Establishing the 4th Trimester

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Overview
- Why the 4th Trimester?
- What challenges are mothers navigating in the weeks following birth?
- What support do we provide?
- What might we do better?

Why the 4th trimester?

Evolution and Expectation
The Evolution of Human Reproduction: A Primatological Perspective

Robert D. Martin
Department of Anthropology, The Field Museum, Chicago, IL 60605-6486


Articial
Secondarily Articial

https://www.isisonline.org.uk/

Human brain growth

Christoph Zollikofer


Milk composition & feeding patterns

http://dx.doi.org/10.1111/j.1748-1090.1963.tb03691.x

http://j.mp/1XcUruC
At some stage, infant carriage in humans must have undergone modification of some kind, due to the combined effect of extensive reduction of body hair and suppression of the grasping ability of the foot. However, the most likely sequel was development of some alternative means of infant carriage (e.g. with a sling) to maintain close mother-infant contact, rather than deposition of the infant and secondary development of suckling on schedule.

Robert Martin

Mothers’ expectations

- Eat
- Activity
- Sleep
- You

Needs in Postpartum Period

“There is a fourth trimester to pregnancy, and we neglect it at our peril.”


If it takes a village, where is everyone?

In 4 of 10 households, women are the primary or sole breadwinner.
What challenges do mothers face?

Breastfeeding and Beyond

Problems in the first 2 months postpartum

<table>
<thead>
<tr>
<th>Issue</th>
<th>Major (%)</th>
<th>Minor (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast infection</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Frequent headaches</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Heavy bleeding</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Feelings of depression</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Backache</td>
<td>12%</td>
<td>34%</td>
</tr>
<tr>
<td>Sore nipples/breast tenderness</td>
<td>12%</td>
<td>35%</td>
</tr>
<tr>
<td>Lack of sexual desire</td>
<td>13%</td>
<td>30%</td>
</tr>
<tr>
<td>Other breastfeeding problems</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Weight control</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Physical exhaustion</td>
<td>16%</td>
<td>30%</td>
</tr>
<tr>
<td>Feeling stressed</td>
<td>17%</td>
<td>37%</td>
</tr>
<tr>
<td>Sleep loss</td>
<td>21%</td>
<td>38%</td>
</tr>
</tbody>
</table>

During visits with your maternity care provider after the birth, were you given enough information about...?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in your sexual response and feelings</td>
<td>0%</td>
</tr>
<tr>
<td>The importance of exercise</td>
<td>20%</td>
</tr>
<tr>
<td>Healthy eating</td>
<td>40%</td>
</tr>
<tr>
<td>How long to wait before becoming pregnant again</td>
<td>60%</td>
</tr>
<tr>
<td>Postpartum depression</td>
<td>80%</td>
</tr>
<tr>
<td>Birth control methods that you can use after giving birth</td>
<td>100%</td>
</tr>
</tbody>
</table>

Needs in Postpartum Period: Moms feel unprepared

In a survey of 724 postpartum women in New York, women reported feeling unprepared for common symptoms.

- Hair loss: 18% Prepared, 18% Prevalence
- Urinary incontinence: 24% Prepared, 32% Prevalence
- Hemorrhoids: 35% Prepared, 49% Prevalence
- Breathing problems: 37% Prepared, 60% Prevalence
- Pain (cesarean delivery/osipotomy site): 78% Prepared, 78% Prevalence
- Breast pain: 56% Prepared, 62% Prevalence
- Vaginal bleeding: 98% Prepared, 97% Prevalence

Needs in Postpartum Period: Moms feel unprepared

In a survey of 724 postpartum women in New York, women reported feeling unprepared for common symptoms.

Elizabeth Howell

Howell EA (2010)

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Howell EA (2010). In a survey of 724 postpartum women in New York, women reported feeling unprepared for common symptoms.


Prepared Prevalence

Screen positive for depression 63% 37%
Bothered by physical appearance 61% 36%
Anxiety about taking care of baby 62% 36%
Large mood swings 69% 36%

Material support: The Diaper Gap

Agency Borrow diapers Other Stretch diapers

37% 36% 12% 27%


TANF & Diapers in Colorado

An average monthly supply of diapers costs approximately $40. The only federal assistance program that can be used to obtain diapers is TANF, but TANF has to cover many other expenses, including rent, utilities, clothing, transportation, and other basic needs. Write if you are interested in purchasing enough diapers to keep a baby clean, dry, and healthy.

Max Benefit for Family of 1 Parent & 2 Children

Diaper Costs Compared to Benefit

In Colorado there is a Medicaid exemption from the work-related activity requirement after the birth of a child for single parent households receiving TANF payments.

http://nationaldiaperbanknetwork.org

What support do we provide?

http://j.mp/1OCcmcR

U.S. Women Completing Postpartum Visit Between 21 and 56 Days After Delivery

http://j.mp/NCQA_PNC2015
Health Equity

- In an analysis of 23,692 women with Medicaid, predictors of not attending a postpartum visit included:
  - Black race
  - Alcohol of drug use
  - Mental health disorder other than depression
  - Living in a neighborhood where a high proportion of individuals >25 do not have a high school diploma
- Ensuring ALL women are engaged in the support they need following birth is an essential step in achieving health equity

Bennett et al. (2014)

"Blind" by Perny Lee - Phra That Phanom chedi, Amphoe That Phanom, Nakhon Phanom Province, northeastern Thailand.
How might we provide better care?

Prepare women and integrate support

Engagement Strategies

- Postpartum care patient education and outreach
- High risk OB case management, with personalized care plans, educational materials for members, and phone calls to reach women after delivery, have proven effective in multiple settings

<table>
<thead>
<tr>
<th>Location</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>60.3%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Delaware</td>
<td>59.8%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Missouri</td>
<td>70.8%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Arizona</td>
<td>66.1%</td>
<td></td>
</tr>
</tbody>
</table>

Begin before birth

- When might you want to have another baby?
- What do you want to use for birth control?

Do you have a telephone number of a care provider to contact about concerns in the first two months after birth?

- Yes, 75%
- No, 24%

Listening to Mothers III: New Mothers Speak Out / http://j.mp/NMSpeakOut
Optimizing Postpartum Care

Committee Opinion No. 666

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Elizabeth Howell

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Integrate Care

Breastfeeding Management Clinic

Children’s Hospital Colorado supports moms coping with breastfeeding difficulties. We provide lactation follow-up for all infants. In some cases, NICU graduates may have specific medical concerns - our staff of experts knows how to help.

Why Children’s Colorado?

In addition to our expertise in caring for breastfeeding moms and their babies, we take a family-centered approach to care. This means we find solutions that work specifically for each family.

Services Available:

Milk supply and support; Feeding assessments/evaluations; Transferring to increased feedings at breast; Weaning infant from schedule and bottles; Pumping or breastfeeding; Back-to-work planning; Optimal nutritional management for growth.

Times and Locations Available in the Metro Area

For questions please call: 730-777-3805  To schedule an appointment: 730-777-2388

Trifecta for Breastfeeding

- Breastfeeding Management Clinic at Children’s Hospital Colorado
- Multidisciplinary team
  - Pediatrician specializing in Breastfeeding Medicine
  - Lactation consultant
  - Clinical psychologist specializing in infant mental health and child development


Domains & Factors of Interest

The Family Support Matrix

Support for Health Care
1. Maternal Health
2. Infant Health
3. Health Care Plans

Support for Caring for Infant
1. Child Care Plans
2. Parent-Child Relationship
3. Management of Infant Crying

Support for Parent(s)
1. Parent Well-Being
2. Substance Abuse
3. Parent Emotional Support

Support for a Safe Home
1. Household Safety / Material Supports
2. Family and Community Safety
3. History with Parenting Difficulties

Each factor is rated as:
1 = No needs
2 = Needs addressed during visit
3 = Community resources needed
4 = Emergency intervention needed
Perinatal Maternal Health Promotion

- Effectively Mobilize Social Support
  » Helping the woman create and communicate concrete plans for the support she will need in the postpartum period
- Self-Efficacy
  » Key in this domain is to promote in the woman a sense of herself as capable of meeting demands of parenting.
- Positive Coping
  » The goal is to help the woman grow her positive coping skill armamentarium and minimize the use of negative coping skills.
- Realistic Expectations
  » The main goal as providers in this arena is to better prepare the mother for the demands of the postpartum period.

Ask mothers what THEY need and value in the 4th Trimester

4th Trimester PCORI Team

Sarah Verbiest
Center for Maternal-Infant Health

Ben Goodman
Durham Connects

Miriam Labbok
Carolina Global Breastfeeding Institute
Key Themes

- The intense focus on women’s health prenatally is unbalanced by infrequent and late postpartum care.
- Medical practice guidelines often do not align with women’s experiences and constraints.
- Validation of women as experts of their infants and elevating their strengths as mothers is necessary to achieve health goals.
- Mothers need comprehensive care, which will be difficult to provide due to numerous system constraints.

We need to reframe the discussion for infant sleep. It’s about the woman’s quality of life too.

I didn’t get any information or suggestions from my provider about weight gain and loss. I got judgment.
My physical recovery had a lot of bladder incontinence – I kept thinking, ‘I am never going to be able to feel the need to pee again.

If I score too high on the EPDS, will they send me to an institution? Are they going to take my baby away?

Not wanting to have sex can be a strain on a marriage and not all men understand it… And the way a physician says ‘can’ doesn’t mean ‘should.’

Shared Decision Making

- Shared decision making brings at least two experts to the table, the patient and the provider, although family members and other members of the care team may be involved. The provider is an expert in the clinical evidence. Patients are experts in their experiences and what matters most to them.
- Shared decision making honors both experts’ knowledge. And through this process of informing and involving the patient, high-quality decisions that align with patient preferences are achievable.

http://www.informedmedicaldecisions.org/shareddecisionmaking.aspx
They recognized we had different choices and encouraged us to talk about our differences.

Establishing the 4th Trimester

- The weeks following birth are a critical period for maternal and child health
  - Current systems of care do not meet the needs of mothers
  - Engaging women in high quality, patient-centered postpartum care can improve outcomes for mothers and infants
- We can take steps to improve care
  - Begin before birth
  - Craft a care plan & identify a care team
  - Provide guidance about what to expect after childbirth
  - Screen every dyad for unmet needs
  - Ask mothers what THEY need and value