Improving Prenatal Education in a Health Center: A Pilot Study

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### Results

#### Preliminary First Trimester Survey Results, n = 9

<table>
<thead>
<tr>
<th>Top</th>
<th>Description</th>
<th>Agree: True</th>
<th>Agree: False</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Taking care of a newborn baby</td>
<td>6/9</td>
<td>0/9</td>
<td>3/9</td>
<td>0/9</td>
<td>0/9</td>
</tr>
<tr>
<td>2.</td>
<td>The effect of ongoing health education on well-being of the baby</td>
<td>6/9</td>
<td>0/9</td>
<td>3/9</td>
<td>0/9</td>
<td>0/9</td>
</tr>
<tr>
<td>3.</td>
<td>Prenatal care and nutrition affect pregnancy outcomes</td>
<td>6/9</td>
<td>0/9</td>
<td>3/9</td>
<td>0/9</td>
<td>0/9</td>
</tr>
<tr>
<td>4.</td>
<td>Preterm labor increases the risk of developing preeclampsia</td>
<td>6/9</td>
<td>0/9</td>
<td>3/9</td>
<td>0/9</td>
<td>0/9</td>
</tr>
<tr>
<td>5.</td>
<td>Smoking during pregnancy increases the risk of developing preeclampsia</td>
<td>6/9</td>
<td>0/9</td>
<td>3/9</td>
<td>0/9</td>
<td>0/9</td>
</tr>
</tbody>
</table>

**Note:** All respondents indicated that they were bothered, upset, or worried about pregnancy-related topics.

#### Sugggestions for Improvement

- **List of resources (book(s) & websites, availability at library)**
- **Consistently handing out the material.**
- **Preterm labor and nutrition affect pregnancy outcomes.**
- **Preterm labor increases the risk of developing preeclampsia.**
- **Smoking during pregnancy increases the risk of developing preeclampsia.**

**Conclusion:**

Patient satisfaction cannot be assessed at this time. Year two 4. Early survey results indicate that first trimester women seem to subjectivity and objectively have some accurate prenatal knowledge.

### References


### Conclusion

Initial results indicate that there are gains in prenatal education and knowledge throughout prenatal care at the health center. Based on our findings, and those of previously published studies, it can be hypothesized that by closing these gaps clinical outcomes will improve. Further testing will be necessary to test this hypothesis after year two of this study. Patient satisfaction cannot be assessed at this time. Year two 4. Early survey results indicate that first trimester women seem to subjectivity and objectively have some accurate prenatal knowledge.

### Background

Common Health Education Practices for Obstetrical Care.

### Methods

#### Creation of a Prenatal Education Plan

1. Review common prenatal education materials from around the country.
2. Patient Focus Groups
   - Current prenatal patients at HFHC were asked about their level of satisfaction with their prenatal care. Advice for improvement was also elicited.
4. Patient Feedback
   - Current third trimester prenatal patients, and women who previously attended the focus group, were invited to review the health education packet and submit feedback.
5. Physician Focus Groups
   - HFHC attending and resident physicians, nurses, and nurse practitioners, were asked to attend one of two designated staff/faculty meetings at HFHC and submit comments and feedback about the packet.

#### Creation of Study Surveys

Three surveys, specific for the first trimester, third trimester and post-natal period, were created. Formally presented to previously validated tools.

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 her/his level of stress secondary to pregnancy.**
- **Confidence in making decisions about her pregnancy without the help of health professionals.**
- **Worry about pregnancy and various pregnancy-related issues.**

#### Clinical Outcomes

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

### Patient Focus Group: Women Appreciated

- **Consequently seeing their doctor and not having to wait more than 15 minutes to be seen.**
- **Consistently seeing their doctor and not having to wait more than 15 minutes to be seen.**
- **Having two physicians (resident and attending).**
- **Personal touches such as the physician calling patient her/him by Dr. is on top of everything.**
- **Friendly support staff.**
- **Low walk times.**
- **Women felt supported on their pain management decisions (epidural, no epidural).**
- **Medical Billing issues: I totally recommend it. It was great. I loved the Cameronelle.”

#### Suggestion for Improvement

- **List of resources (book(s) & websites, availability at library)**
- **Consistently handing out the material.**
- **Preterm labor and nutrition affect pregnancy outcomes.**
- **Preterm labor increases the risk of developing preeclampsia.**
- **Smoking during pregnancy increases the risk of developing preeclampsia.**

**Conclusion:**

Patient satisfaction cannot be assessed at this time. Year two 4. Early survey results indicate that first trimester women seem to subjectivity and objectively have some accurate prenatal knowledge.