Health Services
LOS ANGELES COUNTY

MAMAs & SAPC

- **Pregnant and postpartum women needing SUD services**
  - Established a process for MAMAs to link SUD patients with SUD provider

- **Non-Pregnant women enrolled in SUD clinics needing FP/PCC**
  - Virtual Health Education classes, linkage with providers for FP/PCC
  - Asking RLP and refer clients interested in FP/PCC to MAMAs HE

County of Los Angeles Public Health

Health Services Los Angeles County

MAMA'S Neighborhood

Maternity
Assessment
Management
Access and
Service synergy
throughout the
Neighborhood for health

Women's Health Programs and Innovation (WHPI)

Preterm Birth: Delivery < 37 weeks

- Leading cause of neonatal morbidity
- Primary reason for hospitalization during pregnancy
- History of spontaneous preterm delivery = 2x more likely for subsequent preterm deliveries
- Babies born before 33wks have higher rates of death & disability
  - Breathing problems
  - Feeding difficulties
  - Cerebral palsy
  - Developmental delay
  - Vision and hearing problems

MAMA's NEIGHBORHOOD
a Strong Start for Families

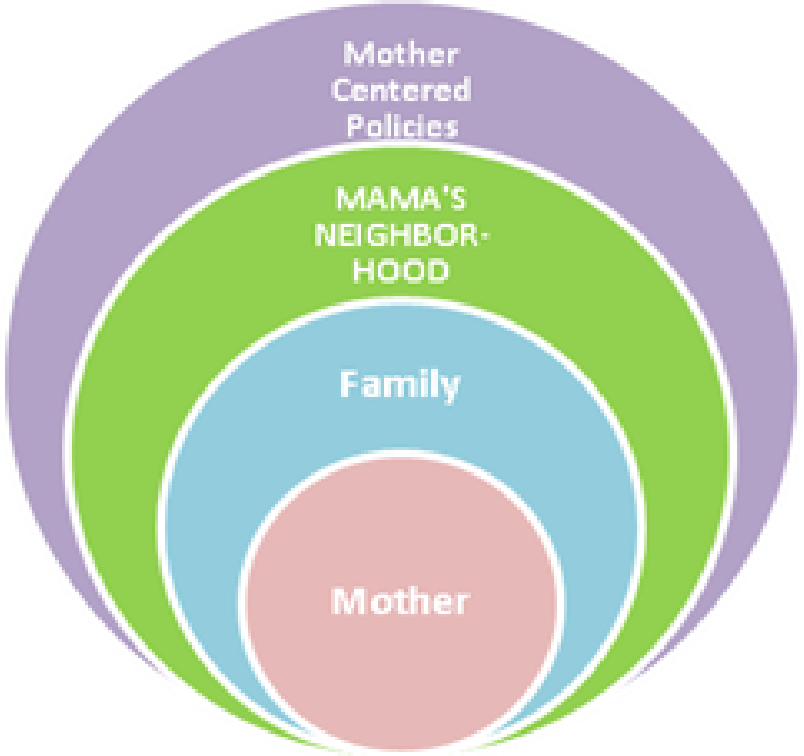
MAMA'S Neighborhood

A comprehensive, coordinated approach to address 3 core pillars of health:

Social

Physical

Mental



MAMA'S Care Domains: Prenatal Risk Assessment & Intervention

- **Substance Use** – smoking, alcohol, drug use
- **Social Insecurity** – food, housing scarcity, social support
- **Mental Health** – depression, anxiety, psychiatric dx, intimate partner violence
- **Biomedical Risk** – previous preterm birth, short cervix, infections, HTN, diabetes, obesity

MAMA's NEIGHBORHOOD a Strong Start for Families

MAMA'S Services

- In-Clinic – MAMA'S Neighborhood
  - Adjunct wrap around psychosocial services during prenatal care and up to 10 weeks postpartum
  - **All patients qualify** with consent
- Home Visitation – MAMA'S Visits
  - **Specific Criteria:** high stress/risk factors
  - Women who qualify & consent
  - Post partum up to 12 months

MAMA'S Neighborhood Team (In-Clinic)

Care Coordinator (CC)/CHW

- Completes the Perinatal Services Intake form in ORCHID
- Formulates Care Plan & makes referrals & f/u per 3-2-1 Risk Stratification
- Provides support & health education

Site Lead Nurse/OB clinic nurse

- Medical history
- Lab tests
- Health Education
- Coordination of care with CC, provider and SW

Clinical Social Worker

- Ongoing cognitive behavior therapy
- Linkage to psychologist/psychiatry & other behavioral health services

Health Educator

- Perinatal Resiliency Classes
- Individual health education
- Baby Boutique
- Hospital tours

MAMA's NEIGHBORHOOD a Strong Start for Families

OB Provider/Maternal Fetal Medicine Specialist

- Clinical services

MAMA's Neighborhood Services (In-Clinic)

- **1st OB Visit**
  - Meet with CC for perinatal intake
  - Offer services/support to help with pregnancy & up to 10 weeks post partum
  - Connect with supportive services within DHS & neighborhood community partners
    - Food, housing, transportation, counseling, education
  - Clinician Visit within 2wks
- **Follow Up Visits**
  - During prenatal apt & by phone
  - Trimester reassessment of referrals
  - Assist with new problems or challenges

- **Prenatal Resiliency Classes**
  - Information on all aspects of pregnancy, labor & delivery, nutrition, yoga, tour of the hospital
  - Nurse there to answer questions
  - Can bring partner, friend or family member
  - Receive free good for baby - diapers, clothes, toys, possibly car seats and strollers

Collaborative Care Meetings

- Monthly/Biweekly
- Discussion of high risk patients to unify care with all care team members

MAMA'S Visits Team: Home Visitation Program

Care Coordinator (CC)/CHW

- Provides support & health education
- Formulate and follow comprehensive care plan
- Navigate into health and social services
- Health Education

Psychiatric Social Worker

- Ongoing cognitive behavior therapy
- Linkage to psychologist/psychiatry & other behavioral health services

Public Health Nurse

- Health assessments
- Follows complex medical needs
- Education and Support:
  - Mother-child bonding
  - Developmental Milestones
  - Routine Immunizations
  - Pediatric appointments
- Support other psychosocial needs

Eligibility into MAMA'S

In-Clinic

- Health Net or LA Care Managed Care Medi-Cal assigned to DHS
- Restricted Medi-Cal assigned to DHS
- Willing to receive prenatal care at DHS MAMAs clinic
- Consent to MAMA'S services during pregnancy and up to 10 weeks postpartum

Home Visitation

- High Stress & Chronic Disease: Score on Intake
  - Homelessness, ER use, bipolar/schizophrenic/Psych apts >4x/yr, chronic dx, substance use, justice involvement, African American
- Must have custody of newborn
- Consent during pregnancy or up to 3 months postpartum

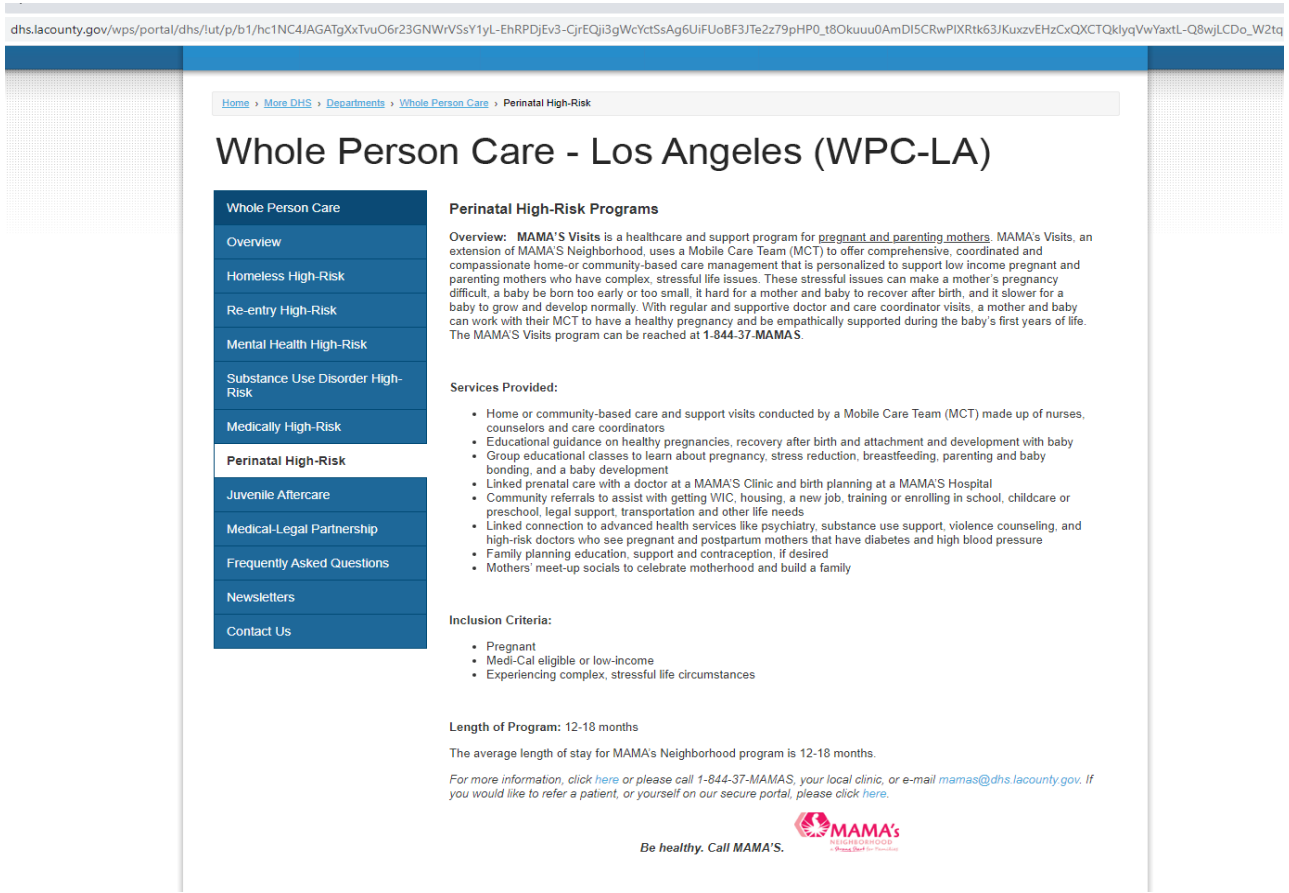
Referrals Into MAMAs and WHPI

Office of Patient Access
Call 1-844-37-MAMAS

Fill out form on WPC-LA website:
https://dhs.lacounty.gov/whole-person-care/perinatal-high-risk/

If Pregnant:
Patient will receive an initial prenatal appointment

If 10 weeks to 3 months postpartum:
Patient will be referred to a MAMA'S visits staff



Questions?