



A Visit to the Pediatrician as a Part of Comprehensive Prenatal Care?

A survey of obstetrics providers

Tiffany L. Mei^a, BS, C. Andrew Aligne^b, MD, MPH, Jessica L. VanScott^b, MPH

The Hoekelman Center
www.hoekelmancenter.org

^aUniversity of Rochester School of Medicine and Dentistry, Rochester, NY; ^bThe Hoekelman Center, Department of Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, NY



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BACKGROUND

- The most recent Guidelines for Perinatal Care (2017), as established by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP), state that a pregnant woman in the third trimester should be encouraged to meet with a newborn care provider.^{1,2}

What is the Pediatric Prenatal Visit (PPV)?

- Time for expectant parents to meet with a pediatrician and receive anticipatory guidance on topics such as breastfeeding, childhood immunizations, circumcision, newborn screening, and general newborn care.^{3,4}
- Discussing newborn health topics in the prenatal period tends to be more effective than in the immediate postpartum period, when women are undergoing physical, emotional, and social adjustments and may be less receptive to processing information.^{5,6}

Health Outcomes and Disparities

- PPV increases timely childhood immunizations.^{7,8}
- 22% of expectant parents will have a PPV, and only 5% of low-income women have a PPV.^{3,9,10,11}
- PPVs in urban, low-income families have demonstrated increased breastfeeding, reduced emergency room visits, and better doctor-patient relationships.¹²

OBJECTIVE

To assess the current knowledge, attitudes, and practices of obstetric providers in Rochester, NY regarding referral of pregnant patients for a pediatric prenatal visit.

METHODS

- A list of obstetric providers was obtained for the two major health systems in Rochester, NY: University of Rochester Medical Center and Rochester Regional Health.
- The one-time 2-minute online survey was sent to 367 potential participants and collected over a period of four weeks from May 2021-June 2021. 304 individuals were eligible for the study.
- Any local obstetric provider was eligible for the study. All participants were adults aged 18 and older. There were no other criteria for eligibility.
- Study procedures were approved by the institutional review board at the University of Rochester Medical Center.
- This study applied simple descriptive statistics and chi-square analysis to assess survey responses by type of practice, type of provider, number of years practicing, and number of deliveries per month.
- Open-ended comments were selected to highlight key themes and were lightly edited for clarity and to maintain privacy.

RESULTS

Table 1. Knowledge, Attitudes, and Practices Regarding the Pediatric Prenatal Visit.

Survey Question	n	%
Have you heard of the "pediatric prenatal visit"?		
Yes		
No	66	73
Don't know	22	24
	2	2
Have you referred your patients for a pediatric prenatal visit before? (n = 90)		
Yes	45	50
No	22	24
Don't know	1	1
If yes, which of your patients do you refer for a pediatric prenatal visit?		
All pregnant patients	27	54
High-risk patients	2	4
First-time pregnant patients	15	30
Low-income pregnant patients	2	4
Other	4	8
What barriers are there to referral of your patients for a pediatric prenatal visit? (n = 63)		
Patient lack of knowledge	31	49
Patient lack of resources	26	41
Busy practice	20	32
Parent reluctance	18	20
Finances	10	16
Other	16	25

RESULTS (continued)

- 90 (30%) completed the survey: The majority of respondents were white female obstetrician-gynecologists and practiced in a public/university setting with at least five years of experience.
- 66 (73%) respondents said they have heard of the PPV
- 45 (68%) said they referred their patients for a PPV.
- 83 (95%) respondents either agreed or strongly agreed that expectant parents should find a pediatrician before a baby is born.
- Referral practices differed significantly by level of training and experience: attending physicians were more likely to refer compared with residents and fellows, and providers with more than ten years of experience were more likely to refer than providers with less than ten years of experience (data not shown).

Table 2. Selected Survey Comments by Theme.

Knowledge and Understanding of the PPV

- ❖ "Just as the occasional women "shops" for her OB, this might be the case as well for pediatricians. If it IS indeed an actual program, I was not aware of it per se, so have not referred any patients to it."
- ❖ "Unsure where to refer"
- ❖ "I only know about this practice due to the pediatrician I selected for my own child, and their recommendation for a pre-birth visit."

Attitudes about the PPV

- ❖ "This would be a great idea. I am an OB resident and we don't interact much with the pediatric side. Would be nice if we could arrange this to be done at routine OB visits"
- ❖ "I am not sure whether the pediatric prenatal visits are reimbursed for the pediatric office. If they run a busy office, they may not have the capacity to see these 'meet and greet' visits"
- ❖ "I think it's a wonderful idea to help set up our patients for success"

Practices/Barriers related to facilitating a PPV for patients

- ❖ "A lot of my patients are not educated on the subject and so don't even know they have to pick a doctor for the baby before it's born (like maybe they think the OBGYN will be the baby's doctor too)."
- ❖ "Patients typically find a pediatric provider without a referral"

What's known on this subject

The pediatric prenatal visit is an opportunity to delivery anticipatory guidance and to gather family information. Despite evidence indicating that PPVs enhance outcomes like immunization rates and breastfeeding, few expectant parents receive this service—especially in low-income and BIPOC populations.

What this study adds

Even after recent joint AAP/ACOG guidelines recommending the PPV, it appears that awareness among obstetrics providers remains low. This indicates an information gap and suggests that simple educational interventions could improve utilization of PPVs.



"I didn't know this was a recommendation, but it makes perfect sense to me"

DISCUSSION

Strengths and Limitations

- The inclusion of open-ended questions uncovered providers' confusion about the PPV. Without these open-ended questions, we would have been led to believe that the majority of providers are aware of and refer their patients to a PPV. With these descriptive responses, we identified a knowledge gap.
- While this study was limited to obstetric providers in Rochester, NY, we have no reason to believe local providers would differ greatly in knowledge, attitudes, and practices from those another region.
- The low response may indicate a general lack of interest in this topic. If that is the case, then the sample would be biased toward those who have greater familiarity with the PPV, and a more complete and accurate survey would find even lower familiarity with the PPV than indicated here.

CONCLUSIONS

Adherence with professional guidelines for the Pediatric Prenatal Visit (PPV) has been very low for decades. These results indicate little improvement despite passage of the ACA over a decade ago and updated guidelines from the AAP and ACOG in 2017. The PPV is not merely a "meet and greet" visit; it is a recognized component of comprehensive prenatal care. Educating obstetric providers about the evidence, guideline recommendations, and insurance coverage for these visits could increase PPV utilization.

IMPLICATIONS

Clinical Implications

- Educating obstetric providers about the details of the PPV should improve counseling and increase utilization of the PPV.

Research Implications

- Further study about this information from pediatric providers could be beneficial.
- Parents in the community could also be surveyed to capture community opinions in regards to the PPV and inform public awareness campaigns.
- Measuring PPV utilization can determine the future impact of these referrals on maternal and child health outcomes.
- Graduate medical education could serve as an appropriate time to educate trainees about the importance of the pediatric prenatal visit and its accessibility given the financial coverage by Medicaid.

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