



**The Association for Wholistic Maternal and Newborn Health**  
**Promoting MotherBaby-Friendly Maternity Care**

Maternal-Child Health Education, Training, Consultation and Support



NEW VILLAGE  
GIRLS ACADEMY  
*reimagine what's possible*

**B.I.R.T.H. (BIRTH  
INFORMATION AND  
RESOURCES FOR  
TEEN HEALTH)  
MOTHER-MENTOR  
PROGRAM  
A Pilot Project**



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# THE ASSOCIATION FOR WHOLISTIC MATERNAL AND NEWBORN HEALTH

- 501 (c) 3 Non-Profit Organization (509-a Public Charity); founded as Wholistic Midwifery School of Southern California in 1993. DBA The Association for Wholistic Maternal and Newborn Health (AWMNH) in 2010.
- Based in Los Angeles (Highland Park)
- We are Volunteer Maternity Care Professionals (doulas, childbirth & lactation educators, midwives, nurses, doctors, public health professionals).
- Grant and Donation Funded
  - Laurence H. Tribe Charitable Trust (Mother-Mentor project)
  - Funded by California Community Foundation 2011-2013, \$32,000 for Hospital Improvements and Nursing Education



# THE ASSOCIATION FOR WHOLISTIC MATERNAL AND NEWBORN HEALTH

- Operating budget of \$100,300.00. Founded as a 501(c) 3 in 1993.
- Pioneer in promoting multi-disciplinary, evidence-based, wholistic care in LA Goal: reduce health disparities and ensure high quality of maternity care and a self-growth approach to perinatal education in order to empower mothers-to-be.
- In 2013, **CIMS** recognized **AWMNH** with the Advocate Award for their work in developing the **Mother-Friendly Childbirth Consortium of Los Angeles County**; considered a national “best practice” for convening perinatal professionals to implement the MFCI as policy and protocol tool.

# AWMNH MISSION & MOTTO

*“To Promote MotherBaby-Friendly Maternity Care”*



Happy Mamas. Healthy Babies.

# B.I.R.T.H. MOTHER-MENTOR PROJECT TEAM

- **Cordelia Hanna-Cheruiyot, MPH, CHES, ICCE, CLE, CBA** – Executive Director. Public Health Educator, Lactation & Childbirth Educator, Midwife, Birth & Postpartum Doula
- **Melissa O’Keefe, BS, CLE**, Lactation Educator & Special Ed Teacher
- **Tai Carson, AA**, Midwife, Postpartum Doula & Counselor
- Mother-Mentors/Doulas & Volunteers



# OUR PHILOSOPHY (CIMS-MFCI)

- **Normalcy of Birth** (*respect for physiologic process*)
- **Empowerment** (*of patient*).
- **Autonomy** (*Right of patient to make informed choices*).
- **Do No Harm** (*Physician reduces unnecessary medical interventions*).
- **Responsibility** (*Shared between physician and patient*).



<http://motherfriendly.org>

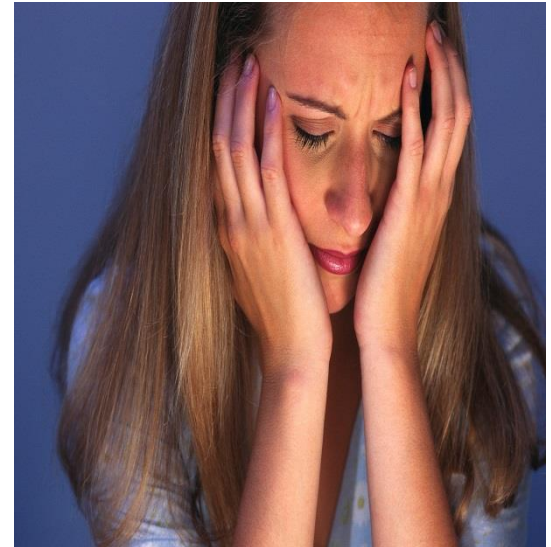


# WHAT WE DO

- Support and Education for Pregnancy & Early Parenthood.
- Services for Pregnant Women & New Mothers Include:
  - Childbirth Preparation Classes
  - Doula Labor Support
  - Postpartum Doula Support
  - Breastfeeding Education and Support
- Networking, Training for Maternity Care Professionals
  - Trainings, Conferences, Networking Meetings, Advocacy & Policy

# PROBLEM STATEMENT: TEEN PREGNANCY

- 8,094 adolescents live in foster care in LA County (kidsdata.org).
- Young women in foster care are more than twice as likely as their peers not in foster care to become pregnant by age 19<sup>1</sup>.
- By age 21, nearly 71% of young women in foster care report having been pregnant at least once; of these women, 62% had been pregnant more than once<sup>2</sup>.
- Teen pregnancy is linked to a multitude of critical health and social issues<sup>3</sup>.
- Preterm birth and low birth weight rate higher for teens than adult women.
- Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence<sup>4</sup>.





# PROBLEM STATEMENT, CONTINUED

- Children born to a teen mother (age 17 or younger) are 2.2 times more likely to end up in foster care and they are twice as likely to have a reported case of abuse and neglect compared to those children born to a mother in her early twenties<sup>5</sup>.
- “Children of teenage mothers are more likely to:
  - have lower school achievement and drop out of high school;
  - have more health problems;
  - be incarcerated at some time during adolescence;
  - give birth as a teenager, and face unemployment as a young adult<sup>6</sup>”.
- **Continuing with the vicious cycle of teen pregnancy, morbidities, lack of education, unemployment, poverty, and poor quality of life as well as a huge cost to the economy.**



# INTERVENTION: PILOT PROJECT

- The B.I.R.T.H. (Birth Information and Resources for Teen Health) Mother-Mentor Program a unique, innovative program model that provides extended, intensive support to pregnant teens throughout pregnancy, during labor and birth, and in the early months of parenting.
- Piloting Implementation with New Village Girls Academy; an all-girls charter school in Rampart Area of L.A.
- Students in this school do self-directed, mentored projects. Several students are interested in careers in healthcare (Medicine, Midwifery, Nursing, Lactation, Public Health).



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# OVERALL GOAL OF PROGRAM

Teen moms will have healthy and happy pregnancies, and give birth to healthy babies and will become empowered and capable mothers.



# PROGRAM PRINCIPLES

1. Self-Growth Approach to Pregnancy
2. The Normalcy of Childbirth (Physiological Childbirth)
3. Informed Consent and Refusal in Maternity Care
4. The Rights and Responsibilities of Pregnant Women
5. Empowerment and Transformation through Childbirth
6. Breastfeeding Promotion
7. Youth Leadership and Empowerment



# WHAT IS OFFERED?

- This program provides pregnant and parenting teen mothers empowerment sessions, birth, lactation and postpartum education and support, one-on-one support from a Mother-Mentor and life and leadership coaching.





# WHO IS ELIGIBLE?

- Pregnant female 13-19 years old;
- Low-income and/or on Medi-Cal or Eligible;
- Lives in Los Angeles County;
- Is currently or in the past been in foster care (not required);
- Mother with infant under 3 months of age if not pregnant;
- Must be willing to commit for one year, attend all sessions;
- Desires the support of a Doula and/or Mother-Mentor and will keep all appointments with support person;
- Commit to participate in a focus group and community presentation at end of pilot project.





# WHAT PARTICIPANTS WILL RECEIVE

- Mentorship (1 year)
- 4-Week Series of Childbirth Education Classes (Sundays, 3-1/2 hours)
- Professional Labor Support (during childbirth)
- Postpartum Doula Support (after birth)
- Breastfeeding Education & Support (hospital & home)
- Empowerment Life & Leadership Coaching.



# QUALIFICATIONS OF MOTHER-MENTORS/DOULAS

- Perinatal & Childbirth Educator
- Lactation Educator-Counselor or Breastfeeding Peer Counselor
- Birth & Postpartum Doula
- Mother
- Former Teen Mother
- Foster Mother
- Community Health Promoter
- Spanish Speaking



# OUR PERINATAL SUPPORT SPECIALIST TRAINING FOR MOTHER-MENTORS (36 HOUR-5 DAY TRAINING & CERTIFICATION)

## ○ **What is Covered- Part One: Breastfeeding Counseling:**

- History & Cultural Aspects of Breastfeeding
- Addressing Barriers to Breastfeeding
- Cultural Awareness
- Counseling & Communication Skills
- Anatomy & Physiology of Lactation
- Nutritional Components of Breastmilk
- Breastfeeding Management
- Dealing with Common Problems
- Attachment Theory
- Breastfeeding in Special Situations
- Certification Exam Part I

## ○ **What is Covered – Part Two: Childbirth Education:**

- History of Childbirth from Ancient Times to Present
- Options for Childbirth
- Labor Support Skills
- Sexuality & Spirituality in Childbirth
- Informed Consent & Refusal
- Medical Interventions
- Perinatal Improvement Initiatives
- Postpartum Care of Mothers
- Newborn Appearance, Behavior and Medical Procedures
- Perinatal Nutrition
- Pre and Interconception Health
- Certification Exam Part II

# MOTHER-MENTORS/DOULAS PROVIDE...

- Information
- Emotional Support
- Physical Comfort During Labor
- Advocacy for Client
- Linkages to Resources



# WHAT MOTHER-MENTORS MIGHT DO

- Transportation to prenatal visits;
- Accompaniment to prenatal classes;
- Prenatal home visits;
- Help prepare home for baby;
- Answers to questions about pregnancy, childbirth, and parenting;
- Education to promote healthy behaviors throughout pregnancy;
- Support & advocacy during labor;
- Assistance with breastfeeding, if needed;
- Home visits during the postpartum period;
- Availability by phone for any questions.



# WHAT IS A DOULA?

- Doula (“Doo-LAH”) is a Greek word that means “woman servant”.
- Doulas support women during pregnancy, labor and birth and the postpartum period.





# THE DOULA DIFFERENCE

- In one study, nine strategies were distinguished which doulas utilize. Four strategies (**reassurance, encouragement, praise, explaining**) were similar to those attributed to nurses in published research. Five were original and described as only being used by doulas (**mirroring, acceptance, reinforcing, reframing, debriefing**)\*.
- Shorter labors
- Reduced rate of cesarean section
- Less pain medication use
- Fewer medical interventions
- More satisfaction with birth experience
- Improved interaction between mother and newborn
- Less Post-Traumatic Stress Disorders (PTSD)
- Less postpartum depression
- Increased breastfeeding initiation & duration



\*MIDWIFERY. 2011 AUG;27(4):525-31. EPUB 2010 SEP 17.

AFTER PRAISE AND ENCOURAGEMENT: EMOTIONAL SUPPORT STRATEGIES USED BY BIRTH DOULAS IN THE USA AND CANADA. GILLILAND AL.

Sosa, Kennell, Klaus, et. al. (1980)

Hodnett, Gates, Hofmeyr, and Sakala (2004).

# NEW VILLAGE STUDENT OPPORTUNITY

New Village students interested in careers in Women's and Children's Health may participate in a

## TEEN BREASTFEEDING PEER COUNSELOR TRAINING AND CERTIFICATION PROGRAM



A 20-hour course in basics of lactation support

# OUTCOME MEASURES

- Improving maternal and infant outcomes, specifically:
  - Reduction in premature births (earlier than 39 weeks);
  - Reduction in low birth weight (LBW) and very low birth weight (VBLW) babies (higher than 5.5 lbs);
  - Decrease in Primary Cesarean Sections (15% or less);
  - Increase in Vaginal Birth After Cesarean (15% or higher);
  - Reduction in Post-Traumatic Stress Disorder following childbirth;
  - Reduction in Postpartum Depression;
  - Enhanced maternal-infant attachment;
  - Increase in initiation and duration of exclusive breastfeeding (6 months minimum);
- Improving high school graduation rates;
- Reducing repeat pregnancies during adolescence;
- Providing opportunities and mentorship for teens interested in careers in maternal and infant health



# OUTCOME MEASURES, CONT.

- The impact of Perinatal Support Specialists working as Community-Based Doulas on prematurity<sup>8,10</sup> shows great promise, as the positive impacts of doula support on birth outcomes is well-established<sup>9</sup> as is the impact of social support for pregnant women at high risk for poor birth outcomes<sup>8,10</sup>
- Ongoing monitoring and evaluation will be done to track the process and outcome indicators to ensure continuous quality improvement and attainment of program goals.



# TIMELINE FOR IMPLEMENTATION

- Mentors Application Deadline: Oct. 31, 2014
- Participants Application Deadline: Nov. 15, 2014
- Interviews with Applicants: Nov. 15-30, 2014
- Participants Chosen: Dec. 1, 2014
- Monthly Empowerment Sessions: Jan. 2015 – June 2015
- 4-week Childbirth Prep Class: Feb., 2015 & April, 2015
- Breastfeeding Peer Counselor Training: March & April 2015 (six 4-hour sessions)
- Focus Group: April, 2015
- Community Presentation: May, 2015

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