

Demand for Prenatal Care for Poor Strains Localities

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By Delphine Schrank
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Glenda Ordoñez gave birth to her son on a cold night in September 2005 on a wooden bench outside her basement apartment in Leesburg.

For months, the uninsured woman from El Salvador had sought access to prenatal care, which studies show reduces the chances of infant mortality, low birth weight and a variety of health troubles. She said her boyfriend's \$13-an-hour paycheck disqualified her for care through the Loudoun County Health Department, where patients must fall within the lowest brackets of the state poverty levels. He had left her, Ordoñez said, but she couldn't prove it. The Loudoun Community Free Clinic in Leesburg didn't offer prenatal services. She couldn't afford a doctor in Herndon who would charge \$3,000 for several months of care. Another doctor in Sterling refused to take her five months into her pregnancy.

Like many women in the Washington area, Ordoñez, now 25, fell through the cracks. She was too poor for insurance but not poor enough to get the help she needed from the county.

But recent efforts in Loudoun and Prince William counties to expand services to keep up with the demands of the growing population of uninsured or low-income pregnant women have stalled, and local health-care communities are scrambling for solutions.

"So many are going through pregnancy without care. And the only option is to deliver the baby as an emergency," said Nora Lobos, a case manager with MotherNet/Healthy Families Loudoun, a nonprofit group that provides support to low-income families in the county, including Ordoñez and her two children.

The Loudoun County Community Health Center was supposed to provide help, with prenatal care provided through a family practitioner. But the week before the center opened May 22, its director, Debra Dever, discovered that the insurance the center had bought would not cover prenatal care. Purchasing adequate additional coverage would have been too expensive, Dever said. The Loudoun center is funded through grants and donations and charges patients as little as \$10 a visit, based on their ability to pay.

"To give you an example, the insurance costs of a family practice in minor surgery is \$14,400 per physician" each year, Dever said. "If we add prenatal, that's \$62,413 for every year." Costs rise more for extra insurance to cover doctors after they leave a practice -- coverage most doctors expect, Dever said.

"It's not an unreasonable request," she said. "If we're going to recruit an excellent provider, we need to provide excellent malpractice coverage," she said.

David Goodfriend, director of the Loudoun Health Department, pushed for six years for creation of the center as demand for low-income health care grew in the county. He said he had hoped the center would provide continuous care to indigent pregnant women that his department is unable to offer. He and his team of nurse practitioners see about 300 patients a year for the first two-thirds of their pregnancy before sending them to a physician at the hospital.

"It's not the best care because it's disjointed," Goodfriend said. As a primary care physician, he is also unable to offer the specialized care that high-risk patients often need. In some instances, pregnant women who are carrying twins or who have diabetes are sent hours away to a hospital in Charlottesville, "a big inconvenience for women who are often working full-time jobs," he said.

Prince William faces a similar situation.

"Last year, we were absolutely swamped" with requests for low-income prenatal care, said Alison Ansher, director of Prince William's Health Department. Because of limited staffing and resources, the department had to restrict eligibility to patients at its clinic to the lowest income bracket of the federal poverty guidelines, Ansher said. As of Aug. 1, the clinic has been able to raise the eligibility threshold to 180 percent of the poverty level, but that still leaves many women with few options, she said.

Demand is also high at an obstetric clinic for low-income patients at Potomac Hospital in Woodbridge, health-care professionals said. In addition, the Greater Prince William Area Community Health Center, which serves uninsured and low-income patients, does not offer prenatal care. But it has considered doing so since 2003. In a needs assessment that year, prenatal care ranked second after care for such chronic conditions as diabetes, hypertension and high cholesterol, Corey R. Riley, the center's executive director, said.

"We knew it would be a challenge" to add prenatal care, Riley said. But, he said, "the costs of obstetrics coverage have gone through the roof" since he first heard an estimate four years ago.

The Loudoun and Prince William community health centers plan to apply for a federal grant that would cover their malpractice insurance costs for prenatal care. But Dever said that competition for the grants is high and that Northern Virginia's wealth might prove a

hindrance.

This month, the Loudoun Health Department received a \$54,000 grant from the Kaiser Permanente health organization that Goodfriend said he intends to use as seed money for the health-care community to forge a solution.

Elsewhere in the Washington region, experts said, women sometimes move or fake residency to obtain care because eligibility for most charity programs is based on income and proof of residency within a jurisdiction.

"We don't ask, but when we try to contact them, it's not uncommon to find they are not where they say they're from," said Fred E. Mecklenburg, chairman of the Department of Obstetrics and Gynecology at Inova Fairfax Hospital, which runs a large clinic for low-income pregnant women.

Many low-income or uninsured women also face language barriers or other problems, including domestic abuse, that require complex solutions, health-care workers say. Illegal immigrants sometimes skip care to avoid notice.

"Some will say: 'It's prenatal care. What's the big deal?' The big deal is even those five minutes with a doctor is an opportunity to see the size of baby, that it's growing correctly," said Maria Gomez, president of Mary's Center for Maternal and Child Care, a center in the District that provided 1,092 women with prenatal care last year.

The Mary's Center is expanding to Long Branch in November in partnership with Washington Adventist Hospital, which has been "overwhelmed" with demand for prenatal care since it expanded its services to indigent people in July 2006, said Lydia Parris, the hospital's communications director.

"The most important thing is for a future mother to come in early to take care of problems sooner rather than later," Gomez said.

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