



**BABY STEPS:
A NURSE'S PERSPECTIVE ON
BUILDING A PRENATAL CARE
PROGRAM AT A FAMILY
PRACTICE FQHC**

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LEARNING OBJECTIVES



- ❖ **Identify the benefits of having prenatal care services available at a family practice clinic, and be able to outline a basic prenatal care workflow.**
- ❖ **Verbalize the value and necessity of a strong nursing presence in the successful implementation of a prenatal care program.**
- ❖ **Identify 3 strategies to engage low-income pregnant women in obtaining early and adequate prenatal care.**

INTRODUCTION

- Julie Larson BSN, RN, CLC
- Nurse Care Manager - Stephen Klein Wellness Center
- Women's Health/High-Risk Obstetrics nurse
- Mom of 2 boys
- Current Netflix obsession: *Call the Midwife*



PROJECT HOME

"NONE OF US ARE HOME UNTIL ALL OF US ARE HOME"

- Philadelphia non-profit empowering individuals to break the cycle of poverty and homelessness through affordable **Housing**, **Opportunities**, **Medical**, and **Education** (Est. 1989)
- St. Elizabeth's Recovery Residence (Est. 1994) → Stephen Klein Wellness Center (Est. 2014)
- Federally Qualified Health Center



STEPHEN KLEIN WELLNESS CENTER

- Services:
 - Primary medical care for all ages
 - Integrated behavioral health care
 - Dental care
 - Pharmacy
 - On-site laboratory
 - Wellness classes/programs
 - YMCA-operated fitness facility
 - Legal clinic
 - Emergency food pantry
 - Hospitality showers
 - Health insurance assistance
 - Medication Assisted Treatment
 - Healing Touch/Acupuncture

And now ...PRENATAL CARE****



WHO DO WE SERVE?

- Lower North Philadelphia – 2nd poorest zip code in Philadelphia for the past 20 yrs
- Uninsured/Medicaid/Medicare
- Housing unstable, homeless, formerly homeless
- Residents are more likely to be young, African American, and female
- Philadelphia leads the 11 largest U.S. counties in both infant mortality rate (10.7 per 1,000 live births) and low birth weight infants (10.9%)
 - “Low birth weight” = weighing less than 2,500 grams, or 5 lb 8 oz
- Lower North Philadelphia leads the city’s neighborhoods in infant mortality rates, low birth weight infants, and having 5 or more births per person
 - 2nd worst in receiving late (starting in 3rd trimester) or no prenatal care

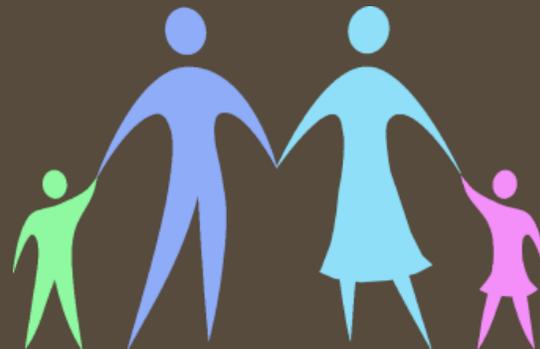


WHY OFFER PRENATAL CARE AT A FAMILY PRACTICE CLINIC?



- ✓ Opportunity for preconception counseling and availability of family planning services
- ✓ Increased access to EARLY prenatal care (lessens the gap between the initial identification of pregnancy and the onset of prenatal care)
- ✓ Patient comfort level with their current provider (added value of provider who is already familiar with patient's medical history)
- ✓ Many family practices have on-site behavioral health, social work, dentistry, etc. (increased continuity of these services, as well as interdisciplinary communication)
- ✓ Continuity of care after delivery; OB provider may then be child's provider
- ✓ Larger, hospital-based settings may offer less personal attention and may be less accessible to patients with limited resources

Family Practice clinics offer the unique and critical opportunity to reach women before, in between, and after pregnancy to recognize and address ongoing medical and behavioral health concerns.



HOW DID WE START?

- Slowly (baby steps!)
- Only existing clinic patients who became pregnant (no outside advertisement)
- One family medicine attending provider agreed to do prenatal care one session per week (“OB Wednesdays”)
- 28-week (end of 2nd trimester) gestational limit to care – based on HRSA insurance/liability limitation
- Partnership/mentorship with one major city hospital/family practice clinic with established full-term OB service



DOES PROVIDER-LED CARE WORK?

“A few months into it, Dr. X was feeling overwhelmed, and providers were kind of half doing the initial prenatal visit when women had a positive pregnancy test, but frequently not ordering all of the needed labs and all doing different amounts of education. We would lose women to follow up and then they would show up again late in their pregnancies when it was too late for us to really help - it was a mess. So I offered to help follow these women more closely, and she said “Yes PLEASE!”



- Sam Baker-Evens, RN

NURSE-LED/TEAM-BASED CARE



- First visit → patient sees RN
 - Full history (medical/OB/psych; medications, social needs, etc.)
 - Outline of care/transition at 28 weeks
 - Informal agreement/contract that patient and RN will communicate regularly
 - RN established as primary point person for patient needs
- Subsequent visits are a combination of nurse/provider
 - RN: history, education, orders labs, diagnostics (helpful to have a list of standing orders), ongoing needs assessment
 - Provider: physical exams, orders medications, addresses ongoing medical needs
- RN is the care coordinator throughout the pregnancy

WHAT CAN NURSES DO?

1 st Trimester	2 nd Trimester	3 rd Trimester	Postpartum
Initial lab work – ordering and follow up	Genetic screenings – education/scheduling/lab work/follow-up	28-week labs – ordering and follow-up; Rhogam/TDaP/GBS	Hospital discharge coordination
Medical/Pregnancy/Mental Health/Dental History	Initiate breastfeeding education (ongoing)	Gestational diabetes teaching, if indicated	Breastfeeding/feeding assessments/safe formula preparation
Substance abuse/Domestic violence screening/assessing for food & housing stability	Fetal heart tones/fundal height measurements (ongoing)	Identifying labor room support/doula/birth plan	Post-partum depression screenings
Medication Reconciliation/Ordering prenatal vitamins	Home visiting nurse needs (i.e. progesterone/BP checks) Assessment and coordination of care	Contraception counseling	Contraception teaching/ongoing assessment of compliance/efficacy
Obtaining relevant records	Community resource needs identified and linked	Sending records/Induction scheduling	Continued assessment for and linkage to community resources (infant-related)
Ordering/scheduling dating ultrasound	Ordering/scheduling anatomy scan	Ordering/scheduling growth scans/non-stress tests, etc.	Newborn screen follow-ups and care coordination
Relevant 1 st TM education	Relevant 2 nd TM education	Relevant 3 rd TM education	Relevant mom/baby education

NURSE CARE MANAGEMENT

“...a promising team-based, patient-centered approach designed to assist patients and their support systems in managing medical conditions more effectively.” (2)

Centers for Healthcare Strategies

- Prenatal spreadsheet management and weekly care conference meetings
- Identifying barriers to care
- Ongoing relevant education/triaging (“Is this normal??”)
- Ongoing needs assessment/linking to community resources
- Care coordination across specialties/facilities
- Encouragement and support –
be **“their person”**



ENGAGING AT-RISK PREGNANT WOMEN

- Texting/availability of easy access for medical concerns
- Nurse visits accompany each provider visit (get the “scoop”)
- Maternity clothes (shopping at the Stephen Klein boutique)
- Baby pictures bulletin board
- Linkage to community resources
 - Nurse Family Partnership
 - Early Head Start/Healthy Start home-visiting programs
 - Crib, car seat, and baby “stuff” programs (Cradles to Crayons, Mitzvah Circle)
 - Insurance-based Nurse Care Management programs
- Capturing through other clinic services (i.e. dental, behavioral health)

WHAT DOES CARE MANAGEMENT REALLY LOOK LIKE?

“I’m bleeding. What do I do?”

“What’s the address for my ultrasound again?”

“Is it safe to take...”

“Can you call me? I need to talk to someone.”

“I can’t come in because I have no way to get there.”

“Can I speak to Doctor Julie?”

**HELP
WANTED**

“I didn’t know who else to call.”

“We got evicted.”

“My baby can’t poop!”

“It’s a boy!!!!!!”

“I can’t breathe.”

“I’m in the ER.”

“How do I get a 3D ultrasound?”

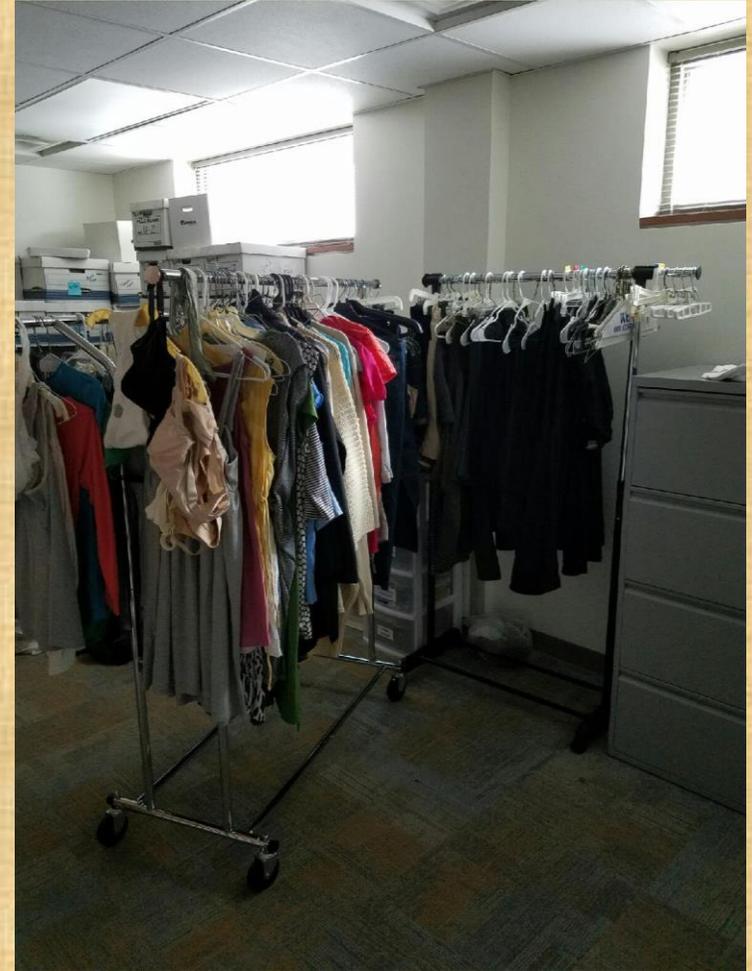
“I have a question, but I’m too embarrassed to ask.”

“I can’t keep this baby.”

“Does this look normal to you?” (picture attached)

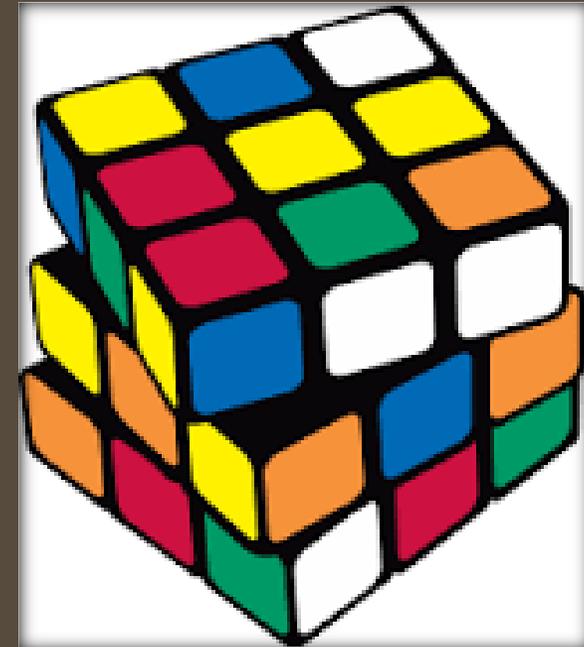
“My nipples hurt when I breastfeed. Is that normal?”

“Is my appointment today or tomorrow?” (It was yesterday.)



PRACTICE CHALLENGES

- 28-week gestational limit
- Female provider preference
- Appropriate utilization of medical assistants and other support staff
- Show rates



NEXT STEPS...

- 3rd trimester care – currently trialing 3 patients!
 - Low risk status
 - Agreeable to deliver at our mentoring facility
 - Goal is eventual expansion to any desired hospital for delivery
- Centering program
 - Group prenatal classes; topics are group-driven vs. set curriculum
 - Patients do their own vitals, socialize with other moms
 - Evidence shows it works! (3, 4)
- Outreach to homeless pregnant women
- Expansion of quality data tracking (tobacco use, breastfeeding)

QUESTIONS? JLARSON@PROJECTHOME.ORG



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