

# Low-cost program encourages latina moms to seek postpartum care

August 19 2010, By Christe Bruderlin-Nelson

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Latinas participating in an educational intervention program were two-and-a-half times more likely to seek postpartum care than were those who did not have access to a similar program, a new study finds.

Although 80 percent of [women](#) with [private insurance](#) receive related [health](#) care after having a baby, only 59 percent of women with Medicaid insurance do, according to the Health Employer Data and Information Set (HEDIS). Women of low income, particularly Latinas and other minorities, have greater health risks due to below-average rates of postpartum follow-up visits, the authors write.

“Having patients come back for postpartum checkups is very important,” said lead study author Flavio Marsiglia, Ph.D., the director of the Southwest Interdisciplinary Research Center (SIRC) at the School of Social Work at Arizona State University. “It is during this time that some health and mental problems, such as depression, may be recognized.”

The study relied on the Familias Sanas, or Healthy Families, program and examined postpartum visit rates and other wellbeing measures. It appears in the August issue of the Journal of Health Care for the Poor and Underserved.

During a first prenatal visit, researchers invited women to participate in the randomized controlled study if they were less than 34 weeks pregnant, at least 18 years old and identified their ethnicity as Latina or Hispanic. The women each met between five and 20 times with a

bicultural and bilingual prenatal partner ? a student in the social work program.

Among other things, the prenatal partner conducted a baseline assessment, provided education, assisted with communication and helped arrange regular prenatal and postpartum visits.

The study included 440 women seen at the Women’s Care Clinic at Maricopa Medical Center in Phoenix. Of these, 221 women participated in the intervention and 219 were in the control group. Eighty-four percent of participants were first-generation immigrants and 73 percent had an annual income of less than \$20,000. Most women were of Mexican heritage and in their late 20s. Eighty percent had a previous pregnancy.

“Educating patients and encouraging them to come back during visits near the termination of OB care are ways to increase the number of women who continue using health care between pregnancies,” Marsiglia said. The time between pregnancies, called the interconception period, can be a time to address folic acid consumption before conception, family planning and pregnancy risks such as hypertension and diabetes.

“The program is very similar to the Comprehensive Perinatal Services Program in California that encourages educating patients throughout the antepartum period,” said Peyman Banooni, M.D., an OB/GYN specialist who serves the Hispanic population in two downtown Los Angeles clinics. “Cultural sensitivity, resolving language barriers, educating patients about the system and longer health insurance coverage after delivery will definitely improve access to care and health outcomes.”

However, he said “the assumption that by patients coming to postpartum visit, it will lead to better health outcomes for the patients” needs to be proven in further studies.” He also said that the findings can only be

applied to similar populations and not necessarily all Latino populations.

“Medical personnel are asked to do more and more and often they cannot humanly respond to all of those demands,” Marsiglia said. “Cost-effective interventions like Familias Sanas can be relatively easy to implement and can significantly improve providers’ and patients’ outcomes.”

**More information:** Marsiglia FF, Bermudez-Parsai M, Coonrod D. Familias Sanas: an intervention designed to increase rates of postpartum visits among Latinas. *J Health Care Poor Underserved* 21(3), 2010.

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