The Los Angeles Mommy and Baby Project



September 2005

"Healthy Mommies and Healthy Babies"

The Antelope Valley Service Planning Area 1 (SPA 1) infant death rate rose from 5.0 in 1999 to 10.6 deaths per 1,000 live births in 2002. Although SPA 1 represented only 6% of the infant deaths reported in Los Angeles County (LAC) the number of deaths per 1,000 live births (mortality rate) surpassed all other SPAs.

In response to distressing infant mortality statistics in Antelope Valley, the Maternal, Child, and Adolescent Health Programs conducted (MCAH) the Los Angeles Mommy and Baby (LAMB) Survey to assess potential risk factors for low birth weight (LBW) and preterm (PT) births, adverse birth outcomes that are associated with infant mortality. The study examined areas that are known to have an impact on birth outcomes, including preconceptional health, prenatal care, maternal health problems during pregnancy, and psychosocial and behavioral risk factors.

The LAMB project was conducted from October 2004 to April 2005. Three hundred sixty-six (54% response rate) postpartum women residing in SPA 1 completed surveys; 84 (23%) had a low birth weight or preterm infant. The study identified factors that occurred before and during pregnancy that increased the likelihood of having adverse birth outcomes.

Results from LAMB:

ilic Health

Mothers with low birth weight or preterm infants were more likely than other mothers to:

- Lack health insurance before pregnancy
- Have given birth to a low birth weight or preterm infant in the past
- Have high blood pressure before or during pregnancy
- Not receive adequate prenatal care
- Experience early labor pain and have their water break early

- Smoke during pregnancy
- Feel their neighborhood was unsafe
- Feel less happy during pregnancy

To improve birth outcomes in Antelope Valley, this study suggests:

Continuous medical insurance that covers preconception and interconception care

Increase health insurance coverage among women of childbearing age, particularly prior to pregnancy.

Promote preconception and interconception care

- Preexisting medical conditions, such as high blood pressure, must be identified and controlled before pregnancy.
- Women who have given birth to a low birth weight, preterm, and/or stillborn infant should be evaluated for risk factors before becoming pregnant again and provided specific interconception services.

Risk-appropriate obstetrical care, including high-risk care

- Increase the number of women who receive early and adequate prenatal care.
- Smoking cessation during pregnancy must be a priority.
- Women in high-risk pregnancies should be monitored and educated about high blood labor, pressure, early and other complications that could arise during highrisk pregnancies.

Collaboration among all community stakeholders

 Increase awareness of mental health issues and work with police, community organizations, and Churches to improve neighborhood safety.

Next Steps:

Based on the findings, local community and government agencies, such as SPA 1





and the Antelope Valley Best Babies Collaborative, have made short and longterm recommendations and commitments to improve birth outcomes.

We also prepared a more detailed report based on the survey responses from all the mothers who completed the survey. If you are interested in this report, it is available at our website:

www.lapublichealth.org/mch/LAMB/LAMB.htm. You can also check the website for ongoing updates for information related to the survey.

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