

Healthy Babies are Worth the Wait® Consumer Education Initiative

Location: New York
Date Submitted: 12/2016
Category: **Promising Practice**

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#02 Percent of cesarean deliveries among low-risk first births

BACKGROUND

Elective deliveries as late in a pregnancy as 37-38 weeks have an increased risk of adverse outcomes when compared to births at 39 weeks, including increased hospital stays and neonatal intensive care admissions (Tita et al., 2009). Despite these risks, many women still believe that it is safe to deliver a baby prior to 39 weeks even if it is not medically indicated. Goldenberg et al. (2009) found that 50.8% of women believe that a baby is considered full term at 37-38 weeks, and 92.4% of women believe that it is safe to deliver a baby before 39 weeks.

The March of Dimes Healthy Babies are Worth the Wait® (HBWW) program is a community-based initiative to decrease preventable premature birth. In response to women's beliefs about elective induction before 39 weeks, March of Dimes New York State Chapter awarded the Association of Perinatal Networks (APN) a grant to create a consumer education toolkit. The resulting Healthy Babies are Worth the Wait Consumer Education Initiative serves to educate women about the meaning of full term pregnancy and the importance of the last weeks of gestation.

PROGRAM OBJECTIVES

The HBWW Consumer Education Initiative educates pregnant women and their partners about the importance of staying pregnant for at least 39 weeks if mom and baby are both healthy. The goal of the program is to reduce the number of pregnant women who would consider choosing an induction/elective delivery before 39 weeks gestation without a medical indication, by increasing women's knowledge and empowering them to ask questions of their prenatal care provider. To achieve this outcome, community partners were recruited to implement the toolkit across diverse geographies in New York State. Metrics are measured through a retrospective pre/post questionnaire.

TARGET POPULATION SERVED

Pregnant women, their partner, friends and family.

PROGRAM ACTIVITIES

March of Dimes New York Chapter awarded the APN a grant to create a consumer education toolkit. The APN contracted Metrix Marketing to develop a multimedia Prezi presentation, facilitator guide, questionnaire, and notes pages to be used with pregnant women in prenatal education settings. Facilitators, who include childbirth educators, health educators, community health workers and other healthcare professionals, were trained to deliver the presentation with consistent quality and information so as to engage participants and facilitate an emotionally engaging conversation.

The toolkit was tested through consumer focus groups and community forums in four regions across New York State. Over 2,000 consumers and professionals in nine regions were reached in the subsequent beta test, of which over 91% of the women acknowledged the importance of waiting at least 39 weeks before delivering. Increases were seen in the percentage of consumers who reported very high levels of knowledge about the reasons to wait until 39 weeks to deliver and very high levels of confidence to speak to practitioners and ask questions. The toolkit has been integrated into the health education programs of many of the participating New York State Perinatal Networks and Regional Perinatal Centers, and continues to be implemented at new sites. Following the New York State proof of concept, the Health Babies are Worth the Wait Consumer Education Toolkit is being rolled out on a national level through March of Dimes.

The final phase of the project was to create a YouTube video which can be found here: <https://youtu.be/SiwIQ4WJN1w>. The video condenses the information provided in the toolkit

into 6 minutes and helps pregnant women and consumers understand why the last weeks of pregnancy are so important. The complete toolkit can be found at www.PrematurityPrevention.org under community education.

PROGRAM OUTCOMES/EVALUATION DATA

The presentation has been integrated into the health education programs of many of the participating New York State Perinatal Networks, and continues to be implemented at new sites. In late-2014, three Regional Perinatal Centers (RPC's) were provided with the toolkit and grant funds to incorporate the program into their childbirth education classes. Each RPC reached in excess of 500 consumers and incorporated the presentation into existing educational offerings for sustainability.

As of November 30, 2016, 4,226 unduplicated individuals have been reached. Generally, consumers' level of knowledge about the reasons to wait until 39 weeks to deliver and confidence to speak to providers and ask questions increased greatly. Monthly data collected shows 35-43% increases in consumers "very high" ratings. Fewer than 3% would consider an elective delivery unless their provider told them their health or the health of their baby was in danger.

PROGRAM COST

Startup cost for development of the toolkit including focus groups, subcontracting of Metrix Marketing and beta testing were \$180,000 funded through three grants to the Association of Perinatal Networks. We continued to gather evidence with three \$5,000 grants to Regional Perinatal Center's in New York State for a total development cost of \$195,000. The toolkit is now available free of charge and can be downloaded at www.PrematurityPrevention.org. Cost to implement into any childbirth education curriculum is negligible.

ASSETS & CHALLENGES

Assets: The primary goal of this project was to change knowledge, skills, and attitudes toward elective inductions of labor and cesarean sections before 39 weeks gestation. For the March of Dimes, the polio vaccine was only the beginning. Over the last few decades, we helped eliminate rubella, advocated for regionalized newborn intensive care, funded the development of surfactant and other lifesaving treatments, worked to fortify the grain population with folic acid to prevent neural tube defects and brought newborn screening to every baby. Our strong partnership with the Association of Perinatal Network provided an opportunity to

reach consumers of diverse demographics in diverse geographies. Our strong partnerships with three Regional Perinatal Center's allowed us to expand our programming into a hospital-based setting. The mission alignment among our partners resulted in a higher level of commitment and helped drive successful implementation of the project.

Challenges: Implementing in diverse geographies for consumers with diverse demographics presented challenges and forced flexibility in venue and in presentation style.

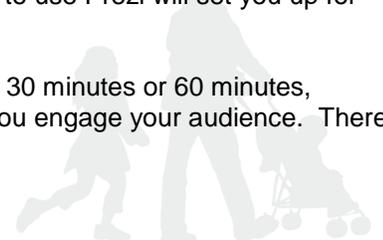
Overcoming Challenges: We initially envisioned the presentation taking place in a group setting with access to audio visual technology, a screen to project the presentation upon and the ability to project sound. Venues included community rooms, churches, schools, hospitals, etc. and not all provided access to the technology desired. We learned that the presentation can still be effective when presented by a skilled facilitator. Facilitator trainings were scheduled across the state to help mitigate variation in venue and equipment and increase consistency in delivery. We also learned that the presentation can be provided not only group settings but also in one-on-one educational sessions and worked to accommodate these situations utilizing tablets and engaging the participant in an emotional conversation.

At the inception of the project, a pre/posttest was used to gauge satisfaction, knowledge gain, willingness to change behavior and willingness to consider an elective induction of labor or cesarean section. We determined that the amount of time that passed between the pre and posttest was not sufficient to confidently measure retention of the information presented. We decided to utilize a retrospective pre/post-questionnaire instead. Short-term outcomes measured include quality and ease of understanding the presentation as well as knowledge of the potential health outcomes of delivering before 39 weeks. Long-term outcomes are confidence-based: things they can do to have a healthy baby, why it's important to wait until 39 weeks, ability to ask their provider "why" should an elective delivery be recommended.

LESSONS LEARNED

Providing training for facilitators will help ensure that the presentation is delivered with fidelity. Focusing not only on the information contained within the presentation but also on basic presentation skills is advantageous. Prezi can be challenging to work with and ensuring you have the right equipment and knowledge to use Prezi will set you up for success.

This presentation can take 30 minutes or 60 minutes, depending on how much you engage your audience. There



is tremendous value in the discussion and conversations that take place among pregnant women.

FUTURE STEPS

Perinatal Networks across New York State have incorporated the HBWW Consumer Education Initiative into their programs and events as well as hospitals and other maternal child health partners. The APN continues to analyze data and provide a monthly evaluation summary. March of Dimes National Office tracks downloads of the toolkit from www.PrematurityPrevention.org and has discussed developing a webinar that will train facilitators to deliver the presentation with fidelity. It has been suggested that we translate the YouTube video into Spanish and we are taking that into consideration as we develop our strategic mission investment. We will continue to share this toolkit with our partners and make it available free of charge.

COLLABORATIONS

The Healthy Babies are Worth the Wait Consumer Education Initiative was developed by the New York State Association of Perinatal Networks utilizing chapter grant funds awarded by the New York State Chapter of March of Dimes. The APN subcontracted Metrix Marketing for the development of the Prezi presentation and YouTube video. Nine New York State Perinatal Networks and numerous maternal child health partners were instrumental in conducting focus groups and beta testing the toolkit.

PEER REVIEW & REPLICATION

Goldenberg, R. L., McClure, E. M., Bhattacharya, A., Groat, T. D., & Stahl, P. J. (2009). Women's perceptions regarding the safety of births at various gestational ages. *Obstetrics & Gynecology*, 114, 1254-1258.

Tita, A. T. N., Landon, M. B., Spong, C. Y., Lai, L., Levino. K. J., & Varner, M. W. (2009). Timing of elective repeat cesarean delivery at term and neonatal outcomes. *New England Journal of Medicine*, 360, 111–120.

March of Dimes Northern Tier Chapter Staff Retreat, "Healthy Babies are Worth the Wait Consumer Education Initiative," August 2014.

Crouse Hospital, Stony Brook Medical Center and Women & Children's Childbirth Education Classes, November 2014 to present.

Darcy Dreyer, March of Dimes; Patricia Brantingham, Association of Perinatal Networks of New York State/Perinatal Network of Monroe County (now Healthy Baby Network); Anne Jorgensen, RNC, MS, NNP-BC, DNP, Neostar USA, Inc.; Catherine Pasqua, MS, March of Dimes Healthy Babies are Worth the Wait® Consumer Education Initiative. Poster presented at: The Future is Now: Integrating MCH Transformations Association of Maternal & Child Health Programs (AMCHP) Annual Conference. 2016 April 6-9; Washington D.C.

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RESOURCES PROVIDED

The toolkit, which includes a Prezi presentation, facilitator guide, pre/post questionnaire and notes pages as well as a YouTube video are available to view and download at www.PrematurityPrevention.org.

Key words: Birth Outcomes, Preterm Birth, Prenatal Care, Early Elective Deliveries

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