BACKGROUND

Common Health Education Practices for Obstetrical Care:

- Firing the babysitter
- Making sure they are on time
- Being consistent with the provider

- Lack of consistency between providers, even in a single practice.

Pros of Current Practice:

- Health education is highly individualized to each patient.

Cons of Current Practice:

- Some important subject matter may be neglected, which could ultimately improve patients outcomes and satisfaction.

- Previously reported studies found evidence that improved patient education:
  - Increases rates of breastfeeding.
  - Increase duration of breastfeeding.
  - Increase waistline during pregnancy.
  - Decreases problems, low birth weight, etc.

- Can decrease the need for as many prenatal visits without negatively affecting pregnancy outcomes.

OBJECTIVES

1. To evaluate if prenatal patient satisfaction and knowledge about pregnancy improves if a structured prenatal education program is implemented throughout a family medicine health center.

2. To evaluate if a structured prenatal education program for expectant mothers will improve clinical outcomes.

3. Survey:
   - Three surveys per patient will be filled out at appropriate times in the pregnancy and clinical outcomes will be tracked.
   - Surveys are intended to measure patient satisfaction with prenatal care and to understand their knowledge on prenatal health education topics.

   - Indicators of satisfaction include the patient’s perception of:
     - Level of stress secondary to pregnancy.
     - Confidence in making decisions about her pregnancy without the help of her provider.
     - Worry about pregnancy and various pregnancy-related issues.

   Clinical Outcomes:

   - Chart reviews will be performed on each enrolled patient after delivery of baby to evaluate clinical outcomes will include:
     - Number of phone call for prenatal issues between appointments.
     - Number of trips to the emergency room for prenatal-related issues.
     - Smoking status during pregnancy.
     - Preterm labor.
     - Breastfeeding intent and actual rate at discharge.
     - Pregnancy complications.

METHODS

Preliminary Improvement Education in a Health Center: A Pilot Study

Marcy Keddy Boucher MSIV, Hugh J. Silk MD, Judith A. Savageau MPH, Katharine C. Barnard MD, Mary Flynn, MD

University of Massachusetts Medical School, Worcester, Massachusetts

RESULTS

BACKGROUND

PATIENT FOCUS GROUPS

WOMEN APPRECIATED:

- Consistently seeing their doctor (and not another provider in the hospital).
- Having two physicians (resident and attending).
- Personal touches such as the physician calling patient her/his name.
- Was on top of everything.
- Friendly support staff.
- Low wait times.

HEALTH NEEDS:

- Women felt supported in their pain management decisions.
- Maternal History Questions: “I totally recommend it. It was great. I loved the camaraderie.”

SUGGESTIONS FOR IMPROVEMENT:

- List of resources (books & journals, availability at library)
- Consistently handing out the prenatal folder. Many women did not receive the current prenatal folder. One who did said it was incomplete. Info on what will be talked about at the next visit.

TOPICS THAT WERE NOT CONSISTENTLY DISCUSSED WITH WOMEN:

- Lifestyle modifications: hot baths, saunas, etc.
- Ways to combat stress during pregnancy.
- Smoking status during pregnancy.

CONCLUSIONS

Current prenatal patients at HFHC were asked about their level of confidence or not in making decisions regarding her pregnancy without the help of her provider. Advice for improvement was given to their current health care provider.

Common prenatal patients at HFHC were asked about their level of stress secondary to pregnancy.

To what extent are you confident or not in making decisions about your pregnancy without the help of your provider? (1=Not at all, 2=Somewhat, 3=Very Much)

- Taking care of a newborn baby?
- The effect of ongoing health problems such as smoking, diabetes or pressure on your diabetes.
- Pain during labor and delivery?
- Changes in your weight and body shape during pregnancy?
- Whether the baby might come early?
- Physical symptoms such as swelling, headaches, feet, or backache?
- The quality of your medical care during pregnancy?
- Are you satisfied? (1=Not at all, 2=Somewhat, 3=Very Much)

III

DO

In what ways do you feel that you have added stress in your life due to your pregnancy? (1=Not at all, 2=Somewhat, 3=Very Much)

- In what way do you think you are coping well with the stress of pregnancy? (1=Not at all, 2=Somewhat, 3=Very Much)

CONCLUSIONS

1. Initial results indicate that there are gaps in prenatal education and knowledge throughout prenatal care at the health center.

2. Based on our findings, and those of previously published studies, it can be hypothesized that by closing these gaps clinical outcomes will improve. Women will be followed through the prenatal and postnatal period.

3. Patient satisfaction cannot be assessed at this time.

4. Early survey results indicate that first trimester women seem to subjectively and objectively have some accurate prenatal knowledge.

REFERENCES


