

Planned Parenthood – Evaluation of Childbirth Education Needs in Southern New England

Student Team: Amy Caplon, Hailey Jordan, Wan (Wendy) Wang, Sophie Wheelock, Anthony Yakely; Teaching Fellow: Christina Bastida; Instructor: Debbie Humphries; Preceptor: Pierrette Silverman

Background

In Connecticut (CT) and Rhode Island (RI), staggering disparities exist in maternal and child health outcomes along racial, ethnic, and socioeconomic lines. Planned Parenthood of Southern New England (PPSNE) is a regional leader in sexual and reproductive health services, annually providing services to more than 70,000 clients across CT and RI. PPSNE seeks to expand its services to include childbirth and parenting educational programming to help address these disparities. Before offering these programs, it is crucial to

assess the need for such programs among current PPSNE patients to appropriately implement them.

Objectives

- 1) Characterize preferences for timing and formatting of childbirth educational programs among current PPSNE clients in Southern New England.
- 2) Characterize perceived gaps in childbirth education curricula and best practices in providing childbirth education to PPSNE clients and mine appropriate childbirth preparation program topics to meet needs.

Methods*

Both quantitative and qualitative data were collected, including:

- 1) An online survey of current PPSNE clients asked about preferences around possible class formats, timing and costs (see Table 1).
- 2) Semi-structured qualitative key informant interviews with PPSNE staff (n=2) and community stakeholders (n=8) to identify perspectives on potential curricula and best practices in childbirth education programming for this population.

* Structured focus groups with current PPSNE clients and the general public to discuss possible class topics and curricula were planned and recruited for, but time constraints and limited response made it impossible to conduct any focus groups.

Conclusions & Recommendations

Accessibility

- Classes should be free or there should be avenues for reimbursement
- Childcare for current parents should be considered, and women with previous pregnancies should be included
- Home visits as part of the childbirth courses should be considered

Childbirth Education Format

- Childbirth curriculum should be group-based, and classes should include participants of similar gestational age
- Lecture-style environments should be avoided, and curriculum should incorporate an informal, supportive, engaging, and collaborative atmosphere

Cultural Competency

- Curriculum should be culturally appropriate with diverse instructors
- Classes need to be inclusive of vulnerable populations

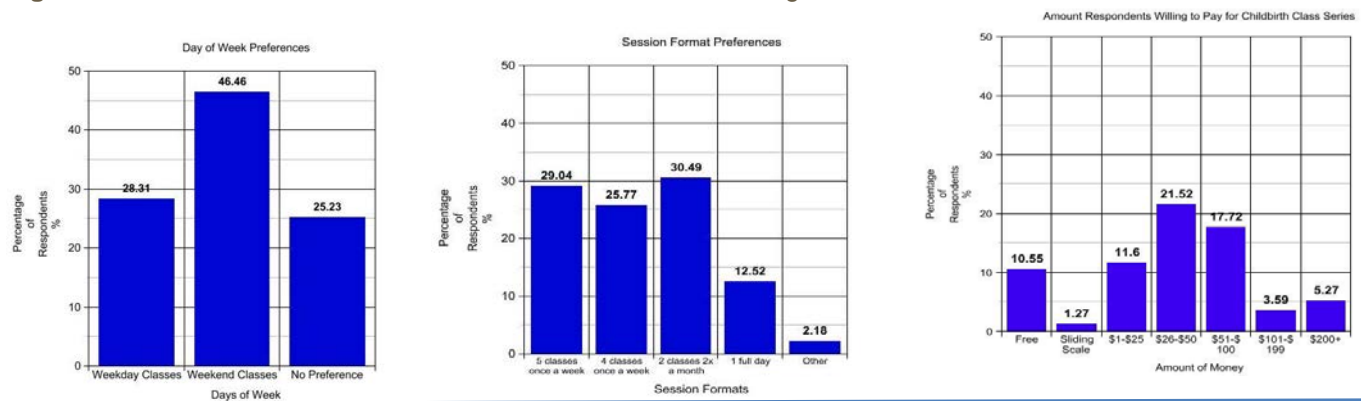
	n (%)
Gender	
Female	581 (97.2%)
Male	9 (1.5%)
Other	8 (1.3%)
Age	
<20 yrs	36 (6.1%)
20-29 yrs	373 (63.0%)
30-39 yrs	148 (25.0%)
40+ yrs	35 (5.9%)
Town size (population)	
>70,000	403 (70.6%)
30-70,000	75 (13.1%)
15-30,000	42 (7.4%)
<15,000	51 (8.9%)
Race/ethnicity	
White	310 (51.8%)
Hispanic/Latino	115 (19.2%)
Black/African American	84 (14.0%)
Other	90 (15.0%)
Current Pregnancy Status	
Pregnant	27 (4.5%)
Not pregnant	524 (87.6%)
Trying to get pregnant	47 (7.9%)
Current Parenting Status	
No children	437 (73.0%)
1 child	84 (14.0%)
2+ children	78 (13.0%)

Results

Respondents to the online survey were predominantly women (97.2%), aged 20-29 years (63.0%), coming from urban communities (70.6%), white (51.8%), not pregnant (87.6%) with no children (73.0%) (see Table 1). Based on survey responses,

- Most participants (84.72%) would like their partners to be able to attend childbirth classes.
- Preferences for timing included weekday (n=118) or weekend (n=109) afternoons, followed by both or either weekend or weekday mornings (n=101) or evenings (n=113). The varied response suggests that multiple class times will be needed to best meet the needs of all clients.
- The largest percentage of individuals would prefer weekend or evening classes and 2 classes that meet twice a week, closely followed by a desire for 5 classes once a week (**Figure 1**).
- 21.52% of respondents were willing to pay \$26-50 for the total class series, 10.55% thought the course should be free, and 5.27% were willing to pay more than \$200 for the class series (**Figure 1**).

Figure 1. Current PPSNE Client Preferences for Various Class Logistics



- The key informant interviews produced important themes and topics that should be considered when creating and implementing childbirth classes. Considerations include currently available services and barriers that participants may face in accessing services. The key informant interviews recommend that classes should be:
 - **Affordable** Childbirth education classes must be affordable in order for women to be able to access them. As one informant reported, “most of these moms that I've worked with have very low budget, are on WIC and SNAP and cash assistance and affording a childbirth class ... sometimes other things take more priority over that.”
 - **Patient-Centered** Childbirth education classes must reflect the needs of the patient population they serve. An informant described the importance of “centering the community that you're working with and what their specific needs are and ... trying to make it [the childbirth classes] as ... specialized for the community as possible.”
 - **Interactive** Childbirth education classes must be interactive and engaging. An informant warned to avoid “Lecture. Just repetitive lecture without any interactive participation ... You have to be very aware of all the different learning styles and incorporate all of those into your curriculum.”

Limitations

- Only individuals who had internet access and email accounts were able to complete the online survey.
- Qualitative analysis of interview data was thematic, and some interpretations may be subjective.
- More client preferences are needed.
- Curriculum will need to be piloted and validated by patients and community experts prior to implementation.

Acknowledgements

The team would like to thank our survey participants, key informants, and focus group participants for their time and valuable input. We would also like to thank the following individuals for their support of this project: Pierrette Comulada Silverman - Vice President, Education & Training at PPSNE, Sarah Gannon - Manager, Adult Education & Professional Training at PPSNE, Kate Nyhan - Yale University Librarian, Joshua Morgan - Brand and Communications Manager at PPSNE, Susan Lane - Director of Planning and Grants at PPSNE, Susan Hitt - Director of Special Projects at PPSNE, Erin Livensparger - Director of Clinical Staff Training, at PPSNE, Dr. Debbie Humphries - our course instructor, Christina Bastida - our teaching fellow, and Dr. Trace Kershaw - our faculty advisor.

Resources & References

Gagnon, Anita J., and Jane Sandall. "Individual or group antenatal education for childbirth or parenthood, or both." The Cochrane Library (2007), 2.
Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs, Connecticut, September, 2010, Connecticut Department of Public Health.
2016-2017 Annual Report, Planned Parenthood of Southeast New England (2017)