



The forgotten faces of the fourth trimester: Improving postpartum healthcare of mothers and their families in the United States

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Dear Editor,

I would like to thank you for the Editorial dealing with the fourth trimester improving postpartum healthcare of mothers and their families in the United States written by Nancy Hamilton, Natalie Stevens, Teresa Lillis and Natasia Adams. This editorial highlighted the statistics and the related consequences so many of our mother's face during the fourth trimester. The disparities of our African American mothers were also noted highlighting that African American mothers suffered more mortality and morbidity than the white mothers (CDC, 2017; WHO, 2015).

The editorial cited many current references dealing with the issues of postpartum health to include the physical, psychosocial and mental health issues that so many women face with each birth (CDC, 2017; WHO, 2015; ACOG, 2016, 2018). The facts presented are alarming when one considers that these issues as it relates to the mortality and morbidity of mothers and more specifically mothers who are African American did not just occur. A literature search will reveal that African American mothers have faced obstacles and complications that white mothers do not (McLean, 2015; Creanga et al., 2015; Guerra-Reyes & Hamilton, 2017). Over the last six decades more African American mothers have died than White mothers (Maron, 2017).

What is more alarming in this editorial is the lack of information about the mortality and morbidity of the LGBT mothers who have chosen to give birth. It was mentioned that the editorial was predominantly heterosexual, white

non-Hispanic because there was limited data on lesbian-identified/same-sex families. The lack of data on the number of lesbian women who give birth can largely be attributed to the fear of disclosure in our society; therefore, any data on their mortality would also be lacking.

With this lack of data on lesbian mothers, our healthcare system should be challenged to be more sensitive when caring for a woman who desires motherhood, and actively implement the guidelines of the Gay Lesbian Medical Association, as well as implementing the guidelines on the Health Care for Lesbians and Bisexual Women. ACOG went on record in 2012 and reaffirmed their position in 2016 stating that equitable treatment for lesbians and bisexual women and their families is needed for both direct and indirect health care needs. Any death from pregnancy or pregnancy related co-morbidities whether White, Black or Lesbian is a tragedy especially if it could be prevented with non-discriminatory prenatal care, education and fourth trimester care to include extended home care and support.

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