

# A Pilot Study: A Step Up to Preventative Care for Mothers and Babies

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## Background Information/Introduction

Pregnant and postpartum women experiencing transitional homelessness are vulnerable to innumerable health and social issues. In this population, perceived barriers in preventative health may differ from actual barriers faced by these women. Therefore, we conducted an 8-week voluntary preventative health education program at a local shelter for pregnant and postpartum women. This program included the following:

- Regularly scheduled one-on-one engagement sessions focusing on getting better acquainted with participants and individualized goal-setting
- Weekly group sessions that included education on preventative health topics, survey on habits and barriers relative to featured topic, and pre- and post-test on educational material
- Folders for participants to store educational handouts and journals to track goal-setting
- Physical and electronic documents provided to the shelter to encourage future dissemination and sustainability of materials for new clients
- Grant funding to supply all participants with the following materials to supplement educational content including: reusable water bottles, TheraBand, pedometers, yoga mats, journals, coloring books, folders, paper, prenatal vitamins, breast pump, and blood pressure monitor

## Purpose

The purpose of this study is to report and discuss the self-identified habits and barriers to a preventive health lifestyle of pregnant and postpartum women living in transitional homelessness.

The categories of preventive health behaviors included in this study are

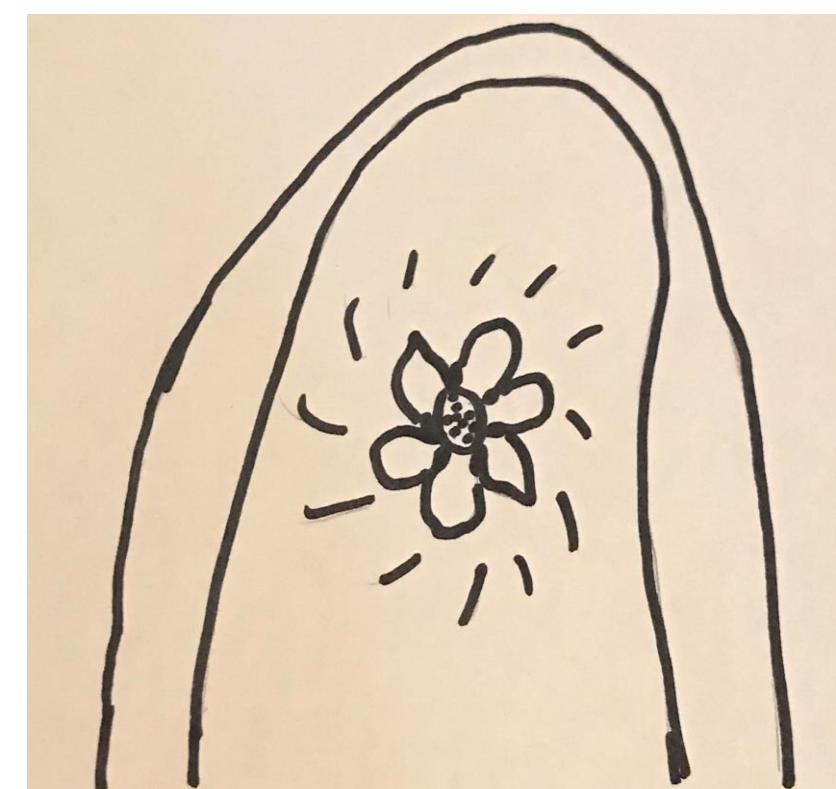
- Exercise
- Sleep
- Nutrition
- Stress management

## Subjects

Participants were recruited from June to August 2017 for a voluntary preventative health education program held at a shelter for pregnant and postpartum women. Participants consisted of pregnant and postpartum women living at the shelter during the time of the preventative health education program. The survey data was collected prior to each educational session. Participants' mean age is 29 years old with the range: 18 - 42 years old. Women voluntarily participated in seven educational interventions and results included in the study are from the following educational interventions: Exercise (N=8), Sleep (N=7), Nutrition (N=7), Stress Management (N=9).

## Results

Area of Preventative Health	N	Mean Age (in years)	Identified Barriers	Identified Habits
Exercise	8	27.375	1) Lack of energy 2) Neighborhood safety when walking and weather (tied) 3) Lack of motivation	1) Walking 2) Playing with children 3) Cleaning
Sleep	7	29.143	1) Stress 2) Discomfort and adapting to new living place (tied) 3) Waking up for baby and feelings of restlessness (tied)	1) 71% reported trouble falling asleep 2) 86% reported taking daily nap(s) 3) 33% took 3 naps per day
Nutrition	7	30.571	1) Storage 2) Transportation 3) Healthy options	1) At least 57% reported of consuming fried foods at least twice per week 2) 71% reported consuming at least 2 servings of vegetables per day 3) 100% reported consuming at least 3 servings of fruit per day
Stress Management	9	31.222	1) Current living situation 2) Money and expenses 3) Feelings of helplessness and relationship with partner (tied)	1) Walking, sleeping, listening to music (tied) 2) Smoking 3) Talking with friends or family



## Materials and Methods

Survey data was taken from a preventative health education program at a local maternal shelter for pregnant and postpartum women. The program was available to all pregnant and postpartum women living at the shelter from June to August 2017. The program featured educational classes on exercise, sleep, hydration, posture and positioning, prenatal vitamins, nutrition, and stress management. The survey regarding self-reported habits and barriers was provided prior to each education session and left anonymous. This study's data includes completed surveys that contain information on self-reported habits and barriers to various health topics discussed during the preventative health education program.

## Discussion

A key component of this project was forming relationships with participants through one-on-one engagement sessions. This enabled a more individual-centered, comprehensive approach when guiding motivational interviewing throughout the goal-setting process. This approach led to increased receptiveness of educational material and openness to behavioral changes as mutual trust and understanding were gradually established throughout the one-on-one sessions and group classes.

To empower and further guide clients or patients, it is essential to form those relationships in order to understand what health habits and barriers may be present for that individual as opposed to assumptions based on socioeconomic status, culture, gender, religion, or race.

Overall, the preventative health education program received positive feedback. On a scale of 0-10, 0 representing no change and 10 representing a drastic change in health habits, all participants reported 5 or greater at the end of the program.

## Conclusion

By surveying the women prior to educational intervention, we were able to identify habits and differentiate between perceived and actual barriers to health. This information enabled us to provide customized education and mentorship to facilitate individualized goal setting and ultimately empower the women to take a more active role in their health.

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