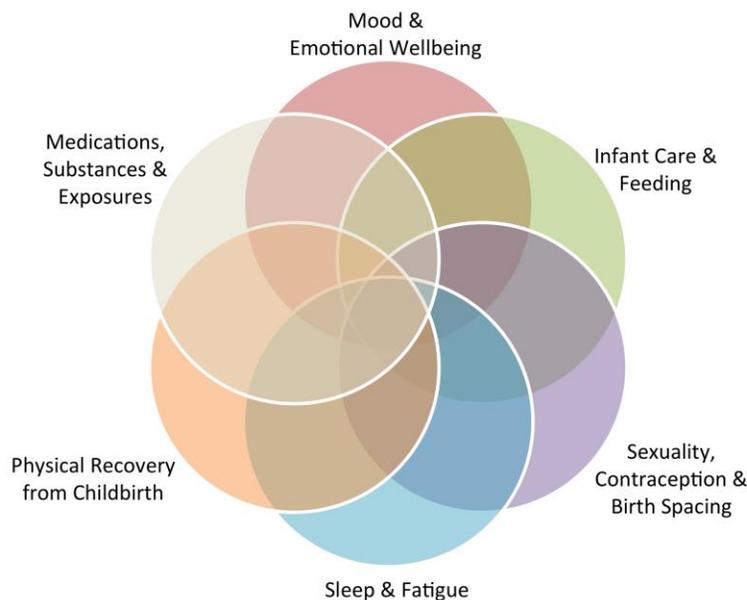




4th Trimester Project Center for Maternal and Infant Health Research Road Map

The 4th Trimester Project identified a wide range of future research projects to help improve the health and well-being of new mothers and their families. First, we found a gap in existing evidence-based research in a number of areas that address postpartum health, wellness and care. This reflects the larger benign (or not so benign) neglect of this important period. The model developed at the beginning of the project (see below), demonstrating the intersectionality of experiences, conditions and issues during the postpartum period, has been affirmed and reaffirmed by mothers and stakeholders throughout the project. As such, future research focused on a particular postpartum concern, such as birth spacing or infant feeding, should be studied within a broader lens that considers the many potentially intersecting issues that could be influencing a woman/family's decisions and outcomes. The 4th Trimester Project plans to study a wide variety of issues relating to postpartum health and wellness. Several of the areas of study elevated by patient stakeholders are briefly described here.



Comparative Effectiveness Studies

Currently, there is a lack of systematic reviews and randomized control trials on health issues that were identified as critical by our stakeholders. This creates a challenge for pursuing PCORI funded comparative effectiveness studies. Some work will necessarily need to rely on applying effective work from other fields to the postpartum health arena.

Pain Management

There is limited understanding of the best way to address postpartum pain and discomfort. We submitted a multifaceted LOI to PCORI to compare effectiveness of strategies to manage postpartum pain; the proposal was rejected because of the absence of efficacy data for the proposed treatment strategies. We are considering alternative funding mechanisms for the project.

Health Care System

Patients and stakeholders strongly endorsed development of an integrated postpartum clinic where families could receive lactation, psychological, nutritional, developmental, and other medical support. This model of health care would permit mothers, partners, and their infants to receive consultations in a more readily available, convenient manner so that they could benefit from the expertise that currently requires separate appointments in multiple locations. Such models have not been studied in the postpartum health arena; however, the group is exploring evidence-based multidisciplinary practice from other fields such as cancer and diabetes, that may provide models that could be adapted to postpartum care.

Communication and Education

Patient stakeholders expressed major concerns regarding the timing, quantity and quality of the information they received about postpartum health and recovery. While the level of evidence available will shape whether or not this is submitted to PCORI, there is interest in testing a variety of educational models including group prenatal care, Text4Baby, Baby Buddy (an award-winning App from the United Kingdom), Facebook moderated groups and patient navigators.

Engagement

There is clear evidence that providers are not offering equitable care to all their postpartum patients and that women generally do not feel heard and validated by the providers during the postpartum visit. To address this gap in care, it is important to learn more about how these conversations happen and understand from clinicians what strategies, messages and training would assist them in overcoming implicit bias and improving the care they provide.

Longitudinal Study

Patient stakeholders expressed an interest in a study that would follow a woman, her partner and their infant from mid-pregnancy through 1 year postpartum. Given the lack of knowledge on the range of “normal” symptoms and concerns in the postpartum period, such a study could provide a better understanding of the incidence of a variety of postpartum health concerns and discomforts, their duration, and what strategies women employ to cope with them. Such a study could also illuminate the interconnections and influences among partner, woman and infant.

Equity / Implicit Bias

The 4th Trimester Project has elevated concerns around patient-provider communication as well as implicit bias in the services provided to women of color. Our first study will focus on the deployment of training to OB providers, based on the work established by SisterSong Women of Color Reproductive Justice Health Collective, and an assessment as to the impact of training / awareness of disparities on outcomes.

Culture of Health

Patient stakeholders raised concerns about employment and postpartum health and wellness. They elevated issues around lack of information about how to transition back to work, the need for more information about breastfeeding during the transition, and had questions around issues such as stress and depression, safety and quality of work due to fatigue, and needs for accommodations. Given that 23% of women return to paid employment by ten days postpartum, this is a key issue for mothers and babies. In particular, attention should be focused on women in low wage, hourly jobs, as well as return to secondary education (community college). We also identified gaps among junior faculty/residents in higher education. We anticipate studying maternal role attainment, physical recovery, recovery, depression and the capacity to execute work functions. This research would be used to develop transitional materials for women and employers, best practice models and potential policies.

Validation of PRO measures for the postpartum period

Current PROMIS measures do not address postpartum concerns, limiting patient-centered outcome research in this time period. Our PCORI project developed a set of maternal health measures and questions as part of our deliverables. Our next step is to conduct research to validate these measures. We will also test and validate pre-visit assessment tools that assess the full spectrum of postpartum concerns in order to learn more about their application to clinical practice and research.

Ready, Set, FAMILY: Prenatal Counseling for Postpartum Health Needs

We plan to develop a conversation-based resource (flip chart, digital file, online module, and texting program) to improve awareness of maternal, infant, and partner needs in the early postpartum period. The program will build on the success of the Carolina Global Breastfeeding Institute's effective Ready, Set, BABY model of prenatal breastfeeding counseling, currently used in multiple states in the US and Puerto Rico.