

Orange County Program Nurtures New Moms and Pregnant Women

A child is born into poverty every two hours in Orange County. These children account for nearly 41% of the 42,000 babies who arrive there each year. These babies face double jeopardy: Infants of low-income, medically underserved mothers are at higher risk for poor birth outcomes and subsequent health problems, and poverty is the single most powerful factor that can influence brain development, according to the Thirteenth Annual Report on the Conditions of Children in Orange County published in 2007. The devastating effects of poverty on child development include delays in physical, cognitive, language, and emotional development, according to the report, which was produced by the Orange County Health Care Agency; California State University, Fullerton; Orangewood Children's Foundation; and Children and Families Commission of Orange County.

Additionally, the maternal death rate in the U.S. rose to 13 deaths per 100,000 live births in 2004, from 12 per 100,000 in 2003, according to statistics released in 2007 by the National Center for Health Statistics. This is the first time the rate has been above 10 since 1977. While many factors may be at work, the increase can be at least partly attributed to obesity and its complications, including diabetes. Those living in poverty, who often lack insurance and have low levels of education, are more vulnerable to chronic health conditions such as diabetes. Another likely contributor to the increase, inadequate prenatal care, is a problem among the uninsured and underinsured.

The county's Maternal Outreach Management System (MOMS) works to counteract all these risks. The organization, which began in 1992, has served thousands of uninsured or underinsured Orange County mothers and their babies, including 4,600 women between July 1, 2006, and June 30, 2007. Its mission: to help women and their families have healthy babies by offering healthcare coordination, education, and access to community services. This is accomplished through home visits that provide one-on-one education and support during a pregnancy, beginning in the first trimester when possible, and through the child's first year. Pilot projects and rigorous evaluation drive specific components of the program. For example, while the program had made great strides in improving the physical health of mothers and babies by the late 1990s, 50% of babies were still not meeting developmental milestones.

In 1999, MOMS began first-year interventions aimed at helping infants reach those milestones on time through education for parents on early brain stimulation, modeling positive play behavior, and developmental screenings. Other programs include access to prenatal care, health screenings for mother and baby, health education, and enhancing parenting skills. The program has decreased rates of prematurity and improved infants' birth weights and health and development. The mothers have measurably decreased their risk of diabetes, heart disease, and hypertension, all potential contributors to higher risk of maternal death.

MOMS coordinators

What makes this program unique is the use of

Eighteen maternal-child health coordinators conduct home visits under the supervision of registered nurses, six coordinators to each RN. All coordinators have a bachelor's degree and have completed a three-month training program led by an RN, says Pamela Pimental, RN, chief executive officer of MOMS. The coordinators are typically from the communities they serve, which include Spanish-speaking, Vietnamese-speaking, and English-speaking mothers.

There are two distinct advantages to using health coordinators, Pimental says. One is the level of trust between them and the mothers, which Pimental attributes largely to the fact that the coordinators are not seen as authority figures or threatening in any way. The second advantage is that coordinators can conduct frequent intervention and visitation over a longer period of time at less expense, which makes it possible to serve a larger proportion of the at-need population.

Coordinators are closely supervised by an RN who assesses the data, oversees the planning of care, and advocates for clients in the healthcare system. When an RN identifies a mother who is medically high risk, the case is transferred to a public health nurse. In the field, every coordinator has a cell phone, with an RN and a social worker available at all times. Supervising RNs work hard to build strong teams, Pimental says.

Demand for the program far exceeds its ability to serve. The latest data shows 14,000 low-income babies in the county, with MOMS serving almost 5,000.

Better outcomes

The lucky ones who are served experience better outcomes. Only 5% of MOMS babies are low birth weight, MOMS mothers are less likely to deliver prematurely, and babies are less likely to be admitted to neonatal intensive care units. Ninety-eight percent of the babies are on track developmentally.

The program takes a broad view of the mother's health, looking at her physical safety, financial health, relationships, and anything else that can affect the pregnancy and birth.

The program tracks the number of times a mother received prenatal care, the number of appointments missed and whether they were rescheduled, prematurity, gestational age at delivery, birth weight, initiation of breastfeeding, immunizations, nutritional status, and environmental safety. Episodic gynecologic care, family planning, and lifestyle factors are also tracked for the mother.

An appropriate care plan is developed in cooperation with the mother, health coordinator, and RN. That plan outlines the mother's risks, sets common goals with the mother, and tracks whether the goals were accomplished, Pimental says. The plan is updated and reviewed at each interaction.

The program is already addressing factors that could help reduce the risk for maternal mortality and morbidity, she adds.

I think the maternal death rate is highest among those who receive no prenatal care. Birth certificate data asks if you got prenatal care, and if a mother went one time, even just for a pregnancy test, that counts. But it's about adequacy of prenatal care. Where we feel we're making an impact on that maternal mortality rate is ensuring there is adequate prenatal care and removing all the barriers to getting that. That cuts across all lines, not just the poor. I'm never going to say MOMS is preventing mortality, but I know what we do helps reduce the risk.

When signs of a birth, mothers to maintain the stability of mood, once the contractions started, the birth process started, not Luanhanluannao, irritability will be exhaustion, delaying labor and increase suffering. Should strengthen their confidence and believe in their doctors and midwives with the help will be safe, smooth delivery. Small appropriate prenatal campaign to remind the latter part of pregnancy, pregnant women should conduct a proper campaign, such as pregnant women do gymnastics, walk and so on. Even in labor, not to early to lying in bed, sits flat because the fetal head is not conducive to decline. As long as the fetal membranes has not been broken and can take appropriate indoors, squats, sit, stand, this can not only help women relax, but also ...

The incidence of complications, contribute to rapid delivery, (4) accept the pregnancy education (5) have never tried to eat some of the new varieties of vegetables (6) read a knowledge of the pregnancy books, (7) ahead of schedule Three months to renounce the use of chemical contraceptives, (8) quit smoking; (9) taking prenatal vitamins (including folic acid); (10) to find a companion with you to begin a healthy lifestyle, (11) pay attention to the menstrual cycle, which would Helps you know when ovulation and projected conception of time and can accurately calculate pre-production period (12) If you want to change a new doctor, please complete and Yun Qian to visit ... signs of labor (48) in childbirth The former as an image; ...

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March 11, 2008 you wrote here, I see two classes of notes, not really white to hospitals. Very important information before the symptoms of 1,10 minutes of the pain first before they can go to the hospital two, see red with the amount of menstrual only to go to the hospital almost the above two are directly linked to the emergency room, you can play To the hospital. 3, with the volume of amniotic fluid broke, like urine, lying in bed not moving directly call 120, Health and the Hospital to your note ...

Each prospective mothers have experienced prenatal waiting for the moment of tension, when there is some sign of when prenatal Buyao Huang, here to teach you some ways to identify and deal with strokes of: 1, contractions - the most powerful evidence of uterine contraction (Chang Referred to as the contractions), at the beginning, seems to be blunt back pain, or tingling, radiation down to the thigh. With the progress of time, the contractions may occur in the abdomen, like the cyclical intense pain. How do When the contractions seems to have the law at the time of its record, if you think they have been in labor, can call a hospital or midwives. Unless the contractions occur in the very frequent (every five minutes 1), or very sore ...

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Beijing called the Ministry of Health hospitals. In obstetrics and gynecology, now mainly engage in labor medicine. Now deputy director of the department, is the chief physician. Moderator: The first question to ask the Romanian teachers, labor What are the symptoms and signs of it Lolli, maternity experts: a performance in the middle trillion, a bit of a start bleeding, which is in labor may appear on the first three days, there are people in the labor a little before falling stomach flu, a bit of the uterine contraction. Mainly two aspects, one is a small amount of vaginal bleeding, on the one hand there is the uterus Zhuizhang flu. After such a situation, recently to labor, not necessarily immediately enter the labor state. Moderator: I ...

The emergence of signs of labor, the hospital at any time to prepare. ... Wages are 70 per cent of the 70 percent of hair; dissatisfied with the service for four years for six years, my wages by 70 percent to 80 percent hair; dissatisfied with the service for six years in August, according to my wages 70 % Of the 90 percent of hair; service for eight years and above, by 70 per cent of my salary to 100 percent of the 2, prenatal leave, 80 percent of the wages in accordance with the Shanghai labor protection to female workers, Article 18 , According to the provisions of the enjoyment of prenatal leave my original wage by 80% to wages. Wages are an integral part of what According to the State Council approved, by the National Bureau of Statistics released on the total wages of the provision provides that. ...

Pregnant women should adjust to routines and to have adequate rest. 5, on time-seizure: pregnant women should be in accordance with the regulations of the time-seized, early detection of problems, such as pregnancy diabetes or pregnancy-induced hypertension, and timely treatment, can reduce the opportunities for abortion, but also to ensure the safety of the mother. 6, to prenatal education: pre-natal education can provide information that will allow pregnant women to understand the physiological changes of pregnancy and should pay attention to issues. Ignorance will lead to risks such as smoking in many pregnant women do not understand their own clothes or medicine on the chaos caused by the baby s injuries, nor do I know the danger signs of pregnancy. To participate in the various hospitals prenatal education, can be ...

Producing about two weeks ago to stop working, some good, good working conditions for pregnant women to work even if the symptoms do not appear in labor for the night. However, if pregnant women suffering from more serious diseases, or prenatal examination revealed a significant abnormalities, pregnancy complications or important, it should be ahead of rest. When doctors started to listen to the views of prenatal life to remind prenatal care: in the third trimester, prenatal care is two weeks time. In addition to monitoring fetal growth, but also can see whether the normal function of the placenta. Doctors through prenatal checks to determine your mode of delivery. Drugs: to the third trimester, most of the problems you may be a headache legs and feet ...

About the Author

From include.nurse.com:

If prenatal vitamins cause a large glycemic excursion, then the best prenatal vitamin would be one that produces the lowest.

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Learn all about pregnancy and fertility. Your best prenatal vitamins and ovulation test kits. Plus tips for getting pregnant and a free ovulation.

Learn about Prenatal Vitamins including potential side effects and drug interactions.

Easy to swallow Prenatal vitamins from Pregnancy Plus are perfect for trying to conceive, pregnancy.

Expecting mothers need special nutrients to help their babies develop. Prenatal vitamins are a unique formulation of vitamins designed to maximize.

Prenatal Vitamins that Provide the Exact Nutrients Needed Before, During, and After Pregnancy. Finally, a Prenatal Vitamin that is Safe and Perfectly.

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