Implementing Prenatal Education and Support to Increase Preterm Labor Risk Knowledge Among Pregnant Women
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Background

- Preterm birth is the leading cause of infant mortality in the U.S. and often plagues babies with long-term health problems.
- Lack of education and self-confidence adds stress and contributes to under-utilization of prenatal health services by pregnant women.
- Prenatal education is underutilized in the US, especially by those marginalized and at-risk.
- Community interventions such as prenatal health counseling and women's support groups show 26% decrease in infant mortality.
- Compliance with medical interventions is more likely when supportive and holistic education is given to patients.

Intervention

- Best Start Prenatal Education Modules presented in online support session over 4 weeks via an online meeting.
- Socially supportive and interactive session format.

Methods

- Project design: QI project using pre-post design.
- Setting: online support group run by perinatal counseling center based in urban Western NY.
- Sample: Goal was 10-20 voluntary participants 3-8 months pregnant (LDS used for data collection due to inability to recruit participants).
- Measurement tools:
  - Anti-Defamation League Anti-Bias Checklist
  - Upstart Parent post-survey and retrospective pre-survey for knowledge and skills gained and program satisfaction.

Results

Aim 1: Education content scored well on Anti-bias Checklist: images & content inclusive of diverse ethnicities, modules accommodate different learning styles, images & content could be more inclusive of LGBT+ community.

Aim 2: Pregnancy knowledge & skills improved 15 points in post-test compared to pre-test with high level of program satisfaction.

Aim 3: Preterm birth rate among participants was 9.8% compared to regional average of 9.2% but median pregnancy length was 39 weeks.

**Results based on hypothetical LDS data, not actual participants**

Conclusion & Sustainability

- Prenatal education should be combined with behavior modification interventions to have greatest impact on healthy pregnancy outcomes.
- Further research is needed on the impact of prenatal education and interventions on objective measures of pregnancy health.
- Education modules recorded for future use by organizational mentor.