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| **Baby Talk: Pilot Testing a Community Collaborative Prenatal Education Program** |
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| **Introduction** Spanning nearly 1,000 square miles with a population >500,000 people, Sedgwick County, Kansas’ size makes it difficult to implement interventions which impacts rates at the county level. Multiple projects exist to reduce the infant mortality rate (7.2/1,000) including a fetal infant mortality review (FIMR) project, breast feeding promotion programs, a prenatal home visitation program, and safe sleep initiatives in hospitals, outpatient clinics and community settings. However, a Perinatal Period of Risk (PPOR) analysis suggested nearly 150 preventable deaths still occurred between 2008 and 2012. This project intends to build collective impact to reduce infant mortality rates in Sedgwick County, Kansas.  **Material and Methods** Stakeholders attended a one-day summit hosted by the Maternal Infant Health Coalition in order to develop strategies to address infant mortality. Key drivers identified by FIMR and PPOR analysis included smoking cessation, pre-conception/inter-conception education, preterm birth, safe sleep, breastfeeding, mental health, access to care, and birth spacing. This led to the conclusion that enhanced prenatal education was needed. A collaborative was established to enhance the community’s capacity to promote healthy birth outcomes by providing consistent prenatal education in partnership with clinical care at locations serving women at high-risk for adverse fetal/infant outcomes. The collaborative included two competing hospital systems, a federally qualified health care center, the regional medical school and local programs. Funding was obtained to implement the Kansas model of the March of Dimes’ Becoming a Mom curriculum. The program, Baby Talk, piloted a cycle of the curriculum (six 2-hour sessions) at four locations, with participants from five clinics. Women attending ≥4 sessions received infant health/safety items.  **Results** Thirty-four women were enrolled during the first cycle. Of women who attended the first session, 79% completed all six sessions during the pilot. One woman delivered prior to completing, but returned with her infant for her final class (postpartum health) three days after delivering. Of those enrolling after the first session, 96% indicated intentions to complete the series. Women brought support people with them to 79% of the sessions. A convenience sample of 23 women was surveyed at the conclusion of the first cycle. Participants identified the elements of the class they were most appreciative of as information and infant safety incentives. All agreed they learned something during the sessions and the information presented was easy to understand. Visual aids, including videos and slideshows, were helpful. Nearly all (96%) would recommend the class to others.  **Conclusions** A one-day summit of key stakeholders leveraged enough support to develop, fund and pilot an ongoing community collaborative prenatal education program to address key drivers of the local infant mortality rate. Challenges remain, as convincing competing institutions to work together continues to be a challenge, clinic staff are reassigned or turn over and new relationships need to be developed, and managing logistics across systems can be difficult. The results reported here are limited by the restricted timeframe in which our program has been in operation. Post-natal follow up and increased sample size are needed for outcome evaluation. |
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