Summary Report Kitsap Maternal and Infant Health Forum July 2023

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Acknowledgements

- We want to recognize that gender identities are diverse and not everyone who gives birth may identify as a mother.
- We acknowledge those who passed away during or after pregnancy, the ones they cared for, and those who were close to them.
- We acknowledge, too, that maternal mortality and morbidity is a significant equity concern as these issues do not impact all communities equally. No one person or group of people should bear a greater risk of death because of their socially determined circumstances.

Presentation Overview

- Background on maternal and infant health assessment and data
- July 20 Kitsap Maternal and Infant Health Forum summary
- KPHD Parent-Child Health and Nurse Family Partnership Program



MATERNAL & INFANT HEALTH

The health and well-being of parents and infants is foundational to the health of our Kitsap community. The mental, physical, emotional, and socioeconomic wellbeing of people who give birth can affect pregnancy and birth outcomes as well as the health of their children into adulthood and subsequent generations. Protecting and promoting positive behaviors, such as adequate prenatal care and breastfeeding can impact our community's health for generations.

AVAILABILITY OF OB/GYN CARE





In 2021, Kitsap had 8 OB/GYN providers per 100,000 population. This rate was decreasing.





In 2021, Washington as a whole had 15 OB/GYN providers per 100,000 population. This rate was increasing.

ACCESS TO PRENATAL CARE



one out of two Kitsap residents (52%) who gave birth in 2021 received adequate prenatal care.





more than two out of three Washington residents (70%) who gave birth in 2021 received adequate prenatal care.

KITSAP MATERNAL & INFANT HEALTH TRENDS

ACCESS TO CARE

OB/GYN CARE: There are a declining number of OB/GYNs and facilities in Kitsap due to closures of the Naval Hospital Bremerton birthing center, an obstetrics suite at Peninsula Community Health Services, and multiple provider retirements.

MEDICAID COVERAGE: In 2020, 37% of births were paid by Medicaid. Not all providers accept Medicaid.

BIRTHS OUTSIDE COUNTY: In 2020, about 1 in 4 births to people living in Kitsap took place outside Kitsap.

LACTATION SUPPORT: In a 2022 community survey, more half of respondents (54%) who had recently been or currently were pregnant said there was a time in the last two years when they needed lactation and breast- or chestfeeding support and could not get it.



MATERNAL DEATHS: Fewer than 10 maternal deaths occurred among Kitsap residents from 2012-2021. The mortality rate in Kitsap was similar to the statewide rate.

MATERNAL MORTALITY IS AN EQUITY ISSUE:

Equity in the context of maternal mortality means that no person or group of people bears greater risk of death because of their socially determined circumstances. Racism, discrimination, stigma, and other social determinants of health contribute to disproportionate maternal mortality rates, as well as pregnancy complications and barriers to accessing high-quality health care. Source: Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020



To view interactive dashboards displaying data on dozens of Kitsap health topics, go to:

kitsappublichealth.org/data

DOH MMRP Data and Assessment

- The Panel found 80 percent of pregnancy-related deaths were preventable, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.
- The Panel identified 224 pregnancy-associated deaths from 2014–2020. These are defined as deaths from any cause during pregnancy or within one year of the end of pregnancy.
- American Indian/Alaska Native people have the highest ratio of maternal mortality than any other racial/ethnic group in Washington State.

Source: Washington State Maternal Mortality Review Panel, Report to the Legislature, Maternal Deaths 2017-2020, February 2023

Washington
State Maternal
Mortality Review
Panel:
Maternal Deaths
2017–2020

February 2023 RCW 70.54.450

DOH MMRP Data and Assessment

- Strengthen clinical care
- Meet basic human needs
- Address and prevent violence
- Undo racism and bias
- Address mental health and substance use disorder
- Enhance health care quality and access

Source: Washington State Maternal Mortality Review Panel, Report to the Legislature, Maternal Deaths 2017-2020, February 2023

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February 2023 RCW 70.54.450

Kitsap Maternal and Infant Health Forum

- KPHD hosted a Maternal & Infant Health Forum in July 2023.
- Local healthcare and mental health professionals, social services providers, policymakers, and parents were in attendance.
- Activities included community gathering time, video storytelling, panel discussion, and tabletop discussions.



Kitsap Maternal and Infant Health Forum

"I think that replenishing the workforce here, the labor force and healthcare providers is obviously huge... Knowledge is power and an empowered person will feel more comfortable and will be more likely to seek the care that they need."

Amber Winemiller, Community Health
 Nurse, Suquamish Tribe



Collaboration (N = 57, 19%)

- Create a workgroup where providers can build relationships, address challenges, and collaborate
- Utilize different levels of health care to address maternal health gaps including midwives, doulas, and nurses
- Embed additional services in prenatal and postnatal care like mental health, substance use treatment, and support services



Holistic, Cultural, and Client-Centered Care (N = 50, 17%)

- Expand maternal health to include additional support for mental health, parenting education, postpartum care, and connections to resources.
- Disrupt the traditional care model by using a client-centered approach to prenatal and postnatal care.



Training (N = 34, 12%)

- Conduct implicit bias, racism, cultural competence training with staff.
- Increase knowledge on mental health, substance use disorders including screenings, warning signs, and combating stigma.



Accessible Mental Health and Substance Use Disorder Services (N = 32, 11%)

- Create a group therapy program for those planning to or have recently given birth.
- Reduce barriers by embedding mental health services in existing structures in our community.
- Eliminate stigma of the use of mental health and substance use disorder services during and after pregnancy.



Cultural Competency (N = 27, 9%)

- Train providers and implement use of plain language.
- Promote the incorporation of traditional/cultural practices into prenatal and postnatal care.



- Utilize providers other than OB/GYN to provide maternal care (N = 26, 9%)
- Centralized services (N = 25, 9%)
- Accessible facilities (telehealth, home visits, mobile clinics, etc.) (N = 23, 8%)
- Support health care workforce (N = 20, 7%)
- Recruitment of workers to medical field (N = 19, 6%)
- Increase number of facilities and providers (N = 17, 6%)
- Diverse recruitment (N = 14, 5%)
- Workgroup/community of practice (N = 14, 5%)
- Reimbursement (N = 13, 4%)
- Community outreach (N = 13, 4%)
- Additional data/research (N = 12, 4%)
- Warm hand offs to services (N = 12, 4%)

Solutions Focused Approach

Forum Reflection Form Responses:

- "Community resources sitting in the same room for discussion of how to implement actions/solutions necessary when working with the positive and negative aspects seen in maternal/childcare for our county...excellent!!"
- "Forum was well organized, information shared was important to hear and the location was beautiful. Great to hear the multiple perspectives and share my own. Time went by fast."
- "I was pleased to be gathering with the medical as well as social service communities to discuss the important topic of maternal & infant medical access for community families"



Thank You to All Participants!

Agape Unlimited Bremerton Housing Authority City of Bremerton, Mayors Office Community Leadership **Doulas in Kitsap County Easterseals Washington** Kitsap County Parent Coalition Holly Ridge Center **Kitsap Community** Resources Kitsap County **Breastfeeding Coalition**

Kitsap County Mental Health, Chemical Dependency, and Therapeutic Drug Court **Community Advisory** Committee Kitsap Mental Health Services Kitsap Parent Child Assistance Program **Kitsap Pediatricians** Kitsap Public Health District Kitsap OBGYN **Kitsap Strong** League of Women Voters MultiCare Navel Hospital Bremerton Nurse Marine Corps **Nurturing Expressions**

Nurturing Expressions Office of the Governor. Public Health Olympic College Nursing Faculty Olympic Community of Health Olympic Education School District **Local Kitsap Parents** Peninsula Community Health Services Peninsula Early Childhood Coalition Representative Derek Kilmer Office Senator Emily Randall Office Suguamish Tribe True North Birth Center University of Washington

VMFH Leadership VM-FH Community Health VM-FHS Family Medicine Residency Program SW VM-FH Maternal Child Social Workers Washington Department of Children, Youth, and Families Washington Department of Health Washington Health Care Authority Washington State Parent **Ambassadors** YWCA Kitsap

Program overview

- Children & Youth With Special Health Care Needs
- Lactation Resources
- Childcare Consultation
- Nurse Family Partnership
- Community Health Worker Support
- Support for Families with Elevated Blood Lead Levels
- Work First Assessments
- Mama Moves Kitsap



Spotlight: Mama Moves Kitsap

Nurse-led postpartum group incorporating mindfulness, movement outdoors, and support.

Facilitators are certified by Perinatal Support of Washington.

Walking trails are selected based on the following criteria:

- 1. Paved trails suitable for strollers;
- 2. Safety, proximity;
- 3. Accessibility in Kitsap County.



Spotlight: Mama Moves Kitsap

- Supports new parents with movement in an outdoor group setting.
- Provides a venue for social support and health of new parents.
- Supports both physical and mental health.
- Nurse support through education, resources, and referrals.
- Utilizes the Group Peer Support (GPS) model from Perinatal Support of Washington.



Spotlight: Mama Moves Kitsap

- Social support is well documented in increasing resilience to PMADs.
- Evidence supports movement interventions for parents at risk of perinatal mood and anxiety disorders (PMADs).
- Emerging evidence may show that physical activity has benefits in reducing depressive symptoms (Ghaedrahmati, 2017).



Have questions or want to join?

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Thank you.