Module 13: Maternity Care Coalition

Part 1

JoAnne: I'm JoAnne Fischer, and I'm the Executive Director of Maternity Care Coalition. I'll be celebrating my 25th anniversary in January. I was the very first full-time executive of Maternity Care Coalition, and when I began, we were a staff of 3, and now we have a staff of over 100.

Bette: I'm Bette Begleiter. I'm the Deputy Director here at Maternity Care Coalition. I've been here for 14 years.

How Does MCC's Mission Statement Inform the Work That You Do Personally and Organizationally?

Bette: So, that's a big question, isn't it? It informs absolutely everything that we do. We're really looking at this period in a woman and a family's life, and it begins with the pregnancy and until the child reaches three. What we're looking at is everything that needs to happen to ensure or to enhance the possibility of a really wonderful and healthy pregnancy and good outcomes for mom and baby and the family.

We do something that's a little bit unique, which is that we start with, well, what are the needs of the family, as opposed to coming and saying, we're a drug and alcohol facility, or, we're a child welfare organization. We're really saying what does a family need, and we start from there. We really try to bring the voices of the family and their needs into our program planning.

When you look at things, the fact that we're a home-visiting program, where if you're really looking into going into communities where there are really poor health outcomes, where there are really high needs, it's much better for the people that we're working with that we serve them in their home, because it's difficult for them to get out. It starts from there, and it keeps going in terms of what we're doing.

JoAnne: Historically, Maternity Care Coalition began as an advocacy organization. We got into direct service because we would go testify and people would ask us, well, what should we do? Tell us what to do. Tell us how to do it. Do it.

So we got into direct service, really as a form of advocacy. Our advocacy and direct service remains very important and really intertwined. We take the voices of pregnant women that we meet through our direct service programs to policy makers to let them know what that policy is like on the ground.

We also help interpret policy. For example, right now, the Affordable Care Act, we are translating that for the clients that we see every day. So that remains a very important part of our program.

Finally, we got into research because we wanted to make sure that what we were doing actually made a difference.

So, those three approaches around maternal and child health and improving maternal and child health remain a very important part of our identity. But I think it comes from this vision of a world where every child is welcomed and gets the kind of support that really helps them grow into a healthy, productive, happy person.

I think one of the things that we realize is that it's too late to begin after that child is born. We have to really start ideally with making sure that mom comes to pregnancy healthy, and then certainly prenatally and postpartum, and we do focus on that critical period, zero to three.

Bette: I think the other thing that we do is that we remember the word 'maternal' in maternal and child health. In a lot of the programs, a lot of the attention has been on the baby, which is a wonderful thing, but if you leave the mom out of the equation, you're going to have real problems. So, we often are the ones at the table who are saying you've got to start in pregnancy. We now know that it's really important to start before pregnancy, and we're pushing for programs that do that.

JoAnne: We recognize that there is a role for that individual woman in taking care of her own health, but also that when you have a baby, what you need most is support and the role of the family. So many families today are spread all over the place that building in support during that critical period in the community is so important to parenting.

I think the Early Head Start Program does that extremely well in terms of not only providing the health education and parenting support, but also making sure parents get to know each other and build their own support networks in the community.

One of the things I wanted to talk about organizationally is that in addition to our programs, we employ 100 people. We're a small business. We also take our values around maternal and child health into the workplace and into the administration and also how we raise our funds.

We like to see ourselves as a family-friendly workplace. I know you'll be talking a lot about breastfeeding, but supporting families at work. Just today, we have a staff member who had twins who needs some extra support and extra time before returning to work. We like to see that we express our values in how we do our work as well as the work we do in the community.

Our fundraising – our major individual source of funds is our Celebrating Mothers campaign, where we invite people to make a donation to us and we send a Mother's Day card out in honor or memory of someone. Again, really elevating and valuing the role of mothers in our community.

We have a golf outing on Celebrating Fathers, and we recognize – we have these Driving Fatherhood Awards and we recognize the dads involved in our programs.

So, we like to think of ourselves as very mission-tight.

What Are the Core Programs of the Maternity Care Coalition?

Bette: I think what's important to know about our services, as I said in the beginning, it really starts with the needs of the families, and some families need more than others.

Our signature program is our MOMobile program. It's a home visiting program where we start with moms when they're pregnant. We go to their home in MOMobiles. They are brightly-colored vans, but the service is not provided in the van, it's actually in the home. We do a very comprehensive assessment, see what their needs are, come up with a plan, make sure they're getting to prenatal care, make sure they're getting all the services that they need and also the educational background so that they know what they should be doing to stay healthy and also get the public benefits that they might need to be okay. And then we work with them until the baby is one-year old.

In addition to doing that, we have evidence-based interventions. When we use the word evidence-based, the federal government has come out with support as a part of the Affordable Care Act and they have approved certain programs as evidence-based, which means there's been research done on them and they've proven that they're effective.

We run an Early Head Start program in Norristown, Pottstown, and in Philadelphia, and we are the largest Early Head Start provider in the state. Early Head Start is a very intensive intervention. We have home-based services. The families who are involved get visits for 90 minutes a week, and we also have center-based.

JoAnne: There's a curriculum that we use, and there are group opportunities for families, so there's a lot of ways families are touched by this program.

Bette: In addition, one of our newest programs is our Healthy Families America program. We know the MOMobile works, but as I said, there's been a push to do evidence-based intervention. So although we use a research-based curriculum in our MOMobile, we really were interested in having a more intensive version of that, and that's Healthy Families America.

It's throughout the country. It's actually not as common to see it in Philadelphia and Pennsylvania, but we're bringing it here. That is another intervention that is for families who need more. Families or moms are seen once a week after they've had their baby. It's a more intensive one.

JoAnne: The outcomes around preventing child abuse and neglect have been well-demonstrated in that one around the country. It uses community health workers, which we do as well, so it was a really good fit for us.

What Are Some of MCC's Other Programs?

Bette: One of the things that we saw was that the women that we were working with really weren't getting the breastfeeding support that they needed, so we've had the opportunity to start our North Philadelphia Breastfeeding-Friendly Program, and that's the MOMobile with additional help and support in breastfeeding, and that also includes doula services, so that we're there when moms have their baby. We know that moms who receive doula support have a higher rate of breastfeeding.

JoAnne: In Philadelphia and around the country, one of the greatest disparities between women of color and white women is around breastfeeding, so we really are working to diminish that disparity.

Bette: One of the programs that we're proudest of is the MOMobile program that we run at the women's prison, and that's the MOMobile at Riverside. Riverside Correctional Facility is the women's jail in Philadelphia.

I think it's kind of a good public health example because that's one where we did an educational program for the community on what the impact of incarceration was on families with really young children, and as a result of that, the prison system came to us and said, we're opening this new women's prison; we could really use the MOMobile there.

We went out and did research, talked to a lot of people in the community within the prison system and advocates, and looked at the literature to see, well, if we were going to design a program, what do women need when they're in jail? And we came up with this program where we actually have an office in the prison. We have four staff who are there full-time, and they work with pregnant women and women with children under the age of three. We work with them while they're in prison through groups, through individual work, and also are present when they give birth; we act as doulas. Until we were there, the only person who was with a woman when she gave birth if she was incarcerated was the correctional officer.

JoAnne: And by the way, we also learned that many of those women were shackled in childbirth. And as a result of us being there and working with other advocates, there is now a law in Pennsylvania that no longer permits shackling of incarcerated women during birth.

Bette: So, the direct service and the policy often comes together and informs each other.

And that program is also a reentry program. We start with them in prison, and then we stay with them for up to a year outside of that.

JoAnne: And our preliminary research on that is showing that our rates of recidivism are far less than the norm in Philadelphia.

Bette: So, those are our home-visiting programs. In addition to that, we have a few others. We have a very large Cribs for Kids program. It's a safe sleep program. That came out of all of the research that was emerging about seven or eight years ago that showed that a lot of the deaths that we

thought were SIDS deaths were in fact unsafe sleeping deaths; so babies were in beds with parents or on couches or places they're not supposed to be.

So we make sure that families who can't afford to have a crib have a crib, and most importantly, that they get the safe sleep education, because the crib does not do much good if it's used for the baby's clothing.

JoAnne: This was another good public health initiative where the community as a whole really was not aware of how infant deaths could be reduced by babies sleeping on their back in a crib that wasn't cluttered with toys or other things in a smoke-free environment. So there was a lot of education about what a safe sleep environment looked like and encouragement of families to make sure they know how their babies should sleep safely.

This is a situation where when we had our children, that wasn't the case, and research has demonstrated something different. So the need to communicate what those new research findings are I think was a very big public health challenge.

I think Maternity Care Coalition has been very important in taking that challenge on in this community, and furthermore, making it real, because we can tell people you need to have your baby in a crib, but if they can't afford to buy one, then that knowledge is not so useful. So I think that's something where we've made a tremendous impact in this community.

Bette: And then we also have a parenting education program where we work with people who are in residential treatment centers. Usually it's substance abuse; sometimes it's dual-diagnosis. We use an evidence-based – that's very popular right now, evidence-based interventions. It is a 20-session program educating parents on how to be better parents and to feel more supported and to be able to be more nurturing as parents.

The other program that we have that is a light-touch program is our HIV Prevention, which is also a group intervention. Unfortunately, this is an intervention that we won't be doing much longer. There has been less and less support for interventions that work with women who are not HIV positive. We've always done prevention, primary prevention, and now, the funding and the emphasis has really moved to working with people who are already HIV positive. So, we're very unhappy and concerned that this is no longer going to be supported.

JoAnne: I think this is another example where again, HIV prevention among women is not a high priority; we find that reentry of incarcerated women is not a priority, but still, there's a lot of work to do to have the issues that face women become adopted as part of public policy and programs that are funded.

How Do You Measure Program Outcomes?

Bette: We know it's really important to figure out whether or not what we're doing actually works, and we are really pleased with the outcomes that we have been able to track. We have a significant reduction in risk for perinatal depression with the women that we work with.

JoAnne: And that's across our programs.

Bette: That's across all of the home-visiting programs. It's over a 50% reduction in risk for depression.

In addition, we have significantly higher rates of parents using safe sleep practices. If you compare it to the national data, our parents are putting their kids back to sleep in an uncluttered crib.

And then of significance for what we're talking about today, we also have much higher rates of breastfeeding than comparable populations.

JoAnne: We're very proud of those outcomes, especially because they've now been validated by a team of researchers at GW and Hopkins. So, to have that kind of validation of what we've known. But I have to say, we were really pleased to learn this was across all of our program sites, because sometimes you think it's some charismatic personality or whatever, but basically, our programs across the sites have had those kinds of outcomes.

One of our first studies was done by folks who have been faculty members actually at Temple on the empowerment of the families that we have worked with. One of the things that they learned through focus groups and surveys was that the women who participate in our programs feel better able to take care of themselves and their kids as a result.

So, this is their self-perception, but one in which they do really feel like they are able to set goals better and that their self-efficacy has really been improved as a result of participating in this program.

What Role Does Research Play In the Maternity Care Coalition?

Bette: I think as JoAnne said, when we originally started looking at research, we wanted to make sure that what we were doing works. But I think we've gone several steps further with it so that as we see emerging issues, we have a contribution to make.

We partner with academic institutions to really develop research that's going to advance the field. We're doing it now in obesity prevention. In particular, what we're looking at is retention of weight after pregnancy.

This is important, because there's an emerging body of research that's showing that part of the cause of the large increases of obesity in women is that they're retaining their pregnancy weight. We're doing a research study now with the University of Pennsylvania with a physician there, and we're piloting a very light-touch intervention where people come in for a workshop

and they also get motivational text messaging and a Baby Bjorn, like a little baby carrier that they carry the baby around in.

We are seeing statistically significant differences for these moms in terms of them losing weight. It's very promising. We'd like to take it much, much bigger. This is a good place where you can see we have the access to the women that researchers want to reach. It gives us the opportunity to test things out, and then we also have the capacity to bring it to scale so that if we wanted to test it at a much larger scale, we could do it.

We have done research on perinatal depression as well. One of the interesting findings that was unexpected there was that if you just give people a little bit of support, they can get to the appointments that they so desperately need. We found that just by having a research assistant call somebody and remind them that they have an appointment and possibly accompany them, that – our show rates were so high that literally one of the mental health centers called us and said, what's up with your clients? They're showing up. And that person actually came up with the idea that, well, it's like you're a psychological doula, which we now realize what is really needed.

JoAnne: One of the things we're looking at right now, because our Early Head Start centers attract so many immigrant families, are what are the early childhood care issues that immigrant families are facing? What supports them in having their children in childcare, and what makes it difficult for them?

So one of the things that we're able to do because we have culturally competent staff is that we're able to actually have focus groups of moms, of parents, and share that information so that as we develop programs and policies around early childhood education, the needs of immigrant families will be included.

What Makes the Maternity Care Coalition So Unique?

JoAnne: One of the things Bette alluded to earlier was the fact that we focus on a particular population, which are pregnant women and parenting families. It sounds like that is very simple, but in fact, it's very unique. It means that people don't have a handle on who we are because we're not a public health agency, we're not a child welfare agency, we're not a community behavioral health agency, we're not an HIV prevention agency, we're all of those things for pregnant women and parenting families. So organizing our work, whether it's research, policy or direct service, around the needs of families is very unique.

We sometimes think of ourselves as a boutique operation because we have such specialized knowledge. If a woman is homeless and she's pregnant and she goes to a shelter, the shelter may know a lot about housing, but they might not know a lot about pregnancy. So I think there really is a need. It's a very intense moment in peoples' lives.

Early childhood, so much emphasis right now is on preschool, and that is so important. But it's late. If we hear about infant mental health and when people talk about that, they're talking about what happens when a child starts acting out in childcare. Well, we need to be looking at what happens in terms of the attachment of that child and parent that is later going to translate into these other things down the pike.

So I think it sounds like, well, you're a special interest, and you just care about pregnant women and children. And I think instead, it is the most foundational of everything. If we are not paying a lot of attention prenatally and now with the fetal origins of disease and thoughts about that, and even ancestrally – it may be the nutrition of our grandmother has more to do with what our heart health is like – we have to pay attention to these multigenerational issues. I think that a lot of our work in the community in terms of social services and public health doesn't take that multigenerational perspective, and I think that's one of the things that's unique about us.

Bette: I think the way it also plays out is that we're the person in the room that's saying, well, what about the pregnant women and the babies? So, in terms of the Affordable Care Act, for example, that even with advocates, we are at the table saying, okay, what's in it for pregnant women? Is the coverage there? What's the coverage for women after they give birth? As you know, many women fall off of insurance within 60 days of having the baby. So we're the person there from a policy perspective.

When you talk about the obesity epidemic in this country, all of the focus has been on school-age children, and we've been kind of like a voice in the wind saying, wait a second, that is so too late.

JoAnne: Maternal nutrition, breastfeeding, it's not even on the agendas of many of the organizations looking at childhood obesity.

By the way, in terms of the Affordable Care Act, the other thing people often don't know is that the number-one preexisting condition that prevented people from getting health insurance was pregnancy. Even today, in Pennsylvania, health insurance plans don't have to include maternity care. So the Affordable Care Act is extremely important to our constituency.

What Can Other Public Health Organizations Learn From the Maternity Care Coalition?

JoAnne: I think listening to constituents. Our Research Director talks a lot about community participatory research as something really new and hot in research, and that has to do with how Maternity Care Coalition was founded. From day one, we have had pregnant and parenting women helping us on our boards, in designing our programs, in telling us what was important to them.

So I think the role of constituents in program design – a lot of people don't know, but in Early Head Start, parents have to interview teachers, they're involved in hiring, they are very important to the governance of the organization. So I think that kind of participation and really

listening and engaging and responding to the needs of constituents is something that we're particularly good at that I think is really relevant to other folks who are doing program development and design.

Bette: It sounds like a cliché, but you really have to be mission-driven and not wedded to, what we do is this particular intervention around this particular issue.

JoAnne: Or this particular funder deciding.

Bette: Right. And not to chase – not to keep changing yourself so that you can get funding. I think that's very important.

We've stayed laser-focused on pregnant women and children zero to three. Just recently, we were strongly urged to go for funding that would cover three- to five- year olds. I don't think it took us five minutes to say, that's not appropriate. We don't know it, we don't do it, if we did something like that, we'd have to really say we're changing the organization.

I think it's also really being curious; staying on top of what's happening in our community, what's happening in the literature, and what's happening in the research. I think that is something – I don't know that it's unique to Maternity Care Coalition, but it's very much a part of who we are.

We are often on the cutting edge. We were there when the whole HIV epidemic was evolving and we began to realize that women were being impacted. In terms of incarceration, we were among the first to really look at the reentry issues for women. And now with the obesity epidemic, we're among the first who are looking at, what does pregnancy have to do with this? What do we have to do at zero to three? And that comes because we are staying really up-to-date on what's happening and are listening to what the women we're working with are saying.

JoAnne: And open to different methodologies. We were the first in our community to embrace technology in terms of Text4Baby and encouraging our families in using text messaging. We've just started a parent portal on our website for our Early Head Start families. So we've had to stretch ourselves to look at different ways to communicate to families and with families and to use some non-traditional means.

The Safe Sleep campaign, we worked with the city on an advertising campaign that included paid media. That's very unusual for public health. It probably was the most effective public health campaign I've ever been a part of in terms of really reaching who needed to get that message. Unfortunately, the resources weren't there to continue that. So, in an emergency, we knew what to do. But I think we learned a lot from that.

I want to say one thing about the governance piece, because I do think it's something else that sometimes distinguishes us. Last year, we received the Good Governance Award from the

Philadelphia Foundation. It made us really think about what is governance and how important governance is to an organization in terms of our integrity.

We have always had a very diverse board of directors; very multi-talented, and they really own the organization. We try to bring, like I said, we always have somebody who is a new parent or a new grandparent on the board, so they're fresh with the issues and a variety of skills and expertise. We take that very seriously. I have seen other executives who feel like their boards are things they have to put up with, and I think we see our board as a tremendous resource and support for the organization. And that doesn't mean that they aren't raising difficult questions that we have to address.

Bette: I think some of the success stories that I can speak of is we have a number of staff who are former clients who we were able to help meet their goals as parents and in their lives, and they came on board. We really do see developing our staff as part of the mission.

One of the women that I can think of was somebody who was in our Healthy Start Program in West Philadelphia. She was a new mom, and she was very interested in working here. She started out in our Cribs for Kids program, so she was schlepping and delivering cribs and doing safe sleep education, and had another baby while she was here. She got her maternity leave, and she needed to return to work, but she worked in a cubicle, so we did a lot of research and got a screen that we could put in front of her cubicle so she could pump at work.

She was interested in breastfeeding. When we got funding to do a community- based doula breastfeeding project, she became one of our first staff. She got doula training, she became a certified lactation counselor, and she's now on the road to becoming an IBCLC, which is an international board certified lactation counselor, kind of the gold standard.

So I think that's really us walking the walk and not just talking the talk. I could come up with a lot of different examples of that.

JoAnne: We also have a lot of people who have had – we have this wonderful alumni club of people who have had their first job here or an internship here. And now, one of them is working for a foundation, another is in medical school, another is running an organization, we have midwives; it's extraordinary.

Bette: We have two in medical school right now.

JoAnne: Right now. In fact, I just got an email from a professor who got a note from a student saying she decided that she was going to go into OB/GYN, and what was the deciding factor was this professor's class in public health, and in particular, the lecture where I spoke for Maternity Care Coalition. It's things like that that are really heartening, because if we do help create the next generation of advocates and people who are committed to maternal and child health, we've done a lot.

Do You Have Any Advice For Public Health Students Preparing To Enter the Workforce?

JoAnne: I think one of the things that is important to know is the size of the organization that you're working in often has a lot to do with how specialized your work is. So the smaller the organization, people tend to have more varied responsibilities. If it's a very large organization, people tend to have very narrow responsibilities.

If you're working in a smaller organization, 'not my job' is not part of the culture, or that there's some level of professionalism, that, 'professionals don't do this or don't do that'. I think one of the things that we've seen is that kind of jumping in and doing what's needed is probably the most important professional asset.

Bette: I think that captures it.