**PEER SUPPORT, CASE MANAGEMENT AND REFERRALS?: UNDERSTANDING BEST PRACTICES AS EVIDENCED IN THREE DIVERSE PROGRAMS WORKING WITH WOMEN IN THE NICU**

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**PUBLIC HEALTH AREA:**

FOCUS: Adverse perinatal outcomes, Health equity

POPULATION: Infants, Women

**ISSUE:** The March of Dimes Florida Chapter funded three multi-year demonstration projects that provide comprehensive pre/interconception health services, education, and referrals to women who have an infant in a Neonatal Intensive Care Center or have recently experienced a fetal or infant death. The overarching goal is to develop a replicable model for comprehensive interconception health care for high-risk women, with a particular emphasis on women living in rural communities. Programs for these women begin prior to the infant’s discharge from the hospital and follow the women for as long as possible. The goal is to develop a model of interconception health that can be incorporated into the existing system of care without putting an excessive burden on existing resources.

**SETTING:** The three sites for the study are Jacksonville, Tampa, and Broward County Florida. The population expected to benefit from the programs are those women who have an infant in a Neonatal Intensive Care Center or have recently experienced a fetal or infant death

**PROJECT:** The programs evaluated in this project provided services to women who have had an infant in the neonatal intensive care unit (NICU). While all three programs focus on women who have experienced a loss or have had an infant in the NICU, the service approaches, target services, and other processes are quite diverse.

**RESULTS:** Overall, site assessments indicate that each of the locations was successful in recruiting clients, and saw successful “outcomes” vis-à-vis the programs’ respective approaches. It was also clear that each of the sites could have gained by “melding” some of the processes of the other programs into a “best practices” model for future program implementation.

**BARRIERS:** Primary barriers included access to women, attrition and access.

**LESSONS LEARNED**: Multi-dimensional programs are more successful than single focus ones.