4th trimester PROJECT™

From Initiatives to Impact

Community-Centered Approaches to 4th Trimester Care Systems

May 20, 2026

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Collaborative for Maternal & Infant Health

School of Social Work
Jordan Institute for Families

Team Reflection

What does effective 4th trimester require the most?

What does effective 4th Trimester Care require the most?

Next slide

Framing Our Conversation

- Examine the significance of the 4th trimester
- Explore how postpartum systems impact outcomes
- Highlight emerging approaches to postpartum care redesign
- Discuss community-centered approaches to care transitions

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About Us

4th Trimester Project is based at the University of North Carolina at Chapel Hill and is a partnership between the Schools of Medicine and Social Work and many others!

Our work represents a collaboration of diverse professionals, community leaders, and new parents from across North Carolina and the country.

Community engagement and co-design guide our work. We center the needs of those put at risk by society.

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Mission:

Change the way America treats new parents

because – “Motherhood should not mean risking your happiness, health, or life.” (Amelia Gibson)

Why the 4th Trimester Matters

- Impacts physical, emotional, and long-term maternal health
- Influences family wellbeing, bonding, and recovery
- Requires coordinated communication across care settings
- Depends on connected systems that support continuity of care

Maternal Mortality Timing = *Postpartum Matters*

80%

MORE THAN HALF

Over 80% of pregnancy-related deaths were determined to be *preventable*

Among pregnancy-related deaths with information on timing, 53% occurred *1 week to 1 year postpartum*

Pregnancy-Related Mortality in the United States, 2011-2015. https://www.ncbi.nlm.nih.gov/pubmed/28697109
https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#table3

Mental Health Matters

MMHLA
Maternal Mental Health Leadership Alliance

33% of pregnancy-related suicide deaths had a documented prior suicide attempt[8]

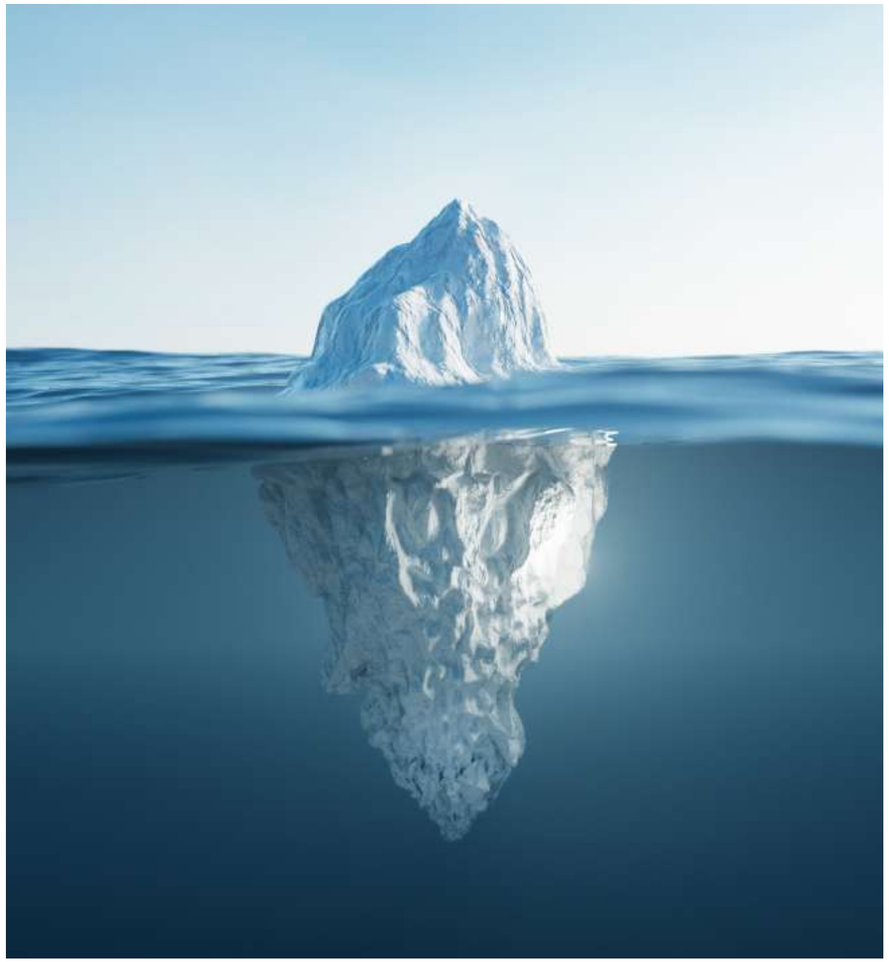
TOP RISK FACTORS[9]

- Personal or family history of mental health disorders
- Interpersonal violence
- Substance use disorder

MMHLA 2021 c382ebc3-d82f-46b8-aa2e-f2370bfe68e0.pdf

NewMomHealth.com
SaludMadre.com

Maternal Morbidity



- For every woman who dies, many more suffer severe complications.
- In the United States, maternal morbidity has increased substantially in recent years.
- Pain is often under assessed and under treated. Many new mothers don't know what is "normal" and suffer from not getting the help they need to heal.
- Chronic Conditions, Higher Morbidity and Mortality - About 43% US women of reproductive age have at least one chronic condition

Postpartum in the U.S.

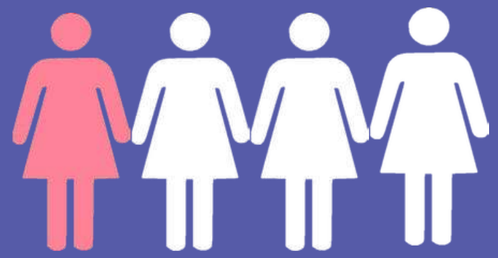
The Impact

2x

The number of women who lose their lives giving birth in America has nearly doubled over the last 25 years.

1.6
million

1.6 million new mothers do not receive a postpartum visit.



1IN 4 MOMS
in the US returns to work
just 10 days after
childbirth

85%+ of mothers who
experience symptoms of
Postpartum Depression
did not get help

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Birthing parents with infants receiving care in a NICU were:

2x as likely to have had a c-section.

3x more likely to be classified as having severe maternal morbidity.

↑ More likely to have had postpartum hemorrhage or blood transfusion.

↑ more likely to have had gestational diabetes, chronic hypertension, gestational hypertension, mild/severe preeclampsia, eclampsia, HELLP syndrome, and bipolar disorder.

Verbiest S et al. Ann Intern Med. 2020;173(11 Suppl):S37-S44.

Her Fears

“If I score too high on the depression screen, will they send me to an institution?

Are they going to take my baby away?”

24

Percentage of birthing parents who did NOT have a phone number of a care provider to contact about concerns in the first two months after birth

Birth Trauma

- Some women experience events during childbirth (as well as in pregnancy or immediately after birth) that would traumatize any person
- For other women and birthing people, it is not always the dramatic events that trigger childbirth trauma but loss of control, loss of dignity, the hostile attitudes of the people around them, feelings of not being heard or the absence of informed consent to medical procedures.
- Birth trauma can overlap with postnatal depression (PND) as some of the symptoms are the same, but the two problems are distinct.

What is Birth Trauma? - Birth Trauma Association

Infant Care is a lot!

- Many messages competing for attention
- Potential info overload at prenatal classes and/or hospital discharge
- This can be especially hard for parents with a medically fragile newborn and/or a challenging newborn

Segmented care keeps us from holistic care

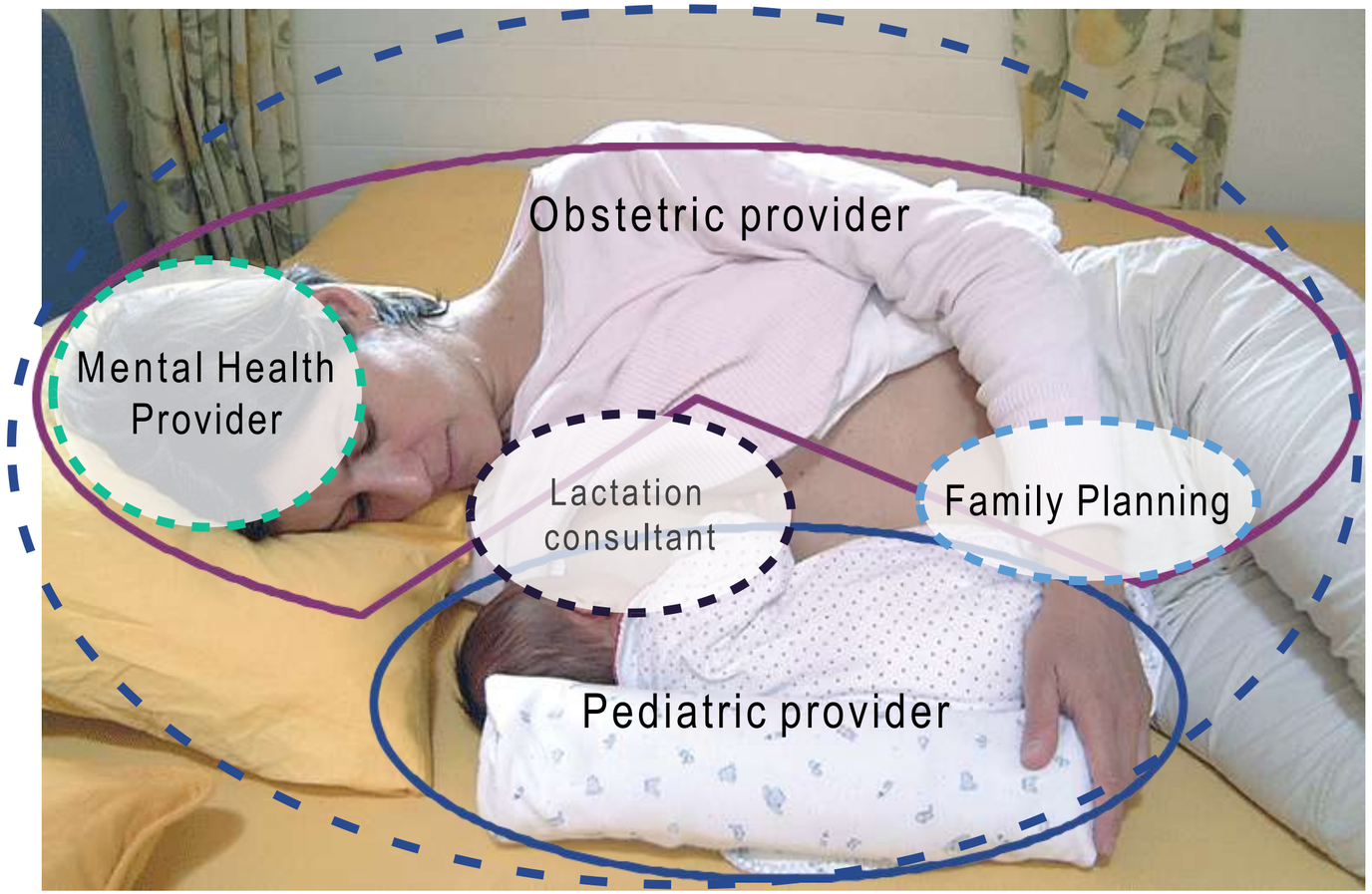
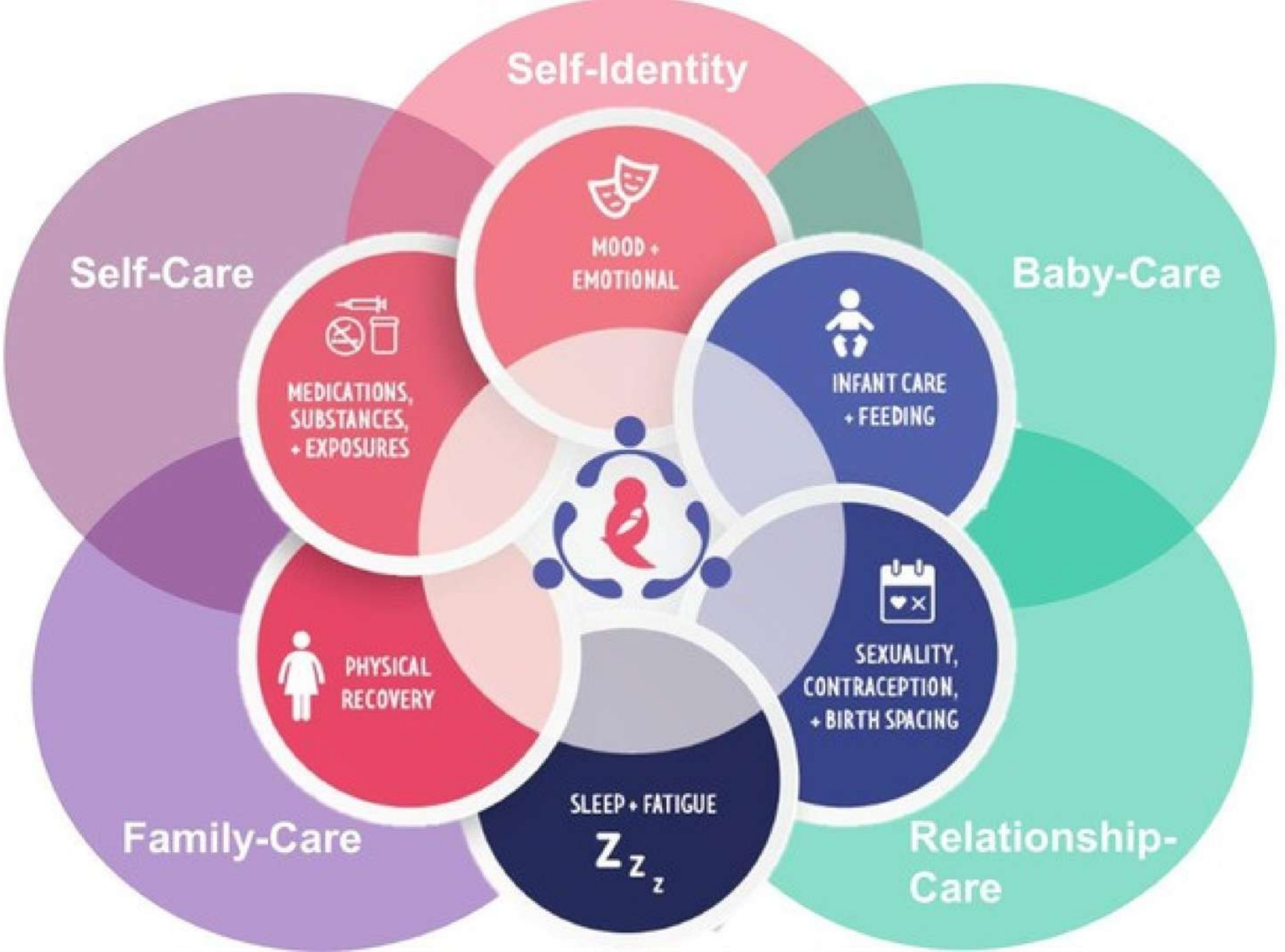
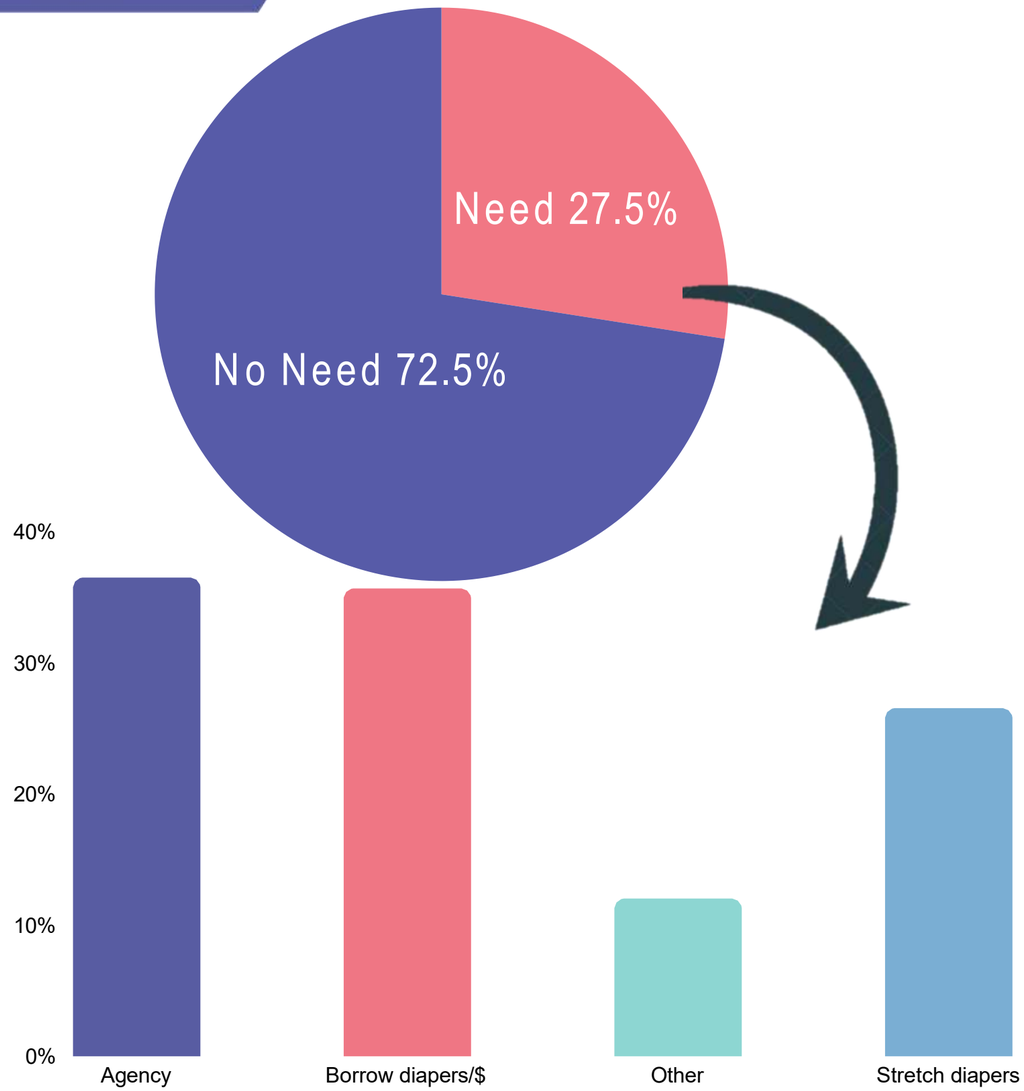


Photo: Denise Both & Kerri Frischknecht,
Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2008


Self-Identity
Self-Care
Baby-Care
MOOD + EMOTIONAL
MEDICATIONS, SUBSTANCES, + EXPOSURES
INFANT CARE + FEEDING
PHYSICAL RECOVERY
SEXUALITY, CONTRACEPTION, + BIRTH SPACING
SLEEP + FATIGUE
Z z z
Family-Care
Relationship-Care

Material Support Matters



Providing low-income families with some free diapers improves:

- Parental emotional well-being
- Child health
- Opportunities for childcare, work, and school attendance

Health, Social, and Economic Outcomes Experienced by Families as a Result of Receiving Assistance from a Community-Based Diaper Bank, Kelley E C Massengale [1], Jennifer Toller Erausquin [2], Michelle Old [3], https://pubmed.ncbi.nlm.nih.gov/28710698/

RespectfulCare

Listening to mothers, responding with care

Address your own blind spots, biases, and growth

NewMomHealth.com
SaludMadre.com

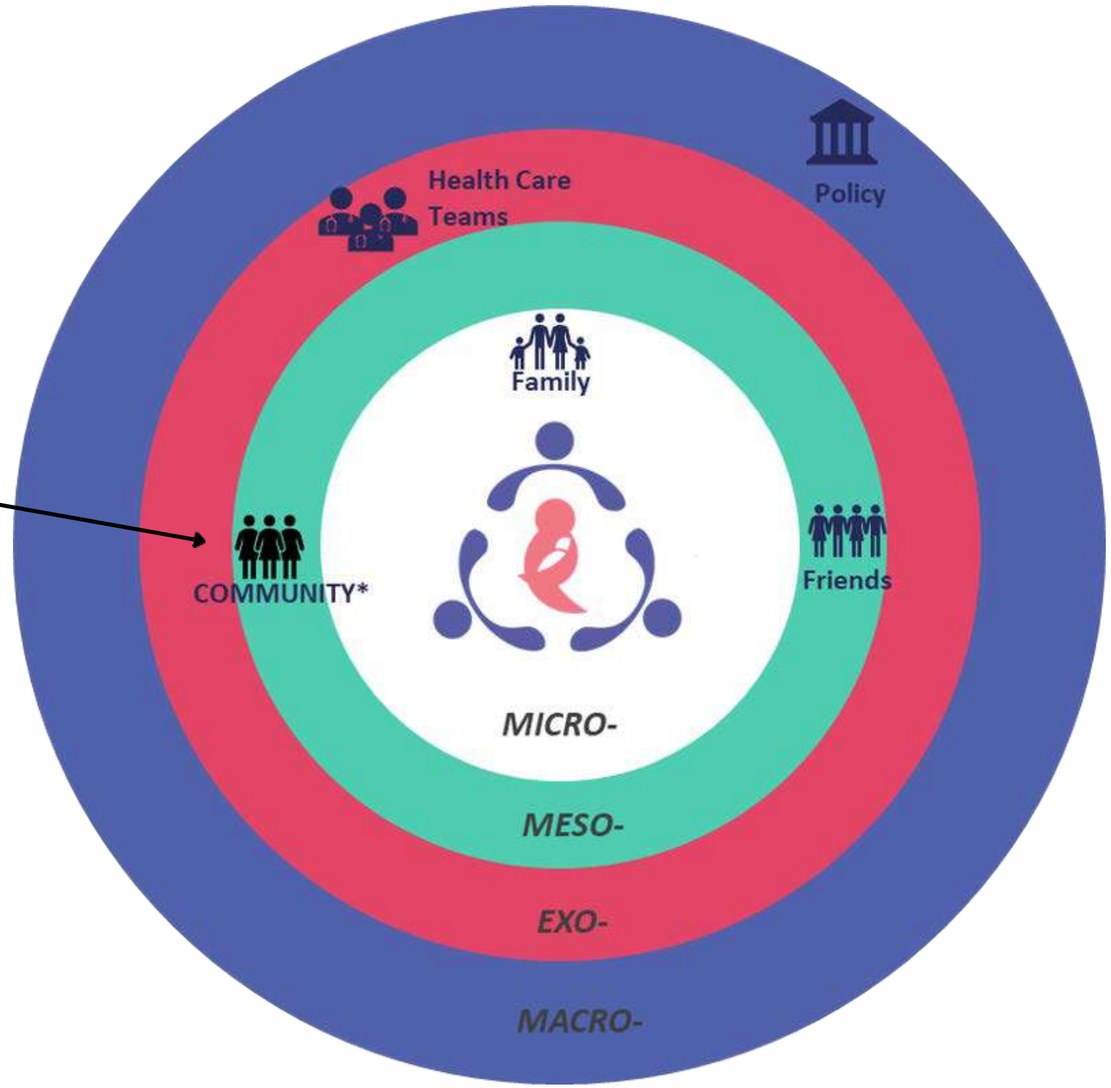
Community Partnerships – Lessons Learned

- Barriers to Postpartum Care
- Unmet Postpartum Care and Education Needs
- Strategic Role of Community Partners in Fostering Resilience*

"…individual capacity to navigate towards and negotiate for health-sustaining resources…"

AND

"…the capacity of her environment to provide these resources in meaningful ways…" (Ungar 2013)



Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma, Violence, & Abuse*, *14*(3), 255–266. https://doi.org/10.1177/1524838013487805

Postpartum Challenges

- Anticipatory guidance to get ready for postpartum really matters and doesn't routinely happen.
- New mothers are not prepared for the complexities of postpartum.
- Postpartum visits are short, can be very difficult to reschedule, often occur 'too late, the content isn't standardized, and women may not find the value worth the effort. Topics covered in the postpartum visit are not necessarily those moms want to discuss.
- Moms may not know who to call for help. Trust is essential if they are to ask for help.
- Lack of support for healing and recovery (e.g. no paid leave). Lack of access to needed follow up services.

Project Goal: Improve postpartum care for people across North Carolina.

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Why Community Partnership Matters

- Communities understand barriers long before systems recognize them
- Lived experience provides expertise that data alone cannot capture
- Trust and relationships improve engagement and continuity of care
- Sustainable solutions require shared ownership and collaboration

"Our community, not "The" community."

- Shift from outreach → partnership
- Shift from consultation → co-design
- Shift from transactional engagement → relationship building
- Shift from doing work for communities → building work with communities

Community Engagement Strengthens Systems of Care

Without Community Partnership

- Limited trust
- Fragmented communication
- Low follow-up engagement
- Misaligned interventions

With Community Partnership

- Shared decision-making
- Improved care coordination
- Stronger patient engagement
- Sustainable implementation

Community Engagement in Practice

- Community advisory boards
- Patient and family partnerships
- Collaboration with doulas and birth workers
- Hospital-community quality improvement initiatives
- Inclusion of lived experience in systems redesign

Building Common Language

- Shared language improves communication, coordination, and trust
- Consistent terminology strengthens transitions across hospital, outpatient, and community settings
- Common language helps align goals, expectations, and patient education
- Collaborative systems require teams to move beyond discipline-specific communication
- Patients and communities should help shape how information is communicated and understood

Shared language = shared understanding → fewer gaps, better follow-through, and stronger partnerships.

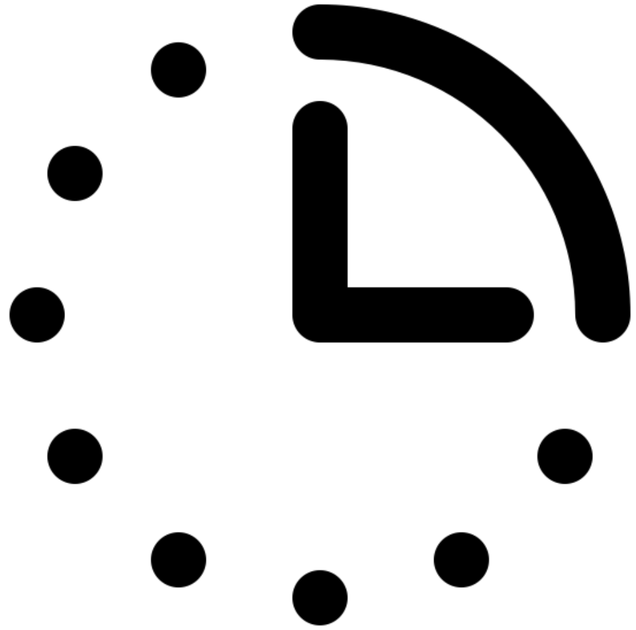
Anticipatory Guidance

- Many women/birthing people are caught off guard by the postpartum experience. They aren't prepared for what happens to them physically or emotionally.
- Women say that they don't even know what to ask about postpartum.
- People who are prepared for postpartum rate their providers more favorably.
- Providing resources about planning for postpartum could pair well with planning for labor and delivery. There is more to learn about the best timing and message content

15 minutes of anticipatory guidance...

Elizabeth Howell

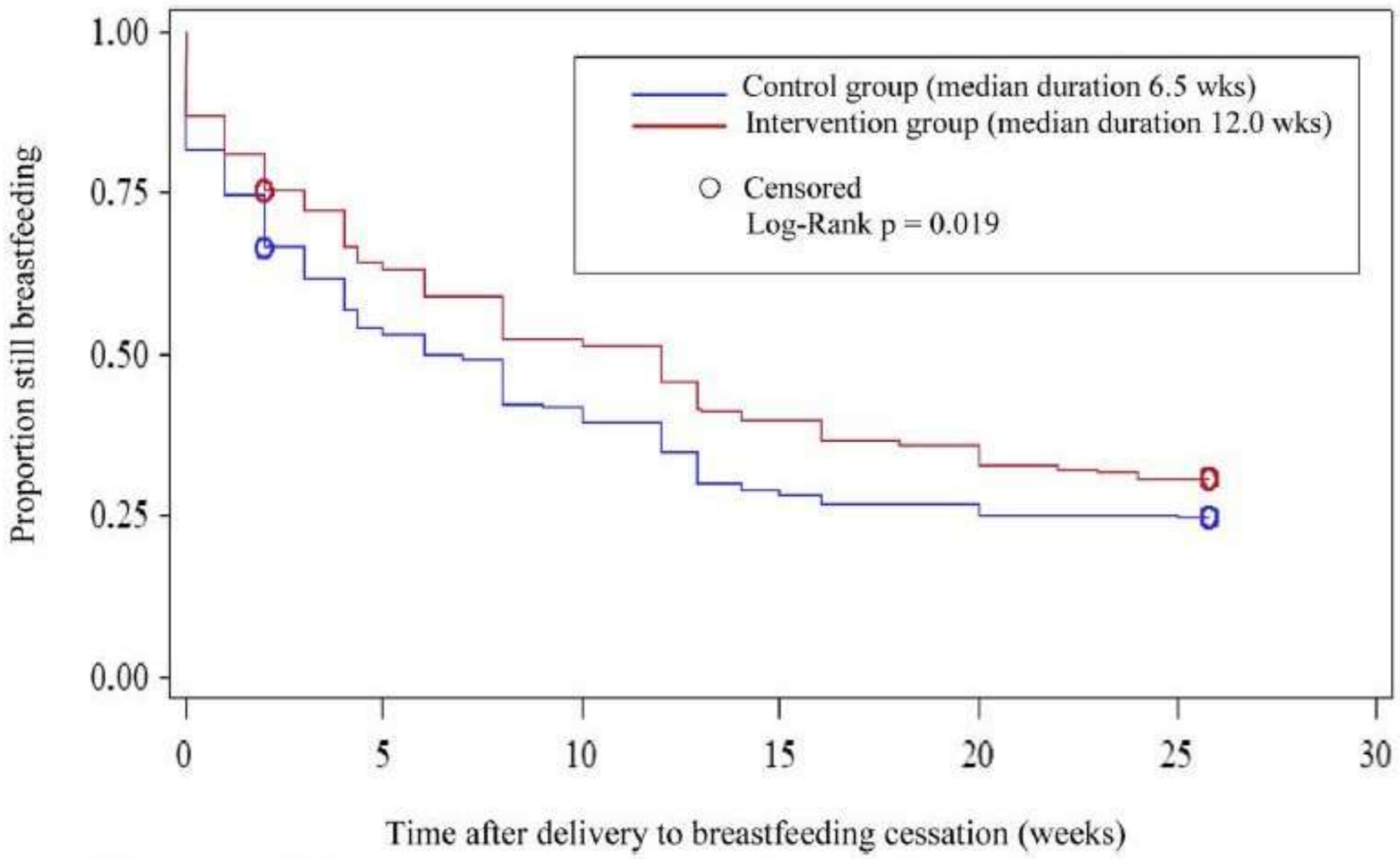
- Feeling sad and blue/depressive symptoms
- Bleeding
- C-section site pain
- Episiotomy site pain
- Urinary incontinence
- Breast pain
- Back pain
- Headaches
- Hair loss
- Hemorrhoids
- Infant colic



Created by Alexander Wiefel
from Noun Project

. . . and increases breastfeeding duration

Elizabeth Howell

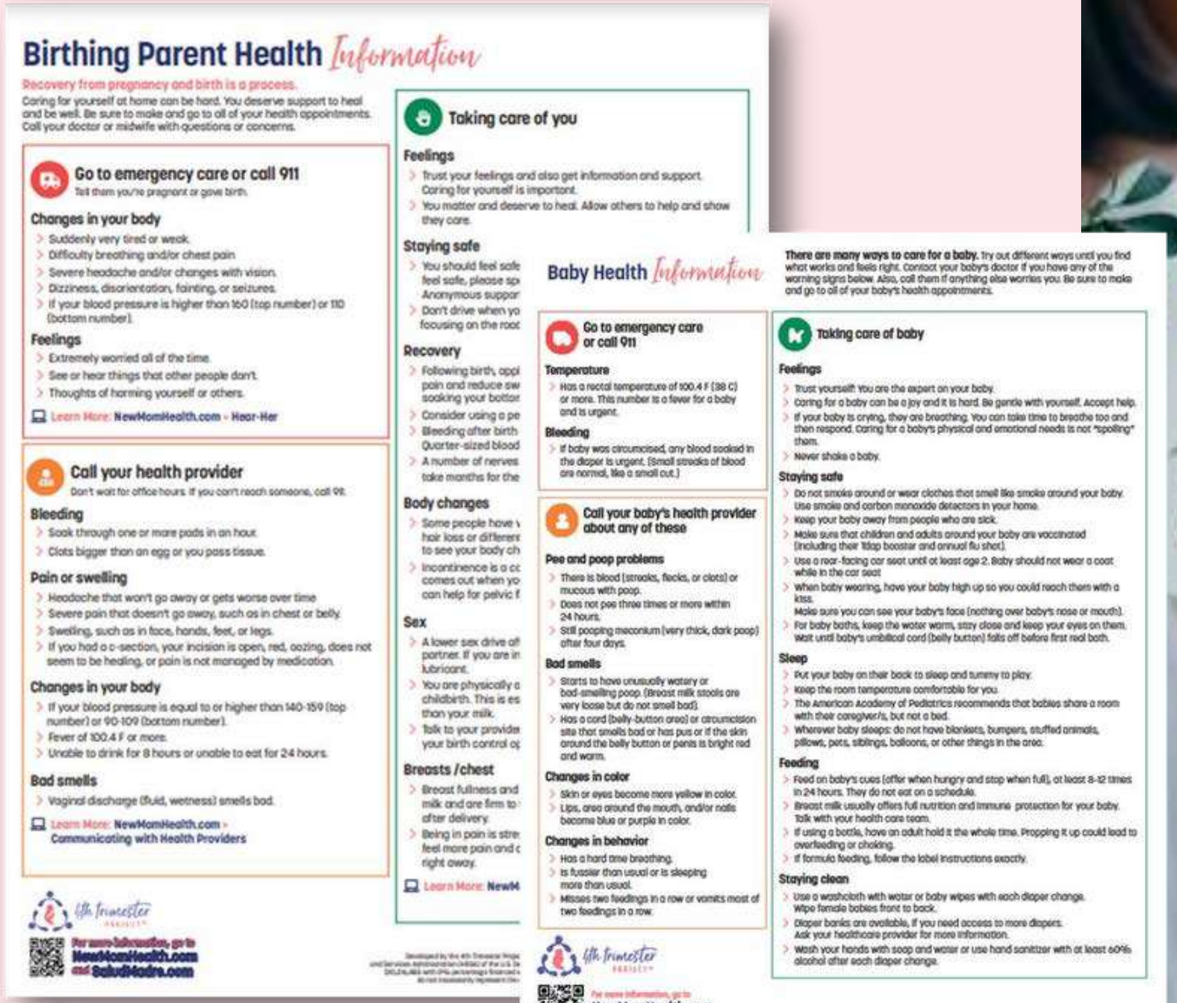


Howell EA et al (2012) ww.ncbi.nlm.nih.gov/pubmed/24066802

Normalize & Bring Up the Sensitive Issues

“My physical recovery had a lot of bladder incontinence –
I kept thinking, ‘I am never going to be able to feel the need to pee again.’”

One-Pagers



Birthing Parent Health *Information*

Recovery from pregnancy and birth is a process.

Caring for yourself at home can be hard. You deserve support to heal and be well. Be sure to make and go to all of your health appointments. Call your doctor or midwife with questions or concerns.

Go to emergency care or call 911

Tell them you're pregnant or gave birth.

Changes in your body

- Suddenly very tired or weak.
- Difficulty breathing and/or chest pain.
- Severe headache and/or changes with vision.
- Dizziness, disorientation, fainting, or seizures.
- If your blood pressure is higher than 160 (top number) or 110 (bottom number).

Feelings

- Extremely worried all of the time.
- See or hear things that other people don't.
- Thoughts of harming yourself or others.

Learn More: NewMomHealth.com > Hear-Her

Call your health provider

Don't wait for office hours. If you can't reach someone, call 911.

Bleeding

- Soak through one or more pads in an hour.
- Clots bigger than an egg or you pass tissue.

Pain or swelling

- Headache that won't go away or gets worse over time.
- Severe pain that doesn't go away, such as in chest or belly.
- Swelling, such as in face, hands, feet, or legs.
- If you had a c-section, your incision is open, red, oozing, does not seem to be healing, or pain is not managed by medication.

Changes in your body

- If your blood pressure is equal to or higher than 140-159 (top number) or 90-109 (bottom number).
- Fever of 100.4 F or more.
- Unable to drink for 8 hours or unable to eat for 24 hours.

Bad smells

- Vaginal discharge (fluid, wetness) smells bad.

Learn More: NewMomHealth.com > Communicating with Health Providers

Taking care of you

Feelings

- Trust your feelings and also get information and support. Caring for yourself is important.
- You matter and deserve to heal. Allow others to help and show they care.

Staying safe

- You should feel safe
feel safe, please sp
Anonymous suppor
- Don't drive when yo
focusing on the roo

Recovery

- Following birth, appl
pain and reduce sw
soaking your bottor
- Consider using a pe
- Bleeding after birth
Quarter-sized blood
- A number of nerves
take months for the

Body changes

- Some people have
hair loss or differen
to see your body ch
- Incontinence is a co
comes out when yo
can help for pelvic f

Sex

- A lower sex drive af
partner. If you are in
lubricant.
- You are physically a
childbirth. This is es
than your milk.
- Talk to your provide
your birth control o

Breasts /chest

- Breast fullness and
milk and are firm to
after delivery.
- Being in pain is stre
feel more pain and
right away.

Learn More: NewM

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For more information, go to NewMomHealth.com and SaludMadre.com

Baby Health *Information*

There are many ways to care for a baby. Try out different ways until you find what works and feels right. Contact your baby's doctor if you have any of the warning signs below. Also, call them if anything else worries you. Be sure to make and go to all of your baby's health appointments.

Go to emergency care or call 911

Temperature

- Has a rectal temperature of 100.4 F (38 C) or more. This number is a fever for a baby and is urgent.

Bleeding

- If baby was circumcised, any blood soaked in the diaper is urgent. (Small streaks of blood are normal, like a small cut.)

Call your baby's health provider about any of these

Pee and poop problems

- There is blood (streaks, flecks, or clots) or mucous with poop.
- Does not pee three times or more within 24 hours.
- Still pooping meconium (very thick, dark poop) after four days.

Bad smells

- Starts to have unusually watery or bad-smelling poop. (Breast milk stools are very loose but do not smell bad).
- Has a cord (belly-button area) or circumcision site that smells bad or has pus or if the skin around the belly button or penis is bright red and warm.

Changes in color

- Skin or eyes become more yellow in color.
- Lips, area around the mouth, and/or nails become blue or purple in color.

Changes in behavior

- Has a hard time breathing.
- Is fussier than usual or is sleeping more than usual.
- Misses two feedings in a row or vomits most of two feedings in a row.

Taking care of baby

Feelings

- Trust yourself! You are the expert on your baby.
- Caring for a baby can be a joy and it is hard. Be gentle with yourself. Accept help.
- If your baby is crying, they are breathing. You can take time to breathe too and then respond. Caring for a baby's physical and emotional needs is not "spoiling" them.
- Never shake a baby.

Staying safe

- Do not smoke around or wear clothes that smell like smoke around your baby. Use smoke and carbon monoxide detectors in your home.
- Keep your baby away from people who are sick.
- Make sure that children and adults around your baby are vaccinated (including their Tdap booster and annual flu shot).
- Use a rear-facing car seat until at least age 2. Baby should not wear a coat while in the car seat.
- When baby wearing, have your baby high up so you could reach them with a kiss.
Make sure you can see your baby's face (nothing over baby's nose or mouth).
- For baby baths, keep the water warm, stay close and keep your eyes on them. Wait until baby's umbilical cord (belly button) falls off before first real bath.

Sleep

- Put your baby on their back to sleep and tummy to play.
- Keep the room temperature comfortable for you.
- The American Academy of Pediatrics recommends that babies share a room with their caregiver/s, but not a bed.
- Wherever baby sleeps: do not have blankets, bumpers, stuffed animals, pillows, pets, siblings, balloons, or other things in the area.

Feeding

- Feed on baby's cues (offer when hungry and stop when full), at least 8-12 times in 24 hours. They do not eat on a schedule.
- Breast milk usually offers full nutrition and immune protection for your baby. Talk with your health care team.
- If using a bottle, have an adult hold it the whole time. Propping it up could lead to overfeeding or choking.
- If formula feeding, follow the label instructions exactly.

Staying clean

- Use a washcloth with water or baby wipes with each diaper change. Wipe female babies front to back.
- Diaper banks are available, if you need access to more diapers. Ask your healthcare provider for more information.
- Wash your hands with soap and water or use hand sanitizer with at least 60% alcohol after each diaper change.

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For more information, go to NewMomHealth.com and SaludMadre.com

NewMomHealth.com > Baby Care

PostpartumPlan

This postpartum planning tool is a document for new parents. It is a guide to help think through ideas for support during the days, weeks, and months after birth. Sections include contact information, communication, visitors, nutrition/ meals, ways to support the new mother, and points to consider for mental health.

Sections include:

- Contact Information
- Communication
- Visitors
- Food / Groceries
- Support for me
- Resources

Available in Spanish and color or gray-scale.

Postpartum Plan for

Here's a guide to think through ideas for support after childbirth.
Make this yours! Fill it out and share with other people. Update as your needs change.

Contact Information

The best person to check in with about this plan:

Contact them through:

Communication

People have different feelings about how they want to be contacted, what news others are welcomed to share, and what they would like to hear after birth.

Outreach to me is welcomed / not welcomed right now.

I would like to receive messages from loved ones through:

Social media. If yes, which platform:
Email. If yes, address:
Text. If yes, number:

If welcomed, I would like to hear:

That people care about us.
Resources that might be helpful.
Topics around self-care.
Topics around baby care.
Topics around family (relationship or other children) care.
Positive affirmations.
Empathy with challenges.

Sharing news about us is welcomed / not welcomed for now.

If welcomed, I will share - others may share:

Birth Story.
Birth Location.
Baby's name.
Details about baby (weight, height).
Photos.

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Support & Care for You

For New Mothers and Those Who Love Them

NewMomHealth.com
offers expert-written postpartum self-care information. It's a hub designed by moms, for new moms.

NewMomHealth.com is free, evidence-based health information and support for the transition to motherhood covers postpartum plan topics, including:

- When to call for help
- Physical recovery
- Baby care
- Connecting with other parents
- Returning to work and/or school
- Partner support and relationships

This postpartum self-care resource is available in Spanish (SaludMadre.com). Find information and support for you and your family. Welcoming a baby can be a shift for entire family, and many partners can feel postpartum. You are not alone.

You Matter.
Talk with your health provider and learn about the maternal health warning signs at NewMomHealth.com/Hear-Her.

Support for your mental health is very important.

If you are feeling these more than half the days or nearly every day, be sure to tell someone you trust.

In the last two weeks, how often have you felt:

Little interest or pleasure in doing things
Not at all / Several days / More than half the days / Nearly every day

Feeling down, depressed, or helpless
Not at all / Several days / More than half the days / Nearly every day

Feeling nervous, anxious, or on edge
Not at all / Several days / More than half the days / Nearly every day

Not being able to stop or control worrying
Not at all / Several days / More than half the days / Nearly every day

Postpartum Support International
offers free mental health information and support. Text 800-944-4773 (English) or 971-203-7773 (Spanish).

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For more information, go to NewMomHealth.com and SaludMadre.com

NewMomHealth.com/MyPostpartumPlan

Aim: Create Tools and Processes to Support New Guidelines

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

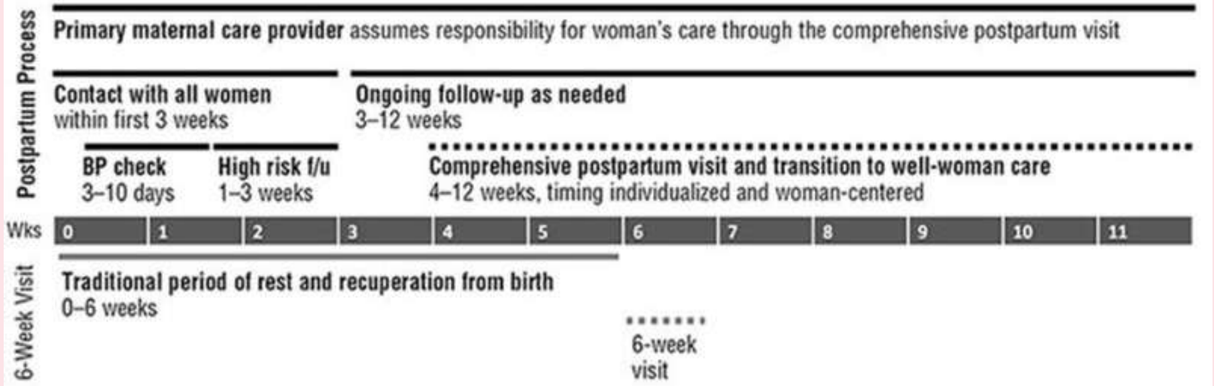


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up.

New paradigm adds a 'fourth trimester' to transform care for new mothers

NEWS AND EVENTS | NEWS FEED | EVENTS CALENDAR | OUR RESOURCES | THE PIVOT: MEET THE GILLINGS COMMUNITY | *CAROLINA PUBLIC HEALTH* MAGAZINE | *FRONT LINES* NEWSLETTER

May 31, 2018

A study by UNC-Chapel Hill researchers recommends enhancing attentiveness to the individual needs of new mothers and transforming postpartum care from a single encounter to an ongoing process.

DR. ALISON STUEBE

Alison Stuebe, MD, associate professor and Distinguished Scholar in Infant and Young Child Feeding in the UNC Gillings School of Global Public Health's Department of Maternal and Child Health, led a revised opinion on postpartum care from the American College of Obstetrics and Gynecology (ACOG) that establishes a "fourth trimester" of comprehensive care for new mothers.

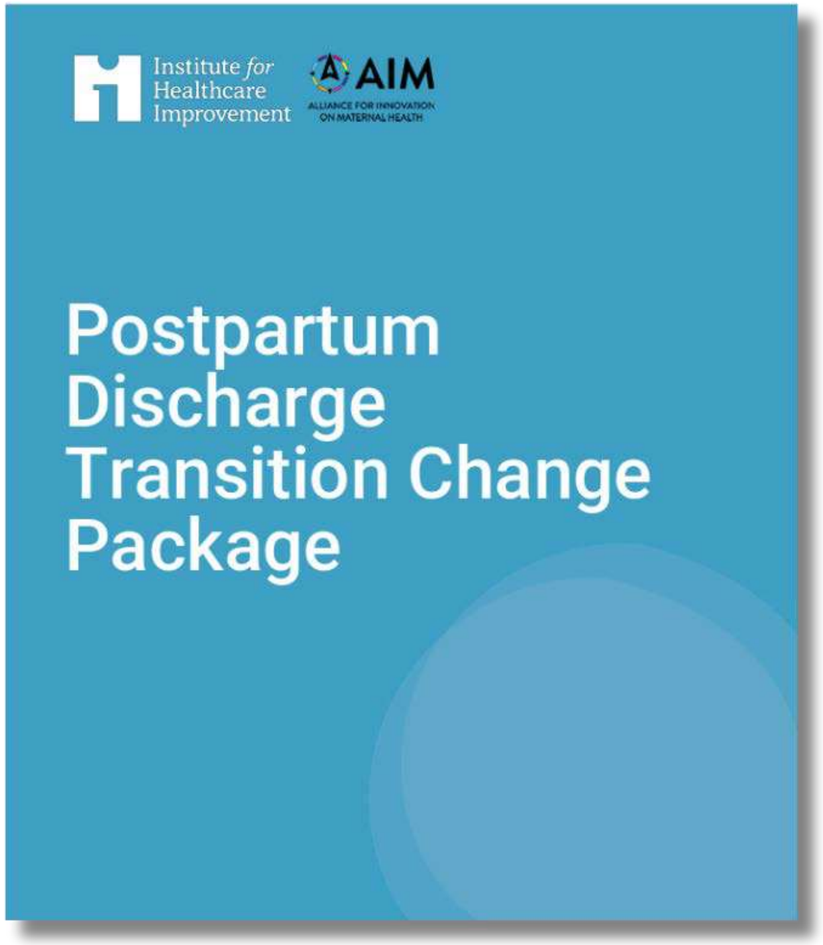
This opinion recommends a shift in postpartum care that moves the initial postpartum visit with an obstetric provider from six weeks after childbirth to contact with her provider within three weeks. A comprehensive visit should follow within 12 weeks postpartum, and then the patient should be transitioned to well-woman care.

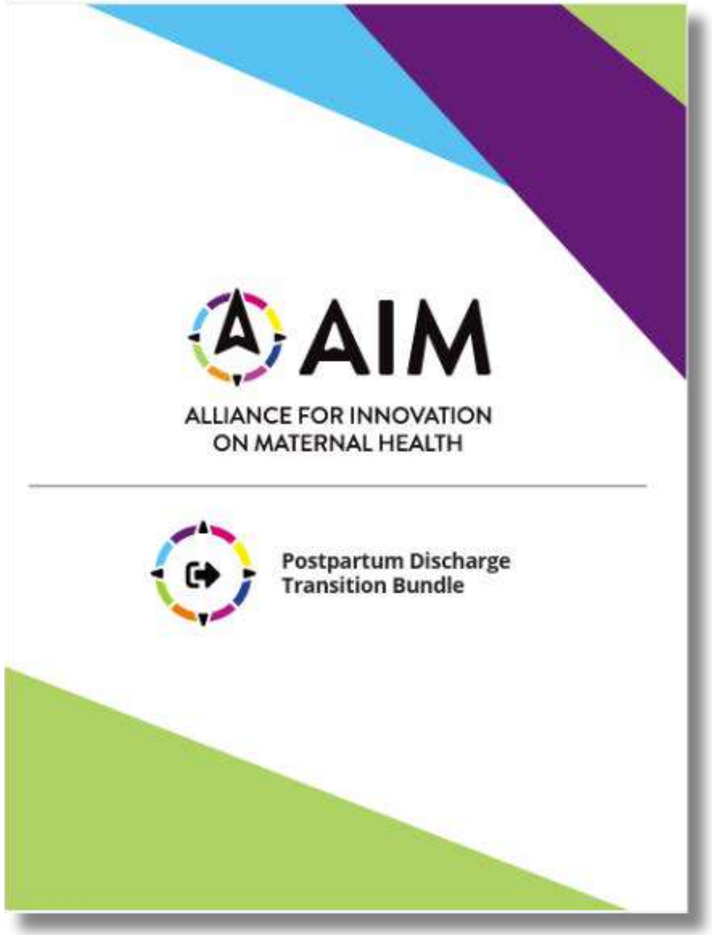
"Women need sustained support and care in the weeks following birth, rather than a one-off visit after six weeks," said Stuebe, who also is an associate professor of obstetrics and gynecology in the UNC School of Medicine.

- American College of Obstetricians and Gynecologists. (2018). ACOG Committee Opinion No. 736: Optimizing Postpartum Care. 131(5), 11.
- Tully, K.P., Stuebe, A.M., & Verbiest, S.B. (2017). The fourth trimester: A critical transition period with unmet maternal health needs. American Journal of Obstetrics and Gynecology, 217(1), 37–41.

Charting a Postpartum Course for North Carolina

AIM Postpartum Discharge Package

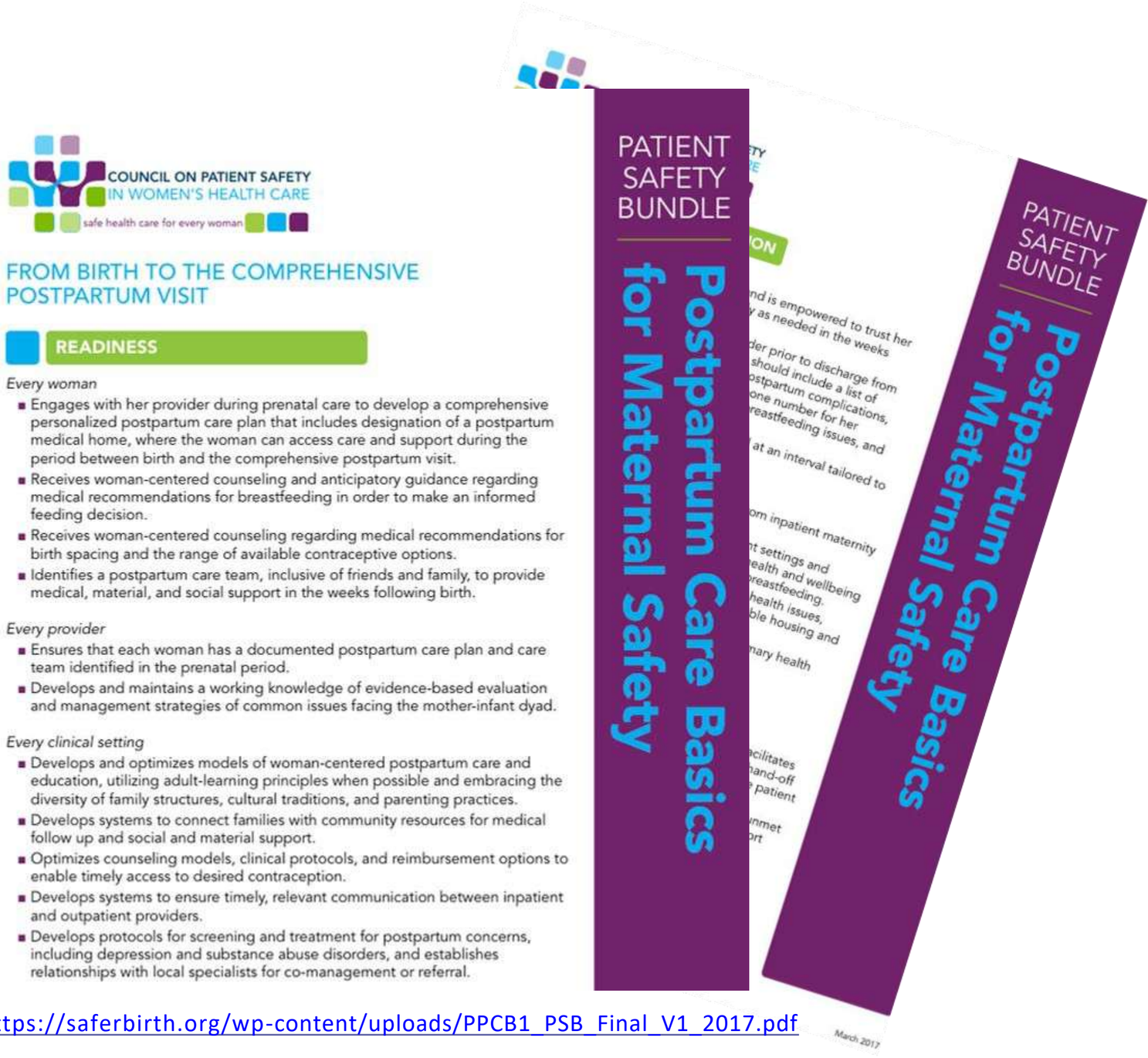




https://saferbirth.org/psbs/postpartum-discharge-transition/

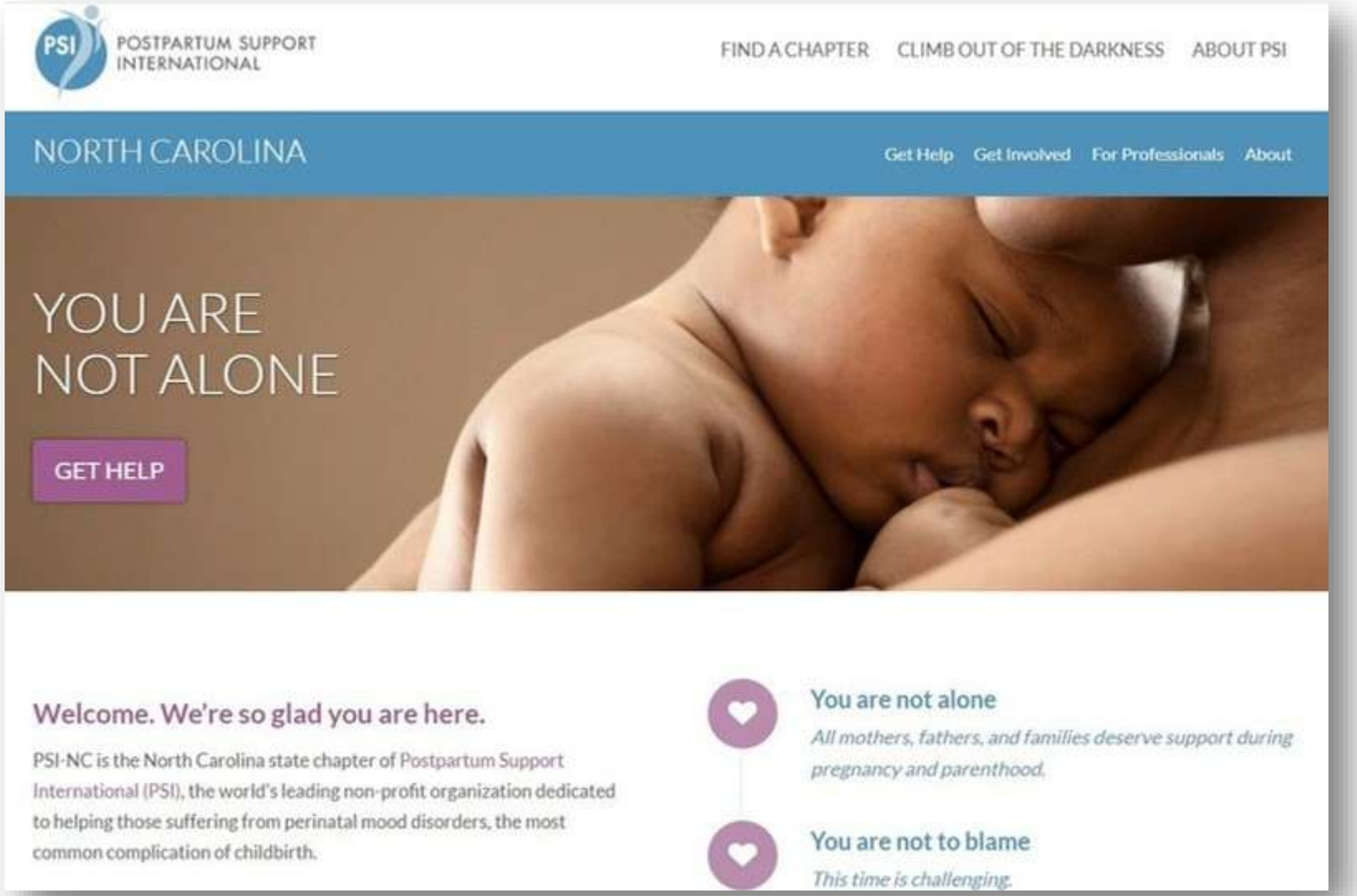
Connecting with Care

https://www.cmqcc.org/files/CVD_Risk_Infographic.pdf



https://saferbirth.org/wp-content/uploads/PPCB1_PSB_Final_V1_2017.pdf

National Mental Health Line

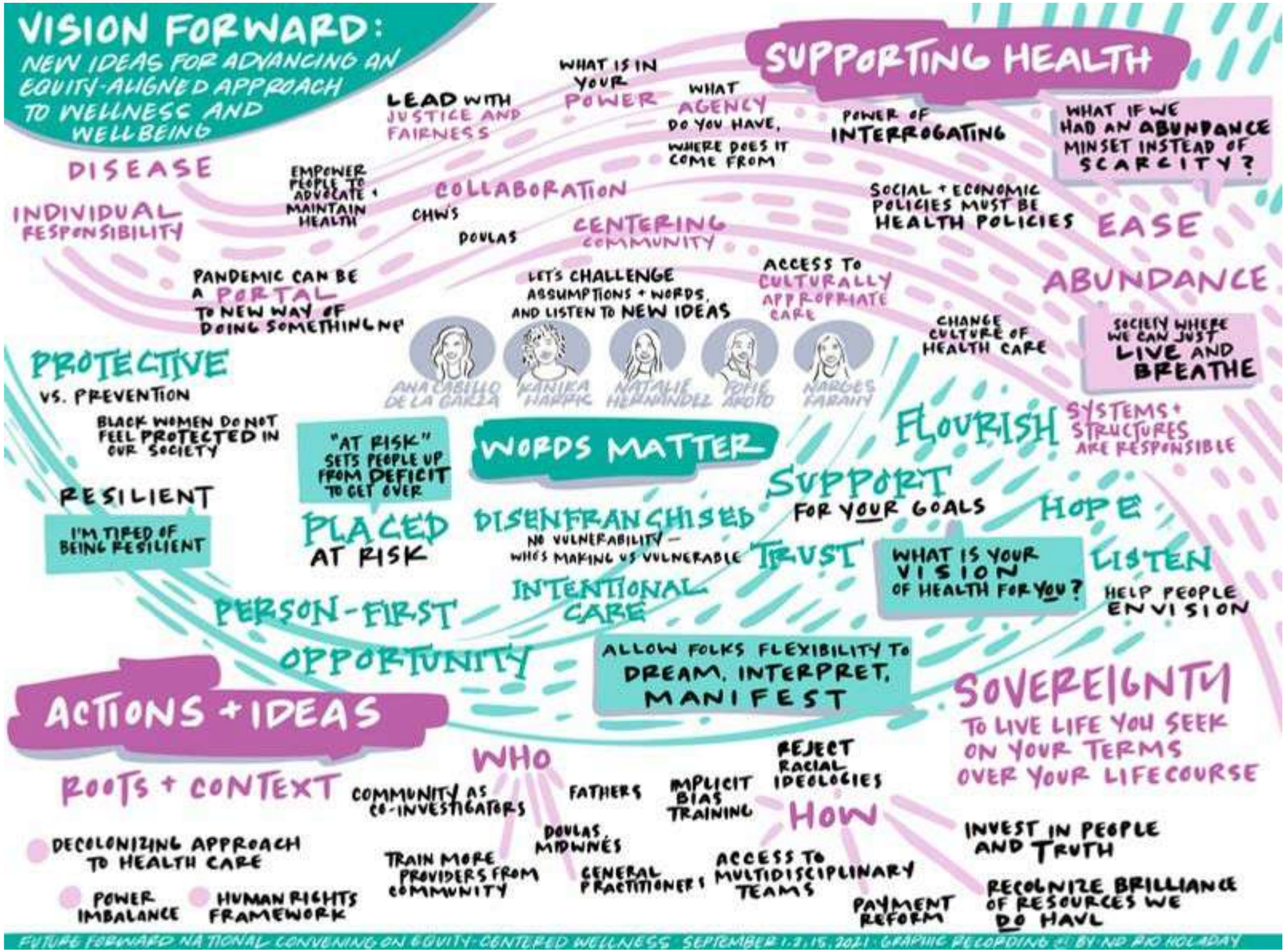


1-833-9-HELP4MOMS

NATIONAL MATERNAL MENTAL HEALTH HOTLINE.

MOMS CAN CALL OR TEXT AND CONNECT WITH A COUNSELOR AT NO CHARGE.

Words Matter



Postpartum *Toolkit*

clinically-developed, fillable, free printable tools

Postpartum care materials for providers & new parents:

Postpartum Care Plan, Planning Tool, Visit Checklist, Health Info One-Pagers for, Taking Care of You booklet, Birth Control After Baby Booklet, Practice bulletin, Billing & Coding, and "How to use" guides

NewMomHealth.com/Healthcare

Technical Assistance

- Support with Postpartum Models of Care, Implementation, Tool Adaptation
- Communities of Practice, Office Hours and Team Work Flow Protocols
- Consultation on communications efforts
- Training and material development

4th Trimester Project: Engagement in North Carolina (Y1 – Y5)

Image is a modified version of the NC DOT Transportation County Outline Map. Mapping Section of the North Carolina Dept. of Transportation. (n.d.). *NC DOT Transportation Map -County Outline Map* [Government]. Connect NCDOT Business Partner Resources. Retrieved April 23, 2024, from https://connect.ncdot.gov/resources/State-Mapping/Pages/County-Outline-Map.aspx

New Site Onboarding Implementation: Site A

- Type: Large Health System
- Number of Sites: 10
- Postpartum Education Strategy: Decentralized
- Challenges
  - Contents inconsistent
  - Packets given at differing time points
  - No point person for ordering
  - Medical assistants in charge of putting together packets to varying degrees
    - Assigned MA vs. MA downtime task vs. No workflow due to high staff turnover
  - No consistency in documentation
  - High clinic staff turnover
  - No implementation work plan

New Site Onboarding Implementation: Site A

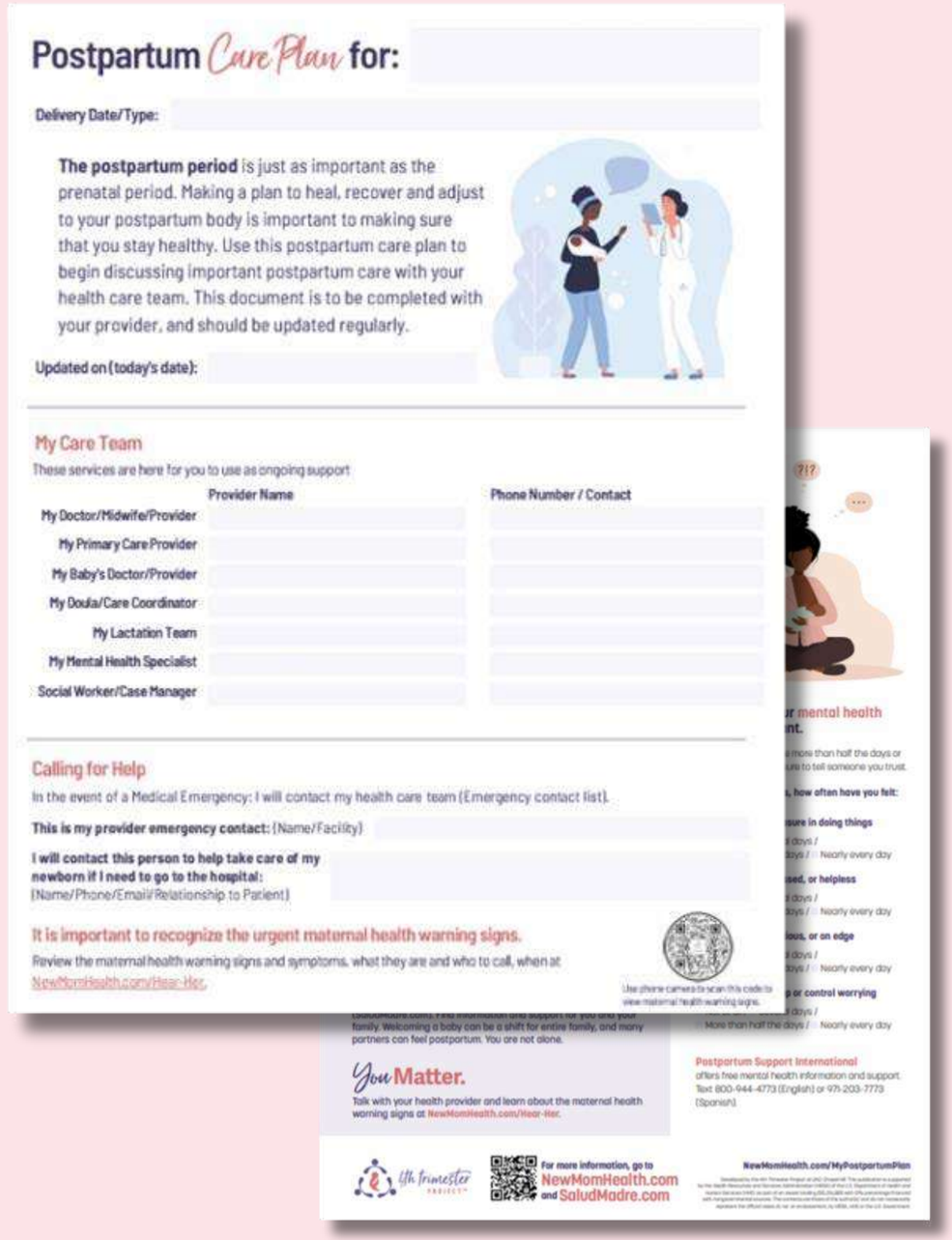
- Technical Assistance Goal
  - Support Healthcare System in establishing a standardized implementation process to integrate Postpartum Education as part of the Patient Engagement

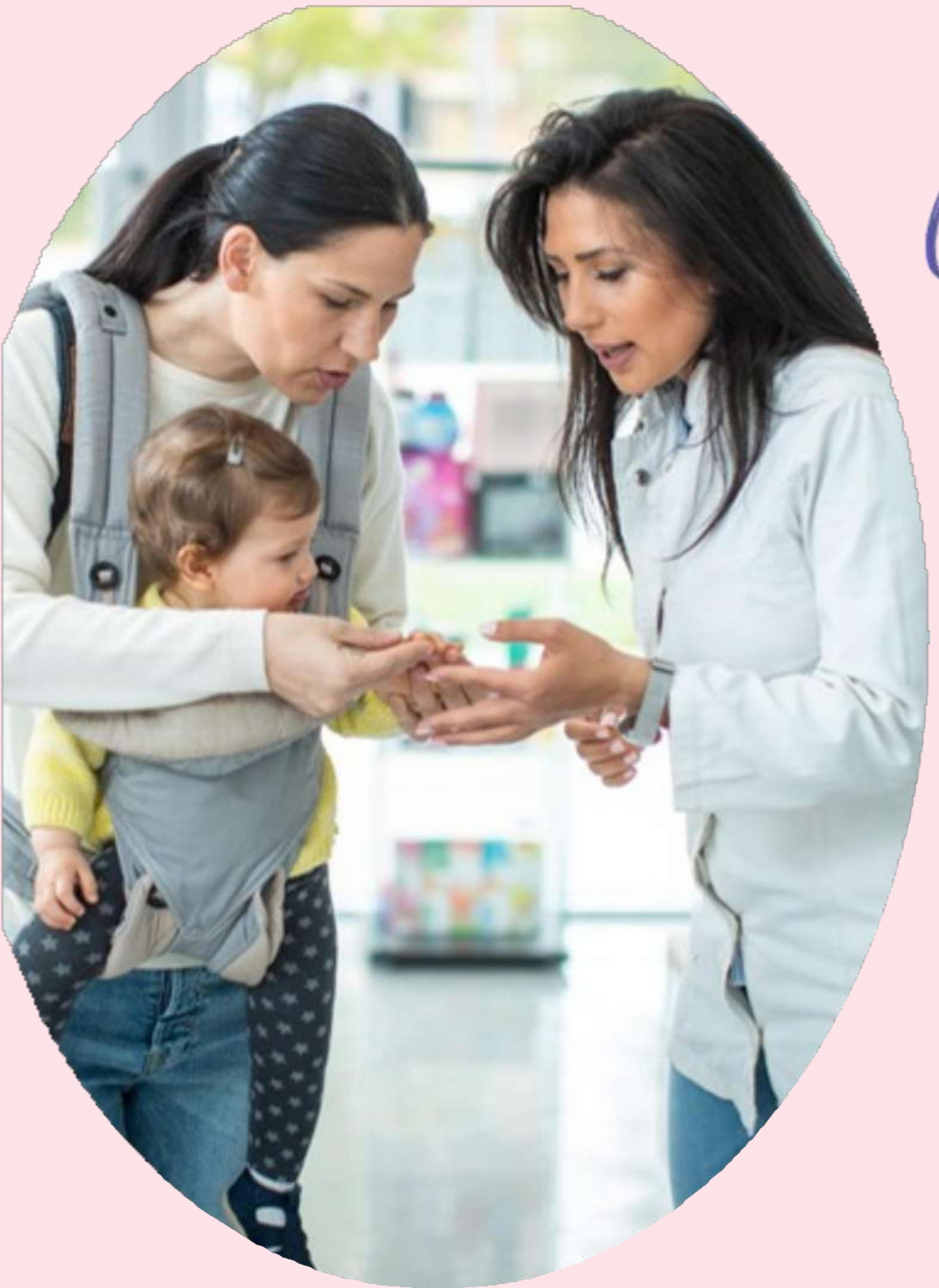
- Key Decisions
  - Selection of pilot site
  - Plan to establish consistency
    - Content collation
    - Maintaining supply
    - Timing of dissemination
    - Fidelity
      - Excel worksheet

"We have been working with the 4th Trimester Project to implement the postpartum care plan to provide more comprehensive postpartum visits and improve postpartum visit rates in our health centers.

By incorporating these materials, starting in prenatal visits, and incorporating a team based care model, we have been able to **increase our postpartum visit rate to over 90%.**"

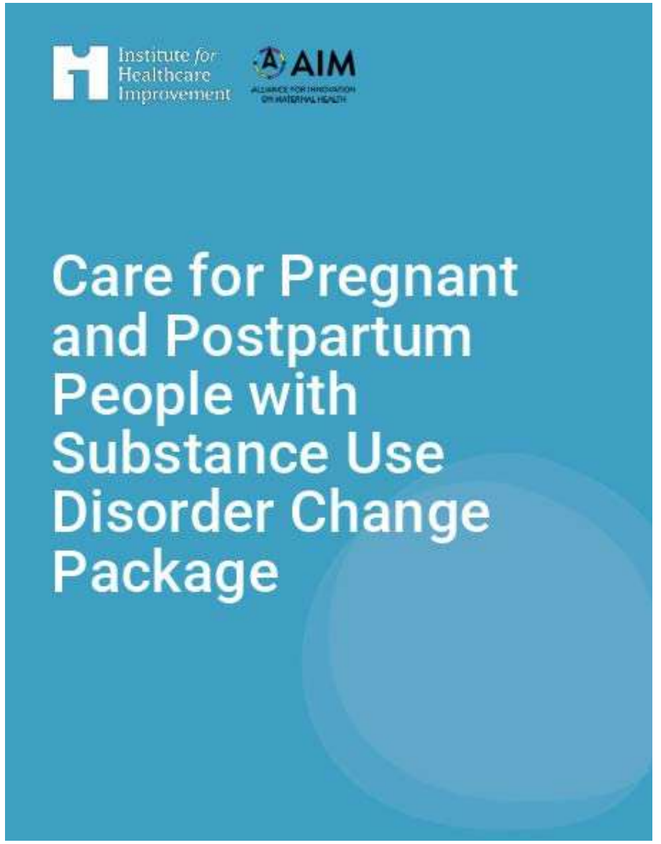
- Dr. Nages Faahi

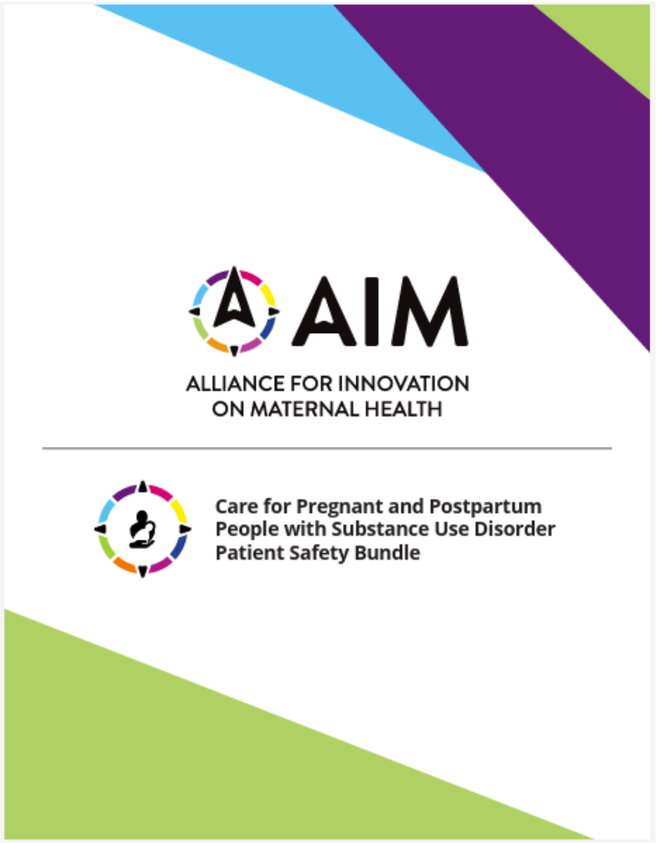




Challenges & Opportunities

- Staffing at Clinic Sites
- Competing priorities and projects
  - Long internal process requires multiple meetings
- Need to track postpartum visits and content of care


Institute for Healthcare Improvement
AIM
Care for Pregnant and Postpartum People with Substance Use Disorder Change Package


AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Transitions of Hope March of Dimes Initiative

Hospital-Based Initiative Supporting Patients with a History of Substance Use Disorder

- Motivational interviewing education provided at an ADACT site in North Carolina
- Six-session postpartum support program modeled after childbirth education classes
- Education focused on pain management, lactation support, and postpartum recovery
- Hospital staff training to identify barriers and facilitators to care
- NAS screening education led by Neonatal Nurse Practitioners (NNPs)
- Site-specific protocols and workflows developed based on local capacity and needs

Opioid Use Disorder (OUD) & Postpartum Support

OUD can affect anyone, regardless of background

Opioid use during and after pregnancy increases risks for both parent and baby, including preterm labor, stillbirth, and maternal death

Support

- Encourage continued use of prescribed medications for OUD (MOUD)
- Support breastfeeding if the parent is stable on MOUD and not using illicit drugs
- Routine screening for postpartum depression and mental health is essential
- Promote compassionate, nonjudgemental care and connect families to resources

Resources for Families

- SAMHSA National Helpline: 800-662-HELP (4357)
- NC MedAssist/MedFinder to find local medication providers
- UNC Horizons
- Postpartum Support International: 800-944-4773 (mental health/SUD support)


Factsheet 4 of 4

Good Care for You and Your Baby While Receiving Opioid Use Disorder Treatment

Steps for healthy growth and development

Introduction

If you have an opioid use disorder (OUD), receiving the right medicine along with counseling and recovery support services is important at all stages in your life. From pregnancy to delivery to caring for your baby, addressing your OUD and taking care of yourself is a continuous process. You will be better able to protect and care for your baby with a focus on creating and updating your treatment plan and getting the support you need. In all situations, your commitment to treatment and recovery will go a long way.

After your pregnancy, the actions you take or don't take matter. Below are some important things to know about OUD and caring for your baby, as well as the Do's and Don'ts for creating a healthy environment for your family.

Things to know

- Birth control is important to prevent pregnancies you do not want as well as to ensure proper space between pregnancies. Talk to your healthcare professionals about the full range of birth control options, including long-acting reversible contraception and the best birth control options while you are breastfeeding.
- Breastfeeding is healthy for you and your baby, so you should continue breastfeeding as long as possible. The amount of OUD medicine that passes into breast milk is extremely small. Talk with your healthcare professionals to find out what's best for you and your baby.
- You may need additional treatment and support to help with your recovery. It is important to seek help early!
  1. To find a treatment provider in your area, visit this website: www.samhsa.gov/find-help.
  2. Join a support group. LifeRing (https://lifering.org); Mothers on Methadone (www.emahdonesupport.org/Pregnancy.html); Narcotics Anonymous (www.na.org/); Secular Organizations for Sobriety (SOS, www.secularorg.org/); SMART Recovery (www.smartrecovery.org/); Young People in Recovery (www.youngpeopleinrecovery.org/).

Medicine Dose

Now is a good time to ask your OUD treatment professionals to check your medicine dose. An effective dose during pregnancy may be too high or too low once your baby is born. It is normal to feel tired and stressed, but if these feelings are causing you to have cravings or urges to use opioids again, tell your healthcare professionals.


Do

Do schedule a follow-up visit with your healthcare professionals as soon as possible after you leave the hospital.

Do talk to your healthcare professionals before starting or stopping any medicines.

Do talk to your healthcare professionals about birth control and family planning.

Do continue breastfeeding for as long as possible and ask for support if you need it.

Don't

Don't change the type of OUD medicine right after delivery.

Don't hesitate to ask for help when you are feeling stressed or depressed.

Don't be afraid to tell your healthcare professionals that you are having cravings or urges for opioids.

What to expect when you meet with healthcare professionals about OUD treatment while caring for your baby

If your medicine is no longer working and you feel sleepy or are tempted to start using again, your healthcare professionals can help. Be honest about any cravings or urges you may have to use opioids. The stress that comes with being a new mother may increase these urges.

Your healthcare professionals can offer counseling and other support services. But before they do, they need to know if you have other medical and mental health problems. They will test you for these conditions before you leave the hospital and at your follow-up visits to make sure you get the treatment you need. They will continue to recommend support services that allow you and your baby to receive the high-quality health care that you need.

Your healthcare professionals will work with you to create a birth control plan. Together, you will discuss if you want to have another child, how many children you would like to have, and how you would like to space out the births of your children. At this time, they will check in on how you are doing with breastfeeding and make sure you have the support you need.

Remember: The longer you follow your OUD treatment plan, the better your chances are of **staying in recovery** and strong for your baby. **Counseling** and **support services** are important to keep you and your baby safe and healthy at home.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

Next Appointment Date: _____ Time: _____ Location: _____

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-487-4889 (TDD) | www.samhsa.gov

HHS Publication No. (SMA) 19-5077SP

SAMHSA
Substance Abuse and Mental Health Services Administration

Nothing in this document constitutes a direct or indirect endorsement by the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services of any non-federal entity's products, services, or policies, and any reference to non-federal entity's products, services, or policies should not be construed as such.

Centers for Disease Control and Prevention. (2023). Opioid use during pregnancy. https://www.cdc.gov/pregnancy/opioids/index.html

Substance Abuse and Mental Health Services Administration. (2018). Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants (Publication No. SMA18-5054). https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054


NCPOEP
North Carolina Pregnancy & Opioid Exposure Project
Background
About
Key Messages
Guidance for NC
Resources
Services
Specialty Care
Brief Intervention
NEW FREE
Pregnancy and Opioid Exposure: A Training Course to Increase Understanding at Four Key Points of Intervention
CLICK HERE FOR MORE INFORMATION AND TO REGISTER

ncpoep.org

NC Perinatal Substance Use Specialist 1-800-688-4232

ADCNC

Alcohol / Drug Council of North Carolina

HOME | ABOUT US | OUR SERVICES / PROGRAMS | RESOURCE DIRECTORY | OUR EVENT PAGE

Perinatal

We are entrusted by the State of North Carolina to ensure that pregnant women with dependent children who have a substance-related disorder have access to available services statewide.

Weekly Bed Availability

Click here for bed list

Admission Preference

In accordance with 45 CFR §96.131 Treatment Services for Pregnant Women of the Substance Use Prevention, Treatment & Recovery Services Block Grant (SUPTRS), pregnant women are given preference in admission to programs/facilities supported by these funds. Priority admission is as follows: (1) Pregnant women using substances intravenously, (2) Pregnant women with a substance use disorder, (3) individuals using substances intravenously, (4) All others.

NCPOEP

North Carolina Pregnancy & Opioid Exposure Project

PR%F Alliance NC | The Arc North Carolina

Proof Alliance NC strives to prevent alcohol exposed pregnancies by providing training, education, and resources to women of childbearing age and the professionals that serve them.

North Carolina Fetal Alcohol Prevention Program

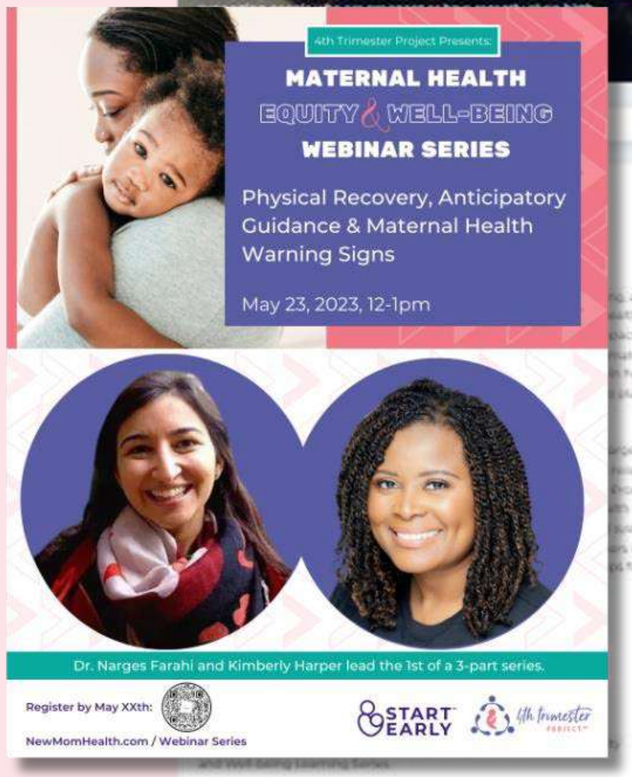
I Gave Birth Initiative

A statewide program providing postpartum patients with an “I Gave Birth” bracelet and education about maternal warning signs after delivery

- Raising awareness of serious post-birth symptoms up to one year postpartum
- Bracelet is given after delivery
  - 20+ weeks gestation
  - visual cue for both families and medical staff to watch for urgent warning signs


Education & Training

Interprofessional Training



SCAN ME

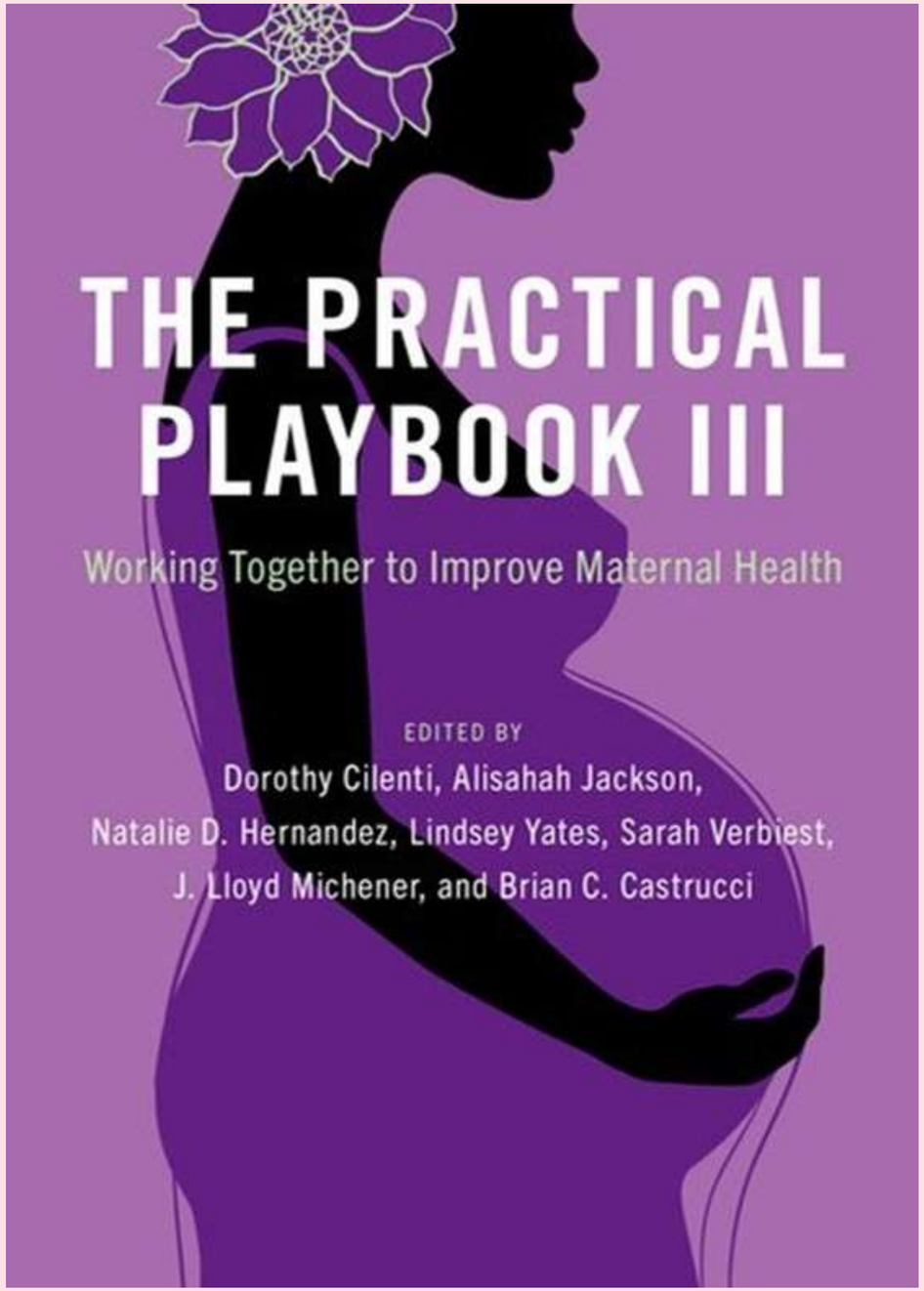
https://www.startearly.org/event/maternal-health-equity-and-well-being-webinar-series/

Practical Playbook III

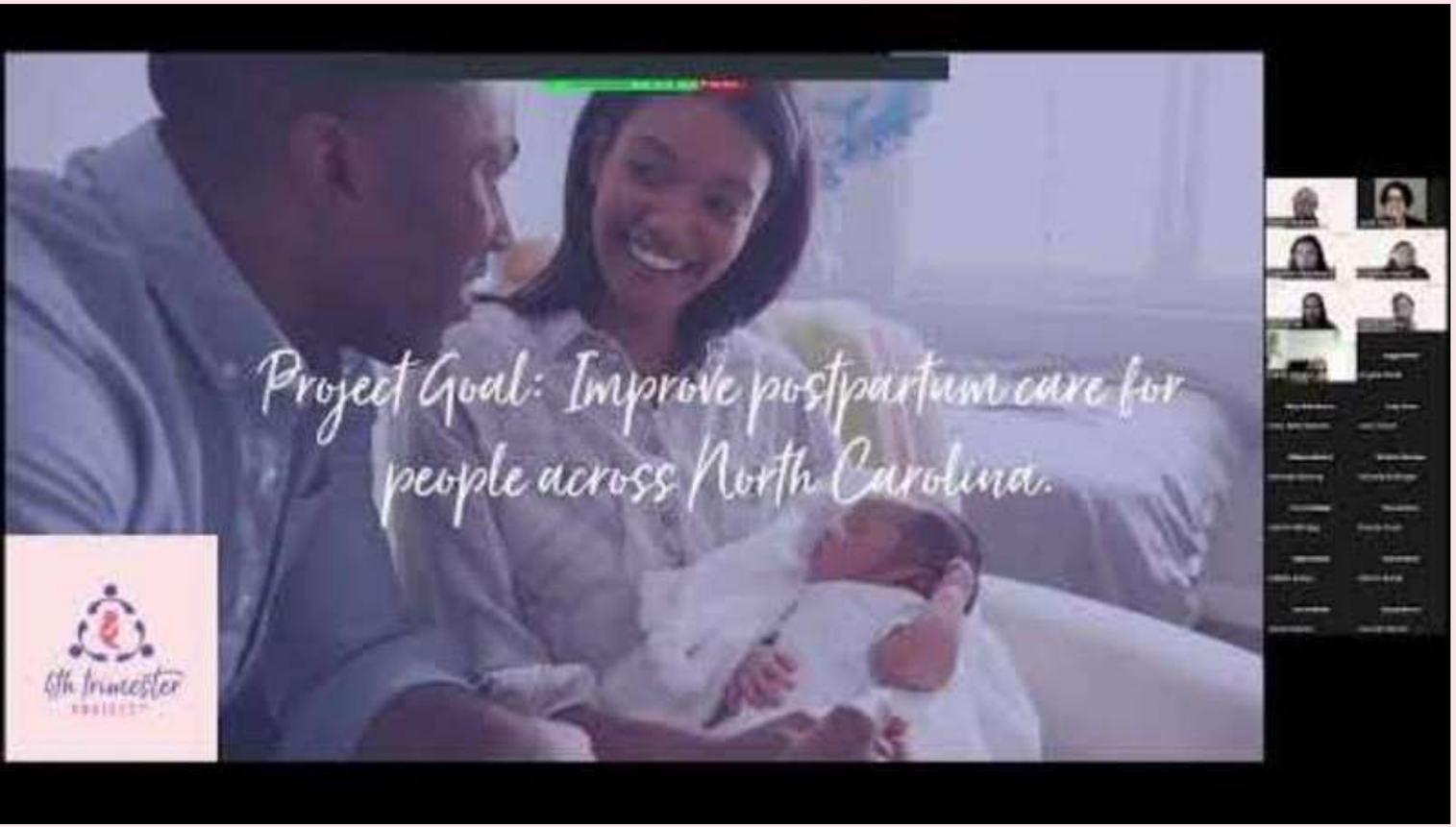
More than 150 maternal health professionals came together to share their perspectives on how communities can help women and birthing people thrive. See our chapter on 4th Trimester!

Order The Practical Playbook III today!

bit.ly/MaternalHealthPlaybook



Communities of Practice



Maternal Health Learning & Innovation Center™

Supporting Birthing People & Care Teams: 4th Trimester Project Postpartum Care Tools- in partnership with the Maternal Health Learning & Innovation Center

https://newmomhealth.com/community-of-practice/

Team Reflection

What is one barrier preventing stronger postpartum transitions of care in your setting?

Postpartum Management

Assessment

Observe and document physical/emotional needs; screen for risk factors and social needs.

Support & Advocacy

Provide emotional support; advocate for family needs; ensure culturally sensitive care.

Education

Share information about postpartum warning signs, infant care, and available resources.

Resource Connection

Link families to community programs and services; refer to healthcare providers as needed.

4th trimester PROJECT™

Postpartum self-care information hubs available in English & Spanish:

NewMomHealth.com / SaludMadre.com

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

#4THTRIMESTERPROJECT

Because You Matter