Improving Prenatal Education in a Health Center: A Pilot Study

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OBJECTIVES

1. To evaluate if prenatal patient satisfaction and knowledge about pregnancy improves if a structured prenatal education plan is implemented throughout a family medicine health center.
2. To evaluate if a structured prenatal education plan for expectant mothers will improve clinical outcomes.

PROJECT TIME LINE

Year One - Jan 1 through Dec 2011:
- Enrollment of about 50 prenatal patients during their first trimester (Group A) who receive care at Hahnemann Family Health Center (HFHC). Women will be followed through the prenatal and postpartum period.
- Prenatal care will remain the same as it was prior to the start of the study at the health center.
- Three surveys per patient will be filled out at appropriate times in their pregnancy and clinical outcomes will be tracked.

Year Two - Jan 2012 through Dec 2012:
- New prenatal health education will be implemented.
- About 50 more HFHC prenatal patients (Group B) will be enrolled in the study during their first trimester and receive the new prenatal health education throughout pregnancy.
- Three surveys per patient will be filled out at appropriate times in their pregnancy and clinical outcomes will be tracked.
- Group A and Group B surveys and outcomes will be compared.

BACKGROUND

Common Health Education Practices for Obstetrical Care:
- Timing and variety of topics are left up to the discretion of the individual provider. Lack of consistency between providers, even in a single practice.

Pros of Current Practice:
- 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.

PRELIMINARY FIRST TRIMESTER SURVEY RESULTS, n = 9

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RESULTS

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. We will further evaluate this hypothesis after two years of this study.
3. Patient satisfaction cannot be assessed at this time.
4. Early survey results indicate that first trimester women seem to welcome and subjectively have some accurate prenatal knowledge.

REFERENCES