

COVID-19 IMPACT ON GROUP PRENATAL EDUCATION OUTCOMES

Authors

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Introduction

Prenatal education positively influences pregnancy, birth outcomes and infant care practices. Baby Talk prenatal education program transitioned from in-person to virtual format to continue to serve the community when access to similar services was severely limited.

Objectives

1. Recognize the impact of COVID-19 pandemic on traditional prenatal education program.
2. Describe differences in outcomes between in-person and virtual prenatal education participants.
3. Discuss strategies to improve virtual education outcomes.

Literature

There is a demand for prenatal education, which is described within the literature.

- In 2019, the birth rate in the United States was 11.4 per 1,000 population, which totaled to 3,747,540 births (Martin, Hamilton, Osterman, & Driscoll, 2021).
- Among 15 states, including Kansas, preterm births were increased between 2018 and 2019. Evidence shows that prenatal education has been reported to decrease preterm births (Zorrilla et al., 2017).
- Prenatal education has been found to decrease complaints and increase quality of life during pregnancy (Yikar & Nazik, 2019).

Methods

- Retrospective study comparing knowledge and intention outcomes of 166 pregnant women who attended Baby Talk virtually due to COVID-19 (2020) versus 202 women who previously attended in-person (2019).
- Participants completed an initial survey upon enrollment and a completion survey following their final class. Survey questions included demographics, knowledge, and intentions for modifiable risk factors.
- Chi-Squared Likelihood-Ratio, Friedman's and Wilcoxon Sign Rank Tests were used for within group comparisons (baseline vs post-assessment).
- Mann-Whitney Test compared post-assessment outcomes between education formats (in-person vs virtual).

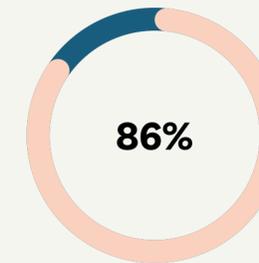
Results

- Positive improvements from baseline were observed within each education format.
- In-person results were significantly higher for developing a birth plan ($p=0.035$), knowledge of breastfeeding resources ($p=0.006$), confidence in ability to breastfeed ($p=0.033$), placing baby only in a safe location (crib, portable crib, bassinet) to sleep ($p=0.020$), and planning to engage with services: home visiting ($p<0.001$), car seat installation ($p<0.001$) and other pregnancy resources ($p=0.021$).
- Overall experience with the program was positive; however, in-person participants were more likely to feel connection and support by other women ($p=0.021$) and by their instructor ($p=0.005$), and to indicate the information was "easy" or "very easy" to understand ($p<0.001$).

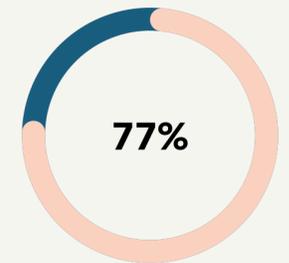
Conclusion

- Continuing the Baby Talk program through virtual classes during the COVID-19 pandemic allowed important education to be provided.
- However, if virtual education continues, modifications should be made to enhance topics with less improvement than in-person classes.
- Future research should compare birth outcomes (ex. gestational age, birth weight) for participants based on educational information.

IN-PERSON EXPERIENCE RATING



VIRTUAL EXPERIENCE RATING



PROGRAM EVALUATION

