



# South Carolina EACH Mom & Baby Collaborative



CENTER FOR  
**COMMUNITY HEALTH**  
ALIGNMENT

## 2. Ideal fit

Community health workers (CHWs) work in all different geographies, settings, and communities. There is no wrong place for a CHW. But there are some situations in which perinatal CHWs (PCHWs) are ideal for addressing challenges:

1. Where there is a **persistent need**, such as high levels of infant mortality or maternal morbidity, that other clinical care or social services haven't been able to adequately address. PCHWs can make stronger connections between families and services, because of the trust they build with both. CCHA developed the [CHW Prioritization Index](#) to help identify the areas of greatest need for CHWs, which includes factors like poverty, uninsured population, healthcare provider availability, and population demographics.

SCORH / Family Solutions began as a Healthy Start program when the federal Health Resources and Services Administration identified African-Americans in Allendale, Bamberg, Hampton, and Orangeburg counties as having an infant mortality rate over 1.5 times that of the national average. All four counties are medically underserved areas for primary care, and Allendale is a "Maternity Care Desert," while Orangeburg and Hampton have "Limited Access to Maternity Care."<sup>26,62</sup>

2. Where pregnant people and infants lack **continuity of care**. Examples might include:
  - Rural areas that lack obstetric care, where patients may have fewer resources to travel long distances in order to comply with "adequate" care guidelines.
  - Patients who have health risks or financial need that routinely require them to transfer from one clinical practice to another during their care.
  - Cities in which a medical teaching service provides the majority of obstetrical or pediatric care. In these practices, patients may see multiple providers during their care without many options to have one main, trusted provider.

In these cases, PCHWs offer the opportunity to be the continuity for the clinical care team, helping the patients trust and access care.

In Spartanburg, one of the few options for prenatal care for many young Medicaid-eligible mothers is a practice in which the majority of clinicians are residency fellows whose clinical assignment changes monthly. Therefore, the patients may see a different provider at each visit and have a clinician at their labor and delivery whom they've never met. The community-based doulas of BirthMatters build strong relationships with their clients and can help provide stable support.

3. Where there are particularly **vulnerable populations** that need extra care due to their social determinants of health. PCHWs can be the bridge between these communities with clinical and social service providers.

The immigrant Latino community faces several extra barriers to prenatal care, including lower rates of insurance coverage, language challenges, discrimination, unfamiliarity with local medical systems, and fears related to their immigration statuses. PASOs CHWs meet them in their language and cultural practices to help explain and connect them with local resources. When a resource doesn't exist, or isn't culturally appropriate, PASOs advocates for appropriate changes.