Mamas Matter: The 4th Trimester

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- I am a co-investigator for a Janssen Research and Development study, Optimizing Clinical Screening and Management of Maternal Mental Health: Predicting Women at Risk for Perinatal Depression.
- I am an inventor of the Couplet Care Bassinet™ technology and could receive royalties in the future. This relationship have been disclosed to and is under management by UNC-Chapel Hill.
- I have received or currently receive research funding from the National Institutes of Health, the Patient Centered Outcomes Research Institute, the Health Resources & Services Administration, the WK Kellogg Foundation and the UNC Medical Alumni Foundation.
- I have three children, and I have breastfed for a total of 10.5 years.
Presenter Disclosures
Blood transfusions per 10,000 delivery hospitalizations

399.2% increase, 1993 to 2014

Figure 8. Distribution of Preventability Among Pregnancy-Related Deaths

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Cardiovascular and Coronary Conditions</th>
<th>Hemorrhage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Preventable</td>
<td>33.5%</td>
<td>27.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Preventable</td>
<td>63.2%</td>
<td>68.2%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>3.2%</td>
<td>4.6%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Hemorrhage

- *Provider factors* comprised 31.0% of the total contributing factors for hemorrhage deaths.
- The most common class of provider factors was *assessment*, which represented 33.3% of all provider factors.
- The most common themes among provider assessment for both ectopic and non-ectopic hemorrhage were *delays in diagnosis and effective treatment, missed diagnosis, and ineffective treatments.*
I am seen
I am heard
I am loved
#decolonizebirth19

Chanel L. Porchia-Albert
@ChanelPorchia
Objectives

- Discuss the developmental and evolutionary rationale for the “4th Trimester”
- Review the prevalence of unmet maternal health needs
- Describe how structural racism and implicit bias contribute to inequities in 4th Trimester health
- Discuss recommendations to improve support
Why the 4\textsuperscript{th} trimester?
Evolution and Expectation
Secondarily Altricial
...there are advantages to having growth occur in the stimulating environment of the outside world and a dense social network.
There is a fourth trimester to pregnancy, and we neglect it at our peril.

Kitzinger S (1975). The fourth trimester? Midwife Health Visit Community Nurse, Apr;11(4), 118-121
What challenges do mothers face?
More than half of pregnancy-related maternal deaths occur after delivery.

Before delivery: 31%
Day of delivery: 17%
1-6 days pp: 18%
7-41 days: 21%
42-365 days: 13%
Morbidity: Health problems in the first 2 months

- Breast infection: 6% (Major), 9% (Minor)
- Hemorrhoids: 6% (Major), 17% (Minor)
- Painful intercourse: 7% (Major), 20% (Minor)
- Frequent headaches: 8% (Major), 21% (Minor)
- Heavy bleeding: 9% (Major), 18% (Minor)
- Feelings of depression: 10% (Major), 21% (Minor)
- Backache: 12% (Major), 34% (Minor)
- Sore nipples/breast tenderness: 12% (Major), 35% (Minor)
- Lack of sexual desire: 13% (Major), 30% (Minor)
- Other breastfeeding problems: 16% (Major), 17% (Minor)
- Weight control: 16% (Major), 28% (Minor)
- Physical exhaustion: 16% (Major), 35% (Minor)
- Feeling stressed: 17% (Major), 37% (Minor)
- Sleep loss: 21% (Major), 38% (Minor)
What support do we provide?
The baby is the candy, and the mother is the wrapper. Once the candy is out of the wrapper, the wrapper is cast aside.
Women completing a postpartum visit, 21 to 56 days postpartum
During visits with your maternity care provider after the birth, were you given enough information about...?

- Changes in your sexual response and feelings
- The importance of exercise
- Healthy eating
- How long to wait before becoming pregnant again
- Postpartum depression
- Birth control methods that you can use after giving birth

[Bar chart showing the percentage of midwives, family doctors, and obstetricians who provided information on various topics.]
Did you have a telephone number of a care provider to contact about concerns in the first two months after birth?

- Yes, 76%
- No, 24%
Impact of lack of postpartum follow-up

- Early cessation of breastfeeding
- Short interval pregnancy
- Undiagnosed postpartum depression / anxiety
- Preterm birth and infant mortality
**Primary maternal care provider** assumes responsibility for woman’s care through the comprehensive postpartum visit

<table>
<thead>
<tr>
<th>Postpartum Process</th>
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<tbody>
<tr>
<td><strong>Contact with all women</strong></td>
<td><strong>Ongoing follow-up as needed</strong></td>
</tr>
<tr>
<td>within first 3 weeks</td>
<td>3–12 weeks</td>
</tr>
<tr>
<td>BP check 3–10 days</td>
<td>High risk f/u 1–3 weeks</td>
</tr>
<tr>
<td>Comprehensive postpartum visit and transition to well-woman care 4–12 weeks, timing individualized and woman-centered</td>
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<table>
<thead>
<tr>
<th>Wks</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
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<tbody>
<tr>
<td><strong>6-Week Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Traditional period of rest and recuperation from birth</td>
<td>0–6 weeks</td>
<td></td>
<td></td>
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**Figure 1.** Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists’ Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ⇦
Describe how structural racism and implicit bias contribute to disparities in 4th Trimester health
Perinatal mortality in the United States

Maternal Deaths per 100,000 births

- NH Black: 43.5
- Other: 14.4
- NH White: 12.7
- Hispanic: 11

Infant Deaths per 1,000 live births

- NH Black: 11.4
- AI/AN: 9.4
- NH/PI: 7.4
- Hispanic: 5
- NH White: 4.9
- Asian: 3.6

Throughout the US history, the fertility and childbearing of poor women and women of color were not valued equally to those of affluent white women.

-Lisa Harris and Taida Wolfe, Stratified Reproduction, Family Planning Care & the Double Edge of History
Reproductive Justice

1. the right not to have a child;  
2. the right to have a child; and  
3. the right to parent children in safe and healthy environments.
They say we don't need to spend money on social welfare programs or figure out racism and poverty; the solution is to keep these people from having children.

-Dorothy Roberts
Health inequities... are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.

www.bphc.org
Medicare, 1965

- Part A: Hospital insurance, paid for by social security payroll tax
- Part B: Voluntary program for doctor’s visits
- Part C: Federal matching funds for states to provide medical care for low income Aid to Families with Dependent Children (AFDC) beneficiaries
Who can’t access Medicaid expansion 60 days after birth?

• Uninsured nonelderly Blacks are more likely than Whites to fall in the coverage gap because a greater share live in states that have not implemented the Medicaid expansion.

Changes in Health Coverage by Race and Ethnicity since Implementation of the ACA, 2013-2017
Medicaid Eligibility Is Much More Restrictive for Parents than Pregnant Women, Particularly in States that Have Not Expanded Medicaid

Medicaid eligibility thresholds for pregnant women compared to parents, 2019

- Parent eligibility in expansion states - 138% FPL

States: TX, AL, MO, MS, FL, GA, KS, NC, OK, SD, WY, SC, TN, WI

NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child option. For “Parents,” eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL was $21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.

The racial wealth gap: How African-Americans have been shortchanged out of the materials to build wealth. Economic Policy Institute
Suburbanizing Jim Crow: The Impact of School Policy on Residential Segregation in Raleigh

Karen Benjamin

"...locating all of the new black schools in the southeast corner of the city discouraged black suburban development elsewhere."
Parental Leave in the U.S.

Exhibit 7.2.7 Family and Medical Leave in 2012: Technical Report
The lack of policies substantially benefitting early life in the United States constitutes a grave social injustice: those who are already most disadvantaged in our society bear the greatest burden.

Adam Burtle and Stephen Bezruchka

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934583/
...there is no answer to solving this crisis that Black women do not already know. It is in their lived experiences and resilience that drives innovation and belonging - and we as stakeholders should take heed.

Karen A. Scott, Stephanie R. M. Bray, Ifeyinwa Asiodu & Monica R. McLemore
www.blackwomenbirthingjustice.org
Ask mothers what THEY need and value in the 4th Trimester
The 4th Trimester Project is changing the way America treats new mothers.

"Motherhood should not mean risking your happiness, health, or life"

Our mission is to transform the lived experience of the 4th Trimester through a national movement to spark real, sustained change for women and their families at individual, community, and national levels.

ELEVATING POSTPARTUM WELLNESS
The 4th Trimester Project brings together new moms, birth workers, health care providers, researchers, public health, community leaders, social workers and other stakeholders from across the U.S. to build knowledge, create solutions and advocate for change.

SPARKING A MOTHER-DESIGNED MOVEMENT
We partner with community organizations to listen to the experiences of new mothers and engage women in every aspect of our work, resource development and movement. We are sparking a mom-led movement to change the way America treats and cares for new moms.

SUPPORTING NEW MOTHERS & FAMILIES
We aim to transform the lived experience of the 4th Trimester and to create the care women deserve. Our vision is for every woman to receive the support she needs to thrive. Learn about our mission, values, activities and "why".

http://j.mp/4TriProject
@4thTrimesterProject
@4thTriProject
@4thTriProject
4th Trimester PCORI Team

Sarah Verbiest
Center for Maternal Infant Health

Ben Goodman
Durham Connects

Miriam Labbok
Carolina Global Breastfeeding Institute

Monica Simpson
SisterSong

Alison Stuebe
UNC Ob/Gyn

Kristin Tully
Carolina Global Breastfeeding Institute
Stakeholder Engagement
We need to reframe the discussion for infant sleep. It’s about the woman’s quality of life too.
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.’
EPISODE #48
THE PARENTS' GUIDE TO DOING IT

January 21, 2015 by Hillary + 259 Comments
Tags: Dan Savage, Jane Marie, miscarriage, pelvic pain, relationships, Sex + Parenthood Series
How might we provide better care?
Shared decision making brings at least two experts to the table: the patient and the provider.

Providers are experts in the clinical evidence.

The patient and her family are experts in their experiences and values.
What do you want to use for birth control?

Might you want to have another baby? If so, when?
15 minutes of anticipatory guidance...

- Feeling sad and blue/depressive symptoms
- Bleeding
- C-section site pain
- Episiotomy site pain
- Urinary incontinence
- Breast pain
- Back pain
- Headaches
- Hair loss
- Hemorrhoids
- Infant colic

Howell EA et al (2012)
www.ncbi.nlm.nih.gov/pubmed/24066802
...reduced depression symptoms through 6 months postpartum

Elizabeth Howell

FOR ALL
Helping all families, regardless of income or background.

THREE WEEKS
Visits are scheduled around 3 weeks after your baby's birth.

NO COST TO RECIPIENTS
As an eligible recipient, you will not be charged.

REGISTERED NURSE
All visits are made by highly-trained nurses.

http://www.durhamconnects.org/familyconnects/
Higher quality out-of-home child care
Better observer-rated home safety
More community connections
Less maternal anxiety
Improved maternal parenting behaviors
Reduced ER Visits

FIGURE 1—Mean cumulative number of emergency care episodes across the first 6 months of life, by intervention group: Durham County, NC, July 1, 2009–December 31, 2010.
**LEGEND**

*The woman in the year following childbirth.*

**Key components of maternal health in the postpartum period.** These are interrelated.

**Life skills needed to achieve well-being in the postpartum period.** Women should focus on honing these skills in order to ensure they successfully fulfill the key tasks (in purple) of a healthy postpartum.

**Resources a woman may need in order to successfully acquire or employ her skills to accomplish the tasks of the postpartum.** Examples of external resources include accurate health information, access to safe daycare, housing assistance, and education about normal infant behavior.

Adapted from Fahey & Sherassa in *JMWH* by ACNM.
Introducing... NewMomHealth.com

The first national postpartum info source designed by moms for moms
Our Values

• Health information should be honest, accurate, clear, high quality, and based on the most current science.

• Women are resilient, strong and capable of making quality decisions for themselves and their families.

• Communities and health systems should care for the mother, rather than demanding that she access care.
Building my village

What does support and care look like for you?

You deserve support during this important time. People in your life can build on your strengths and help you in many ways. What do you want them to know so they can better understand and care for you? We are here to help you with exploring topics and making plans to meet your goals.
Establishing the 4th Trimester

• The weeks following birth are a critical period
  • Current systems of care do not meet women’s needs
  • Structural racism compounds these challenges

• We can improve care
  • Share guidance about what to expect
  • Ask women what THEY need and value
  • Elevate strengths and share decisions
  • Ensure that every woman is seen, heard and loved
What would it look like for mothers to not only survive pregnancy, but to thrive?

Joia Crear-Perry, MD
@doccrearperry