‘Fourth Trimester’ Problems Can Have Long-Term Effects

Melody Lynch-Kimery had a fairly routine pregnancy. But when she got to the hospital for delivery, she says, things quickly turned frightening.

After an emergency cesarean section, Lynch-Kimery hemorrhaged; she heard later she’d lost about half the blood in her body.

“I just kept thinking ‘I’m not going to die. I’m not going to die. I’m not going to let you let me die,’ “ she says.

After that traumatic experience, Lynch-Kimery spent a week in the hospital. She went home with her newborn daughter, Sawyer, thinking her delivery complications were resolved.

Then, about three months later, she started to feel pain in her lower abdomen.

“Just randomly, one day I started to have a lot of burning,” she remembers.

“Just a lot of cramping — a lot of pain

Diversity in Clinical Research: Good Science, Better Medicine

Hispanic Americans have higher levels of diabetes and less access to health care services, yet they live on average about three years longer than non-Hispanic whites and six years longer than African-Americans.

Why?

No one really knows. Hispanics are underrepresented in both clinical trials and the genome-wide association studies that have informed our understanding of the molecular foundation of health and disease, so we can only guess.

But new research is offering some insights. A study published in Genome Biology suggests that people age differently based on how their genes interact with the environment at the so-called epigenetic level. (Think of epigenetics as molecular switches that can turn genetic processes on or off.)

The Reasons So Many Older Adults Overdose on Opioids

The Atlantic | As the body ages, it often aches. In the United States, 81 percent of adults over 65 endure multiple chronic conditions such as arthritis, hypertension, heart disease, and diabetes. There also can be emotional pain from the loss of relatives and close friends, and concerns about the continued ability to live independently.

Millions of Women Already Live in a Post-Roe America

The Intercept | I met Danielle in the counseling room of the Jackson Women’s Health Organization in Jackson, Mississippi, which sits on a busy corner in the city’s arts district. Its vibrant pink paint job has earned it the name “the Pink House,” and it is the state’s only remaining abortion clinic.

Dressed in gray sweatpants and a

QUOTE-WORTHY

“When it comes to mental health, there seems to be a fear that talking about prevention somehow implies people with mental illness are at fault for their struggles.”

—Amy Morin, social worker, psychotherapist

“We baby boomers are redefining [the] whole senior thing.”

—Doris Richardson, 74, on home-sharing among senior adults

The results offer “reassurance that [transgender women] can use PrEP without fear that it will decrease [hormone levels].”

—Akarin Hiransuthikul, of the Thai Red Cross AIDS Research Center, on a study showing that the HIV prevention drug does not affect levels of feminizing hormone therapy
**PREGNANCY, continued**

around my scar area.”

She spent months seeing doctors and researching her symptoms online. The pain, she eventually learned, was likely caused by abdominal adhesions — scar tissue beneath and around her C-section incision.

About a third of all U.S. deliveries are by C-section, according to the Centers for Disease Control and Prevention.

“Anywhere from 6 to 18 percent of those [women] will end up with chronic pain in their scar,” says Jennifer Wasserman, a physical therapist who studies chronic pain after C-sections.

Chronic pain is just one health concern women can struggle with after giving birth. Some, like Lynch-Kimery, who have complicated pregnancies or deliveries, can also see long-lasting effects to their physical and mental health.

Among developed countries, the United States has the highest rate of death among pregnant women and new mothers. And for every woman who dies, dozens more come close. Lynch-Kimery is biracial, and that’s another risk factor, research suggests; among Americans of color, rates of maternal mortality in the U.S. are particularly high.

Many women who become pregnant already have chronic conditions like high blood pressure and obesity that can negatively impact their pregnancy and future health. Others develop health problems during pregnancy.

The two major pregnancy and delivery complications women face are pre-eclampsia (a condition marked by high blood pressure, swelling and signs of damage to the kidney or liver), and gestational diabetes — a form of the illness that develops during pregnancy.

“Both of these conditions are associated with basically a doubling in their lifelong risk for cardiovascular disease,” says Dr. Lisa Hollier, president of the American College of Obstetricians and Gynecologists. “What we’re seeing is that pregnancy can act as sort of a natural stress test.”

Read more of the story, and learn about the long-term effects of pregnancy complications on maternal health.

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**JOURNEY, continued**

T-shirt, Danielle looked pensive as she sat in a narrow room in the back of the building alongside 12 other women there for abortion care. Betty Thompson, a counselor who has worked at the clinic for 24 years, stood before the women, ready to walk them through the necessary paperwork and go over next steps.

Twenty four years old with two young children, Danielle had just found out she was pregnant again. She had a fling with a co-worker, only to learn that he had sabotaged the condom they used. She was now four weeks pregnant.

After weighing her options, she decided to terminate her pregnancy. She’d become pregnant via deception, she thought, and that didn’t exactly suggest stability on the part of the man she would be bound to if she were to carry the pregnancy to term. But more importantly, she told me that she just wasn’t in a position to have another child.

A single mom, she takes pains to ensure that her two kids, ages 4 and 2, have everything they need to thrive. It’s a struggle and a lot of responsibility, and she didn’t think it would be fair to anyone to bring another child into the mix. “I got my kids in a place where they can take piano lessons and they can take swimming lessons; they’re having a great life,” she said.

On August 7, Danielle boarded a Greyhound bus for the three-hour trip to Jackson. She left the kids with their grandmother, and she packed a duffle bag because she’d be gone at least three days—Mississippi law requires abortion patients to have an initial visit in which they’re counseled on the choice they’re making, and then a second appointment for the abortion itself.

Read more of the story.
DIVERSITY, continued

among various ethnic and racial groups can be accounted for by faster and slower rates of aging, with ethnic characteristics serving as a proxy for the unknown underlying epigenetic factors that shape the aging process.

This is just one example of the growing body of research suggesting that we must begin to tailor medical care to individual characteristics. But one-size-fits-all medicine still predominates today, in part because most clinical trials and other studies fail to reflect the diversity of Americans, even as we enter a new era in which the principles of personalized medicine are reshaping our understanding of health care.

Most clinical research includes participants who are overwhelmingly white, non-Hispanic, and, until recently, male. More than 80 percent of genome-wide association studies have been conducted among individuals of European descent. Hispanics represent 0.54 percent of those in genome-wide association studies, not more than a rounding error.

For the most part, current medical therapies, as well as most of those in development, have been tested inadequately—or not at all—in women, children, older adults, individuals with multiple chronic conditions, low-income individuals, and racially and ethnically diverse populations.

Besides interfering with the goals of science and medicine, research that doesn’t reflect the diversity of the U.S. is also bad for the business of health. Clinical trials of “enriched populations,” meaning populations that include individuals who share particular biomarkers, may lead to faster and less-expensive clinical trials. But by themselves they won’t increase our understanding of the effectiveness and safety of therapies for the broader population. Without diversity in clinical trials, those discoveries—which may also lead to new markets—will not happen.

For decades, advocacy groups have urged the National Institutes of Health, the Food and Drug Administration, and the biopharmaceutical industry to include people of diverse racial and ethnic backgrounds, as well as women, in clinical trials. While all agree on this worthy goal, the actual results are discouraging.

The NIH Revitalization Act of 1993 requires all federally funded clinical research to prioritize the inclusion of women and underserved racial and ethnic groups. Yet between 1993 and 2013, less than 2 percent of cancer studies have included enough racial and ethnic group participants to report relevant results.

There is no single solution to the problem. But the NIH’s recently launched All of Us Research Program is a good start. Building a national cohort of 1 million or more Americans that reflects the rich diversity of the American population is a hallmark of the federal effort to accelerate research in personalized medicine.

Read more of the story. ■

One-size-fits-all medicine still predominates today, in part because most clinical trials and other studies fail to reflect the diversity of Americans.

OPIOIDS, continued

For those whose physical ailments prove almost paralyzing and chronic, health providers often prescribe opioid painkillers, such as hydrocodone and oxycodone. But that can lead to trouble.

Last year, the Department of Health and Human Services declared the opioid crisis a public-health emergency. The department has spent almost $900 million on treatment services and other initiatives, but still more and more Americans are dying of overdoses on opioids—in the forms of prescription pain pills, heroin, or synthetic drugs. While older adults are not the age group most affected by the crisis, the population of older adults who misuse opioids is projected to double from 2004 to 2020.

A lot of factors contribute to this rise among the elderly. Many undergo several surgeries and are prescribed opioids they use for a long time, which heighten their chances of developing a use disorder. Some take more than they need, because the opioids they’ve been prescribed aren’t holding their pain at bay. Older adults of color, who face more barriers to getting the medications they need for pain, may get prescriptions from friends or family without proper instructions. But a recent poll highlights just how widespread another factor might be: doctors failing to warn their own patients about the risks that come with prescription pain relievers.

Researchers involved with the University of Michigan’s National Poll on Healthy Aging polled a nationally representative sample of 2,000 Americans, aged 50 to 80, about what their health-care providers talked about when prescribing opioid medication to them. In the past two years, 589 said they filled an opioid prescription. This group knew how often to take the medication, but the majority didn’t recall their doctors or pharmacists talking about the risk of addiction, the risk of overdose, or what to do with leftover pills.

Read more of the story. ■

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