Postpartum Care

The Fourth Trimester

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Disclosures

• There are no financial or other conflicts of interest to report.

Haywood L. Brown, MD
ACOG President 2017-2018

• “Redefining the Postpartum Visit”
  – “the premise that postpartum care is the gateway to lifelong health. It is not sufficient for women to have one visit six weeks after childbirth.”

Fourth Trimester

• Paradigm shift
  – Continuous wholistic approach
  – Timing of comprehensive postpartum visit individualized, woman-centered
  – NOT arbitrary 6 weeks
  – Insurance coverage policies should be aligned to support tailored approach to “fourth trimester” care
Why change??
• ½ of pregnancy-related maternal deaths occur after the birth of the infant
• 6 weeks: arbitrary, traditional, agrarian cultural traditions
• 40% do not attend a postpartum visit
• Healthy People 2020: increase attendance PP visits

Why change??
• Preventing unplanned pregnancy, short interval pregnancy
• Transition in to Ongoing Well-Woman Care
• “Internatal Care”

Why change??
• In-person follow up may be more beneficial for:
  – PP depression
  – Cesarean or perineal wound infection
  – Lactation difficulties

Why change??
• National survey
  – <1/2 of women attending a PP visit reported they received enough info re:
    • PP depression, birth spacing, healthy eating, importance of exercise, changes in their sexual response and emotions


Why change??
• Chronic conditions: need more than one visit
  – Adjust seizure meds
  – Hypertensive disease
  – Pre-existing diabetes
  – Obesity***

Fourth Trimester: Let’s Talk about the “HOW”
Fourth Trimester

- Prenatal preparation
- Transition from intrapartum to postpartum care
- Comprehensive PP visit and transition to well-woman care

Prenatal Preparation

- Anticipatory guidance DURING prenatal care
  - Infant feeding
  - “baby blues”, postpartum emotional health
  - Challenges of parenting/postpartum recovery from birth
  - Address long-term management of chronic health conditions

Prenatal Preparation

- Reproductive life planning
  - Desire for, timing of and risks of future pregnancies
  - Contraceptive options
  - Shared decision making

Intrapartum to Postpartum Care

- Review PP care plan upon admission for delivery
- CLEAR communication
  - Written info PRIMARY contact
  - Make appointments prior to d/c from hospital or during prenatal care
- Timing of appts

Prenatal Preparation

- Postpartum Care Plan AND Care Team
  - Care team:
    - Family, friends, establish who will be the support system (social and material)
    - Medical providers: Ob, primary care, infant care
    - Lactation support
    - Care coordinator, home visits

Table 1. Suggested Components of the Postpartum Care Plan

<table>
<thead>
<tr>
<th>Domain</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care team</td>
<td>Name, phone number, and office or clinic address for each member of care team</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>Time, data, and location for postpartum visit, phone number to call in schedule or noncritical situations</td>
</tr>
<tr>
<td>Shared decision making</td>
<td>Maternal/infant feeding, exposure to community resources, NEIC, lactation, infant care, infant lost support, social supports</td>
</tr>
<tr>
<td>Reproductive life plan</td>
<td>Informal and interview setting for pregnancy planning, prenatal care, and future planning</td>
</tr>
<tr>
<td>Antepartum care</td>
<td>Early detection and timely referral for prenatal care</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>Early detection and timely referral for postpartum care</td>
</tr>
<tr>
<td>Pregnancy complications</td>
<td>Pregnancy complications and complications that follow-up or test results (e.g., glucose screening, preconception counseling, fetal risks, blood pressure levels, gonadal stimulation, or other risk factors for pregnancy)</td>
</tr>
<tr>
<td>Maternal mental health</td>
<td>Maternal mental health assessment, including a depression screening test, and follow-up for any positive results</td>
</tr>
<tr>
<td>Chronic health conditions</td>
<td>Treatment plan for ongoing physical and mental health conditions and the care team members responsible for follow-up</td>
</tr>
</tbody>
</table>

Intrapartum to Postpartum Care

- Timing of appts
  - Hypertensive conditions: 1-3 days
  - PP depression within 1-2 weeks
  - EVERYONE: by 3 weeks
- WHO guidelines: women and infant dyads
  - 3 days, 1-2 weeks, 6 weeks

Comprehensive Postpartum Visit

- Health maintenance
  - Vaccinations
  - Screenings

Comprehensive Postpartum Visit

- Mood and emotional well-being
- Infant care and feeding
- Sexuality, contraception, birth spacing
- Sleep and fatigue
- Physical recovery from birth

Comprehensive Postpartum Visit

- Chronic disease management

Chronic disease management
- Discuss pregnancy complications, if any, and their implications for future childbearing and long-term maternal health, including ACOG
- Perform glucose screening for women with GDM: a fasting plasma glucose test or 75g, 2-hour oral glucose tolerance test
- Review medication selection and dose outside of pregnancy, including consideration of whether the patient is breastfeeding, using a reliable resource such as LactMed
- Refer for follow-up care with primary care or subspecialist health care providers, as indicated
Internatal Care

-- Preconception care in between pregnancies
  – FINDS for risk assessment
  – BBEEFF for health promotion
  – Chronic health conditions

Lu et al, Maternal and Child Health Journal Sept 2006

Internatal Care

– FINDS
  – Family violence
  – Infections
  – Nutrition
  – Depression
  – Stress

Lu et al, Maternal and Child Health Journal Sept 2006
Internatal care

- BBEEFF
  - Breastfeeding
  - Back-to-sleep
  - Exercise
  - Exposures
  - Family planning
  - Folate

Lu et al, Maternal and Child Health Journal Sept 2006

Next Steps…. Baby Blossoms

Partnering to Prevent Infant Mortality
Coordinated by the Douglas County Health Department