



# Mamas Matter: The 4<sup>th</sup> Trimester

Alison Stuebe, MD, MSc, FACOG, FABM / @astuebe



SCHOOL OF MEDICINE

Obstetrics and Gynecology

# Presenter Disclosures

- **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

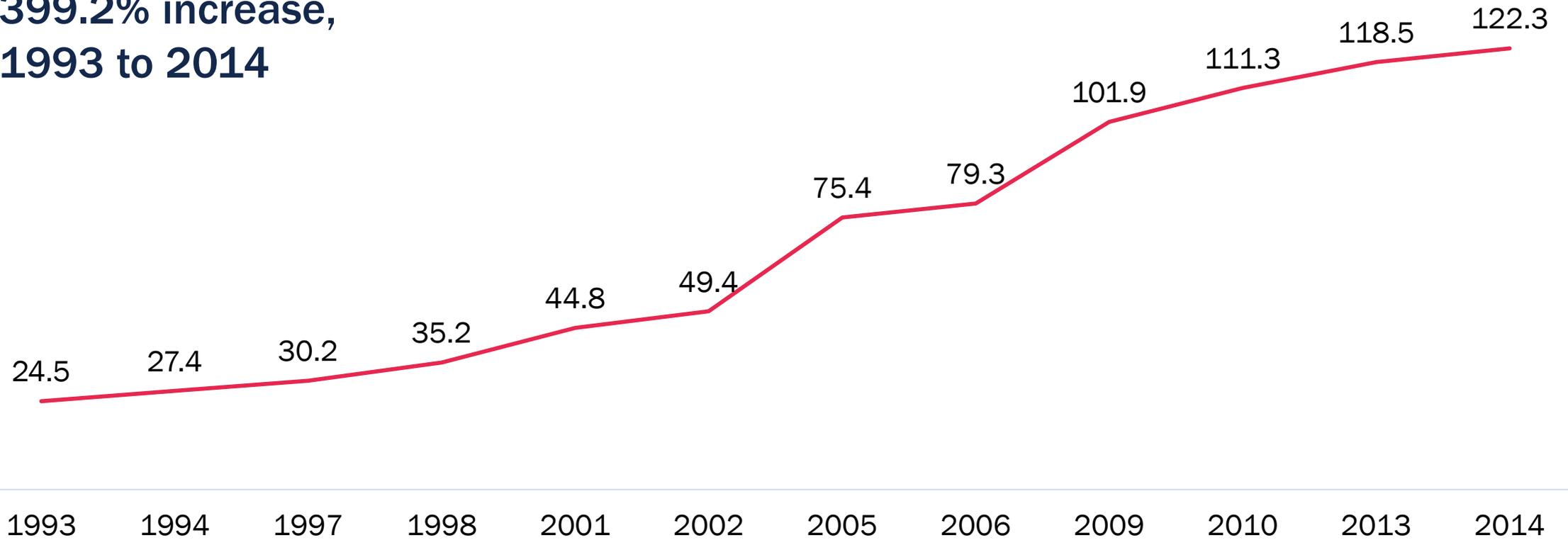


# Presenter Disclosures



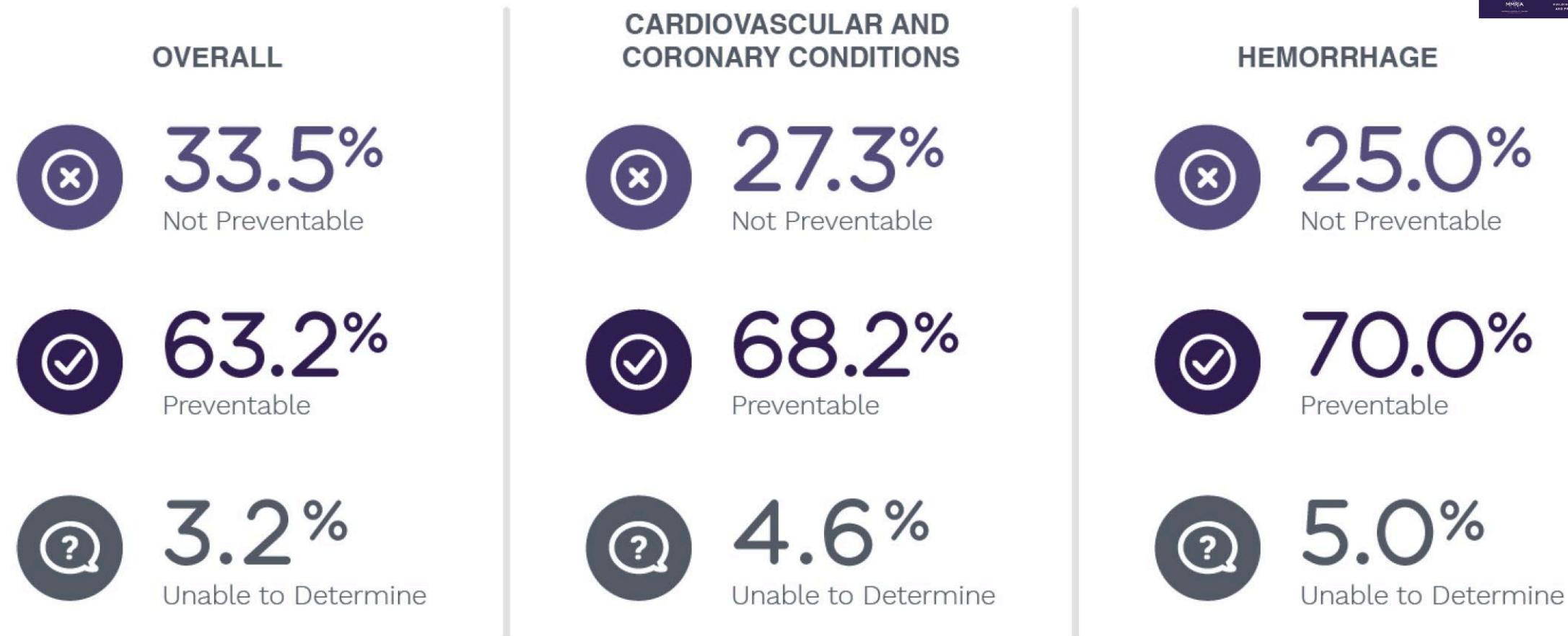
# Blood transfusions per 10,000 delivery hospitalizations

**399.2% increase,  
1993 to 2014**



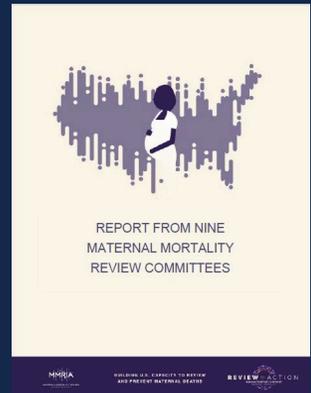


**Figure 8.** Distribution of Preventability Among Pregnancy-Related Deaths



# 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](#)

Mother of 6. Speaker. Birth Justice  
Activist. CEO [@ancientsong7](#). Race &  
Reproductive Justice Consultant.  
Progressive

# Objectives

---

- Discuss the developmental and evolutionary rationale for the “4<sup>th</sup> Trimester”
- Review the prevalence of unmet maternal health needs
- Describe how structural racism and implicit bias contribute to inequities in 4<sup>th</sup> Trimester health
- Discuss recommendations to improve support





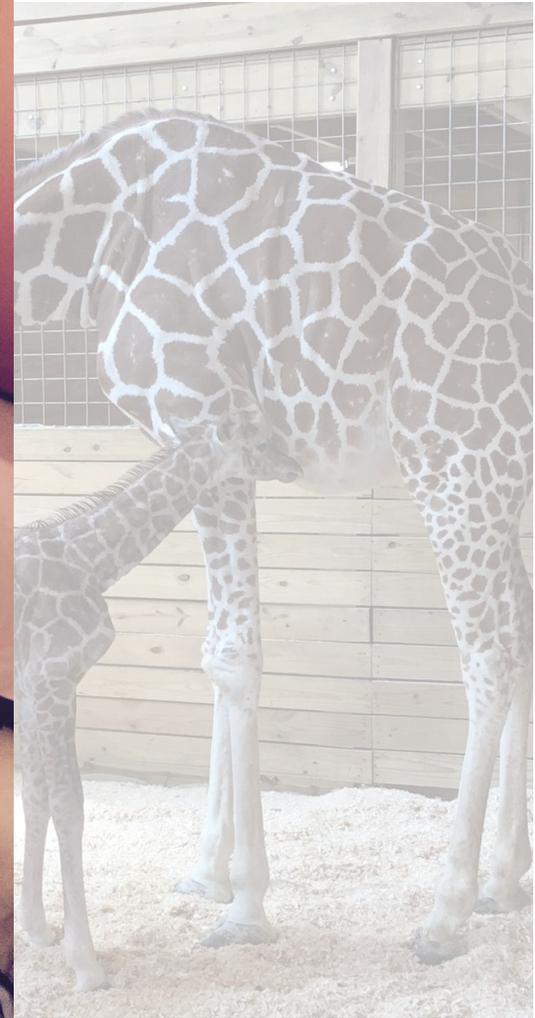
# Why the 4<sup>th</sup> trimester? Evolution and Expectation



Altricial

Secondarily Altricial

ocial



# Costly and Cute

HELPLESS INFANTS AND  
HUMAN EVOLUTION

*Edited by* Wenda R. Trevathan and Karen R. Rosenberg



SCHOOL FOR ADVANCED RESEARCH ADVANCED SEMINAR SERIES

“

...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.





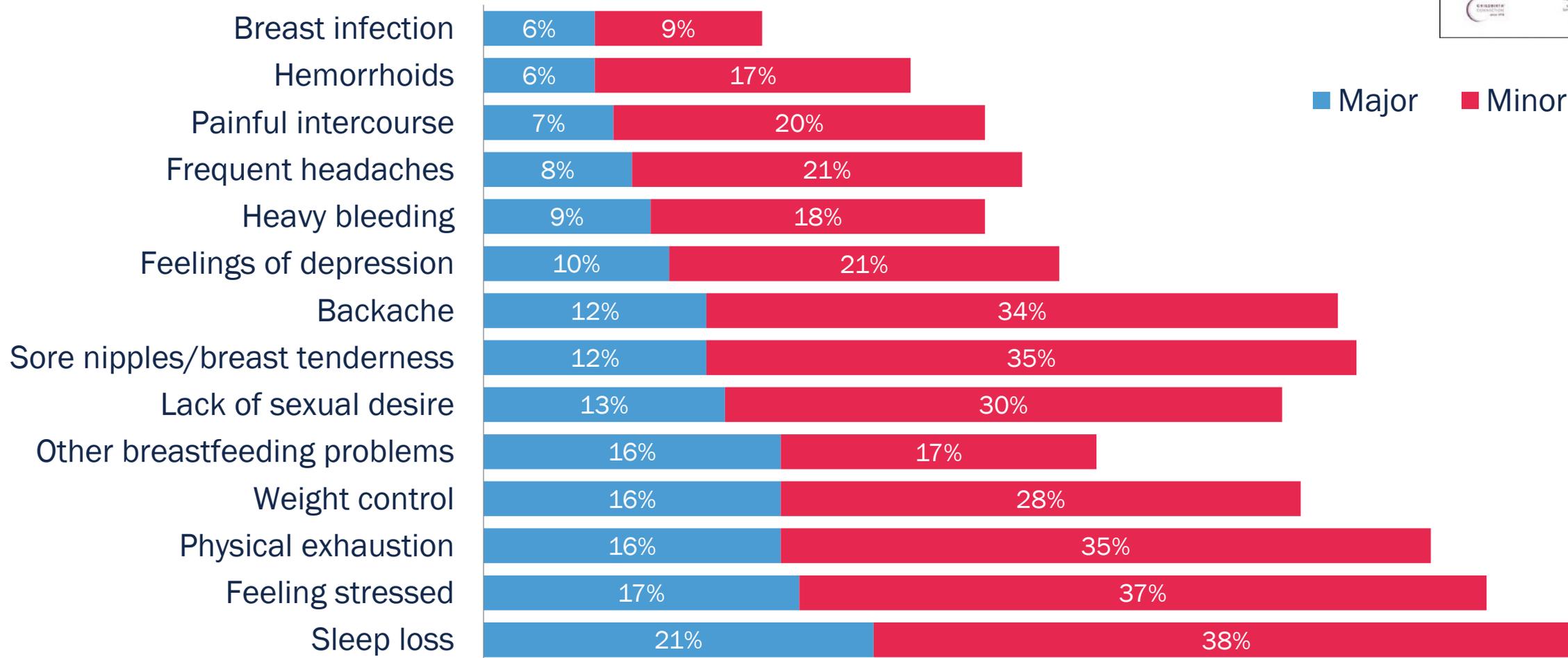
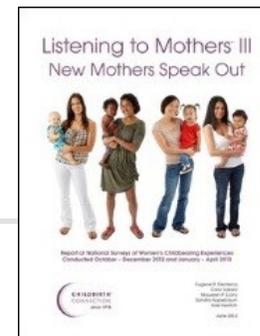
**What challenges do mothers face?**

# Mortality

More than half of pregnancy-related maternal deaths occur after delivery



# Morbidity: Health problems in the first 2 months





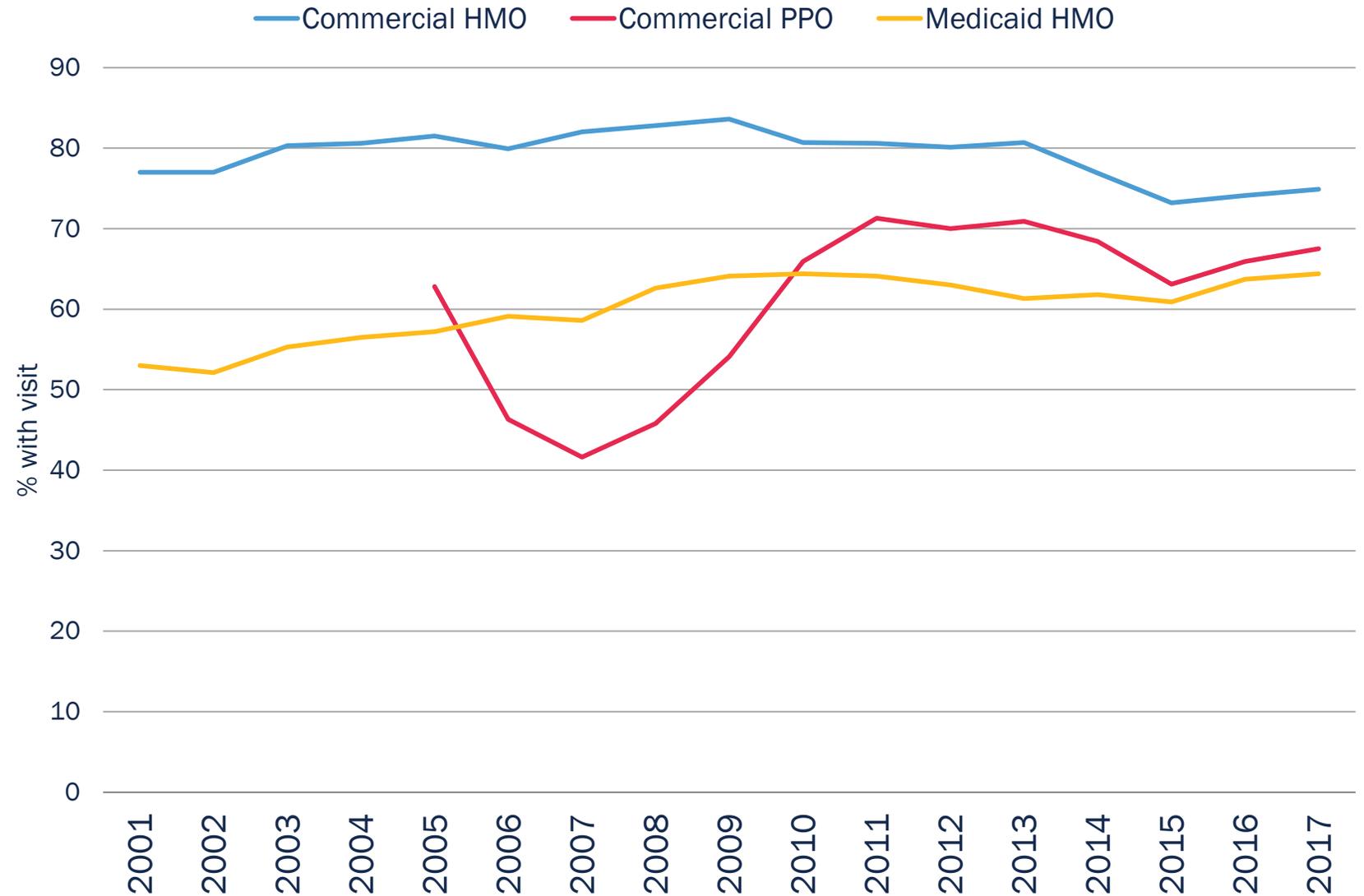
**What support do we provide?**



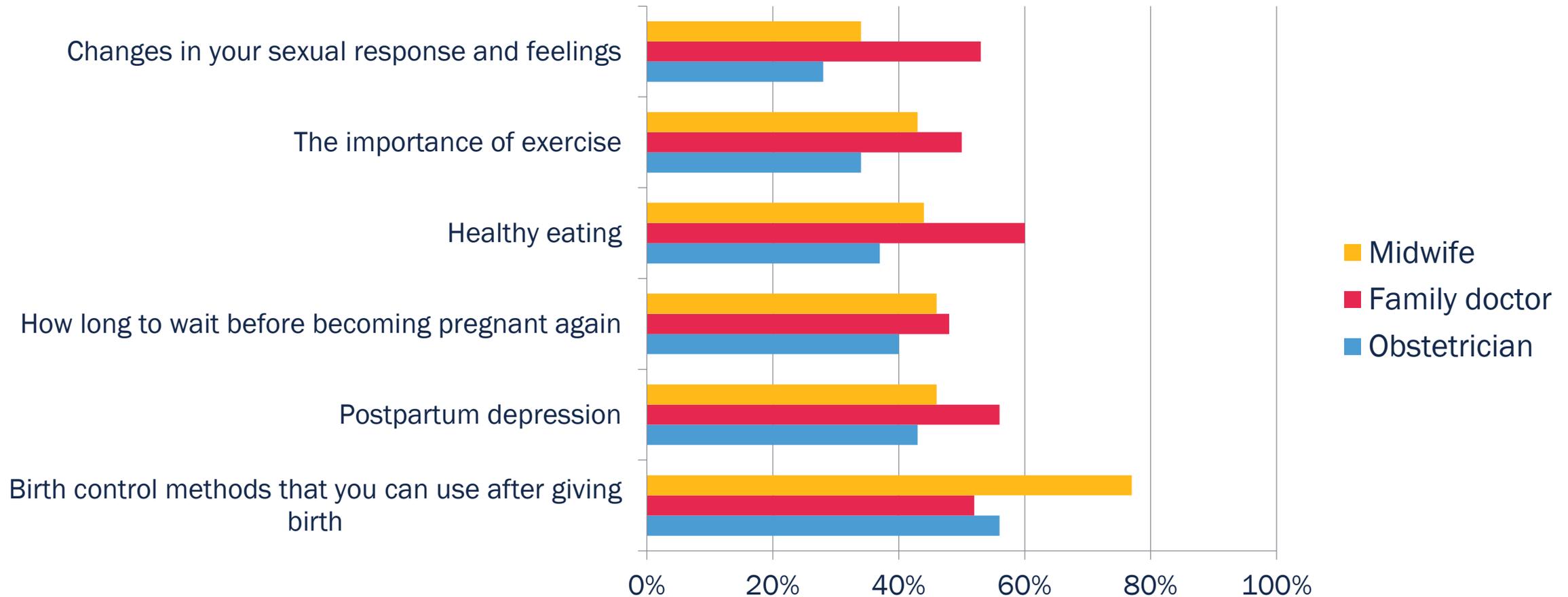
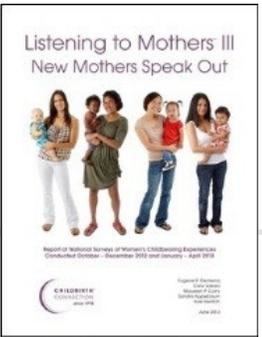
“

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**

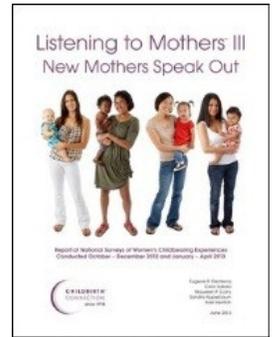
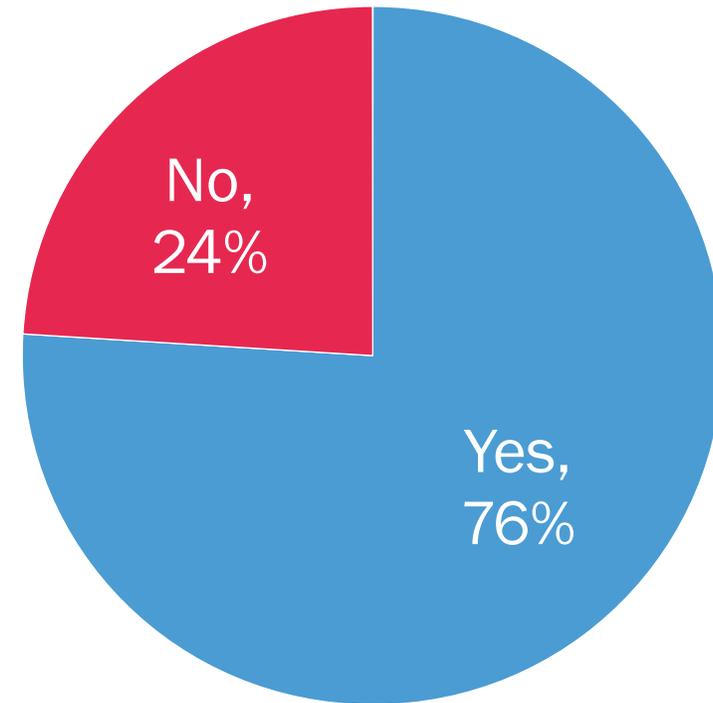


# During visits with your maternity care provider after the birth, were you given enough information about...?



# Who Ya Gonna Call?

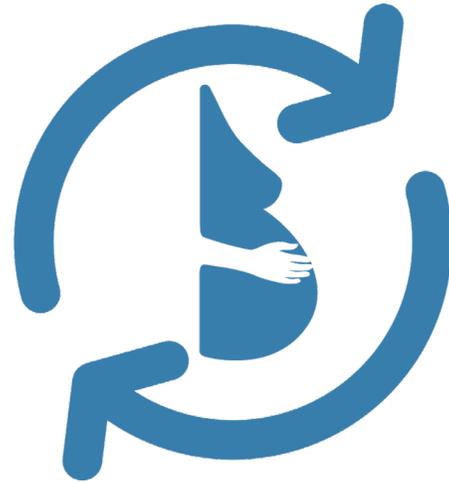
Did you have a telephone number of a care provider to contact about concerns in the first two months after birth?



# Impact of lack of postpartum follow-up



Early cessation of  
breastfeeding



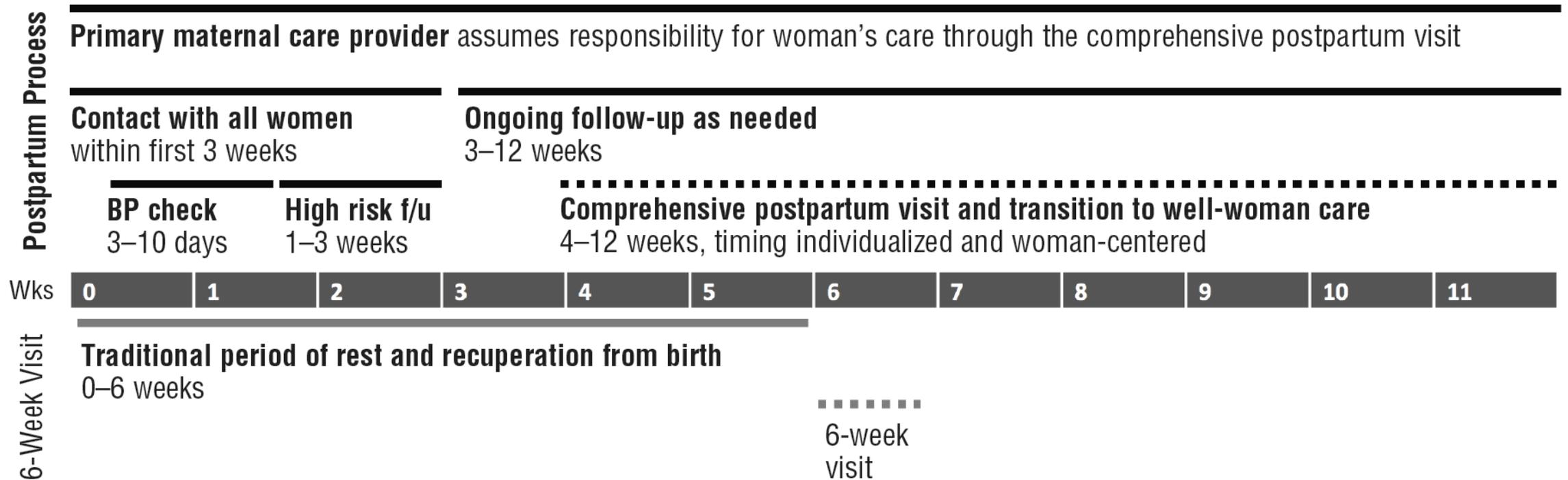
Short interval pregnancy



Undiagnosed postpartum  
depression / anxiety



Preterm birth and infant  
mortality

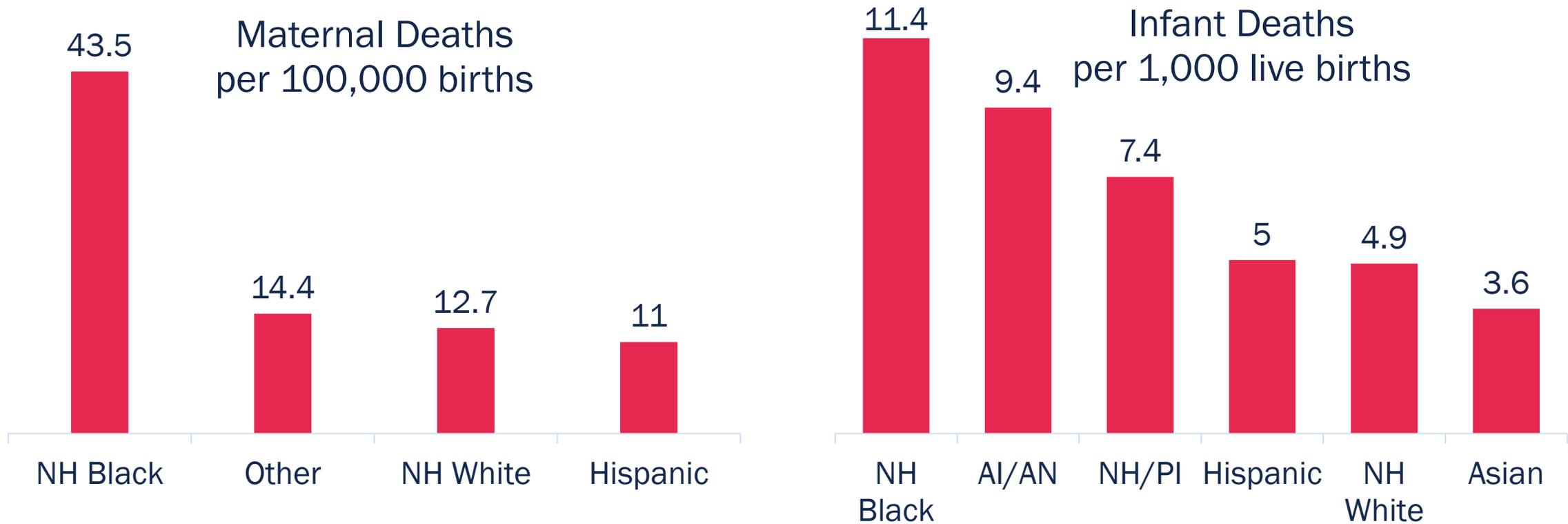


**Figure 1.** Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ↩



**Describe how structural racism and implicit bias contribute to disparities in 4<sup>th</sup> Trimester health**

# Perinatal mortality in the United States



“

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



Loretta J. Ross  
Rickie Solinger

"Reproductive justice—women having power over our own bodies—  
is the crucial first step toward any democracy, any human rights, and any justice."

Gloria Steinem

# REPRODUCTIVE JUSTICE

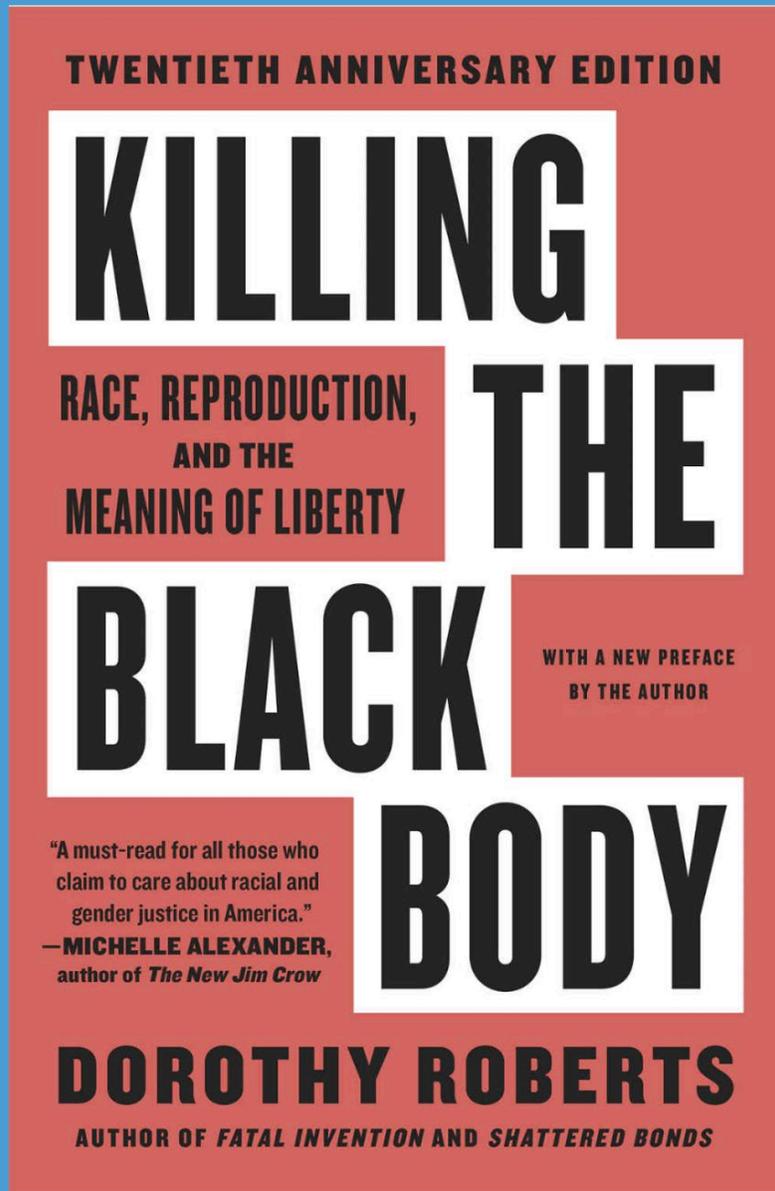
An Introduction



## 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](http://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

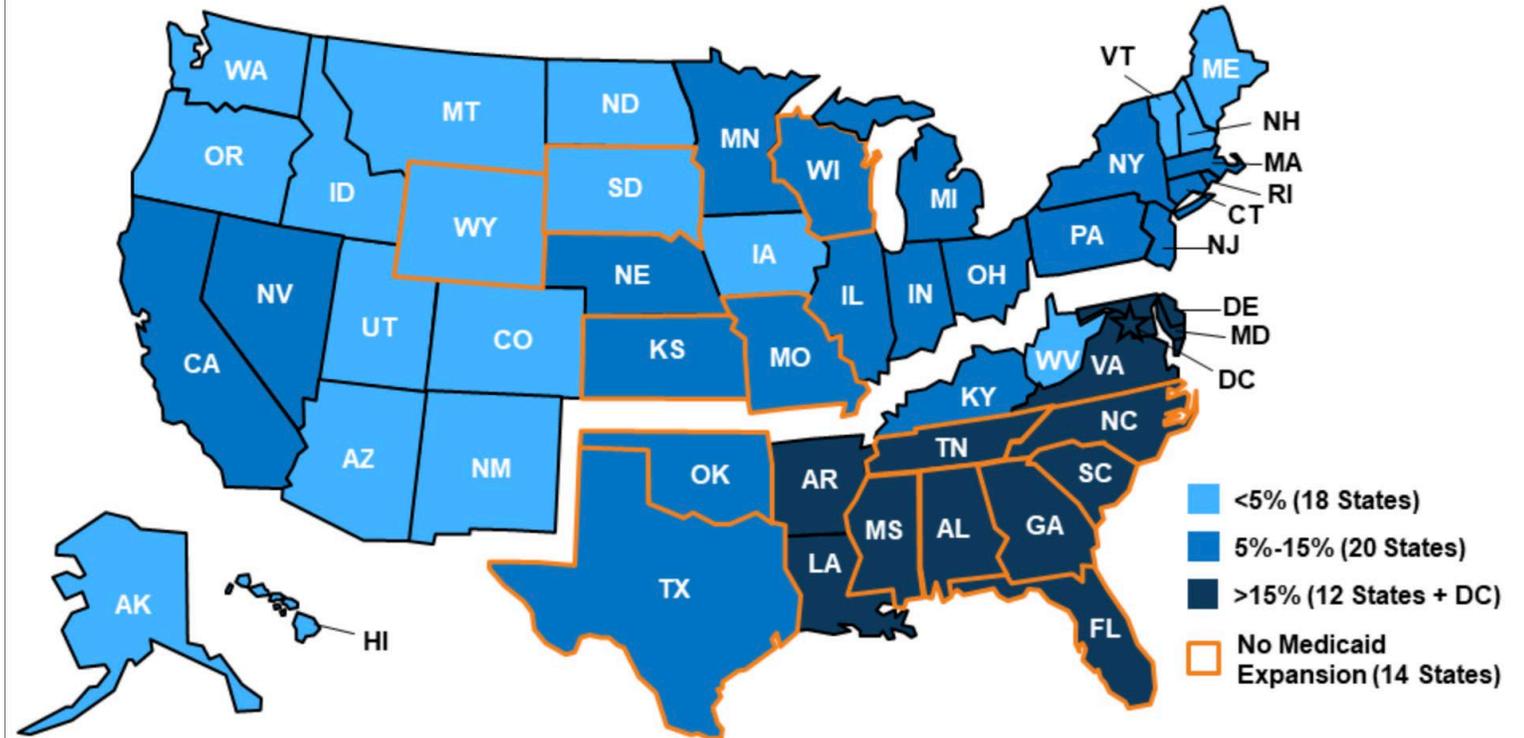


# Who can't access Medicaid expansion 60 days after birth?

- 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

Figure 8

## Share of Total Population that is Black by State and Current Medicaid Expansion Status



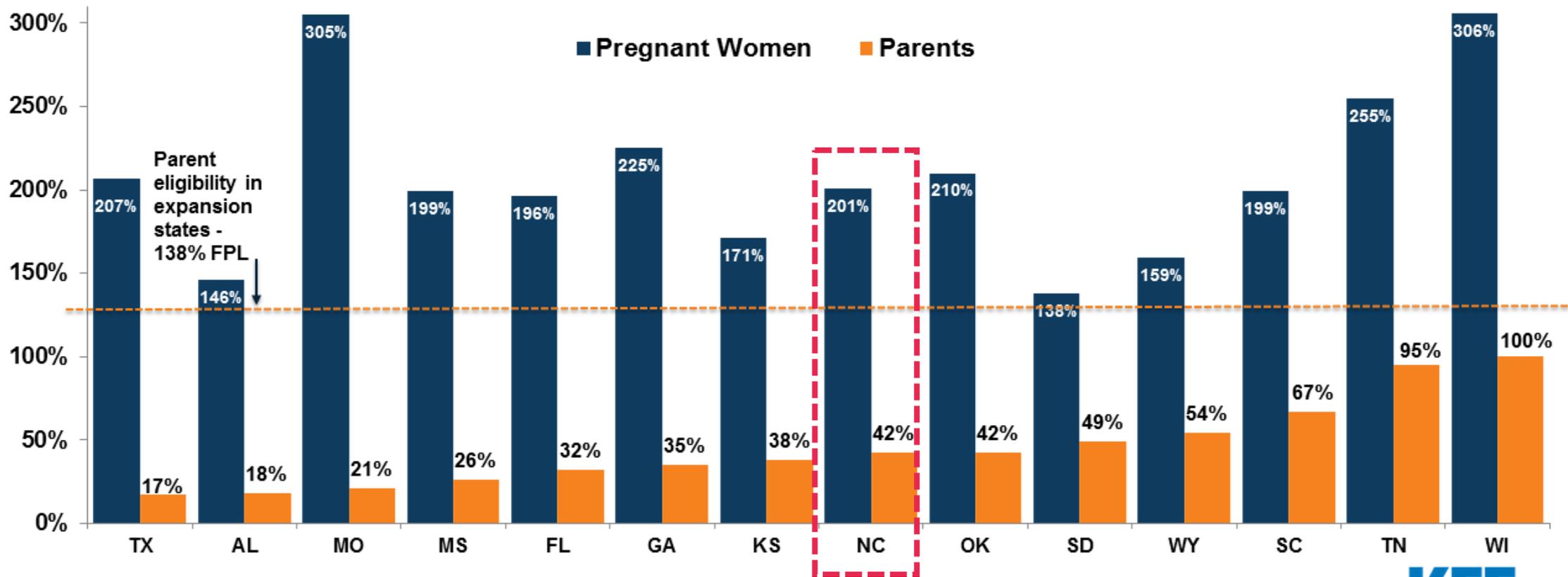
Note: Includes nonelderly individuals 0-64 years of age and non-Hispanic Blacks.

Source: Kaiser Family Foundation analysis of 2017 American Community Survey, 1-Year Estimates and Kaiser Family Foundation, Status of State Action on the Medicaid Expansion Decision, as of January 23, 2019, <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>.

Figure 1

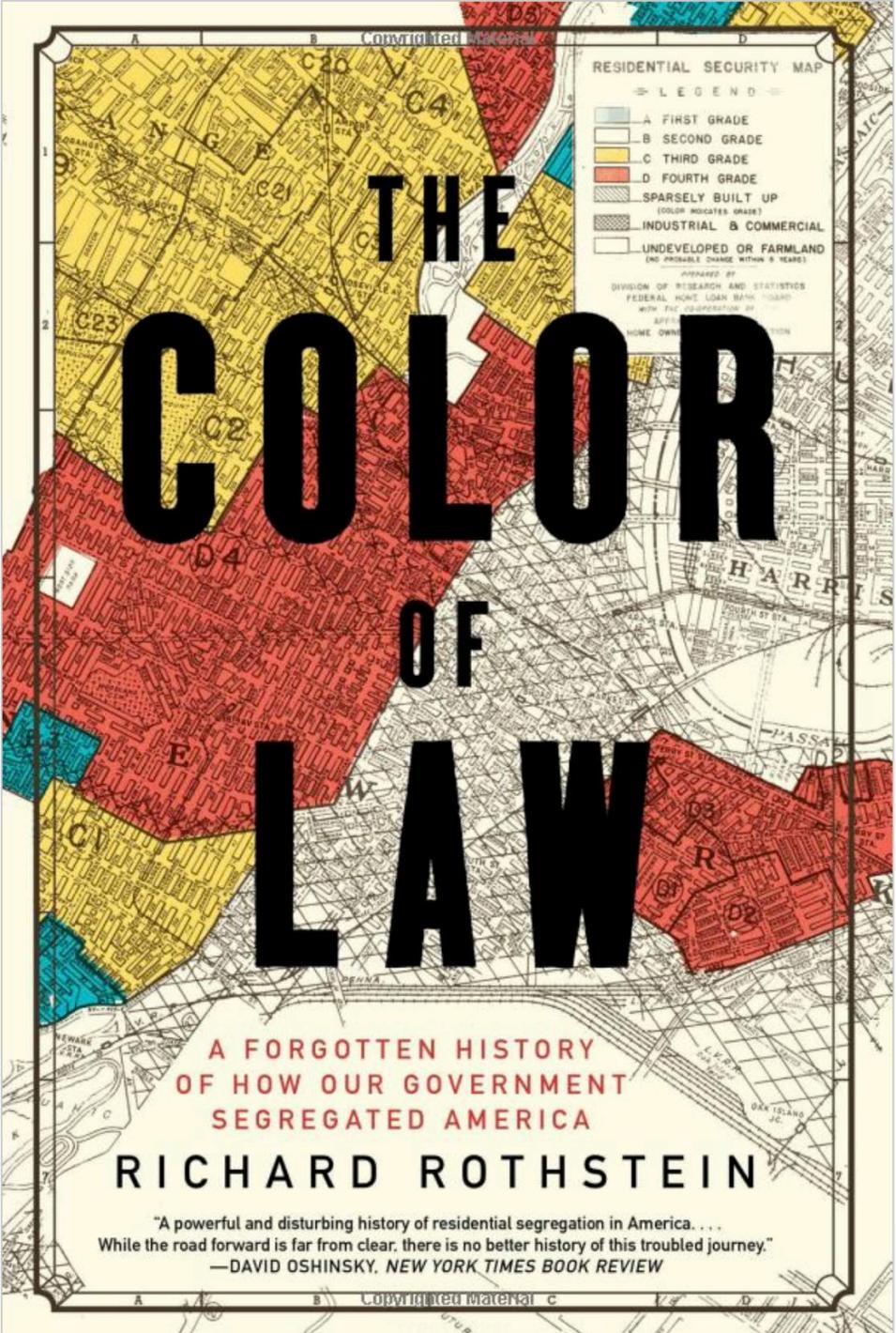
# Medicaid Eligibility Is Much More Restrictive for Parents than Pregnant Women, Particularly in States that Have Not Expanded Medicaid

Medicaid eligibility thresholds for pregnant women compared to parents, 2019



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.





## Median and average wealth, by race

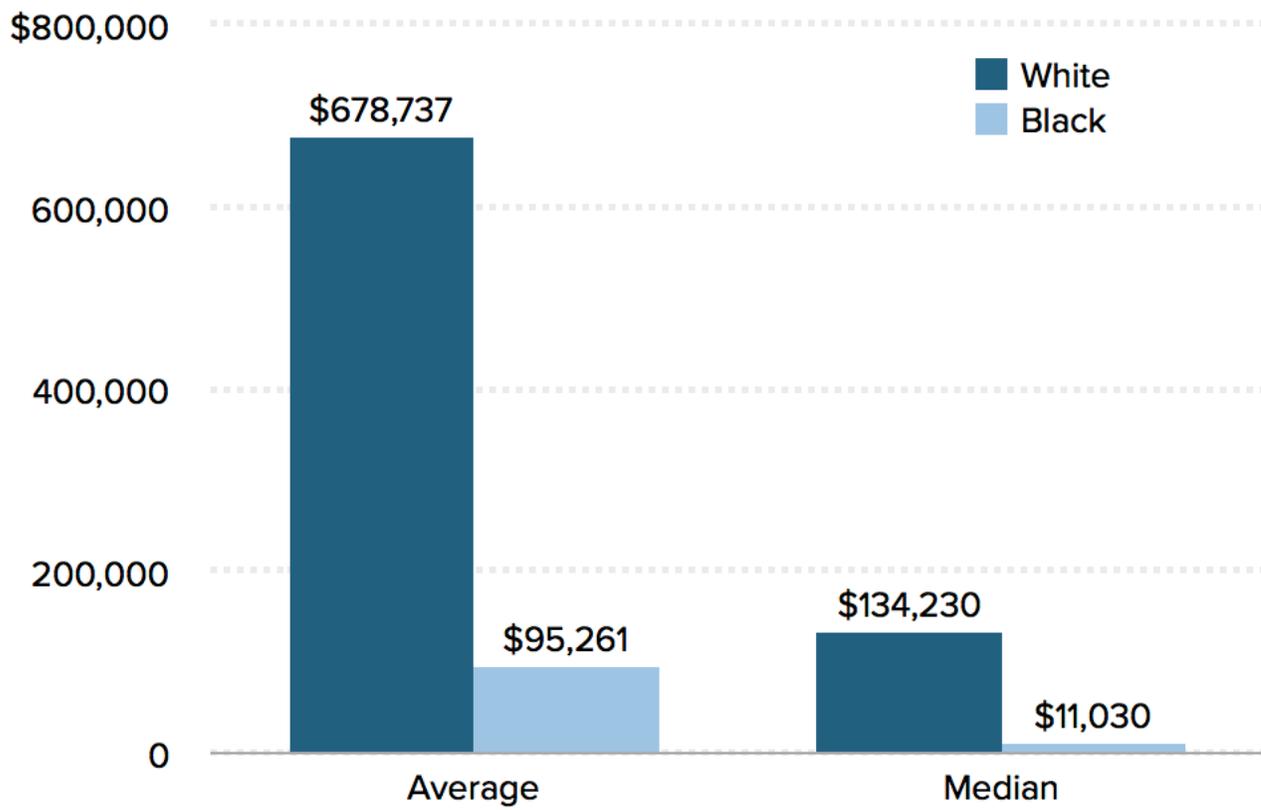


Chart Data

Source: Survey of Consumer Finance Combined Extract Data, 2013.

Economic Policy Institute

The racial wealth gap: How African-Americans have been shortchanged out of the materials to build wealth. Economic Policy Institute



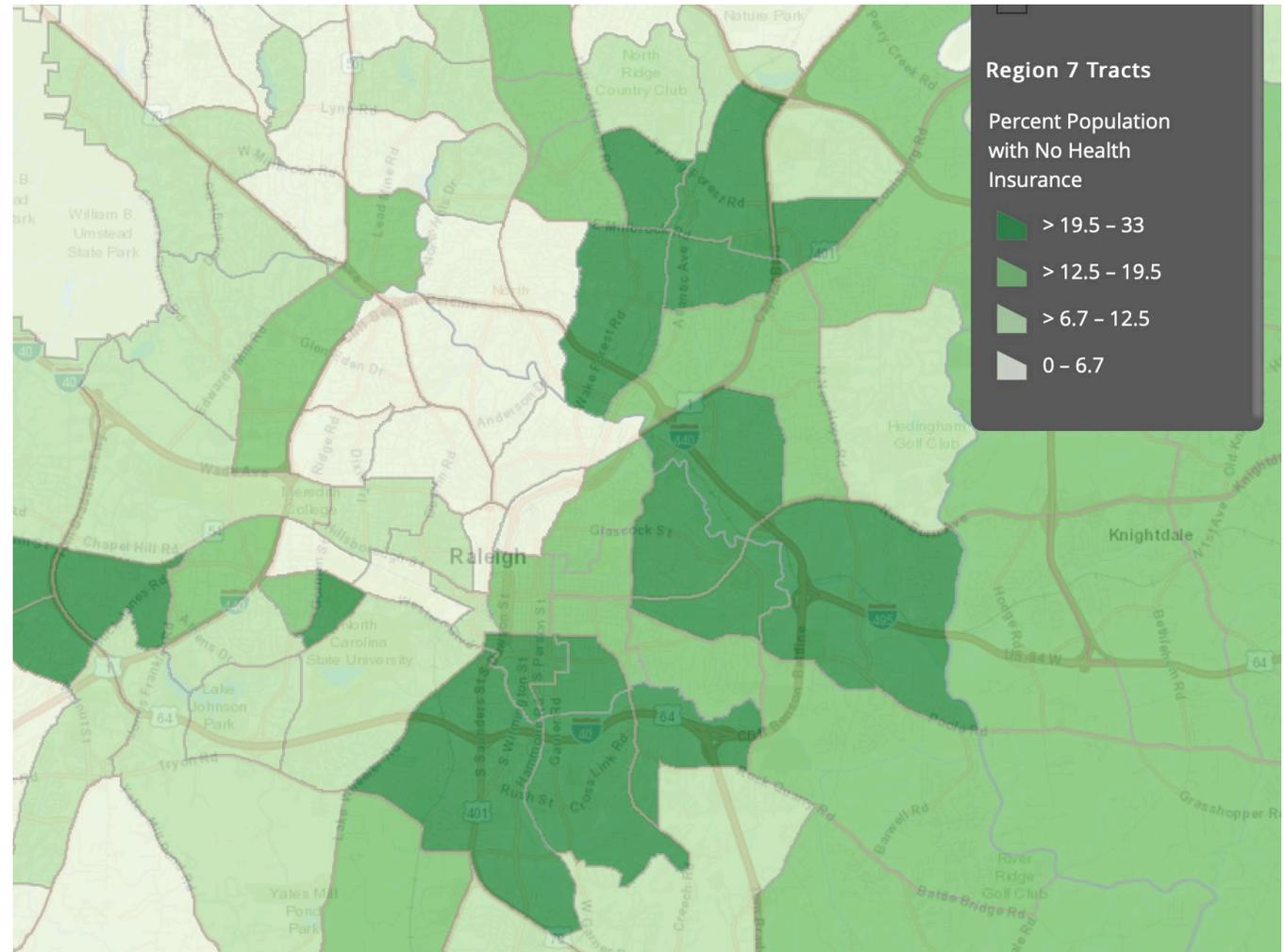
# Suburbanizing Jim Crow: The Impact of School Policy on Residential Segregation in Raleigh

Karen Benjamin<sup>1</sup>

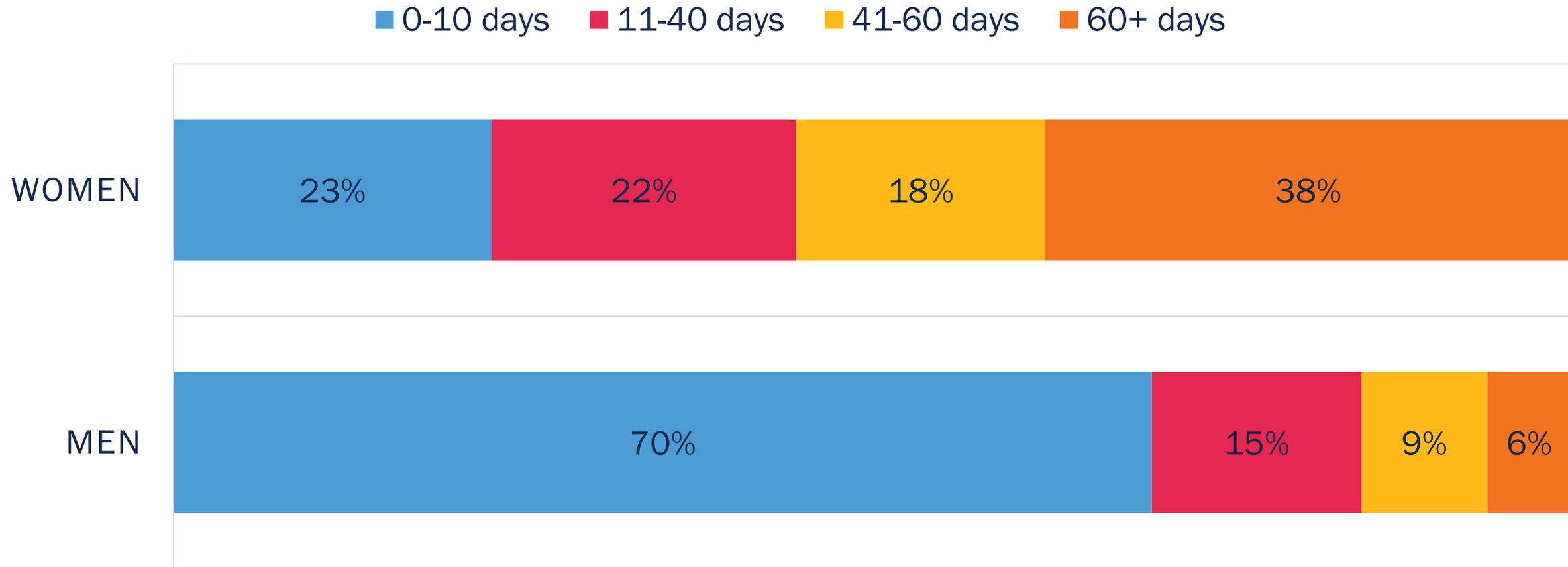


...locating all of the new black schools in the southeast corner of the city discouraged black suburban development elsewhere.

Journal of Urban History  
38(2) 225–246  
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DOI: 10.1177/0096144211427114  
<http://juh.sagepub.com>



# Parental Leave in the U.S.





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

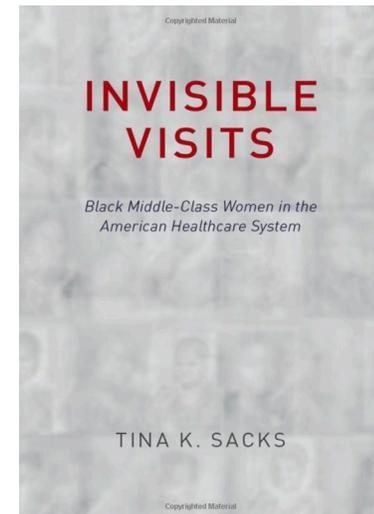
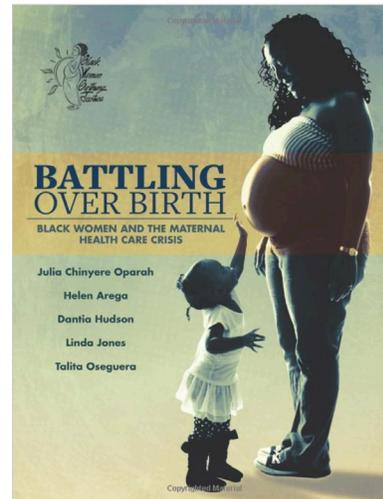
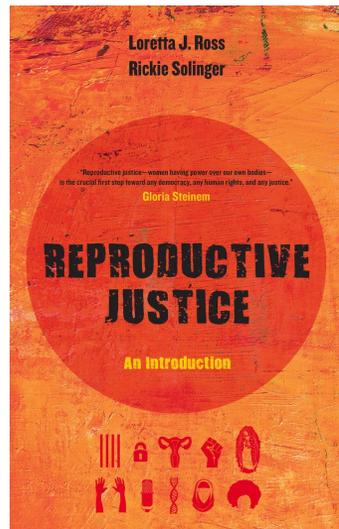
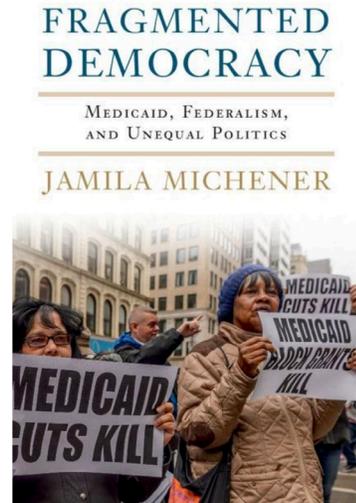
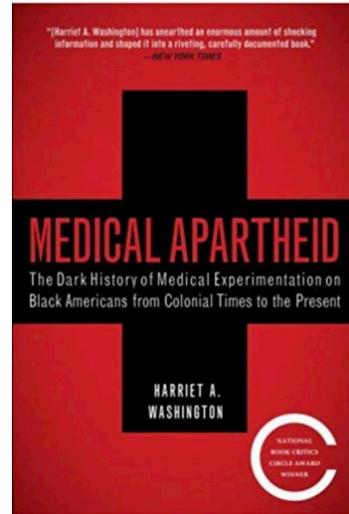
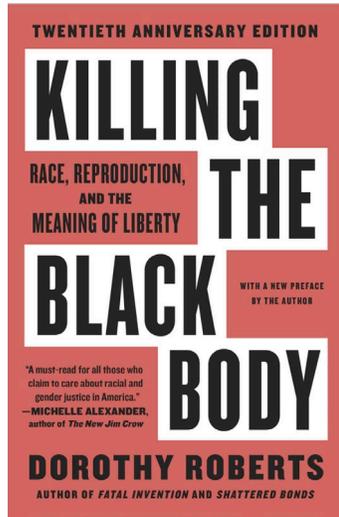




“

...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](http://www.blackwomenbirthingjustice.org)





**Ask mothers what **THEY** need and value  
in the 4<sup>th</sup> 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.

THE EXPERTS



## 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.

THE MOVEMENT



## 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".

THE MISSION

<http://j.mp/4TriProject>



@4thTrimesterProject



@4thTriProject



@4thTriProject

# 4<sup>th</sup> 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



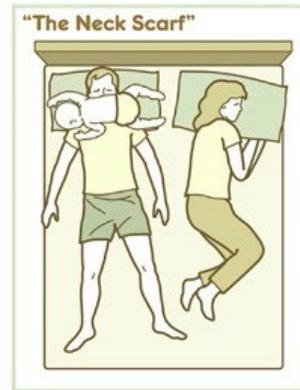
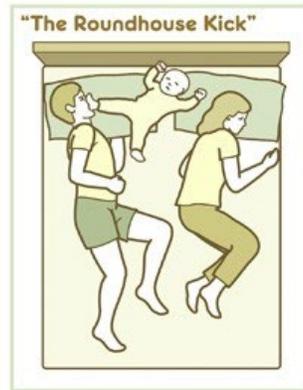
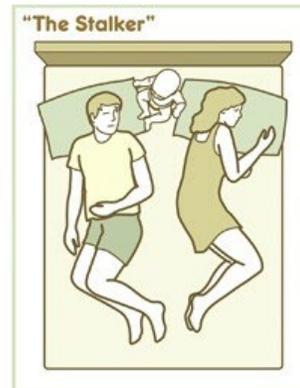
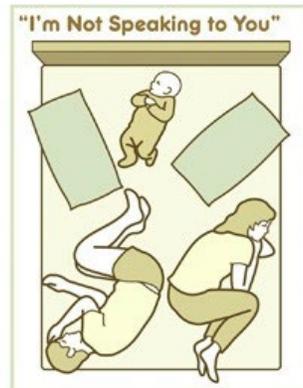
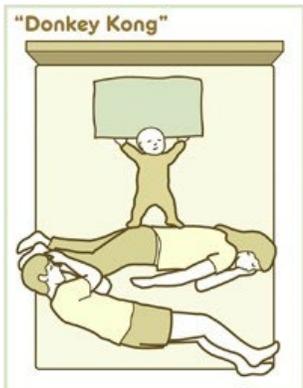
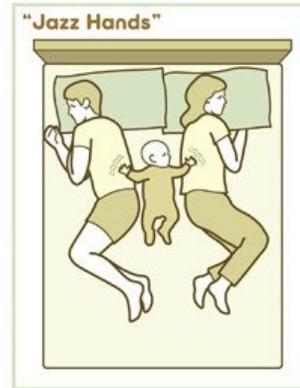
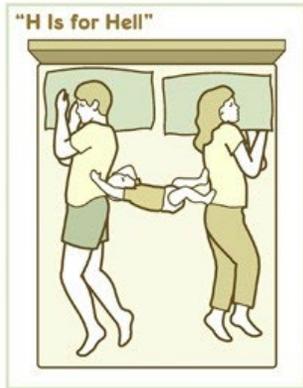
# Stakeholder Engagement



# Baby Sleep Positions

1-10

 [howtobeadad.com](http://howtobeadad.com)



“

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.’

The Longest



Shortest Time

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# EPISODE #48 THE PARENTS' GUIDE TO DOING IT



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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**

### Paternalistic



Information  
& recommendations



### Informative



Information



### Shared



Values & preferences

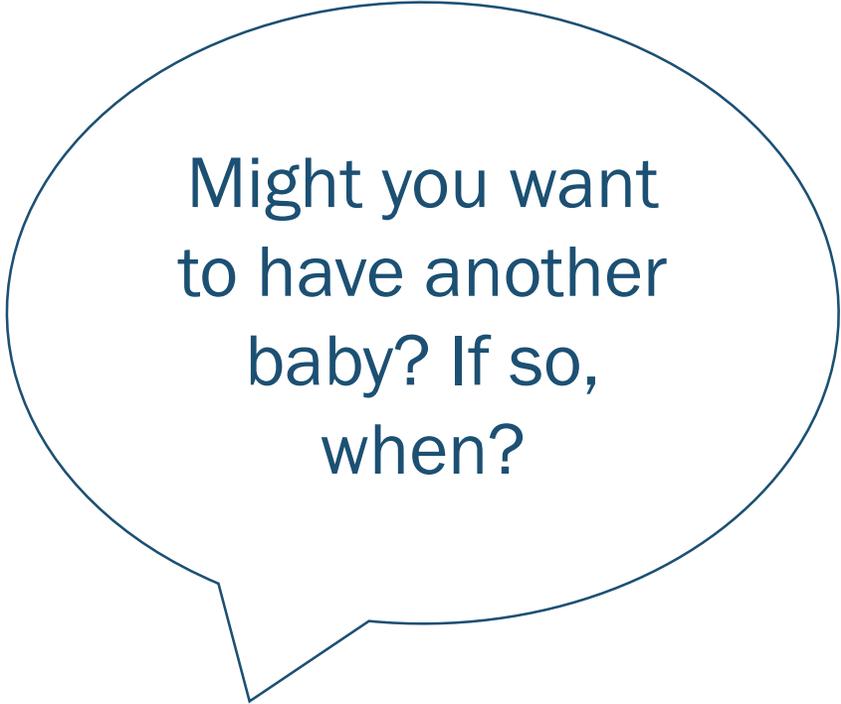


Information  
& recommendations





What do you  
want to use for  
birth control?



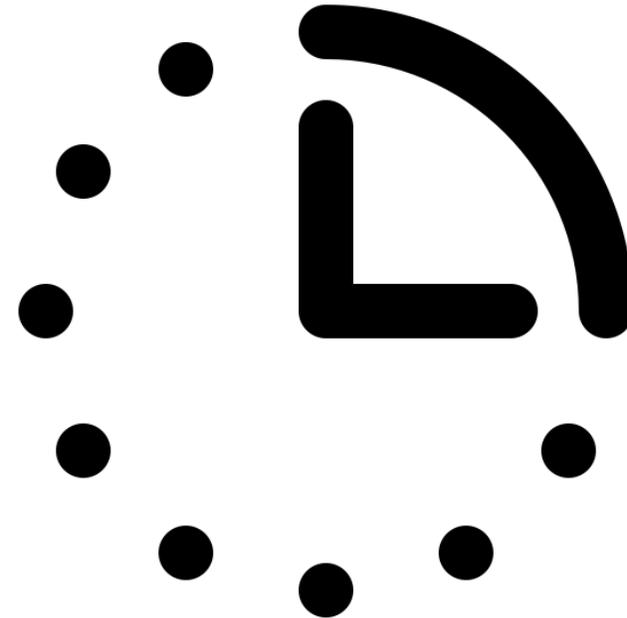
Might you want  
to have another  
baby? If so,  
when?

# 15 minutes of anticipatory guidance...



Elizabeth  
Howell

- 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



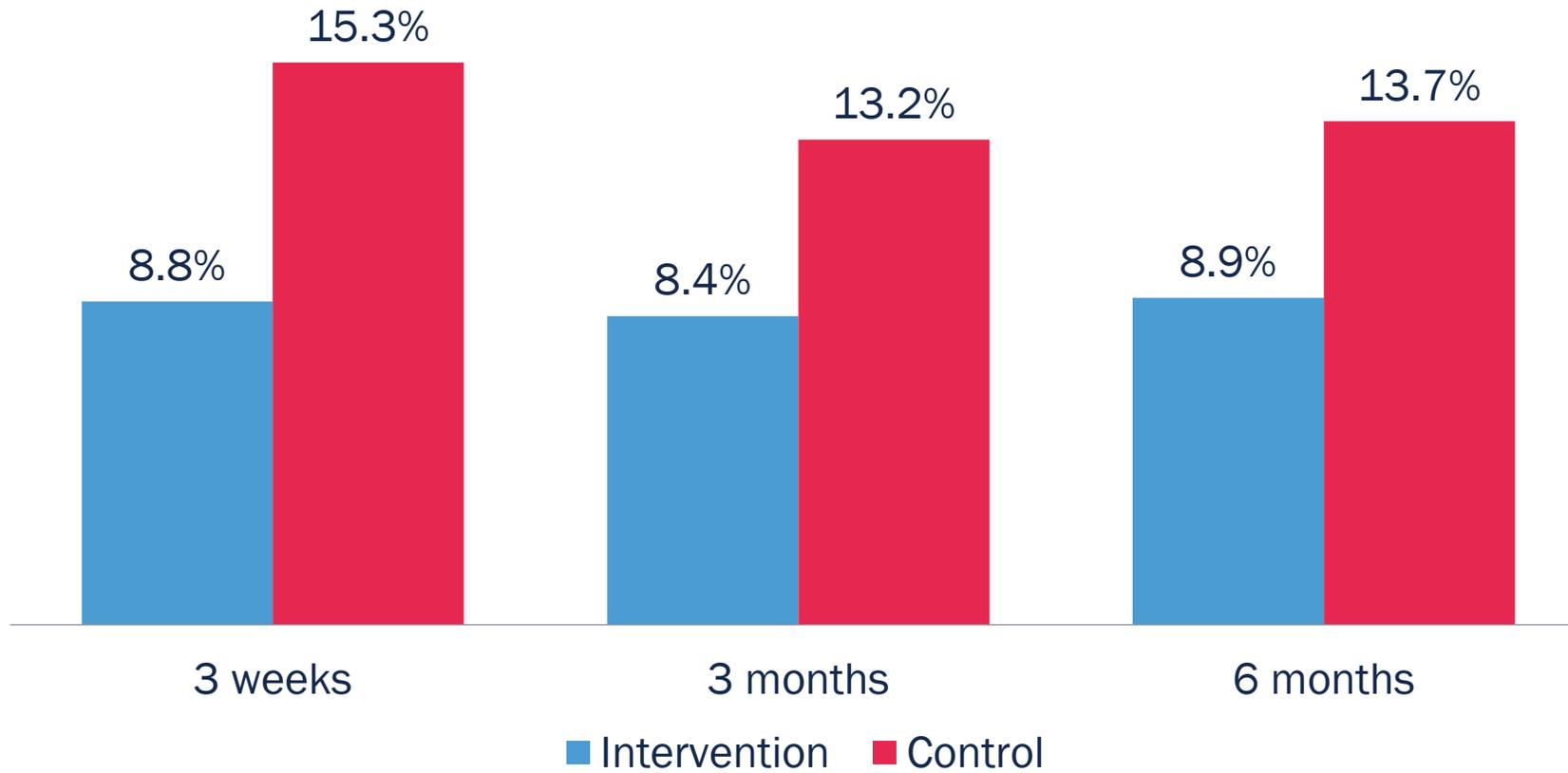
Howell EA et al (2012)  
[www.ncbi.nlm.nih.gov/pubmed/24066802](http://www.ncbi.nlm.nih.gov/pubmed/24066802)



# ...reduced depression symptoms through 6 months postpartum



Elizabeth Howell



Howell EA et al (2012)  
[www.ncbi.nlm.nih.gov/pubmed/24066802](http://www.ncbi.nlm.nih.gov/pubmed/24066802)






**DURHAM**  
**CONNECTS**  
NURSE HOME VISITS



**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





Higher quality out-of-home child care



Better observer-rated home safety



More community connections



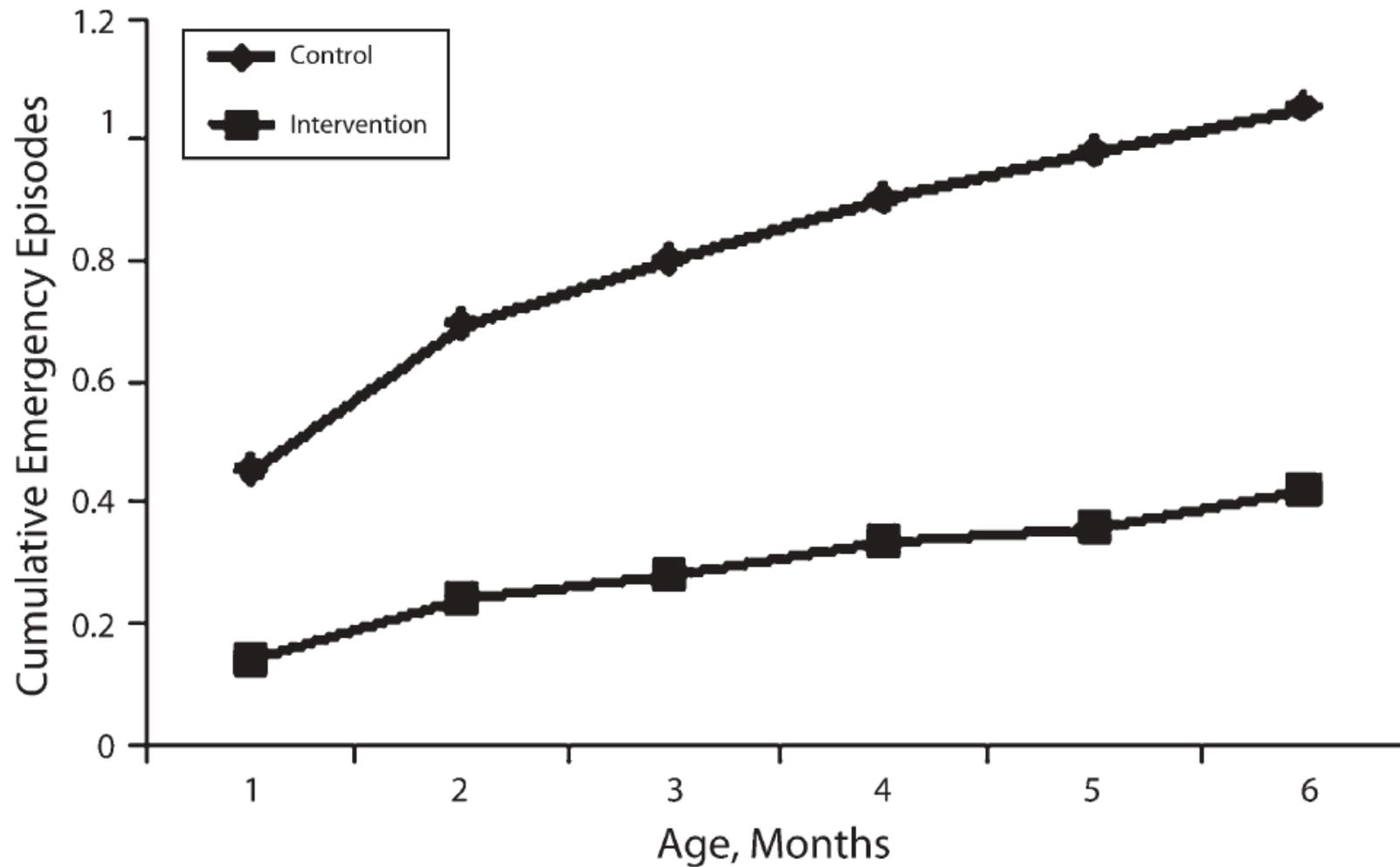
Less maternal anxiety



Improved maternal parenting behaviors



Reduced ER Visits



Kenneth  
Dodge



**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.**





Jenifer Fahey

### 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 & Shenassa in *JMWH* by ACNM.





*Introducing...*

**NewMomHealth.com**

**The first national postpartum info  
source designed by moms for moms**



Zoom out

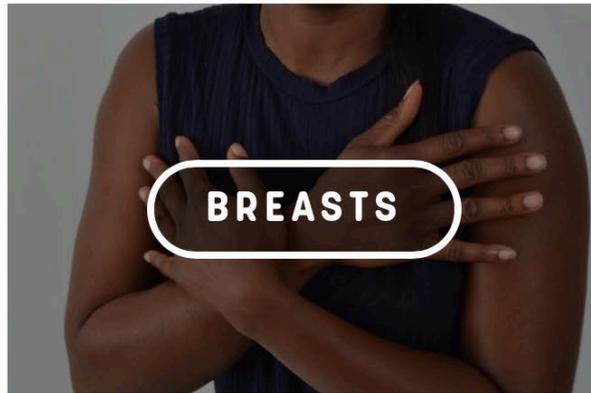
## Our Values

- 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.

## Expert-written resources and information for families

I'M LOOKING FOR  
INFORMATION ON...

 Search



# 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 4<sup>th</sup> 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  
@docccrearperry