

# The Nurse's Role in Navigating the Fourth Trimester: Comprehensive Postpartum Care

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## Abstract

The fourth trimester, encompassing the first 12 weeks postpartum, is a critical period characterized by significant physical, emotional, and psychological transitions for new mothers and their families. This phase demands comprehensive support, which nurses are uniquely equipped to provide. This article explores the pivotal role of nurses in delivering holistic care during this period, focusing on physical recovery, mental health, and infant care. It highlights evidence-based nursing interventions, including assessments, education, and emotional support, which address postpartum challenges such as pain management, breastfeeding, and mental health concerns like postpartum depression. Additionally, the article emphasizes the importance of individualized care and ongoing professional development for nurses to ensure culturally sensitive and effective postpartum care. By fostering strong patient-nurse relationships and addressing the multifaceted needs of new parents, nurses can significantly enhance maternal and infant outcomes in the postpartum period.

**Keywords:** nurses, Postpartum, Breastfeeding, Post partum assessment, Newborn assessment, Fourth trimester

## Introduction

Childbirth is traditionally understood as a process divided into three distinct antepartum trimesters. However, contemporary perspectives in maternity care emphasize the critical importance of the fourth trimester, which extends from birth to 12 weeks postpartum. This period is characterized by profound physiological and emotional changes for the mother, as well as the establishment of a new family dynamic. New mothers undergo considerable physical changes during this time, including uterine involution, the process by which the uterus returns to its pre-pregnancy size, as well as the healing of perineal lacerations or surgical incisions resulting from childbirth. Hormonal fluctuations also play a significant role during this period, influencing mood, energy

levels, and overall well-being. These physiological transitions require careful monitoring and intervention to ensure maternal health and recovery in the weeks following childbirth (Mehta & Srinivas, 2021).

In addition to the physical transformations, new parents often face psychological and emotional challenges, as the transition to parenthood can be overwhelming. Sleep disturbances, anxiety, and the emotional strain associated with the constant care required by a newborn are common during this time. New mothers may experience feelings of isolation, fatigue, and difficulty adjusting to their new role, often compounded by societal expectations and pressures surrounding idealized motherhood. The stress of caring for a newborn, combined with the emotional and physical toll of childbirth, underscores the importance of comprehensive support and care during this period. Moreover, new fathers or partners may experience their own set of challenges as they navigate the shift in family roles and responsibilities. These factors together highlight the need for holistic care strategies that support both the physical and emotional well-being of new parents.

Nurses play an indispensable role in the care of new mothers and their infants during the fourth trimester. The nurse's role extends far beyond immediate postpartum care and encompasses anticipatory guidance, follow-up care, and advocacy. Through regular monitoring and assessment, nurses can identify and address potential complications such as postpartum hemorrhage, infections, or signs of mental health conditions like postpartum depression or anxiety. By providing anticipatory guidance, nurses can help prepare new mothers for the challenges they will face, from breastfeeding difficulties to emotional fluctuations. Postpartum follow-up care is essential in monitoring the progress of maternal recovery and ensuring that new mothers are physically, emotionally, and mentally supported during this time. Additionally, nurses serve as advocates for their patients, ensuring that the concerns of new mothers are heard and addressed in a timely and empathetic manner. The ongoing support and expertise provided by nurses during the fourth trimester are critical to enhancing the overall well-being of both mother and infant.

In addressing the unique needs of new mothers, nurses must adopt a patient-centered care approach, recognizing that each individual's experience of childbirth and the postpartum period is distinct. The emotional and physical experiences of one mother may differ drastically from another, necessitating an adaptable care model that takes into account the diverse needs of each patient. Nurses must be skilled in assessing the multifaceted aspects of recovery, from physical healing to mental health, and provide individualized care plans that empower new mothers in their recovery journey. This includes offering resources for emotional support, providing information on infant care, and helping to facilitate the development of effective coping strategies. Furthermore, the nurse's role extends to educating new parents on infant care, which can include guidance on breastfeeding, sleep routines, and safety measures to promote optimal infant health and development.

The importance of establishing a strong support system cannot be overstated, as the fourth trimester is often a time when new mothers may feel overwhelmed and unsupported. Nurses are ideally positioned to provide this support through regular check-ins, facilitating connections to community resources, and offering emotional support during routine visits. Additionally, nurses can guide partners and family members, helping them understand their role in supporting the mother and newborn during this transitional period. In doing so, nurses can help mitigate the stresses of the fourth trimester and enhance the overall well-being of the family unit as a whole.

Finally, it is essential for nurses to remain updated on the latest research and best practices in postpartum care to ensure that the interventions they provide are evidence-based and culturally sensitive. Continuing education on the physiological, psychological, and emotional aspects of the fourth trimester allows nurses to provide the highest level of care possible. By staying informed about new technologies, treatments, and approaches to postpartum care, nurses can continue to advocate for the best outcomes for new mothers and their infants during this critical time. This comprehensive, compassionate care can make a significant difference in the lives of new parents, promoting long-term health and well-being for both mother and child.

#### **CARE IN THE FOURTH TRIMESTER**

Support for individuals giving birth and their families is as crucial in the weeks following birth as it is during pregnancy (Montgomery & Laury, 2019). The postpartum period introduces distinct challenges, including physical recovery, emotional transitions, parenting difficulties, and changes in family dynamics. Research indicates that 42% of maternal mortality occurs in the postpartum period (Hoyert, 2023), yet during this time, contact with healthcare providers is often limited to only one or two scheduled visits. Comprehensive and effective postpartum care is vital for preventing and managing potential complications arising after childbirth (Quebedeaux & Holman, 2024). Therefore, the limited interaction during this period proves insufficient.

Infants also undergo significant developmental milestones and begin establishing feeding and sleep patterns during the fourth trimester. Historically, childbirth education has concentrated primarily on antepartum visits, with limited attention to postpartum care. This gap often leaves new parents to handle their needs independently during a crucial and complex phase, leading to unmet needs and increased stress.

Nurses play a pivotal role in educating patients, providing discharge instructions, and following up with families, often triaging calls when questions arise. They serve as an essential link in improving outcomes for postpartum patients. The following sections outline specific assessments and interventions that nurses can perform to ensure quality care for both birthing individuals and their infants during the fourth trimester.

### KEY AREAS OF FOCUS FOR NURSING CARE

#### General Postpartum Assessments of the Birthing Person

In the immediate postpartum period, close monitoring of vital signs is critical. Blood pressures should align with pre-pregnancy baseline levels. Elevated blood pressure may indicate preeclampsia, while lower levels, particularly in combination with tachycardia, could signal significant hemorrhage. A temperature up to 100.4°F is normal in the first 24 hours due to potential dehydration; however, higher temperatures, especially when accompanied by tachycardia, may suggest an infection.

#### Physical Assessments

Traditionally, nurses have used the acronym BUBBLE-LE to organize postpartum assessments. The BUBBLE-LE framework provides a structured approach to conducting a thorough assessment of the postpartum individual. However, it is important to recognize that the assessments do not have to follow the exact sequence outlined in the framework. For example, during an interaction with a postpartum individual, starting with less intrusive assessments, such as checking extremities or asking about voiding, can promote a more respectful and comfortable experience for the parent, particularly when consent is obtained first.

- **Breasts:** Inspect for signs of infection or nipple trauma and palpate for fullness, pain, or tenderness.
- **Uterus:** Palpate the fundus to assess involution. It should be firm, midline, and gradually return to its baseline position. Deviations from this may indicate a full bladder or an increased risk of hemorrhage.
- **Bladder:** Ensure the patient is able to void easily and check for symptoms of a urinary tract infection.
- **Bowel:** Assess bowel sounds and offer interventions to prevent constipation.
- **Lochia:** Evaluate the quantity and characteristics of lochia, which should be red (rubra) for the first 1 to 3 days, pink/brown (serosa) for days 3 to 10, and yellow/white (alba) thereafter. The amount should decrease daily, remain odorless, and clots should be smaller than an egg. Any deviations may suggest infection or hemorrhage.
- **Episiotomy/Perineum:** Inspect for integrity, bruising, edema, redness, discharge, and hematomas. Additionally, check for hemorrhoids.
- **Lower Extremities:** Examine for redness, unilateral edema, and calf pain to detect potential thrombus formation. Preventive measures, such as early ambulation and pneumatic compression devices, should be implemented.
- **Emotions:** Emotional and psychological assessments are addressed in detail later in this article.

#### Pain Management

Common postpartum pains include uterine, perineal, rectal (from hemorrhoids), and incisional pain (post-cesarean). Postpartum pain is generally managed through a combination of oral and topical medications, including those for hemorrhoids and perineal discomfort. Non-pharmacological interventions, such as perineal ice packs during the first 24 to 48 hours, sitz baths, and abdominal binders, can also be helpful. Patients should be instructed to contact their healthcare provider if pain is not relieved by prescribed medications or if it progressively worsens.

#### Postpartum Health Issues

Approximately 10% of individuals who give birth experience health issues during the postpartum period, including hypertension, thyroid disorders, and diabetes (Paladine et al., 2019). Those who have experienced complications related to these disorders will be monitored closely during the postpartum period. However, some individuals may develop new complications and should be educated about the signs and symptoms of these conditions so they can seek follow-up care if needed.

#### Emotional and Psychological Support

Becoming a parent brings immense joy, but it also involves significant change and intense emotions. The postpartum period includes expected emotional shifts, such as postpartum blues (or "baby blues"). However, conditions such as postpartum depression (PPD) and anxiety are less expected and require additional intervention to prevent negative outcomes. Mental health issues are a leading cause of postpartum mortality (Trost et al., 2021). While approximately 80% of new parents experience postpartum blues, about 12% experience postpartum depression (Bauman, 2020). Unlike PPD, postpartum blues are short-lived, peaking around the fifth day and resolving by the tenth day. In contrast, PPD can develop at any point within the first year after delivery, typically emerging between 2 and 12 weeks postpartum.

At a minimum, clients should be screened for depression and other mental health conditions immediately postpartum, at 6 weeks, and at 2, 4, and 6 months post-birth (Gedzyk-Nieman, 2021). Screening during every well-child visit throughout the first year can also be beneficial. The Edinburgh Postnatal Depression Scale (EPDS) is the most widely used tool for screening. Its advantages include its brevity (10 items), free availability, and its ability to address symptoms of anxiety, depression, and suicidal ideation. A total score of 9 or higher, or a

score of 1 or greater on the item related to suicidal thoughts, indicates the need for a referral to a mental health professional for diagnosis and treatment. Since 2021, the rates of suicide in the postpartum period have increased, with up to 20% of maternal deaths attributed to suicide.

Nurses play a crucial role in providing emotional support, education, and connecting patients with necessary mental health resources. Patients may feel ashamed of their emotions and need reassurance that their feelings are not their fault. Educating them about sleep promotion (for both the parent and the infant), stress management, and self-care can have a positive impact on their mental health and overall well-being (Gedzyk-Nieman, 2021).

The comprehensive care provided by nurses extends beyond emotional support and education; it also includes all aspects of postpartum well-being, including sexual health. As trusted healthcare professionals, nurses are uniquely positioned to address the often-neglected topic of sexual health, ensuring that it is incorporated into the holistic care plan for new mothers.

### **Sexual Health Assessments in the Postpartum Period**

Sexual health is a critical aspect of postpartum care, but it is often overlooked (Graziottin et al., 2024). Research shows that approximately one in three women experiences dyspareunia (painful intercourse) within the first 6 months postpartum. A meta-analysis by Cattani and colleagues found that sexual dysfunction is not exclusive to vaginal births; women who delivered via cesarean section also experience dysfunction (Cattani et al., 2022). Additionally, some individuals report a decreased libido, which may be attributed to hormonal changes or exhaustion from caring for a newborn (Grussu et al., 2021). Neglecting sexual health can have a negative impact on relationships and overall well-being. It is essential for birthing individuals to be informed about available options, including their associated risks and benefits, to make well-informed decisions regarding their sexual and reproductive health. Nurses can facilitate discussions about sexual health using assessment tools such as the PLISSIT model. The PLISSIT model includes:

- **Permission:** Encourage clients to discuss their sexual health by giving them explicit permission to bring up any concerns.
- **Limited Information:** Provide relevant information that directly addresses the specific issues or questions the client may have.
- **Specific Suggestions:** Offer tailored advice to help address problems or challenges related to sexual health.
- **Intensive Therapy:** Refer clients to specialized therapy, including pelvic physical therapy, if necessary, for more in-depth support and treatment.

While discussions about family planning and sexual health are essential, the postpartum period also requires attention to breastfeeding. Nurses play an essential role in educating and supporting new parents, ensuring that both the well-being of the birthing individual and the nutritional needs of the infant are effectively addressed.

### **Breastfeeding Support**

For birthing individuals who choose to breast or chest-feed their newborns, education and encouragement are essential. In the initial postpartum days, when a mature milk supply has not yet been established, proper technique and support are critical to enhancing the chances of successful, long-term breastfeeding. The American Academy of Pediatrics recommends exclusive breastfeeding (either at the breast/chest or through expressed milk) for the first 6 months of life. However, around 60% of breastfeeding individuals do not meet their intended breastfeeding duration. Common reasons for discontinuation include difficulties with latching, cultural practices, lack of family or community support, concerns about the infant's well-being (often linked to a perceived insufficient milk supply), and the challenges associated with returning to work without adequate support for milk expression.

To effectively support breastfeeding individuals, it is recommended to feed newborns on demand rather than adhering to a strict schedule. Healthcare providers should encourage feeding 8 to 12 times in a 24-hour period, based on the newborn's hunger cues. Parents should be educated to recognize signs such as an awake and alert state, mouth movements like opening and closing, lip-smacking, tongue ejection, an engaged rooting reflex, bringing hands to the mouth, and crying (a late sign of hunger) as indicators that it is time to feed. Frequent skin-to-skin contact and allowing the newborn to stay with the feeding parent post-birth can also enhance breastfeeding success, aligning with national guidelines.

Support from both healthcare professionals (such as nurses and lactation consultants) and lay personnel is critical to breastfeeding success (Cohen et al., 2018). Addressing issues such as painful latching, cluster feeding, and assessing whether the newborn is receiving enough milk is particularly important in the early postpartum days. Ensuring a deep latch, where the newborn takes the areola into their mouth with their mouth wide open and lips flanged, can help alleviate nipple pain caused by shallow latching. Proper latching, combined with comfort measures for the feeding parent and adequate breast/chest support during feeding, helps prevent nipple discomfort and damage (Cohen et al., 2018; Gavine et al., 2022).

### **Comfort Measures for Breastfeeding**

To alleviate sore nipples, several comfort measures may be effective (Gavine et al., 2022).

- **Topical Treatments:** Lanolin creams, non-lanolin alternatives like coconut oil, hydrogel pads, and silver nipple shields can soothe and protect the nipples. A mild analgesic, such as ibuprofen, may also provide relief.
- **Self-Care:** Expressing colostrum or breast milk and applying it to the sore area can promote healing. Allowing the area to air-dry can also be beneficial.

Healthcare providers should assess the infant's oral cavity, the feeding parent's nipple anatomy, and the overall feeding technique to offer personalized advice and support for a more comfortable feeding experience. Adjusting feeding positions can also alleviate nipple pain.

For individuals experiencing engorgement, the following measures can improve comfort:

- **Pre-Feeding:** Apply moist heat to the breast or chest for 10 minutes to promote milk flow.
- **During Feeding:** Hand express milk to soften the areolar tissue and gently massage the engorged area.
- **Post-Feeding:** Apply ice to the breast or chest for 10 to 15 minutes to reduce swelling and discomfort.

Nurses may provide lactation consultations and make recommendations for lactation support as needed. Some birthing individuals may decide to discontinue breastfeeding during the fourth trimester and may require support during the weaning process. In addition to lactation support, nurses also conduct newborn assessments to ensure a healthy start for the infant.

## INFANT CARE

### Newborn Assessments

The initial newborn assessment is performed within the first few minutes of life to assess the need for immediate interventions using the APGAR scoring system. During the immediate postpartum period, frequent assessments are necessary to ensure the newborn's successful transition to extrauterine life.

#### Key Assessments Include:

- **Vital Signs:**
  - Heart rate: normal range is 110 to 160 beats per minute.
  - Respiratory rate: normal range is 30 to 60 breaths per minute.
  - Temperature: normal range is 36.5 to 37.4°C.
  - Blood pressure and oxygen saturation are generally not assessed routinely unless medically indicated. Pre-ductal and post-ductal oxygenation are checked to complete the critical congenital heart disease (CCHD) screening at 24 hours of life.
- **Newborn Measurements:**
  - Weight
  - Length
  - Head, chest, and neck circumferences

Routine and recommended newborn medications are typically administered during the first nursing assessment, which is usually performed within the first 1 to 2 hours of life.

#### Medications:

- **Vitamin K (phytonadione):** Administered intramuscularly to prevent vitamin K deficiency bleeding.
- **Erythromycin ophthalmic ointment:** Applied to prevent gonococcal conjunctivitis.
- **Hepatitis B vaccine:** The first dose is recommended within the first 24 hours to prevent long-term hepatitis B infection.

A complete cephalocaudal assessment should be performed, including an examination of the following:

- Overall appearance, including the skin, head, neck, chest, trunk, abdomen, genitalia, anus, extremities, and spine.
- Neurologic status, which includes common newborn reflexes such as the Moro reflex, sucking, rooting, stepping, palmar and plantar grasp, and Babinski.

Document any variations in assessment findings, such as a heart murmur, which may be transient and physiologically normal. Key considerations during the assessment include:

- Ensuring the infant's comfort
- Maintaining thermoregulation
- Encouraging family-centered involvement
- Recording infant intake and output as part of ongoing assessments.

### Newborn Follow-up

Unlike maternal postpartum follow-up appointments, newborns typically require very close and frequent follow-up during the fourth trimester. The American Academy of Pediatrics recommends that a newborn not be discharged without a scheduled follow-up within 24 to 48 hours after discharge. Newborns generally regain their birth weight within 10 to 14 days of life. The route of delivery and the type of feeding (human milk vs. formula) may influence the process of regaining birth weight, particularly in relation to the amount of weight lost during the first 3 to 5 days of life.

## Infant Feeding

During the early postpartum period, feeding often occupies much of the attention and energy of parents. Current recommendations regarding infant feeding include (Moon et al., 2022):

- Striving for skin-to-skin contact between the birthing parent and infant immediately postpartum.
- Cue-based feeding for infants who are fed with human milk.
- Monitoring the infant's output, growth, and behaviors to ensure appropriate feeding.

Feeding times provide valuable opportunities for infants and their caregivers to interact. It is recommended to hold an infant during feedings for both developmental and safety reasons. Parents frequently express concerns about whether their infant is feeding sufficiently, as well as about issues such as gas and spit-up. Techniques that can help relieve discomfort for the infant include:

- Stomach massage
- Pace bottle feeding
- Bicycling the infant's legs
- Observing for infant satiation cues

Successfully meeting feeding goals often depends on the level of support provided by the larger family system around the dyad. Nurses often encounter difficult discussions when recommendations and standards of practice do not align with the family's cultural values or circumstances. Examples of such challenges include:

- The introduction of pumping before establishing infant feeding
- The use of certain substances while lactating
- Not boiling water before reconstituting formula

In these situations, it is the nurse's responsibility to effectively communicate current recommendations and their underlying rationales while allowing for shared decision-making. This approach may lead to harm reduction conversations as necessary.

## Sleep Patterns

Establishing good sleep hygiene routines during the early postpartum period is crucial for promoting maternal well-being. This is particularly challenging for parents who are under pressure to return to work and other responsibilities before their child has had the opportunity to develop circadian rhythms. Transformative changes in the expectations of newly postpartum parents, such as the broader implementation of parental leave, are essential. However, in the interim, various nursing actions can assess and support sleep during the postpartum period.

- **Maternal perception of sleep** appears to be a stronger determinant of maternal mental health outcomes than objective measures such as actigraphy. Therefore, it is advisable for nurses to ask questions like "How have you been sleeping?" rather than asking "How much sleep are you getting?"
- Having a support system that shares nighttime infant care responsibilities and ensures at least one uninterrupted 3 to 4-hour block of sleep is vital for maternal well-being.
- Teaching fathers and other caregivers about infant behavior and ways to meet the infant's needs without the intervention of the birthing parent strengthens family capacity. Engaging additional caregivers acknowledges their unique roles and contributions to the child's life.

Finally, as with feeding, cultural practices or personal preferences (e.g., bed sharing, infant sleeping in a separate room from parents) may not always align with the current recommendations for safe sleep practices as outlined by the American Academy of Pediatrics. These can be challenging conversations that require the nurse to fully understand the benefits of the recommendations and engage in thoughtful harm reduction discussions when these best practice recommendations are not aligned with the family's preferred practices (Barlow et al., 2018).

## Highlighting Infant Behavior During Nursing Assessments

Institutions such as the Brazelton Institute offer comprehensive courses on using physical assessments to help parents understand infant behavior. A nurse's narration of their observations during a physical assessment can be highly valuable in helping families interpret their infant's behavior.

Infant states such as quiet sleep, active sleep, drowsiness, quiet alert, active alert, and crying are important indicators of the infant's current condition and needs (Bruzek et al., 2024). Assessment findings based on engagement, including ball tracking and responses to sounds, can provide insights into the infant's sensory development and their interaction with their environment. Reflexes, such as the palmar grasp, play a significant role in the infant's development. For example, the palmar grasp reflex helps the baby hold onto objects, facilitating curiosity and exploration of their surroundings.

When conducting an infant assessment, if the infant is in a quiet alert state, a nurse could explain that the infant may enjoy tracking a bright ball or exploring a noisy rattle. As this is demonstrated, the nurse also gathers assessment data on the infant's hearing and vision. Similarly, if a family needs to help an infant transition from a sleeping state to an alert state, the nurse may help the family understand how the infant responds to light or

sound (e.g., habituation). Infants constantly communicate and explore the world around them, and as a nurse, it is a privilege to decode these behaviors, highlighting each infant's unique interests and strengths.

### **Infant Crying**

In the modern world, infants can experience significant overstimulation as they become increasingly aware of their surroundings, sometimes leading to periods of PURPLE crying (Peak of Crying, Unexpected, Resists soothing, Pain-like face, Long-lasting, Evening). It is essential to support parental well-being during these periods (Tronick & Beeghly, 2011). Nurses can advise caregivers to try strategies such as having others hold the infant during crying episodes or placing the infant in a safe place while the caregiver takes a brief respite if feeling stressed.

Emphasizing the importance of self-care, nurses can reassure caregivers that managing their stress is crucial so they can be fully present and attentive to the infant's needs when they resume caregiving.

Toward the end of the fourth trimester, nurses can provide anticipatory guidance, noting that infants may exhibit disorganized behavior before learning a new skill (e.g., crawling, sitting, walking). Parents should be reminded to rule out illness and other sources of discomfort (such as teething) but also be aware that sleep regressions or behavior changes might indicate a period of rapid learning for the infant.

### **Caregiver-Infant Relationships: Early Relational Health**

The relationships between caregivers and their infants are dynamic. One significant critique of theories such as attachment theory is that labeling a child as securely attached does not account for the constantly evolving relationship between the caregiver and the child. Similarly, the concept of bonding emphasizes the outward expression of the dyad's relationship at a particular moment in time. However, leaders in Early Relational Health now emphasize concepts such as "The Good Enough Parent," focusing not on achieving perfection but on being a responsive, caring parent who meets the infant's needs as they arise (Savage, 2020).

Being responsive to these needs does not spoil an infant. Instead, these moments are essential for the infant, reinforcing the notion that "if I have a need, my caregiver helps me." Striving to be the perfect parent is unnecessary, as it deprives the infant of learning who helps them when they have needs and how that person helps. Parents should aim to be caring and responsive, not perfect. This approach helps nurses adopt a non-judgmental, collaborative stance, supporting parents who may experience guilt or self-doubt about their parenting practices.

### **Support for the Birthing Person**

Including the partner of the birthing person in postpartum planning is crucial. The partner will play a key role in caring for the newborn and can provide significant emotional support for the birthing person. Often, the partner is the individual who spends the most time with the birthing person and, therefore, can serve as an important source for identifying any complications that may arise. Additionally, other family members can contribute meaningful support. However, education is frequently directed solely at the birthing person, which may result in the partner feeling excluded or inadequately prepared to offer the necessary support to the birthing person.

Programs such as the Fourth Trimester Project can serve as valuable tools to encourage the family to reflect on how they would like to be supported during the postpartum period. A postpartum doula is another resource that may be available to certain families. A doula can provide assistance with newborn care and offer both physical and emotional support for the birthing person as they recover. Nurses should guide the family in identifying all available support options to ensure comprehensive care during the postpartum period.

### **Conclusion**

The fourth trimester represents a critical, yet often underemphasized, phase in maternal and infant health. Nurses are central to bridging this care gap by offering personalized and compassionate support to new families. Through regular assessments, anticipatory guidance, and advocacy, nurses not only ensure the physical and emotional well-being of postpartum patients but also empower them to navigate the challenges of parenthood. By addressing diverse needs such as pain management, mental health support, breastfeeding assistance, and infant care, nurses provide the comprehensive care essential for a successful recovery. To maximize their impact, nurses must engage in ongoing professional education and adopt evidence-based practices. Ultimately, the role of nurses in the fourth trimester is indispensable, fostering a foundation of health and resilience for both mothers and infants.

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