PROVIDING BETTER HEALTHCARE THROUGH SYSTEMS ENGINEERING:
Rightsizing Prenatal Care: Tailoring Prenatal Services to Match Patients' Needs

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Different Time

Each year, nearly 4 million women who give birth in the United States receive prenatal care—a crucial preventive service that improves pregnancy outcomes for mothers and their children. National guidelines currently recommend 12 to 14 in-person prenatal visits for all patients regardless of medical or social needs. This schedule recommends more care for low-risk women than peer countries with better outcomes that the U.S., and has remained unchanged since 1930, failing to adapt to the needs of modern patients. Current prenatal care has also failed to address significant inequities in maternity care: low-income and black patients less likely to receive recommended services before delivery, and are more likely to suffer from severe maternal morbidity and mortality in pregnancy.

Although we know that prenatal care services (e.g. laboratory tests and vaccinations) are evidence based, these evidence-based services can be delivered in fewer than 14 visits. There is also evidence that patients do not need to visit clinics in person to receive all maternity services. This schedule results in overutilization of care for low-risk pregnant patients, and potential access issues for patients with more intense needs in pregnancy. In this talk, we will review the evidence supporting prenatal care and new delivery models. We will then introduce a new conceptual model for redesigning prenatal care to meet patients' diverse medical and social needs, and demonstrate how this model can be used to test new models of prenatal care to drive appropriate resource allocation. We will conclude with early findings from new models that were launched during the COVID-19 pandemic with a focus on ensuring new prenatal care delivery is effective, efficient and equitable.

Dr. Alex Peahl is an Obstetrician Gynecologist and physician-investigator in the Department of Obstetrics and Gynecology at the University of Michigan. Her research focuses on how to improve the effectiveness, efficiency and equity of reproductive health care through developing, studying and disseminating high-quality maternity care interventions. She is a nationally recognized expert on prenatal care redesign and innovation and has completed seminal studies and thought pieces on how to best incorporate patients' preferences and needs into rightsized prenatal care plans: plans that match patients' needs to services delivered. She is the research lead for prenatal care redesign at the University of Michigan, and new guidelines driven by her team were recognized by the American College of Obstetricians and Gynecologists as the example for nationwide practice during the COVID-19 pandemic. She is currently leading the Michigan Plan for Appropriate, Tailored Healthcare in Pregnancy, a national consensus process to develop new prenatal care guidelines in pregnancy.

This seminar series is presented by the U-M Center for Healthcare Engineering and Patient Safety (CHEPS): Our mission is to improve the safety and quality of healthcare delivery through a multi-disciplinary, systems-engineering approach. For the Zoom link and password and to be added to the weekly e-mail for the series, please RSVP. For additional questions, contact CHEPSseminar@umich.edu. Photographs and video taken at this event may be used to promote CHEPS, College of Engineering, and the University.