

A Qualitative Exploratory Analysis of
Unsolicited Comments From the Pregnancy
Risk Assessment Monitoring System
(PRAMS) Respondents,
Michigan 2005-2006

Bridget Messaros, M.S.
Michigan Department of Community Health
December 9, 2008

Michigan Department
of Community Health



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Outline

- Introduction
- Methods
- Results
- Conclusion
- Public Health Implications

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director



Introduction

- PRAMS is an on-going surveillance system on the health and behaviors of mothers before, during and shortly after pregnancy
- MI PRAMS uses 3 mailings before phone phase in an attempt to contact the mothers
- Respondents may provide comments at the end of the questionnaire



Significance

- Rarely are comments from *any* survey analyzed
 - May be a good source to identify issues/concerns that should be covered in future surveys
 - May identify questions that need modification
 - In conjunction with the data, may lead to policy implication/changes for specific issues



Methods

- Comments from the 2005 and 2006 MI PRAMS questionnaire were linked to sociodemographic and infant characteristics
- Exploratory analysis revealed several thematic areas among multiple respondents' comments
- Thematic areas were operationalized and respondents' feedback were categorized accordingly
- Categories were analyzed using Chi-square for differences in proportions by maternal and infant characteristics
- All analysis was performed using SAS 9.1 (Cary, NC)



Results

- 2,971 respondents from 2005 and 2006
- 595 mothers provided 773 comments
 - Women providing comments were more likely Non-Hispanic white, had fewer years of education, and had delivered a preterm birth
- Content areas were:
 - Survey question elaboration/survey feedback (53.1%)
 - General motherhood comments/concerns (32.5%)
 - Healthcare/healthcare services (14.4%)



Health care issues

- Nearly three-quarters (74%) were related to negative experiences with care
 - Of those, 51% were regarding communication and/or interaction with the health care provider
 - 18% were comments about Medicaid
 - 12% were comments about breastfeeding
 - 10% were comments about (lack of) access to care
 - 9% were comments about other insurance issues



Examples

- *“...I did have prenatal care in an office where there were about 5-6 doctors (ob/gyn) any one of whom wasn’t wholly committed to any one patient. I felt I should have seen the same doctor and nurse every visit where I will know them and they will know me and any of my issues better.”*
- *“...Seek[ing] early and regular prenatal care was very important to me and my baby’s development. In the past in my second pregnancy, I had a doctor that treated me with indifference. I changed her for a good doctor.”*
- *“[Respondent] wishes they gave more information about breastfeeding.”*
- *“I think hospitals discharge mothers too soon after having a baby. One day is too soon.”*



Limitations

- Asking respondents to comment on the health of mothers and babies may have led them to discuss societal rather than more pertinent personal issues of interest to public health
 - Future surveys could potentially benefit from a general request for comments
- Internal validity would be improved by use of multiple independent coders; however financial constraints precluded MDCH from doing so



Conclusion/Public Health Implications

- The comments/concerns provide insight into issues new mothers are dealing with, particularly involving negative interaction with the health care system
- Respondents desired more time with healthcare provider
 - Potential solution: Referral to appropriate health information would likely address patient concerns
- Women recalled poor bedside manner of healthcare providers
 - Potential solution: Continuous sensitivity training (CME) for health care providers
- Quality assurance implications
 - Potential solution: Assessment of patient feedback and implementation of findings should be incorporated into routine quality assurance efforts



Acknowledgements

- Violanda Grigorescu, M.D., MSPH; PRAMS PI
- Steven Korzeniewski, MSc, MA; MCH Epi section manager
- Mary Kleyn, MS; Birth Defects Epidemiologist
- Michigan State University Office of Survey Research

