



2023-2024 Duke AHEAD Grant Proposal

Due by January 26th (5:00 pm)

Title: Postpartum Partners: A health professions and Durham community partnership in service-learning

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Collaborator(s)/School(s)/Department(s):

Focused question: Can an interprofessional service-learning course increase students' understanding of patients' postpartum experiences and their interest in providing collaborative care in the postpartum period, particularly in marginalized communities at highest risk for postpartum complications?

Background: From 2017 to 2019 in the United States, 65% of pregnancy-related deaths occurred in the postpartum period.¹ Accordingly, the US maternal mortality rate, the highest of all wealthy countries and still climbing, is attributed in part to a relative undersupply of maternity care providers and lack of postpartum supports.^{2,3} For example, one study of postpartum experiences concluded that "the potential of the postnatal period as a period of health promotion opportunity is not being fully realized", with 40% of low-income families reporting a lack of needed postpartum support.⁴ These gaps in postpartum care are mirrored by gaps in postpartum education in health professions programs. The Duke School of Medicine's preclinical curriculum, for example, currently includes less than one hour of content about postpartum health. Since forty percent of birthing people do not attend a postpartum medical visit at all, with non-attendance even higher in at-risk populations, health professions students have little exposure to postpartum care in their clinical training.⁵

At the same time, delivery models for clinical perinatal and postpartum care rely on teams from diverse health professions. Interprofessional collaboration is increasingly recognized as crucial for both high-quality healthcare and job satisfaction, with education as a key predictor of future collaborative practice.⁶ A 2015 systematic review found an extreme lack of research on interprofessional education in maternity care.⁷ One of few studies currently published in this area, an evaluation of a multidisciplinary service-learning program for labor support, reported greater learner respect for one another's disciplines, improved awareness of patient-centered care and stronger interest in maternity care for marginalized communities, who bear a disproportionate burden of maternal mortality risk.⁶

Given the potential positive outcomes of interprofessional perinatal education and the dearth of postpartum content in health professions training, we designed a pilot course about postpartum health in the community for students from a variety of health professions programs. This

proposed service-learning course is an extension of the pilot currently underway. Our project aims to support maternal health and well-being in the postpartum period by educating a wider breadth of the next generation of maternity care providers, including PA, OTD, DPT, MD, and ABSN students, through a service-learning model.

During the pilot year, our project has included a partnership with the Durham organization Mobilizing African American Mothers through Empowerment (MAAME), which offers low- or no-cost postpartum support to families in need. Through relationships with MAAME's leadership built in prior collaborations, members of our project team identified a need for volunteers to support their no-cost postpartum initiatives, as well as an opportunity for Duke health professions students to learn about patients' experiences in the postpartum period. Currently 10 students are participating in our pilot year – 5 from the School of Medicine (SOM), 5 from the School of Nursing (SON). They have completed an initial 2-day postpartum doula training (non-clinical postpartum support) and monthly seminars conducted by community and academic experts on reproductive justice, community-based maternal health support, lactation support, peripartum health insurance and child care issues, the trauma-informed Community Resiliency Model, and community-engaged advocacy. Students have begun the service component of the course and initial reactions are very positive. One student said, “[My MAAME mentor] was amazing and I learned so much from her just in a few hours.” Pilot-year participants value the opportunity to work alongside and learn from community-based partners working for health equity in underserved populations. One wrote, “I have experienced or been the caregiver for too many patients that have received inequitable care... I am a Black woman and a trauma survivor. This program gives me the opportunity to... incorporate my desire to advocate for those with similar backgrounds as myself with an actual plan of action.” Students also wrote about their appreciation for opportunities to form relationships with families and the holistic perspective and professional growth they anticipate they will gain.

The success of the pilot supports the need for the establishment of an ongoing interprofessional service-learning course for Duke health professions students in community-based postpartum health. Achieving this sustainability, this first-of-its-kind community-engaged course can be disseminated and replicated to help address the maternal health equity crisis in the United States through education of future health professionals.

Specific aims: Recognizing a need to improve postpartum healthcare, we developed an interprofessional service-learning course for health professions students. Building on a successful pilot, our goal is to begin offering the course for academic credit to a wider range of programs in the Duke Schools of Nursing and Medicine.

We aim to:

- Evaluate whether interprofessional service-learning can increase health professions' students understanding of postpartum health
- Assess the impact of interprofessional service-learning on students' empathy, IPEC competencies and interest in working in communities at highest risk of postpartum complications
- Assess the feasibility of an interprofessional service-learning course to sustain mutually beneficial relationships with maternal health equity-focused community

Methods: We will recruit 10 students from the SON and SOM to begin in August 2024, with enhanced service-learning content and academic credit offered. Our leadership team represents

both schools to help with recruitment, and we will expand to other SOM programs. The initial postpartum doula training will equip students with skills and knowledge relevant to supporting postpartum families in any setting. Then community and academic experts will facilitate monthly seminars on themes such as lactation, antiracism and peripartum mental health.

The service component will consist of a minimum of 20 service hours related to postpartum health. Students may choose to pursue their service with MAAME or other organization providing community-based postpartum support. In the pilot year, students who chose to volunteer with MAAME were matched with a family that had completed MAAME's intake process and was determined eligible for free postpartum doula care based on income. Services include offering information on topics such as infant feeding, childbirth recovery, coping skills, complication warning signs, and obtaining needed healthcare. Students in this role visited clients in their homes in 4-hour blocks, scheduled as mutually agreeable between family and volunteer. MAAME's matching process considers the scheduling preferences of both client and volunteer for ease of scheduling.

In the coming year, students will choose how to complete their postpartum health service.

Options will include engaging in the same postpartum doula services with MAAME, volunteering with MAAME in other ways (eg, helping with mutual aid events, coordinating the giving closet, or assisting with the human milk bank), or working with another organization. We are building partnerships with Breastfeed Durham and Family Connects Durham. We will continue to seek other community-based organizations interested in hosting service-learning students to support postpartum families in Durham.

Because the service component will not include clinical activities, the students do not require supervision by clinical faculty. They will be supervised and supported by the appropriate staff at the organization with which they choose to complete their service. For example, students serving with MAAME in the pilot year have been supervised by an experienced doula and have access to the 24-hour support utilized by MAAME's doulas. Students will also be supported by course faculty to integrate their service experience with classroom learning throughout the year. For health professions students, this is a unique opportunity to form relationships outside healthcare institutions with people who may in other settings be their patients, while learning from a community perspective about a period critical to health for women, children and families. The course will include instruction in critical self-reflection, in class and written assignments. As a final project, students will work in interprofessional pairs to design proposals to improve postpartum care and present these at an end of year gathering that will also honor the community mentors.

We will pursue a formal service-learning designation from Duke Service-Learning (DSL), along with their faculty consultation on course development, critical reflection activities and learning assessments. Members of our team have met with DSL leadership, who affirmed that our course fits well with their model. They can provide a service-learning course assistant and on-going guidance as our course develops.

The Duke Center for Interprofessional Education and Care (IPEC) has expressed interest in piloting our program as one of their inaugural Interprofessional courses in the Duke Schools of Nursing and Medicine. Our leadership team will meet soon with IPEC's director, Dr. Mitchell Heflin, to discuss the specifics of this initiative, including assistance with enrollment across programs, providing a home on Canvas, and evaluation design and completion.

Outcomes measured in our initial pilot year (ongoing) include participant pre- and post-surveys and written reflections during and after completing the service component. The surveys assess

perceived postpartum health knowledge, attitudes toward interprofessional collaboration (the BASIC-L instrument)⁸ and empathy in health care (the Jefferson scale of empathy)⁹. Our future assessment measures will also include qualitative data, such as written reflections, for thematic analysis and pre- and post- knowledge of postpartum health. We will switch to a more detailed instrument to measure interprofessional collaboration domains, which has been used successfully to evaluate interprofessional service-learning experiences for health professions students.¹⁰ Students will complete this self-assessment in the recently updated Interprofessional Education Collaborative domains: Values and Ethics, Roles and Responsibilities, Communication, and Teams and Teamwork^{11, 12}. We will perform statistical analysis of

IRB Status: Approved (Protocol #)

Challenges: In our pilot, sustained student engagement has been a challenge as anticipated, since graduate students have many demands, and the course is non-credit earning. Therefore, we hope to become a credit-earning course that can fulfill elective requirements in both SON and SOM programs. We addressed institutional risk management concerns by replacing the originally envisioned embedded volunteer experience with opportunity for students to choose and engage in their service option independently, assisted by course faculty. We also addressed concern for student support by establishing a mentor doula and strong support of MAAME leadership. Finally, our sustainability is enhanced both by the potential support of IPEC and our community relationships. Their experience providing postpartum support in the community has facilitated trust-building and will continue to strengthen long-term relationships of mutual benefit for their organizations, low-income Durham families and health professions studen

Works Cited:

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6. Saxell, L., Harris, S., & Elarar, L. (2009). The Collaboration for Maternal and Newborn Health: interprofessional maternity care education for medical, midwifery, and nursing students. *Journal of midwifery & women's health*, 54(4), 314–320.
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8. Schneider GW, Lage O, Fairclough J, Raventos VD, De Los Santos M. The Brief Attitudes Survey for Interprofessional Collaborative Learning: The Design, Reliability, and Validation of a

New Instrument. Cureus. 2021 Dec 7;13(12):e20238. doi: 10.7759/cureus.20238. PMID: 35004053; PMCID: PMC8734955.

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11. Frost J, Hammer D, Nunez L, Adams J, et al. The intersection of professionalism and interprofessional care: development and initial testing of the interprofessional professionalism assessment (IPA). *Journal of Interprofessional Care.* 2018,1-15.
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12. Interprofessional Education Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Washington, DC: Interprofessional Education Collaborative.

Resource needs and budget:

Funding will be available for a 12-month period. Please fill in the table below and provide justification/description for each item below. Also, where requested, please provide an estimate of the time/effort you will expend on this project. PI support may not total more than 25% of the requested funds. Administrative support is available through “consultant costs.”

		Estimated Cost
PI support		\$0.00
Consultant Costs	Postpartum Doula Training for 10 students	\$5900.00
	Community-based volunteer orientation	\$500.00
	Longitudinal seminars (7 x \$200/seminar)	\$1400.00
Equipment		\$0.00
Computer	Hardware (<i>\$1500/laptop</i>)	\$0.00
	Software	\$0.00
Supplies		\$0.00
Travel	(<i>1,000/trip</i>)	\$0.00
Other Expenses	REI Antiracism Training for 10 students	\$2200.00
Total Costs for Proposed Project		\$10,000.00