

The fourth trimester and beyond: strategies to improve postpartum linkage of care

Authors: Whyler N^{1,2}, Krishnaswamy S^{1,3}, Price S^{4,5}, Giles ML^{1,4}.

¹ Department of Obstetrics, Monash University. ² Department of Obstetrics, Western Health. ³ Department of Infectious Diseases, Monash Health. ⁴ Department of Obstetric Medicine, Royal Women's Hospital. ⁵ Department of Medicine, University of Melbourne.

Background: Chronic hepatitis B (CHB) infection is a condition requiring indefinite monitoring to detect early complications. It is frequently identified for the first time during antenatal screening, and this setting provides an opportunity to facilitate linkage to long-term care. Despite this, the postpartum period is a time of competing priorities for mothers and healthcare practitioners, and linkage to ongoing postpartum care is often not prioritised.

Analysis/Argument: Our research explores barriers and facilitators to accessing recommended care in women diagnosed with medical conditions in pregnancy, with the aim of understanding individual and systemic access challenges. Whilst our research does not focus specifically on hepatitis B, we believe our findings to be relevant to those with CHB.

Our pilot survey of 72 recently pregnant people at two months postpartum explored barriers and facilitators to accessing recommended healthcare. We also present interim analysis of a qualitative survey of 64 participants in a randomised controlled trial examining challenges to accessing recommended care.

Outcome/Results: Barriers to accessing care and recommended testing included: financial constraints, lack of access to GPs, conflicting information about recommended tests, and not knowing what follow-up was recommended. Facilitators to accessing care included receiving assistance with booking appointments, and integration of a postpartum visit within the maternity care model. Participants with diabetes and hypertension in pregnancy, who perceived their long-term risk of complications as high, were more likely to access recommended testing postpartum.

Conclusions/Applications: Our findings offer a spotlight on the challenges faced by recently pregnant people in accessing postpartum healthcare, and identify potential solutions including administrative assistance, education and specialist clinics. Models of care that bridge the gap between antenatal and longer-term medical care are essential to improve equity of care delivery and health outcomes. Future initiatives to design and implement cohesive pathways of care should involve people with lived experience.

Disclosure of Interest Statement: no conflicts of interest to declare