

## Grant Outcomes Report

### An Amish Midwifery Care Program in Chautauqua County

#### The Problem:

The Amish communities of Northwestern Chautauqua County, predominantly in Hartfield, Sherman, and Clymer, are currently delivering approximately 65–80 babies per year with no professional assistance. Prenatal care, including routine tests and examinations to predict potential complications, are not available in the area for several reasons. Lay midwives, who have historically assisted Amish women, have left the area, and Corry Memorial Hospital, in nearby Pennsylvania, closed its maternity unit in fall 2006. In addition, Westfield Memorial Hospital's (Westfield) maternity unit closed in June 2008 (during the grant period). According to Amish customs and beliefs, women do not seek prenatal care during and after their pregnancy. As a result, the number of unanticipated complications at birth is greatly increased among this population. Westfield only sees Amish women in the emergency room when there are complications with home deliveries, which typically could have been prevented early on during the pregnancy.

#### Grant Activities & Outcomes:

The New York State Health Foundation (NYSHealth) funded Westfield to improve access to prenatal and postnatal care for the Amish families living in Chautauqua County and the surrounding areas, as well as to improve the health of the communities by providing a comprehensive ambulatory midwifery care program for mothers and babies—in the home or in a local clinic. The aim of this program was to not only make health care more accessible, but to make the place of health care more appropriate, leading to decreased utilization of the emergency department for routine prenatal, intrapartum, and postnatal care.

Grant funding provided a salary for a certified nurse midwife who was recruited in September 2007. The nurse midwife provided prenatal, birth, and postpartum care to Amish women; ensured that all

#### KEY INFORMATION:

**GRANTEE**

Westfield Memorial Hospital, Inc.

**GRANT TITLE**

Amish Midwifery Care Program

**DATES**

January 1, 2008–November 17, 2010

**GRANT AMOUNT**

\$114,000

**FUNDING**

2007 Special Opportunity RFP

newborns received proper newborn care, examinations, and screening; and coordinated necessary follow-up measures. Because the Amish community does not keep health records, Westfield and the nurse midwife worked with the Chautauqua County Department of Health and private practitioners to collect baseline health data among the Amish, including birth statistics and patient medical histories.

The nurse midwife coordinated a collaborative agreement with a nearby hospital for referral and consultation services and clinical resources, such as primary care providers, and laboratory, radiology, and obstetrical services for the Amish women. Participating providers agreed upon an affordable laboratory fee schedule since the Amish do not use traditional health insurance coverage nor are they eligible for public health insurance programs. Ten percent of women used the laboratory services during their prenatal care in the first year; 25% used it in the second year.

The nurse midwife engaged in a multitude of additional activities, such as promoting this program through the development of written materials that were sent to local primary care physicians, chiropractors, and other health care providers popular with the Amish communities. These materials described the program and offered information on how to participate.

The nurse midwife also reached out to Amish community leaders to share information about the program's benefits, and to seek their opinions on the types of birth care their members were seeking. Based on feedback, project goals were fine-tuned to meet the needs of these communities. For example, community leaders expressed that many of the families wished for a maternity clinic within their community where they could obtain care. As a result, the nurse midwife purchased a suitable building (not with grant funds) to serve as a clinic, and by October 2008, she was able to offer both in-home visits and appointments at the clinic.

In total, 75 Amish women participated in this project—30 in year one, and 45 in year two. The



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majority of women in year one gave birth at home (as the clinic was not operational during that year), while the majority of women in year two gave birth at the clinic. Complications occurred at a fairly low rate of 16%. Of these, 42% required transport to a physician and/or hospital care. The remaining 56% were able to remain under the care of the nurse midwife, and were handled on an outpatient basis.

Care received as a result of the program and its results also met national or State guidelines. For example, the breastfeeding success rate (defined as the percentage of babies still breastfeeding by six weeks of age) was 83% in the first year and 100% in the second year. Many Amish women initially breastfed but reported stopping because of misconceptions and challenges with the process. The ongoing education, support, and discussions led by the nurse midwife during the pregnancy and postpartum period were helpful in reducing stress and building confidence for these women to continue breastfeeding. In addition, compliance with newborn metabolic screening was 95% and weight gain by the babies receiving care in the program was consistent with American Academy of Pediatrics guidelines.

Initially, the nurse midwife assumed Amish women preferred receiving care in their homes, but as it turned out, a home visit from the nurse midwife was a stressful event. Women preferred coming to the clinic because they were ensured privacy and protection from curious neighbors and family members. Since it is generally frowned upon for Amish children to know about pregnancy or childbirth, coming to the clinic provided the privacy that the Amish women desired.

Encouraging Amish women to enter prenatal care early on in their pregnancy was an ongoing challenge during the project period. Each woman in the project received an average number of 5.5 prenatal visits (compared to 11 for the typical non-Amish woman), despite efforts by the nurse midwife to increase early care. The nurse midwife observed that, typically, less than 5% of Amish women obtained prenatal care early in the pregnancy, and that the majority of women opted to seek prenatal care after 20 weeks of gestation. Recognizing this cultural difference in health care utilization, the nurse midwife spent a longer period of time at each prenatal visit (an average of 30–60 minutes) to discuss healthy lifestyle habits such as nutrition, exercise, and appropriate supplements and medication. The nurse midwife also used time during postpartum and neonatal visits to begin giving information about the next pregnancy since the woman would possibly be into her second or third trimester of her next pregnancy at the next medical visit.

Through constant outreach with the Amish community, hospitals, and medical community in the region, the nurse midwife became a trusted source of care. Developing an understanding of the attitudes, customs, and behaviors of the Amish, and how to work within their culture to provide optimal

health care has been a major accomplishment of this project. Providing high-quality care for mothers and babies that was affordable, accessible, and safe remained the primary goal of this grant, and a deeper understanding of this community enhanced project outcomes.

## The Future:

The Amish Midwifery Program is expected to be fully sustainable beyond the grant-funded period. The number of Amish women utilizing the nurse midwife increased from year one to year two, and this number should be sufficient to support the costs of the program moving forward. The Amish do not use traditional health care insurance coverage and are ineligible for Medicaid because of their tax status. Therefore, beyond the grant period, the nurse midwife will accept a reduced, sliding-scale cash payment as well as barter for goods and services. In addition to Amish families, the nurse midwife takes care of non-Amish families and expects to continue expansion of obstetric services with a goal of attending to at least 65 births per year, which will be enough to support her practice beyond the grant-funding period.

The physicians who have been providing consultation services and the hospitals that have been accepting transports continue to offer these services. Most important, the Amish families in the community are enthusiastic about supporting and participating in this model of care.

Additional opportunities for funding will be explored, as the nurse midwife would like to expand and improve access to care for the Amish community to include participation of other health care providers, including a nutritionist, a dentist, and a pediatric specialist. The nurse midwife is working toward making the clinic a designated Health Professional Shortage Area clinic, which will enable her to be eligible to receive both Federal and State funding and to recruit additional health care providers through the National Health Service Corps.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

As a small, rural, primary care facility serving 30,000 residents of 14 towns and villages in a 375-square mile area of Chautauqua County, Westfield Memorial Hospital is committed to providing compassion and excellence in the delivery of care that appropriately addresses the health needs of its surrounding communities. For more than half a century, Westfield Memorial Hospital has provided high-quality health care to residents of western New York.

### GRANTEE CONTACT

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### NYSHEALTH CONTACT

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### GRANT ID #

2022285