How new technologies boost postpartum care in “fourth trimester”

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This column is part of a series of firsthand physician accounts that detail how AMA medical group partners are moving medicine to support patient health and the medical profession.

The U.S. health care industry has largely overlooked postpartum care. Pregnancy is filled with routine appointments, tests, ultrasounds and more, but the guidelines for postpartum care recommend just a single visit six to eight weeks after delivery. One visit is rarely, if ever, enough for mothers who are recovering from birth, breastfeeding, and adjusting to massive lifestyle changes, such as disrupted sleep schedules and caring for an infant.

Recognizing the importance of postpartum coverage for mothers and children, the AMA has policy calling for Medicaid coverage to be extended to 12 months after birth. Within that year, the “fourth trimester,” the 12-week period following delivery, is an especially crucial time for the health of both new mothers and newborns.

The American College of Obstetricians and Gynecologists (ACOG) recognized this critical period in a 2018 report: “The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing priority, rather than a single encounter, with services and support tailored to each woman’s individual needs.”

Technology can help achieve these goals, connecting patients with their physicians and providers during this transitional time. These technology tools, commonly referred to as “Femtech,” are projected by market-research firm Frost & Sullivan to become a $50 billion industry by 2025. While there are many exciting advances in this field, there are some data-privacy concerns that patients and physicians should be wary of. Three of the most valuable areas of advancement in this field, however, are telehealth, remote patient monitoring, and patient portals.
Telehealth connects new moms to care

Data from McKinsey & Co. suggests that 70% of consumers “prefer digital health care solutions.” Women are more likely than men to embrace telehealth; according to pre-pandemic data, “nearly two-thirds of all telehealth claim lines … were associated with female patients.”

Telehealth is especially helpful for new mothers, who are adapting to the demanding schedules of caring for an infant. Commuting to a doctor’s office for a visit may require finding child care for older children, which may deter some from seeking care.

Telehealth eliminates travel and other obstacles that may result in 20–40% of women not seeing their maternity provider between three and eight weeks after delivery. According to researchers at the University of North Carolina at Chapel Hill, convenience can also help boost attendance rates, especially among populations with limited resources, potentially reducing health disparities and inequities.

Because 50–75% of new mothers experience the “baby blues,” with up to 15% experiencing postpartum depression, teletherapy is another useful tool. Teletherapy can be just as effective as in-person treatment. Moreover, not only is teletherapy highly convenient, the use of teletherapy may reduce the stigma that may cause patients to avoid seeking care.

Smart devices watch mother’s vitals

Remote patient monitoring (RPM) is closely related to telehealth and uses technology to gather and assess patient health data while patients are outside a health care facility. Devices, such as an Apple Watch, can alert the wearer if their vitals reach a particular threshold, at which point the wearer could contact their physician or seek care.

During the fourth trimester, RPM could help new mothers monitor their blood pressure to watch out for hypertension or postpartum preeclampsia, which are among the leading causes of postpartum maternal mortality. Research published in the January 2019 issue of *American Journal of Obstetrics & Gynecology* confirmed the efficacy of RPM and telehealth in postpartum hypertension management. Researchers found that the participants, who were given a connected tablet device and Bluetooth-enabled devices to measure vitals, were significantly less likely to be readmitted for hypertension.
In all circumstances, but particularly when it comes to RPM or telehealth, physicians should be prepared to discuss privacy implications with their patient if asked. And RPM is most effective when it is able to integrate capture information from the patient into the physician’s workflow.

## When mom’s quandary comes at midnight

Patient portals can serve as a powerful tool to complement appointments and connect patients with their care team between visits. Given how unpredictable and busy new parents’ schedules are, portals are a great way to share information.

One of the portal’s key capabilities is secure messaging, which allows new mothers and their physician to discuss, asynchronously, non-urgent issues and, if necessary, schedule a visit directly through the portal. Physicians and other clinicians can assist their patients with care coordination, review postpartum plans, adjust medication, address social needs, and more with their patients via the portal instead of waiting for the patient’s visit.

Modern, tech-forward Femtech solutions such as these can provide much-needed reassurance for new mothers during the difficult postpartum period. By expanding convenience and access to postpartum care, these technologies may also lower health disparities and inequities, such as the disproportionate rate of maternal mortality among minority women.

As physicians and health care organizations implement these digital tools into their workflow, payers should acknowledge their benefits and pay accordingly. As ACOG’s 2018 report says, “Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit.”

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