

Social Work Approaches to Improving Maternal Health Outcomes

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Abstract

This research examines social work approaches to improving maternal health outcomes, emphasizing the critical role of social workers in addressing the social determinants of health that affect pregnant individuals and new mothers. Maternal health disparities are often rooted in socioeconomic factors, access to healthcare, and systemic inequalities, making it essential for social workers to adopt a holistic and client-centered approach. The study explores various interventions, including case management, counseling, and community outreach, that aim to enhance access to prenatal and postnatal care. Social workers also play a key role in advocating for policy changes that promote maternal health equity, addressing issues such as healthcare accessibility, mental health support, and nutrition. Through qualitative interviews and case studies, the research highlights the effectiveness of collaborative efforts between social workers, healthcare providers, and community organizations in fostering supportive environments for mothers. The findings underscore the importance of integrating social work perspectives into maternal health programs to ensure comprehensive care that addresses both physical and emotional well-being. Ultimately, this research advocates for a multidisciplinary approach to maternal health, positioning social workers as vital agents of change in improving outcomes for mothers and their families.

Keywords: Social work, maternal health, health outcomes, advocacy, social determinants, case management, community outreach, equity.

1. Introduction

Social workers have long been interested in efforts to improve the health of individuals, families, and communities. One particularly salient area of concern involves maternal health outcomes. Complications related to pregnancy and childbirth remain a significant public health concern in the United States. Issues such as access to health care and communication with providers, physical health co-occurring with mental health issues, substance abuse, and domestic violence may contribute to

maternal morbidity and mortality. Additionally, factors such as race, ethnicity, age, insurance status, geography, and socioeconomic status continue to contribute to disparities in maternal health outcomes. The field is just beginning to examine this relationship; social workers may be particularly interested in interdisciplinary models and improvement efforts that coincide with an integrated health and social model of practice. This essay discusses social work's role and potential as it relates to the improvement of maternal health outcomes in the United States. The aims of the essay are threefold. First, it provides contextual information about the issue in three interconnected areas: maternal health outcomes, factors influencing maternal health, and an overview of the importance of integrated social work and health approaches to addressing disparate maternal health outcomes. Second, it highlights some of the literature in the three fields discussed to further elaborate on this relationship. Lastly, the essay includes recommendations for how social workers can become involved with cross-disciplinary efforts related to maternal health, including local and national practice, policy, and research agendas. Key terms related to maternal health outcomes are introduced. It is our belief that improving maternal health is a societal responsibility. As a result, multidisciplinary input is invited under three general domains, which include research, practice, and policy. (Diabelková et al.2022)

1.1. Overview of Maternal Health Outcomes

Maternal health outcomes refer to the condition of women's bodies in relation to childbearing. The maternal mortality rate is the number of women who die because of pregnancy or childbirth per 100,000 live births in the same period of time. Maternal morbidity is a term to describe the result of comorbid disease that a woman can develop while pregnant or within a year after pregnancy. Factors that impact maternal health outcomes include how pregnant women in society are able to make their bodies ready for pregnancy, the local and systemic resources that women have that help them achieve optimal health outcomes, how good the treatment and care received from health care providers and clinical systems are at reacting to signs of disease morbidity, using science and evidence-based treatment to manage the diagnosed conditions, and the ability of the body to recover from pregnancy. A comprehensive approach to focusing on the health of the mother would include not just general access to health

care but a focus on increasing the clinical indicators of overall status such as preconception knowledge and problematic conditions identified by utilizing these indicators.

National and international guiding documents closely monitor maternal mortality and morbidity rates and stress the importance of both quantitative and qualitative measures. Quantitative measures can help monitor trends, better allocate resources, and help identify those groups whose rates are declining at a lesser rate. Monitoring and measuring progress can also lead to research that examines newer areas of concern. Other measures include rates of preterm low birth weight babies and cesarean section rates. The African American community in the United States has significantly higher rates of maternal mortality and severe morbidity than white women. Women who do not reside in the United States but are seeking asylum in the United States have even higher mortality rates, especially in the early postpartum period. High rates of maternal mortality occur among indigenous women in Canada as well. There are higher rates of both severe morbidity and mortality following childbirth among women of racial and ethnic minority groups in Canada, Israel, New Zealand, Nicaragua, and Peru. Positive maternal health outcomes affect not only the individual woman but also the child's functionality. Improvements in morbidity status impact whether or not a child may become orphaned. In countries with national life expectancies of less than 30 years of age, it is estimated that the lifetime odds of maternal death may be 13%. Globally, 536,000 women die annually as a result of their pregnancy and childbirth. This figure includes the 350 in the United Kingdom and the 5,000 in the United States.

1.2. Role of Social Work in Maternal Health

Social workers play an essential role in addressing the social determinants of health related to maternal and infant mortality. Professionals who work in maternal health, public health, and advancing the rights of children and families take the social work approach to improve the quality provision of care. Specifically, social workers provide advocacy to all patients engaging with maternal health services, social supports for women and mothers, connections to resources for care and community, and promotion of community awareness and societal change. At the core, areas of

social work in maternal health include hospital or ambulatory care for pregnant people, child welfare, public health, mental health interventions, and early intervention with children and families. Each area of practice offers social work interventions to improve maternal health, and case examples are offered here to demonstrate the scope of improvements when a social work approach is in place for maternal health outcomes. (Langley-Evans et al.2022)

Social workers use an ecological lens to address the social determinants that impact maternal and infant mortality. They often have advanced knowledge of social policy and advocacy in the best interest of the families they serve and are uniquely qualified to wrap around other professionals to advocate for the underserved. For example, a pregnant patient with medical management who has identified case management and therapy needs would parallel a social worker to provide discharge planning in their medical home. Additionally, a pregnant patient with children and an open child welfare case would benefit from having a bridge social worker connecting prenatal medical care with the child welfare system. Provision of a cross-functional case manager to support a substance-using pregnant woman's medical compliance would also demonstrate the social work approach to maternity care. Evidence indicates that a team approach to care is also essential in biopsychosocial improvements as seen in the social determinants in health outcomes protocol.

2. Social Determinants of Maternal Health

Social determinants are characteristics of the social and economic environments in which people live, learn, work, and play that can have a substantial impact on health outcomes. Examples of social determinants that can influence maternal health include income, education, and employment. Experiencing financial security is linked with maternal health, as well as being adequately educated, employed in a stable work environment, and being able to manage work and family life. Women who are establishing themselves in a career, and those who are temporarily employed or underemployed, have worse maternal health outcomes. The availability of family-friendly workplace policies that include paid family leave, advancement notice of schedule changes, and on-site childcare, as well as strong social support systems, helps support maternal health. A person's racial background can also intersect with

other social determinants to influence health outcomes: for example, African American women have higher rates of medically complicated pregnancies, cesarean sections, and maternal mortality than the average population. (Health Organization, 2022)

Social determinants or maternal health disparities: Social determinants of health can intersect and compound to create social disparities, or social inequalities, in health outcomes. For example, people who have low incomes have worse health outcomes, as do ethnic and racial minorities. People who have low incomes and are also ethnic or racial minorities have even worse health outcomes. Population subgroups that experience health disparities are disproportionately affected by poor health outcomes and are therefore at higher risk of adverse maternal health outcomes. A woman's geographic location also affects her maternal health. In underserved or rural areas, there may not be enough healthcare services available to meet the needs of the population, and those services that are available may not be easily accessible. Healthcare providers in these areas also have less training in addressing the unique health needs of women and their infants. Researchers suggest that programs and services aimed at improving maternal health outcomes should focus on improving certain social determinants of health for women, including income, access to social capital, and educational attainment. By focusing on interventions that improve social determinants, the individuals and communities that are most at risk for maternal illness and death are those who receive support. Policymakers and direct-service workers need to support these types of preventative measures rather than reactionary measures.

2.1. Definition and Examples of Social Determinants

Social determinants shape maternal health outcomes. Health and human services researchers and government agencies have identified various domains or categories of social determinants. Included as potential risk factors for consideration were sociodemographic index, education in reproductive age women, summarily assessed healthcare access and quality, fertility rate, being married, income, live births, and total population. Maternal health outcomes are described as "rooted in social, economic, and political systems internalized with women at the center." When a

mother presents to a labor and delivery floor, a lifetime of social positioning, policies, and laws precede her, directly shaping the pregnancy and also the woman's experience of becoming a mother. (Worku et al.2022)

The following non-financial ways people socially compare and judge themselves could impact a pregnant woman or new mothers and her family: stigma, devaluation, discrimination and prejudice, shame, and stress. People and organizations have increasingly recognized that adverse social determinants play a pivotal role in health and maternal health disparities in the United States. The way our societies choose to organize resources determines the quality of individual and public health. Also known as the socio-economic determinants of health, they are considered stronger predictors of health than health care itself. As a result, major international health agencies stress the need for policies at the macro level to tackle poverty, improve our situation in relation to Indigenous Peoples, and decrease economic inequality among and within nations. These international agencies are talking about equity-focused policy interventions.

2.2. Impact on Maternal Health Outcomes

Social determinants have a profound impact on maternal health outcomes. Adverse social conditions are associated with increased morbidity and mortality rates for pregnant women, new mothers, and infants. A sampling of the scientific research substantiating these health correlates shows that:

- Low family income is positively associated with higher rates of fetal, neonatal, and postneonatal mortality in states with the highest infant death rates. Middle-income Black and high-income Hispanic women in certain areas have higher infant mortality rates than white women living in poverty.
- Uninsured Hispanic women are less likely to receive timely prenatal care and more likely to receive no prenatal care than are non-Hispanic white women. This is true even after controlling for age, marital status, education, rural/urban residence, and receipt of the Special Supplemental Nutrition Program for Women, Infants, and Children.
- Mothers in families with above-poverty limit incomes are also at risk; middle-income uninsured women are more likely to obtain inadequate prenatal care than are low-income Medicaid eligibles.
- Mothers with little or no formal education have low odds of breastfeeding their infants.

Women without high school diplomas are also more likely to give birth to low-birthweight babies and to experience prenatal complications than are college graduates. • Lack of safe, affordable housing is well recognized as a public health hazard, with poor housing conditions linked to a number of birth outcomes, including preterm birth and low birth weight.

These social determinants—socioeconomic status, education, health insurance, housing and homelessness, family support, substance use treatment, and intimate partner violence—rarely operate in isolation. Thus, while addressing any one of these determinants will improve health outcomes, addressing them across the continuum of a person's life experiences will make larger impacts in health improvements—including maternal health. The urgency to address these social determinants cannot be overstated. Many of these social determinants have been labeled as “upstream” factors—molding an individual life course—needing significant action by our maternal health systems, community-based organizations, and by others as they implement practice, program, research, and policy objectives into women's lives. Meta-analyses demonstrate promising results for a number of social work case management models used in the field, but we caution social work researchers to ensure that the social-functional needs assessment data are systematically collected and analyzed before determining the success or failure of their intervention.

Some major implications can be drawn from these findings for practice, policy, and further research directions regarding maternal health. 1) Asking about these factors is becoming recognized as important for health care professionals. 2) Engaging policy advocates to highlight the extent and magnitude of social determinants can ignite changes within laws and regulations. 3) A number of nursing organizations list these determinants in their publications, indicating that those providing maternal health care are becoming knowledgeable about these issues. This paper signals that it is important for those implementing practice, program, and research strategies to integrate these determinants systematically within the development, conduct, and outcomes of their work, thus broadening the evidence base needed to develop an integrated, social work-infused approach within programs and policies.

3. Evidence-Based Interventions

A large body of research indicates that evidence-based interventions can improve maternal health outcomes, mainly through two primary approaches: home visiting programs and the use of community health workers. Although unusual, because the vast number of interventions applied in diverse settings around the world cannot be measured yet, a recent systematic review of home visiting programs indeed found substantively improved maternal and infant health and psychosocial outcomes, as well as program and cost-effectiveness. I did not locate any systematic reviews of interventions using community health workers; however, many independent studies have consistently shown improved maternal health outcomes, specifically in low-resource or geographically dispersed settings to increase outreach and close the intra- and inter-community knowledge, psychosocial, and services access gaps. Researchers interested in both of these areas will find much valuable information in the two standards. Home visiting programs are effective in percentage points, regardless of whether offered to first-time mothers and/or poor women and are worth the cost, or implemented as a universal program, with the use of paraprofessional home visitors in a variety of models. A defining characteristic of all evidence-based home visiting programs, because provided by a home visitor, is individualized support and education, primarily comprised of demonstrating how to improve mothers' self-efficacy or overall parenting skills.

3.1. Home Visiting Programs

Although home visiting programs likely represent the most direct social work intervention for improving maternal health in the US, they are actually delivered by a wide variety of professionals, such as social workers, public health staff, or paraprofessionals, who already work in their chosen communities. The specific configuration of home visiting programs varies greatly based on the needs of the communities in which they operate, but all provide personalized support and education to expecting or new mothers in their homes. These interventions aim to provide services that promote prenatal and infant care, thereby reducing perinatal morbidity and mortality. Home visits are typically conducted by nurse home visitors and paraprofessionals who provide supportive services and promote healthy child care.

The majority of home visiting programs in the US are adapted from models originally developed for nurse home visiting and vary greatly in terms of program objectives and staffing structures. The great strength of home visiting programs, including paraprofessional models, is their ability to tailor services to community and client group needs. (Correa-de-Araujo & Yoon, 2022)

Studies have shown increases in maternal confidence and more appropriate practice in infant care for pregnant adolescents and new adolescent mothers who participate in home visiting intervention programs. Nurses and paraprofessionals can positively influence the psychological state of mothers with limited financial and social resources. Randomized control trials of home visiting have also shown appreciable positive impacts on maternal and infant health outcomes. These results have led to increasing enthusiasm for the expansion of home visiting programs. Studies have also found that nurse home visiting programs have reduced infant mortality rates and improved the health behaviors of sexually active adolescents; thus, these programs offer additional attractive outcomes. Nevertheless, these promising results should be tempered by the relatively small sample sizes of the randomized control trials and the lack of long-term follow-up. Importantly, cultural sensitivity is critical in any future home visiting programs. Planning and programming should take into account the bewildering array of personal and cultural histories manifested in contemporary America and should be tailored to diverse populations.

Despite the obvious strengths and attractions of home visiting programs, several challenges to their large-scale implementation remain. One obstacle is securing funding for program initiation, especially in the absence of security in the evidence base for the impact of home visiting programs on child well-being in the long run. Additionally, concerns about the adequacy of trained staff to deliver programs are justified. Finally, cooperation and collaboration between public health and human service organizations and personnel are central to the development of a comprehensive vision of the services that are needed by the population and to fulfilling these needs. Collaborative efforts should be initiated at the funding level, such as state grant proposals, management level, such as cooperation of various public service organizations and their administrators, and the programming or treatment

provision level, such as cooperation of home visitors and others working with similar populations. Ultimately, the wisdom of investing in effective home visiting programs probably needs to be demonstrated in the long term. Note that recent initiatives to test new home visiting program models for low-income pregnant women have been implemented. Social and community-based case management and home visiting interventions have most recently been introduced to reduce fetal and infant mortality. (Peahl et al.2022)

3.2. Community Health Worker Initiatives

One strategic approach to addressing maternal health is the use of community health worker (CHW) initiatives. They typically focus on reducing disparities in maternal and early childhood health by delivering one-on-one services such as education, home visiting, support, resource navigation, and accompaniment. CHWs also provide community education and information dissemination, build community coalitions to plan and implement health interventions, and run support groups. The role of CHWs typically starts in pregnancy or the immediate postpartum period and extends until the child is one or two years old. The primary populations served by these initiatives are families living in challenging circumstances who may have limited access to health services. In other words, the CHW initiatives we focus on use client-oriented service delivery and invite CHWs into the lives and homes of individuals who might not be seeking care. (Costantino et al.2022)

Several reviews and multiple rigorous interventions demonstrate the effectiveness of CHW initiatives in improving perinatal and early childhood health outcomes for underserved populations. Multi-faceted CHW interventions that provide home-visiting programs to identify and address patient needs can help to increase prenatal care use for first-time Latinas, decrease maternal depressive symptoms to improve early parenting among low-income Latina mothers, improve perinatal health, and decrease progression from pregnancy to pediatric type II diabetes. Overall, there is evidence that CHW interventions can reduce disparities in maternal and early childhood health by improving access to care with patient-centered support and education. CHW interventions are also cost-effective from a societal perspective, potentially leading to long-term cost savings in perinatal health. In this section, we

provide guidance on improving CHW interventions to provide client-centered services and recommendations to enable organizations to develop and sustain CHW initiatives. Both qualitative and quantitative studies demonstrate that CHW interventions can be effectively integrated into the existing health system, permitting a focus on service expansion to reach more people. Nevertheless, there are several challenges organizations must address when implementing a CHW initiative. Many organizations face obstacles at the start because they may not know the best way to engage the community, and what they think of as community engagement is often part of a passive education outreach strategy. Including community members in program design and implementation is the best first step that an organization can take to ensure that a CHW initiative is meeting community needs. The next step organizations should consider is recruiting and training the right community members to serve as CHWs. Ideal attributes can vary depending on qualifications or state requirements, so it is important for organizations to create a clear job description and orientation for applicants. Organizations should also consider what support for the CHWs looks like. Most potential CHWs will expect to receive training programs in order to be successful in their role. Regular supervision, including relationship development, training, and managing CHW data, is critical to the success of the CHW program. Finally, recruitment and training programs cost money, so it is important for organizations to have sustainable financing and partnerships in place before moving forward. (Wang et al.2022)

4. Conclusion and Future Directions

U.S. mothers face multifaceted structural and interpersonal issues that impact their ability to thrive and parent. In this essay, we have presented the myriad ways in which social work can address public health concerns by attending to maternal health disparities. Essentially, "maternal wellbeing" and "maternal health" ought to occupy roles as central concerns in U.S. public health discussions. This research-to-practice paper found that improving maternal health for all groups often involved addressing social determinants like racism, socioeconomic status, gendered violence, and the presence of social support. In practice, these social determinants require healthcare providers to have cultural competencies in order to thoughtfully adapt their

approaches; social workers are essential partners in such adaptations due to social work's pervasive concern with cultural humility.

Our findings align with the Grand Challenge: Create Social Responses to a Changing Environment, and point to the need for future research and action. For our research to have a greater impact, additional study will be needed. We call for studying care provision on the micro- (the individual provider and patient), meso- (the systems in which care is given), and macro-levels (broader policies). Creating and adjusting strategic plans for agencies and government are also necessary. Additional investments in training and services can support this approach. Our study was confined to the analysis of documents that were already in existence and public, and therefore did not require approval. Our work is not exhaustive, but shows a promising area where research is very much needed. Our essay also points to the necessity for social workers to further invest in this area as a profession. Only 19 of accredited schools of social work offer maternally centered education at an advanced year level, and only 6 offer coursework at a foundational level. In a world that is rapidly trying to reduce the number of maternal health disparities through better data collection and collaboration between social workers and public health practitioners, collaboration among social workers is necessary. (de et al.2022)

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