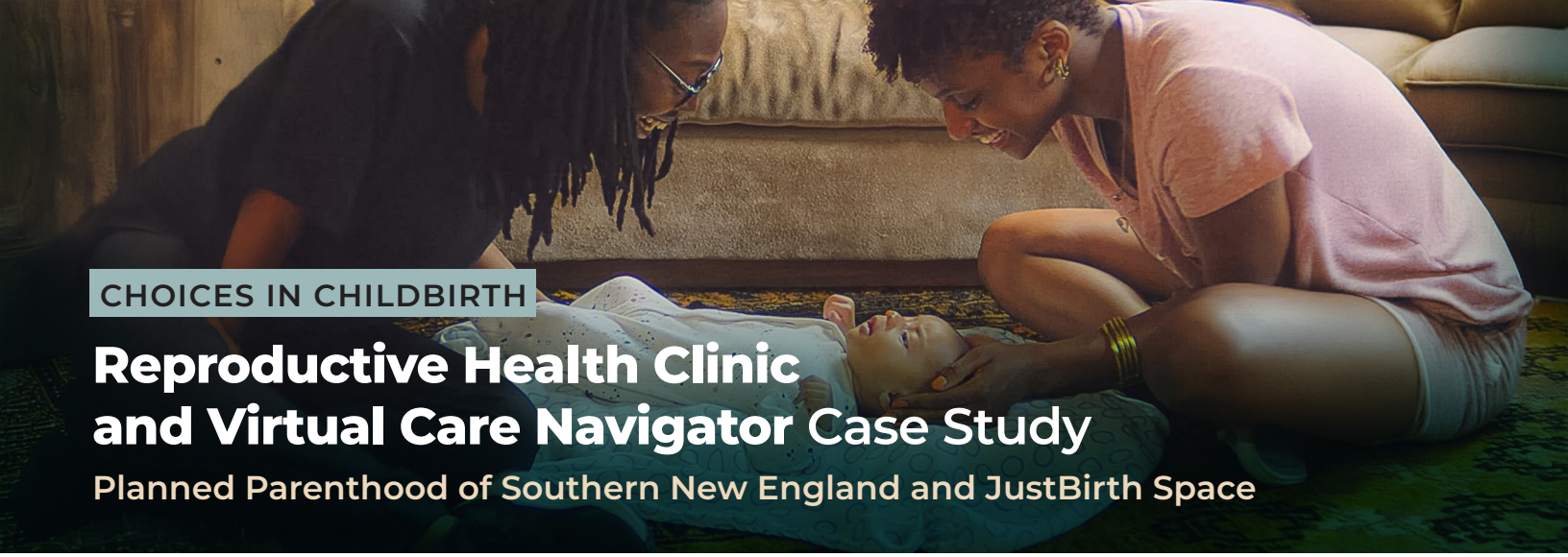


CHOICES IN CHILDBIRTH

Reproductive Health Clinic and Virtual Care Navigator Case Study

Planned Parenthood of Southern New England and JustBirth Space

Executive summary

Planned Parenthood of Southern New England (PPSNE) and JustBirth Space (JBS) implemented the Choices in Childbirth (CiC) project from October 2023 to June 2024, which involved developing tools to integrate CiC prenatal education resources into PPSNE's care model and referring PPSNE patients to JBS for early pregnancy support and navigation. PPSNE and JBS staff co-designed the project with Primary Maternity Care (PMC) and shared their implementation experiences with Mathematica.

PPSNE and JBS' goals for this project were to (1) provide relevant and accessible materials, tools, and resources for PPSNE patients continuing their pregnancies, (2) streamline care navigation by facilitating warm handoffs between patients and JBS Connectors, and ultimately (3) improve health outcomes for PPSNE patients by helping them identify their preferences and priorities and make informed decisions for their prenatal care. PPSNE generally had positive impressions of the project's progress toward its goals; however, the JBS team noted challenges with integrating two distinct teams with different workflows and difficulty engaging with patients who had been referred. Both teams reported several key successes, including expanding PPSNE's provider lists and creating a standardized process for supporting PPSNE patients in prenatal care.

In this case study, we describe the CiC project at PPSNE and JBS, discuss staff experiences implementing the project, and highlight programmatic data and lessons learned for other clinics seeking to integrate the CiC resources into their care model.

Background and methods

Choices in Childbirth (CiC) is a first-of-its-kind on-demand resource designed to educate people about their pregnancy and birth options; help them take an active role in their maternity care; and remind them that they are not alone during pregnancy, birth, and beyond. The program includes powerful videos and interactive tools to foster informed decision-making, support individualized care planning, and build strong support systems. It was developed through a year-long, community-centered process led by Every Mother Counts (EMC)and Primary Maternity Care (PMC), with developmental research support from Mathematica. In 2022, with funding from the CVS Health Foundation, these three partners sought opportunities to integrate the CiC videos and learning resources into prenatal and primary care settings, and evaluate the experience and impact of these implementation efforts. The goals of the co-designed interventions were to help people (1) navigate to culturally aligned, high-quality prenatal care and support systems; (2) discover and explore evidence-based options, such as group prenatal visits, doula support, and midwifery care; and (3) gain tools and confidence to take an active role in their care during pregnancy and beyond.

Planned Parenthood of Southern New England (PPSNE) is a nonprofit health care provider that delivers sexual and reproductive health care services to individuals in Connecticut and Rhode Island.

Evaluation methods

Between February and March 2024, the Mathematica team conducted five semi-structured interviews with staff at PPSNE clinics and three with staff at JBS. The topics covered included how their project had evolved over time; implementation experiences, including facilitators and barriers to implementing their project; progress toward goals; and lessons learned.

PPSNE has 15 health centers that provide a wide range of health services, including pregnancy tests, contraception, birth control, ultrasounds, sexually transmitted infection (STI) testing and treatment, human immunodeficiency virus (HIV) services, and abortion care.

PPSNE clinical teams were motivated to participate in the CiC project because they wanted to better support their pregnant patients who were seeking prenatal care. Historically, PPSNE has provided some pregnancy educational resources for these patients, including information on medication safety, avoidance of substances, and nutrition, and has also referred them to a list of local prenatal care providers. However, these educational resources and provider lists were limited, and PPSNE did not provide further care navigation support for patients once it made the referral. Additionally, clinical staff felt they were not fully equipped to answer patients' questions about different pregnancy care options and direct them to appropriate resources based on their preferences.

To address these gaps, PPSNE launched the CiC project in partnership with patient navigators (called JBS Connectors) from JustBirth Space (JBS), whose roles were to provide robust early pregnancy support and education for patients choosing to continue their pregnancies, train PPSNE staff on operationalizing reproductive justice for all pregnant people, and connect PPSNE patients to prenatal care providers and community resources that meet their needs. While JBS staff were not familiar with community resources and providers in the Connecticut area, PMC considered the JBS Connectors well positioned to virtually support pregnant PPSNE patients given their care navigation and prenatal support expertise.

From October 2023 to June 2024, PPSNE and JBS piloted the CiC project at four clinic sites in Connecticut deemed suitable for implementation based on interest and available capacity; these clinics are located in West Hartford, Bridgeport, Norwich, and Willimantic. By participating in the CiC project, PPSNE and JBS shared common goals to provide relevant and accessible materials, tools, and resources for PPSNE patients continuing their pregnancies and streamline care navigation by facilitating warm handoffs between patients and JBS Connectors. While the project period concluded in June 2024, PPSNE clinic sites and JBS plan to continue using and improving upon the project tools and resources in some capacity.

Designing the CiC Project

The PPSNE and JBS planned project is outlined in its logic model and includes six main steps:

1. **Compile and categorize:** Starting with PPSNE's existing paper lists of referral providers for prenatal care, PMC and PPSNE collaborate to compile additional information about these and other community provider practices via a Practice Model Survey to assist with patient navigation. Further details are described later in the Results section.
2. **Screen and refer:** PPSNE clinical assistants (CAs) or advanced clinical assistants (ACAs) administer a project-designed Medical Screener and refer patients who have a confirmation of pregnancy to JBS. The Medical Screener includes a series of questions about medical and obstetrical risk factors, and screens for (a) eligibility for midwifery care and specifically for community (home or birth center) midwifery care, and (b) need for referral to a high-risk pregnancy specialist (maternal-fetal medicine). Further details are described later in the Results section.

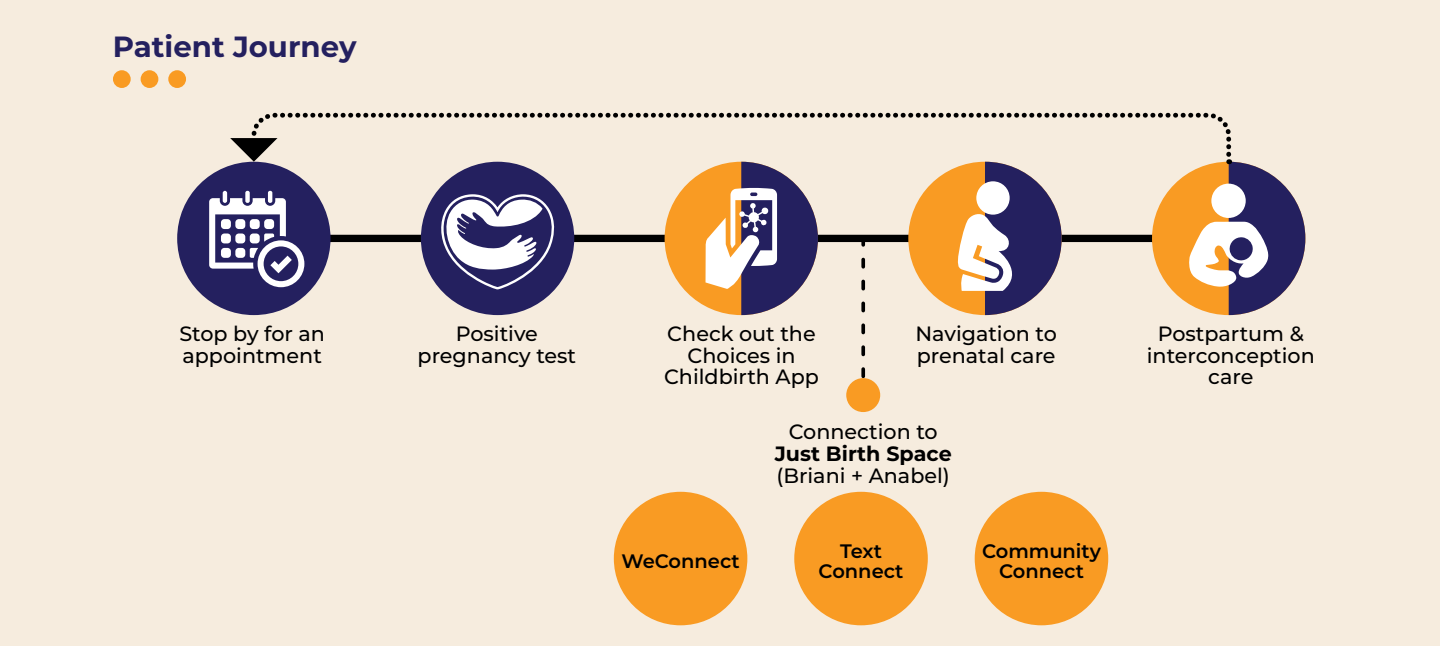
Implementation design methods

PMC used co-design and user experience research to guide how the CiC program was integrated and used in each site. Implementation design involved several steps:

- Conducting user experience (UX) research with pregnant and postpartum CiC website users to generate ideas for fostering engagement with video content and interactive features
- Mapping the current pregnant patient/client journey and related operational processes for navigating to and choosing prenatal care, and learning about care options
- Using patient input, co-designing new processes with frontline staff to support patients in three areas: (1) building support systems, (2) understanding care options, and (3) knowing their rights
- Configuring patient-facing tools to access CiC videos and program
- Co-developing training materials for staff

3. **Share:** Via a physical flyer with a QR code or electronically via MyChart, CAs share with patients the Planned Parenthood Prenatal Resource Folder, a mobile-friendly web app that contains the CiC resources and links to information about the services offered by JBS.
4. **Connect:** JBS Connectors reach out to referred/screened patients via text message with information about their services and an offer to assist in navigating to prenatal care.
5. **Navigate:** JBS Connectors record patients' preferences in the Reporting Form and help navigate patients to care providers and resources using the enhanced list of prenatal care providers and list of community resources curated by the project team.
6. **Follow up:** JBS Connectors follow up with patients to confirm they successfully connected to prenatal care.

With these workflow steps in place, PPSNE hoped to improve the patient journey for prenatal care, as illustrated below:



Some PPSNE sites shared specific workflows they have adopted to tailor the project at their clinics. For example, staff at the Bridgeport clinic noted that they share their own list of county providers if patients request it, so patients have this information before being connected to the JBS Connectors. Additionally, the clinic shows patients how to scan the QR code on the flyer and scroll through the resource folder. The other three pilot sites did not indicate that they walk through the resources with patients.

The project team made one change to the intervention. The original design included a live virtual information session hosted by JBS for patients who were referred to learn about JBS services; however, many patients could not arrange their schedules to attend these live meetings. To make the information more accessible, the team switched from the live session to a recorded video. As will be discussed later, this switch to a recorded video may have impacted patients' knowledge of and engagement with JBS.

As a result of these project activities, PPSNE and JBS anticipated several changes to their staff processes and workflows, as well as impacts on patients' care experiences, which are documented in the logic model and further discussed in the Results section.

Implementation

Overall, PPSNE staff believed that the CiC project was going well and greatly appreciated providing pregnant patients with more prenatal care resources and information than they previously had. They also perceived that patients value the resources and the JBS Connectors who were available to support their pregnancy. Although pilot site staff showed enthusiasm and engagement in designing the intervention, only two of the four sites regularly completed the referral forms, resulting in fewer referrals than anticipated (a total of 47 referrals, with 45 of them coming from two pilot sites: Norwich and Willimantic).

> **More resources mean better care. More options.**
>
> **– PPSNE staff member**

Developing tools for implementation

After co-designing the intervention with PMC, PPSNE and JBS used the following steps from PMC's Choices in Childbirth Implementation Guide to put it into action:

1. Created a HIPAA-compliant Medical Screener and Referral Form to perform a rapid assessment of the needed level of prenatal care
2. Built a digital app using the Milkshake app builder
3. Created a survey to determine care model attributes of local practices offering prenatal care
4. Developed a navigation resource to direct patients to prenatal care based on their preferences and priorities

JBS Connectors felt a lack of engagement with patients and believed that the PPSNE and JBS teams had not fully integrated. Perhaps because of this lack of integration, JBS staff reported difficulty reaching patients. Six months into implementation, JBS Connectors had reached out to more than 40 patients who had been referred, but only a few patients responded and engaged with them. However, both PPSNE and JBS staff acknowledged that the CiC project was still new and unfamiliar to patients, and that more time was needed to evaluate its full potential and better integrate the two teams.

CiC team members highlighted several key successes, including the **co-design process, training PPSNE staff on reproductive justice, and building accountability.** Several noted that **updating and expanding PPSNE's provider lists** was a huge effort but a much-needed change. One PPSNE staff member mentioned that creating a **standardized process for supporting patients in prenatal care** was a huge success.

Facilitators to CiC project implementation

CiC team members described several key internal facilitators to project implementation:

- **Ease of implementing the project through PPSNE's existing clinic workflows.** The CAs and ACAs who implemented the project found the protocols easy to use and fit into their existing intake process for collecting patient history. When introducing JBS to patients, they simply added "a few more talking points."

- **Alignment of the partners' core values and goals.** PPSNE staff joined this project eager to build more reproductive justice, accountability, anti-racism, equity, and inclusion into their prenatal care navigation. JBS and PMC were already dedicated to these core values in their own work and helped train PPSNE clinical teams on how to integrate these principles, which strengthened their collaboration.

- **Team collaboration and commitment to the project.** Staff noted that they were proud of the great partnership and co-design work between partners. They identified PPSNE CAs and JBS Connectors as huge champions of this project. PPSNE's medical director was also a strong supporter and helped oversee and manage implementation across the pilot sites.

> **"It's been uncomplicated. This project is just a win.**
>
> **– PPSNE staff member**

- **Providing easy to navigate, user-friendly, and accessible resources to patients.** Patients can immediately access the resources with the QR code that links to the Prenatal Resource. The resources are available in Spanish and English, and thus accessible for patients in their preferred language. Additionally, PPSNE staff mentioned that it was helpful to share the resources in multiple ways (through printed forms and electronic messages in the patient portal).

PPSNE staff also shared additional factors that supported implementation at their respective clinics. For example, Norwich and Bridgeport staff found it useful to track patients who had been referred to JBS and follow-up to provide further support. At Willimantic, the CAs complete the medical history intakes and share information about the project before the provider sees the patient; this process has been seamless for them.

Barriers to CiC project implementation

CiC team members shared six main barriers to their CiC project implementation:

- **Patients may have been unaware of JBS' services, resulting in a lack of response to JBS outreach.** Most patients did not respond to JBS' outreach; some did not recognize what JBS was and why the organization was reaching out to them. JBS Connectors suspected that the lack of in-person connection and familiarity at the point of referral may have contributed to this roadblock. As noted earlier, the original implementation design included a live, virtual information session where referred patients could learn more about JBS' services. Because patients did not attend these sessions, the team switched to a prerecorded video model. However, some JBS staff thought this was a missed opportunity, as the live, virtual information sessions might have helped contextualize their outreach, potentially leading to more patient engagement. Additionally, staff noted that some patients enrolled in the program decided later to end their pregnancies, suggesting that other patients who did not successfully connect with JBS may have been considering or actively seeking abortion care.

- **Technology and systems limitations.** Before the CiC project, JBS did not have existing workflows for conducting outreach because patients would normally contact them directly to seek their services. However, to implement this project, JBS had to adopt a completely new workflow for conducting outreach to separate PPSNE patients from their regular client pool. It was a substantial change to JBS' care model and presented a learning curve for the JBS Connectors. Once they receive a referral, JBS Connectors must enter the patients' information into their system before they can do outreach. They attempt to reach out within two to four days after referral, but sometimes their outreach is delayed for up to 1.5 weeks because the two JBS Connectors who oversee this project do not work every day and not all JBS Connectors are trained in the program. In addition to text messaging, JBS has tried to set up a separate call line and email communications in its platform, but these methods have not succeeded.

- **Low levels of integration across PPSNE and JBS teams.** JBS Connectors said it was hard to schedule meetings with PPSNE clinical teams and that it would have been helpful to interact more with the CAs and ACAs making the referrals. Similarly, PPSNE staff noted that they would have liked a closer relationship with the JBS Connectors to better understand what happens to their patients after they are referred and how patients were engaging in the program. This lack of closed-loop communications between PPSNE and JBS made it difficult for both teams to understand what the other implementation partner was experiencing and may have impacted patients' understanding of JBS' services.

> **"Why would you call someone you don't know, especially when it's about something personal? There wasn't a starting point of connection.**
>
> **– JBS Connector**

- **Coordinating implementation across multiple PPSNE health centers.** PPSNE found it challenging to train staff, share standardized information, and communicate across multiple implementing clinics. One staff member wondered whether it would have been better to pilot the project at a single site instead of four.

- **The project period is too short.** Given the low engagement with patients, JBS staff said that more time was needed for implementation and receiving patient referrals. One staff member noted that they would need one and a half to two years for this type of project to see the intended results.

- **Competing organizational priorities.** The project coincided with other major organizational initiatives, including the transition to and going live with a new electronic medical record system (Epic) and the scaling up of services and workforce to meet the needs of out-of-state patients affected by abortion access restrictions in the wake of the *Dobbs* Supreme Court decision. Rolling out additional operational changes had to be balanced with these and other priorities, requiring flexibility.

Both teams offered reflections on what they would have changed about the project. JBS staff said that establishing a schedule for patient referrals would have helped JBS Connectors conduct timely outreach. They also noted that providing in-person education and orientation about JBS support would have helped patients better understand the program. Similarly, PPSNE staff recommended increasing program visibility in both clinics and the community through methods such as posting flyers in buses. Lastly, both teams agreed that establishing consistent communication channels with one another would have enhanced transparency and provided a fuller picture of project implementation.

> **It's a lot to accomplish in a year, and with more time and a more robust infrastructure, we would get the results we hoped for.**
>
> **– JBS Connector**

Results

PPSNE and JBS had mixed perceptions of whether the project was making progress toward its goals. PPSNE staff generally agreed that the project was making substantial progress in providing relevant and accessible materials, tools, and resources to their patients (Goal 2 in the logic model), and streamlining care navigation by facilitating warm handoffs to JBS (Goal 3 in the logic model). One PPSNE CA indicated that introducing the JBS Connectors by name to patients helped contribute to the "warmness" of the handoff. In contrast, JBS Connectors felt the project was not yet meeting these goals because they could not provide any type of resources or care to patients due to their limited interactions with them. Additionally, JBS staff felt that the warm handoffs could be "warmer" if they were more integrated into PPSNE's referral processes. Both PPSNE and JBS agreed that it was difficult to tell how the project was progressing toward improving health outcomes for PPSNE patients (Goal 1 in the logic model) without more available data.

PPSNE and JBS staff also had differing thoughts about whether the project worked as they had expected. The majority of PPSNE staff said the project was working as they expected it to in their clinics. Though JBS staff thought that the project's infrastructure was well designed for success, they noted that implementation has proved to be challenging and patient engagement has been slower than they had expected.

> We are helping [patients] build strong and effective support systems.
>
> – PPSNE staff member

Our review of additional Medical Screener data and information from practice models reveals important findings about patients' eligibility and appropriateness for midwifery care, as well as the landscape of available care options in Connecticut. This insight has helped the CiC team understand the needs of pregnant patients seeking care at PPSNE health centers and the barriers they may face in accessing care that aligns with their preferences and priorities.

Progress toward staff outcomes

PPSNE reported substantial progress toward their staff outcomes in the logic model (listed under "staff processes"). Clinical teams agreed that their processes and workflow for educating and communicating with patients had improved through this project. Many were satisfied with using the Medical Screener and the prenatal care resources they shared with patients. Although all pilot clinics were already sharing educational resources before this project, they indicated that this initiative had improved and standardized the information they could provide. Additionally, multiple CAs indicated that their confidence had increased when discussing prenatal care with patients. Lastly, staff members were generally satisfied with the warm handoff coordination with JBS.

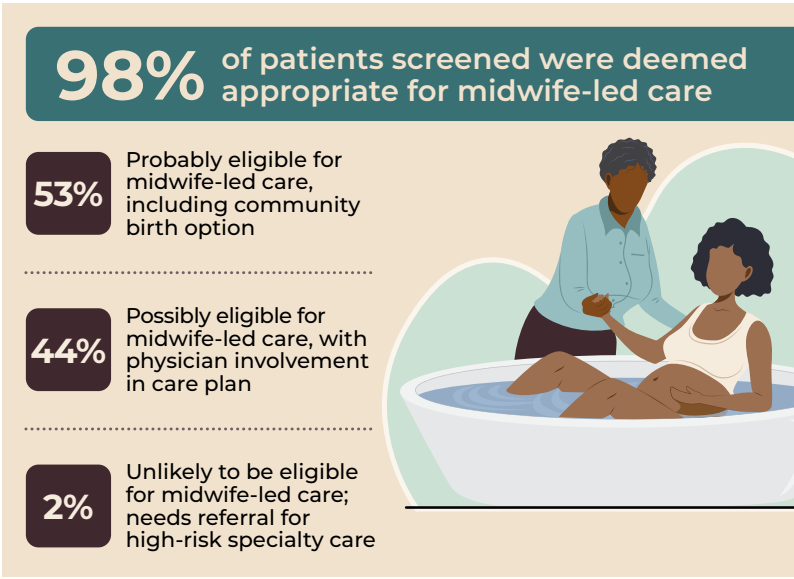
JBS reported slower progress toward their projected staff outcomes. Because of the low patient engagement, JBS has not yet used the Reporting Form to identify patients' care preferences. One staff member said they would have been more satisfied with the Reporting Form if it incorporated more reproductive justice principles. Additionally, JBS has not yet had the opportunity to share with patients the enhanced list of providers or community resources to connect them to care.

Progress toward patient outcomes

Both PPSNE and JBS were uncertain about progress toward the medium- and long-term patient outcomes outlined in the logic model. At the point of referral, PPSNE CAs indicated that the resources had helped patients think more about their care choices and feel supported in their pregnancies by knowing that JBS would reach out to them directly. One staff person said that in some cases, patients left the clinic feeling more confident and reassured in their decisions to continue their pregnancies.

Other project insights: Medical Screener and Practice Model Survey data

In addition to staff insights analyzed by Mathematica, PMC collaborated with PPSNE to collect and analyze additional data from the Medical Screener, which was completed by 47 patients referred to the program after a positive pregnancy test at PPSNE. Notably, **all but one of the patients screened (98 percent) were deemed appropriate for midwifery care,** including 53% who were probably eligible for midwife-led care in a community birth setting (home or birth center) based on their early pregnancy risk factors. The most common risk factors present were hypertension (n = 7), mental health condition requiring daily medication (n = 7), prior cesarean(s) (n = 6), and prior preeclampsia or gestational hypertension (n = 4).



The Practice Model Survey yielded additional insights about care options available in Connecticut, as well as the difficulties patients and care navigators face when seeking evidence-based options such as midwifery, doula support, group prenatal care, or continuity of prenatal and birth providers. Starting with the practices on the paper lists PPSNE had been providing to pregnant patients seeking prenatal care, a PMC staff member, or EMC staff member called each practice and administered the survey over the phone. If the practice was not responsive or not interested in answering the survey questions, PPSNE staff gleaned information whenever possible from publicly available sources, such as the practice websites. In addition, the survey was sent to a nurse-midwifery state-based listserv and then completed online by individual midwives within some practices. 21 practices provided at least partial survey data, with a disproportionate number of midwifery practices likely represented in the data set.

The data showed significant variation in service offerings, accessibility, and care model approach across domains likely to be meaningful for people seeking prenatal care, such as acceptance of Medicaid, availability of after-hours appointments, provider types, and integration of care offerings like group visits, doulas, and home visitors (see the charts and figures in Appendix B). The majority of practices surveyed reported that they offered early morning appointments, accepted Medicaid for pregnancy/birth care, and were characterized as nurse-midwife providers. Although this information is likely to be valuable to people seeking prenatal care, it often required significant effort to find out what options were available from a given practice, and most of the information assessed was not available on the practice websites.

Lessons learned and future considerations

Lessons learned

PPSNE learned the importance of providing resources and services to patients early in their pregnancy. This patient population has been perceived to be "unrecognized for so long" at PPSNE, and clinical teams appreciated the new knowledge and processes in place that allow them to provide better care for these patients.

JBS staff learned that cross-partner collaboration is challenging and requires deep integration and expectation setting, especially during a short project period. Different cultural norms across the two organizations may have resulted in some integration challenges. Because the teams spent the first several months on planning, not much time was left for implementation in an already limited 12-month project period. JBS staff said that adjusting the project goals and outcomes, and revisiting them often with PPSNE, would have been beneficial. Additionally, they recommended that to realize impacts, projects like this one that incorporate multiple partners and workflow changes should be sustained by multiyear funding.

The partners learned that the vast majority of people seeking prenatal care from the pilot sites were medically appropriate for midwifery care, but that navigation to midwifery and other high-value care options was challenging for both patients and care navigators. Most of Connecticut is relatively rich in options for birthing individuals; however, a large gap must be bridged to connect people efficiently to risk-appropriate care aligned with their preferences and priorities.

> **We still want to make this work, we want this to be out there, we want to receive referrals and support a lot of people. Excited for texts to come in.**
>
> **– JBS Connector**

Advice for other health care providers interested in incorporating CiC resources

Both PPSNE and JBS offered several pieces of advice for other sites considering how best to use the CiC resources in their practices:

- Make sure to orient patients well to the resources. Give patients the option to view the materials on their own time to decide which type of care is best for them.
- Train staff well on the project goals from the beginning, including setting expectations for them on how to share these resources with patients.
- Get input from staff on what they think is the best approach to implementation.

Next steps

Both PPSNE and JBS staff hope to continue implementing this project in the long term. They are interested in supporting patients throughout their entire prenatal journey, including the postpartum period, and seeing them achieve successful pregnancies through the program. The partners determined that PPSNE would revert to a self-referral model, but with an enhanced paper referral list, for two reasons: (1) most patients referred to the program did not engage with a JBS Connector and (2) ongoing funding was not available to continue using the software to make referrals in a HIPAA-compliant way. The lists would incorporate key information from the Practice Model Survey and include links (via URL and QR code) inviting patients to explore the CiC videos and connect with JBS for free virtual support.

JBS Connectors offered a few suggestions to improve their processes if funding became available to continue the direct referral model. First, JBS would seek to become more integrated within PPSNE's workflows to enhance patients' understanding of JBS' offerings. Another idea was to share resources earlier in the introductory text message to patients, so they get the information sooner. At the same time, JBS staff thought it might be helpful to advertise one-on-one calls as optional in case patients find such interaction daunting. Additionally, JBS Connectors noted that they would work on reaching out to patients more quickly to initiate the connection.

The partners also noted that the JBS Connectors' lack of familiarity with Connecticut hindered their ability to provide nuanced, community-informed support to connect people to the right prenatal care and resources. Future versions of the program would benefit from having a community-based connector with deep knowledge of the local landscape and birthing options.

Appendix A. PPSNE/JBS logic model

Goals and objectives

1. Improve health outcomes for PPSNE patients by helping them to identify their preferences and priorities, and make informed decisions for their perinatal care.
2. Provide relevant and accessible materials, tools, and resources that help PPSNE patients feel more connected to and engaged in their prenatal care.
3. Streamline care navigation and support for pregnant patients by training PPSNE staff and facilitating warm handoffs between patients and JBS Connectors.

Inputs	Activities	Outputs	Patient experience outcomes		
			Short-term (immediate)	Medium-term (intermediate)	Long-term (ultimate)
Staff and clinic resources **Educational materials** **Technology** **Partner agreements to facilitate collaboration** **Funding**	1. **Compile and categorize:** PMC and PPSNE collaborate to compile additional information about provider practices in the community via a Practice Model Survey to assist with patient navigation. 2. **Screen and refer:** PPSNE Clinical Assistant (CA) administers the Medical Screener in JotForm to patients who have a confirmation of pregnancy for referral to JBS 3. **Share:** PPSNE CA sends patients the Planned Parenthood Prenatal Resource Folder and JBS information 4. **Connect:** JBS receives patients' information from the Medical Screener in JotForm and reaches out to them 5. **Navigate:** JBS navigates patients to care providers and resources, based on patients' preferences 6. **Follow up:** JBS follows up with patients to confirm they were successfully connected to prenatal care	**PPSNE staff processes** • Staff report **utilization of protocols** when administering the Medical Screener and providing care navigation support • Staff report **satisfaction with the Medical Screener and project resources on Milkshake** • Staff report **improved processes and workflows** for educating patients and navigating them to services that support their preferences and priorities • Staff report **improved and standardized communication** with patients • Staff report **greater confidence and knowledge** when speaking to patients in need of prenatal care **JBS staff processes** • Connectors report **utilization of the Preferences Screener questions and Reporting Form** to help patients identify their preferences and priorities for their prenatal care • Connectors report **satisfaction with the Preferences Screener questions and prenatal care provider list** • Connectors report **satisfaction with the intervention resources on Milkshake** • Connectors report **closed-loop referrals** to prenatal care providers and community resources **Staff processes for both PPSNE and JBS** • Clinical and nonclinical staff report **satisfaction with warm handoff coordination** between patients and JBS connectors **Patient experience** • Patients report that they are **exposed to the CiC resource library** • Patients **engage with the CiC videos and resources** (e.g., number of QR code scans, number of clicks on Milkshake) • Patients **attend CommunityConnect Information Session (or watch the video) and/or successfully connect with JBS** • Patients report that they would **recommend the intervention resources to family and friends**	• Patients report **feeling confident explaining their preferences and priorities** for prenatal care decision making • Patients report **feeling prepared to choose their provider and attend prenatal care visits** • Patients report **feeling supported by PPSNE, JBS, and their personal support systems** through their care navigation • Patients report **awareness of resources and prenatal care options** available for them to explore • Patients report **awareness of their rights** as a pregnant person • Patients report **successfully navigating to prenatal care that generally aligns with their medical needs and preferences**	• Patients have **autonomy in making decisions** about their prenatal care that are aligned with their preferences and priorities • Patients are **confident making decisions** about their prenatal care	• **Improved health outcomes and experiences** for patients and their children

Appendix B. Practice model survey figures and charts

Which of the following programs are provided by your practice for maternity patients?

- **14 practices** — Telehealth option for selected visits
- **8 practices** — Childbirth education classes
- **4 practices** — CenteringPregnancy or other group prenatal care option
- **3 practices** — Integrated doula and/or home visiting program
- **2 practices** — Integrated newborn care or dyad (parent/baby) follow-up

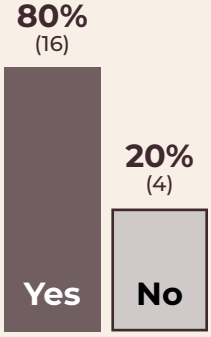
Which best describes the practice model? (n=18)

- **10 practices** — Patients give birth with a provider who they have had an opportunity to meet in the office; Call is not typically shared with other practices/unknown providers.
- **7 practices** — Some people will give birth with a provider they have met in the office, but call is shared across multiple practices, so they may not know their provider at birth.
- **1 practice** — Prenatal care and labor/birth care are provided by different teams; Patients getting prenatal care in the practice will give birth with an unknown provider.

Appointment availability (n=20)

- **3 practices** — Weekend appointments (Saturday and/or Sunday)
- **5 practices** — Weekday evening appointments (after 5:30pm)
- **6 practices** — None of these (all appointments are between 8:30am and 5:30pm M–F)
- **13 practices** — Early morning appointments (before 8:30am)

Does this practice accept Medicaid for pregnancy/birth care? (n=20)



Provider types for **prenatal and postpartum care** (n=21)

Nurse-midwife	18
Ob/Gyn	16
Nurse practitioner	7
Physician's assistant	2
Maternal-fetal medicine doctor	2
Family physician	1

Provider types for **intrapartum care** (n=20)

Ob/Gyn	16
Nurse-midwife	14
Maternal-fetal medicine doctor	2
Family physician	1