

Virtual birth planning appointments as a mechanism to improve birth outcomes for high-risk pregnancies

A. Brinson¹ H. Jahnke¹ J. Anderson¹ N. Henrich¹

¹Maven Clinic, New York, NY

MAVEN

ACOG
The American College of
Obstetricians and Gynecologists

ACOG ANNUAL CLINICAL & SCIENTIFIC MEETING

1ST - 3RD MAY, 2026 | WASHINGTON, DC

BACKGROUND

Birth planning is associated with improved shared decision-making about labor and delivery and improved birth outcomes, yet it is not routinely incorporated into prenatal care. Virtual birth planning has the potential to increase access to this service. We aim to test whether a virtual birth planning appointment during a high-risk pregnancy is associated with improved birth outcomes.

METHODS

Study design:

This retrospective cohort study used data from 979 individuals enrolled in Maven, a digital health platform for women's and family health.

Inclusion criteria:

People who enrolled between August 2024 and June 2025 and were diagnosed with at least one gestational condition during pregnancy.

Statistical method:

Adjusted logistic regression

Exposure:

Participating in a virtual birth planning appointment

Outcomes:

1. Self-reported participation in shared decision-making about labor and delivery
2. Neonatal intensive care unit (NICU) admission
3. Preterm birth

Confounders:

Age, race and ethnicity, body mass index, presence of chronic conditions, presence of mental health conditions, pregnancy-related anxiety, and whether the user conceived using fertility treatment.



Attending a virtual birth planning appointment promotes patient-provider shared decision making and is associated with a decreased likelihood of NICU admission.

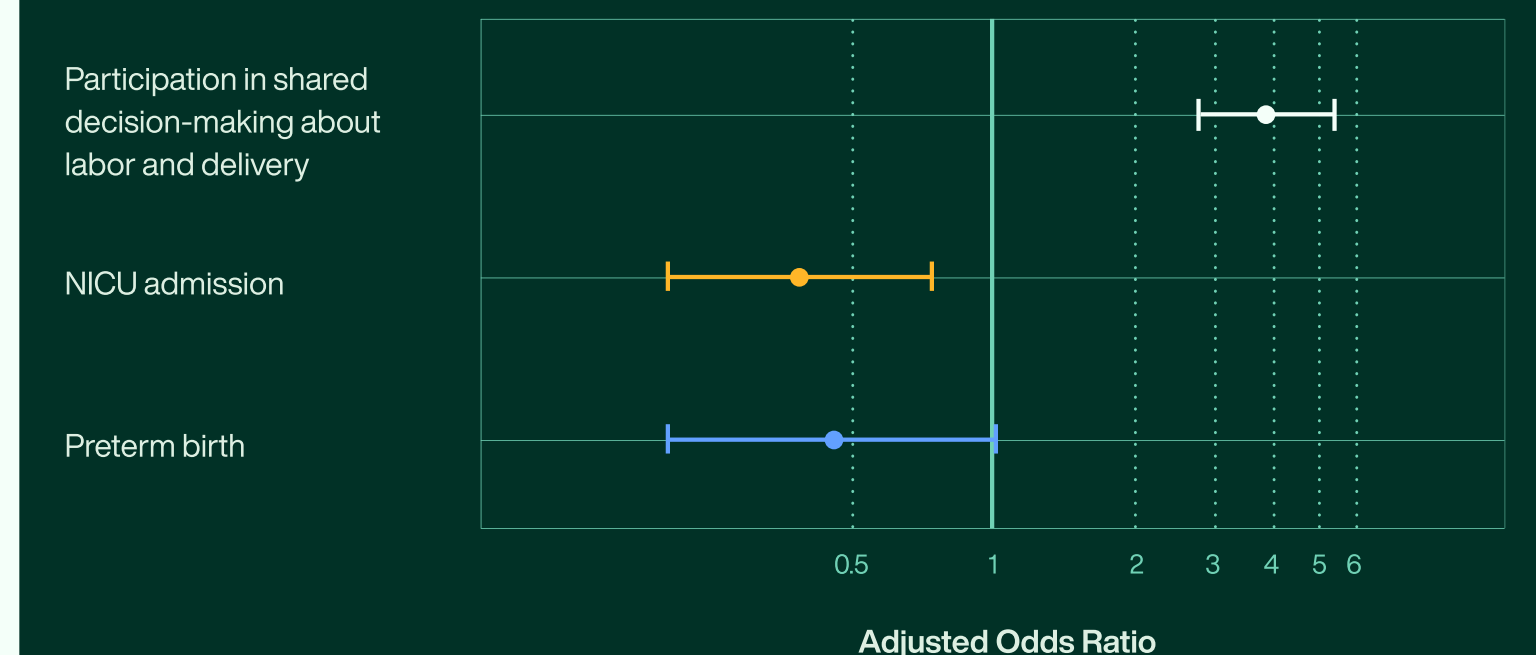
RESULTS

Among people with high-risk pregnancies, participating in a virtual birth planning appointment was associated with:

1. Increased odds of shared decision-making during labor and delivery (adjusted odds ratio (aOR): 3.88 (95% confidence interval (CI): 2.76, 5.50), $p < 0.001$)
2. Decreased odds of a NICU admission (aOR: 0.41 (95% CI: 0.20, 0.75), $p = 0.01$)

Attending the appointment was directionally but not significantly associated with decreased odds of preterm birth (aOR: 0.49 (95% CI: 0.20, 1.03), $p = 0.08$).

Figure 1



CONCLUSIONS

Virtual birth planning appointments may be an effective and accessible intervention to improve self-advocacy and birth outcomes in high-risk pregnancies.