Support Team for New Mothers
(Resource Guide for the Postpartum Visit)

Background
The first few days and weeks with a newborn are rewarding and challenging. The mother’s partner or support person also deserves some attention during medical visits because he or she is likely to be a major source of support for the newborn and the mother. Regardless of the relationship with the mother, the partner’s involvement has a positive effect on the child’s development. The patient and her support team members should be reminded about how to care for each other.

Screening
- How has everyone been adjusting? Acknowledge the new demands on the family. Screen women and their partners for depression. Family members may recognize these symptoms and encourage the woman and her partner to seek help. Research shows that 2–25% of fathers are depressed, and this increased to 50% when the mother experiences postpartum depression. The Postpartum Depression Screening Scale is a validated screening tool for the carrying parent, the Edinburgh Postnatal Depression Scale has been validated useful for new male and female parents.
- Does every family member have a role? The mother may want to do everything for the newborn, but often she is not physically able to because she is recovering from childbirth. Encourage others to assume a role in the care of the child. For the partner, alone time with the child will build confidence and foster a relationship that will have a lifelong effect on the child’s well-being.
- How is breastfeeding going? The support from the partner and grandparents will often make the difference in the mother’s confidence. The ACOG Physician Conversation Guide on Support for Breastfeeding recommends asking directly about the support from family and the partner. Share the benefits for the woman and her infant for breastfeeding, such as weight loss and parental bonding, and work with families to find solutions for breastfeeding challenges.
- Did every family member get the appropriate immunizations? Pertussis and influenza are two diseases that can make newborns very sick, but the newborn cannot be immunized before 2 months of age for pertussis and 6 months of age for influenza. It is recommended that all household members and caregivers in contact with the newborn be up to date with routine vaccines, particularly influenza and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap).
- When was the last time the woman, her parenting partner, or grandparent smoked? Encouraging family members to abstain from smoking is crucial for the health of the infant as well as their own health.
• Has the couple decided when or if they will have another child? If they would like some space between children, provide counseling to the couple on how this can be achieved.

Counseling

• Encourage each family member to have a role in caring for the mother and the newborn. Often grandparents and older siblings can be recruited to help with routine tasks as well as tend to other children.

• Educate the partner on breastfeeding. Research has shown that family and friends need to be more aware of the importance of breastfeeding. Remind families that lactation consultants and the child’s pediatrician are great resources to consider between visits to the obstetrician–gynecologist.

• Have resources available for immunizations deficiencies and depression treatment when identified.

• Ensure that the mother and her partner understand and can exercise their rights under policies such as the Family Medical Leave Act and the Fair Labor Standards Act break time requirement for nursing women.

• Discuss the effect childbirth may have on their sexual relationship and reinforce abstinence from sex until the woman is ready, physical and mentally, to resume this aspect of their relationship.

• Review contraception options with the couple.

• Provide smoking cessation resources to family members if needed.

Anticipatory Guidance and Follow-up

• Each parent will have a unique relationship with the infant. All loving relationships are welcomed. A statement paraphrased from the 2014 Dad 2.0 Summit is “Fathers don’t parent like mothers nor are they replacements for mothers. Fathers provide a unique, dynamic, and important contribution to their children and families, which should be supported.”

• Encourage family support members to ask questions at the medical visits for the newborn.

• If the mother works outside of the home, the family should begin discussing this transition.

• Identify community resources, such as mothers’ groups and community centers, for social support.

• Encourage participation of special prenatal classes geared toward spouses and partners.

Resources

American College of Obstetricians and Gynecologists Clinical Guidance


ACOG guidance on screening for intimate partner violence and reproductive and sexual coercion, and interventions such as education and counseling on harm-reduction strategies; prevention of unintended pregnancies with long-acting reversible contraception (LARC).
Health Care Provider Tools for Patient Care


Toolkit includes common breastfeeding codes, a physician conversation guide on support for breastfeeding, and patient education materials.


Key publications and resources for ob-gyns, other women’s health care providers, and patients as identified by ACOG.


Bundle includes an approach for the recognition of early warning signs and symptoms, how to identify systems improvement opportunities, and support tools for patients, families, and staff.


To find a lactation consultant.


Report reviews new studies of the epidemiology of father involvement, including nonresidential as well as residential fathers.

Health Care Provider Tools for Advocacy


ACOG Statement of Policy endorsing paid parental leave at 100% with benefits for at least 6 weeks for all workers.


Literature review of quantitative and qualitative studies conducted to determine who supports women to breastfeed successfully in the current environment.
Patient Resources


Coding

See Coding for Support Teams for New Mothers

See the sections on Breastfeeding, Returning to Work and Paid Leave, Immunization During the Postpartum Period; and Postpartum Depression for more information on these topics.