



An Exploration of Nutrition Education Provided by OB-GYN Medical Providers and Referral Practices to RDNs



Maura McClain¹BS; Nicole Arnold² PhD; Manan Roy¹ PhD; Alisha Farris¹ PhD, RD; Amber Welborn³ PhD, RN; Lauren Sastre² PhD, RD, LDN; Hope Lima⁴ PhD, RD, LDN; Danielle Nunnery¹ PhD, RDN, LDN

¹Department of Nutrition and Healthcare Management, Appalachian State University, ² Department of Nutrition Science, East Carolina University, ³Department of Nursing, Appalachian State University, ⁴Department of Human Nutrition, Winthrop University

INTRODUCTION

- Pregnant and lactating individuals are a population vulnerable to nutrition and food-related health concerns.¹
- Research shows that nutrition education improves the knowledge and motivation of pregnant individuals to eat a healthy diet.²
- In addition to expressing inadequate knowledge from the start of pregnancy, many pregnant individuals cite receiving limited nutrition education from their medical providers.¹
- Pregnant patients who discuss diet with their provider are more likely to make healthy dietary changes.³

OBJECTIVE:

The purpose of this study was to explore the type, timing, and scope of nutrition education provided by perinatal medical providers and examine frequency and nature of referral practices to RDNs.

METHODS

- Nationwide convenience sample obtained through email forwarding using Qualtrics XM online surveys
- Recruitment emails sent to 225 directors of OB-GYN medical programs, and asked to forward to any current residents, alumni, or connections within perinatal medical care
 - OB-GYN residency programs were identified from the Association of American Medical Colleges and the American College of Obstetricians and Gynecologists
 - Director emails were collected from residency program webpages
- Surveys were distributed in 3 rounds roughly 3-4 weeks apart. One initial contact, and two follow up reminders were sent
- Descriptive statistics were obtained using Stata 15 from StataCorp, and frequencies reported

References:

1. Lee A, Newton M, Radcliffe J, Belski R. Pregnancy nutrition knowledge and experiences of pregnant women and antenatal care clinicians: A mixed methods approach. *Women and Birth*. 2018;31(4):269-277. doi:10.1016/j.wombi.2017.10.010
2. Blondin JH, LoGiudice JA. Pregnant women's knowledge and awareness of nutrition. *Applied Nursing Research*. 2018;39:167-174. doi:10.1016/j.apnr.2017.11.020
3. May L, Suminski R, Berry A, Linklater E, Jahnke S. Diet and Pregnancy: Health-Care Providers and Patient Behaviors. *The Journal of Perinatal Education*. 2014;23(1):50-56. doi:10.1891/1058-1243.23.1.50

RESULTS

Provision and Time Spent on Nutrition Education

- 31 respondents completed the survey
- 56% of participants treated patients with nutrition-related health concerns, such as gestational diabetes, high-risk pregnancy, maternal obesity, or low weight gain
- Nutrition counseling was provided in 58% of OB-GYN practices
- Top barriers to providing nutrition education were length of appointment time (81%) and provider knowledge of nutrition (66%)
- 67% of OB-GYNs felt prepared to provide nutrition education
- 57% spent less than five minutes per visit discussing nutrition

Table 1: Respondent Demographics*	n (%)		n (%)		n (%)
Age:		Gender Identity:		Type of Practice:	
25-30 years	16(50)	Men	6 (16)	Public/Academic Healthcare System.	22(69)
30-40 years	7 (22)	Women	26(82)	Private Healthcare System.	3 (9)
40-50 years	2 (6)			Private Practice.	2 (6)
50-70 years	5 (16)			Public Health Clinic.	3 (9)
Credentials:		Pregnant patients seen per week:		Years in Perinatal Care:	
MD	25(78)	1-20	8 (25)	1-5 years	17(53)
NP/WHCNP-BC/FNP-BC	1 (3)	21-50	15(47)	5-10 years	3 (9)
RN	1 (3)	51-75	5 (16)	11-20 years	3 (9)
CNM	1 (3)	76-100	2 (6)	21-30 years	4 (13)
MPH	1 (3)	100+	1 (3)	31-40 years	3 (9)
FACOG	5 (16)			41-50 years	2 (6)
IBCLC	1 (3)				
DO	4 (13)				

*Questions for respondent demographics were provided as "select all that apply," with an additional option for an open write-in response. Age, patients seen per week, and years in practice were recorded as an exact number and have been categorized for data presentation.

DISCUSSION & CONCLUSIONS

A majority of respondents felt patients would benefit from counseling with an RDN (n=29), and engaged in referrals to RDNs (n=21), but expressed barriers related to cost (reimbursement) to patient and lack of patient interest. The length of appointment time, a major barrier cited, and provider knowledge may prevent perinatal medical providers from having the ability to adequately cover important nutrition topics for pregnancy, and referrals to an RDN could provide an added layer of education. Future research should explore how to leverage and get reimbursement for interprofessional care teams to cover critical nutrition education. Additionally, examining areas where dietitians and nutrition education have been successfully incorporated and reimbursed in perinatal care, like WIC, could shed light on effective models of practice.

RESULTS:

Referral Practices and Barriers to Referring

- Reasons most cited for not referring to RDNs were lack of patient interest (23%) and potential cost/lack of adequate reimbursement (28%)

Figure 1: Percentage of Respondents that refer to RD/RDNs

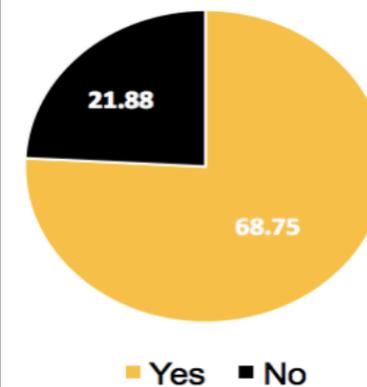


Figure 2: Percentage of Respondents who said their Patients would benefit from Counseling by RD/RDN

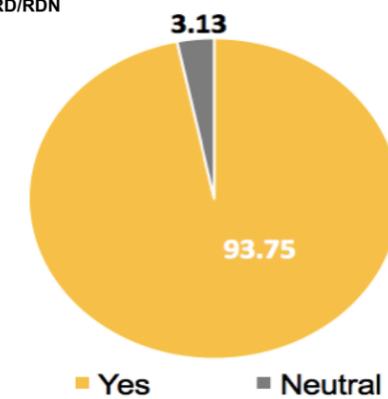


Figure 3: Percentage of Conversations initiated by Providers vs Patients

