

Evaluation of a Coaching Intervention to Promote Heart-Healthy Behaviors for Postpartum Patients Diagnosed with Perinatal Hypertensive Disorders

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Introduction

- Hypertensive disorders of pregnancy (HDP) impact 10% of pregnancies
- Those with HDP have increased risk of CVD over the lifespan
- Establishing CVD-preventive behaviors and self-management skills during the postpartum year has the potential
- The postpartum year is a teachable moment—with relatively high motivation to improve health
- Formal obstetrical healthcare has no scheduled contacts beyond 6 weeks for most patients
- Adding a nurse coaching intervention to typical postpartum care has the potential to have positive health impacts on the health of patients who had HDP

Purpose/Aim

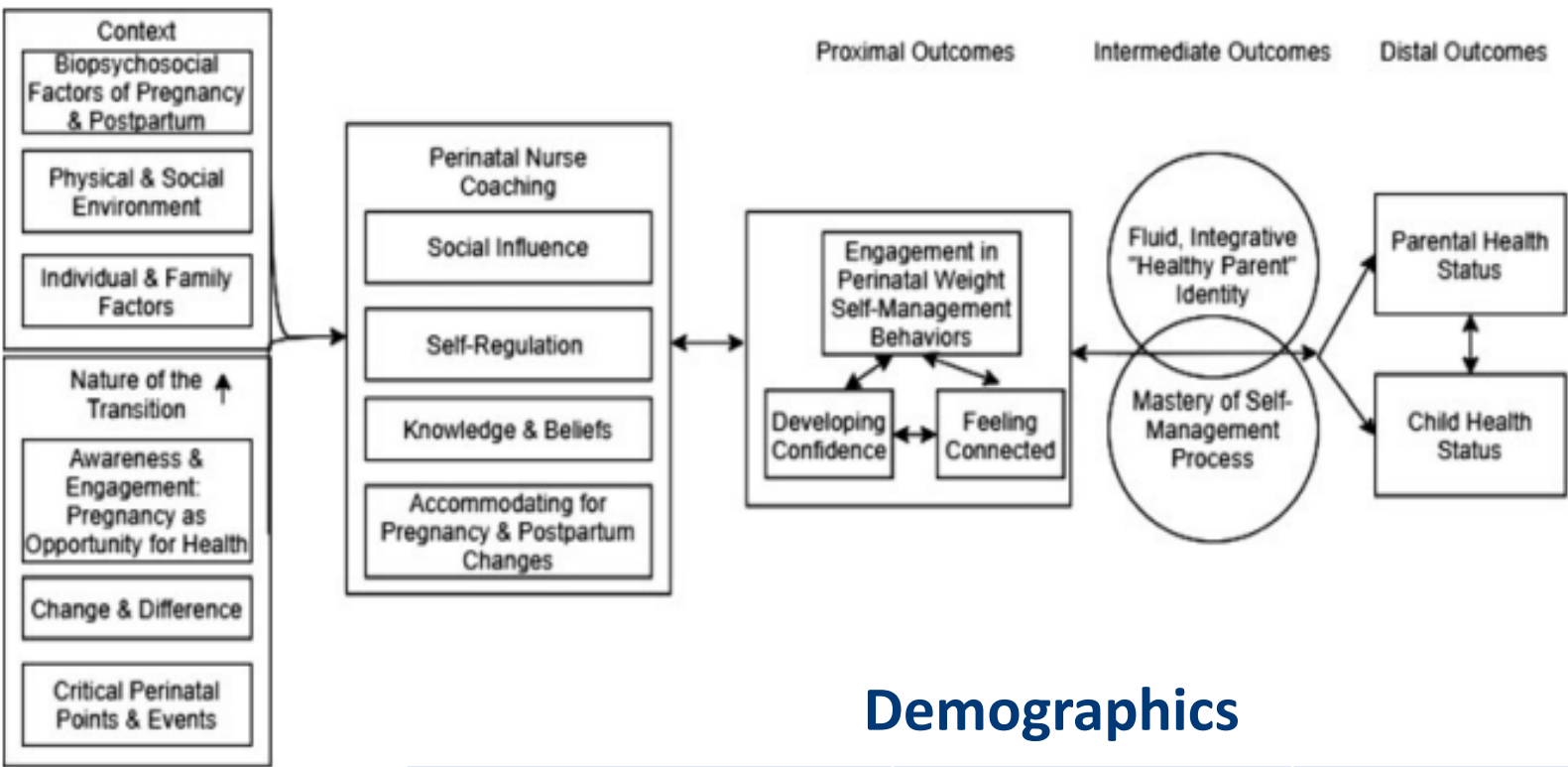
- Evaluate feasibility and acceptability of a postpartum coaching intervention to promote CVD-preventative behaviors for people with a history of HDP

Methods

- Participants in a medication management trial for HDP were enrolled in a heart-healthy lifestyle coaching intervention
- Monthly phone calls from 3 – 12 months postpartum
- During coaching calls, the nurse or bionutritionist coach:
 - Used 5 A's approach to assess contextual factors that supported or hindered participants' ability to engage in health behaviors
 - Guided participant to set 1-3 achievable health goals and specific plans
 - Each month, reviewed previous month's goals
- Feasibility Measures:
 - Percentage of participants who received 70% of the intervention
 - Average call length
- Acceptability Measures:
 - Survey at final in-person visit—asked about coaching benefit, time commitment, contact preferences

Theoretical Framework

Coaching for Childbearing Health (Ohlendorf & Anders, 2022)



Demographics

	≥ 7 calls n= 23		≤ 6 calls n= 11	
Age	m= 34.49 (28.41-38.93)		m= 29.42 (21.86-34.65)	
Race	White	17 (73.9%)	4 (36.4)	
	African American	5 (21.7)	7 (63.6)	
	Latina	1 (4.3)		
Education	High School	2 (8.6)	3 (27.3)	
	Some College/College	11 (47.8)	5 (45.5)	
	Graduate Degree	10 (43.5)	3 (27.3)	
Type of HDP	Gestational HTN	9 (39.1)	6 (54.5)	
	Preeclampsia	3 (13.0)		
	Preeclampsia-Severe	11 (47.8)	5 (45.5)	

Feasibility

- 51.1% of participants enrolled in the trial completed ≥70% of calls
- 24.4% participated in some, but ≤70% of calls
- Mean call length
 - 28 min for 1st call (12-47)
 - 19 min for all others (7-42)

Qualitative Themes-Acceptability

- Participants who completed the intervention:
 - Appreciated the connection and personal accountability
 - Effectively participated in tailored goal-setting tailored to their life context
 - Stated a combination of texting and phone calls could have been effective and more feasible for time constraints
- Participants who did not complete the intervention
 - Too busy to participate
 - Didn't want to talk on the phone
 - Would have preferred texting

Lessons Learned

A lifestyle coaching intervention to promote goal-setting and health behavior self-management is feasible and acceptable, but may require additional nurse staffing

Future Work

- Develop coaching app and participant management dashboard
- Automate some aspects of coaching intervention
- Conduct focus groups specifically to elicit desired contact frequency/modality for difficult-to-reach participants

References

