Research-in-Progress Webinar Series

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Q&A

What is the common access point for the patient intake process? Is it at the OB/GYN office? If so, what has been the process for enrolling providers to conduct the assessment?
Often the intakes are done at the OBGYN office, but could also be in residential treatment facilities, IPV shelters or even L&D triage units. In the office, the first visit is scheduled with a Care Coordinator and also an OB Nurse who collaboratively assess the patient. The second visit is with the MD, NP or CNM.

Does the MAMA's program provide any interventions for preconception care for women?
We offer preconception counseling and also work on connections to primary care for interconception needs after the MAMAs postpartum period ends.

How does the program support patients with pregnancy loss and are there any outcome measures related to pregnancy loss experiences?
We do not currently collect outcomes related to pregnancy loss experiences. Our Care Coordinators and and LCSWs are able to follow clients after a loss for ongoing service or counseling needs. We do not have standard programming, but base our care on individual client needs.

Do these scores vary by organization type?
While there are partners that offer similar services, I wouldn't stay that the services are duplicated unnecessarily because of two things: geographic coverage and capacity. LA County is quite big geographically and there is some necessity to have "duplication" of services so that people can access a nearby provider. Additionally, LA County also is big in terms of population of need and there is more need than provider capacity; we haven't quite hit that point of saturation yet where there is more capacity than need and, therefore, need for deduplication of services. However, there are likely duplication in other aspects, which make the network inefficient and impact patient experience (e.g. client assessments that are done at multiple providers at different times), which can be solved with better data-sharing and information exchange (which as you can see in the network analyses and qualitative analyses results, are currently not prevalent)

Was was the dropout rate? At what point did the pregnant women drop out? If they did, why do you think that is?
We believe about ~70% of MAMA'S enrollees stick with the program to deliver with LAC DHS. In general, we heard that drop in engagement is related to social stressors (e.g. difficulties obtaining or maintaining housing, mental health issues, etc.)

Have measures on racial discrimination been considered or measured. For example, California Maternal and Infant Health Assessment (MIHA) included several items. One is: Overall during your life until now, how often have you been discriminated against, prevented from doing something, or hassled or made to feel inferior because of your race, ethnicity, or color?
There is a related study that looks specifically on racism and how MAMA'S model in naming racism impacts that. Stay tuned!