

Fourth Trimester Support

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Table of Contents

Abstract.....	3
Overview.....	3
Product Description.....	4
Available Knowledge.....	5
Rationale.....	7
Purpose.....	8
Methods.....	8
Context.....	8
Interventions.....	8
Study of the Interventions.....	9
Measures.....	10
Analysis.....	10
Ethical Considerations.....	11
Discussion.....	11
Summary.....	11
Limitations.....	11
Conclusions.....	11
References.....	13

Abstract

Problem: In postpartum mothers seen in a clinic setting, does implementation of the fourth trimester support increase maternal feelings of support? **Intervention:** This project intended to measure perceived feelings of support in mothers during the fourth trimester participating in a facilitated support program. Due to circumstances at the implantation site, this project was unable to be implemented and redesigned as a toolkit for healthcare organizations that desire to implement a fourth trimester program to improve maternal support through facilitated patient education and support groups. A pre and post-test was designed to measure participants' feelings of support during the fourth trimester program. An outline of educational topics for support group meetings was included in the toolkit. **Measures:** The toolkit for implementing clinics included a pre and post-test utilizing a five-point Likert scale to measure participants' feelings of support post-delivery and through the fourth trimester postpartum period.

Results: Due to complications at the implementation site, this project was not implemented.

Conclusions: Fourth trimester support makes the postpartum period easier, less stressful, and more enjoyable (Lubker & Roberts, 2018). This toolkit serves clinics interested in implementing a fourth trimester support program.

Keywords: Fourth trimester, fourth trimester support, maternal wellbeing, postpartum

Fourth Trimester Support

The time after a baby is born is often considered joyous, but the time known as fourth trimester can also be filled with physical and emotional challenges for new mothers. The fourth trimester is defined as the postpartum period or the first 12 weeks after a woman has a baby. Social support is essential in the postpartum period and is positively associated with infant care and maternal adaptation. On the contrary, social absence is associated with postpartum depression (Lubker & Roberts, 2018). Fourth trimester support makes the postpartum period easier, less stressful, and more enjoyable (Lubker & Roberts, 2018). Efforts are placed in the prenatal period for improving maternal health, but the fourth trimester can be just as valuable. Fourth trimester support can help prevent impaired bonding, impaired development for the infant, marital discord, infant neglect, suicide and infanticide (Tariq et al., 2021).

Overview

Problem Description

In the United States, there is no standard of care for fourth trimester support, leading to potential gaps in care for the postpartum mother. Currently, the only required postpartum follow up occurs with the obstetrician six weeks following birth. Many women do not attend their follow-up appointment, and of those attended, many do not adequately address maternal concerns (Mancho et al., 2021). The lack of timely and patient-focused fourth trimester support is problematic, especially for mothers with limited resources or social support (Mancho et al., 2021).

The fourth trimester is difficult and requires support in a changing world where traditional support might not be an option for some people. The fourth trimester is characterized by many changes- emotional, physical, social, spiritual and psychosocial health of new parents

are at risk during this time, if they don't have proper support (Savage, 2020). Lack of support in the fourth trimester can lead to multifaceted concern for mother, disruptions in daily living, relationships, self-concept, and physical recovery (Savage, 2020). Women can experience mood disorders in the fourth trimester such as postpartum depression, postpartum anxiety, rage, OCD, baby blues and panic disorders. Fourth trimester mood disorders affect 10-20% of women (Prevatt et al., 2018).

The problem statement guiding this non-implementation project was in postpartum mothers seen in a clinic setting, does implementation of the fourth trimester support increase maternal feelings of support?

Available Knowledge

Fourth Trimester

The fourth trimester is commonly referred to as postpartum, which is the first 12 weeks after delivery. This is one of the most critical times for a mother and infant as maternal mortality is in its highest in the first 42 days after delivery and represents 45% of total maternal mortality (Paladine et al., 2019). This time period also is critical for setting the stage for long-term health and well-being. Early postpartum visits should evaluate complications from pregnancy and postpartum complications as well. Postpartum complications include postpartum hemorrhage, endometritis, hypertensive disorders, gestational diabetes mellitus, thyroid disorders, postpartum depression/anxiety, intimate partner violence, urinary incontinence, hemorrhoids, constipation, breastfeeding problems and contraception (Paladine et al., 2019).

New Recommendations

Currently mothers are only seen once, if delivery is uneventful, at six weeks post-delivery. This can be a long time for a mother to wait with any concerns or problems that may

arise in the first six weeks. Initiating postpartum care within the first couple weeks post-delivery can address a variety of issues such as routine postpartum care to the management of chronic conditions in the postpartum stage. There is growing concern for a new mother's health to initiate follow up care within the first couple weeks after delivery to help with concerns from being newly postpartum to transitioning to care with chronic conditions (Paladine et al., 2019). The American College of Obstetricians and Gynecologists (ACOG) is now recommending a postpartum evaluation within the first three weeks after delivery in person or on the phone and a complete assessment/exam in person by 12 weeks postpartum (Paladine et al., 2019). The World Health Organization (WHO) is also now recommending visits at three days, seven to 14 days and six weeks postpartum (Paladine et al., 2019). This is showing that women need more support in the fourth trimester. Postpartum care should be an ongoing process, rather than a single encounter at six weeks postpartum. This will help women to have care tailored to their needs and concerns. New recommendations by ACOG and WHO focuses on the health of women in the postpartum period, creating an ongoing process and providing anticipatory guidance to new mothers to address the transition to parenthood and comprehensive care (Paladine et al., 2019).

A comprehensive postpartum visit should include a full assessment that addresses physical, social, and psychological well-being. This includes a variety of topics, such as: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management and health maintenance (Paladine et al., 2019). Women with chronic medical conditions such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease and mood disorders will have to follow up with their primary care providers after the fourth trimester is over to ensure proper management of their condition.

Peer Support Groups in the Postpartum Period

A study was conducted in an urban city of southeastern United States to see if a free peer-support postpartum support group would help to increase social support and destigmatize postpartum mood symptoms (Prevatt et al., 2018). The support group was run weekly and co-facilitated by former group attendees and maternal health professionals (Prevatt et al., 2018). Participant satisfaction was assessed through mixed methods analyses using depression scale scores. The findings showed participant satisfaction was high with overwhelmingly positive perception of the program (Prevatt et al., 2018). Overall, this shows peer-support program is acceptable to program attendees and provides a potential mechanism for improving mental health outcomes (Prevatt et al., 2018).

Rationale

The IOWA Model of Evidence-Based Practice was used as the framework to guide this project. The IOWA Model uses evidence-based practice to make changes in healthcare (Buckwalter et al., 2017). The IOWA Model was used in this project to develop a fourth trimester support program by first acknowledging that the problem-focused trigger for this project was women not having enough support in the fourth trimester.

This topic was priority for the organization of the Midwest integrative functional medicine clinic. The project facilitator formed a team with an advance practice provider at the clinic to conduct this capstone project. The second step was to identify relevant research and literature to guide the implementation of the project. The next step of the model would have been project implementation, evaluation of the outcomes to be achieved, and measuring the effectiveness of support perceived. However, prior to implementation, the clinic was no longer

able to implement the program. Had the clinic implemented, the final step in the IOWA Model would have consisted of gathering and analyzing data to determine if an institutional change of practice should be made based on the results.

This model was chosen for this project due to the new recommendations and evidence-based practice available for fourth trimester support groups. Assumptions were made that women in the fourth trimester were not getting enough support from healthcare providers during this time and this project aimed to address those assumptions.

Purpose

The purpose of this project was to determine if fourth trimester support programs helped improve feelings of support. Due to the inability to implement, this project will serve as toolkit for healthcare organizations interested in implementing a fourth trimester program to improve maternal support through facilitated patient education and support groups.

Methods

Context

Initially, this project intended to be implemented in a Midwest integrative functional medicine clinic. This clinic served women of childbearing age, prenatal patients, and postpartum women up to 12 weeks. The clinic had recently implemented a fourth trimester support program but saw declining participation and requested to pause participation in this project. The project facilitator, understanding the importance of maternal support, continued on with the project in a new format.

This project will serve as a non-implementation project. The fourth trimester support program tool kit is intended to be held in clinics or other healthcare settings consisting of support

groups with other mothers, one on one appointments, lactation support, postpartum depression screening/support, and physical/emotional support. The intended audience of the support program is postpartum mothers up to 12 weeks post-delivery. Advanced practice providers in the implementing clinics would be the intended facilitator of the fourth trimester program. Women attending the group would have the flexibility to bring their children if childcare is not available. The fourth trimester support group agenda is very relaxed, allowing the participants to voice concerns as well as request topics they want to talk about.

Intervention

The toolkit provided to clinics would assist in setting up and evaluating a fourth trimester support program. The intervention is designed to guide clinics serving women in the fourth trimester. Prior to the starting the fourth trimester support program, participants attending the fourth trimester support program would be asked to participate in the pre-intervention survey. Participants would fill out the survey at the first support group of the month as a pre-intervention survey and then again at the last meeting of the 12-week program. Paper copies of the survey would be available, as well as a QR code for the mothers to scan if they prefer to fill the survey out electronically. Paper copies of the survey would be collected by the facilitator of group that day. Staff would have been trained at the clinic to collect the paper copies of the survey and input the results into the online survey tool.

Study of Intervention

The women attending the fourth trimester support group would be evaluating their experience through the clinic or healthcare setting. In order to determine the impact of the intervention, a five-point Likert scale would be used to evaluate the responses of the participants. The survey would ask six questions to examine self-perception of feelings of support post-

delivery and postpartum period. The survey would be provided to participants on the first day of group and the last day, 12 weeks later. The data would be collected through a paper copy or online survey, depending on participant preference. The survey would take five minutes or less to fill out. Survey data would be downloaded to Microsoft Excel for review. The results provided from survey would be used to show that fourth trimester support is needed to help women decrease risk from complications.

Measures

The project would measure if participants feel supported post-delivery from participating in a fourth trimester support groups. A survey of six questions utilizing a five-point Likert-scale would be utilized to measure results. By identifying and measuring feelings of support in participants, it could be determined a fourth trimester support program is valuable to the clinic and clientele for the future. Increased feelings of maternal support can lead to many positive outcomes and increase the health and well-being of both mother and baby. It would be important the implementing clinic and group facilitator ensure participants complete both the pre and post survey for validity. The survey was created for this project by the project facilitator, so therefore no validity or reliability is measured for the tool.

Analysis

This project was not be implemented. In the case a clinic would implement the intervention, the data analysis would utilize a quantitative approach to determine whether the fourth trimester support groups can help new mothers feel more supported in the postpartum period. A pre-intervention and post-intervention survey would be implemented and collected by the clinic and ordinal numbers would be assigned to the Likert-scale. Microsoft Excel would be used to analyze the quantitative data with descriptive statistics. From the pre-intervention and

post-intervention survey the median and mode would be calculated from the two data sets. Since the pre-intervention and post-intervention surveys are the same a dependent t-test would be conducted to measure the significance between the two.

Ethical Considerations

Ethical considerations and ensuring participant privacy would be necessary components of this project. To ensure ethical measures would be taken when completing this project, the project facilitator would complete the Collaborative Institutional Training Initiative (CITI). The proposal would be reviewed by the Institutional Review Board (IRB) affiliated with the clinic or implementing facility for approval. Participants in the support groups would be informed about this project and they can consent whether to take part in the project or not. Informed consent would be provided to potential participants prior to completing the survey. The survey results are anonymous, and participant's privacy will be protected. No financial or ethical conflicts of interest are present.

Discussion

Summary

The initial goal of this project was to implement in a functional medicine clinic. However, due to several factors outside of the project facilitator's control, implementation was not possible. This led to the development of a fourth trimester support program toolkit for clinics serving women in the postpartum period to implement. Utilization of the evaluation tool will help clinics determine if the services are valuable to the clients they serve and positively impact the health and well-being of mothers and newborns.

Being able to initiate postpartum care within the first couple weeks post-delivery can address a variety of issues such as routine postpartum care to the management of chronic

conditions in the postpartum stage. There is growing concern for a new mother's health to initiate follow up care within the first couple weeks after delivery to help with concerns from being newly postpartum to transitioning to care with chronic conditions (Paladine et al., 2019). Social support is essential in the postpartum period and is positively associated with infant care and maternal adaptation. On the contrary, social absence is associated with postpartum depression (Lubker & Roberts, 2018). Fourth trimester support makes the postpartum period easier, less stressful, and more enjoyable (Lubker & Roberts, 2018). Overall, by postpartum mothers having more support in the fourth trimester leads to a decrease in mental health concerns and increases their feelings of support.

Limitations

The project facilitator was not employed by the clinic where implementation was to take place. This was a major limiting factor as the project facilitator was dependent on clinic staff to assist in project implementation. The clinic staff notified the project facilitator that they would not be implementing the fourth trimester support program and therefore would be unable to participate in the project. Therefore, the project was adapted to a toolkit for future implementations by clinics interested in fourth trimester maternal support.

Conclusion

In conclusion, this project would address if fourth trimester support groups help postpartum women feel more supported post-delivery. Findings from this pilot project could potentially change fourth trimester care models in hospitals and clinic settings. Research suggests that if postpartum women can feel supported in the fourth trimester that it will make the postpartum period easier, less stressful, and more enjoyable (Lubker & Roberts, 2018). Postpartum support programs are improving mental health outcomes and help to prevent

postpartum depression and other postpartum mood disorders (Prevatt et al., 2018). Therefore, it is critical that healthcare providers implement fourth trimester support groups so new mothers can feel supported in this new time.

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