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Improving Prenatal Education in a Health Center: A Pilot Study

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BACKGROUND

Common Health Education Practices for Obstetrical Care: Fireing a large portion of topics is up to the discretion of the individual 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.
- Increases duration of breastfeeding.
- Increases satisfaction during pregnancy.
- Decreases problems, low birth weight, infant mortality.
- 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 through a family medicine health center.

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

METHODS

Creation of a Prenatal Education Plan:

1. Review of 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 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. Partially based upon 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: - 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. Failed outcomes will include:

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

RESULTS

PATIENT FOCUS GROUPS WOMEN APPRECIATED:

• Consistently seeing their doctor (and not another resident or midwife)
• Having two physicians (resident and attending)
• Personal touches such as the physician calling the patient her/his “Dr. or Ms. was on top of everything.”
• Friendly support staff
• Low wait times
• Women felt supported with their pain management decisions (epidural, no epidural)
• Historical Billing Queries: “I totally recommended it... it was great. I loved the camaraderie.”

SUGGESTIONS FOR IMPROVEMENT:

• List of resources (books & websites, availability at library)
• Consistently handing out the health education packet. Many patients did not receive the current prenatal folder. Also, one patient said it was incomplete.
• Information on what will be talked about at each visit. Women often had questions but were not sure if it was too early or too late to ask.
• “Maybe it will be brought up next time.”
• “We didn’t discuss labor until 35 weeks. I wanted to talk about it during the entire process.”
• Discussion of birth plans and what will happen when they arrive at the hospital.
• A resource for between visits that can be referred to before calling: “You don’t want to be THAT annoying patient (that calls all the time).”

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TOPICS THAT WERE NOT CONSISTANTLY DISCUSSED WITH WOMEN:

- Lifestyle modifications: hot baths, saunas, etc.
- Ways to combat stress during pregnancy
- What will happen to the patient and the baby in the hospital
- Why a urine test is done at each visit: “I thought they were looking for drugs.
• Dental Care
• Preterm or Early Labor
• Nutritition and foods to avoid:
- Common symptoms during pregnancy, management of symptoms
- Safe medications to take during pregnancy: “I had bad headaches and they told me to take Tylenol.”
- “Maybe I shouldn’t take anything my grandmother said ‘nothing but Tylenol.’”

PROJECT TIME LINE

Year One = Jan 1 through Dec 2011:

- Development 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.
- Pre-natal 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 2 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.
- These surveys per patient will be filled out at appropriate times in their pregnancy and clinical outcomes will be tracked.
- Group A and Group B’s surveys and outcomes will be compared.

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. However, better outcomes will be determined through this hypothesis after year two of this study.

3. Patient satisfaction must 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