

Annual Report 2007

R E F L E C T I O N S



LA BEST BABIES NETWORK
Healthy Babies. Our Future.
Presented by First 5 LA



Our Mission

LA Best Babies Network is dedicated to achieving healthy pregnancies and births in Los Angeles County by providing the infrastructure, programs, advocacy and support to increase the capacity of community partners to succeed in these efforts.



Carolina Reyes, MD

Message from the Executive Director

A baby taking her first steps into the waiting arms of her mother. Achieving developmental milestones involves healthy families who are well-informed and supported in everything from planning their pregnancy, to having a healthy birth, to raising their newborn. Creating access to a continuum of quality care—a key strategy in promoting healthy births—involves engaging caregivers, policy-makers and advocates.

We are proud to have built a perinatal network that will be responsive to both the L.A. County of today and the L.A. County of the future. Currently, the county has one of the most diverse populations in the world, where one in every three residents are foreign-born. As the county's perinatal needs change, Network members will be able to draw on their skills, expertise and this vibrant network to care for families.

The stories that follow in our annual report illustrate how our Network and its community partners are creating a brighter future for newborns and their families:

- The **Best Babies Collaboratives** are improving the lives of high-risk moms by identifying families in need and developing a seamless system of services to care for them.
- The **Healthy Births Care Quality Collaborative** is raising the bar on excellence in delivering perinatal care.
- The **Healthy Births Learning Collaboratives** are leveraging their network of caregivers and advocates to set community priorities, address regional perinatal issues and bridge the gaps in care and services.
- The **Perinatal Summit workgroups** are reshaping the future of perinatal policy.

Most important, you'll see the faces of families who inspire us to do even more for women and infants. By working together, we can help ensure that families thrive.





Juan Carlos & Elizabeth

"I like to see him when he smiles. He just wants to be in everything, wants to grab everything," says Elizabeth of her son Juan Carlos, 10 months. At the age of 17, Elizabeth had dropped out of school and was working as a cashier at a doughnut shop and cleaning houses while living with her boyfriend in Las Vegas. When they decided to split up, Elizabeth was shocked to learn that she was pregnant.

She returned to Los Angeles to live with her family and was referred to MotherNet L.A. by Cal-SAFE, a high school for pregnant and parenting women. Soon Elizabeth was connected to case manager Emily Flores at MotherNet L.A. "Emily encouraged me a lot to be what I want to be," she says.

Today, Elizabeth, 18, continues to attend high school and takes classes in the evening so she can become certified as a medical assistant. Her dream: to become a nurse. "When I was in the hospital with Juan Carlos, I had to have a C-section because Juan Carlos was choking on his umbilical cord. There was this Chinese lady, a nurse, who was cool with me. She made me want to help people. I think that feels good to help."

Promoting a Woman's Wellness Before Conception

Giving a newborn a healthy start in life begins even before a pregnancy is conceived. Because half of all pregnancies are unplanned, promoting a woman's wellness throughout her reproductive life will optimize the health of her children. "Simply put: healthy women are likely to have healthy pregnancies and healthy babies," says Lynn Yonekura, MD, senior advisor to LA Best Babies Network.

Preconception — The Best Time for Intervention

The preconception period—the time before a woman becomes pregnant—is a critical time to reduce the risk of preventable birth defects and complications. By the time a woman has that first doctor's visit to confirm her pregnancy and begin prenatal care, she is usually 10 to 12 weeks pregnant, and her baby's major organs have already developed. If a woman doesn't realize she's pregnant, behaviors such as taking prescription medications or drinking alcohol can harm the developing fetus.

The preconception period is also the ideal time for women and their partners to develop a reproductive life plan, determine child spacing and family planning, and optimize the family's health and well-being. "Adopting a healthy lifestyle may take several months. Losing weight or quitting smoking often doesn't happen overnight," adds Dr. Yonekura, director of community benefits for California Hospital Medical Center. "So it makes sense for a woman to maintain good health during the childbearing years."

Interconception Care — A Key Strategy

Interconception care—care between pregnancies—is a key strategy in LA Best Babies Network's efforts to help newborns and their families thrive. Comprehensive interconception care includes a range of services, such as maternal assessment and screening, health promotion, education, counseling, medical interventions, smoking or alcohol cessation, psychosocial services and family planning.

Given that almost two-thirds of pregnant women in L.A. County already have one child and have accessed the healthcare system, interconception care provides a unique opportunity to minimize known risks and prepare women for subsequent pregnancies.

Interventions before conception, such as family planning and diabetes management, have proven effective in promoting healthy births and reducing healthcare costs. Research shows that intensive interconception care for mothers who have had a very low-birthweight baby has reduced the risk of having another low-birthweight baby by 34 percent.

LA Best Babies Network and its partners are working to provide women with a continuum of quality of care as part of their vision of creating a healthier future for newborns and their families.



Linda Bowling (left), a facilitator at the Antelope Valley Black Infant Health Program, with students from her Social Support and Empowerment class

Caring for Mothers-To-Be

Improving the Lives of Families



Case Manager Rocio Sevilla (left) discusses immunizations for Danny, 10 months, with his mom, Leticia, at MotherNet L.A.

The Best Babies Collaboratives consist of agencies that work together to provide seamless interconception care (care between pregnancies) and intensive case management to high-risk moms for a period of two years.

In South Los Angeles, a 17-year-old mother who was living with her abusive boyfriend and using street drugs could have become just another casualty of a fragmented healthcare system. Instead, that young mother got connected with a case manager from one of the Best Babies Collaboratives. That case manager is helping her adopt a healthy lifestyle. The young mom started counseling, returned to school and got a job. “Now she’s hoping to go to college,” says Julia Heinzerling, MPH, the leader of the South L.A. Best Babies Collaborative.

That’s just one example of the successes of the Best Babies Collaboratives.

Since their creation, the Best Babies Collaboratives have been uniting key stakeholders to provide a cohesive approach to perinatal care, addressing mothers’ needs before, during and after pregnancy.

“The Best Babies Collaboratives were charged with implementing approaches for improving pregnancy outcomes and determining how they could streamline care for families,” says Janice French, CNM, MS, the director of programs at LA Best Babies Network. “They’re building partnerships so that the referral process between agencies is seamless.”

The Best Babies Collaborative agencies use the Healthy Births Database, a Web-based, service-referral system among partner agencies, to link women identified through outreach to case management, social support networks, health education, clinical health and dental care—all part of an integrated approach to help women optimize their health during and after pregnancy. The Best Babies Collaboratives have streamlined the paperwork process so that women don’t have to complete separate health history forms at each agency.

From Isolation to Collaboration

The Best Babies Collaboratives represent partnerships between more than 30 local health and community-based agencies in four regions of L.A. County—regions that have the highest level of at-risk mothers and mothers-to-be. In 2007, the Best Babies Collaboratives provided case management services to 738 women, who are enrolled for a period of two years.

Although many of the agencies knew of their local counterparts before the creation of the Best Babies Collaboratives, their efforts were often isolated—and sometimes even competitive. “Before we started, everyone was doing their own thing, and everyone thought theirs was best,” says Grace Lubwama, MPH, the executive director of Antelope Valley Partners for Health and a leader of the Antelope Valley Best Babies Collaborative.

The creation of the collaborative has changed that, bringing together the community’s stakeholders in a more integrated approach to care. As part of the collaboration, agencies gained trust in each other’s services and are now referring clients to each other, French says.

The agencies are also recognizing the benefits of comparing ideas and exchanging information. “They’re a forum for open discussion and sharing,” says Yolanda Salomon-Lopez, a leader of the Long Beach-Wilmington Best Babies Collaborative. “We all knew about each other before, but we weren’t interacting. Sharing ideas between agencies and Best Babies Collaboratives allows us to see successful programs in action and consider how we might implement something similar.”

The Road to Change

The Best Babies Collaboratives were established in L.A. County's priority communities. For example, the Antelope Valley Best Babies Collaborative and the Harbor Corridor Best Babies Collaborative together represent 34 percent of L.A. County's total low-birthweight babies, as well as 43 percent of the infant deaths in the county.

Individual Best Babies Collaboratives can pick a different sub-group of mothers to reach, taking into account an individual region's needs. In South L.A., members discussed which groups had the most intensive needs and decided to focus on teens, women and teenagers with hypertension, diabetes or with a history of gestational diabetes. They also focused on reaching out to women and teenagers who were experiencing drug addiction, either to over-the-counter or street drugs. "We decided to keep the focus a little more narrow, largely because our partners hadn't had enough services to focus on those groups in the past," says Heinzerling, leader of the South L.A. Best Babies Collaborative.

Measuring Success

From the outset, the Best Babies Collaboratives established goals as tangible ways to gauge their impact on their communities. By mid-2007, each Best Babies Collaborative was near its goal for the number of clients enrolled in case management services. These women will be followed for up to two years in an effort to assist them to modify health, behavioral or social risks that can threaten the health of future pregnancies. To measure success, the collaboratives track the number of women who complete referrals for services, achieve their goals, initiate exclusive breastfeeding and complete recommended care in the first weeks following birth.

Meeting Recruiting Challenges with Innovation

It's not always easy to engage mothers most in need of their services. That's why the Best Babies Collaboratives also focus their efforts on innovative approaches to outreach. In South L.A., the Best Babies

Collaborative has been able to court new clients by utilizing its member-agencies' services. If a member-agency offers primary care for diabetes, the collaborative encourages other providers to refer diabetic clients to that agency. Two of the community's clinics identify pregnant women when they come in for tests or routine prenatal visits and bring them into the Best Babies Collaborative. MotherNet L.A., one of the core partners, has a relationship with a school for pregnant and parenting teens. "That's a great opportunity to catch teens—they're doing most of the recruiting within the school," Heinzerling says.

In Long Beach-Wilmington, the Best Babies Collaborative created an "Hora de Chisme," or gossip hour, a social support program conducted in local parks. The program fosters peer support and features a public health

nurse who provides health information and resources in the community—and recruits the highest risk women for the Best Babies Collaborative member-agencies' services.

Stress and depression during pregnancy are strongly linked to problems during pregnancy and infancy. The Harbor Corridor Best Babies Collaborative established a health-education theater project as a way to reach out to potential clients and engage them in discussion. Children develop and perform plays for their parents on topics of concern to new mothers and mothers-to-be. After the play, families can join in discussions led by nurses or social workers about the material presented in the play.

The Antelope Valley presented unique challenges to recruitment because of its broad geographical reach. Women from rural areas in the high desert have to travel long—often prohibitive—



Case Manager Sithary Oun Ly (left), of St. Mary Medical Center, visits the home of Chan and her children Jazelle and Cleastone.

distances to access care. That Best Babies Collaborative responded by using some of its funding for transportation vouchers for travel from rural areas to the cities where the medical services exist. This Best Babies Collaborative also used its strong faith-based community to get the word out about its projects, using sermons as a vehicle to discuss healthy births.

"We got strong support from the African-American churches that participated in Best Babies

Collaborative meetings and helped us with outreach," says Lubwama, leader of the Antelope Valley Best Babies Collaborative. "Now, we're trying to involve other faiths."

Working Together to Improve Efficiency

The Best Babies Collaboratives have been smoothing out the process of working together—at times an arduous task, but one that members say is well worth the effort. "If you have to get five different agencies to come to a decision together, it takes much longer but it ends up being a much stronger decision," French says. "It's not about just dividing work; it's about making joint decisions and working together."

In South L.A., the Best Babies Collaborative has improved efficiency by being respectful of members' time, Heinzerling says. That translates into

being clear about individual efforts to avoid duplication. "We've modified our style to be leaner," she says. Members of the South L.A. Best Babies Collaborative identify with the collaborative, Heinzerling says. They're even working together to look at future funding to keep the network going—instead of each agency applying on its own. "People are thinking as a group rather than as individual partners," Heinzerling says. "There's a lot of interest in sustaining this network."



*Nola Thomas (right),
a case manager at
T.H.E. Clinic, with
client Emerita*

A Lasting Impact

The Best Babies Collaboratives are exchanging essential information and working together toward a common goal: changing the lives of thousands of women and children in L.A. County. All members agree that funding is going to be a key factor in extending their projects and building upon their joint efforts.

"The systems we've put into place will sustain the Best Babies Collaboratives going forward," says Jim Mangia, the leader of the Harbor Corridor Best Babies Collaborative. "But ongoing funding is going to be critical."

"It took us a while to get going, but we're bringing the community together," Lubwama adds. "In the long run, we're going to have a better system to support pregnant women."





Matthew, Emerita & Mark

"My 5-year-old was exposed to drugs. I was taking a hit and my water broke," says Emerita, 29, a mother to Matthew and four children. "The first time I got clean was because of the threat of taking my kids away. The second time was because I was homeless."

"Drugs will take the best people and drag them to the ground," says Nola Thomas, Emerita's case manager at T.H.E. Clinic. Nola and her colleagues would see Emerita living in the alleys near T.H.E. Clinic. "I would hide from them. They would find me and talk to me," Emerita recalls. "I think little by little something would stick with me. I was homeless, addicted to crack. I paid for it through any means possible. I finally said, 'Take me to a drug program.'"

Today, Emerita has been drug-free for three years. She has regained custody of three of her four children. Like a trusted friend, Nola counsels Emerita on healthy eating, tubal ligation, screening for depression and other measures that will help keep her and her baby healthy.

Improving the Quality of Perinatal Care

Enhancing the Delivery of State-of-the-Art Care

Few areas of medicine have as much potential as those focused on improving the delivery of care. In the U.S., it takes an estimated 17 years for proven methods of care to be integrated into routine patient care. The Institute of Medicine refers to this gap as the “quality chasm”—the gulf between what healthcare professionals know is high-quality care and the care that patients actually receive. To bridge these gaps and promote quality perinatal care, LA Best Babies Network created the Healthy Births Care Quality Collaborative in 2006 with the National Initiative for Children’s Healthcare Quality as its partner.

The Care Quality Collaborative has one main focus: the patient. To solve patient problems, participants build teams rather than try to operate independently. They rely on evidence-based scientific research. They respect and honor the patient and her cultural beliefs. They track their care through a Web-based client registry that records everything from tests for depression to obesity to infections. They know that providing the best possible care does not stop at the clinic door; excellent care involves linking patients to social support services such as nutrition counseling, housing programs and other community resources that enhance their well-being.

Improving pregnancy and birth outcomes means significantly altering the way prenatal care is delivered and managed. In 2006-2007, LA Best Babies Network successfully enlisted 10 outstanding

The introduction of a prenatal depression screening form at participating clinics has resulted in screening of up to 90 percent of patients.



clinical sites staffed by more than 50 clinicians and administrators throughout L.A. County to participate in the Care Quality Collaborative. These clinics are already weaving well-tested strategies into their daily routines to improve prenatal and postpartum care. Network staff created a comprehensive model of care that addresses the fragmented nature of office systems. Participating clinics embraced this model, as well as the challenging goals of the collaborative: to reduce preterm births by 20 percent, increase breastfeeding by 50 percent and raise postpartum care by 50 percent above the baseline. They dedicated themselves to forming partnerships with community-based organizations to fill the gaps in services needed for clients and to improve systems of care. Working as a team, the clinics and organizations learned from one another’s experiences. They adopted successful strategies and learned from each other’s pitfalls.

Changing Routines

One of the keys to success so far has been the ability of the collaborative’s leaders and participants to recognize the value of stepping out of their often comfortable roles and working together toward a common goal. “As humans, we tend to resist change,” says Janice French, CNM, MS, director of programs for LA Best Babies Network. She adds that it is natural to hear negative predictions from people when the goals are first presented. “So you take baby steps and start with a very small change. Once you see it wasn’t as bad as you thought it would be, it tends to cut down on resistance.”

The collaborative emphasizes a well-tested organizational method that relies on planning, testing, studying the issue and then acting on it. It allows people to make incremental shifts in procedures rather than an overhaul.

Taking these small steps would not be possible without the support of each health agency’s leadership. The directors of the participating healthcare systems regularly participate in monthly meetings

and conference calls with clinicians, doctors and senior management staff to discuss goals and brainstorm about how to correct problems. Northeast Valley Health Corp. had challenges ensuring that its prenatal clients received dental care, an important preventive measure because periodontal disease is linked to low-birthweight babies. “We worked as a team with the dental clinic and changed the referral process,” says Katrin Dayanim, clinic administrator of Northeast Valley Health Corp. “As a result, we have significantly improved the number of women who are receiving dental care.”

To deliver the best, most up-to-date clinical care, LA Best Babies Network also routinely provides the necessary research directly to the providers when and where they need it. With the help of the leaders of the Care Quality Collaborative, doctors and clinic staff are testing and treating pregnant women based on the most current scientific evidence. Experts say that prenatal care is often more complex than many other specialties because there are many medical and environmental components to track. Providers must know about nutrition and psychosocial changes, housing and poverty, as well as changes to the body.

Knowing How to Communicate: Culturally and Linguistically Appropriate Care

Having up-to-date knowledge matters less, however, if providers can’t communicate the information effectively to the patient and her family. Including the woman in the decision-making process is at the heart of the collaborative’s work. Clinic staff work with each woman to set goals and plan care based on her individual needs. They also work to keep educational and community resource materials up to date and organized.



The clinics also have long been committed to another core tenet of the Network’s mission—providing comprehensive, culturally sensitive and linguistically appropriate perinatal care. Years ago, clinics recognized the need to address the diversity of the community they serve, not just in terms of race but also ethnicity, language, sexual orientation, religious beliefs and disability. Studies over the years have shown that certain racial groups tend to suffer disproportionately from chronic disease and infection, in part because of the difficulty in accessing the healthcare system or the high cost of insurance. But the disparities also stem from communication gaps between women and providers that can result in confusion about medical instructions.

Theresa Nitescu, MS, RD, chief operations officer at Northeast Valley Health Corp. says that one of her case managers was stopped by one of her prenatal patients recently after a thorough intake examination. “She said she appreciated that we were even asking her all these questions,” says Nitescu, whose agency served 1,700 prenatal patients

last year. “That was nice to hear and a reminder that patients really do care about these things.”

Recording Progress: the Healthy Births Database

Serving patients well means more than just having excellent and current medical information about risks or illnesses and effectively communicating that information.

Quality care also means knowing relevant details about each pregnant woman. The Healthy Births Database, an Internet-based registry, allows the members of the collaborative to input clinically useful data in a timely way. They use the data to generate reports and to plan and follow patient care. Clinics also use the database to track their progress toward providing recommended screening and treatment for all women.

The collaborative is looking forward to continuing this progress toward tracking clinical practices and care for mothers from well before pregnancy to after their child is born. There are now as many as five new sites that are interested in participating, a promising sign. “We’re empowering providers so they can improve the healthcare system,” says French. “Our vision is to create a level playing field for pregnant women so they can get the best possible care regardless of where they live and how they access care.”

The Healthy Births Care Quality Collaborative promotes continual learning to provide the best care for patients. Participants learn how to improve the healthcare system itself and the delivery of care through learning sessions led by Network members and the National Initiative for Children’s Healthcare Quality.





Danieya, Dominique & Christi

Sisters Dominique, 20, and Christi, 21, love life in the Antelope Valley. "It's so peaceful here," Christi says, when she compares it with L.A. The sisters share another common bond—they both consider Linda Bowling, a facilitator at the Antelope Valley Black Infant Health Program, to be a member of the family.

"Sister Linda always looks out for us," says Dominique, mother of 2-month-old Danieya. "My baby's father was not in the picture, and sister Linda was always there for me. Always calling, always making sure we make our doctor's appointments."

Thanks to Bowling's Social Support and Empowerment classes, both sisters not only have had healthy pregnancies, they've also boosted their self-esteem and received support from other class members.

Christi, who is expecting twins, has reached the critical 38 weeks of gestation. "I've had a healthy pregnancy. I've cut down on sweets and I'm eating more healthy. But I'm getting ready to evict these two," she laughs.

Advancing Policies that Advance Healthy Births

Shaping the Future of Perinatal Policies

Improving pregnancy and birth outcomes involves more than providing medical care and education. It also involves promoting key policy reforms to better support women and their healthcare providers. Promoting these reforms, however, is a difficult task for a single organization to achieve on its own.



Lynn Kersey, MA, MPH
(center)

That's why in 2005, LA Best Babies Network partnered with the March of Dimes Greater Los Angeles Division and the L.A. County Department of Public Health's Maternal, Child, and Adolescent Health Programs to create a special Perinatal Summit. The first of its kind in the county, the summit brought together more than 65 organizations from throughout L.A. County to discuss and identify key policy reforms and action items.

The goal: commit to a short list of policy priorities—and make a measurable difference in two years in each of those areas.

"Bringing together L.A. County's perinatal stakeholders allows us to achieve much more than any one organization could on its own," explains Carolina Reyes, MD, executive director of LA Best Babies Network. "The participatory approach of this summit is serving as a model for communities nationwide."

In 2006-2007, Network staff worked closely with key partners to develop and launch the action plan for the five perinatal policy recommendations developed at the summit—and coordinate the efforts of each of the summit workgroups.

#1: Build upon and strengthen comprehensive perinatal services for all women

The effectiveness of comprehensive perinatal services in improving birth outcomes has been well documented. Through the Healthy Births Care Quality Collaborative, the Network developed a care-quality framework for perinatal care based on evidence-based practices. The Care Quality Collaborative bridges the gap between what healthcare professionals know is quality care and the norm that exists in practice. The Network is working with 10 provider practice sites in L.A. County to pilot this framework and improve perinatal care for women.

This workgroup reviewed strategies to better align reimbursement mechanisms for prenatal care provided by the state's Comprehensive Perinatal Services Program (CPSP) with the quality of that care. Long term, the Network will continue to promote and expand a more comprehensive standard of perinatal care for all women.

#2: Assure every eligible newborn is enrolled in Medi-Cal before leaving the hospital

One way to ensure that newborns receive the medical care they need is to make sure they never go a day without healthcare coverage. Yet, many newborns who are eligible for Medi-Cal coverage are not even enrolled before leaving the hospital.



Vicki Lombardo, MSN, RN (left)

The goal for this workgroup is to encourage more hospitals to use the state's voluntary Newborn Referral Form for Medi-Cal. The workgroup reviewed the status of newborn enrollment in L.A. County and developed a toolkit of handouts for hospitals. The group will pilot the toolkit in high-delivery Medi-Cal hospitals, starting with the ones most interested in implementing the form, says Lynn Kersey, MA, MPH, executive director of Maternal and Child Health Access. The group also advocated for implementation of a law that has been passed that will establish a system of electronic newborn enrollment in the state. "Collaborating with the agencies and hospitals in this group has been invaluable," Kersey says. "They've given us great feedback and opened a lot of doors."

#3: Integrate perinatal resources into the 2-1-1 system

L.A. County's 2-1-1 phone system provides information and referrals to more than 28,000 health and human services programs in the county. "We want to make sure that we've comprehensively captured all the resources for pregnant women and new mothers," says Cynthia Harding, MPH, director of Maternal, Child, and Adolescent Health Programs at the L.A. County Department of Public Health. "One call to 2-1-1 should give a woman the resources she needs." This workgroup integrated several perinatal resources into the system, including resources from the Healthy Births Learning Collaboratives and Best Babies Collaboratives, and both collaboratives continue to promote 2-1-1 on printed materials.

#4: Promote risk-appropriate perinatal care

Too many preterm babies are born at community hospitals that aren't properly equipped to care for them. "While preterm babies can be transferred to higher-level hospitals, it's best if babies are born at hospitals that are ready to care for them," says Vicki Lombardo, MSN, RN, director of program services for the March of Dimes Greater L.A. Division.

In 2006, the workgroup began identifying community hospitals with the most preterm births and researching how other cities have solved similar problems. The March of Dimes also issued a grant to the Community Perinatal Network to take the lead in implementing this recommendation.

The Regional Perinatal Programs of California (RPPC) and the March of Dimes held two statewide summits to define the problem and begin developing recommendations for risk-appropriate maternal care. In addition, the March of Dimes, in collaboration with Sutter Medical Center, Sacramento, developed a Preterm Labor Assessment Toolkit that is available to all birthing hospitals through the RPPC and the March of Dimes.



Tonya Gorham, MSW

#5: Support every woman to have a reproductive life plan

The best time to address a woman's health concerns—such as diabetes, obesity, stress, depression and domestic violence—is before she becomes pregnant. That's why this workgroup is focusing on promoting comprehensive preconception and interconception health (care between pregnancies).

In 2006, the workgroup developed data briefs about preconception health and worked with the California Family Health Council to integrate preconception and interconception health care into family planning clinics.

Long term, they're working to galvanize support for extending Medi-Cal coverage to two years postpartum for high-risk women and are working with employers to promote family-friendly policies, as well as on-site wellness programs and accommodations for women who are breastfeeding.

The workgroup promoted preconception/interconception care and financing at the Preconception Care Council of California and at the Centers for Disease Control and Prevention workgroup for preconception care. The group participated in the L.A. County Preconception Health Collaborative, which serves as a model for the integration of preconception health into public health practice.

"We're way ahead of the rest of the nation in having a grassroots network of people working together on these issues," Harding says. "Change doesn't happen overnight, but I'm incredibly optimistic that we can make a difference."



Cynthia Harding, MPH (right)





Jazelle & Chan

"When I found out I was pregnant I was scared," says Chan, 18, a mother to 10-month-old Jazelle and 2-year-old Cleastone. "My boyfriend got mad and wanted me to have an abortion. I couldn't go through with it, and we broke up when I was four months pregnant. He got detained for nine months and wasn't there when Jazelle was born. He was also detained when Cleastone was born."

With the help of Sithary Oun Ly, a community health advocate for St. Mary Medical Center, Chan received the emotional support she needed and graduated from high school on schedule. "Sithary connected me with Children's Home Society. They would watch my kids while I was at school," she recalls. She wants other teenage moms to hold fast to their dreams. "Don't ever give up," says Chan, who recently enrolled in Long Beach City College and wants to be a pediatrician. "Once you think about giving up, look at your kids, and you'll realize you can do so much more."

Creating a Network of Caregivers and Advocates

Leveraging Collaborative Networks



Kevin Donovan, MPH, (left), Joseph Hobbs, MPA, and Elizabeth Gant, MPH, at a Healthy Births Learning Collaborative meeting in South L.A.

One evening in the South Bay, a group of health agencies came together to brainstorm how they could combine their myriad services and expertise to benefit pregnant women in their community. The group decided on a shared goal: increase the number of women who have a healthy weight during and after pregnancy.

The agencies pooled together their resources, and came up with a plan to educate women in clinic waiting rooms on nutrition and exercise plans. One of the agencies was able to contribute a college intern, who worked with the group members to iron out the logistics and present the program in area clinics.

"It turned out to be a wonderful success because we were able to engage women who would have been otherwise unoccupied as they waited to see their doctor," says Shirley Smith, MPA, the co-chair of the group. "It's so important that we bring together stakeholders who are truly committed and who believe we

can make change happen."

That group of healthcare stakeholders is one of the seven Healthy Births Learning Collaboratives that have been created throughout Los Angeles County. The Healthy Births Learning Collaboratives are making significant strides throughout the region to unite key agencies that focus on improving birth outcomes, creating a holistic approach to care and services for families.

"It's so important to work together so that we build on each other's strengths and resources," says Janice French, CNM, MS, the director of programs at LA Best Babies Network.

A History of Collaboration

The Healthy Births Learning Collaboratives were created in 2003 as part of First 5 LA's Healthy Births Initiative and charged with bringing community organizations together to discuss best practices, share ideas, learn about resources in their communities and create new strategies for improving pregnancy and birth outcomes.

The Healthy Births Learning Collaboratives focus on strengthening the network of services available in local communities and addressing community priorities. The Healthy Births Learning Collaboratives bring together a wide range of area providers, community-based organizations, county departments, the Best Babies Collaboratives and other community members. While the Best Babies Collaboratives focus on individuals in the healthcare system, the goal of the Healthy Births Learning Collaboratives is to look at local issues, build on their community assets and work together to produce widespread systems change.

They also serve to strengthen awareness and promote understanding of what member-agencies do in the local community. In 2006, representatives from 170 organizations attended at least one meeting of a Healthy Births Learning Collaborative.

Taking Care of the Details

LA Best Babies Network staff facilitate the efforts of the Healthy Births Learning Collaboratives by providing guidance and structure for development of governance and decision-making processes and action plans, as well as taking care of the logistics.

The Network staff work with community co-chairs to manage meetings, and with membership to accomplish work for action plans and recruit new members. Network staff and collaborative members plan and implement outreach recruiting strategies and visits to bring more organizations into the Healthy Births Learning Collaboratives. "The Network staff have been key — you need that kind of central coordination," Smith says. "They've been so motivated and so bright, and they bring that to each of the

meetings and keep us going.”

“They keep us on track in terms of our purpose and projects,” agrees Cordelia Hanna-Cheruiyot, the co-chair of the San Gabriel area Healthy Births Learning Collaborative and a representative of the Pasadena Public Health Department, Black Infant Health Program.

Adopting a Focused Plan

Each Healthy Births Learning Collaborative has developed an action plan to respond to the specific needs of their communities. “It’s so important that we recognize that each region is different and needs to develop a plan tailored to meet the needs of its unique population,” says Smith, the co-chair of the South Bay/Harbor area Healthy Births Learning Collaborative.

Antelope Valley, for example, put on a large health fair to distribute information. In 2005, more than 175 people attended, and in 2006, that number increased to about 250 — even though it was snowing. More than 40 agencies provided information on a number of health topics, such as prenatal care, breastfeeding, nutrition and infant safety. Additionally, the group arranged for bus transportation to include families in the most remote areas of the high desert.

Before taking action in the East area of L.A. County, that group took a step back to analyze its community. While birth outcomes were generally good, the group was concerned with the high teen pregnancy rate and decided to focus on that population.

To reach teens with accurate and relevant health information, the group created a pocket-sized information card that detailed health resources available online for teenagers. Two members of the East area Healthy Births Learning Collaborative work directly with teens, and they offered to use their agencies’ connections to engage teens to review and refine the information card. Another agency approached a local high school to print the card as part of a graphic design course. The end product was developed and produced for teens and by teens.

In the South Bay/Harbor area, the Healthy Births Learning Collaborative united funding and expertise. The local libraries had been given an educational grant, and the Healthy Births Learning Collaborative member-agencies were able to provide the expertise to execute the project. They combined efforts to create a series of nutrition classes for the local community.

The Healthy Births Learning Collaborative in the San Gabriel area put its efforts toward a provider appreciation breakfast in the community, a way to bring together frontline staff, such as medical assistants, outreach workers and nurses, to determine their needs. The Healthy Births Learning Collaborative used incentives such as gift certificates and a hot breakfast to gather its members for a morning of

education, team-building and needs assessment.

“The idea for the breakfast came from hearing that frontline staff are not fully aware of how important their role is in improving maternal and infant outcomes and the quality of perinatal care,” Hanna-Cheruiyot says. “We wanted to remind front-line staff that what they do makes a difference, and we wanted to learn what they would need to do their jobs better.”



Healthy Births Learning Collaborative members Korie White Flournoy (left) and Felica Jones

Sharing and Exchanging

Along with creating specific projects for their communities, the Healthy Births Learning Collaboratives are also a valuable forum for exchanging information, bringing together a broad spectrum of individuals and agencies.

In the San Gabriel area, for example, the group has brought in such diverse providers as nurses, doctors, researchers, midwives, childbirth educators and breastfeeding advocates.

In Antelope Valley, one partner agency was able to share with group members essential information that could change the lives of women and newborns in their community. In a meeting in the summer of 2007, member Andrea Randenberg, RNC, posed questions about medical eligibility for

newborns in the wake of changes to a federal rule governing Medicaid, which places a higher priority on documentation. Randenberg explained that new moms at Antelope Valley Hospital were experiencing difficulty with coverage when they couldn't provide their babies' birth certificates or Social Security information. That's a common problem because it often takes a couple of months for the paperwork to

go through. Member Raquel Quezada-Delgadillo, the director of outreach and education for the Health Consumer Center, a project of Neighborhood Legal Services of L.A. County, was able to offer Randenberg and the group some critical tips.

"The information they'd been getting was wrong," Quezada-Delgadillo says. "If a mom is on Medi-Cal when she delivers, the baby is automatically eligible (deemed eligible) for full benefits under Medi-Cal for the first year of life — they're not supposed to request birth certificates or Social Security."

Quezada-Delgadillo not only passed on that information, but also offered up information on the legal services' hotline. Randenberg, who works as a nurse in the neonatal intensive care unit, says she's also been impressed with guest speaker presentations at the Antelope Valley's Healthy Births Learning Collaborative meetings. One speaker discussed how to calm newborns with five steps, a possible way to decrease shaken baby syndrome. Randenberg is

now working with another speaker, who discussed infant massage, to do an educational seminar for her hospital staff. "We're getting out valuable information," Randenberg says.

Other groups, such as the East area Healthy Births Learning Collaborative, use the collaborative as an educational forum, reporting back to the group after attending conferences. "One of my personal goals is to create awareness and educate other health professionals about the importance of sharing their knowledge from conferences with the group," says Sonia Alvarado, a co-chair of the East area Healthy Births Learning Collaborative.



Nicole Vick, MPH, CHES, (left), Aleia Rainey and Brenda Robledo at a Healthy Births Learning Collaborative meeting in South L.A.

Looking Ahead

In the future, Smith, also a chair of the Healthy Births Learning Collaborative advisory board, says she'd like to broaden the Healthy Births Learning Collaboratives to include more health providers, such as hospitals or clinics.

"You need a broad representation, and that's one of the things we've identified this year," she says. Smith also points out the importance of developing new leaders as previous ones move on. "It's important to have people growing in the ranks and buying-in to the overarching mission."

As the groups expand, strengthen and work together, they're going to play an increasingly important role in the region's healthcare safety net. "Healthy Births Learning Collaboratives are really a network — that's the benefit of having an umbrella," Smith says. "We're learning from each other and we're growing because of the best practices we've learned."

Sharing Knowledge and Resources

Empowering Members Through Technical Assistance

To enhance the ability of caregivers and advocates to promote healthy births, LA Best Babies Network staff provide valuable technical assistance. We provide a wealth of resources by drawing on the expertise of top perinatal specialists, advocates and researchers, including those on our Advisory Board. Key examples of our technical assistance include:

Workshops and Knowledge Exchanges

- continuing education for clinic providers, staff and case managers
- learning sessions for clinic staff to plan the implementation of new clinical guidelines
- forums for the Best Babies Collaborative agencies to share innovative strategies and learn through interactive sessions
- an annual symposium that provides a full day for Network members to build skills, network and discuss successes and solutions.

Resources and Tools

- up-to-date perinatal data and briefs intended for community members, caregivers, advocates and policy-makers to make informed decisions about policies and programs affecting newborns and their families
- Web pages dedicated to evidence-based clinical practices and perinatal health resources
- toolkits on topics such as depression screening and breastfeeding
- briefs for employers on family-friendly workplace policies
- resources for community agencies that are planning perinatal programs
- promotion of funding opportunities, education, training, health fairs and events



At MotherNet L.A., Research Analyst Holly Campbell, MPP, (left), trains staff on the use of the Healthy Births Database.

Communications

- Web pages for members of the Best Babies Collaboratives, Healthy Births Care Quality Collaborative and the Healthy Births Learning Collaboratives to post resources and information about their activities
- listservs to facilitate conversation among members who wish to provide consult; share resources, challenges, strategies and lessons learned; and promote opportunities for professional development and advocacy
- the *Perinatal e-News* e-newsletter highlighting perinatal health and policy issues
- the *Perinatal Connections* print newsletter reporting on the progress of Network members
- a speakers bureau of medical and community leaders with expertise in perinatal health.

The Healthy Births Database: A Web-based Client Registry

The Healthy Births Database allows agencies in the Best Babies Collaboratives and the Healthy Births Care Quality Collaborative to follow clients and manage care electronically. The database allows these collaborative members to provide a continuum of care by recording patient information and tracking visits and referrals to community services. In partnership with First 5 LA, LA Best Babies Network staff:

- train agencies of the Best Babies Collaboratives and the Care Quality Collaborative in use of the registry
- develop a systematic review process for these collaboratives to create monthly progress reports
- work with agencies to ensure data integrity and that the data serve as a catalyst to continually improve care for women during and after pregnancy.



Honor Roll of Members

We gratefully acknowledge the staff of First 5 LA for its ongoing support of LA Best Babies Network and its members. LA Best Babies Network's greatest strength is our people, and we are proud to honor the following individuals and organizations who are members of our dynamic network.

Best Babies Collaboratives

Antelope Valley Best Babies Collaborative

Antelope Valley Black Infant Health Program
C. McKinley Kemp

Antelope Valley Children's Planning Council
Tomi Perkins

Antelope Valley Hospital:
Healthy Homes
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WIC Program
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Long Beach-Wilmington Best Babies Collaborative

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Long Beach Black Infant Health Program
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*Long Beach Department of Health and Human Services**
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Sweet Success Program
– Cathy Fagen, MA, RD

St. Mary Medical Center:
Families in Good Health
– Lillian Lew
Mary Hilton Family Clinic
– Eleanor Cochran

The Children's Clinic, "Serving Children and Their Families"
Elisa Nicholas, MD, MSPH

Wilmington Community Clinic
Vanilla Brooks, RNP, MN

South Los Angeles Best Babies Collaborative

INMED Partnerships for Children: MotherNet L.A.
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– Julia Heinzerling, MPH

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per·i·na·tal adjective

occurring in, concerned with, or being in the period around the time of childbirth,
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