

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

4th Trimester Series Webinar #1
Monday, June 21, 2021 || 12:00pm to 1:30pm ET



4th Trimester
Webinar Series
Webinar #1

Centering Parents
in the 4th Trimester
& Beyond

June 21, 2021



Agenda

Housekeeping

Lisa Hong, NICHQ

Welcome

Olivia Giordano, NICHQ

Improving Care for New Mothers

Kimberly Harper, MSN, RN, MHA
Kristin Tully, PhD
Sarah Verbiest, DrPH, MSW, MPH

Questions

All

Closing

Olivia Giordano

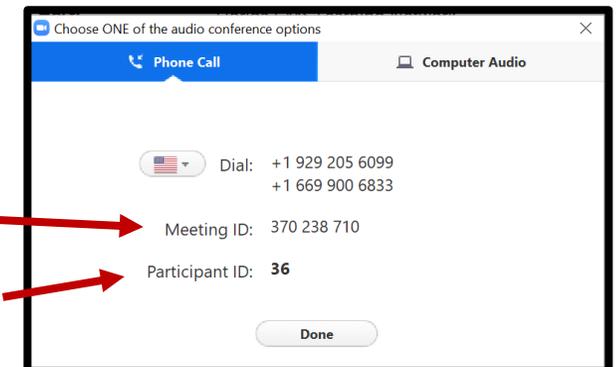
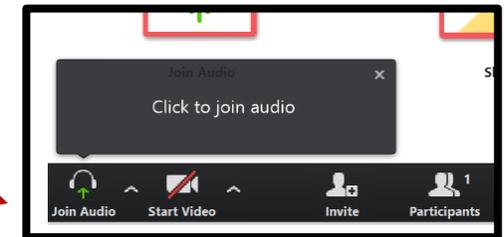
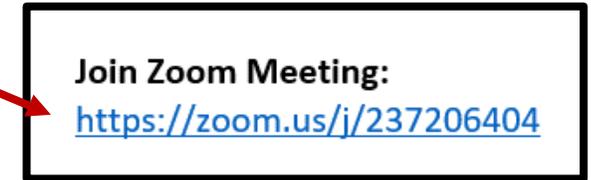
Meeting Logistics



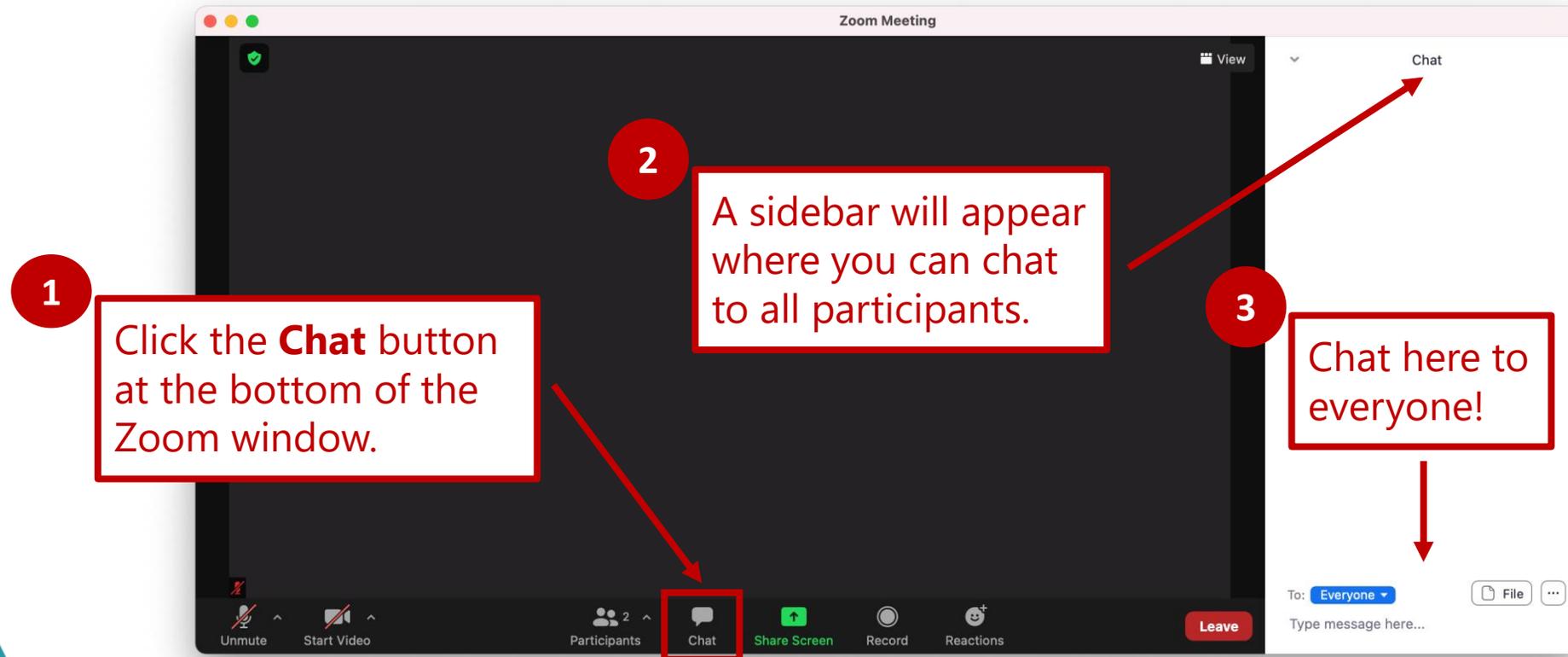
- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

Connecting to the Audio Conference

- Join the Zoom Meeting by **clicking the Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box, click '**Join Audio**'
- From the audio conference box, select '**Phone Call**' or '**Computer Audio**'
 - If using the phone:
 - Dial one of the given numbers next to "**Dial**"
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



How to Chat

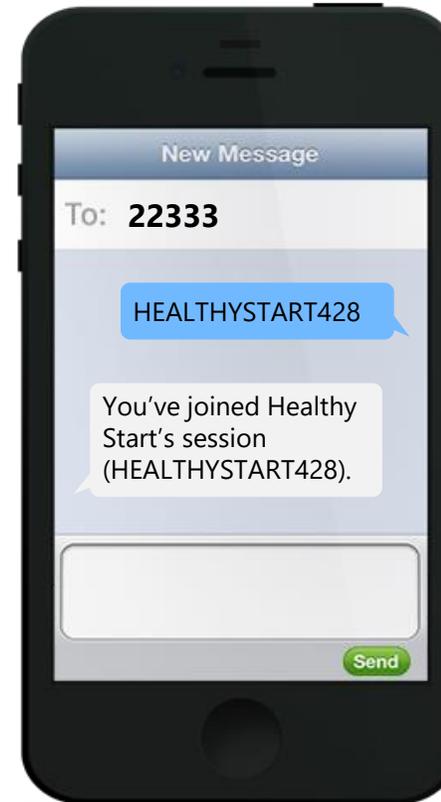
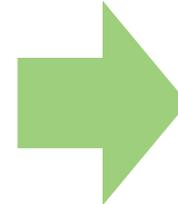


Participating with Poll Everywhere via text messaging

Send all messages to
the five-digit number
22333

To join, include in body
of text the word
HEALTHYSTART428

*You only need to do this
once*



After you have
successfully joined, you
will receive a
confirmation message.

Additional Tips for Poll Everywhere

- Capitalization does not matter; spelling and spaces do.
- You only have to text '**HEALTHYSTART428**' the first time. After that, send normal text messages to respond to polls.
- If texting **22333** does not work, visit pollev.com/HEALTHYSTART428 to respond to the current poll.
- There will be NO charges to your cellphone beyond what your phone carrier typically charges for a text message.



Welcome

Olivia Giordano
Healthy Start TA & Support Center



4th Trimester Webinar Series Schedule

Webinar 1	June 21, 2021 12:00pm to 1:30pm ET
Webinar 2	July 20, 2021 2:00pm to 3:30pm ET
Webinar 3	August 17, 2021 2:30pm to 4:00pm ET

Today's Speakers



The 4th Trimester
Webinar Series is
hosted by the Healthy
Start TA & Support
Center at NICHQ.



4th trimester
PROJECT™

Centering Parents in the 4th Trimester & Beyond: Improving Care for New Mothers



Sarah Verbiest, DrPH, MSW, MPH,
Kimberly Harper, MSN, RN, MHA,
Kristin Tully, PhD
UNC Collaborative for Maternal and Infant Health



SCHOOL OF SOCIAL WORK
Jordan Institute for Families

Disclaimer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,216,885 with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Read our full information at: newmomhealth.com/disclaimer

Disclosure

Dr. Kristin Tully is an inventor of the Couplet Care Bassinet. This UNC Chapel Hill intellectual property is licensed.

The patent-pending medical device is not discussed in this presentation.

Objectives

Participants will be able to describe:

- Why the first three-months post birth represent a sensitive period of development for women, babies, and families
- Strategies for engaging new mothers
- Opportunities and resources for advancing care

Our Village

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

We are working to center the voices of women of color so that all mothers are seen, heard, and respectfully treated.





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Webinar Series is
hosted by the Healthy
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Center at NICHQ.

Our Mission

Transform
the lived experience
of the 4th Trimester by
sparking real, sustained
change

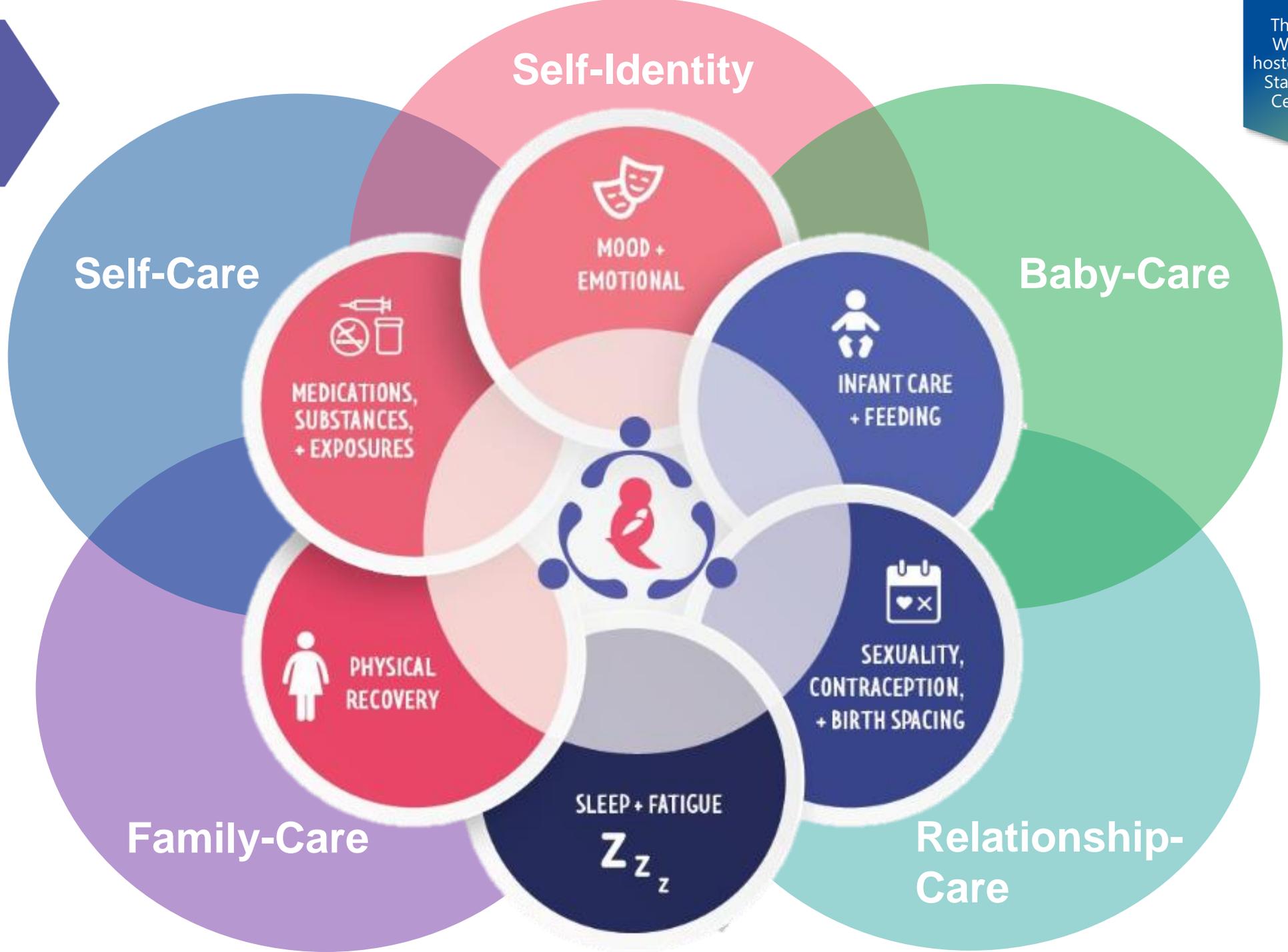


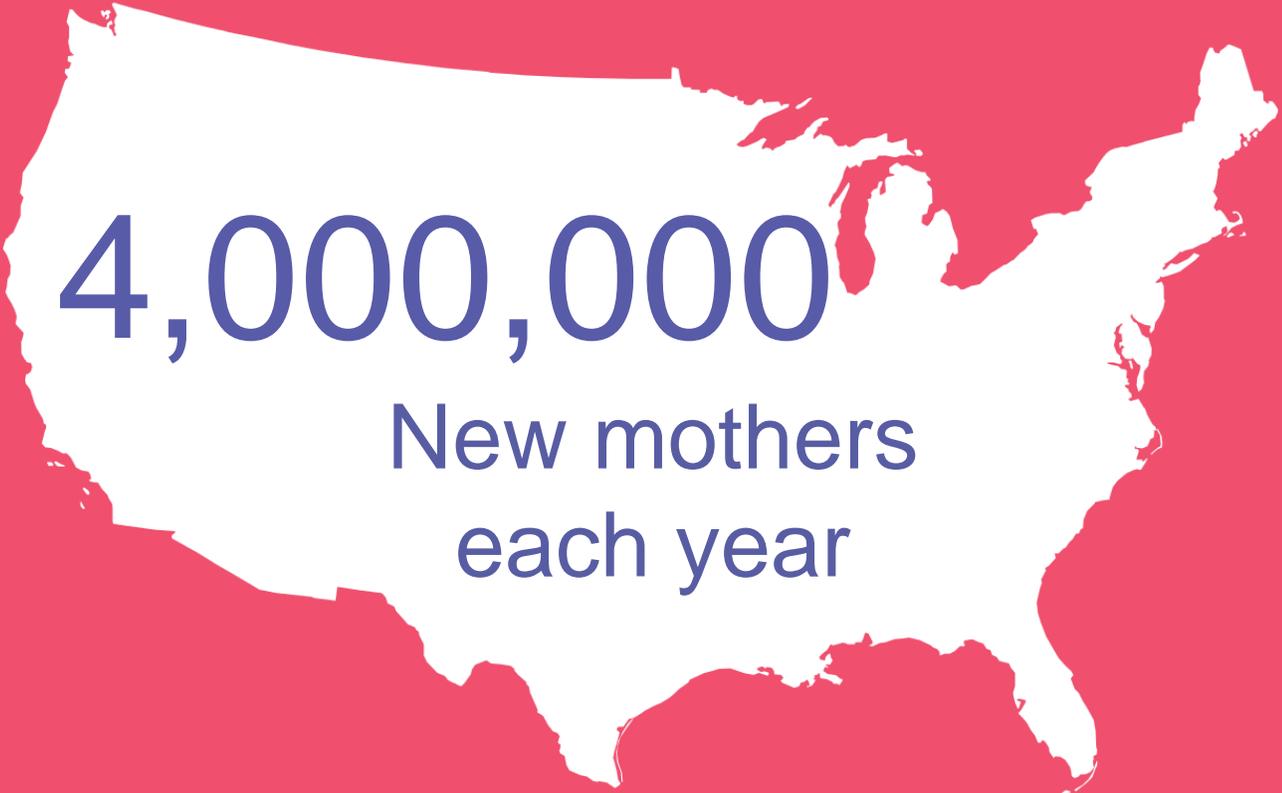
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Our Why

“Motherhood should not
mean risking my health,
happiness, or life.”







4,000,000
New mothers
each year



with shared stories

Postpartum in the U.S.

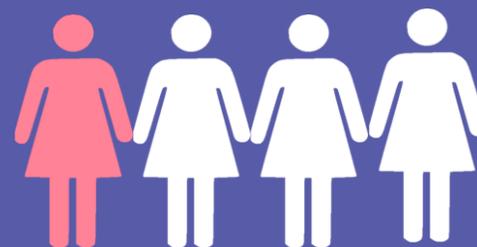
The Impact

2x

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

1.6
million

1.6 million new mothers do not receive a postpartum visit.



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



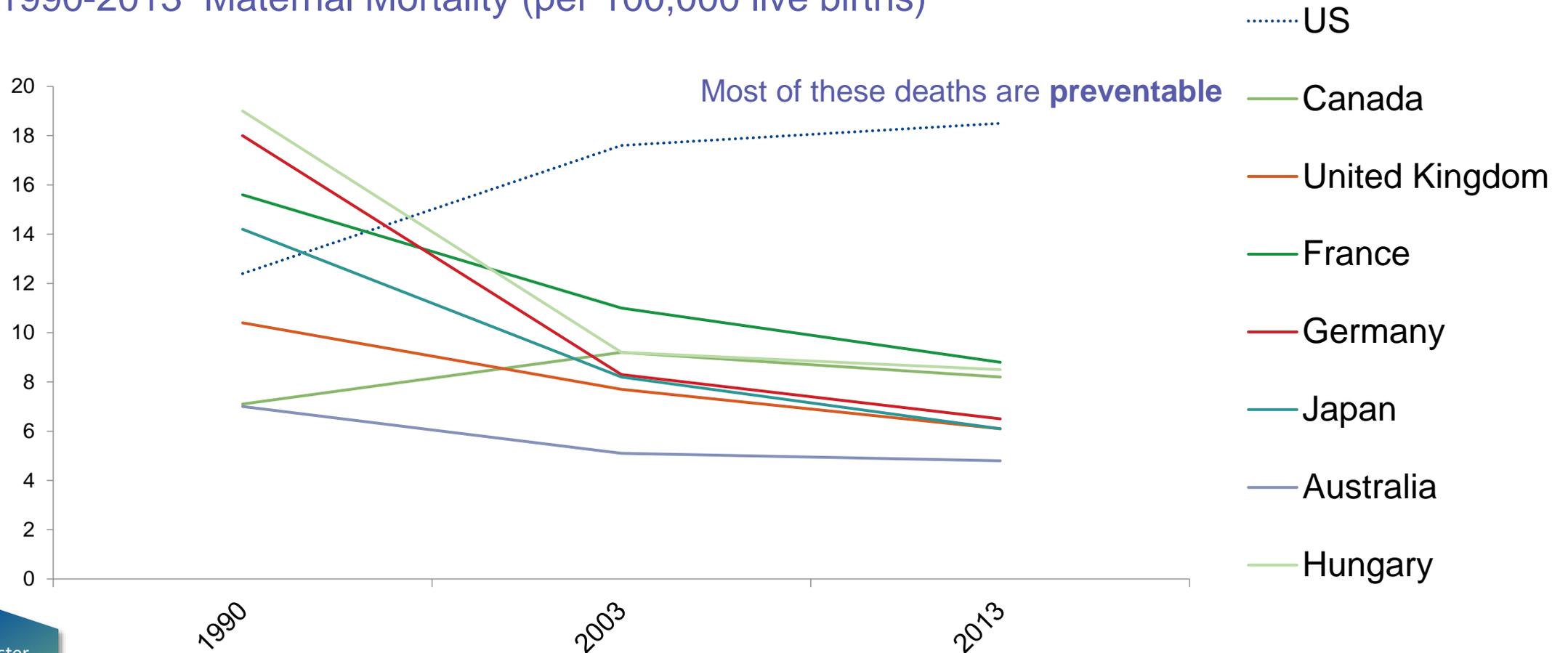
85%+ of mothers who experience symptoms of Postpartum Depression did not get help



Urgent Call for Action



1990-2013 Maternal Mortality (per 100,000 live births)



Mortality



More than half of pregnancy-related maternal deaths occur after delivery



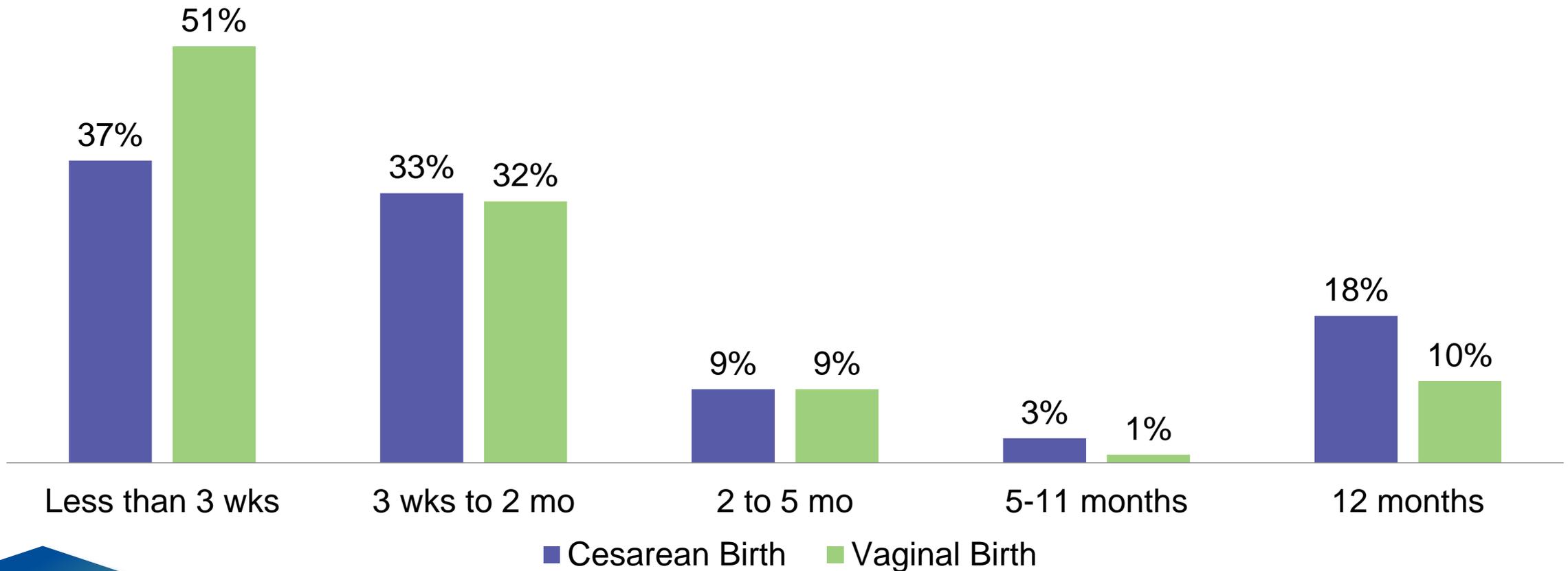
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**Percentage of birthing
parents who did NOT have
a phone number of a care
provider to contact about
concerns in the first two
months after birth**





Pain After Childbirth

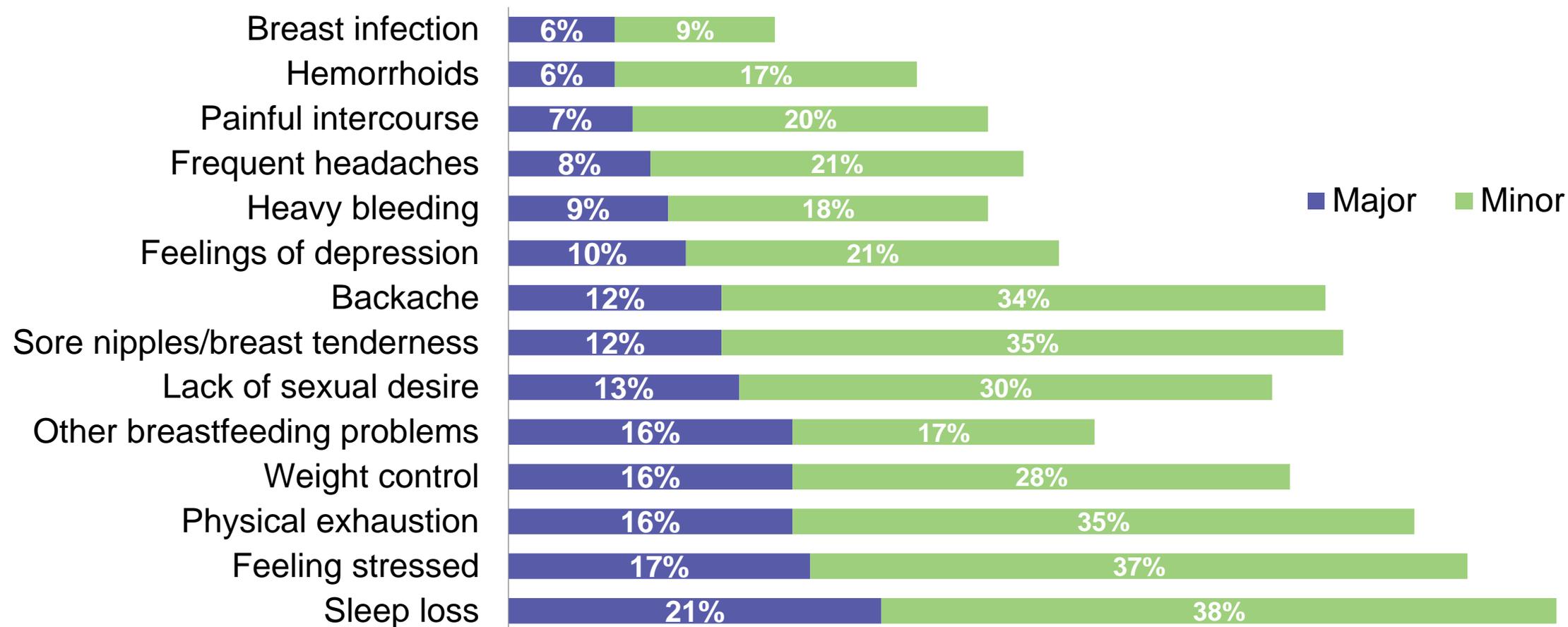


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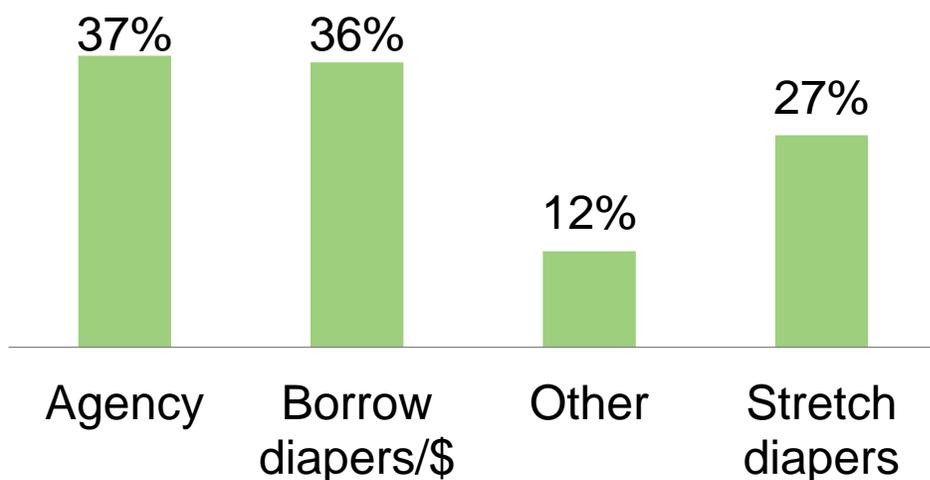
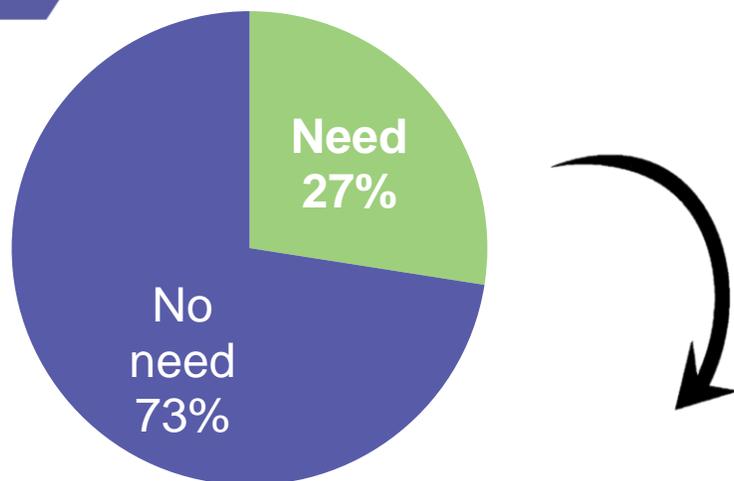
Kainu et al (2010). *Int J Obstet Anesth* 19(1): 4-9.

Problems in the First Two Months Postpartum





Material Support Matters



Providing low-income families with some free diapers improves:

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



Mothers of Babies in the NICU

Compared to women with well babies, women with infants receiving care in a NICU were:

2x

as likely to have had a c-section.

3x

more likely to be classified as having severe maternal morbidity.

^

More likely to have had postpartum hemorrhage or blood transfusion.

^

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

These moms use more care but it isn't well coordinated and could be delivered more efficiently.



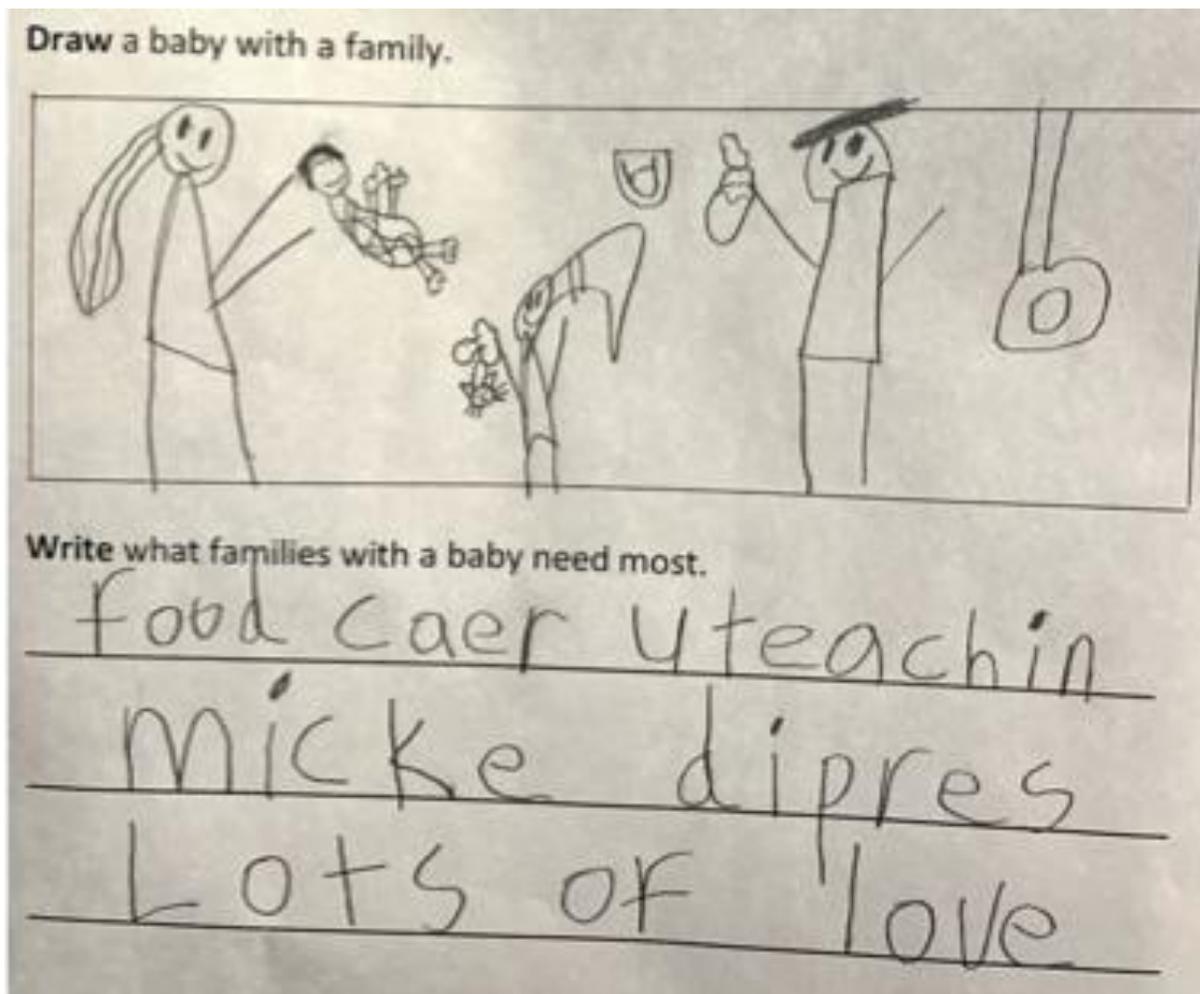
Infant Care



Safe Sleep / Sane Sleep
Purple Period of Crying
Breastfeeding
Car seats
Immunizations
Early development

- Many public health messages competing for attention
- Potential info overload at antenatal classes and/or hospital discharge
- We are currently researching when information should be delivered and in what ways.

What do new families need most?



Connection

I love seeing a mom's face when she feels like she's understood. We often feel like we're the only ones experiencing what we're experiencing; nobody understands. And we don't wanna be the only one experiencing; we want someone to understand what we're going through.



Meaningful Communication

There's a difference between being heard and not understood. You know how you say, "You're not listening"? Hearing but you're not listening. And with them, they'll experience both at the same time. Sometimes they're not being heard or understood. So they'll just agree to things. And I noticed that. I was like, "You didn't understand that"...So I'll reiterate, but that takes a little bit more time to actually look at the expressions on their face. Like we could probably look at each other and say, "Okay, she didn't really understand me. She just was like, "Uh-huh."



This is a System That Can Harm

They're dealing with a different kind of fear, with deportation and depending on what legal – Like I said, some of their customs and things are a little bit different in some ways. And they're not gonna tell you the whole truth, because they're afraid that what they're doing will be seen as wrong...they fear that something or someone could be taken from them because of their lifestyle.



Lead with Resources

I need to feel...

RESPECTED.

I need to know...

If any of my SDoH answers can be used against me or my family.

I think it would be nice to sort of introduce with that, like, "Well, we have this program available for this sort of thing. Like, would you be interested?" So then they can decide, "Oh, they have something to offer that might help me," instead of being like, "Do you have issues?", and then people are like, "Well, why are you asking me about this?" 'cause they'll be hesitant, like, "Where's this kind of conversation going?" Whereas I think for like myself, **I like to have all the information to decide whether I wanna answer a certain question.**



Missed Opportunities

- Breastfeeding initiation 79% vs continuation 49% (6 mos) and 27% (12 mos)*
- Postpartum depression (Nearly 1:5 moms)
- Tobacco recidivism (up to 70%)
- Less than 6 months between pregnancies
 - 40% increased risk of preterm birth
 - 61% increased risk of low birth weight
 - 26% increased risk of being small for gestational age

** Varies by population*



Global Needs & Supports – Social Worker

Segmented care keeps us from holistic care

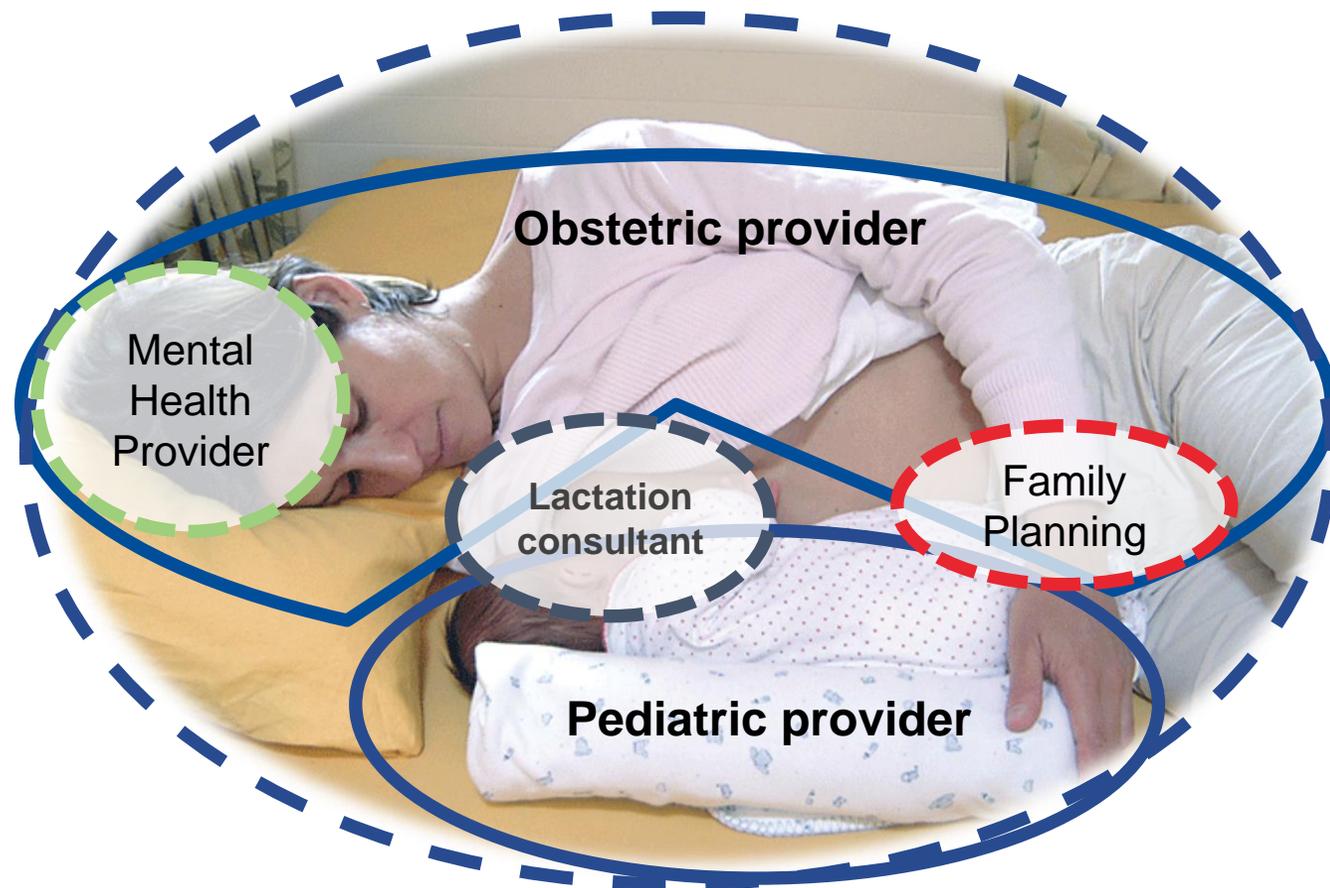


Photo: Denise Both & Kerri Frischknecht,
Breastfeeding: An Illustrated Guide to Diagnosis and Treatment © Elsevier 2008

Key Challenges



- Lack of timely, relevant, credible postpartum information
- Care is too little and too late
- Limited access to care & services
- Women have to figure out what they need and how to get it
- Postpartum recovery is a process not a single visit
- Biased, judgmental, misaligned clinical encounters
- Cultural & social stigmas & unrealistic expectations

Tully KP, Stuebe AM, Verbiest SB. The 4th Trimester: A critical transition period with unmet maternal health needs. *American Journal of Obstetrics and Gynecology*. 2017; 217(1):37-41



Break
We will be back
around 12:51pm ET

The 4th Trimester Webinar Series is hosted by the Healthy Start TA & Support Center at NICHQ.



Honoring
communities &
people who support
new families

What is one barrier that you face when assisting with postpartum care?

Valuable

Doing something that makes you feel like you're actually making a difference, or you're actually helping someone, that's where I really wanna be.

A witness to sacred journeys.

And like, just getting to like provide a little like reverence and perhaps a little adoration for the person who has just done this. And then also for any support people who are with her about like, oh my gosh, I love how attentive you are. You know, making sure that, you're hand feeding her a granola bar. You are making sure that the straw is in her mouth and she has the right amount of ice in her cup. Like I love how loving you're being. So I think, you know, opportunities for just reflecting back and witnessing how hard couples have worked and continue to work is pretty great.



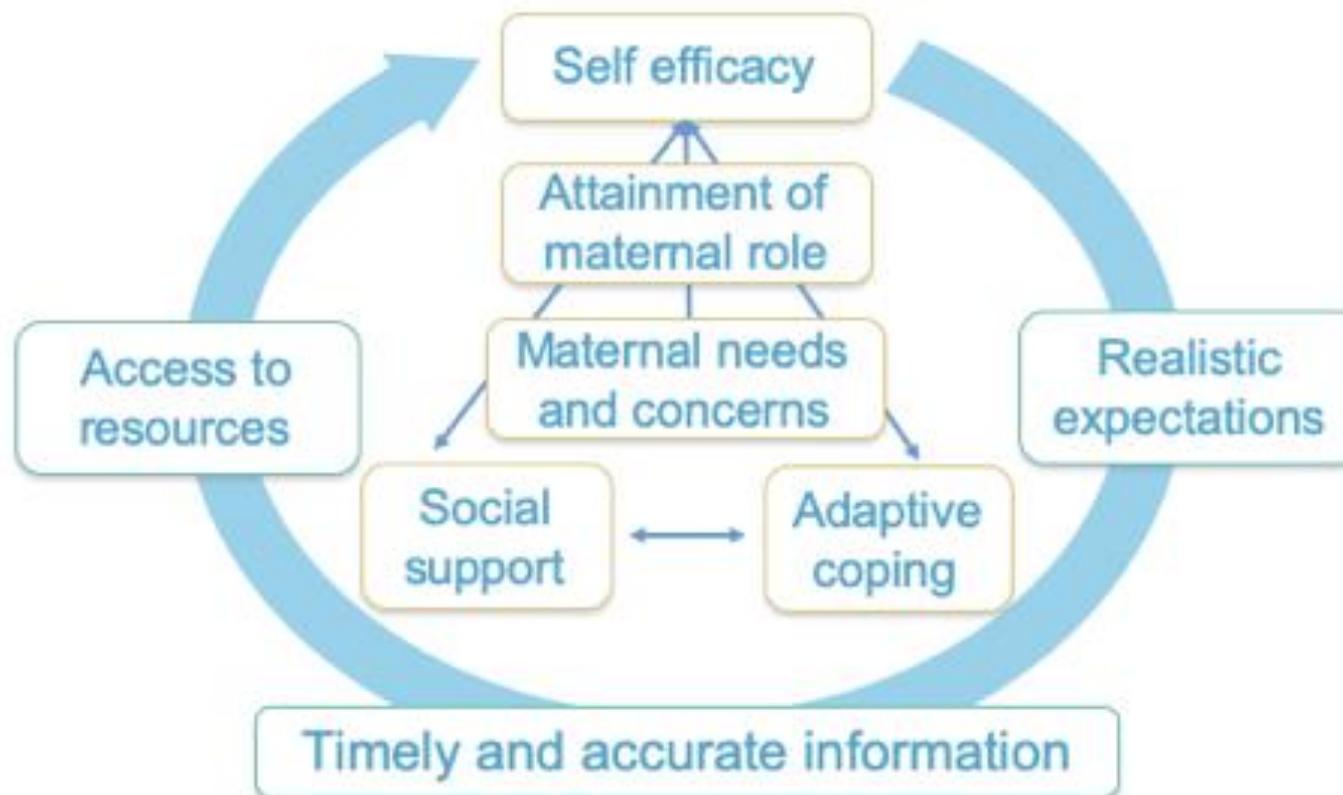


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Our Actions

Strategies for Improving Postpartum Care and Support

Perinatal Maternal Health Promotion



Fahey, Shenassa. Understanding and meeting the needs of women in the postpartum period: The Perinatal Maternal Health Promotion Model. *J Midwifery Womens Health* 2013; 58:613-21.

Patient- Centered Care

Starting with questions, like, how are you feeling in your body? How's your vagina and how are your breasts feeling? How are your nipples?

And just sort of like leaving it open. So they can choose whether they're saying, Oh, really full or swollen or whatever, and then kind of following up with those questions.

And then if they are using an intervention to manage discomfort or pain, then asking if that's actually working for them.



Preparing for Postpartum



FOR MOTHERS &
THOSE WHO LOVE THEM

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Start TA & Support
Center at NICHQ.

NewMomHealth.com

SaludMadre.com

bilingual expert-written postpartum self-care information hub



@4thTrimesterProject

Improving Postpartum Care for NC Parents

IMPROVING CARE FOR MOMS THROUGH CLINIC AND COMMUNITY ENGAGEMENT

With support from the NC Maternal Health Innovation Initiative, the 4th Trimester Project Team is collaborating with North Carolina clinics to improve care for new mothers. In 2021, we are working with six clinics - one per NC Perinatal Region. Together we will test postpartum tools and processes to make care better for women. The project will also conduct new parent focus group discussions to make sure the work is family-centered.

Partners will have the chance to explore and test a variety of strategies / products from our toolkit, including the draft materials:

- [Postpartum Planning Tool](#) ([Planning Tool in Spanish](#))
- [Postpartum Visit Checklist](#) ([Visit Checklist in Spanish](#))
- Health Information Documents for [Birthing Parent](#) and [Baby](#) (useful for discharge)
- [Facility Readiness Assessment Tool](#)
- [Taking Care of You](#) booklet
- [Birth Control After Baby](#) booklet
- [Postpartum in Practice](#) bulletin and [Billing & Coding](#) guide
- [NewMomHealth.com](#) and [SaludMadre.com](#) - patient education
- Access to [Hear Her](#) campaign materials and the [BelieveHer](#) app

These materials are not final. We welcome sharing of these materials publicly for additional feedback. Final materials will be updated at www.NewMomHealth.com/Healthcare.

SHARE FEEDBACK

NewMomHealth.com/Healthcare-Teams

The 4th Trimester Webinar Series is hosted by the Healthy Start TA & Support Center at NICHQ.



My Postpartum Plan

Here's a guide to help think through ideas for support during the months after birth.

Make this yours! Fill it out and share with other people or use it just for yourself!

Contact Information

The point person to guide friends and family in the best ways to support my needs in the weeks after birth is:

- Me
 - Someone else (say who) _____
- If someone else, their contact information is: _____

Communication

Outreach to me is **welcomed** / **not welcomed** right now.

If **welcomed**, I would like to hear:

- That people care about us.
- Resources that might be helpful.
- Topics around self-care.
- Topics around baby care.
- Topics around family (relationship or other children) care.
- Positive affirmations.
- Empathy with challenges.
- Stories from others' own experiences
- Questions about how we feel.
- Questions about what we are doing.
- Questions about sleep.
- Questions about baby feeding.
- Questions about school or work.
- Other (specify) _____

I would like to receive **messages from loved ones** through:

- Social media. If yes, which platform: _____
- Phone call. If yes, number: _____
- Email. If yes, address: _____
- Zoom / Skype / Facetime / etc.
- Text. If yes, number: _____
- In-person. If yes, please see **Visitors** section.

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

If **welcomed**, I will share - others may share:

- When I gave birth.
- How I gave birth.
- Baby's name.
- Details about baby (weight, height).
- Photos.
- Other (specify) _____
- Might we share information with some people and not others?
If so, please specify (ex, not from public accounts, showing baby's face): _____



Postpartum Visit

Barriers, Strategies, and Solutions



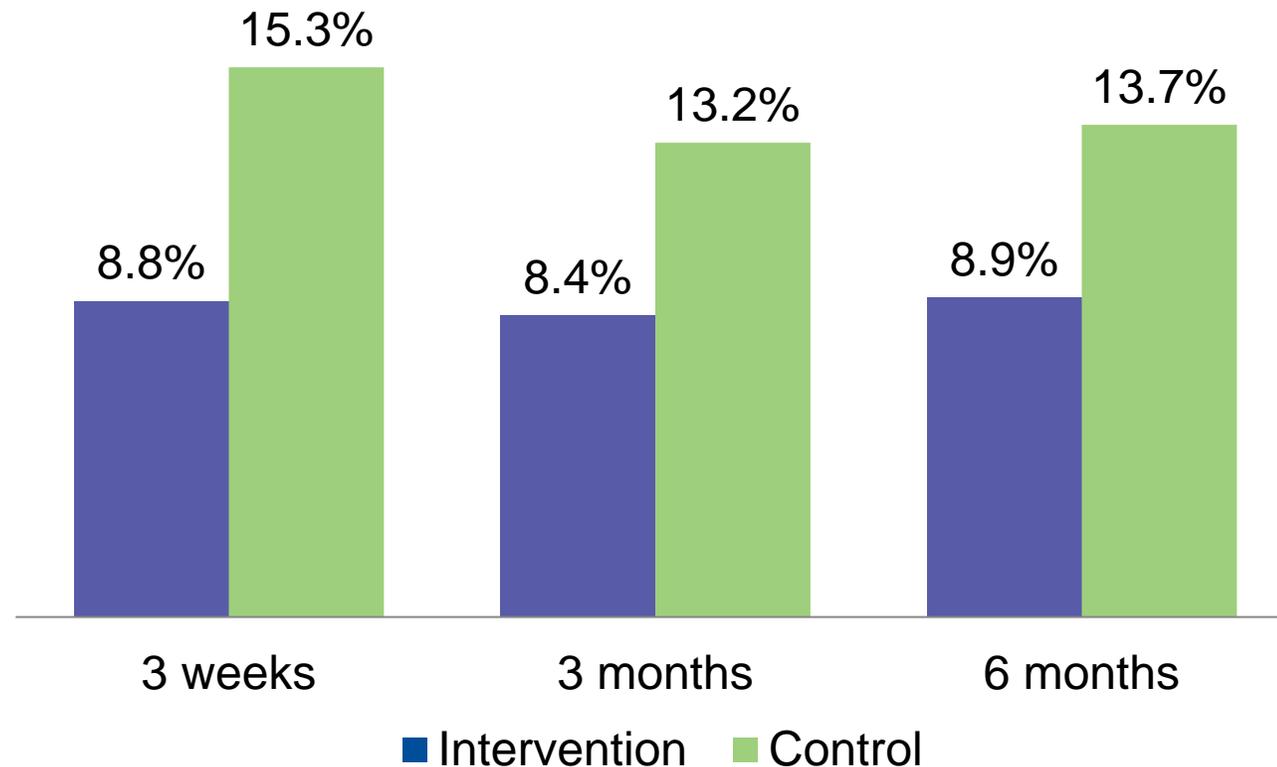
Help her think and plan ahead.

For example: 15 minutes of anticipatory guidance...

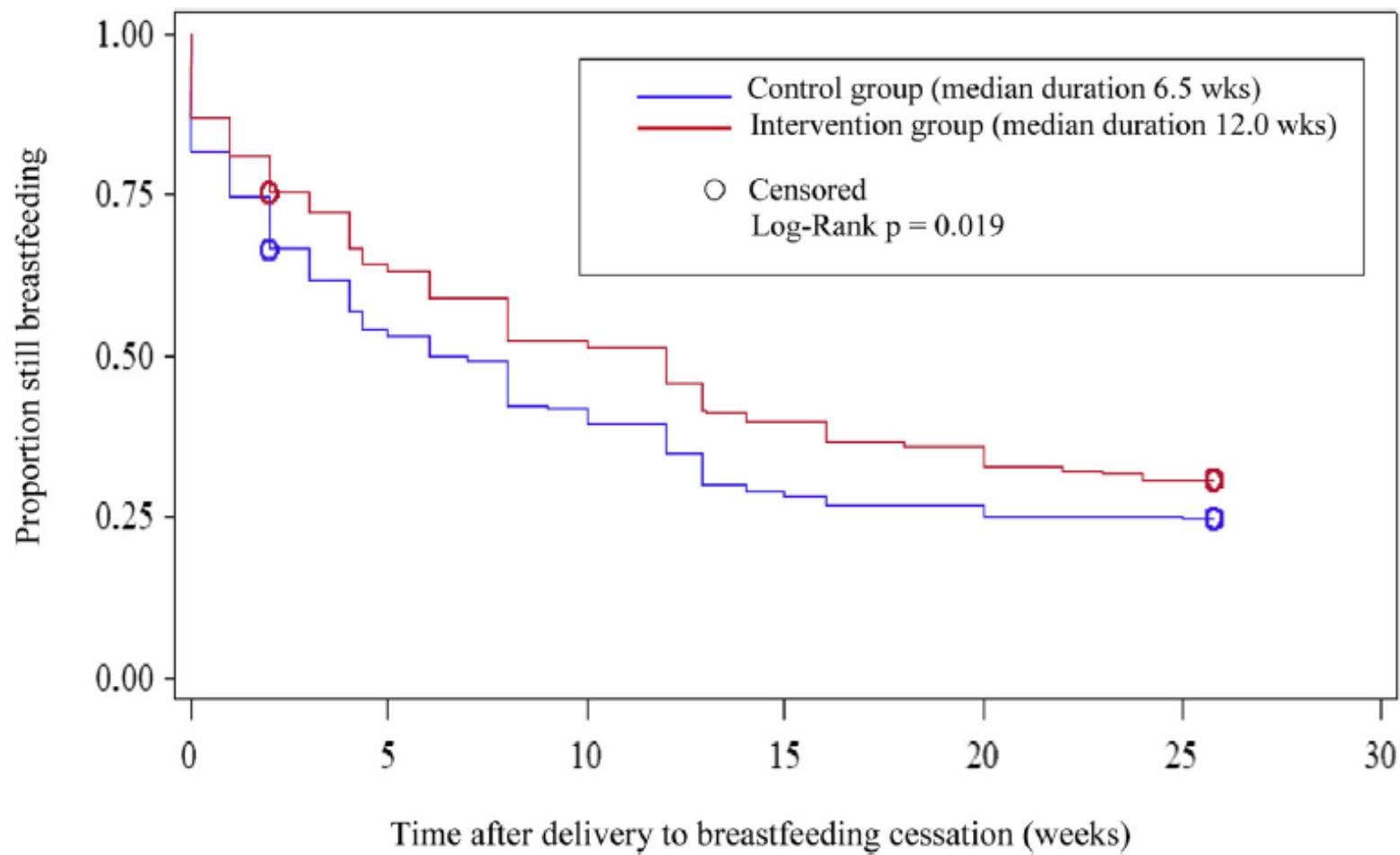


- Feeling sad and blue/depressive symptoms
- Bleeding
- C-section site pain
- Episiotomy site pain
- Urinary incontinence
- Breast pain
- Back pain
- Headaches
- Hair loss
- Hemorrhoids
- Infant colic

...reduced depression symptoms through six months postpartum



... and increases breastfeeding duration



ACOG Postpartum Guidelines

Think about your contact with new moms.

When does that happen? How?

What role can you play in earlier and more patient-centered touch points in the early weeks?



COMMITTEE OPINION

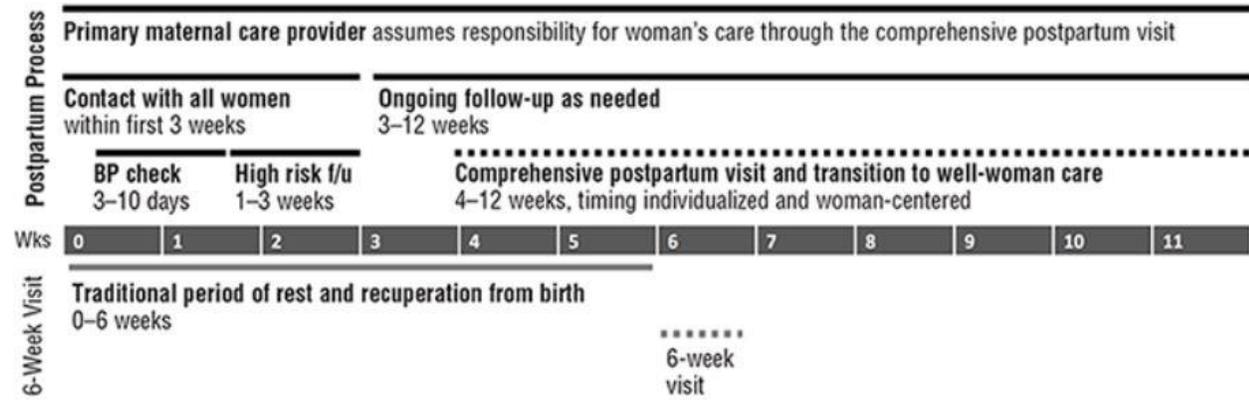


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to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

Getting to the Visit

Barriers

- Communication and Scheduling
- Navigating Insurance Coverage
- Lack of Transportation and childcare
- Perceived Irrelevance of postpartum visit
- Mistrust, trauma during delivery

Strategies

- Innovate scheduling of postpartum appointments
- Educate on insurance coverage for postpartum care
- Brainstorm transportation and childcare solutions
- Prepare for the postpartum visit prenatally



The 4th Trimester Webinar Series is hosted by the Healthy Start TA & Support Center at NICHQ.

Respectful Care

Listening to mothers,
responding with care

Address your own blind spots,
biases, and growth

Demonstrate Respect

- Do not make assumptions about women.
- Promote and support continuity of care whenever possible.
- Consider access and experiences of people experiencing disparities. Improving systems for them will improve care for all.
- Be fully present with your patients. Listen to them.
- Make eye contact. Show that you hear them so that assessments and planning do not feel like checklists.
- Trust that patients know their own bodies.
- Provide clear information about the physical and emotional changes they might experience.
- Provide opportunities for honest feedback about the care your team is providing.

Demonstrate Respect

The first person had an appointment, but it went long....

“Clearly you respect this white woman's time more than you respect mine and we're leaving.” And it's a one off for sure, but it also feels like, gosh, there are things that we have to be so on point about, and also ways that even things that seem relatively benign can be viewed as careless at best and malicious at worst. ...trying to be graceful and humble about you know, feedback that we get if there were unintended harms.



Empathy

We're all going to naturally have judgments in our mind, or thought processes. Maybe not even necessarily judging, just thought processes due to what you hear and see. But learning how to take those thought processes and either set them aside or use them to be empathetic – whew! And I think that can be taught. And if we can go there with it, empathy comes naturally when you think "It's about Mama," or "about this birthing person," or about whoever it is, "not about me." I am serving them and their needs.



Shared Decision Making

- Brings at least two experts to the table
 - Women/Families are experts in their experiences, what works for them and what matters most to them.
 - Provider is an expert in the clinical evidence.
- Honors both experts' knowledge
 - Through this process of informing, involving and listening to the client, high-quality decisions that align with her preferences are achievable.
- The way a mother parents is ultimately her choice, and such decisions should be respected.



Normalizing Postpartum Realities

Normalizing common struggles,
recognizing fears, and openly talk
about scary things

Normalize the Sensitive Issues



My physical recovery had a lot of bladder incontinence –

I kept thinking, ‘I am never going to be able to feel the need to pee again.’



Common, Silent Struggle: Pelvic Floor

◀ **Self Care Topics** ◀ **Bottom / Pelvic Topics**

Bottom / Pelvic

Pregnancy and birth can be very hard on women's bottoms – specifically women's pelvic floor - the uterus, urethra, vagina, anus and all the muscles that support those important organs.

Pressure on those areas during pregnancy along with wear and tear from birth can lead to a number of problems for new mothers.

Even though up to 40% of women experience urine incontinence (leaking pee), around 10% experience fecal incontinence (unexpected poop), and up to 60% of women have genital pain, this is a topic that many women and their health care providers don't discuss.

It is time to break the silence! This topic may feel embarrassing, but it is a part of being human.

Treatment is available and effective.

TOPICS IN BOTTOM / PELVIC AREA



Hernias and Anal Tears



Immediate Recovery Pelvic /Bottom Supplies



Urinary Incontinence



Kegels Can Help



Postpartum Physical Therapy



Physical Pain with Sex



Hemorrhoids and Constipation



Bowel (poop) Incontinence

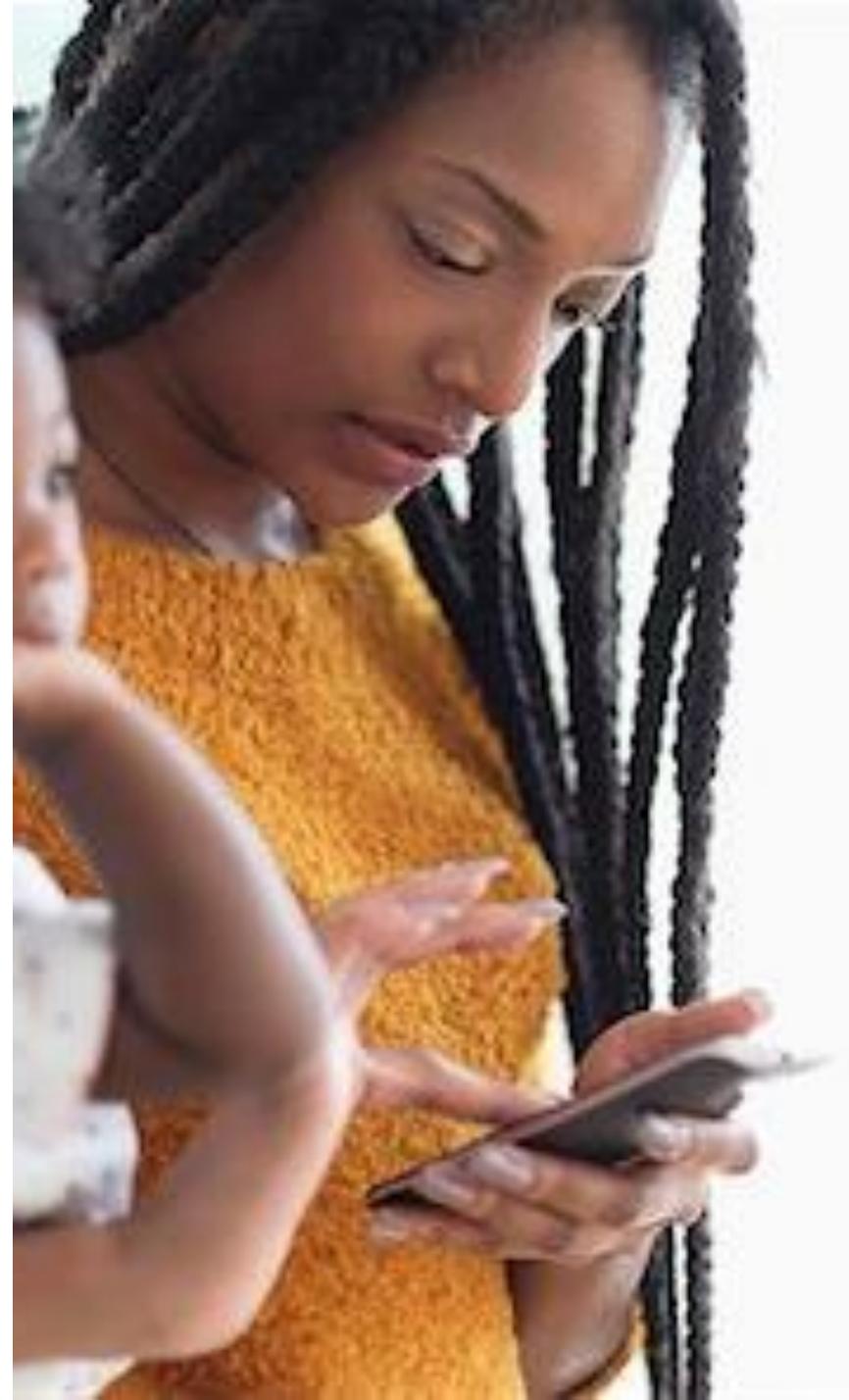
Be Aware of Her Fears

— “ —————

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

Are they going to take my
baby away?

————— ” —



AWHONN Post-Birth Warning Signs

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
<p>Call your healthcare provider if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
I am having _____"
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____

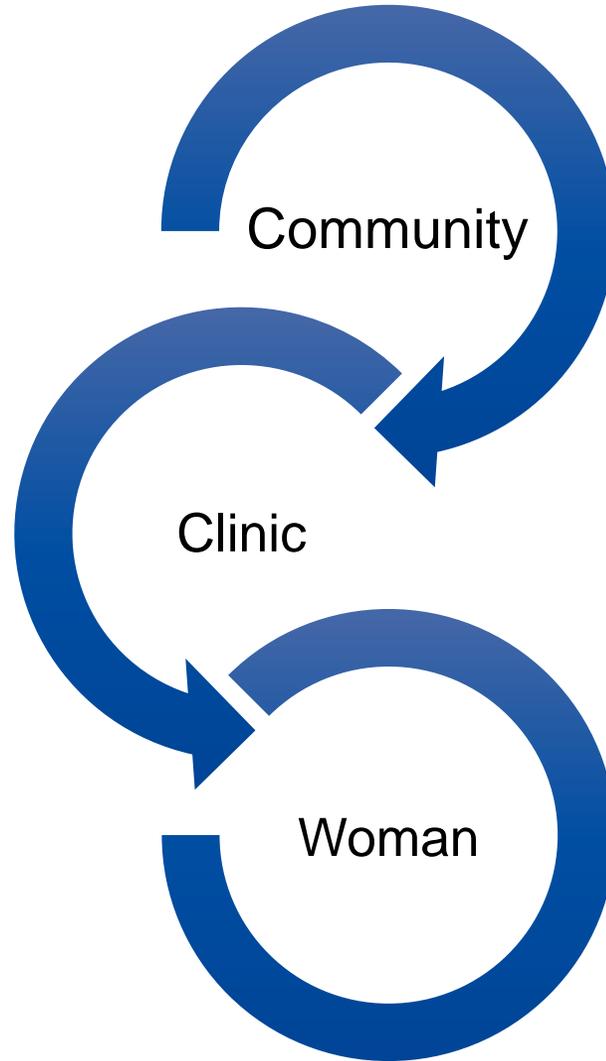


This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

16004
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Moms Need a Village of Support

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The Believe Her App



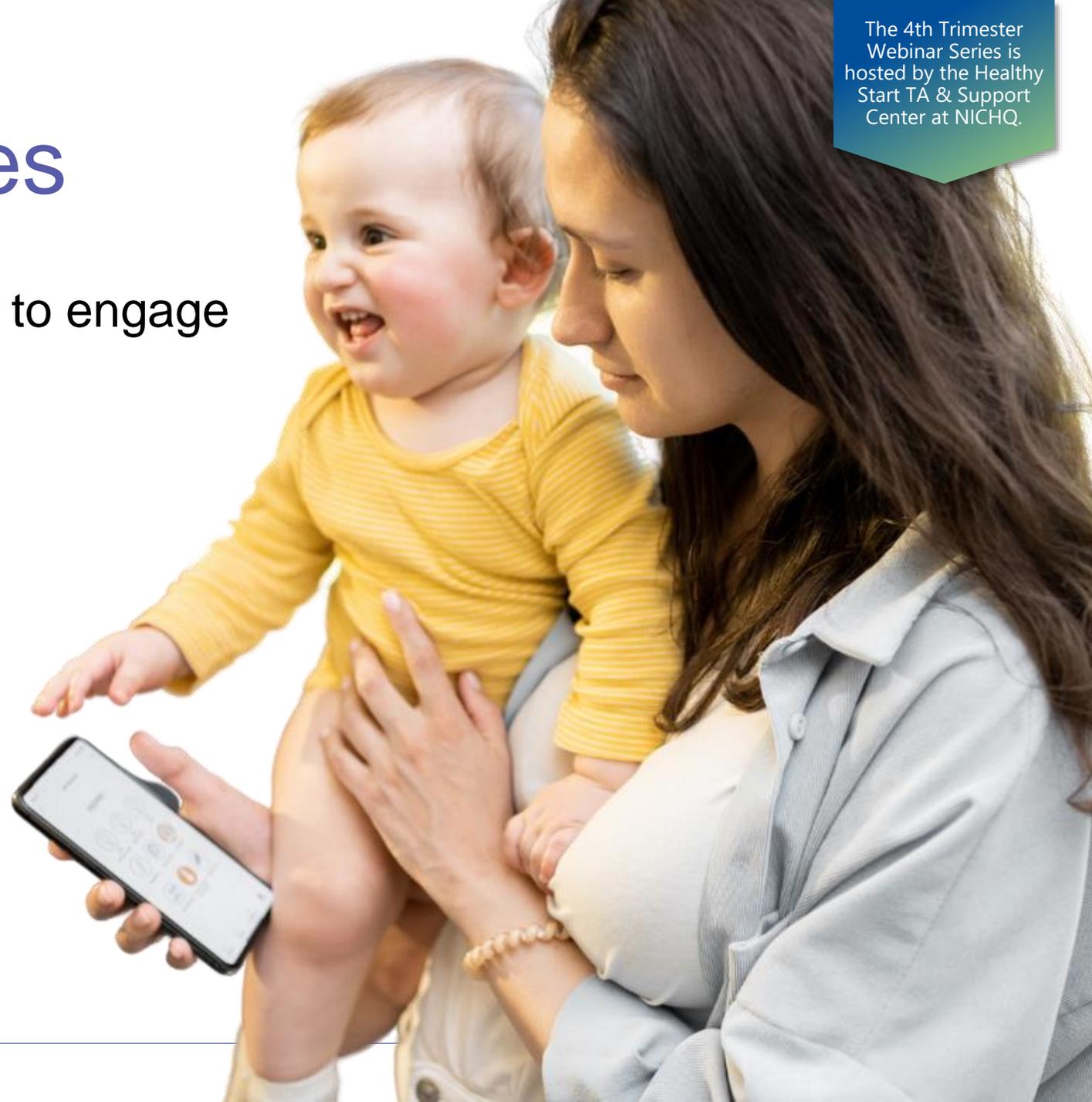
Peer Support programs are proven to be effective in **improving both physical and mental health**

- **Community** - The power of shared experience and normalization of personal responses decreases stigma and shame.
- **You're not alone** - Connecting anonymously with someone who has been there, done that, provides a safe place to share what's on your mind.
- **Crisis doesn't wait for an appointment** - Chatting in the early stages of a problem can decrease negative impacts and treatment costs.
- **Platform Privacy** - Data in the app is not used for targeting, shared/sold to third parties or used to place ads in the app.

mHealth Resources

Mobile apps and online platforms to engage and connect mothers:

- Irth App
- Mamamend
- Mahmee
- Poppy Seed Health
- Luna Mother Collective
- June Motherhood
- LOOM
- Virtual Communities
- Peanut
- HeyMama





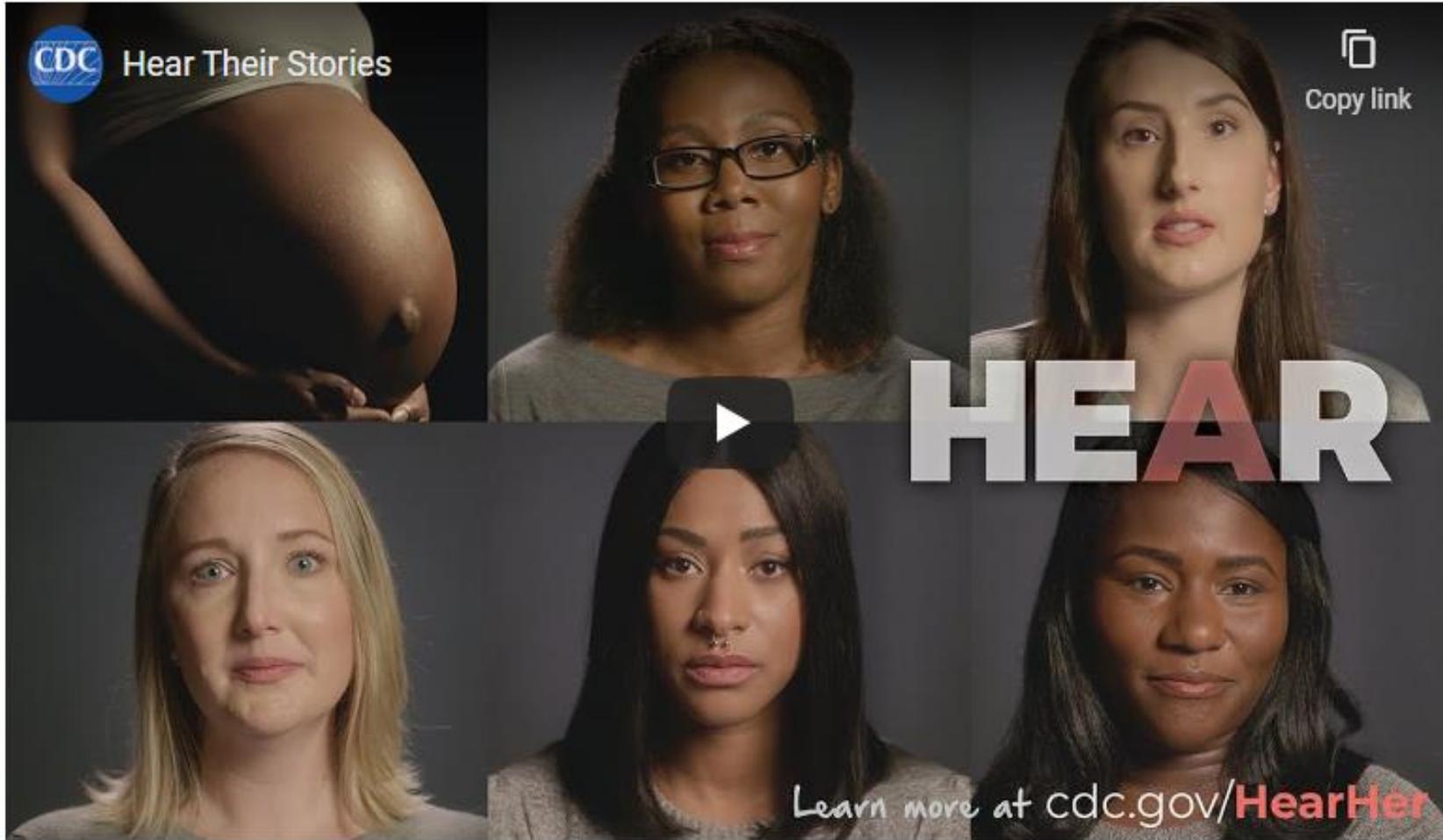
HEAR

HEAR HER concerns

Learn the
Warning Signs

It could help save a life

The 4th Trimester Webinar Series is hosted by the Healthy Start TA & Support Center at NICHQ.



CDC Hear Their Stories

Copy link

HEAR

Learn more at cdc.gov/HearHer/

The **Hear Her** campaign supports CDC's efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs.

cdc.gov/HearHer/



What Can Healthy Start Do?

1. Talk with new mom clients about what you can do to make it easier for them to get what they need.
2. Know your own biases and work daily to be antiracist
3. Know the warning signs of postpartum problems and offer respectful support in addressing them.
4. Start simple. Celebrate small acts of self care.
5. Be her cheerleader! Point out her strengths and what she is doing well.
6. Connect clients with community groups and circles to build her social capital.
7. Share resources:
NewMomHealth.com SaludMadre.com
8. What else?



Our vision is to be an exceptional national resource center for eliminating maternal health inequities and improving well-being for all families in the U.S.



Resources

The MHLIC serves as a national hub to connect maternal health learners with maternal health "doers" across the country, cataloging and disseminating best practices related to maternal health improvement. Our team is working diligently to collect the best training and other resources and make them available here.

Search within Resources...

SEARCH NOW

I would like to find resources related to:



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Maternal Health Learning & Innovation Center™

National maternal health resource and training repository to innovate clinical and professional practices and eliminate health inequities

MaternalHealthLearning.org

Pay Attention to Policy

- Prenatal and postpartum work accommodations
- Breast pumps BEFORE baby is born
- Subsidized child care
- Paid family leave and paid sick leave
- Reimbursement for 45 minute postpartum visits
- Reimbursement for other services like PT
- Transportation policies
- Respite care
- What else?



Key Takeaways



- ✓ The 4th Trimester is a critical **transition** period
- ✓ Postpartum healthcare, education, and services should be **tailored** to women's experiences, preferences, and constraints.
- ✓ Communication should be **compassionate, consistent and culturally-sensitive**.
- ✓ Care should be taken to examine patient-provider-peer **biases** to build trust, quality care and mutual respect.
- ✓ Strategies should focus on individual, clinic, community and policy levers and supports.



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Transform the lived experience of women during the 4th Trimester by sparking real, sustained change



@4thTriProject



Facebook.com/4thTrimesterProject



@4thTriProject



Contact: Sarah Verbiest sarahv@med.unc.edu 919-638-5183
Kimberly Harper kimberly_harper@med.unc.edu 252-916-0684

What do you wish others knew about your role?

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Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app



Closing

Olivia Giordano
Healthy Start TA & Support
Center



Satisfaction Survey

6 questions

**Next Webinar:
July 20 from 2-3:30 p.m. ET**

Can be found on the EPIC website or
bit.ly/hs-deadlines-and-events

July 2021

Deadlines:

- Jul 15 HSMED-II Report (CSV or XML) Due
- Jul 30 Federal Financial Reports Due
- Jul 31 Aggregate Report (Excel) Due

Events:

- Jul 16 [NFI 24/7 Dad Webinar Training](#)
- Jul 19 TIROE CoP Learning Session #3 – *COP members only*
- Jul 21 Healthy Start COIN Meeting #8 — *COIN members only*
- Jul 20 [4th Trimester Webinar Series Session #2](#)
- Jul 22 [CAN Learning Academy Meeting #3](#)



Thank
You!