

Reaching postpartum women in the U.S.: Demographics and generational characteristics

The postpartum period, defined traditionally as the first 6-8 weeks after birth, is a time of rapid change for new mothers and their families. Mothers are not only recovering physically but also making psychosocial adjustments related to their family role and relationships. In addition, mothers are adding or refining skills and responsibilities such as breastfeeding and infant care. This process of becoming a mother starts with the initial transformation and continues with the growth and change of maternal identity.¹

Although the postpartum period can be fraught with changes foreseen and unforeseen, most women in the United States who have given birth receive only minimal care during the critical early months after delivery.² Unfortunately, postpartum care has not evolved along with the changing demographic and generational characteristics in this country over the past few decades, so many women's needs are not being met. Healthcare providers (HCPs) have an opportunity to optimize the care they deliver to postpartum mothers of today.

Routine postpartum care
In the U.S., routine postpartum

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Healthcare providers (HCPs) in the United States who provide postpartum care should be aware of and keep up to date with the needs of their patient population, particularly in terms of its demographic and generational characteristics. The needs of today's new mothers differ dramatically from those of *their* Baby Boomer mothers. This article helps HCPs improve their ability to meet the needs of contemporary postpartum women in the U.S.

KEY WORDS: postpartum, follow-up services, generational characteristics, demographics, older first-time new mothers, maternity leave



care consists of 2-4 days in the hospital, depending on the type of delivery, vaginal or cesarean.³ Follow-up consists of one visit to the maternity care provider, typically at 6 weeks. The focus of this office visit is on uterine involution, contraception, and management of complications. By contrast, in most northern and western European countries, HCPs make home visits to their patients after childbirth.⁴ According to Cawthorne and Arons,⁵ postpartum home visits by trained professionals/paraprofessionals can provide valuable information and practical support that family and friends may not be able to provide.

Scope of the problem

Although home visit support services are available in the U.S., many new mothers are unfamiliar with these services or they cannot afford these services. In addition, families of today are more fragmented and geographically dispersed than in previous generations, making the advice and support of grandparents or other elders less available. High-risk U.S. populations such as teenagers and certain low-income women may qualify to receive home visiting services without charge. Although these services have been shown to be helpful,⁶ most qualified families do not receive them. For the most part, then, after parents take their babies home from the hospital, they are left to handle their new responsibilities alone.⁴

The nature and extent of postpartum healthcare in the U.S. may be too limited to meet the needs of most women.^{7,8} The first postpartum year is a period of vulnerability during which HCPs should be focusing on weight management, prevention of postpartum

depression, breastfeeding support, promotion of healthy relationships, and postpartum morbidities such as fatigue.⁹ In addition, women would benefit from acquiring life skills known to support postpartum health, including mobilization of social support, development of positive coping skills, enhancement of self-efficacy, and having realistic expectations.¹⁰ A recent systematic review of postpartum interventions suggested that further

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research is needed to design interventions focused on health promotion, not just on treatment of adverse health conditions.¹¹

Postpartum maternal healthcare is a neglected aspect of women's healthcare.¹² Much of the knowledge about new mothers' role transition was developed in the 1960s to 1980s.¹³⁻¹⁶ But times have changed. The old rules no longer apply. HCPs need to remain up to date in terms of the trends and concerns that affect today's women and provide postpartum care that is culturally competent—that is, care that is based on the demographic and generational characteristics of the population being served. In particular,



the U.S. Department of Health and Human Services calls for HCPs to provide care that takes into account patients' cultural health beliefs and practices, preferred language, health literacy, and other communication needs.¹⁷

Demographic trends

The sociocultural climate in the U.S. has changed for women giving birth in the early 21st century. Mothers of today are decidedly different from those of past generations.

First-time mothers are older.

According to the National Center for Health Statistics, the number, percentage, and rate of first births to older women have increased over the past four decades.¹⁸ In 2012, as compared with four decades ago, there were more than 9 times as many first births to women aged 35 years or older. First-birth rates of women older than 35 years have increased from 2000 to 2012 even as total births in the U.S. have declined.¹⁸

By contrast, first-birth rates for women younger than 30 years, and especially those younger than 20, have declined in the past decade.¹⁸ In 2013, there were 26.5

births for every 1,000 females aged 15-19, or 273,105 babies born to females in this age group.¹⁹ The 2013 teen birth rate was 10% lower than that in 2012 (29.4 births/1,000 females) and less than half the rate in 1991 (61.8 births/1,000 females).

In the 1960s and 1970s, new mothers were typically younger and married when they started their families. Families had more children, and many mothers stayed home to raise their children. According to a recent Pew Research Report on Social and Demographic Trends,²⁰ in 2012, only 20% of mothers were married to a working husband and stayed home to care for their children; in 1967, 67% of mothers met these criteria. The workforce participation rate for mothers with children younger than 1 year old was 57.3% in 2013.⁴

Mothers are better educated and have more money.

Older mothers of today, relative to their younger counterparts, are better educated and more likely to have greater resources, including higher

incomes.⁶ As a result of new mothers having been in the workforce for some time, many of them have the means to choose the circumstances under which they want to raise a family.²¹ At the same time, although many older mothers could benefit from postpartum home visiting services and could afford these services, it is still not common practice to pay for them out of pocket because they are quite expensive.

Family composition has diversified.

Nowadays, it is relatively more common to see households headed by two women, two men,

Many older mothers could benefit from postpartum home visiting services.

an unmarried woman and man, single adults, or multiple generations.²² A recent report based on the 2006-2010 National Survey of Family Growth showed that 23% of recent births among women aged 15-44 occurred among cohabiting couples, whereas 60% of the women were married.⁶ Other newer phenomena include increases in blended families (from previously divorced couples with children who remarry or cohabit) and interracial families.⁹ Between 2000 and 2010, the number of unmarried-partner house-

holds increased 41%. Over this time period, opposite-sex unmarried partner households grew from 4.9 million to 6.8 million and same-sex unmarried partner households grew from 358,000 to 646,000 (or from 0.3% to 0.6% of households).⁹ These trends have profoundly changed the U.S. family and, following the trends of other Western countries, are unlikely to reverse in the near future.²³

Generational characteristics

Although generalizations about various age cohorts can be hotly debated, one point is undeniable: Age cohorts are affected by external events, and each generation has a unique “persona” by virtue of the fact that members occupy the same time period as they age.²⁴ Contemporary new mothers come from Generation X (Gen X; persons born in the mid-1960s to the early 1980s) or Generation Y (Gen Y; persons born in the early 1980s to 2000); members of Gen Y are often dubbed the Millennials.

Members of Gen X have been described as family oriented, secondarily career oriented, and relatively independent. This generation is the first to grow up as latch-key children; as a consequence, many Gen-Xers did not spend a lot of time with their parents. They entertained themselves during their youth and, as adults, place high regard on entertainment and fun. They also value knowledge and expect regular feedback.²⁵

Members of Gen Y tend to be more team oriented; they work well in groups rather than on their own. They are technologically savvy, willing to work hard, and wonder “What’s in it for me?” Gen-Yers seek balance between work and family and believe that one



Culturally appropriate videos regarding pregnancy, childbirth, and motherhood

General

- Childbirth Connection (childbirthconnection.org/)
- Kelly Mom Parenting/Breastfeeding (kellymom.com)
- Baby Center (babycenter.com)

Humor

- Scary Mommy: (scarymommy.com)
- BuzzFeed Life: Parents (Buzzfeed.com/parents)

African American mothers

- Mahogany Baby (mahoganybaby.com)
- Celebrating Children: An African American Parenting Website (celebratingchildren.com/)
- BlackRefer.com - tons of info about black/African American pregnancy (blackrefer.com/maternity.html)

Chinese mothers

- NPR: For Chinese Moms, Birth Means 30 Days In Pajamas (npr.org/2011/07/20/138536998/for-chinese-moms-birth-means-30-days-in-pajamas)

Healthcare providers

- Injoy Birth & Parenting Education (injoyvideos.com/)
- Centers for Disease Control and Prevention: Health Care Providers and Teen Pregnancy Prevention (cdc.gov/teenpregnancy/health-care-providers/index.htm)

can successfully have it all. They multitask and respect learning. Compared with earlier generations, Gen-Yers experience a high degree of job and life satisfaction. They are constantly questioning, need immediate feedback, and believe that money buys happiness. Of interest, according to a Pew Research Center analysis of attitudinal surveys, the Millennials value parenthood far more than marriage.²⁶

These two generations of child-bearing women have had access to the Internet for much of their lives. Through the Internet, they have been able to obtain a vast quantity of information about childbearing, although it is not known whether most of them fully understand and can put into perspective what they read.²⁷ In addition, the Internet provides oppor-

tunities for social networking and connecting with like-minded individuals. Gen X and Gen Y mothers may seek support from online groups and individuals whom they have never met in person. These two generations of women have had instant communication for much of their lives and have come to expect this type of communication from their HCPs. Email, texting, online social networking, and the many forms of social media are all modes of communication for contemporary mothers.

Healthcare has been slower to adopt the use of social media. Despite the risks, social media can bring major benefits, particularly for patient and community outreach and communication.²⁸ In an article examining Millennial healthcare values, Rupp²⁹ stated that Millennials are more likely than mem-

bers of previous generations to participate in mobile health applications, finding these tools convenient, motivating, and empowering.

Clinical implications

Most contemporary new mothers expect to be informed and supported through digital means. The recent Listening to Mothers III survey showed that 67% of the respondents used subscription email services and 27% received short text messages to obtain pregnancy and childbirth information.³⁰ Short online videos are also useful; when this content is culturally appropriate, it can help women develop self-efficacy as new parents.¹⁰ The greater the resemblance of the video viewers to the women in the videos, the more they will be able to sense that they, too, can achieve the skills being demonstrated.¹⁰ The *Box* lists websites where HCPs and patients can find culturally appropriate videos regarding pregnancy, childbirth, and motherhood.

Text4Baby^A is an innovative use of interactive mobile technology that provides evidence-based information for new mothers.³¹ This free service connects new mothers with health information on topics such as breastfeeding and infant development. Interactive features such as mobile pages, videos, appointment reminders, quizzes, and modules on specific health problems and resources have been integrated into the service.

Maternity leave is an optimal time for HCPs to provide new mothers with opportunities to learn postpartum self-care and to connect them with other new mothers in their area (if possible and if of interest). During this time, practices could offer individual and group support programs on topics such as postpartum fa-

tigue, emotions and depression, breastfeeding continuation, mobilization of social support, expansion of social networks to include other new mothers, relationship building, community resources, and newborn and infant continuing care.

The concept of **CenteringPregnancy**^B is gaining momentum as a model to deliver pregnancy and postpartum care.³² The principle of sharing used in CenteringPregnancy helps normalize the experience, and can be applied to postpartum and infant care. The axiom that “wisdom and experience are valuable only when shared by others” is particularly true for new mothers, who are eager to learn how to integrate all the new information, experiences, doubts, tensions, and challenges into their new self-concept as mother.

As the composition of families has diversified, so, too, have the challenges of adjusting to having a newborn. New mothers in blended families tend to experience an even greater challenge in integrating their newborn into a pre-existing family environment.³³ These new mothers benefit from connecting with other mothers who have similar family compositions. Social networks and social support systems can also have a beneficial effect on postpartum women’s mental health and adjustment.^{34,35}

Older first-time new mothers, versus their younger counterparts, demonstrate greater intensity and preparedness.³⁶ These mothers are usually well educated and highly organized, and have a planned approach to pregnancy and new parenting. In addition, they can be quite demanding of their HCPs, and have many questions and concerns. Older first-time mothers may experience more fatigue and

be less physically active than their younger counterparts. They may be at higher risk for chronic diseases such as obesity, diabetes, and hypertension.³⁷ In the long run, HCPs benefit by spending more time with these mothers during office visits. Offering reassurance about their mothering abilities can build maternal confidence.³⁶ Educational group sessions for older new mothers can help them feel accepted, con-

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nected, and nurtured.

Improving postpartum healthcare in the U.S. will require more funding, more research, and more dissemination of effective approaches. From the administrative side, allocation of practitioner time to group postpartum services would be money well spent. In the professional literature and at conferences, more sharing and dissemination of postpartum exemplars is needed. To move postpartum care forward, there must

be more demonstrated evidence of successful and unsuccessful approaches. Without systematic reviews and meta-analyses, the pinnacles of evidence-based practice, the chances of reaching these higher levels of evidence diminish. In a sense, postpartum care in the U.S. is still in its infancy as far as improving outcomes is concerned. With increased documentation of successful outcomes with various approaches, as well as increased funding, more plentiful and effective services can be offered to postpartum women.

Conclusion

To provide optimal care for postpartum women today, HCPs need to be well informed about demographic and generational trends and apply this knowledge to their practices. Healthcare services need to be continuously updated—for example, by providing postpartum care that is tailored to individual women’s needs and not based on a set schedule, and by using digital means to communicate with patients. These recommendations are particularly important in the U.S., where postpartum services are still minimal but greatly needed. ●

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Web resources

- A. text4baby.org/
- B. centeringhealthcare.org/