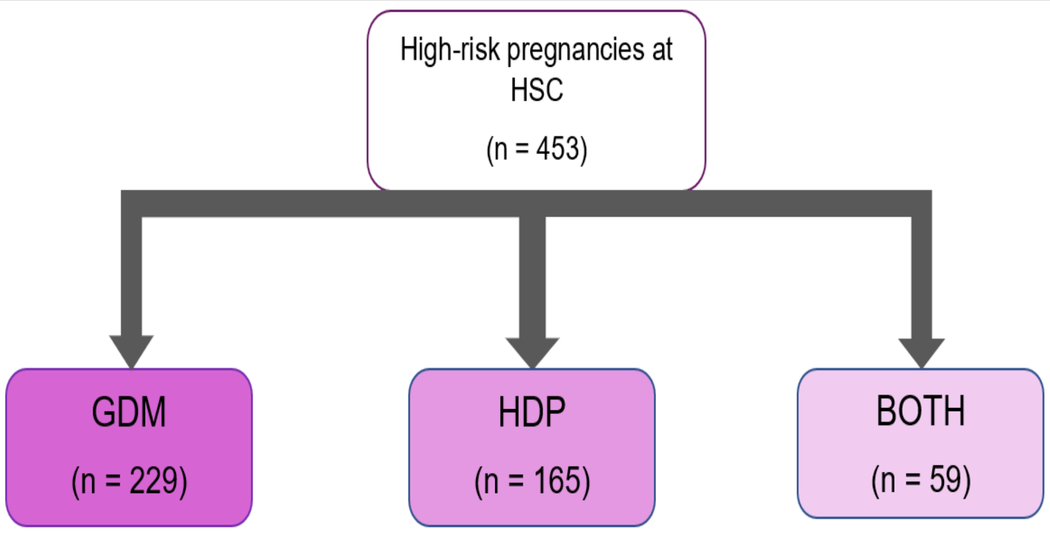

Figure 1. Study flow diagram

RESULTS

453 pregnancies were included; **360** in preCOVID & **93** in the COVID time period. **50.5%** of the patients had GDM, **36.4%** had HDP, and **13.1%** had both (Figure 1). There was a significant decrease in the medical management of GDM pre-COVID **(27.5%)** compared to **16%** during COVID **(p=0.0274**). Overall, **32.6%** of the high-risk patients did not have a PCP; **34.2%** preCOVID vs **26%** during COVID (Figure 2). **Only 12.9**% of these high-risk patients were recommended to have closer postpartum follow-up (< 6wks) (Figure 3) & **4%** were recommended to have outpatient investigations during the postpartum period(Figure 4). **No discharge summaries mentioned future pregnancy complications or risk of long-term health complications for mothers or offspring.**

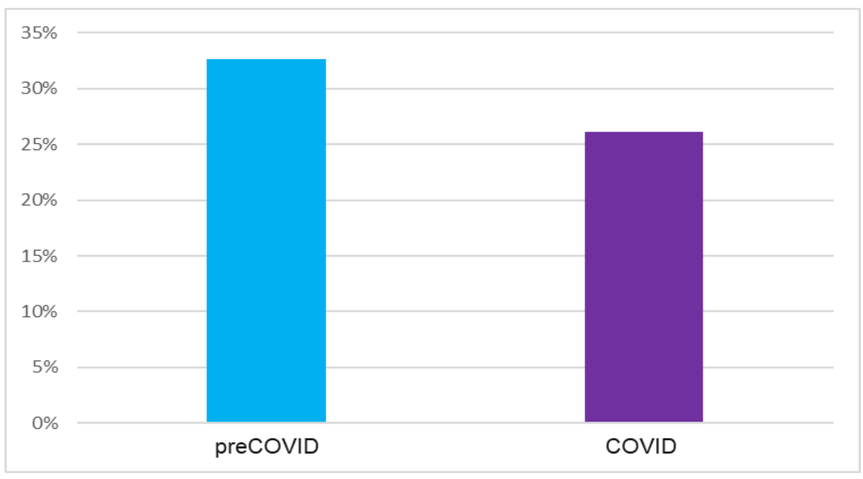

Figure 2. Percentage of patients with PCPs in preCOVID (blue) vs in COVID group (purple).

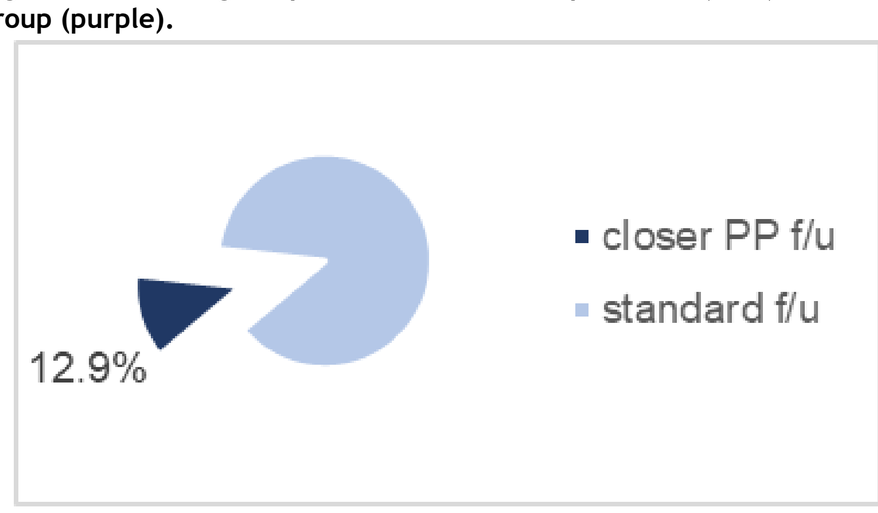

Figure 3. Postpartum (PP) care recommendations for out-patient follow-up (f/u)

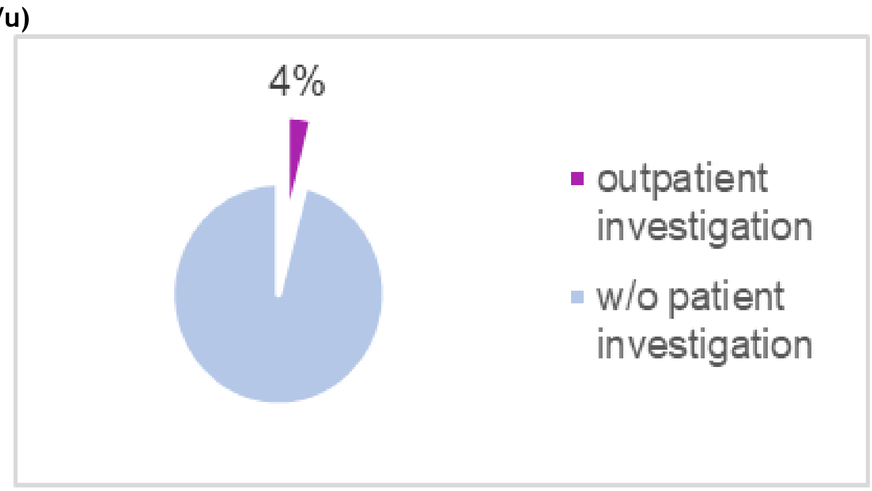

Figure 4. Outpatient investigation

CONCLUSIONS

Almost one-third of the GDM & HDP patients with risk of long-term health complications post-partum do not have a PCP. No communication about these future risks was found. Access to care and communication between OB/Gyns and PCP ***needs to improve to promote better short and long-term health outcomes for mothers and offspring.*** How the COVID pandemic effected access to care needs closer evaluation in these high-risk groups.