

Postpartum Support and Care

TAKING CARE OF MOTHERS AFTER BIRTH

Why It's Important

Providing postpartum support and care is crucial to ensuring the health of mothers and their babies. While definitions vary the postpartum period begins immediately after birth and continues throughout the first six months after giving birth, sometimes referred to as the 4th trimester. During this period, a woman is adapting to multiple physical, social, and psychological changes – she is recovering from childbirth, adjusting to changing hormones and family dynamics, lack of sleep, and learning to feed and care for her newborn. The postpartum period can also involve financial stressors due to changes in employment.¹ Supporting mothers benefits the parent-child relationship, helps families meet their physical, emotional, and financial needs, and improves health outcomes for both children and parents.

During the postpartum visit, health care practitioners not only provide the physical exam and follow-up labs, but they discuss mental health, family planning, and social supports for the mother. Attending postpartum checks is vital to the continued health of the mother as physicians screen for potentially life-threatening complications following birth, complete a pelvic exam, and discuss birth control options to promote healthy birth spacing.² In Minnesota, 11 percent of mothers received no postpartum care with women of color, low income women, and mothers of CYSHN experiencing more barriers to accessing postpartum care such as limited availability to take time off work to schedule appointments, lack of childcare, and attention to increased health needs of a child.³ The process of physically recovering from birth can take months, but taking time off of work, particularly paid leave, is a privilege not available to an estimated 65 percent of women living in Minnesota.³

“[Women, children, and families need] insurance covered, continuous labor and perinatal phase support services, such as a birth and postpartum doula. These services help cut healthcare costs through less interventions, improve birth outcomes, and racial disparities with birth outcomes and help with mother baby bonding and healthy habits during the perinatal phase.”- Needs Assessment Discovery Survey Respondent

In Minnesota, Medicaid coverage is only through 60 days postpartum at which time a woman must re-qualify based on income for continued coverage, despite the continued risk of maternal morbidity and mortality through 1 year postpartum. Loss of health coverage so soon after birth has contributed to disparities in postpartum mental and physical health complications among mothers of color, American Indian mothers, and low-income mothers. These mothers experience lower rates of postpartum care and support and higher rates of maternal morbidity.⁴

A lack of social support, financial stressors, and a previous history of mental illness are all risk factors for postpartum depression, a common and serious illness experienced during the postpartum period.

According to data from PRAMS, approximately one in ten women in Minnesota self-report experiencing Postpartum Depression.

Postpartum depression can result in long lasting feelings of worthlessness, worry, anger, or fear of hurting the baby. Postpartum depression can also impact breastfeeding initiation and cause disturbances in infant development.

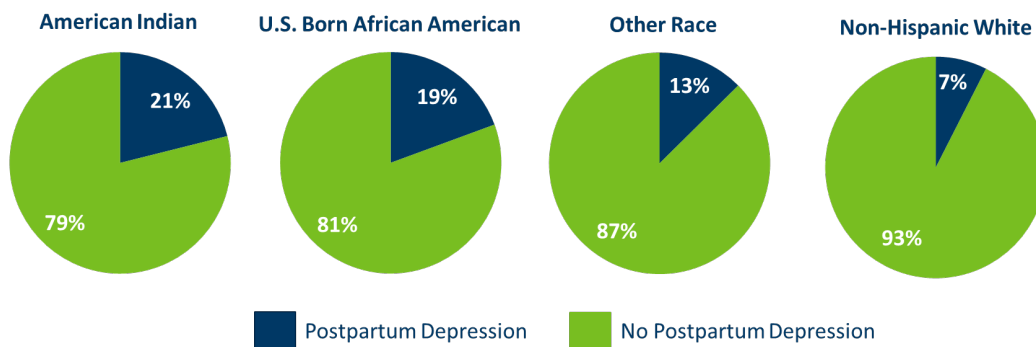
Focus on Health Equity

Mothers returning to work soon after giving birth often have not had sufficient time to physically recover from birth and must balance challenges with breastfeeding, getting adequate sleep, mental health, and maintaining financial stability during this period of familial transition. The percentage of mothers participating in the labor force has been steadily increasing – in 1968 just 21 percent of women who gave birth returned to work before their child’s first birthday compared to the current rate of 55 percent.⁵ An estimated 25 percent of new mothers in the United States return to work within 2 weeks of giving birth.⁶ Mothers of color and American Indian mothers, along with mothers with lower incomes and lower education attainment were more likely to return to work earlier.⁷ Returning to work quickly after giving birth can place women at an increased risk of postpartum health issues, delayed physical healing, and postpartum depression, especially following a complicated pregnancy or birth.

“[Women need] the chance and opportunity to meet other women in similar situations and in the same community that can serve as a time to empower and support one another, opportunities for women to have time to themselves...this would allow mothers to have more quality time rather than using the time to meet basic survival needs.”-Needs Assessment Discovery Survey Respondent

Women of color and American Indian women are less likely to initiate postpartum mental health care than women who identify as white.⁸ American Indian and U.S born African American mothers are also more likely to experience postpartum depression, even when accounting for income level.⁹

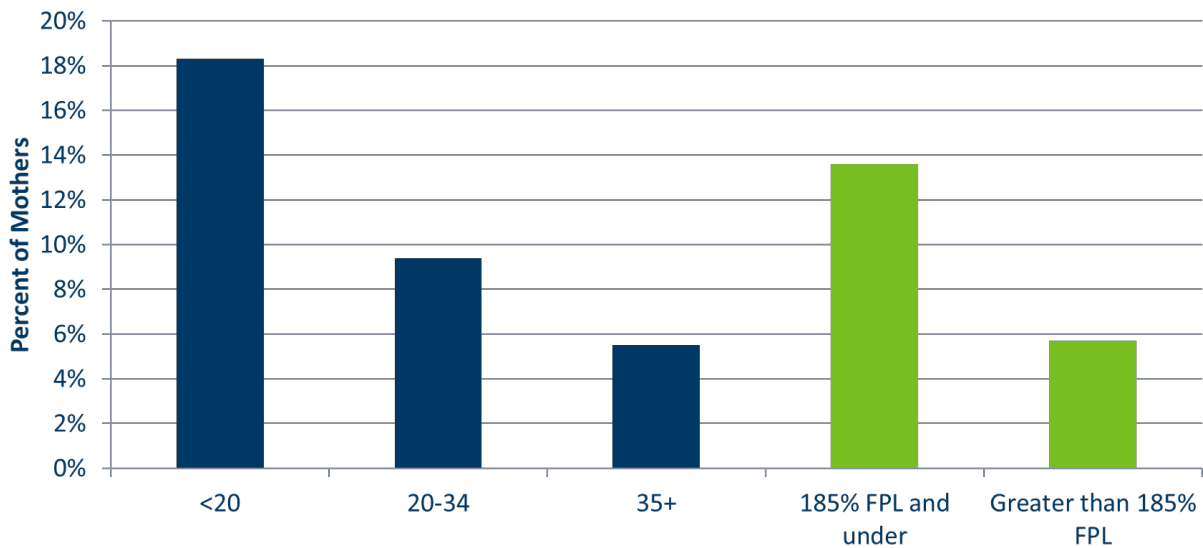
Figure 1. Prevalence of Postpartum Depression Symptoms among Minnesota Mothers by Race, 2013-2016



Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS)

Women who have lower incomes are also more likely to experience postpartum depression and delay seeking mental health care. In Minnesota, low income mothers (at or below 185% Federal Poverty Level (FPL)) are 2.4 times more likely to self-report experiencing postpartum depression than mothers above 185% FPL (Figure 2). Self-reported postpartum depression decreases with age - young mothers (under age 20) are 3.3 times more likely to self-report postpartum depression than older mothers (35 years or older).

Figure 2. Prevalence of Postpartum Depression among Minnesota Mothers, 2013-2016



Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS)

Health insurance coverage is impacted by a mother’s socioeconomic status. Medicaid expansion has improved rates of women that have health insurance during pregnancy however, there is a large gap in the percentage of women that have insurance during pregnancy and lose coverage entirely or lose coverage of certain services after 60 days postpartum. According to PRAMS data, in 2015 and estimated 1.9 percent of women that had given birth in Minnesota were uninsured during their pregnancy.¹⁰ This percentage of uninsured mothers jumped to 7.5 percent during the postpartum period, which could result in fewer women seeking necessary healthcare in addition to important postpartum check-ups with their provider.^{9,10}

In Minnesota, access to resources and care in rural places is limited and can further effect feelings of isolation experienced among parents. Roughly 25 percent of Minnesota residents have to travel further distances to access postpartum care.¹¹ Anxiety about receiving prenatal care during pregnancy has been associated with postpartum depression, affecting women living in rural areas at higher risk for adverse birth and postpartum experiences.¹¹

Additional Considerations

The postpartum period is a time of major transition for all moms, whether they’ve had a healthy pregnancy, complicated delivery, or have an infant with special health needs. We do not, as a society, do a good job in caring for women and families during this incredibly important time. In addition to the challenges faced by new moms, their partners may also face mental health challenges. Postpartum mood disorders affecting either parent can begin immediately after birth and last for months or even years in severe cases. Fathers can also experience depression after birth with an estimated 4 percent of new fathers reporting an experiencing depressive symptoms in the first year of their baby’s life.¹

If there are complications during delivery and a mother or their newborn require care in the ICU or NICU, it is especially important that healthcare system’s policies support keeping mother and baby together whenever possible, and avoid focusing care entirely on the infant, leaving the needs of moms’ unmet. Parents of infants that have needed care in the NICU report higher rates of distress and lack of medical attention, which can have devastating effects on the health of mothers if there is not a parallel process in place to monitor the mother’s health as diligently as the infants.¹²

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“[Women, children, and families need] prenatal and postpartum in-home support from peers. So many women get off to a bad start with each baby, suffer PP mood disorders, things that disrupt the entire family. Doulas and postpartum doulas can help prevent breakdowns at a woman’s most vulnerable time, and assure good referrals and care when needed. This service is so much less expensive than trying to send nurses and social workers, and can be so much more culturally appropriate and therefore effective. Most of the time, culturally appropriate care will reduce the need for other professional care, as well as assure that it received when needed.”- Needs Assessment Discovery Survey Respondent

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment Team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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