

4th Trimester Project: A New Approach to Perinatal Care

Emphasis on North Ponds Site & Contraception Data

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BACKGROUND

- Most birthers do not receive care until 6-wk postpartum visit; poorly attended (rates ~40%) and patients feel don't adequately address maternal concerns¹
- Better pregnancy outcomes associated with preconception preparation, given ~45% pregnancies unplanned²
- In Monroe County: Maternal Mortality Rate is 25.4 (vs 17.4 nationally, 45% higher), and black infant mortality is 13.2 (3x white infants)³
 - 47% of low-income patients breastfeeding at 6mo (vs 75% non-low income)⁴
 - NY Black women postpartum depression rates at 18.2 (vs national average 13.0)⁴
 - In Rochester, 88% white, 69% black, 71% Latinx patients establish early prenatal care³
- WHO & ACOG recommend earlier postpartum^{5,6}
- Data supports earlier intervention (2weeks) could improve birther outcomes, especially among Black and Latinx patients^{7,8}

4TM VISIT OVERVIEW

Contraception	Tier 1: IUD, Nexplanon Tier 2: Permanent Sterilization Tier 3: Depo, pills, patch, ring, diaphragm Tier 4: Barrier, Withdrawal, Sponge, Fertility Awareness N/A: Visit not done
Feeding Method	Breast, Formula, or Both
Depression Screening	Positive/Negative Screen (PHQ2/9) Recommended/Receiving Treatment?
Touchpoint for patients with healthcare providers Compare attendance vs 6wk postpartum visit	

PRIMARY MEASURES

- Patient attendance at 4th Trimester (4TM) & 6-week postpartum visit (PPV)
- Intended & Actual infant feeding method
- Intended & Initiation of PP Contraception
- Positive postpartum depression (PPD) screenings

ACKNOWLEDGMENTS

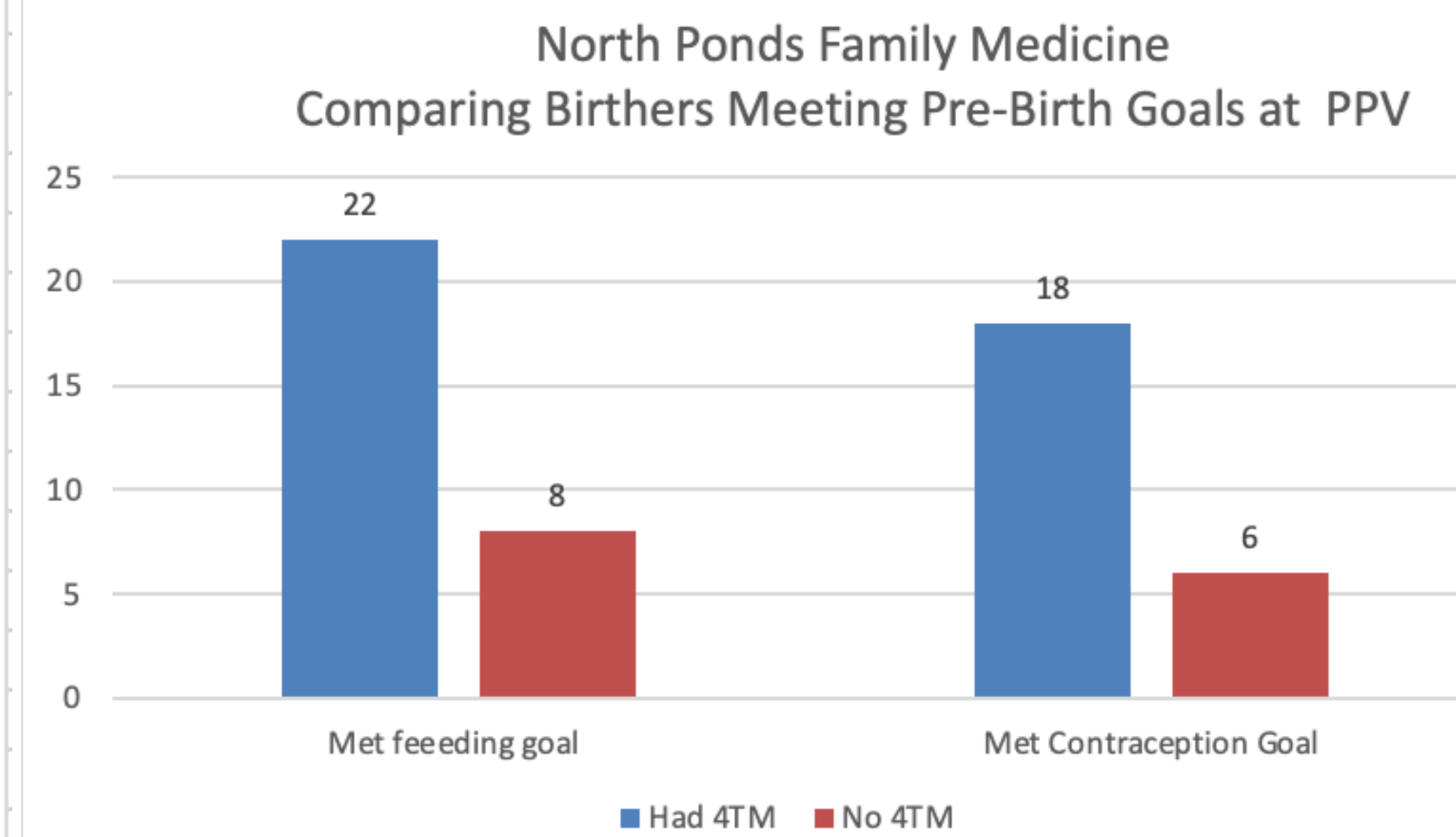
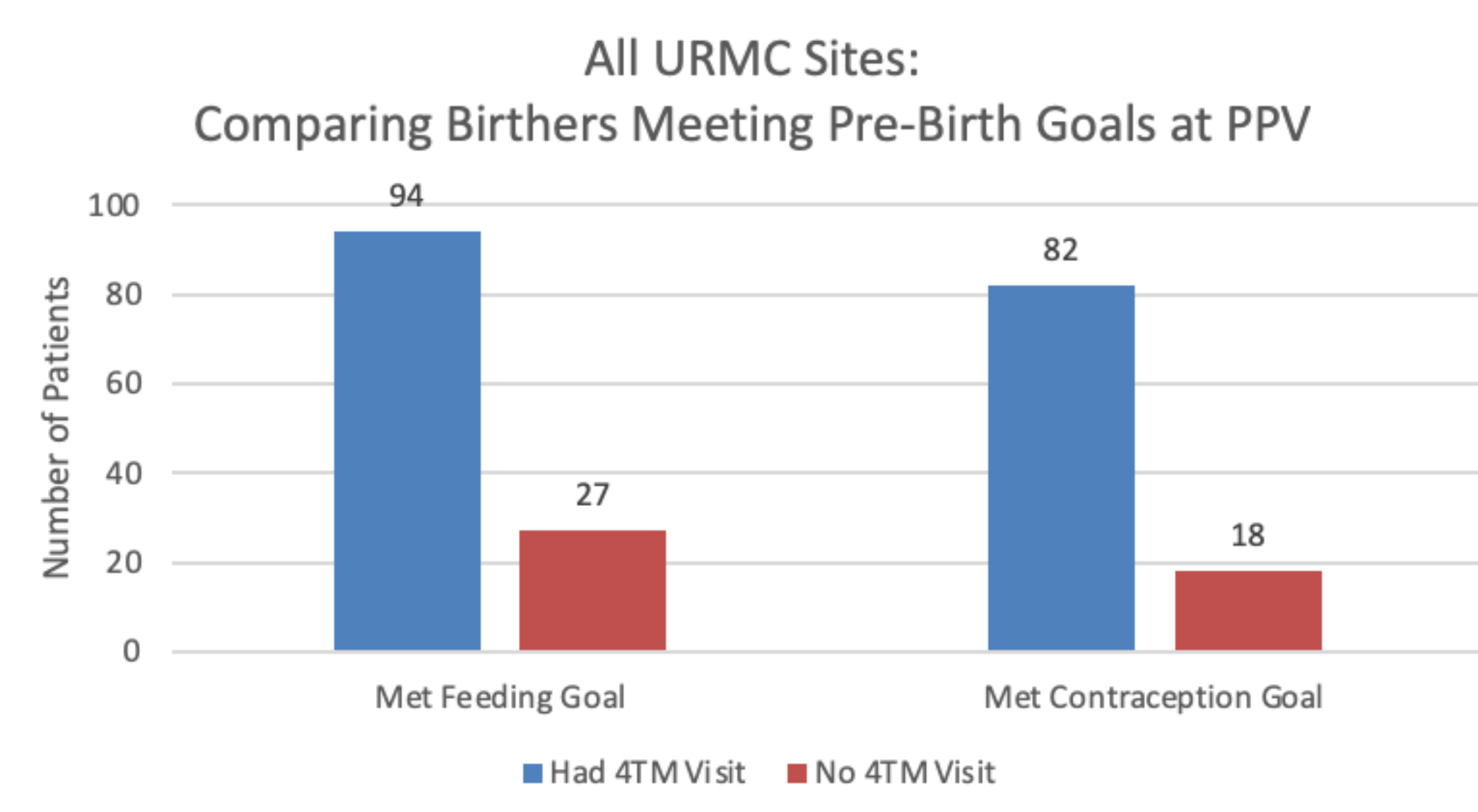
- URMC Department of Family Medicine, IMPLICIT Network
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METHODS

- 4th Trimester Protocol developed and expanded within IMPLICIT Network of Family Physicians
- Implemented at 3 URM Sites providing perinatal care: Highland Family Medicine, Brown Square Health Canter, North Ponds Family Medicine
- Scheduled NEW birther-infant dyad (4th Trimester) Visit at 2wks + traditional postpartum visit at 6wks
 - Trained clinic staff, providers, shared standardized visit EHR template
 - Scheduled visits for all patients receiving prenatal care at these three practices
 - Assessed birthers between November 2020 through July 2021 (n=184) at 260 conducted visits
- Manual medical chart review of visits, Completed standard statistical analysis in Microsoft Excel

RESULTS

- Attendance:** 55.9%(n=97) at both visits, 18.6%(n=33) 4TM only, 12.4%(n=22) PPV only, 14.1%(n=25) neither
- All Sites:** New parents attending 4TM were more likely to meet & maintain intended goals by PPV, specifically 51% overall met feeding goal (79% had 4TM), and 43% met contraceptive goal (84% had 4TM)
- North Ponds:** 36 new parents, 63 visits, 1 excluded patient.
 - Attendance: 75% both(n=27), 0% 4TM only, 22.2% (n=8) PPV only, 2.8% (n=1) neither
 - Similarly, birthers attending 4TM visits more likely to meet and maintain intended goals by PPV. 73% met feeding goal (72% had 4TM), and 75% met contraception goals (75% had 4TM)

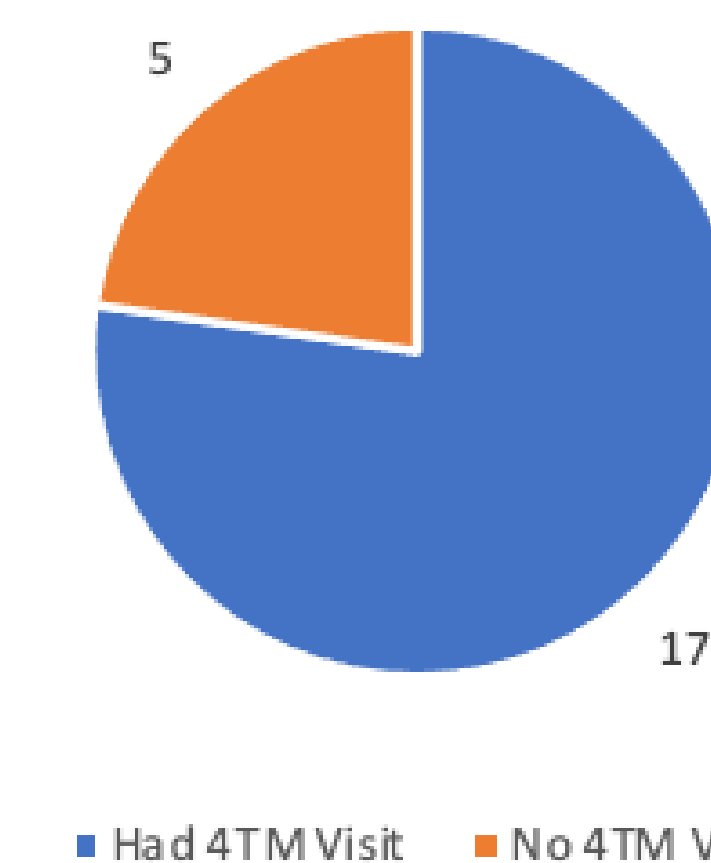


- Postpartum Depression:** 15 and 18 positive PPD screens at 4TM and PPV. 83% of new parents screening positive at PPD had already screened positive at 4TM visit. 100% receiving treatment by PPV

- Contraception Improvement:** All sites, 57% of birthers (n=100) did not meet contraceptive goal at PPV. 62% (n=62) did not attend the PPV, while 38% (n=38) did, but did not match their pre-birth goal. However, 55.2% (n=22) of the non-matchers were discordant because they had "improved" tiers. Of those who'd improved, 77.3% (n=17) had attended a 4TM visit.

- LARC:** 34.4% (n=43 of 125 patients attending PPV) of patients were using LARC contraception at the PPV. While assessing specific trends, 31.8% (n=7/22 patients) that improved, improved to LARC. 85.7% (n=6/7) of those that improved to LARC had attended a 4TM visit. Of those desiring LARC prenatally and met their intended goal at PPV (n=34), 82.4% (n=28) had a 4TM.

All Sites: Trends in Improved Contraceptive Goals



DISCUSSION

- Pilot implementation overall a success (given 74.5% of patients attended at least 4TM), but areas for improvement remain in scheduling, documentation, and overall attendance
- Promising intervention for meeting breastfeeding and contraceptive intention by postpartum visit, as well as improving depression screening and intervention
- Regarding contraception, 4TM associated with improvement of tiers
- At North Ponds, high 4TM attendance rates could be influential in improving maternal outcomes, given similar increases in goal-matching
- 4TM potentially associated with increased LARC usage, as 34.4% of our patients, greater than Rochester average of 20%⁴
- Limitations:** small sample size, not yet able to perform sub-analysis for different clinical sites (with different workflows, EMRs), ethnic, racial, and socioeconomic differences.
- Challenges associated with COVID-19: launched during prolonged aftermath, hesitancy to leave homes, staffing shortages, less in-person social support networks

FUTURE DIRECTIONS/ SUSTAINABILITY

- Collect patient-centered data on perceived benefits, qualitative experience data
- Building relationships with Healthy Baby Network & Rochester Coalition to End Black Maternal Mortality
- Collaborate with doulas, mental health providers, social workers, lactation counselors, PCPs in the community to expand capacity
- Continue to conduct visits, replace students & residents, continue to work within IMPLICIT network

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