

## NICHQ Family Stories

# Coordinated Systems Are Key to Addressing Rising Preterm Birth Rates

Captured by NICHQ's Exploring State-Level Strategies to Improve Maternal Health and Birth Outcomes Initiative

Preterm birth is a leading cause of infant mortality and morbidity in the U.S. And troublingly, [recent data](#) show that U.S. preterm birth rates have risen for the fourth consecutive year. Improvement starts by identifying what programs and policies *do* successfully support mothers, understanding what makes them successful, and then using those lessons to prompt systems change in states across the country.

Sovannah's story was gathered as part of NICHQ's efforts to examine strategies to reduce preterm birth rates in four states. [Read the case study to learn more.](#) To learn more about targeted interventions, policy efforts, and emerging issues, [watch our on-demand webinar.](#)

Sovannah, a mother of three in Kansas, is an advocate for systems-level change. During her third pregnancy, she connected with a network of supports that she says completely changed her family's experience. Here, she shares a story that sheds light on the powerful potential of coordinated systems — for reducing preterm births *and* for strengthening families.

### Sovannah's Story

Sovannah did everything she could to have a healthy third pregnancy. She went walking regularly, maintained a healthy diet, and attended recommended prenatal classes. Then, in her second trimester, things suddenly changed: she experienced maternal hypertension (high blood pressure), a potentially dangerous complication of pregnancy that can lead to heart disease and organ damage in mothers and preterm birth and low birthweight for babies. Hypertensive disorders are one of the leading causes of maternal mortality in the world. Sovannah was also diagnosed with cholestasis, a serious liver condition that occurs in late pregnancy and causes bile build up, which can cause stillbirth.

Sovannah and her husband were now facing a high-risk pregnancy, and they were doing it without a network of family supports. They had moved from Missouri to Pittsburg, Kan., less than two years before. In those two years, Sovannah had lost her mother and her uncle. Sovannah's sister was still an important support but she lived back in Missouri. "We had just gone through

this rough patch where we lost so many supports,” she recalled. “In Pittsburg, me and my husband have each other—that’s it, when it comes to family.”

Recognizing that she needed more support, Sovannah turned to her local Kansas Perinatal Community Collaboratives (KPCC) *Becoming a Mom* group for prenatal education, a program from the March of Dimes Foundation. KPCC hosts a comprehensive program that provides group prenatal classes to women eligible for Medicaid while fostering a sense of community and connectivity among the families it serves. Importantly, *Becoming a Mom* is housed in the same location as the local WIC clinic (Women Infants and Children Nutrition Program) and the city’s *Baby and Me Tobacco Free Program*, an evidence-based smoking cessation program, creating an accessible one-stop shop for prenatal and postpartum care.

During Sovannah’s pregnancy and after delivery, these public programs became her family’s support network. “We didn’t have a real support system [at first] ... but then we had this community. When I went to my classes, they would talk with me afterwards, asking, ‘Is there anything else we can get for you? Is there anything else you need?’ Our support system became whichever programs we invited in.”

When Sovannah needed a ride to an appointment, someone from her *Baby and Me Tobacco Free Program* would pick her up. If she couldn’t access essential baby furniture and products, someone from her *Becoming a Mom* class worked with her to make sure she got the items she needed. Sovannah and her husband were ready to do whatever their family required, but they didn’t have to go through it alone. Instead, they felt enfolded in a community that cared deeply about their family’s well-being.

At 37-weeks into her pregnancy, Sovannah’s son, Kyssaic, was born—a bit early term, but healthy. “He was perfect,” Sovannah said. “He was a little small, but everything was there. All 10 toes and 10 fingers, and two beautiful blue eyes. Just everything.”

### **How a Coordinated System Creates a Web of Community-based Supports**

Sovannah and her husband were now parents of three young children. Both worked full-time jobs, and Sovannah was breastfeeding—a full-time job in itself. Again, because of Kansas’s public health programs, Sovannah’s family had the community support they needed. When her second child, Kimmary, became lactose intolerant, Sovannah worked closely with her WIC counselor to find a solution that worked for them after she stopped breastfeeding. Her family also connected with programs in their community they previously weren’t aware of, including childcare and early childhood programs.

“Once we were part of one program, we’d get joined into another one, and then another one. And now there’s this giant web of support that we didn’t realize we had in the beginning. And it keeps getting bigger and bigger,” Sovannah said. “I didn’t have this when I was growing up. For me to be able to give my kids something that I didn’t have, that makes it all the better.”

### **Why a Personal Approach is a Powerful Approach**

Sovannah’s story illustrates the incredible power of a coordinated system that connects moms and families to needed health and social services. But it’s not only the network of support that

gives the system power, it's how the network's personalized, compassionate approach builds community.

Sovannah described how she could visit her WIC counselor any time to discuss her concerns. She could bring her children with her to all her appointments and classes, and all the staff knew their names. When Sovannah would see a counselor from one of her programs in the grocery store, they'd stop and chat. She regularly received text messages from the WIC and clinic staff, just checking in on her and her family.

"They'd ask me like a friend would—not all clinical and strictly in the office," she said. "And every time I got a text, I wanted to cry because I felt like someone actually cared."

This personalized approach inspired genuine connection and trust—the ingredients needed to create community. And when Sovannah experienced postpartum depression, it was that trust in her community which kept her from staying isolated in her pain.

"My health clinic and the WIC clinic were fully aware of [my depression] ... I wasn't just keeping it all inside, but felt like I could freely and comfortably tell them I was having a hard time coping," Sovannah said.

"And when you're having such a hard time with postpartum depression, just that little bit of 'How are you?' can mean the world."

### **Shift Approaches to Center Care on Mothers**

When Sovannah looks back on her three pregnancies, she said that what made her son's birth so special was that it centered on her. In the past, Sovannah felt like she didn't have a say in her experience. But because of strong relationships with her health and social service providers in Kansas, Sovannah's voice was always heard.

"Focus more on mothers. Focus on us. These are our bodies. This is what we have to go through. It's our birthing experience."