



Provision of high-quality care for patients who experience preterm preeclampsia: maternal healthcare providers' perceptions

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Objective

- To document maternal healthcare providers' perceptions on how high-quality care might be best structured to equitably serve birthing people who experienced preterm preeclampsia with severe features and consequently are at high risk of cardiovascular disease following childbirth

Study Design

- Maternal healthcare providers completed a semi-structured interview between March 2022 to May 2022
- Providers were approached for participation based on their involvement in delivering care for birthing people with preeclampsia. The interviews were audio-recorded, professionally transcribed, and checked for accuracy
- Responses were iteratively coded for inductive narrative analysis

Results

Maternal Care Providers	n=10
Obstetrician	4
Nurse	2
Family Medicine Physician	1
Advanced Practice Provider	1
Certified Nurse Midwife	1
Pregnancy Coordinator	1
Non-Hispanic White	9
Preferred Not to Identify Race/Ethnicity	1

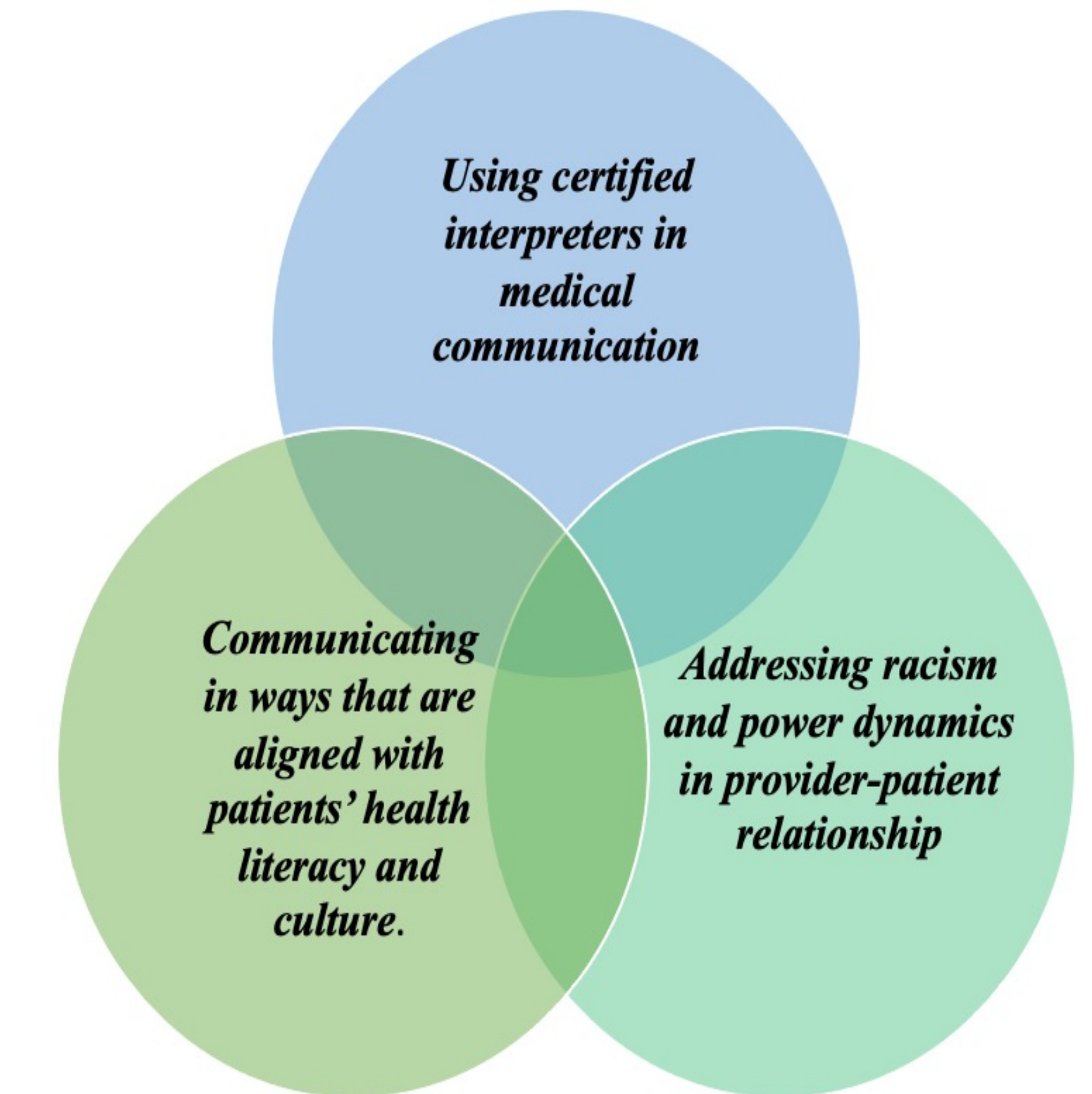
Table 1: Demographics of Study Participants.

- The patient populations served were diverse in payer status, acuity, rurality, and primary language
- Providers offered several examples of strengths and areas for improvement in the provision of high-quality care (Table 2)
- They considered the use of personalized communication with birthing people a standard for excellent patient care
- Nonetheless, providers also felt strongly that more attention should be conferred on identifying and eliminating biased healthcare practices; many proposed an interrelated approach for accomplishing this objective (Figure 1)

Strengths	Areas for improvement
Providing timely, risk-appropriate responses and offering reassurance that, "We've got you."	Committing to follow-up connections to address topics including recommended clinical visits.
Supporting patients in understanding their health status.	Emotionally supporting patients with outpatient and inpatient healthcare encounters.
Minimizing patients' fear or anxiety.	Acknowledging new parents may have limited ability to devote time to their health.
Addressing health warning signs.	Exhibiting variable awareness that patients may have limited understanding of cardiac risk.
Establishing that hypertensive concerns are not "finished" following delivery.	Establishing adequate access to aggregate patient outcomes.

Table 2: Maternal care provider perceptions on strengths and areas for improvement in provision of high-quality care.

Figure 1: Interrelated approaches to eliminating biased healthcare.



Conclusions

- Maternal healthcare providers supplied examples of the strengths of existing services while also offering several suggestions for improvement
- Detailing birthing persons' thoughts on what constitutes high-quality, unbiased, and respectful clinical care is an essential next step

