

Support in Pregnancy & Postpartum



**A GUIDE TO WHOLE PERSON
CARE FOR GROWING
FAMILIES**





What prenatal vitamin should I take? When will I feel like myself again? Are my stitches healing properly? Is my core strength supposed to be this weak? Is my baby eating enough?

There are so many unknowns in pregnancy and the postpartum period, and here's why:

Traditional perinatal care, while excellent at keeping you safe and healthy throughout your pregnancy, has its limitations. You may sometimes leave your visits with your primary provider with questions better answered by a specialist, and navigating the pathway of in-network providers can add frustration you don't need during this already exciting yet sometimes anxiety-provoking time. In the traditional group practice model, you may meet the providers caring for you during one of the most vulnerable moments of your life mere moments before giving birth, and most commonly, your first postpartum checkup doesn't take place until six weeks after your baby is born.

We know you deserve better than that. We don't want you to suffer all the unknowns alone (as parents ourselves we have been there!). That's where Partum Health comes in. We provide personalized planning and care, in conjunction with the excellent care you are receiving from your primary provider, to support you throughout pregnancy and into the postpartum period. This is not "one-size fits all" healthcare. We understand that each expectant parent is unique, and as your needs evolve, our resources evolve to provide continuous support throughout your journey.

Our model emphasizes proactive support and integration of care where all of your Partum providers work as a team. This means that depending on your individual care plan, your physical therapist and dietitian will be in communication with each other to ensure that their plans complement each other; you can have a smooth transition between your birth doula and postpartum doula without having to "start from scratch" with explaining your experiences and needs; and your lactation consultant can work with your mental health provider to support you through postpartum feeding challenges. Additionally, through our 24/7 texting support service, there will always be a member of the Partum team available to answer a question that's popped up or to book care efficiently.

The following guide is meant to serve as a starting point for you to understand the basic evidence behind each of our services as well as options and recommendations on timing of each. Our Partum Health coordinator will help you put together a personalized plan to meet your needs and preferences and ensure that you get great care. So you can worry less and find more joy in this journey!

Understanding your Insurance Coverage



You can start to explore your insurance coverage and in-network providers even before you become pregnant, and ideally should have a solid understanding by the time you start seeking services in your first trimester. If you have questions about your coverage, the Partum Health team can help you find answers.

Below is a snapshot of common levels of coverage, however this varies widely by plan. You need to check with your insurance company for information specific to your benefits.

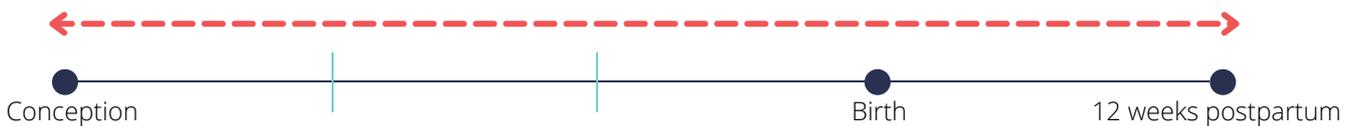
Here are some additional things to note about insurance coverage:

- Deductibles and out-of-pocket maximums are typically tied to the calendar year, but your pregnancy may begin and end in different years. Due to the high cost of prenatal, birth, and postpartum services, many people meet these at some point during the year in which they receive pregnancy-related care.
- While in the past insurance companies could consider pregnancy a pre-existing condition, due to the ACA, they can no longer turn you down or charge you more if you are pregnant.
- In addition to checking if the facilities you plan on using are in-network, you should also check on individual providers at those facilities as it is possible that they are out-of-network.
- If you are interested in alternative birthing locations such as birthing centers or home birth, check with your insurance provider early on as these are not covered by all insurance plans.

SERVICE	COMMON COVERAGE
Mental Health	Typically covered by insurance, often with a per visit copay
Nutrition	Typically covered by insurance, often with specialist visit copay
Childbirth Education	Typically out-of-pocket
Birth Doula	Typically HSA/FSA eligible
Postpartum Doula	Typically out-of-pocket
Physical Therapy	Typically covered by insurance, often with a per visit copay
Lactation	Lactation consulting and breast pump covered by insurance

Mental Health

Mental health support can be beneficial at all parts of the pregnancy and postpartum experience.



Welcoming a new baby is a time of immense change for most people. You will experience new dimensions of your identity and relationships, all while navigating new responsibilities and routines. It is no surprise that this can take a toll on your mental health. In fact, about 1 in 7 birthing people experience postpartum depression, and for over half of these individuals, this is their first ever episode of depression.² Perinatal anxiety is also common, affecting about 1 in 10 pregnant and postpartum people.³ Fortunately, support for coping with these challenges is available.

Mental health care including psychotherapy is highly effective in treating depression and anxiety in the perinatal period,⁴ and evidence shows that beginning care during pregnancy helps prevent adverse outcomes.⁵ The U.S. Preventive Services Task Force reported that it is most common for pregnant people to begin seeking mental health counseling in the second trimester.⁶ There are some cases in which one might want to seek care earlier in pregnancy or before conception.

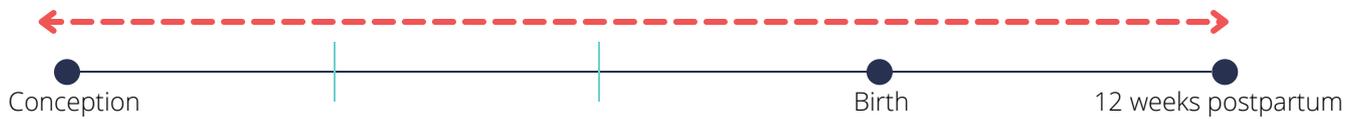
At Partum, we've seen that the mental well-being of birthing people and new parents is too often neglected. Hormonal changes and sleep deprivation are out of your control. During this hard transition, we believe you deserve mental and emotional support. Our specialists are licensed clinical social workers and psychologists specializing in perinatal support, helping partners process the change as individuals and as a couple. We can help you decide the timing and frequency of sessions that will work best for you. Sessions are available both virtually or in person to both parents and can be used by the couple either separately or together.

Mental healthcare is especially important if:

- You have a history of mental health issues, as this may increase your risk for postpartum depression⁷
- You have experienced anxiety prior to conception, as this has been shown to worsen with each trimester⁸
- Your pregnancy is high-risk⁹
- You have experienced previous pregnancy loss, as this is correlated with distress in subsequent pregnancies¹⁰
- You experienced difficulty conceiving and/or underwent fertility treatment
- Your baby was admitted to the NICU¹²

Nutrition

A registered dietitian can help you throughout all stages of pregnancy.



One of the first things birthing parents often hear is what NOT to eat while pregnant, but guidance regarding nutritious options during pregnancy is harder to come by. Most parents want to eat in a way that supports their baby's development, but aren't sure how. The NHANES shows that the vast majority of pregnant people have poor nutrition, with underconsumption of essential nutrients such as magnesium, vitamin D, vitamin A, folate, calcium, and vitamin C, and overconsumption of sodium and iron. On the other hand, over 95% of respondents reported exceeding healthy levels of sodium intake, and around one third reported exceeding healthy levels of folic acid and iron.¹³ Nutrition is highly important to prevent and manage complications such as gestational diabetes, which is present in about 9% of pregnancies in the United States.¹⁴

Like mental health support, the decision of when to consult a registered dietitian is highly individual and can be helpful at any stage of pregnancy. Beginning in the first trimester, a registered dietitian can guide you through your body's nutrient needs, help you manage symptoms like morning sickness, and recommend prenatal vitamins and supplements.

In the second and third trimesters, a dietician can additionally help you manage nutrition-related complications such as gestational diabetes should they arise as well as symptoms like heartburn, food cravings/aversions, cramping, and constipation. Towards the end of pregnancy, they can guide you through meal prep and planning for postpartum nutrition, and later by focusing on nutrition for recovery and breastfeeding.

As with the other services we offer, Partum's approach to nutrition support is highly tailored to the needs of each individual. We suggest an initial consultation with one of our RDs that specializes in perinatal nutrition and follow-up based on their recommendations or as questions/concerns arise.

An RD is especially helpful for those:

- At risk for gestational diabetes and/or pre-eclampsia
- Concerned about weight management during pregnancy or are over or underweight
- With particularly strong pregnancy-induced food aversions, nausea, vomiting, or constipation
- With a history of disordered eating

Childbirth Education

Everybody should partake in some form of childbirth education class.



Whether parents are expecting their first or fifth child, pregnancy and childbirth involve continuous learning. Whether you have infinite questions or aren't yet sure what to ask, a childbirth education course is a good place to start.

Formal childbirth education has long been considered a critical component of prenatal care in the United States.¹⁵ The timing of your childbirth education will depend on the kind of class you choose. The most basic courses offered by hospitals typically take just a few hours, but will only cover a general overview of the birthing process. More in-depth, evidence-based, courses that cover a wider variety of pregnancy, childbirth, and postpartum topics typically take 6-8 weeks to complete, requiring earlier engagement. Most families should plan to complete childbirth education in the second trimester.

Attending an in-depth childbirth class early in the second trimester can build the knowledge to guide decision-making throughout the remainder of the pregnancy and postpartum. You should aim to sign up for a class at the end of the first trimester as they tend to fill quickly. A childbirth class can help you decide which experts, such as doulas and physical therapists, you will want to consult going forward, give you skills to communicate with your healthcare providers, and give you the foundational knowledge to build your ideal birth plan.

Education is a core piece of Partum's services and we offer two options to meet the needs of expectant parents. We have a virtual group class that follows the latest evidence-based curricula, and several of our doulas offer one-on-one education sessions if you prefer to follow a more individualized approach. Regardless of what your education plan looks like, we will help you enter labor armed with skills to advocate for your needs, understand common birth interventions, perform comfort measures, care for your infant, and more.

QUESTIONS TO ASK YOURSELF WHEN CHOOSING CHILDBIRTH EDUCATION:

- Am I interested in an unmedicated birth?
- Do I know I want to have an epidural?
- What kinds of comfort measures am I interested in?
- Is my educational goal simply to understand the childbirth process, or would I also like to learn about newborn care?
- Would I learn better in a group or one-on-one?
- Would I prefer to avoid too much planning and "go with the flow" during labor?

Birth Doula

Your birth doula will be with you during labor and delivery, but they can also support you during pregnancy.



Often referred to as "one who mothers the mother," birth doulas have been around for centuries as non-medical professionals that provide physical and emotional support during pregnancy and childbirth. They are skilled in providing education and may be physically present with the birthing person during labor and delivery.

Many doula-certifying organizations emphasize that it is never too late to hire a doula.¹⁶ However, ideally, you should seek to have your doula by the end of your second trimester, especially if you want to involve them in developing your birth plan. Evidence suggests that engaging with doulas throughout pregnancy can have a positive impact on health literacy, quality of healthcare received and the interactions with medical teams.¹⁷

Partum Health has a fantastic team of birth doulas that support you leading up to and through the birth of your baby. As mentioned previously, finding the right birth doula can be challenging, and doing this on your own can be time consuming. Partum can relieve some of this burden by matching you with the best doulas to meet your needs. Additionally, we always provide you with backup doulas and the opportunity to work with various team members throughout your journey so that even if the timing of your labor does not go to plan, you will have high-quality support from a trusted professional.

Each birth doula package includes a prenatal consultation to build a birth plan, ongoing support throughout pregnancy for any questions or concerns, 12 hours of labor and delivery support as baseline (more available if needed), and a postnatal home visit to help with the transition home and infant care 101. Doula packages are typically HSA/FSA eligible, and we will work closely with you to determine your coverage options.

TIPS

- Interview candidates and hire someone you trust and feel comfortable with
- Doulas have a limited capacity for the number of clients they can take on - hire yours early to ensure a spot on their roster
- Consult your doula throughout pregnancy to support you in your education and to help you feel fully supported

Postpartum Doula

A postpartum doula can provide emotional support as well as help you around the home during the baby's first days.



The first days with your newborn can feel like a blur, forcing new parents to balance recovery from childbirth, infant feeding, rocky sleep schedules, and countless lifestyle changes. An experienced set of hands makes a big difference in this transition. Postpartum doulas focus on supporting the entire family unit, ensuring the new baby is well taken care of and that parents are supported to rest, bond, and recover.

Hiring a postpartum doula requires planning and preparation beginning in the second trimester as many doulas are in demand. Working with a doula postpartum has been shown to increase breastfeeding initiation and improve early infant safety practices by parents.¹⁸ As with birth doulas, it is important to find a postpartum doula who is both a good fit and has the availability to accommodate your needs, including some overnight shifts. While you will hire them before giving birth, you will primarily engage with them in the days and weeks immediately following childbirth.

Partum Health has an expert team of postpartum doulas, each of whom has a wealth of experience supporting new parents during these crucial first days. Our doulas can provide daytime or overnight support to help you with infant care and your rest and recovery. We make sure to match you with a doula or team of doulas who are a great fit for your family, and we can customize support to ensure your needs and preferences are met.

THINGS A POSTPARTUM DOULA CAN HELP YOU WITH

- INFANT CARE
 - Swaddling, dressing, and bathing
 - Sleep and feeding
 - Cord and circumcision care
- PHYSICAL + EMOTIONAL SUPPORT
 - Reassurance, education, and advice on recovering and parenting an infant
- HOUSEHOLD SUPPORT
 - Prepping bottles and meal prep for you
 - Light cleaning, laundry, and errand support
 - Organizing the nursery
- REST + RECOVERY
 - Infant care while you nap, shower, or sleep overnight

Physical Therapy

A physical therapist can be an invaluable part of your care team by helping your body prepare for and recover from childbirth.



Most people expect their bodies to change during pregnancy but still have questions about which changes are considered normal, which can be problematic, and most importantly, how to effectively manage them. There are several common issues that a physical therapist can work with you to address.

Physical therapy is typically initiated in the third trimester to manage common musculoskeletal discomfort such as back and hip pain, but may be initiated as early as the first trimester if aches and pains are present.²²

Seeing a pelvic floor physical therapist during the third trimester can also help you proactively prepare your muscles for birth and learn techniques to support your recovery in the days and weeks immediately following your delivery.

The American College of Obstetricians and Gynecologists also recommends engaging with a physical therapist postpartum, typically 4–6 weeks after giving birth.²³ Those who give birth via cesarean section may require more recovery time and additional considerations before engaging in physical therapy compared to those who give birth vaginally, but physical therapy is equally important in both cases.

Partum's physical therapists are all doctorate level PTs with specific training in pelvic health, so you can feel confident that you will receive expert care that is supported by perinatal health research. We recommend a prenatal consult in the 3rd trimester and at least one postnatal evaluation, with additional appointments as needed. Our PTs are happy to do a free introduction call to share more detailed information on the types of care they provide. Additionally, we have in-network options with BCBS PPO.

	Diastasis recti abdominis , or a gap between the two sides of the abdominal wall muscles is present in over 60% of pregnant/postpartum people. ¹⁹
	Pelvic floor dysfunction is shown to impact about half of pregnant people. ²⁰
	The prevalence of some occurrence of urinary incontinence during pregnancy and the postpartum period is around 70%. ²¹
	Virtually every pregnant and postpartum person can benefit from physical therapy .

Lactation

A lactation consultant can provide breastfeeding education and help you prevent and resolve difficulties.



While breastfeeding can be an incredibly rewarding part of new parenthood, it's also demanding and can place additional challenges on new parents already experiencing a big life change. In fact, 60% of people stop breastfeeding before they intend to and commonly cite factors such as difficulties with lactation and latching, effort associated with pumping milk, and concerns over the health of the baby and breastfeeding person as reasons for cessation.²⁴

Professional breastfeeding support is shown to increase duration and exclusivity of breastfeeding.²⁵

Lactation support can begin prenatally with education and then continue in the days and weeks immediately following delivery. Partum Health clients receive a visit from a lactation specialist around day 4 or 5 postpartum to ensure feeding gets off to a great start and then continues with regular check-ins to provide additional education, support, and resolve any challenges. It is important to be proactive in seeking lactation support because evidence shows that difficulties in breastfeeding increase a person's likelihood of developing postpartum depression.²⁷

Common challenges that a lactation consultant can help you work through include nipple soreness, milk supply, engorgement, plugged ducts, and nursing strikes.²⁸

Partum works with International Board Certified Lactation Consultants (IBCLCs), the gold standard in lactation counseling. To ensure that you get off to a great start with feeding your little one, we offer prenatal education and in-home visits after your baby is born, as well as ongoing support for questions as they arise. With our approach, there is no doubt that you will be well-prepared to feed your baby and equipped to manage any challenges throughout your feeding journey. Additionally, we will walk you through the steps to get your visits approved and covered by insurance as well as to procure a breast pump. We are here to help with all feeding concerns, whether direct breast, breast pumping, formula feeding, or a combination of all of the above.

TIPS

- Hospitals have LCs that provide support during your maternity stay, but if you would like additional in-home support, you should look to hire your own LC in the final month of pregnancy.²⁶
- Under the ACA, health insurance must cover a breast pump, but plans vary in terms of whether it is a rental or purchase, the type of pump, and whether you receive it before or after you give birth. Some also require a physician referral. Talk with your insurance company early to ensure you can get your breast pump as soon as you are able.

References

1. U.S. Centers for Medicare & Medicaid Services. (n.d.). Health coverage options for pregnant or soon to be pregnant women. HealthCare.gov. Retrieved from <https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/>
2. American Psychological Association. (2008, December 1). Postpartum depression. <https://www.apa.org/pi/women/resources/reports/postpartum-depression>
3. Misri, S., Abizadeh, J., Sanders, S., & Swift, E. (2015). Perinatal Generalized Anxiety Disorder: Assessment and Treatment. *Journal of women's health* (2002), 24(9), 762-770. <https://doi.org/10.1089/jwh.2014.5150>
4. Sockol L. E. (2015). A systematic review of the efficacy of cognitive behavioral therapy for treating and preventing perinatal depression. *Journal of affective disorders*, 177, 7-21. <https://doi.org/10.1016/j.jad.2015.01.052>
5. Venkatesh, K. K., Nadel, H., Blewett, D., Freeman, M. P., Kaimal, A. J., & Riley, L. E. (2016). Implementation of universal screening for depression during pregnancy: feasibility and impact on obstetric care. *American journal of obstetrics and gynecology*, 215(4), 517.e1-517.e5178.
6. US Preventive Services Task Force, Curry, S. J., Krist, A. H., Owens, D. K., Barry, M. J., Caughey, A. B., Davidson, K. W., Doubeni, C. A., Epling, J. W., Jr, Grossman, D. C., Kemper, A. R., Kubik, M., Landefeld, C. S., Mangione, C. M., Silverstein, M., Simon, M. A., Tseng, C. W., & Wong, J. B. (2019). Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement. *JAMA*, 321(6), 580-587. <https://doi.org/10.1001/jama.2019.0007>
7. Kee, M., Ponmudi, S., Phua, D. Y., Rifkin-Graboi, A., Chong, Y. S., Tan, K. H., Chan, J., Broekman, B., Chen, H., & Meaney, M. J. (2021). Preconception origins of perinatal maternal mental health. *Archives of women's mental health*, 24(4), 605-618. <https://doi.org/10.1007/s00737-020-01096-y>
8. Dennis, C. L., Falah-Hassani, K., & Shiri, R. (2017). Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. *The British journal of psychiatry: the journal of mental science*, 210(5), 315-323. <https://doi.org/10.1192/bjp.bp.116.187179>
9. Ni, Q., Cheng, G., Chen, A., & Heinonen, S. (2020). Early detection of mental illness for women suffering high-risk pregnancies: an explorative study on self-perceived burden during pregnancy and early postpartum depressive symptoms among Chinese women hospitalized with threatened preterm labour. *BMC psychiatry*, 20(1), 250. <https://doi.org/10.1186/s12888-020-02667-0>
10. Nynas J, Narang P, Kolikonda MK, Lippmann S. Depression and Anxiety Following Early Pregnancy Loss: Recommendations for Primary Care Providers. *Prim Care Companion CNS Disord*. 2015 Jan 29;17(1):10.4088/PCC.14r01721. doi: 10.4088/PCC.14r01721. PMID: 26137360; PMCID: PMC4468887.
11. Pasch, L. A., Holley, S. R., Bleil, M. E., Shehab, D., Katz, P. P., & Adler, N. E. (2016). Addressing the needs of fertility treatment patients and their partners: are they informed of and do they receive mental health services?. *Fertility and sterility*, 106(1), 209-215.e2. <https://doi.org/10.1016/j.fertnstert.2016.03.006>
12. Treyvaud, K., Spittle, A., Anderson, P. J., & O'Brien, K. (2019). A multilayered approach is needed in the NICU to support parents after the preterm birth of their infant. *Early human development*, 139, 104838. <https://doi.org/10.1016/j.earlhumdev.2019.104838>
13. Bailey, R. L., Pac, S. G., Fulgoni, V. L., 3rd, Reidy, K. C., & Catalano, P. M. (2019). Estimation of Total Usual Dietary Intakes of Pregnant Women in the United States. *JAMA network open*, 2(6), e195967. <https://doi.org/10.1001/jamanetworkopen.2019.5967>
14. US Preventive Services Task Force, Davidson, K. W., Barry, M. J., Mangione, C. M., Cabana, M., Caughey, A. B., Davis, E. M., Donahue, K. E., Doubeni, C. A., Kubik, M., Li, L., Ogedegbe, G., Pbert, L., Silverstein, M., Stevermer, J., Tseng, C. W., & Wong, J. B. (2021). Screening for Gestational Diabetes: US Preventive Services Task Force Recommendation Statement. *JAMA*, 326(6), 531-538. <https://doi.org/10.1001/jama.2021.11922>
15. Bailey, J. M., Crane, P., & Nugent, C. E. (2008). Childbirth education and birth plans. *Obstetrics and gynecology clinics of North America*, 35(3), 497-ix. <https://doi.org/10.1016/j.ogc.2008.04.005>
16. International Doula Institute. (2021, August 2). When should I hire a Doula? International Doula Institute. Retrieved from <https://internationaldoulainstitute.com/2021/08/when-should-i-hire-a-doula/>
17. Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., & Prasad, S. (2016). Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *Journal of the American Board of Family Medicine : JABFM*, 29(3), 308-317. <https://doi.org/10.3122/jabfm.2016.03.150300>
18. Hans, S. L., Edwards, R. C., & Zhang, Y. (2018). Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. *Maternal and child health journal*, 22(Suppl 1), 105-113. <https://doi.org/10.1007/s10995-018-2537-7>
19. Sperstad, J. B., Tennfjord, M. K., Hilde, G., Ellström-Eng, M., & Bø, K. (2016). Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain. *British journal of sports medicine*, 50(17), 1092-1096. <https://doi.org/10.1136/bjsports-2016-096065>
20. Stones, R. W., & Vits, K. (2005). Pelvic girdle pain in pregnancy. *BMJ (Clinical research ed.)*, 331(7511), 249-250. <https://doi.org/10.1136/bmj.331.7511.249>
21. Moosdorff-Steinhaus, H., Berghmans, B., Spaanderman, M., & Bols, E. (2021). Urinary incontinence during pregnancy: prevalence, experience of bother, beliefs, and help-seeking behavior. *International urogynecology journal*, 32(3), 695-701. <https://doi.org/10.1007/s00192-020-04566-0>
22. Kesikburun, S., Güzelkücü, Ü., Fidan, U., Demir, Y., Ergün, A., & Tan, A. K. (2018). Musculoskeletal pain and symptoms in pregnancy: a descriptive study. *Therapeutic advances in musculoskeletal disease*, 10(12), 229-234. <https://doi.org/10.1177/1759720X18812449>
23. Butler R. (2018). Clinical Updates in Women's Health Care Summary: The Role of Physical Therapy in Obstetric-Gynecologic Practice: Primary and Preventive Care Review. *Obstetrics and gynecology*, 132(5), 809. <https://doi.org/10.1097/AOG.0000000000002823>
24. Odom, E. C., Li, R., Scanlon, K. S., Perrine, C. G., & Grummer-Strawn, L. (2013). Reasons for earlier than desired cessation of breastfeeding. *Pediatrics*, 131(3), e726-e732. <https://doi.org/10.1542/peds.2012-1295>
25. Van Dellen, S. A., Wisse, B., Mobach, M. P., & Dijkstra, A. (2019). The effect of a breastfeeding support programme on breastfeeding duration and exclusivity: a quasi-experiment. *BMC public health*, 19(1), 993. <https://doi.org/10.1186/s12889-019-7331-y>
26. Cummings, H. (2020, December). How to prepare for breastfeeding in the month before birth. American College of Obstetrics and Gynecology. Retrieved from <https://www.acog.org/womens-health/experts-and-stories/the-latest/how-to-prepare-for-breastfeeding-in-the-month-before-birth>
27. U.S. Department of Health and Human Services. (2018, August 28). Common breastfeeding challenges. Retrieved from <https://www.womenshealth.gov/breastfeeding/breastfeeding-challenges/common-breastfeeding-challenges>
28. Watkins, S., Meltzer-Brody, S., Zolnoun, D., & Stuebe, A. (2011). Early breastfeeding experiences and postpartum depression. *Obstetrics and gynecology*, 118(2 Pt 1), 214-221. <https://doi.org/10.1097/AOG.0b013e3182260a2d>