Maternal Healthcare Needs Identified in South Carolina

A Qualitative Analysis of the 2015 Pregnancy Risk Assessment Monitoring System

Presented by: Dana AlHasan, MPH
Overall Pregnancy Experience

- Influential risk factors:
  - Education
  - Income
  - Insurance type
  - Access to care
  - Racial norms
Positive Pregnancy Experience

• Frequent & quality time with healthcare provider
• Healthy lifestyle (e.g., nutritious meals)
• Social, cultural, & emotional support
• Affordable and accessible prenatal care
 Reported Pregnancy Experience

- Women aware of taking care of their body
- Readiness to make a lifestyle change
- Low awareness of pregnant health
- Health professionals appear uninterested, insensitive or unconfident
In 2016 in SC, 3 out of 5 babies were born in a rural county
Pregnancy Risk Assessment Monitoring System (PRAMS)

• PRAMS collecting data in SC since 1992
• Multi-mode survey to new mothers
• Purpose to examine women’s behaviors and attitudes before, during and after pregnancy
Research Aim

• To analyze responses to an open-ended question from mothers who gave birth in 2015 in order to provide additional insight into systemic healthcare-specific challenges
Methods

• 2015 PRAMS data
• Participants asked to comment “about your experiences around the time of your pregnancy or the health of mothers and babies in South Carolina”
• N = 208/767
Qualitative Analysis

• Comments transcribed verbatim
• Narrative analysis to identify themes
• NVivo software
Themes

1. Poor provider communication
2. Advising healthy lifestyle
3. Transportation, including far distances and lack of public transportation
Theme 1: Poor Provider Communication

- Women felt healthcare providers did not adequately communicate all options or thoroughly review medical record

“I lost my baby due to incompetent cervix. I wish I had been checked for this before it was too late. My baby was born at 22 weeks.”

“During my pregnancy, I had severe preeclampsia; my healthcare provider did not call me early enough and was not attentive to my needs or my comments. I was very disappointed in the care I received.”
Theme 2: Advising Healthy Lifestyle

- Women advised importance of healthy eating and regular exercise during pregnancy

“If I could go back, I would have [had] a better diet. More fruits and vegetables and have healthier habits....Have a better, healthy habits to have a healthy pregnancy please!”

“I think that another thing that will help while women are pregnant are encourage them to drink more water [rather] than sodas and eat lots of fruits and veggies!”
Theme 3: Transportation

• Need to travel far distance to access a hospital with adequate maternal care

“I think the mothers that are high risk needs to be seen more earlier during pregnancy then they usually do now today....they don’t have any high risk doctors in Sumter, you shouldn’t have to go [all the] way to Columbia to get treated that takes up more time.”
Theme 3: Transportation

• Difficulty obtaining transportation to and from frequent hospital appointments

“Being pregnant, I did not have insurance at the time. I could not afford public transportation. I had to go to the hospital which cost a lot. I worked 13 hours at work.”

“For mothers who have low incomes and work or go to school, it is difficult to get rides to health care, even through LogisticCare because they have to be made 3 days in advance....Also, after my baby was born, I had a hard time finding rides to visit her in NICU because you can’t schedule rides for that or to WIC appointments”
Public Health Implications

• Conclusion:
  • Poor communication
  • Healthy lifestyle
  • Transportation limited in rural areas
• Policies aimed to close gap in MCH disparities in SC by:
  • increase access to transportation
  • improve health insurance coverage
  • educate population⁴
Current Strategies

- Title V Needs Assessment
- Birth Outcomes Initiative

![Graph showing percent C-sections from 2007 to 2016. The graph indicates a decline in the percentage of live births that are C-sections, with a peak of 34.6% in 2009 and a drop to 31.4% in 2016.]
References


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Sensitivity Analysis

• Compared demographics between those who answered the open-ended question versus those who did not

• Chi-square Test

• SAS software
In 2016 in SC, 3 out of 10 women who gave birth were Black
Infant mortality rate is almost twice as high for Black and other race moms

- Black & Other = 10.0
- Overall = 7.0
- White = 5.5
Number
Births by
County, 2015

Number of Births
- 52.0 - 277.0
- 277.1 - 653.0
- 653.1 - 1799.0
- 1799.1 - 6292.0

Created by Dana AlHasan
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Data Source: DHEC SCAN 2015
Conclusions

• Women reported poor communication with healthcare providers
  • Pregnant women are motivated to make lifestyle changes\textsuperscript{2,3} but tend to receive little information from healthcare providers

• Need to increase access to care across SC\textsuperscript{4}
  • Transportation limited in rural areas