

Introduction

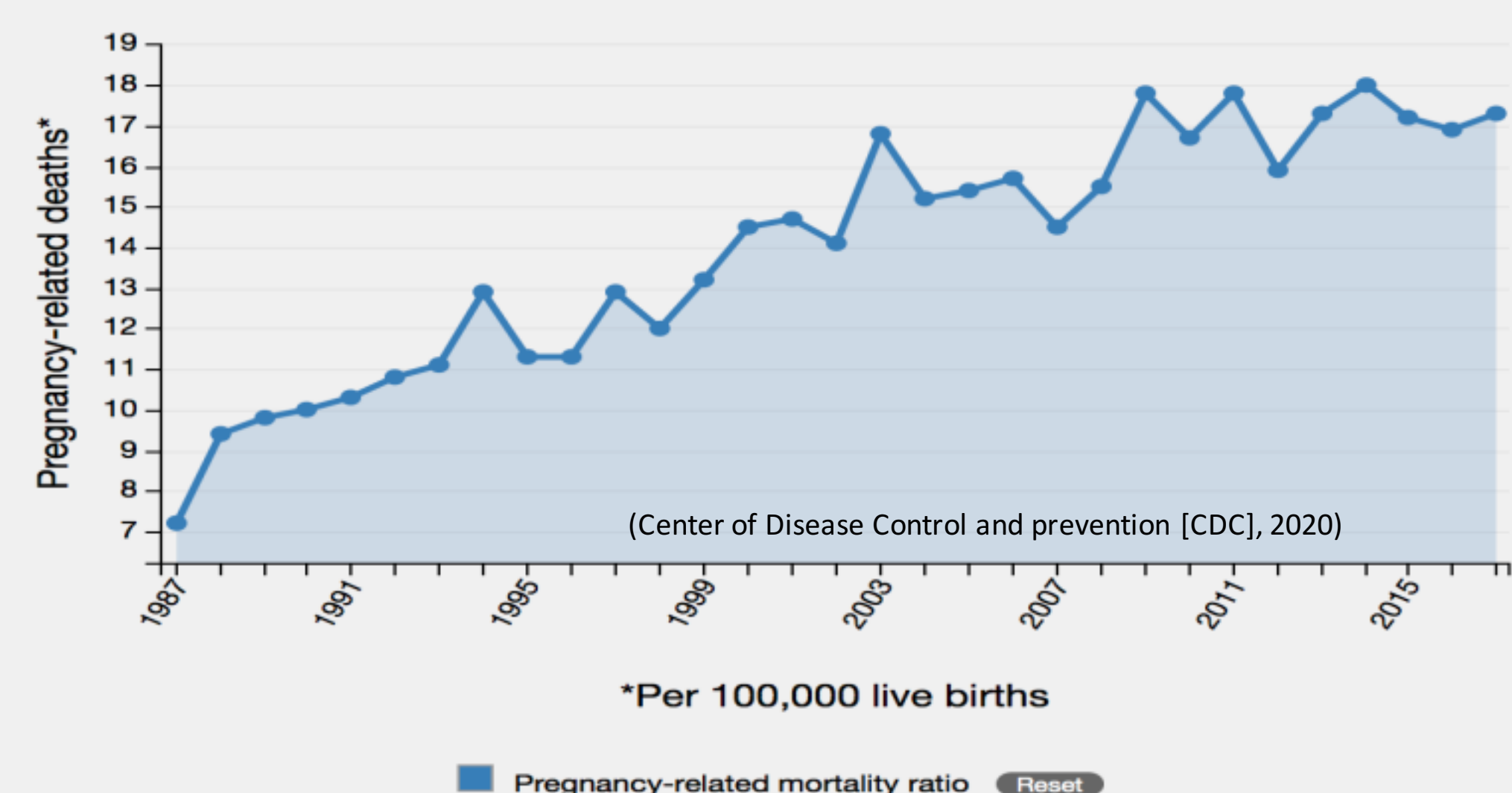
- The number of pregnancy related deaths in the United States continues to rise annually
- Maternal death rates in the United States are double when compared to rates in other high-income countries
- New Jersey has some of the highest rates of maternal mortality in the Country
- A woman giving birth in New Jersey has a nearly 50% greater chance of death when compared to the national average and 60% of maternal deaths are due to preventable causes

Background & Significance

Maternal Mortality

- The Pregnancy Mortality Surveillance System is used in the US to follow maternal mortality trends

Trends in pregnancy-related mortality in the United States: 1987-2017



CenteringPregnancy

- CenteringPregnancy is an evidence-based model of prenatal care that has been shown to improve outcomes for mothers and babies
- It is group prenatal care that brings women due at the same time out of the exam room and into a comfortable group setting” (The Centering Healthcare Institute, 2021)
- Centering is a combination of individualized patient care with one-on-one provider time and group sessions
- 8-10 expecting mothers at similar gestation age
- Groups are approximately 90-120 minutes long and run by obstetric care providers
- Meet every 2-4 weeks for a total of 10 visits over a 6 month period.
- Even with the many known benefits of CenteringPregnancy providers are still hesitant to deviate from a traditional method

Contact Information

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Clinical Question

Does an education session at the hospital level on maternal mortality, initiatives to improve maternal outcomes in New Jerseys, and CenteringPregnancy influence healthcare providers attitudes regarding CenteringPregnancy when compared to provider’s attitudes prior to receiving the education session?

Method

Design

- Single group pretest/posttest survey design
- The pretest and posttest had 11 identical questions, used the Likert scale and was developed for this specific project
- Educational was provided on: the maternal mortality crisis in New Jersey, initiatives to improve maternal outcomes in New Jersey, and the CenteringPregnancy model of prenatal care.
- Evaluate the perceived effectiveness an education session has on attitudes, confidence and knowledge

Setting

- A community hospital located in Central New Jersey
- 184 bed facility, short-term acute care, voluntary nonprofit

Population

- Maternal Newborn Care Center Staff
- 88 staff member that provide direct patient care: 52 Registered Nurses, 3 Nurse Practitioners, 5 LPN, 1 Neonatologist, 3 Pediatricians, 5 Midwives, 12 OBGYNs, and 7 Family Practice Physicians

Subject Recruitment

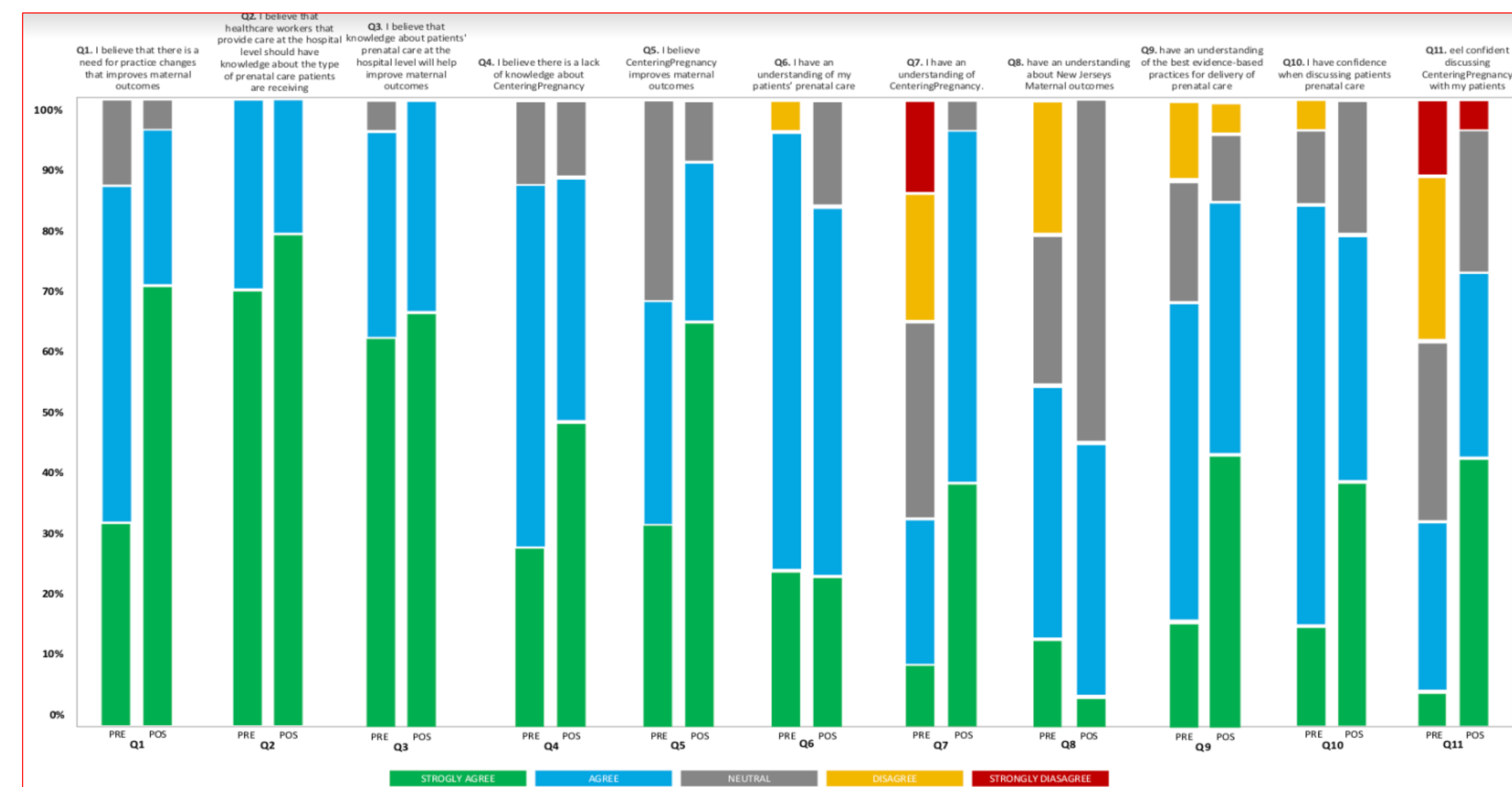
- An email was sent to 88 staff members that provide direct patient care requesting participation

Consent

- Participants selected “agree” prior to accessing the pretest survey. Consenting to: participation, that they are 18 years of age or older and free to withdrawal from participation in the study at any time

Results

- 26 participants out of the 88 healthcare providers asked to participate in the project completed either the pretest, education or post test
- 23 participants completed all three requirements (n=23)
- There was change in: perception, attitudes and confidence after completion of the education session



- 31% of participants “strongly agreed” that there was a need for practice change to improve maternal outcomes and after completion of the education session this increased to 70%
- Prior to the education session only 8% of participants “strongly agreed” to having an understanding of CenteringPregnancy this changed to 97% of participants either “strongly agreed” or “agreed” to having an understanding of CenteringPregnancy following the education

Discussion/Implications

Practice, Policy & Economics:

- New Jersey’s Department of Human Services is working with state officials to increase reimbursements for practices/providers that

- implement CenteringPregnancy
- Govern Murphy’s recent NJ bill A5021 provided Medicaid coverage for group prenatal care services
- Increased funding from private sector supporters to develop the space needed for urban centers in New Jersey to be able to provide the space and the support needed to implement the CenteringPregnancy model

Patient Care:

- Care providers have improved attitudes and increased knowledge on CenteringPregnancy
- With education provide at the hospital level healthcare providers have more confidence when discussing CenteringPregnancy with their patients

