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Improving Prenatal Education in a Health Center: A Pilot Study

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Comments
Medical student Marcy Keddy Boucher participated in this study as part of the Senior Scholars research program at the University of Massachusetts Medical School.

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Improving Prenatal Education in a Health Center: A Pilot Study

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BACKGROUND

Common Health Education Practices for Obstetric Care: Fireing and sorting of topics are left up to the discretion of the individual provider. Lack of consistency between providers, even in a single setting. 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:

1. Increases rates of breastfeeding.
2. Increases duration of breastfeeding.
3. Increases available use during pregnancy.
4. Decreases problems, low birth weight, etc.
5. 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.

METHODS

1. Creation of a Prenatal Education Plan:
   a. Review of current prenatal education materials from around the country.
2. Patient Focus Groups:
   a. 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:
   a. Current third trimester prenatal patients, and women who previously attended the focus groups, were invited to review the health education packet and submit feedback.
5. Physician Focus Groups:
   a. HFHC attending and resident physicians, nurses, and nurse practitioners, were asked to attend one of two designed staff/faculty meetings at HFHC and submit comments and feedback about the packet.

RESULTS

Patient Focus Groups

2. Women Appreciated:
   a. “Consistently seeing their doctor and not another (ie. resident, nurse)”
   b. “Having two physicians (resident and attending)”
   c. “Personal touch as the physician calling patient her/himself. Dr. was on top of everything.”
   d. “Friendly support staff
   e. “Low wait times
   f. “Womens felt supported on their pain management decisions (epidural, no epidural)
   g. “Memorial Breastfeeding Line: I totally recommended it. It was great. I loved the Cameronede.

SUGGESTIONS FOR IMPROVEMENT:

• List of resources (books & websites, availability at library)
• Consistently handing out the prenatal packet. 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.
• Women often had questions but were not sure if it was too easy 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.”

Group A’s and Group B’s surveys and clinical outcomes will be compared.

PROJECT TIME LINE

Year One – Jan 2011 through Dec 2011:

1. Development of about 50 prenatal patients during their first trimester (Group A) who receive care at Hathorne Family Health Center (HFHC). Women will be followed through the prenatal and postpartum period.
2. Prenatal care will remain the same as it was prior to the start of the study at the health center.
3. 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:

1. New prenatal health education will be implemented.
2. 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.
3. Three surveys per patient will be filled out at appropriate times in their pregnancy and clinical outcomes will be tracked.
4. Group A and Group B’s surveys and clinical outcomes will be compared.

REFERENCES