



A **Pilot Study** of Prenatal Care Visits

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Blended Group and Individual for Women With Low Income

Nearly 4 million live infants of various gestational ages are born in the United States each year (Hamilton & Sutton, 2012; Martin, Hamilton, Osterman, Curtin, & Mathews, 2013) and of these, 11.54 percent were born preterm before 37 completed weeks of gestation. The majority of women (93 percent) receive prenatal care sometime before the third trimester (U.S. Department of Health and Human Services, Health Resources and Services Administration, & Maternal and Child Health Bureau, 2013) and those who didn't receive care or were late in getting care reported barriers, including lack of money or insurance to pay for visits, not having Medicaid, lack of transportation and not knowing about the pregnancy (U.S. Department of Health and Human Services Health Resources and Services Administration, & Maternal and Child Health Bureau, 2013).

Abstract: Healthy Pregnancy, Healthy Childbirth, Healthy Parenting (HPCP) is a blended prenatal care model that integrates group visits with individual prenatal visits. While group prenatal care has been found to have a positive impact on pregnancy outcomes, current models may not be feasible or desirable in all clinical settings. HPCP offers one educational group visit each trimester to improve knowledge of self-care during pregnancy and of childbirth and infant care. The program was piloted among women with low income in a southern metropolitan area. This article presents the findings of a pilot study that examined maternal knowledge acquisition and subsequent changes in self-efficacy and satisfaction with care. Suggestions for future use of a blended model for the delivery of prenatal care are shared. DOI: 10.1111/1751-486X.12159

Keywords: group prenatal care | low income | pilot study | pregnancy | self-efficacy

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