

## ***Baby Blossoms Collaborative (BBC)*** ***Preconception Health Program- Now*** ***and Beyond***

Location: Omaha Nebraska

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Category: **Emerging Practice**

### **BACKGROUND**

From 2003-2006, the overall infant mortality rate for Douglas County dropped to 6.5 per 1,000 live births compared to the 7.6 average for 1999-2003. However, the rate for African Americans remained higher at 13.8 versus 4.9 for non-Hispanic whites during the 2003-2006 period. The Nebraska Department of Health and Human Services reported in 2006 that the infant mortality rate for African Americans in Nebraska remained twice the rate for white babies. Frustrated by stagnate statistics and a widening health disparity gap, local agencies partnered to create the Baby Blossoms Collaborative (BBC). BBC used a process known as the Perinatal Periods of Risk (PPOR) to understand the contribution of key components of fetal-infant mortality. PPOR was created by Dr. Brian McCarthy and colleagues at the CDC and the World Health Organization, and adapted by CityMatCH through funding by March of Dimes, CDC and the Maternal and Child Health Bureau. The findings from this research have been incorporated into a community-based strategic plan, "Blue Print for Action." These findings identified three areas of concern: maternal health/prematurity, maternal health, and infant health.

The collaborative then began the task of developing clear vision, goals and objectives to attack the longstanding problem of infant mortality. The collaborative developed two primary objectives; examining the root causes of infant deaths, and unifying and enhancing existing health efforts. The BBC's overall goal is to improve the health of women and infants by eliminating disparities and reducing fetal-infant mortality in Douglas County. In the area of maternal health/prematurity, the sheer number of babies born at dangerously low birth weight contributes significantly to the infant mortality rate (61% of all very low birth weight deaths can be attributed to this finding).

### **TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED**

**#10:** Percent of adolescents with a preventive services visit in the last year.

In 2005, the Douglas County Health Department (DCHD) received Title V funding for a preconception health program entitled *Now and Beyond*, which educated women about the importance of a healthy lifestyle and the value of planning a pregnancy. Seven sites were trained and 80 women were educated. These women set goals for healthier lifestyles and were followed up at 1, 3, 6 and 9 month intervals.

### **PROGRAM OBJECTIVES**

The primary objectives of this program were to:

- Train health care professionals to use the *Now and Beyond* toolkit so that they can use the information to inform their patients
- Involve at least 10 community trainers in a training program using the *Now and Beyond* toolkit, and the Douglas County MCH resource brochure
- Provide a comprehensive toolkit for preconception health to the wider community in an alternative format
- Collect evaluation information from the four pilot sites as well as feedback from any other participating sites

### **TARGET POPULATION SERVED**

*Now and Beyond* was targeted to women of childbearing age (12 - 44) who received services at partnering BBC maternal and child health agencies.

### **PROGRAM ACTIVITIES**

Over the course of three years (2005-2008), maternal health/prematurity was addressed through the *Now and Beyond* preconception health program. First, a train-the-trainers approach was used to train BBC partners on how to use components of the *Now and Beyond* toolkit to educate clients in a clinic setting. Clients were then recruited to participate in a pilot. The training tools (flip books) emphasized planning for a healthy pregnancy before

becoming pregnant and a healthy lifestyle throughout pregnancy. The tool contains 22 risk reduction strategies for healthy birth outcomes.

The next step was to develop a brief intervention message focused on the top three health issues determined by the participants. The top risk reduction strategies chosen were (a) attainment of healthy weight before pregnancy and during pregnancy (increase physical activity and healthy nutrition- folic acid) (b) maternal strategies for stress reduction (depression) and living without violence, and (c) avoidance of tobacco.

Then revisions were made to the toolkit. The revisions included the 5A's plan of brief intervention model; (1) ask- identify women of childbearing age (12 - 44) at every visit to initiate conversation about women's overall wellness (preconception), (2) advise- encourage all women to begin thinking about a plan about a baby either to plan not to have a baby right now or plan to have a healthy baby in the near future, (3) assess- ask what they are willing to do to be healthy and plan for a healthy pregnancy, (4) assist- help with a plan (goal setting) and prepare them for the challenges, and (5) arrange- plan follow up care if possible/necessary.

Finally, Baby Blossoms Collaborative (BBC) partners and DCHD staff were educated through training on how to apply now and beyond preconception wellness to a Brief Intervention concepts and techniques. The participants were educated on concepts and techniques of motivational interviewing and brief intervention, and given an opportunity to practice role play and then provide feedback through large group discussion. Both groups were asked to apply these techniques over a 3 week period and bring back lessons learned to part 2. At part 2 the education concepts and techniques of motivational interviewing and brief intervention were reviewed and the participants were given an opportunity to provide feedback through large group discussion.

### PROGRAM OUTCOMES/EVALUATION DATA

Through training and implementation of the pilot program, partnering agencies now have a greater understanding of the impact that preconception health has on birth outcomes. Training on Brief Intervention and the 5 A's of Motivational Interviewing provided health professionals with skills that enabled them to move clients toward behavior change. Providers continue using these tools to educate clients at their respective sites, and have reported positive results. Over 40 professionals from four main agencies were trained during this pilot program and they were receptive to additional training and tools to move preconception health to a higher level of awareness in the community. Three of the four agencies now utilize the *now and beyond* preconception health elements.

Approximately 80 women participated in the pilot. The top three behavioral improvement goals chosen by the participants were: daily exercise, improved eating habits, and achieving best weight. During the pilot, 100% of the women chose goals to improve their health. During the 9 month follow period more than half maintained success. This was largely due to the balance of importance, confidence and motivation for healthier change, a developed rapport between client and professional, and for some, the gift card incentives given at each follow up.

### PROGRAM COST

This program was funded by the MCH block grant for a three year period (\$36,710 /year). The budget included the salary for one full time staff, data analyst, and a graphic artist. The funding was also used for materials, tool kits, client incentives, training sessions, mileage reimbursements, printing etc.

### ASSETS & CHALLENGES

#### Assets

- There was a desire to address the state's racial disparity regarding infant mortality
- The Baby Blossom Collaborative was important to the success of this program

#### Challenges

- Retaining participants so that they completed the program
- Delays in carrying out the program activities due to lack of workforce

#### Overcoming Challenges

Program staff was able to overcome challenges by:

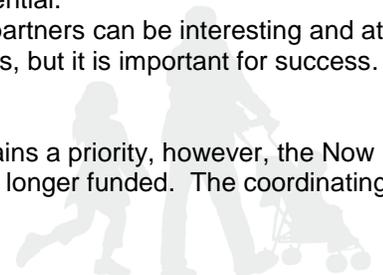
- Making the most of resources
- Listening to the needs of partners involved
- Being flexible with the clients
- Delegating responsibilities when appropriate

### LESSONS LEARNED

- There is a benefit to building the knowledge of best practice locally, statewide and nationwide.
- The development of practice based tools and resources allow front line staff to better implement theoretical concepts.
- Incentives can make a difference.
- Feedback from both the clients and the front line professionals is essential.
- Consensus among partners can be interesting and at times difficult process, but it is important for success.

### FUTURE STEPS

Preconception health remains a priority, however, the Now and Beyond program is no longer funded. The coordinating



agency received funding for BBC infrastructure including preconception health. However, half of the participating agencies receive no financial support or incentive for their participation.

### COLLABORATIONS

The eight sites that participated are Douglas County Health Department- Women Infant Children (WIC), Douglas County Health Department, Community Health Workers, Essential Pregnancy Services (EPS), Fred LeRoy Health Center, Omaha Healthy Start (OHS), University of NE at Omaha Student Health Services, University of NE Medical Center-OB/GYN and Visiting Nurse Association (VNA).

Although eight sites participated in the *Now and Beyond* program intervention, this project is a part of the overall BBC efforts, which has 35 community partners. The BBC Collaborative participated in the evaluation and oversight of this project.

### PEER REVIEW & REPLICATION

This work has not been presented or published.

Elements of this programming have been replicated among BBC partnering agencies, but it has not been replicated outside of Douglas County, Nebraska.

### RESOURCES PROVIDED

- Tool kit Includes:
  - CD
  - Flip book
  - Pre & post Evaluation
  - Resources
  - Reporting
  - Certificates
  - Power point
  - journal
  
- 5 A's reference card

These resources were used during the implementation of the project; however this program is no longer funded.

For more information about the Perinatal Periods of Risk, please visit: [http://www.citymatch.org/ppor\\_index.php](http://www.citymatch.org/ppor_index.php)

**Key words:** Preconception Health, Smoking Cessation, Infant Mortality, Health Disparities, Workforce Development

**\*\*For more information about programs included in AMCHP's Innovation Station database, contact [bp@amchp.org](mailto:bp@amchp.org). Please be sure to include the title of the program in the subject heading of your email\*\***

