

**Title:**

Low-Income Pregnant Women's Experiences With Prenatal Care Education

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**Session Title:**

Research Poster Session 2

**Slot (superslotted):**

RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

**Slot (superslotted):**

RSC PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

**Keywords:**

pregnant women, prenatal care and prenatal education

**References:**

Edmonds, B. T., Mogul, M. & Shea, J. A. (2015). Understanding low-income African American women's expectations, preferences, and priorities in prenatal care. *Family and Community Health, 38*(2), 149-157. Doi:10. 1097/FCH.0000000000000066.

Handler, A. Rankin, K., Rosenberg, D. & Sinha, K (2012). Extent of documented adherence to recommended prenatal care content: provider site differences and effect on outcomes among low-income women. *Journal of Maternal Child Health, 16*, 393-405, Doi: 10.1007/s10995-011-0763-3.

**Abstract Summary:**

The purpose of this presentation is to discuss the findings of a qualitative descriptive study exploring the perinatal experiences of low-income urban women with regarding their experience with prenatal care and prenatal education in the United States.

**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>
To discuss maternal mortality in the United States	Review statistics worldwide Review statistics in the U.S. Discuss the current state of maternal mortality in the U.S. Briefly speak about the problem of maternal mortality among low-income women in the U.S.
To review the literature surrounding prenatal care and prenatal education in low-income pregnant women	Provide a summary of the literature review surrounding this study
To discuss the findings of a qualitative descriptive study exploring the perinatal experiences of low-income urban women with regarding their experience with prenatal care and prenatal education in the United States.	Review the seven themes found in this study

To discuss implications for nursing as a result of the findings of this qualitative descriptive study exploring the perinatal experiences of low-income urban women with regarding their experience with prenatal care and prenatal education in the United States.

Analyze the implications of the findings of the study.

**Abstract Text:**

**Purpose:** The purpose of this presentation is to discuss the findings of a qualitative descriptive study exploring the perinatal experiences of low-income urban women with regarding their experience with prenatal care and prenatal education in the United States.

**Methods:** A qualitative descriptive study using focus groups was employed. Thirty women who gave birth within the last 10 years who were eighteen years of age or older were recruited and agreed to participate in the study. Participants were asked about their healthcare and health education experiences during their pregnancy, during childbirth, and during the postpartum period, and their recommendations for healthcare providers to improve the current state of prenatal care and education for childbearing women in the United States. Content analysis was used to analyze the transcribed interviews. Themes that emerged were identified and coded.

**Results:** Seven themes emerged from the analyses of the transcribed data. Trust, Respect, cultural perceptions, disparity in access to education, desire and readiness to learn, privacy, and models of care. Women provided recommendations that are critical implications for healthcare providers caring for childbearing women that are practice-based issues, healthcare provider issues, and larger healthcare systems issues.

The themes found in this study confirm what older seminal and more current qualitative studies found. Low-income women who seek prenatal care and education consistently have the same experience: they experience barriers with insurance access, barriers in accessing care at the point of prenatal care, they have poor interactions with healthcare providers and staff, the care they do receive is fragmented with long wait times which require missed time from work, and childcare interruptions, as well as issues with accessing transportation to receive care. In addition, the women perceived the relationship with their healthcare provider as not trustworthy, that their healthcare providers fail to understand specific cultural beliefs, fail to respect some level of knowledge that women possess, and fail to respect that women do have an interest in learning about prenatal education and caring for themselves and their baby even though they are low-income and minority.

**Conclusion:** Participants experienced widespread barriers to care, poor interactions with healthcare providers, and poor care coordination as well as limited to no prenatal education. However, consistent among the literature is that the model of prenatal care and education in the United States is antiquated, not women-centered, nor family-centered; is healthcare provider and health system centered, creates great barriers for women- particularly low-income minority women. Whether health systems, government, or healthcare providers want to take a serious look at the model warrants attention in the future health of the American childbearing woman. Given, that 90% of nurses are women, the authors suggest that nursing take a leadership role in champion change of this failing model of prenatal care and education care. As the United States maternal mortality ranking continues to worsen nursing is in a critical role to lead efforts for change at the point of care.