



Promoting Healthy Pregnancies and Babies in West Virginia through Home Visitation Programs

A Project of West Virginia Community Voices, Inc., through the West Virginia Perinatal Partnership

Background

The West Virginia Perinatal Partnership was formed in 2006 to bring providers of obstetrical, maternal and perinatal care and key decision-makers together to actively identify and seek solutions to poor birth outcomes in West Virginia. In 2008, as a result of participation in the Learning Tour conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy, two facts were brought to light: (1) Over 40 percent of the births in West Virginia from 1996 to 2006 were unplanned or unwanted;ⁱ and (2) Over 50 percent of all births in the State are paid through Medicaid.ⁱⁱ

In addition, a studyⁱⁱⁱ by the WV Birth Score project of the West Virginia University School of Medicine showed that interpregnancy interval is significantly related to the subsequent infant's risk for postneonatal mortality and emphasized the importance of preconception planning. The recommendations suggested lengthening interpregnancy intervals as one strategy to reduce postneonatal mortality risk.

Members of our Statewide Advisory Committee on Unplanned Pregnancy pointed out that low income mothers in the State receive services through various home visitation programs, such as "Right From The Start," "Healthy Families America," "Maternal Infant Health Outreach Workers" (MIHOW), and "Parents as Teachers;" thus, there was an opportunity to reduce unplanned repeat pregnancies and improve perinatal health by educating new mothers and fathers about the health benefits of spacing pregnancies.

Approach

Two different in-home visitation programs volunteered to help with this project. One program (the WV Healthy Start/HAPI Project) provides in-home case-management services to prenatal women and provides follow-up services until the baby reaches two years of age. HAPI operates in 8 counties in the north central part of the State in cooperation with Region VII of Right From the Start.

The second program is coordinated by Partners in Community Outreach, a coalition of in-home visitation programs in seventeen West Virginia counties. The programs include Healthy Families America, MIHOW, and Parents as Teachers. The coalition's goal is to create a statewide system of in-home family education that reaches at least 20% of the families that are expecting a child or have children under three. In-home family educators are currently focusing on reducing low birth weights, failure to immunize, and child maltreatment.

The March of Dimes, WV Chapter, was a key partner in the project, providing resource materials and handout “pocket cards” entitled “9 Things to Do Before Getting Pregnant.” The March of Dimes office had received pregnancy test kits as a donation from the manufacturer and these were put to use in the project as a way of calling attention to the need to be vigilant in the use of contraception if a pregnancy was not planned.

Another important partner was the State Office of Family Planning, which assisted in the planning and training and also provided resource materials, including brochures describing services provided by local Family Planning providers, and a laminated fact sheet on birth control options.

As the educational program was being researched and planned, published research on the positive effects of birth spacing was found^{iv}, and the concept of waiting at least 24 months between pregnancies was adopted by USAID^v and others. For this project, it was decided that emphasizing birth spacing might be more successful in reducing unwanted pregnancies than a campaign that focused just on contraceptive use because it stresses the positive benefits of birth spacing. We found two locations in the U.S., the state of Utah^{vi} and Contra Costa, California^{vii}, where campaigns to improve maternal and infant health had focused on birth spacing. Using the concepts that were available from all of these sources, we developed our own materials that were particularly suited to the population we serve.

The project staff developed a set of protocols that outline the steps in-home visitors should use in educating the parents. One protocol is used with prenatal clients; the other is used post-partum. The vital piece that had to be developed for the project was a “Fact Sheet” that was used as a teaching tool and handout. This fact sheet presents the reasons that waiting 24 months to become pregnant again results in a healthier mother, baby and family. (See Attachment A) The fact sheet was prepared by project staff with input and review of the partners in the WV Perinatal Partnership.

Training of home visitors was an important aspect of this project. The home visitors (“Designated Care Coordinators”) in the Right From the Start Program are nurses and thus have a medical background. The “In-Home Family Educators” in the programs coordinated by Partners in Community Outreach had a variety of backgrounds, with the majority being social workers. Training of the in-home visitors was held in February, 2009, and consisted of an introduction to the protocols for educating both pre-natal and post-partum clients and a thorough review of contraceptive methods. The protocols are designed to help parents think about and plan for the next pregnancy if they indicate they want to have another child, to understand the reasons for waiting 24 months before starting the next pregnancy, and to help them choose a contraceptive method to be used until they wished to become pregnant.

The parent education program was implemented in late February and continued through August 31, 2009. The in-home visitors tracked the clients served by the project during that period, recording demographic and program outcome data as well as observations and comments.

Results

At the end of the 6-month project period, a total of 591 women were served, of whom 412 were in the target age group of 19 to 29 years of age, with 67 being age 18 or under and 112 being over 30 years of age. Because the WV Healthy Start/HAPI project enrolls at-risk women for prenatal as well as postnatal care, approximately 20% of the women served were in the last trimester of pregnancy, with 80% being postpartum.

The length of this project was too short to determine actual success in reducing unplanned pregnancies or repeat pregnancies within 24 months. However, a summary of project tracking data shows that of the 466 postpartum clients, 95% reported using some family planning method, and in-home visitors thought this was an improvement over past experience. The data are broken down by type as follows:

- Birth control pill or patch: 31%**
- Long-acting reversible contraceptives (IUD, implants, injections): 23%**
- Tubal Ligations: 18%**
- Condoms: 12%**
- Abstinence or other non-specified: 10%**
- Neither preventing nor planning next pregnancy (i.e., doing nothing): 5%**

While all of the in-home education programs previously had some educational component on planning a healthy pregnancy, the focus on waiting 24 months between pregnancies was new and was well-received by both the in-home visitors and their clients. In a follow-up survey, the participating in-home visitors were asked about the frequency of teaching about contraceptive choices before participating in this project. Sixty-six percent (66%) of the Right From the Start Designated Care Coordinators responded "Frequently," while only 12.5% of the In-Home Family Educators gave that response, and 50% responded "Almost Never". Approximately one-third of the Right From the Start coordinators said they had previously taught about birth spacing, while none of the in-home family educators reported that they had used that approach before this project started.

A large majority (87%) of the in-home visitors indicated that they would like the program to continue. The home visitors were generally enthusiastic about the birth spacing approach, and some of them commented that they would like to see this project expanded to all of the Right From the Start and in-home family education programs in the state. Anecdotal reports of accomplishments include successes in reaching male partners with a message of spacing pregnancies and improved worker confidence in teaching contraceptive decision-making and use.

In-home visitors participating in the project indicated that the most useful tool in the project was the fact sheet on birth spacing. It was originally intended to be produced as a glossy brochure, but feedback indicated that the information presented in the form of a list of facts had more influence than brochures used in the past. Therefore, it was decided to produce the fact sheet in a tear-off pad that can be easily

used by In-Home Family Educators and family planning providers. The pads have been distributed at health and social worker conferences.

Because of the interest shown by the Right from the Start coordinators and Partners in Community Outreach, the State Director of Family Planning initiated a process for memorandums of agreement with these programs that will enable them to have access to educational materials and contraceptive supplies supplied by Family Planning.

Next Steps

The project is being expanded and continued for a longer period in 2010-11. This will increase the number of sites and families participating. In addition, the WV Perinatal Partnership is undertaking a follow-up study with the WV Birth Score office to evaluate the program's success in reducing unplanned pregnancies in West Virginia..

This project is made possible with funding from the National Campaign to Prevent Teen and Unplanned Pregnancy.

ⁱ 2006 Statistics Report, WV PRAMS (Pregnancy Risk Assessment Monitoring System) WV Department of Health and Human Resources

ⁱⁱ Annual Report, West Virginia Bureau for Medical Services, WV Department of Health and Human Resources

ⁱⁱⁱ Morgan, Lois A., Simons, C.J.R. , Britton, Christine, and Johnson, Chet D., The influence of interpregnancy interval on infant risk for postneonatal mortality. (Spon. By Martha Mullett, MD) Dept. of Pediatrics, West Virginia University School of Medicine, Morgantown, WV. Presented to the American Academy of Pediatrics, 1998 Annual Meeting.

^{iv} Conde-Agudelo, A. *Journal of the American Medical Association*, April 19, 2006; vol 295: pp 1809-1823. Agustin Conde-Agudelo, MD, MPH, Fundacion Santa Fe de Bogota, Colombia. Rachel A. Royce, PhD, MPH, Research Triangle Institute International, Research Triangle Park, N.C. Royce, R. *Journal of the American Medical Association*, April 19, 2006; vol 295: pp 1837-1838. Available on line at <http://jama.ama-assn.org/cgi/reprint/295/15/1809.pdf>. Also,

Rutstein, Shea, Effects of Preceding Birth Intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from the demographic and health surveys, S.O., *International Journal of Gynecology and Obstetrics (2005)* 89, S7—S24. Available on line at <http://www.unfpa.org.pe/Temas/BIRTH%20SPACING%20AND%20NUTRITION%20IN%20DEVELOPING%20COUNTRIES.pdf>

^v Report of a WHO Technical Consultation on Birth Spacing, Geneva Switzerland, 2005, World Health Organization with support from USAID (2007). Available on line at http://whqlibdoc.who.int/hq/2007/WHO_RHR_07.1_eng.pdf

^{vi} Utah Department of Health, Reproductive Health Program. *Facts on Birth Spacing*, available on line at http://health.utah.gov/rhp/pregnancy/preged/afterpreg/Pregnancy_Spacing.htm .

^{vii} Contra Costa Health Services, Contra Costa, California. *Birth Spacing -- Just for us 2 years*, available on line at http://www.cchealth.org/topics/birth_spacing/



Why Spacing between Pregnancies is a Healthy Choice

Waiting until the youngest child is two years old before becoming pregnant again is healthy for moms, babies, and families. Research has shown that waiting this period of time between births is usually best for the following reasons:

The current baby will develop well because

- ✚ the parents can give lots of attention to the baby, taking care of basic needs, and assisting with development tasks as the child grows.
- ✚ the mom will be able to continue breastfeeding and provide important nutrients.
- ✚ parents will have time to bond with the child.

The mom will benefit because

- ✚ she will have more energy and less stress.
- ✚ she will be less likely to have postpartum depression.
- ✚ her body will have time to replenish its nutritional stores before the next pregnancy.
- ✚ she will have less risk of complications with the next pregnancy, such as bleeding, preterm labor, uterine rupture, and other complications.
- ✚ she will have time to resolve any health problems and follow good habits such as healthy eating, exercising, taking vitamins, staying away from chemicals and hazardous materials, and stopping smoking, before beginning the next pregnancy.

The family will benefit because

- ✚ parents will have more time to bond with each child.
- ✚ families will have time to be together and for activities other than infant care.
- ✚ parents will have more time for each other.
- ✚ families will have less pressure on finances.

The next baby will benefit because

- ✚ there is less risk of preterm birth (before 37 weeks) if pregnancies are spaced at least two years apart. Babies that are premature are at risk for breathing problems, mental disabilities, vision and hearing loss, and even death.
- ✚ the baby is more likely to be a healthy weight at birth. Problems associated with low birth weight include heart defects, breathing problems, bleeding in the brain and intestinal complications, as well as mental disabilities and vision loss.
- ✚ parents will have more time to devote to each child.

This document is available on line at http://www.wvperinatal.org/unplanned_preg.htm For more information, please refer to the following sources:

Conde-Agudelo, A. *Journal of the American Medical Association*, April 19, 2006; vol 295: pp 1809-1823. Agustin Conde-Agudelo, MD, MPH, Fundacion Santa Fe de Bogota, Colombia. Rachel A. Royce, PhD, MPH, Research Triangle Institute International, Research Triangle Park, N.C. Royce, R. *Journal of the American Medical Association*, April 19, 2006; vol 295: pp 1837-1838. Available on line at <http://jama.ama-assn.org/cgi/reprint/295/15/1809.pdf>. Utah Department of Health, Reproductive Health Program. *Facts on Birth Spacing*, available on line at http://health.utah.gov/rhp/pregnancy/preged/afterpreg/Pregnancy_Spacing.htm. Contra Costa Health Services, Contra Costa, California. *Birth Spacing -- Just for us 2 years*, http://www.cchealth.org/topics/birth_spacing/

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A project of WV Community Voices, Inc., 2207 Washington St. East, Charleston, WV 25311
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