

Improving Patients' Perception of Provider Trust and Communication with Birth Plans

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Introduction

- Birth plans are an effective tool
 - Outline patients' desires and expectations
 - Less effective if there's a lack of communication between patient and provider
- Patients can perceive providers as authoritarian especially in emergent situations
 - Birth plans prepare for these moments before they happen
- Goal to implement a standardized birth plan at Medical City Women's Care
 - Discuss analgesia in labor, emphasize breastfeeding benefits, and explain delayed cord clamping beginning at 32 weeks gestation

Methods

Plan-Do-Study-Act (PDSA) quality improvement cycle was utilized

Project Overview

Study period:
September 2022 to October 2023
Project personnel presented birth plan importance and documentation instructions

Documentation

Initially documented in the Flowsheet
Then documented in the Problem List

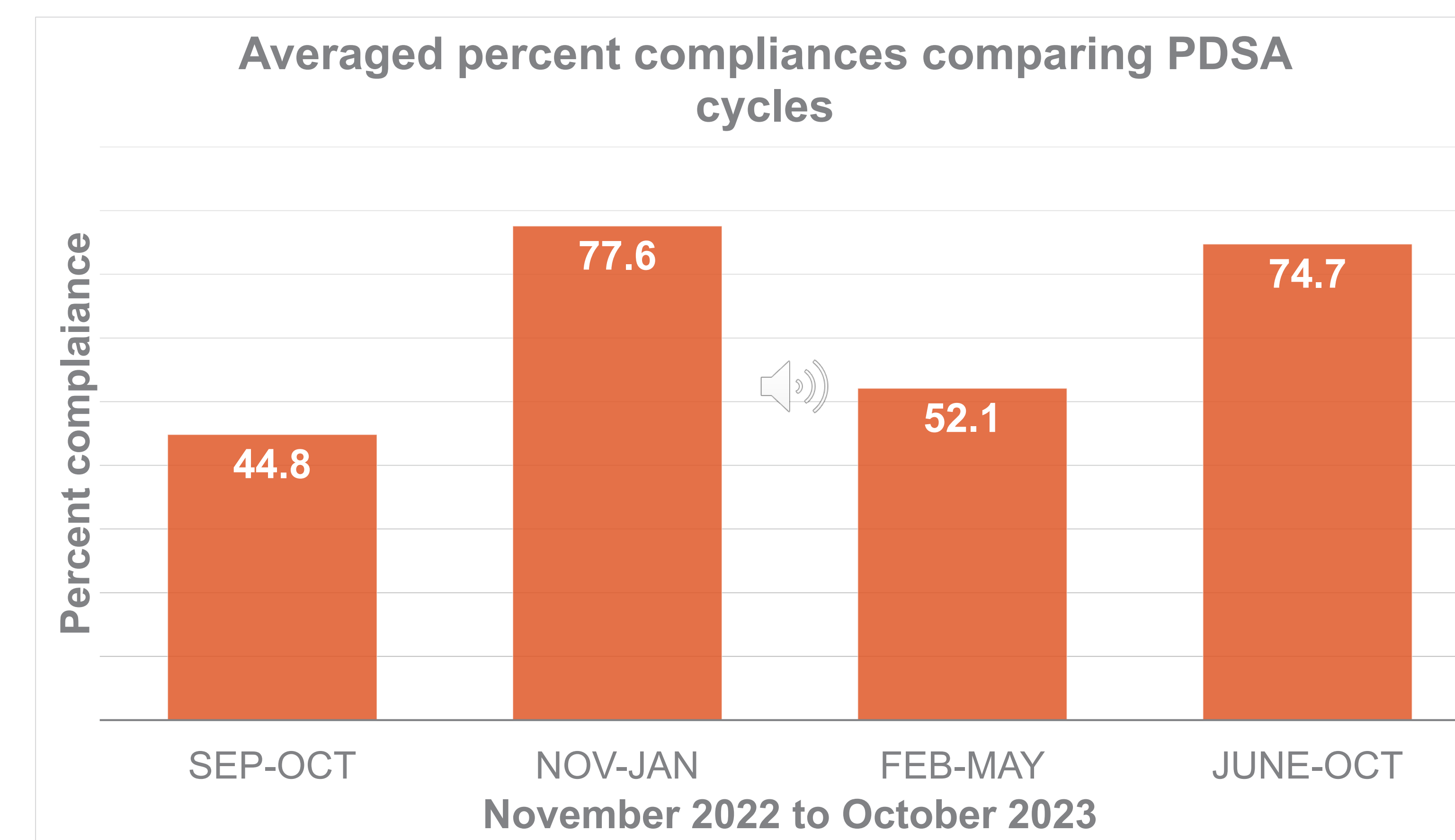
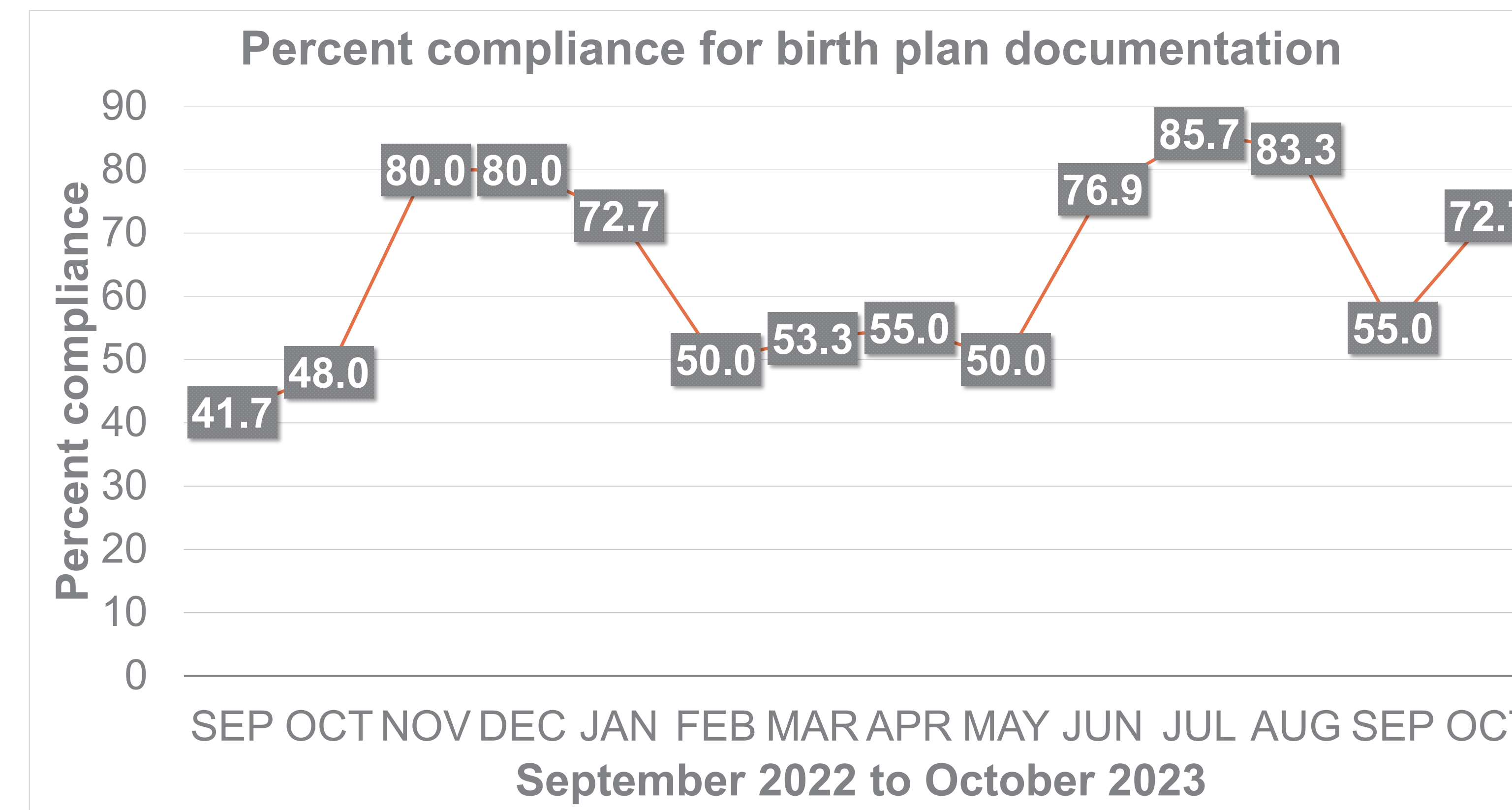
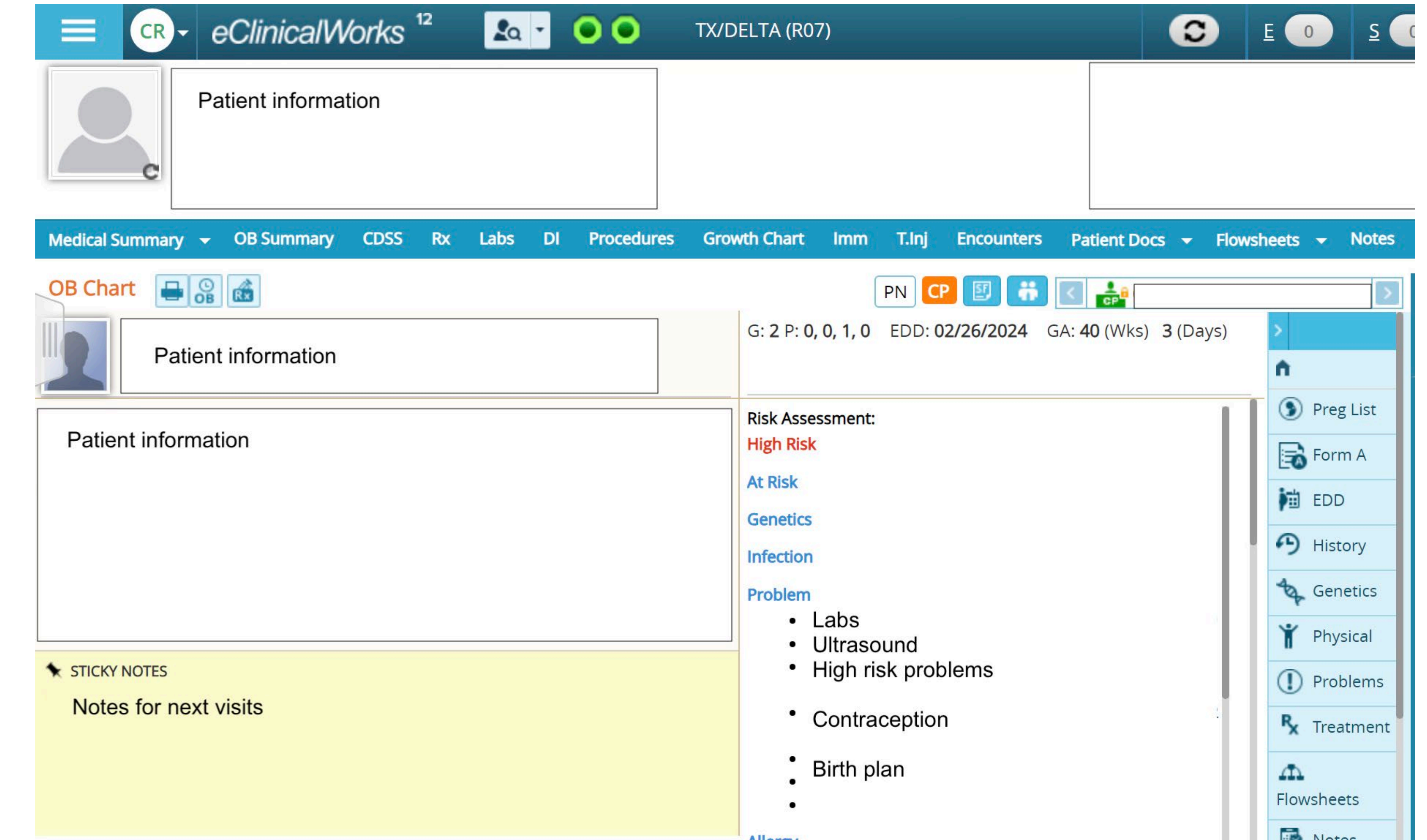
Data Review

Monthly collection
Percent compliance
2 of 3 topics met compliance criteria

- **Percent compliance:** number of documented birth plans / total number of patients at ≥ 32 weeks gestation
- **Excluded from data collection:** planned cesarean sections

Outcomes

- Out of 313 patients, 291 patients were included in data review.
- Scheduled cesarean sections eliminated 22 patients from data review.

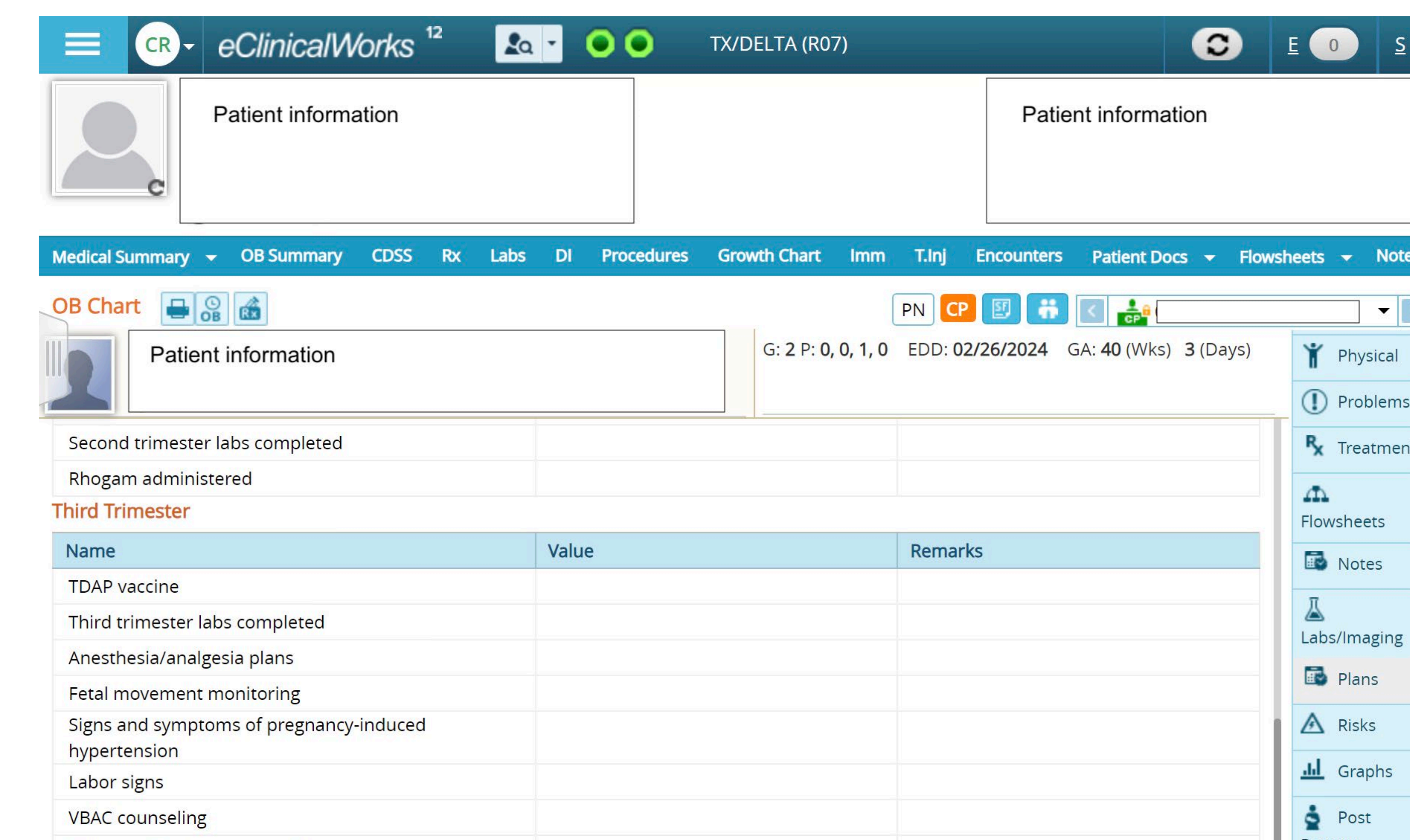
The screenshot shows the eClinicalWorks interface for a patient. The 'Risk Assessment' section is highlighted, showing 'High Risk' status. The 'Problem' list includes 'Labs', 'Ultrasound', 'High risk problems', 'Contraception', and 'Birth plan'. The 'STICKY NOTES' section contains 'Notes for next visits'.

Discussion

- Standardized birth plan discussions can be implemented
- Discussion allows for partnering between patient and provider
- Documentation location affects the compliance
- Future goals
 - Documentation in hospital history and physical
 - Expand birth plan topics to other popular minimal interventions
 - Expand birth plan topics to discussing postpartum expectations
 - Track how birth plan discussions influence patient satisfaction

References

1. DeBaets, A. M. (2017). From birth plan to birth partnership: Enhancing Communication in childbirth. American Journal of Obstetrics and Gynecology, 216(1). <https://doi.org/10.1016/j.ajog.2016.09.087>
2. Lothian, J. (2006). Birth plans: The good, the bad, and the future. Journal of Obstetric, Gynecologic & Neonatal Nursing, 35(2), 295–303. <https://doi.org/10.1111/j.1552-6909.2006.00042.x>



The screenshot shows the eClinicalWorks interface for a patient. The 'OB Chart' section is visible, showing a table of clinical data for the third trimester.

| Name | Value | Remarks |
|--|-------|---------|
| Second trimester labs completed | | |
| Rhogam administered | | |
| Third Trimester | | |
| TDAP vaccine | | |
| Third trimester labs completed | | |
| Anesthesia/analgesia plans | | |
| Fetal movement monitoring | | |
| Signs and symptoms of pregnancy-induced hypertension | | |
| Labor signs | | |
| VBAC counseling | | |

