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COMMENTARY

Postpartum Health and Wellness: A Call for Quality Woman-Centered Care

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Abstract *Introduction* The first 3 months after giving birth can be a challenging time for many women. The Postpartum Health and Wellness special issue explores this period, one that is often overlooked and under-researched. *Methods* This issue is designed to bring greater focus to the need for woman-centered care during the postpartum period. Articles in this issue focus on four key areas: (1) the postpartum visit and access to care, (2) the content of postpartum care and postpartum health concerns, (3) interconception care including contraception, and (4) policy, systems, and measurement. *Results* The submissions highlight deficits in the provision of comprehensive care and services during a critical period in women's lives. The research highlighted in this issue supports the recommendation that Maternal and Child Health leaders collaborate to create woman-centered postpartum services that are part of a coordinated system of care. *Conclusion* In order to achieve optimal health care in the postpartum period it is becoming more apparent that increased flexibility of services, cross-training of providers, a "no wrong door" approach, new insurance and work-place policy strategies, improved communication, and effective coordinated support within a system that values all women and families is required.

Keywords Postpartum · Woman-centered · Fourth trimester · Interconception · Maternal health

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Significance

Discharge from the hospital after labor and delivery often signals the switch to health care services focused on the infant. However, the postpartum period is known to be an optimal window of care and intervention for women. While postpartum health and wellness is critical, clinicians, public health leaders, policy makers, communities, and businesses often neglect the multiple needs of women during this time. The articles in this issue demonstrate the importance of woman-centered postpartum care. Further, the articles highlight the gaps in care and the missed opportunities to provide women with the comprehensive services that are required during this period.

Commentary

In 2014, almost 4 million live births occurred in the United States, along with thousands of fetal deaths and stillbirths (Hamilton et al. 2014). The overlooked and under-researched Fourth Trimester, defined as the first 3 months after delivery, is a time of great challenge, particularly for new parents, especially women. Women not only must physically recover from pregnancy and childbirth, but also redefine their sense of self (body image, intimate

relationships, and infant bonding) and care for themselves, infant, and family (Fahey and Shenassa 2013). This transition often extends far beyond the 6-week clinical definition of the postpartum period, into a year or more of coping and adaptation. While postpartum health and wellness impacts millions of women, infants, and families each year, clinicians, public health leaders, policy makers, communities, and businesses often neglect the multiple needs of women during this time.

Fahey and Shenassa's Perinatal Maternal Health Promotion Model beautifully articulates women's postpartum tasks, elevating the necessary skills that a woman must develop in order to successfully adapt. Skills such as mobilizing social support, positive coping, developing realistic expectations, and building self-efficacy enable a woman to navigate this complex time of joy, fatigue, challenge and discovery (Fahey and Shenassa 2013). As maternal and child health professionals, our lack of recognition, research, and delivery of appropriate and women-centered maternal services during this sensitive period of the life course warrants discussion, one we hope to launch with this special issue.

A national meeting on postpartum health in December 2014 provided the impetus for this Maternal and Child Health Journal issue. Over 40 experts from across the country gathered in Washington DC to review the state of the field as it pertains to care and services for women. Consumer advocates, clinicians, public health leaders, insurers, and policy makers all emphasized the necessity of attending to this sensitive period of time in the life course and committed to redoubling efforts to improve systems of care. Coordinated by the Association of Maternal and Child Health Programs (AMCHP) and the UNC Center for Maternal and Infant Health with funding support from the W.K. Kellogg Foundation, this meeting set the stage for a host of new initiatives. In this issue, Stampfel et al. (2016) provide a succinct summary of this important gathering, including an infographic, which describes the disjointed system new mothers must navigate and distills directions for future work into three solutions. These solutions capture a postpartum system of care that supports women, children, and families by offering new ideas and capitalizing on existing opportunities and resources (Stampfel et al. 2016).

Beyond Stampfel, our call for abstracts uncovered a series of excellent manuscripts that we are pleased to present. The submissions illuminated several gaps in our field where more work clearly needs to be done. The articles in this issue are classified into four categories: the postpartum visit and access to care, the content of postpartum care and postpartum health concerns, interconception care, and policy, systems, and measurement. An overview of the articles in each of these sections and their relationship to each other and to the themes of the issue is provided below.

Postpartum Visit and Access to Care

Prenatal care in the U.S. includes over nine visits, with the intensity of care increasing to weekly visits near the end of gestation. This close monitoring is continued during labor and delivery and the busy 24–48 hours of round the clock attention in the postpartum unit. For many women, particularly low-income and minority women, discharge from the hospital signals an immediate disengagement with health care services. Thus, at the same time that the majority of women who are mothers report fatigue, stress and physical exhaustion along with breast tenderness, backaches, lack of sexual desire, challenges with weight control, incontinence, and numbness at the site of a cesarean section, their access to care is curtailed (Declercq et al. 2013). In this issue, Wilcox et al. (2016) summarize the literature on the predictors of non-attendance at the postpartum visit. In their institution, a third of prenatal patients did not receive a postpartum visit. Their results highlight the disparity in access to postpartum care, the importance of identifying barriers to attendance and developing creative strategies to provide postpartum care outside of the traditional postpartum visit framework (Wilcox et al. 2016).

Current clinical practice focuses arbitrarily on a single, 6-week postpartum visit, which is increasingly under the microscope as being inadequate and mistimed for many women. Stumbras et al. (2016) add to the discussion in this issue as they present the results of their review of the literature on postpartum visit guidelines and intervention. They find guidelines for the timing of the postpartum visit to be variable and based on weak evidence but also note growing support for the delivery of care in a manner best suited to meet women's needs. Their findings suggest a definite need for more research related to the appropriate timing and frequency of care in the postpartum period. The authors also discovered a diverse set of promising interventions to increase utilization of the postpartum visit but call for significantly more research in this area as well. Rankin et al. (2016a) augment research about the single postpartum visit by sharing the results of their review of the patterns of postpartum care among women in Illinois with Medicaid-paid deliveries. According to these authors, the patterns of postpartum care experienced by these women indicate they encounter the healthcare system at higher rates than previously estimated; in fact, many women have more than one encounter with the healthcare delivery system for non-acute care in the first 3 months postpartum. As such, these authors suggest that women may benefit from changes in both clinical guidelines and Medicaid reimbursement policy for the traditional 4–6 week postpartum visit.

Henderson et al. (2016) capture low-income women's and providers' voices about the postpartum visit and the delivery of contraception during the postpartum period. Women

in their study clearly understood that the postpartum period is an important time for monitoring women's physical and mental health and strongly endorsed the provision of contraception earlier than the 6-week postpartum visit. Providers were receptive to exploring new clinical practices and alternative approaches to the delivery of postpartum care, including at the well-baby visit.

The concept of the Fourth Trimester highlights that mothers and their infants remain a tightly connected dyad with interrelated needs. This interdependence may be particularly difficult for women whose babies are hospitalized in neonatal intensive care nurseries. Verbiest et al. (2016) describe the health needs of new mothers of medically fragile infants and suggest that exploring options for providing medical services to mothers in this pediatric care setting is not only feasible, but even desirable.

As Stampfel et al. (2016) underscore, many women do not access needed care in the months after giving birth for multiple reasons. Filling these gaps in care requires woman-centered, cross agency and cross discipline strategies coupled with new resources. Further clear disparities in the receipt of postpartum care should serve as a clarion call for health systems to examine the care they provide and to eliminate any bias that is woven into their obstetric services.

Content of Postpartum Care and Health Concerns

Paying insufficient attention to the postpartum period is particularly alarming when considering the host of health concerns and issues that arise. Data show that nearly one out of every five women who are mothers experience postpartum depression while one in three report "feeling down, depressed or hopeless" or having "little interest or pleasure in doing things" for at least several days in a 2 week period (Declercq et al. 2013). While breastfeeding initiation has improved significantly (79 %), a precipitous decline in continuation persists (Centers for Disease Control and Prevention [CDC] 2014). Up to 70 % of women who quit smoking when pregnant return to tobacco use during the postpartum period (DiClemente et al. 2000; Hajek et al. 2001; Kahn et al. 2002; Lelong et al. 2001). Given the stressors of motherhood, fatigue and challenges previously described, it follows that women return to coping patterns that previously brought them relief.

Pregnancy is also considered to be a litmus test for future chronic disease (Reddy et al. 2015), highlighting the importance of enhanced pregnancy and postpartum care to identify women at risk. For example, over the course of 5 years postpartum, 89 % of women with a normal-weight body mass index (BMI) prior to pregnancy became overweight or obese (Gilmore et al. 2015). When these women get pregnant again they do so at a higher weight, which creates a cycle of increased weight gain (Gilmore et al. 2015). Women who experience hypertension, gestational diabetes, and cardiac issues are at an increased risk for being diagnosed with a chronic disease as they age (Bohrer and Ehrenthal 2015; Durnwald 2015; Gilmore et al. 2015). As such, the postpartum period offers a critical opportunity for prevention and guidance. In this issue, Shellhass et al. (2016) introduce work they've undertaken in Ohio to improve postpartum care for women diagnosed with gestational diabetes mellitus. The authors stress that low rates of postpartum screening, testing, and education represent an untenable gap in clinical practice. They test the use of toolkits for health care providers and women in addressing this gap in care and find increased rates of postpartum visits, postpartum screening for diabetes mellitus, and risk reduction health education provided among the 12 participating practices (Shellhass et al. 2016).

Papers presented in this issue also add to the body of literature on postpartum mood disorders, which impact one out of every ten women who are new mothers (CDC 2013). This knowledge is critical because postpartum depression impacts a large number of women and has the ability to negatively affect a woman's life course and the developmental trajectories of her children. Klaman et al. (2016) elevate the needs of U.S. military women and spouses of servicemen/women through the first systematic review to synthesize the literature regarding the prevalence of perinatal depression in this population. Quobadi et al. (2016) offer findings from the Mississippi Pregnancy Risk Assessment Monitoring System on the effect of stressful life events in the year before delivery on the likelihood of postpartum depression; they find that women with high relational stress are at the greatest risk of experiencing postpartum depression.

Both papers on postpartum depression call attention to the need for acceptable, affordable, and accessible mental health care for women who are new mothers, regardless of their insurance source. Looking forward, studies that consider the intersection of issues such as sleep deprivation, economic stress, and social support on the risk for postpartum mood disorders are needed to inform future strategies.

Berenson et al. (2016) share their research on implementing a postpartum human papilloma virus (HPV) vaccine program. Their applied research informs practice focused on integration of HPV vaccination into current postpartum practices, including overcoming perceived barriers (Berenson et al. 2016). This manuscript highlights the importance of maximizing care during the postpartum period for stressed, busy women, particularly for women whose access to health care services may be curtailed after 90 days.

Infant care and feeding is often a focal point for stress and concern among women who are new mothers. As such, Muzik et al. (2016) add to the literature on breastfeeding by presenting their focus group research with African–American

women. The authors find that breastfeeding initiation and duration among African–American women may increase when postpartum interventions address social and cultural challenges and when hospital breastfeeding support is void of unconscious bias. Ideal interventions are culturally competent and bridge hospital, community, peer, and family support (Muzik et al. 2016).

New mothers and families receive significant amounts of health information in a short period of time, ranging from education about postpartum recovery for women to infant care and feeding. Guerra-Reyes explores an innovative approach to postpartum health education using mobile phones. Her research indicates that low-income postpartum women rely on their smartphones to find online infant-care and self-care health information. Her findings suggest a need for more research on the timing of culturally appropriate messaging for women and families (Guerra-Reyes 2016). One potential for this messaging is through Text4baby, a free health text messaging service for pregnant women and moms with infants under age one. Importantly, based on ongoing evaluation data, Text4baby participants demonstrate a significantly higher level of health knowledge than comparison groups on four critical topics—safe sleep, infant feeding, best time to deliver in a healthy pregnancy, and the meaning of full-term (U.S. Department of Health and Human Services 2015).

Interconception Care

Beyond the early postpartum period is the part of the reproductive/perinatal lifecycle considered to be the interconception period; during this time a tremendous opportunity exists to improve women's health for its own sake and for women and families to plan and prepare for a future pregnancy. Bryant et al. (2016) sought to determine rates and correlates of health care utilization in the 2 years following delivery among women with a known primary care affiliation at an academic medical center. Their research used multiple data sources to determine the use of primary care, other outpatient care, emergency department visits and inpatient admissions among these women. The authors demonstrate that a substantial majority of women had at least one visit between 2 months and 2 years postpartum although women with chronic medical conditions, but not those women with obstetrical complications, were more likely to present for care. This work is critical for providing a more complete picture of how women access care during this time period (Bryant et al. 2016).

Dunlop et al. (2016) describe the use of a maternal health risk assessment and behavioral intervention in a neonatal intensive care setting (NICU). They find that with support and resources, high-risk new mothers are more likely to seek out health care services and reduce health risks. This finding is of importance, as these women are often overlooked due to their infants' major needs; meeting the interconception needs of this high-risk population has significant potential to reduce future risks and future adverse outcomes.

The clinical focus on infants early in life is intense with pediatric visits at 3 days, 2 and 6 weeks and 2 and 3 months, while women receive a single visit, if that. Sipjkens et al. (2016) offer an international perspective on this topic by describing research with health care providers on the challenges of integrating maternal care into well-baby care in the Netherlands. Work described by Rosenar et al. (2016) (published elsewhere) demonstrated that family physicians in the U.S. provide important interconception care messages during well-child visits, and women are highly receptive to advice from their child's physician even if they receive primary care elsewhere (Rosenar et al. 2016). Likewise, Caskey et al. (2016) (published elsewhere) determined that pediatricians are receptive to engaging in reproductive life planning with postpartum women at the well-child visit. The authors suggest that routine integration of interconception care into pediatric services has the potential to prevent adverse subsequent birth outcomes.

Because postpartum women are at high risk of unintended pregnancy and inadequate spacing between pregnancies with the potential risk of future adverse outcomes, ensuring access and availability of highly effective contraception in the postpartum period is essential (Cleland et al. 2015; Thiel De Bocanegra et al. 2014). This point is underscored by the work of Cofer et al. (2016) in this issue; the authors used multiple linked records of non-first birth live or stillborn deliveries of California resident women from 2007 to 2009 to explore the relationship between length of the interpregnancy interval (IPI) and adverse pregnancy outcomes. They found that women with IPIs of less than six months were at increased risk of adverse outcomes such as early preterm birth and maternal complications compared to women with 6–17 or 18–50 month intervals (Cofer et al. 2016). In support of expanding access to effective contraception, Rankin et al. (2016b) report on the Association of State and Territorial Health Officials (ASTHO) Learning Community on postpartum use of long acting reversible contraceptives (LARC). Their manuscript highlights the utility of applying implementation science principles to support more effective statewide scale-up of immediate postpartum LARC (Rankin et al. 2016b). Lessons from such efforts will enable states considering changes in their Medicaid policy to learn about the challenges they may encounter and effective strategies for overcoming these issues.

Policy, Systems, and Measurement

Improving the health and wellness of women who are new mothers and families requires a paradigm shift in how insurers, clinicians, public health, businesses and politicians

serve young families. Without resources to augment services for these women and support for working parents, our society continues its trend toward being more pro-birth than pro-family. To actually shift this paradigm, programs should include metrics and expectations that services will not only focus on the infant but on supporting women and addressing their needs as well.

With respect to policy, Martin (2016) at MomsRising describes national bi-partisan efforts to address critical issues such as paid parental leave. As states such as California and New York lead the way, dialogue and policy proposals to better support working families with young children are a growing interest. Further research to demonstrate the impact of these policies on maternal and infant health is needed.

While policy change is essential, national interest in improving postpartum systems of care is developing. The Centers for Medicaid and Medicare Services has established national maternal and infant goals that include increasing postpartum visit attendance rates in 20 states over 3 years. The initiative is designed to improve the rate and content of postpartum visits in Medicaid and the Children's Health Insurance Program (CHIP) and increase the number of births that are intended. Another initiative, the Collaborative Improvement Innovation Network to Reduce Infant Mortality (CoIIN) is a multiyear national movement engaging partners at all levels of the public health and health care system to use quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes. Importantly, one of the key strategies within this initiative is a focus on pre and interconception health to promote optimal women's health before, after and in between pregnancies, and during postpartum visits.

In response to demands for clinical guidelines and strategies to improve postpartum care, in this issue Kleppel et al. (2016) introduce major initiatives underway led by the American Congress of Obstetricians and Gynecologists (ACOG) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) to improve care for women who are new mothers and thereby reduce maternal mortality and morbidity. Their article highlights ACOG's Committee Opinion on Optimizing Postpartum Care, the Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle on Postpartum Basics, and AWOHNN's Postpartum Discharge Education Program (Kleppel et al. et al. 2016). In addition to holding potential for improving clinical care, this work is essential in laying the foundation for the development of measures, quality expectations, and reimbursement for timely, appropriate, patient-centered postpartum care.

Revisiting the measurement of the delivery of care in the postpartum period including rethinking the "time/timing" of the postpartum period will be necessary if we are to be successful at ensuring that all women's needs are met after delivery and improving women's health over the life course. Healthy People 2020 includes two developmental goals related to the postpartum period—to reduce postpartum relapse of smoking among women who quit smoking during pregnancy and increase the proportion of women giving birth who attend a postpartum care visit with a health worker (U.S. Department of Health and Human Services 2012). However, neither of these measures is sufficient to capture the complexity of events that occur in the postpartum period and that more comprehensive measures are needed.

During the summer of 2016, the National Quality Forum (NQF) called for comments to its perinatal and reproductive health measures; these measures support the National Quality Strategy, the overarching framework "for guiding and aligning public and private efforts across all levels to improve the quality of healthcare in the US." In its call for comments, the Committee indicated they did not reach consensus on the NQF postpartum measure (a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days postpartum) and called for the development of more robust postpartum care measures (National Quality Form 2016). While most MCH professionals would agree that the postpartum visit measure is in need of improvement, significant concern remains that removing this measure without a replacement is premature and potentially a major setback for quality improvement in postpartum care.

Recommendations

Our collective inability to provide comprehensive, woman-centered care and services following such a significant health event as delivery underscores a major gap in how we view and support women's health. Providing weekly visits near the end of pregnancy is important, but the rapid decline in attention and care during the postpartum period suggests that the current system views women as "wrappers" for babies, disposable once the infant has emerged. In a truly woman-centered system of care, postpartum services would be part of a coordinated system of care that begins early in life and extends across the reproductive continuum (preconception, prenatal, postpartum, interconception/well woman). Resources would be available to support maternal health and healing, role adaptation and family wellness and function.

On the horizon, the Fourth Trimester Patient-Centered Outreach Research Initiative (PCORI), based at the UNC Center for Maternal and Infant Health, is bringing together women, health care providers, and other stakeholders to define what women and their families need most from birth to 12 weeks postpartum. Rich ideas and insights are already

emerging as women are elevating neglected issues and concerns that must be addressed to achieve larger public health goals. This includes the necessity of recognizing the reality of night time parenting, the impact of fatigue on health and well-being, and the complex interplay of postpartum libido, sexuality and contraception counseling. Women are underscoring the necessity of investigating the intersectionality of health issues instead of conducting studies that do not consider the interplay of factors such as infant temperament, economic stress, and maternal health concerns.

In order to achieve optimal health care in the postpartum period, it is becoming more apparent that increased flexibility, cross-training of providers, a no wrong door approach, new policy strategies, and effective coordinated support within a collective "village" that values all women and families irrespective of race, class, or ability will be required. The authors showcased in this journal issue clearly are committed to such a village and are part of a movement to make this approach a reality. We urge all of our MCH partners to join this movement for woman-centered postpartum care, which lays the foundation for healthy generations.

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