

A More Meaningful Wait: Engaging Patients in Birth Plan Feedback in Obstetrics Waiting Rooms

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BACKGROUND

MSHS delivers over 13,000 babies across 7 hospitals in the New York metropolitan area each year.¹ The health system serves a diverse patient population with varying degrees of health literacy, highlighting the need for direct patient feedback when developing patient resources.

- Birth plans**
- Used since the 1980s by birthing patients to **communicate** preferences and goals to providers.²
 - Serve as **educational tools**, improving informed decision-making and birth preparedness, when completed jointly by providers *and* patients.³
 - Increase patient satisfaction,⁴ may improve neonatal outcomes⁵ and protect against birth trauma,⁶ when followed in the delivery room.
- Waiting Times and Patient Feedback**
- Long perceived wait times before appointments decrease patient satisfaction⁷ and serve as a barrier to prenatal care attendance.⁸
 - Incorporating patient feedback and engaging patients in their own care improves quality of care and increases patient satisfaction.⁹

In partnership with Obstetrics/Gynecology leadership, the Department of Health Education sought to create a birth plan to facilitate patient-provider communication and educate patients about birthing options. We aimed to engage patients during wait time, before prenatal appointments, to gather critical health literacy feedback. To ensure that feedback represented our patient population, we gathered demographic data during our interviews.

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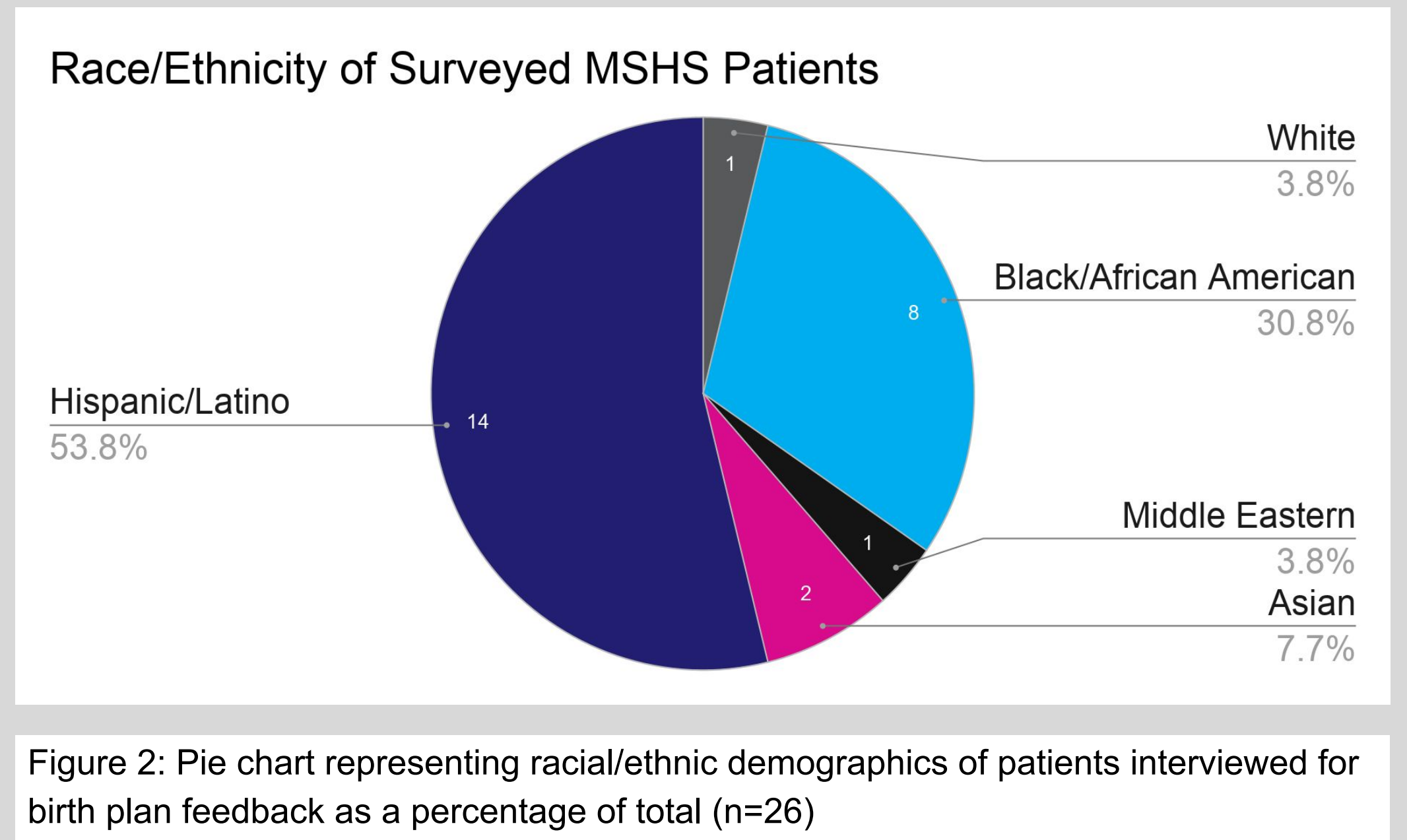
METHODS

- Preparation**
- Drafted a script to engage Obstetrics (OB) patients in waiting areas
 - Organized interview prompts by birth plan section, so patients could provide as much feedback as desired
- Feedback Interview Design**
- Feedback interviews took place in OB waiting rooms at MSHS.
 - Paper copies of the birth plan were provided for patients to read and markup
 - Two health educators engaged each patient; Interviewer asked questions; notetaker collected recorded responses
 - Thanked patients for their time, expertise, and contribution to the improvement of the patient experience
- Analysis**
- Identified and clarified commonly misunderstood jargon, unclear phrasing and pictures
 - Compiled patient requested additions to birthing options
 - Collected quotes about patient reactions to the birth plan and their feelings after reviewing it

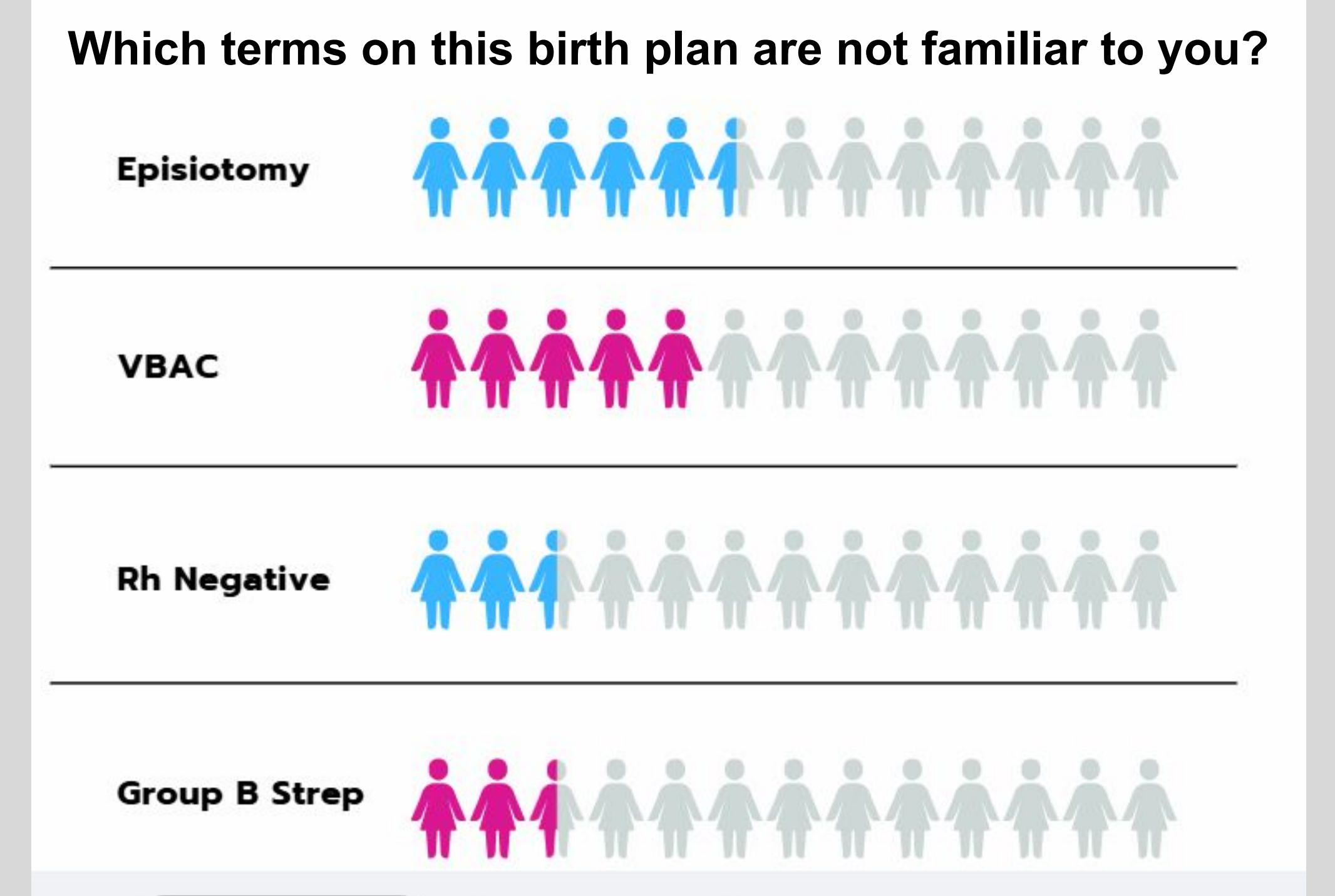
Birth Plan Section	Questions/Prompts
Overall	As you read this document, please circle any words for which you are unsure of the meaning (even if you think you could guess what it might mean).
Introductory Paragraphs	In your own words, can you tell me what this introduction is saying? How does reading this introduction make you feel?
	If your birth plan is not followed during labor and delivery, why might that happen?
Coping With Pain	In your own words, can you tell me what "non-medication approaches to coping with pain" are/might include?
Labor Preferences	In your own words, what does it mean to "perform a cervical check"?

Table 1: Examples of interview prompts for patient feedback on birth plan

RESULTS



“I thought if you have a c-section you couldn't have a birth plan!”



“I have been wondering when the provider would go through this [information]. This [birth plan] is much more convenient to fill out... makes you feel you have more autonomy to your body.”

RESULTS

- From interviews with 26 patients, we learned:**
- Most patients understood the purpose of a birth plan, including the possibility that it may not be followed depending on the circumstances of delivery.
 - This result does not follow the stereotype among patients and doctors that birth plans set unrealistic expectations for birth.¹⁰⁻¹¹
 - Only one patient had completed a birth plan in the past, despite 62% having given birth before.
 - The existence of a hospital-designed birth plan is not enough - health systems must make the resource readily available to patients and promote its use in prenatal appointments.
 - Many patients were unaware of the birthing options and non-medical pain management available to them.
 - Hospital-designed birth plans are critical educational tools to support informed choices during birth.
 - Patients expressed enthusiasm aboutthe creation of a MSHS birth plan.
 - Unprompted, most patients wrote down their birth preferences and asked if they could keep and use the resource for their birth.
 - When asked what they would add to the birth plan, many patients said they want mental health support before discharge.
 - A checkbox reading, “I would like to discuss my postpartum mental health needs” was added.
 - Our team was unable to gather feedback from many patients who do not speak English. This points to the abundance of health literacy barriers for non-English speakers. Birth plans should be culturally inclusive and available in languages that reflect the community.
 - While hospital birth plans should be designed with plain language and accessible definitions, our findings indicate that clinicians should orally review the birth plan and answer questions to support understanding and improve patient experience.

ACKNOWLEDGEMENTS

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