



South Carolina Department of Health and Environmental Control

Maternal Healthcare Needs Identified in South Carolina

A Qualitative Analysis of the 2015 Pregnancy Risk Assessment Monitoring System

Presented by: Dana AlHasan, MPH

Overall Pregnancy Experience

- Influential risk factors:
 - Education
 - Income
 - Insurance type
 - Access to care
 - Racial norms

Positive Pregnancy Experience

- Frequent & quality time with healthcare provider
- Healthy lifestyle (e.g., nutritious meals)
- Social, cultural, & emotional support¹
- Affordable and accessible prenatal care

Reported Pregnancy Experience

- Women aware of taking care of their body
- Readiness to make a lifestyle change
- Low awareness of pregnant health
- Health professionals appear uninterested, insensitive or unconfident

In 2016 in SC, 3 out of 5 babies were born in a rural county



Pregnancy Risk Assessment Monitoring System (PRAMS)

- PRAMS collecting data in SC since 1992
- Multi-mode survey to new mothers
- Purpose to examine women's behaviors and attitudes before, during and after pregnancy

Research Aim

- To analyze responses to an open-ended question from mothers who gave birth in 2015 in order to provide additional insight into systemic healthcare-specific challenges

Methods

- 2015 PRAMS data
- Participants asked to comment “about your experiences around the time of your pregnancy or the health of mothers and babies in South Carolina”
- N = 208/767

Qualitative Analysis

- Comments transcribed verbatim
- Narrative analysis to identify themes
- NVivo software

Themes

1. Poor provider communication
2. Advising healthy lifestyle
3. Transportation, including far distances and lack of public transportation

Theme 1: Poor Provider Communication

- Women felt healthcare providers did not adequately communicate all options or thoroughly review medical record

*"I lost my baby due to incompetent cervix. **I wish I had been checked for this before it was too late.** My baby was born at 22 weeks."*

*"During my pregnancy, I had severe preeclampsia; my healthcare provider did not call me early enough and was not attentive to my needs or my comments. **I was very disappointed in the care I received.**"*

Theme 2: Advising Healthy Lifestyle

- Women advised importance of healthy eating and regular exercise during pregnancy

*“If I could go back, I would have [had] a better diet. More fruits and vegetables and have healthier habits....**Have a better, healthy habits to have a healthy pregnancy please!**”*

*“I think that another thing that will help while women are pregnant are **encourage them to drink more water** [rather] than sodas and eat lots of fruits and veggies!”*

Theme 3: Transportation

- Need to travel far distance to access a hospital with adequate maternal care

*"I think the mothers that are high risk needs to be seen more earlier during pregnancy than they usually do now today....they don't have any high risk doctors in Sumter, **you shouldn't have to go [all the] way to Columbia to get treated that takes up more time.**"*

Theme 3: Transportation

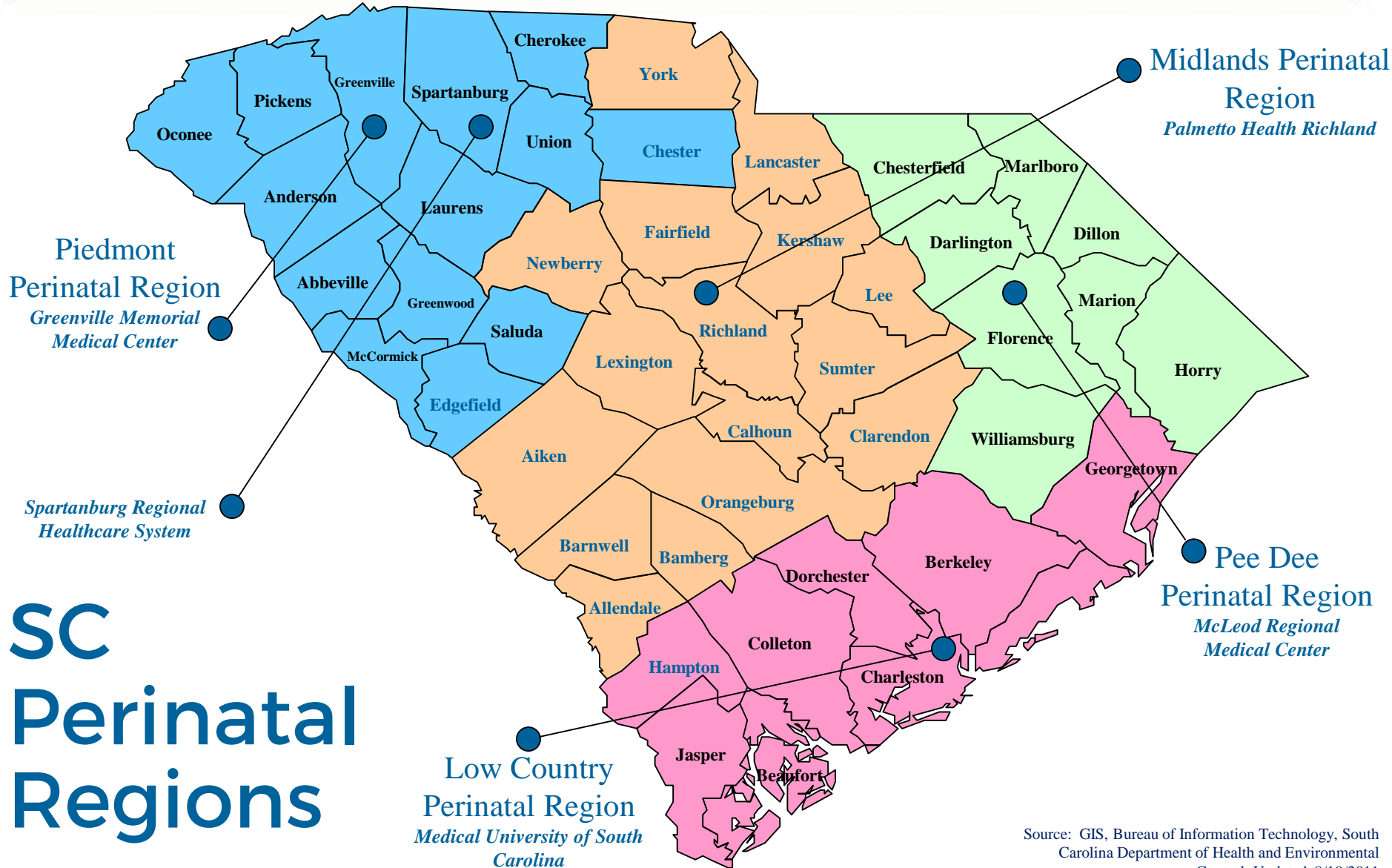
- Difficulty obtaining transportation to and from frequent hospital appointments

*“Being pregnant, I did not have insurance at the time. **I could not afford public transportation.** I had to go to the hospital which cost a lot. I worked 13 hours at work.”*

*“For mothers who have low incomes and work or go to school, it is difficult to get rides to health care, even through LogisticCare because they have to be made 3 days in advance....Also, after my baby was born, **I had a hard time finding rides to visit her in NICU because you can’t schedule rides for that or to WIC appointments**”*

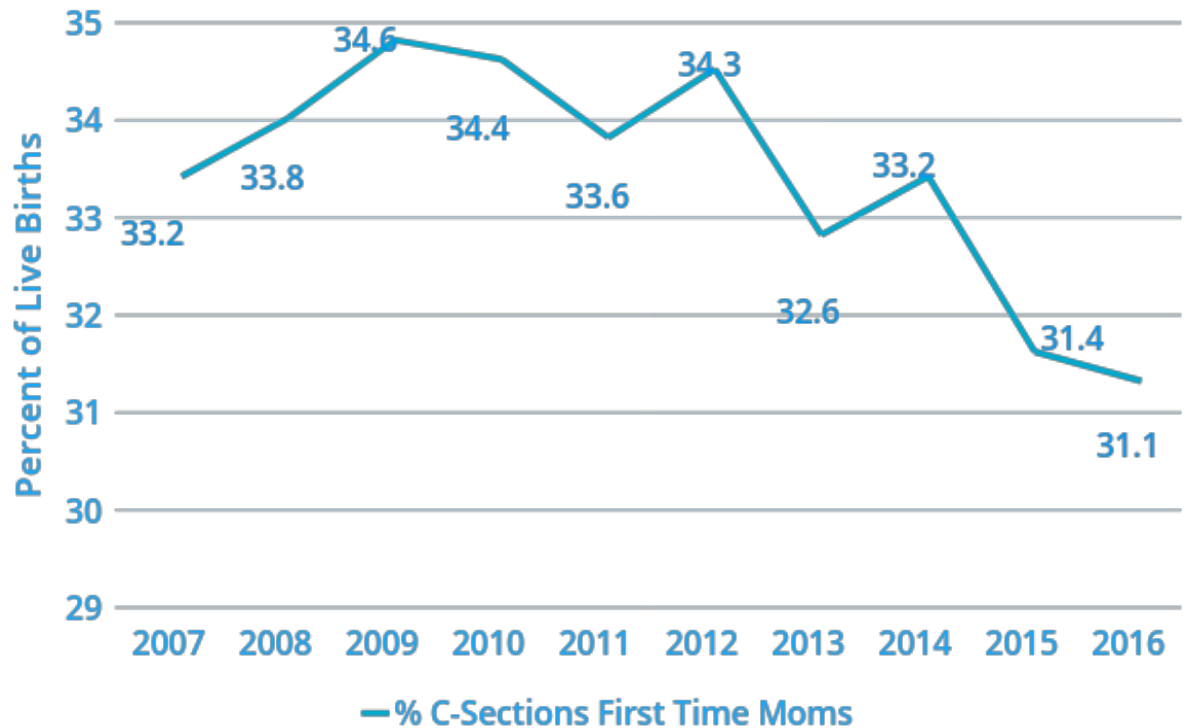
Public Health Implications

- Conclusion:
 - Poor communication
 - Healthy lifestyle
 - Transportation limited in rural areas
- Policies aimed to close gap in MCH disparities in SC by:
 - increase access to transportation
 - improve health insurance coverage
 - educate population⁴



Current Strategies

- Title V Needs Assessment
- Birth Outcomes Initiative



Percent C-Sections, 2007-2016

References

1. Downe, S., Finlayson, K., Tunçalp, Ö, & Gülmezoglu, A. M. (2015). What matters to women: A systematic scoping review to identify the processes and outcomes of antenatal care provision that are important to healthy pregnant women. *BJOG: An International Journal of Obstetrics & Gynaecology*, 123(4), 529-539. doi:10.1111/1471-0528.13819
2. Lavender, T., & Smith, D. M. (2015). Seeing it through their eyes: A qualitative study of the pregnancy experiences of women with a body mass index of 30 or more. *Health Expectations*, 19(2), 222-233. doi:10.1111/hex.12339
3. Bergbom I, Modh C, Lundgren I, and Lindwall L. (2016). First time pregnant women's experiences of their body in early pregnancy. *Scandinavian Journal of Caring Sciences*, 579-586. doi:10.1111/scs.12372
4. De Santis B. (2016). Maternal and child health services Title V block grant.

CONTACT US

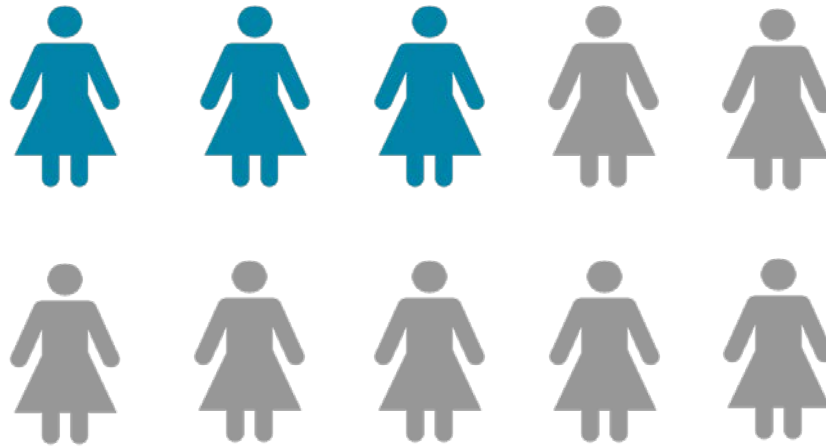
Dana M. AlHasan, MPH PhD Candidate
Department of Epidemiology and Biostatistics
Arnold School of Public Health
University of South Carolina
dalhasan@email.sc.edu

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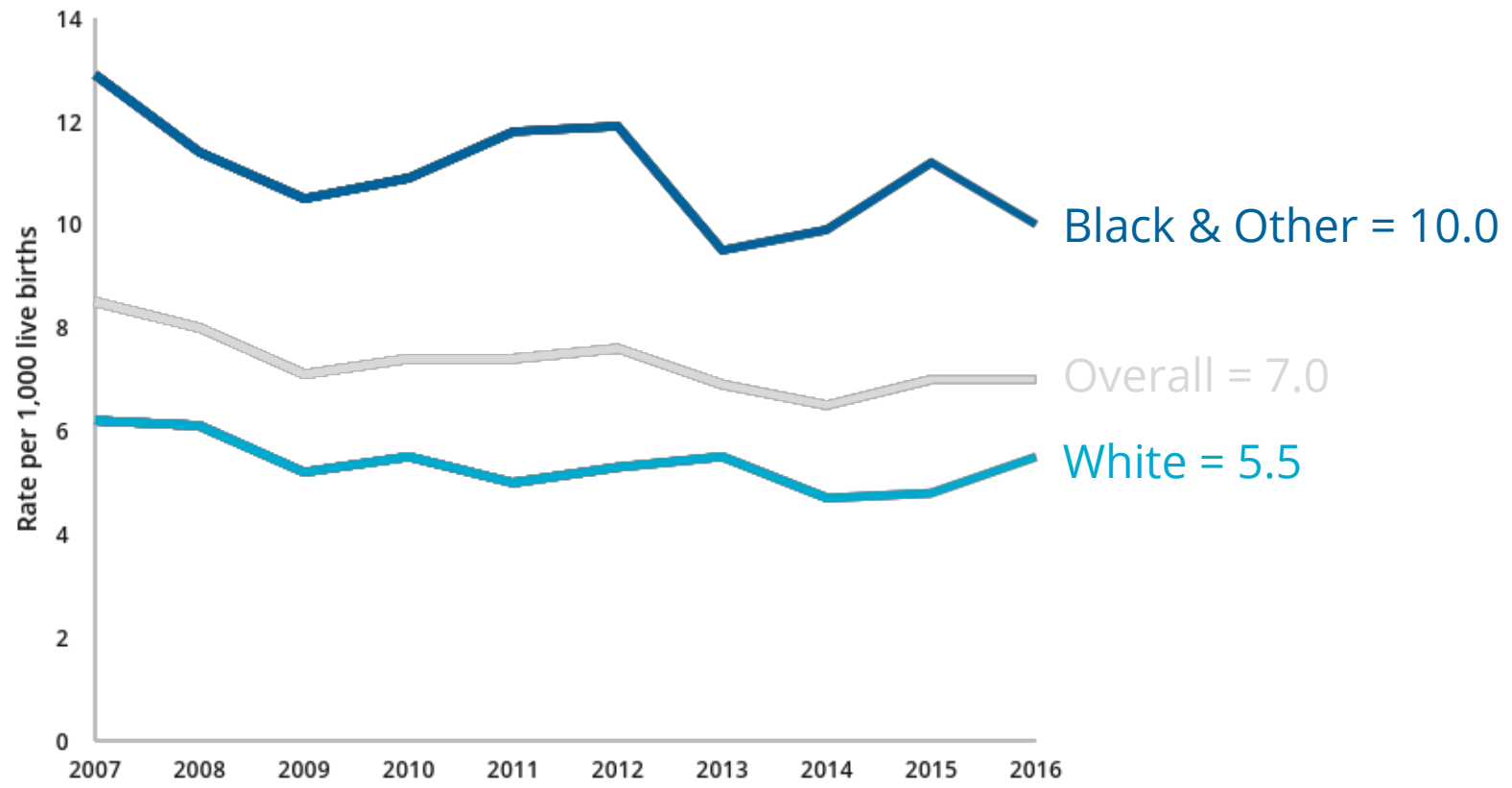
Sensitivity Analysis

- Compared demographics between those who answered the open-ended question versus those who did not
- Chi-square Test
- SAS software

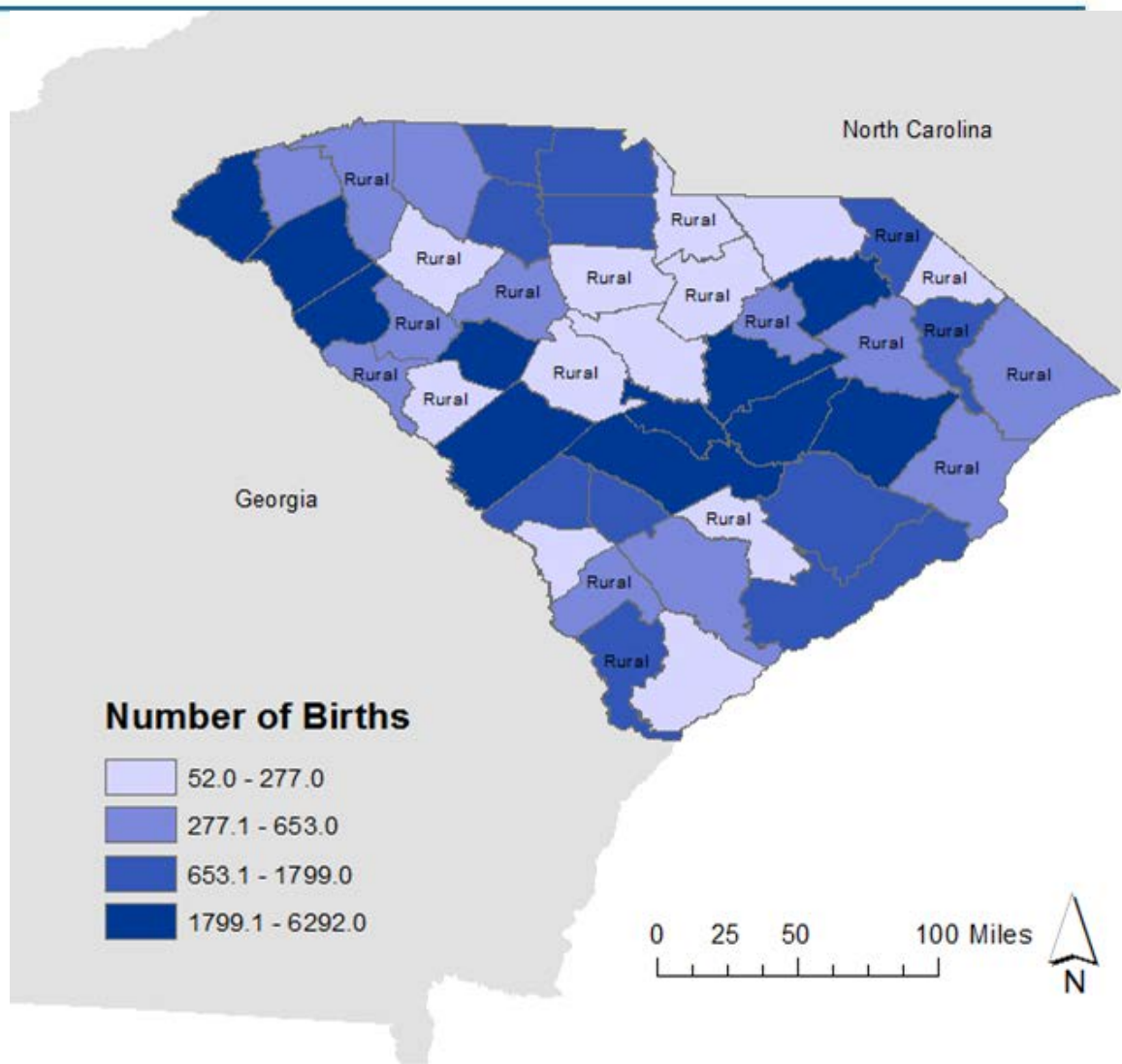
In 2016 in SC, 3 out of 10 women who gave birth were Black



Infant mortality rate is almost twice as high for Black and other race moms



Number Births by County, 2015



Conclusions

- Women reported poor communication with healthcare providers
 - Pregnant women are motivated to make lifestyle changes^{2,3} but tend to receive little information from healthcare providers
- Need to increase access to care across SC⁴
 - Transportation limited in rural areas