Establishing 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
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?
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
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

- 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

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

### Postpartum Process

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### Traditional period of rest and recuperation from birth

0–6 weeks

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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. ☐
How do health inequities manifest in the 4th Trimester?
Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.
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)
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

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

Exhibit 7.2.7 Family and Medical Leave in 2012: Technical Report

- **WOMEN**
  - 0-10 days: 23%
  - 11-40 days: 22%
  - 41-60 days: 18%
  - 60+ days: 38%

- **MEN**
  - 0-10 days: 70%
  - 11-40 days: 15%
  - 41-60 days: 9%
  - 60+ days: 6%
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.

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".


@4thTrimesterProject

@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?
How might we provide better care?
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.

– Haguerenesh Tesfa
KEY COMPONENTS OF MATERNAL HEALTH IN THE POSTPARTUM PERIOD. 

The woman in the year following childbirth.

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 JMWHP 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

Change Policy
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.

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.
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.
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 EA et al (2012)
www.ncbi.nlm.nih.gov/pubmed/24066802
... and increased breastfeeding duration

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