
Why postpartum care matters: Implications for health systems, clinics and patients

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Postpartum Care Online Learning Community Series



HEALTH POLICY & ANALYTICS DIVISION
Transformation Center

Agenda overview

- Why postpartum care matters
- Snapshot of women's health in Oregon
- Benefits of engaging women during the postpartum/interconception period
- Q&A and discussion

Why postpartum care matters

- Postpartum period sets the stage for long-term health and well-being for the mother-infant dyad
- Rising rates of severe maternal morbidity and mortality
- Care transition



National alignment

- ACOG Committee Opinion: Optimizing Postpartum Care (May 2018)
- CMS Postpartum Care Action Learning Series
- Preventing Maternal Deaths Act/CDC Maternal Mortality Review
- MIECHV and Healthy Start Programs
- HP 2020 Performance Measure

Babies are transformational

- Time of great joy for woman, couple and extended family
- Fulfillment of life goal/reproductive life plan
- Joining the circle of mothers
- The majority of women want to become mothers
- Motherhood as a source of empowerment

» Sarah Verbeist, Postpartum Think Tank Meeting (December 4, 2014)

Fourth trimester (3 months postpartum)

- Challenges
 - Recovery from pregnancy, labor & delivery and newborn care
 - Return to tobacco use (and other substance use)
 - Fragmented care
 - Little formal or informal support



It's not easy being a new mom

Most women experience pain after childbirth

- Pain at site of cesarean (58% overall, 18% major)
- Perineal pain (41% overall, 11% major)
- Nipple soreness/breast tenderness (48%)
- Backache (46%)
- Frequent headaches (29%)
- Pain with intercourse (27%)
- Re-hospitalized for a pain-related problem (3%)

» Listening to Mothers III, 2013

It's not easy being a new mom

Infections are common after childbirth

- Cesarean infections (24% overall, 8% major)
- Perineal infection (18% overall, 5% major)
- Breast infection (15% overall, 6% major)

» Listening to Mothers III, 2013

It's not easy being a new mom

Most women report stress, exhaustion, and sleep disturbances after giving birth

- Stress (54% overall, 17% major)
- Physical exhaustion (51% overall, 16% major)
- Sleep loss (58%, 21% major)

» Listening to Mothers III, 2013

It's not easy being a new mom

Many women met screening criteria for depression

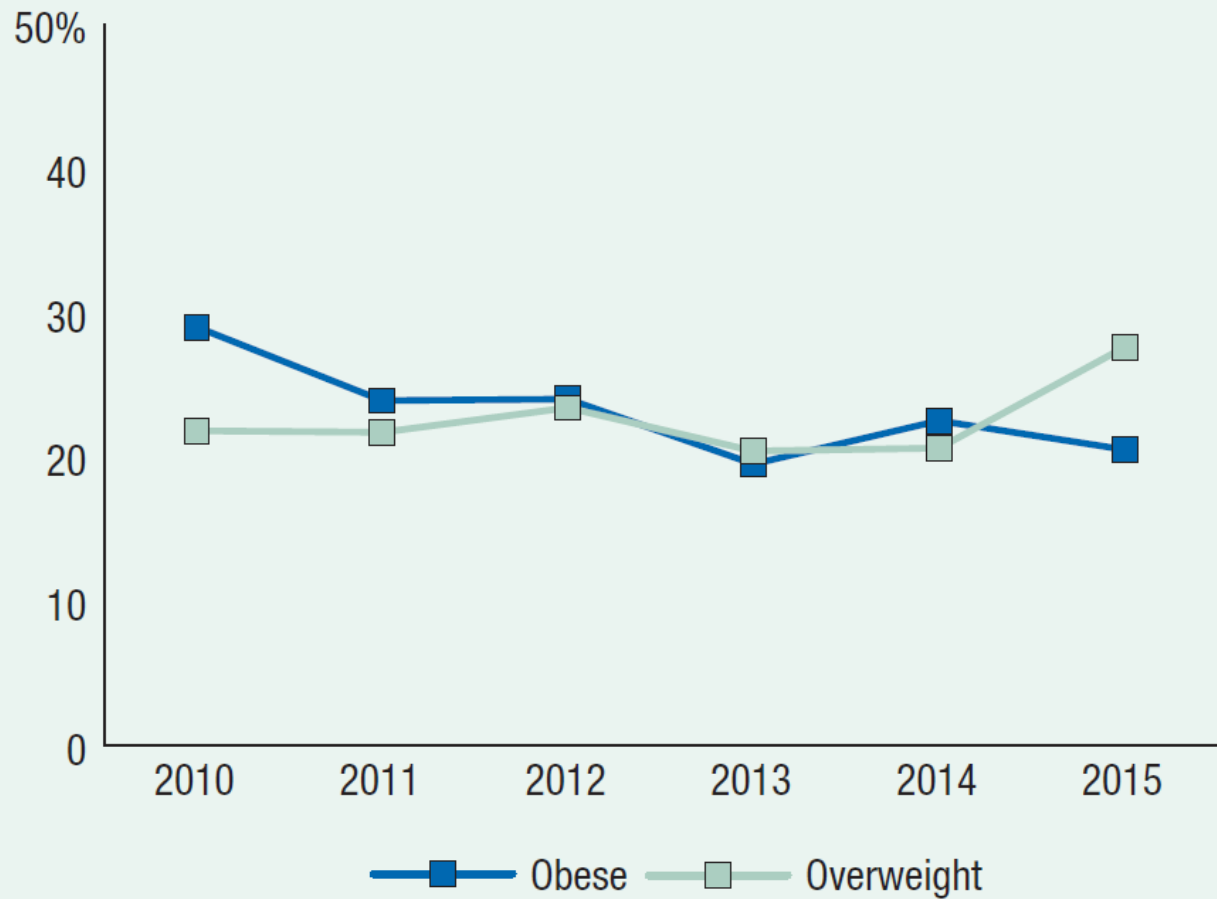
- Screened as likely to be depressed (14-17%)
- Fewer than half of mothers (45%) who met screening criteria for depression reported that they had consulted a provider about their mental or emotional health
- Some women struggle with nutrition, exercise, and other wellness activities after having a baby.

» Listening to Mothers III, 2013

Women's Health in Oregon

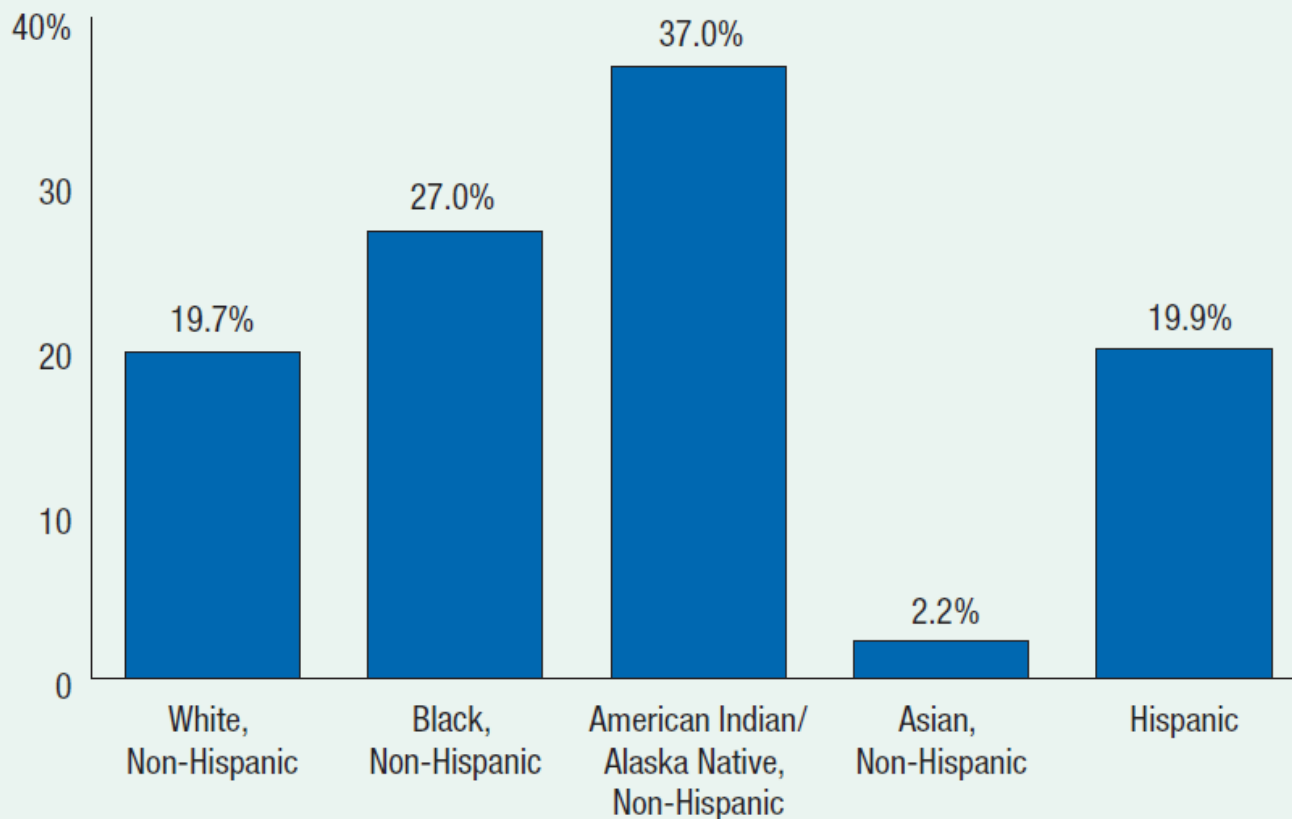


Overweight and obesity among women 18–44 years old, Oregon, 2010 to 2015



Data source: Behavioral Risk Factor Surveillance System

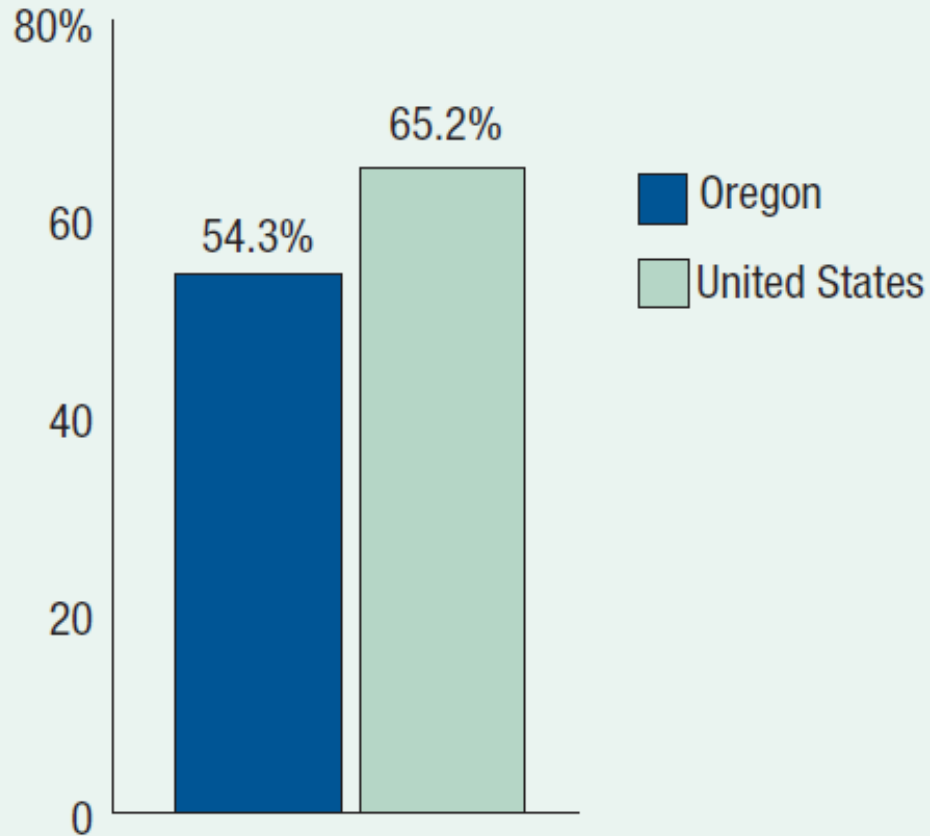
Women 18–44 years old who experienced four or more adverse childhood events, by race/ethnicity, Oregon, 2013–2015



Data source: Behavioral Risk Factor Surveillance System

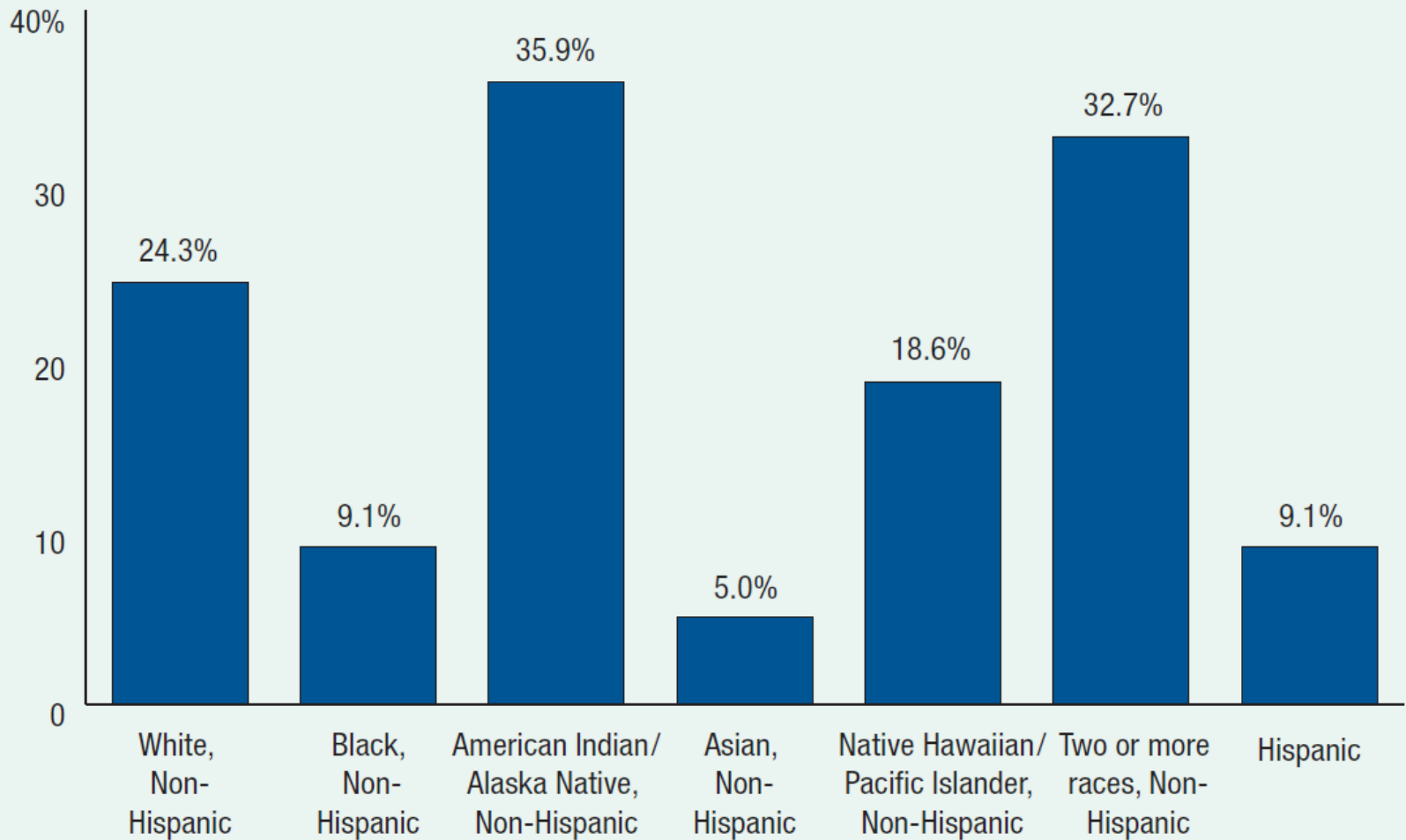
Note: Native Hawaiian/Pacific Islander, Non-Hispanic and two or more races, Non-Hispanic are not shown due to small sample size.

Routine checkup within the last 12 months among women 18–44 years old, Oregon and United States, 2013



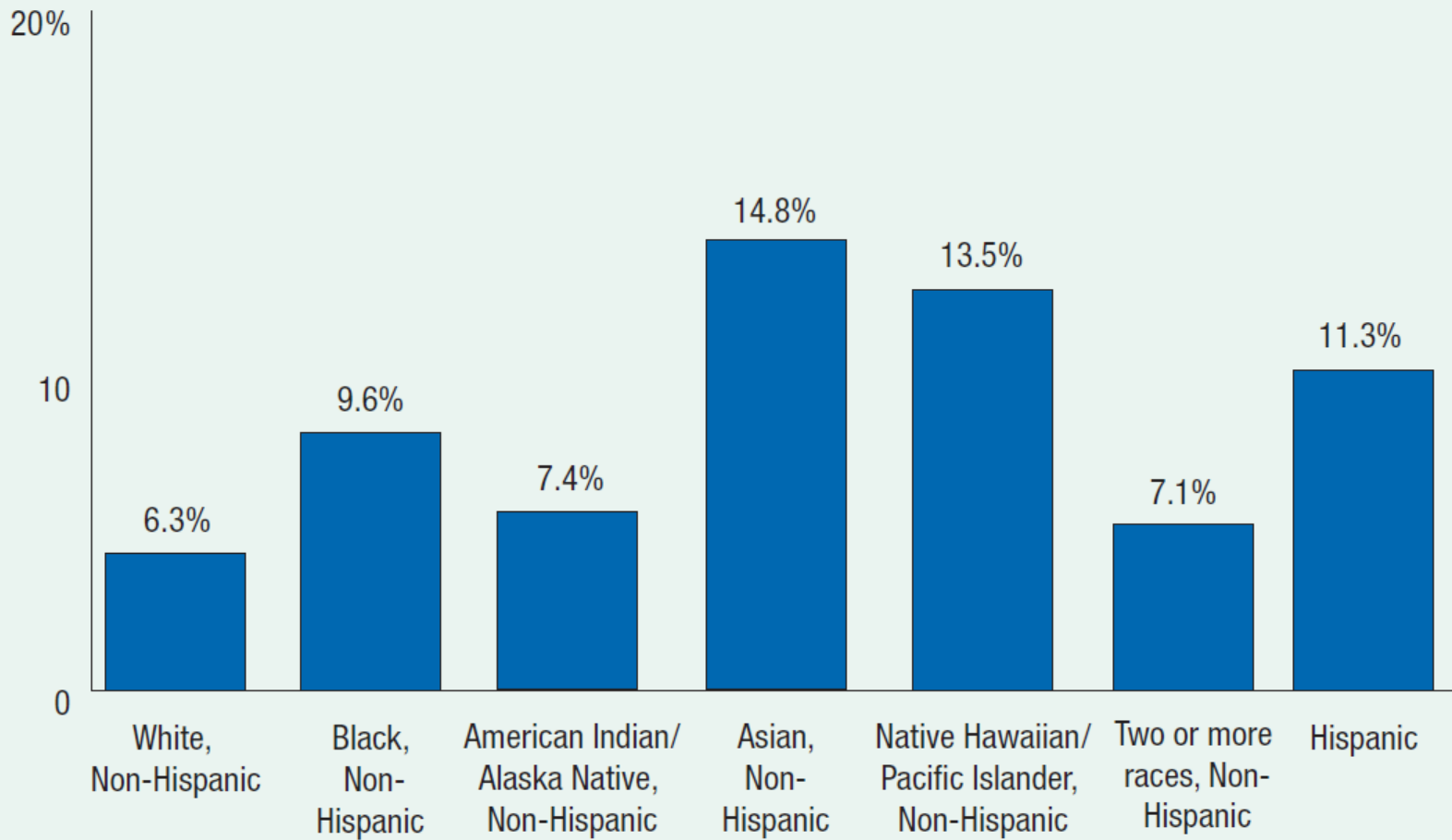
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Smoking in the three months prior to pregnancy, by race/ethnicity, Oregon, 2014



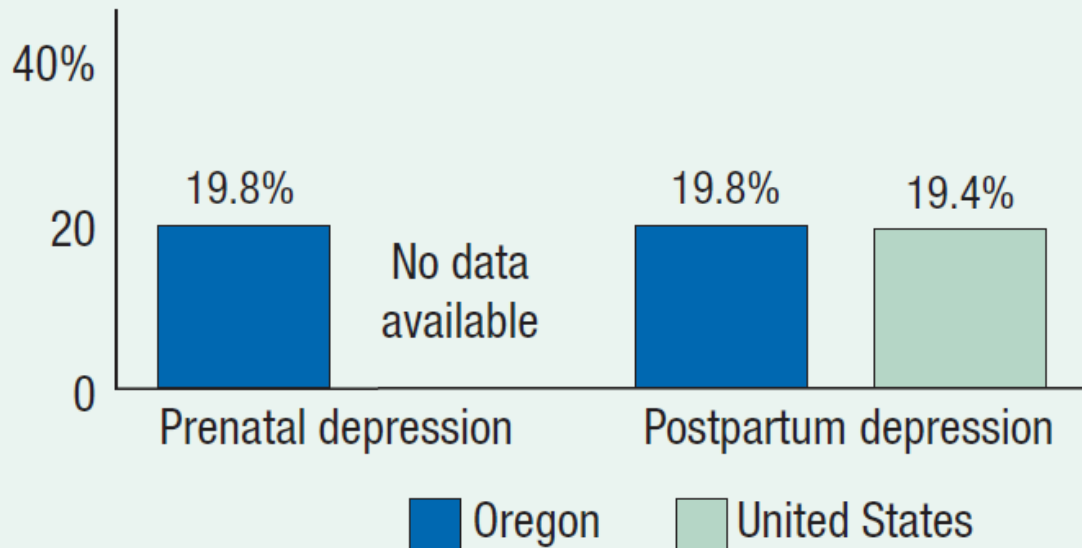
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Gestational diabetes by race/ethnicity, Oregon, 2014



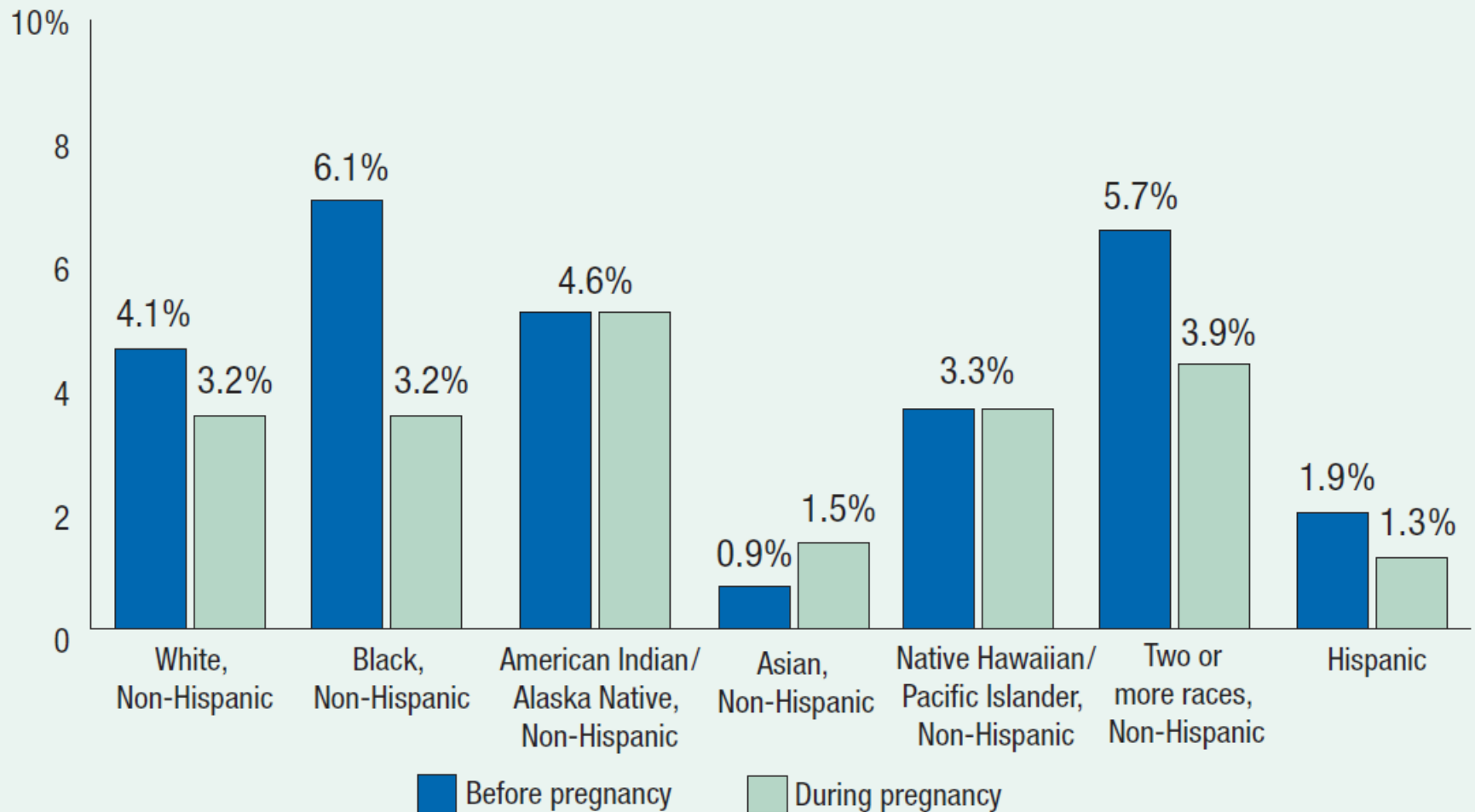
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Perinatal depression, Oregon and United States, 2013



Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

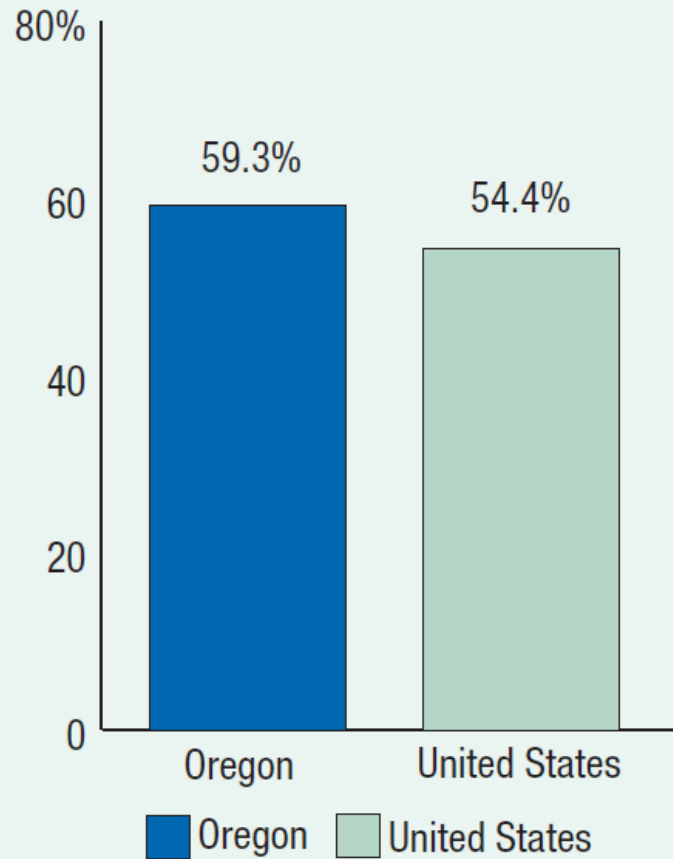
Intimate partner violence before and during pregnancy, Oregon, by race/ethnicity, 2014



Note: Please use caution when interpreting race/ethnicity data due to small sample size.

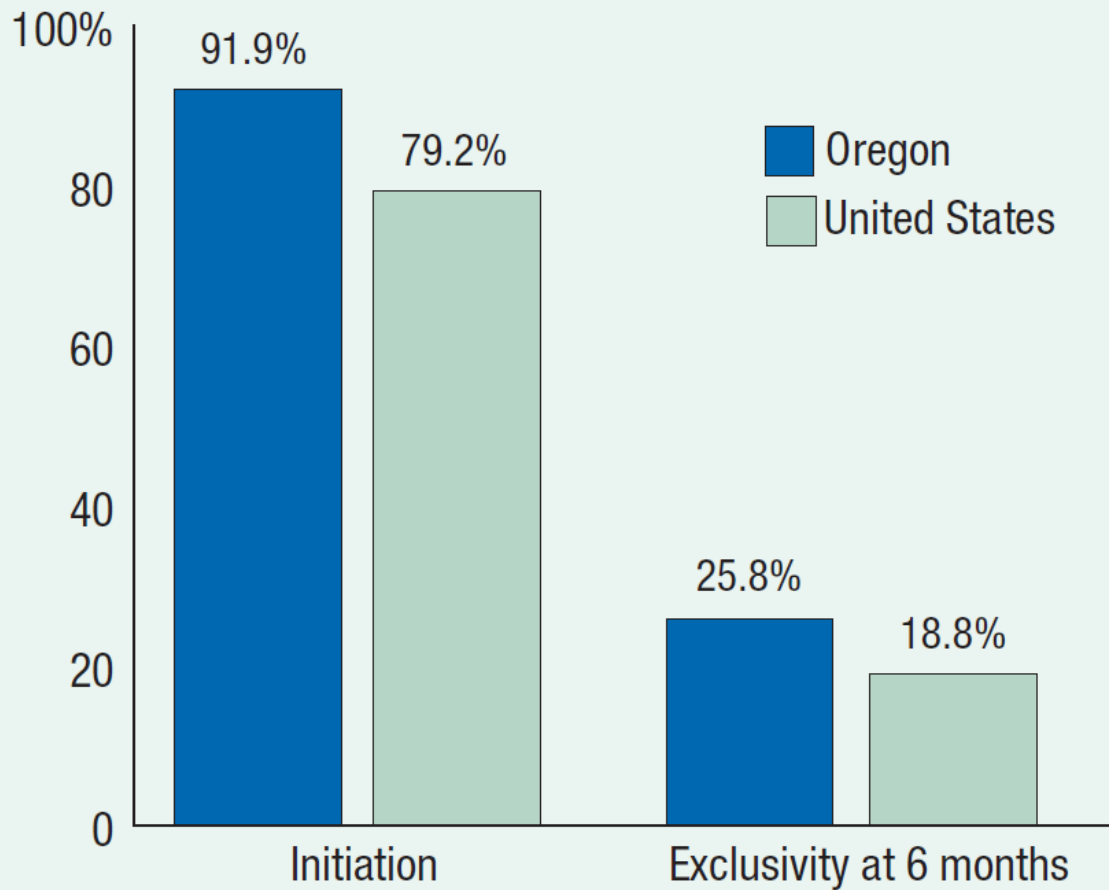
Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Prenatal dental visit, Oregon and United States, 2013



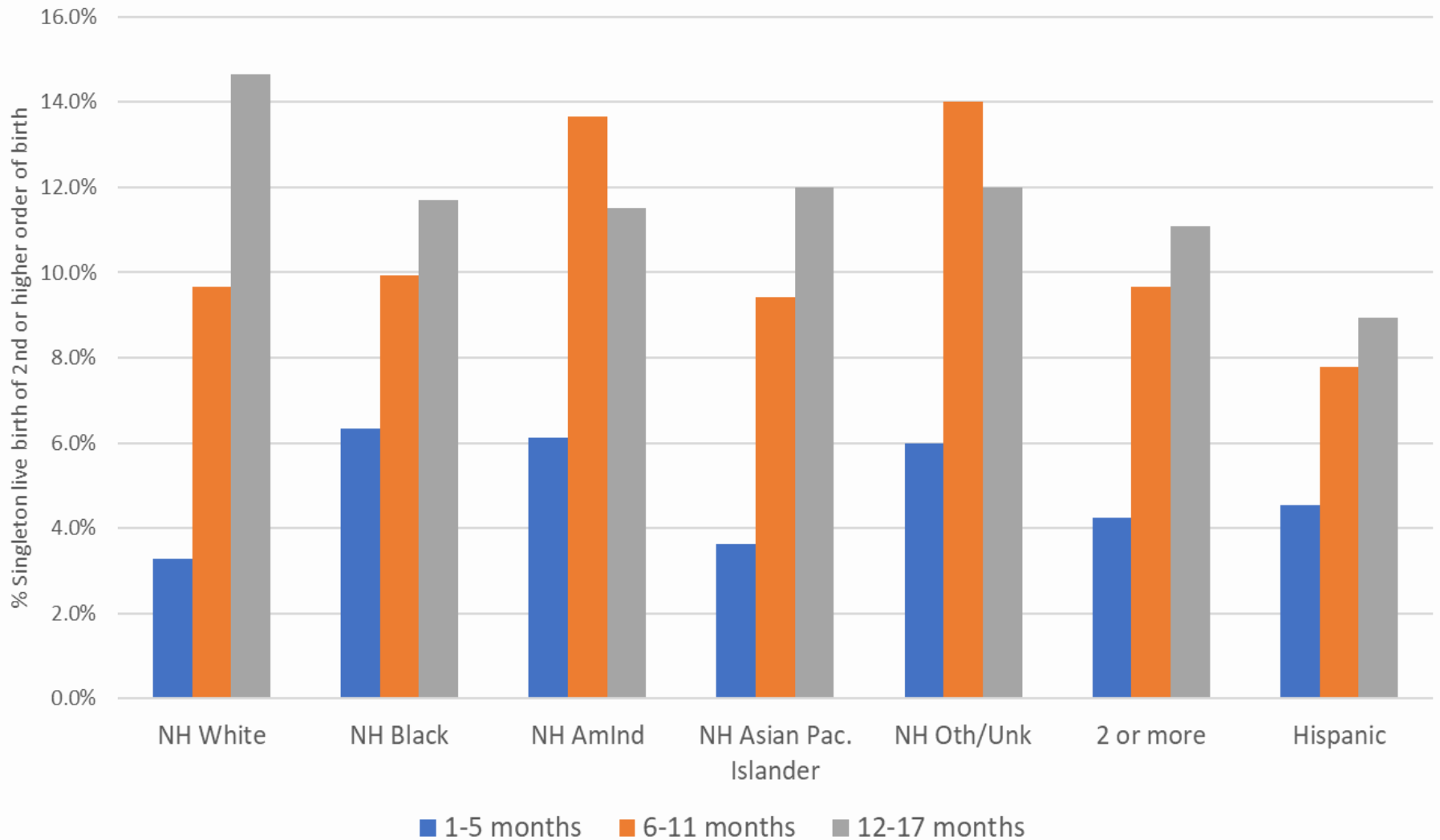
Data source: National Survey of Children's Health

Breastfeeding initiation and exclusivity at 6 months, Oregon and United States, 2014



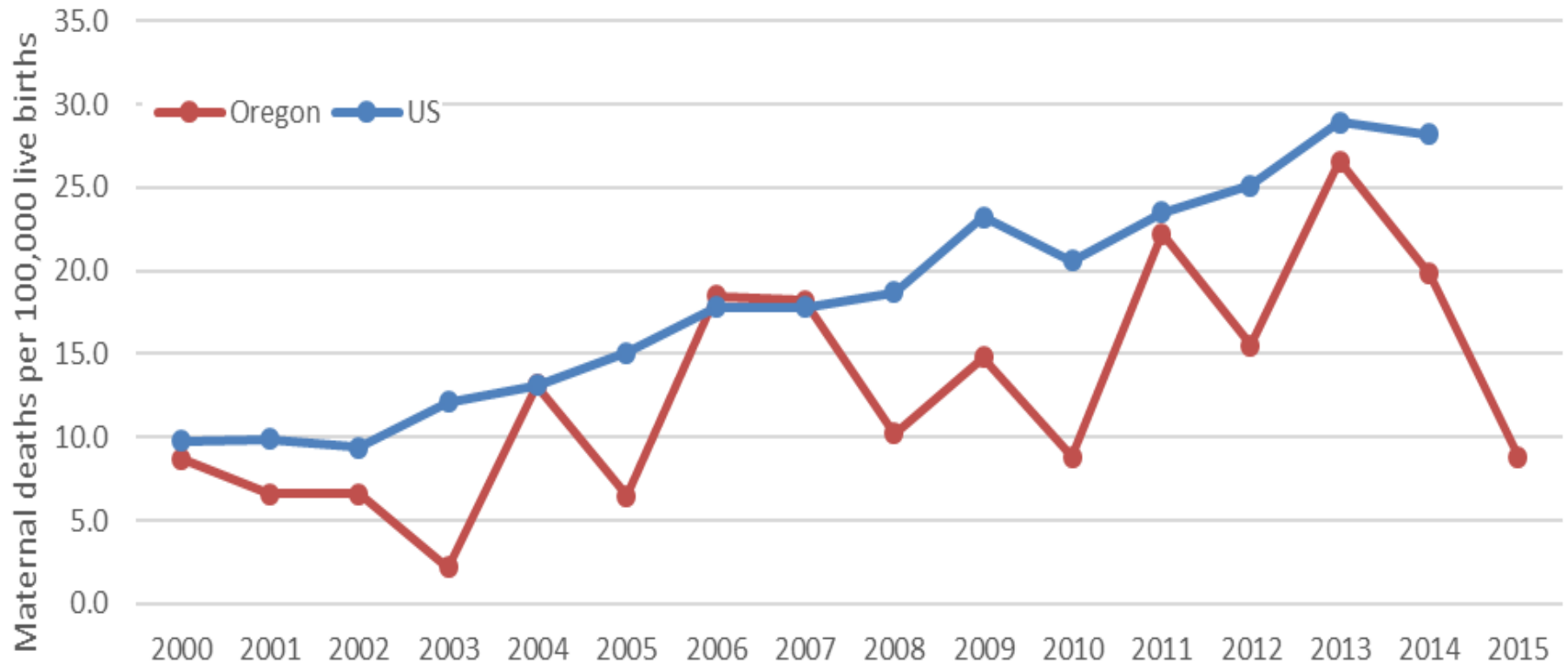
Data source: National Immunization Survey

Interpregnancy Intervals by Race/Ethnicity, Oregon 2017



Data Source: Oregon Center for Health Statistics

Maternal Deaths Rate, 2000-2015



Source: Center for Health Statistics

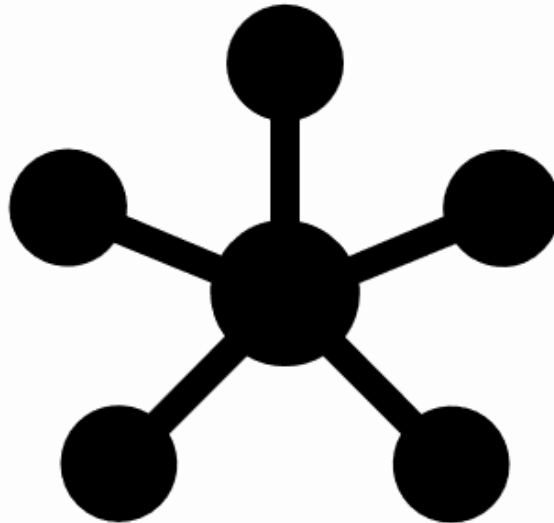
NOTE: Prior to 2006, maternal deaths only included deaths that occurred during pregnancy or within 42 days of delivery. Since 2006, maternal deaths include deaths that occurred during pregnancy or within one year of delivery.

Questions/Comments?

- Was there anything that surprised you?
- Have you looked at this kind of data for your community/your members?

Multi-faceted approach

- Health systems and providers
- Public health and community partners
- Policy change



Opportunities

- Reproductive life planning and contraception
- Management of chronic health conditions
- Linkages to ongoing care & services
- Sensitive period of time with links to life course outcomes (maternal depression, breastfeeding)

Recommended content for postpartum care (from ACOG)

- Infant Care and Feeding
- Pregnancy Complications
- Mood and Emotional Wellbeing
- Chronic Health Conditions
- Reproductive Life Planning (sexuality, contraception and birth spacing)
- Sleep and Fatigue
- Physical Recovery from Birth
- Health Maintenance-Transition to Ongoing Well Woman Care

Postpartum visit content for Oregon women

Postpartum care 2016 and 2017

During your postpartum visit, did a doctor, nurse or other health care worker do any of the following things?

At postpartum visit, asked respondent about: (Q55)	2016		2017	
	percent	confidence interval	percent	confidence interval
g. smoking	61	(57.0-64.9)	63.9	(59.6-67.9)
h. IPV	66.6	(62.7-70.4)	67.2	(63.1-71.1)
i. depression	93.3	(91.1-95.0)	93.5	(91.1-95.3)
j. diabetes	19.9	(17.1-23.1)	19.6	(16.8-22.8)

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

The business case for postpartum care

- Re-hospitalization and emergency care for mothers and newborns is costly.
- The highest rate of return in early childhood development comes from investing as early as possible.
- Good preconception health reduces pregnancy complications.
- A complicated pregnancy is more costly than a healthy pregnancy; and caring for sick mothers and newborns is more costly than caring for those that are healthy.

Questions/Comments?

- What other opportunities do you see?
- Are there other benefits to engaging women in postpartum care?

Upcoming sessions

- **April 18:** Understanding and addressing barriers to postpartum care: Systems- and clinic-level strategies. **Details and registration here:**
<https://attendee.gotowebinar.com/register/6120776019670693123>
- **May 2:** Postpartum Care Online Learning Community Series: Central Oregon Perinatal Continuum of Care - a unique model for engaging women in perinatal care in Deschutes, Jefferson and Crook Counties. **Details and registration here:**
<https://attendee.gotowebinar.com/register/3435249655153401859>
- Additional sessions and more information:
<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Timeliness-Postpartum-Care.aspx>

Resources

- [ACOG Committee Opinion: Optimizing Postpartum Care \(May 2018\)](#)
- [CMS Postpartum Care Action Learning Series](#)
- [Listening to Mothers Survey](#)
- [Oregon Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

Further questions?

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