Improving Prenatal Education in a Health Center: A Pilot Study

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Et al.

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Common Health Education Practices for Obstetrical Care:

- Fireing and lost appointments of topics are up to the discretion of the individual provider. Lack of consistency between providers, even in a single specialty.

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.
- Increases duration of breastfeeding.
- Decreases wait times after delivery.
- Decreases preterm, low birth weight, infants.
- 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 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:

- Development of about 30 prenatal patients during their first trimester. Group A who receive care at Heffernan Family Health Center (HFHC). Women will be followed through the prenatal and postpartum periods.

- 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 outcome scores will be tracked.

Year Two - Jan 2012 through Dec 2012:

- Development of about 30 more HFHC prenatal patients (Group B) will be enrolled in the study during their first trimester and initiate the new prenatal health education throughout pregnancy.

- Three surveys per patient will be filled out at appropriate times in their pregnancy and clinical outcome scores will be tracked.

- Group A and Group B surveys and clinical outcomes will be compared.

METHODS

Creating a Prenatal Education Plan:

1. Review current 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 designee 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 postpartum period, were created. Partially based upon previously validated questions.

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:

- level of stress secondary to pregnancy
- confidence in making decisions about her pregnancy without the help of prenatal care
- worry about pregnancy and various pregnancy related issues.

Clinical Outcomes:

- Chart reviews will be performed on each enrollee patient after delivery of the baby. Failed outcomes will include:

- Number of phone call for prenatal issues between appointments
- Number of trips to the emergency room for prenatal related issues
- Imaging status during pregnancy
- Preterm labor
- Breastfeeding intent and actual rate at discharge
- Pregnancy complications

RESULTS

PRELIMINARY FIRST TRIMESTER SURVEY RESULTS, n = 9

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>Taken caring of a newborn baby?</td>
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<tr>
<td>The effect of ongoing health education such as how to tell if you are in early labor or diabetes on your pregnancy</td>
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<td>Fat during labor and delivery</td>
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<td>Changes in your weight and body shape during pregnancy</td>
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<td>Whether the baby might come too early?</td>
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<td>Physical symptoms such as vomiting, headaches, feet, or backaches?</td>
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<tr>
<td>The quality of your medical care during pregnancy?</td>
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<tr>
<td>A resource for between visits that can be referred to before calling</td>
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<td>&quot;You don't want to be THAT annoying patient (that calls all the time).&quot;</td>
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<td>TOPICS THAT WERE NOT CONSISTENTLY DISCUSSED WITH WOMEN: Lifestyle modifications: hot baths, saunas, etc...</td>
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<td>Why to continue during pregnancy</td>
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<td>What will happen to the patient and the baby in the hospital</td>
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<td>Why a urine test is done at each visit</td>
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<td>&quot;I thought they were looking for drugs.&quot;</td>
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<td>Dental Care</td>
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<td>Physical or Early Labor</td>
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<td>Nutrition and foods to avoid</td>
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<tr>
<td>&quot;Maybe [doctor] just knows I [patient]...this is my third pregnancy.&quot;</td>
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<td>Weight gain</td>
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<td>Breastfeeding: no formula feeding</td>
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<tr>
<td>Development of the baby during pregnancy</td>
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<td>Common symptoms during pregnancy, management of symptoms</td>
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<tr>
<td>&quot;I was sick what will happen during labor, stages of how, one knows the stages of labor&quot;).</td>
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<td>&quot;Safe medications to take during pregnancy: I had bad headaches and my lab's &quot;don't change anything...my grandmother said 'nothing but Tylenol.'&quot;</td>
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Current answers are in bold.

I. Studies of women who smoke tend to be smaller than studies of women who do not smoke.

II. What about taking vitamin C without a prescription are safe to take during pregnancy without talking to your doctor?

III. "Postpartum labor is that starts one week before the due time.

IV. Epidurals and pain medications are the only way to relieve pain during labor.

V. Babies should always be put to sleep on their backs or tuck, or whatever.

VI. Relaxation breathing reduces stress during pregnancy.

VII. Research indicates that last several weeks is no cause for concern.

VIII. Smoking during pregnancy does not influence the health of the child.

IX. A woman's labor in which contractions are consistently over 2 minutes or lasting longer every 2 minutes.

X. It is okay to say yes during pregnancy if there is no bleeding or fluid coming out of the vagina.

XI. Sudden increase in blood pressure may be a warming sign for preterm labor.

CONCLUSIONS

1. Initial results indicate that there are gains 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. This is further supported by these limitations.

3. Patient satisfaction cannot be ascertained at this time.

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

REFERENCES


