

First Steps, a Resident-Run Postpartum Support Group For a High Risk Community

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DISPARITIES IN MATERNAL AND CHILD HEALTH are a local and national problem. Young minority women with limited education and low socioeconomic status have lower rates of breastfeeding and higher rates of postpartum depression.¹⁻² Their children are at risk for developmental and behavioral disorders, low academic performance, and adolescent pregnancy.³⁻⁴ It is essential for women at high risk to receive support from their physicians and communities.

Postpartum support interventions provide the most benefit to low-income women with a high risk of family dysfunction and postpartum depression.⁵ Postpartum support groups are one of the most widely used, yet understudied, methods of intervention. Support groups for adolescents in urban communities have been shown to decrease rates of repeat pregnancy, primarily through encouragement of the use of long-acting contraception in the participants and through the social support of nurses or social workers.⁶⁻⁸ Educational groups have also been shown to be effective for high-risk populations.⁹ Groups that focus on educating parents through discussion of nutrition, discipline, and child development have been shown to improve mother-child relationships, behavioral outcomes for children, and confidence in parenting.¹⁰⁻¹² We are not aware of any studies which describe involvement of physicians in training for postpartum interventions.

In this paper we discuss the implementation of a resident-run program created to serve women in high risk communities such as Central Falls and Pawtucket.

METHODS

First Steps is a postpartum support group facilitated by family medicine residents at Memorial Hospital of Rhode Island in Pawtucket. Women were recruited to the group by their resident primary care physicians and through flyers distributed in the community. Monthly two-hour sessions were held with mothers

and their children and included informal discussions facilitated by family medicine residents and medical students. Meetings were held in English but included Spanish interpretation. Discussion topics were chosen by the mothers and included postpartum depression, nutrition, infant massage, maternal fitness, discipline, safety, development, contraception, and community resources. Healthy snacks were provided and childcare items or books were given to the mothers at each meeting. This project was approved by the Institutional Review Board of the community hospital.

Residents and medical students involved with the group reported increased confidence in anticipatory guidance counseling and patient education and greater knowledge of childhood development.

To evaluate the group, a demographic background survey was given to each woman at the first meeting attended. At the end of the year, women completed an 18-item questionnaire and participated in a focus group which assessed support, parenting knowledge, and satisfaction with the group. Answers to the questionnaire were anonymous but could be shared by the mother completing it with the focus group as she desired.

RESULTS

Eighteen meetings were held between October 2007 and April 2009. An average of four mothers (range zero to seven),

originally from the United States, Puerto Rico, and Guatemala, and ranging in age from 19 to 30 years, attended each meeting, with 12 total women attending at least one meeting. Most mothers' income level was determined to be near the federal poverty level and several had not completed high school. All mothers attended with one to three children aged two months to four years.

Three regular participants in the group completed a focus group as described above. Overall, the mothers felt that First Steps provided a safe, open, non-judgmental environment and fostered a sense of support not found elsewhere. One mother wrote that the group "makes me feel like I'm not alone." Members of the group were not only able to learn from physicians, but from one another as well. Mothers reported improved knowledge about community resources, infant feeding, and safety. When asked about what expectations she had had of the group before coming, one mother replied, "I had very high hopes... I expected support, advice and friends, and I got all of them." All of the mothers desired more frequent meetings and more participants. Challenges included work or school scheduling and transportation. Residents and medical students involved with the group reported increased confidence in anticipatory guidance counseling and patient education and greater knowledge of childhood development.

DISCUSSION

Our exploratory study suggests that resident-run postpartum support groups enhance maternal well-being among mothers in low-income communities and provide a valuable medical education experience. The overriding themes of the focus group show that women gained a sense of support, knowledge, and improved confidence in parenting as a result of participation.

First Steps was designed to provide an open, supportive environment for mothers of various ages with one or more children. This proved to be a strength of

the group as women with more experience could share their wisdom with new mothers and the resident facilitators. Encouraging mothers to bring their children also provided an opportunity for mothers and doctors to discuss child health and development outside of regularly scheduled well child checks.

Another strength of First Steps was the involvement of both residents and medical students, which provided opportunities to facilitate discussions, learn from more senior physicians and patients, and provide patient care in a unique fashion.

Challenges of First Steps included difficulty in recruiting new participants and sustaining membership. The timing of the meetings, which was based on the availability of physicians, made it difficult for some mothers to attend. In the future, involvement of a community organization could increase participation and reduce the burden on physicians.

In addition to a small number of participants, this study has several limitations. Due to difficulties in recruitment and inconsistent participation, a pre- and post-intervention comparison was not possible. In addition, survey questions used qualitative measures rather than validated scales. Future studies will implement more rigorous support evaluation tools to help determine the efficacy of the group for improving patient well being and medical education.

Despite these challenges, First Steps is a unique opportunity to enhance the well-being and parenting abilities of mothers in a disadvantaged community. The group also strengthens the patient-doctor relationship and gives residents a chance to learn from patients. We hope to continue to evolve to meet the needs of mothers and provide a space that, in the words of one mother, "makes me feel like I'm not the only one going through the hard times with growing children." The mothers of First Steps continue to meet on a regular basis with future goals including recruitment of new members as well as the design of evaluation methods to better assess outcomes of this enriching experience.

REFERENCES

1. Phares TM, Morrow B, Lansky A, et al. Surveillance for disparities in maternal health-related behaviors—selected states, pregnancy risk assessment monitoring system (PRAMS), 2000–2001. *Surveillance summaries. MMWR.* 2004;53:1–13.
2. Kelly LS, Sheeder J, Stevens-Simon C. Why lightning strikes twice: Postpartum resumption of sexual activity during adolescence. *J Pediatr Adolesc Gynecol.* 2005;18:327–35.
3. Klein JD. Adolescent pregnancy: Current trends and issues. *Pediatrics.* 2005;116:281–6.
4. DeGenna NM, Stack DM, Serbin LA et al. Risky behavior to health risk : continuity across two generations. *Develop Behav Ped.* 2006;27:297–309.
5. Shaw E, Levitt C, Wong S, and Kaczorowski J. Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality of life, and physical health. *Birth.* 2006;33:210–20.
6. Key JD, Barbosa GA, Owens VJ. The second chance club: repeat adolescent pregnancy prevention with a school-based intervention. *J Adol Health.* 2001;28:167–9.
7. Black MM, Bentley ME, Papas MA, et al. Delaying second births among adolescent mothers: a randomized, controlled trial of a home-based mentoring program. *Pediatrics.* 2006;118:e1087–e1099.
8. Stevens-Simon C, Kelly L, Kulick R. A village would be nice but...it takes a long-acting contraceptive to prevent repeat adolescent pregnancies. *Am J Prev Med.* 2001;21:60–5.
9. Bailey JM, Crane P, Nugent CE. Child-birth education and birth plans. *Obstetrics and Gynecology Clinics of North America* 2008;35:497–509.
10. Lee, L-C, et al. Child care and social support modify the association between maternal depressive symptoms and childhood behavior problems: a US national study. *J Epidem Comm Health.* 2006;60:306–10.
11. Phipps MG, Blume JD, DeMonner SM: Young maternal age associated with increased risk of postneonatal death. *Obstet Gynecol.* 2002;100:481–6.
12. Woods ER, Obeidallah-Davis D, Sherry MK, et al: The parenting project for teen mothers: the impact of a nurturing curriculum on adolescent parenting skills and life hassles. *Ambul Pediatr.* 2003;3:240–5.

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