Fourth Trimester Podcast

Episode 106: The State of Postpartum Maternal Health with Dr Amanda P. Williams

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama birthing person and family between the birth and the six week doctor visit?* What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at http://fourthtrimesterpodcast.com

Sarah Trott: [00:00:01] Hi, this is Sarah Trott and welcome back to the Fourth Trimester podcast. I am here with a special guest today who I will introduce in a moment. And before I do, I would like to remind our listeners to go to our website, which is fourthtrimesterpodcast.com, so that you can sign up for our newsletter and get updates and resources delivered directly to your inbox. And also hit subscribe and follow on Spotify and Apple Podcasts. And wherever you listen to your programing, so that you can be alerted every time we release a new episode.

Sarah Trott: [00:00:30] Today's topic is the state of postpartum maternal health, and we are publishing this episode the second week of April, which is during Black Maternal Health Week, which is held every year annually on April 11th to 17th. And for anyone who isn't aware, Black Maternal Health Week is a week-long campaign founded and led by the Black Mamas Matter Alliance to build awareness, activism and community building to amplify the voices, perspectives and lived experiences of black mamas and birthing people.

Sarah Trott: [00:01:03] And today we're going to talk about, as I said, the state of postpartum maternal health, including what the data tells us about maternal health, the postpartum medical warning signs, and preventing complications to look for. I'll say that again. The postpartum medical warning signs to look for and how to prevent complications, creating a postpartum village and doula support. We're going to talk about the exciting work that's being done to innovate around maternal care, and where new and expecting parents can go to find resources and support.

Sarah Trott: [00:01:37] And I have the perfect guest here with me to talk about this. Her name is Amanda Williams and I first heard her speak at the Future of Maternal Care Conference, and I invited her to come on the show and talk about her work and to see if she could share some of the insights with all of our listeners, because it's important and valuable information for everyone to understand.

Sarah Trott: [00:02:03] And so I'm going to give Doctor Williams an introduction here. Amanda P Williams, MD, MPH, FACOG. She is a clinical innovation advisor with the

California Maternal Quality Care Collaborative, which is CMQCC. It's based at Stanford University School of Medicine, where she is also an adjunct faculty member in the Department of Obstetrics and Gynecology.

Sarah Trott: [00:02:31] Doctor Williams previously served as medical director at Mahmee, which is a tech enabled maternal health company dedicated to improving health equity and empowering families with wraparound care during the pregnancy and postpartum period. In this role, she oversaw the company's clinical programing while fostering institutional partnerships, developing new business opportunities, and supporting investor outreach.

[00:02:56] And prior to joining Mahmee, Doctor Williams was a practicing OB GYN at Kaiser Permanente Oakland Medical Center, where she served as Director of Maternity Services, and additionally, she oversaw the maternity continuum across Kaiser's 15 medical centers in Northern California.

Sarah Trott: [00:03:13] She has also served on several state and national committees, such as the California Pregnancy Associated Mortality Review, the California Surgeon General's Perinatal Redesign Stakeholder Group, and the National Quality Forum Maternal Morbidity and Mortality Workgroup.

Sarah Trott: [00:03:28] Doctor Williams is a magna cum laude graduate of Harvard University, where she majored in American medical history and biochemistry. She completed her medical degree at Emory University School of Medicine, where she also received a master's degree in public health, focusing on health policy and management. She completed her graduate medical training in obstetrics and gynecology at UCSF, the University of California, San Francisco.

And Doctor Williams is a prominent voice on maternal health and health equity. Her expertise has been showcased at prestigious institutions like Rush, Harvard, Stanford, Georgetown and Howard universities. She's an incredibly sought after speaker. She's been featured at the Future of Maternal Care Summit, as I mentioned, where I first heard her speak, as well as the fortune 500 Most Powerful Women Next Generation

Conference, the Doula Expo and Mino Fest. And finally, she has been interviewed on national television outlets like PBS, BET, CNN, MSNBC. Also in print media like The New York Times and Washington Post.

Sarah Trott: [00:06:04] So with that impressive set of credentials and her distinguished set of experiences, we're so absolutely thrilled to invite Doctor Williams onto the Fourth Trimester Podcast. Welcome, Doctor Williams.

Dr Amanda P Williams: [00:06:16] Thank you. Thank you so much for having me, Sarah. It is truly an honor to be here. And when I hear all those words, I think, oh my God, I'm old. But it also makes me think I've done a lot of things that have led me to this point, to be able to be effective and to advocate for maternal health.

Sarah Trott: [00:06:33] Yeah. I'm so thrilled that you're here because our listeners need to hear this information. And I would really love to just start us off with the tradition that we like to start with on the fourth trimester, which is to ask if you would be willing to share a little bit about your own fourth trimester experience.

Dr Amanda P Williams: [00:06:52] Sure. So, I have two boys, who are 17 and 19, and it's the oldest one whose story I tell most often because it was my severe maternal morbidity story. I had severe preeclampsia at 35 weeks, was delivered prematurely. I had actually a pretty fantastic birth, that moment of birth. And then it all turned downhill thereafter. He went to the neonatal intensive care unit, was there for ten days. During that time, my grandmother, who was the person closest to me in the world, unexpectedly dropped dead right after he was born.

And I was the chief resident in obstetrics and gynecology at UCSF, which is one of the premier programs in the country. And yet I had this severe complication. I had a NICU baby and was totally, totally overwhelmed and then subsequently had quite severe postpartum depression, but still had to go back and finish my specialty training because there at that time, the rules have since changed, but you could only miss a certain number of weeks.

So with my eight week old baby, who had just gotten back from the NICU, I was back to working 60 to 80 hours a week, delivering other people's babies when I couldn't be with my own. And oh my gosh, I get feelings about it. Just talking about it. And he's almost 20, but it was a very, very difficult experience. Fortunately, my husband at the time was able to take off a little more.

Dr Amanda P Williams: [00:08:37] His mother, who was a retired school teacher, was able to be helpful. We had a nanny, but I cannot even imagine what that experience would be like if I did not have strong family support there right at the beginning. And still, even with all that support, I had a really difficult time.

Dr Amanda P Williams: [00:08:59] So when it came time for my second son, I was totally committed to it being different. In fact, so much so that I almost had a home birth. But the data around neonatal morbidity and my physician's mind could not let me do it. So what I did is I put a sign up in the hospital on my door saying having a home birth in the hospital do not disturb. And so I had my baby with my dear friend who was my OB and my doula. I actually left against medical advice because I wanted to leave the hospital so early. Once I knew he was fine and then spent most of my and he like, latched on right away. He was a big, fat, almost 9 pound baby, and we just spent the rest of the time with him in the baby carrier because I was running after his toddler brother, hiking in the hills. I sent the toddler to preschool, and then we just hiked the Berkeley Hills pretty much for an entire three months, and again had my mother in law nearby to help. And it made all the difference in the world.

Sarah Trott: [00:10:09] Yeah. You mentioned specifically having someone there to help. So you weren't trying to do it on your own?

Dr Amanda P Williams: [00:10:14] Absolutely not. There's no way. And that's one of the things that's so broken about our medical system, is that people are expected to do it on their own, and there's so many different pieces of the puzzle, and we've lost so much sense of community. And I think that's where people like family members, like doulas, like community health workers can really play a huge role.

Sarah Trott: [00:10:38] Yeah, yeah. That's huge. We actually just had an episode here on Fourth Trimester about how a friend or family member can help a new parent, so that would be a good episode I would reference and point to. We'll include a link to it on the show notes, but I mean, not everyone can afford or has access to a doula care, so we put that resource out there for anyone who's interested. But I love that you shared your story with us, and it sounds like there's a lot of learnings that you had from your first experience that you carried through to your second.

Dr Amanda P Williams: [00:11:09] Absolutely. And in fact, when I was at Kaiser, I was part of the team that designed a program called Preparing for Help at Home. Because oftentimes when you're in the midst of it, you can't even think straight. You can't even say what you need. So before you deliver, make a plan for all the different tasks and things that will need to be done.

And then get people to sign up at different times. So don't just have all the grandparents come when you're out of your mind, exhausted, you know, in the first few weeks, stagger people's visits or come for the birth and then come back a month later, or set up that meal train so that there's food, set up the house cleaning, the toddler playdates. If you have an older kid, scoping that out ahead of time makes a huge difference. People get very attached to the birth itself, but the fourth trimester is far more difficult than having that day or few days of having the baby.

Sarah Trott: [00:12:17] I think that's something people don't necessarily realize until they're in it. Right? It's all like setting up the nursery, and I'm so excited. And is it a boy or girl? And like, all of these things, which is all this anticipation built up and it's it's so brilliant that you're mentioning the point of set up and think it through beforehand, because when you're there and you're in it, especially if there are mental health things going on, people can't ask for the help because they don't even know they need it. Oftentimes it's so hard to even ask when you're in it yourself.

Dr Amanda P Williams: [00:12:48] I totally agree, which is why I always counsel the partners or family members who are in a visit. So when I was doing, you know, lots of prenatal care, or even discharging patients from the hospital, after they've had their

baby to counsel and speak directly to the partner, to the grandma, to whatever community members are there in the hospital with the patient to say, hey, you guys are going to notice first that, you know, so and so is changing her mood or is not sleeping at all. And to really charge them with, getting in contact with me and making sure that they always know how to ask for help and are counseled on warning signs too, because just to, you know, eat a few bites of food, try to latch your baby and sleep like that in and of itself is a full time job.

Sarah Trott: [00:13:44] So true. 100%. And if you have resources, I'm sure you'll have tons we can point to for looking at warning signs. So we'll have all of that goodness in the show notes.

Sarah Trott: [00:14:04] So we're here to talk about postpartum maternal health. What does that even refer to? What are we talking about?

Dr Amanda P Williams: [00:14:23] So, you know, the definition of postpartum is just after the birth. And when we're talking about the fourth trimester, we talk about the first, three months, which is really the critical period. But, the postpartum period really is that whole first year of the baby's life. And folks often forget that that is the most dangerous time for the new mom, new parent in terms of their physical health.

So over a third of all maternal deaths are actually happening after the patient has gone home. And so once they leave the hospital, they're still very much at risk. They're still in a time of huge transition. In fact, the cardiovascular changes that take place in those first few days after delivery are harder than anything else a person has done. you know, unless they have some major illness their whole lives. And so we have to really keep an eye on them.

Dr Amanda P Williams: [00:15:29] In addition to figuring out how to feed your baby, dealing with your mental health, those cardiovascular challenges are really to be taken seriously. And we live in a country that has the highest maternal death rates of any of our economic peers. So you think about in the United States the last year where we have data, which is 2021, the rate of maternal death was about 33 maternal deaths per

100,000 live births. When you think about a place like Germany or Sweden, we're talking about rates that are like 5 or 7 compared to 33 in the United States. And if you are a black person or a woman, in that pregnancy or year after birth, that number is 69.

So we're talking about major disparities, based on race, based on payer status, things that are socially constructed. And that's on top of a US system that is so problematic. So we've got work to do. And we know that some of the most vulnerable time is in that fourth trimester. And so we've got to make sure that we are taking care of our new families.

Sarah Trott: [00:16:54] Yeah, absolutely. And it seems to be highlighted more and more when we hear stories about, you know, like, professional tennis player Serena Williams. She nearly died the day after giving birth to her daughter. And her concerns were dismissed by hospitals.

Dr Amanda P Williams: [00:17:08] Absolutely. And so, I mean, that's why I so appreciate people like Serena, Beyonce talking about her severe preeclampsia. Allyson Felix, her premature preeclampsia. I mean, Tori Bowie, who just died. I mean, these are women who are in the best shape, who truly know their bodies, who have lots of money and resources and access to care. And so it reminds us that these issues are not just about, oh, she didn't go to the doctor or, oh, she was too overweight or oh, she was too old. There is more to the story.

I was privileged to speak about this in the New York Times last year. Our study that came out of CMQCC. So that's the California Maternal Quality Care Collaborative, which is the Perinatal collaborative for the state of California that brings together the California Department of Public Health and Stanford to look at the data and to do quality improvement in hospitals across the state. So we matched our maternal death data, for California, with people's tax income records. And we took only the highest tax bracket. So people with care, people with resources, people with money, people who can get help to only the highest tax bracket and looked at maternal death rates for moms and infants and for black birthing people. It was two times as high, even in the highest tax bracket. And so we know there's more to the story here. It is problematic for everyone.

And then when you overlay systemic racism on top of it, those problems just double down even more.

Sarah Trott: [00:18:59] Yeah. I mean, you're seeing it in the data. And when you look at it through that lens, I mean, it's just pointing to something that like people would have otherwise perhaps previously said, oh, well, you know, it's this or it's that or the other. But no, even when you eliminate and you look at this extremely wealthy high tax bracket section, we're seeing that the numbers just don't make sense.

Dr Amanda P Williams: [00:19:22] Yeah. And actually we studied it in terms of education also. So if you look only at college educated folks, the college educated black women still die at a rate that is higher than white women who haven't finished high school. So, you know, all of these ways, like, oh, I want to explain this away because of education. I want to explain it away because of money. Like it just doesn't hold up.

Dr Amanda P Williams: [00:19:51] And we have to be humble. We're not saying that people are being bigots on purpose. No one's run around with a t-shirt on that says like, I am a racist. I am a bigot. It's that we live in a community. We live in a society where decisions have been made, where messages are being given, about whose voice matters and whose doesn't, about who deserves to be in a community where there are parks where you can go exercise and, take care of yourself like there are decisions that have been made over the past generations that are still have implications for us today.

Sarah Trott: [00:20:29] Yeah. And that's coming through very clearly in the data. And I, I, was very curious to see your presentation and you are such an eloquent speaker, and I love your data and your charts. But I noticed you had some data showing specifically, comparing California to the rest of the United States. and there was a bit of a shift. It was like the numbers were tracking pretty consistently. And then something happened in the early 20 tens ish that really shifted between California and the rest of the states. So I was wondering if you could break that down for us a little bit.

When I hear these numbers, I feel like my response to a lot of what you've been saying is just to feel pretty angry and motivated, you know, and I and I want to learn more

about some of the things that we think could potentially help reverse some of these trends. and I know it's very, very big, big issues. But I would just love to hear your perspective on some of that.

Dr Amanda P Williams: [00:21:43] So, here's the deal. We have been working on this in California for a long time. And it was in that time period, 2006, 2008, that we see this divide where in the rest of the country mortality rates keep going up, and then California starts going down, down, down. And it's a combination of good policy making. But we like to think that the California Maternal Quality Care Collaborative is a big part of that story.

Dr Amanda P Williams: [00:22:17] So let me just pause for a second and say what we do. So what we do is we bring together the hospitals. There are approximately 220 hospitals with maternity units in the state of California. Don't forget, we're big. One out of every eight babies in America is born in California. So, and for comparison, Idaho has four hospitals where babies can be born and the entire state of Idaho. So we've got 220. And we come together to exchange best practices to learn from each other.

And then, we bring the data together from discharge diagnoses from the hospital, marry them to vital statistics like birth records. Death records do have analysts at each hospital do some case reviews. And then we put it together, and then we repackage it out of this maternal data center so that hospitals can then look at their own data and see what's going on, see what the trends are. They can segment their data by payer type. Is it Medicaid? Is it a commercial payer? They can segregate their data by language. Are they primary English language speakers or non-English language speakers? What are their rates? What's their ethnicity? So they can truly understand and do targeted interventions.

Dr Amanda P Williams: [00:23:38] And then we develop these toolkits that people can download right off the CMQCC website. and so you can see how do you respond to an obstetric hemorrhage. Don't let it just be, oh, this is the way I've always done it. I mean, do you want your pilot who's flying your airplane to be like, oh, I kind of like to do it this

way. Like, no, you want them to actually follow a checklist and think it through and use data to support their decision making.

So we have these collaboratives where we bring the hospitals together around a particular topic. We have the toolkits, we do webinars. And so we're constantly working on quality improvement in the state of California. And that is probably a big part of the reason why California has the lowest maternal death rate in the country. so it is fabulous that this kind of approach actually works.

However, the disparity for indigenous - so Alaska Native and, Native American plus black birthing people, however, is still three times that of their white peers. So the overall numbers are lower, but the disparities persist. And so what our new work is in California is to take that same quality improvement approach and use it to try to address issues of equity and take them head on. So that's what I'm excited about doing. And then we publish it in major journals, we put things on our websites, we do webinars so that other states can follow and start doing some of the same work.

Sarah Trott: [00:25:20] Yes, I really like the flying the plane analogy. I mean, policy change and process change are the biggies that I was hearing in that answer. And I love that you're coming together as a collective to share best practices, and make the changes that are required, but it sounds like you're sort of taking off some layers of how to do things, but it's still not speaking to the equity piece. And so that's really the next step.

Dr Amanda P Williams: [00:25:47] Yeah, that's really our next horizon. And Americans are not very good about talking about racism, about talking about bias, because it truly is antithetical to the vision of what America is supposed to be. But the truth of the matter is, America never was that when they said all men were created equal, they meant white men. They did not mean women. They did not mean people of color. So those inequities have been baked in from the beginning.

Yet there's this idealistic vision of who we are meant to be. And so my goal is to try to bring that together, to have us be the people who we want to be. Yet that means having

some hard conversations. That means looking at ourselves and saying like, oh my gosh, wow, did I really say that? Oh, I really didn't mean to say that. Or oh, it came out of my mouth and let me see how I can walk that back. so creating environments where it's okay to make a mistake. So it's not like I'm calling you out. You're canceled. It's. Hey, did you notice that when you said so and so, this might have landed in a particular sort of way.

Dr Amanda P Williams: [00:27:01] And I always invite my colleagues when I work with the resident physicians. The young physicians. Please correct me, and let's do it with love so that we can all keep learning and growing. Because nobody knows everything. Nobody knows everything about every culture or about every group of people. So we really just need to hold that humility. And my job, my purpose is really to help people in hospitals learn how to talk to folks, learn how to work with community so that we can hold moms and babies and new families and get them through this safely.

Sarah Trott: [00:27:42] Yeah. Thank you for saying that thing that it's forbidden to talk about racism. It's forbidden to correct someone with kindness. It's something that we're not very good at. And I just appreciate you talking about it. Even in your presentation, you talked about the definition of equality and equity.

Dr Amanda P Williams: [00:28:05] Yeah, absolutely. And I think it's a really important starting point. And I love, I think I have a couple of different slides that show it, but I believe I use the bicycle one. So you know if you are a toddler you don't want to be riding like your dad's ten speed, but you're trying to go to the same destination. Or if someone, has a leg prosthesis, they're not going to use the exact same bicycle that somebody, has who has two traditionally functioning legs. Like, we're all going to need different things in order to get to the same goal.

And that's the difference, really, between equity and equality. Equality means you just do the same thing for everybody, and that's not right. What we don't want is equality of process. What we want is equality of good outcomes, and what it takes to get there might be different depending on that individual. And that's what equity and health equity,

birth equity, that's what this is about - getting people especially pregnant and postpartum people, the support that they need in order to have positive outcomes.

Sarah Trott: [00:29:15] Yes. Thank you. Yeah. No, I love that chart in that example because someone could say, well, I treat everyone the same.

Dr Amanda P Williams: [00:29:22] And doctors and nurses love to say that. They like to think that because they're super educated and well intended, that they treat everyone the same. And that's great. But it's that same treating everyone the same that got us into this mess, because treating everyone the same means you're doing what your instincts are just telling you to do. And sometimes those aren't the right thing.

Sarah Trott: [00:29:47] Yeah, yeah. Thank you. Really, really good point. I appreciate that so much. And, you know, I've been eager to ask you this question. It's kind of a very specific question around some of the data you were sharing. It was about the percentage of maternal mortality that's happening by time frame. So 0 to 6 days and then six plus days, and you had several segments

Dr Amanda P Williams: [00:30:10] 7-42, 43 to 365. Yes, yes.

Sarah Trott: [00:30:13] And then the biggest swath was during that first 0 to 6 day time period. I'm thinking in my head when I saw that, people go home from the hospital, then they don't see their doctor for six weeks. That's like far eclipsing that little first week even. But does the 0 to 6 include time at the hospital? Does the zero start at birth or was that like from the day they got home?

Dr Amanda P Williams: [00:30:36] It's tricky. It is from birth. And so that 0 to 6, some of it's in the hospital and some of it's at home. But if you take 0 to 42 that traditional six weeks, that is where the vast majority of maternal death happens. It is not during the pregnancy. It is in that 0 to 42 and a lot of it in that first week. It is so I mean, I don't want people to be scared. And so it's always a balancing act for me. I don't want people to be approaching their pregnancy and postpartum with such trepidation that then they have huge anxiety.

Dr Amanda P Williams: [00:31:19] But it means taking them seriously. It means not brushing them off. If they have a headache, don't just assume that it's because baby was up nursing all night. make sure that that headache gets better, and if it doesn't, you need to check your blood pressure. You need to call your midwife. Call your doctor.

Dr Amanda P Williams: [00:31:38] I think because so many people have had babies or are adjacent to new babies, they feel like they know, that they're experts and each person is an expert in their own experience. But that doesn't mean that you can, like, brush off people's concerns, especially when they don't look like you. I always say that, the more different someone is from you, the harder you need to listen, because you don't have those subconscious cues that say, this is my sister, this is my cousin. So you've got to work harder to get over a society that has told us that brown and black voices don't matter as much, or, oh, she's a young mom. She doesn't know what she's doing or oh, she is poor on Medicaid and lives in Appalachia. Like she we don't need to really listen to her. Like there are voices who matter more than others in our society. Yet in that postpartum period, everybody is at risk. And we need to take new parents seriously.

Sarah Trott: [00:32:52] Yeah. I mean, I think that's the big takeaway is during that first six weeks, advocate for yourself. Certainly. Listen to yourself. If someone else isn't listening to you, you still matter. Your voice still matters. Like, definitely hold yourself in front of as many people as you need to to get the care that you need. and especially during those first six weeks, it's not about hunkering down and surviving. Like, reach out and ask for help. Tell your partner, tell your friend or whoever's there to help you, or reach out and get the help from your care providers.

Dr Amanda P Williams: [00:33:28] That's a huge role. Also for, doulas is to be that extra set of eyes, is to be the advocate and to take you seriously. I mean, in 12 states now, in California, of course, but in 12 states and in the District of Columbia now, even, for Medicaid, doulas are a covered benefit. And they're not just for pregnancy, they're also for postpartum. So definitely, I would always encourage patients who, if you have a

doula benefit, if your insurance or your work gives you an allotment for doula support, definitely take advantage of it.

Sarah Trott: [00:34:12] Right, because they're going to be able to be there in your home, checking in on you the day you come home, the day after. Like a lot of frequent touch points during those first few weeks that are so tender and often like, I don't know, in my own experience, I didn't know what questions I had until I was home, until I had that baby in my arms and it was about me, or my body or my baby or whatever. It was all these things happening that it was so valuable for me. I had a postpartum doula, and she just completely assured me in so many ways that I just couldn't have imagined. In fact, that's the impetus for starting the show in a lot of ways, is just everything cracked open for me in terms of the possibilities and information that just people didn't necessarily talk about before I had the baby.

Dr Amanda P Williams: [00:35:00] When people have, you know, baby showers or whatnot, like there are only so many bouncy chairs and cute dresses that you need, register for a doula and a blood pressure cuff and maybe a breast pump. But that would be at the top of my list.

Sarah Trott: [00:35:21] Yes, I feel like that should be like maybe the subtitle for this episode is like, if you register for anything, register for a doula, breast pump and blood pressure cuff, these are the things that really matter. Like babies do not need fancy toys. I will also do that out there. No, they do not. They need connection.

And so one of the things that you, were sharing with me is just like some of the things women can do practically of, like how to detect and prevent some of the big issues.

Dr Amanda P Williams: [00:35:49] Yeah. So the key is knowing the warning signs. So if there is of course you're going to have bleeding, but if you are bleeding and you're passing clots that look bigger than golf balls, that is certainly something to take seriously. If you are soaking up a big pregnancy maxi pad in less than an hour and it's in your home. So you're out of your first few couple days of birth. That is not normal. That is too much. If you're getting lightheaded, dizzy, chest pain, shortness of breath. And it's

tricky because sometimes you do feel a little short of breath because you might be carrying around 20, 30 extra pounds, after you had your baby and you've had these big fluid shifts. But if you're really huffing and puffing, that is something to take seriously.

Dr Amanda P Williams: [00:36:37] Headaches are another one. headaches are so common. Headaches could be dehydration. Headaches could be you didn't sleep well. Headaches could be caffeine withdrawal, but a severe headache, especially if it has visual changes. Little spots in the vision are to be taken seriously because that can be a sign of an impending stroke. So to take your blood pressure, and to check in with your providers, one of the places that is the absolute best is on the CDC website, the Hear Her campaign, where they have patient stories and there are a number of really compelling, postpartum stories that I love to draw attention to. And there's a whole set of both CDC and ACOG, the American College of OB GYN have warning sign posters that we want to get out in communities. So if somebody has a community center or a library in addition to doctor's offices and clinics, it's great to get that education out there.

Sarah Trott: [00:37:44] Okay. For sure. We will link to those resources too. Thank you for sharing that, because it's something that's very practical for our listeners to take away and kind of keep in mind, what are those real warning signs.

Sarah Trott: [00:37:54] And then going back to postpartum doula services we talked about the idea of having support. Let's talk, building a support structure.

Dr Amanda P Williams: [00:38:13] Yeah. There's so many different pieces of that postpartum package. And honestly, they're all super important. So you certainly need lactation support which is crucial. We know how good breastfeeding is, both for the baby and for the parent in terms of cancer prevention, in terms of bonding, in terms of infection prevention with the baby.

Dr Amanda P Williams: [00:38:39] We know that doula support is crucial in terms of finding those warning signs, helping organize your life, and helping with the psychosocial support.

Dr Amanda P Williams: [00:38:51] Mental health is absolutely crucial. And oftentimes in communities, it's a 2 to 3 month wait, even just to get in to see the psychologist. So what can you do in the meantime? What are the apps or online resources or peer support groups or community folks who could be helpful with your mental health?

Dr Amanda P Williams: [00:39:13] Nutrition is another category. That's super important for your recovery. Almost everyone loses some blood and some people lose a lot of blood in particular, or they have an infection at the time of delivery. All those things can really be helpful. And then your baby, when you're feeding your baby, might like certain foods, not like certain foods. Do some breast refusal. depending on what you're eating, you may be on a restrictive diet. You may be a vegetarian or vegan or etc. and trying to figure that out, in the perinatal setting is super important.

Dr Amanda P Williams: [00:39:48] And then there are all of the health related social needs or social determinants of health that really impact your postpartum journey. And so that might be making sure that you have access to fresh food. Make sure you have transportation, make sure that the housing situation is stable. All of those things very much impact the postpartum journey.

Dr Amanda P Williams: [00:40:12] Then finally you can add things like physical therapy for the recovery of your pelvic floor exercise, getting back on track, getting back to a healthy weight again, or recovering your diastasis, or having your abs all stretched out. This is all part of this wrap-around care that I like to talk about. That is part of the postpartum recovery.

Sarah Trott: [00:40:39] And again, you were recommending setting all of that support up beforehand. I mean, if it's going to take several months to get, set up with someone for mental health support, maybe think about registering quite early and putting that place, spot on your calendar in place beforehand, you know, proactively.

Dr Amanda P Williams: [00:40:57] Absolutely anyone, anyone with any mental health history. I have them book an appointment before delivery, for approximately a week after, because canceling an appointment is absolutely no big deal. But to get the

appointment is, you know, like moving heaven and earth sometimes. So I really encourage anyone with any kind of mental health history to set that up in advance.

Sarah Trott: [00:41:28] Yeah, for sure. And maybe even if you don't have that history like that could be helpful too. Maybe it'd be useful to talk to somebody about a lot of the changes you've been going through and who knows? Right. Even with no history, there can be things that pop up.

Dr Amanda P Williams: [00:41:41] Absolutely. And again, it's another reason why I'm a big fan of group care. So whether that's centering prenatal care, centering newborn care, or group prenatal. There's so much you can learn from other parents too, and you can be of support to each other.

Dr Amanda P Williams: [00:42:00] The American postpartum experience is very isolating, and we want patients to be in community with each other. Yet it's super hard to get out and get active. I absolutely believe that part of our high rates of postpartum depression and anxiety are from the isolation, because we're not in connection and community with each other. So again, finding your local, mommy group or new baby group, before you deliver can make a huge difference.

Sarah Trott: [00:42:37] Yeah. And there are ways to even start your own if you don't know where to go or you don't have access to one. Maybe you live in a place where there aren't a lot of groups. You can find them online. You don't have to pay money for them. There's a lot of free stuff out there. and you can also start your own group, and put the intention out there. Hey, I want to really develop connections with some people going through the same transition into parenting that I'm going through. Yeah, I love that recommendation so much. Thank you. All of those recommendations.

Sarah Trott: [00:43:04] And what would you say to someone who says, well, my mom or my grandma didn't have any of those things and they're just fine.

Dr Amanda P Williams: [00:43:11] I would say they had each other way more than we did. And they're much more in community with each other. So that's one huge

difference. The other thing is, did they have to go back to work? Did they, you know, what was that? What was that situation like, and then what other resources or help did they have at home? There's no metal for the most postpartum suffering. That is not a thing. So anything you can do to line yourself up for support, is good.

Sarah Trott: [00:43:50] Yeah. And certainly the better care we take of ourselves, the better prepared we are to then take care of those around us. So that's been a major point we like to make on the show around self-care. and I love the way you put that, that there's no medal for suffering. Absolutely not. There's no prize.

Sarah Trott: [00:44:13] So, I mean, you've been making such a major impact on the space for a long time. I'd be curious to hear, what are some of the real changes you want to see in the coming months and years, or beyond whatever horizon horizon makes sense to think of it in, that will really raise the bar in the United States so it starts comparing with some of these other top performing countries around the world.

Dr Amanda P Williams: [00:44:35] So some of the policy things that we need to get in place are certainly every state needs to have a year of Medicaid coverage for postpartum. So we know that if you do not have insurance, you are not going to get care. You may not get care anyway, but for sure, you're not going to get care if you do not have somebody to pay for it. So expanding Medicaid to a year postpartum.

Dr Amanda P Williams: [00:45:00] Having decent paid family leave, is huge. That's a huge barrier when it comes to bonding with babies, when it comes to lactation, when it comes to mental health recovery. So having good paid family leave makes a huge difference.

Dr Amanda P Williams: [00:45:18] Integration of community supports, which is something that we have more in California than pretty much any place else. But things like nutrition, like wraparound services for lactation, those sorts of things actually should be integrated into the medical care. So they might say like, oh, well, a doula isn't really medical, which is true. They are not medical providers, but that is still an important part of care.

Dr Amanda P Williams: [00:45:47] Now, as you mentioned, I came out of Mahmee, which is a tech enabled maternal health company and things like Mahmee, like Maven, like Oula, like Cayaba Care, like Babyscripts. There are a number of different companies out there, but they're not well integrated into the clinical side of things.

Dr Amanda P Williams: [00:46:11] And when I think about what happens next, we can't have all these different silos. We can't have the medical team over here, and then we have the public health team over here. Then we've got the startups over here, then we have the insurers, the payers over there. We need to integrate some of this because it is hard to just brush your teeth when you aren't postpartum. You have to go to four different places to deal with your postpartum issues, it's almost impossible. So why make it hard for the patients? Let's get more integrated. And so that's the other big thing that I would like to see so that we can start getting closer to some of these other countries' rates.

Dr Amanda P Williams: [00:46:56] And then finally midwives, we've got to have low risk births cared for by the low risk experts and a lot of places around this country. There isn't a lot of access to midwifery. There isn't good integration of midwife services onto obstetric units, onto labor and delivery units. And that respectful collaboration just goes so far, in terms of positive outcomes, in terms of decreasing C-section rates, I think that that could tremendously serve the maternity population.

Sarah Trott: [00:47:33] Yes. And just to remind everyone, there are three main options where you're going to have birth. You can go to the hospital, you can have a home birth, or you can have that in-between sort of option at a birth center. And sometimes a birth center is standalone and sometimes independent. Sometimes it's connected to the hospital in some way. And a midwife could perform that role in any of those scenarios.

Dr Amanda P Williams: [00:47:58] So there are midwives that work in all three of those settings.

Sarah Trott: [00:48:05] So, I want to thank you. We've covered a lot of ground. I want to invite you to share anything else, and also just practically speaking for new and expecting families, what are some resources or things that you would recommend?

Dr Amanda P Williams: [00:48:47] So some of my top tips, for new and expecting families. One is making sure that you have your support people in place. Do not interact with the healthcare system alone, period. Full stop. Make sure your partner is there. Make sure your doula is there. Make sure your sister is there. Make sure someone is there with you because you're going to hear things differently. And this is a system that isn't really meant to be connected and empathetic and see people fully. So take advantage of having another set of ears present.

Dr Amanda P Williams: [00:49:29] Next, write things down. So write down your questions, ahead of time before you go to your appointment or before the doctor comes, see you in the hospital or seeing your baby, postpartum. because you're constantly going to forget things. Pregnancy brain, postpartum brain is a real thing. And also, it signals to your clinician that you take this seriously. And so they're going to communicate with you a little bit differently if you are writing things down, if you're paying attention, if you're sending follow up questions, that's a very important signaling.

Dr Amanda P Williams: [00:50:08] Next, birth support and postpartum support with doulas. I think that if you do not have a birth experienced partner, mother, sister, auntie, cousin, best friend, having a doula there with you to be that bridge to the medical team to support you, sort of with the social emotional side of things I think is tremendously helpful.

Dr Amanda P Williams: [00:50:42] And then if somebody wants to gift or to support a pregnant or postpartum person, again, a blood pressure cuff, a breast pump, and a doula, are some of the most valuable gifts that someone could give somebody they love.

Sarah Trott: [00:51:03] Beautiful. Thank you so much. Thank you so much for the time and for everything that you shared with us. Amanda.

Dr Amanda P Williams: [00:51:08] My pleasure. This is, as I said, not just my work. It is my mission. It is my purpose. It's what I think I'm here on this planet to do. And it's what I want my legacy to be.

Sarah Trott: You can find out more about Esther Gallagher on http://www.esthergallagher.com/. You can also subscribe to this podcast in order to hear more from us. **Click here for iTunes and click here for Spotify**. Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at https://soundcloud.com/seantrott. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.