



Prenatal & Post-Partum Primary Care and Oral Health

Sector Strengths & Opportunities Brief

July 2019

Maternal Health Network of San Bernardino County

The Maternal Health Network (MHN) of San Bernardino County is a collective of various service providers that support the maternal health system throughout San Bernardino County.

Membership includes:

- Prenatal & Post-Partum Primary Care Providers
- Community Clinics & Birthing Hospitals
- Oral Health Providers & Advocates
- San Bernardino County Public Health
- Midwives & Doulas
- Family Resource & Support Service Organizations
- Breastfeeding Support Services & Coalitions
- Behavioral Health & Substance Abuse Providers
- Law Enforcement & Detentions
- School-based Services
- Health Plans

Vision

The Maternal Health Network of San Bernardino County empowers, respects and supports families before, during and after pregnancy to optimize health and wellbeing for babies and parent(s).

The MHN operates utilizing the following principles:

Equity • Integrated • Access • High-Quality • Support

Strengths & Opportunities Analysis

The MHN commissioned a Strengths & Opportunities Analysis to understand and document the broad landscape of existing maternal health components within the County.

Areas of exploration included:



Maternal Health Status

Maternal health status indicator data was gathered and analyzed to understand the current reality facing families in the county.



Maternal Health Resources

Maternal health resources were mapped to help identify where resources are located and where gaps exist. Information on barriers to access and service satisfaction was also collected.



Systems Issues

Maternal health systems issues were explored to understand the strengths and weaknesses of how services are delivered.

Value of Prenatal & Post-Partum Primary Care and Oral Health for Maternal Health

Primary and oral healthcare play a key role in the overall health of expectant and recently delivered individuals. Continuous access to healthcare in the preconception, prenatal, and post-partum periods “can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy”.¹ Healthcare providers help reduce pregnancy and infant complications by managing existing conditions and medications, advising the parent on behaviors they should engage in or avoid, and providing referrals to other resources that can help ensure optimal outcomes. Individuals who do not receive prenatal care are three times as likely to deliver infants with a low birth weight, and five times more likely to experience infant mortality.²

Oral health is an often overlooked, but nonetheless crucial, indicator of overall maternal and infant health. The oral health of the parent is correlated with the oral health of their children, with studies finding an association between oral disease during pregnancy and poor infant outcomes.³ Pregnant people are more at risk for certain oral health issues due to changes in the acidity levels and general composition of the oral cavity that occur during pregnancy.⁴ And yet only about half of pregnant people report visiting a dentist during pregnancy, citing a perceived lack of need, cost or lack of insurance, logistical or access issues, or the belief that it is not safe as reasons for skipping these visits. Additionally, women and children in the low socioeconomic category are significantly more at risk for oral disease. But with publicly-funded insurance covering dental procedures during pregnancy, “pregnancy offers a window of opportunity to ensure good oral health for the mother and to educate her about oral health practices for herself and her children”.³

The following sections briefly outline areas of strength as well as areas for improvement, resource availability, and systems issues related to prenatal and post-partum primary care and oral health. For the purposes of this brief, prenatal and post-partum primary care providers encompass family and nurse practitioners, pediatricians, obstetricians and gynecologists, Federally Qualified Health Clinics, Indian health clinics, and public health clinics. Oral health providers were limited to dental clinics and Denti-Cal providers.

¹ “What is prenatal care and why is it important?” National Institute of Child Health and Human Development. Accessed at <http://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pre-natalcare> on May 21, 2019.

² “Prenatal care”. U.S. Department of Health and Human Services Office on Women's Health. Accessed at <https://www.womenshealth.gov/a-z-topics/prenatal-care> on May 21, 2019.

³ Gadgil, M., Jackson, R., Rosenblatt, N., Aleemuddin, A., Peck, C., and Bates, J. Status of Oral Health in California: Oral Disease Burden and Prevention 2017. California Department of Public Health.

⁴ Silk, H., Douglass, A.B., Douglass, J.M., & Silk, L. (2008). Oral health during pregnancy. *Am Fam Physician*, 77(8), 1139-1144.

This brief provides an overview of the strengths and opportunities relative to the prenatal & post-partum primary care and oral health components of the maternal health system.

Maternal Health Status

Methods

To understand the maternal health status of families in San Bernardino County, maternal health indicators and other data were gathered. The primary data sources for this component of the strengths and opportunities analysis included:

- *San Bernardino Family Health Outcomes Project (FHOP) Indicators.*⁵
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014.*⁶
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015.*⁷

A workgroup was established with representatives from the prenatal & post-partum primary care and oral health provider base in San Bernardino County. That workgroup reviewed data regarding the maternal health status of San Bernardino County. Following this review, areas of strength and potential areas for improvement were identified. Additionally, workgroups explored their unique role in impacting potential areas for improvement.

Areas of Strength

San Bernardino County families are faring well within the following indicators when compared to state and national data:



Health Insurance Coverage

Most women in San Bernardino County who are pregnant or who are planning to become pregnant have insurance.⁵



Prenatal Care

In San Bernardino County, women receive prenatal care within the first trimester at rates higher than the state average. Additionally, women receive adequate prenatal care at rates higher than the state average.⁵



WIC Participation

San Bernardino County has a significantly higher rate of women participating in WIC during pregnancy than the state average, with 60.9% of pregnant women accessing WIC services at some point during their pregnancy.^{3,4}

Areas for Improvement

Areas identified as opportunities for improvement for families within San Bernardino County include:



Breastfeeding

Women in San Bernardino are not breastfeeding exclusively for long durations. Whereas in California 27.4% of women breastfeed three months after delivery, in San Bernardino, that rate is only 22.6%.^{6,7}



Maternal Oral Health

Women in San Bernardino County (33.2%) have significantly lower rates of dental visits during pregnancy than the state average (43%)⁸, and only visit the dentist at about half the rate of those in the general female statewide population (70%)⁹.



Health Risks for Pregnant Women

22.7% of women in San Bernardino were obese prior to pregnancy.^{6,7} Additionally, 8.5% of pregnant women in San Bernardino had gestational diabetes, with data showing a trend upward for this indicator over the nine years that this data has been collected.⁵

Prenatal & Post-Partum Primary Care and Oral Health Provider Impact on Areas for Improvement

Workgroups identified areas where the primary care and oral health sector could assist with improvements around indicators associated with maternal health.



Providers have an opportunity to increase breastfeeding rates by promoting it as the primary (and preferred) technique for feeding, and addressing the benefits at multiple touchpoints throughout the prenatal and postpartum experience. These efforts could be supported by offering providers training and tips on how to incorporate this into their practice.



Primary care and oral health providers should work together to address the whole health needs of pregnant people. Opportunities include utilizing a team approach to care, offering co-located services and supporting a system navigator, and/or a better referral process.



Oral health providers could reach out and provide education on the importance of oral health during pregnancy and address some of the common misconceptions about accessing dental care during pregnancy. In addition, oral health advocates could focus on outreach to low-income populations who are pregnant. These populations may have access to dental care through presumptive eligibility, but only during the course of pregnancy.

⁵ Family Health Outcomes Project. (2018, December). Retrieved from <https://fhop.ucsf.edu/san-bernardino-county-databooks>.

⁶ Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014. California Department of Public Health. 2016.

⁷ Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015. California Department of Public Health; 2018.

⁸ Maternal and Infant Health Assessment (MIHA) Survey, 2015-2016. California Department of Public Health. 2016

⁹ Status of Oral Health in California: Oral Disease Burden and Prevention 2017. California Department of Public Health. 2017.

Maternal Health Resources

Methods

To understand what supports are available throughout San Bernardino County related to maternal health, resources were mapped according to their type and location. The primary data sources for this component of the strengths and opportunities analysis included:

- *Inland Empire Breastfeeding, Childbirth and Community Resource Guide*
- *San Bernardino County 2-1-1*
- *San Bernardino County Behavioral Health Directory of Services*
- *San Bernardino County Public Health Breastfeeding Resources Flyer*

Additional data was collected directly from key stakeholders to include the Inland Empire Health Plan, the Community Health Association, the Center for Oral Health, the Inland Empire Breastfeeding Coalition, and the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC).

It is important to note that for the purpose of primary care and oral health resources, only those accepting Medi-Cal and Denti-Cal are included in the resource mapping.

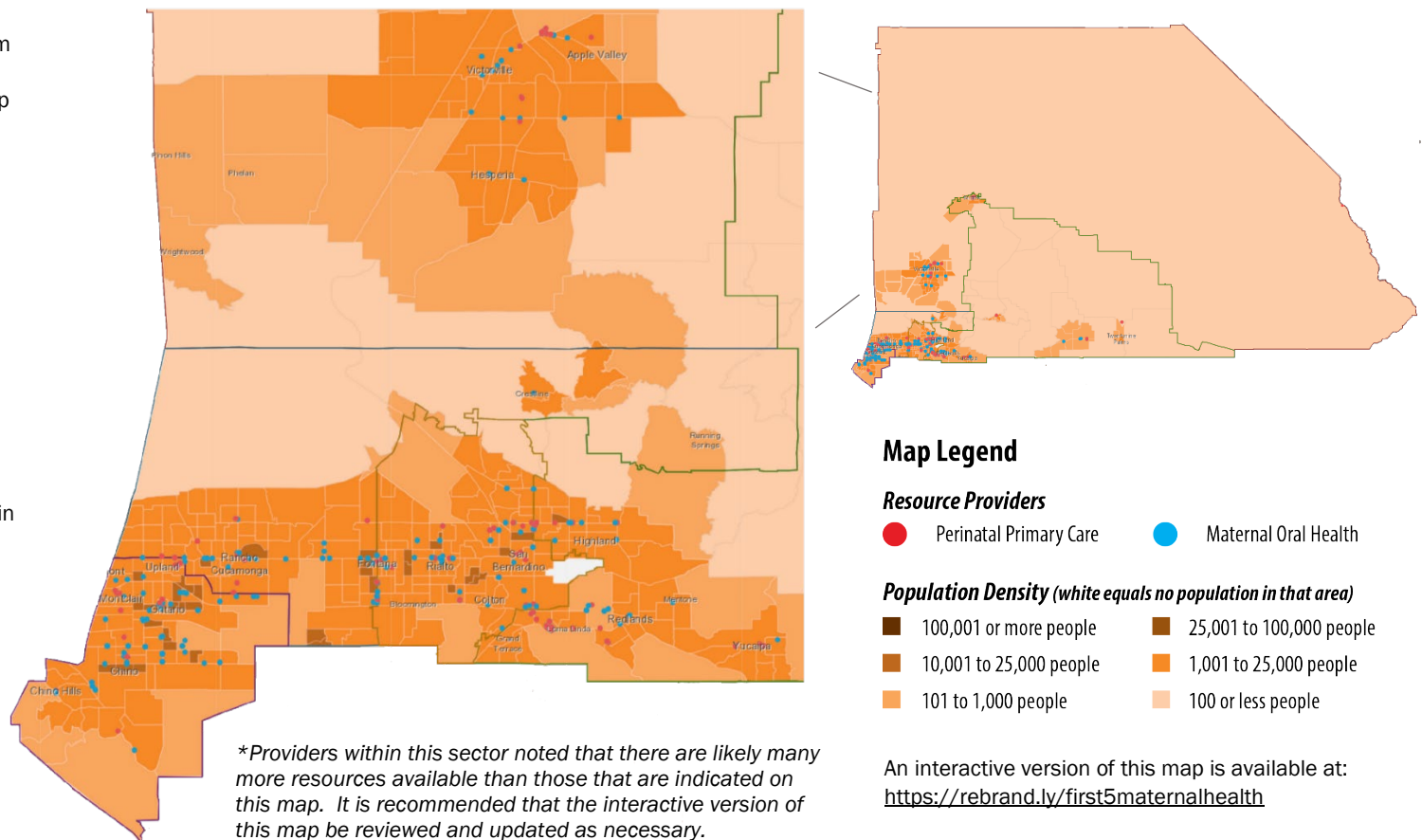
Prenatal & Post-Partum Primary Care and Oral Health Resources

San Bernardino County is host to the following types of prenatal and post-partum primary care and oral health resources (note that not all may be visible on the map due to overlap and dot density):

- 3 Breastfeeding Support Services
- 4 Federally Qualified Health Clinics
- 1 Public Health Clinics
- 1 Indian Health Clinics
- 100 OB/GYN Providers
- 111 Family and Nurse Practitioners
- 17 Pediatricians
- 145 Denti-Cal Providers

The majority of prenatal and post-partum primary care and oral health resources within San Bernardino County are located in the southwest part of the county, as illustrated by the map inset. Not surprisingly, resource distribution is positively correlated with population density, with higher numbers of resources being found in the more populated areas.

It should be noted that resources may be utilized by individuals living outside of San Bernardino County, which may exacerbate any shortages seen within the region.



Maternal Health Resources

Barriers to Access

There are a variety of reasons that families may not be able to access the resources they need through the maternal health system. Barriers to access were identified through information provided by primary care and oral health providers as well as through the consumer survey referenced below.

Lack of Knowledge about Available Resources

System stakeholders identified that there is a general lack of knowledge by both providers as well as consumers about the resources that are available.

Travel/Transportation

System stakeholders identified that travel times and lack of transportation can prevent consumers from getting the primary care and oral health services they need if they reside in areas where there are no resources easily available.

Insufficient Resources

System stakeholders identified that the rural areas of the county lack sufficient services, forcing some to cross county or state lines to get the care they need.

Workplace Accommodations

System stakeholders identified the lack of workplace accommodations supporting release time to access care as a barrier for pregnant people employed in low-wage earning industries.

Fear of Liability

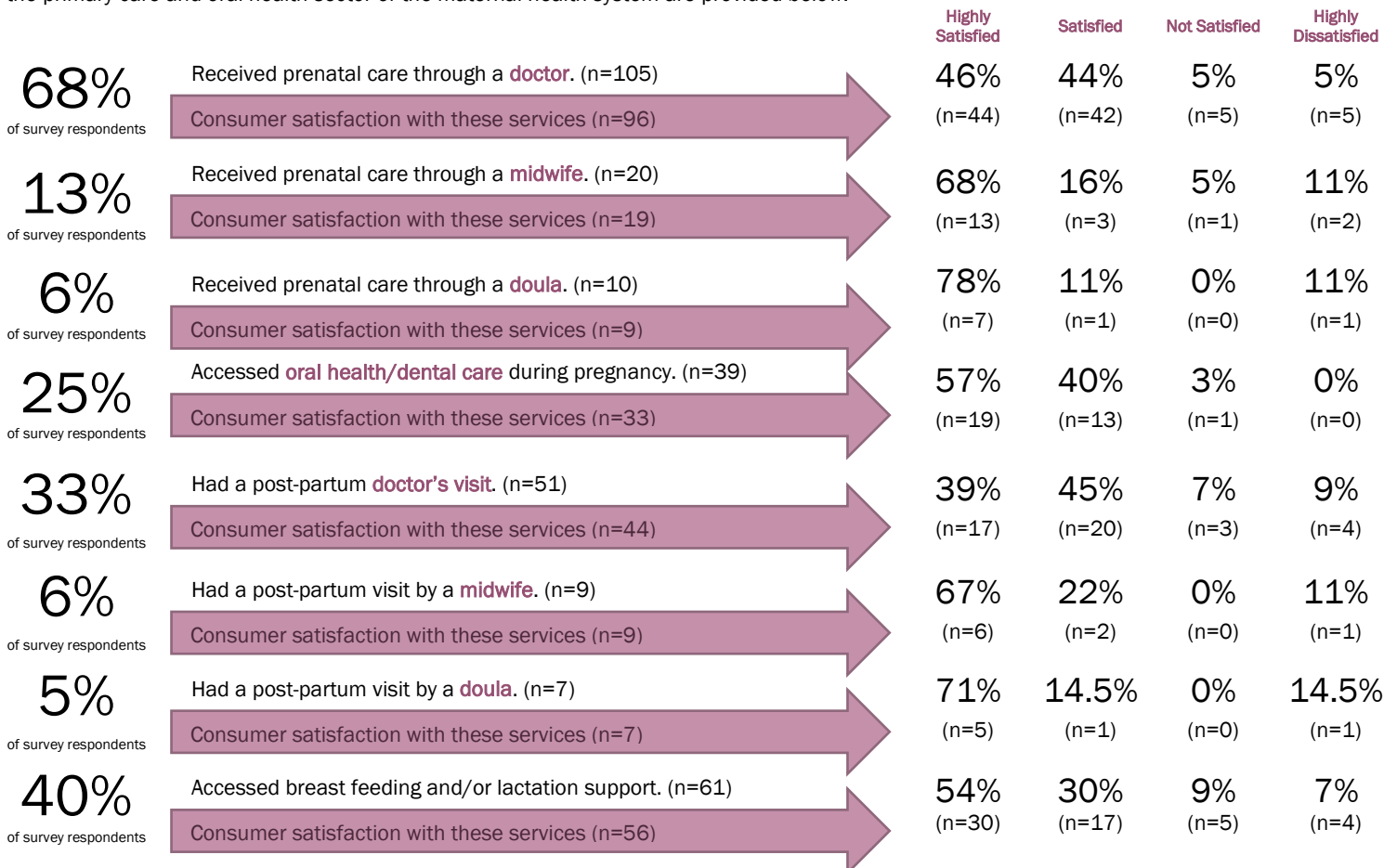
System stakeholders identified that oral health providers in particular were fearful of providing dental care to anyone who is pregnant due to the fear that they could be liable for pregnancy complications.

Trust in Providers

System stakeholders perceive that consumers may be unwilling to access supports due to the lack of trust they have for service providers. Insufficient cultural competency and fear surrounding immigration issues were two causes identified by providers that may contribute to the lack of trust held by consumers.

Satisfaction with Services

To determine how well resources are being deployed, a consumer survey was collected from families who are either currently pregnant or who recently delivered a child (within the last year). A total of 154 surveys were collected between June 19th and July 8th, 2019. Results particular to the primary care and oral health sector of the maternal health system are provided below.



*Some survey respondents indicated they had received services, but did not indicate their satisfaction of the services received, which accounts for the gap between number of respondents and satisfaction.

Maternal Health Systems Issues

Methods

To understand systems issues associated with maternal health services through San Bernardino County, stakeholders were engaged through community gatherings as well as at the workgroup level.

Systems Issues Related to Prenatal and Post-Partum Primary Care & Oral Health

Systems issues identified specific to prenatal & post-partum primary and oral health care components of the Maternal Health Network include:

Operational Variations

System stakeholders described operational variations amongst service providers, resulting in service provision disparities. The timeliness, quality and ease related to care can be impacted by the business model of the service organization, the approach to care utilized by a provider and/or the payment method of the consumer.

Social Determinants of Health

Many social determinants of health were identified as impacting maternal and neonatal outcomes for families in San Bernardino County. The most significant include poverty and the lack of adequate transportation available to families needing primary and oral health care before, during or directly following pregnancy.

Compounding Health Issues

Pre-existing health issues such as obesity and diabetes were identified as creating risky pregnancies for families in San Bernardino County. In addition, alcohol and other drug use were issues that system stakeholders identified as some of the most serious challenges facing maternal and neonatal health in the county.

Beyond identifying system deficiencies, stakeholders also identified system strengths and areas where the service sector was adapting to meet the needs of families in San Bernardino County.

County Coalitions

Stakeholders described the existence of a variety of coalitions that exist to support families throughout the maternal health system. Some of them include the Inland Empire Breastfeeding Coalition, the Inland Empire Maternal Mental Health Collaborative, the Oral Health Action Coalition – Inland Empire, the Inland Empire Birth Workers of Color, and the Perinatal Nurse Leadership Coalition.

Information Sharing and Training Opportunities

Inland Empire Health Plan and Molina (the two primary health plans in San Bernardino County) were identified as being good at providing information and training opportunities to their members.

Summary

Strengths

San Bernardino County families have access to a variety of resources to support their primary care and oral health needs. Some strengths within this particular service sector of the maternal health system include:

- Families are insured and are often accessing prenatal care within their first trimester.
- Hospitals and health plans are consistently using data and pay for performance efforts to drive maternal health outcomes.
- There are many groups working to support families throughout the maternal health system.

Improvements

Some improvements particular to the primary care and oral health service sector of the maternal health system include:

- Most pregnant people are not accessing dental care during their pregnancy. This issue is complex, incorporating consumer and provider misconceptions, provider hesitancy in servicing this population, and lack of coordinated care.
- Consumer care is largely influenced by payment methods and provider of choice. There are significant variations in the timeliness, quality and ease of care based on these factors.
- Health issues such as pre-pregnancy obesity and gestational diabetes create health risks for parents and their unborn child.

Opportunities

Opportunities identified include:

Improve knowledge, referrals, cross-coordination and integration amongst primary care providers ,clinics, medical facilities, oral health and wellness support services. Additionally groups/coalitions need to work more closely together.

Partner with the San Bernardino County Local Oral Health Program to address maternal oral health.

Provision of additional information to families regarding prenatal care, mental health and nutrition support. This could be accomplished through home visiting services both before and after pregnancy.