

## Notes from the Field

**Editor's Note:** Submissions to *Notes from the Field* (500–1000 words) should be sent to Hugh H. Tilson, MD, Medical Division, Burroughs Wellcome Company, 3030 Cornwallis Road, Research Triangle Park, NC 27709. This column presents information regarding newsworthy public health programs and project experience at the community level. Further information should be sought from the person(s) listed in the footnote to each article.

### Community-Based, Community-Oriented Maternity Care

The Traditional Childbearing Group (TCBG), Inc., based in Jamaica Plain, Massachusetts, provides comprehensive primary maternity care services to low-income and minority residents of and Jamaica Plain neighboring communities. The program was initiated and is operated by community residents; public agencies and private organizations provide occasional support, and recent grants from the Boston Foundation and the Hyams Trust have enabled the group to establish an office, expand programs, and increase visibility within their community. TCBG emphasizes public health principles, such as primary prevention and the use of both social and medical approaches to enhance reproductive outcomes, and gives priority to humanitarian values such as personal dignity, self-determination, and empowerment. The program is distinctive in the extraordinary degree to which it embodies these principles and values, with indications of positive implications for the quality and outcome of care.

*Traditional Maternity Care*—TCBG services are “traditional” in that women experienced in childbearing and mothering provide supportive, community- and family-oriented care to their peers. Much of the care occurs in homes. The group’s approach to birth—as an event that can generally be handled without surgical, mechanical, and pharmacological intervention—is another aspect of traditional maternity

care. TCBG, most of whose members and clients are Black, gains inspiration from the tradition of Black midwifery in the South, as well as from the positive and joyful approaches to childbearing in many African societies.

*Background and Philosophy*—The Traditional Childbearing Group, Inc. was established by two community residents on Mother’s Day in 1978 in response to the high rate of adverse reproductive outcomes of Black women in Greater Boston and to the medical care system’s difficulties in meeting the needs of this community. The founders—independent midwives with respective backgrounds in health education and nursing—sought to expand the childbearing options available to women in their community and to provide Black women and their families with care that is accessible, dignifying, empowering, and health-promoting.

Residents of TCBG’s primary service area and minorities in the Commonwealth of Massachusetts have in recent years experienced a leveling off or reversal of previous gains in several key measures of reproductive outcome, as have similar populations in other areas of the United States. To make maternity care accessible to community women, TCBG members provide continuous outreach—on the streets, in laundromats and grocery stores, through community centers. The admonition, “You can take charge and have a healthy baby,” is credible because care is provided by mothers who face and understand the same daily stressors as the clients they serve. TCBG works to buffer childbearing women from an environment that is often hostile to pregnant and mothering women of color. In the TCBG philosophy, members of the same community inspire respect and trust, and can be more influential than people who do not live and work in the community. To foster respect and trust, the group emphasizes egalitarian caregiver-client relationships and consolidation of services through care providers with a holistic orientation that includes attention to such areas as nutrition and family relations. The group’s model of care em-

phasizes that the combination of trust, influence, and continuity of care enhances birth outcomes.

In contrast to TCBG care, many maternity services available to low-income and minority women are fragmented, impersonal, and institution- and provider-oriented. The Jamaica Plain group, for example, is concerned that community women may be inappropriately used as “teaching material” and that outreach health workers may encourage disadvantaged women to become compliant patients within a pathology-oriented maternity care system. The independent and community-based TCBG gives primary allegiance to its clients and helps them become informed and assertive consumers. This may include avoiding unnecessary procedures, gaining access to medical records, and giving priority to nutrition, breastfeeding, and other preventive practices.

*Organization and Services*—TCBG is a collective with a core group of several active members who regularly provide services and perform administrative responsibilities. Several dozen less active members provide occasional support. An executive director—one of the co-founders—coordinates all group activities, and a board provides overall direction.

From its initial provision of child-birth education classes and home midwifery care, TCBG has expanded to provide a broad range of services to individuals, groups, and the community at large. In recent years, TCBG has provided the following direct services on a regular basis:

- childbirth education classes for adult couples and for teenage girls (up to 1,300 encounters per year);
- prenatal and/or postpartum care for women who choose hospital births (about 30 clients per year);
- prenatal, home birth, and postpartum care (about 20 clients per year);
- 24-hour phone line for information, advice, and referrals (about 1,800 calls per year);
- breastfeeding workshops (up to

300 clients per year), on-call breastfeeding support (through the phone line), and on-call home breastfeeding support visits;

- parenting classes for teenage girls (about 45 clients per year);
- family counseling services (about 40 clients per year);
- non-maternity health care such as blood pressure monitoring (about 150 encounters per year) and non-maternity education such as immunization and family planning information (through phone line and other services);
- referrals to WIC (Special Supplemental Nutrition Program for Women, Infants and Children), adolescent parenting, nurse-midwifery and other social and medical services (through phone line and other services).

Many services are provided in homes, and the new TCBG office offers facilities for classes, check-ups, training programs, and special events. TCBG also conducts regular prenatal and postpartum breastfeeding clinics at Boston City Hospital and has provided childbirth education and parenting classes for teenage girls in local schools. Recent agreements have been made for TCBG to conduct childbirth education classes at a Neighborhood Health Center and to provide sexuality education for teens at state juvenile detention sites and in a summer work program. Registration at community clinics and the support of selected physicians in the metropolitan area ensure back-up for home deliveries.

During the past year, the group also: provided training in childbirth education, breastfeeding support, and midwifery; developed videotapes on

childbirth issues for television; issued a quarterly newsletter; developed breastfeeding and infant mortality information packets for consumers; provided speakers for midwifery and breastfeeding groups; and lent breast pumps. In addition, they have helped organize community support for the continued availability of nurse-midwifery services at Boston City Hospital and within the city's Neighborhood Health Center network.

Many TCBG services are provided without charge, while others are offered for a modest fee. Free services include childbirth education and parenting classes for teenagers, the telephone hotline, home breastfeeding support visits, and the use of breast pumps. The group charges \$45 per adult couple for a series of seven childbirth education classes, \$5 or \$10 for an individual prenatal care visit, and \$600 for comprehensive maternity care. The group does not turn away the many clients who cannot pay these fees. Such clients are, however, encouraged to compensate the group through typing, filing, or other in-kind administrative work.

*Participation in Larger Networks*—The Traditional Childbearing Group, Inc. participates in a national organization, Childbirth Providers of African Descent (CPAD), based in Houston, Texas. Most CPAD members are midwives who serve women of color. Through its annual meetings and newsletter, CPAD addresses such issues as political concerns, skills development, consumer education, and provider recruitment. TCBG also participates in the Massachusetts Midwives Alliance (MMA), a state-level association of independent practitioners of midwifery. TCBG adheres to MMA protocols and participates in MMA midwife competency testing. Both groups support

the establishment of independent midwifery licensure in Massachusetts.

*Evaluation*—A well-controlled assessment of the effectiveness of TCBG programs has not been conducted. The group reports more favorable rates of low birthweight, neonatal mortality, and breastfeeding than are reported for the service area as a whole or for minorities in the state. They attribute this success to transformation of representative community women through empowerment, education, and prevention rather than to favorable client selection. Client evaluations of classes are consistently positive. The extent to which clients continue to consult the group for information and advice well beyond the childbearing period attests to the dignifying quality of TCBG care and the trust clients develop. In addition to clients, the TCBG collective members benefit from the group through the opportunity to empower themselves, build skills, and contribute to their community.

Current health policies and diverse political interests constrain external support for the work of the Traditional Childbearing Group, Inc. and similar programs elsewhere. This model of service delivery warrants our attention. It should be carefully evaluated relative to usual care and to other intervention programs. If such an evaluation shows this model to be effective, public policy should be adjusted accordingly.

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## NCHS Public Health Conference in July

A REMINDER: Mark your calendar for the Public Health Conference on Records and Statistics, to be held July 17–19, 1989 at the Mayflower Hotel in Washington, DC, and featuring over 140 sessions. The conference theme is “Challenges for Public Health Statistics in the 1990s.” For information, contact: NCHS Public Affairs, (301) 436-7135.