

OBJECTIVE

Vaginal bleeding is a universal component of maternal recovery after childbirth. Although discharge of blood and mucus (lochia) is normal, bleeding too much is a warning sign for postpartum hemorrhage, which is a leading cause of maternal mortality. Despite the prevalence and importance of managing bleeding in the postpartum period, little is known about menstrual equity. This study evaluated the experiences of postpartum birthing parents and their companions during their childbirth hospitalization at a tertiary level hospital in the southeastern United States. The purpose of this study was to better understand postpartum counseling, access to supplies, and companion involvement around lochia, signs of hemorrhage, and menstrual pads.

STUDY DESIGN

After University of North Carolina at Chapel Hill Biomedical IRB approval (#19-1900), 15 birthing parents and their companions consented to video and audio recording of themselves, their infants, and health care team members during their postnatal unit stay in 2020. Two cameras with microphones were set up in their room, with instructions for use. Participants and their health care team members were informed of recording and how to stop the data collection through verbal and written information. The 461 hours of data were securely stored and coded by an IRB-approved multidisciplinary team. Coders achieved inter-rater reliability accounting for chance, kappa >0.70, for each behavioral code. This analysis addresses a subset of codes within the 12 hours of postpartum discharge, including thematic content analysis of communication.

RESULTS

- Patients self-identified as Hispanic white (n=6), non-Hispanic Black (n=5), non-Hispanic white (n=3), and non-Hispanic multi-race (n=1)
- Most had a few exchanges throughout the hours, and ten had information on vaginal care, bleeding amounts, or pads in the hour preceding discharge
- Three Spanish speaking couplets did not have an interpreter present with English-only counseling
- Two participants had no communication with their health care team regarding bleeding or menstrual supplies 12 hours prior to discharge
- Themes coded from categories of having supplies and comprehensible information with language concordance

Postpartum menstrual equity: Video analysis of vaginal bleeding information, care planning, and supplies offered to new parents during their childbirth hospitalization

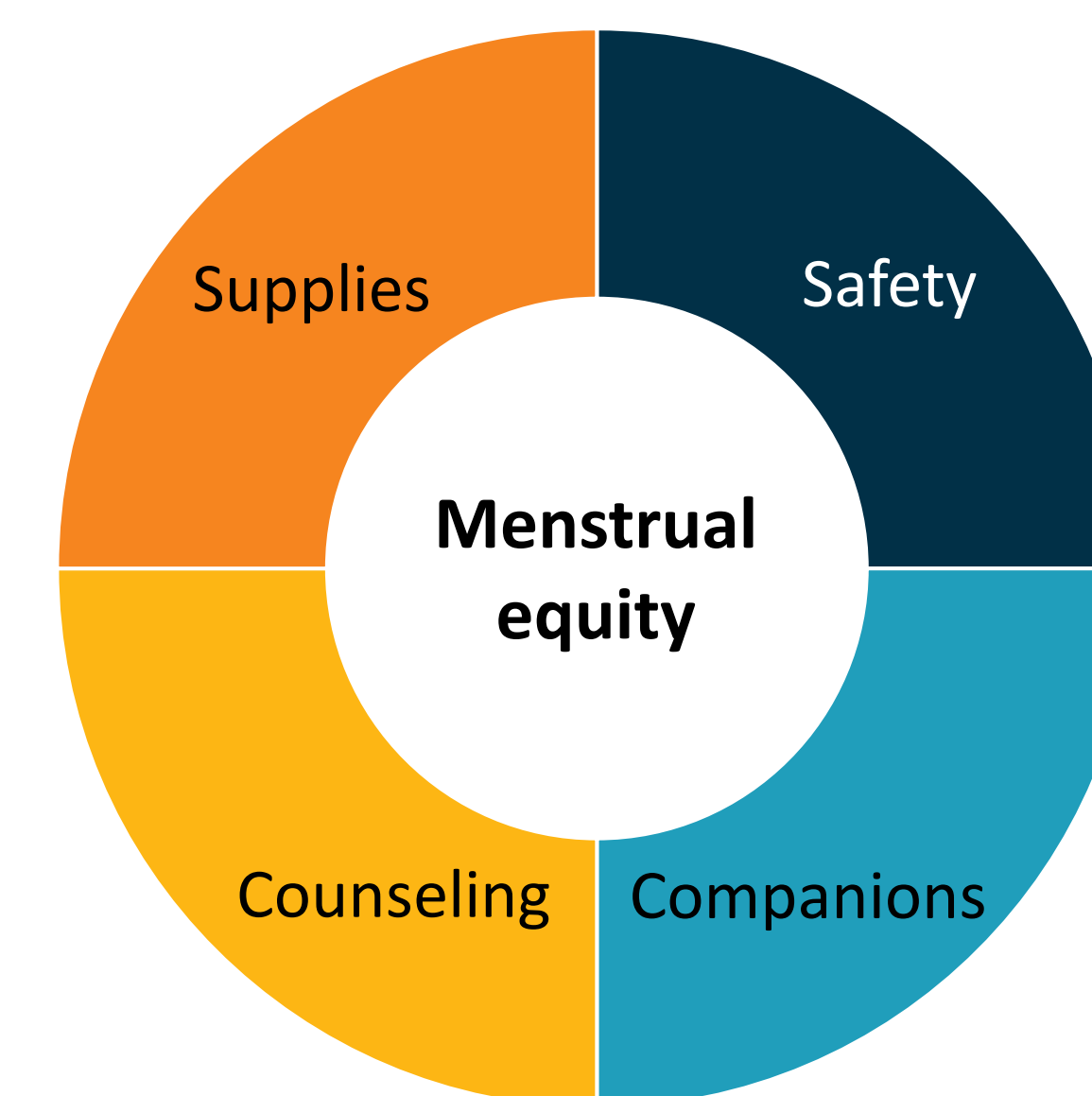
Menstrual equity addresses information, access, affordability, and safety for individual's autonomy around vaginal bleeding. This study explored clinical communication, supplies, and companion involvement around vaginal bleeding management during the postpartum hospitalization.

Figure 1. The timing, content, and language concordance of vaginal bleeding communication among health care team members and birthing parents, as filmed during the 12 hours of inpatient postpartum care leading to hospital discharge.

	12	11	10	9	8	7	6	5	4	3	2	1
Vaginal 001					Witch hazel		Bleeding , vaginal care					Bleeding , vaginal care
C-section 003*												Bleeding
C-section 004												
Vaginal 005				Bleeding	Bleeding			Pads				
Vaginal 006												Bleeding
Vaginal 007*			Bleeding , medications						Pads			Warning signs
C-section 008						Bleeding	Pads				Bleeding	Bleeding , pads
C-section 009					Pads, warning signs	Warning signs			Pads			
C-section 010*												Warning signs
C-section 011								Pads				
Vaginal 012*							Warning bleeding			Bleeding		Bleeding , blood clots
Vaginal 013												
C-section 014*									Warning signs			Warning signs, bleeding
Vaginal 015*			Bleeding					Bleeding	Warning signs			Pads
C-section 016				Bleeding	Bleeding , pads							Bleeding

(*) Spanish speaking
 Interpreter Use for Spanish Speakers
 No interpreter use for Spanish speakers

Figure 2. Menstrual hygiene supply access, vaginal bleeding counseling, companion support, and maternal safety were themes in observed interactions with health care team members, birthing parents, and companions.



Themes	Results
Supplies	The supply of pads was not always adequate in postnatal unit rooms. Birthing parents and companions requested more supplies during the stay and for the transition home. They discussed purchasing them within the hospital, as unit access was unclear.
Safety	Dignity was undermined from supply delay, denial, and use a personal phone to translate "large adult diaper." Birthing parents experience distress
Counseling	The timing and content of information provided varied. Communication occurred in the context of extensive sounds and activities and was often addressed at a high level and not in patients' preferred language.
Companions	Support included companion request for pads. Unsupportive practices included a companion declined a birthing parents' request for pads.

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DISCUSSION

There is opportunity to strengthen clinical practices for maternal safety and to advance respectful, equitable care. Managing postpartum vaginal bleeding is important, yet services are not yet structured to adequately support postpartum families during inpatient care or to connect them with community-based resources for menstrual care.

Figure 3. A frame from a Postnatal Patient Safety Learning Lab animation of inpatient postpartum care. Digital stories for training are available at postnatalsafety.com/our-work



RECOMMENDATIONS

- Increase access to menstrual hygiene supplies in hospitals and in the community.
- Ensure adequate clinical staffing and support for meaningful communication with patients and companions, including with interpretation services.
- Consider the timing, depth, and cultural relevance of vaginal bleeding information provision.
- Promote menstrual hygiene access policy (include coverage of pads by organizations and eliminate taxation on sanitary products)

FUNDING

Agency for Healthcare Research and Quality, award R18HS027260.

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