



## **Kansas Perinatal Community Collaboratives**

*Utilizing the March of Dimes *Becoming a Mom*<sup>®</sup> Curriculum*

*Becoming a Mom/Comenzando bien*<sup>®</sup> is a prenatal education curriculum (English and Spanish languages) for pregnant women created by the March of Dimes. In Kansas, the curriculum has been integrated into a comprehensive community collaborative model supported and promoted by the Kansas Chapter of the March of Dimes and the Kansas Department of Health & Environment (KDHE) Maternal and Child Health (MCH) program. The prenatal curriculum and supplement materials provided by KDHE is designed to improve participants' chances of having a healthy pregnancy and a healthy baby. The curriculum is delivered by trained facilitators in a group setting that serves as a source of social support for the women by allowing them the opportunity to connect with other mothers in a similar situation. The program has been implemented in a variety of settings including community-based organizations, hospitals, health departments, clinical care settings, faith-based communities and worksites. The collaborative model and *Becoming a Mom*<sup>®</sup> curriculum result in a holistic approach to caring for the family by pairing education and support with clinical prenatal care. This model helps women enhance their well-being and leads to improved outcomes.

In Kansas, this incentive-based program consists of six two-hour sessions that are designed to promote healthy pregnancies through two core components:

- Cognitive: provides accurate and timely information about prenatal care, pregnancy, postpartum and infant care.
- Behavioral: promotes changes in prenatal health behaviors such as seeking prenatal care, taking prenatal vitamins and eating healthy foods as well as other health behaviors such as breastfeeding and placing baby on its back to sleep.

During 2016, 1,447 pre-surveys and 932 post-surveys were collected from women enrolled in *Becoming a Mom*<sup>®</sup> prenatal education sessions across ten sites in Kansas. A total of 696 participants completed birth outcome cards, reporting birth outcomes and behavior changes. The evaluation revealed the following:

- 99.5% rated their overall experience with the program as positive (11.3% - Good, 88.2% - Excellent).
- 99.2% reported learning from the program (20.7% - "some" information, 78.5% - "a lot" of information)
- 92.4% reported the program provided them with social support.
- Statistically significant improvement in likelihood of participant talking to her provider if she is experiencing depression and/or anxiety during or after her pregnancy, as well as improved knowledge of available mental health resources in her community.
- Statistically significant increase in the number of participants reporting plans to breastfeed, confidence in her ability to breastfeed, and knowledge of available resources for breastfeeding support.
- Participants reported significantly greater knowledge in recommended gestational age for a full-term infant, back to sleep position, the benefits of a full term pregnancy and benefits of breastmilk, as well as an increase in knowledge of healthy pregnancy spacing.
- Statistically significant gain in the number of women able to correctly identify the signs and symptoms of preterm labor, what to do if experiencing symptoms of preterm labor, and symptoms that are normal to experience in the postpartum period.
- Reported preterm birth rate (<37 weeks) of 8.1%, which is slightly lower than the state rate of 8.8%, and a low birth weight rate (less than 5 lb. 8 oz.) of 6%, also slightly lower than the state rate of 6.9%.
- 94% reported breastfeeding initiation rate among participants, compared to 87.4% state rate.

Success has demonstrated that group prenatal education can impact birth outcomes, enhance participant's social support, and create behavior change. Participants gain social support and serve as mentors for each other. Adding to the impact is the community collaborative backbone that is a basis for program delivery at the community level. It is believed that this spirit of collaboration across agencies and programs is contributing to a much greater collective impact than any one agency working in isolation could do on its own. As testimony to this, we have seen the Infant Mortality Rate (IMR) decrease for the five-year period from pre-program implementation (2006-2010) to post-program implementation (2011-2015) for the two longest-running program locations [Saline Co. 8.5 to 4.2; Geary Co. 10.4 to 6.4 (deaths/1000 live births)]\*

\*Source: Kansas Vital Statistics 2006-2010 and 2011-2015