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Postpartum Care for Mothers of Preterm Infants Requiring Intensive Care: A Qualitative Study [26E]

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2016 with a pathology-confirmed diagnosis of accreta. Statistical analysis was performed using Chi-square and T-test with SPSS software.

RESULTS: Of the 16 patients with pathology-confirmed accreta, 10 patients had antepartum diagnosis and 6 patients were diagnosed at delivery. Compared to unsuspected cases, suspected cases had a non-significantly lower mean gestational age at delivery (35+6 vs. 36+6 weeks, $p=0.488$), maternal length of stay (5.6 vs. 8 days, $p=0.117$) and estimated blood loss (3200 vs. 3666 ml, $p=0.645$) and a non-significantly higher number of NICU admissions (60% vs. 30%, $p=0.696$). Significantly more midline incisions were performed in suspected accreta group versus unsuspected accreta groups (70% vs. 12.5%, respectively, $p=0.001$). All 16 cases of accreta resulted in peripartum hysterectomy.

CONCLUSION: We found few differences in maternal and neonatal outcomes between suspected and unsuspected accreta cases. Our findings may be limited by sample size or may highlight the overall importance of delivery of accreta at a tertiary center, where complications are relatively low.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Postpartum Care for Mothers of Preterm Infants Requiring Intensive Care: A Qualitative Study [26E]

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INTRODUCTION: Postpartum care can be fragmented, especially among women with premature infants in the Neonatal Intensive Care Unit (NICU). We aimed to explore women's goals for and experiences with postpartum care.

METHODS: We conducted a qualitative study using semi-structured interviews to ask women between 2 and 8 weeks after delivery of preterm infants in the NICU about their preferred topics of discussion at the postpartum visit and experiences with postpartum care. We analyzed transcripts using thematic analysis. IRB approval obtained.

RESULTS: We enrolled 16 mothers who delivered between 25 and 34 weeks gestation (11 by Cesarean). At interview time (14-55 days postpartum), 4 women had attended a postpartum visit, 2 had missed their visit, and 10 had an upcoming appointment scheduled. Reasons for not attending a visit included distance of clinic from NICU, a desire to focus on their infant's health, and insurance changes. Participants identified several topics of importance for postpartum visits: assessing physical recovery after delivery (e.g., incision care, management of ongoing medical conditions), lactation support, and implications of preterm delivery for future pregnancies. One theme women described was feeling traumatized by the delivery or NICU experience and expressing concern about postpartum depression or anxiety. Participants suggested scheduling a visit soon after delivery (e.g., within 3 weeks postpartum) to assess mood.

CONCLUSION: Women with premature infants requiring NICU hospitalization are at risk for delayed or inadequate postpartum care given concern for their infants' health. Arranging short-term follow-up after delivery allows clinicians to perform early assessments and offer anticipatory guidance for postpartum depression.

Financial Disclosure: The authors did not report any potential conflicts of interest.

OFFICE PRACTICE

A Systematic Review of Telehealth on Clinical Outcomes in Obstetrics & Gynecology [27E]

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INTRODUCTION: Telehealth is an emerging trend that has applications for obstetrics, gynecology, and Ob/Gyn specialties. These novel developments warrant robust scientific evaluation and clinical guidance.

METHODS: A literature search was conducted by a team of medical librarians. Telehealth interventions included virtual visits with audio/visual, mobile health, wearable devices, and SMS; interventions were excluded if it only involved telephone calls or websites. Outcomes were organized by Low-Risk Obstetrics, High-Risk Obstetrics, Family Planning, and Specialty. The PRISMA method was followed, an evidence distilling system was used which included dual review of studies for quality rating and risk of bias assessment. To quality rate the studies we used the Cochrane Collaboration's tool for assessing the risk of bias for RCTs and the ROBINS-I tool for assessing risk of bias in non-randomized studies.

RESULTS: Low-Risk Obstetrics yielded 1781 references, 19 met inclusion. An effect of telehealth intervention was found on smoking cessation, pregnancy wellness, influenza vaccination, and breastfeeding. High-Risk Obstetrics yielded 1271 references, 14 met inclusion. An effect was found on diabetic management, preterm labor, prenatal visit reduction, and asthma control. Family Planning yielded 527 references, 13 met inclusion. An effect was found on contraceptive continuation and on access to medical abortion. Specialty yielded 1387 references, 8 met inclusion. An effect was found on sexually transmitted illness, menopause management, stress urinary incontinence, weight loss, and gynecology post-operative management.

CONCLUSION: Telehealth has interventions with effect on clinical outcomes in obstetrics, gynecology, and specialty fields. Women's health providers can gain guidance on these new opportunities through continued research.

Financial Disclosure: Daniel Grossman disclosed the following—Planned Parenthood: Consultant/Advisory Board. The other authors did not report any potential conflicts of interest.

A Team-Based Approach for Improving Postpartum Glucose Screening in Gestational Diabetes Patients [28E]

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INTRODUCTION: Postpartum testing of gestational diabetes (GDM) patients with an oral 2-hour glucose tolerance test (OGTT) is suboptimal, with national rates ranging from 18-57%. The purpose of this study was to investigate if a standardized workflow supplemented with educational sessions could improve the OGTT screening rate.

METHODS: A multi-disciplinary workflow was implemented in two Medicaid clinics in January 2018. Pre-intervention subjects were GDM patients in the 4-12 week postpartum period between March-June 2017, while post-intervention subjects were between January-April 2018. Immediately prior and during the post-intervention time period, the obstetrical team received small-group education sessions on the American College of Obstetricians and Gynecologists (ACOG) GDM guidelines, with re-enforcement of workflow. A pretest and posttest were performed to assess effectiveness. Paired t-test was used to compare the pretest and posttest scores, and chi-square testing was used to compare compliance with screening. IRB approval was obtained for this study.

RESULTS: Nineteen out of thirty members (63%) of the obstetric team completed the educational session. Mean pretest score for the team was 57.4%; the mean posttest score was 99.2% ($p<0.01$). Eighteen patients were in the pre-intervention group, while 26 patients were in the post-intervention group. Postpartum screening of GDM patients improved from 39% to 77% after workflow implementation ($p=0.01$).

CONCLUSION: Educational sessions and standardized workflow interventions utilizing a multi-disciplinary team were associated with improvement in both understanding of the ACOG guidelines and patient compliance with postpartum glucose screening. This team-based approach may be useful in other quality improvement initiatives.

