

# Improve Postpartum Care

## A CULTURAL APPROACH

*Help patients keep postpartum appointments and overcome barriers to care*

The postpartum period is a critical time for patients with many physical, social and psychological changes. Postpartum check-ups are key to a patient's health care and well-being. During this visit, it is important to discuss:

- The patient's reproductive life plan.
- Options for contraception.
- Physical or mental health changes.

### Barriers to postpartum care<sup>1,2</sup>

A commonly reported barrier to postpartum care is that patients "feel fine" and do not think they need to have check-ups. Some patients have challenges in scheduling and attending a postpartum care appointment due to barriers related to social determinants of health. Barriers can include:

- Difficulty scheduling an appointment due to school and work schedule.
- Lack of childcare.
- Lack of knowledge about the importance of the check-up.
- General challenges related to having a new baby.

### Implicit bias plays a role in missed postpartum visits<sup>3</sup>

Implicit (unconscious) biases are stereotypes or beliefs about groups of people that affect how we think, feel and behave in an unconscious manner.<sup>4</sup> Providers may have implicit bias that can influence provider-patient interaction.<sup>5</sup> Patients are twice as likely to skip their postpartum visits if they experience perceived discrimination related to:

- Race/ethnicity.
- Insurance type.
- A difference in opinion with a provider about care.
- Disability.



### Tips to overcome barriers

- Educate patients on the importance of postpartum care.
- Improve access to care. For example, expand appointment times to cover patients' late school or work schedules.
- Provide support and encouragement for your patient, as this is a joyous and sometimes hard time.

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## Cultural practices and postpartum care

Cultural practices and religious beliefs are important to recovery and well-being after having a baby. Most cultures expect birthing parents to observe special postpartum customs like those described below.

### ***30–40 days of rest and recovery***

This period can include:

- Isolation.
- Diet.
- Rest.
- Support for the mother.

### ***Rest and home confinement***

Benefits associated with the postpartum customs can include:

- Baby bonding.
- Breastfeeding.
- Protection from the elements and exposure to illnesses.
- Positive impact on postpartum depression.

## Best practices for postpartum care success

For better success with patients sticking to a postpartum care plan, consider doing the following:

- Ask the patient what customs they will observe. Include the answers in the medical record. For example:
  - Must stay in the house for 40 days.
  - Tightly wrap the head and/or stomach.
  - Need to eat or avoid certain foods.
- Ask the patient how their mental health needs will be met.
- Share the reasons why follow-up postpartum care is important.
- Stress the need for a visit on or between 7 and 84 days (1–12 weeks) after delivery.

## Provide staff training about cultural practices and preferences

Use the following tips to help your staff increase awareness about patients from different cultures.

- Review the article and website information found under Resources on page 3.
- Understand that there is stigma of postpartum depression across different cultures. Improve awareness and identification of the signs and symptoms of mental health issues.
- Provide information on available mental health resources.

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To learn about implicit bias and how your own biases may impact care, providers can:

- Attend an implicit bias training.
- Read a book about implicit bias.
- Talk to someone close to you about your biases.
- Use the phrase “in my experience” or “I believe” when talking to patients. This can reduce generalizing or stereotyping.
- Think about your role at work and identify decisions you make that could be affected by your biases.
- Test your own biases through the Harvard IAT: [implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html).

## Resources

### Articles

- Heike Thiel de Bocanegra, Monica Braughton, Mary Bradsberry, Mike Howell, Julia Logan, Eleanor Bimla Schwarz. Racial and ethnic disparities in postpartum care and contraception in California's Medicaid program. *American Journal of Obstetrics and Gynecology*, Vol. 217, Issue 1, 2017, Pages 47.e1-47.e7
- DiBari JN, Yu SM, Chao SM, Lu MC. Use of postpartum care: predictors and barriers. *J Pregnancy*. 2014; 2014:530769
- Attanasio L., Kozhimannil K.B. Health Care Engagement and Follow-up After Perceived Discrimination in Maternity Care. *Medical care*, 55(9), 830–833. doi.org/10.1097/MLR.0000000000000773
- Eberhard-Gran, Malin, Garthus-Niegel, Susan, Garthus-Niegel, Kristian, and Eskild, Anne. Postnatal care: a cross-cultural and historical perspective. *Archives of Women's Mental Health*. Dec 2010, Vol. 13 Issue 6, p459-466. 8p
- Lisa Johnson Waugh (2011). Beliefs Associated with Mexican Immigrant Families' Practices of La Cuarentena Postpartum Recovery. *JOGNN*
- Journal of Pregnancy (2014). Use of postpartum care: predictors and barriers. pubmed.ncbi.nlm.nih.gov/24693433/

### Websites

- mothermag.com/postpartum-care-traditions/
- ncbi.nlm.nih.gov/pubmed/7633342
- The American College of Obstetricians and Gynecologists (ACOG): www.acog.org/

### Footnotes

<sup>1</sup><https://pubmed.ncbi.nlm.nih.gov/24693433/>

<sup>2</sup>[ncbi.nlm.nih.gov/pmc/articles/PMC5290059/#:~:text=However%2C%20when%20asked%20why%20postpartum,to%20having%20a%20new%20baby](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC5290059/#:~:text=However%2C%20when%20asked%20why%20postpartum,to%20having%20a%20new%20baby)

<sup>3</sup><https://pubmed.ncbi.nlm.nih.gov/28692572/>

<sup>4</sup><https://implicit.harvard.edu/implicit/faqs.html#faq1>

<sup>5</sup>[www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/)



### Questions?

For more information and resources, contact  
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