

The Healthy Start TA & Support Center (TASC) launched a fifth CIGNAL project focused on preterm birth (PTB). <u>CIGNAL for Preterm Birth</u> aimed to enhance and strengthen the capacity of Healthy Start (HS) grantees to identify and execute strategies to assure improved and equitable prenatal care services for their HS clients to facilitate a decrease in PTB.

In this iteration of CIGNAL, the TASC hosted a webinar for HS grantees in partnership with Dr. Divya Mallampati, a Perinatologist and Maternal-Fetal Medicine Specialist from the Division of Fetal Medicine and Department of Obstetrics, Gynecology, and Reproductive Sciences at the University of California San Francisco. During the webinar, Dr. Mallampati shared clinical pearls about PTB; HS grantees explored best practices and challenges for addressing PTB in their communities; TASC Executive Project Director, Kenn Harris, shared his personal story and experience with PTB; and grantees gathered resources and tools for testing strategies in their own communities.

Grantee-identified Best Practices for Preventing Preterm Birth

- 1. Encourage clients to attend their prenatal appointments
- 2. Tailor education to the community and use visuals/storytelling
- **3.** Provide preconception/interconception education (e.g., information about birth, birth spacing, reproductive life plans, birth control options)
- **4. Provide prenatal education** (e.g., information about managing chronic conditions, communicating with providers, self-care)
- **5. Offer mental health counseling** before, during, and after pregnancy
- 6. Meet clients where they are (e.g., offer home visits)
- **7.** Engage community health workers (CHWs) and other staff who are from the community
- **8.** Partner with health care providers to bring information to the community (e.g., classes, focus groups)
- Engage doulas and clinical social workers to advocate for clients and help build trust within the health care system
- 10. Support case managers in coordinating closely with clinical health care providers/being present during client interactions with hospital staff
- 11. Engage and involve fathers
- 12. Develop a meal delivery program to address food insecurity
- 13. Provide transportation (e.g., distribute bus tickets, pay

Grantee-identified Challenges Around Preterm Birth

Social & Community Challenges

- 1. Language barriers
- 2. Limited access to cell phones/telephones
- **3.** Lack of transportation (especially if baby is in the NICU)
- **4.** Lack of childcare (especially if baby is in the NICU)
- 5. Return to work/no time to recover from birth
- **6. Cultural and/or family traditions** that may increase risk of preterm birth
- 7. Limited father involvement (e.g., low attendance at prenatal visits, challenges forging bonds between father and pregnant person)
- 8. Engaging clients in HS during the early prenatal period
- Maintaining contact with clients who seek care outside community
- 10. Maintaining contact with clients who are unhoused
- 11. Social supports and environmental factors that work against the work of HS (i.e., systems that don't support the education, skills, and knowledge being passed on from the programs)
- **12.** Limited ability to address families' needs (e.g., housing)

Grantee-identified Challenges Around Preterm Birth. Continued

Clinical Challenges:

- 1. Limited access to prenatal care, especially in rural areas
- 2. Barriers to keeping and attending prenatal appointments
- 3. Substance use and lack of self-reporting
- 4. Limited awareness about importance of prenatal care/PTB warning signs (especially for those who have previously had full term pregnancy)
- 5. Limited knowledge around family health history
- 6. Focus on clinical and medical care, not social determinants of health
- 7. Provider shortages, especially for high-risk pregnancies, forcing clients to seek care outside community
- 8. Lack of trust in the healthcare system and feelings of isolation/fear (especially for Black clients in majority White clinical environment)
- 9. Lack of co-location of health care services
- 10. Misinformation, especially spread through social media

Grantee-identified Strategies for Addressing Challenges Around Preterm Birth

- 1. Enroll pregnant people during the early prenatal
- 2. Increase awareness of PTB/warning signs by breaking down information
- 3. Educate fathers around prenatal health, including
- 4. Help pregnant clients establish their support **system** (e.g., father, family, friends)
- 5. Help working pregnant clients develop a plan for self-care, especially if they work on their feet (e.g., recommend bed rest if necessary)
- 6. Refer clients to smoking cessation programs, if
- 7. Support clients in addressing housing issues (e.g., provide deposit to secure housing, if possible)
- 8. Educate case managers/CHWs around framing conversations with clients in order to elicit the information needed to support them
- 9. Host a monthly Quality Improvement meeting to review risk factors/ determinants of health that clients face
- 10. Develop partnerships within communities to help address social determinants of health
- 11. Partner with community organizations to host support groups for clients

Too Many, Too Small, Too Soon

It is essential to establish systems of support for families experiencing preterm birth at different levels:

- Individuals/families:
 - Engage partners or other family members as advocates to support family in the hospital
- Healthy Start Program:
 - Develop partnerships with clinical and hospital staff, including OB/GYNs
 - Invite them to join the Community Action Network/Consortia so they can serve as advocates for HS clients
- Hospitals:
 - Establish spaces to provide emotional support to families (e.g., bereavement, grief)

Preterm Birth Resources

Preterm Birth Resources for Clients

- Preterm Labor and Birth
- Preterm Labor and Premature Birth: Are You at
- Caring for a Premature Baby: What Parents Need to Know
- Preemie Parent Support (Graham's Foundation)

Preterm Birth Resources for Clinicans

- Preterm Labor and Birth (ACOG)
- Premature Birth (CDC)
- Preterm Birth (CDC)
- Preterm Birth Prevention Alliance

State Initiatives and Protocols: The following are a few examples of state-based protocols to address preterm birth. If your state is not here, we encourage you to search for your state perinatal quality for related protocols and guidance. A full list can be found on the CDC website.

- California Perinatal Quality Care Collaborative
- Michigan Perinatal Quality Collaborative
- Prematurity Prevention (Progesterone) Project (Ohio Perinatal Quality Collaborative)

Healthy Start TA & Support Center Resources

- Request 1:1 technical assistance with Quality Improvement Advisor, Jane Taylor, to help your HS project further develop and test change idea strategies. To request TA, visit the Healthy Start EPIC website, click the "HS EPIC Center Tab" and select "Request Technical Assistance."
- Connect with the TASC at healthystart@nichq.org