2018

Establishing a pediatric prenatal visit at The Health Center (THC) in Plainfield, VT

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Dr. Houser

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Description of Need

- The AAP has long recommended a prenatal visit as part of the continuum of well-child care. However, this visit is underutilized by new families:
  - "Although survey results show 78% of pediatricians offer a prenatal visit, only 5-39% of first-time parents actually attend a visit." (11)
- AAP *Bright Future's* guidelines updated in July 2018 include the following visit objectives (11):
  1. Establishing a relationship with family
  2. Assessing obstetric, prenatal, and family history
  3. Providing infant care guidance
  4. Evaluating psychosocial factors affecting family function
  5. Sharing medical home routines for visits and procedures after delivery
- **THC does not currently have an established pediatric prenatal visit for expecting parents.**

  (THC does not provide prenatal care for pregnant mothers and not all mothers are THC patients; therefore, first contact with a new family is often at the hospital just after delivery.)
- Prenatal education
  - 51% of VT mothers took a childbirth education class (2)
  - Most prenatal education focuses on labor and childbirth with little to no information about parenting and the postpartum period. (5)
  - The PRAMS VT Survey 2012-2014 identified "a class for new parents (parenting, not childbirth)" as a requested resource by respondents. (3)
  - The pediatric prenatal visit provides infant care guidance and can connect families with community organizations that provide postpartum education. (11)

Influence on public health

- The pediatric prenatal visit influences multiple public health measures in both child and maternal health.
  - One RCT with urban low-income families showed a prenatal visit had positive effects on breastfeeding initiation, emergency services usage, and the relationship with the provider. (10)
- Important public health measures include:
  - Breastfeeding duration
  - Postpartum mental health education, screening, and management
  - Substance use during and after pregnancy

Public Health Costs: Breastfeeding

VT PRAMS 2015: Breastfeeding (2)

91% mothers started breastfeeding → 83% mothers breastfed at 4wks → 77% mothers breastfed at 8wks

In US, 51.8% mothers breastfeed at 6 months (6)

- Common barriers cited by women who have stopped breastfeeding before 6 months include: trouble suckling or latching, inadequate supply, trouble starting milk flow, in sufficient weight gain, sore or crackle nipples, pain (7)
- Prenatal education can set expectations before birth and may help alleviate some of these challenges.

Estimated $1200-$1500 savings for families in first year (8)

If 90% of families follow guidelines to breastfeed exclusively for 6mo, US save $13B annually from direct medical and indirect costs (8)

Public Health Costs: Postpartum Mental Health

VT PRAMS 2015: postpartum depression (5)

Prenatal: 83% discussed what to do if experienced depression during or after pregnancy → Postpartum: 91% talked with a provider about postpartum depression in postpartum period → Affordable mental health identified as resource need (3)

- Primary care and especially pediatric primary care is an opportune environment to monitor and manage postpartum depression due to increased frequency of contact with new parents. (9)
- Established treatment protocols are essential: "Large-scale screening efforts that are not connected to follow-up do not influence treatment access or maternal outcomes" (9)

Annual cost of not treating a mother with depression is $7200 (4)

Estimated $5.7B annual US cost (4).

Combined cost of not treating mother AND child is $22,647 annually. (4)

Public health cost: substance use

PRAMS VT 2015: substance use in third trimester (3)

16% smoked tobacco

11% smoked marijuana

16% drank alcohol; 28% of women >35yo

- 33% of smokers needed help to quit
- 25% of women with unintended pregnancies identified need for more resources to help quit smoking

- "Smoking during pregnancy is estimated to account for 20% to 30% of low-birthweight babies, up to 14% of preterm deliveries, and about 10% of all infant deaths." (1)
- Costs associated with caring for low-birthweight babies with smoking mothers are estimated to be $20,732 in the first year of life (1)
- Evaluating environmental exposures is part of the prenatal pediatric visit. Screening for substance use and providing counseling can reinforce efforts by OB providers to engage pregnant mothers in cessation.

Community Perspective

- 1 patient and 2 community providers were interviewed to help generate important topics to discuss during the visit

Ana Capone- Good Beginnings of Central Vermont

- "Establishing social support early is essential for the transition home."
- Better communication through providers about available community resources for parent education is needed.
- We are doing a better job of screening for postpartum mood disorders, but getting families into treatment quickly is important. Optimizing referral processes and increasing awareness of local providers should be a focus.

THC Patient, primiparous 26 weeks gestation:

- Unsure what will be most challenging postpartum. Most information comes from family, friends, or individual research.
- Meeting the provider before birth would be helpful to learn about breastfeeding and connecting with community education resources.

Katy Leffel BSN, RN, CLC- Maternal-Child Health at Central Vermont Home Health Hospice

"Many parents don't know what they don't know."

- Parents receiving postpartum home visits often have questions with a focus on 'What is normal?'
- Our culture does not have a formal process of teaching essentials to parents, so a lot of basic newborn knowledge comes from practice.
- "Many parents think having home help is for families in crisis. Normalizing in-home help will benefit all families."

Intervention and methodology

- Created provider in-office checklist for prenatal visit discussions
  - Reviewed AAP updated 2018 clinical report for goals of visit
  - Used reputable resources combined with topics gathered from community interviews to generate the visit form with questions for providers to use.
  - Created a background handout for providers detailing overarching goals of the visit and anticipated benefits for patients
- Patient Education Materials
  - Used interview material to create multiple patient education documents
    - What to expect at the Hospital'
    - Newborn and maternal care in the first few weeks at home
    - Building your circle: community classes and other resources

Provider Materials

Sept 2018

Establishing a pediatric prenatal visit

Background:

AAP Bright Futures recommends a prenatal visit for all expecting families. Updated guidelines for this visit were released in July 2018. "Although survey results show 78% of pediatricians offer a prenatal visit, only 5-39% of first-time parents actually attend a visit." Increasing use of this visit has numerous potential benefits for both parental and child care. One RCT with urban low-income families showed a prenatal visit had positive effects on breastfeeding initiation, emergency services usage, and the relationship with the provider.

Traditionally, most prenatal classes focus on pregnancy and birth. The PRAMS VT Survey from 2012-2014 identified "a class for new parents (parenting, not childbirth)" as a requested resource. The prenatal pediatric visit provides an opportunity to connect with new families at a time that is less chaotic than immediately after birth. Specifically, families will leave this visit with familiarity with using THC for their child's care, education surrounding normal infant behavior in the first few weeks at home, and connecting families with services in the community.

Who: Expectant families in the *early 3rd trimester* who have identified THC to be their pediatric provider.

Visit Goals:

1. Establish relationship with family
2. Assess obstetric, prenatal, and family history
3. Provide infant care guidance
4. Evaluate psychosocial factors affecting family f
5. Share medical home routines for visits and pro

For Providers:

1. Checklist of topics to cover during visit
2. Patient education resources

Expected Benefits:

1. Early assessment of feeding plans and educati
2. Increased use of community resources, includi
3. Awareness of newborn screening and vaccinat
4. Establish expectations for THC care in the hosp

Office Logistics/Future Considerations:

1. Establishing communication flow between OB identified us as provider.
2. Billing: under mother's name. Recommendatic https://www.aap.org/en-us/Documents/pract
3. Creating a form or smart text within Centricity
4. Create flowsheet for postpartum mental healt
5. Good Beginnings is willing to hold prenatal pos

Prenatal Pediatric Visit Checklist

*Adapted from AAP Textbook of Pediatric Care 2nd Edition

History

Family constellation:
Family and Genetic History:
Pregnancy history:
Current pregnancy concerns:
Prenatal screening and test results:
Environmental concerns (ex. exposure to smoking):
Family resources and identified needs:

Preparation

Specific parent questions and concerns?

Do you have a birth plan?

- Who will be home with you after birth?
- *Normalize home visits:* Many families find it helpful to have in-home help after the delivery. There are many resources in the community that offer these visits with little cost to you. Are you interested?

Experience with pregnancy and children:

- What kinds of previous experience with infants have you had?
- If siblings, how are they adjusting to pregnancy?
- Are you working? Do you plan to return to work after delivery?
  - Do you intend to enroll your child in daycare? If so, are you on any waiting lists?
- What kind of relationship did you have with your parents when you were growing up?
  - Do you plan to raise your child similarly?
  - Parent ACEs, if willing
- Have you attended any childbirth or parent classes?
  - If yes, what has been helpful?
  - If no, list of local offered.
  - What do you want to know more about?
- Where do you find information on pregnancy and newborns?

Newborn Education:

What are your feeding goals for your child?

- Breastfeeding benefits
- Starting breastfeeding in the hospital: skin-to-skin at delivery, feed within first hour
- Setting expectations: milk may take longer to come in after C-section
- What concerns do you have?
- Prenatal Breastfeeding classes available at CVMC
- In-home lactation support CVHHH

What are your thoughts on circumcision?

Patient Education Materials

What to expect at the hospital

When you are admitted to the hospital, the maternity unit will contact THC. A provider will come visit you and your baby after delivery or if delivered overnight, in the morning.

Immediately after delivery

There are several check-ups that need to happen after your baby is born. However, most of these can wait for at least one hour to give you and your baby time to bond.

- Skin to skin contact immediately after delivery
- APGAR testing: done at 1 minute and 5 minutes after birth. A provider will check your baby for breathing, appearance, reflexes
- Breastfeed within the first hour to help stimulate milk production and bonding
- Rest! Both you and the baby will need it

Newborn Health

- Newborn screening for metabolic conditions
  - They will take a drop of your baby's blood with a heel stick
  - Some screening conditions include: Cystic Fibrosis, Sickle Cell Disease, Hypothyroidism, phenylketonuria

http://www.healthyvermont.gov/children-youth-families/health-care-children-youth/newborn-screening

- Prevention after birth
  - Eye ointment or drops: to prevent infections from possible STIs after delivery. Gonorrhea and chlamydia can cause blindness if untreated. Even if you have tested negative in the past, many women do not have symptoms of infection. The ointment and drops are safe for your baby.
  - Vitamin K shot: newborns do not have enough vitamin K to clot blood. The shot prevents dangerous bleeding problems.
  - Hepatitis B vaccine: all newborns should receive first shot (of 3) before leaving the hospital. Infection with hepatitis B can cause serious liver damage.
  - Hearing test: small microphones are placed on the baby's head to test their hearing.
- Full physical exam: soon after b their heart and lungs, inspect th

See more at: https://www.womenshealth.gc

Post-delivery stay

- The 5 physicians at THC share the hospital
- *Skills to work on:* holding baby, changes, swadling, dressing, fe
- Many families find spending an

Preparing for discharge

- Newborn office visit will be sche
- Carrier inspection
- **Contact us with any question**

Newborn Cheatsheet

Feeding

- Babies usually *lose weight* in the first few days after birth. This is normal. We will keep track of baby's weight at each visit in the weeks to come.
- Most babies start gaining weight at days 4-5, returning to birth weight by 2 weeks old.
- Babies ONLY need breastmilk or formula to stay hydrated.

Feeding Schedule: First 2-3 weeks

Every 2-3hrs for 15-20mins at each breast, or 20-30 mins at a single breast

Total 8-12 feeds in 24hrs

If needed, wake up your baby to feed!

Continue this schedule until your baby is back at birth weight

Hunger Cues

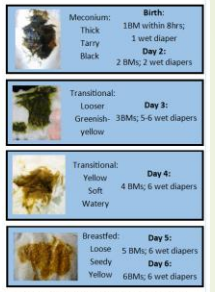
- Active, awake
- Hand to mouth
- Sucking motions
- Turning head to the side
- Crying is a late sign

Tummy Troubles (Gas)

Your baby's intestines have never experienced gas before. It may take some time for them to adjust to these new sensations.

- **Spitting up** is normal. Contact us if your baby spits up after every feed, has projectile vomiting,

Breastfed Stool



Urine should be pale yellow or clear. Dark yellow or orange urine may mean your baby isn't hydrated enough.

Safe Sleep

- Your baby should **always sleep on their back**
- Firm, flat surface WITHOUT bedding, toys, or barriers
- **Room share:** I separate bed
- Do not place b
- If your baby f move them to
- Newborns sle every 3 hours

ical Cord Care

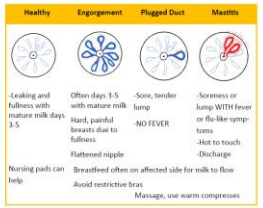
p the stump clean and

l diaper below cord cord should fall off in first 8 weeks re may be a few drops lood when it falls off. if you see redness, nding, or pus

Caring for Mom at Home

Breastfeeding Challenges

- If you've had a cesarean section, it may take longer for your milk to come in.
- *Nipple soreness* may occur if your baby is only sucking on the nipple. Make sure their latch is not compressing your nipple.
- *Building supply:* **breastfeed often, let your baby decide when to stop feeding, if you have milk leftover: pump after, offer both breasts at a feed, avoid pacifiers**



Vaginal Discharge (Lochia)

- The placental area takes time to heal after birth. Bleeding is normal.
- Similar to menstrual discharge, color changes will occur
- Blood clots smaller than a quarter are normal
- You may bleed more when moving around

After pains

- You may get dull and sharp pains in your abdomen
- This is your uterus shrinking after birth
- If you are breastfeeding, this may be more intense.
- **They should not last more than 5 minutes**

Mood

- Taking care of a newborn is hard!
- You will have days with many different emotions
- It takes time to bond with your baby. This may not happen overnight. This is normal.
- Ask for help early
- If you are feeling anxious, depressed, or having worrisome thoughts, contact your primary care doctor.

Perineal Discomfort

- Clean with warm squirt bottle after using bathroom front-to-back
- Pat dry. Do not rub area.
- For pain relief: sitting on an ice pack, "padsicle" and Sitz baths can help
- Witch hazel (no alcohol) can help with hemorrhoids

RED FLAGS! CONTACT YOUR OB IF YOU HAVE:

- For severe chills
- blurry vision
- breath
- vaginal discharge

t red bleeding after day 3
ing large blood clots >2 inches
g more than one pad per hour for
arge or bleeding
, trouble urinating
ing not relieved by medication
n, redness, drainage in perineum

Building your Circle

"It takes a village" may sound cliché but thinking about the social support you will have is important.

Community

Many parents find it helpful to regularly attend a parent-baby group. Putting the meeting times and dates in the calendar now is helpful down the road. Many groups welcome expecting parents to attend. Find your people! There are both in-person and online support groups available.

To prepare for the first weeks at home, ask yourself:

- Who are two people I can trust and call on for advice?
- At home, who can help with:
  Laundry Cleaning Groceries Errands
  Care of older children Pet care Meals
- If I start to feel sad or anxious, who can I talk to about ways to help?
- If I start to feel sore or the baby has difficulty latching, who will I contact?

Mental Health

- It is normal for new mothers to experience intense mood swings starting 3-4 days after birth.
- Postpartum depression is common (1/8 women)
- Occurs anytime from birth to 1 year
- Symptoms include:

Feeling anxious, sad or down
Frequent crying, tearfulness
Loss of interest in things you enjoy
Loss of appetite
Decreased energy and motivation
Difficulty sleeping
Feelings of worthlessness, hopelessness, or guilt
Unexplained weight loss or gain
Feeling like life isn't worth living
Showing little interest in your baby

- If you are experiencing any of these, contact your provider to help begin treatment

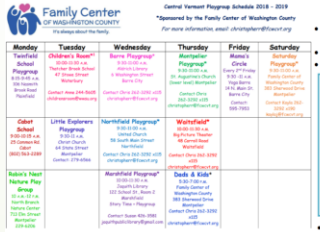
Resources for Perinatal Mental Health

Good Beginnings has a list of **local Perinatal Mental Health Counselors** on their website

PSI VT chapter http://www.postpartum.net/locations/vermont/

Postpartum Progress: online community http://www.postpartumprogress.com/

Moms' Mental Health Matters: NIH initiative



Hands-on Help

The following programs will visit you and your new baby at home. Use them! They are for everyone. You do not need to be in crisis to use their supports.

Postpartum Angels: Free. Volunteers with *Good Beginnings VT* will come weekly up to 3 months to help with daily tasks at home. 802-595-7953 http://www.goodbeginningscentralvt.org

Postpartum Doula: Free for BCBS VT members through the *Better Beginnings* program http://www.bcbsvt.com/health-and-wellness/blue-health-solutions/better-beginnings

CVHHH: Postpartum and lactation support. Covered by most private insurance and Medicaid recipients. https://www.cvhhh.org/supportive-services-at-home/services-for-moms-babies/

Community Classes

Childbirth

- **CVMC Childbirth education**: Berlin. 8wk class, Mondays 6-8pm. $84 fee for mother and partner. Financial assistance available. Your insurance may reimburse too. Call 802-371-5901
- **Emerge with Amy LePage:** Montpelier. One session (2hr) Offered every 3 months (Sept, Dec, March, June) $75 fee. BCBS VT reimburses and Health Savings Accounts. Register via email to amy.emergeyoga@gmail.com or 802-778-0300. https://emergeyoga.net/empowered-childbirth-education/
- **Gifford Childbirth Education**: Randolph. 5wk class. Tuesdays or Thursdays 6-8:30pm. Fee to attend. Covered by Medicaid and other insurances. Call 802-728-2257

Postpartum & Newborn Parenting

- **Babywise workshop:** Montpelier. One session (3hrs). Good Beginnings Central VT. Offered Thursdays 6-9pm and Saturdays 10am-1pm. **Free (donation-based).** Register online at www.goodbeginningscentralvt.org/what-we-do/babywise or call 802-595-7953
- **Bootcamp for New Dads:** Montpelier, Family Center of Washington County. Call 802-485-8757
- **Baby Basics/ Infant Care class:** Beginnings Childbirth. South Burlington. Specific dates throughout year. One session. 6:15-8:45pm. $40/family. Call 802-658-5959. http://beginningschildbirth.com/contact-beginnings/
- **Understand your baby's cues:** Barre WIC Office, Fourth Wednesdays 1-2pm. Call 802-479-4200

Prenatal Breastfeeding

- **CVMC How to Breastfeed Prenatal Class**: Berlin, 4th Thursdays 4:30-6pm. **Free.** Register with your OB or call 802-371-4415.
- **Breastfeeding Preparing for Birth and first 10 days**: WIC Office Barre, 4th Wednesdays 11am-12pm. Call 802-479-4200

Excellent Websites

- Anything about babies and children and lots more!
  - **Healthychildren.org** run by American Academy of Pediatrics
  - **Familydoctor.org** run by American Academy of Family Physicians
- VT connections: **www.kidsvt.com/**
- Breastfeeding
  - **www.womenshealth.gov/breastfeeding/** excellent guide on breastfeeding
  - **WIC VT http://www.healthvermont.gov/wic/youcandoit.html** breastfeeding videos

Many apps are available to help track feeds and diapers in the first few weeks

Good Beginnings offers Baby Wise Scholarships to help cover the cost of Childbirth Education classes. Apply online at http://www.goodbeginningscentralvt.org/what-we-do/babywise/

Results/Response Data

- Due to time constraints and patient availability, we were unable to implement this material in a visit with a family.
- Provider background handout and in-office checklist was presented at weekly medical meeting
  - Positive feedback regarding visit objectives and patient materials
  - Discussed importance of keeping patient education topics succinct during the visit
- Patient education materials shared with community providers for feedback

Evaluation of effectiveness & limitations

- Proposed evaluations
  - Patient survey at 1 month well-child check
    - This would provide an opportunity to gather more topics families feel are lacking
  - Similar projects focusing on prenatal patient education have had "quiz" material and graded parents' performance.
- Limitations
  - THC has variable populations of newborns entering the office. It may take an extended period of time to gather enough feedback on the visit
  - The prenatal visit is time-limited, and given the volume of important information, it will be important to narrow down visit essentials.

Future projects

- Outreach with community prenatal educators and OB offices to let patients know THC offers this visit
- Create smart text or form within EMR for visit type
- Host prenatal postpartum courses in coordination with community organizations at THC
- Develop patient resources to be distributed electronically

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Consent

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes __x____/ No _____ If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: _____Katy Leffel & Ana Capone_____