

Definition

Mama Care: an adaptation of the Centering Pregnancy model of care consisting of four 2-hour sessions of group prenatal care during the third trimester of pregnancy

Background

Congenital anomalies are the leading cause of neonatal mortality in the United States

- The **CHOP Center for Fetal Diagnosis and Treatment (CFDT)** is an international referral center providing comprehensive care for families with prenatally diagnosed fetal congenital anomalies including prenatal diagnosis, prenatal care, fetal intervention, intrapartum and postpartum care
- Pregnancies affected by fetal anomalies are associated with higher levels of psychosocial stress and trauma than typical pregnancies
- Centering Pregnancy** is an innovative approach to care delivery that **integrates** the three major components of care: **health assessment, education and support** into a unified program within a **group setting**



Goals

- To adapt and implement the Centering Pregnancy model of care for use in a referral population of women carrying fetuses with prenatally diagnosed fetal anomalies
- To decrease psychosocial stress associated with pregnancies complicated by a fetal anomaly

Project Activities

- Review of current literature
- Staff education
- Formation of multidisciplinary team
- Submission of CQI approval
- Data Collection
- Data Analysis
- Presentation



Mama Care

Group Prenatal Care in a High Risk Population within a Children's Hospital

- Leadership Fellow: Jessi Schwarz, CNM, MSN
- Leadership Mentor: Elizabeth Froh, PhD, RN
- Leadership Faculty: Billie Bitowski, RN, MSN, APRN

Evaluation Methods

- Focus groups were conducted with each group upon completion of the final session in the series
- Each focus group session was recorded and transcribed
- Focus group data was analyzed using **qualitative descriptive methodologies** and **conventional content analysis**

Results

- 61 women in 12 cohorts** have participated in Mama Care
- 55 support people** have attended at least one Mama Care session
- Themes identified:** (1) *Development of Community*, (2) *Normalizing the Extraordinary*, (3) *Processing of Emotions*, (4) *Learning from Others* and (5) *Finding Comfort in the Format and Environment*



"At first I thought 'Group prenatal, it's a little weird,' but...now looking back on it, if I have a pregnancy again, I'd rather have this than just individual appointments."

"I liked meeting other moms who are kind of in the same situation, and being able to talk about this specific type of pregnancy...being in a group, you're like, ok they're going through this too, they're feeling the same things. This is not abnormal."

Our Team



Mama Care Facilitators:
Lisa Kugler, CNM and Mari Carmen Farmer, RN

Discussion & Next Steps

- Successfully adapted the Centering Pregnancy model into a condensed format consisting of **four 2-hour sessions** co-facilitated by a registered nurse and a midwife that is suitable for use with obstetric patients in high-risk referral settings
- Have demonstrated successful integration of the program into CFDT department norms
- Begin quantitative assessment of psychosocial outcomes using the Pregnancy Experience Scale, a validated 20-item scale
- Plan to train two additional Mama Care facilitators in 2016 to enable expansion of the program

Leadership Journey

- Model the Way:** Laid groundwork with department leadership and stakeholders to secure buy-in for the project
- Inspire a Shared Vision:** Presentations at department education meeting and RN staff meetings regarding the program and outcomes
- Challenge the Process:** Engaged in ongoing adaptation of model to meet needs of patients and staff
- Enable Others to Act:** Secured funding for training facilitators; supported their presentation of the model at a national conference
- Encourage the Heart:** Ongoing recognition of team's accomplishments