

*Guilford County Coalition on Infant Mortality
Adopt-A-Mom Program*

Interim Report
November 2008

As of October 31, 2008, the Coalition's Adopt-A-Mom program has served 3,668 women in Guilford County and has involved 17 OB-GYN practices (11 in Greensboro and 6 in High Point). At this point, 2,431 women (66%) have completed the program, 138 women (4%) were transferred to the High Risk Clinic, 238 women (6%) moved or transferred to private care, 62 women (2%) have become Medicaid eligible, and 424 women (12% are current patients. In all, 8 women (less than 0.3%) have been released from the AAM program. A few women (133, 4%) have miscarried and six have terminated (less than 0.2%). There have been eight stillbirths and two infant deaths (less than 0.3% combined). (See Table 1.)

Seventy-three women (2%) withdrew from the program: they went for one or two prenatal visits but did not continue with their prenatal care; these women subsequently gave birth. Most of these women (79%) were Hispanic; others were from Africa, Asia, Europe, Canada, and the US. There were another 145 women (4%) for whom we could not obtain information. These women either never went to their initial prenatal appointment or completed the initial visit and perhaps one more, but had no other prenatal visits. Attempts to contact these women or their mentor/interpreters were unsuccessful. Moreover, we were unable to find any record of a birth to these women. Three-fourths of these women were Hispanic; others were from Africa, Asia, and the US. We assume these women moved from the area, either elsewhere in the US or back to their native countries.

The number of women served has shown a dramatic increase over the 17 years of the program. During the first 3 years (ending June 1992, 1993, and 1994), the program averaged 28 new clients a year. By 2000 and 2001, the program was serving almost 200 new clients per year. During the year ending June 30, 2004, the program served 327 new clients, a rate far surpassing any previous year. For 2005 and 2006, about 400 new clients were served each year. In the year ending June 30, 2007, 448 new women were served, ***an all-time record high***, and 16 times the number of women served when the program began. The trend continued this past year (July 1, 2007 - June 30, 2008) with the program serving 428 new clients. (See attached graph.) During the first four months of the current program (July through October 2008), 149 new clients have entered prenatal care through the program; if this trend continues, 2009 will match the record-high of 2007.

The average age of the women being served is 25.7 with the youngest being 13 and the oldest 48. Two-thirds of the women are in their twenties (63%), with 24% in their thirties or forties, and 13% being adolescents. Half of the women in the program are married; a few are separated, divorced, or widowed (2%), and the rest are single (48%).

The racial/ethnic backgrounds are varied with the largest group being Hispanic (74%), followed by fewer numbers of Black (15%) and White (4%) women, and even smaller groups of Asian, Arabic, and South American Indian women (7% combined). The large Hispanic population presents one problem for prenatal care and birth experience: the

language barrier. Only 28% of the women entering the program speak English; the rest of the women speak Spanish (66%) or another language (7%). The proportion of Hispanic clients has been increasing over the 17 years of the program, from 25% during the first three years to 82% for the immediate past year and 87% so far this program year.

To date, over half of the women (55%) have chosen to participate in the mentoring phase of the program. During 2003 and 2004, there was an increase in the percentage of women opting for a mentor with 76% and 70%, respectively, choosing to participate in mentoring. The percentage was down (55%) and closer to the overall rate for 2005 but increased to 71% in 2006. During the year ending June 30, 2007, a record-low of 24% chose to participate in mentoring. This past year the figure increased to 51% and so far this program year has increased to 88%. Because of the language barrier, there has been a shift in the mentoring part of the program. In the past, a number of church groups and individuals provided mentoring services, such as transportation for doctor visits, friendship, baby showers, language interpretation, etc. At the present, language interpretation is the most pressing need and those services are provided by a friend or an AAM staff member. Some patients are receiving mentoring through volunteer doulas and/or the Coalition's Case Manager.

Full pregnancy and delivery information is available for the women who have completed the program. Partial information is available on women currently in the program, women transferred to the High Risk Clinic, and women who have moved or withdrawn from the program.

For almost half of the women (43%), this pregnancy is their first child. The rest of the women have from one to nine other children. Over the 17 years of the program, similar numbers of women entered prenatal care during their first (41%) or second (49%) trimester, with 10% entering during their third trimester. However, during 2006, almost two-thirds (65%) of the women entered care during their second trimester; only 28% entered during their first trimester. That trend continued in 2007 with only 31% entering care during the first trimester. There was much improvement during the past year (ending June 30, 2008) with 51% of the women entering care during their first trimester and only 5% entering during the third trimester. During the first four months of the current program year, 47% of the women began their prenatal care in the first trimester with 8% starting in their third trimester. The range for the beginning of prenatal care was from 4 to 40 weeks gestation, with the average being 16.3 weeks.

The women who completed the program made from 1 to 26 prenatal visits, averaging 10.4 visits per patient. [Note: the number of prenatal visits completed is affected by the time of entry into prenatal care]. If we define adequate prenatal care as beginning before the third trimester and consisting of at least 10 prenatal visits, almost 60% of the Adopt-a-Mom women received adequate care.

There is one remarkable statistic: 74% of these women have NOT missed a single prenatal appointment!!! Ninety percent have missed no appointments or only one appointment.

While 138 women experienced pregnancy complications which resulted in referral to the High Risk Clinic, 24% of the women remaining in the program experienced less severe complications. Among problems experienced by patients were pregnancy-induced hypertension, gestational diabetes, twins, premature rupture of membranes, HELLP syndrome, intrauterine growth retardation, bleeding, incompetent cervix, nausea/vomiting, shortness of breath, polyhydramnios, edema, eclampsia, anemia, elevated AFP, hyperemesis, poor diet, Group B strep, late prenatal care, and preterm labor.

Now for the good news! Among the women who have completed the program (and for whom we have complete birth information), there were 1,156 girls and 1,268 boys, including seven sets of twins. Birthweights ranged from 300 to 5425 grams (.7 to almost 12 pounds). Only 86 babies (3.6%) weighed less than 2500 grams (5.5 pounds), with eight of these being twins (it is much more common for twins to be born premature). Only 8 infants (0.3%) weighed less than 1500 grams.

The overwhelming majority (90%) of the infants were full-term (born between 38-42 weeks gestation). Nine percent were born between 34 and 37 weeks, with 16 infants (<1%) being born prior to 34 weeks. Three infants were post-mature (born after 42 weeks). Infant problems included prematurity, small for gestational age, large for gestational age, and abdominal hernia.

The majority of the deliveries were vaginal (83%), with a few C-sections (17%). Over 86% of the deliveries were uncomplicated. Complications included meconium staining, amnionitis, prolapsed cord, maternal fever, fetal tachycardia, bradycardia, failure to progress, cephalopelvic disproportion, non-reassuring fetal heart rate, shoulder or other breech presentation, arrested descent/labor, elevated maternal temperature, prolonged second stage, and the cord around baby's neck/shoulders.

There is almost as good news among the women who were transferred to the High Risk Clinic. One woman lost her twins and another woman had a stillbirth at 29 weeks. Among the other women, there were 42 boys and 31 girls delivered, including two sets of twins. Twenty-two infants (32%) were born prior to 38 weeks but only ten (14%) weighed less than 2500 grams.

We have compared data for the Adopt-A-Mom clients with the most recently available national and state data. The Adopt-A-Mom data includes women who completed the program and women who were referred to the High Risk Clinic (to make our sample more comparable to the state and national samples which include all women). The AAM program does not compare favorably with the nation or state on the initiation of prenatal care. Nationally and statewide in 2005, 84% of women entered prenatal care in their first trimester; only 32% of the AAM patients did so. AAM had more than twice as many women entering prenatal care late: the US rate for late or no prenatal care was 3.5%; for North Carolina, it was 2.9%; and for AAM clients, the rate was 7.6%.

Although early entry into prenatal care for women in the AAM program lags behind North Carolina and the US as a whole for the year 2005, the Adopt-A-Mom program

outcomes are better than for the state or nation. The AAM C-section rate was lower (23.2%) compared to the entire US (30.3%) or to North Carolina (29.3%). In 2005, the preterm delivery rate (babies born less than 37 weeks) was 12.7% for the entire US, 13.7% for North Carolina, and 5.0% for AAM. Nationally, the rate of low birth weight (less than 2500 gm) in 2005 was 8.2%, compared to the North Carolina rate of 9.2%. The AAM program had a much lower rate of 3.5%. (See Table 2.)

Overall, Coalition volunteers have been very pleased by the success of this program. Due to the efforts of our cooperating doctors, local community, and the many caring volunteers that work on our Coalition on Infant Mortality, families are being helped to have healthy babies in Guilford County.

Adopt-A-Mom Program
Table 1. Status of Women in Program
as of October 31, 2008

Status	Number	Percent
Current Patients	424	12%
Completed Program	2,431	66%
Moved/Private Care	238	6%
Transferred to High Risk	138	4%
Miscarried	133	4%
Medicaid Eligible	62	2%
Withdrew from Program	73	2%
No Information	145	4%
Released	8	<0.3%
Stillbirth/Infant Death	10	<0.3%
Terminated	6	<0.2%
TOTAL	3,668	100%

Adopt-A-Mom Program
Table 2. Comparisons of Outcomes With National and State Data
For the Year 2005

Outcome	US^a N=4,138,349	NC^a N=123,096	AAM N=289
C-section	30.3%	29.3%	23.2%
Preterm Delivery (< 37 weeks)	12.7%	13.7%	5.0%
Low Birthweight (< 2500 gms)	8.2%	9.2%	3.5%
Very Low Birthweight (< 1500 gms)	1.5%	1.8%	0.0%
Precursor			
Began prenatal care in first trimester	83.9%	83.5%	32.3%
Late or no prenatal care	3.5%	2.9%	7.6%

^aInformation obtained from the National Vital Statistics System of the National Center for Health Statistics, Centers for Disease Control and Prevention, US Department of Health and Human Services.

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