



Prenatal and Post-Partum Wellness 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 mothers.

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 indicators and data were 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 and Post-Partum Wellness

Perinatal and post-partum maternal wellness is focused on supporting a high overall quality of life for individuals who are pregnant or planning to become pregnant. Providing families with the most up-to-date research and best practices in exercise, nutrition, medicine, family planning, and birthing supports can help ensure a healthy lifestyle for families before, during, and after pregnancy. This is best facilitated by a seamless continuum of care that delivers similar, reinforcing information via multiple resources at all stages of their pregnancy.

Overall wellness helps to increase the chances of a healthy mother and infant before and after delivery. Interventions and educational materials, classes, and other resources have been found to be effective at increasing wellness by advising pregnant individuals as to the activities to engage in or avoid; helpful and potentially harmful foods; medications, vitamins, supplements, and other substances to prioritize or abstain from; appropriate weight gain; management of preexisting medical conditions; and, when possible, conception planning. Equally important is providing referrals and advice related to mitigating external factors that may have a detrimental impact on the mother and child, such as toxic or abusive relationships, the development of behavioral health disorders, or social determinants such as food insecurity, poverty, or lack of access to appropriate medical care.

Many health providers and government agencies now advocate for preconception health and health care which focuses on protecting the health of a baby in the future by ensuring adequate health on the part of the potential mother and father.¹

Helping families increase and maintain wellness during and after pregnancy first requires that the broad scope and availability of wellness resources within their community is understood. The following sections briefly outline areas of strength as well as areas for improvement, resource availability, and systems issues related to this topic.

For the purposes of this brief, wellness facilitators encompass birth preparation, education, and advocacy groups; breastfeeding supports and lactation consultants; counseling services; family resource centers/support services; federally qualified health clinics; help-and hot-lines; home visiting programs; lactation consultants; support groups; and WIC services.

¹ Retrieved on July 29, 2019 from: <https://www.cdc.gov/preconception/index.html>

This brief provides an overview of the strengths and opportunities relative to the prenatal and post-partum wellness 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.*²
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014.*³
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015.*⁴

A workgroup was established with representatives from the prenatal & post-partum wellness 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.²



Prenatal Care

In San Bernardino County, women receive prenatal care within the first trimester at rates higher than the state average.² Additionally, women receive adequate prenatal care at rates higher than the state average.² That said, providers question whether women continue to receive consistent care beyond the first trimester.



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

While women are breastfeeding immediately following the birth of a child⁷, they 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



Focus on African American/Black Families

African American/Black families fare far worse than other race/ethnicity groups in many maternal health indicators, including early and adequate prenatal care, rates of cesarean births, and vaginal births after cesareans (VBACs).^{2,3,4,5}



Prenatal and Post-partum Supports

9% of recently delivered women in California had no post-partum visits. Women on Medi-Cal were twice as likely to have no post-partum office visits, and more than twice as likely to have no post-partum emotional or practical support as those with private insurance.⁵

Prenatal and Post-Partum Wellness Provider Impact on Areas for Improvement

Workgroups identified areas where prenatal and post-partum wellness providers could assist with improvements around indicators associated with maternal health.



Provider training on the benefits of breastfeeding and how to support mothers as they embark upon that process could support increased use and duration of breastfeeding exclusively. Additionally, educating pediatricians on the value of breastfeeding over the suggested use of formula to encourage healthy weight gain could also support efforts.



Offering a lactation consultant through a primary care office is an opportunity to increase the information and support for breastfeeding.



The field could and should work to expand the Black Infant Health Program as they focus on health and wellness models that support African American/Black families specifically. Additionally, providers should be trained on how to deliver services in a culturally competent fashion.



WIC, as a heavily used resource could be an access point to an array of wellness services. Additionally, establishment of a help-line, specific to maternal health, that could support families as they navigate the complexities of pregnancy and the variety of resources available to them could also support increased awareness of and access to services.

²Family Health Outcomes Project. (2018, December). Retrieved from <https://fhop.ucsf.edu/san-bernardino-county-databooks>.

³Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014. California Department of Public Health. 2016.

⁴Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015. California Department of Public Health; 2018.

⁵Listening to Mothers: Results from a Population-Based Survey of Women's Childbearing Experiences. California Health Care Foundation. 2018.

⁶March of Dimes: 2018 Premature Birth Report Card, Counties in California. 2018.

⁷California Department of Public Health. California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form. 2016.

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 Behavioral Health Directory of Services*
- *San Bernardino County 2-1-1*
- *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).

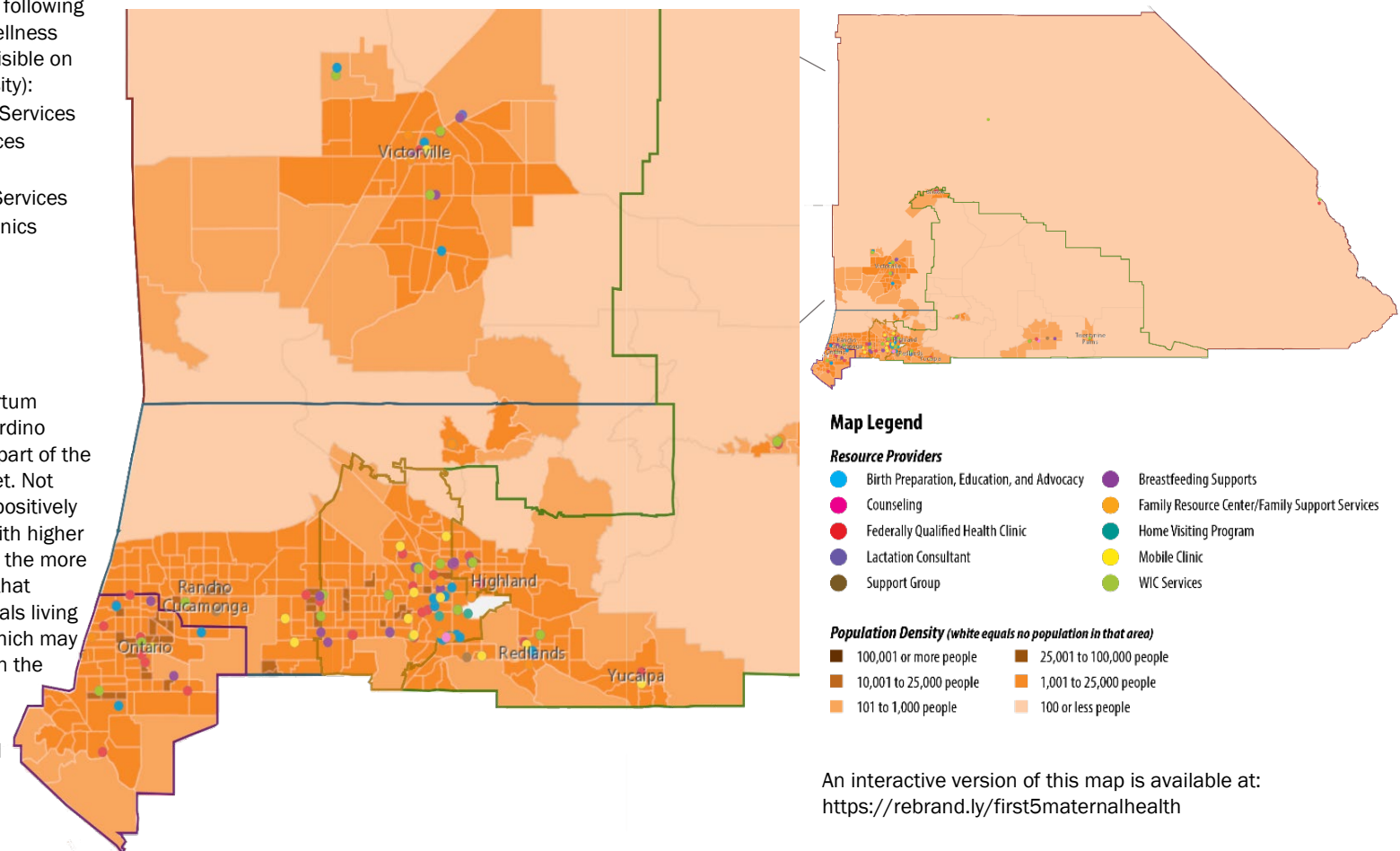
Prenatal and Post-Partum Wellness Resources

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

- 24 Birth Prep, Ed and Advocacy Services
- 23 Breastfeeding Support Services
- 2 Counseling Providers
- 18 Family Resource & Support Services
- 48 Federally Qualified Health Clinics
- 2 Home Visiting Programs
- 2 Lactation Consultants
- 14 Mobile Clinics
- 3 Support Groups
- 24 WIC Services

The majority of prenatal and post-partum wellness 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.

All residents within San Bernardino County also have access to help- and hot- lines that may support prenatal and post-partum wellness, such as the American Pregnancy Association, Baby-N-Me, IE Connect, IEHP, 2-1-1, OptionLine, and Option United.



An interactive version of this map is available at:
<https://rebrand.ly/first5maternalhealth>

Maternal Health Network of San Bernardino County

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 prenatal and post-partum wellness providers as well as through the consumer survey referenced below.

Travel/Transportation

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

Insufficient Resources

System stakeholders identified that the entire county suffers from a lack of sufficient services to meet community need, with the issue being exacerbated in rural areas. Specific services identified as insufficient included breastfeeding supports, nutrition assistance and support groups. Families in the high desert have insufficient access to contraception and family planning services. Additionally, stakeholders identified that there are often long wait times to receive services due to insufficient service provider capacity.

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 available. Specifically, stakeholders identified the lack of knowledge about all delivery options available to families.

Cost Prohibitive

System stakeholders described a system in which not all services (such as childbirth classes) are affordable for families. Additionally, midwives and doulas are not always supported under insurance products, making them cost prohibitive if that is the consumer's preferred choice of support.

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 prenatal and post-partum wellness 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 Wellness

Systems issues identified specific to prenatal and post-partum wellness components of the Maternal Health Network include:

System Navigation

Stakeholders identified that there is no structure in place to provide comprehensive prenatal/post-partum support, often leaving families to their own device to understand what resources exist and how to access them. Furthermore, they describe a system that doesn't provide wellness services early enough in pregnancy or have a referral mechanism to connect families to the variety of resources that are available.

Social Determinants of Health

Many social determinants of health were identified as impacting maternal and neonatal outcomes for families in San Bernardino County. These include poverty, access to healthcare, knowledge of resources available, and a lack of transportation.

Cultural Competency of Practitioners/Providers/Workforce

Stakeholders describe a workforce that doesn't provide services within a culturally competent framework.

Priority for Infant Health

Stakeholders describe a system that prioritizes the health of the infant over that of the person who is pregnant.

Insufficient Service Spectrum

Stakeholders identified insufficient service spectrum specific to nutrition classes, support groups, lactation consultants, and birth preparation education. They also identified that many of these services are either unavailable in rural areas of the county or that they are often times too expensive to access for low-income populations.

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.

Targeted Interventions for African American/Black Families

The Black Infant Health Program was noted as a system strength as it targets interventions specifically to the African American/Black Subpopulation. The Perinatal Infant Equity (PEI) initiative was also noted as working on issues for this high-risk population.

Summary

Strengths

San Bernardino County families have access to a variety of resources to support prenatal and post-partum wellness services. Some strengths within this particular service sector of the maternal health system include:

- Babies are being born on time and at healthy birthweights.
- Innovations such as the Black Infant Health Project and the PEI initiative are providing targeted attention and support for African American/Black families.
- Most families (surveyed) were satisfied with support services they received such as family planning and birth control, childbirth classes, and home visiting services.

Improvements

Some improvements particular to the prenatal and post-partum wellness sector of the maternal health system include:

- Some families continue to struggle to get the support they need following the birth of a child. Specific racial/ethnic groups and individuals who are on Medi-Cal are more at risk for not getting the post-partum services and support needed.
- African Americans have poor maternal health outcomes in multiple domains, even in areas where the county as a whole is doing well.
- Exclusive breastfeeding is not occurring at high rates or for long periods of time. Additionally, labor laws and family leave do not adequately support long-term breastfeeding.
- Families (surveyed) indicated that very few had accessed supportive services such as pregnancy support group, childbirth education or nutrition services.

Opportunities

Opportunities identified include:

Programs such as Black Infant Health should be expanded to support more families throughout the county.

Conduct a community education campaign to address stigmas and barriers to breastfeeding.

Increased education and outreach to families about how to prepare for a healthy pregnancy, how to care for your body following birth and information about how to care for a newborn.

Home visiting services and/or stabilshing navigational supports for families could improve knowledge and access to resources.