

St. Peter Family Medicine

525 Lilly RD NE, MS: PBP09

Olympia, WA 98506

**Adolescent Obstetrics (ADOB):**

*The Synergy of Serving Pregnant Teens While Teaching Residents Adolescent Medicine*

**STFM 2022 Round Table Questions for discussion:**

1. How could you see this prenatal care format impacting pregnant adolescents and students/residents in training?

2. What questions do you have about our ADOB program?

3. What measures would be useful to evaluate for this program?

4. What barriers would exist for development of ADOB in your program?

5. What questions to you have if you were to consider starting ADOB in your program?

6. How could we improve this program?

**Introduction**

Group prenatal care has been shown to decrease preterm birth and low birth weight for both low income and African American patients.1,2 For adolescents’, improvement has been seen in prenatal care attendance, healthy pregnancy weight, rates of breastfeeding, patient satisfaction, pregnancy knowledge, and other psychosocial outcomes.2,3 Group prenatal care as it has been developed can be complex and difficult to implement and innovation is needed to make it more feasible.4

For over 25 years St. Peter Family Medicine in Olympia, WA has operated an adolescent group prenatal care program (“Adolescent Obstetrics,” or, “ADOB” pronounced, “add-O-B”) that incorporates group-based, resident/student led education in pregnancy and newborn care and facilitation of peer support (group was paused during Covid). Early pregnancy can be a challenging time for young people, as well as difficult for their family and friends. However, we have seen how resilient and successful young people can be with positive help and support. ADOB was developed to address the needs of high risk, adolescent prenatal patients with Family Medicine residents and medical students delivering the care, leading the groups, and learning key components of adolescent and OB medicine.

**Program Description**

We provide appropriate and effective prenatal care to SPFM patients who are pregnant and **20 years old and younger** (with some exceptions). Patients see their doctor every other week even early in pregnancy, as opposed to once per month as is standard in prenatal care. Our clinic serves between 6-16 patients at any one time. We have an interdisciplinary team that works together to implement a comprehensive plan for each patient. Our team includes the resident physician and their faculty preceptor, behavioral health specialist, dietitian, medical assistant, also including medical and behavioral health students. We encourage patients to bring their support persons with them, recognizing the importance of family and friends in their lives and in their health.

The clinic is held every other Thursday between 1:30 – 5:00pm. Patients arrive at 2:15pm.

Our schedule is as follows:

1:30 – 2:15pm Adolescent medicine talks by faculty with Family Medicine residents

2:15 – 2:45pm “Kid talk” with pregnant teens and young adults and their support persons

2:45 – 5:00pm Individual provider visits (physician, behavioral health, and dietician)

5:00 – 5:30pm Interdisciplinary case conference

**Adolescent Medicine Talk**

We begin the afternoon with an educational talk for our resident physicians. As a part of our residency curriculum, ADOB is the key experience we use to teach our residents adolescent medicine. These didactics include topics such as, adolescent psychosocial assessment (SSHADESS), communication with adolescents, teen fathers and paternity, substance use and abuse, teen violence, adolescent and pregnancy nutrition, adolescent sexuality, sexually transmitted diseases, adolescent postpartum care including postpartum depression, mental health, community resources and other topics. ADOB curriculum is interactive, making use of role play and other strategies that focus on skill building and knowledge application.

**Kid Talk**

The “kid talk” is a half-hour, interactive group teaching and learning session with our teen and young adult patients and their support persons. Our dietician provides healthy snacks for the group. The talk is led by a resident, medical or behavioral health student or guest presenter. A variety of topics are covered including contraception, challenges of pregnancy and delivery, breastfeeding and exploring hopes, dreams, and plans for parenting. The presenter chooses a topic that has not been covered recently and the goal is to create a fun, engaging environment. The presenter shares not only their knowledge, but also their excitement about the subject to create a teen and young adult – friendly atmosphere. This then helps patients feel comfortable and more ready to engage in the relationships, support and medical care that make ADOB successful.

**Individual Provider Visits**

Following the “kid talk” the medical assistant assigns and organizes patients and providers for their individual visits. Each ADOB patient has a prenatal visit with their own physician or with their physician’s team partner. In this way the young person is followed more closely than in traditional monthly prenatal care. We emphasize confidentiality with our patients while at the same time engaging positive family and friend supports in the patient’s care. Adolescents have multiple risk factors in pregnancy including premature birth, low birth weight and a host of psychosocial risks that make more frequent contact essential. The resident physician who provides care to the young person is usually the physician to deliver the baby at St. Peter Hospital and usually also provides care for the mother-baby pair throughout the postpartum/neonatal course. The continuity of this relationship with their physician, integrated with the support of the interdisciplinary team, creates an environment that promotes an effective therapeutic alliance between the doctor and patient.

**Interdisciplinary Team**

Patients also meet with the behavioral health specialist (LICSW) and the dietician (RD). Behavioral health visits may only be a few minutes or lasting 30 minutes or longer, depending on the needs of the patient. Visits include brief crisis and needs assessment, goal setting and coordination of care with Nurse Family Partnership and other community-based programs. Primary care behavioral interventions are used to treat patient anxiety, depression, or other mental health problems. Working with the patient’s support system, counseling helps to assure the young person has all the help needed to stay in school and/or meet other goals and to address any safety issues identified. A nutritional assessment and individualized plan are completed by our dietician with each patient. Nutrition counseling focuses on the specific needs of adolescents and young adults and includes screening and nutritional counseling for eating disorders.

The ADOB medical assistant (MA) is the key member of the ADOB team. Each patient has the mobile phone number of the ADOB MA so they have quick and easy access for questions and scheduling. Today’s adolescents often communicate more frequently by text than voice, so each patient is sent a text message prior to the clinic as a friendly reminder. During the ADOB clinic, patients frequently will speak with the ADOB MA about important subjects that the young person may not have disclosed to others on the team.

**Interdisciplinary Case Conference**

Each ADOB clinic ends with the interdisciplinary case conference. The entire team sits down and reviews each patient together. It is typical that one member of the team discovers a critical issue with a patient that others on the team are not aware of. For instance, a patient may not be comfortable talking about sensitive issues with a male team member, but freely discusses this with a female team member. Frequently decisions are made to assign roles for team members based on the nature of the relationships each team member establishes with each patient. Common goals are agreed on within the team for each patient. Finally, this group provides a forum for all members to share and receive support as we together care for a high risk and often traumatized population. In this way, a goal of ADOB is to prevent vicarious traumatization that can happen when caregivers are serving and working in isolation and without needed support.

In summary, ADOB works to promote positive pregnancy outcomes with pregnant teens and young adults. We meet patients where they are at with the services and support that will make a difference. We have had the privilege of helping hundreds of pregnant young people for over 25 years and plan to do so for many years to come.

For many ADOB providers and staff, witnessing the courage and success of young people that face incredible challenges but continue to grow both as young persons and as new parents, is enriching beyond measure.

For more information about ADOB contact:

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References:

1. Mazzoni SE, Carter EB. Group prenatal care. Am J Obstet Gynecol. 2017 Jun;216(6):552-556. doi: 10.1016/j.ajog.2017.02.006. Epub 2017 Feb 9. PMID: 28189608.
2. Byerley BM, Haas DM. A systematic overview of the literature regarding group prenatal care for high-risk pregnant women. BMC Pregnancy Childbirth. 2017 Sep 29;17(1):329. doi: 10.1186/s12884-017-1522-2. PMID: 28962601; PMCID: PMC5622470.
3. Trotman G, Chhatre G, Darolia R, Tefera E, Damle L, Gomez-Lobo V. The Effect of Centering Pregnancy versus Traditional Prenatal Care Models on Improved Adolescent Health Behaviors in the Perinatal Period. J Pediatr Adolesc Gynecol. 2015 Oct;28(5):395-401. doi: 10.1016/j.jpag.2014.12.003. Epub 2014 Dec 23. PMID: 26233287.
4. Gabbe P.T., Reno R., Clutter C., et. al.: Improving maternal and infant child health outcomes with community-based pregnancy support groups: outcomes from Moms2B Ohio. Matern Child Health J 2017; 21: pp. 1130-1138.