BARRIERS AND FACILITATORS OF PATIENTS' ADHERENCE TO REMOTE MONITORING FOR GESTATIONAL HYPERTENSIVE DISORDERS

Background

In Flanders, 4.1% of pregnant women suffer from gestational hypertensive disorders (GHD) [1]. In the Pregnancy REmote MOnitoring (PREMOM) II study, the added value of an midwife led, remote monitoring (RM) prenatal follow-up program for women with GHD is investigated in a multicentric, randomized controlled trial (RCT) [2]. The first clinical, gestational, and economic results are expected at the beginning of 2024. Adherence to RM is necessary to succeed in the RM follow-up. We hypothesize that the exploration of the influencing factors for adherence can contribute to a better understanding of the behavior of pregnant women.

Aim(s)

The purpose of this study is to identify the barriers and facilitators for having a high (> 80 %) adherence rate.

Methods

Semi-structured in-depth interviews were conducted with twenty participants of the RM arm of the PREMOM II study, evaluating the barriers and facilitators regarding adherence to RM. Strata were used to become a heterogeneous sample in adherence rate (stratum 1: < 30%, stratum 2: 30% - 80%, stratum 3: 80% -100%, stratum 4: > 100%). The qualitative interviews were guided and analyzed using the Capability, Opportunity, Motivation, and Behaviour model, combined with the Theoretical Domains Framework.

Results

There was an equal representation of participants based on adherence data from the PREMOM II study (stratum 1: n = 3, group 2: n = 10, group 3: n = 6, group 4: n = 1). Participants provided more information about facilitators compared to barriers. Analysis revealed key themes to improve adherence to RM including, knowledge, participants' skills, goals, intentions, motivation, and belief about their capabilities. Participants describe the user-friendly system, the sense of security, and the stress-reducing effect as facilitators. Findings revealed that participants perceived forgetfulness, fatigue or pain, a lack of psychological counseling when blood pressures were high for a long time, technological issues, and inadequate social and environmental support as the main barriers for adherence to RM.

Discussion

The findings of this study show that participants of the PREMOM II study had mostly positive experiences with RM. A limited number of barriers may affect adherence. Further development of RM interventions in GHD based on the obtained facilitators, barriers and tips could lead to higher adherence to RM. This is with the goal of improving health outcomes.

Implications and future perspectives

The information obtained from this study could help with targeting the identified areas for improvement. The midwife has the potential to promote better patient adherence to RM. Higher adherence leads to better health outcomes for mothers and neonates.

References

1. Devlieger R, Martens E, Martens G, Van Mol C, Cammu H. Perinatale activiteiten in Vlaanderen 2015. Brussel: SPE; 2021.
2. Lanssens D, Thijs IM, Gyselaers W. Design of the Pregnancy REmote MOnitoring II study (PREMOM II): a multicenter, randomized controlled trial of remote monitoring for gestational hypertensive disorders. BMC Pregnancy and Childbirth. 2020;20.