

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

Amara J. Whitfield-Sowah

DOB

01/23/1992

AGE / SEX

34 yrs / Female

MRN / PATIENT ID

FM-7714205

DATE OF SERVICE

08/13/2026

PROVIDER

Elena Marchetti-Bourne, MD

CREDENTIALS

MD, FAAFP

PRIMARY CARE PROVIDER

This provider — whole-family panel since 2020

VISIT TYPE

Postpartum Follow-Up — 10 weeks, combined with family-centered coordination

CARE SETTING

Outpatient family medicine clinic, in person

REFERRAL SOURCE

Not applicable — continuity of care from prenatal through delivery

INTERPRETER USED

No

FAMILY MEMBER / CAREGIVER PRESENT

Husband, Kwesi Sowah, present for the full visit; infant and 3-year-old also in the room

CC CHIEF COMPLAINT

2 PRIMARY REASON FOR VISIT

"I am not sleeping even when the baby sleeps, and I have started snapping at my three-year-old in a way that is not like me. I also need to sort out birth control before I go back to work."

S SUBJECTIVE

3 INTERVAL HISTORY & FAMILY-CENTERED CONTEXT

3a PRESENTING CONCERN

Reason for visit

Ten-week postpartum visit, deferred from the standard 6-week interval because of childcare and transport difficulty. Agenda set jointly at the start: mood and sleep, contraception before returning to work, persistent perineal discomfort, and lactation questions.

History of present illness

Delivered a healthy male infant on 06/03/2026 at 39+2 weeks by spontaneous vaginal delivery, complicated by a second-degree perineal laceration and an estimated 600 mL blood loss. Since roughly week 4 she describes a progressive change in mood — persistent low mood on most days, tearfulness, difficulty falling asleep even when the infant is settled, intrusive worry about the infant stopping breathing, and irritability directed at her 3-year-old followed by guilt. She denies anhedonia toward the infant, denies thoughts of harming herself or the baby, and specifically denies intrusive thoughts of harm. Appetite is reduced. She describes concentration as “fog.” Symptoms are worse in the evenings. She also reports ongoing perineal discomfort with prolonged sitting and pain on attempted intercourse, and asks whether her milk supply is adequate as the infant now feeds every 2 hours overnight.

3b CONDITIONS, MEDICATIONS & FAMILY CONTEXT

Chronic medical conditions

Iron deficiency anemia, antenatal and persisting postpartum. Hypothyroidism diagnosed in the second trimester of her first pregnancy, on replacement. Migraine without aura, historically 1–2 episodes monthly, quiescent during pregnancy and now returning. No hypertension, no diabetes; gestational diabetes screening was negative in both pregnancies.

Family-centered context

Household of four — patient, husband, 3-year-old daughter, and the newborn. Husband works rotating 10-hour shifts as a paramedic and is away two nights weekly. No extended family locally; her mother is in Accra and visited for three weeks postpartum, returning home in July, which she identifies as the point her mood declined. The 3-year-old has regressed in toilet training since the birth and is waking at night, compounding the parents' sleep loss. Both children are on this provider's panel; the 3-year-old is due for a 3-year well-child visit and the infant had a normal 8-week check with the practice nurse.

Medication history and adherence

Levothyroxine 88 mcg daily — adherent, taken fasting. Ferrous sulfate 325 mg every other day — adherence poor, roughly half of doses, limited by nausea. Prenatal vitamin daily. Ibuprofen 400 mg PRN for perineal discomfort, 2–3 times weekly. Sumatriptan 50 mg PRN, used twice since delivery. No affordability barriers; insurance active, single pharmacy with delivery.

Allergies

Amoxicillin — urticaria in childhood, never re-challenged. No other allergies.

3c LIFE-STAGE & PREVENTIVE HISTORY

Preventive care and screening history

Cervical cytology 11/2023, negative with negative HPV co-test — due 2028. No mammography indicated at 34 with no first-degree family history. Lipids 2024 normal. No diabetes screening indicated outside pregnancy. Depression screening at 2 weeks postpartum was negative — the change has occurred since.

Immunization history

Tdap in pregnancy 04/2026. Influenza 10/2025. COVID-19 booster 12/2025. Rubella immune. Varicella immune. No vaccine hesitancy; specifically asked about vaccine compatibility with breastfeeding and was reassured.

Reproductive health

G2P2. Lochia resolved at week 5. Menses not yet returned. Exclusively breastfeeding with one formula top-up most evenings. Perineal laceration repaired at delivery; discomfort persists with sitting and dyspareunia on attempt at week 9. No pelvic organ prolapse symptoms; occasional stress urinary incontinence with coughing and lifting the toddler. Requests contraception compatible with breastfeeding, effective, and not requiring daily adherence given her sleep state. Does not want another pregnancy within 3 years and is not certain her family is complete.

Pediatric context (family-centered)

The 3-year-old's toileting regression and night waking were discussed at length as a family stressor with a direct effect on the patient's recovery. Development otherwise on track by parental report. The 3-year well-child visit is overdue by 6 weeks. The infant is feeding, growing along the 50th centile, and had a normal newborn screen and hearing test.

3d BEHAVIORAL, FUNCTIONAL & SOCIAL HISTORY

Lifestyle and health behaviors

Diet irregular — often skips lunch. Fluid intake reduced. No structured exercise since delivery; walks the pram most days. Caffeine 2–3 cups daily, up from one. Never smoked. No alcohol since before conception. No substance use. Seatbelt use consistent; car seats correctly installed and checked at the fire station.

Mental health

As above. No prior psychiatric diagnosis, no prior postpartum depression after the first delivery, no history of trauma disclosed, no prior therapy or psychiatric medication. Family history of depression in her mother, treated. Denies suicidal ideation, self-harm thoughts, thoughts of harming the children, and psychotic symptoms. Explicitly and directly asked and answered in the husband's presence, then again alone.

Functional status

Independent in all ADLs and IADLs. Managing both children alone on the two nights weekly her husband works. Returning to work as a school administrator on 09/07/2026, four weeks from now. Driving. No falls. Lifting limited by perineal discomfort.

Social history / social determinants

Owns her home. Stable income across two salaries. No food insecurity, but she reports skipping her own meals through time pressure rather than scarcity. Reliable transport, though childcare for appointments is the recurring barrier — the reason this visit was 4 weeks late. Health literacy high. Screened alone for intimate partner violence — negative, and she describes her husband as her main support. Childcare arranged for September but not yet trialled.

Family history

Mother — depression, hypothyroidism. Father — type 2 diabetes, hypertension. Maternal grandmother — stroke at 72. No breast, ovarian or colorectal cancer. No venous thromboembolism in any first-degree relative — relevant to contraceptive choice. No known genetic conditions.

Recent care and hospitalizations

Delivery admission 06/03–06/05/2026, uncomplicated discharge. No emergency visits, readmissions or surgeries since. Practice nurse infant checks at 2 and 8 weeks. No specialist involvement.

Pertinent negatives

Denies chest pain, dyspnea, unilateral calf pain or swelling, headache with red-flag features, visual change, fever, foul-smelling discharge, heavy or renewed bleeding, breast erythema or a focal tender mass, urinary symptoms of infection, suicidal or homicidal ideation, and thoughts of harming the infant. No signs of postpartum psychosis.

ROS FAMILY MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Constitutional — fever, chills, fatigue, appetite or weight change

Positive — marked fatigue, reduced appetite. Afebrile. Weight down 22 lb from delivery.

HEENT — headache, vision or hearing change, congestion, dental

Positive — migraine recurrence, two episodes. No red-flag headache features.

Cardiovascular — chest pain, palpitations, edema, dizziness, syncope

Negative. No calf pain or unilateral swelling.

Respiratory — cough, wheezing, dyspnea, sleep apnea symptoms	Negative.
Gastrointestinal — pain, nausea, diarrhea, constipation, reflux, blood	Positive — nausea with oral iron; mild constipation. No bleeding.
Genitourinary — dysuria, incontinence, pelvic, sexual, menstrual	Positive — stress incontinence with coughing and lifting; dyspareunia. Menses not returned.
Musculoskeletal — joint, back or muscle pain, swelling, mobility	Positive — upper back and neck ache from feeding posture.
Skin — rash, lesions, wounds, itching, changing moles	Negative. Perineal repair healed without breakdown.
Neurologic — weakness, numbness, headache, tremor, cognitive concerns	Positive — subjective concentration difficulty. No focal deficit.
Psychiatric — depression, anxiety, sleep disturbance, stress, SI	Positive — low mood, anxiety, insomnia, irritability. SI and infant-harm thoughts denied.
Endocrine / metabolic — heat/cold intolerance, weight change	Negative for thyroid symptoms; TSH checked today.

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OBJECTIVE

5

OBSERVED FINDINGS

V

VITALS

TEMPERATURE

98.1 °F

BLOOD PRESSURE

112/70 mmHg

HEART RATE

88 bpm

RESPIRATORY RATE

16 /min

OXYGEN SATURATION

99% RA

HEIGHT

5 ft 6 in

WEIGHT

158 lb (delivery weight 180 lb; pre-pregnancy 146 lb)

BMI

25.5

PAIN SCORE

3/10 perineal, positional

General appearance

Alert, tired-appearing, tearful twice during the visit and settles quickly. Well groomed. Holds and soothes the infant attentively throughout; interaction with both children is warm and appropriate. Interacts easily with her husband. No psychomotor slowing.

HEENT

Conjunctiva pale. Sclera anicteric. Pupils equal and reactive. Oral mucosa moist, mild angular cheilosis. Pharynx clear. No sinus tenderness. No thyroid-related eye signs.

Neck

Supple, full range of motion. No lymphadenopathy. Thyroid palpably normal, no goitre or nodule. No bruits. Upper

trapezius tenderness bilaterally.

Cardiovascular

Regular rate and rhythm, no murmur. Radial and pedal pulses 2+ symmetric. No peripheral edema. Calves soft and non-tender bilaterally, no cords, Homans not elicited.

Pulmonary

Normal effort, clear to auscultation bilaterally. No added sounds.

Abdomen

Soft, non-tender. Uterus not palpable — appropriately involuted. Diastasis recti of approximately 2.5 finger-breadths at the umbilicus with a firm linea alba. No hernia, no mass, no organomegaly.

Breast

Examined with the patient’s consent and a chaperone present. Bilaterally full, no erythema, no focal tenderness, no fluctuant mass, no nipple fissure or cracking. Latch observed during the visit — deep, comfortable, audible swallowing. No evidence of mastitis or blocked duct.

Pelvic / perineal

Examined with the patient’s consent and a chaperone present. Second-degree repair well healed with no dehiscence or granulation tissue. Mild tenderness at the posterior fourchette scar on palpation, reproducing her dyspareunia. No prolapse on Valsalva. Pelvic floor contraction present but weak, Modified Oxford grade 2/5. No abnormal discharge. Cervix closed.

Musculoskeletal

Full range of motion of the spine and limbs. Forward head and rounded shoulder posture consistent with feeding position. Strength 5/5. Gait normal.

Skin

No rash. No bruising. Perineal scar as described. No striae complications.

Neurologic

Alert and fully oriented. Cranial nerves intact. Strength 5/5. Sensation intact. Reflexes 2+ and symmetric. Coordination and gait normal. No tremor.

Psychiatric

Mood low by her own description, affect reactive and congruent with content. Speech normal in rate and volume. Thought process linear and goal-directed. No delusions, no hallucinations, no obsessional or intrusive thoughts of harm. Insight good — she initiated the conversation herself. Judgment intact. Safety assessment completed alone and in the husband’s presence: no suicidal ideation, no plan, no intent, no thoughts of harming either child, and she names her husband and her sister as people she would tell.

PC PREVENTIVE CARE / HEALTH MAINTENANCE

6 NEEDS & COMPLETED ITEMS

CERVICAL CANCER SCREENING

Current — 11/2023 negative co-test, due 2028

DIABETES SCREENING

Not indicated — GDM screening negative in both pregnancies

BLOOD PRESSURE SCREENING

112/70 — normal; no hypertensive disorder in pregnancy

LIPID SCREENING

2024 normal; repeat at 40 or earlier if risk changes

DEPRESSION & ANXIETY SCREENING

EPDS 17, PHQ-9 14, GAD-7 12 — positive, acted on today

INFECTIOUS DISEASE SCREENING

HIV, hepatitis B, syphilis all negative in pregnancy 2026

IMMUNIZATIONS

All current; influenza to be given in October, offered to whole household

PEDIATRIC SCREENING (FAMILY-CENTERED)

3-year-old well-child visit overdue — booked at the desk today alongside the mother's follow-up

LIFESTYLE COUNSELING PROVIDED

Nutrition and meal regularity, hydration, iron dosing, pelvic floor activity, sleep strategy, caffeine reduction — 16 minutes

TOBACCO, ALCOHOL & SUBSTANCE USE

Never smoker; no alcohol; AUDIT-C 0

SEXUAL & REPRODUCTIVE HEALTH

Contraception addressed today; dyspareunia assessed and managed

DENTAL AND VISION

Dental overdue since pregnancy — referral encouraged

ST SCREENING / ASSESSMENT TOOLS

7 SCORES, INTERPRETATION & COMPARISON

EDINBURGH POSTNATAL DEPRESSION SCALE

17 / 30 — positive. Item 10 (self-harm) scored 0.

PHQ-9

14 — moderate depression

AUDIT-C

0

INTIMATE PARTNER VIOLENCE SCREENING

Negative — conducted alone

PELVIC FLOOR — MODIFIED OXFORD SCALE

2 / 5

INTERPRETATION

Scores, timing after week 4, and preserved bonding are consistent with postpartum depression with anxious distress rather than baby blues or postpartum psychosis. Sleep deprivation and untreated anemia are plausible amplifiers, not the whole explanation.

EPDS AT 2 WEEKS POSTPARTUM

4 / 30 — negative. Clear interval deterioration.

GAD-7

12 — moderate anxiety

INSOMNIA SEVERITY INDEX

18 — moderate clinical insomnia

SOCIAL DETERMINANTS OF HEALTH SCREENING

Positive only for childcare access as a barrier to care

DIASTASIS RECTI

≈ 2.5 finger-breadths, firm linea alba

L LABORATORY AND DIAGNOSTIC RESULTS

8 REVIEWED OR ORDERED

Routine labs

Drawn today: CBC, ferritin, iron studies, TSH with free T4, CMP, vitamin D. Prior — delivery admission hemoglobin 9.4 g/dL,

ferritin 11 ng/mL at 6 weeks antenatal, TSH 2.4 mIU/L in the third trimester on 88 mcg levothyroxine.

Infectious disease testing

Not indicated. Pregnancy screening panel negative in 2026.

Imaging

None indicated. No clinical suspicion of venous thromboembolism, retained products, or breast abscess.

Cardiac / pulmonary testing

Not indicated.

Preventive screening results

Cervical co-test 11/2023 negative. No other screening due.

Prior records reviewed

Antenatal record, delivery summary and operative repair note of 06/03/2026, discharge medications, practice nurse infant check notes of 06/17 and 07/29/2026, and the 3-year-old's immunization record.

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ASSESSMENT

9 FAMILY MEDICINE CLINICAL INTERPRETATION

- **Postpartum depression with anxious distress (F53.0), moderate, new at 10 weeks (F41.8 anxiety features).** EPDS 17 and PHQ-9 14 against a negative screen at 2 weeks establishes a clear interval change. Onset coincides with her mother's departure and the loss of overnight support. Bonding is intact, there is no psychosis, no suicidal ideation, and no thoughts of infant harm — this is treatable in primary care with close follow-up rather than an emergency presentation.
- **Chronic insomnia (G47.00) with severe sleep fragmentation** — ISI 18. Notably she cannot sleep even when the infant does, which distinguishes this from simple infant-driven sleep loss and supports the mood diagnosis.
- **Iron deficiency anemia, postpartum, undertreated (D50.9).** Oral iron adherence is poor because of nausea. Untreated anemia measurably worsens postpartum fatigue and mood and must be corrected in parallel, not sequentially.
- **Perineal scar dyspareunia and pelvic floor weakness after second-degree repair (N94.1, N81.84).** Focal, reproducible on examination, with an Oxford grade of 2/5 and stress incontinence — responsive to pelvic floor physiotherapy.
- **Contraception required before return to work (Z30.09).** Lactational amenorrhea is no longer reliable with evening formula supplementation. She needs a breastfeeding-compatible, highly effective method that does not depend on daily adherence in her current sleep state. Migraine without aura and no VTE family history do not preclude combined methods, but progestogen-only or intrauterine options fit the clinical picture better.
- **Hypothyroidism on replacement (E03.9)** — requires postpartum TSH re-check; postpartum thyroiditis is a genuine differential for fatigue and mood change and has been tested for today.
- **Migraine without aura, recurrent postpartum (G43.009)** — expected with returning ovarian cyclicity; relevant to contraceptive counselling.
- **Family-centered considerations:** the 3-year-old's regression and night waking are a direct and modifiable contributor to the mother's sleep deprivation; the husband's two overnight shifts weekly leave her without relief; there is no local extended family. Her overdue attendance is a childcare-access problem, and any plan that ignores that will fail the same way the 6-week visit did.

10 FAMILY MEDICINE MANAGEMENT BY PROBLEM

- **Postpartum depression:** start sertraline 25 mg daily for 7 days, then 50 mg — first-line and among the best-characterised agents in breastfeeding, with low relative infant dose. Side effects, the 2–4 week onset, and the plan to continue for at least 6–12 months after remission all discussed. Referral placed to the perinatal mental health service for cognitive behavioural therapy, with the clinic to chase the appointment rather than leaving it to the patient. Safety plan written, with crisis line numbers given to both parents.
- **Safety:** no indication for urgent psychiatric referral or admission today. Explicit red flags given verbally and in writing to both parents — any thought of self-harm or harm to the children, inability to care for the infant, confusion, or unusual beliefs warrants immediate emergency assessment. Husband agreed to be the named support person and to reduce his overnight shifts.
- **Anemia:** switch to ferrous bisglycinate 25 mg elemental daily, taken with vitamin C at breakfast — better tolerated than ferrous sulfate. If ferritin returns below 30 ng/mL or oral iron remains poorly tolerated at 4 weeks, arrange intravenous iron rather than persisting. Repeat CBC and ferritin in 6 weeks.
- **Contraception:** after a full options discussion, the patient chose a 52 mg levonorgestrel intrauterine system — compatible with breastfeeding, effective for 8 years, no daily adherence, and likely to reduce her menstrual burden. Insertion booked for 08/27/2026. Interim condoms provided today. Method choice documented as hers.
- **Dyspareunia and pelvic floor:** referral to pelvic floor physiotherapy for scar desensitisation and strengthening. Lubricant recommended, topical estrogen deferred pending physiotherapy response. Reassurance given that this is common, physical, and treatable.
- **Thyroid:** continue levothyroxine 88 mcg. TSH and free T4 drawn today; dose adjusted on result. Postpartum thyroiditis considered and actively excluded rather than assumed.
- **Migraine:** continue sumatriptan PRN, compatible with breastfeeding. Headache diary started. Reassess if frequency exceeds four monthly episodes.
- **Family-centered plan:** the 3-year-old's well-child visit was booked at the desk before the family left, deliberately scheduled back-to-back with the mother's follow-up so one trip covers both. Toileting regression and night waking discussed as a normal sibling response, with practical strategies and a handout given. Husband to request a temporary shift adjustment; a supporting letter was offered and accepted. Influenza vaccination offered to the whole household in October.
- **Practical and lifestyle:** three regular meals with prepared options; hydration; caffeine reduced to one morning cup; a protected 90-minute daytime rest block with the husband or a hired sitter on his working nights; walking as gentle activity; return-to-work plan discussed with a phased-start letter offered.
- **Coordination:** perinatal mental health, pelvic floor physiotherapy, IUS clinic, and health visitor all notified today. Care summary shared with the health visitor with the patient's consent.

11 REASSESSMENT PLAN

Follow-up

Telephone review by the practice nurse in 7 days for sertraline tolerance and mood check. Provider review in 2 weeks (08/27/2026), scheduled to coincide with IUS insertion, to repeat the EPDS and PHQ-9, review labs, and adjust levothyroxine if indicated. Six-week review for CBC and ferritin, physiotherapy progress, and return-to-work readiness. The 3-year-old's well-child visit is booked adjacent to the 2-week review. Immediate emergency presentation for any suicidal ideation, thoughts of harming the children, confusion, or unusual beliefs; urgent contact for heavy bleeding, fever,

breast erythema, or calf pain and swelling.

TB
TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT 52 minutes	COUNSELING / PREVENTIVE COUNSELING 16 minutes
FAMILY / CAREGIVER COUNSELING 11 minutes — husband and sibling adjustment	CARE COORDINATION TIME 8 minutes
RECORDS REVIEW TIME 5 minutes	MEDICATION MANAGEMENT TIME 7 minutes
E/M LEVEL 99215 — established patient, high MDM (new mood diagnosis with prescription drug management and safety assessment)	
PREVENTIVE VISIT CODE Not applicable — problem-focused postpartum visit	SCREENING CODE(S) 96127 × 3 — EPDS, PHQ-9, GAD-7 with documented scoring
IMMUNIZATION ADMINISTRATION None today	PROCEDURE CODE(S) None today; 58300 IUD insertion scheduled 08/27/2026
CHRONIC CARE MANAGEMENT Not applicable	
BASIS FOR BILLING Medical decision making of high complexity; total time 52 minutes also documented	
PRIMARY ICD-10 F53.0 — Postpartum depression	
SECONDARY ICD-10 G47.00 insomnia · D50.9 iron deficiency anemia · N94.1 dyspareunia · N81.84 pelvic muscle wasting · Z30.09 encounter for contraceptive management · E03.9 hypothyroidism · G43.009 migraine without aura · Z39.2 routine postpartum follow-up	

SO
PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY	DATE	TIME
Elena Marchetti-Bourne	MD, FAAFP	Family Medicine	08/13/2026	10:40 AM