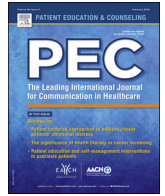




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Short communication

Effect of culturally competent educational films about prenatal screening on informed decision making of pregnant women in the Netherlands

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ABSTRACT

Objective: To evaluate the effect of a culturally competent educational film (CCEF) on informed decision making (IDM) regarding prenatal screening (PS) in a study population consisting of multicultural pregnant women.

Methods: A cross-sectional study with 262 women in the control group and 117 in the intervention group. All counselled participants received a self-report questionnaire to obtain data on IDM and only the intervention group received the CCEF. Twenty two percent of the study population had an ethnic minority background and 52% had a low or medium educational level.

Results: After exposure to the CCEF, knowledge about the Fetal Anomaly Scan (FAS) was significantly increased in ethnic minority women and in 'medium' and 'highly' educated women. Among women in the intervention group who had the intention to participate in FAS, there was an increase of 11% in IDM and a decrease of 12% in uninformed decision making.

Conclusion: CCEF leads to a significant increase in the level of knowledge in medium and highly educated groups as well as non-western ethnic minority groups. The increase in IDM among intentional participants in the FAS is promising as well. CCEF's are a valuable complement to counseling about PS.

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1. Introduction

The Dutch nationwide Prenatal Screening (PS) programme, supported by a legislative framework is unique in the world [1,2]. In the Netherlands, all pregnant women should actively be offered counselling about PS, consisting of the first trimester Combined Test (CT), a test for prenatal screening on Down syndrome [1,3] and the second trimester Fetal Anomaly Scan (FAS), screening for structural fetal anomalies [1]. The aim of counselling is to contribute to the autonomous Informed Decision Making (IDM) of pregnant women on participation in PS. An informed decision is made when a woman has adequate decision-relevant knowledge

and her attitude towards participating in PS is consistent with her actual participation [4–6].

In Dutch participants there is a strong association between a lower level of IDM on PS and inadequate information provision about PS. Other contributing factors are a non-Western background, low socioeconomic status (SES) or insufficient Dutch language proficiency [7–17]. International studies on IDM in PS show that pregnant women, especially within ethnic minority groups [21–25], experience insufficient information provision [18–20] and reported a high percentage of low knowledge and IDM about PS.

Interventions to improve IDM in non-Western or low SES pregnant women should particularly aim to overcome cultural, language and 'information' barriers [7,26–28]. Peer educators [21,28,29] and the use of educational films [30,31] are promising methods to cope with these barriers. Therefore we combined the strengths of both, by developing CCEF's with peer educators to provide information about PS. We hypothesized that adding a CCEF to regular counselling would increase IDM on participation in PS of

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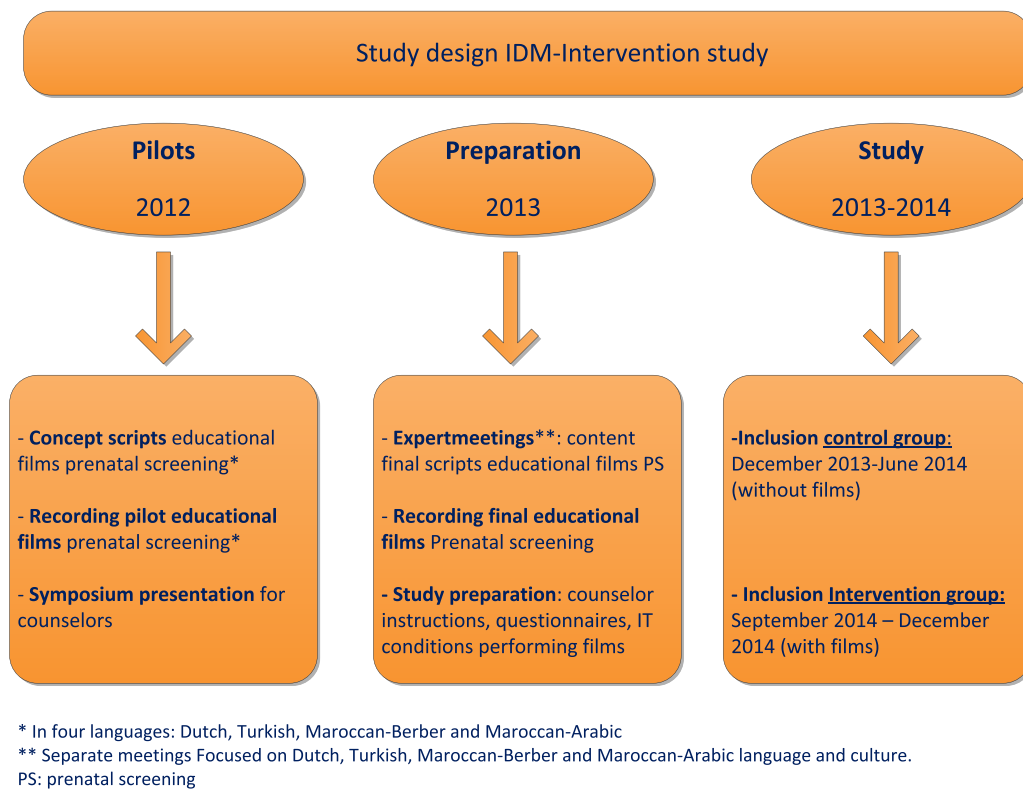


Fig. 1. Study design IDM-Intervention study.

non-western pregnant women. With two consecutive cross sectional studies (the IDM-Intervention study) we assessed whether pregnant women made an informed decision more often after seeing the CCEF (Fig. 1).

2. Methods

The Culturally Competent Educational Films (CCEF's) were developed by the Foundation for Prenatal Screening in the Southwest region of the Netherlands (SPSZN). The films contained decision-relevant information about PS and were recorded in the four different languages that are spoken most often amongst non-western groups in the Netherlands (Dutch, Turkish, Moroccan-Arabic or Moroccan-Berber). Dutch, Turkish and Moroccan peer educators provided standardized information in the CCEF's (Supplement A in Supplementary data). To validate the content of the films, expert meetings were organized with experts on language, culture and obstetrics. We performed two consecutive cross sectional studies in the Southwestern region of the Netherlands. Pregnant women were included from December 2013 to June 2014 (control group) and from September to December 2014 (intervention group) (Supplement B in Supplementary data). Participating counsellors ($n=33$) including midwives, sonographers, physicians and nurses working in hospitals, midwifery practices or sonographic centres included women with a gestational age of up to 24 weeks with a Dutch, Turkish or Moroccan ethnic background [women's country of birth and her parents' country of birth] [32]. Subsequently, we also included women with other ethnic backgrounds. To obtain data on Informed Decision Making (IDM), all respondents received a self-report questionnaire in the language of choice (Dutch, Turkish or Arabic) after counselling. Only the intervention group received the CCEF in the language of choice. The legal use of anonymous data of pregnant women was based on digital informed consent. After the study the participating counsellors filled out a questionnaire to

report their experiences with the CCEF's (Supplement C in Supplementary data).

IDM was measured by a questionnaire which was previously used [9,33–35] with a general part containing questions on the pregnant woman's background and an IDM specific part with questions about knowledge, attitude and intentional participation in Prenatal Screening (PS) with the Combined Test (CT) and the Fetal Anomaly Scan (FAS) [9,34,35]. Knowledge was measured using twelve statements about the CT and ten about the FAS with response options 'true', 'not true', and 'do not know'. The total knowledge score ranged from 0 to 10. Attitude towards undergoing the CT or the FAS was measured using a seven point scale, transformed into a 1–10 scale (Supplement D in Supplementary data) [4]. Intentional participation was measured by asking respondents whether they intended to participate in the CT and the FAS. We combined knowledge, attitude and intentional participation to calculate the level of IDM [4]. An informed decision was defined as having adequate knowledge (total score >6.0), a positive attitude towards undergoing the screening (total score >6.0) and an intention to participate consistent with this attitude. Chi-square tests were used for the associations and differences between maternal characteristics of the control and intervention group and knowledge, attitude towards participating in PS and IDM. To strengthen the comparability between both study groups for the analysis of IDM, we created a separate dataset. In this set we matched two equally large groups of records of control and intervention group women with similar background characteristics on ethnicity, gravidity, parity, educational level and age.

3. Results

Table 1 shows that the respondents in the control and intervention groups were comparable in terms of background characteristics. Knowledge about the Fetal Anomaly Scan (FAS) was

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