Obstetrical Services and Provider-Patient Communication

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Introduction and Background

• In 2004, nine of every 1,000 babies born alive in Tennessee died before their first birthday, rate higher than every other state in the nation except Louisiana and Mississippi

• Matthew Walker CHC serves a diverse array of patients from low socioeconomic background
  • Many lack insurance
  • Many below the poverty line
Goal of Comprehensive Pre-conception and Pre-natal Care

• Focus on the parts of health that increase the chance of having a healthy baby.
• Promote behaviors that lead to healthy pregnancies and ensure healthy babies
• Minimize maternal risk
• Identify patients at risk for complications
• Anticipate and prevent problems before they occur
• Patient education and communication
Methodology: Needs Assessment

- **Need**: Physical document of the OB Standard of Care at Matthew Walker Comprehensive Health Center

- **Solution**: Create a manual that is complete, legible, retrievable and available for review by providers.
Methodology

• Interviewed providers on communication with patients

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td>1. Describe your typical patient.</td>
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<td>2. What is essential information that you (the provider) must communicate to expectant mothers?</td>
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<td>3. How must providers communicate information?</td>
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<td>4. Are patients usually compliant?</td>
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<td>5. What important information do providers need to know about the expectant mother?</td>
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<td>6. What patients make you (the provider) worried about poor outcomes such as low birth weight, pre-term delivery, and infant mortality?</td>
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<td>7. What are lab values typically raise concern?</td>
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• Reviewed information on patient EMR screens

• Reviewed current guidelines on American Academy of Pediatrics (AAP) and American Congress of Obstetricians and Gynecologists (ACOG) websites
Results

A comprehensive prenatal care manual that describes the standard of care and services from preconception to post-partum care.
### Sliding Scale Payments

<table>
<thead>
<tr>
<th>Level</th>
<th>Payment 1</th>
<th>Payment 2</th>
<th>Payment 3</th>
<th>Total Payment</th>
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<tbody>
<tr>
<td>A</td>
<td>280</td>
<td>280</td>
<td>-</td>
<td>560</td>
</tr>
<tr>
<td>B</td>
<td>350</td>
<td>350</td>
<td>-</td>
<td>700</td>
</tr>
<tr>
<td>C</td>
<td>500</td>
<td>450</td>
<td>450</td>
<td>1400</td>
</tr>
<tr>
<td>D</td>
<td>500</td>
<td>800</td>
<td>800</td>
<td>2100</td>
</tr>
<tr>
<td>E</td>
<td>500</td>
<td>1150</td>
<td>1150</td>
<td>2800</td>
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</table>
Results

• Comprehensive standard of care visits are described from preconception to postpartum health.

• Includes physical exam, screening and testing, and educational topics for the physician to use during visits.

Visit Schedule

12 - 28 weeks: every 4 weeks
28 – 36 weeks: every 2 weeks
36 weeks - delivery: every week

Initial visit
Early second trimester (14–16 weeks)
Late second trimester (24–28 weeks)
Third trimester (32 weeks, 36 weeks, 38 weeks, 39 weeks, 40 weeks, 41 weeks)
Post-partum care (4–6 weeks post-delivery)
Discussion

• How does this benefit Matthew Walker CHC???
  • Provides a standard of care policy for providers to follow
  • Demonstrates comprehensive care including components such as behavioral/mental health services and dental services
  • Serve as a resource for those who work alongside the providers to
    • Make sure everything is covered
    • Answer any quick questions (Med students, admin)
  • Serves as a foundation to MWCHC preconceptive care
  • Outlines fees for self pay patients
Discussion

• How can this grow?
  • Expand pilot study to more providers in the area
  • Survey the patients
  • Keep an electronic copy to modify and update periodically
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