

## 'OB Nest': A novel approach to prenatal care

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"OB Nest": Just the name may bring warm feelings to parents and prospective parents. However, at Mayo Clinic, it's much more than a name. It's a new way that Mayo Clinic is providing prenatal care. And, families say they are thrilled with the process.

Current prenatal care for a pregnancy consists of 12-14 visits with an obstetrician. However, often these visits are just brief check-ins to make sure a pregnancy is progressing well. Previous research has looked at ways to give providers more time for high-risk patients, and save time and office visits for women with low-risk pregnancies. While these studies have shown that less visits are safe, patients reported less satisfaction overall.

Seeking to identify ways to improve patient experience and perceived value, Mayo Clinic researchers decided to test a new way of providing prenatal care, dubbed "OB Nest."

With the changes to the care experience provided within OB Nest, the researchers found that not only did patient satisfaction improve, but also this improved satisfaction came with fewer office visits. They will present their findings in an oral presentation during the 2016 Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists (ACOG), May 14-17, 2016.

"Traditionally, pregnancy is treated as a sickness," says Yvonne Butler Tobah, M.D., a Mayo Clinic obstetrician and lead author of this study. "We wanted our care to reflect the normal, life-bringing event that it is,



and [we] looked for a way to transform prenatal care into a wellness, patient-oriented experience."

The Department of Obstetrics and Gynecology, in collaboration with the Center for Innovation, worked with patients and staff to collect and prioritize ideas to improve the way pregnant women and their families experience prenatal care. Along with the department, the Care Experience Program, which is part of the Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, took this information and these ideas and designed evidence-based practice improvements for prenatal care.

OB Nest study participants—all of whom were experiencing low-risk pregnancies—entered the program with a specific nurse identified as their lead contact. They received eight scheduled office visits (more were optional) and home monitoring equipment for fetal heart rate and maternal blood pressure. In addition, they could take part in an online care community with other OB Nest participants and nurses from the OB Nest care team.

"My schedule is very hectic," says Seri Carney, M.D., a mom who participated in the OB Nest study during pregnancy with her second child. "It was really nice to only have to go in for my appointments every other month. My husband and I didn't have to worry as often about arranging our work schedules for the appointments."

"We could listen to the heartbeat whenever we wanted," says Dr. Carney. "Our daughter was 4 at the time, and doing it at home meant that she could get involved, too. That was really fun. It also felt like it made me more aware of the movements and heartbeat of my baby."

In her third trimester, when Dr. Carney noticed her baby's heartbeat was a little low, she was able to email her care team. They reacted right away



and got Carney in for a stress test. All was fine, and within a few weeks, she and her family welcomed baby Luisa Jane.

The OB Nest research project is part of Mayo Clinic's <u>health care</u> <u>delivery</u> research efforts, and aligns with the Institute for Healthcare Improvement Triple Aim.

"This fulfills the holy grail of what patients expect today," says Abimbola Famuyide, M.B.B.S., chair of the Department of Obstetrics and Gynecology, and study principal investigator. "How can we continue to improve patient experience and clinical outcomes, while, at the same time, keep costs down?"

"Improving the patient experience, in the case of OB Nest, includes empowering expectant women to truly engage in, and take control of, their care," says Dr. Famuyide. He and his team learned that having one nurse as the center point for each woman's care and concerns provided them the comfort of easy connection. Concurrently, fewer office visits saved health care provider resources, while reducing patient burden.

This practice transforming research is leading to permanent changes in the way women receive <u>prenatal care</u> across Mayo Clinic. It is part of the goal of the Mayo Model of Community Care, to deliver wellnessfocused, high-value health care—improving access, convenience and patient satisfaction, while lowering costs.

ACOG awarded the researchers second prize in the scientific program for 2016. In addition to the presentation at ACOG, the team is presenting two posters at AcademyHealth's Annual Research Meeting, June 26-28.

Provided by Mayo Clinic



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