Improving Delivery of Evidence-Based Prenatal Care in a Family Medicine Clinic

Rachel Rosenberg
University of Massachusetts Medical School

Jeremy Golding
University of Massachusetts Medical School

Follow this and additional works at: https://escholarship.umassmed.edu/ssp

Part of the Community Health and Preventive Medicine Commons, Life Sciences Commons, Maternal and Child Health Commons, Obstetrics and Gynecology Commons, and the Preventive Medicine Commons

Repository Citation
Rosenberg, Rachel and Golding, Jeremy, "Improving Delivery of Evidence-Based Prenatal Care in a Family Medicine Clinic" (2011). University of Massachusetts Medical School. Senior Scholars Program. Paper 117. https://escholarship.umassmed.edu/ssp/117
Improving Delivery of Evidence-Based Prenatal Care in a Family Medicine Clinic
Rachel Rosenberg MSIV, Jeremy Golding MD
University of Massachusetts Medical School

BACKGROUND:
According to the Institute of Medicine, using evidence-based decision-making is one of the key principles that will enable the health care system to provide consistent, high-quality medical care to all people. This can be a challenge when providing care to pregnant women, as ethical issues regarding research in this population have resulted in a relative dearth of high quality randomized control trials providing evidence for prenatal issues. The challenge of providing evidence-based prenatal care is further compounded in a busy Family Medicine teaching practice where pregnant women represent a relatively small fraction of the patients seen on a daily basis.

PURPOSE:
The purpose of this project was to develop concise, evidence-based protocols for the management of several common prenatal problems and implement them in a Family Medicine clinic in order to improve the quality of care provided to pregnant women in this practice.

METHODS:
First, 4 common prenatal problems were identified: 1) Obesity in Pregnancy, 2) Prior Preterm Labor, 3) Gestational Diabetes, 4) Chronic Hypertension in Pregnancy. For each of these problems, a comprehensive review of the literature was performed. Priority was given to guidelines from professional organizations, meta-analyses and randomized control trials. Using the strongest evidence from all of these sources, a one-page protocol was developed for each condition. The protocols then underwent a review process by the physicians at the clinic. In areas where no strong evidence existed, medico-legal considerations and consensus-derived provider preferences were incorporated into the protocols.

RESULTS:
In each of the 4 problems of interest, there existed at least one recommendation that had strong evidence to support it. These recommendations included screening tools, counseling topics and pharmacologic interventions.

CONCLUSIONS & NEXT STEPS:
The first phase of this project has resulted in the development of concise, evidence-based protocols for care of patients with 4 common prenatal problems that can now be instituted in the Family Medicine clinic. These protocols incorporate the strongest evidence available, and on issues where no strong evidence is available, they take into consideration medico-legal issues and provider preferences derived from a consensus process. We hope that the availability of these protocols will result in more consistent, evidence-based prenatal care. The next steps will be to assess provider utilization of and satisfaction with the protocols, as well as gather outcomes data to see if the implementation of these protocols results in better patient outcomes.

Figure 1: Example of evidence-based prenatal protocol

CONCLUSIONS & NEXT STEPS:
The first phase of this project has resulted in the development of concise, evidence-based protocols for care of patients with 4 common prenatal problems that can now be instituted in the Family Medicine clinic. These protocols incorporate the strongest evidence available, and on issues where no strong evidence is available, they take into consideration medico-legal issues and provider preferences derived from a consensus process. We hope that the availability of these protocols will result in more consistent, evidence-based prenatal care. The next steps will be to assess provider utilization of and satisfaction with the protocols, as well as gather outcomes data to see if the implementation of these protocols results in better patient outcomes.