

The Fourth Trimester and Beyond: Strategies to Improve Postpartum Linkage of Care

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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.

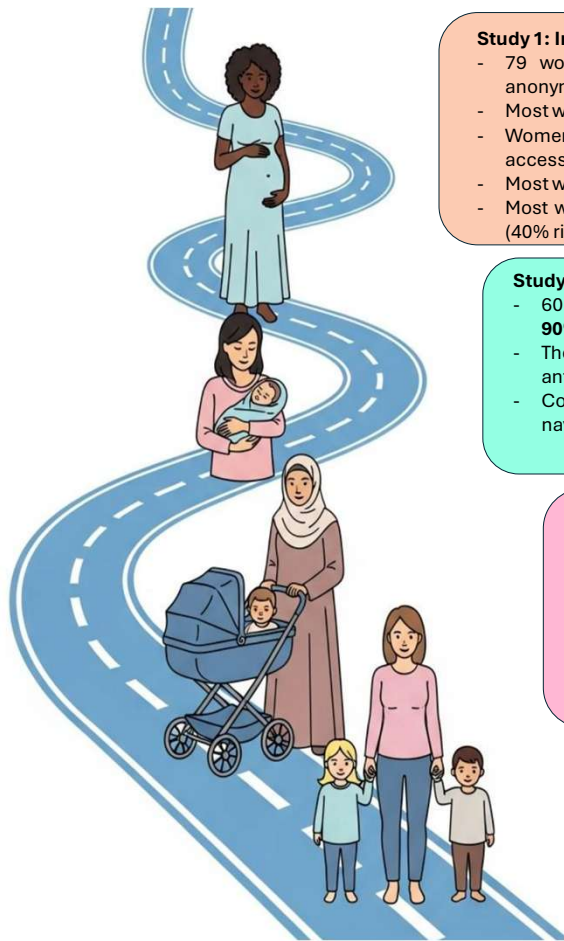
Despite this, the postpartum period is a time of competing priorities for mothers and healthcare practitioners, and linkage to ongoing postpartum care is not prioritised¹.

Analysis

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. Our research does not focus specifically on CHB, but our findings are relevant to this cohort.

We present collated data from our studies exploring postpartum access to care through a mixed methods approach.

Research Findings



Study 1: Intentions to seek healthcare before and at birth: anonymous survey

- 79 women with gestational diabetes and/or hypertension in pregnancy completed an anonymous survey on their intentions to seek postpartum care
- Most women intended to undergo recommended postpartum testing (52/71, 73%)
- Women reported uncertainty about **what, how, where and when**: what tests to have, how to access them, where to have them, and when.
- Most women expressed preference for testing and care to be performed with their GP;
- Most women underestimated their long-term risk of complications after gestational diabetes (40% risk at 10 years) and even more so after hypertension in pregnancy (27% estimated risk).

Study 2: Barriers and facilitators to accessing GP care at six weeks

- 60 women at public and private maternity hospitals at 2 months' postpartum: **nearly all (54/60, 90%)** attended a six-week check with their GP or obstetrician.
- Those with private care attended 100% of the time compared with 72% with public shared antenatal care, highlighting inequity between models of care
- Common challenges during this period included finding and booking appointments, and navigating care whilst recovering from birth with a newborn.

Study 3: Experiences of accessing care and uptake of recommended testing after gestational diabetes and hypertensive disorders

- 64 participants took part in a semi-structured interview of their experiences accessing care up to six months postpartum
- Challenges included receiving inconsistent advice about what care was recommended and juggling competing priorities.
- Women who perceived their long-term risk of complications as high were more likely to access recommended testing

Study 4: The 4W study - qualitative interviews exploring intentions and experiences of seeking care after medical conditions in pregnancy

- Six qualitative interviews ranging from antenatal to nine months' postpartum explored lived experience of accessing care
- Common themes included lack of cohesion between antenatal and postpartum care; a need for focused education on long-term risks; and consideration of flexible models of care including the use of information aids and administrative support as well as specialist postpartum clinics to support care.

Antenatal Birth 2 months 3 - 6 months 9 - 12 months

Conclusions and Implications for Postpartum Care with Hepatitis B

Our findings offer a spotlight on the challenges of recently pregnant people in accessing postpartum care, with lessons that can be applied to the problem of inconsistent follow-up after hepatitis B in pregnancy.

Special considerations for women with hepatitis B infection include increased risk of co-occurrence of medical conditions like gestational diabetes²; as well as higher likelihood of being unfamiliar with Australian healthcare systems and challenges in providing culturally sensitive care³.

Lessons learned⁴:

- Cohesive models of care that strengthen the transition of care between antenatal and postpartum care is essential to support women to access recommended long-term care
- Flexibility around service delivery is needed to cater to additional challenges faced by women in the postpartum period at a time of many competing priorities; including:
 - Administrative assistance in booking appointments and tests
 - Use of information aids e.g. appointment reminders, handouts, for women to refer to
 - Specialised postpartum clinics (specialist physicians, GPs, obstetricians) to assist with transition from antenatal to postpartum care
 - Care coordinator particularly for those with challenges navigating the Australian healthcare system
- Dedicated education that focuses on long-term health implications after medical conditions in pregnancy

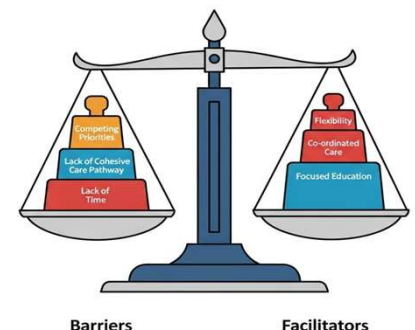


Figure 1: Barriers and facilitators to attending recommended postpartum care

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4. Whyler NCA, Krishnaswamy S, Price S, Giles ML. 2024. Strategies to improve postpartum engagement in care after high-risk conditions diagnosed in pregnancy: a narrative review. Arch Gynecol Obstet. 319(1):69-82.