

Community for Antepartum Patients (CAP): Establishing an Inpatient Model for Group Prenatal Care at Duke

Isabella Coogan¹, Natalie Gulrajani¹, Saisahana Subburaj¹, Keri Tomechko¹, Julia Moyett², Khaila Ramey-Collier², Linda Zambrano Guevara², Sarah Dotters-Katz, MD²

¹Trinity College of Arts and Sciences, Duke University ²Duke University School of Medicine



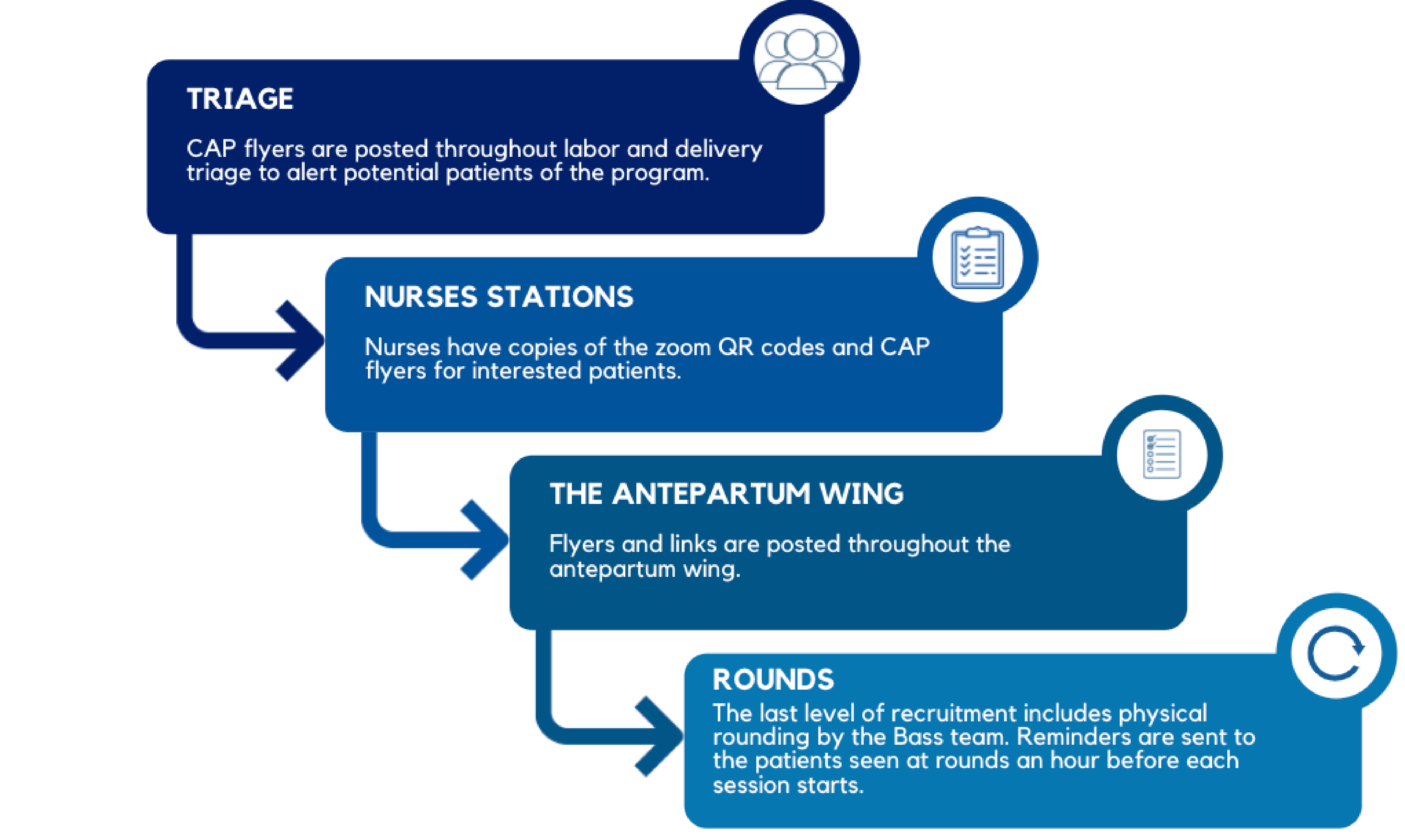
Background

- In the US, ~ **10%** of pregnancies result in preterm deliveries; rates are 48 percent higher among Black women.
- Approximately **one-third** of these preterm deliveries are preceded by preterm prelabor rupture of membranes (PPROM) which often necessitates a prolonged antepartum stay.
- Group prenatal care is associated with improved maternal health outcomes such as patient satisfaction, self-esteem, postpartum contraception, and breastfeeding rates.

Objectives

- CAP aims to:**
- adapt the CenteringPregnancy model to an inpatient antepartum service
 - foster a community that supports the emotional and mental well-being of the patients
 - analyze the impacts of CAP on maternal health outcomes

Recruitment



Project Design

Target population:

- High-risk pregnant individuals inpatient on antepartum ward of Duke Labor & Delivery

Team:

- Medical students: oversee CAP sessions, recruit patients, design research questions
- Undergraduate students: facilitate CAP sessions, create activities for patients, round on antepartum, participate in basics of obstetrics course
- Maternal and child health specialists: rotate monthly in CAP sessions
- Medical staff: encourage patient participation

Product:

- Weekly sessions focused on different topics surrounding inpatient antepartum care
- Space for community building, comradery, stress-relief, and education

Future Directions

Recruitment & Session Curriculum:

- Improve retention of patients who have 4+ week stays
- Network with more specialists to increase session range and variety
- Transitions to in-person sessions and empower patients to meet with their neighbors

Measuring outcomes:

- Encourage Qualtrics pre- and post- session survey
- Collect qualitative reports and quotes from patients on suggestions and take-aways

Results/Discussion

Since October 2021:

- 15+ patients participating over the course of 20+ sessions
- 5+ rotating session topics: lactation, NICU-medical, NICU-social stress, cabin fever, pain management, OB anesthesia, planning for labor, stress management, support systems

Achievements:

- Patients with prolonged hospitalizations often came to multiple sessions in one month
- Patients reported positive experiences and gratitude for the sessions, citing lactation and NICU as especially valuable

Challenges:

- Timing of sessions - some patients reported not being able to attend because of remote work or procedures being done during the afternoon
- Retrospective data analysis - needed to modify research questions due to the diversity of topics covered each session; have developed a more consistent curriculum

Acknowledgements

This project has been made possible through the support of Duke Bass Connections and Duke Birthing Center. We also extend thanks to Amy MacDonald, CNM, MSN; Namita Kansal; Shauntell Luke; Onyinye Ohamadike; Stephanie Lim, MD; & Sarah Wheeler, MD.