

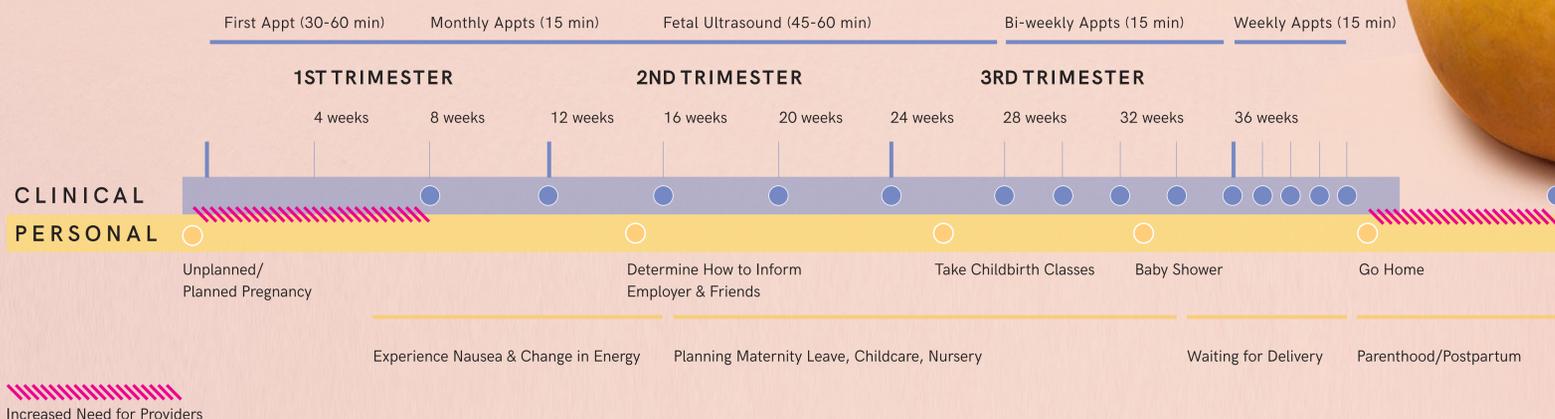
Redesigning Prenatal Care using Patient and Provider Reported Outcomes

Eva Luo, MD, MBA, Joanna Luo, Alison Kotin, Natasha Polozenko, Sandra Hwang, Rebecca Pinn, Michele Hacker ScD, Neel Shah MD, MPP, Toni Golen MD



Parent's Clinical & Personal Journey

Spanning across 8-14 appointments



DESCRIPTION

The current model of prenatal care is a one-size-fits-all PATHWAY that does not account for the heterogeneity of patient clinical and psychosocial characteristics. There are few metrics beyond maternal and infant morbidity and mortality to measure the successes of prenatal care. Through in-depth semi-structured interviews with patients and providers, the goals of prenatal care were discussed. The interview responses were then analyzed through a design thinking process to identify the most valued elements of prenatal care—patient and provider reported outcomes.

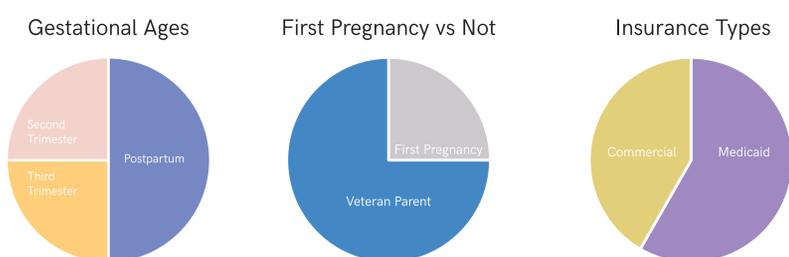
AIM

Identify patient and provider derived goals of prenatal care to develop new models of care.

ACTIONS TAKEN

24 interviews were conducted reflecting the diverse patient and provider population at BIDMC: 12 patients of varying gestational ages and psychosocial backgrounds and 12 providers including obstetricians practicing in academics/community/private practices, midwives, postpartum and Labor & Delivery nurses. Questions were based on existing psychosocial scales of resiliency, anxiety and depression, and psychosocial stressors. Patient interviews focused on current or previous pregnancies to identify elements of success and challenge. Provider interviews focused on describing the practice, memorable pregnancy experiences, and reactions to simulated patient vignettes. Responses were then analyzed identifying themes as insights and design criteria to redesign new models of care.

Patient Population in this Study



RESULTS

PARENTS

While patients have different ways of receiving and perceiving reassurance in care, there are commonalities in underlying needs and perceptions:

- Patients desire more visits with their OB at the beginning of their pregnancy. The underlying need is to feel that at least one clinician is familiar with their case.
- Patients perceive consistency of care, e.g. receiving the same testing between one pregnancy and another or working with the same clinicians, as reassurance. Inconsistency in care often leads to anxiety.
- During delivery, many patients do not know what options they can have preferences on and do not have the understanding to articulate these preferences/needs.
- Patients have varying degrees of desire to share personal experiences, existence of an activated support network, and receptiveness to a positive-affirmation or “coaching” style.
- Both during pregnancy and particularly post-delivery, new mothers are not feeling ready for major transitions (as a mother, professional, and other roles), and sometimes seek support beyond clinical care.

PROVIDERS

- Providers see pregnancy as a vulnerable time for parents and want to empower parents to feel like they are in control of the situation.
- Providers encourage parents to seek information to alleviate the anxiety build up.



CONCLUSIONS & NEXT STEPS

Pregnancy and parenting changes all aspects of the lives of patients and families, and Obstetricians and Nurses are the primary professionals they interact with through the course of this journey. This presents a critical opportunity for healthcare systems to support patients through a life transition.

- With these insights, we will develop prenatal care models that reflect the heterogeneous support needs of patients and families.
- Insights will have accompanying metrics, so that improvement in care can be tracked, measured and iteratively improved. Insights will have new accompanying metrics, so that improvement in care can be tracked and measured.