LABOR PAINS: CHILDBEARING CENTERS IN A NEW HEALTH CARE SYSTEM

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When Khady Diop came to the Childbearing Center of Morris Heights, she did not expect a miracle. After traveling from Senegal with her third child tucked safely in her womb, she came to the Center with a history of hypertension and low birth-weight babies. Nevertheless, she and her husband, Malik, participated in prenatal care and birthed their 8-pound-12-ounce son at the Center in good health.

When Theresa Brown came to the Childbearing Center, she did not expect a miracle. She had a history of five premature babies, scanty prenatal care, and minimal access to a health facility during her pregnancies. However, while under the care of the Childbearing Center, she carried her son Noel to term, birthed the 6-pound-13-ounce baby with her partner and children present, and breastfed for the first time.

When Rebecca Gonzalez came to the Childbearing Center, she also did not expect a miracle. She had birthed four sons alone in a city hospital. Whenever she had told the hospital staff that the baby was coming, no one had believed her. So, left alone, she had brought her children into this world in a hospital bed. Her youngest son had died at four days old for reasons she had never been told. Early in her sixth pregnancy, however, Rebecca enrolled for care at the Childbearing Center, attending in the mornings after she walked her sons to school. She had many questions to ask the nurse-midwives concerning her previous and current pregnancies. Her son Adam chose to arrive during the first anniversary celebration of the Center. Two nurse-midwives, her husband, her children, and 150 people in the waiting room triumphed in Rebecca's birth.[1]

These are not miracle stories. They are part of the care that hundreds of women and families now receive at the Childbearing Center of the Morris Heights Health Center in the southwest Bronx, New York.

At this historic junction in the history of United States' health care, when coverage for all is being proposed, critical questions need to be addressed. Who will provide this health care? How will people get access? Will it be high quality? These questions are of especially great importance

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1. The author attended these births at the Childbearing Center of Morris Heights, Bronx, New York, on December 10, 1990, November 10, 1990, and October 27, 1989, respectively.

to the inner-city communities of this country, where few health care facilities and a severe shortage of health care providers exist.

The answer to these problems lies in building and funding primary health care centers, based in and responsive to the communities they serve. A mix of advanced level nurse-practitioners, midlevel providers, and doctors should serve on the front line at these centers, with large hospital complexes available to provide specialty resources if needed.

The Childbearing Center of the Morris Heights Health Center provides a successful example of this model. The community of Morris Heights consists of about 68,000 people.[2] A growing Vietnamese population contributes to the already diverse community, which is 49 percent African-American and 46 percent Latino.[3] Over half the community lives below the poverty level.[4] In 1981, before the Health Center opened, there was a 26/1000 infant mortality rate, a 10.2 percent low birth-weight rate for babies, and a high teenage-pregnancy rate.[5] One-third of the women had not received prenatal care at the time of delivery.[6]

In 1988, Morris Heights Health Center, in collaboration with the Maternity Center Association, opened the Childbearing Center to tackle the scarcity of health care services available to pregnant women and their families. The educational training and philosophical approach of the nurse-midwives who staff the Childbearing Center lead them to treat pregnancy and birth as a healthy family experience that is well suited to community-based care. With the birthing center located in a health care center, the pregnant woman also has access to internists, pediatricians, dental care, and social services, providing her and her family with complete health coverage. In addition, an obstetrician at the back-up hospital reviews cases and consults on problems weekly at the Childbearing Center.

The Childbearing Center staff assesses a woman's health status at her first prenatal visit. Nurse-midwives provide primary care for healthy and low-risk pregnant women; the nurse-midwives work in conjunction with obstetricians when treating high-risk pregnant women and those who have developed complications. By the thirty-sixth week of pregnancy, the staff decides whether a woman may safely give birth at the Childbearing Center, or whether she requires a hospital birth.

Care at the Childbearing Center encouragaes family participation, ambulation, and delivery in positions comfortable for the woman. The baby

2. Morris Heights Health Center, Bronx, New York, Management Information Systems Department (1994) (information on file with the Morris Heights Health Center).

3. *Id.*

4. *Id.*

5. New York City Department of Health, Bureau of Vital Statistics (1981) (unpublished data analysis, on file with the Department of Health).

6. Morris Heights Health Center, Bronx, New York, H.I.V. Study for Center for Disease Control (1992) (unpublished study, on file with the Morris Heights Health Center).

remains with the family throughout the postpartum stay at the Childbearing Center. In the six weeks after the birth, every woman receives outpatient care, including family planning, at the Childbearing Center.

Education and supportive services are mainstays of the care. Individual visits and classes involve women and their families in their own care and provide them with information about pregnancy, birth, and newborn care. Classes focus on management of labor, newborn care, and breastfeeding. As women learn more about their care, they become more responsible for maintaining their health. This results in healthier pregnancies, healthier babies, and empowered women. Women and their families flourish.

The Childbearing Center also has developed an active social services department. The department staff evaluates teens, as well as adult women who live in unstable homes, have economic problems, or suffer from severe stress. The staff arranges support at home, especially after the birth. Nutritional counseling, H.I.V. assessment, and participation in women's and parenting groups offer continuing services.

The Childbearing Center established a peer counselor group to tackle the problems of women who breastfeed in communities that discourage it. Women who give birth at the Center can become certified to counsel others on this issue. At the time of birth, a woman is assigned a peer counselor who advises her about and supports her in breastfeeding.

A new program follows women into their homes in the postpartal period. Women from the community train to be home health care supporters, or *doulas*. By providing intensive support at home to families after the birth and during the first year of the infant's life, doulas facilitate adjustment during the parenting period, increase well-baby visits to the Health Center for vaccinations, teach preventive health measures, and develop the entire family's understanding of good health.

The Childbearing Center provides true accessibility to the community. The majority of clients can walk there. Appointment schedules reduce waiting time, and a child care playroom enables women with small children to attend prenatal appointments. Visits for walk-in clients who have problems that arise between appointments are accommodated at the Childbearing Center and at the walk-in unit at the Health Center. This arrangement reduces use of overcrowded emergency rooms at the back-up hospital.

The Childbearing Center staff reflects the cultural diversity of the community. For example, when the community became a resettlement site for Vietnamese refugees, the Childbearing Center hired a Vietnamese midwife assistant to educate the staff on the particular needs of these women and to reach out and encourage the Vietnamese families to enter the health care system.

This model also reduces the present, out-of-control health care cost of using hospitals and specialists for routine care. Care at the Childbearing Center, which covers pregnancy, birthing, and postpartal services, is approximately 60 percent as costly as a delivery at a New York hospital.[7] Insurance and Medicaid reimbursement rates cover the cost of operating the Childbearing Center.

Most importantly, the outcomes are outstanding for this model. Over 1000 babies have been born at the Childbearing Center. Approximately fifty new clients now register for care each month. Over 65 percent of the clients enter the health care system in the first trimester of pregnancy and over 87 percent enter by the twenty-eighth week. Infant mortality for the entire community has been reduced to 13/1000, while at the Childbearing Center it has reached zero. Only 3 percent of the babies have low birthweights. Over 60 percent of the women breastfeed at their sixth-week postpartal visit.[8] The Childbearing Center, based in the inner city, provides ready accessibility, high quality care, and sensitivity to the needs of its community.

The Health Center directors envision building a women's health center into the facility to cover all women's health care needs, including birthing. The Childbearing Center staff dreams of performing 600 births per year to truly have an impact on maternal and infant health care in the community.

Less tangible and less measurable results are apparent from the development of this model. Women are reclaiming their births, their communities, and their lives. The time of pregnancy has become a time of enormous potential growth for the women of Morris Heights. When asked what the Childbearing Center provides to her, one woman answered: "Control over my body. The hospital takes it away; the birthing center gives it back."

This is an historic moment in the birth of a new health care system. The opportunity exists to maximize health care for all people of this country, and it can be done creatively to give people quality care within their communities, while providing them respect and dignity.

7. Calculated on average labor and delivery costs in New York City (telephone survey of 10 major hospitals).

8. Childbearing Center of Morris Heights, Bronx, New York, Data Analysis of Outcomes (May 1993) (unpublished data analysis, on file with the Childbearing Center of Morris Heights).