Assessing Crisis Pregnancy Centers' Capacity for Supporting Perinatal Clients with Social Complexity in Rural Maternal Health Care Shortage Areas

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Background

Pregnant people in rural communities experience constrained social services and economic supports, increased social complexities, and limited access to maternal health care. Within this environment, crisis pregnancy centers (CPCs) have proliferated to serve rural perinatal populations in the United States. CPCs provide wraparound services to pregnant and postpartum people and their families, but little is known about the services provided for pregnant people with social complexities that increase maternal morbidity risk. We examine CPC leaders' perceived function in providing care to perinatal clients living in low-resource rural communities experiencing intimate partner violence (IPV), substance use, and mental health conditions.

Methods

We interviewed 17 leaders of CPCs serving communities with health professional shortage areas in a state with a large rural population. We ask about their perceived role, assessment, and care for clients who may be experiencing substance use, mental health concerns or conditions, or IPV.

Results

We find that CPC leaders in this sample did not describe the capacity to appropriately address some of the primary drivers of maternal morbidity. CPC leaders' descriptions of delivery of medical, mental, and social care screenings, and that their policies and procedures are inconsistent with evidence-based medical care delivery, despite some CPC's use of medical technology. CPC leaders describe a lack of standardized, validated health and social risk screening, reliance on relationship-based risk identification, non-systematic referral processes, unclear anticipatory guidance for medical conditions, and sometimes employ stigmatizing language.

Conclusions

In this study, CPC efforts were found to be inconsistent and unsupported by current clinical care guidelines endorsed by medical professional societies.

Journal:

Women's Health Reports
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