The Developing Families Center

Providing maternal and child care to low-income families in Washington, D.C.

The Developing Families Center (DFC) is a non-profit "umbrella" organisation which, through its partner organisations, provides support programmes and primary health care to low-income populations in one of the poorest areas of Washington, D.C. In addition to housing the only free-standing birthing centre in the District, the organisations within the DFC provide midwife-led antenatal care, offer nurse-led primary health care, hold support groups for teen parents, and deliver early childhood development programmes.

Dr. Ruth Watson Lubic, an experienced midwife and birth centre champion, moved to D.C. in 1994 to develop a holistic, family-centred health clinic focused on maternal and newborn care. She realised that the most disadvantaged populations in D.C., namely African Americans living in the poorest neighbourhoods, had very limited access to primary health care, social services, and early childhood development opportunities. With this in mind, the Developing Families Center was founded in 2000 in Northeast D.C.[1]

The DFC seeks to "meet the primary health care, social service, and child development needs of underserved individuals and childbearing and childrearing families… and promote their empowerment."[2] Its commitment to integrating its member organisations, both with each other and with the local community, allows it to provide high-quality, patient-centred, family-focused care.

The DFC itself has few staff: Dr. Lubic plays a significant role as founder of the Center, working closely with the current CEO, Dr. Linda Randolph, and three other non-clinical staff members. Randolph is a public health paediatrician who, along with Lubic, has been instrumental in fostering the relationships between the partner organisations housed at the DFC. The partner organisations have a variety of staff, including midwives, doulas, social workers, nurse practitioners, breastfeeding peer counsellors, community health workers, and early childhood educators.

The Family Health and Birth Center (FHBC), one of the DFC's partner organisations, employs a midwife-led holistic model to provide antenatal and postnatal care, gynaecologic care, birthing services, and paediatric care. Unless they request individual appointments, women receive antenatal care in small groups beginning in the second trimester.[3] Low-risk women can choose to deliver at the Birth Center or at

a nearby hospital, while women with higher risk of complications receive antenatal care at the Birth Center and are referred to the local hospital for delivery. Even in the hospital, FHBC's midwives are the primary birth attendants during labour and delivery, and physicians only intervene for consultations or to accept referrals.[1]

The DFC also aims to provide non-clinical supportive services and empower local families to utilise the services they need to improve their quality of life. The DFC has space to facilitate access to health care and health insurance, distribute pregnancy tests, and provide social support for at-risk women, teenagers, and families. Early childhood development services also meet the DFC's goal of enhancing the physical and cognitive development of children. Until quite recently, DFC housed an Early Head Start centre run by the United Planning Organization (UPO). However, UPO was offered a rent-free space for its Early Head Start centre and so has left the DFC. A new provider is expected to be operational by summer 2014.

MONITORING, EVALUATION, AND RESULTS

Families who come to the DFC have had significantly better outcomes than similar families who receive services elsewhere. Birth outcomes at the FHBC have been particularly well-measured. In 2006, analyses of FHBC data showed that women who initially presented at the FHBC for labour had a rate of preterm births of just 9% (95% CI 5.3 – 11.8), compared with 12.3% in D.C. Babies were also significantly less likely to have low birth weight at the FHBC (7%, 95% CI 3.3 – 9.5) compared with D.C. babies (11.6%).[4]

A more recent study not only corroborated the results of the 2006 analysis, but also found that regardless of location of delivery, FHBC-associated women were significantly less likely to have a Caesarean section (OR = 0.59, $p < 0.01$), less likely to have vacuum or forceps-assisted births (OR = 0.45, $p < 0.01$), and more likely to have a vaginal birth after Caesarean section (OR = 3.50, $p < 0.01$).[5]

In addition, women are satisfied with the care they receive at the FHBC – whether they give birth at the Center or at the hospital, the midwives treat them with respect, empower them to take part in their care, and give them the resources they need to make informed decisions about their bodies and their healthcare.[3] A 2010 study showed that women particularly appreciated the comprehensive care provided through the group antenatal sessions, as well as the unlimited family support available for FHBC births.[6]

INSIGHTS FROM THE DFC

- **Community support is vital.** Before the DFC opened its doors, it made connections with community leaders who saw the need for an integrated health care provider such as the DFC. The DFC has continued to foster community involvement through its Community Advisory Board[7] and has been accepted as a safe haven for empowering and improving the community.[1]
- **Integration works.** The 'one-stop shop' model used by the DFC allows different organisations to work together to deliver better, patient-centred care.
- **Collaboration can be challenging.** The organisations under the DFC umbrella were not founded to work together as a 'one-stop shop' and have often applied for the same limited funding sources, creating tension and inhibiting their ability to work together as a cohesive group.

For more information, please visit http://hsph.me/DFC.

References

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