



**Elizabeth Reifsnider,
PhD, RN, FAANP, FAAN**

Finding Financial And Medical Support For Pregnancy

SUMMARY KEYWORDS

women, pregnancy, baby, prenatal care, pregnant women, breastfeeding, pregnant, important, child, mother, great, wic, area, health, state, prenatal vitamins, health department, infant, services, months

00:01

Welcome to this session on health resources and financial resources for pregnant women. I'm Professor James Adams and with me today is Professor Elizabeth Reifsnider. She's a professor at Arizona State University in the Nursing and Health innovations program, and she's has a long history working in this area. Elizabeth, can you tell us a little bit about your background?

00:28

My background is I'm a nurse, a registered nurse. And I've also I'm also a women's health nurse practitioner. I'm certified in that area, and I'm also a clinical nurse specialist in public and community health. So my dual areas my whole career has been focused on providing women's health primarily gynecology and obstetrics to women and I primarily worked in community based clinics, since my background is in public and community health. So I love to see women individually and provide health care, but also may come visits and connect them to programs and see what kind of programs are available for pregnant and pregnant women and new moms in the community. So I think that maternal and child health is really where I like to focus. And I also do research in this area. My research focuses on breastfeeding and helping infants and children grow appropriately. So supporting good nutrition for moms and babies and early children basically up to the age of five. So I really like to focus in that that whole area of reproductive health that extends into newborn and child care.



01:48

And that's really such a great background that you have in nursing and practical nursing and the research side of it as well in teaching our students about it. So that way they can go out and our nursing students can go and help them And the others. My wife was a neonatal nurse and worked in the NICU for very sick, very premature infants. And so I know how special that area is. So thank you for your many years of dedication, what we wanted to do was talk about, first, what are some of the medical challenges that are faced by women with limited incomes or otherwise? And what are some of the resources that might be available for them to help them with medical challenges they may have?

02:31

Well, the most important thing is to hopefully plan a pregnancy. You know, since nearly half of all pregnancies are unplanned, that means women are probably not in the optimal state of health to get pregnant. So it's it's really important if you if you are having sex, if a woman's having sex, she ought to either be wanting to have a child or she should be actively planning to not have a child until she's ready. So you know, birth control is super important. And when a woman and when a woman thinks that, you know, she would like to have it and fit and get pregnant, then she should plan for several months to go off birth control. But before she actually achieves pregnancy to get on prenatal vitamins, because it's very important to take folic acid before pregnancy, because folic acid helps prevent a birth condition called neural tube defects, where the brain is not completely developed and the spinal cord could be opened. And this this causes neurological problems for a child during its whole life. And it can largely be prevented by taking folic acid during pregnancy, before pregnancy and during pregnancy. Because the first three months of pregnancy is when the infant is forming or the the fetus the embryo is forming in the womb. And that's when all the organs are being built and the body structure are being put together. And any any kind of medications, drugs, alcohol, smoking can affect that. So it's really important for a woman to actively plan her pregnancy and take care of when she thinks she's pregnant. To get on prenatal vitamins. Don't smoke, try to stay away from people who do smoke, don't do any drugs, especially any kind of illicit drugs, don't drink alcohol. And if she's taking a medication on a continuous basis as prescribed by a health practitioner, she should check with that provider to make sure that drug is safe during pregnancy. So that's really important. And then the next three months of pregnancy generally, a woman is feeling better and she will start to gain weight. And that's usually the kind the time during pregnancy when a woman needs to start making plans for what's going to happen afterwards and know where Who will take care of the baby? And how will the baby be taken care of, as well as how the baby is going to be fed, I really think breastfeeding is very best way to start a baby off. Plus it helps them long to it helps a mom recover faster after childbirth. And then the last three months of pregnancy, this is when some tests are being done for you know, blood pressure and blood sugar and some other, you know, any kidney infections, because the woman needs to be in the



best shape possible to deliver to the last three months. That's what the focus is on. So the best thing to have a healthy pregnancy and a healthy baby is to really pay attention to your body to eat. Well, to get prenatal care. As soon as you think you might be pregnant, you know, six weeks, eight weeks, you know, when the periods gets missed and the pregnancy test is positive, start getting into prenatal care, because actually, there's been some research that shows that women will die more often. During Pregnancy during delivery, and afterwards if they get less than 10 prenatal visits over the whole nine months. So prenatal care is essential. And you want me to talk about what prenatal care consists of.

06:15

I think it would be great to go ahead and summarize that what are some of the most important parts of prenatal care,

06:21

monitoring weight gain, women should gain an optimal amount of weight for their height. And if they're overweight, when they begin pregnancy, they probably are going to be recommended to gain less. If they're underweight, when they begin pregnancy, they're going to be recommended to gain more. Because the best, the best baby size is about seven and a half to eight pounds. And so when women don't gain enough weight, they can have babies that are too small, or when they gain too much weight. Babies are too big, and babies are both on both ends of those spectrum that spectrum have problems that women have Problem delivering them the babies have problems after they're born. And the women themselves can have problems. Like if they're overweight and they gain too much weight they could get into gestational diabetes. Diabetes is a serious problem by itself. So weight monitoring is really important. So a woman ought to know what she weighs when she gets pregnant. And then blood pressure. Blood pressure gets monitored a lot during pregnancy, because one of the conditions that happens during pregnancy that is abnormal is called preeclampsia, where blood pressure goes up too high. And then that can cause a woman to have seizures and strokes, the woman can die and the baby can die. So blood pressure is super important. And then in the urine is monitored because women can get infections more easily during pregnancy. And kidney infections can be very damaging. So the so the urine is monitored, and then women ought to have vaccines while they're pregnant, because the immune system changes during pregnancy, because the baby the fetus is a foreign object. And the body likes to get rid of foreign objects. And so the immune system has to be altered in order to not kill off the fetus. So a woman is more likely to get infections and flu. Pregnant women are more likely to die of flu than women who are not pregnant. And like I said, getting kidney infections more easily. Also, they ought to be immunized against tetanus and diphtheria. Because that can cause that will protect the baby because tetanus and diphtheria. The baby can't get its own immunizations for several months after birth. But if tetanus which is around dirt and so if the women are in a place that might not



be real clean, the baby could get that and get tetanus which is fatal, it can be fatal. So these are all the things that just real important to take care of. And any any provider that that gives prenatal care will take care of all of these things throughout pregnancy and monitor the pregnancy appropriately. So getting prenatal care early, eat well, don't smoke, don't drink, and follow directions from the healthcare provider. I would say that's the best way to have a healthy pregnancy.

09:23

I think that's all very good advice. Just to follow up, because I think some of the women may be very concerned about the risk of death of themselves or their infant can talk about how common that is, what are the rates and what can be done to help produce those rates?

09:39

Well, the rates vary across the nation and the the latest data from the CDC Centers for Disease Control and Prevention show that, like California has, has the very lowest death rate. And so, since this is a, thankfully a real, real common thing to happen, it's computed. A rate is like how many deaths over 100,000 women and women who give birth. And so California has about four and a half women, you know, 4.5 is the adjusted rate of women per 100,000 who die in through pregnancy. And that incorporates is all of pregnancy. And about 40 days afterwards, the six weeks after delivery to because that's still considered a perinatal time

10:35

span is that the rates are much lower than they were 100 years ago. They're not as good in the US as in some other industrialized countries.

10:45

Most of the European countries have rates that that around California's for four and a half women. Arizona has about 25 women per 100,000 who died during childbirth. Georgia is the highest and it it has 46 women are 100,000 who died during childbirth. So Georgia is about 10 times. You know, the women in Georgia have 10 times more likely risk dying during pregnancy. And

11:12

my understanding is that often due to excess blood loss during pregnancy,

11:17

that can be other reasons too. Yeah, I have the causes right here, according to CDC, and the causes are, the number one cause is a blood clot that because women the cardiovascular system changes during pregnancy, because a woman has to a woman creates a whole lot more



blood than she normally does, that you normally has in her body. And so, and with the heavy uterus pressing down on the veins, the blood you know, can pool in the legs and blood clots can form. And so then a woman can have a have a stroke or a heart attack. From the blood clot breaking loose, and also go into the lungs, so that's the number one cause the second causes hemorrhage, like you said, as severe bleeding. The pregnant body makes extra blood about 50% extra, you know, took to account for a lot of that bleeding that occurs during during delivery. But for some women, it keeps going, you know, they, because the placenta may be retained or the uterus doesn't contract enough. And so they bleed extra.

12:34

So certainly hospitals are getting better about can be getting better about trying to monitor for hemorrhaging and monitoring for the amount of blood loss that has occurred. But coming back to blood clots, is there anything that can be done to help reduce the risk of that?

12:50

Probably staying active, actually, pregnant women ought to I won't say like get, like, you know, go to exercise. Well, yes, there are some pregnant you know, Pregnant women exercise classes, but staying active keeping moving because the veins will help the you know, muscle move, it will help the veins get the blood back to the heart for recirculation. So just sitting around the whole time when you're pregnant will not work. It's not good for you. It's not good for your body. It's not good for the baby. So a pregnant woman needs to stay active. And if we

13:24

certainly encourage a good amount of exercise, we think that's very important. Yes, yeah. So help reduce his stress, a great way to

13:33

manages weight. And it just helps you achieve a healthier pregnancy and plus, your your muscle tone will be healthier, so that when you go through delivery, it's easier to push the baby

13:47

out. Sure, absolutely. So exercise can help in many ways. Let's move are there anything else you want to mention about medical challenges? I think we've got pretty good coverage

13:59

for you. eclampsia I've already mentioned that that's the third leading cause of death. infection is the fourth leading cause of death. And then cardiomyopathy, which is where the heart gets damaged, and a lot of times that's, that's by viruses, you know that that can also be caused by



medications or by infections. So it's just really important for a woman to you know, look after her health. avoid being around people that you know, are sick. You know, take your prenatal vitamins, eat well, and exercise. So it's like a, it's like the healthy lifestyles anyway, that we recommend that just an extra monitoring to that would happen during pregnancy.

14:41

Yeah, especially important during pregnancy for the health of both the mother and their child. I think that's, that's great advice. So why don't we move on a little bit. Can you talk a little bit about medical resources that are available for both women with limited incomes and women with any incomes?

14:59

Well, like I said, Number one is prenatal care getting getting into prenatal care. And so if a woman does not have insurance, it's probably a little harder. But Medicaid is available nearly in every state to all pregnant women. And it continues up until the six weeks afterwards or longer. Some states have extended that because Medicaid is individualized based on the state requirements. And here in Arizona, a woman can apply online for Medicaid if she's pregnant. And so she just has to provide a few things. But really, if you just if woman just wanted to search online for Medicaid, for pregnant women, you know, it'll show up and it'll Arizona, you know, state specific or she could choose whichever state to look at.

15:54

When a woman might not normally qualify for Medicaid when she becomes pregnant. That may be true. eligibility?

16:01

Yes, definitely because lots of times adult of working age who are healthy do not qualify for Medicaid. But once a woman is pregnant, they a woman will qualify nearly in every state for Medicaid, because it is so important to have a healthy baby.

16:20

Absolutely. Mm hmm. And can you talk about other resources that might be available as well?

16:26

Yes. Um, the the Arizona State Health Department has a lot of resources available not only during pregnancy, but afterwards, you know, to have healthy children. And I imagine that each state does that too. Because I've worked I worked for the Oklahoma State Health Department as a public health nurse and we provide a lot of services. And I've been in Texas and working with health departments there and they provide a lot of services. So based on you know, what



I've seen working in state health departments. There's a lot of service services that are provided to pregnant women. And so you know, Medicaid. Once a woman qualifies for Medicaid, she can usually go get her care from an OB, ob gyn doctor or a nurse midwife. Sometimes health departments have clinics, you know, where they see where they do the prenatal care, and they collaborate with hospitals. So the obstetrician is there to deliver the baby. There's different varieties. nurse midwives can have independent practices where they can run birth centers where a woman can deliver, you know, get all of her care from a nurse midwife and then deliver at a birth center. So there's lots of options available, you know, on how to how to get prenatal care and get safe deliveries. But, you know, the first step is just to reach out to somebody and then a woman you know, should stop smoking and if a woman does smoke, nearly every state has resources to help them stop smoking. Okay, one thing you know, we've talked a lot about vitamins. Arizona actually has a program. It's called power me, A to Z that will provide any woman of reproductive age who, you know, think she may be at risk for pregnancy, with prenatal vitamins that have folic acid, and she can apply for those and get those online too. So like I said, you know, prenatal vitamins are so essential, easy to get, and it's just in the state health. I mean, the state health department will provide them to everybody. And then there's other things

18:38

to great investment to make it such a modest cost, and it's so important to their health. So it's wonderful.

18:44

Yeah, yeah. And the state health department, it does have a homepage that lists all of the services that are available and about improving birth outcomes, because really, you know, there are needs Less deaths that occur to moms and babies, because they don't get the proper care at the proper attention at the proper time. And it's more likely to happen to low income women, women who don't have a high school education, women who are of color, the the mortality rate for African American women is up to four times higher than for white women. So that's really concerning. So all the causes aren't really understood. But lack of prenatal care is one big one and lack of good prenatal care, I should say, you know, going to a going to somebody who knows what they're doing and going to a large enough birth center or hospital that's can handle these areas. It's very

19:50

And what about also the women infant and children's program, the WIC program.

19:55

That's the full name of it. That's from the United States Department of Agriculture. It's a special



supplemental nutrition program for women, infants and children. It's, it's an offshoot of snap, which is Supplemental Nutrition Program used to be called food stamps. But that program of you know, basically gives cash vouchers for people to buy food or any kind of food. But the WIC program is just for pregnant women, for breastfeeding women, for infants and children up to the age of five. And they have to qualify based on income, but it's not real stringent income requirements. It's up to 185% of the poverty level based on family size,

20:44

so women who may not have qualified before once they become pregnant may qualify now.

20:52

Well, they for WIC, they they have to be pregnant to qualify. They won't even be able to get on WIC if they're not if you're got pregnant. And so that's really you know, the first thing is proof of pregnancy and then and a proof of residence, which is usually an some kind of Bill address to the house, and then some kind of income statement, and WIC, wic programs. They are run through health departments. So every nearly every county health department can provide WIC. They're also run through nonprofit agencies or federally qualified health centers, which are health centers that will see people for all income levels, and usually on a sliding scale basis. So there's lots of different ways to get WIC, but there, since it comes from the Department of Agriculture, at the federal level, it gets distributed to the States. And at the state level, then it gets distributed out to the counties. And then at each county level, they can decide you know, which agency will will be the WIC agency So they get usually like a little almost looks like a credit card that gets money put on it. And when they go to the grocery store, they can qualify for only certain food items. It's not like snap food stamps, you can buy you know, coke and potato chips and whatever you want. You can only buy you know, like dried beans, canned tuna or have some you know, some other kind of canned fish cereals that have are high in vitamin tight and iron and low in sugar and orange juice and some places will give you vouchers to take to the to like any type of outdoor market where you can buy fresh fruits and vegetables there. And it's it's really focused only on buying healthy approved foods that will benefit a growing baby, you know, so it's it's very it's very specific, but then those benefits are on the cards. You just you know, can use your card and people don't have to see that you're on WIC. And so, you know, many grocery stores have signs in the window that says WIC accepted here.

23:11

And that's so great. And such a great service at so many places walks up to it and makes it so easy. And then every state has some version of that program. And so I think you're saying mostly go check with your state health department and they can connect to other cool services as well as food services like WIC



23:31

Yes, Uh huh. And the county health department's should have this information as well. Not every county has a fully functioning health department, but that I know most of them do. And most states have some kind of county health department but a state health department at the state level always will have all of this information.

23:51

Great. Well, that's pretty helpful. Are there any other resources that you'd like to mention that would be helpful to young pregnant women

24:00

Yes, the the, the federal government through the Health Resource Service Administration has set up a program. Well, there's there's several programs, but one of them is the maternal infant, early childhood home visiting program. And so pregnant women can qualify for this. This is also a income based thing. And it's targeted towards new mothers, generally pregnant women who are teenagers or women pregnant for the very first time. And it is to really kind of make sure that they are doing what they need to have a healthy pregnancy that they're preparing appropriate for their baby. And that once the baby's born, they're breastfeeding is supported. And they are appropriate child development occurs to where they they talk to the parents about how to support child development. So the child will grow and learn and, you know, be healthy. So that's it. Every state has that program in some form or another, administered by somebody or other and it's almost always done by nurses, nurse home visiting program is the short term for it.

25:14

And that's so great to to come to the person's home and provide services, they're so much more convenient once you have a little baby with you.

25:22

It's also different, you know, because I've done a lot of these home visits, and I've seen you know, mothers and children in clinics as well. And on the home visits, it's a lot more personal, and you can see the environment and you can you know, the mother can explain to you what's going on. And you you know, and you can help, you know, I mean, I'm talking to a professional here as a nurse, I can help the mother decide how to take care of things in that environment. You know, like in a clinic, I can say, Oh, you need to have a crib a bassinet, blah, blah, like make a home visit and I see that don't have anything. I can help them figure out how to how to convert box into place for your baby. You know, things like that.

26:05

That's great. Do you also want to mention anything about housing? Help housing assistance?



I'm not sure that your area,

26:12

I don't think there are any particular housing programs for pregnant women. Unfortunately, there Yeah, there just isn't something that says this is, you know, this program is just applies when you're pregnant. But generally, cities are the ones to contact or any kind of housing authority, you know, that the City Housing Authority, because I know here in Phoenix, there is a big push to try and help the homeless and pregnant women generally get to the top of the list so that you know, because you really can't take a baby back out to the streets that safe at all. So really, they should contact their city agencies, their city housing authorities to see what kind of housing is available. But once again, you know, it should be a smoke free environment and, you know, with with fire, you know, smoke alarms and things like that to determine if there's any risk of fire.

27:11

Oh, great. Thank you. It's very comprehensive coverage. Is there anything else you'd like to mention about resources for pregnant women?

27:19

Well, there is. Another problem from the federal government is called the title five Maternal Child block grant. And that sends money down to the States. And really about, you know, some statistics I have here. 85% of all pregnant women can get some services through this block grant, and about 100% of infants can because the block grant helps support the state health department's then to deliver immunizations, and all infants need their immunizations and they can get them at county health departments. So it's really important I think, for women, if they don't know what to do, they should at least try and contact somebody at a health department. That's, that's a, that's a good place to start. And there are programs for low income for upper income, you know, it depends on need. But everybody can benefit from health education. And there's a lot of health education options that are available online. If they come from a health department, either a state health department or Centers for Disease Control and Prevention, I would trust those more than just any kind of Google search.

28:28

Sure, absolutely. And then finally, because you have some special expertise in breastfeeding, and done some research on that drug to say a few words about why that's so important, how to prepare for it and what to do if challenges occur. Mm hmm. breastfeeding is so important because it is the food that's perfect for the baby. Because cow's milk is what formulas made from and it has different proteins and different fats,



28:57

no matter how they tried to arrange it. You just can't turn cow's milk into human milk. So human milk is perfect for a baby's gut role to be absorbed. And I've done research that looks at actually breastfeeding moms, their their babies, stools and bottle feeding babies stools and they are different because the mother's milk promotes growth of healthy bacteria in a baby's gut, it will actually protect the baby from getting all kinds of gastrointestinal problems. So that's a very practical reason. Another reason is that the baby Excuse me, I forgot that up.

29:47

Okay, second reason is that the babies will grow much more appropriately on breast milk than on formula because breast milk some some babies do get pretty large on that, but it's the company A fat that's easily absorbed and they they grow out of it they they do. So it's and babies also regulate how much milk they get when they're breastfeeding. They don't overfeed, like they do possibly with bottle feeding. Plus, all the mothers immunities will go into the baby through the breast milk. So if the baby's protected from you know, anything the mother has built antibodies to goes through the her breasts into the milk and into the baby and protects the baby against those things.

30:33

So very important part about the immunity that the mother's immunity is being transferred to the child and something we're not going to be getting from standard formula.

30:43

Not at all, not at all. And you know, the World Health Organization estimates that hundreds and thousands of babies could be could live every year and not die if they were totally breastfed.

30:56

How long would you recommend a woman nurse for

31:01

It's recommended exclusive breastfeeding, no no other substances until a baby's is six months old. Then after six months old, a woman, a mother should start introducing some other solid foods, because breast milk alone won't be enough to support the growth of the child as it gets older. It's certainly very important, you know, and it still supports immunity and growth and Mother You know, attachment. But what it is the woman can breastfeed up as long as she and the child want. Some places I've read breastfeed to five years, wow, will be isn't culturally acceptable here in the US, but there is no physiologic reason to stop.



31:45

Okay. So certainly at least exclusively, six months and continuing on there. And longer term if you go up to a year, do you think that's even healthier outcome for the infant?

31:57

Well, I do because otherwise, the infant Put on formula because six months to a year, they're not supposed to be on cow's milk yet, because cow's milk isn't appropriate for the baby's developing gut. So they'd have to be on formula. So why put them on formula just continue to breastfeed?

32:14

Okay, great. And what if some women have challenges with breastfeeding? What are some of the typical challenges they encounter? And what would you recommend to help with those?

32:25

Well, I'm getting a good latch is the basically the most important thing and that's where the baby has to get into its mouth, the whole Rila and the whole nipple. And so if a baby can get a good latch, then the baby can get the milk expressed, you know, into the baby in, you know better, the baby will suck better. And if there's not a good latch, the nipples will get sore and enlarged and bleed and you know, it's very painful. And so if the baby is having trouble latching there are nurses in the hospital that are trained to help them new mothers start to breastfeed. And then there are lactation consultants who are certified. And they are available. Well, I know I know several, of course, but they have their own websites. Some of them have their own companies. Nearly every hospital has lactation consultants. So it's an and the lactation consultant has extra training and a lot of experience in this area. It can help a mother breastfeed her baby. So I think nearly all women can breastfeed if they get the appropriate support and help.

33:35

So so important to if they are running into any challenges. They ask for help right away.

33:39

Yes, yes. Uh huh. And, you know, because it can be difficult to get the baby to latch, but and then there's some other issues that can come up, you know, but with the help of a professional, usually, it's just a short consultation and things can be taken care of.

33:56

Right. Right. Well, thank you that's covered a lot of great things. information. I thank you so much for sharing all your knowledge. Is there anything else you'd like to say in closing?



34:07

No, I don't think so. It's just that I love working with Mamas and babies.

34:12

And that comes across. So well. Thanks so much for your many years of helping those families. Thanks for sharing your experience, and have a great day.

34:21

Thanks, Jim. Bye bye

