

# Los Angeles H.O.P.E. Project

2006-2007

Maternal, Child, &  
Adolescent Health Programs

Research, Evaluation, &  
Planning Unit



## Fetal and Infant Mortality in Los Angeles County August 2005-July 2006

The Los Angeles Health Overview of a Pregnancy Event (L.A. HOPE) Project surveys women in Los Angeles County (LAC) who recently had a fetal or infant loss. Mothers are asked about their health and experiences around the time of their pregnancies. The goal of the L.A. HOPE Project is to investigate problems related to fetal and infant loss to help future pregnant women and their infants.

***“I truly hope this survey helps to find answers to early labor or premature babies.”***

***– L. A. HOPE mom***

The first L.A. HOPE Project was conducted as a pilot study from October 2005 to July 2006. It focused on mothers living in the Antelope Valley and South Los Angeles Service Planning Areas (SPAs) 1 and 6.

The results of the pilot survey showed that many of the women had needs before their pregnancies that were not addressed before or during pregnancy. For example, 38% did not have health insurance before their pregnancies; 44% of the pregnancies were unplanned;

52% reported a health problem prior to pregnancy; 30% did not have adequate prenatal care; 86% had some sort of medical condition during pregnancy; and 29% may have been clinically depressed during pregnancy. In contrast, most of the women did not engage in risky behaviors, such as smoking, drinking, or taking drugs.<sup>1</sup>

These findings indicated the need for a countywide, population-based study. As a result, the first countywide L.A. HOPE Project was conducted from May 2006 to April 2007 with respondents who experienced a fetal mortality (FM) or infant mortality (IM) during August 2005 through July 2006. Women from all LAC SPAs were contacted, and some racial/ethnic groups were oversampled to insure that the results represented the LAC population.

Overall, 283 of the 781 women contacted responded to the survey. After removing participants with wrong addresses and telephone numbers, as well as ineligible participants and refusals, the final adjusted response rate was 54%.

The percentages presented in this brief have all been adjusted to reflect fetal and infant loss throughout LAC during the study period, in all of the SPAs and among four racial/ethnic groups: White, Latino, African American, and Asian or Pacific Islander. Women in LAC who experienced a fetal or infant mortality during the study pe-

***“This [fetal loss] for me was the worst experience any person can live.”***

***– L. A. HOPE mom***

**Table 1. L. A. HOPE Birth Outcomes, August 2005-July 2006**

Respondents	N (%)
Total	283 (100%)
Fetal Death	148 (52%)
Infant Death	
Neonatal (less than 28 days old)	97 (34%)
Post-neonatal (28-364 days old)	38 (13%)

Note: Totals may not add to 100% due to roundoff error

riod are referred to here as FIM women.

### **Preconception and Interconception Health Experiences**

This countywide study confirms that many of the women in LAC who experience fetal or infant losses have critical needs before their pregnancies that are never addressed. For example, 37% of FIM women did not have health insurance before their pregnancies. No insurance may be related to poorer birth outcomes.<sup>2</sup>

**Healthy People 2010 Goal\***  
**100% of people should have health insurance.<sup>3</sup>**

\*(Health goals for the USA to achieve by 2010)

Overall, 39% of pregnancies among FIM women were not planned. This high percentage probably explains why 62% of these women did not take multivitamins in the month before their pregnancy. Women who do not plan their pregnancies lose critical time before their pregnancy to prepare for a healthy baby.

**Healthy People 2010 Goal**  
**No more than 30% of pregnancies should be unplanned.<sup>3</sup>**

Twenty-seven percent of FIM women had at least one chronic medical condition before their pregnancy. This includes asthma, high blood pressure, diabetes, anemia, and sickle cell anemia.

Obesity alone was a problem for 26% before pregnancy. An additional 15% of these women were overweight but not obese before pregnancy. Being overweight or obese is associated with higher rates of poor birth outcomes.<sup>4</sup>

**Healthy People 2010 Goal**  
**Obesity among adults should be no more than 15%.<sup>3</sup>**

Many FIM women reported issues that should have been addressed before and during prenatal care. In a past pregnancy: 23% had a miscarriage (the loss of a fetus before 24 weeks of pregnancy); 8% had a stillbirth (a fetus that was expected to survive died during birth or late pregnancy); and 4% had an infant loss (the death of a baby less than 1 year old). Sixteen percent had a premature baby (born more than three weeks before its due date); and 12% had a low birth weight baby (weighing less than 2500 grams at birth).

*“I would like to know if I have another baby, what the chance is that it would be born with Down Syndrome....”*

– L. A. HOPE mom

*“I need advice for my next pregnancy.”*

– L. A. HOPE mom

High rates of smoking and gum disease before pregnancy also lower the chance of having a healthy baby. Before pregnancy, 11% of FIM women smoked, and 6% had teeth and gum disease.

### **Prenatal Care**

Prenatal care helps women have successful pregnancies or overcome medical conditions.<sup>3</sup> All FIM respondents received some prenatal care. Only 6% received late prenatal care (after their first trimester), which is related to poorer birth outcomes.

**Healthy People 2010 Goal**  
**At least 90% of women should receive early prenatal care.<sup>3</sup>**

Despite the high rate of prenatal care, 31% of FIM women did not receive adequate prenatal care (Kotelchuck Index).<sup>5</sup>

The information conveyed during prenatal care is also important. Patients can be taught to identify signs of problems and ways to deal with them. However, 43% of FIM women reported their doctors did not talk to them about what to do if they went into labor early. Twenty-nine percent said their doctors did not speak to them about genetic testing, and 47% said their doctors did not talk to them about fetal movement counting.

In addition, 59% said their doctors did not ask them if they felt anxious or depressed, even though the women described high levels of

**Table 2. Pregnancy, Labor, and Delivery Experiences, Reported by Mothers**

<b>Medical Conditions During Pregnancy (Top 5 listed)</b>	<b>88%</b>
Experienced cramps or back pain in the 4th to 7th month	50%
Had severe nausea, vomiting, or dehydration	30%
Had vaginal bleeding during pregnancy	27%
Had urinary tract infection during pregnancy	16%
Had high blood pressure during pregnancy	10%
<b>Actions Taken During Pregnancy to Prevent Early Labor</b>	<b>82%</b>
Reduced housework	53%
Stopped or limited sex	52%
Reduced or stopped working early	32%
Bed rest at home	30%
Hospitalized	25%
Used condoms	14%
Took medicine	12%
Hormone shots	4%
<b>Labor and Delivery Complications</b>	<b>41%</b>
Had water break more than 3 weeks before baby was due	23%
Had labor pain more than 3 weeks before the baby was due	23%
Had problems with the placenta	13%

stress and depression during pregnancy. Both conditions when left untreated may be associated with poor pregnancy outcomes.<sup>6</sup>

### Maternal Medical Conditions During Pregnancy

Along with medical conditions before pregnancy, conditions during pregnancy must be addressed early in prenatal care to avoid serious outcomes for both the mother and baby.<sup>7</sup> As many as 88% of FIM women reported some sort of medical condition

*“Spoke to doctor about cramps and back pain during 4th to 7th month of pregnancy, but doctor gave no treatment and said it was normal.”*  
– L. A. HOPE mom

during their pregnancies (See Table 2 for the top five conditions).

**Healthy People 2010 Goal**  
No more than 24% of women should experience maternal illness and complications due to pregnancy.<sup>3</sup>

*“My main reason for going to that clinic was for my blood pressure, and I didn't get treated for it. In fact I was told I was fine, but it was in my records.”*  
– L. A. HOPE mom

Eighty-two percent of all FIM women actively took precautions to prevent preterm or early

labor (See Table 2), such as, reducing housework and limiting sex. Despite their actions, 41% had some type of labor and delivery problem (See Table 2).

### Maternal Psychosocial and Behavioral Issues

Addressing emotional and social issues is an essential step toward improving women's health and birth outcomes.<sup>8</sup>

The FIM respondents reported that during their pregnancies, 27% were unhappy. Forty percent stated that they felt depressed, and 33% lost interest in hobbies and things they normally enjoyed. These are all possible signs of clinical depression, which can be treated. In contrast, only 4% were diagnosed as having a mental health problem.

*“I felt sad, empty and depressed during my pregnancy, because I was sick and could not function. In hindsight, I knew I was having problems. I knew how I felt and what concerns to look out for. I voiced the concerns - no one wanted to hear them or help.”*  
– L. A. HOPE mom

During pregnancy, 61% of FIM participants experienced some sort of stressful life event such as partner abuse (4%), and 14% lived in neighborhoods that they perceived to be unsafe. At the time of delivery, 15% were unmarried and had no partner,

which may contribute to maternal stress. Indeed, all forms of stress may affect pregnancy outcomes.<sup>9</sup>

Most of the FIM mothers did not engage in risky behaviors, such as smoking, drinking, or taking drugs. Four percent reported smoking although as many as 9% were exposed to second-hand smoke during pregnancy. Approximately 13% reported drinking alcohol and 3% reported using drugs (not including prescription medications).

**Healthy People 2010 Goal**  
**No more than 1% of pregnant women should smoke;**  
**No more than 6% of pregnant women should drink alcohol;**  
**No women should use drugs during pregnancy.<sup>3</sup>**

However, 8% of the FIM women ate less than they felt they should during pregnancy because they did not have enough money to buy food. Proper nutrition and diet during pregnancy is related to positive birth outcomes.

Fifty-eight percent reported they were involved in potentially risky behaviors at work, such as standing for long hours, night shifts, lifting and carrying heavy weights, and skipping a meal because of work.

### **Infant Health**

Overall, 77% of the babies were low birth weight, 19% had birth defects or genetic abnormalities,

and 17% had growth problems, all issues that affect a baby's chance of surviving. Only 21% of all FIM mothers were able to bring their babies home from the hospital.

***"I didn't know what happened."***  
**– L. A. HOPE mom**

### **Grief and Bereavement**

Since so many FIM women had emotional and social problems before they lost their babies, it is especially important that they receive support afterwards. In total, 21% of the FIM mothers were not offered any grief or bereavement materials; and 27% were not offered any information on support groups.

***"I think there should be emotional help for people having prenatal difficulties."***  
**–L.A. HOPE mom**

***"I had problems with my family and I was too scared."***  
**–L.A. HOPE**  
***"I was very impressed with all the help that the hospital gave."***  
**– L. A. HOPE mom**

***"The hospital staff was extremely helpful when our baby died. They provided excellent medical and emotional support."***  
**– L. A. HOPE mom**

Ultimately, only 21% of the women received group or individual counseling after the loss of their babies. The percentage

was higher, 29%, among women experiencing postpartum depression. Among all FIM women, 47% felt that their religion provided the best support.

***"They didn't offer me information about support groups. I wanted to attend a support group."***  
**– L. A. HOPE mom**

### **Next Steps**

The results from this study are being shared with Healthy Birth Learning Collaboratives in SPAs 1 and 6 first due to high rates of fetal and infant loss in those areas.

Several recommendations for action arise from the study. The Los Angeles County Public Health Department and providers should:

- Develop a preconception curriculum to emphasize ways that women can prepare for healthy births before becoming pregnant;
- Create a system to identify women with medical and psychosocial issues, so that additional prenatal care services can be provided;
- Focus on assessing the mental health of pregnant women and providing support to those in need of services;
- Expand grief and bereavement resources for mothers

and families that have experienced a fetal or infant loss; and

- Increase awareness of these resources through community referral systems.

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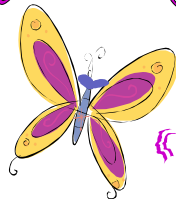
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L. A. HOPE



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