

A LOW LITERACY PRENATAL CARE EDUCATION PROGRAM: EVALUATION OF THE PILOT PHASE OF BABY BASICS AT MIC-WOMEN'S HEALTH SERVICES

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Background Baby Basics* is a low literacy prenatal care education program that seeks to integrate health literacy concepts into the provision of prenatal care. In 2005-2006, a pilot Baby Basics program was introduced at the MIC-Women's Health Services center in Jamaica, Queens. The goals of the evaluation were to measure: how the program was implemented at the site, how many women were reached by the program, and the impact of the Baby Basics program on patient satisfaction with and adherence to prenatal care.

Baby Basics activities at the MIC center included training on health literacy and cultural competency for all clinical and clerical staff, providing *Baby Basics* (or *Hola Bebé*, in Spanish) books and planners to all new prenatal patients, weekly group prenatal education sessions (Baby Basics Moms' Club), and integration of Baby Basics materials into the existing prenatal care education plan and chart materials.

Methods The evaluation of the program included patients who received prenatal care at the Jamaica MIC site from June 2005 through November 2006. Evaluation methods included project activity tracking, comparison of readability of patient education materials before and after Baby Basics, clinical and administrative data reviews, and direct observation of patient/provider interactions. The evaluation protocol was reviewed and approved by the Institutional Review Board of MHRA.

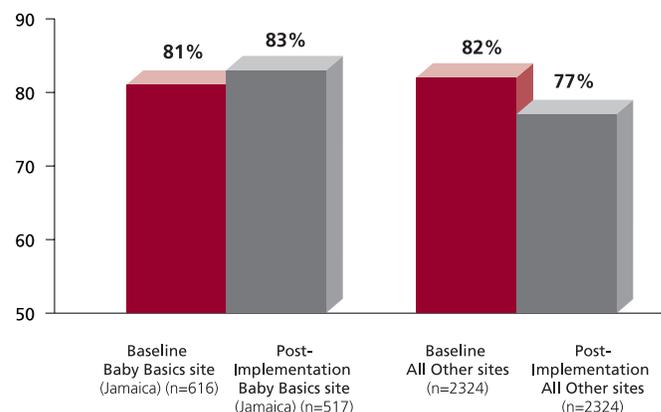
Three key clinical and administrative measures were studied: patient satisfaction, mean number of prenatal care visits, and return for postpartum care. These measures were compared between the intervention site and the seven other MIC centers that had not implemented Baby Basics,

and were also compared between time periods before and after the implementation. Direct observations of prenatal care visits were conducted by a team of two Evaluators using a coding guide. The coding guide, which included measures of low literacy communication behaviors, was developed in collaboration with the Literacy Assistance Center. Over the course of four days, 31 visits were observed and included in the analysis.

Evaluation Findings

Patient Satisfaction Patient satisfaction is surveyed anonymously at all MIC Centers on a quarterly basis. Patient satisfaction – in terms of overall satisfaction and satisfaction with the amount of time spent in the centers – increased at the intervention site since the introduction of Baby Basics. Increases were seen both over time and in comparison to the non-intervention sites. From the first quarter of 2005 to the third quarter, the proportion of patients who reported being satisfied with their care increased at the intervention site from 87% to 100%, but remained steady at the other sites (96% and 93% in the two quarters, respectively).

Figure 1: Proportion of prenatal patients returning for postpartum care at MIC, before and after implementation of Baby Basics



* The Baby Basics program was created by The What to Expect Foundation, which takes its name from the best-selling *What to Expect pregnancy and parenting* series. For more information about the Baby Basics program, visit: www.whattoexpect.org

Number of Prenatal Visits Preliminary analyses indicate that the mean number of prenatal visits per patient during a seven-month period after implementation was significantly higher at the Baby Basics site (5.5 visits), both compared to a similar time period one year before implementation (5.2 visits), and compared to the other seven MIC sites that did not implement Baby Basics (5.1 visits). Future evaluation plans will examine this outcome in greater detail.

Return for Postpartum Care One key performance measure is postpartum return rate. Not all patients who receive prenatal care at MIC (or any other prenatal care program) return for postpartum care. Some patients do not return for a postpartum visit at all, and others may go to a different provider for postpartum care than the one who provided prenatal care. The proportion of patients who return to MIC for postpartum care therefore reflects an adherence to visit recommendations, satisfaction with care, and other factors. As shown in Figure 1, after implementation, the proportion of patients returning to MIC for postpartum care was significantly higher at the Baby Basics site, compared to the other sites that did not implement the Baby Basics program (Chi square test $p=0.004$).

Question-Asking Behavior of Patients and Length of Visits

A total of 31 prenatal care visits were observed over the course of four days. In half of the visits, the provider used three or more Baby Basics materials or behaviors, such as discussing the Baby Basics book with the patient, referring to a specific page number in the Baby Basics book, or writing in the Baby Basics planner. Comparing the half of the visits in which the providers used only one or two Baby Basics materials or behaviors to those in which they used three or more, no difference was found in the number of questions/topics raised by the patient, and no difference was found in

the duration of the visit. However, when looking at the use of effective communication techniques that were reviewed in the Baby Basics trainings, significant differences were found. In visits in which the providers used “teach back” methods, patients asked significantly more questions about their pregnancies (5.1 versus 1.5 topics, $p<0.001$) and visits (excluding initial prenatal visits) were significantly longer (12.8 versus 9.8 minutes, $p=0.04$, $n=28$).

Conclusions The evaluation findings suggest that the Baby Basics low literacy prenatal care education program had a positive impact on patients' satisfaction with, adherence to, and engagement in prenatal care. Recognizing the importance of making health information and services accessible to women and families of all literacy levels, MHRA has expanded the Baby Basics program to its Astoria MIC Center and is working to expand the program to additional sites. ■

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