DEVELOPMENT AND IMPLEMENTATION OF AN EDUCATIONAL PRENATAL PACKET TO IMPROVE OBSTETRIC MANAGEMENT AND PATIENT EDUCATION WITHIN A FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM

Jalicia Sturdivant, DO, MBS1, Julianna Snow, DO2, Esther Piervil, PhD3, Erica Paulos3, Kimberly Mathurin, MD, MPH1
1. Memorial Health University Medical Center, 2. HCA Healthcare LewisGale Medical Center, 3. HCA Healthcare

Background

The has been a decrease in the number of family medicine providers reporting managing obstetrics patients. This number decreases as maternity care deserts increase across the country in rural America. Education in obstetric management can both increase provider confidence and the likelihood that a family medicine provider will continue to provide obstetrical care in the future. As such, increasing the number of family medicine providers that are equipped to manage obstetric patients can improve maternal and neonatal outcomes, which is especially needed in rural areas.

Objective

The purpose of this quality improvement project was to assess resident physicians’ comfort in managing prenatal care, their perceived usefulness in having a prenatal packet for patients and resident’s intention to practice prenatal care upon graduation; following an introduction of an educational prenatal packet and one-hour prenatal didactic session.

Methods

The resident/faculty team developed a prenatal education patient packet (PEEP) (See Appendix A) that featured many items that are generally reviewed at prenatal appointments. Prior to introducing this packet to Family medicine (FM) resident physicians, a pre-survey was provided. The survey used Likert scale measuring their level of comfort on many subjects that are discussed at a prenatal visit. A non-identifiable number (also known as a 3-4 ID) was used to de-identify each resident when completing the paper pre-survey. There were 16 residents that participated in this study. Approximately one month later, residents were introduced to the PEEP, and provided one week to review the prenatal packet. After one week, the FM resident physicians received a one-hour prenatal didactic presentation reviewing the PEEP and how to use it with prenatal patients. Following the presentation a post training paper survey (identical to the pre-training survey), while utilizing their 3-4 ID.

Surveys were uploaded individually into surveyplanet.com for analysis. The data was later analyzed by the HCA statistical team. Descriptive were performed to assess differences in resident responses. Fisher’s exact test was used to assess the statistical significance of differences among the resident group.

Results

Findings indicate that family medicine residents perceived a prenatal packet as beneficial for their patients. Results also indicate that a large proportion of the resident group are open to utilizing and providing educational prenatal tools to their patients. Resident physicians’ confidence improved on all prenatal discussion points reviewed within the prenatal packet (Figure 1). Of those surveyed, 87.5% thought a prenatal educational packet would be helpful pre-intervention and 100% post-intervention (Chart 1 & Figure 2). 93.7 % felt the quality of prenatal care would be improved with a prenatal packet pre-intervention and 100% agreed post-intervention. Of note, the number of residents who intend to practice obstetrics upon graduation remained unchanged at 40%.

Discussion

This data shows that family medicine resident physicians believe a prenatal education patient packet (PEEP) would be beneficial for their patients and would likely provide them to their patients and guide them on its usefulness. Other objectives of this study were to observe family medicine resident physician confidence in obstetric management in relation to their access to a PEEP. In this study we found that confidence improved on all prenatal counseling points via a single one-hour lecture and introduction to the PEEP. Use of a PEEP as a guide for patients but also for FM resident physicians providing prenatal care may be an effective way to ensure prenatal patients are receiving adequate prenatal counseling. The PEEP can work as a reminder of key discussion points between resident physicians and their patients. Reviewing topics within the packet with patients has the potential to allow for more interactive patient discussions by enhancing patients interest in their health and bringing forth questions they may have not thought of asking. This study only included 16 resident physicians at one local family medicine residency. Expanding this study to multiple residencies and continuing this study could potentially improve the overall power of the study and evaluate resident physician intention throughout a family medicine residency from PGY1-3.

With few family medicine providers providing prenatal care, it would behove graduate medical education (GME) programs to trial various methods of education to increase the number of providers managing prenatal patients. Improving resident providers' confidence in prenatal care management has potential to increase this number.

Conclusion

Family medicine resident physicians believe a prenatal education patient packet can be useful to pregnant patients and believes it has the potential to improve quality of prenatal care for their patients. The adoption of a prenatal packet has the potential to improve both provider confidence and patient outcomes in a Family Medicine GME setting.

References