



# Exploring the Unmet Needs of Postpartum Women

# Housekeeping

The screenshot shows a webinar interface. At the top, the title "Exploring the Unmet Needs of Postpartum Women" is displayed in purple. Below the title is a video player showing a woman sitting on a couch holding a baby. To the left of the video is a small profile picture of the moderator, Debbie Young, with her name and credentials: "Moderator Debbie Young, MSL, LCCE, CLC, ICCE InJoy Customer Relations Manager". At the bottom of the video player is the INJOY health education logo. Below the video player is a control bar with icons for "Audio Settings", "Chat", "Raise Hand", "Q&A", and a red "Leave" button. The Windows taskbar is visible at the bottom of the screen, showing the Start button, several application icons, and the system tray with the date and time: "9:01 AM 12/1/2010".

To ask a question related to the webinar, please type it in the chat box. We will try to leave time to answer questions at the end of the webinar.

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# Speakers



Cristalle Madray, MPH, is the primary author of "*Exploring the Unmet Needs of Postpartum Mothers: A Qualitative Study*" published in the "*Journal of Perinatal Education*" in April 2022.



Abby Halm, BA, a 4th year medical student at the University of Virginia, is part of a team looking at this subject from the healthcare provider's view.

Moderator

**Debbie Young, MSL, LCCE, CLC, ICCE**  
InJoy Customer Relations Manager

# Exploring the Unmet Needs of Postpartum Women

Cristalle Madray, MPH

Abby Halm, BA

University of Virginia School of Medicine

April, 2023

# AGENDA:

1. Background
2. Perinatal Maternal Health Promotion Model
3. Maternal Perspectives on Postpartum Needs and Care
4. Provider Perspectives on Gaps in Postpartum Care and Ideas for Improvement
5. Prior Research & Strategies for Improvement
6. Conclusion & Looking Forward

# BACKGROUND

Mothers and infants are at an increased risk for mortality and morbidity.

Women experience many changes and challenges during this time for which they are often unprepared.

Deficiencies in education on how to manage these problems can influence health outcomes following childbirth.

Poor maternal health that remains unaddressed is associated with increased risk of poor health outcomes for the infant.

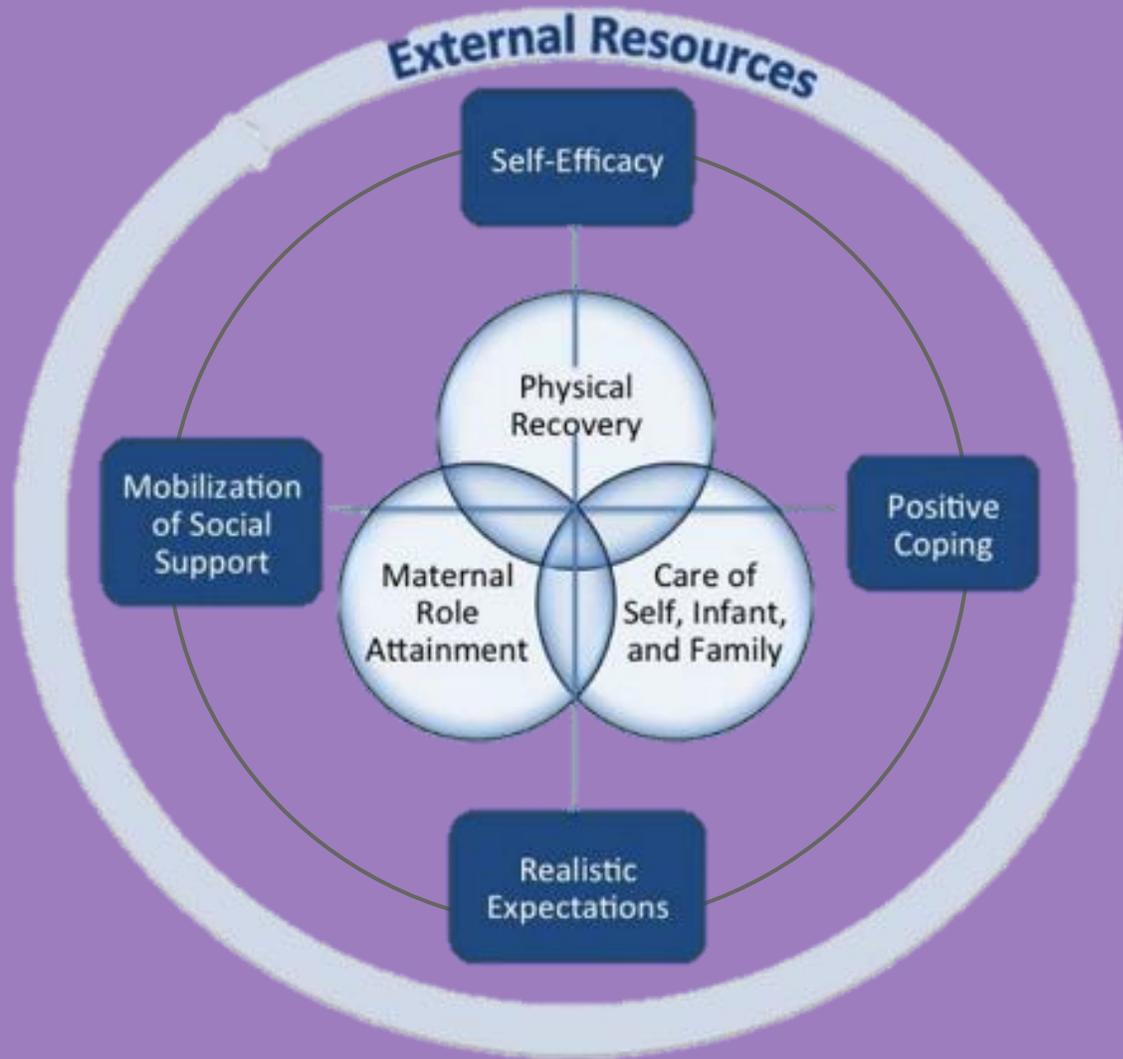
- 16.6 increase in pregnancy related deaths from 1987-2020
- 700 women die from pregnancy-related complications each year
- 3 in 5 pregnancy-related deaths could be prevented

- Physical & emotional recovery
- Infant care
- Breastfeeding
- Depression
- Fatigue

- Lowered sense of self-esteem
- Lowered sense of well-being
- Intensified by stress
- Intensified by lack of social support

- Compromised maternal-child attachment
- Early breastfeeding cessation
- Delayed language development
- Increased behavioral issues

# PERINATAL MATERNAL HEALTH PROMOTION MODEL



The components of a healthy postpartum can be achieved through the development and strengthening of:

- Realistic expectations
- Positive coping strategies
- Mobilizing social support
- Self-efficacy

MATERNAL  
PERSPECTIVES



# METHODS

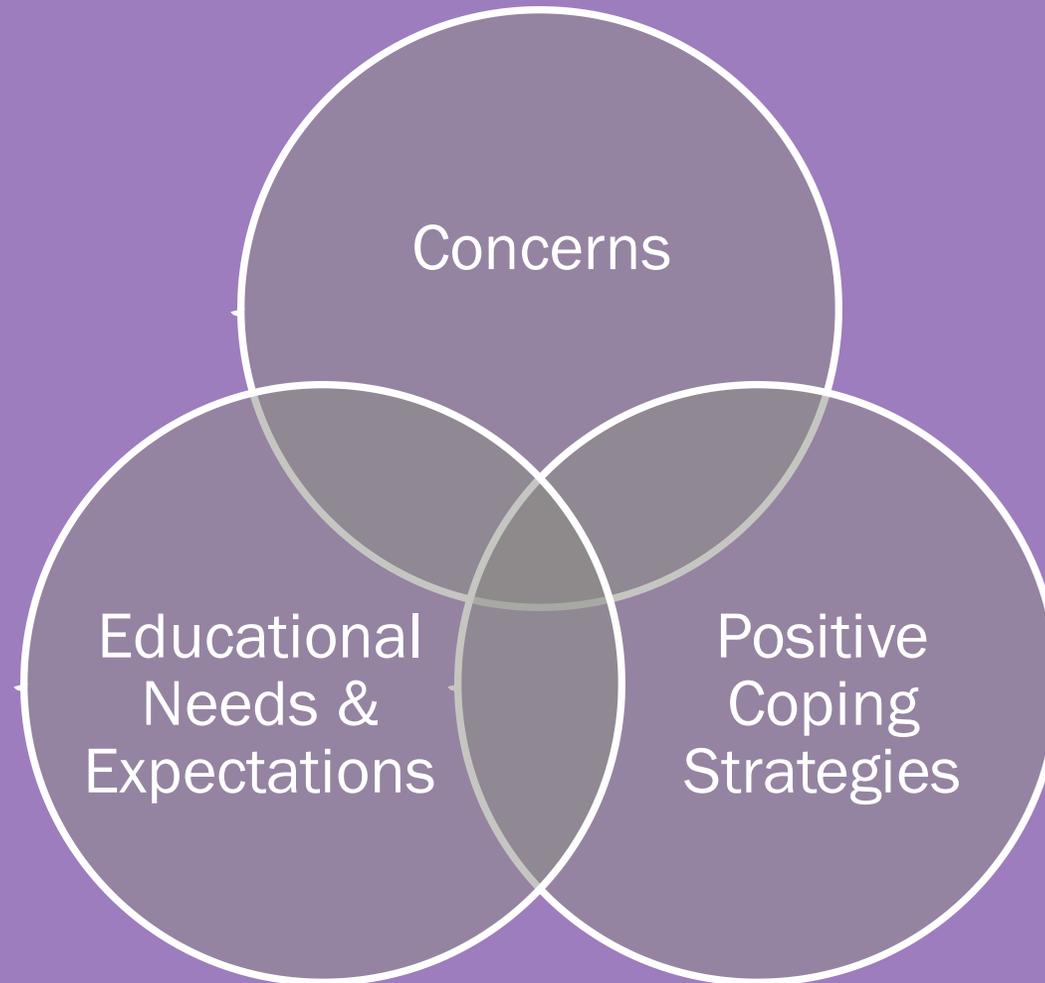


# RESULTS: DEMOGRAPHICS

Characteristic	N(%)
<b>Parity (N=26)</b>	
Primiparous	13 (50.0%)
<b>Age (N=26)</b>	
Under 20	1 (3.9%)
20-29	5 (19.2%)
30-39	20 (76.9%)
<b>Self-identified Race (N=26)</b>	
White	21 (80.8%)
Black or African American	1 (3.9%)
Asian	2 (7.7%)
Other (including multiracial)	2 (7.7%)
<b>Hispanic, Latino or Spanish Origin (N=26)</b>	
Yes	3 (11.5%)
<b>Marital Status (N=26)</b>	
Single	2 (7.7%)
Married	22 (84.6%)
Living Together	2 (7.7%)

Characteristic	N(%)
<b>Level of Education (N=26)</b>	
High School Graduate	2 (7.7%)
Some College	2 (7.7%)
College Graduate	7 (26.9%)
Graduate Degree	15 (57.7%)
<b>Income Category (N=26)</b>	
\$20,000 or less	2 (7.7%)
\$20,000-\$60,000	5 (19.2%)
\$60,000-\$100,000	10 (38.5%)
\$100,000-\$250,000	5 (19.2%)
\$250,000 or More	3 (11.5%)
Declined to answer	1 (3.9%)

# RESULTS: THEMES



# RESULTS: THEMES

## CONCERNS

- Breastfeeding
  - Physical challenge
  - Infant's health
- Maternal Health
  - Sleep/exhaustion
  - Self-care
- Physical & Emotional Recovery
  - Basic tasks
  - Feeling overwhelmed

“I had concerns about breastfeeding mostly. I didn't know how to do it. I've never used a breast pump. I didn't know what to expect as far as my milk production, if it was going to be enough for the baby.”

“It kind of went with the not breastfeeding well part because he was getting up so often and not sleeping for more than an hour at a time for more than a 24-hour period. So that led to my exhaustion and again, hormone changes. Emotionally I was struggling. So, it all kind of went together.”

# POLL

WHAT POSTPARTUM EDUCATION DO YOU DO AT YOUR FACILITY BEFORE BIRTH:

- Some in childbirth education classes
- Breastfeeding class offered prenatally
- Newborn class offered prenatally
- Specific postpartum prep class offered prenatally

# RESULTS: THEMES

## EDUCATIONAL NEEDS & EXPECTATIONS

- Breastfeeding
  - More challenging
  - Hands-on help (1<sup>st</sup> feed)
- Postpartum & Maternal Health
  - Not knowing what to expect
  - Maternal care
- Caring for the Child/Children
  - Infant care
  - Multiple children

“My struggle breastfeeding was unexpected. It’s not something, you know even though people talked about it, it’s not something I felt like I was prepared for.”

“I feel like there should be a one week visit, I don’t know or something with an OB for them to check out if the stitches are healing well, if the wound is healing well, and if you’re doing okay. So, I feel like the postpartum care isn’t very good when they just tell you to come back and see them in 6 weeks.”

# RESULTS: THEMES

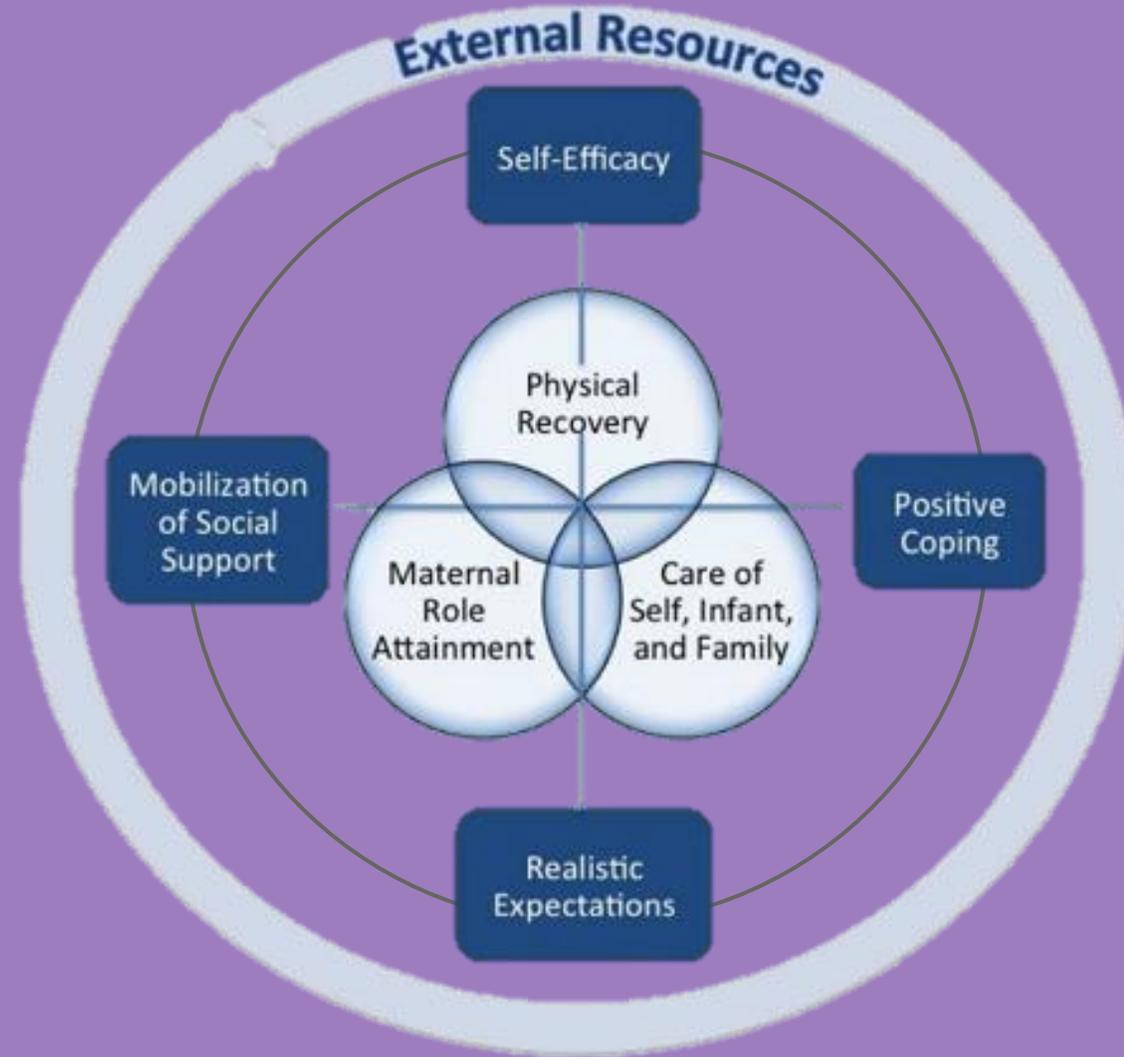
## POSITIVE COPING STRATEGIES

- Preparation
  - Parity
  - Prior experience
- Mobilization of Social Support
  - Needs
  - Positive effects
- Information Seeking
  - Healthcare providers
  - Close family/friends

“Over 9 months, like I educated myself on what was going to happen. I think part of that was self-education, part of that was talking to people I know, part of that was talking to my mom, again she’s an OB nurse, part of that was taking the childbirth class just trying to educate myself.”

“If I was left alone during that period, like if my husband wasn’t off work and if my mom wasn’t available, I don’t know how I would’ve done it. I really don’t. Yeah, so like I got a lot of support that helped with the nighttime feeds and everything because I was completely, I had a difficult time mobilizing and then on top of it, I was just so exhausted.”

# PERINATAL MATERNAL HEALTH PROMOTION MODEL



# IN CONCLUSION...



(DREAMSTIME, N.D.)

- Maternal concerns and educational needs in the postpartum period are multifaceted
- Identifying individual needs of mothers, particularly those related to breastfeeding, maternal health, and support, is important for a healthy postpartum period
- A more tailored and mother-centered approach to prenatal education about the postpartum period can enhance ability to provide appropriate postpartum care and support
- This approach can perhaps help to improve health outcomes for infants



# PROVIDER PERSPECTIVES

# POLL

## EDUCATION AND EXPECTATION GAPS

What are the biggest gaps parents face between postpartum education and expectations?

- That some parents may not immediately fall in love with the new baby; it may come over days or weeks.
- Information on how to tell if baby is getting enough to eat
- Information about realistic sleep patterns of newborns and how to cope
- Know knowing they will need support from others
- What is the timeframe that parents can expect postpartum disruptions to last

# METHODS



21 Maternal & Infant  
Healthcare Providers



Semi-structured  
telephone interviews



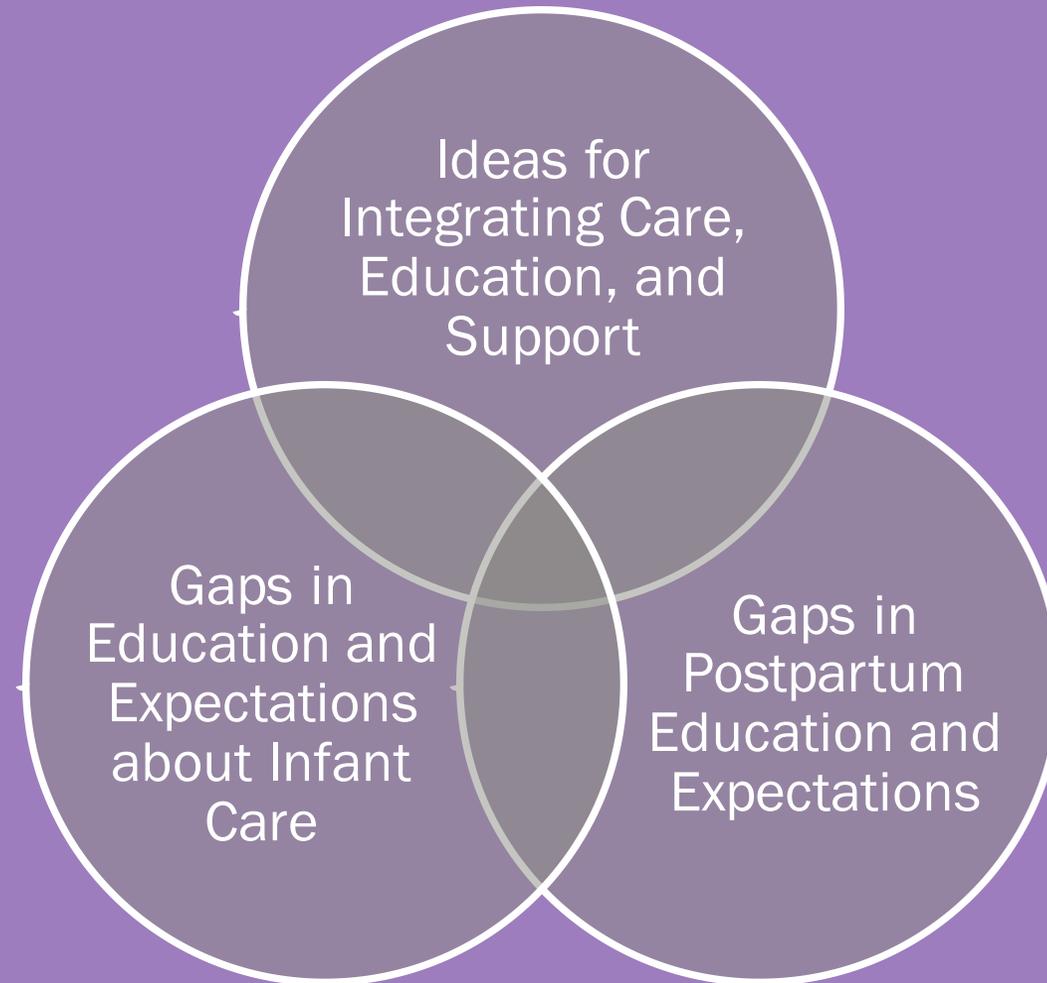
Open and Thematic  
Coding

# RESULTS: DEMOGRAPHICS

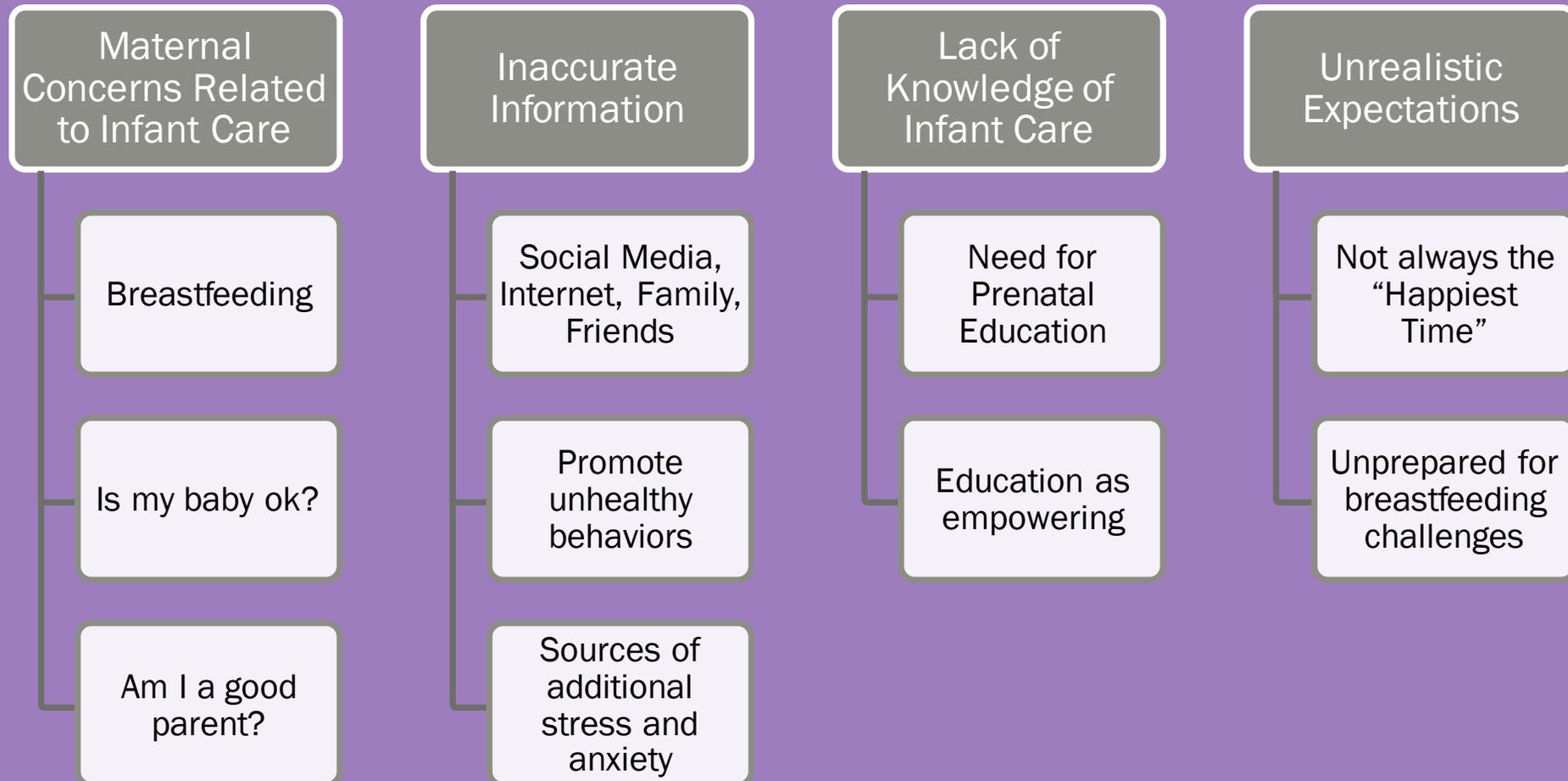
Characteristic	n (%)
Specialty	
Pediatrics	10 (48%)
Obstetrics & Gynecology	7 (33%)
Family Medicine	4 (19%)
Role	
Attending Physician	17 (81%)
Fellow Physician	1 (5%)
Resident Physician	1 (5%)
Nurse Practitioner	4 (19%)
Physician Assistant	4 (19%)
Years in Practice	
1 - 3	1 (5%)
3 - 5	1 (5%)
5 - 10	3 (14%)
> 10	16 (76%)

Characteristic	n (%)
Age (Years)	
Average	46.5
Range	27 - 67
Self-Identified Gender	
Female	16 (76%)
Male	4 (19%)
Prefer not to say	1 (5%)
Self-Identified Race	
White	15 (75%)
Asian	3 (14%)
Black	2 (10%)
Prefer Not to Say	1 (5%)
Self-Identified Ethnicity	
Hispanic, Latino, or Spanish Origin	0 (0%)
Prefer not to say	1 (5%)

# RESULTS: THEMES



# GAPS IN EDUCATION AND EXPECTATIONS ABOUT INFANT CARE



*“I counsel to people about the fact that they think this should be the happiest time of their lives and sometimes it's really, really stressful, and it's OK, not to be in love with your baby from the first, you know, [...] managing societal expectations”*

*“Is my baby ok? Am I good enough parent? I think those are the two questions people always have and they often will ask, is my baby ok? But they won't ask, Am I a good enough parent? So I think we have to anticipate those questions.”*

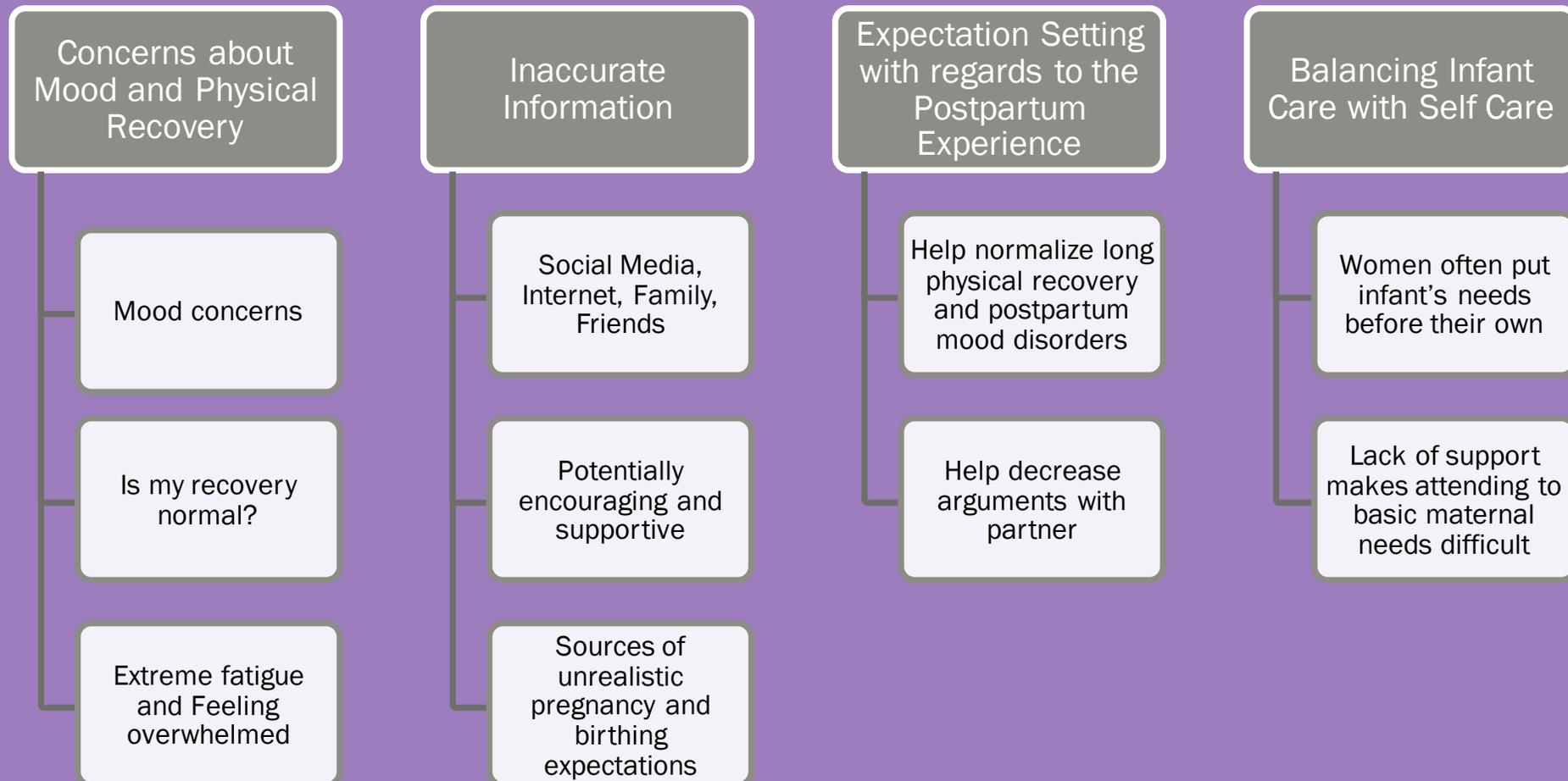
## DIRECT QUOTES

*Sometimes, it's silly things [mom's don't know] like how frequently to bathe the baby, or how to take care of a diaper rash, or discomfort around breastfeeding, how much to feed babies [...] not that I'm surprised by it at this point in my career, but I think it again goes back to 'gosh, probably didn't address it enough with them before.'*

*“[T]here have been historically [some] misconceptions about breastfeeding and how easy it should be. And then you know how it, it's so distressing to feel like the baby is hungry before milk comes”*

*“[I]f you weren't worried before, Google will definitely make you like freak out and worry.*

# GAPS IN POSTPARTUM EDUCATION AND EXPECTATIONS



*“Gosh, I just think [their concerns include] like the demands of caring for a newborn child in a setting where so many of them just have like limited support and resources, like I just can't tell you in the last few months, weeks how many like just distraught, crying upset moms I've seen”*

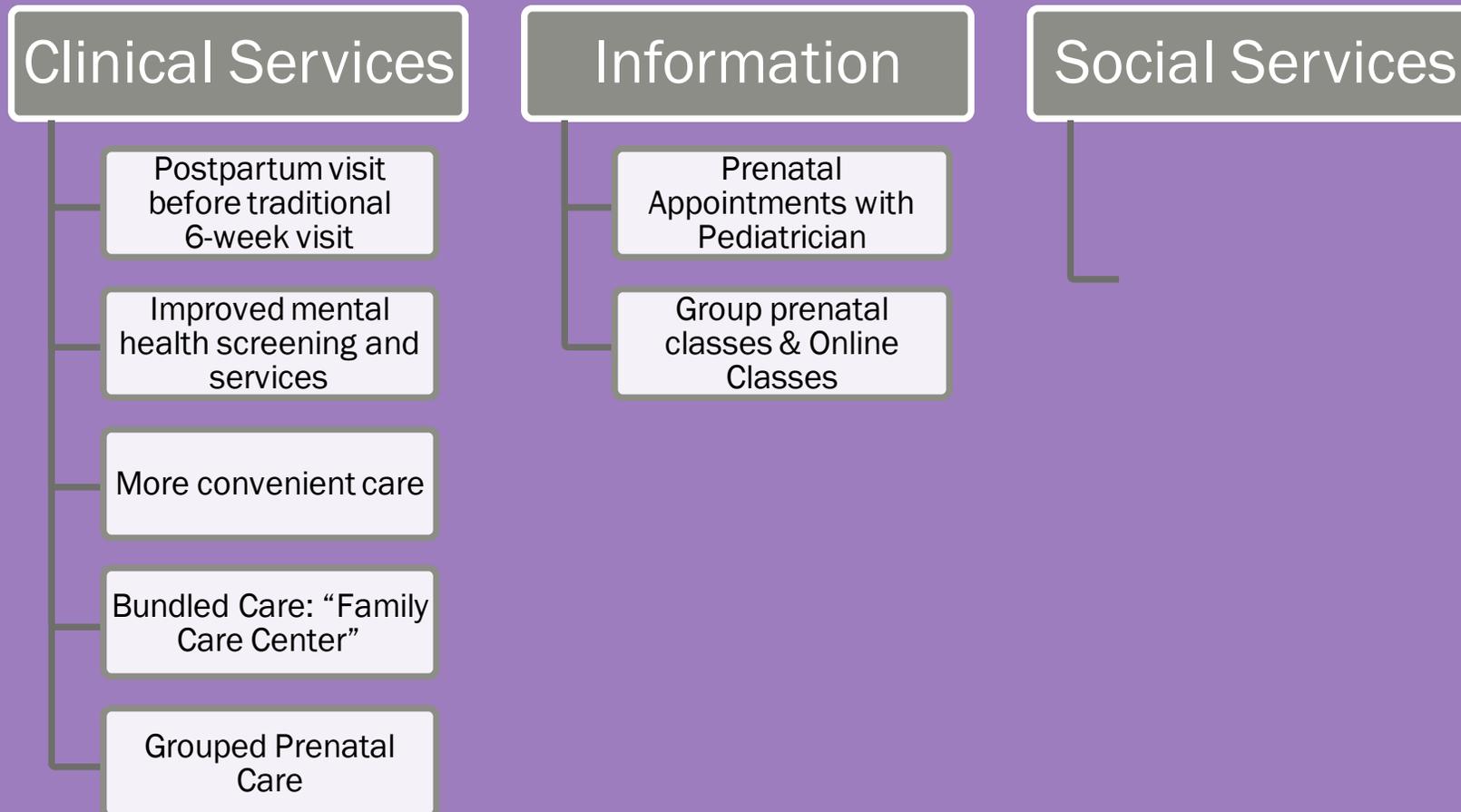
*“I really caution my patients to not get into personal blog websites [...] And I will always tell the patients that if they read other patients' stories, they're reading other patients' stories. It's not their story, their story is different. And everybody has their own story when it comes to their pregnancy.”*

## DIRECT QUOTES

*“Um, I wish they [postpartum women] just recognized how important it was that it is equally as important as the baby's health. It almost feels like once a person becomes a mom they stop caring about themselves because they are so focused on that child, and not recognizing how intertwined those two people are.”*

*“And a lot of times, I'll tell them, I said, you know, the people who wrote the books, and say, you know, ‘at six weeks, you're normal. And you can do all normal activities.’ I'm like, that was written by a guy who's never had a baby. And I tell them, I say, ‘what you've got now how you feel now is not how you're going to feel in three months and six months. And don't feel like this is it forever. This is a phase, and it's really survival, and try to enjoy it, but survive it. And take advantage of your village.”*

# IDEAS FOR INTEGRATING CARE, EDUCATION, AND SUPPORT



*“I do think if there were groups or cohorts of moms with similarly aged babies, that can work as support systems for each other, and yeah, ‘I’m having that problem, too. I guess I’m not weird,’ and, you know, just kind of normalizing that this is okay.”*

*“But, you know, knowledge is power in this case, and the more patients know about what to be expecting, the more power they have, the more control they have over it.”*

*“In America, I think the minimum of six weeks is kind of only the start of how long you really need for physical recovery from birth and really is not enough to get into a normal routine to be able to also take on going back to work and have a normal schedule.”*

## DIRECT QUOTES

*“[I]f all pregnancies were managed in a family health clinic setting, then [...] your OB team, for example, would be interacting with the pediatricians because they would work elbow to elbow with them.”*

*“[T]here is no real postpartum care for the mothers. I mean they go back at six weeks to the obstetrician, but there isn't really any support for the mothers and they come to the pediatrician um but you know every other developed country they have um home visitors um to help support the parents and we know that um that that's very cost effective and that that that is associated with much better outcomes than we have here. And um we just kind of leave parents to their own devices.”*

LOOKING BACK TO MOVE FORWARD:  
PRIOR RESEARCH & STRATEGIES FOR  
IMPROVEMENT

# PREVIOUS INTERVENTIONS: HOME VISITS

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## In-home Infant Visit

Preventive Counseling in Home  
Environment

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Physical Assessment of Mother

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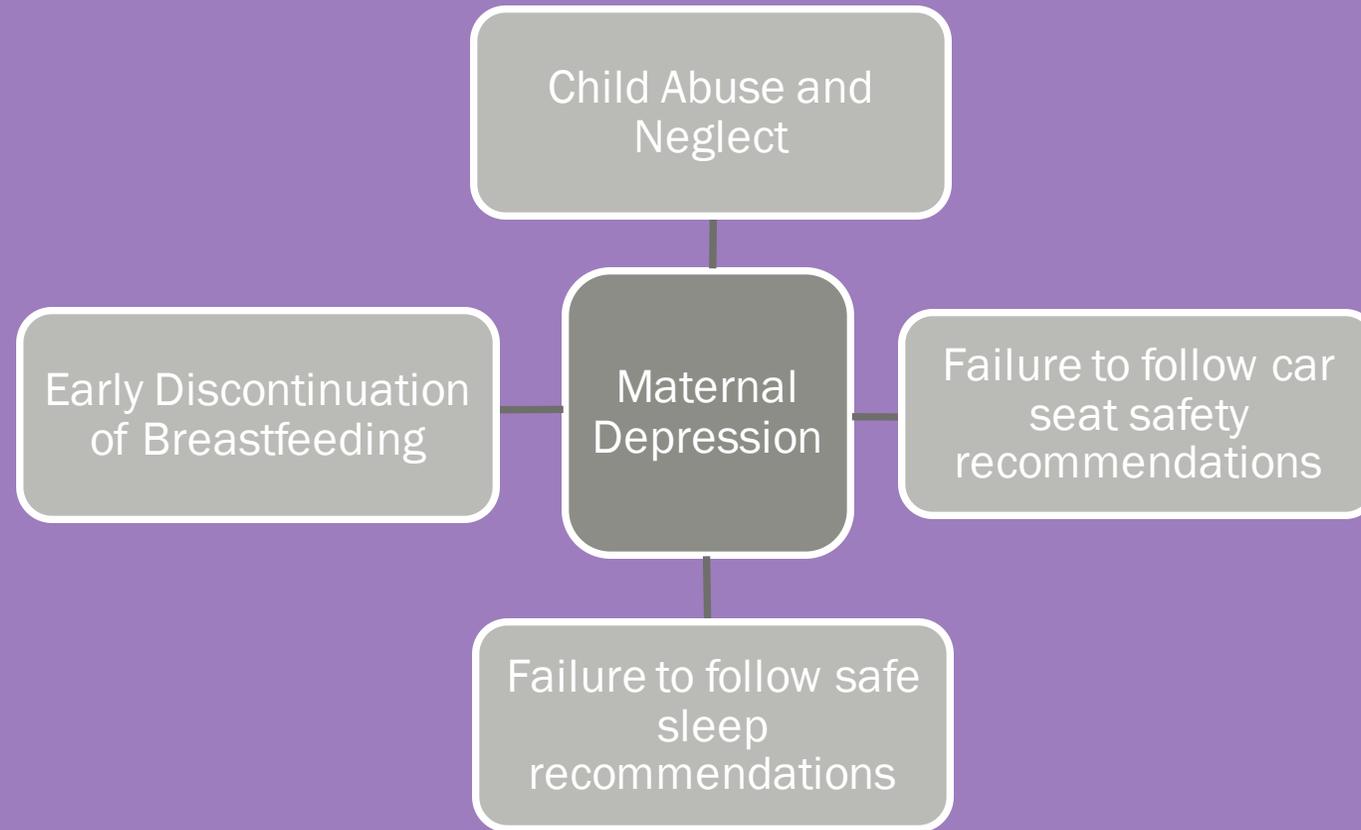
Longer than clinic visit  
(median 70 minutes)

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Quality of care rated as higher

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# UNDERSTANDING MATERNAL & INFANT HEALTH AS INTERTWINED



# UNDERSTANDING MATERNAL & INFANT HEALTH AS INTERTWINED

In 2 large national surveys of Postpartum mothers...

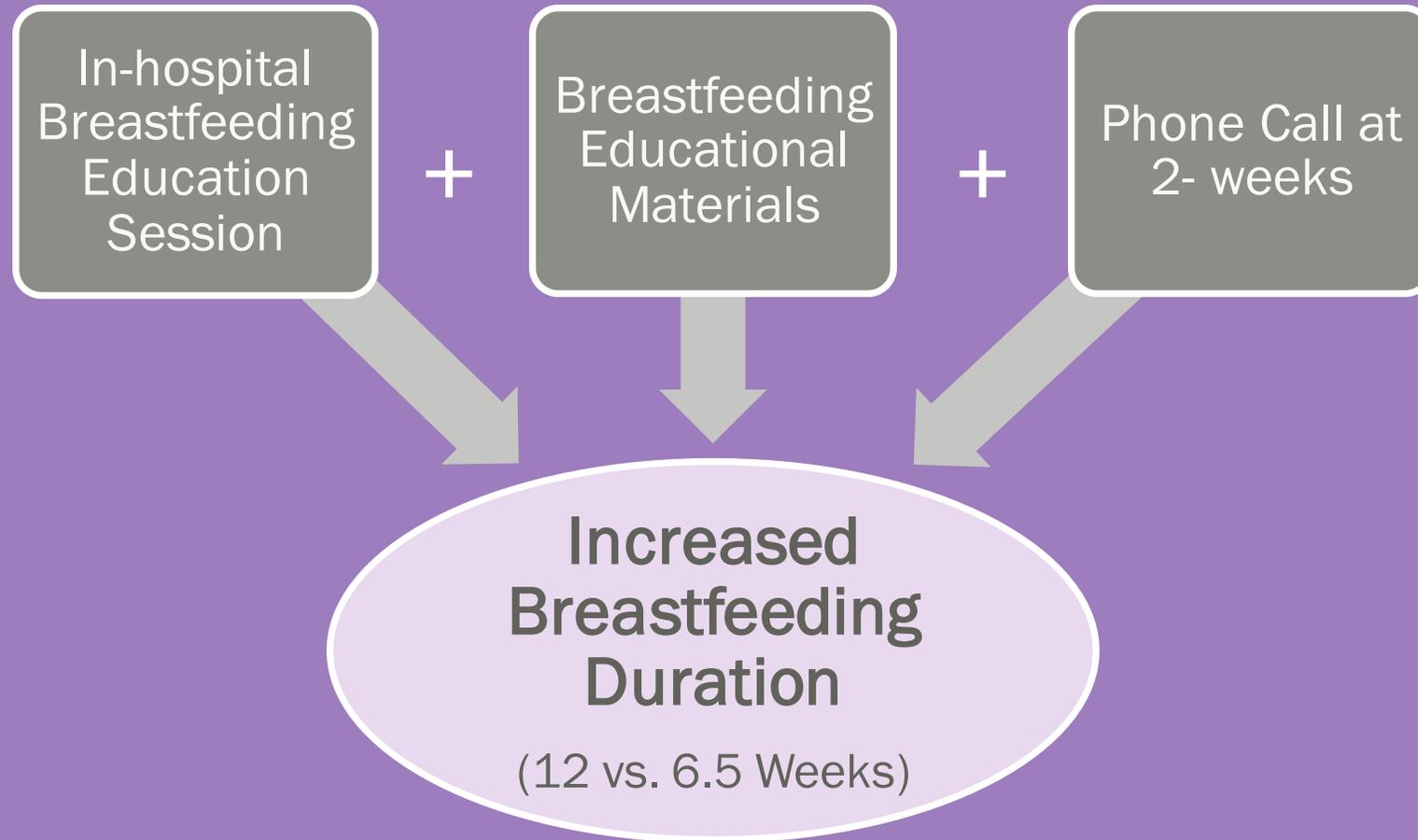
29% of respondents reported that their emotional health interfered at least “some” with their ability to care for their infant

# PREVIOUS INTERVENTIONS: COLOCATED MENTAL HEALTH SERVICES

Colocating Mental Health  
Services within Women's Health  
Clinic

Significant increase in utilization  
of Mental Health Referrals  
(57% vs 27%)

# PREVIOUS INTERVENTIONS: INFORMATION AND EDUCATION (21, 22)



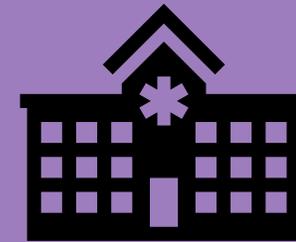
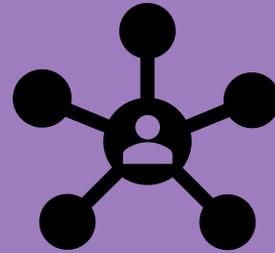
(HOWELL, ET AL., AN INTERVENTION TO EXTEND BREASTFEEDING, AM J OBSTET GYNECOL., 2014)  
(HOWELL, ET AL., REDUCING POSTPARTUM DEPRESSIVE SYMPTOMS, OBSTETRIC GYNECOL., 2012)

# IDEAS FOR FOSTERING SOCIAL SUPPORT



CONCLUSIONS & LOOKING FORWARD

# CONCLUSION: A NEW MODEL OF CARE:



**Improved Education  
and Expectation  
Setting in the  
Prenatal Period**

**Improved Methods  
to Help Mothers  
Prepare and Expand  
their Social  
Networks**

**Integrated and  
Convenient  
Postpartum Care**

QUESTIONS?

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# Questions for our speakers

We will try to answer many of the questions you have asked.

If we didn't get to yours and you would still like an answer, please email [dyoung@injoyhe.com](mailto:dyoung@injoyhe.com) and we will forward to the speakers.



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Hereby states that

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Completed the webinar program:

\_\_\_\_\_

Presented by \_\_\_\_\_

Originally aired on \_\_\_\_\_.

This webinar was the equivalent of 60 minutes of education.

A handwritten signature in black ink that reads "Debbie Young".

Debbie Young, MSL, ICCE, LCCE, CLC

