How might we provide better care?
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.
What do you want to use for birth control?

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

Hormonal contraception, breastfeeding and bedside advocacy: the case for patient-centered care

Amy G. Bryant\textsuperscript{a,b,*}, Anne Drapkin Lyerly\textsuperscript{c}, Stephanie DeVane-Johnson\textsuperscript{d}, Christine E. Kistler\textsuperscript{e}, Alison M. Stuebe\textsuperscript{f,g}

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\textsuperscript{b} Gillings School of Public Health Department of Maternal and Child Health
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\textsuperscript{d} Duke University School of Nursing
\textsuperscript{e} University of North Carolina School of Medicine, Department of Family Medicine
\textsuperscript{f} University of North Carolina School of Medicine, Department of Obstetrics and Gynecology, Division of Maternal Fetal Medicine
\textsuperscript{g} Carolina Global Breastfeeding Institute, Gillings School of Public Health
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

- 3 weeks: 8.8% (Intervention), 15.3% (Control)
- 3 months: 8.4% (Intervention), 13.2% (Control)
- 6 months: 8.9% (Intervention), 13.7% (Control)

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

![Graph showing the proportion of women still breastfeeding over time, comparing control and intervention groups. The intervention group had a median duration of 12.0 weeks, compared to 6.5 weeks for the control group. The Log-Rank test yielded a p-value of 0.019.](https://ncbi.nlm.nih.gov/pubmed/24066802)

Elizabeth Howell
Durham Connects
Nurse Home Visits

FOR ALL
Helping all families, regardless of income or background

THREE WEEKS
Vists 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.
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.
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.

– Haguerenesh Tesfa
Core principles for supporting NICU mothers

- Recognize the mother is also a patient with emotional and physical health needs.
- Incorporate universal screening for maternal emotional and physical health needs.
- Develop health services that bring care to the mother, rather than require her to access care.
- Recognize that mothers and babies are connected.
- Change systems to enable maternal recovery and proximity to her infant.
What’s new in national guidance for the 4th Trimester?
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:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your healthcare provider if you have:

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

“I had a baby on ___________ and ___________.”

I am having ___________.

(Specific warning signs)

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

https://www.awhonn.org/page/POSTBIRTH
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.

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.
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.
Primary maternal care provider assumes responsibility for woman’s care through the comprehensive postpartum visit

<table>
<thead>
<tr>
<th>Postpartum Process</th>
<th>Contact with all women</th>
<th>Ongoing follow-up as needed</th>
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<tr>
<td></td>
<td>within first 3 weeks</td>
<td>3–12 weeks</td>
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<td>BP check</td>
<td>3–10 days</td>
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<tr>
<td>High risk f/u</td>
<td>1–3 weeks</td>
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Traditional period of rest and recuperation from birth 0–6 weeks

**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. ↔
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

- The weeks following birth are a critical period for maternal and child health
  - Current systems of care do not meet the needs of mothers
  - Engaging women in high quality, patient-centered postpartum care can improve outcomes for mothers and infants
  - Structural changes are needed to correct health inequities
- We can take steps to improve care
  - Advocate for policy change
  - Provide guidance about what to expect after childbirth
  - Screen every dyad for unmet needs
  - Ask mothers what THEY need and value
  - Elevate strengths and share decisions
What would it look like for mothers to not only **survive** pregnancy, but to **thrive**?

Joia Crear-Perry, MD