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The Importance of Postpartum care

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**DENE WOMAN, SHE/HER
MOM, WIFE, DAUGHTER, AUNTY,
NIECE AND COUSIN TO MANY**

Registered Dietitian Nutritionist
Indigenous Full Spectrum Doula
Indigenous Breastfeeding Counselor
Birth Assistant



Learning goals

DISCUSS WHY POSTPARTUM CARE IS ESSENTIAL

Care for your whole being

RECOGNIZE SIGNS THAT SOMETHING MIGHT BE WRONG

When to seek out help

MANAGE UNEXPECTED OUTCOMES AND HEALING

Becoming whole and healing



Growing our Families

POSTPARTUM LIFE

Birth is as old as time, it's one of our original and oldest ceremonies, postpartum goes hand in hand with that. What does that look like today?

KINSHIP SYSTEMS

Parents, siblings, aunts, uncles, cousins,
grandparent, community



SERVICE PROVIDERS AND OTHERS

Midwives, doulas, doctors, lactation support,
body workers, cell phones, IG, FB

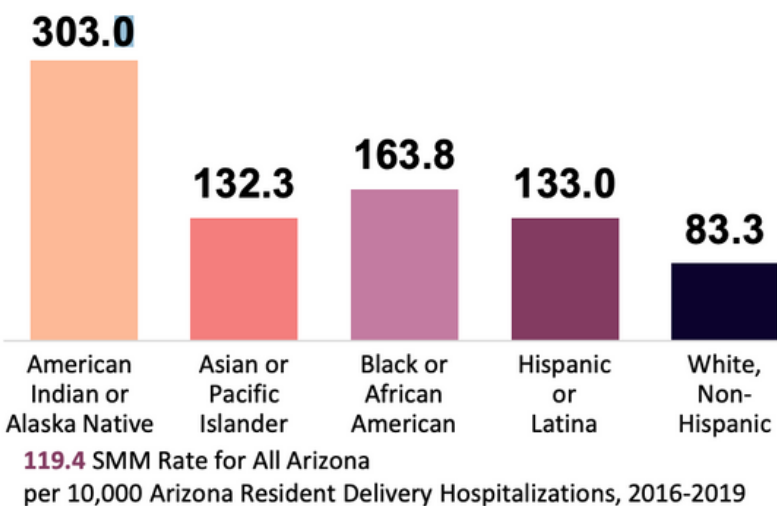


Aspects of postpartum care

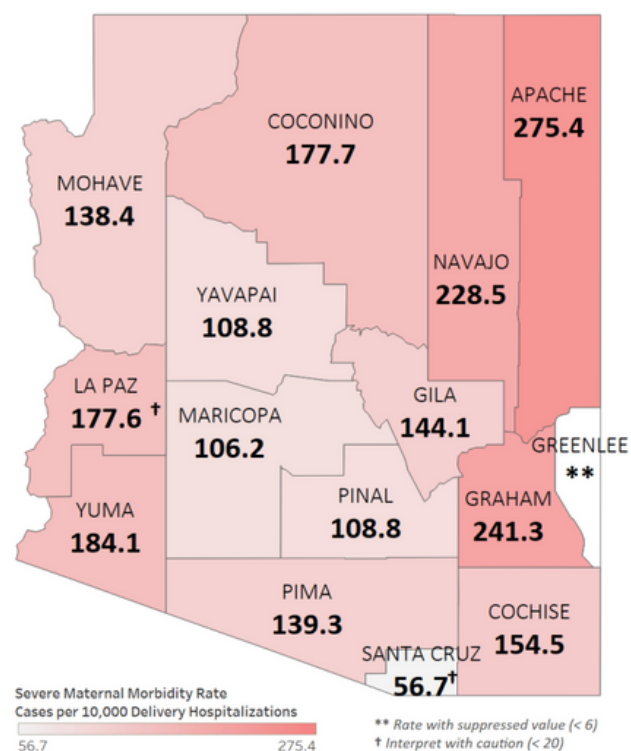
- **WHO IS INVOLVED**
dyad, family, community
- **BIRTH**
birth place, provider, support
- **BIRTH AND POSTPARTUM
OUTCOMES**
complications, separations
- **RIPPLES AND WAVES**
prepare, weather, and get help

Severe Maternal Morbidity (SMM) is the unexpected conditions or outcomes of pregnancy, delivery, or postpartum that aggravate or lead to significant negative effects on a woman's health and wellbeing. SMM is a critical measure used in understanding the causes and gaps leading to, but not always resulting in, pregnancy-related maternal deaths. There are long-standing implications of SMM on women and families, including extended hospital stays, major surgery, mental and physical distress, adverse outcomes for the fetus or infant, and sometimes death. Because SMM is more prevalent than MM, these analyses offer a better understanding of how maternal health is impacted by various risk factors and demographics.

American Indian/Alaska Natives have the highest SMM rate among racial and ethnic groups in Arizona.



Counties in Northern and Eastern Arizona experience the highest SMM rates.



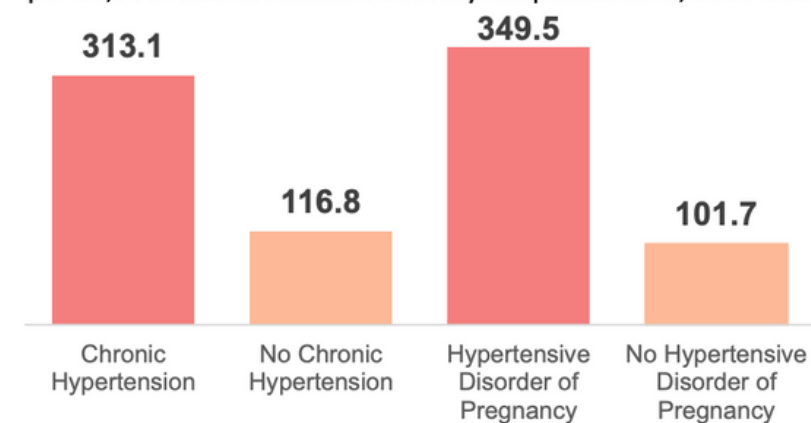
For more information, please visit <http://azdhs.gov/maternalhealth> or email maternalhealth@azdhs.gov

Severe Hypertensive Disorders Includes codes for pre-existing hypertension with preeclampsia, severe preeclampsia, HELLP syndrome, and eclampsia

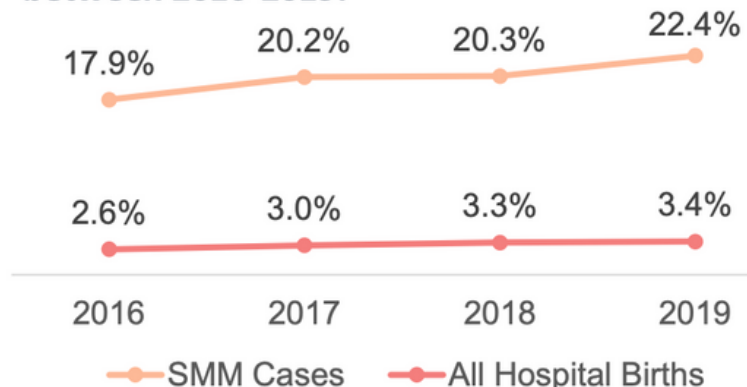
There were **2,595** hospital births in Arizona with severe hypertension in 2019.

Individuals with Chronic Hypertension or a Hypertensive Disorder of Pregnancy had higher SMM rates than those without hypertensive conditions.

per 10,000 Arizona Resident Delivery Hospitalizations, 2016-2019

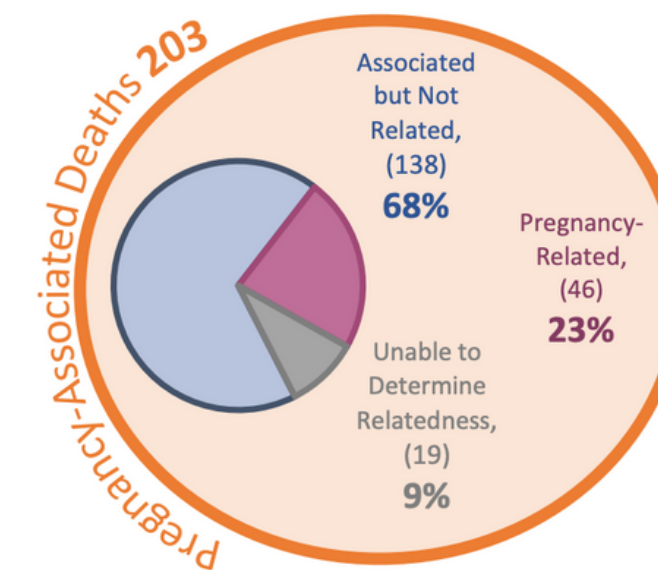


SMM Cases with Severe Hypertension increased at a greater rate than live births in Arizona between 2016-2019.



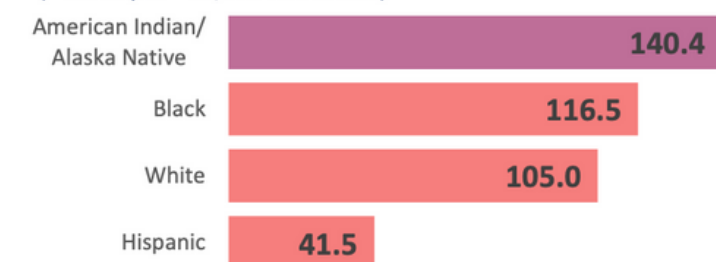
MMRC Reviewed Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

Close to 1 in 4 deaths of women within 365 days of pregnancy were determined to be Pregnancy-Related Deaths.



Maternal mortality is the death of a woman while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration, or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management. The Arizona Maternal Mortality Review Committee reviews every maternal death occurring in Arizona to determine pregnancy-relatedness and causes of death, as well as opportunities to prevent these deaths in the future. Below is an overview of Arizona's 2016-2018 maternal mortality outcomes.

American Indian/Alaska Native women experienced the highest Pregnancy-Associated Mortality Ratio. (Deaths per 100,000 live births)



Asian/Pacific Islander *
*Suppressed due to figures less than 6. (Misclassification bias may be present for cases &/or live births with multiple racial/ethnic identities. Please interpret data with caution.)

The PRMR and PAMR in Arizona slightly decreased overall between 2016-2018. (Deaths per 100,000 live births)



The Pregnancy-Associated Mortality Ratio in the Northern and Western Region of Arizona were the highest in the state. (Deaths per 100,000 live births)



Pregnancy-Related
The death of a woman during pregnancy or within one year of the end of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Pregnancy-Related Mortality Ratio (PAMR)
The number of pregnancy-related deaths per 100,000 live births. It is a ratio, rather than a rate, because the denominator contains only live births and not all pregnant women who are at risk of maternal death.

85% of Pregnancy-Associated deaths were considered **PREVENTABLE**

Definitions

Preventability:
A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, community, provider, facility, and/or systems factors.

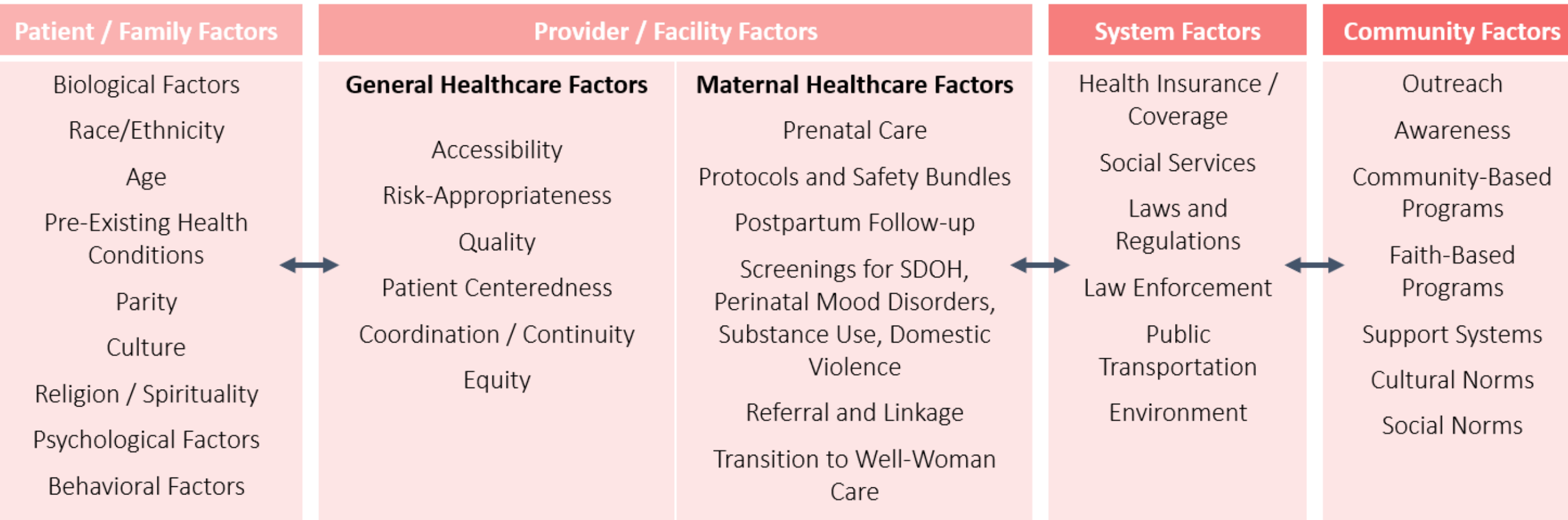
Pregnancy-Associated:
The death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause.

Pregnancy-Associated Mortality Ratio (PAMR)
The number of pregnancy-associated deaths per 100,000 live births. It is a ratio, rather than a rate, because the denominator contains only live births and not all pregnant women who are at risk of maternal death.

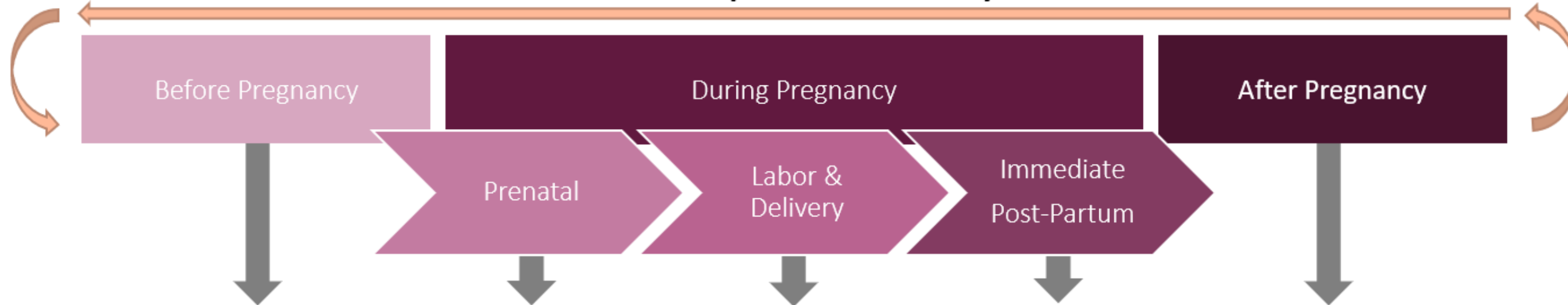
Factors that Affect Maternal Mortality and Morbidity

Social Determinants

Housing, Food Access, Transportation, Living and Working Conditions, Socioeconomic Position, Education, Rural/Urban



Women's Reproductive Life Cycle



Maternal Health Outcomes:

Mortality, Severe Maternal Morbidity, Pre-Term Birth, Low-Weight Birth, Infant Loss

COMPONENTS OF WELLNESS

MENTAL

EMOTIONAL

PHYSICAL

SPIRITUAL

FINANCIAL / OCCUPATIONAL

INTELLECTUAL

SOCIAL

ENVIRONMENTAL



What is Postpartum?

Why is it important?

Time to Heal

WHATS INVOLVED

uterus, perineum, breasts/chest, bowels and bladder, hormones, abdominal and skin changes, nutrition and rest, infant feeding and care, family planning



A photograph of a woman in a white hospital gown sitting up in bed, holding a smartphone in her hands. The background is slightly blurred, showing a hospital room setting.

When to call for help

SEVERE HEADACHE THAT WON'T GO AWAY OR GETS WORSE OVER TIME
DIZZINESS OR FAINTING
CHANGES IN YOUR VISION
FEVER OF 100.4° F OR HIGHER
EXTREME SWELLING OF YOUR HANDS OR FACE
THOUGHTS ABOUT HARMING YOURSELF OR YOUR BABY
TROUBLE BREATHING
CHEST PAIN OR FAST-BEATING HEART
SEVERE NAUSEA AND THROWING UP (NOT LIKE MORNING SICKNESS)
SEVERE BELLY PAIN THAT DOESN'T GO AWAY
SWELLING, REDNESS OR PAIN OF YOUR LEG
HEAVY VAGINAL BLEEDING OR LEAKING FLUID THAT SMELLS BAD AFTER PREGNANCY
PASSING BLOOD CLOTS BIGGER THAN A GOLD BALL, SOAKING THROUGH A PAD/HOUR
OVERWHELMING TIREDNESS
SEIZURES
INCISION THAT IS NOT HEALING (INCREASED REDNESS OR ANY PUS)
INABILITY URINATE, OR BURNING SENSATION
RED HOT PAINFUL AREA ON BREAST

Other concerns

PMAD, PTSD, DV, SUBSTANCE USE,

Are you feeling sad or depressed?

Do you feel more irritable or angry with those around you?

Are you having difficulty bonding with your baby?

Do you feel anxious or panicky?

Are you having problems with eating or sleeping?

Are you having upsetting thoughts that you can't get out of your mind?

Do you feel as if you are "out of control" or "going crazy"?

Do you feel like you never should have become a parent?

Are you worried that you might hurt your baby or yourself?



postpartum can bring
things to a boil



Healed and Healthy

IT TAKES A VILLAGE

Alone we can do so little, Together we can do so much - Helen Keller



QUESTIONS,
THOUGHTS,
REFLECTIONS, OR
THINGS YOU LEARNED

Thank you !