



Los Angeles Health Overview of a Pregnancy Event Project



Shin Margaret Chao, PhD, Lauren Frank, MHS, Cathleen Bemis, MS, Ming H. Lee, MPH, L.Ac, Carmen Gutierrez, Melisa Price, BA, Chandra Higgins, MPH, Rachel Golden, DrPH, MPH, Angel Hopson, MSN, MPH, Diana Ramos MD, MPH, Cynthia Harding, MPH
Maternal, Child & Adolescent Health Programs, Los Angeles County Department of Public Health

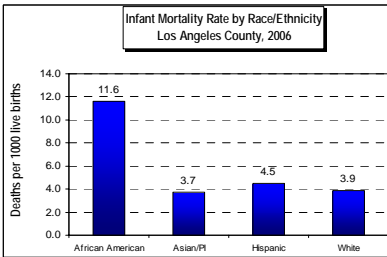
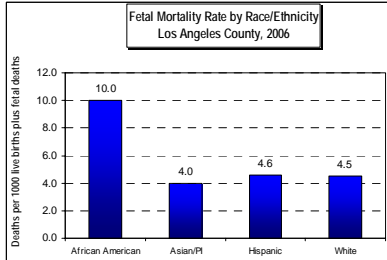
CHALLENGES

Los Angeles County (LAC) in 2006:

- 738 Infant deaths and 759 fetal deaths
- High fetal infant mortality rates among African American women and in Service Planning Areas (SPA) 1 & 6

Traditional FIMR Challenges

- Requires a tremendous amount of time to extract medical information at clinics or hospitals
- Information related to maternal risk taking behaviors during pregnancy and health system-related issues are often not well documented



OBJECTIVES

- Applying an epidemiological approach to identify risk factors related to fetal and infant loss
- Establishing a surveillance system in LAC to monitor maternal/infant health indicators related to fetal/infant loss.

METHOD

- Step 1:** Contacted LA County moms 7 to 9 months following an infant or fetal loss; random sample stratified by SPA; oversampled African American mothers
- Step 2:** Mailed surveys with telephone follow-up administered in English and Spanish with translation available
- Step 3:** Provided grief and bereavement resources and \$20 gift certificate with mailed survey regardless of whether moms chose to respond
- Step 4:** Combined results with information from birth/death records

RESULTS

L.A. HOPE Demographics

- Of 667 moms contacted, 272 responded to the survey.
- Average age of mother at delivery: 32 ± 9 Yrs
- Race/ethnicity distribution:

African American	9%
Latina	65%
White	21%
Others	5%

Table 1. Preconception Health Conditions

- Uninsured: 38%
- Unintended pregnancy: 38%
- Did not take multi vitamin: 77%
- Smoking 6 months before becoming pregnant: 11%
- Prior Obstetrical History**
 - Prior miscarriage: 28%
 - Preterm birth: 18%
 - Low birth weight birth: 17%
 - Still birth: 13%
 - Infant death: 6%

Maternal Medical Conditions Prior to Pregnancy

- Overweight: 42%
- Anemia: 8%
- Periodontal disease: 7%
- High blood pressure: 4%
- Diabetes: 4%

Table 2. Psychosocial and Risky Behavior Issues During Pregnancy

- Depressed: 37%
- Lost interest in hobbies that they normally enjoyed: 36%
- Somewhat unsafe or not safe neighborhood: 25%
- Smoking: 5%
- Exposed to second hand smoke: 11%
- Drank alcohol: 11%
- Used drugs: 2%
- The top five stressful life events experienced:

- Argued more than usual with their partner	28%
- Moved	21%
- Had financial problems	18%
- Someone close died	11%
- Divorced or separated	7%

"I felt sad, empty and depressed during my pregnancy, because I was sick and could not function."

"I went through a lot of things during my pregnancy that I don't understand and I don't know why my baby died."

- LA HOPE Moms

Maternal Medical Conditions During Pregnancy

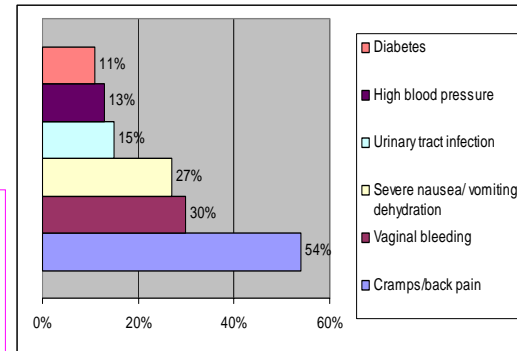


Table 3. Prenatal Care

- Lack of adequate prenatal care: 35%
- Late onset of prenatal care: 7%

Table 4. Grief and Bereavement

- Offered bereavement material: 76%
- Given information on burial arrangement: 81%
- Offered information on support group: 73%
- Received individual counseling: 16%
- Felt religion provided the best support: 42%



"Spoke to doctor about cramps back pain during 4th to 7th month of pregnancy, but doctor gave no treatment and said it was normal."

"My main reason for going to that clinic was for my blood pressure, and I didn't get treated for it."

- LA HOPE moms



"I was very impressed with all the help that the hospital gave."

"I felt neglected at the hospital when I had my baby."

"I need advice for my next pregnancy."

-LA HOPE Moms

FROM DATA TO ACTION

Findings will be shared with community stakeholders, including faith-based org. Several recommendations for action steps include:

- Focus on **preconception health**, so women can prepare for healthy births before becoming pregnant.
- Create a **system to identify high-risk women**, both to themselves and their doctors, so that additional prenatal care services can be provided.
- Focus on **assessing the mental health** of pregnant women and providing support to those in need of services.
- Expand **grief and bereavement resources**; increase awareness of these resources through community referral systems.