



# Perspectives on Patient Utilization of 17 Alpha-hydroxyprogesterone caproate (17P) Treatment: Results of a qualitative study with women and their care managers

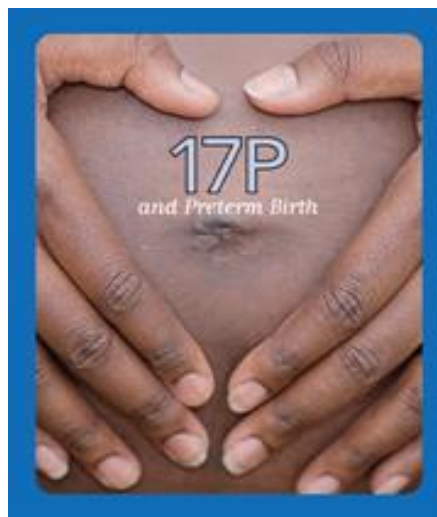


Angela D. Aina, MPH<sup>1,2</sup>, Anna Bess Brown, MPH<sup>2</sup>, Erin K. McClain, MA, MPH<sup>2</sup>, Amanda Zabala, MPH<sup>2</sup>, and Sarah Verbiest, DrPH, MSW, MPH<sup>2</sup>

Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention<sup>1</sup>; Center for Maternal and Infant Health, University of North Carolina at Chapel Hill<sup>2</sup>

## BACKGROUND

Although late preterm birth has declined in North Carolina since 2006, early preterm birth rates have remained high. In an effort to improve dissemination and uptake of 17P to reduce preterm birth, the Center for Maternal & Infant Health sought to increase our knowledge about the following:



- Women's understanding of the seriousness of preterm birth
- Women's experience with appointments and injections of 17P
- Women's barriers to treatment, including transportation and cost
- Care Managers' perspectives on why patients stop or decline treatment

The purpose was to provide information from the perspectives of patients and care managers to improve the health care system's capacity to provide 17P treatment to prevent preterm birth. This study was approved by the UNC Institutional Review Board.

## METHODS

**PHASE I:** Focus groups were conducted with Pregnancy Medical Home Care Managers across North Carolina between December 2014 through January 2015.

**PHASE II:** Phone interviews were conducted in May 2015 with women eligible for 17P treatment across North Carolina.

Care Managers Were Asked:	Women Were Asked:
<ul style="list-style-type: none"><li>• Their responsibilities in managing a 17P patient</li><li>• Ways in which they work with their patients to complete treatment</li><li>• Reasons why patients stop or decline treatment</li></ul>	<ul style="list-style-type: none"><li>• To describe their awareness of preterm birth</li><li>• To describe their experience with the 17P treatment process</li><li>• To provide any additional feedback</li></ul>

## RESULTS

### DEMOGRAPHICS

- Focus group discussions were completed with five Community Care of North Carolina (CCNC) networks
- 31 interviews were completed with women eligible for 17P treatment
  - 27 – pregnant
  - 4 – post-partum
- Race/Ethnicity
  - American Indian – 2
  - Black – 14
  - Hispanic – 5
  - White – 10



*“It is not pleasant getting the shots because they are very uncomfortable, but in the long run [it] is small compared to having a healthy baby. So for me it's worth it...”*

## RESULTS



### Barriers

- Transportation, especially long distances or across counties
- Lack of perceived risk of preterm birth among women
- Competing stressors and priorities (*no child care; not able to leave work for weekly appointments*)
- Injection site discomforts and inconsistencies in injection administration
- Costs of 17P and payer billing issues
- Lack of provider buy-in toward the treatment

### Facilitators

- CMIH-produced 17P booklet content, resources, and tools were helpful in answering women's questions
- Care managers' praise, encouragement, counseling and continued education about 17P benefits aided treatment compliance
- Statewide marketing of preterm birth and of the benefits of 17P treatment boosted public awareness
- Adoption of best practices in care management in North Carolina's Pregnancy Medical Home program aided treatment compliance

## SUGGESTIONS FOR IMPROVEMENT

- Provide ongoing encouragement and support during 17P treatment.
- Incorporate injections into home visits or traveling nurses' responsibilities.
- Increase awareness and marketing of 17P treatment and preterm birth to general public and to reproductive age women.
- Re-train nurses to administer intramuscular 17P injection to ensure that technique is consistent and reduces or minimizes pain.
- Include 17P in the physician's postpartum discussion with patient following a preterm birth.

## CONCLUSIONS

- Women need continued education about preterm birth, support and encouragement during the entire course of treatment as adhering to weekly injections is difficult.
- Minimizing the pain of injections may motivate women to complete treatment.
- Patients and their care managers requested that injections be administered by the same nurse at each appointment if possible.
- Transportation and distance to clinics are barriers to receiving treatment.
- Leaving work each week and childcare are barriers to completing treatment.
- Even while accepting treatment, patients need to be reminded that 17P is safe for mom and baby.



**ACKNOWLEDGMENTS:** Kate Berrien, RN, BSN, MS – Community Care of North Carolina Pregnancy Medical Home; S. Vienna Barger, MSW, MSPH, CPH and Belinda Pettiford, MPH – North Carolina Department of Health and Human Services, Division of Public Health, Women's Health Branch; and the Pregnancy Medical Home Care Managers and women who participated in this study.