Postpartum Care

Jan Shepherd, MD, FACOG
Objectives

Explain why postpartum care is important

Describe common emotional and physical issues that affect women after having a baby

Discuss the essential components of postpartum care
Increase the proportion of Healthy Start participants who receive a postpartum visit to 80%

- This is also a performance measure for many other MCH organizations and Healthy People 2020
- A postpartum visit with a healthcare provider should occur at 4-6 weeks postpartum, or at 7-14 days in cases of complicated pregnancy (C section, severe preeclampsia, prenatal depression, etc.)
Becoming a mother is a major adjustment with many often-unexpected challenges

- 24-hour demands of infant care
- Loss of personal time and space
- Changes in relationship with partner, other children, relatives, and friends

Delivering a baby often leaves a woman with temporary but significant physical and emotional health issues
The postpartum visit is intended to

- Provide moral support and reassurance to the new mother
- Ensure that her body is healing normally
- Rule out significant health risks
- Provide support for breastfeeding
- Present an opportunity to screen for postpartum depression and refer if needed

Why is this so important?
The postpartum visit is also an opportunity to provide preventive care

- Assess and encourage father/partner involvement and additional social support
- Follow up on medical and other issues that may have arisen during pregnancy
- Facilitate Reproductive Life Planning and choice of contraceptive
Discuss and provide suggestions on how to cope with the stresses of new motherhood

- Reassurance “It’s normal to feel overwhelmed”
- Rest whenever possible “Don’t try to be Supermom”
- Accept help from mom, relatives, and friends
- Plan a little time for yourself, and time with your partner

Encourage father/partner to attend visit to increase understanding and learn how best to provide support
### Physical Issues after Delivery

<table>
<thead>
<tr>
<th>Normal</th>
<th>Danger Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot flashes, tired</td>
<td>Fever, chills, flu-like aches</td>
</tr>
<tr>
<td>Cramps like a period</td>
<td>Severe abdominal pain</td>
</tr>
<tr>
<td>Bleeding for 4-6 weeks</td>
<td>Heavy or longer bleeding</td>
</tr>
<tr>
<td>Sore around the vagina (or scar, if C section)</td>
<td>Soreness getting worse, redness, swelling, drainage</td>
</tr>
<tr>
<td>Breasts swollen and tender</td>
<td>Hot red sore spot on one breast</td>
</tr>
<tr>
<td></td>
<td>Painful leg, chest pain, trouble breathing</td>
</tr>
</tbody>
</table>
When can I have sex again?

- It’s normal to have little interest in sex for a while
- Sexual desire will return
- Wait for vaginal soreness to resolve – and stitches to heal!
- Ideally examination by healthcare provider before having sex
- Vagina may be dry, especially if breastfeeding
- Healthcare provider can help with this

BUT many women do have sex before 6 weeks and can ovulate (i.e. get pregnant again), particularly if they’re not breastfeeding

- Advise condom use
Other Physical Concerns

How can I lose all this weight?

- Postpartum weight retention increases risk for long-term obesity, even in women who were normal weight before pregnancy
- Breastfeeding requires an extra 500 calories per day, making weight loss easier
- Continue the diet for a healthy pregnancy
Diet

What to Eat

- Protein – meat, fish, beans, eggs, nuts
- Calcium-rich foods, especially dairy
- Fruits and vegetables (>5 servings/day, choose colorful, fill half the plate)
- Whole grains (whole wheat bread, brown rice, cereals)
- Lots of liquids, especially water

Minimize

- Sweets, sugar-sweetened beverages, salt, fried foods

Continue prenatal vitamins, especially if breastfeeding
Exercise

- Important for losing baby weight – and not gaining more!
- Many women decrease activity after childbirth
- Can begin exercise gradually as soon as medically recovered (e.g. stitches healed, longer time after C-section)
- 20-30 minutes of moderate activity most days is recommended
79% of women begin breastfeeding in the hospital but only 49% continue for 6 months

- Provide positive reinforcement
- Reinforce benefits of continuing exclusive breastfeeding for 6 months
- Address questions and concerns

If formula feeding, reinforce guidelines
Case

Malia has enjoyed exclusively breastfeeding her baby for the first 6 weeks of his life. At her postpartum check she asks about how to wean him now that she has to go back to work. Her mother and grandmother both say that 6 weeks was more than enough.
Historically lower in African Americans, especially low-income women

- Improving: currently 59% ever breastfed, 30% continuation at 6 months
- Cultural, a legacy of slavery
- Often lack supportive social networks
- Less likely to have baby-friendly and breastfeeding-friendly work environments
Counseling Malia

- Give Malia positive reinforcement for her successful breastfeeding
- Encourage her to continue breastfeeding for at least 6 months
- Suggest peer counselors, CHWs, and doulas if needed
- Encourage use of mobile technology and breastfeeding groups on Facebook etc. for support
- Involve and educate partner, relatives, and friends
Counseling Malia

Encourage Malia to explore her options

- Advise her to check on availability of time to pump and a lactation room at work
- Her employee health insurance will likely cover the cost of a breast pump
- Her insurance will also cover a lactation counselor to help her learn to use the device and fit pumping into her and the baby’s life

Malia knows it will be hard to leave her baby at home with her mother, but she’s excited to see if she can continue the close relationship she has breastfeeding her baby after she returns to work
Major depression onset within 6 weeks of giving birth

Affects 15-20% of postpartum women

Differentiate from “Baby Blues”

- Affects the majority of women
- Peaks 3-5 days postpartum
- Over-emotional and weepy
- Responds to rest and support from father/partner, mother, sisters, friends
- Resolves spontaneously in 2-4 weeks
Postpartum Depression

Risk factors

- History of severe premenstrual syndrome, postpartum depression, major depression
- Family history of postpartum depression

Environmental contributors

- Psychosocial stress, esp. low income, teens
- Inadequate emotional/social support
- Previous unfavorable pregnancy outcomes
Management of Postpartum Depression

Screen all mothers at 2-6 weeks postpartum, also during pregnancy and later on if indicated

- < 20% of diagnosed patients report their symptoms to a healthcare provider

Referral and aggressive treatment essential for mother, infant, and their relationship

Antidepressant medication most effective

- Given preventively if previous history

Psychotherapy also helpful
Case

Christina is 16 years old and just had her first baby. She didn’t want to go to her postpartum visit, but her mother insisted and finally came in with her. Her mother says Christina was initially excited about having a baby, but now she leaves most of the care to her mother and doesn’t seem interested in the baby at all.
Talk with Christina about how she feels and what is going on in her life

- Christina says the baby’s father broke up with her right before she had the baby

Administer a depression screen (e.g. Edinburgh)

- Results are positive (score 28 out of 30)

Share the results with Christina and her mother. Discuss that depression is not uncommon after a new baby and likely related to both stress and hormone changes

Refer Christina for mental health care

After a few weeks of medication, Christina begins to engage with and enjoy her baby
Preventive Care
Follow up on Pregnancy Problems

Diabetes during pregnancy
- 7x increased risk of developing Type 2 Diabetes
- Glucose testing 6-12 weeks postpartum is important

Preeclampsia
- 4x increased risk of chronic high blood pressure
- Danger of future heart disease and stroke
- BP check and education about risk reduction needed

Manage these and all medical issues that arose in pregnancy so they will be under control if another child is planned (pre/interconception care)

Transition to well-woman care
Continue support for social issues

- Tobacco – 70% of previous smokers revert to smoking with the stress of new motherhood
- Alcohol – Continue to monitor use
- Mood altering drugs – Requirement decreases after pregnancy → Danger of overdose
- IPV during pregnancy – High risk of continued abuse, postpartum depression, and PTSD in mother; anxiety and depression in infant/child
Preventive Care
Reproductive Life Planning

Ask all women

- Do you plan to have more children?
- How many?
- When?
  - Opportunity to point out optimal spacing of at least 18 months
### Spacing Pregnancies

#### Table 5. Meta-analysis of Dose-Response Regression Slopes and Prediction of the Risk of Adverse Perinatal Outcomes for Interpregnancy Intervals <18 Months and >59 Months

<table>
<thead>
<tr>
<th>Risk Increase</th>
<th>Preterm Birth (12 Studies)</th>
<th>LBW (7 Studies)</th>
<th>SGA (12 Studies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per month for intervals &lt;18 mo*</td>
<td>1.92 (1.80-3.04)</td>
<td>3.25 (3.09-3.41)</td>
<td>1.52 (1.40-1.64)</td>
</tr>
<tr>
<td>Per month for intervals &gt;59 mo</td>
<td>0.55 (0.49-0.61)</td>
<td>0.91 (0.83-0.99)</td>
<td>0.76 (0.71-0.81)</td>
</tr>
<tr>
<td>Predicted by the model</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpregnancy interval, mo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>28.8 (27.0-30.6)</td>
<td>48.8 (46.4-51.2)</td>
<td>22.8 (21.0-24.6)</td>
</tr>
<tr>
<td>6</td>
<td>23.0 (21.6-24.5)</td>
<td>39.0 (37.1-40.9)</td>
<td>18.2 (16.8-19.7)</td>
</tr>
<tr>
<td>9</td>
<td>17.3 (16.2-18.4)</td>
<td>29.3 (27.8-30.7)</td>
<td>13.7 (12.6-14.8)</td>
</tr>
<tr>
<td>12</td>
<td>11.5 (10.8-12.2)</td>
<td>19.5 (18.5-20.5)</td>
<td>9.1 (8.4-9.8)</td>
</tr>
<tr>
<td>15</td>
<td>5.8 (5.4-6.1)</td>
<td>9.8 (9.3-10.2)</td>
<td>4.6 (4.2-4.9)</td>
</tr>
<tr>
<td>18-59‡</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>72</td>
<td>6.6 (5.9-7.3)</td>
<td>10.9 (10.0-11.9)</td>
<td>9.1 (8.5-9.7)</td>
</tr>
<tr>
<td>96</td>
<td>19.8 (17.6-22.0)</td>
<td>32.8 (29.9-35.6)</td>
<td>27.4 (25.6-29.2)</td>
</tr>
<tr>
<td>120</td>
<td>33.0 (29.4-36.6)</td>
<td>54.6 (49.8-59.4)</td>
<td>45.6 (42.6-48.6)</td>
</tr>
<tr>
<td>144</td>
<td>46.2 (41.2-51.2)</td>
<td>76.4 (69.7-83.2)</td>
<td>63.8 (59.6-68.0)</td>
</tr>
</tbody>
</table>

**Abbreviations:** CI, confidence interval; LBW, low birth weight; SGA, small for gestational age.

*Risk increase per each month that interpregnancy interval is shortened from 18 months.
†Risk increase per each month that interpregnancy interval is lengthened from 59 months.
‡Reference category.

Shonda got pregnant by accident when she missed a few birth control pills. She and her boyfriend are very happy with this baby now, but she says they won’t be ready for another one for at least 3 years. Shonda says she would like a more effective form of birth control. She wants something that won’t interfere with her breast feeding, but also a method that she doesn’t have to remember all the time, especially now that she is so busy with the baby.
Counseling Shonda

Shonda chooses the contraceptive implant

- Very effective contraception for 3 years
- Nothing to remember every day, week, etc.
- Will not affect breastfeeding
- Can be removed at any time if she changes her mind
Postpartum Care: What about the Baby?

Needs insurance, healthcare provider, and medical home

Recommended well child visits at 2-5 days and 1, 2, 4, and 6 months

- History, physical exam, blood tests, immunizations
- Height, weight, and head circumference
- Vision and hearing check
- Surveillance of developmental milestones
- Psychosocial/behavioral assessment
- A chance for Mom and Dad to ask questions!
Well Child Visit

Counseling

- Safe sleep
- Use of car seat
- Read to infant every day
- Encourage father/partner involvement

The ABC’s of Safe Sleep

A: Alone
   Not with other people, pillows, blankets, or stuffed animals.

B: on my Back
   Not on the stomach or side.

C: in my Crib
   Not on an adult bed, sofa, cushion, or other soft surface.
Coming Soon:
Postpartum Screening Tool!
Case

Glenna says she missed her 6 week postpartum visit because she had a normal pregnancy and didn’t see the need. She also says was just too tired to go - busy with the baby all day long and not getting much sleep at night. When she brought her baby in for his 3 month well child visit, the practitioner suggested she also take time to see a maternal care provider.
Glenna found this delayed postpartum visit very helpful. Afterwards, she said she wished she had kept her 6-week appointment.

- Her depression screen was negative, but the practitioner was very understanding about the difficulties of being a new mom. Just talking about it made Glenna feel better.

- The practitioner also gave Glenna some suggestions on how she could get more rest, and referred her to a New Mom support group at the community center.

- Glenna had already decided that she didn’t want another baby any time soon, and this visit also gave her the opportunity to get started back on birth control pills.
Keys to Effective Postpartum Care

Accessible and convenient, ideally integrated with pediatrics, primary care providers, home visiting, etc.

Mother-centered

- Ask women what help and support they need
- Content and services culturally appropriate, helpful, and meaningful for the woman
Summary

Postpartum care is vital to the future health of the mother, baby, and family.