Improving Birth Outcomes for Young African American Women Through Preconception and Interconception Care: Providers' Perspectives

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Background

- Persistence of poor birth outcomes among African American (AA) women in Ohio
- PPOR model suggests that even early prenatal care is too late to address poor birth outcomes
- Focusing attention on interventions before conception builds on work to identify interventions to decrease disparities

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Background

- Role for direct providers of care to women (OB, GYN, FP, IM) and providers of care to their children

- Guided by Life Course Health Development Model (Halfon et al., 2005)

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Research Questions

1. What are the attitudes and beliefs of currently practicing providers that serve young AA women age 15 to 24 regarding preconception care (PCC) and interconception care (ICC)?

2. What are the attitudes and beliefs of currently practicing health care providers of public health programs that serve children of young AA women regarding PCC and ICC?

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Data collection with physician providers

Inclusion criteria:

1. Licensed physician
2. FP, IM, Ob-GYN, Ped
3. Providing services to young African American females 15-24 in one of the target regions

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Physician provider participants

Ten IVs with physicians: 3 Central, 3NE, 4SW

- Age 31 – 60
- Half were female
- 2 FP, 1 IM, 2 OBG, 2 Ped, 2 IM/Ped, 2 FP/OBG
- Practicing 1-5 yrs=3; 6-10 yrs.=3; 11-40 yrs.=4
- In-person or phone interviews; hand recorded notes
- $50 gift card
- Informed consent
- Field notes

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Data collection with non-physician providers - FG

Inclusion criteria:

1. Nurses, health educators, service coordinators, outreach workers, social workers practicing in target regions
2. Age 19 or older
3. Provide services to young AA females 15-24 or their children

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Non-physician provider participants

3 FGs with non-physician providers, one in each region

- Age 21-60; all female
- 3 nurses, 8 SWs, 4 HEs, 2 program mgrs, 3 other
- Practicing 1-5 yrs=10, 6-10 yrs=5; 11-40 yrs=5
- Lunch, $25 gift card
- Informed consent
- Audio recorded

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Provider FG & IV Questions

1. <u>Meaning</u> of PCC and ICC to you?

2. <u>Key issues</u> in health care and birth outcomes for: all women? AA women? young AA women age 15 to 24?

3. (for providers of services to children of target population) Feasibility of <u>identifying high risk young AA women</u> not be receiving PCC or ICC?

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Provider FG & IV questions

4. Barriers to identifying at risk young AA women or providing PCC and ICC for young AA women?

5. Practice changes to support provision of PCC and ICC care for young AA women?

6. Best method to disseminate practice information to health care providers?

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Meaning of preconception care to you?

Consensus in themes expressed by both provider types, and across regions

- Keeping healthy
- Self care/awareness
- Broader than medical care
- Throughout life cycle
- Preventive behaviors throughout lifecycle

- Getting ready for pregnancy
- Avoiding pregnancy
- Watching ovulation
- Assessing the 'right time'
- Talking to partner

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Meaning of interconception to you?

- For many, unfamiliar term – hadn't heard before!

- Other responses:
  - care after conception
  - care during childbearing years
  - spacing pregnancies/family planning
  - waiting for sexual activity
  - identify & address problems of previous pregnancies
  - quality interactions with health care provider

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Key issues in health care and birth outcomes, for all women?

- General consensus among providers by type, region
- Primarily social & economic, lack of health literacy/familiarity with health care system
    - Access, insurance
    - Domestic violence, partner influence
    - Stress
    - Smoking & alcohol/substance abuse
    - Lack of knowledge /understanding of self care issues, prevention, being healthy
    - Nutrition habits
    - Providers not seeing women until after 1st trimester
    - "Can't / won't happen to me"
    - Compliance (mentioned more by physicians)

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Key issues in health care and birth outcomes, for African American women?

- Same as for all women, plus:
  - Worse outcomes
  - Other issues more prevalent, severe, important
  - Greater stressors
  - Traditions
  - Providers not taking time to talk, build relationship & trust
  - Need for an advocate
  - No concept of care across the life span
  - Weight issues
  - Abortion / adoption not acceptable
  - Not focusing on self

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Key issues in health care and birth outcomes, for young AA women?

- Same as for all African American women, plus:
  - Health care not seen as important
  - Parental /maternal influence (+ or -)
  - Need for role models, support
  - Depression
  - Need for more education
  - Need for sensitivity
  - No preaching!
  - No judgments!

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For providers of services to children of young AA women at risk, feasibility of identifying/referring women?

- Yes!
- Should be doing now
- Is in protocols, but time and carrying-out are issues
- Opportunity for relationship building, family focus
- Problems: access issues, available providers, compliance, understanding of importance, lack of medical home
- Harder to do at preconception

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Changes in professional practice to support providing PCC and ICC for AA women?

- Learn the terms & what they mean
- Be aware of the issues and barriers these women face
- Build relationships- use time & trust
- Ask them!
- Focus on the women- their lives, plans, dreams
- Outreach- schools, faith community
- Start sex education early – with outreach to partners
- Must see this type care as a priority
- Refer at time of pregnancy test
- System issues

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How best to disseminate practice change information to health care providers?

- CMEs, CE
- Conferences
- Training sessions, grand rounds, staff meetings
- Methods used by drug reps!
- Partner with other organizations & media
- Take time to get these concepts known
- Forget about mailings; journal articles limited usefulness

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Anything else you'd like to add?

- Need provider's time, trust, care, education, support
- Don't preach or judge, focus on the young woman
- Depression is a problem
- Life issues are major challenge
- Educating women:
  - direct, not pamphlets, posters, or videos (unless in provider office/waiting room), use community partners
- System issues

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Summary
Perspectives on PCC and ICC

- Consensus across providers by type, region (except physicians mention compliance more)
- Preventive care is not the norm
- Little evidence of planning for pregnancy by women
- Life events, SES, institutional system are pervasive, tenacious barriers

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Summary
Perspectives on disseminating practice information

- Communicate with providers through educational sessions, existing meetings, short reminders/blurbs, listservs
- Prefer personal contact when receiving information
- Get this information into mainstream medicine

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Summary
Working with young AA women

- Outreach is crucial – need a community perspective!
- Focus on life course – beyond just "medical topics" -on young woman AND her (future) child/children
- Start PCC at an early age
- Key aspect of building relationships with young AA women:
  - provider attitude, demeanor
  - time, trust, education, support

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Conclusion

- Consistent with previous research on provider awareness of PCC, ICC
- Implications for provider education
- Implications for advocacy, standards of professional provider organizations
- Health policy implications: program development, performance monitoring, reimbursement

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Questions?

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