

Introduction

North Carolina’s *Young Moms Connect (YMC): Communities Supporting Young Families* is funded by the Office of Adolescent Health Pregnancy Assistance to implement efforts in five counties (Bladen, Nash, Onslow, Rockingham and Wayne) to support pregnant and parenting women ages 13-24.

The goals of YMC are:

1. To support community strategies to create effective systems of care.
2. To incorporate evidence-based practices, strategies and models.
3. To improve the health of pregnant and parenting women by providing comprehensive support services that are easy to access and meet their needs.

Each local project conducted programming to:

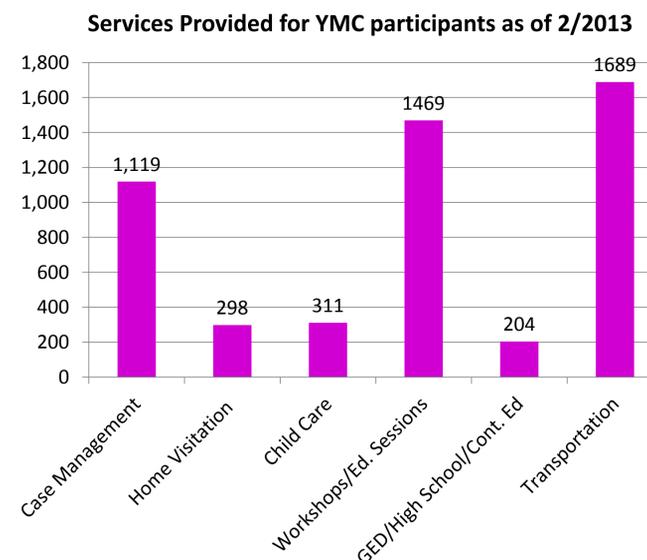
- Incorporate evidence-based practices, strategies, and models into existing county programs through use of Parents as Teachers or Healthy Families America models of home visitation and other programs.
- Integrate the system of care in their communities with a focus on six identified maternal health best practices.
- Provide comprehensive and high quality support services that are easy for participants to access and that meet their needs.
- Create effective local systems of care for participants by utilizing a Community Advisory Council that guided each project in implementing an action plan.
- Improve the health and well-being of participants.
- Identify lessons learned from local initiatives that can be implemented statewide to improve the health and well-being of pregnant and parenting women ages 13-24 throughout North Carolina.

Implementation Strategies/Partners

Young Moms Connect also partnered with the NC Healthy Start Foundation (NCHSF) and the NC March of Dimes (NCMOD). The NCHSF conducted a public awareness campaign including a community video project, website, Facebook page, text messaging responder service, and cinema/TV advertisements related to the six maternal health best practices. The NCMOD provided trainings for health care providers related to the six maternal health best practice in the 5 counties. The six identified maternal health best practice areas are:

1. Reproductive life planning.
2. Smoking cessation using the 5A’s counseling (Ask, Advise, Assess, Assist & Arrange) method.
3. Promotion of healthy weight.
4. Early entry and adequate utilization of prenatal care.
5. Domestic violence prevention.
6. Establishment and utilization of medical homes for nonpregnant women.

The five YMC projects provided a range of support services that supported health maintenance, parenting skills and self-sufficiency.



Findings and Results



Goal 1: Provide comprehensive and high quality support services that are easy for pregnant and parenting women ages 13- 24 years to access and that meet their needs, particularly those that support health maintenance, parenting skills and self-sufficiency.

A few program highlights are listed below:

Objective 1 : To increase by 10% annually, the percentage of home based visiting participants who enrolled in a continuing education program or who are employed.

- 67.9% were enrolled in continuing education programs, college, technical schools or other institutions or employed by 8/2012. (35.8% increase)

Objective 2: To decrease the unintended pregnancy rate by 10% among the participants in the home based visiting programs.

- The unintended pregnancy rate was 33.4% for HBV participants for the 9/2011 – 8/2012 time period.

Objective 3: To increase the local high school graduation rates in the funded counties by 5% by 9/2013.

- The aggregate high school graduation rate was 80.6% for the 2012-2013 school year. (4.4% increase)

Discussion/Conclusion

Adolescence and young adulthood are critical periods in life. Decisions made in these years often have significant long-term ramifications. Providing a multitude of services through an integrated system of care can assist young pregnant/parenting women overcome the challenges to achieving their life goals. Provision of high quality support services has assisted many YMC participants in having a healthy pregnancy, obtaining educational goals, and increasing their parenting skills.

Local systems of care are responding to the needs of the young pregnant/parenting women. System changes to support pregnant/parenting young women are continuing, home based visiting programs have expanded and social supports have been established in each county.

Lessons Learned and Recommendations

- Specific data was collected for HBV participants, data will be collected for all YMC program participants to demonstrate impact or service gaps/needs in program areas.
- For future program activities data will be collected on a core group of participants in each county and expanded to support young men.

References

- NC State Center for Health Statistics
- Department of Public Health Education The University of North Carolina at Greensboro
- NC Department of Public Instruction

Acknowledgements

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