



CAROLINA
GLOBAL
BREASTFEEDING
INSTITUTE

Establishing the 4th Trimester

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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





Today's agenda

- What challenges do mothers face?
- What support do we provide?
- How do health inequities manifest in the 4th Trimester?
- How might we provide better care?



What challenges do mothers face?

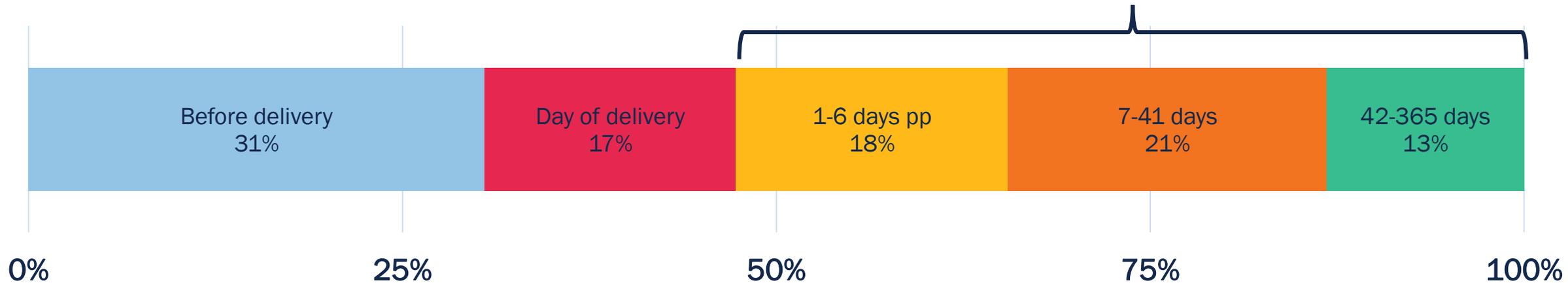
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There is a fourth trimester to pregnancy, and we neglect it at our peril.



Mortality

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



Future Health

GDM

- 70% will develop T2DM
- Postpartum and annual follow-up glucose screening

gHTN with severe features

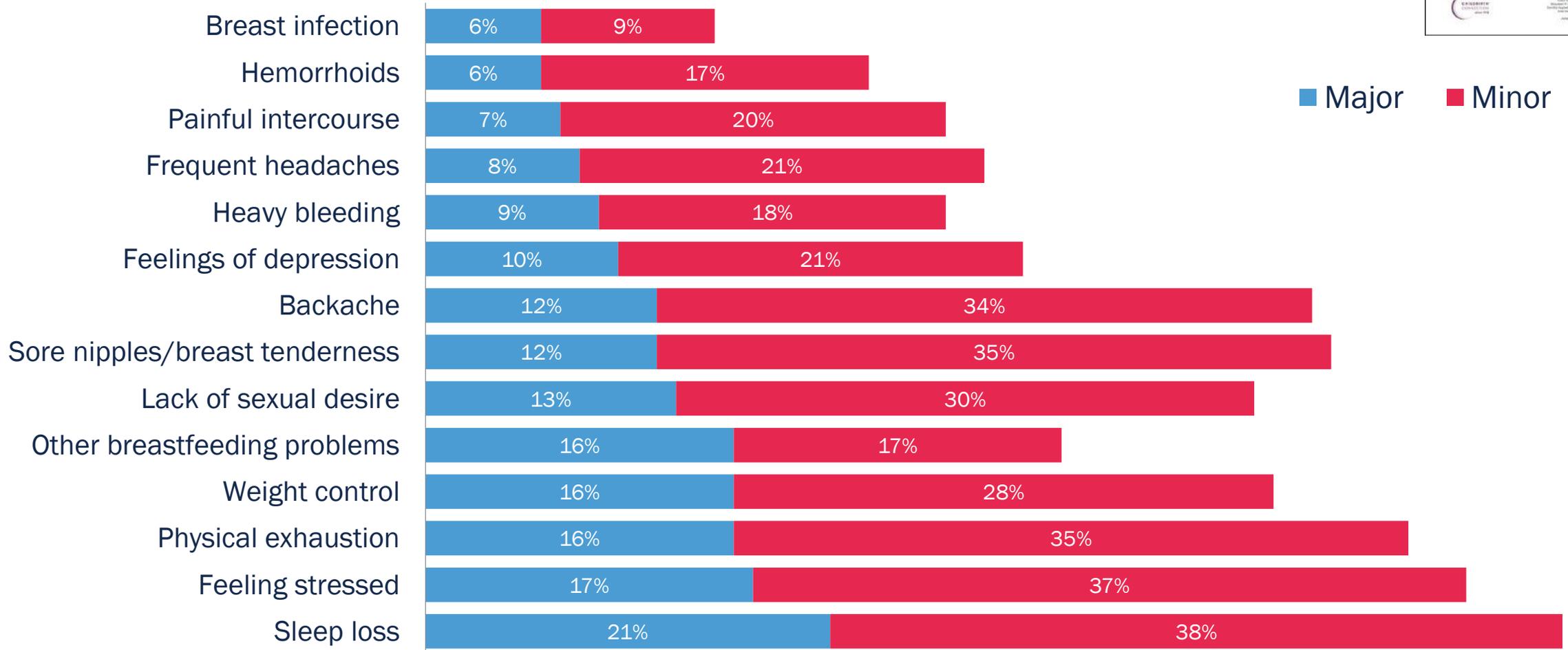
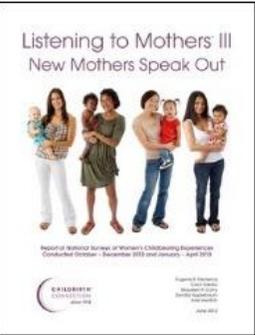
- CVD risk comparable w/ obesity or smoking
- Annual blood pressure, fasting glucose, lipids & BMI

Excessive weight gain

- Diet and physical activity counseling
- Follow-up care to attain healthy weight



Morbidity





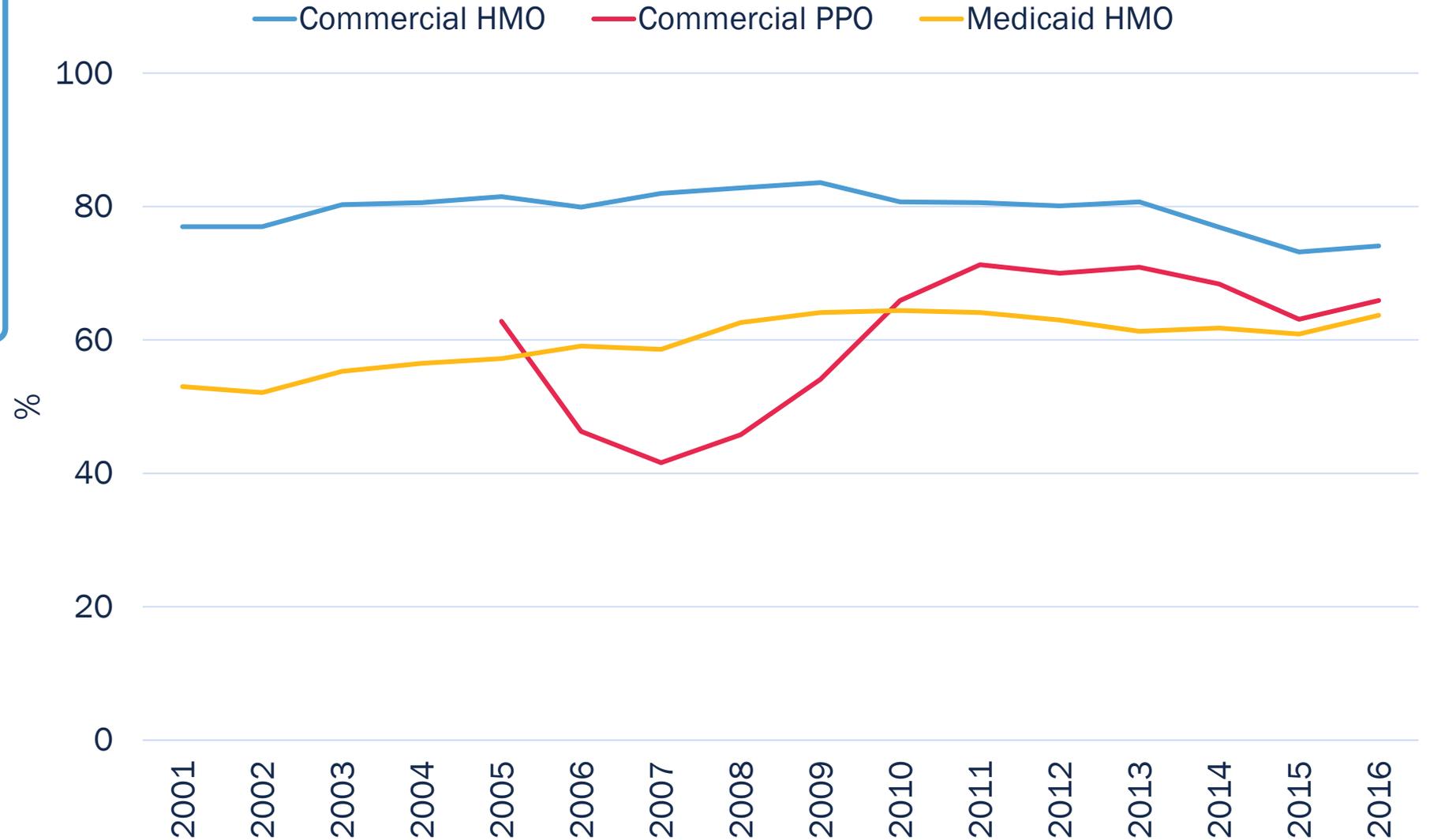
What support do we provide?



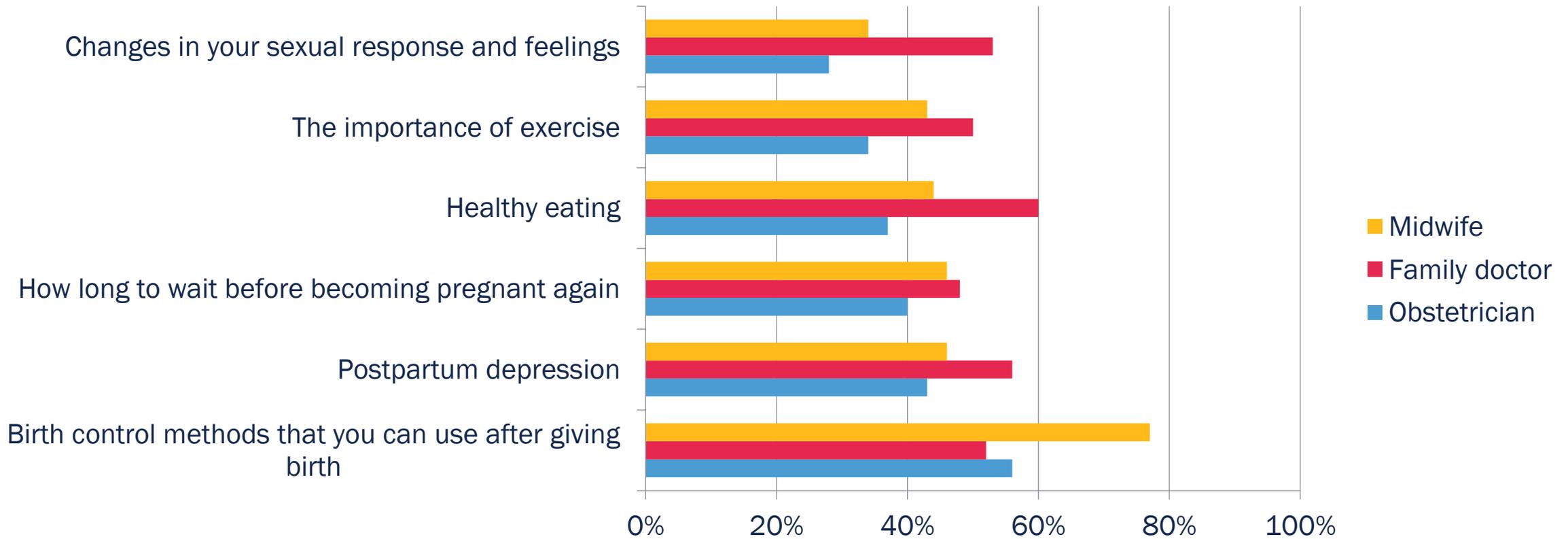
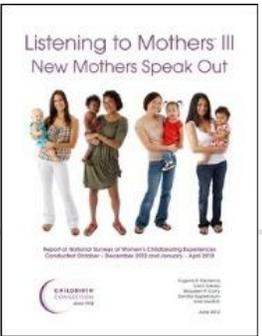
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The baby is the candy, and the mother is the wrapper. Once the candy is out of the wrapper, the wrapper is cast aside.

**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...?

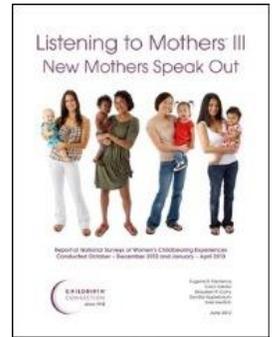
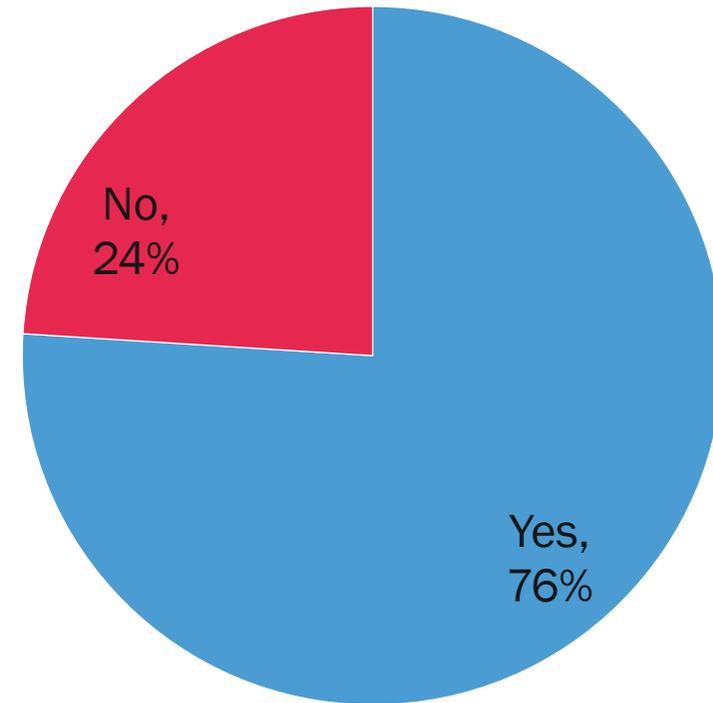


Listening to Mothers III: New Mothers Speak Out / <http://j.mp/NMSpeakOut>



Who Ya Gonna Call?

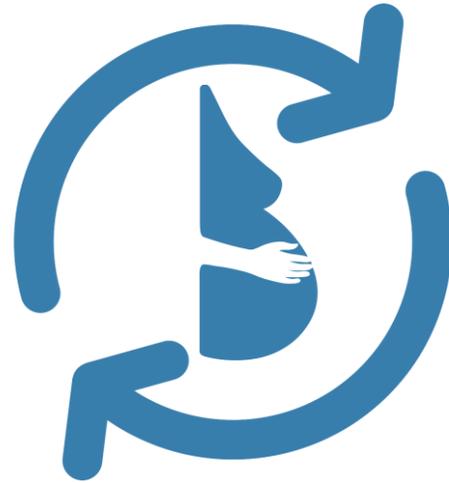
Did you have a telephone number of a care provider to contact about concerns in the first two months after birth?



Impact of lack of postpartum follow-up



Early cessation of
breastfeeding



Short interval pregnancy



Undiagnosed postpartum
depression / anxiety



Preterm birth and infant
mortality

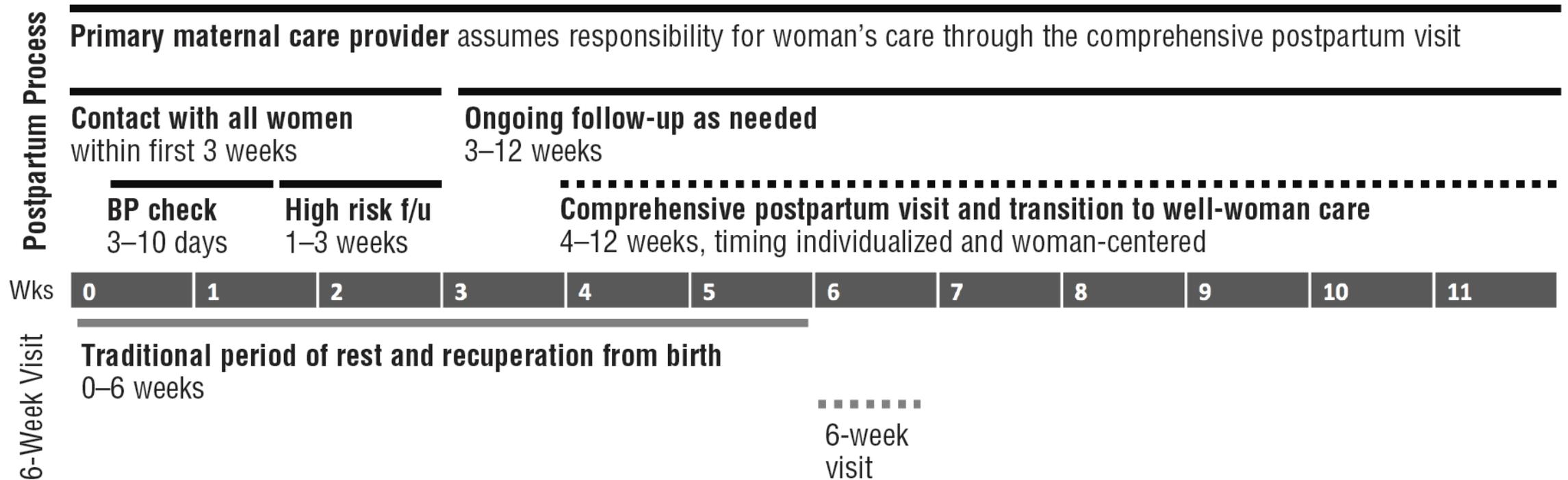


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to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



How do health inequities manifest in the 4th Trimester?



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Health inequities are **rooted in social injustices** that make some population groups more vulnerable to poor health than other groups.

www.bphc.org

4th Trimester Inequities

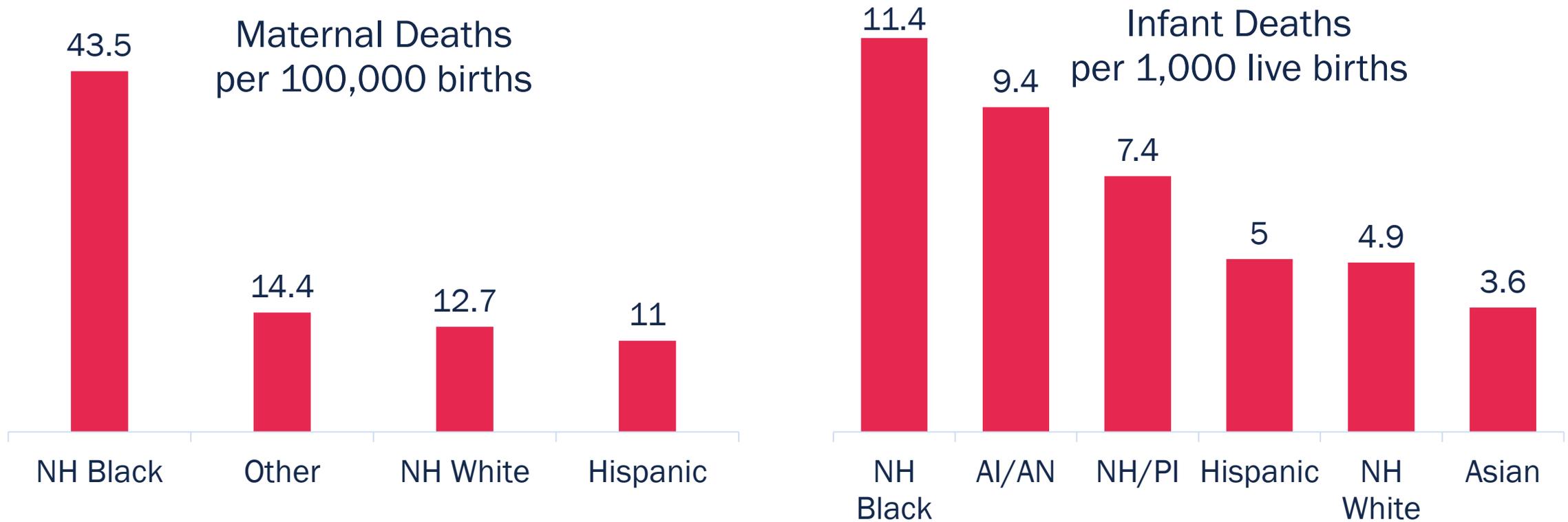
- In an analysis of 23,692 women with Medicaid, predictors of not attending a postpartum visit included:
 - Black race
 - Alcohol or drug use
 - Mental health disorder other than depression
 - Living in a neighborhood where a high proportion of individuals >25 do not have a high school diploma

Bennett et al (2014)

<http://www.ncbi.nlm.nih.gov/pubmed/24474651>



Perinatal mortality in the United States

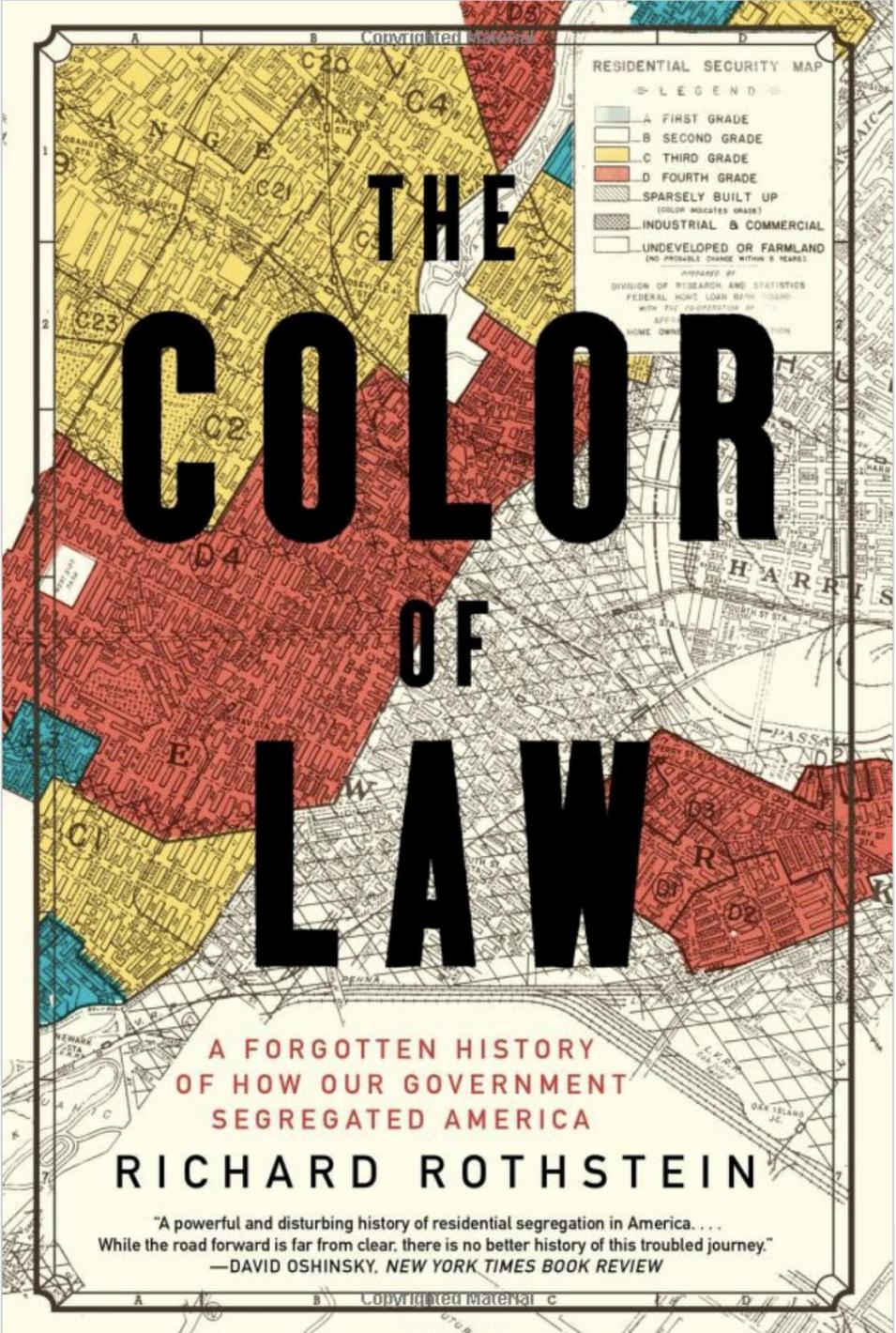


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Throughout the US history, the fertility and childbearing of poor women and women of color **were not valued equally** to those of affluent white women.

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





Median and average wealth, by race

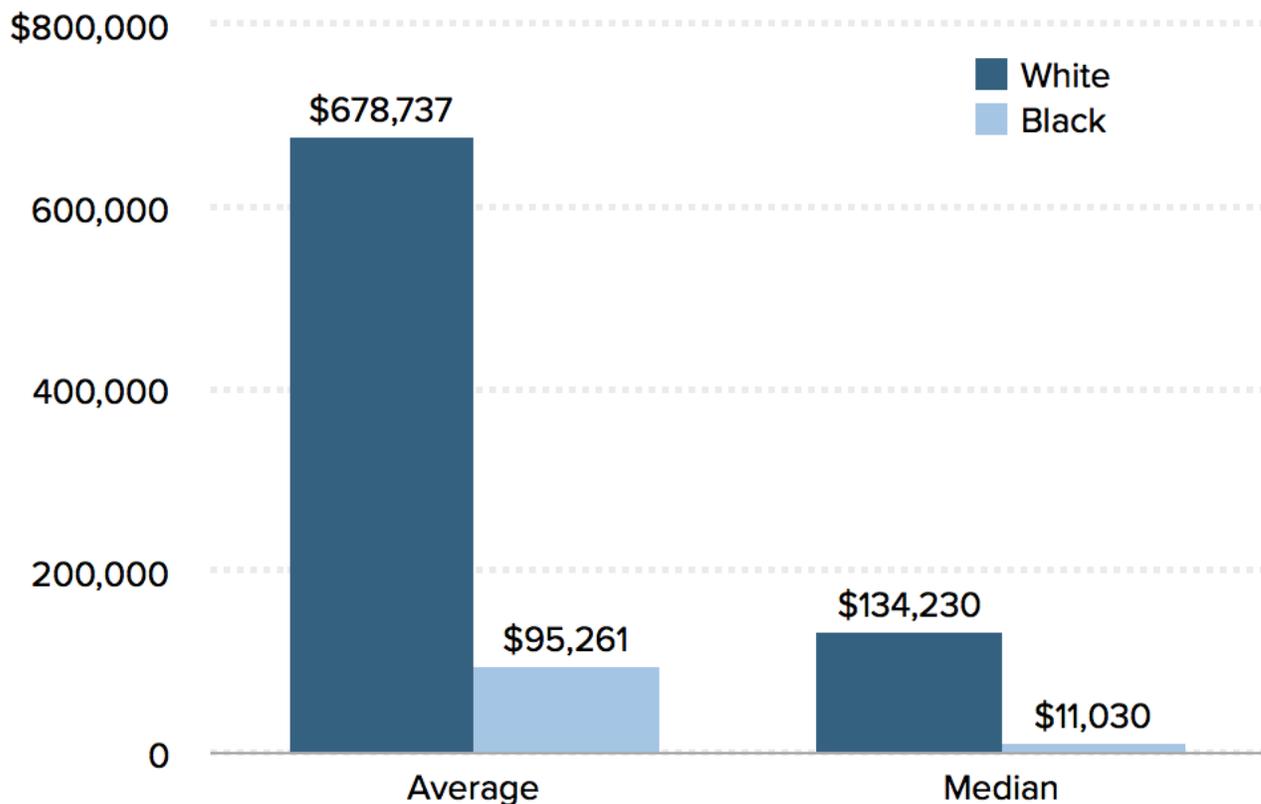


Chart Data

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



'Welfare Queen' Becomes Issue in Reagan Campaign

The Washington Star

WASHINGTON, Feb. 14—Few people realize it, but Linda Taylor, a 47-year-old Chicago welfare recipient, has become a major campaign issue in the New Hampshire Republican Presidential primary.

Former Gov. Ronald Reagan of California has referred to her at nearly every stop, using her as part of his "citizens' press conference" format.

"There's a woman in Chicago," the Republican candidate said recently to an audience in Gilford, N.H., during his free-swinging attack on welfare abuses. "She has 80 names, 30 addresses, 12 Social Security cards and is collecting veterans' benefits on four nonexistent deceased husbands." He added:

"And she's collecting Social Security on her cards. She's got Medicaid, getting food stamps and she is collecting welfare under each of her names. Her tax-free cash income alone is over \$150,000."

Hitting a Nerve

Mr. Reagan never mentions

odds with the facts. The former California Governor fairly bristles with what he calls facts, figures and statistics demonstrating what he thinks is wrong with welfare, Big Government and the United States.

The national press entourage following Mr. Reagan usually is prevented from pinning him down on the specifics because his citizens' press conferences are reserved for questions for local audiences.

Items in Notebook

The following items were taken from a reporter's notebook after attending 18 citizens' press conferences on Jan. 15, 16 and 17, all of them in small towns in southern New Hampshire:

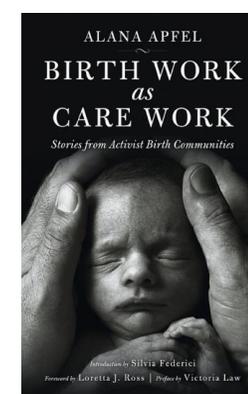
Mr. Reagan usually praises his welfare reform program in California. "We lopped 400,000 off the welfare rolls," he asserted at several stops.

According to a spokesman for California's Department of Benefit Payments, the state's highest welfare case load was



...with the election of Ronald Reagan in the United States, the idea that women should receive any money for staying home to care for their children was **not only disparaged but vilified.**

- Victoria Law



TWENTIETH ANNIVERSARY EDITION

KILLING

RACE, REPRODUCTION,
AND THE
MEANING OF LIBERTY

THE

BLACK

WITH A NEW PREFACE
BY THE AUTHOR

BODY

"A must-read for all those who
claim to care about racial and
gender justice in America."

—MICHELLE ALEXANDER,
author of *The New Jim Crow*

DOROTHY ROBERTS

AUTHOR OF *FATAL INVENTION* AND *SHATTERED BONDS*



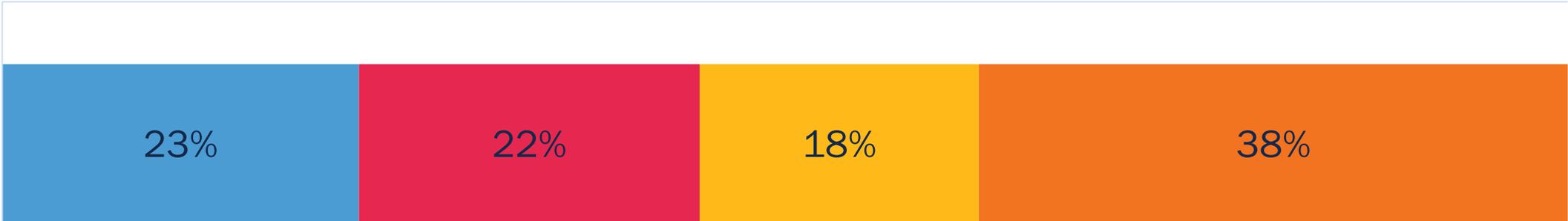
They say we don't need to spend money on social welfare programs or figure out racism and poverty; **the solution is to keep these people from having children.**

-Dorothy Roberts

Parental Leave in the U.S.

■ 0-10 days ■ 11-40 days ■ 41-60 days ■ 60+ days

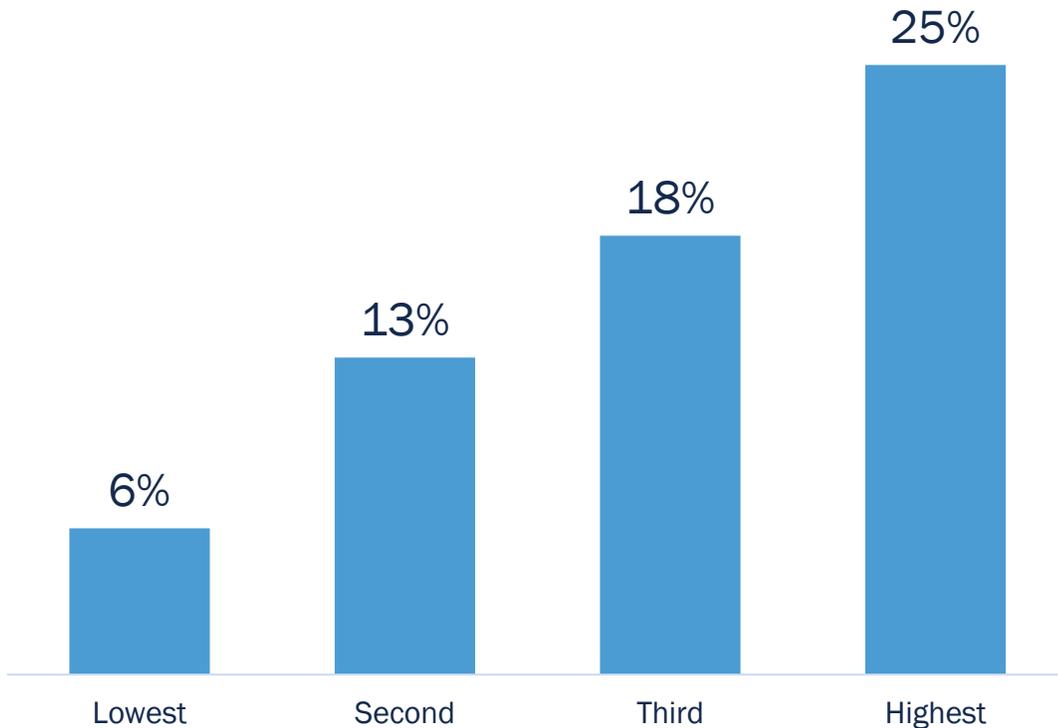
WOMEN



MEN



Average wage quartile and paid family leave, 2017



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

PMC4934583

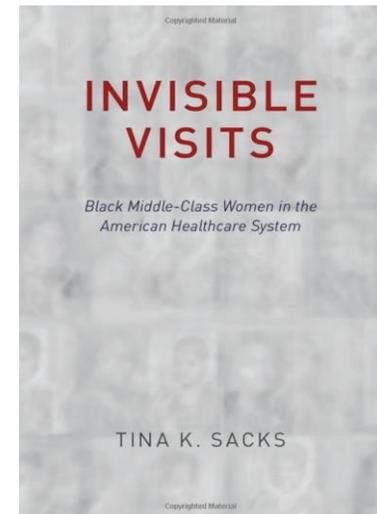
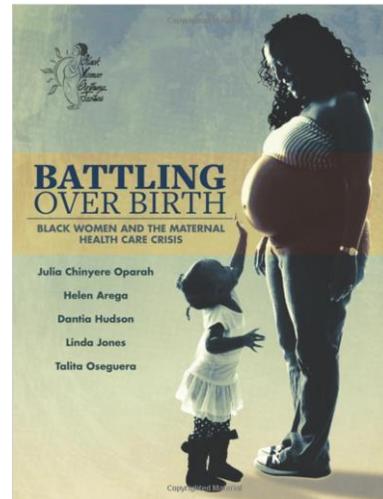
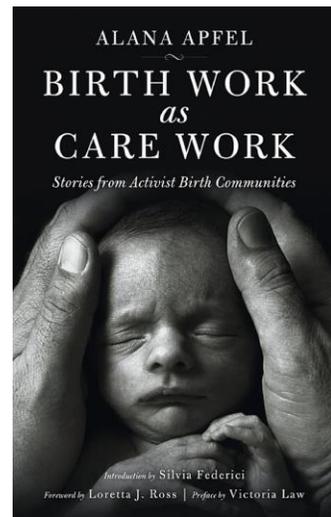
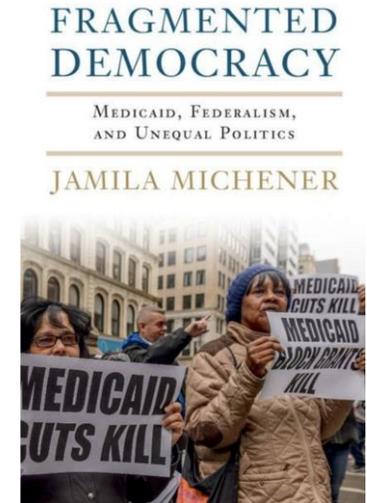
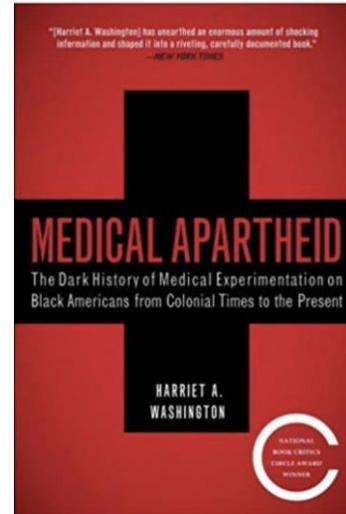
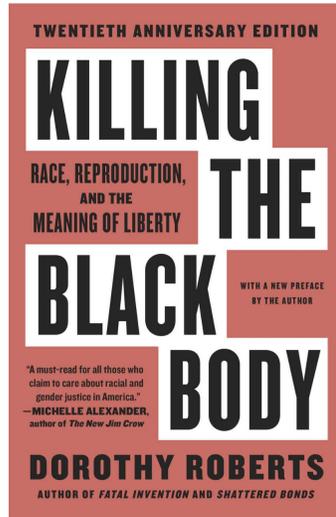




“

...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.

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://bit.ly/2HanKyK>



@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

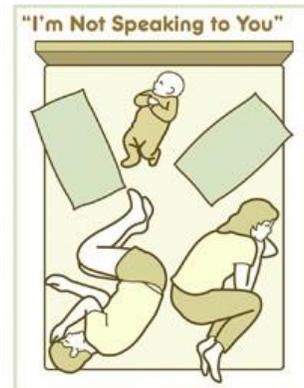
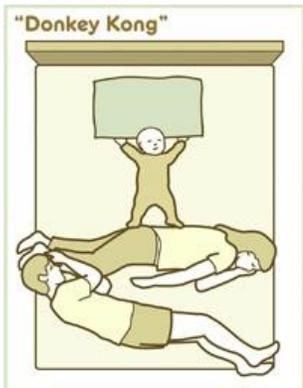
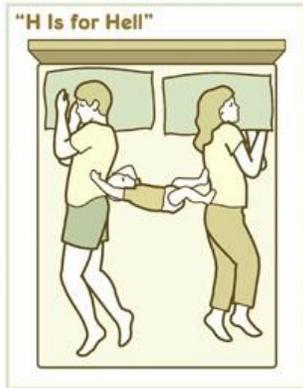
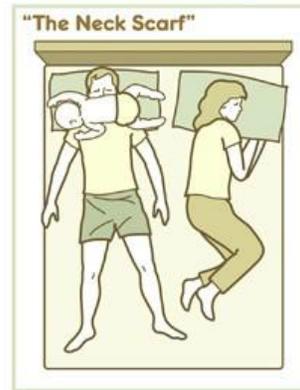
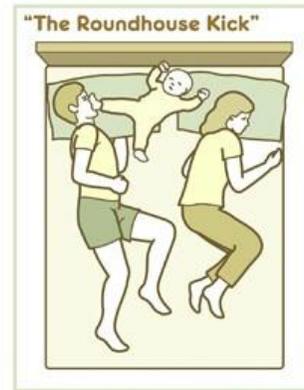
Stakeholder Engagement



Baby Sleep Positions

1-10

 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?**





How might we provide better care?

Black Paper
April 2018

Black Mamas Matter Alliance

Setting the Standard for Holistic Care of and for Black Women



“

Adequate care includes **meeting people where they are.** It's multi-dimensional, practical, integrated and able to hit the needs of people in their everyday lives.

– Haguerehesh Tesfa



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.



Change Policy

- **Enact paid family and medical leave**

- NC Legislative Bill #

- **Pregnancy Medicaid Coverage**

- Extend coverage beyond 60 days postpartum (better)
- Enact Medicaid expansion in North Carolina (optimal)

- **Undo racism**

Point 12 of the North Carolina Perinatal Health Strategic Plan

- Infuse and incorporate equity in the delivery of health services
- Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color
- Modify and change policies and practices to address institutional and structural racism
- Promote community and systems dialog and discussion on racism





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

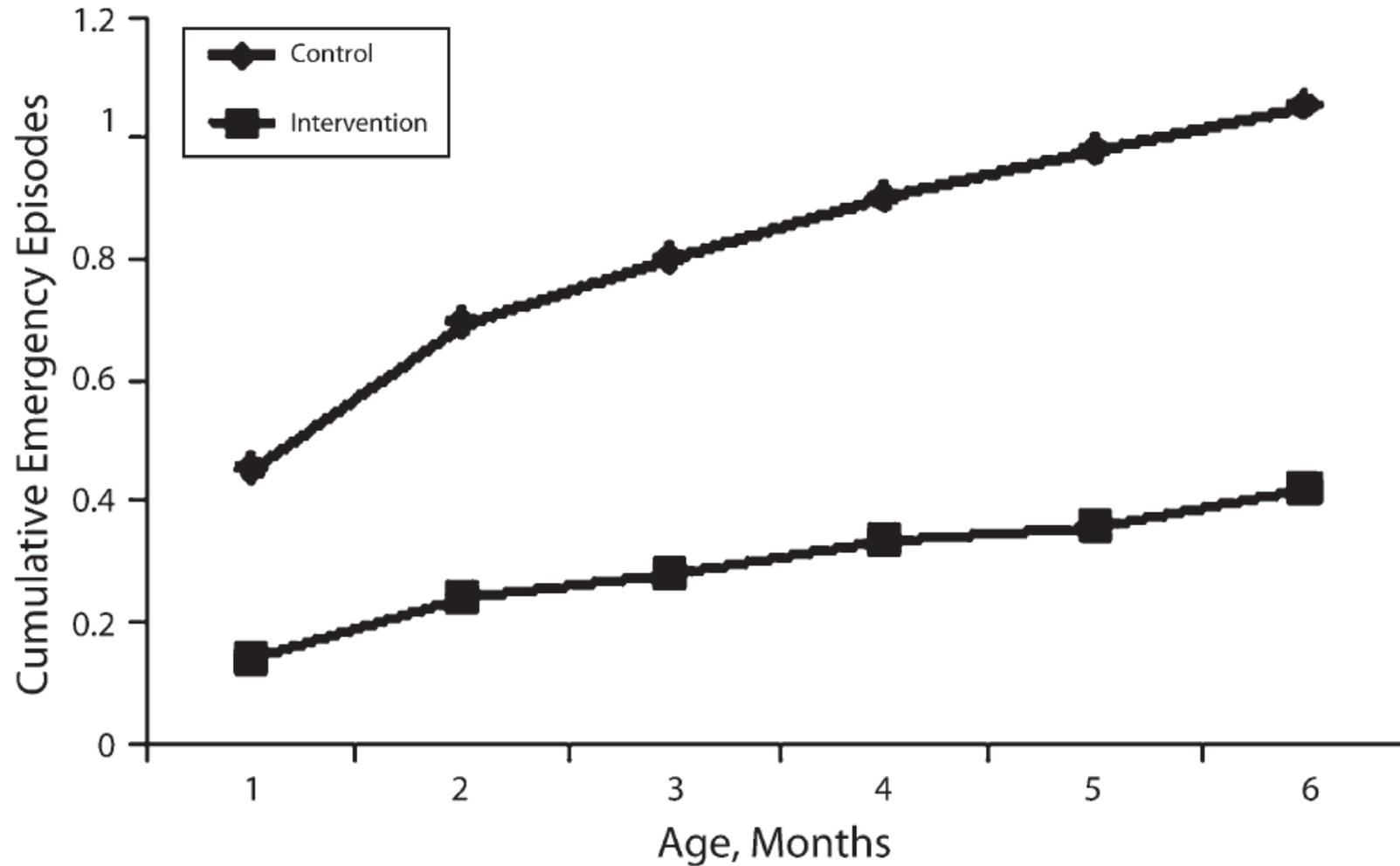


Improved maternal parenting behaviors



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.



Shared decision making
brings two experts to the
table: the patient and
the provider

The provider is the expert
in the **clinical evidence**

The patient is the expert
in **her experiences and
values**

Paternalistic



Information
& recommendations



Informative



Information



Shared



Values & preferences



Information
& recommendations

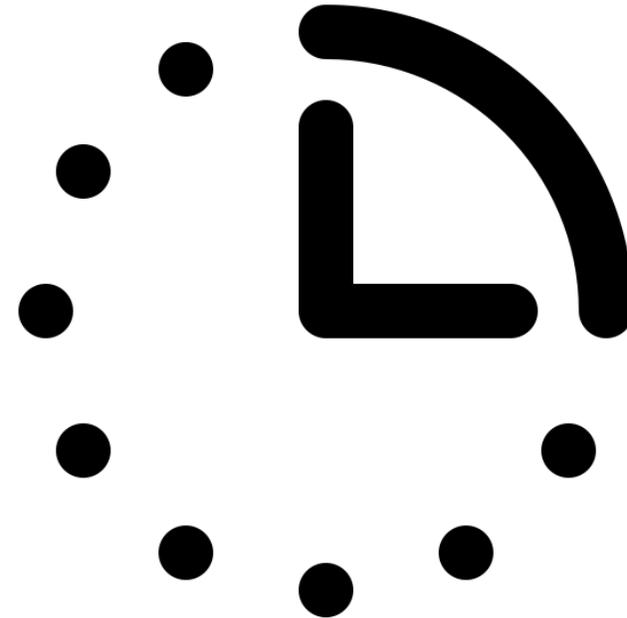


15 minutes of anticipatory guidance...



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



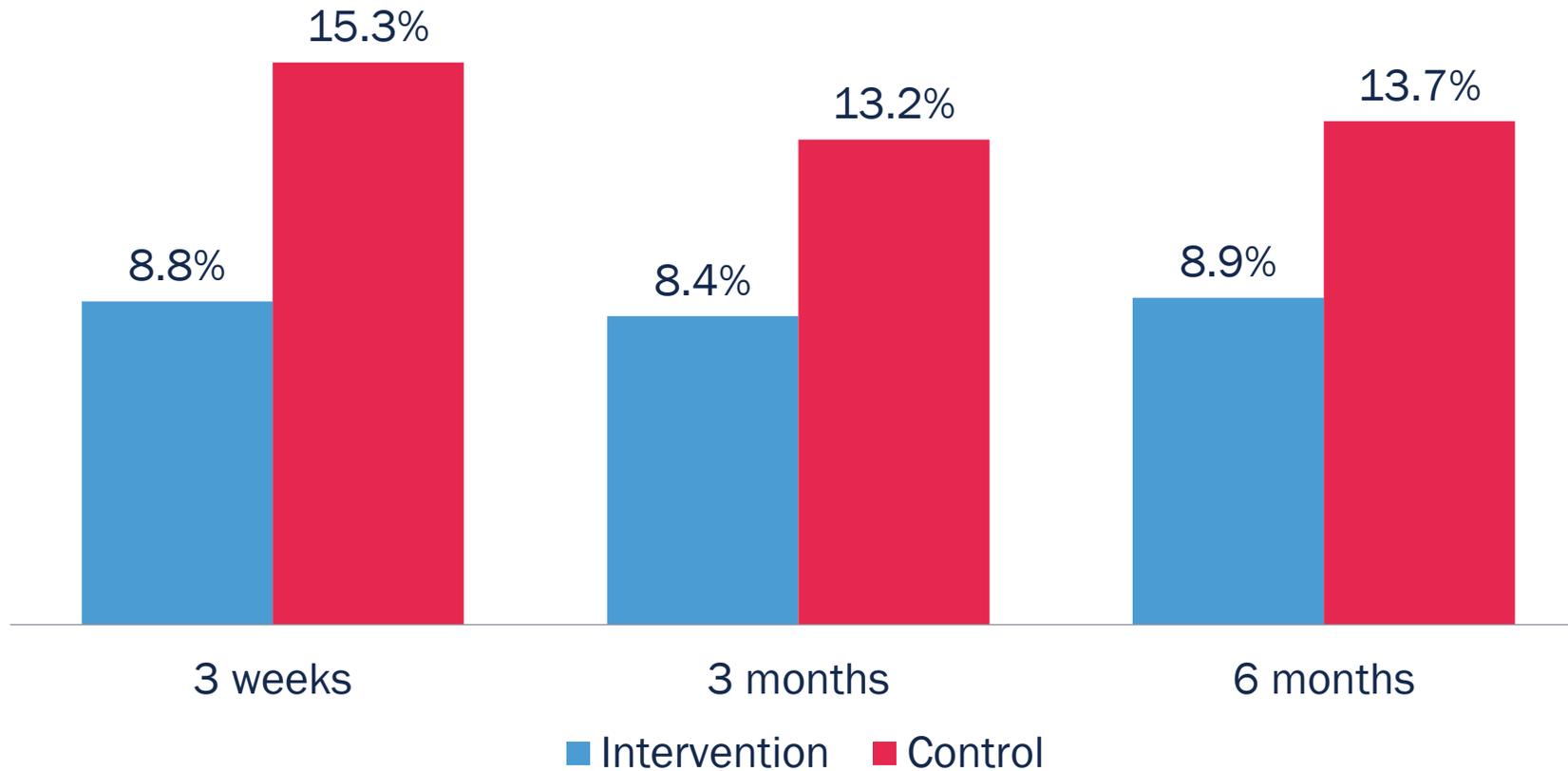
Howell EA et al (2012)
www.ncbi.nlm.nih.gov/pubmed/24066802



...reduced depression symptoms through 6 months postpartum



Elizabeth Howell



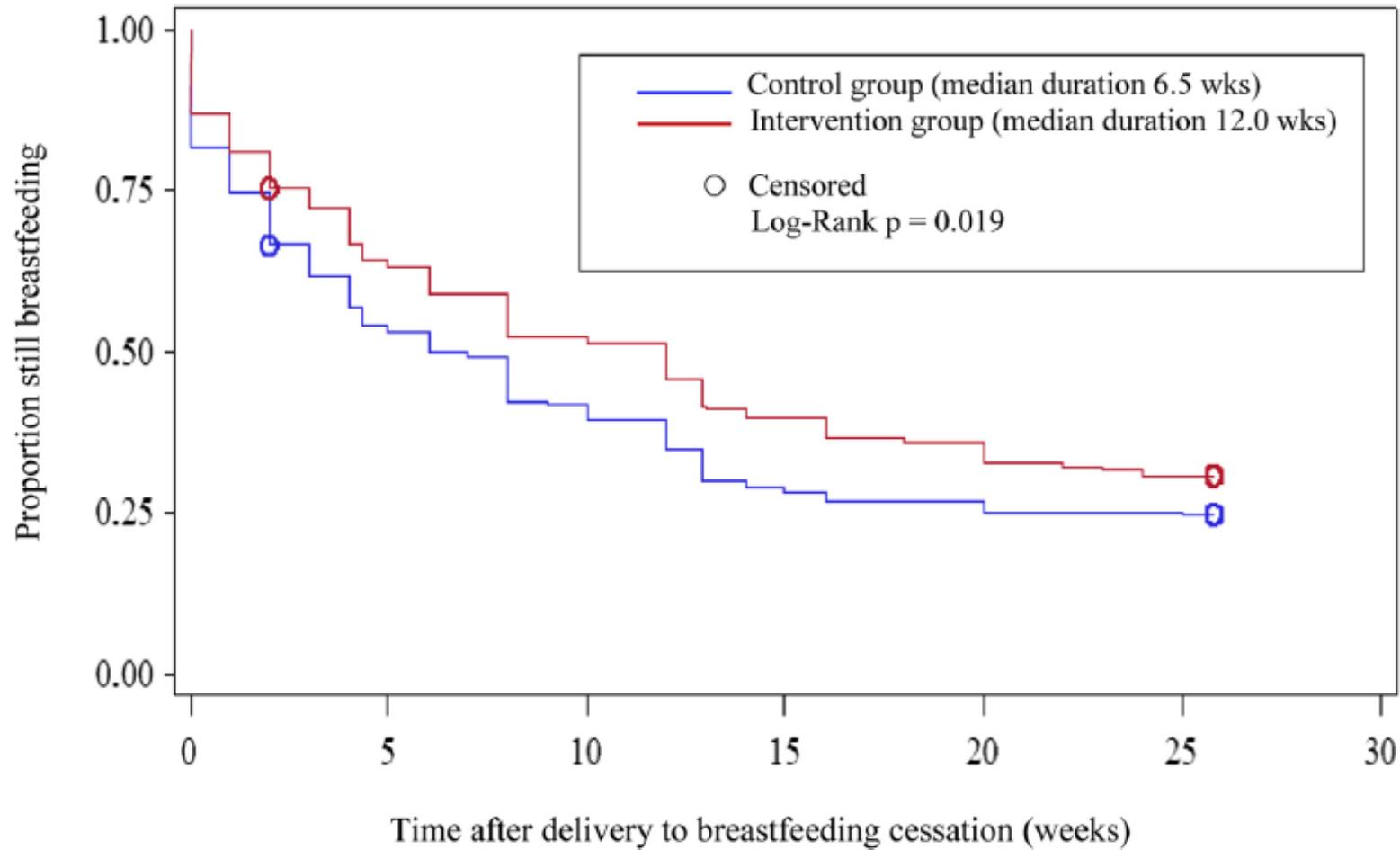
Howell EA et al (2012)
www.ncbi.nlm.nih.gov/pubmed/24066802



... and increased breastfeeding duration



Elizabeth
Howell



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



SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or your baby
Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I had a baby on _____ and _____ (Date) and I am having _____" (Specific warning signs)

TRANSITION FROM MATERNITY TO WELL-WOMAN CARE

READINESS

Every Health Care System

- Establishes a mechanism to provide relevant obstetric, newborn, and postpartum discharge information to every woman and her and her newborn's health care teams.
- Develops and maintains a readily accessible catalogue of community and health care system resources for primary and specialty care, behavioral health, chronic and emergent conditions, reproductive health, breastfeeding and parenting support, and other support services for women.
- Develops a mechanism to assist every woman in accessing ongoing comprehensive insurance coverage.

Every Health Care Team

- Ensures a documented customized, current plan of care in the medical record, consistent with the early postpartum care plan that addresses ongoing medical conditions, behavioral health issues, substance use/misuse, and contraceptive options/choices.
- Distributes patient education materials and strategies that meet the woman's health literacy, cultural, and language needs.
- Educates clinicians and office staff on implementation of standardized assessment protocols, screening tools, and referral mechanisms.

Every Woman

- Identifies a care team to provide medical, behavioral health, social, and material support.
- Engages with her health care team to develop and communicate a personalized plan of care that includes medical, behavioral health, reproductive health, and social support needs.

FROM BIRTH TO THE COMPREHENSIVE POSTPARTUM VISIT

READINESS

Every woman

- Engages with her provider during prenatal care to develop a comprehensive personalized postpartum care plan that includes designation of a postpartum medical home, where the woman can access care and support during the period between birth and the comprehensive postpartum visit.
- Receives woman-centered counseling and anticipatory guidance regarding medical recommendations for breastfeeding in order to make an informed feeding decision.
- Receives woman-centered counseling regarding medical recommendations for birth spacing and the range of available contraceptive options.
- Identifies a postpartum care team, inclusive of friends and family, to provide medical, material, and social support in the weeks following birth.

Every provider

- Ensures that each woman has a documented postpartum care plan and care team identified in the prenatal period.
- Develops and maintains a working knowledge of evidence-based evaluation and management strategies of common issues facing the mother-infant dyad.

Every clinical setting

- Develops and optimizes models of woman-centered postpartum care and education, utilizing adult-learning principles when possible and embracing the diversity of family structures, cultural traditions, and parenting practices.
- Develops systems to connect families with community resources for medical follow up and social and material support.
- Optimizes counseling models, clinical protocols, and reimbursement options to enable timely access to desired contraception.
- Develops systems to ensure timely, relevant communication between inpatient and outpatient providers.
- Develops protocols for screening and treatment for postpartum concerns, including depression and substance abuse disorders, and establishes relationships with local specialists for co-management or referral.

ACOG Postpartum Toolkit

ACOG Toolkits for Health Care Providers

The "Fourth Trimester"

The weeks after birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. Although childbirth and the postpartum period are exciting life experiences for many women and their families, this is also a period of physical, mental, and social change.

Nearly 70% of women describe at least one physical problem in the first 12 months of the postpartum period. This "fourth trimester" period can present considerable challenges such as postpartum depression, fatigue, lack of sleep, pain, breastfeeding difficulties, lack of sexual desire, and urinary incontinence.

This toolkit, with an introduction by Dr. Haywood L. Brown, includes resources on the key components of postpartum care, including long-term weight management, pregnancy complications, reproductive life-planning, reimbursement guidance, and a sample postpartum checklist for patients to complete before their visit.

Obstetric Care Consensus | #8

smfm.org

[Check for updates](#)

Interpregnancy Care

This document is endorsed by the American College of Nurse-Midwives and the National Association of Nurse Practitioners in Women's Health. This document was developed by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine in collaboration with Judette Marie Louis, MD, MPH; Allison Bryant, MD, MPH; Diana Ramos, MD, MPH; Alison Stuebe, MD, MSc; and Sean C. Blackwell, MD

Interpregnancy care aims to maximize a woman's level of wellness not just in between pregnancies and during subsequent pregnancies, but also along her life course. Because the interpregnancy period is a continuum for overall health and wellness, all women of reproductive age who have been pregnant regardless of the outcome of their pregnancies (ie, miscarriage, abortion, preterm, full-term delivery), should receive interpregnancy care as a continuum from postpartum care. The initial components of interpregnancy care should include the components of postpartum care, such as reproductive life planning, screening for depression, vaccination, managing diabetes or hypertension if needed, education about future health, assisting the patient to develop a postpartum care team, and making plans for long-term medical care. In women with chronic medical conditions, interpregnancy care provides an opportunity to optimize health before a subsequent pregnancy. For women who will not have any future pregnancies, the period after pregnancy also affords an opportunity for secondary prevention and improvement of future health.

Establishing the 4th Trimester

- Why the 4th Trimester?
 - Human babies require continuous care in the months following birth – and mothers need the emotional and material support to provide that care
- What intersecting challenges do mothers face?
 - Mothers require care and support to recover from birth and nurture their babies. In the absence of care and support, maternal and child health is compromised
- How do health inequities manifest in the 4th Trimester?
 - A history of systemic racism and undervaluing of reproduction among women of color contributes to excess morbidity and mortality
- How might we better support maternal and child wellbeing?
 - Change policies that undermine health for mothers and infants
 - Support holistic care centered on the needs of each mother-infant dyad





“

What would it look like for mothers to not only **survive** pregnancy, but to **thrive**?

Joia Crear-Perry, MD