Implementation of a Peer Support Group for Hospitalized High-Risk Antepartum Patients

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Problem & PURPOSE

Hospitalized antepartum patients with high-risk pregnancies often experience increased stress, anxiety, isolation, and depressive symptoms related to prolonged hospitalization, uncertainty regarding pregnancy outcomes, and separation from normal support systems. Despite these psychosocial challenges, structured emotional support interventions are not consistently incorporated into inpatients antepartum care.

The purpose of this project was to implement and evaluate a peer-support group designed to improve emotional well-being among high-risk antepartum patients.

Available Knowledge & Rationale

- High-risk antepartum hospitalization is associated with emotional distress, loneliness, anxiety, and depression
- Social support has been shown to reduce antepartum depressive symptoms and improve coping during pregnancy
- Peer support interventions provide emotional validation, normalization of experiences, and reduced feelings of isolation

Key evidence:
- Rubarth et al. (2012) found that hospitalized pregnant women commonly experience emotional distress and benefit from supportive coping interventions
- Friedman et al. (2020) identified a significant association between higher social support and lower antepartum depression

Rationale: Providing structured peer support may improve psychosocial outcomes by fostering connection and providing emotional and affirmational support among hospitalized antepartum patients.

Methods

Context
- Implemented on an inpatient high-risk antepartum obstetric unit at an urban hospital
- Participants included hospitalized high-risk patients medically stable to attend weekly group sessions

Intervention
- Weekly, nurse led peer-support group conducted over four weeks
- Co-facilitated by member of spiritual services
- 3-5 patients attended per group session
- Sessions focused on emotional support and shared experiences

Study of intervention
- Quality improvement design using pre/post outcome evaluation
- Participants completed EPDS assessments and post-session satisfaction surveys
- Open-ended feedback collected following session

Measures

Quantitative Measures
- Edinburgh Postnatal Depression Scale (EPDS)
- Post-session Likert-scale survey evaluating
  - Emotional support, stress reduction, connection with peers, usefulness of group, and overall satisfaction

Qualitative Measures
- Open-ended participant feedback regarding group usefulness and experience

Data Analysis

- EPDS scores were compared across participation time points to identify trends in depressive symptoms
- Likert-scale survey responses were analyzed using frequency counts and percentages
- A basic thematic analysis from open-ended questions was used to identify recurring themes related to satisfaction and perceived benefit

Results

EPDS findings:
- 5 participants completed at least two EPDS assessments
- 60% demonstrated decrease in depressive symptom scores
- 20% remained stable
- 20% demonstrated worsening depressive symptoms
- Greatest improvement: EPDS decreased from 17 to 3

Post-Session Survey Finings:
- 75 total responses
- Strongly agree: 70.7%
- Agree: 24%
- Neutral: 5.3%
- No negative responses reported

Key Survey Findings:
Participants reported feeling
- Emotionally supported
- Reduced stress/anxiety
- Increased connection with others
- High overall satisfaction

Qualitative Themes:
- Peer connection and shared experiences
- Reduced isolation
- Emotional relief
- Positive distraction from hospitalization
- Sense of community and support
- Improved outlooks and gratitude

Discussion

- Findings suggest participation in the support group was associated with improved or stable well-being and high participant satisfaction
- Results aligned a\with existing literature supporting social support interventions during high risk-pregnancy
- The intervention addressed an important gap in psychosocial antepartum care using a low-cost, feasible approach
- One participant demonstrated worsening symptoms, highlighting the need for individualized mental health support for some patients

Limitations
- Small sample size
- Inconsistent attendance
- No control group
- Self-reported data may introduce response bias
- Short duration

Conclusions

- Structured antepartum support groups may improve emotional well-being and reduce feelings of isolation among hospitalized high-risk patients
- The intervention demonstrated feasibility, high satisfaction, and strong sustainability potential within existing inpatient workflows
- Expansion to other inpatient obstetric settings and hybrid or virtual formats may improve accessibility and continuity of support
- Future research should include larger sample sizes, standardized participation, and evaluation of long-term outcomes.

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