

The JJ Way™ Model of Maternity Care

Location: Florida
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 Category: **Emerging Practice**

BACKGROUND

Florida is currently struggling with significant racial and socio-economic disparities in birth outcomes. In 2005, 18.5% of black infants compared to 13.8% of all infants were preterm; 13.6% of black infants compared to 8.7% of all infants were low birth-weight. Statistics on birth outcomes are more readily available by race than by class. However, studies indicate that all low-income women, regardless of race or ethnicity, are at higher risk of poor birth outcomes. For instance, in one national longitudinal study, the risk of low birth weight among births to black women and white women who were poor was at similarly high levels.

The goal of The JJ Way™ is to eliminate racial and class disparities in perinatal health and improve birth outcomes for all infants. Realizing that the midwifery model could help improve birth outcomes for all babies, midwife Jennie Joseph (JJ), and her birth center team worked to create a midwifery-based model that was culturally relevant and accessible to women of color and low-income women.

PROGRAM OBJECTIVES

The key objectives for this practice are for pregnancies to reach a gestation of 37 weeks or greater and for newborns to have a birthweight of 5 lbs. 8 ounces (2500 grams) or greater.

TARGET POPULATION SERVED

JJ Way™ patients come from a tri-county area in Florida, which have an increasingly large African American population. The program currently serves approximately 400 women per year for prenatal, birth and postpartum services.

PROGRAM ACTIVITIES

The JJ Way™ is built on the strengths of the Midwives Model of Care to reach populations that do not typically seek midwifery services. The first adaptation of this model is the use of a team approach. JJ Way™ staff believes that increasing a woman's social capital increases the likelihood

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
<p>#11: The percent of mothers who breastfeed their infants at 6 months of age.</p> <p>#15: Percentage of women who smoke in the last three months of pregnancy.</p> <p>#18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.</p>

of positive birth outcomes. Every staff member has a role, from the receptionist who greets each woman, to the office manager who knows each client's name. The team includes the baby's father, friends and family. All members share the explicit goal of helping the mother achieve a healthy, full-term pregnancy. Consistent health messages are delivered by all staff.

Another enhancement is the emphasis on easy access. No one is turned away, and this reputation in the community facilitates that first step of entering the clinic. Another difference is a focus on gap management. The team works together to identify any gaps or barriers to the client's success and begins gap management triage.

Lastly, there is an enhanced approach to education. Clients receive information from peer educators as well as group learning processes. Educational messages and delivery approaches are tailored to the clients, and they focus strongly on post-partum education. Knowing that short inter-pregnancy intervals are associated with low birth-weight and prematurity, women are taught the importance of child spacing and various types of birth control.

The final difference between this model and the typical midwifery model is that the labor and delivery can take place in any location the woman feels most comfortable. If she prefers to birth at the hospital with an OB, program staff works with physician partners to ensure a smooth transition of care.

PROGRAM OUTCOMES/EVALUATION DATA

In 2007, The Health Council of East Central Florida analyzed outcome data for 100 low-income clients of the practice. Results showed 4.8% of babies were low-birth weight, and

4.7% were preterm, while the Orange County-wide rate was 9.1% and 15.4% respectively for the years 2005-2007. Data were also analyzed relating to the percentage of preterm (less than 37 weeks gestation), and low birth weight (under 2500 grams) babies born to JJ Way™ clients. The results showed 4.8% of babies in the program were born with low-birth weight, well below the Orange County rate of 9.1% during the years 2005-2007. The study also found 4.7% of JJ Way™ babies were preterm compared to 15.4% of babies born in Orange County from 2005-2007.

PROGRAM COST

The operational budget for FY2008 was approximately \$515,000. During that year 345 clients were served at an average cost of \$1,410 per client.

ASSETS & CHALLENGES

Assets

- There is existing infrastructure and capacity to address this problem.

Challenges

- The major challenge is that capacity to provide services has not increased with demand.

Overcoming Challenges

- Staff is currently working on a more effective business and development plan to respond to the increase in demand.

LESSONS LEARNED

Having each staff member involved at some level of patient care/case management helps to ensure continuity of care and promotes consistent health messages to the clients.

FUTURE STEPS

Two satellite sites operate in nearby counties. One site has a larger Hispanic population while the other a larger African-American population. Additionally, there are two volunteer consultants who are helping staff craft a more effective business and development plan to respond to the increase in demand.

COLLABORATIONS

This project involved collaborations with the local health department, WIC program, and Healthy Start as well as midwifery organizations and local hospitals. The Health Council of East Central Florida conducted a program evaluation of this project.

PEER REVIEW & REPLICATION

No peer review was included in the original submission.

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RESOURCES PROVIDED

For more information about this program, visit:

The non-profit organization that oversees the program:
<http://www.commonsechilbirth.org/>

The birth center, the original JJ Way™ Model site:
www.thebirthplace.org/

Key words: Access to Health Care, Birth Outcomes Family/Consumer Involvement, Health Inequity/Disparities, Prenatal Care, Reproductive Health, Infant health, Infant Mortality, Male Involvement

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