

BALTIMORE TAKES ON THE ELEPHANT IN THE CITY

Infant Mortality

By Min Kim, CHES, Tamira Dunn, MS and Veronica Land-Davis, LCSW

In 2009, Baltimore City had the fourth highest infant mortality rate in the United States among major metropolitan cities (Costa & Dineen, 2013). Black infants were five times more likely to die than white infants. This resulted in 54 more black infant deaths (Horon, 2014). National statistics state that one in four women experience a pregnancy loss (Kendig, 2015). This number excludes unreported deaths and infant deaths. In response to these statistics, in 2009, B'more for Healthy Babies (BHB) was launched. BHB is a citywide initiative to reduce infant mortality in Baltimore City.

The initiative is led by the Baltimore City Health Department (BCHD) and co-led by Family League of Baltimore (FLB) and HealthCare Access Maryland (HCAM). BHB's vision is that "all of Baltimore's babies are born at a healthy weight, full term, and ready to thrive in healthy families." The initiative is composed of high-impact service areas that address healthcare, prenatal care, home visiting, nutrition, substance-use (smoking, drugs, alcohol), behavioral health, safe sleep education, breastfeeding, and family planning. In 2015, Baltimore City's total infant mortality rate dropped to a record low at 8.4 per 1,000 births, which equates to a 39% decline from 2009; the black infant mortality rate was 9.7 per 1,000 births compared to 12.8 per 1,000 births in 2014.

Recognizing a need for services for families and mothers following a loss,

BHB partnered with Roberta's House to implement the Healing Ourselves through Peer Empowerment (HOPE) Project. The HOPE Project is an inter-conception (between pregnancies) care program that is composed of two support groups and home visiting services, all facilitated and led by peers. Peers of the HOPE Project are mothers who experienced a pregnancy loss or infant death and are trained and equipped to provide support services to other mothers with similar experiences.

Roberta's House is a community-based grief and loss center that provides support to the bereaved. Roberta's House is a leader in bringing awareness, education, and support services to families and communities experiencing losses and trauma due to a death of someone close, especially those deaths that are sudden or due to violence. Roberta's House offers multiple peer support programs for all ages, trainings, workshops, and a safe place to those in urban communities who need it most. Its mission is to provide a safe haven and resource in the community to promote recovery and healing from the loss of a loved one while addressing grief as a public health preventative service.

One of the major questions that emerged while designing the program was identifying what theory or approach to adopt that addresses specific disenfranchised grief, loss and trauma. Disenfranchised grief, a term coined by Dr. Kenneth Doka in the 1980s, is when grief arises in any circumstance in which society denies our need, right, role or capacity to grieve (Doka, 1989). Society identifies

a loss as disenfranchised and not acknowledged when

1. society deems the relationship is not important
2. the death and relationship are stigmatized by society
3. the loss itself is not recognized as grief worthy because it is not a death (What's Your Grief, 2013).

Many times, the deaths cannot be openly mourned by the griever. Many families experiencing a still-birth receive ambiguous responses from family and friends because it is difficult for many cultures to grasp the idea of a parent burying their children.

Although there are many theories addressing grief and loss, Worden's four tasks of grief were adopted to address the grief work of mothers experiencing prenatal and infant deaths. One moving factor driving the decision to adopt this theory is the verity that Dr. William Worden, a psychologist, is recognized as one of the pioneers in the field of understanding grief and loss. In his book *Grief Counseling and Grief Therapy*, Worden describes four tasks one must accomplish to work through grief. The tasks are nonlinear and can be revisited. The four tasks are:

1. Accept the reality of the death — the mother accepts and acknowledging the death so it becomes real. It is important to allow individuals to grieve at their own pace.
2. Experience the pain — important to allow the mothers to express the wide ranges of feelings and emotions associated with a loss. Vital for the person's support to listen, validate





The HOPE Project is staffed purely by peers, mothers who have experienced a pregnancy loss or infant death themselves.

feelings, allow silence and not give advice.

3. Adjust to the environment with the deceased missing — the mother makes emotional, social and physical adjustments to their environments directly resulting from the loss. Adjustments can range from physically adjusting the space where the infant would have slept to emotionally adjusting to the fact that you will not be able to parent the child in a traditional way.

4. Withdraw emotional energy and reinvest it in other relationships – the mother must find a way to emotionally stay connected to her son/daughter who died while finding ways to move on with life.







The HOPE Project began as a 10-week peer-based support group for women who experienced a pregnancy or infant death before the child's first birthday. Dearea Matthews, a resident of Baltimore City and a mother whose one-month-old baby died, expressed a need to serve bereaved mothers and their families based on her own experience. A champion for all the mothers who experienced a loss, Dearea led the program planning process and facilitated the support group. Named after her son, Charlie's Circle began in 2012.

The group focuses on grief and coping, relationships, feelings, reproduc-

tive life planning, and stress mediation. After changes to the program, the group was re-named to Still a Mom (SAM) in 2015. Mothers felt connected with and supported by the group, so they expressed an interest in having a supplemental support group

after graduation. Stemming from recommendations from the mothers, BHB and Roberta's House implemented Healing through Quilting. Healing through Quilting is a continuation of SAM and a 10-week support group that allows participants work through their grief through art form. Using keepsakes from their babies such as sonograms, clothing, photos, etc., participants create quilts or scrapbooks to memorialize their baby. With both supportive programs in place, participants are able to learn healthy ways to cope while preparing for their future.

There was still a need to service these mothers more intensively. One of the reasons for focusing on this population of bereaved mothers is that they are at high risk of becoming pregnant soon after a loss and thus at risk for another poor birth outcome. Realizing this need, BHB brainstormed ways to service this population. In partnership with the Healthy Families America (HFA) National Office, BHB received approval to adapt the evidence-based model to become considered a promising practice. This is an innovative program that is the first to receive adaptation

Home Visiting Model	Staffing	Eligibility Criteria	# Slots
HFA Enhanced 	Social Workers and Nurses	Tier 1: Previous poor birth outcome Tier 2: High-risk medical condition; Early or advanced age	150
HFA Traditional 	Paraprofessionals	Tier 3: Low-risk medical condition Tier 4: Presence of psychosocial risk factors	550
NFP 	Nurses	First-time mother and less than 24 weeks gestation at time of referral	100
Early Head Start 	Paraprofessionals	Low-income pregnant women and children from birth through age 3	300
Federal Healthy Start 	Paraprofessionals	Women who reside in Federal Healthy Start census tracts	1,000
HFA HOPE (Healing Ourselves through Peer Empowerment) 	Peers (women who have experienced a fetal or infant loss)	Women who have had a fetal or infant loss within previous 12 months	30

Through BHB and its partners, there is citywide home visiting coverage.

approval from the HFA model, which requires extensive support from the national office and frequent site visits. BHB also partnered with Florida State University (FSU) to edit their research-based Partners for a Healthy Baby Curriculum for interconception care. FSU is in the process of having their curriculum evaluated as an evidence-based curriculum.

HFA HOPE was in full implementation to provide interconception care home visiting services in Baltimore City in 2015. As an adaptation of the HFA model, all staff completed all required trainings of HFA and also were trained 24 hours in grief and loss by Roberta's House. The peer home visitors were also trained in family planning counseling, motivational interviewing, safe sleep education, goal setting, and professional boundaries.

Outcomes of HFA HOPE include healthy adaptation to the death, increased feelings of self-efficacy and social support, decreased maternal stress, and consistent use of a family planning method that supports the mother's reproductive life plan. In order to determine if the outcomes are achieved, HFA HOPE uses Cohen's Perceived Stress Scale (4-item), Perinatal Grief Scale (33-item), Edinburgh Postnatal Depression Scale (10-item), and Adult Hope Traits (Future) Scale (12-item). Additionally,

HFA HOPE is undergoing a process evaluation in the form of client and staff interviews and focus groups by an outside evaluator.

From the moment a mother knows she is carrying a baby in her womb, she immediately begins to think about whom the baby will look like, what the baby will be interested in when the baby grows up, and mothers even start to make future plans and dreams. When the baby dies, mothers are expected to let go of all of those wishes and dreams and begin to process what the new norm and new life will be without the baby. With programs like the HOPE Project, mothers whose babies die do not have to suffer in solitude silence. 🌱

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About the authors: Min Kim, CHES; Tamira Dunn, MS; Veronica Land-Davis, LCSW

Min Kim is the Program Manager for Home Visiting at Family League of Baltimore, currently pursuing her Masters in Science in Health Science.

Tamira Dunn has a BS in Psychology and MS in Human Service Administration. Devastated by the loss of her son, Ms. Dunn co-founded Elijah's Hope Foundation, Inc., which supports pregnancy and infant loss in Baltimore and doctoral students who are majoring in women and reproductive health. At Roberta's House, she is Program Manager for the HOPE Project.

Executive Director Veronica Land-Davis, LCSW-clinical, comes to Roberta's House with 30 years' experience working with children, adults and families in the Baltimore Metropolitan area. She is responsible for the overall health, safety and operations of the program and services.

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