

Perinatal Issues and Needs in the Mohawk Valley  
Mohawk Valley Perinatal Network

Executive Summary

*The Comprehensive Prenatal - Perinatal Services Networks of New York*

The creation of the Perinatal Networks system in New York State dates to 1986 when Governor Mario Cuomo's "state of the state" message included a call to reduce the incidence of infant and mother mortality and the incidence of developmental disabilities in New York State. To address this goal, the Comprehensive Prenatal-Perinatal Services Networks program (CPPSN) was established under the authority of the State Department of Health. The initial system was launched with 5 networks: one in each of the boroughs of New York City and one in the city of Buffalo. It now funds 16 networks, and the number of counties covered grew from 5 in 1986 to 40 in 2005. Each Perinatal Network fosters coordination of services through the means of consortia, other partnerships, and task forces. <sup>1</sup>

*The Mohawk Valley Perinatal Network*

The Mohawk Valley Perinatal Network is a not-for-profit, non-aligned, community-based organization. Established in 1996, it serves Oneida and Herkimer counties. Along with the other Perinatal Networks in New York State, it shares this purpose: to coordinate services needed by infants and women of childbearing age, to assure that appropriate services are available and to eliminate all barriers to accessing those services. Specifically, MVPN's mission is to improve birth outcomes and maternal, child and family health.

MVPN works toward this mission in a variety of ways. Its partnerships with local health and human services agencies and providers, and state and local government offices strengthen the region's ability to impact perinatal health. And its assessment of community needs offers guidance to agencies and providers as they develop capacity to serve the perinatal needs of their community.

The Network's education and outreach efforts for consumers support expectant families, teens, refugees and nursing students through such programs as Community Baby Showers and Boot Camp for Dads, targeted presentations, and the Annual Nursing Student Conference (provided in collaboration with local college and university nursing departments.)

The education and outreach efforts for its health and human services providers includes the annual Topics in Perinatal Health Conference, presentations on current health topics to community childcare workers and health related agencies, and meetings that offer opportunities for OB Nurse Managers, WIC staff and Lactation Consultants to network.

The Herkimer County Healthy Start Partnership and the Oneida County Community Health Assessment Advisory group are two other examples of the collaborations in which the MVPN takes part. In the course of its service to regional perinatal health, it makes use of collaboration at the community, regional and state levels. In addition, the MVPN Consortium provides participants (local agencies, health and human services providers, consumers and businesses) the opportunity to hear speakers on topics related to maternal, child and family health, and to share information, resources and best practices. <sup>2</sup>

For a full listing of programs and services, visit [www.newfamily.org](http://www.newfamily.org)

## *The Mohawk Valley Perinatal Network Needs Assessment Report*

This report makes use of data from county, state and federal agencies, as well as data collected through focus group sessions with clients and phone interviews of health and human services providers.

Key sources of data are listed below:

- CNY and NY Regional Perinatal Data System
- Healthy People 2010
- NYS Department of Health: Vital Statistics, SPDS Data, STD Data, HIV/AIDS Surveillance Report
- NY Statistical Information System Data, Program on Applied Demographics, Cornell University
- US Census Bureau 1990 and 2000 Census

Other sources of data:

- The Mohawk Valley Resource Center for Refugees
- National Immunization Survey (NHS)
- New York Department of Labor
- New York Office of Temporary and Disability Assistance
- YWCA of Utica, NY

Existing reports and documents, such as the 2004 MVPN needs assessment, were also used as references and resources.

As well, MVPN researched barriers to health care and support services for women, children and families by means of a telephone survey and focus group discussions. The survey drew information from twenty health care and human services agencies and organizations. They range from a single site organization that serves primarily local clients, to multiple site organizations that serve clients across the region or country. They include state, county, private, and church-based organizations that offer services ranging from education programs to surgical procedures to help in filling out forms. The numbers of clients served by each ranged from well under 100 to over 10,000. The health issues represented by these agencies also has a broad range and, besides pregnancy, include birth control, nutrition, domestic violence, mental health, food insecurity, financial insecurity, drug abuse, developmental delays, and sexually transmitted disease.

The eight focus group discussions were the result of a collaboration between the Mohawk Valley Perinatal Network and a team of students and faculty from Colgate University. Held in various community locations, these research discussions focused specifically on issues of access to pre- and post-natal health care in the region. They provided a venue for thirty-three pregnant women, new mothers, and partners/fathers to share their experiences with health and human services within the community served by MVPN.

Mohawk Valley Perinatal Network, Inc.  
209 Elizabeth Street 2<sup>nd</sup> Floor  
Utica, NY 13501  
(315) 732-4657  
[info@newfamily.org](mailto:info@newfamily.org)  
<http://www.newfamily.org>

## Key Findings

### **Population Loss**

Both Herkimer and Oneida Counties are classified as Population Loss counties by the US Department of Agriculture's Economic Research Service, meaning they lost population in both the 1980s and 1990s.<sup>3</sup> According to population projections, this loss is expected to continue through 2035, while the NYS projections estimate growth in population. Both counties are also classified as metro counties. Since only 6% of metro counties experienced this sort of entrenched population loss, health services and care providers will have few models to look to in addressing problems related to population loss.

### **Poverty**

The NYS poverty rate, according to the 2000 census, is 14.6%. For urban area/clusters in the two-county region, the poverty rate ranges between 14 and 16.7%. Outside these areas/clusters, the poverty rate is 8.7%. This rural/urban difference in poverty rates is meaningful for the two counties MVPN serves. While each has two urban clusters/areas, Herkimer's population is more than 50% rural and Oneida's is just over 35% rural. Although Herkimer's median income is lower and its unemployment rate higher, its overall poverty rate is slightly lower.

### **Transportation**

Trouble with transportation was the barrier to accessing services most frequently cited by the survey respondents and was often brought up by the focus group participants.

### **Insurance**

The survey of health service and health care providers includes a question about differences between un- or underinsured and insured patients regarding scheduling, treatment, compliance, and financial activities. The responses could reflect a two-tiered system that offers separate services to the insured and the uninsured.

Agencies did not indicate that women reported to them about difficulties with insurance. However, this was a frequent topic in the focus groups.

### **Screening and Referrals**

Among the agencies surveyed, ready knowledge of demographics concerning client pregnancy and parenting is apparently low; opportunities for making referrals may be correspondingly low.

Few of the surveyed providers screen clients and provide health education on the topics of safer-sex or nutrition and weight management. One of the agencies that offers safer-sex services reached capacity eighteen months ago. Another reported that its parenting programs are full.

Local data is not available for the rate of incidence of Domestic Partner Violence (previously termed Domestic Violence) and Perinatal Mood Disorders in either Herkimer or Oneida Counties. Estimates must therefore be drawn from New York State figures. Since these counties are seldom in line with New York State figures for other health concerns, such estimates are an inadequate tool for planning.

While local information about rates of immunization is currently not readily available, a statewide immunization registry is planned.

## **Adolescent and Older Mothers Pregnancy Rates**

Birth rate: Between 2003 and 2005, Herkimer County saw a 52% decrease in birth rate for 15-17 years olds, but lost some of that ground in 2006 and 2007 with a small upward rise that reduced the 2003-2007 improvement to 36%. In Oneida County, the birth rate for 15-17 year olds rose slightly each year from 2003 until a drop in 2007 resulted in an overall improvement of 8%. In comparison, the Central New York Region birth rates for this age group dropped between 2001 and 2004 but then steadily rose back to 2003 levels. These three areas' birth rates are all significantly lower than the national average of 22% for 15-17 year olds.

Proportion of births by age: There has been a decrease in the proportion of births among mothers 19 years of age and under in both Herkimer and Oneida counties. This may be in keeping with the ageing of the population in this region. However while Oneida county's percent for this age group dropped by little more than half a percent between 1999 and 2007, the drop in Herkimer county was 35%, with the drop in the second four years almost double that of the drop in the first four years.

On the other hand, for the two counties the proportion of births among older mothers rose 12% over the 1999-2007 period. Since infant mortality rates for infants of teens and mothers over forty are the highest of all age groups, a shift in the number of these births could be significant to the services required of the Mohawk Valley Perinatal Network.

### **Birth Delivery Type**

Healthy People 2010 objectives call for a reduction in the rate of C-Section births for women giving birth for the first time. However, trends in the data indicate the rates for Cesarean births are increasing.

### **Premature Births**

The rate of premature births from 2004 – 2007 is higher than the rate from 1999 – 2003 for Herkimer County, Oneida County, and the CNY Region. In general, the rate in Herkimer County is lower than in Oneida County. From 2004-2007, the premature birth rates for the urban 13501 and 13502 zip codes were higher than for Oneida County, within which these zip codes are located, and higher than the CNY Region.

### **Low Birthweight Infants**

The Healthy People 2010 target is for fewer than 5% of births to be low birthweight and 0.9% to be very low birthweight (less than 1500 grams).

Over the past nine years, there has been fluctuation in the percentages of infants who were born with low birthweight in Herkimer and Oneida Counties. However, similar to a nationwide trend, the average percentage of low birthweight babies in 2004-2007 is higher than the previous five year average. In general, the percentage of low birthweight babies born in Herkimer County is lower than the CNY Region percentage and the percentage of babies in Oneida County born with low birthweight is higher than the CNY Region.

During the focus groups, participants complained that they could not get whole or 2% milk through WIC, even for low weight babies.

## **Early Prenatal Care**

The percent of women receiving early prenatal care in Herkimer and Oneida counties has fluctuated over the last nine years, but never gotten far from its current level of 75%. This is short of the Healthy People Goal of 90%.

Difference across Age Groups. In 2003, among all age groups, there was little difference in the rate of early prenatal care in the two counties – both at about 71%. And teenage mothers in the two counties were significantly less likely to receive early prenatal care, with Oneida teens about 12% more likely than their Herkimer counterparts to receive such care. However, during 2004-2007 the situation in Herkimer changed: the proportion of teen mothers decreased, and the likelihood that they would receive early care increased 21%. During this same time frame, Oneida counties numbers changed very little, and while Herkimer also made gains in early prenatal care for 20-24 year olds, early prenatal care for that age group in Oneida County decreased. *See Insurance for a parallel change.*

Difference Across Race. The number of women of color giving birth in Herkimer County increased between the time periods of 1999-2003 and 2004-2007. However, it remains statistically very small. Therefore conclusions here are based on Oneida County and the CNY Region. Comparing 1999-2003 and 2004-2007 data, the percent of white women who received early prenatal care changed by less than one percent in both the CNY Region and in Oneida County. For both areas, African-American women were less likely than other women of any race to receive early prenatal care. In the CNY Region the disparity between early prenatal care for African American women and white women dropped by 4%, but it rose by 6% in Oneida County.

In Oneida County the percent of women receiving early prenatal care decreased for all non-white women. Given that the proportion of these women giving birth increased 39% in Oneida County between 1999-2003 and 2004-2007, addressing the early prenatal care for this group will be an important issue for the MVPN.

## **Breastfeeding**

For the past nine years, women in Herkimer and Oneida Counties have been less likely to be breastfeeding at discharge than the CNY Region overall. While the rates of breastfeeding have increased during the past four years in both counties, improvement has significantly lagged behind that in CNY Regions: CNY Region (13%), Herkimer County (11%), and Oneida County (7%).

Among focus group participants, cans of formula had high visibility in the care they were offered.

## **Infant Care**

Many women in the focus groups commented that the nutritional information that was offered to them focused on nutrition during pregnancy. Very little information was geared to nutrition for the baby. Several women in a focus group commented that they would be very happy to find a class that could teach them how to take care of their baby.

## **Infant Mortality**

The mortality rates for children under one year of age are higher in Oneida County than either Herkimer County or the rest of New York outside of New York City. Due to the low numbers of deaths, caution must be used about conclusions for this data.

### **Mother's Educational Level**

Women's level of education is directly tied to the welfare and survival of their children.<sup>4</sup> Both Herkimer and Oneida counties saw gains in mother's educational attainment. Higher levels of education may also be an indicator of likelihood to obtain and understand health-related information. The focus group discussions seem to indicate that much of the educational material offered to women is reading material, and therefore relies on a presumed level of reading proficiency. At least one focus group member reported that the reading level was too difficult for her.

### **Sexually Transmitted Infections**

Herkimer County's rates for gonorrhea and chlamydia were much lower than the Central New York area. Oneida County's rate for gonorrhea was higher but still lower for chlamydia than the Central New York area. However, Oneida County's rate for syphilis is higher than the Central New York region.

### **HIV**

The New York State Department of Health reports that, as of December 2006, there were 36 people living with HIV or AIDS in Herkimer County and 295 in Oneida County. These figures are excluding prisoners, defined as persons incarcerated in state correctional facilities at the time of diagnosis.

### **Smoking, Alcohol and Substance Use**

Over the past nine years the rate of teenage women who indicated they were smoking during pregnancy in 2007 has dropped almost 10%, the rate for women between 20 and 34 has remained about the same, and the rate for older pregnant women (35 and older) has dropped slightly.

According to Regional Perinatal Data System data, very few women report using alcohol or illegal drugs during pregnancy. In both Herkimer and Oneida Counties, women were more likely to report using illegal drugs than alcohol.