

# The Fourth Trimester?



## REDEFINING THE POSTPARTUM VISIT

ACOG COMMITTEE OPINION  
NUMBER 736 MAY 2018

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Take your average prenatal  
woman...

You meet her at 13 weeks  
gestational age.

You see her every 4 weeks...

Then two...

Then One...



You Deliver Her Baby.



9 months...

13 visits...

And then...

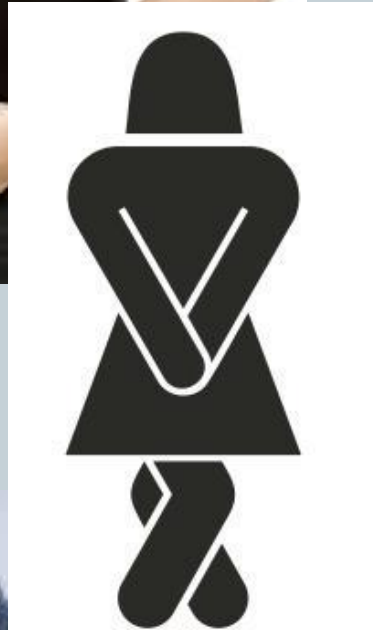
See you in 6 WEEKS!







# The Fourth Trimester



# The Fourth Trimester



- 1/2 of pregnancy related deaths occur after delivery





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)*

“The weeks following birth are critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process rather than a single encounter, with services and support tailored to each woman’s individual needs.”

# So what can we do?



- 1) ANTICIPATORY GUIDANCE**
- 2) ENGAGEMENT**
- 3) THE PARADIGM SHIFT**

# Anticipatory Guidance



- **Create a postpartum plan!**
  - Reproductive life plans and contraception options
    - ✦ Advise against pregnancy <6 months
    - ✦ Most benefit with 18 month spacing
  - Infant feeding
  - Baby Blues
  - Challenges of parenting
  - Postpartum recovery from birth
  - Chronic Health Issues- long term management plan- PCP!
  - Postpartum Care Team

# The Postpartum Care Team

**Table 2.** Postpartum Care Team\* ←

Team Member	Role
Family and friends	<ul style="list-style-type: none"> <li>• Ensures woman has assistance for infant care, breastfeeding support, care of older children</li> <li>• Assists with practical needs such as meals, household chores, and transportation</li> <li>• Monitors for signs and symptoms of complications, including mental health</li> </ul>
Primary maternal care provider (obstetrician–gynecologist, certified nurse midwife, family physician, women’s health nurse practitioner)	<ul style="list-style-type: none"> <li>• Ensures patient’s postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed</li> <li>• “First call” for acute concerns during postpartum period</li> <li>• Also may provide ongoing routine well-woman care after comprehensive postpartum visit</li> </ul>
Infant’s health care provider (pediatrician, family physician, pediatric nurse practitioner)	<ul style="list-style-type: none"> <li>• Primary care provider for infant after discharge from maternity care</li> </ul>
Primary care provider (also may be the obstetric care provider)	<ul style="list-style-type: none"> <li>• May co-manage chronic conditions (eg, hypertension, diabetes, depression) during postpartum period</li> <li>• Assumes primary responsibility for ongoing health care after comprehensive postpartum visit</li> </ul>
Lactation support (professional IBCLC, certified counselors and educators, peer support)	<ul style="list-style-type: none"> <li>• Provides anticipatory guidance and support for breastfeeding</li> <li>• Co-manages complications with pediatric and maternal care providers</li> </ul>
Care coordinator or case manager	<ul style="list-style-type: none"> <li>• Coordinates health and social services among members of postpartum care team</li> </ul>
Home visitor (eg, Nurse Family Partnership, Health Start)	<ul style="list-style-type: none"> <li>• Provides home visit services to meet specific needs of mother–infant dyad after discharge from maternity care</li> </ul>
Specialty consultants (ie, maternal–fetal medicine, internal medicine subspecialist, behavioral health care provider)	<ul style="list-style-type: none"> <li>• Co-manages complex medical problems during postpartum period</li> <li>• Provides prepregnancy counseling for future pregnancies</li> </ul>

# So what can we do?



- 1) ANTICIPATORY GUIDANCE**
- 2) ENGAGEMENT**
- 3) THE PARADIGM SHIFT**

# Engagement

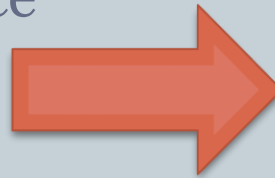


- **Lack of Follow up**

- 40% of women do not attend a postpartum visit
- Decreased postpartum visits leads to increased short interval pregnancies and increased preterm birth
- Schedule the visit intrapartum!

- **RTC of African American and Hispanic Women**

- 15 min anticipatory guidance before hospital discharge
- Phone call at 2 weeks



Reduces depression symptoms, increased breastfeeding through 6 months



# So what can we do?



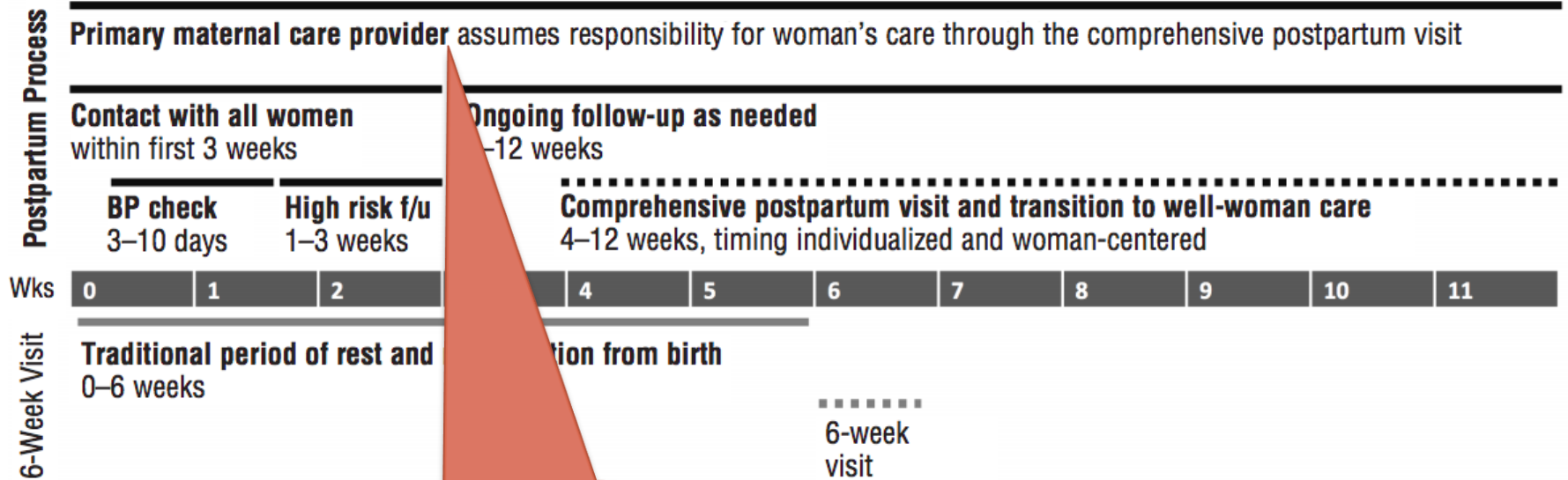
- 1) ANTICIPATORY GUIDANCE**
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# World Health Organization



- Routine Postpartum Evaluation of all woman/infant dyads at:
  - 3 days
  - 1-2 weeks
  - 6 weeks

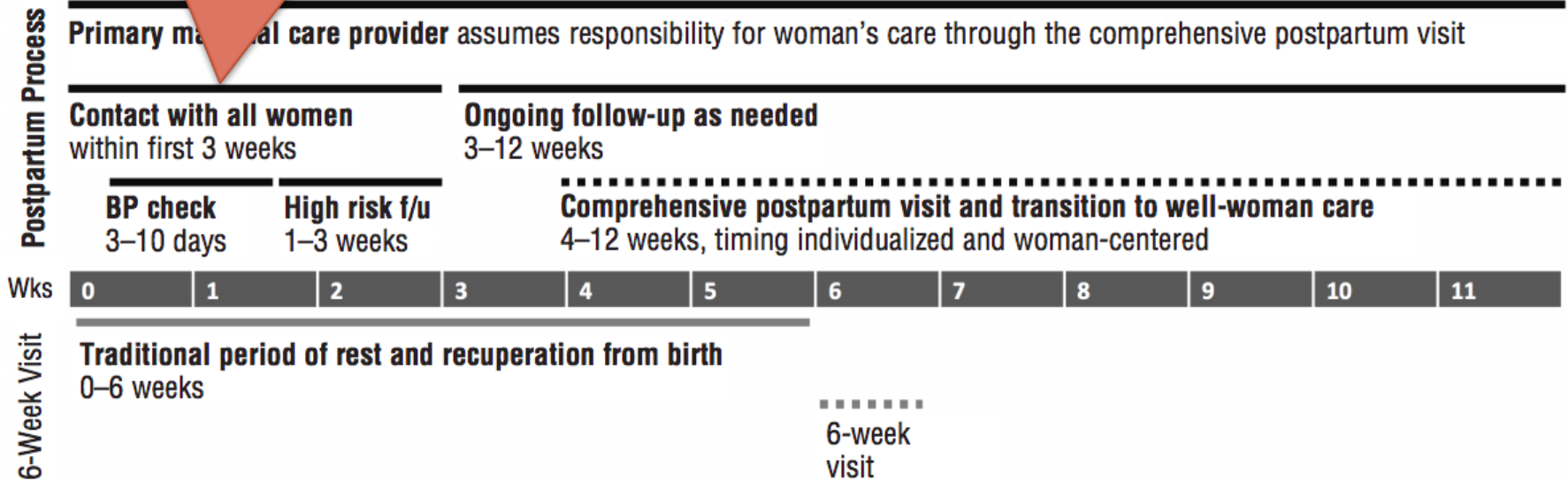
# Proposed paradigm shift



Primary maternal care provider assumes responsibility

# Proposed paradigm shift

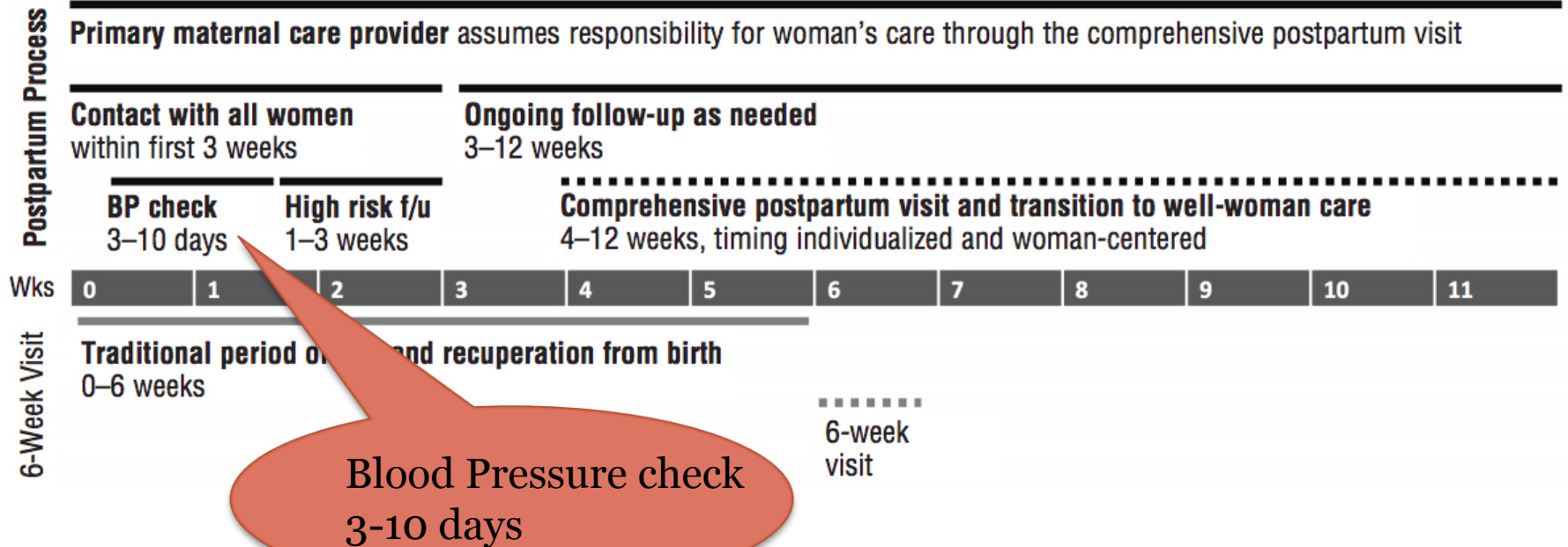
Contact all women within the first 3 weeks





- **<3 week assessment**
  - Phone or in person as needed
  - The National Institute for Health and Care Excellence
    - ✦ Recommends Screening all women for resolution of Baby Blues at 10-14 Days

# Proposed paradigm shift

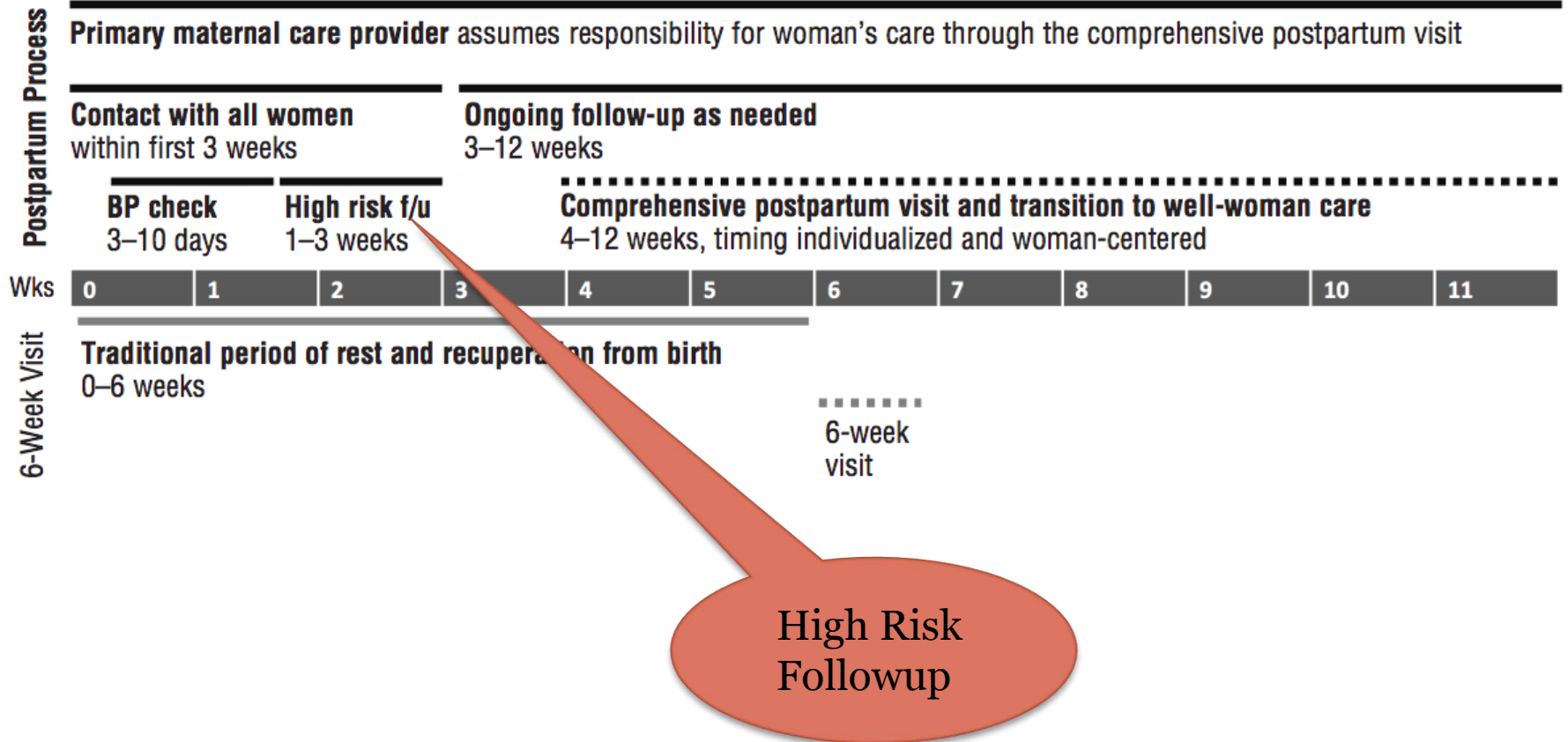


# The Blood Pressure Check



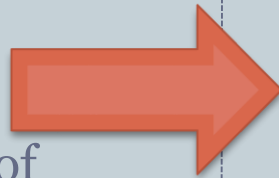
- Any hypertensive Disorder of Pregnancy
  - 3-10 Days
- Severe Hypertension in Pregnancy
  - <72 hours vs 3-5 days
- >1/2 postpartum strokes occur within 10 days of discharge

# Proposed paradigm shift





# The Early Postpartum Visit



- **Pregnancy Complications:**

- Preterm birth
- Gestational diabetes
- Hypertensive disorders of pregnancy

- **High Risk of Complications**

- Postpartum Depression
- Wound infection
- Lactation difficulties

- **Chronic Medical Conditions**

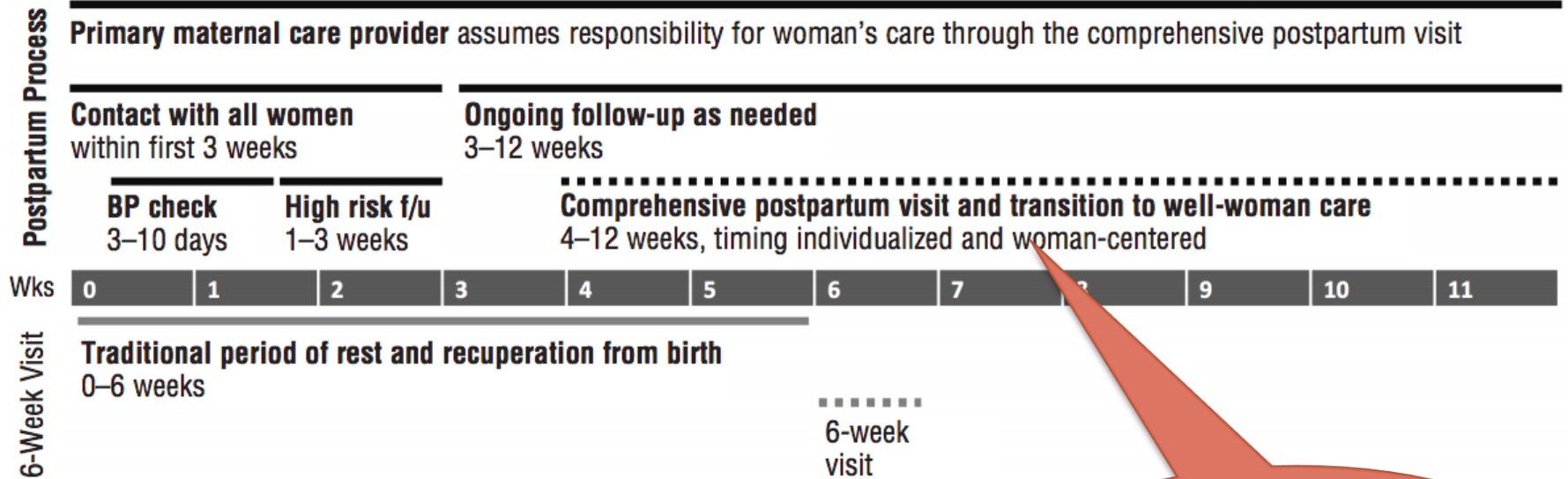
- Hypertension
- Seizure Disorder
- Obesity
- Diabetes
- Thyroid disorders
- Substance Use

- Lifelong Increase Risk of Cardiometabolic Disease

- Pregnancy as the natural “Stress Test”

- Need for Follow-up with PCP

# Proposed paradigm shift



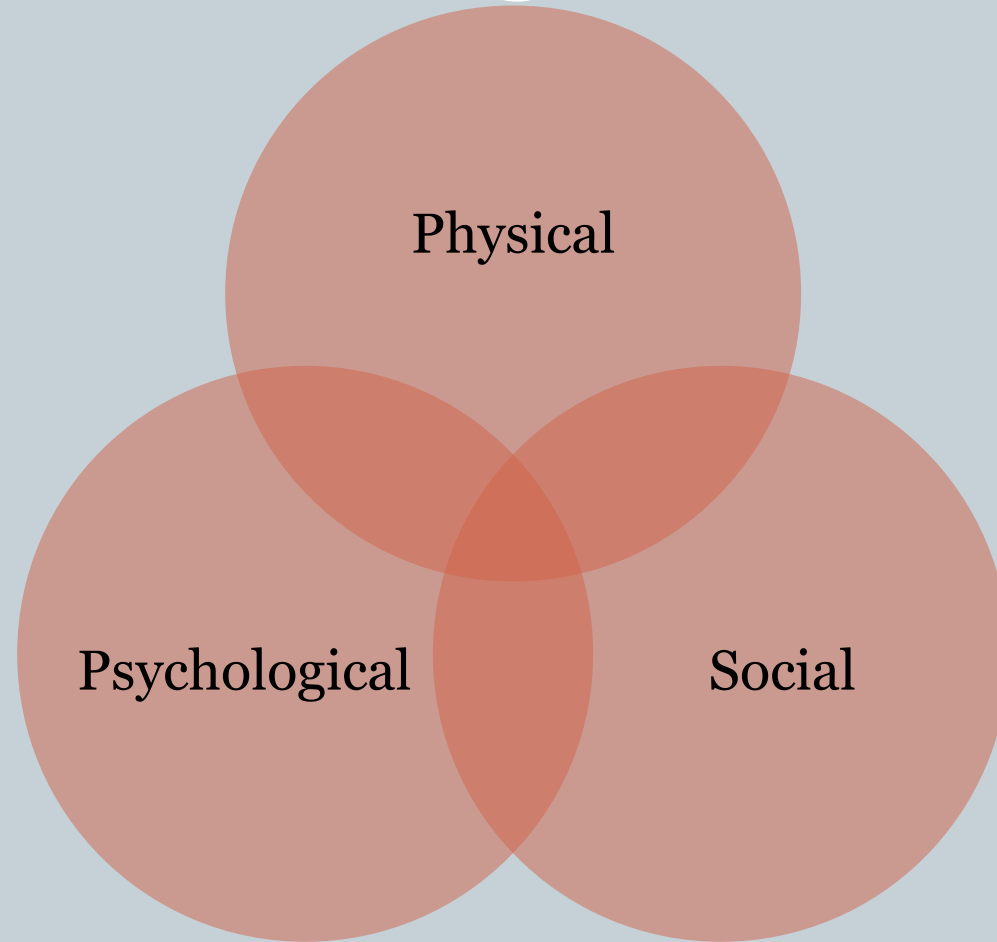
The Comprehensive Exam

# The Comprehensive Exam



- **Timing**
  - **Employed Women**
    - ✦ 23% returned to work w/in 10 days
    - ✦ 22% more returned 10-40 days

# The Comprehensive Exam



Physical

Psychological

Social

# The Comprehensive Exam



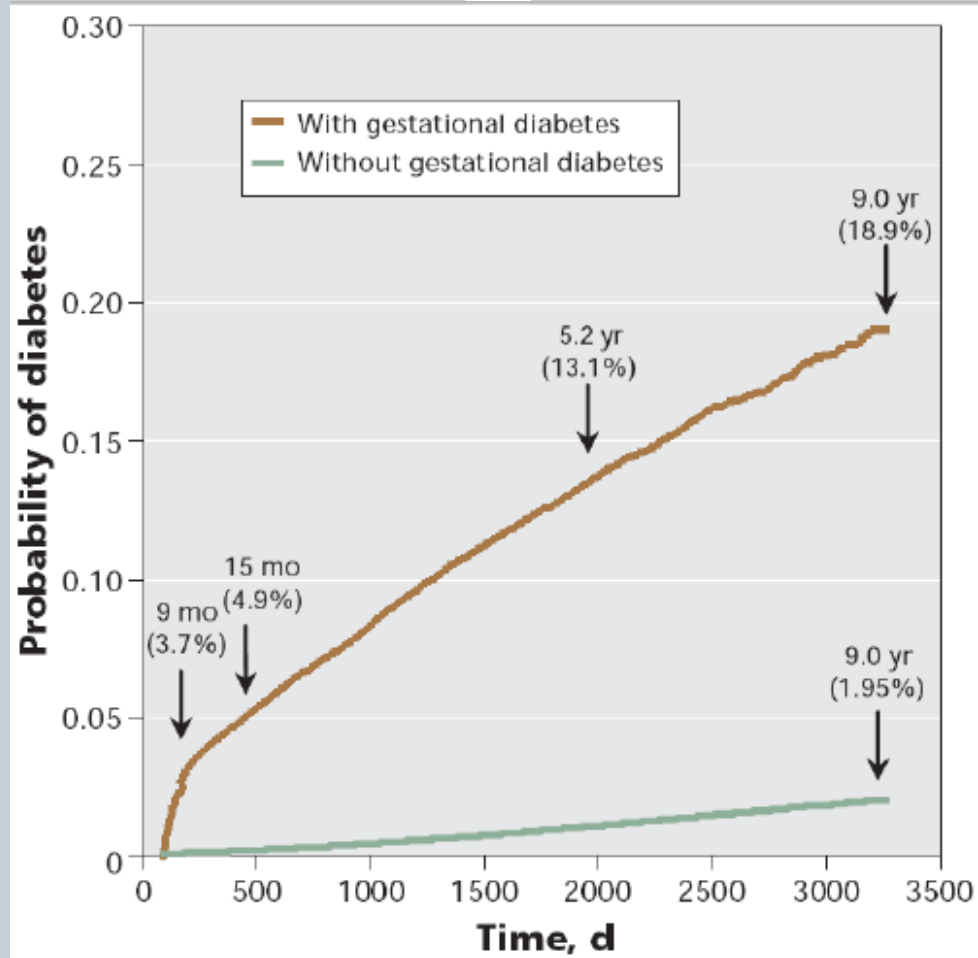
- Mood and emotional well-being
- Infant care and feeding
- Sexuality
- Contraception
- Birth spacing
- Sleep and fatigue
- Physical recovery from birth
- Chronic disease management
- Health maintenance

# The Comprehensive Exam



- **Traumatic Birth Experience**
  - Causes PTSD in 3-16% of women
  - Reviewing relevant details of labor and delivery
  - Future pregnancy risks and preventions
    - ✦ Aspirin
    - ✦ 17a-hydroxyprogesterone
- **Placental Pathology**

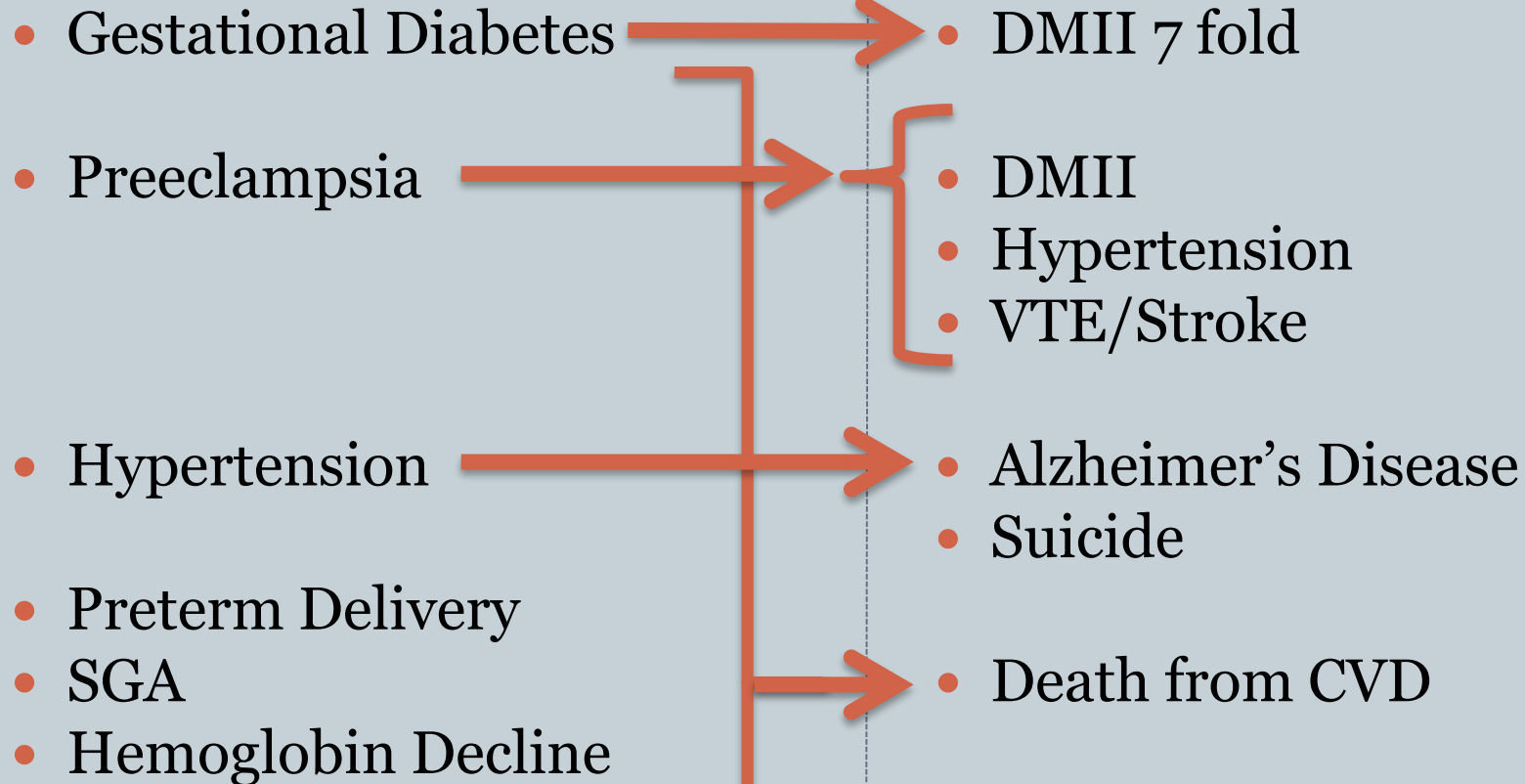
# Future Counseling



# Future Counseling

## Pregnancy Complication

## Increases risk of:





Pregnancy offers opportunities for identifying women at risk early in their lives when it may be possible to alter their risk trajectory.



# QUESTIONS?



# Citations



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