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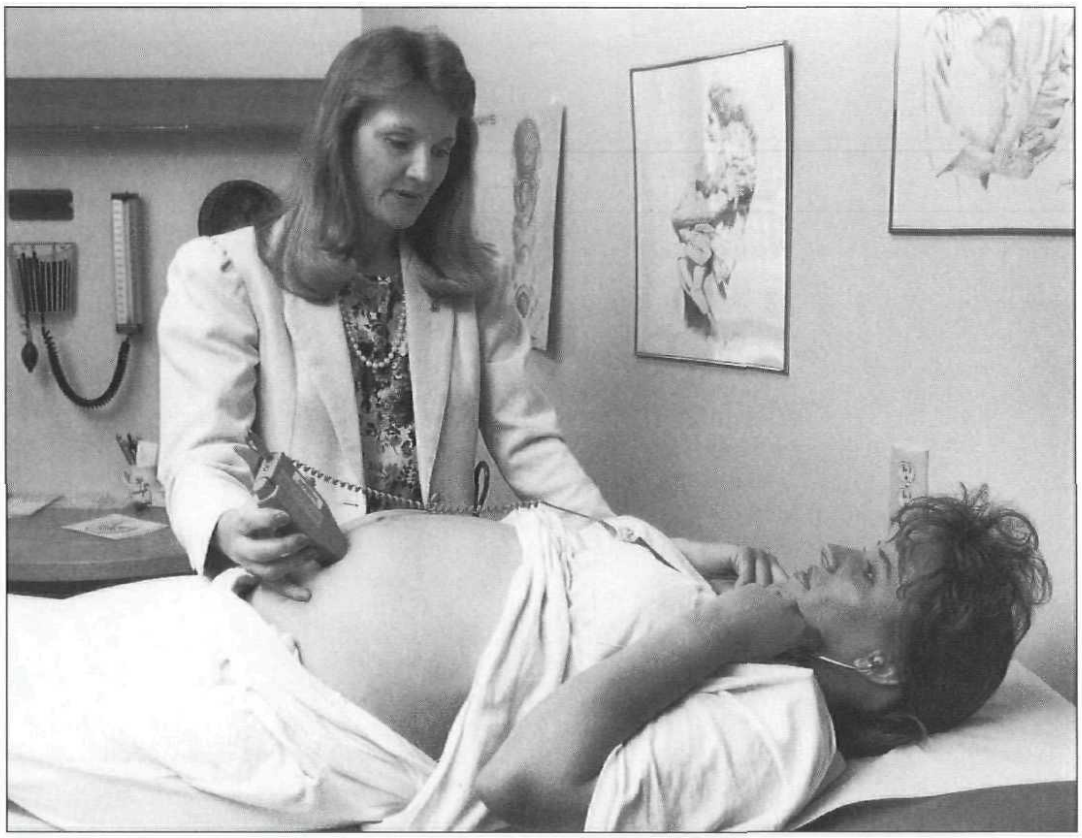
# PROFILE

ELIZABETH SETON PRENATAL CLINIC

## Care with Dignity For Limited-Income Women

In the late 1980s leaders at Saint Vincent Hospital & Health Center, Billings, MT, began to notice a disturbing trend. Many of the women who came to the hospital to give birth had had no prenatal care. A study conducted by Saint Vincent revealed how broad the problem had become. Montana, which had long had the best neonatal mortality rate in the United States, had slipped to eighth. Moreover, only 13 percent of the limited-income pregnant women in Yellowstone County (population 107,921) received prenatal care during their first trimester.



**The clinic's nurse midwives provide obstetric care, as well as emotional support, education, and referrals to other community agencies.**

In 1989 the hospital organized a coalition of local healthcare providers to improve prenatal and obstetric care for limited-income women. The coalition's goal, according to Kathy Toney, Saint Vincent's director of women's services, was "to find the most effective, cost-efficient way to meet the community's needs without duplicating existing services."

### Crisis

Montana was in the midst of a fiscal crisis that greatly restricted the state's ability to ensure that limited-income women could obtain the services they needed. A regional economic depression had pushed rural poverty levels to percentages that rivaled those of metropolitan inner cities. At the same time, changes in Medicaid standards created a 25 percent drop in the number of women eligible for services. Two-thirds of applicants did not qualify for benefits.

And as the number of limited-income women increased, the number of healthcare providers decreased. In just one year the cost of malpractice insurance forced 29 percent of the state's obstetricians out of practice, and the remaining obstetricians often limited the number of Medicaid patients they would see.

Coalition members—including representatives of private and group medical practices, as well as of such public agencies as the Public and Indian Health Services, Medicaid, and the Women, Infants and Children's (WIC) program—met monthly to discuss ways to address the crisis. After considering several alternatives, the group decided to establish a special clinic for limited-income

pregnant women. Members consulted experts, among them representatives from an indigent clinic in Eugene, OR, to help research, plan, and develop the project.

The group determined that staffing the clinic with certified nurse midwives would be the most realistic, cost-effective approach. Although obstetricians were initially apprehensive about the use of a nurse midwife, associates of an obstetrics/gynecology practice agreed to serve as consultants for a six-month trial period.

### Opening the Doors

The Elizabeth Seton Prenatal Clinic opened its doors on March 5, 1990. The original staff consisted of a certified nurse midwife, one sister, and an administrative clerk.

Located in Saint Vincent Hospital, the clinic had two examination rooms, one of which was fully equipped. The patients were rotated between the two areas. Certified Nurse Midwife Pat Loge explains that planners decided it would be prudent to start small. "We really were a bare-bones operation," she says, "because we wanted to see what the need and response would be."

The response was overwhelming. The clinic had anticipated seeing 156 patients during its first year based on the number of clients receiving services through various public agencies and the percentage of Medicaid referrals to local obstetric practices. In that year, however, the clinic staff saw nearly twice as many patients as projected. From March 1990 through mid-December 1991, the clinic served 531 women and delivered 354 babies. Ninety percent of the patient population was Medicaid eligible, 15 percent Native American, and 25 percent from other minority groups. To meet the needs of the increasing number of patients, another full- and a part-time midwife were added to the staff.

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### Coordinated Care

The Elizabeth Seton Prenatal Clinic provides comprehensive obstetric care, offering services to limited-income women from early pregnancy through delivery and postpartum care. The staff also pays close attention to each patient's psychosocial needs. "Pregnant women are in their most vulnerable psychological and physical states due to bodily changes," Loge says. "Yet limited-income women often lack an emotional support network, particularly at home where financial constraints and other pressures intervene."

Patient education is an important aspect of clinic services. In addition to providing information on prenatal and preventive health issues, staff teach patients how to gain access to and use healthcare and other services. They also promote positive life-style changes, discussing interpersonal communication and qualities such as self-reliance, dependability, and punctuality.

The clinic works closely with other community agencies. Women are referred to the clinic through the local health department's low-birthweight project. To enhance the continuity and quality of care, the nurse midwives serve as case managers, coordinating referrals when other services are required.

### Local Support

Even though the Elizabeth Seton Prenatal Clinic is subsidized by Saint Vincent Hospital, its continued existence and operation would be impossible without the support and dedication of numerous community businesses, organizations, individuals, and physicians. As the result of a contest sponsored by the local newspaper, 350 baby quilts were donated. In addition, $20,000 in donations has been received. A hospital-sponsored fund-raiser added $44,000. Local businesses donate supplies and labor, and citizens regularly contribute maternity and baby clothing. Volunteers arrange and provide transportation, medical professionals donate their time to teach classes, and physician specialist groups provide free or reduced-rate services for clinic patients with medical problems. A local pregnancy counseling agency provides vitamins.

Start-up and facility renovation costs resulted in a first-year financial loss. But the clinic strives to maintain the most cost-effective and efficient service possible, and active efforts to obtain supporting grant money have begun.

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### Better Beginnings

The Elizabeth Seton Prenatal Clinic has taken great strides toward its goal of providing limited-income women with high-quality prenatal care and reducing the number of low-birthweight babies. Since the clinic opened, the percentage of limited-income women receiving prenatal care in the first trimester has doubled. Whereas the national preterm birthrate for limited-income women is 17 percent, it was 5 percent at the clinic the first year. In addition, the clinic's 8 percent to 12 percent rate of cesarean deliveries is lower than the national 23 percent average for limited-income women.

A major reason for the clinic's success is the trusting, open relationship between staff members and supporting physicians. Physicians meet with clinic personnel weekly to discuss high-risk cases and quality assurance issues. Eighty percent of the clinic's deliveries are attended by the nurse midwives and require no physician involvement; however, physicians are always on call and available should complications arise.

The Elizabeth Seton Prenatal Clinic has conducted surveys to determine how women feel about their care. The results show that they appreciate the compassion, quality of care, and their individual involvement in the entire care process.

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