

THE 4TH TRIMESTER: WHAT SHOULD WE BE DOING?

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OBJECTIVES

- DISCUSS THE UNIQUE RISKS OF THE '4TH TRIMESTER'
- REVIEW CURRENT RECOMMENDATIONS FOR OPTIMAL POSTPARTUM CARE
- IDENTIFY OBSTACLES TO PROVIDING OPTIMAL POSTPARTUM CARE
- HIGHLIGHT EMERGING NOVEL POSTPARTUM CARE STRATEGIES

DEFINITION OF TRIMESTER

- A THREE MONTH PERIOD OF TIME, TYPICALLY USED AS A DIVISION OF THE DURATION OF PREGNANCY.
- “FOURTH TRIMESTER” IS A 3 MONTH PERIOD AFTER DELIVERY

TIME OF TRANSITION...AND RISK

○ INCREASED RISK

- THROMBOEMBOLIC DISEASE
- INFECTION
- HEMORRHAGE
- HYPERTENSION-RELATED MORBIDITY
- CARDIAC DECOMPENSATION
- MENTAL HEALTH DISORDERS
- INTIMATE PARTNER VIOLENCE
- SUBSTANCE USE DISORDER- USE AND RELAPSE

A RISK EXAMPLE: SUBSTANCE USE DISORDER

○ PREGNANCY-RELATED DEATH:

- DEFINED AS THE DEATH OF A WOMAN DURING PREGNANCY OR WITHIN ONE YEAR OF THE END OF PREGNANCY, FROM A PREGNANCY COMPLICATION, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY
- MORE THAN HALF OCCUR POSTPARTUM
- DRUG-RELATED DEATHS QUALIFY, AS DRUG USE, RELAPSE, AND OVERDOSE ARE KNOWN TO BE INCREASED IN THE POSTPARTUM PERIOD

A RISK EXAMPLE: SUBSTANCE USE DISORDER

- **PREGNANCY-RELATED DEATH:**

- **DRUG-INDUCED DEATHS ARE THE LEADING CAUSE OF PREGNANCY-ASSOCIATED DEATH IN UTAH & MANY OTHER STATES**

- **DEFINITION: DEATHS FROM POISONING AND MEDICAL CONDITIONS CAUSED BY USE OF LEGAL OR ILLEGAL DRUGS, AS WELL AS MISUSE OF MEDICALLY PRESCRIBED DRUGS**

- **ABOUT 90% OCCUR IN THE POSTPARTUM PERIOD, AND MOST IN THE LATE POSTPARTUM PERIOD (43 DAYS TO 1 YEAR)**

Smid et al. Death in the Postpartum - A Decade of Pregnancy-Associated Drug-Induced Deaths. In press. Obstet Gynecol.

THE STATUS QUO IN THE OB/GYN WORLD

- A SINGLE VISIT AT 4-6 WEEKS POSTPARTUM
- SOMETIMES AN ADDITIONAL VISIT AT 1-2 WEEKS POSTPARTUM
 - POSTOPERATIVE PATIENTS
 - PREECLAMPSIA/ECLAMPSIA
 - OTHER RISK FACTORS

THE STATUS QUO IN THE OB/GYN WORLD

“FOR MANY WOMEN IN THE U.S., THE 6 WEEK POSTPARTUM VISIT PUNCTUATES A PERIOD DEVOID OF FORMAL OR INFORMAL MATERNAL SUPPORT”

ACOG PRACTICE BULLETIN: OPTIMIZING POSTPARTUM CARE, MAY 2018

THE STATUS QUO IN THE OB/GYN WORLD

- IN QUALITATIVE STUDIES, WOMEN HAVE NOTED THERE IS AN INTENSE FOCUS ON WOMEN PRENATALLY, BUT CARE IN THE POSTPARTUM PERIOD IS INFREQUENT, INSUFFICIENT, AND TOO LATE.

THE STATUS QUO IN THE OB/GYN WORLD

- AT LEAST 1/3 OF WOMEN IN THE U.S. DON'T FOLLOW-UP POSTPARTUM
 - WOMEN WITH RISK FACTORS & COMPLICATIONS HAVE EVEN LOWER RATES OF FOLLOW-UP
- MEDICAID BENEFITS OFTEN END PRIOR TO FOLLOW-UP
- POSTPARTUM CARE IS OFTEN FRAGMENTED BETWEEN MATERNAL AND PEDIATRIC PROVIDERS
- COMMUNICATION ACROSS THE TRANSITION FROM INPATIENT TO OUTPATIENT SETTINGS MAY BE SUBOPTIMAL

WHO RECOMMENDATIONS

- **RECOMMENDS ROUTINE POSTPARTUM EVALUATION OF THE MATERNAL-INFANT DYAD AT 3 DAYS, 1-2 WEEKS, AND 6 WEEKS POSTPARTUM**

**WORLD HEALTH ORGANIZATION. MATERNAL, NEWBORN,
CHILD AND ADOLESCENT HEALTH. 2013**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 736 • May 2018

(Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal-Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

OPTIMIZING POSTPARTUM CARE

- POSTPARTUM CARE SHOULD BE AN ONGOING PROCESS, RATHER THAN A SINGLE ENCOUNTER, WITH SERVICES AND SUPPORT TAILORED TO EACH WOMAN'S INDIVIDUAL NEEDS
- CONTACT, EITHER IN PERSON OR BY PHONE, WITHIN THE FIRST 3 WEEKS POSTPARTUM, FOLLOWED BY ONGOING CARE
- CONCLUDING WITH A COMPREHENSIVE VISIT BY 12 WEEKS POSTPARTUM

OPTIMIZING POSTPARTUM CARE

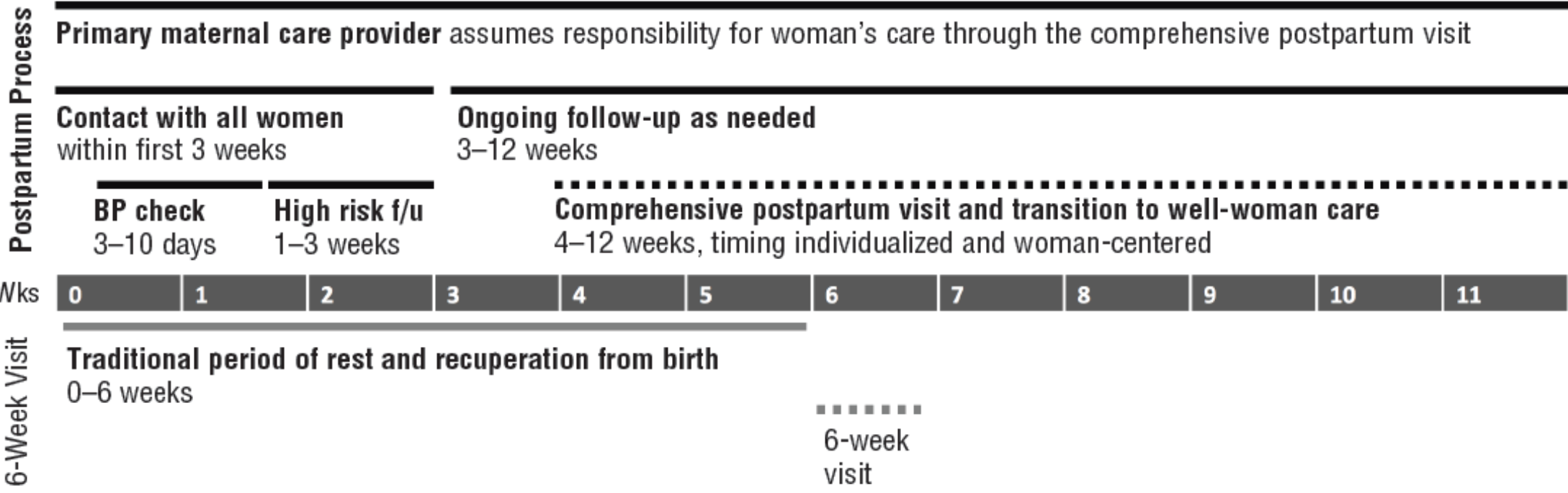
○ CONCLUDING WITH A COMPREHENSIVE VISIT BY 12 WEEKS

- FULL ASSESSMENT OF PHYSICAL, SOCIAL AND PSYCHOLOGICAL WELL-BEING
- MOOD AND EMOTIONAL WELL-BEING
- INFANT CARE AND FEEDING
- SEXUALITY
- CONTRACEPTION AND BIRTH SPACING
- SLEEP AND FATIGUE
- PHYSICAL RECOVERY FROM BIRTH
- CHRONIC DISEASE MANAGEMENT
- HEALTH MAINTENANCE

OPTIMIZING POSTPARTUM CARE

- CONCLUDING WITH A COMPREHENSIVE VISIT BY 12 WEEKS
 - INDIVIDUALIZED TIMING
 - “WOMAN-CENTERED” (PERSONALIZED)

PROPOSED SCHEDULE



| Element | Components |
|---|---|
| Care team | Name, phone number, and office or clinic address for each member of care team |
| Postpartum visits | Time, date, and location for postpartum visit(s); phone number to call to schedule or reschedule appointments |
| Infant feeding plan | Intended method of infant feeding, resources for community support (eg, WIC, Lactation Warm Lines, Mothers' groups), return-to-work resources |
| Reproductive life plan and commensurate contraception | Desired number of children and timing of next pregnancy Method of contraception, instructions for when to initiate, effectiveness, potential adverse effects, and care team member to contact with questions |
| Pregnancy complications | Pregnancy complications and recommended follow-up or test results (eg, glucose screening for gestational diabetes, blood pressure check for gestational hypertension), as well as risk reduction recommendations for any future pregnancies |
| Adverse pregnancy outcomes associated with ASCVD | Adverse pregnancy outcomes associated with ASCVD will need baseline ASCVD risk assessment, as well as discussion of need for ongoing annual assessment and need for ASCVD prevention over lifetime. |
| Mental health | Anticipatory guidance regarding signs and symptoms of perinatal depression or anxiety; management recommendations for women with anxiety, depression, or other psychiatric issues identified during pregnancy or in the postpartum period |
| Postpartum problems | Recommendations for management of postpartum problems (ie, pelvic floor exercises for stress urinary incontinence, water-based lubricant for dyspareunia) |
| Chronic health conditions | Treatment plan for ongoing physical and mental health conditions and the care team member responsible for follow-up |

POTENTIAL BARRIERS

- PROVIDING “OPTIMAL CARE” IS CURRENTLY PROBLEMATIC:
 - “WRAP-AROUND” SERVICES ARE OFTEN DIFFICULT TO ACCESS
 - SW, CASE MANAGEMENT, PSYCHOLOGY/PSYCHIATRY, LACTATION SPECIALISTS, PT
 - MATERNAL AND PEDIATRIC CARE IS MOST OFTEN SILOED
 - TYPICAL VISITS ARE APPROXIMATELY 20 MINUTES IN LENGTH
 - OFTEN NO REIMBURSEMENT BEYOND THE BUNDLED DELIVERY PAYMENT
 - PROVIDERS ARE DISINCENTIVIZED TO SEE PATIENTS

WE CAN DO BETTER

- IN A NATIONAL SURVEY, LESS THAN HALF OF WOMEN REPORTED THEY RECEIVED ENOUGH INFORMATION ABOUT BIRTH SPACING, POSTPARTUM DEPRESSION, HEALTHY EATING, EXERCISE AND SEX
- TRIALS OF ANTICIPATORY GUIDANCE PRIOR TO HOSPITAL DISCHARGE AND SHORT INTERVAL FOLLOW-UP HAVE BEEN ASSOCIATED WITH IMPROVED PATIENT SATISFACTION, REDUCED DEPRESSION, AND LONGER BREASTFEEDING DURATION
 - A LITTLE GOES A LONG WAY...

DECLERQ ET AL. LISTENING TO MOTHERS III: NEW MOTHERS SPEAK OUT. CHILDBIRTH CONNECTION 2013.

HOWELL ET AL. REDUCING POSTPARTUM DEPRESSIVE SYMPTOMS AMONG BLACK AND LATINAT MOTHERS: A RANDOMIZED CONTROLLED TRIAL. OBSTET GYNECOL 2012.

HOWELL ET AL. AN INTERVENTION TO EXTEND BREASTFEEDING AMONG BLACK AND LATINA MOTHERS AFTER DELIVERY. AM J OBSTET GYNECOL 2014.

INCREASING ENGAGEMENT

- INCREASING PATIENT ATTENDANCE AT THE POSTPARTUM APPOINTMENT IS A GOAL OF HEALTHY PEOPLE 2020
 - DISCUSS POSTPARTUM FOLLOW-UP AND THE PLAN OF CARE DURING PRENATAL VISITS
 - IMPLEMENT POSTPARTUM CARE COORDINATION TO SCHEDULE APPOINTMENTS AND FACILITATE ONGOING CONTACT
 - USE TECHNOLOGY TO STAY IN TOUCH
 - PATIENT PORTAL IN EMR, TEXTS, APPS
 - ADVOCATE FOR ACCESS TO PAID FAMILY LEAVE AND PAID SICK LEAVE
 - 23% RETURN TO WORK WITHIN 10 DAYS
 - ADDITIONAL 22% RETURN BETWEEN 10 AND 40 DAYS

NOVEL STRATEGIES

- HOME SUPPORT AFTER HOSPITAL DISCHARGE
 - TELEMEDICINE VISITS
 - HOME VISITS
 - PHONE
 - TEXT MESSAGING + CARE MANAGEMENT
 - APPS + CARE MANAGEMENT

FACE-TO-FACE SHORT INTERVAL VISIT

- NEED FOR LABS OR PHYSICAL EXAM
 - CERTAIN MEDICAL COMPLICATIONS (RENAL INSUFFICIENCY)
 - OPERATIVE COMPLICATION OR SEVERE PERINEAL LACERATION
- LACTATIONAL SUPPORT
- PATIENT PREFERENCE

PREVENTING HYPERTENSIVE-RELATED MORBIDITY

- MORE THAN HALF OF POSTPARTUM STROKES OCCUR WITHIN 10 DAYS POSTPARTUM
- BLOOD PRESSURE EVALUATION RECOMMENDED NO LATER THAN 7-10 POSTPARTUM
 - WITHIN 72 HOURS IF SEVERE HYPERTENSION
 - THIS MAY BE EFFECTIVELY ACCOMPLISHED WITH REMOTE MONITORING & CASE MANAGEMENT

PREVENTING UNPLANNED PREGNANCY AND SHORT INTERPREGNANCY INTERVAL

- 40-60% OF WOMEN WILL HAVE UNPROTECTED INTERCOURSE PRIOR TO THE USUAL 6 WEEK POSTPARTUM APPOINTMENT
 - OVULATION OCCURS AT A MEAN OF 39 DAYS POSTPARTUM IN NONLACTATING WOMEN (AND AS EARLY AS DAY 25!)

PRENATAL CONTRACEPTIVE PLAN

- CONTRACEPTIVE COUNSELING DURING PREGNANCY, INCLUDING DISCUSSION OF OPTIMAL INTERPREGNANCY INTERVAL, IMPROVES POSTPARTUM CONTRACEPTIVE UPTAKE
- STRONG PREDICTOR OF POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) USE IS HAVING AN ANTENATAL PLAN IN PLACE

Increasing IUD and Implant Use Among Those at Risk of a Subsequent Preterm Birth: A Randomized Controlled Trial of Postpartum Contraceptive Counseling. LN Torres et al. Women's Health Issues, 2018.

ADDRESSING FUTURE PREGNANCY RISK

- FOR PATIENTS WITH COMPLICATIONS OF PREGNANCY OR DELIVERY: POSTPARTUM “PRECONCEPTION CONSULTATION”
 - INCLUDES PREGNANCY LOSS, STILLBIRTH, NEONATAL DEATH
- SCHEDULE SEPARATELY, MAYBE WITH MFM
 - WHAT HAPPENED?
 - HOW LIKELY IS IT TO HAPPEN AGAIN?
 - WHAT CAN WE DO TO REDUCE THE RISK?
 - MAKE A PLAN AND DOCUMENT IT!

FACILITATING MEDICAL HAND-OFF

- IDENTIFY CARE PROVIDER WHO WILL ASSUME PRIMARY RESPONSIBILITY FOR ONGOING CARE
- ARRANGE APPROPRIATE FOLLOW-UP OF CHRONIC MEDICAL CONDITIONS
 - HYPERTENSION, DIABETES, OBESITY, THYROID DISORDERS, MOOD DISORDERS, ETC.
- ENCOURAGE OPTIMIZATION OF MATERNAL HEALTH IN THE INTERPREGNANCY INTERVAL

PREGNANCY AS A WINDOW TO FUTURE HEALTH

- **WOMEN WITH PRETERM BIRTH, GESTATIONAL DIABETES, OR HYPERTENSIVE DISORDERS OF PREGNANCY SHOULD BE COUNSELED ABOUT THEIR INCREASED LIFETIME RISK OF CARDIOVASCULAR DISEASE AND METABOLIC SYNDROME AND NEED FOR REGULAR SCREENING**
- *[MAJORITY OF PRIMARY CARE PHYSICIANS STILL DON'T DO THIS WELL OR AT LEAST CONSISTENTLY]*

PREGNANCY AS A WINDOW TO FUTURE HEALTH

- **COMPLICATIONS OF PREGNANCY SHOULD BE DOCUMENTED IN THE MEDICAL HISTORY TO FACILITATE TRANSITIONS OF CARE AND INFORM FUTURE SCREENING**

WHAT WILL IT TAKE TO CHANGE?

- POLICY CHANGE
 - REIMBURSEMENT OF ADDITIONAL CONTACTS, INCLUDING TELEMEDICINE, & COVERAGE THROUGH EXTENDED POSTPARTUM PERIOD
 - PAID PARENTAL LEAVE
- NOVEL STRATEGIES
- WILLINGNESS TO DO SOMETHING DIFFERENT

A NEW PARADIGM FOR POSTPARTUM CARE?

- INDIVIDUALIZED CARE
- STANDARD SHORT INTERVAL FOLLOW-UP
- TELEMEDICINE AND OUTREACH COMPONENTS
- CARE MANAGEMENT AND “WRAP AROUND” SERVICES
- EXTENDED COVERAGE FOR UP TO 1 YEAR POSTPARTUM