

The Fourth Trimester Model: Disparities in Fourth Trimester Visit Attendance

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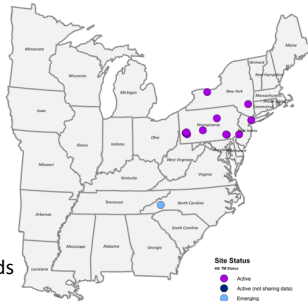


BACKGROUND

- The United States has one of the highest rates of pregnancy-related deaths amongst developed nations.
- Non-Hispanic Black women experienced 55.3 maternal deaths per 100,000 live births in 2020, over double the overall maternal death rate
- The postpartum period is a key time to intervene to reduce disparities in postpartum maternal mortality and morbidity.
- Since 2018, ACOG has recommended follow up, either in person or by phone, within 3 weeks of delivery.

COMMUNITY PARTNER

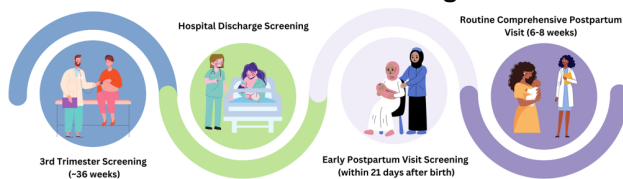
- The Fourth Trimester (4TM) Project was developed in collaboration with the IMPLICIT Network
- There are currently 10 sites sharing data on 4TM visits through the network
- The University of Rochester has been conducting fourth trimester visits since July of 2020 at three sites: Highland Family Medicine, North Ponds Family Medicine, and Brown Square Health Center



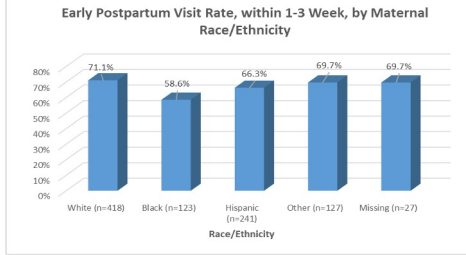
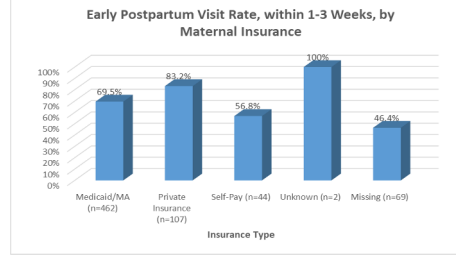
Site Status
● Active
● Active (not sharing data)
● Inactive

FOURTH TRIMESTER MODEL

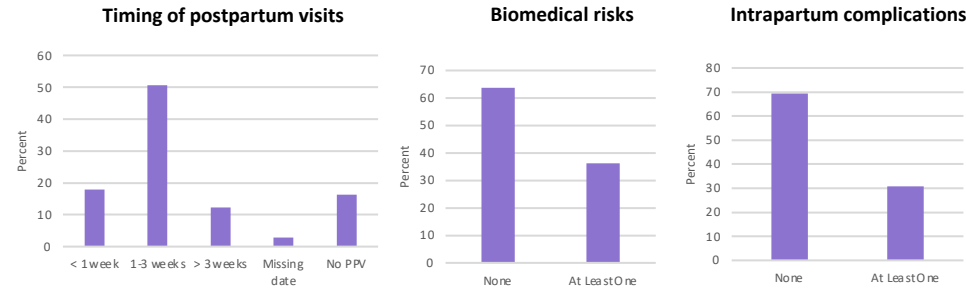
4th Trimester Screening



RESULTS



Across the 10 IMPLICIT network sites, Black patients had lower rates of attending a visit within three weeks than White or Hispanic patients. In terms of insurance status, privately insured patients had the highest rates of visit attendance and self-pay patients had the lowest. Overall, racial and economic disparities in visit attendance persist.



68.6% of patients (n=684) attended a visit within 3 weeks of delivery.

36.2% of patients (n=290) had at least one biomedical risk factor at prenatal screen (left). 30.7% of patients (n=476) had at least intrapartum complication at postpartum screen (right).

Biomedical Risks Screened

- History of or current preeclampsia with severe features
- History of or current essential hypertension, gestational hypertension or preeclampsia w/o SF
- Cardiovascular disease
- Gestational or pre-gestational diabetes
- Obesity (BMI > 30)
- History of or current DVT/PE
- History of or current bleeding/clotting disorder
- Chronic kidney disease (stage III or greater)
- Moderate or severe persistent asthma
- Epilepsy

Intrapartum Complications Screened

- Preeclampsia/eclampsia requiring magnesium sulfate
- Gestational hypertension or mild preeclampsia
- Cardiovascular event
- DVT/PE
- Infection (wound, endometritis, sepsis)
- Postpartum hemorrhage
- Operative vaginal delivery
- Shoulder dystocia
- 3rd/4th degree laceration/ vulvar hematoma
- Breast complication
- Bonding issues

336 birthing parents had a prenatal and postpartum questionnaire at least partially filled out

CONCLUSIONS

- Early postpartum visits were well-attended and provide key opportunity to screen for postpartum depression and address any problems with feeding.
- Racial and economic disparities in early visit attendance may exist, both across the network and in Rochester
- 4TM model provides an effective framework to analyze which specific biomedical risks and intrapartum complications are not receiving adequate follow up

ROCHESTER TRENDS

- Racial and economic disparities in 4TM visit attendance in Rochester are similar to our regional (network-wide) data
- HFM Resident Feedback:
 - Resident-specific challenges (only do 4TM visits occasionally, hard to remember "flow")
 - Initial lack of understanding of the importance of the documentation-only encounter
 - Need for ongoing communication between 4TM research staff and clinical staff

LIMITATIONS AND FUTURE DIRECTIONS

- Low rates of prenatal screening completion - working to increase consistency in completing all the screenings
- With more data and better screening completion rates: further identification of biomedical risks/intrapartum conditions most in need of additional outreach
- Identifying and addressing patient barriers to visit attendance using qualitative interviews
- Identifying patient values/what they found beneficial about earlier visit / ways it can be tailored to best address patient concerns

IMPACT AND SUSTAINABILITY

- Three MS2 students continuing this aspect of the project and have met to discuss it
- All data and prior presentations shared in REDCap and Box folder
- Data presented at FMEC conference in October 2023 and at ACOG D2 in November 2023