

PERINATAL SERVICES IN PIERCE COUNTY

Community Assessment of Pregnancy, Birth, and Postpartum Services

April 2019



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Background

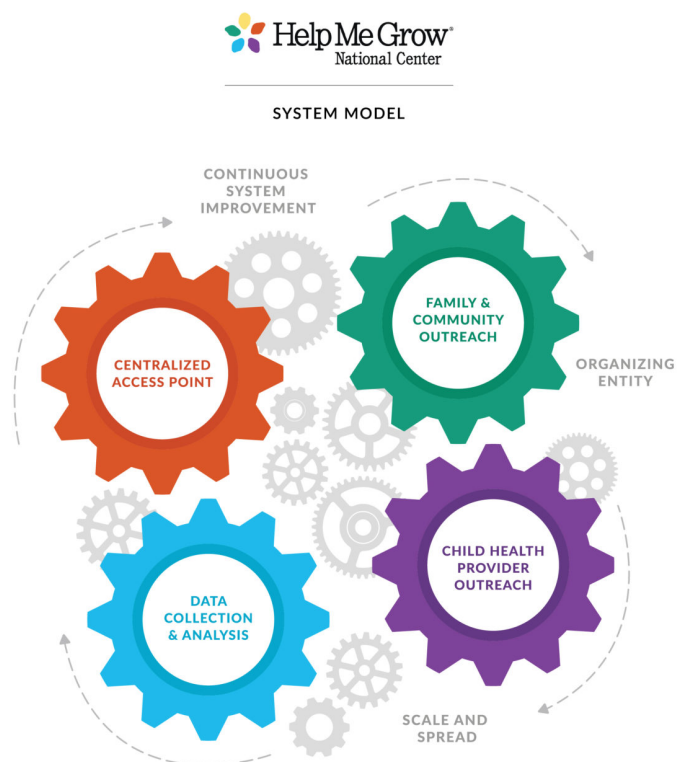
In the fall of 2017, community leaders came together to brainstorm how to reduce the child welfare crisis in Pierce County. 6,200 children entered out-of-home care in Washington State in 2017. Among all counties in the state, Pierce County experienced the highest number of children entering care that year, at 1,009. Community leaders agreed that a comprehensive system for connecting families to resources and normalizing support for all parents was a needed strategy to sustainably prevent child welfare involvement. The Help Me Grow (HMG) national system framework was identified as a useful model for building this system, in addition to offering families additional support at the time a child is born through brief nurse home visits such as the Family Connects model. While building a universally available support system for parents county-wide, three target zip codes for focused outreach efforts were identified based on need: 98408 (South Tacoma), 98444 (Parkland), and 98499 (Lakewood).

In July 2018, Pierce County began a one-year community planning process to determine how supports for parents could be improved in Pierce County. Locally, First 5 FUNDamentals is the organizing entity convening community partners and families to facilitate this planning process. First 5 FUNDamentals is a non-profit organization whose mission is to mobilize and inspire communities to achieve their collective goals for children and families.

About Help Me Grow

HMG is a system model that promotes county-wide collaboration in order to build upon existing early childhood resources to promote protective factors among families and mitigate the impact of adversity. By connecting families to existing community services through a centralized access point or call center, HMG provides timely access to resources and care coordination to reduce barriers to services.

HMG is implemented around four main components: the centralized access point for resource connection, data collection and evaluation efforts to identify existing service gaps in the region, family and community outreach, and medical provider outreach. In working closely with medical providers, HMG is a resource to address the social determinants of health that impact families outside of the doctor's office, providing holistic care to families and reducing the burden of finding and accessing community resources.



Family Connects Model

Family Connects is a community-wide, voluntary nurse home visiting program for parents of newborns, regardless of socioeconomic status. Their mission is to increase child well-being by bridging the gap between parent needs and community resources. The goals of Family Connects are:

1. Connect with every mother – along with the father or other family members – in their home after the birth of a newborn. The nurse home visits are designed to share in the joy of a new baby, assess unique family risks, and respond to immediate needs for support and guidance.
2. Offer supportive guidance to families in several factors, responding specifically to questions about newborn care.
3. Link families to community services based on their individual needs and preferences.
4. Help new parents connect with their infant, providing them with the confidence and support needed to sustain infant and parent health, child development, and overall family well-being.



Communities that utilize the Family Connects model offer between one to three nurse home visits to every family with a newborn beginning at about three weeks of age, regardless of income or demographic risk. Families are typically informed of services at the birth hospital, and are able to schedule the first visit with an outreach worker if they are interested. By utilizing a nurse, home visitors are able to complete a clinical assessment of the baby and the mother, and work within existing pediatric well child visits. The Family Connects protocol can be implemented by a hospital system, health department, or non-profit organization already existing within a community.

Observations by researchers found that by the time a baby was six months old, families participating in Family Connects displayed greater community connections, more positive parenting behaviors, enhanced home environments, improved maternal mental health, and reduced emergency medical care for infants (Dodge et al., 2013).

Methodology

To identify Pierce County’s existing strengths and opportunities for growth in serving families during pregnancy, birth, and the postpartum period, an assessment team comprised of one social worker and eight registered nurses (RNs), completing their BSN degrees at the University of Washington – Tacoma, conducted interviews with service providers. Feedback from parents residing in Pierce County on services needed was previously compiled in the *Parent Feedback Summary Report*, March 2019.

By interviewing providers, the assessment team aimed to collect information on available resources, gaps in services, and how the Help Me Grow and Family Connects frameworks could best be adapted to meet the unique needs of the county. The interview form was designed by parents and community stakeholders with expertise in nursing and midwifery (Appendix A). Additionally, the assessment team completed tours of the Midwifery Birth Center at St. Joseph Medical Center, the Birthing Inn, and Lakeside Birth Center to learn about their unique services and specialties.

Participants

The roles, employers, and number of participants interviewed using the Community Assessment Tool (Appendix A) are below. Participants included were from all four birthing hospitals in Pierce County and three birth centers, among others specializing in home births and supportive services.

Job Title/Role	Employer	# of Participants
Birth Center Staff	The Birthing Inn	1
Birth Hospital Staff	Good Samaritan Hospital	2
	St. Joseph Medical Center	2
Doula/Childbirth Educator	Self	2
Lactation Specialist	Fern & Foster Family Wellness	1
Maternity Support Services	Answers Counseling	1
Midwife	Lakeside Birth Center	1
	Natural Beginnings, LLC	1
Social Worker	Good Samaritan Hospital	1
	Madigan Army Medical Center	1
	Tacoma General Hospital	2
Total Interviewed		15

While the above providers completed the formal interview process, many others have provided feedback and shared about their services throughout the planning process. These participants include the Pierce County Accountable Community of Health, Community Health Care, Early Head Start home visiting, Tacoma-Pierce County Health Department’s Nurse-Family Partnership program, Parents as Teachers home visiting, and Step By Step. As such, this report is inclusive of the feedback provided through interviews with the above providers, but not limited to it. The provider feedback found below was compiled to provide a picture of all available services in Pierce County as a whole during the perinatal period, without specifying which services are available at which location.

Community Readiness

Pierce County Context

There are over 12,000 births per year in Pierce County, with 96% of infants being born at a hospital and 2% at birth centers (see 2016 data below). Pierce County ranks above the state average on measures of poor birth outcomes including low birth weight, infant mortality, preterm births, and the number of women who do not receive early and adequate prenatal care.

Despite some progress, disparities in birth outcomes by race and ethnicity have persisted over time, particularly for the Non-Hispanic African-American, American Indian, Alaska Native, and Pacific Islander communities as compared to Non-Hispanic Whites. Collaborative efforts to address these disparities are essential to ensure equitable access to services throughout the county.

Births by Location (Pierce County, 2016)

Hospital	Birthing Center	Home	Born on Arrival	Other	Total
11,685	318	167	10	1	12,181

Source: Washington State Department of Health, Center for Health Statistics, October 2017.

Hospital Births by Location (Pierce County, 2016)

Tacoma General Hospital	Good Samaritan Hospital	St. Joseph Medical Center	St. Clare Hospital, Lakewood	Madigan Army Medical Center
3,042	2,386	4,234	1	2,013

Source: Washington State Department of Health, Center for Health Statistics, October 2017.

Birth Outcomes (2016)

	98408	98444	98499	Pierce County	WA
Number of births	293	607	543	12,137	89,873
% of women receiving early and adequate prenatal care	72.0%	64.2%	70.0%	76.9%	80.5%
Number of preterm births (born before 37 weeks)	34 (11.6%)	54 (8.9%)	56 (10.4%)	985 (8.4%)	7,192 (8.0%)
Children born to women under 18 years old	2.0%	2.5%	1.6%	0.8%	1.0%
% of Infants breastfed from birth for any length of time*	92.8%	91.7%	92.0%	94.4%	93.3%
% of Infants breastfed at least 6 months (per all infants 0-12 months)** (2017)	16.9%	14.2%	17.0%	18.2%	19.2%

Source: Washington State Department of Health: Community Health Assessment Tool, 2016.

*Source: Washington State Department of Health birth files, 2016.

**Source: Washington State Department of Health, WIC Data, 1/01/2017 - 12/31/2017. Note: Zip codes of residential addresses.

Low Birth Weight (2016)

	98408	98444	98499	Pierce County	WA
Percent born under a normal weight (<2500 grams)	6.1%	7.1%	7.2%	6.5%	6.4%

Source: Washington State Department of Health, Community Health Assessment Tool, 2016.

Low Birth Weight by Race and Ethnicity (2016)

Percent born under a normal weight (<2500 grams)	98408	98444	98499	Pierce County	WA
White, Non-Hispanic	4.5%	5.7%	5.3%	5.2%	5.8%
Black or African American, Non-Hispanic	0%	9.6%	9.3%	12.8%	9.9%
Asian, Non-Hispanic	6.5%	11.3%	3.5%	7.1%	7.9%
Pacific Islander, Non-Hispanic	0%	13.3%	2.9%	5.6%	6.9%
American Indian / Alaska Native, Non-Hispanic	0%	0%	0%	3.1%	7.6%
Multi-racial, Non-Hispanic	10%	2.8%	10.4%	9.1%	7.1%
Hispanic / Latino	10.7%	6.6%	8.6%	8.0%	6.4%

Source: Washington State Department of Health, Community Health Assessment Tool, 2016.

Infant Mortality (2006-2015)

Rate from 2006-2015	98408	98444	98499	Pierce County	WA
Infant mortality count (rate of infant deaths ages 0-1)	1 (4.0 per 1000 live births)	3 (4.5 per 1000 live births)	6 (11.1 per 1000 live births)	62 (5.4 per 1000 live births)	431 (4.8 per 1000 live births)

Source: Washington State Department of Health, Community Health Assessment Tool, 2015.

Infant Mortality Rate by Race and Ethnicity (2006-2015)

Number of Infant Deaths from Age 0-1 per 1,000 live births	98408	98444	98499	Pierce County	WA
White, Non-Hispanic	9.14	5.74	9.57	4.71	4.3
Black or African American, Non-Hispanic	6.54	4.59	7.41	9.45	8
Asian / Pacific Islander, Non-Hispanic	12.2	7.89	5.7	6.9	3.91
American Indian / Alaska Native, Non-Hispanic	-	15.87	-	10.2	9.65
Hispanic / Latino	-	5.33	12.21	5.31	4.74

Note: Zip code data are from the period 2011-2015. County and state data are from the period 2006-2015.

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, Community Health Assessment Tool, August 2016.

Existing Efforts

Pierce County has a history of convening cross-sector partners to tackle challenges together. The Tacoma-Pierce County Health Department prioritizes health equity in its innovative work to support families in addressing their social determinants of health. A network of providers who deliver Maternity Support Services, Nurse-Family Partnership, the Puyallup Tribal Health Authority, and the Pierce County Accountable Community of Health Pathways HUB focus on reaching women during the prenatal period to offer supportive services. In addition to these community-based services, the efforts below aim to build community networks to improve county-wide birth outcomes:

Black Infant Health/Health Ministers

Black Infant Health targets the birth disparities in the African-American community through a partnership between local African-American churches, community groups, and the Tacoma-Pierce County Health Department. It relies on volunteers using a Health Ministry model to deliver peer support covering perinatal information and breastfeeding support. Health Ministers meet with

pregnant women and families, offering one-on-one support and linking them to basic needs assistance. Trained facilitators also conduct support groups for women of color.

Web: <https://www.tpchd.org/healthy-people/family-health/black-infant-health-health-ministers>

Maternal-Child Health Outreach Team

The Tacoma-Pierce County Health Department’s Maternal Child Outreach Team identifies and provides resource and referral support to pregnant women. Outreach workers determine eligibility and link women to medical and support services including a health care provider, Maternity Support Services, WIC, child birth education, smoking cessation, and housing during pregnancy. This is typically a short-term service over the phone or in person.

Perinatal Collaborative of Pierce County

The Perinatal Collaborative of Pierce County (PCPC) was founded by members from Multicare Health System, CHI Franciscan Health System, and the Tacoma-Pierce County Health Department. PCPC “is a local non-profit dedicated to improving the health of Pierce County mothers and infants.” PCPC provides learning opportunities about best practices in caring for mothers and infants in the community, and promotes networking among providers to increase coordination of services for perinatal populations. Their e-mail distribution list includes over 450 partners representing 90 agencies. Some of these partners come together to participate in quarterly meetings, an annual conference, resource sharing, and other efforts to collaborate.

Web: <https://www.pcofpc.org/>

The PCPC also convenes three sub-committees:

- 1. Pierce County Breastfeeding Alliance:** an affiliate of the Breastfeeding Coalition of Washington, the Pierce County Breastfeeding Alliance strives to increase initiation, duration and exclusivity rates of breastfeeding through breastfeeding promotion activities, education, information and resources.
- 2. Safe Sleep and Cribs:** aims to promote safe infant sleep practices and provide a new portable crib and crib sheet to needy families who cannot afford one.
- 3. Perinatal Emotional Health:** provides education and support to Pierce County families *and* providers that is evidenced based and uses best practices for screening, assessment, and treatment.

Perinatal Support Washington and Perinatal Mental Health Task Force

Perinatal Support Washington (PS-WA) has been operating in the state since 1987, as a local support chapter of Perinatal Support International. PS-WA has been operating a statewide toll-free telephone support line “warm-line” since 1991 for parents struggling with Perinatal Mood and Anxiety Disorders (PMADs). They also maintain a database of mental health professionals with specific training in the perinatal period. While statewide, PS-WA works with local partners in Pierce County to update and maintain a brief resource and referral guide (see Appendix B). In 2019, PS-WA partnered with the Department of Children, Youth, and Families (DCYF) and the non-profit organization, Step by Step, to build local capacity around addressing PMADs through training both individual providers and support

group facilitators. Through this partnership, the resource and referral guide for Pierce County will be updated later in 2019.

Sudden Unexplained Infant Death Review Team

Convening in 2019, Pierce County is currently the only county in Washington State that is a member county with the Center for Disease Control’s Sudden Unexpected Infant Death (SUID) Case Registry. Participating states and jurisdictions use data about SUID trends and circumstances to develop strategies to reduce future deaths. The SUID team is facilitated through the Tacoma-Pierce County Health Department.

Prenatal Services

Availability and Types of Prenatal Care

While high-quality prenatal care is available in Pierce County, families in more rural areas may struggle with transportation and accessing services in city centers. About 60% of all babies born in Pierce County are born at one of the two birthing hospitals in Tacoma, the largest city in the county. The prenatal care offered through these two largest health systems is highly concentrated in urban areas.

The current recommended American Congress of Obstetrics and Gynecology (ACOG) prenatal visit schedule for uncomplicated first pregnancies consists of one visit every four weeks until 28 weeks, every two weeks until 36 weeks, and weekly until delivery (Carter et al., 2015). In 2016, the percent of women in Pierce County receiving early and adequate prenatal care, defined as initiating care in the first trimester, was 76.9%. This average falls below the Washington State average of 80.5% (Washington State Department of Health, 2016). In the zip code 98444, an unincorporated part of Pierce County located close to city centers, this percentage falls even further to 64.2%.

When asked why some women begin prenatal care late, providers noted financial concerns, time constraints, and lack of education about the need for prenatal care. For women experiencing substance addiction, they may additionally fear talking to a provider and being reported to the Department of Children, Youth, and Families, although substance exposure is not a permissible reason for the child abuse and neglect hotline to screen in a family for investigation until after a child is born.

The following charts compile the responses from the 15 providers interviewed during the community assessment process, from prenatal care through postpartum support:

Prenatal Care	
What Prenatal Care is Available?	Obstetrics and Gynecology (OBGYNs)
	Nurse midwives and Licensed/Certified Professional Midwives
	Maternal-Fetal Medicine/Perinatologists
	Centering Pregnancy model of group prenatal care (led by OBGYNs and Certified Nurse Midwives)
	Ultrasounds, imaging

	Genetic screening
Recommended number of appointments	Follow above American Congress of Obstetrics and Gynecology (ACOG) recommendations
	Can start seeing patients as early as possible in pregnancy. Provider: "Ideally I want to start seeing mothers before their 6 th week of pregnancy."

Supportive Services for Expecting Families

Supportive Services for Expecting Families	
What supportive services are available during pregnancy? (On-site)	Childbirth Classes
	Parenting Classes for newborn preparation, infant safety
	Nutrition Education
	Maternity Support Services (for Medicaid eligible families): Step by Step, Answers Counseling, SeaMar, Community Health Care
	Nurse-Family Partnership (Medicaid eligible, first time mothers who enroll prior to 28 weeks in pregnancy)
	Pierce County Accountable Community of Health – Community Health Workers (Medicaid eligible mothers with a pregnancy risk factor)
	Volunteer Doulas
	Lactation Consultants
What percentage of your patients are attending classes prior to delivery?	One provider estimated that 80% of first time clients were accessing a childbirth preparation class. Others were not sure.
What additional supportive services are referred to? (Off-site)	Private doulas
	Chiropractic
	Acupuncture
	Massage
	Physical Therapy
	Other Childbirth Education: Tacoma Hypnobirthing, <i>Birthing from Within</i> , <i>Bringing Baby Home</i>
	Multicare/YMCA Partnership: Empowering Pregnancy and Motherhood! Free 5-week fitness and nutrition class series during pregnancy (Lakewood)
	Mental Health Counseling
	Support Groups
	Basic needs: housing, diaper banks, car seats, WIC (Women, Infants, and Children) public assistance, etc.
	Parenting classes
Breastfeeding support (groups and private lactation consultants)	

Labor and Delivery Services

Birthing Options and Services

Providers discussed the importance of family choice in determining the type of birth they wanted to have. In Pierce County, families can choose among having a hospital birth, birth center, or a home birth. Increasingly, hospital staff expressed offering options to support a natural birth such as birthing balls or other supportive props for a parent to use while laboring.

Labor and Delivery Care	
What options are available for the type of labor and delivery a family wants?	Natural
	Vaginal Birth After Cesarean Section (VBAC's) – hospital only
	Cesarean Section – hospital only
	Water/tub
	Nitrous Oxide (Midwifery Birth Center at St. Joseph Medical Center)
	Continuous fetal monitoring
	Novii monitors: portable telemetry fetal monitoring systems
	Hammocks, birthing balls, squat bars, peanut balls
	Hydrotherapy (for pain relief)
	Anesthesia/epidurals
What medical conditions or risk factors would disqualify a parent from non-hospital options?	Premature birth or birth after 42 weeks
	Multiples
	Diabetes, unmanaged glucose
	High Blood Pressure/Hypertension
	Substance Abuse
	Breech positioning
What services are provided during a Labor and Delivery stay?	Social worker
	Chaplain
	Pharmacist
	Lactation support
	Dietician
	Level III Neonatal Intensive Care Unit – neonatologists
	Intermediate Care Nursery
	Mother-Baby Unit

Discharge Procedures

The typical hospital stay for a vaginal birth at a hospital reported was 24 hours, and 48 to 72 hours for a Cesarean Section. Birth centers offered much shorter stays for families interested in returning home as quickly as possible – up to six hours. If more postpartum care is needed or there are complications, the family would need to be transferred to a hospital. Midwives providing home births noted typically staying three or four hours with the mother and baby after birth. Many providers noted giving families a packet or handout of referral information to direct them to additional community-based services, if

needed. Additionally, staff attempt to schedule well baby visits for the infant at the recommended two days and two weeks prior to discharge. If the family has not chosen a pediatrician, they are assigned a provider for follow up.

Discharge Procedures	
Discharge Procedures	Birth certificate worksheet
	Breastfeeding instruction
	Car seat check
	Newborn screenings: hearing, bilirubin, etc.
	Seasonal flu shot
	Vitamin K and Erythromycin
	Jaundice worksheet
	Medication education
	Video education: period of purple crying, safe infant sleep, car seat safety
	Educational pamphlets
Resources and Referrals Offered	Department of Social and Human Services: basic needs, transportation, etc.
	Maternity Support Services home visiting (for Medicaid eligible families)
	Mental Health Counseling
	Breastfeeding support (in-patient and out-patient appointments with certified lactation consultants)
	Community support services (preventative health care, nutrition education, etc. for under-served and uninsured women and children)
	Family Health Hotline, ParentHelp123 (WithinReach)
	CareNet of Puget Sound (diapers and other supplies, parenting classes)
	Tacoma Housing Authority/Associated Ministries (coordinated entry for homeless services)

Postpartum Services

Availability and Types of Postpartum Care

Postpartum Care	
What postpartum medical care is provided?	Nurse teaching
	Physical Therapy
	Breastfeeding support
	Wound check after a Cesarean Section (at one week)
	For vaginal births, 6 to 8 week maternal postpartum visit
	Providers are focused on mother and baby bonding
	Postpartum counseling
	Metabolic screening
	Perinatal Mental Health screening (can be offered at pediatric visits)

Supportive Services for Postpartum Families

While many providers cited a lack of available support groups for postpartum families, they also noted the difficulty of getting families to attend a group due to time and transportation constraints. One birth center staff member stated: “It’s difficult for mom to leave the house with a newborn baby and all that goes along with that.”

Supportive Services Available Postpartum	
What additional postpartum services are available?	Virtual lactation support
	Gas vouchers, transportation
	Parent support groups (see below)
	Postpartum doulas
	<i>New Parent Support Program</i> (military families only)
	<i>Basics of Breastfeeding</i> classes (military families only)
	<i>Working and Breastfeeding</i> classes (military families only)
	Long-term home visiting: Nurse-Family Partnership (only if enrolled before 28 weeks gestation in pregnancy), Early Head Start, Parents as Teachers (offered through the Institute for Family Development)
	Home Visiting (short-term): Maternity Support Services up to 2 months, Infant Case Management up to 1 year (Medicaid eligible)
Support Group Information	La Leche League lactation support groups (North Tacoma, Parkland)
	Fit4Mom: Stroller Strides, Body Back, Run Club (various locations)
	Moms Offering Moms Support (MOMS) Club (Tacoma, DuPont)
	Mothers of Preschoolers (MOPS) groups for mothers of children, ages 0 through 5 (various locations)
	Balance After Birth for Women of Color (Lakewood)
	Multicare: Mom and Baby Support Group, ages 0 to 6 months (Puyallup)
	Multicare: Mom and Baby Breastfeeding Support Group (Tacoma)
	Multicare/YMCA Partnership: Empowering Pregnancy and Motherhood! Free 5-week fitness and nutrition class series up to 1 year postpartum
	The Village Club: Mom/Baby Support Group for Women of Color (East Tacoma)
	Infant Massage Developmental Playgroup (East Tacoma)

When asked for feedback on what services were lacking for postpartum families, many providers noted a need for group mental health support such as parenting groups that provide psychoeducation and group counseling for Perinatal Mood and Anxiety Disorders (PMADs). They also noted limited individual providers trained in Perinatal Mental Health. In particular, women suffering from a PMAD may find it difficult to leave the home in order to access individual counseling or a support group, and it is unknown if there are any clinical providers who are willing to do home visits to provide care. The Perinatal Support Washington database of psychotherapists who “have demonstrated special interest and knowledge in serving and treating women experiencing Perinatal Mood and Anxiety Disorders” lists only one provider located in Pierce County (as of the writing of this report).

Recommendations

1. Normalize the Need for Perinatal Support

According to Perinatal Support Washington, one in seven women and one in ten men “experience serious mood and anxiety disorders during the perinatal period around the birth of a child.” However, far fewer receive any treatment or support. Poor awareness about the symptoms and frequency of Perinatal Mood and Anxiety Disorders (PMADs), continued cultural stigma around accessing mental health services, and a lack of providers with specific training in treating PMADs are all potential contributing factors. One social worker suggested the need for a widespread awareness campaign about PMADs in the media to increase awareness about the issue and normalize asking for help. Ensuring that treatment is available and effective may help those suffering from PMADs feel more comfortable in asking for help.

In addition to mental health support, perinatal support includes the need for every parent to have social support and breaks during the difficult time of caring for a newborn. The Family Connects model reiterates this need by offering a nurse home visit to every family, finding that almost all families had at least one need such as breastfeeding information, advice on infant sleep, etc. Promoting services that are open to every family may continue to reduce the hesitancy to ask for help as families understand they are not alone.

2. Respond to Individual Family Needs by Increasing Support Options, Education, and Accessibility

While some parents may hesitate to seek out individual mental health counseling, they may feel open to attending a support group or a more informal setting that offers psychoeducation about PMADs as well as information on infant care, breastfeeding, nutrition, etc. Support groups have the added benefit of reducing costs and creating opportunities for social support and friendship among attendees. By offering more support groups in a variety of locations, families who may have transportation issues or struggle to travel far to attend a group may be able to attend. Increasing accessibility can also mean offering a visit in the home or at a location of the family’s choosing based on what is convenient for them. Mental health providers with the capacity to do a home visit for a parent struggling to leave the house was mentioned frequently by providers as a need for Pierce County. Eliminating cost barriers by offering sliding scale fees when insurance does not cover a service may increase accessibility to families who are unable to pay.

Providers also noted that a one-time accelerated Childbirth Education Class, for example, was not as effective as attending shorter classes over a long period of time. Education classes should be offered at a variety of times and locations to accommodate busy family schedules, and be supplemented by on-line resources when possible to provide a “steady drip” of information. There are few topics more important than how to create a healthy environment for a child, and information is better absorbed over time with important messages reinforced multiple times.

3. Reduce Transportation Barriers

While the South Sound 2-1-1 call center serves as a centralized access point for locating transportation support, it was noted by providers that transportation services may have eligibility requirements and

do not reach all rural areas of the county. With the bulk of health providers located in city centers, increasing transportation options for families without a car is a critical component of increasing health equity along with advocating for more medical providers to locate themselves in rural areas.

4. Build Upon Existing Structures to Increase Capacity

Maternity Support Services (MSS) offered through multiple providers in Pierce County has the capacity to serve more families with supportive services starting in pregnancy, so increasing outreach efforts to improve service utilization is needed. Funding for a new evidence-based model, such as Family Connects, should build upon existing MSS by expanding who is eligible for nurse home visiting and be built into their existing infrastructure by coordinating the components needed to operate with fidelity. Providers who were asked about strategies for ensuring that Family Connects worked for our community recommended emphasizing that home visits are voluntary, and allowing the family to choose the location of the meeting or talk via phone if they are not comfortable with a home visit. Additional recommended strategies included striving to hire a diverse workforce that would culturally represent the families served, and conducting the first home visit far sooner than the recommended three weeks postpartum in order to assist with breastfeeding concerns. Being able to accommodate this early home visit as well as the recommended three-week family assessment would require Pierce County to alter the model to require a minimum of two home visits per family, rather than one.

In their December 2017 *Infant Mortality Reduction Report*, the Washington State Department of Health makes a recommendation to “require insurers to pay for at least one home visit post-partum to assess caregivers’ and newborns’ medical, mental health, and socio-economic needs and risk factors, child injury concerns, breastfeeding, car seats, safe sleep environment, newborn’s medical needs, birth control, community resources, and other factors as appropriate.” Involving funding streams through Medicaid and private health insurance companies would significantly reduce the cost burden of being able to offer services to every family with a newborn, if services are wanted.

The Help Me Grow Pierce County centralized access system should ensure a thorough scan of local resources related to pregnancy supports, breastfeeding, and early postpartum care in order to support the existing perinatal workforce in staying current with referral options. MSS providers were most interested in utilizing a Help Me Grow access point in connecting families to additional services at two months postpartum, when their services often end.

5. Coordinate with Child Care and Paid Family Leave for Seamless Service Linkage

While finding good and affordable child care was consistently noted in Help Me Grow Pierce County’s parent survey as “very hard”, asking families about their child care plans was not mentioned by providers as part of discharge planning. Having a plan for child care at birth may seem early for many families, but in Pierce County families are often on waiting lists for years to obtain a slot at their chosen child care. Ensuring that families are aware of help from Child Care Resources to locate care may be a critical part of mitigating family stress while caring for a newborn. Additionally, in January 2020 Washington State’s paid family leave policy will go into effect, but not all families may be aware of their eligibility to use these benefits. Coordinating these three systems together - birthing locations, paid family leave, and child care - could be a new opportunity for all Washington families to feel supported and become aware of their options at their critical transition into parenthood.

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Appendix A.

Community Assessment Tool for Family Connects

I. Pierce County Information

Births by Location (Pierce County, 2016)

Hospital	Birthing Center	Home	Born on Arrival	Other	Total
11,685	318	167	10	1	12,181

Source: Washington State Department of Health, Center for Health Statistics, October 2017.

Birthing Locations	Births (in 2016)
Tacoma General Hospital	3,042
Good Samaritan Hospital	2,386
St. Joseph Medical Center	4,234
Madigan Army Medical Center	2,013
Midwifery Birth Center at St. Joseph	Opened in 2016
The Birthing Inn (Tacoma)	About 150
Lakeside Birth Center (Lake Tapps, WA)	About 100
Home/other	168

II. Description

Location:	
Contact:	
General Info	<i>Facility type, history, health system</i>

Intro Sample Script:

I am a nurse at [employer], and am currently completing my BSN degree at UWT. For our community health class, we are conducting an assessment of prenatal, birth, and postpartum services available to families in Pierce County. This assessment is being done in partnership with First 5 FUNdamentals, a non-profit focused on early childhood that is leading a community planning process to improve support for parents from prenatal through age 5 called the Help Me Grow pilot project. Here is a one pager with more information about the project (provide one pager if it was not e-mailed prior to interview). To assist in this process, we would like to understand the services offered at your location, and the opportunities you see for how our county can better support families during this critical time. Thank you so much for your willingness to share your experience with me!

III. Services

Prenatal	
What prenatal care is available here? How many appointments are recommended?	<i>Medical professional types – OBGYNs, Certified Nurse Midwives, etc.</i>
What additional supportive services are available here during pregnancy? What is the cost?	<i>Centering pregnancy (group OB appointments), doulas, etc? See classes/education below</i>
Do you offer any classes prenatally or require/strongly encourage parents to attend any specific education? What skills specifically are valuable?	
What percentage of your patients are attending classes prior to delivery? (If known)	
What additional outside supportive services are referred to?	<i>Maternity Support Services, etc.</i>
Labor and Delivery	
What options are available for the type of labor and delivery a family wants?	<i>Water births, VBACs, etc.</i>
What restrictions are in place to prevent access to these options? (E.g. what medical conditions or risk would disqualify a parent from certain options)	
What services are provided during a labor and delivery stay here?	<i>Social work, chaplain, NICU, lactation specialists, etc.</i>

Discharge Procedures
Resources and referrals offered
<i>If families are provided a referral list or baby care information at discharge, please obtain copies</i>
Other
Postpartum
What postpartum medical care is provided here?
What additional postpartum services are available? Is there any follow-up after discharge? What is the cost? See classes in next question
<i>Lactation support, postpartum doulas, home visits, etc.</i>
Are any support groups offered? What are the topics? Are they well attended? With what frequency do they happen? Is there a fee associated with these groups?
Other

IV. Data

	Location:	Pierce County	WA State
Births per year		12,137 (2016)	89,873 (2016)
C-sections (separate by planned vs. emergency?)			
Successful VBACs			
Vaginal Births			
Discharge time (average length of stay)			
% of Medicaid births			
NICU Admission			
NICU Length of Stay			
Preterm births (born before 37 weeks)		985 (8.4%)	7,192 (8.0%)
Low Birth Weight (% born under a normal weight 2500-3999 grams)		6.5%	6.4%
Infant Mortality (rate of infant deaths ages 0-1)		5.4 per 1,000 live births	4.8 per 1,000 live births
Maternal Mortality			
Breastfeeding Initiation		94.4%	93.3%

Racial/Ethnic Make-up of Patients Served (they may split up these categories differently)

	Location	Pierce County
White, Non-Hispanic		73.8%
Black or African American, Non-Hispanic		6.7%
Asian / Pacific Islander, Non-Hispanic		7.5%
American Indian / Alaska Native, Non-Hispanic		1.2%
Hispanic / Latino		10.4%

V. Feedback

Explain Family Connects model sample script: “The Governor’s proposed budget for Washington includes funding for communities to provide nurse home visiting and newborn assessments for every family regardless of income, called Family Connects. Family Connects is an evidence-based model that provides just 1-3 home visits in the first 3 months of life to

check on mom and baby, and connect them to additional services based on their needs. Pierce County is likely to be one of the first counties to pilot this program, and we are working with the existing Maternity Support Services to determine how these programs could work together to reach more families.”

Do you have any feedback on what we should keep in mind for Family Connects to work well for Pierce County families?

How do you think services from prenatal through postpartum can be improved for families in Pierce County? What would you change or add?

Is there anyone else I should talk to that you can connect me with?

If you would like to receive a monthly newsletter of pilot project updates on Help Me Grow and Family Connects (if not already), please provide your preferred e-mail address.



PERINATAL
SUPPORT
WASHINGTON

RESOURCES & REFERRALS

PIERCE COUNTY

Community resources for pregnant and postpartum families in Pierce County, WA

FREE SUPPORT LINE: 1-888-404-7763 (PPMD). Perinatal Support Washington's Warmline offers free telephone support. Talk to a mom who has been there or a licensed therapist. Leave a message and we'll call you back.

FREE WELLNESS PLAN TEMPLATE to keep track of your recovery plan: perinatal-support.org/pdfs-to-download.

MEDICATION PRESCRIBERS

Multicare Good Samaritan Behavioral Health. Counseling and medication management. 325 E. Pioneer Ave., Puyallup. (888) 445-8120. Accepts Medicaid and private insurance.

Greater Lakes Mental Health Care. Therapy and medication provider for Medicaid clients. 9330 59th Ave SW, Lakewood. (253) 581-7020.

THERAPISTS

Sarah Atchison, LMFT. Integrated Therapy Services NW. Pregnancy and postpartum counseling. Accepts private insurance and Molina. www.childtherapynow.com. 3560 Bridgeport Way W, Suite 2C, University Place. (253) 460-7248.

Multicare Good Samaritan Behavioral Health. Counseling and medication management. 325 E. Pioneer Ave., Puyallup. (888) 445-8120. Accepts Medicaid and private insurance.

Alyssa Haggmann, LMFT. 2205 N. 30th St Suite A, Tacoma. (253) 254-6681. www.alysahaggmann.com. Private insurance and some Medicaid.

Teresa Eltrich-Auvil, LMFT. 105B W. Main, #105, Puyallup. (253) 310-6626. www.picketfencetherapy.com. Private insurance only. Medicaid soon.

HopeSparks. Behavior health and parent education. 6424 N. 9th St., Tacoma. (253) 565-4484. info@hopesparks.org. Hopesparks.org.

Sheryl Adams, LICSW. 11505 Burnham Dr NW #104, Gig Harbor. (253) 292-5017. Regence accepted. Has sliding scale fee.

Carrie St. John, LCSW. 6201 Pacific Ave Suite C-3, Tacoma. (253) 365-5240. <https://lifetransitions2020.com/carrie-st-john/>. Accepts most insurance plans and some Apple Health plans.

Christy Christian, LMHC. 920 Alder Ave., #203-A, Sumner. (253) 370-7970.

Suzette Kincaid, LMFT. Kincaid Counseling Services. 917 Pacific Ave Suite 305, Tacoma. (253) 242-3229. Kincaidcounseling.weebly.com. Accepts Regence and Premera.

Greater Lakes Mental Health Care. 9330 59th Ave SW, Lakewood WA 98499, (253) 581-7020. Therapy and medication provider for Medicaid clients.

CONTACTING A NEW PROVIDER

Creating your own care plan can be difficult. Enlist a friend or family member to help you, and feel free to call Perinatal Support Washington's warmline for help creating an individualized care plan.

Locating a new provider can be challenging. It is important to feel comfortable with a provider, but stick to discussing logistics at first. Once you know they take your insurance and have appointments available, then you can share more about your story and see if they are a good fit for you.

What to have on hand when you call a new provider:

- Insurance or health care card
- List of current medications

Questions to ask:

- Do you have experience with postpartum mood and anxiety disorders?
- Do you take my insurance?
- What is your experience working with women of color?
- Can I bring my baby?
- Can I bring someone else (partner, parent, friend, doula) to the session with me?
- When is your soonest appointment?
- Do you do phone appointments (Note that insurance often won't cover this.)

TELEPHONE SUPPORT

You may want to talk with someone today.

Perinatal Support WA free Warmline. (888) 404-7763(PPMD). Offers free phone support. We can help find ways to start feeling better today and provide resources and referrals in Washington.

Postpartum Support International Warmline (English and Spanish). (800) 944-4773(4PPD). A volunteer will return your call and give you information, encouragement, and names of resources near you.

Parent Trust of Washington Family Help Line. (800) 932-4673 Monday-Friday 9am-5pm. Parents and caregivers can contact the helpline coaches for individualized support, information, and referrals; parenting education and techniques; and assistance with stress reduction and advocacy.

NEW PARENT GROUPS

Support groups can provide support for moms experiencing the everyday challenges of new parenthood and those experiencing postpartum emotional challenges.

Balance After Birth for Women of Color. Thursdays, 10-11:30am. Babies up to 12 months welcome. St. Clare WIC Clinic Bridgeport Center. Contact Linda White, (253) 588-9597.

MOMS (Moms Offering Moms Support) Club. Support, activities, and service opportunities for at-home moms. MOMS Club of DuPont: www.momsclubofdupont.org. MOMS Club of Tacoma: www.momscluboftacoma.org.

MOPS (Mothers of Preschoolers, birth to Kindergarten). For moms of newborns through kindergartners. Multiple locations in Pierce County; to find the group closest to you, search at www.mops.org/groupsearch.

SUPPORT AT HOME

It may help to have a support person at home with you and your baby to offer help with the baby or chores or just to listen.

Northwest Association for Postpartum Support (NAPS). www.napsdoulas.com. Provides nurturing doula care for all mothers and families after birth. Call the Doula Referral line at (206) 956-1955 or email referrals@napsdoulas.com to find a doula near you. Washington state.

DoulaMatch. Doulamatch.net. Searchable database of birth and postpartum doulas. Includes doula availability, verified credentials, contact information, and testimonials.

BREASTFEEDING SUPPORT

Difficulty breastfeeding is a huge risk factor for perinatal mental health complications. If you're struggling with breastfeeding, reach out for help.

Breastfeeding support groups. La Leche League. www.llofwa.org/la-leche-league-south-king-and-pierce-counties. North Tacoma, 1st Friday 10:30am, location varies. llofnorthtacoma@yahoo.com. Contact Raissa, (253) 212-6159. Parkland, 3rd Tuesday 7pm, Lakeview Church of Christ, 1709 112th St. S., Tacoma. Contact Betty, (253) 539-1209.

Pierce County Breastfeeding Alliance. Breastfeeding and perinatal mental health resources in Pierce County. <http://www.pcofpc.org/wp-content/uploads/2016/04/PC-Breastfeeding-resources-3.pdf>

Breastfeeding peer counselors. Prenatal and postpartum breastfeeding education and support. Lakewood and Parkland WIC Clinics. Contact Gina Teobaldo, (253) 539-6788, ginateobaldo@chifranciscan.org.

SPANISH RESOURCES

PSI International warmline. (800) 944-4773(4PPD), #1. Apoyo de PSI para las familias hispano parlantes. Llame al número de teléfono gratuito para obtener recursos, apoyo e información gratuita. Déjenos un mensaje y un voluntario le devolverá la llamada.

CRISIS SERVICES

If you experience any of these symptoms, call 911, go to the emergency room, or use one of the resources below:

- Being afraid to be by yourself
- Hearing sounds or voices that no one else does
- Having thoughts of harming yourself
- Having thoughts of harming your baby

Pierce County Crisis Line

(800) 576-7764 or TDD (253) 798-4349. 24 hours a day/seven days a week. Speak to a mental health professional who is trained to support individuals and families who are overwhelmed and need assistance.

National Suicide Prevention Lifeline: 1-800-273-8255

Get connected with a skilled, trained crisis counselor at a crisis center in your area. 24 hours a day/7 days a week.

COMPLEMENTARY THERAPIES & WELLNESS

SourceYoga. (253) 756-8066. 2712 N. 21st St., Suite A, Tacoma. info@sourceyogaonline.com. www.sourceyogaonline.com. Postnatal yoga, gentle strength building and stretching. Infants to crawlers welcome.

Nicole Howard, LMP. Essential Healing Massage and Birth Doula Services. (253) 380-3697. 15324 Main St. E., Suite B., Sumner. Info@sumnermassage.com. www.sumnermassage.com.

Macall Gordon. Gentle Sleep Coaching and parent support. (425) 481-6470. mgordon@thatfirstyear.com, www.thatfirstyear.com. Also available via Skype

INFANT DEVELOPMENT

If you have concerns about child development or parenting, it can help to have a supportive provider like those below.

Community Health Care Infant Support Services. Provides medical, educational, and social resources from birth to 1 year. Can supply interpreters. Terri Treakle, Infant Case Manager, (253) 376-3251. Medicaid insurance pays.

Early Head Start Home Visiting. Home visits from pregnancy through age 3. Child development curriculum, activities to support development and learning. No cost to families experiencing low income or unstable housing. Interpreters available. <https://eclkc.ohs.acf.hhs.gov/programs/article/home-based-option>.

Sea Mar CHC Maternity Support Service (MSS) and Infant Case Management (ICM). Pregnancy through infants age 1 who have Washington Apple Health. MSS offers preventative health and education services/interventions for pregnant and postpartum clients. ICM offers information and assistance for medical, social, educational services for children up to 1 year. Home and/or office visits. Tacoma MSS/WIC: 1516 S. 11th St., (253) 280-9836. University Place MSS/WIC: 3560 Bridgeport Way W. Suite 1A, (253) 343-6050. Puyallup MSS: 10217 125th St Ct Suite 300, (253) 280-9836.

Parents As Teachers (PAT). Parent education via personal visits. Free to expectant mothers and caregivers of children 0-3 who live in Pierce County. IFDParentsasteachers.org, or call Melissa at (253) 414-5575.

ONLINE INFORMATION AND RESOURCES

Online resources can be helpful when leaving the house. These are our trusted resources.

Perinatal Support Washington. www.perinatalsupport.org. Information and resources for families and professionals in Washington state.

Postpartum Support International. www.postpartum.net. Information and resources for families and professionals.

Postpartum Progress. www.postpartumprogress.org. Blog and personal stories.

Postpartum Dads. www.postpartumdads.org. Help for dads and families by providing first-hand information and guidance through postpartum depression.

ICAN International Cesarean Awareness Network. www.ican-online.org. ICAN South Sound Facebook group (<https://www.facebook.com/groups/ICANOnline/>) provides support and local information. Periodic in-person meetings in Pierce County.

UppityScienceChick.com. Easy-to-read printouts on medication and medication alternatives for postpartum depression.

PATTCh (Prevention and Treatment of Traumatic Childbirth). Information and resources for families and professionals about traumatic childbirth.

SMARTPHONE APPLICATIONS

MommyMeds. Check safety of medications used while pregnant and breastfeeding.

MGH Perinatal Depression Scale (MGHPDS). Screening for perinatal depression.

ONLINE SUPPORT

PSI Closed Facebook Group.
www.facebook.com/groups/25960478598

PSI private online forum.
www.smartpatients.com/partners/postpartumprogress.

PPMD Support Group chatroom.
www.tapatalk.com/groups/postpartumdepression.

Solace for Mothers. Online support community for traumatic birth. <http://www.solaceformothers.org/online-forum/online-community-for-mothers/>