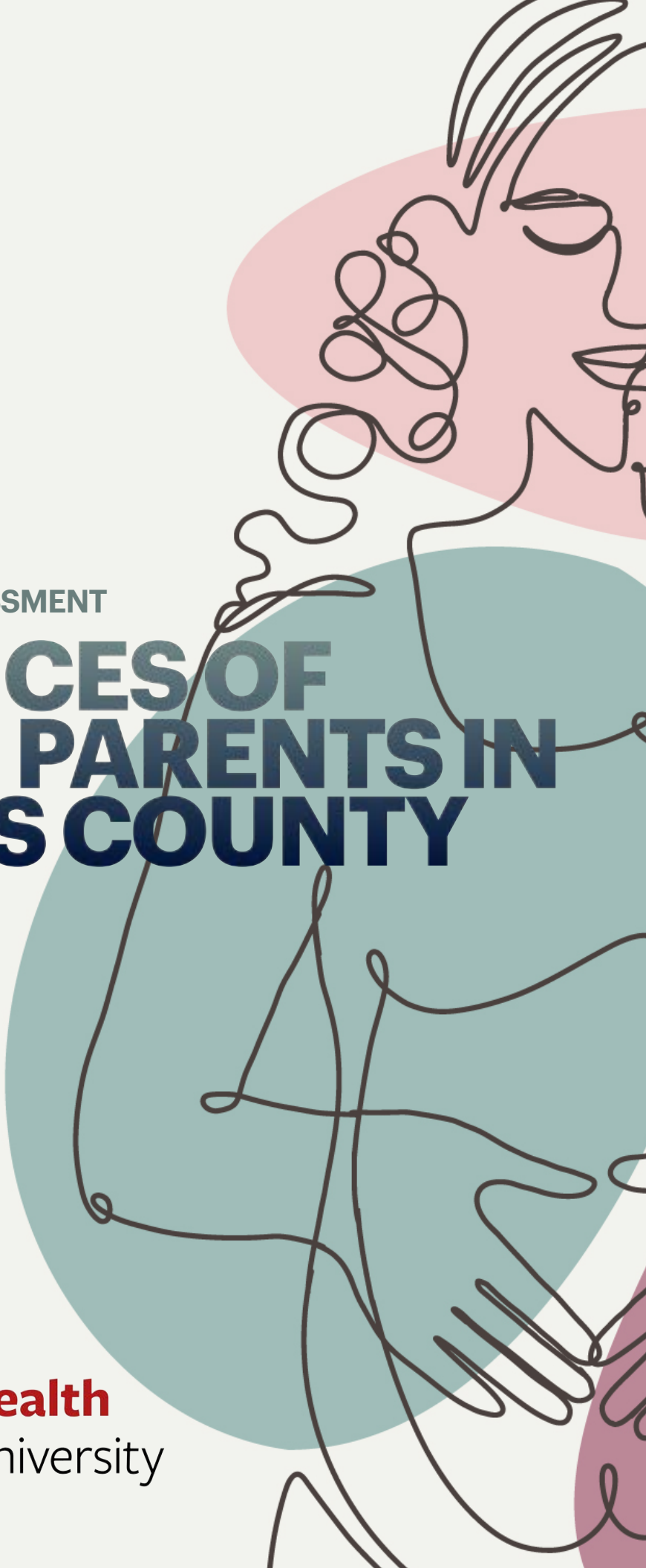
AUGUST 2025

COMMUNITY CONTEXT ASSESSMENT

EXPERIENCES OF BIRTHING PARENTS IN TOMPKINS COUNTY



TOMPKINS COUNTY
Whole Health

Public Health
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ABOUT

This publication was prepared July/August 2025 by the Cornell Public Health Community Context Assessment team in collaboration with Tompkins County Whole Health. It draws from the Integrated Learning Experience capstone and additional analyses completed by the authors, below. For more information about the project, contact Elizabeth Fox at elf23@cornell.edu.

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EXECUTIVE SUMMARY

Despite performing well in aggregate statistics, when disaggregated by person and place, Tompkins County continues to have disparities related to maternal care access and outcomes. The stories and experiences of parents in Tompkins County with regard to whether and how existing care and programming addresses barriers to care is also limited. To address these gaps, there was a need to evaluate the barriers to and facilitators of health programs used by birthing parents in Tompkins County.

Using a rapid ethnographic approach, a team from Cornell Public Health in partnership with Tompkins County Whole Health aimed to capture perspectives from birthing parents about their experiences accessing and receiving care resources during pregnancy, childbirth and postpartum in Tompkins County. The team conducted 26 semi-structured interviews with birthing parents and providers in Tompkins County, including a free-listing exercise, from March to May 2025.

Guided by the Social Determinants of Health, the team identified the following themes from the interviews:

Education Access and Quality

- Birthing parents accessed information from practitioners, social networks and through their own personal research, and filtered that information based on their lived experience.
- Education empowered parents in Tompkins County by helping them be more prepared and confident, but there were gaps in the quality of content and availability of educational opportunities/classes.

Health Care Access and Quality

- Many birthing parents had positive experiences during pregnancy and postpartum.
- Access to services, including specialists and care covered by insurance, was limited by regional availability.
- It was challenging for birthing parents to find mental health services.
- Continuity of care during pregnancy and postpartum was an important part of quality of care, but it was limited in Tompkins County.
- Patient-centered care was viewed as important but was often neglected.
- Poor coordination of insurance and billing posed significant stress to birthing parents navigating the care systems in Tompkins County.

Neighborhood and Built Environment

- A lack of transportation made it challenging for birthing parents to access care and resources during pregnancy and postpartum.
- There were limited resources that specifically supported mothers facing

housing instability during pregnancy and postpartum.
- Physical activity was an important part of health for birthing parents, yet access to coordinated support for physical activity in Tompkins County was challenging to navigate.

Social and Community Context

- Social supports impacted birthing parents' experience and recovery, beyond provided healthcare.
- Weak social support networks made it challenging for some birthing parents, especially in the postpartum period.
- Organized programming in Tompkins County played a crucial role in helping parents access social support during pregnancy and postpartum.

Economic Stability

- The high costs of living in Tompkins County, including child-related expenses, was a challenge for many birthing parents.
- The cost of medical care in Tompkins County was a barrier for birthing parents to accessing care.
- Some birthing parents in Tompkins County were at higher risk for pregnancy-related economic instability based on their employment status.

Participants highlighted potential disparities in care based on their identities and backgrounds. This included individuals with weak social support systems (e.g., international students who were far from family and friends), BIPOC individuals, and individuals and families impacted by substance use.

When asked about community resources, the most salient items were prenatal care, birthing or child preparation education, breastfeeding support, and mental health support. The Moms PLUS+ program and Community Health Worker support was viewed positively and represented a potential area for continued investment (and better marketing). Specific attention was needed for providing mental health support, which was commonly discussed as expensive or inaccessible due to high demand.

Despite the success of county programs and medical centers, additional work and investment could better facilitate care for birthing parents and their families. Based on the findings from the qualitative interviews and free-listing, this report makes the following key recommendations to improve maternal and child health in Tompkins County:

1. Continue good services and improve accessibility and awareness of existing programs and community resources,
2. Build social supports for birthing parents during pregnancy and postpartum,
3. Promote continuity of care for birthing parents, and
4. Strengthen mental health supports and community building opportunities.

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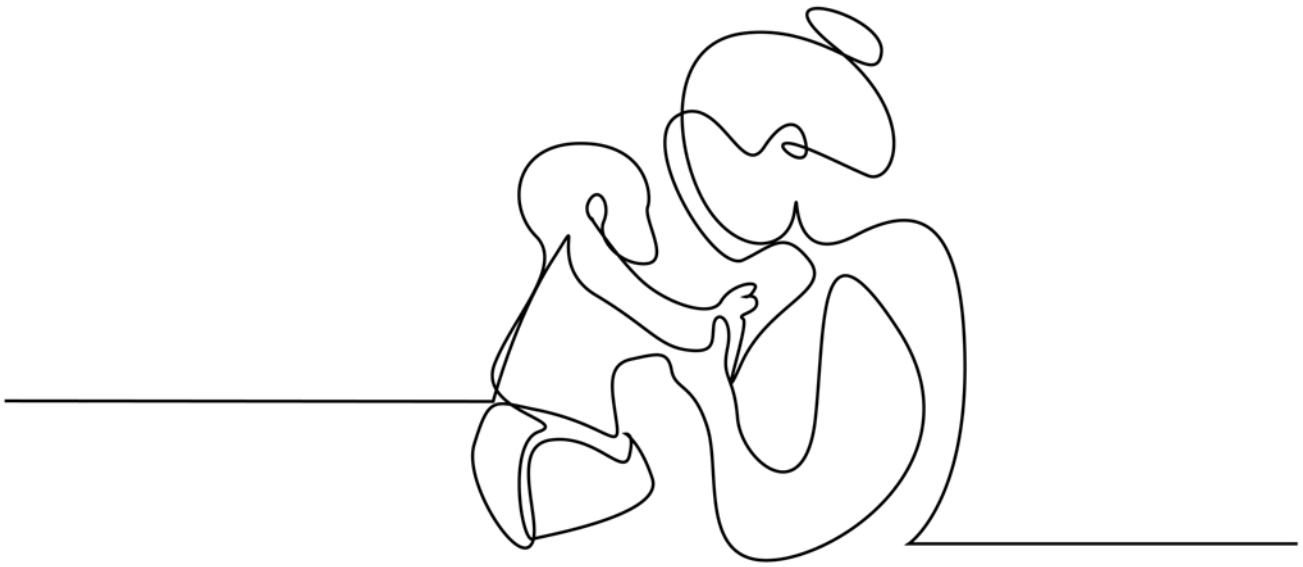


1. BACKGROUND

Despite performing well in aggregate statistics, Tompkins County continues to have disparities related to maternal care access and outcomes.[1] At first glance, the county's maternal health indicators outperform other parts of New York State (NYS) and the nation. For example, between 2019 and 2021, 82.7% percent of births received early prenatal care in Tompkins County,[2] compared to 78.8% percent of births across NYS (from 2018 to 2021) and 77.9% of births nationally (from 2018 to 2023).[3,4] Tompkins County similarly outperformed NYS in adequacy of prenatal care coverage (85.9% compared to 74.6% from 2020 to 2022, respectfully).[2]

Yet, these positive trends do not reflect all experiences of Tompkins County residents. First, they are not consistent across locations and subpopulations.[1] For instance, in 2021, Black and Hispanic residents in Tompkins County were more likely to receive late prenatal care (10.7% and 10.0%, respectively) compared to White residents (1.9%).[1] Additionally, from 2020 to 2022, the percentage of births with adequate prenatal care was lower among Black birthing parents than the county average (78.5% vs 85.9%, respectively).[2] Preterm birth rates—an important predictor of infant and maternal health—were 250% higher for Black women (18.1%) than for White Women (7.0%).[1] While a limited sample size prevents comprehensive statistical analyses of MCH indicators by municipality, rates of preterm birth, low birth rate, and rates of late/no preterm care varied between rural and urban areas within the county, with rural areas often having poorer outcomes than their

more urban counterparts.[1] Further, aggregate numbers also fail to capture the nuance of people's experiences with care received.

Within the context of care, several factors drive care access for birthing parents. Prior literature on barriers to prenatal care cite structural barriers such as lack of providers who accept insurance coverage, poor continuity of care, and lack of childcare and transportation, and individual-level barriers such as lack of awareness, limited support, and, for those who accessed care, poor experiences with care providers.[5] Limited care options in Tompkins County were also previously cited by birthing parents in Tompkins County as a barrier to early and continued care.[6]

To address these disparities in Tompkins County, the county committed additional investment and expansion of community health worker programs, including programs such as MOMS Plus+ and the Community Health Worker/Healthy Infants Partnership (HiP) of Tompkins County.[1] These programs support expecting and new parents with assistance and emotional support via home visits, breastfeeding support, and resource navigation.[7,8] However, the stories and experiences of parents in Tompkins County with regard to whether and how existing care and programming addresses barriers to care is limited. Inquiry into the experiences and satisfaction of birthing parents could provide additional insight into whether program participants are better able to access quality care and what recommendations they have to improve the program.

PROJECT GOALS

In a collaboration with Tompkins County Whole Health and Cornell Public Health, a team of faculty and graduate and undergraduate students evaluated the barriers to and facilitators of health programs used by birthing parents in Tompkins County, with a particular focus on the MOMS Plus+ and the Community Health Worker/HiP Tompkins Programs.

We specifically aimed to answer the following questions:

1. Where and how do birthing parents in Tompkins County access medical and emotional support during pregnancy and postpartum?
2. What are the existing facilitators and barriers birthing parents have in accessing prenatal and postnatal care in Tompkins County? To accessing Moms PLUS+ and HiP Tompkins Programs?
3. What opportunities exist to better align program offerings with the most salient needs of community stakeholders?

2. HOW DO WE KNOW WHAT WE KNOW?

This project draws on **Rapid Ethnographic Assessment (REA) methodology (Box 1)**,[9] and aimed to capture "insider perspectives" from birthing parents about their experiences accessing and receiving care resources during pregnancy, childbirth and postpartum. The research used a mixed methods design. We (the research team) conducted semi-structured interviews with 26 birthing parents and providers in Tompkins County. The interviews included a free-listing task. These methods were relevant to the project purpose as they helped capture the resources birthing parents used and the barriers and facilitators to accessing those resources during pregnancy, childbirth and postpartum.

Box 1: More on Rapid Ethnographic Assessment (REA)

Rapid ethnographic assessment (REA) is an applied, community-driven approach that centers the voices of people affected by a specific issue. It helps us understand the social, cultural and structural conditions framing that issue.[9] The approach is targeted and specific, which allows for rapid application and dissemination of findings and actionable recommendations.[9]

STUDY CONTEXT

This study took place in Tompkins County, NY in collaboration with Tompkins County Whole Health. The county is home to 103,558 residents, with 50% of the residents living in the City and Town of Ithaca, 25% of the residents living in Towns of Dryden and Lansing, and the remaining 25% of residents living in six other towns in the county (Caroline, Danby, Enfield, Groton, Newfield, Ulysses).[1]

Tompkins County administers several maternal-child health programs (e.g., MOMS Plus+, Community Health Worker/HiP Tompkins Program) with the aim of improving access to care.[1] The MOMS Plus+ Program aims to improve prenatal and postpartum care through home visits and services such as health screening and monitoring, lactation resources, and connection to community resources (such as housing, food assistance).[8] The Community Health Worker/HiP Tompkins Program helps Tompkins County residents who

are pregnant or who have young children find and connect with care and support services (e.g., food, clothing, housing, childcare, transportation, etc.).[7]

STUDY POPULATION

From March to May 2025, we interviewed 26 birthing parents and providers in Tompkins County who were over 18 years of age and who gave birth in Tompkins County after January 1, 2022. We recruited participants through posts in community sites targeting parents in Tompkins County and through email lists of participants/providers of Tompkins County programs. We recruited both birthing parents who participated in existing programming and those who did not participate (either opted out or were not reached). Participants reached out to our research team via email to confirm eligibility and coordinate the interviews.

Ethical approval for the study was obtained from the Cornell University Institutional Review Board in Ithaca, NY (Protocol# IRB0149421). All participants gave oral consent to take part in the study and received a small gift card to thank them for their time.

HOW WE COLLECTED THE DATA

INTERVIEWS

We conducted semi-structured interviews with birthing parents and providers. The interviews were on zoom and lasted 45-60 minutes. We asked birthing parent participants to share their experiences and views about the care they received during pregnancy, childbirth and postpartum. We also asked them about sources of maternal and child health information and what influenced their perceptions of trust. We asked provider participants to share their experiences and views delivering care to birthing parents during pregnancy, childbirth and postpartum.

FREE LISTING

Free listing is a method that asks people to list any items within a particular conceptual category, like “things that count as animals” or “things that count as disease”. It captures the most common and important factors in a community based on shared experience, rather than one person’s thoughts or experiences alone.[10] During the interviews, we asked participants to describe all of the services needed to support care for people during pregnancy, childbirth and postpartum. Then they were asked to describe those services and where they were accessed in Tompkins County.

HOW WE ANALYZED THE DATA

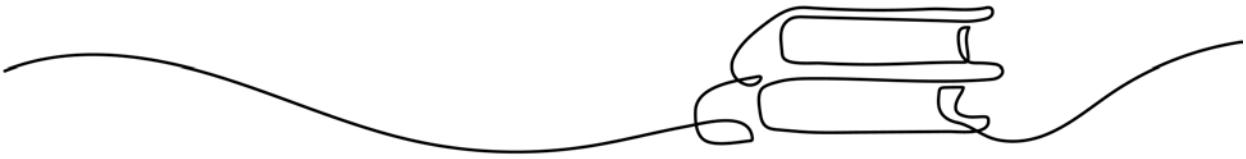
All interviews were recorded and transcribed so we had a record of our discussions for analysis. We coded each interview to understand the experiences of birthing parents and providers in receiving and delivering care during pregnancy, childbirth and postpartum, and used the Social Determinants of Health[11] as a guide (**Figure 1**). For each social determinant of health, we developed a codebook with codes that reflected topics that emerged from the interviews. We used descriptive coding (short words or phrases that summarized the basic topic of what someone said) and pattern codes (topics that were brought up multiple times).[12] The codebook was used to complete line-by-line coding of the transcripts using MAXQDA version 24.[13] Our team met regularly to review the transcripts and codes. When new codes emerged, all transcripts were reanalyzed to ensure we accurately captured the code in our results.

Figure 1: The five Social Determinants of Health[11]

To make sense of the codes and patterns in the codes, we used thematic analysis to generate overarching themes from the interviews that highlighted barriers and facilitators to care in the count. We categorized these by the Social Determinants of Health. Analyzing maternal health challenges and risk factors by the Social Determinants of Health helps align recommendations and areas of improvement with New York State's 2025-2030 Prevention Agenda and situates findings within the ongoing Tompkins County Community Health Assessment and Community Health Improvement Plan.

The free lists were analyzed using standard analytic processes for determining the most important items listed by participants (i.e., items listed first or most frequently were considered most "salient"). We normalized the data so that similar concepts were captured the same way. Salience was measured using the "Smith's Salience Index" and calculated using FLARES.[14] We cross referenced the services birthing parents listed with existing programming in Tompkins County based on how birthing parents noted that they accessed those services.

3. HEALTH CHALLENGES AND ASSOCIATED RISK FACTORS FOR BIRTHING PARENTS



EDUCATION ACCESS AND QUALITY

The NYS Prevention Plan primarily focuses on education access and quality through the lens of K-12 education. However, this report instead highlights the channels through which birthing parents receive information about maternal and child health. Birthing parents in the county primarily found trusted information about the birthing process and maternal-child care through birthing classes, written materials, including online resources, and medical providers. Other parents discussed information they received from social contacts.

***Theme 1:* Birthing parents accessed information from practitioners, social networks and through their own personal research, and filtered that information based on their lived experience.**

Overwhelmingly, the most commonly reported source of health information among birthing parents were medical providers: their doctor, midwife, nurse, and/or pediatrician. Birthing parents often referenced the doctor's medical training when describing trustworthiness with those providers. As one participant described, "Your doctor is obviously very knowledgeable, they went to Med school for God, who knows how long?" (MCH-03). A doctor's medical training often gave them more authority on topics, even when participants were not confident about the medical advice. For example, one participant described the role of the doctor in her decision to not get a COVID-19 vaccination during pregnancy,

> "I'd asked one of the doctors I met with if I should get a COVID and flu vaccine, and [they] basically talked me out of getting the COVID vaccine, saying that their

> practice wasn't recommending them for pregnant women, and I was really sort of taken aback by that, and [they're] like: 'Well, you know, other doctors here are even more against the COVID vaccine for pregnant women, like I'm on the fence, I just, you know, I don't think it's a great idea, like, why would we rev up your immune system while you're pregnant?' and I remember thinking, like that's weird, there's a doctor telling me not to get the COVID vaccine... but when I told my general practitioner that, she was completely appalled" (MCH-14)

For many birthing parents, there was mistrust in the medical institution, which caused them to question information they received. As one participant explained, "[There's] an anti-vaxxer in health and human services, and they've gutted the FDA and NIH, and they're now like denying that people should get vaccines during childhood...the person in charge of disseminating the information holds views that are completely orthogonal to mine" (MCH-14). Another participant described the importance of wanting to understand underlying motivations of medical professionals, given the influence of industry in practice. She noted, "[A vaccine recommendation] needs to feel... like it's not backed by somebody with money in some way. I don't know how else to put that, like something isn't like being sold essentially" (MCH-13). These experiences resulted in participants' carrying skepticism with the healthcare system, and information coming from it.

Many participants described being selective about the information they reviewed, using scientific evidence/criteria to determine the quality of sources. As one mother explained,

> "I would also need to see, like scientific data to support their claims, at least cited in the information that was given to me, and which would allow me to further research those studies to see who carried them out" (MCH-13).

As another participant noted, she used "Dr. Google, to a certain degree... But then you need to do your own research. I think, as a scientist, I do like more research... [I've] got 18 tabs open about like Preeclampsia, right? Like, okay, so what's this?" (MCH-10). Experience with scientific evidence impacted a person's ability to review and access studies informing different interventions. As one interviewee shared, "I'm definitely a Googler. But again, because I have such a strong background in a lot of stuff, I can be, and I make it a point to know things. It's also because of my job. It's easy for me to... have access to academic journals" (MCH-05). In these cases, the interviewee's professional history interacted with their search for health information, forming an internal criteria that valued peer reviewed journals and health sources.

Birthing parents also described relying on their own intuition when assessing feedback from outside sources. As one participant mentioned on the topic of co-sleeping, "I know that that's not recommended by health professionals, but things like that, go against your intuition like, 'you're gonna roll over on your daughter'. I knew that I was not gonna do that, you know" (MCH-15). This intuition was not easy to explain, overall, but participants often used it when they were determining credibility of sources they found online.

Other parents relied on the experience of close friends and family as a source of maternal and child health information. The advice from these stakeholders was often seen as more trustworthy than abstract medical guidance as there was a sense of earned knowledge through demonstrable success. As one participant stated, "What makes them trustworthy is once again word of mouth like, I know somebody's been through something. So then I'm gonna kind of trust that process" (MCH-06). Similarly, when prompted about acceptance of a vaccine such as the measles vaccine, one mother replied,

> "Before accepting those vaccines, I was asking them [friends and family with children], did they get that vaccine, and what kind of experiences did they have? And do they recommend it or not? Of course I ask people that I really trust and if they give positive feedback about it, I accept it. If not, I don't accept it" (MCH-02).

Other participants described other selection criteria for online resources, including popularity of videos (via views), channel or page longevity, and presented credentials of the content creator (e.g., licensed pediatrician, dietitian). Some local social media pages were perceived as more trustworthy than others based on established reputation. Other mothers discounted social media pages entirely as an example of an inherently untrustworthy source.

Theme 2: Education empowers parents in Tompkins County by helping them be more prepared and confident, but there are gaps in the quality of content and availability of educational opportunities/classes.

In Tompkins County, classes and consultations, both paid and free, were valuable resources for expectant parents. Participants described birthing classes hosted by Kate Dimpfl, Cornell Work/Life ("Preparing for Baby" series), and through the hospital. They also described parenting and infant care classes from the Childhood Development Council ("Welcome, Little One" series). Participants also described receiving specific training and education about what to expect during delivery from their doula, if they had one. For the postpartum period, participants described training about breastfeeding from La Leche League and lactation consultants (including those from Moms PLUS+ nurses). They described wishing there were more resources postpartum, like in-person CPR

classes for infants and training about early childhood development milestones. Highlighted services and resources used by the study participants are described more in **Section 4**, below.

Birthing education helped to reduce anxiety and give families practical knowledge to prepare them for delivery. One parent shared that "there was like a 4-hour session that we had to take to build our education around [the birthing process]...and it really helped prepare my husband and I...just mentally prepared us for what was to come" (MCH-17). Classes and consultations empowered parents with critical knowledge about care and medical decision making during their deliveries and postpartum. One participant emphasized the value of knowing more about the labor process, "Because I'd taken [the] class, I kind of knew what medical interventions they were going to suggest. And I knew that I could basically tell them no to everything if I wanted to" (MCH-13). This experience points to how education can foster autonomy, giving parents the knowledge to advocate for their preferences and needs. Similarly, education provided participants with the confidence they needed about doing the "right thing", especially when they were new parents. As one participant described, "[Support from La Leche League assured] me that I was doing what I was supposed to be doing" (MCH-09). Education also helped facilitate more positive outcomes. One mother noted, "they [lactation consultants] taught me how to use my pump because I had no clue...they helped me with sizing...It makes a significant difference in how much you pump" (MCH-05).

Classes that helped parents prepare for different potential outcomes were important. One participant reflected, "I'm glad we did the class that we did...I was kind of hoping for more around birthing...the whole thing turned out to be irrelevant anyway, because the way [my child's] birth went was not at all like how we were wanting it" (MCH-07). This quote reveals a disconnect between what was planned and what was not during delivery, and the importance of birthing education that prepares parents for a range of outcomes. Similarly, another participant described feeling unprepared for breastfeeding even after breastfeeding classes for her first child,

> "I think that a lot of people, especially from what I've just seen like on mom groups, and I'm making a wild generalization here, like talk about getting hospital grade pumps before the baby's even born... if there was more information about, 'Hey, it's gonna take a few days for your milk to come in, and it will be okay', like you don't just automatically, like stress out about it. And I think that's what with my first child, I didn't know. Like, I went through a class, like a breastfeeding class, and how to angle their head, and it's more like eating a hamburger... so I knew those things, but I didn't realize that it would take multiple days, and that

> [the baby] would need to be eating every 30 minutes for the first, however many, you know, like 3 days, 4 days, 5 days, until your milk comes in." (MCH-09)

Ultimately these parents' experiences show that education through classes and other training supports can be really helpful, but they were not readily accessible to all (including courses specific to Cornell or that required payment), and did not always prepare participants for a range of potential outcomes during delivery and postpartum.

HEALTH CARE ACCESS AND QUALITY

Healthcare access and quality was the most discussed topic during interviews. Birthing parents highlighted limited availability of services and specialists, poor continuity of care at the sole OGBYN office in Ithaca, and poor coordination of insurance and payment systems at local providers. Together, these issues represented substantial difficulties for some parents to access the type and quality of care that they desired, and added stress to an already challenging time.

Theme 1: Many birthing parents had positive experiences during pregnancy and postpartum.

Although sections of this report highlight limitations in access to care, importantly, many birthing parents appreciated available resources and had positive experiences with both medical care and maternal and child health programs. When asked whether they felt that they received high quality care, as defined by themselves, most participants felt that Tompkins County provided ample care. Some interviewees were very positive about their experience, with one responding "I received amazing care. I had the Moms [PLUS+] program checking up. I had my health worker checking up on me. I had, you know all this support" (MCH-03). Here, Tompkins County Whole Health programming is directly cited as the reason for a positive experience during and after pregnancy. Even participants with feedback for county programming and healthcare often prefaced their comments with

positive aspects of their care. For example, one participant with recommendations around care needs in the county started by saying "I would say that I received high quality care as a black woman in Tompkins County, which is huge" (MCH-06).

Many participants also shared positive experiences with the Cayuga Birthplace. As one participant explained,

> "I found birth to be very, very, very difficult in ways that I didn't expect, but throughout all of it, I just felt very cared for by the people who were there [at the hospital] looking after me, like I truly, at no point did I think that they didn't have my best intentions at heart or that they weren't qualified, or that they weren't knowledgable.... It was a warm experience like you really felt even being woken up throughout the night, it wasn't cold or like sterile the way you might expect a hospital to be. It really felt like a nice place to be staying and like you were being pampered and taken care of" (MCH-19).

Participants also noted that Tompkins County had more maternal care access and programming than was expected, given the rurality of the area. In one example, the participant shared,

> "We have friends in New York City and Chicago who...didn't feel like they had a lot of support. Like in bigger cities, feeling like there's so much that they could access, but it's harder to get access, whereas here I feel like it's really geared towards the parents... We've felt very lucky to be in Tompkins County for this pregnancy" (MCH-20).

Similarly, another participant shared, "I think for the size of the area, what we have is okay... Cayuga Medical Center, they have a great birthing suite area... and if you don't want a birth at Cayuga Med, there are birthing centers that are more home feeling" (MCH-10), highlighting options parents have in the county, despite its size. These positive experiences with care in the county indicate aspects of programming and medical care that warrant continued investment.

Theme 2: Access to services, including specialists and care covered by insurance, is limited by regional availability.

A limiting factor for healthcare access in the community is limited regional availability of both general care and specialists. In terms of the OB-GYN care, participants regularly highlighted that the only option was the OB-GYN and Midwifery Associates of Ithaca.

They largely reported seeing the doctor or midwife at the facility for the first time between week 10-12 of pregnancy.

Birthing parents wanted more OB-GYN options beyond OBGYN and Midwifery Associates of Ithaca. One birthing parent said that "that's the only option seems really weird to me... I'm booking as early as I'm allowed to, and I still can't see a midwife, for like a checkup right when I'm required to" (MCH-14). Another interviewee echoed this desire, calling for "more doctors... I feel like the only option was that doc[tor's office], like what?" (MCH-17). Other options out of town were challenging to coordinate in terms of transportation and time. As one participant noted,

> "It was like the only game in town, unless if I want to drive somewhere, you know, which if it was my first child, sure, I can do that. But I'm trying to coordinate a hundred other different things [including care of other children], like I can't, I can't drive to Syracuse for a wellness check for a prenatal appointment every couple of weeks. I can't do that." (MCH-09)

Even when services were available in the county, parents reported difficulties getting specialized care and care that was covered by insurance. One mother recounted that "they don't really make it easy with insurance... I had a snafu when I went to the nutritionist, because if you're not pregnant, it's not covered" (MCH-12). Another noted that "in terms of breastfeeding support... if you don't qualify for WIC [you are] finding a lactation consultant and hoping that it's covered by insurance, right?" (MCH-23). Mothers described paying out-of-pocket when care was not covered by insurance, including for mental health care, as noted below.

Because of the limited number of practitioners in Tompkins County, participants described going outside of Tompkins County for care. Participants traveled for genetic testing, high-risk pregnancy appointments, and children's hospital-care. The distance and time of travel was challenging (as described in the section, below, on **Neighborhood and Built Environment**). Increasing availability of care in the county (to the extent possible) would make care more available and accessible.

Theme 3: It was challenging for birthing parents to find mental health services.

Many participants specifically called out the need for formal and informal mental health support during pregnancy and postpartum. One participant shared, "I felt completely alone during that time [postpartum] and I was completely alone, but I didn't, I had never needed so much support before. So I didn't know what to expect before experiencing it" (MCH-15). Another parent explained when describing the need for mental health support,

"You have something growing inside of you, and then it's no longer there, and that immediate change is so dramatic and just making sure that you have the resources to safely deal with it before you intentionally or unintentionally harm yourself or your children" (MCH-09).

Finding "folks [therapists] who have experience working with [pregnant and postpartum] population and really understanding all the shifts that people are going through" (MCH-11) was viewed as important. Many participants specifically discussed therapy as a useful resource or something that they wish they had access to. As one participant explained, "It's always useful to have somebody to talk to... I think pregnancy is emotionally draining" (MCH-04).

However, some participants described barriers to accessing mental health care, including finding providers, generally, and finding providers that were covered by insurance. As one participant explained, "We don't have enough therapists in this community for the need and, you know, who is able to take insurance versus not, you know, that limits the type [of care provided]" (MCHW-01). Although one participant described leveraging online resources and a new listserve of Ithaca area therapists to find care, participants largely highlighted challenges to finding providers.

Further, current systems put the onus on the patient to find support—calling to check availability, finding those that were covered by insurance, finding a time that both parties were available, etc.—and this was particularly challenging to do during pregnancy and postpartum period with a new baby. One participant explained,

> "I didn't end up working with a therapist. And I think part of that was it just felt like too much work to try to call and contact people and then wait for them to call back and say, yes, I have openings and can work with you now. It's like I just needed them to show up at my front door, like I just need somebody to call me and be like, 'Hey, how's it going?' And I think to an extent, maybe the Moms PLUS+ [Program] did that. But I felt like maybe my focus was more on the baby and not on myself at that time. And so I was more driven to respond to questions with baby in mind versus myself. And so if that is something that they actually do offer or try to help connect with, maybe more direct like, 'No, but how are *you* doing?'" (MCH-21)

She went on to share that she wished that it was made easier for new parents to find services, and that the county could "highlight the mental health aspect and the need for support and structured support there... the impetus on the parent to kind of take action

versus how can we just make sure this readily included" (MCH-21). This was particularly salient for parents who were not aware of existing resources. One participant questioned "What are some coping techniques that can be provided to deal with [pregnancy]? And I guess you need someone that can specialize in maternal mental health. Where you find these resources... I have no idea where to find these resources" (MCH-10). Better connecting mothers directly to resources or increasing knowledge of providers in the area could lower the mental health burden that accompanies pregnancy and the postpartum period.

Theme 4: Continuity of care during pregnancy and postpartum was an important part of quality of care, but it was limited in Tompkins County.

Quality of care builds on a variety of factors, including professionalism, accuracy of information, successful implementation of past guidance, and even fit between the personalities and belief-systems of providers and patients. Continuity of care was closely linked to quality of care. As one participant shared, "Having an established relationship with someone and having known them for a long period of time... I think, would make it more trustworthy" (MCH-11). When patients experienced continuity of care, they had the chance to discern if their provider is a 'right fit' for them. One mother admitted, "I will often ask doctors questions that I already know the answer to, just to see how they're going to answer" (MCH-05). This influenced her trust in the provider(s) she was interacting with. This rapport translated into closer/continued adherence to care. As one participant noted, "If our first visit to an OBGYN left a good impression on us that they are professionals... when they recommend something to us, we would be more lenient to accept" (MCH-02).

However, poor continuity of care was explicitly mentioned as a barrier to quality of care in Tompkins County by many participants, particularly care received by the providers at OBGYN & Midwifery Associates of Ithaca. In particular, participants did not appreciate the use of a rotational system at the "only OB office in town" (MCH-03) as it meant that many women did not have access to the same doctor throughout pregnancy or at delivery. The lack of personal connection was associated with impersonal or poor interactions. A mother pointed out that doctors "don't really get to know you and your specific needs beyond just kind of what it says in your chart... having that connection with people is a really important part of critical care" (MCH-11). The same sentiment was echoed by other participants, one of whom recalled that "A big gripe that people have with the system here is like continuity of care... you don't see the same person every time... you don't know who's going to be there when you're giving birth, and that's kind of crazy" (MCH-13).

The poor continuity (or at least communication about key issues across visits) stifled rapport and relationship-building between medical providers and patients. The lack of continuity of care and/or reading of chart notes across visits made it difficult for participants to foster relationships with providers. One participant recounted, "We don't need to be friends but be able to know my name! I've told you how many times. Yes, in my chart, it says [full name], but call me [nickname]. And every single time, 'Hi, [full name]', it's like you don't know me" (MCH-09). She went on to share:

> "I felt like...seeing everybody is a fine way of doing business, but then you rely on a lot of people reading what you're there for, and knowing a little bit more about you rather than asking you 'On, congratulations' when you're however many weeks pregnant, I'm like, 'Oh, thanks', like 'Oh, are you excited for your first baby?' and it's like, 'Well, no, because it's not my first baby', so just that to me, I'm not going to trust you anymore because you clearly didn't take the time to read, know who I was, before you walked into this room." (MCH-09)

Participants also described how they did not feel like there was sufficient coordination and follow-up from their care providers, particularly between appointments and after delivery. The same participant shared that she was diagnosed with gestational diabetes during pregnancy but did not receive follow-up from her provider. She explained,

> "You [the doctor] told me not to change my diet, not to change anything. That's what I was doing. And now, of course, the [blood glucose] numbers aren't going to change, because I didn't change anything. [The doctor goes,] 'Well, we need to put you on insulin', I was like, 'no, you don't, because I need to talk to somebody about how I can change my diet first', and they're like, 'Oh, well, you should have already heard from them [the nutritionist]'. I'm like 'nobody reached out to me so, and you didn't follow up so I didn't think it was that big of a deal. If it's that big of a deal, then you should have been on top of it'". (MCH-09)

Many participants also described the drop-off from weekly visits during the last few weeks of pregnancy to virtually no follow-up care postpartum. One participant noted, "I am not sure I recall, again, like the postpartum follow up with medical providers... not as much as I feel like it should be. At all" (MCH-21). Use of Tompkins County maternal care programming such as Moms PLUS+ or the Community Health Worker program early in pregnancy complemented obstetric care mothers received and built continuity in the absence of seeing the same provider or having wide windows in appointments during pregnancy and early postpartum.

Theme 5: Patient-centered care was viewed as important but was often neglected.

As noted above, many participants described positive experiences with services in Tompkins County. As one participant explained, "I felt very good about the doctor's office, and you know the hospital and all that. I felt respected, and, you know, valued" (MCH-15). Many participants understood the benefits of patient-centered care, and the importance of centering patients' values and needs in health decisions. As one participant explained,

> "[It's] not just, 'Okay, your blood pressure looks great, see you next week.'It's more like, 'Okay, how are you doing?' You know, 'What questions do you have to help through the process?' Rapport and bedside manner are also really important...having someone talk you through risks and answer questions in a way that's not dismissive or invalidating is really important... [I think a] trauma-informed approach is very important. Not all providers know what people are walking into the room with, and being able to navigate in a way that is creating a sense of safety and trust, I think, is really critical for people to be able to return to care and have the follow up that's recommended, but also be able to disclose things they need to disclose in order to have the safest pregnancy possible" (MCH-21).

However, such care required providing care that was identified or perceived as needed by participants. The participant who had been diagnosed with gestational diabetes, above, explained,

> "Having a knowledgeable individual, helping with answering said questions and making time that you need to get answers that you want [during pregnancy], and having an understanding and patience level of people might need to ask the same question 5 or 6 times before they actually know, and not to, you know, dismiss them or cut them off, or whatever that was. Like for me, like having the GD [gestational diabetes] diagnosis, I had so many questions, and they immediately wanted to just put me on insulin" (MCH-09)

Participants regularly discussed feeling rushed or unable to get care they needed due to short appointment times. As one participant shared, "I had a lot of traumatic things happen post birth, and I still was only seen by the OB for a scar check-in, for, like 10 minutes" (MCH-23).

There were multiple participants who shared stories that did not align with patient-centered care. One participant described requesting early testing during pregnancy given prior experiences with such care in other locations and being dismissed by the

request, and having to seek care elsewhere. Another participant described a traumatic experience during her C-section after being given too little anesthesia, and having the procedure move forward even when she shared with the medical team that she "can [could] feel everything" (MCH-18). Another participant shared being separated from her child after delivery, because her son had to be transferred from Cayuga Medical Center to the Neonatal Intensive Care Unit (NICU) in Syracuse, but she was not sent with her child. She explained,

> "If there's anything I would change about that whole experience, it would be that it should be considered unacceptable to separate a mother and child immediately postpartum, because I was at Cayuga Medical, and they took my infant to Syracuse. I understand that that was for health reasons for [my child]. But that's just a matter of logistics, and I don't think that that [separating mother and child immediately postpartum] should have been an acceptable outcome in that scenario. Like if [the child] was moving, so is [the child's] mom. That's it. Just that simple... I've watched videos about separating infants and mothers right after birth, and there's a very notable, what's the way to put it, increase in survival of the infant when they are simply kept with their mother. When you separate them, the chances of the baby dying increase" (MCH-08).

These experiences were very negative for participants, and impacted their experience during pregnancy, delivery and postpartum, and their willingness to seek care.

Theme 6: Poor coordination of insurance and billing posed significant stress to birthing parents navigating the care systems in Tompkins County.

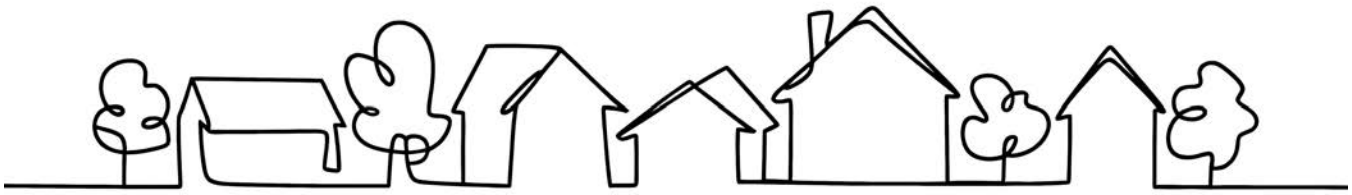
Many participants cited poor billing systems in the county as a source of added stress. This included difficulties with local OBGYN and Cayuga Medical Center Hospital care services as well as with insurance companies. As one interviewee recounted about their experience with paying for care, "I never received any bills in the mail. I had to chase them, to be able to get to the bills and to give me an account number... it was ridiculous" (MCH-08). Another participant described shifting insurance during pregnancy and the challenges that posed for billing and having care covered. She said, "[it] was all kind of crazy, and on top of it my husband was switching jobs, and then I had started my job here at [name of workplace]. So then we had to switch insurances. And it was like this really frustrating game." (MCH-06).

Birthing parents also expressed their desire for a consolidated or simplified payment systems between providers in the county (especially those linked to the Cayuga Medical system). As one parent put it:

> "I wish that they [the bills] were all consolidated into one. It's like, okay, the Ithaca Ob-GYN one, and then I had to go to the hospital at one point because I had the flu when I was pregnant, so I had a bill from the emergency room. It took a lot of time to figure out how to access that one. And then my primary care physician is another portal. I wish they were all one portal. It's kind of like, aren't you all in one system? They all start with Cayuga" (MCH-20).

Coordinated efforts from providers to improve user experience with billing and insurance would make the experience easier for new parents.

A handful of participants also discussed the need for programs to help navigate insurance and billing landscapes. As one participant explained, "I wish there was even like a service to have someone go through the insurance like an insurance navigator... that was something I dealt with after the fact that I wasn't prepared for. I'm sure they probably exist. I didn't know about that" (MCH-17). Feedback from new parents points to the need for the establishment or increased promotion and funding of resource navigators/advocates to help navigate the health care system.



NEIGHBORHOOD AND BUILT ENVIRONMENT

Discussions related to neighborhood and the built environment fell into three main categories–transportation, housing, and resources for physical activity. Lack of transportation and housing instability resulted in significant stressors for participants, especially birthing parents postpartum. Relatedly, coordinated physical activity programming was limited or poorly advertised, despite the importance of activity during pregnancy.

Theme 1: A lack of transportation makes it challenging for birthing parents to access care and resources during pregnancy and postpartum.

Transportation posed a barrier to accessing maternal care and postpartum resources in Tompkins County, particularly for low-income or high-risk birthing parents. Multiple participants emphasized a lack of accessible, affordable, and coordinated transportation for birthing parents to attend medical and WIC appointments or to manage daily needs (e.g., groceries, laundry) during pregnancy and postpartum. As one participant shared, "Laundry without a car like, and a baby is impossible. Grocery shopping without a car and a baby is almost impossible... it just becomes too much" (MCH-04). Especially for individuals who lived outside of the City of Ithaca, transportation options were limited without a car. This compounded stress related to traveling with a new baby which "feels like such a big deal when they're so little" (MCH-08). As one participant shared, "What happened was I lived out farther away from downtown without public transportation, and in the car crash, like the car was gone and the seat was gone, and all that. So that's part of probably what added to the stress" (MCH-15).

A handful of participants mentioned the transport needs in the county, and the importance that services that support transportation of pregnant and postpartum individuals could provide. As one participant explained,

> "I do wish Tompkins County, specifically for pregnant mothers, would provide transportation options because some people... can't get to the hospital, or they can't get to the OBGYNs... and they have to wait for somebody to pick them up and drive them. That's a big one that I do wish Tompkins County would do better on" (MCH-06).

The participant continued, "if we have Gadabout, why can't we have a bus, for like pregnant mothers... that gets us places and can pick us up?... transportation to have people be able to go to appointments or grocery stores... without paying if you are a pregnant mother" (MCH-06). Other participants also mentioned Gadabout, and the possibility of partnering for transportation support for birthing parents postpartum:

> "I think there are services like Gadabout for elderly people, or like disabled people, and maybe that could be made available, something to postpartum moms who might need it... Obviously, most people don't [need it] at all, but like someone might, or someone unexpectedly might, because I think things can get very hard during postpartum, and people might need it without knowing they will" (MCH-15).

Transportation issues were intensified by the lack of local facilities for high-risk care. One parent described the extensive travel required for maternal-fetal care, stating,

> "My second kid was high-risk... I had to do high-risk appointments [in Syracuse]... it was once a month, then twice a month, then once a week, then twice a week. So I can only imagine if I didn't have a car...when you're trying to get services [in Syracuse]... sometimes I just need to get there and get home. I can't have a whole day of getting back. And who has the money or time for that?" (MCH-04).

Another parent shared having to leave the Cayuga Medical Center hospital and "driving across the State" (MCH08) for care. Without transportation, it would have been very challenging to receive the care that was needed.

Theme 2: There are limited resources that specifically support mothers facing housing instability during pregnancy and postpartum.

Access to safe, stable, and affordable housing is essential for the health and well-being of pregnant and postpartum parents. Several participants acknowledged housing assistance programs that existed in Tompkins County. Yet, one participant described that these were limited. She shared, "There's just a lack of in-between options for single moms... I just moved into my new place a month ago... [that] goes off of my income, which is such a blessing... because I don't know if I could do it any other way" (MCH-04).

Many of the programs in Tompkins County were not geared toward families with ongoing needs or those who fell outside of target demographics (e.g., youth, domestic violence, etc.), and were limited in being able to address the needs of new parents. Several parents expressed interest in resources that supported pregnant and postpartum parents, specifically. The participant explained, "You might be stable then, but you never know when you won't be...Housing is hard right now... it's not like you can just walk into a leasing office... you're literally homeless until you can find somewhere... maybe they could have like pregnancy shelters" (MCH-04). Participants described the need for maternity shelters or transitional housing for those fleeing unsafe or unstable conditions, yet programs that specifically targeted birthing parents in the county were limited.

Even when housing assistance was available, one participant shared that she felt that it was not built to support long-term upward mobility. She explained that getting a job disqualified her from assistance, yet she still had housing needs:

> "And so, I got a job that was like $50,000 a year, you know, and then I maxed out of the housing program. And so they said, 'we're not covering this anymore you

> maxed'... You're paying the entire rent, which is $1,500... and you make $50K before taxes... I can't pay that, you know? And so then I'm like, I have to move... So that housing program is really amazing, but it disincentivizes working at your full potential because you no longer qualify. Even if your entire income is going towards that, you're still, you're making too much. It didn't work for me, and it actually really made things worse because I was [now] moving; I thought I could do this, and it was just so terrible" (MCH-15).

Rather than lifting families out of poverty, these systems can trap them in cycles of instability. The instability created by these housing gaps is particularly detrimental during pregnancy and the postpartum period, when safety, consistency, and access to basic needs are crucial.

Theme 3: Physical activity is an important part of health for birthing parents, yet access to coordinated support for physical activity in Tompkins County can be challenging to navigate.

Physical activity was closely tied to overall perceptions of wellness for birthing parents and their children. Movement and physical activity ranged from group-based classes (e.g., prenatal yoga) to independent activities to directed, individualized care (e.g., pelvic floor rehab with physical therapists). One participant described the importance of physical activity in wellness, not only for physical wellbeing, but also mental and social wellbeing. She stated, "Moving your body and connecting with your breath and everything, and also connecting with other people who are in the same stage as you can be really supportive of mental health" (MCH-11). Her comments reinforce the importance of structured movement options that allowed her to connect with others during pregnancy.

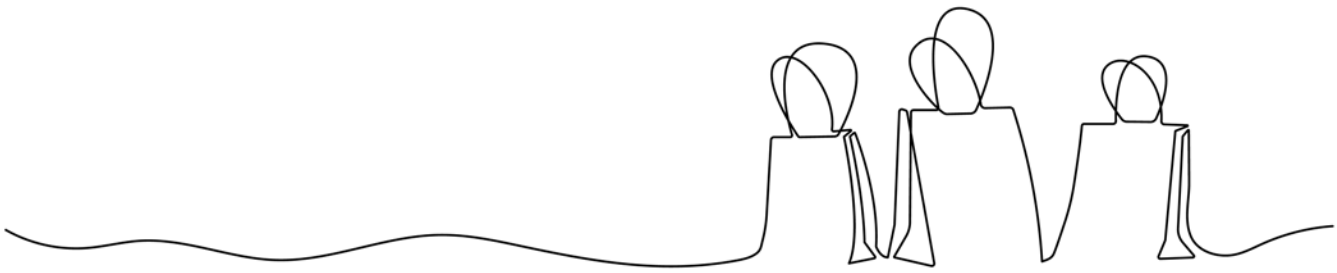
For some mothers, directed and individualized care was an important way that they partook in movement activities. One participant shared that her doula provided this support. She said, "We did some like prenatal movement stuff [with my doula]... she would help me with some movement and some breathing techniques that I found useful" (MCH-14). Multiple participants also noted the support of physical therapy (and specifically Trumball Physical Therapy) in preparing for birth and in supporting recovery postpartum. Without individual structured support, physical activity might not have been possible for these birthing parents. Yet, it required resources to be able to access (e.g., insurance coverage, doula support, etc.).

While many participants recognized the importance of physical activity, it was not always easy to do. One participant explained, "I had always imagined that I would go to a

prenatal yoga class, and then, just like, physically and mentally, I was not able to do that. I just could not get up the initiative to do that, or even like to do things like that at home, online, or anything" (MCH-19). Another parent shared that her providers suggested physical activity and provided local suggestions for her, but she was never able to connect with them. She shared, "Some of them [recommendations] were related to physical activities, like pilates, classes, Yoga classes and both the Moms PLUS+ program and at the OBGYN they gave me information... to be more physically active" (MCH-02). However, the participant's effort broke down when it came to implementation. She continued,

> "To be honest, I couldn't get access to both of them, to Pilates classes and to Yoga. So those contacts that were given me I have checked, checked several times, called them, but didn't get any response. and then, like it was almost late [in the pregnancy], and then I just did things by myself" (MCH-02).

Her experience reveals that simply providing information is not enough. When contact lists are outdated, services are no longer active, or there is inconsistency in responses, birthing parents are left unsupported. This disconnect can create a barrier that discourages participation in physical activity, especially for birthing parents who are already managing limited time, energy, and mobility.



SOCIAL AND COMMUNITY CONTEXT

Access to communities and support systems was frequently mentioned by participants. A strong social support system played an important role in parents' wellbeing during pregnancy and postpartum. Participants shared the importance of their friends and family in providing a range of support, including informal mental health support, material goods and advice. Parents without these support systems felt isolated and often struggled during and after pregnancy. County outreach programs helped fill some of these gaps.

Theme 1: Social supports impacted birthing parents' experience and recovery, beyond provided healthcare.

Strong social networks such as friends, neighbors, and colleagues provide meaningful support during pregnancy and early postpartum. Several parents described how critical their social connections were in easing the burdens of early parenthood, including financial ones. One mother reflected on how her community offered support in thoughtful and consistent ways. She shared, "We got enough support... like neighbors... were trying to help us financially, like getting some gifts for the baby or for me... [and] to be there mentally to support me... I really appreciated those" (MCH-02). Another participant shared that her friends and colleagues were instrumental in helping her afford baby supplies. She said, "I had a friend throw me a baby shower... my friends really pitched in and bought me a lot of stuff that I really needed right that I could not have paid for on my own" (MCH-14). As described below (see **Economic Stability**), the costs of materials and supplies for baby care can be high, and these social supports, including material and financial assistance, were meaningful to the participants who received them.

Social networks helped birthing parents learn about resources and recommended providers. Several parents emphasized how they found trusted providers through conversations with other parents. One parent described how her choice of doula was shaped by multiple personal recommendations, "Two of my friends recommended her... I reached out to someone who gave me a few names... she was on there, too. So yeah, I basically had a couple of like personal connections. And then a solid recommendation" (MCH14). Another participant shared that other birthing parents in her prenatal yoga group provided many insights and personal referrals, saying "all the moms were like, oh, I'm going to this person after I give birth" (MCH06), so she knew to reach out. These examples reflect how much easier it is to navigate local resources when you're surrounded by others with experience.

Social networks also provided meaningful recognition and guidance that made mothers feel supported. One participant recalled, "So with my second kid, like when I did have those check ins, and she did make it, I felt really proud and like people cared, not just like, you know, people are like, okay, you did it, because, because it is scary" (MCH-04). These moments reflect the importance of recognition and community presence during such a significant change in people's lives. Support also extended into the workplace for some. One participant shared that her colleagues were instrumental in helping her navigate work. She highlighted the importance of "having colleagues... also mothers... who could help me understand... and advise me on like how to manage the work side of things" (MCH-14). These experiences collectively illustrate how social ties, whether neighbors,

friends, or coworkers, can reduce isolation and offer meaningful guidance that improves birthing parents' ability to navigate the transition to a new baby.

Theme 2: Weak social support networks made it challenging for some birthing parents, especially in the postpartum period.

Some mothers did not have a social network or had one that faltered when they were in need of support during pregnancy or postpartum. One mother put it clearly asserting, "Some people don't have a village, or you know, if they have the village, those people have their own lives going on, and they're not always able to respond as quickly [to] a new mom at 2 AM [whose] baby won't feed... and no one will answer the phone" (MCH-03). Another participant shared,

> "Yeah, I mean, I think for somebody that doesn't have a community or support system, and you have a young infant, you're definitely just out of luck, you know. We don't have ways for you to eat food, or get groceries, or you know, I don't know, I'm not sure if it's just my unique experience... where I just lacked all... But I felt just totally left out, because I think that our society is very individualistic. And you know, if you're able-bodied and you have the ability to fend for yourself, you'll be fine, right. But if you're not, you are completely alone, you know" (MCH-15).

This lack of support intersected with both material needs (e.g., not having people provide supplies/materials, as described above) but also mental health needs.

While many participants described feeling well-supported during pregnancy, several described a decline in connection after giving birth. Postpartum is often when parents feel most isolated. One participant explained, "There was so much interest and support during the pregnancy... but postpartum was one of the hardest times" (MCH-15). One participant described how difficult it was to maintain friendships postpartum. She said, "I have, like, no friends. I'm just a mom... It is hard... to even be social... or get a second that is about you and not your child" (MCH-04). She recalled, "once you give birth, everything just changes, and it's really hard to keep the connections you had when you were pregnant, or even before birth" (MCH-04). Her experience reflects how the demands of early parenting can isolate mothers and limit their ability to seek or maintain relationships. These examples underscore a common pattern in care for birthing parents, where community attention is focused on the pregnancy itself, while the postpartum phase, which can be physically and emotionally draining, is often neglected.

These participants also highlighted how small, consistent acts of community support were extremely impactful. One of these participants explained that a friend's mother would show up consistently without being asked; she shared that "she [the friend's mother] was like, 'Go take a nap,'... 'I'm gonna be with your [baby], and would just put her in a carrier and walk around and just talk to [the baby]'... I never asked her to do it, but it was very consistent" (MCH-15). The regularity and thoughtfulness of this support helped this parent take time for herself (e.g., to nap, to shower). Another parent shared how local Facebook groups helped her meet material needs. She shared, "You just be like, 'Hey, I need 24 months [clothing]...' and they'll just be like, 'Here's a bunch of stuff'... You can get a lot of good things from other people" (MCH-04). This shows how the generosity of many individuals in the Tompkins County community is extremely impactful and important for some birthing parents, especially those with limited social networks.

Theme 3: Organized programming in Tompkins County can play a crucial role in helping parents access social support during pregnancy and postpartum.

Tompkins County had many resources to support individuals, especially those with limited social support. Many participants described appreciating connecting with health care workers and nurses postpartum. One participant also shared about the social needs screenings from medical providers. She shared, "there's always questions at like the OBGYN or the hospital about if [food or housing insecurity] are issues for you, and I think they do provide education and provide support around those things" (MCH-11). In another case, a mother explained how her midwife told her she would "receive some outreach" and advised her to "say yes to everything" (MCH-08). Soon after, she was contacted by a nurse offering home visits for her and her baby. These examples show how Ithaca's systems are not just available but active. By initiating contact rather than waiting for requests, local institutions reduce barriers to care and support parents more effectively.

Mothers seemed to express interest in connecting in less formal ways. One parent described, "A lot of these [postnatal] groups are very led... and it's kind of like a really big turn off... There should be... people getting together and just socializing and mingling with kids" (MCH-06). Many participants described interest in more authentic community-building for parents to connect. A couple of participants highlighted public parks in the area as assets and meeting points for connection. They shared, "I also appreciate, that as [my child] gets older, that there's like public playgrounds and spaces where we can meet other parents and interact with other kids" (MCH-11) and "If you go to Stewart Park, if you go with an infant and you just walk around, there's gonna be moms somewhere. Someone's gonna say something, and you can usually just start a conversation... get a second to talk to another adult" (MCH-04). Socially meaningful support was valued as a complement to more formal services.

ECONOMIC STABILITY

Economic stability is a significant contributor to maternal and child health challenges in Tompkins County. Affordability of care, access to health insurance, employment benefits, and availability of free and discounted programs and goods can be deciding factors on whether birthing parents can access the kinds of care and resources that they need and want. Given the high cost of living and high costs of childcare expenses in Tompkins County, current programming helps fill the gaps by providing affordable services and connection to free or discounted goods for some parents. Expanding the reach and accessibility of programming in the county, particularly for those in need, could be an important step in reaching maternal child health-related public health goals.

Theme 1: The high costs of living in Tompkins County, including child-related expenses, is a challenge for many birthing parents.

Several interviewees highlighted the high costs of living in Tompkins County, including costs associated with food, housing, and transportation. As one interviewee stated when discussing their use of SNAP/Food Stamps,

> "You know, you got all these bills, food is outrageous, I would say. Food is outrageous. And not having to worry about where your food's coming from, and being able to feed your children, lifts the burden off your shoulders when you know your Wi-fi is gonna get cut off and you're like, well, when do I pick food for my kids." (MCH-03).

Beyond general costs of living, birthing parents also described additional costs that they incurred as a result of child care and child-related materials/supplies. When talking about dealing with the costs of materials/supplies, one participant asserted, "You need community support before and after... Like I needed all this stuff for the baby, and if I didn't have a baby shower I wouldn't have had all of the supplies" (MCH-10).

The price of early childhood care was often mentioned as a barrier for mothers in the county. As one parent put it, "Colleagues that I've spoken to...[had difficulty] with childcare just due to the cost of it in Ithaca. I'm fortunate where my husband is on paternity leave right now, so he's taking care of him [the baby]. But I know that's a big, big concern and big issue" (MCH-17). The high costs of child-related expenses present a financial barrier to birthing parents in the county, particularly since they can exacerbate the county's already high costs of living.

Some families remedied difficulties in accessing goods and services and remedied gaps/needs through free or reduced cost programs offered in Tompkins County (additional detail about programs mentioned by participants can be found in **Section 4**). In particular, such programs supported parents in accessing healthcare, food, and housing.

Of formal federal programs, WIC was by far the most frequently mentioned by birthing parents as a key resource for accessing food during pregnancy and postpartum. Beyond support with providing food, birthing parents explained that WIC also provided relevant nutrition counseling and breastfeeding support. As one parent described,

> "WIC... they're great. They give out pumps...They're so amazing they do a program where you can come in once a week, and they will explain how to use your benefits, if you don't really understand, they will like tell you and break it down for you easier so you're not like in the store, like searching on your app or have a list of stuff" (MCH-03).

However, not all birthing parents could access WIC, and some families who needed support (e.g., with food), fell through the gaps of formal federal support because they exceeded income qualifications. One participant explained,

> "I think it's just those in between areas where you could have a household that's making like $50k a year... but Tompkins County is denying them WIC or food stamps because they're making that much money, but still, they're struggling, bills are popping up, but they don't get qualified" (MCH-06).

Lack of flexibility or access from formal programming denied parents access to resources that alleviated financial strain, often requiring them to rely on more local programs.

Non-federal and local organizations helped birthing parents fill gaps in need when resources were limited and when they were ineligible for other assistance programs. For example, birthing parents cited food pantries and donated/discounted goods from places

like Mama Goose and Facebook groups, which allowed them to stretch their resources. One mother highlighted the utility of discounted clothing, recalling that "What was really helpful to me... I would always go to get baby clothes wherever I could at a discount. So like just the Salvation Army the reuse centers... places that people don't really think of" (MCH-04). Another participant recalled how important community centers were for their family, saying that "When I was a teen, you know, I lived with my mom, a struggling young mom. We used to go there and get our hygiene kits, and we'd go there and get clothes" (MCH-03).

Assistance programs were further bolstered by a strong fit between their offerings and the needs of the parent, as well as when they were perceived as friendly and welcoming. An interviewee stated,

> "I go to the Enfield food pantry every Sunday... They're great. It fits my timeframe and they give out pretty good stuff. I get meat, dairy, bread, usually at the end there's like a little box you can sift through, like my kids usually get like a toy even if it's like a small trinket... they also have diapers and wipes or pull ups... my mom got a crib from them. They have clothing there, and sometimes it depends on what they have. I've gotten a high chair from them, a pack and play. It kind of depends on what they were donated. But they will, they will pull stuff out and just be like, do you need this for your baby?" (MCH-03)

In this example, the program fit both the material needs of the interviewee but also provided a welcoming atmosphere. This parent shared that they go out of their way to access this food pantry over other closer resources because of this environment.

In contrast, another parent recalled feeling judged when trying to access social services. She explained,

> "[The] system is set up to immediately suspect you're trying to pull one over on somebody or something. I don't think they're like, 'Oh, you need help. Let me help you.' It's like, 'Oh, really? Sure', you know... But being someone that had never used that and then needed it, I felt like, Okay, I'm already, I'm trying to prove that I'm not gaming the system. Why is that? I don't know." (MCH-15)

These experiences demonstrate an opportunity to build on existing community resources to fill gaps in material needs, particularly at places people are already going to and in ways that make people feel welcomed. Bolstering assistance programs to better fill in resource gaps in the county should also consist of creating and investing in resources

that provide needed material goods in a way that is supportive and non-judgmental to parents in the county. For parents without the financial stability to afford child-related expenses or necessities such as food, such programming can make a large difference.

Theme 2: The cost of medical care in Tompkins County can be a barrier for birthing parents to accessing care.

Beyond living expenses, participants flagged medical expenses as a cause of financial strain. The cost of care was high; even for those with insurance, co-pays were often expensive. For instance, one participant who had a C-section shared,

> "I think I screenshot it somewhere, I think, cause it was like in a C section, and however many days they have you stay, it was probably like 50 grand at least. After insurance... I still spent a couple $1,000, but like I don't know what people paycheck to paycheck or without insurance do" (MCH-23).

Another participant recalled the challenges with lab work costs during pregnancy and how those costs were billed. She explained,

> "I'm trying to get blood drawn in Tompkins County with my insurance, and they tell me where to go. And there was one place [covered by insurance] and then the other place was like 21 miles away. I went to [Hospital] like the outpatient part, and then [they] have it billed as an in-hospital stay for a hundred dollars" (MCH-09).

These expenses can be expensive, especially when unanticipated, and may make seeking care a challenge.

Programs specific to maternal and child health that were reduced cost or free were viewed positively. Most participants appreciated programs like Moms PLUS+, including the fact that the program was free (see more on Moms PLUS+ in **Section 4**). For other services like doula support and birthing classes that required payment, opportunities to receive those at a reduced cost were helpful. Doulas were often cited as an important resource because they were "really just knowledgeable about things" and participants "felt comfortable asking her [the doula] things that may not be something that, like a doctor or a midwife would want to tell me" (MCH-13). However, even though local doulas were cited as an important resource, they were not affordable to all participants.

Participants cited receiving support from doulas ranging from $500 for a night postpartum to over $2,000 for care during pregnancy and delivery. Supports like the

Doula Access Initiative, which provided free or reduced cost doulas to birthing parents in need, were important.* One participant mentioned that "Doulas are like $2,000, and I don't have any money at all. So I, just on a whim, kind of filled out their Google form. And then I got a call to say that I had been rewarded the scholarship for receiving a doula... I would not have been able to do it without that local initiative group" (MCH-13). Here, the reduced cost of a resource greatly improved access to care and thus improved the experience of the birthing parent.

Theme 3: Some birthing parents in Tompkins County are at higher risk for pregnancy-related economic instability based on their employment status.

An important decider of the benefits available to birthing parents in the county is their employment status and employer. For birthing parents with employment with quality benefits such as insurance and time off, pregnancy and early postpartum was more manageable. An interviewee working at Cornell recognized that "the Empire Plan that we get with Cornell is legit... They will reimburse you for pumping bras... they'll also supply you with breast milk bags. They'll supply you with additional breast pumping supplies like every 3 months you have to do it. I had the 3 day induction, and I had to have a C-section. We paid nothing out of pocket" (MCH-10). Beyond time off, additional support to reduce workload early postpartum was important. The aforementioned participant continued, "You need employer support cause I only got off 8 weeks cause I had the C-section. I think if we could provide additional time off, it would be nice... I have, cause I'm a [faculty], I get academic workload relief" (MCH-10). She explained that she could work half-days without any impact on her salary.

However, the same benefits were not available to all birthing parents in the county. This could contribute to disparities for birthing parents with limited employer and economic support. One mother shared that she had to continue working through her third trimester because she did not have paid leave that she could use during pregnancy. She explained,

> "I think there should be some sort of option for people who don't want to work past 6 months that they could get like some small amount of money... if they don't have maternity leave through their job. I think most people have maternity leave... that just I didn't get it, and I think I'm one of a very few people that falls through the cracks. I hope I'm one of the few. I hope there's not many women like me that have to work until they're 9 months pregnant" (MCH-13).

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* In New York State, statewide orders have highlighted doula services as an important benefit for New Yorkers who are pregnant, birthing or postpartum. This is important step in access to doula care, and has allowed for doula services to be covered by Medicaid and some private insurances. https://www.health.ny.gov/health_care/medicaid/program/doula/overview.htm

Another interviewee shared that she was not employed at the time of delivery and unexpectedly lost familial financial support. This made it very hard for her to make ends meet. She shared, “I didn't have any resources. I'm in poverty. My parents aren't responsible for me and I don't have a career. But now I can't work because I have a child. I don't have any childcare, so I don't know how to work” (MCH-15). These anecdotes demonstrate that without specific benefits to accommodate birthing parents, economic stability can be threatened and exacerbate challenges highlighted above related to living and child-related expenses.

HEALTH DISPARITIES

Tompkins County has seen consistent disparities in maternal care outcomes across demographics. As such, this report pays special attention to the differences in access to care across populations in the county. In the interviews, some participants highlighted potential disparities in care based on their identities and backgrounds. These disparities often overlapped with lacking support in other social determinants of health.

Importantly, participants who are far from family and friends had weak social support systems. This was especially true for international students, who could not rely on support or familiarity with the medical system. One participant recounted her traumatic C-section; she said,

> “So on the day that anesthesia expert asked me how much anesthesia I wanted to get... So I was really shocked and I, I’ve never thought about you know, anesthesia... and I said, ‘Oh, could you please consider my height? And you know my weight?’ and he said ‘Okay’... I can feel everything, so it was really hurt, but once the doctor cut my belly, then it couldn't stop... I said [it hurts in Native language], you know, it hurts in [native language], and I shout, I shouted, and I forgot everything like, where am I? Who am I? What am I? You know, like everything... It really hurt” (MCH18)

The participant noted a desire for social connection with other parents who went through similar experiences, saying that "It must be better if there is some groups that we can meet like pregnant woman. So we can support each other like ‘oh, you do me too, like that! You hurt. It hurts’" (MCH18). The participant concluded that they would not be having other children. This story shows an incredibly difficult experience that may have arisen, in part, from poor communication (including language barriers) between providers and the patient. The participant did not have access to mental health resources

or proper channels to follow up with their grievances. Instead, their experience has alienated them from local care providers, with the exception of the Moms Plus+ program.

Other participants expressed a desire for more care relevant to their cultural background. Multiple BIPOC participants, for example, mentioned a lack of Black providers in the county. One provider noted, "the majority of the doulas in our community are white... not serving populations of color, right, or immigrants? (MCHW-01). One participant wished "that somebody could have mentioned like, 'Hey, there is a Black-specific support group just for you', or 'there are Black-specific Doulas just for you'" (MCH-06). Having providers that were from a shared identity was viewed as important. One Black participant highlighted the importance of having Black providers by saying that "having someone that looks like us treat us is important because one you're more comfortable with people that look like you, but also... if you aren't looking for diseases that may impact Black people right, it's not even on your radar" (MCH-10). The perceived quality of care increased when providers shared the same identity. Tompkins County could work to both increase the number of providers and connect birthing parents to providers that better matched preferences, which could increase both acceptability of and access to care.

Addiction and substance use also created a dynamic that exacerbated social determinants of health and likely care for birthing parents in Tompkins County. This impacted birthing parents both as partners and recipients of care. As one participant described,

> "[My partner] was struggling with like alcohol abuse and addiction. And so you know, I think that could be probably something that might be more common than people think around, like stressful things, like the birth of a child and all that, like some people just totally go off the rails... I don't think anyone really thinks about it and it must be an issue, like [mothers] with partners that are struggling with addiction, I don't know if there's any resources for them... You need a lot of help... You do all these basic things, and if they're struggling with like addiction, you could be totally left without any help" (MCH-15)

Beyond partners, birthing parents who struggled with addiction also had few support options. As one provider explained, "[There's] a lot of stigma around folks with addictions coming in for pregnancy care... Harm reduction has been the sticking point, and it's frustrating because it leads to people not [seeking care] because they don't want to be shamed, and they don't want to be stigmatized" (MCHW-03). REACH Medical provides care and resources for those individuals with addiction and is centrally located, but care services are not well-coordinated with the local OBGYN in Lansing.

4. COMMUNITY HEALTH PROGRAMS AND RESOURCES

SERVICES TO SUPPORT BIRTHING PARENTS

As part of the interviews with birthing parents, participants were asked to participate in a free-listing exercise answering the question "When you think of all the services needed to support care for people during pregnancy, childbirth, and postpartum, what comes to mind?". The results of the free-listing analyses are presented below, with a higher Smith's S Index (with 1.0 as max) representing items that were mentioned first and by all participants, and a lower Smith's S Index (0.0 as minimum) representing items that were mentioned last and by fewer participants (**Table 1**).

Importantly, not all respondents mentioned the same resources or were aware of everything available to them. Responses included both services that were used and desired by respondents. Some respondents would mention resources as hypotheticals even though they already existed in the county. This included insurance navigation services, transportation services to reach appointments, and social support groups. It is imperative that Tompkins County continue to invest in and advertise maternal and child health programs to ensure programming is reaching relevant community members.

Table 1: Most Salient Maternal Support Services Free Listed by x26 Participants in Tompkins County

Item	Where Accessed	Frequency of Mention	Relative Frequency of Mention	Smith's S Index
Prenatal care	OBGYN & Midwifery Associates, Midwife Services, Moms PLUS+	19	0.83	0.70
Birthing or infant care education	Kate Dimpfl, Cornell University, Child Development Council	14	0.61	0.34
Breastfeeding support	Moms PLUS+, WIC, Lactation Consultant, Pediatrician	12	0.52	0.34
Mental health support	Therapists, Social Worker	11	0.48	0.31

Item	Where Accessed	Frequency of Mention	Relative Frequency of Mention	Smith's S Index
Doulas	Doula services, Doula Access Initiative	10	0.44	0.30
Food	WIC, Food Pantries, Food Stamps, Friends/Family	13	0.57	0.27
Peer social support groups	Moms Groups, Jillian's Drawers	9	0.39	0.26
At-home care	Moms PLUS+, Community Health Workers	7	0.30	0.24
Postpartum care	Cayuga Medical Hospital, OBGYN & Midwifery Associates of Ithaca, Moms PLUS+	7	0.30	0.18
Material support	Friends, Family, Free Childcare Items	6	0.26	0.14
Finances	Based on employment, Assistance programs	6	0.26	0.13
Nutrition/ Physical education	Nutritionist, WIC, Yoga/Exercise Classes, Doulas	5	0.22	0.11
Physical therapy	Physical Therapy Services, Trumball Physical Therapy	3	0.13	0.10

In terms of categories of service, the most salient items (Smith's S Index > 0.3) were prenatal care, birthing or child preparation education, breastfeeding support, and mental health support. These categories represent potential areas for continued investment in the county. Specific attention may be paid to mental health support, which was commonly discussed as expensive or inaccessible due to high demand, as described above. Similarly, doula services were frequently mentioned as an important part of the birthing process by those participants who accessed the resource. Making doulas more affordable or more well known as an option could improve the experience for some parents. Further, many interviewees referenced Kate Dimpfl and Cornell University as a

source of education about the birthing process. Importantly, many interviewees also mentioned WIC as a source of information and material support around breastfeeding as well as nutritional guidance and increased access to food.

In terms of where services were accessed, overwhelmingly birthing parents referred to the Ithaca OBGYN & Midwifery Associates of Ithaca as the sole place for prenatal care in the county. While most participants were able to be seen in their first trimester by OBGYN & Midwifery Associates of Ithaca, some birthing parents reported difficulties scheduling early on in their pregnancy. Many participants shared negative experiences, as described above. Post-delivery, one participant described seeking gynecologic care outside of the OBGYN & Midwifery Associate clinic. She noted, "If I could have found a midwife center [during my pregnancy], like a birthing center, you get more of the whole health care... I've been very disillusioned with the current medical system" (MCH-05). She continued that, compared to her OBs during pregnancy, the midwife they see for general care "...actually listened. She took the time to spend an hour and a half with me" (MCH-05). Ensuring access to care that is responsive to participants needs is important, as described above, and should be a priority for the county.

MOMS PLUS+ PROGRAM

The Tompkins County Moms Plus+ program, housed within Tompkins County Whole Health, is a maternal and child health program that provides nurse services in the home to increase equitable access to maternal-child health care and connects clients to other resources in the county. Most of the interviewees were sampled from Moms Plus+ participants, with 74% (17/23) having taken part in Moms Plus+. Generally, participants were very satisfied with the services provided, with interviewees mentioning that they appreciate the at-home nature of care, which improved access to some services. One parent highlighted this by saying "I also appreciated that they knocked on my door... that was just such a big deal to not have to get your act together, to leave the house when you are like glued to a chair with your baby and not sleeping at all" (MCH-08). At-home care through the Moms Plus+ program was able to meet needs beyond standard medical care.

Participants found the program to be trustworthy and credible. Having care at home for longer sessions than a doctor's visit helped create a sense of trust, especially as participants became familiar with the Moms Plus+ nurse over the course of their pregnancy or over multiple visits postpartum. As one interviewee noted, "[The Moms Plus+ nurse] was interested and invested in my pregnancy, and that felt really good... and it was just she had time for me, like a scheduled hour to be with me" (MCH-04). Most participants found the Moms Plus+ workers to be personable and friendly. The generally

positive sentiment around programming shows the need for continued investment in the Moms Plus+ program. In the words of one participant, ""It was amazing to have somebody who would come be a resource... I think it's up there in terms of just being such an incredible resource in Tompkins County that everyone should take advantage of, because I can't believe that it's free" (MCH-20). While there were a handful of participants who accessed services during pregnancy, most noted support from Moms Plus+ postpartum. If resources allow, expanding the program to reach more members of the community, including during pregnancy, could improve issues with the continuum of care in Tompkins County.

Despite the overall positive reception, some participants had some potential areas of improvement. These are outlined below:

CENTERING PATIENTS IN CARE

Centering patients in care involves being respectful of how program participants want to receive information and the kinds of advice that they want and are open to. In one example, a participant felt that advice that she received about managing weight during pregnancy was not welcome, and that questions asked by the Moms Plus+ nurse were not relevant to her current situation. As she recalled from her visit, "I met with her twice. and I didn't love it because she was, she was a little bit like you're gaining too much weight. And I was like, I don't care how much weight I gain" (MCH-13). The participant had made a decision not to focus on weight gain throughout the pregnancy, and had communicated that to the nurse, so continued comments did not center around her needs. She continued, "It was a lot of personal questions about my past and... did I ever drink or use drugs. There's a lot of stuff that I did not feel was very relevant to me [now]" (MCH-13). The preferences of the patient were not centered, which resulted in them not engaging over time with the program. Instead, the patient felt judged and as though the program was not meant for them.

Other participants also felt that the program's approach could have better fostered constructive discussion without making the participant feel uncomfortable. One mother stated that "Having somebody that can be a little bit more... supportive, trauma informed, but also like, 'hey, can you show me how things are going... Not saying, you know, not leading with, 'do you have any problems? Let's figure it out'" (MCH-21). In this example, the interviewee is recommending language and an approach that leads to less feelings of judgement and more openness/curiosity in care. Better centering the needs of the patient and adapting based on their preferences can make participants stick with the program longer and improve program satisfaction.

BUILDING TRUST

Many participants described that they appreciated that Moms PLUS+ visited their home. However, some participants had initial reservations about the home visit. One interviewee, despite appreciating the program overall, wished for an option to meet outside of the home. She explained, "For some reason I was like, 'Oh, I don't know that I should let somebody from the county come to my house'... I think that having a place where I could go, I don't know if she ever mentioned meeting at her office, but even like having that option" (MCH-13). For this interviewee, there was not enough trust in the county to comfortably have the Moms Plus+ nurse in her home. Having another meeting option for the program may help reach community members who have lower levels of trust in health institutions or local government.

Additionally, some participants noted less trust based on differences in backgrounds between the practitioner and the birthing parent. A participant recounted that "At first it kind of felt like, you know, a lactation consultant. She's coming to my house, it's almost, it almost feels like a test or an exam, you know, and specifically like a white woman" (MCH-06). Although this participant went on to acknowledge that their anxiety was alleviated as they got to know the Moms Plus+ nurse, suggesting culturally competent care and support, building that trust and comfort might have happened initially or more quickly with a BIPOC practitioner.

PROVIDING MORE FLEXIBILITY IN TIMING OF VISITS

One suggestion that was mentioned multiple times was the availability of hours. Some participants wished that appointments were made available earlier. As one suggested, "I wish they had earlier hours... if she could come at like 8:30, 9:00, that would have been appreciated" (MCH-10). Potentially leveraging additional hours might make working parents more able to participate in longer term care during pregnancy and postpartum.

'FREE' COVERAGE

Many participants highlighted that they really appreciated that the Moms Plus+ support was free, and noted that it was the principal reason they used it. One participant explained, "that it was free, it made me much more likely to actually do it" (MCH-21). However, in some cases, the visits were submitted to insurance for reimbursements. This caused some stress for families when they received claims information, especially when visits were denied. A mother recalled,

> "The only issue we had with the Moms Plus+ Program is that I always receive a special message from my insurance company that, like your request for a nurse

> visit is not accepted because it's not mandatory. But then I talked about [it] with the Moms Plu+ Program nurse, that, like, my insurance doesn't accept it, [that I need] to pay for it. And they say... it is still free for you. So that's a little bit annoying for me" (MCH-02).

Enacting small changes to better align birthing parent's expectations of insurance filings (and to disregard paperwork) would allow birthing parents to understand the process and anticipate such responses from insurance.

COMMUNITY HEALTH WORKERS

Tompkins County Whole Health houses Community Health Workers (CHW) to improve outreach to residents and community groups, increasing access to care and improving Social Determinants of Health. The Health Infants Partnership (HiP Tompkins) connects pregnant people and people with young children to CHWs to help navigate available resources, as relevant. This program is supported by the NYS PICHC grant (Perinatal and Infant Community Health Collaboratives). This program is relatively new, and has been in existence since 2022.

Among the participants of the present study, only two had worked with CHWs. Both participants spoke positively about their experience with CHWs in the county and stated that their CHW went beyond expectations to meet their needs. As one interviewee reflected on their experience, "she's been a really amazing help, especially when I was sick. She really went above and beyond, and helped me" (MCH-03). Another participant valued the emotional support they received from their CHW, recalling that the most important part of their experience was "Any sort of therapy that she provided. I don't know if it was like official, but like counseling. Yeah, she's just an incredible social worker. Yeah, I would say that that was probably the most valuable thing, and also getting me in touch with different resources and like encouragement" (MCH-15). Although the sample size is limited, the only feedback given to the program was a better understanding of housing programs in the county, including informing parents about income-based eligibility requirements (and how changes to income could make someone ineligible).

Even among participants who worked with the CHWs, participants were largely unfamiliar with HiP Tompkins (or the connection between CHWs and HiP Tompkins). The lack of brand recognition of the program is reflected in the following conversation between a participant and the interviewer:

> "MCH-09: 'HiP as in hip?'
> Interviewer: 'Yeah, it's Healthy Infants Partnership, Tompkins County.'
> MCH-09: 'No. I'm gonna tell you that the acronyms, like I understand the convenience of it, but it doesn't work for somebody like me. I would hear that and be like I don't need chiropractic care, like, no, I'm good'" (MCH-09).

As the quotation highlights, parents are both not aware of the program but also may not engage with the program based on its current branding because it's not clear what it involves. More work could be done to clearly link the Community Health Worker program to birthing parents specifically, including the name of the program and shift away from ambiguous acronyms.

When prompted about how the program could better reach birthing parents in the county, respondents mentioned the potential of advertising the program at the pediatrician, connection to the program through Moms Plus+, and using the OBGYN waiting room as potential locations. Other respondents highlighted the potential advertising power of social media and better linking resources between county websites. The lack of program recognition in the county suggests potential underuse of the programming by the populations it is intended to serve. Assuming that there is enough availability in the program to match further demand, advertisement should be increased.

5. SUMMARY AND RECOMMENDATIONS

Throughout the interviews, parents in the county reported a variety of barriers and facilitators of access, here categorized by social determinants of health. Although thematic analysis and recommendations focus on areas of improvement for programming, many birthing parents largely felt that they had a positive experience with maternal care and felt that medical care was accessible and useful. Parents that took part in TCWH programs such as Moms Plus+ or Community Health Worker programs generally found them to be supportive. A strong sense of social support, access to affordable goods and services during pregnancy and postpartum, and benefits such as quality health insurance, monetary support, and time off of work were all non-medical aspects of maternal and child health mentioned by participants. Tompkins County was generally seen as well-equipped for a county of its size and location. In these cases, the key way to improve maternal care in the county is expanded or better advertising access to programming.

Despite the success of county programs and medical centers, additional work and investment could be done to facilitate care for groups who require more support. Significant literature has demonstrated that disparities, in part, can be attributed to poor medical care for some groups of birthing parents—in access to, quality of, and acceptability of maternal healthcare. Based on interviews and free-listing analysis, access to transportation and mental health resources as well as birthing and child preparation education may be areas of improvement to meet parent preferences. For some participants, especially those without a strong community support system, navigating medical and insurance systems could be difficult. Finding preferred care providers was also difficult for BIPOC birthing parents, some of whom expressed preferences for practitioners that shared their background and experiences. Beyond doctors, access to doulas and community health workers of a variety of backgrounds could also better align with patient needs.

Among other key concerns, participants highlighted lacking continuity of care in the county. One of the most common areas for improvement for parents was an inability to see the same provider throughout pregnancy and delivery. Several interviewees felt that they did not develop the strong relationship that they wanted with their providers, as they did not know who they would see the next time they came in. Participants described feeling uncared for when their medical files were lacking information or preferences, or

when their providers failed to read notes from prior visits. Poor continuity can lead to less trust in providers and lower satisfaction with care for patients.

RECOMMENDATIONS

Based on this analysis, this report makes the following key recommendations to continue working to improve maternal and child health in Tompkins County:

1. Continue Good Services and Improve Accessibility & Awareness

- Increase advertisement of current Maternal and Child Health programs available in Tompkins County including birthing classes, parenting support groups, Moms Plus+, and other community based services.
    - Share information through social media, pediatrician offices, hospitals, and community centers to ensure the message reaches expecting parents.
- Make all services more accessible by offering or better advertising financial support such as scholarships or fee waivers that reduce cost barriers
- Take advantage of popular community spaces like local parks, Mama Goose, the public library, and more to host or promote programming.
- Rebrand services that aren't reached, such as HiP Tompkins, to ensure names are recognizable and clearly convey the purpose and benefits of the service.

2. Build Social Supports for Birthing Parents During Pregnancy and Postpartum

- Develop programming for those just above eligibility cutoffs for federal assistance.
    - Identify and adapt models from other counties to support low to moderate income parents, including those parents not eligible for federal assistance[15]
    - Advocate for gradual reduction, rather than elimination of income-based assistance programs that support long term upward mobility.
- Expand transportation assistance
    - Include pregnant and postpartum parents in Gadabout eligibility.
    - Offer reimbursement or coverage for local and regional travel for those in need, including trips to Syracuse for specialist care.
    - Develop targeted options, such as subsidized shuttles to appointments or more in-home services for new or expectant parents.
- Advocate for county-level investments and programs to support housing for pregnant and postpartum parents

3. Promote Continuity of Care for Birthing Parents

- Start and advertise Moms Plus+ early so expecting parents can make better use of the resource.
- Empower birthing parents to advocate for their care preferences
    - Inform parents that they can express provider preferences and seek continuity in care at the places they receive care.
- Encourage providers to allow for continuity of care and to follow up with mothers after appointments and birth to assess needs and check that services were able to be reached.
    - Acknowledge and plan for provider limitations. Find ways to fairly manage high demand for certain providers while preserving patient choice.
- Educate parents on how to advocate for consistent care and raise concerns with their providers.
- Facilitate communication between patients, practitioners, and healthcare decision makers about systemic issues (e.g., insurance billing).

4. Strengthen Mental Health and Community Building

- Expand access and availability of formal mental health services
    - Create and share a clear list of local mental health providers specializing in perinatal care.
    - Use Moms Plus+, practitioners, and public health outreach to connect parents with services.
    - Increase advertising of mental health resources.
- Create and support informal social spaces
    - Continue to offer regular community events (birthing classes, baby giveaways/community baby showers, potlucks, walks) to reduce social isolation and build relationships.
    - Create county-supported versions for new parents to access baby materials and supplies
        - Staff and promote these events through the Health Department to ensure wide access, trust and continuity (e.g., one participant shared that the Hillside Alliance Church used to have a monthly giveaway that stopped when the organizer moved away).
- Fill gaps in social networks through provision of patient-centered care, including with support from trained perinatal workers, doulas, and other programs that offer both emotional and practical care.

6. REFERENCES

1. Tompkins County Whole Health. Community Health Assessment & Community Health Improvement Plan, 2022–2024. Community Health Reports. Ithaca, NY: Tompkins County Whole Health, 2022. https://www.tompkinscountyny.gov/All-Departments/Whole-Health/Community-Health-Reports
2. New York State Department of Health. Tompkins County Health Indicators by Race/Ethnicity, 2018-2020. Albany, NY: New York State Department of Health, 2024. https://www.health.ny.gov/statistics/community/minority/county/tompkins.htm
3. March of Dimes Peristats. Early prenatal care: New York, 2018-2021. Arlington, VA: March of Dimes, 2023. https://www.marchofdimes.org/peristats/data
4. Peristats MoD. Early prenatal care: United States, 2018-2023. Arlington, VA: March of Dimes, 2024. https://www.marchofdimes.org/peristats/data
5. Bellerose M, Rodriguez M, Vivier PM. A systematic review of the qualitative literature on barriers to high-quality prenatal and postpartum care among low-income women. *Health Serv Res* 2022; **57**(4): 775-85.
6. Horn L. Need and Asset Assessment of Child Nutrition in Tompkins County: Final Summary Report. Ithaca, NY: Human Services Coalition of Tompkins County, 2017.
7. Tompkins County Whole Health. Community Health Workers 2023. https://www.tompkinscountyny.gov/health/chw#abouthiptompkins.
8. Tompkins County Whole Health. Moms PLUS+. 2024. https://www.tompkinscountyny.gov/health/momsplus#.
9. Sangaramoorthy T. Rapid ethnographic assessments: a practical approach and toolkit for collaborative community research. Abingdon, Oxon: Routledge; 2020. https://www.taylorfrancis.com/books/9780429286650
10. Borgatti SP, Halgin DS. Elicitation techniques for cultural domain analysis. In: Schensul JJ, LeCompte MD, eds. Specialized ethnographic methods: A mixed methods approach. Lanham: AltaMira Press; 2013.
11. U.S. Department of Health and Human Services. Healthy People 2030 Social Determinants of Health. 2025. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health.
12. Saldaña J. The Coding Manual for Qualitative Researchers, 2nd edition. Los Angeles: SAGE Publications, Ltd.; 2013.
13. VERBI Software. MAXQDA. 2021. maxqda.com
14. Wencélius J, Garine E, Raimond C. FLARES v1. 2017. www.anthrocogs.com/shiny/flares/
15. Taylor J. How Four Organizations Across the U.S. are Tackling the Benefits Cliff. 2023. https://benefitscliffcommunitylab.org/organizations-tackling-benefits-cliff/.