

# Understanding Physicians' Care Practices for Young Mothers in Kansas

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**Abstract.** As health care consumers, adolescent and young mothers have distinct needs when it comes to transitioning between health care settings (i.e., pediatric care, obstetric care). Young mothers may be at risk for having unmet learning and health needs, having difficulty understanding pertinent health information and navigating the health care system. Little is known about how physicians address women's learning needs. Findings indicate that the majority of physicians who provided primary care were family physicians (69%); less than half (47%) indicated that they provided care to the mother during her preconception period. Moreover, physicians reported discussing mostly 'standard' topics with clients and revealed a number of challenges to providing care to this population.

## 1. Introduction

The purpose of the present study is to describe (a) what learning and health needs are addressed during clinical visits. The existing literature on young mothers focus primarily on the risks associated with birth outcomes or infant development. Less is known, however, about the nature of their health care experience. To date, only three studies have investigated the learning needs of young mothers [1, 3]. Existing data indicate that although infant care topics are reported as being 'very important', young mothers tend to focus less on self-care topics such as birth control or sex resumption [1]. This has serious implications for maternal health and risk for disease transmission because lack of planning has been associated with unsafe sex practices [4] and not having a contraceptive method available before sexual intercourse [5]. Aside from reproductive health, young mothers tend to have significantly more physical health problems as adults compared with women who were not teen mothers [6]. These health risks may go unnoticed considering that about two-thirds of mothers who schedule doctor appointments for their children tend to have unmet health problems [7]. There is also reason to believe that health literacy levels may be lower among young mothers. Lower health literacy rates are associated with adverse health outcomes (e.g., less use of preventative health services, increased risk of chronic illness) [8]. About

28% of U.S. parents have below or below basic health literacy levels; and adults between 25-29 years tend to have the highest literacy levels [9].

In sum, the nature of health care practices among young mothers has been largely overlooked. Although it is important to investigate various risks associated with adolescent caregiving, it is also important to identify and focus on the maternal health care needs of young mothers.

## 2. Experiment, Results, Discussion, and Significance

A total of 61 Sedgwick County physicians (pediatricians, family physicians and obstetrician/gynecologists) completed a 17-item questionnaire, which presented questions about health topics discussed with young mothers, practice setting characteristics and their care practices. A mixed-mode survey approach (email, fax and telephone) was used which yielded an 18% response rate.

The majority of participants were female (59%), had more than 20 years of medical practice (31%) and practiced in private clinical settings (75%). Forty-nine of the 61 participants identified as primary care providers for young mothers.

### *Health Topics Discussed*

Among primary care providers, the most common topics included diet/nutrition (91%), exercise (89%), birth control (88%), education (74%), drug use/abuse (70%), mental health (70%), health of the young mother's child (68%), stress (63%) and HIV/STIs (63%). Less than half of the physicians reported discussing birth spacing (49%), intimate partner violence (44%), community resources (35%) and barriers to care (21%).

### *Health Literacy*

With regard to health literacy practice, only 2.2% of primary care physicians reported that they *always* asked patients to repeat back complicated medical information/instructions (Table 1). Moreover, only 6.5% of primary care physicians reported that they *always* created action plans for young mothers with specific health/medical issues (Table 1).

### Characteristics of Practice Setting

Among primary care physicians (N=49), 61% reported that in their practice setting there was no designated staff member to facilitate services such as medical insurance education, school continuation, and assistance with medical documentation for social services. Moreover, 61% reported that they did not believe that their practice setting adequately tailored services or care to fit the needs of young mothers.

Further, primary care physicians reported that the most challenging aspects of providing care to young mothers were limited visit time to address concerns and recommended services (76.1%), insurance issues (65.2%), and difficulty getting young mothers to adhere to medical advice/instructions (60.9%).

Table 1.

| Health Literacy Practices  |        |       |           |       |
|--|--------|-------|-----------|-------|
| Question   | Always | Often | Sometimes | Never |
| How often did you ask patients to repeat back complicated medical information/instructions?    | 2%     | 22%   | 61%       | 15%   |
| How often did you create an action plan for young mothers with specific health/medical issues? | 7%     | 45%   | 37%       | 11%   |

### 3. Conclusions

Little is known about the nature of young mothers' health care experience. The purpose of this study was to describe how learning and health needs of young mothers are addressed in clinical settings.

These findings provide some insight into the nature of young mothers' health care experience. Although, the majority of young mothers received care from family physicians, the fact that less than half of those physicians provided care to their patients prior to pregnancy may point to the need for continuous care for young women as they experience major life transitions. In addition, Kansas physicians are required to discuss a standard set of topics with their patients who include drug use, stress, diet/nutrition and mental health. The data suggests that although

most physicians do cover these topics, there is less attention paid to topics that are significant, particularly among high-risk populations. The data also indicate that a small proportion of physicians adhere to important health literacy practices. Finally, it is clear from the data that practice settings may not be well equip with the necessary resources to provide adequate care to young mothers. To add, there are significant structural barriers that may further limit physicians from fully addressing the needs of young mothers.

This work may have important implications regarding the comprehensiveness of health care for young women. More may need to be done with regard to increasing the capacity of medical settings in Kansas to ensure that the health needs of young mothers are addressed.

### 4. Acknowledgements

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### 5. References

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