





Honey Child: A faith-based prenatal education program for African-American women

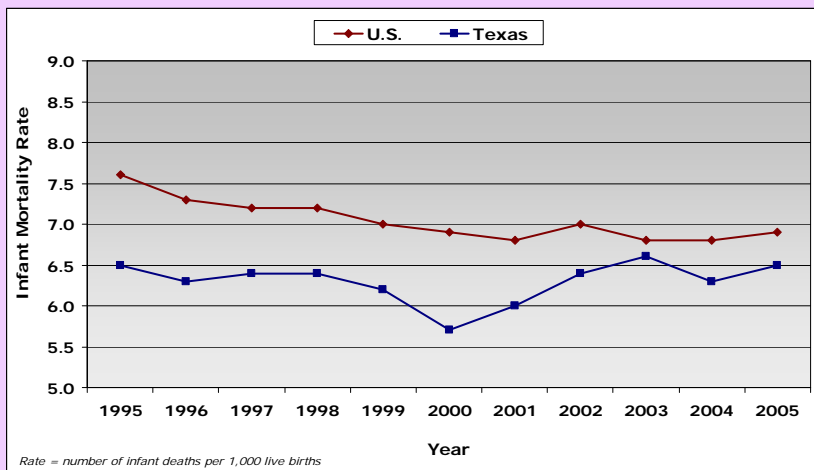
CityMatCH Conference
New Orleans, LA
"Using PPOR to Reduce Disparities in Infant Mortality"
August 23, 2009



The mission of the March of Dimes is to improve the health of babies by preventing birth defects, preterm birth, and infant mortality.



Infant Mortality Rates U.S., Texas, 1995-2005



FETO-INFANT MORTALITY RATES, ALL RACIAL/ETHNIC GROUPS

Maternal Health/Prematurity		
Maternal Care **1.7**	Newborn Care *1.4***	Infant Health **1.7**
3.1		
*Feto-infant mortality per 1,000 live births & fetal deaths		

FETO-INFANT MORTALITY RATES, ALL RACIAL/ETHNIC GROUPS:

Group	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Tarrant County	3.1	1.7	1.4	1.7
Whites	2.5	1.5	1.3	1.5
African-Americans	6.0	2.2	2.1	3.6
Hispanics	2.7	1.5	1.3	1.4

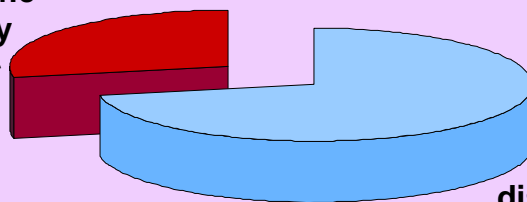
PPOR - Phase II

Target Population: African-Americans

Phase II Findings

Overall Excess Mortality among African-American Women

BW specific
mortality
*28%***



BW
distribution
72%*

Key Health Indicators

The *Honey Child* program seeks to address the following risk factors in African-American women:

- Obesity
- Absence of prenatal care
- Lack of social support
- Stress/Physical Abuse
- Interconception care

“You must start at the center of the community, which is the church in African-American communities.”

The Rev. Dr. Melvin B. Tuggle III
Author of “It Is Well With My Soul—Churches
and Institutions Collaborating for Public Health”

Honey Child Pilot Program

- *Honey Child* is a prenatal education program developed for African-American churches.
- The program encourages churches to become involved in maternal and child health issues.
- Churches that embrace *Honey Child* will help their members and the greater community encourage physical and spiritual well-being.

Honey Child Sites

- Five sites
 - Greenspoint Baptist Church (Houston)
 - Wheeler Avenue Baptist Church (Houston)
 - Greater Mount Tabor Christian Center (Fort Worth)
 - Cornerstone Baptist Church (Arlington)
 - Greater Love Missionary Baptist Church (San Antonio)
 - Four-year pilot November 2006 – January 2011
- Sample Size = minimum of 400 women

Core Components

- **Group Prenatal Education Sessions**
 - Monthly meetings
 - Groups of 6 to 12 women
- **Peer Mentoring**
 - Women will also receive intensive one-on-one support from a mentor through weekly telephone or in-person contact.
 - Mentors and Facilitators are community or church volunteers who have received March of Dimes training.

Honey Child Curriculum

- **Session 1: Nutrition** (12-16 weeks gestation)
 - Group Facilitated Lesson: Nutrition, Sample Menus, and Folic Acid
 - Active Learning: Cooking Demonstration
- **Session 2: Relaxation/Stress/Exercise** (16-20 weeks gestation)
 - Group Facilitated Lesson: Exercise, Stress, and Domestic Violence
 - Active Learning: Prenatal yoga/exercise session; Prenatal massage session
- **Session 3: Prenatal Care** (20-24 weeks gestation)
 - Group Facilitated Lesson: Do's and Don'ts of Pregnancy, Pregnancy Problems, Comfort Measures, and Strengthening the Physician-Patient Relationship
 - Active Learning: Guest Speaker (L&D Nurse)

Honey Child Curriculum

- **Session 4: Self-Esteem** (24-28 weeks gestation)
 - Group Facilitated Lesson: A Purpose-Driven Pregnancy
 - Active Learning: Professional Prenatal Photo Shoot
- **Session 5: Prematurity and Labor & Delivery** (28-32 weeks gestation)
 - Group Facilitated Lesson: Signs and Symptoms of Preterm Labor; Labor & Delivery
 - Active Learning: Craft session for current NICU families (service project); Create a Birth Plan
- **Session 6: Graduation** (32-36 weeks gestation)
 - Group Facilitated Session: Safe Sleeping, Immunizations, Newborn Screening, Siblings
 - Active Learning: Graduation Ceremony
- **Six Week Post-Delivery Reunion**
 - Luncheon, Reunion, and Post-intervention focus groups

Role of March of Dimes

- Experienced trainer to teach facilitators, mentors, and staff to implement and deliver the ***Honey Child*** program.
- Assist in recruiting/marketing to pregnant women
- Provide ongoing technical assistance
- Access to March of Dimes resources.
- A culturally appropriate prenatal health promotion curriculum.
- A stipend to the church for facilitator and start-up costs/materials.

Role of the Church

- Identify a *Honey Child* coordinator, facilitator and mentors
- Meeting space
- Chairs
- TV with DVD and VCR
- CD player
- Storage area
- Offer *Honey Child* free of charge to participants
- Enroll women
- Marketing
- The church will implement *Honey Child* according to the research design beginning November 1, 2006 and ending January 31, 2011.

Evaluation

- The *Honey Child* program will measure the following variables:
 - Nutrition
 - Stress (Stress Survey)
 - Knowledge
 - Prenatal Care Visits
 - Birth Outcomes
- The evaluation plan also includes post-intervention focus groups with all participants to document the experiences of the women, facilitators, and mentors.

Evaluation

- A total of 103 participants completed the baseline survey.
- A total of 53 completed all Knowledge & Expectation questions on both the baseline and follow-up and reunion questionnaires.

Evaluation

- Hypothesis 1: Social support is inversely related to maternal stress

Finding: There is a statistically significant inverse correlation between perceived maternal stress and social support. As social support increased, maternal stress decreased.

Evaluation

- Hypothesis 2: Maternal stress inversely related to the total number of Honey Child sessions attended.

Findings: The data provided evidence that perceived maternal stress increases with increase in the total number of HC sessions attended, however not statistically significant.

Evaluation

83% of participants showed an increase in knowledge from the baseline to follow-up, with 53% of total participants showing a 20% or greater increase in knowledge. The overall increase in knowledge was statistically significant.

Evaluation

- Hypothesis 3: Social support and maternal stress explain variation in infant birth weight.

Findings: That infant birth weight increases with an increase in social support. Also that birth weight increases with an increase in perceived stress. However not statistically significant.

Evaluation

Approximately 91% were full term, 9% were born before 37 weeks and 1.9% born less than 32 weeks of gestation. The mean age of infant born was 38.4 weeks

Key Partnerships

- African-American social/civic organizations
 - National level partnership with The LINKS, Inc.
 - Partnership with Sororities and Fraternities
- Faith Community/Health and Wellness Ministries
- Academic institutions (SPH and HBCU)
- State and Local Health Departments
 - WIC
 - OEHD
- African-American media outlets
- African-American business leaders
- Managed Care

For More Information

- Wanda Wesson, Presenter

March of Dimes

wwesson@marchofdimes.com

Brian Castrucci, Principal Investigator

Department of State Health Services

Anita K. Kurian, Co-PI

Tarrant County Public Health

