

# REDUCING MATERNAL MORBIDITY AND NEONATAL MORBIDITY: A HOLISTIC MODEL FOR IMPROVING FAMILY EXPERIENCES, HEALTH EQUITY, & INCLUSION

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## ABSTRACT

### BACKGROUND

The national severe maternal morbidity (SMM) rate, which is used to monitor instances of a life-threatening diagnosis or critical procedure close to birth, is 17.4%. The state of Texas has a SMM rate of 19.7%. Memorial Hermann healthcare teams have identified opportunities to reduce gaps in care that address racial and ethnic disparities, and to engage and serve fathers when focusing on the well-being of mothers and children.

### PURPOSE

Reduce risks of adverse maternal and child health outcomes.

### METHOD

A virtual 12-week male-female instructor-led family-centered (mother-father) pre-natal co-parenting education pilot program was implemented, and offered for free to families delivering at hospitals participating in the project.

### RESULTS

No morbidities were experienced during the program. 100% of mother's were breastfeeding at discharge with no readmissions, and no pediatric symptoms of NAS were experienced. There was one (1) complication reported as a 34 week premature delivery for a pre-identified high-risk pregnancy. The program was implemented system-wide at the Women and Children's service line Labor and Delivery sites.

### IMPLICATIONS FOR PRACTICE

Offering a family-centered perinatal education program may help to improve patient and family experiences, and reduce potential adverse maternal and child health outcomes.



## BACKGROUND

- More than 25,000 laboring women from diverse ethnic, economic and racial backgrounds are seen by MH annually.
- MH cared for have some of the highest disease acuity in the U.S. due to health equity and racial disparities, and a pervasive lack of preventative and prenatal care.
- Evidence reveals that infant mortality rates are 1.8 times higher for infants of unmarried mothers than for married mothers in the U.S.
- In 2018, 40.8% of Texas' mothers that gave birth were unmarried.
- Paternal absence has also been identified as a factor with increased black/white infant mortality almost four-fold.

## PURPOSE

- A QI project was conducted to develop and implement a family-centered (mother and father-inclusive) perinatal education program to reduce risks of adverse maternal and child health outcomes. Outcomes were evaluated pre and post implementation of the intervention.



## METHODS/DESIGN

- A family-centered (mother and father inclusive) perinatal education program to reduce risks of adverse maternal and child health outcomes was implemented as a virtual 12-week male-female instructor-led family-centered pre-natal co-parenting education program.
- Recruiting only pregnant mothers that were before 20 weeks of gestation.
- Virtual sessions were held for moms and dads, then delivered over Zoom video conferencing for two (2) hours in the evening from 6:30-8:30pm, once a week. The program was offered for free to families delivering at hospitals participating in the project, and for mother in their second trimester of pregnancy.
- The curriculum used National Fatherhood Initiative (NFI) evidence-based program resources, including MH mental/ behavioral health education resources.

## RESULTS

- No morbidities were experienced from start to end of the program with no readmissions.
- 100% of mother's were breastfeeding at discharge, and no pediatric symptoms of NAS were experienced.
- 1 complication reported as a 34 week premature delivery for a mom identified as a high-risk pregnancy.
- 60% completion rate of expecting mother's and a 50% completion rate of expecting father's in the program.
- Average increase of 50% for expecting mom's correct responses to knowledge and self-efficacy questions. Average increase of 5.88% for expecting dad's correct responses to knowledge and self-efficacy questions.
- MH moved to implement the program in the core parent education curriculum across its Women and Children's service line Labor and Delivery sites.

## PRACTICE IMPLICATIONS

- Development of a general perinatal education program that allows for a men-only and women-only group following a family-centered approach
- involving both the father and mother in perinatal parent education programs and including curriculum content related to improving the co-parenting relationship between the father and mother may help to improve patient and family experiences.

## REFERENCES

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