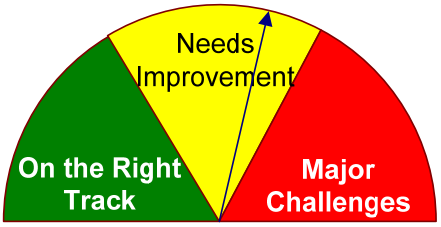
Colorado Health and Health Care
Focus: Medicaid Maternal Health

Introduction

An increased focus on health status and health outcomes in Colorado's public health insurance programs is an important part of Governor Ritter's Building Blocks to Health Care Reform, designed to contain costs, improve quality and expand the availability of care. This is the premier issue in a series of profiles highlighting the health and health care of Colorado Medicaid and Child Health Plan *Plus* (CHP+) clients. Colorado Medicaid and CHP+ are public health insurance programs for low-income families, the elderly, and people with disabilities. Administered by the Colorado Department of Health Care Policy and Financing, it is the goal of Colorado Medicaid and CHP+ to improve the health and functioning of Medicaid and CHP+ clients by improving access to quality, cost-effective health care services for all eligible clients. *Colorado Health and Health Care* profiles examine the Department's progress in achieving that goal.

Medicaid Maternal Health in 2006

This issue of *Colorado Health and Health Care* looks at Colorado Medicaid's successes and challenges regarding maternal health. In 2006 approximately 34% of the babies born in Colorado were born to women whose prenatal care was covered by Medicaid. Compared to the population in Colorado not covered by Medicaid, national averages and goals set by *Healthy People 2010*, there are several areas of maternal health in which the Medicaid population either equals or exceeds the performance of comparison groups.



On the Right Track	Improvement Needed	Major Challenges
• No Alcohol Use During Pregnancy • Cesarean Section Rate • Early Breastfeeding • Infant Had Well-Baby Check-Up • Baby Placed on Back to Sleep	• Adequate Maternal Weight Gain • Low Birth Weight Babies • NICU Admission Rate	• Unintended Pregnancy • First Trimester Prenatal Care • Tobacco Use During Pregnancy • Multivitamin Use During Pregnancy • Stress During Pregnancy • Postpartum Depression Symptoms

On the Right Track

No Alcohol Use During Pregnancy
Only 7% of women on Medicaid reported using alcohol during the last three months of pregnancy, while 14% of women not on Medicaid reported such use, which is a statistically significant difference. Medicaid's rate is just slightly above the *Healthy People 2010* goal of 6% or less using alcohol at the end of pregnancy.

Cesarean Section Rate
Approximately 24% of the deliveries to women on Medicaid in 2006 were by cesarean section, a figure below both the Colorado and national rates of 27% and 31%, respectively. The *Healthy People 2010* target for primary cesarean sections in women of low-risk is 15%.

Early Breastfeeding
While there was a statistically significant difference between the percentages of women on Medicaid and not on Medicaid who reported breastfeeding in the early postpartum period (86% and 92%, respectively) both populations exceed the *Healthy People 2010* goal of 75%.

Well-Baby Check-Up
Nearly 98% of women on Medicaid obtained a well-baby check-up for their infants born in 2006, almost equal to the proportion of women not on Medicaid (99%).

Baby Placed on Back to Sleep
A slightly higher proportion of women not on Medicaid reported placing their babies on his/her back to sleep (81%) than did women on Medicaid (79%). Both values are well above the *Healthy People 2010* goal of 70%.

The majority of data in this status report is derived from Colorado PRAMS for births in calendar year 2006. Colorado PRAMS – the Pregnancy Risk Assessment Monitoring System – is an ongoing, population-based risk factor surveillance system administered and managed by the Colorado Department of Public Health and Environment.

Improvement Needed

Adequate Maternal Weight Gain
Although there was no statistically significant difference between the proportion of women on Medicaid and not on Medicaid who gained an appropriate amount of weight for their body mass index during pregnancy (26% and 34%, respectively), about two-thirds of Colorado women either gained too little or exceeded appropriate weight ranges.

Low Birth Weight Babies
Babies born to women on Medicaid were slightly more likely to have a low birth weight (under 2,500 grams) than babies born to women not on Medicaid (9% and 8%, respectively). The difference is not statistically significant. The *Healthy People 2010* target is 5%.

NICU Admission Rate
There was no statistical significance between the percentages of babies born to women on Medicaid and not on Medicaid who were admitted to a neonatal intensive care unit. Both percentages are approximately 12%.

Major Challenges

Unintended Pregnancy
There is a statistically significant difference in the rate of unintended pregnancy between women on Medicaid and women not on Medicaid. Women on Medicaid, compared to non-Medicaid women, were nearly twice as likely to report that their pregnancies were unintended (58% and 30%, respectively). The *Healthy People 2010* target for unintended pregnancy is 30%.

Stress During Pregnancy
Women on Medicaid reported being faced with many more stressors during pregnancy than women not on Medicaid (12% vs. 1%, respectively). While 38% of women not on Medicaid reported facing no major stressors, only 19% of women on Medicaid reported facing no major stressors.

Postpartum Depression Symptoms
A significantly greater proportion of women on Medicaid reported feeling constantly depressed, down or hopeless after giving birth, 4%, while only .4% of women not on Medicaid reported the same feelings.

Multivitamin Use During Pregnancy
A significantly smaller proportion of women on Medicaid, 18%, took a multivitamin every day during pregnancy than women not on Medicaid - 40%. A related *Healthy People 2010* goal is that 80% of women begin pregnancy with an optimum folic acid level by using multivitamins or folic acid supplements prior to pregnancy.

First Trimester Prenatal Care
Women on Medicaid initiated prenatal care after the first trimester of pregnancy more often than women not on Medicaid (34% and 13%, respectively). Despite this statistically significant difference however, a majority of women on Medicaid initiated prenatal care during the first trimester.

Tobacco Use During Pregnancy
A much greater proportion of women on Medicaid smoked cigarettes during the last three months of their pregnancy (18%) than women not on Medicaid (6%). This difference is statistically significant. A larger proportion of women on Medicaid who smoked during early pregnancy were able to decrease or stop their tobacco use. The *Healthy People 2010* goal is to have less than 1% of pregnant women using tobacco.

How We Are Addressing the Challenges

Decreasing Unintended Pregnancies:

- The Department and CDPHE have applied for a family planning waiver. If approved by the Centers for Medicare and Medicaid Services, the waiver would allow coverage of family planning services for uninsured women and men (age 19-50) who have incomes at or below 200% of the federal poverty level.

Increasing Timeliness of Prenatal Care

- The Department is simplifying, streamlining and modernizing eligibility systems enabling quicker access to prenatal care with the Eligibility Modernization initiative.

Decreasing Tobacco Use During Pregnancy

- Nicotine gum, lozenges and smoking cessation medications were added to the Medicaid formulary in 2006. The Department is looking to expand this benefit in 2010.

Increasing Multivitamin Use During Pregnancy

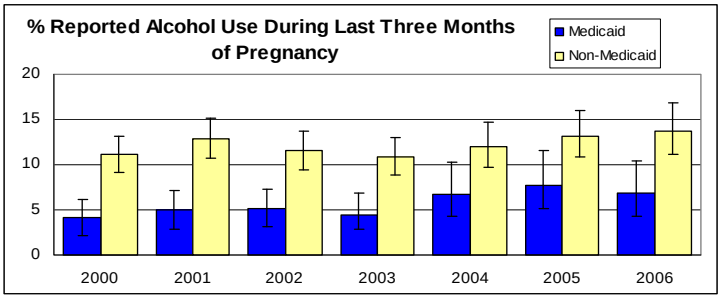
- The Reproductive Health Benefits Collaborative clarified that prenatal vitamins are available without a co-payment upon physician prescription. We are educating prenatal care providers about the need to write a prescription for prenatal vitamins.

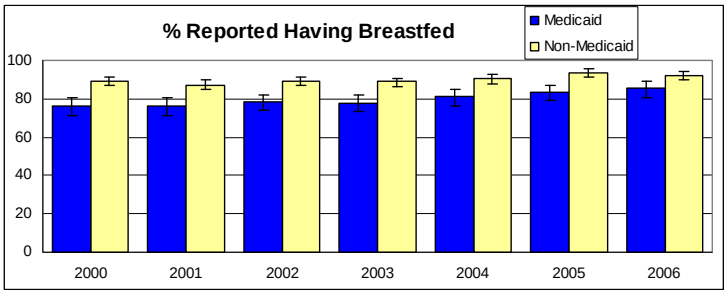
Managing Stress and Treating Depression

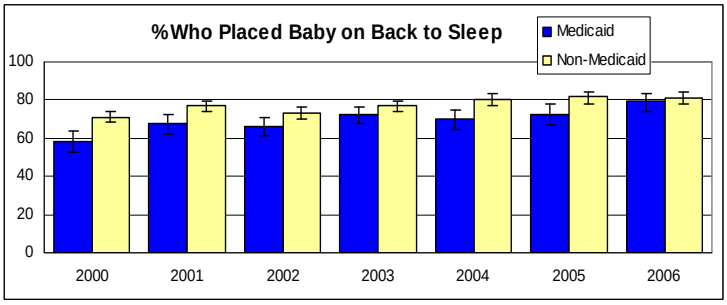
- All pregnant women on Medicaid (except those with Emergency Medicaid or State-Only Prenatal coverage) are eligible for behavioral health care services through the regional Medicaid-contracted Behavioral Health Organizations (BHOs). Clients may self-refer or be referred to a mental health professional.
- In 2009 the BHOs will partner with primary care providers to screen for postpartum depression and facilitate treatment.

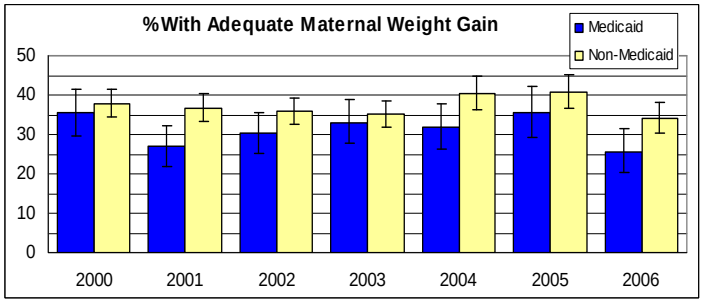
For more information, please contact Ginger Burton at *Ginger.Burton@state.co.us.*

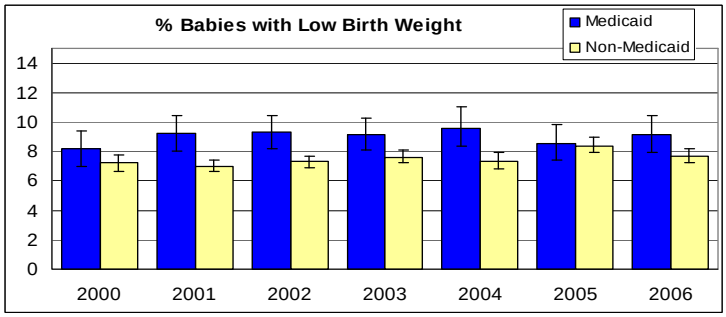
Trending Over Time

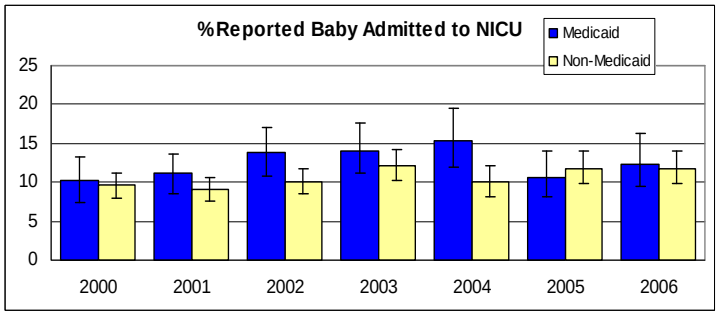


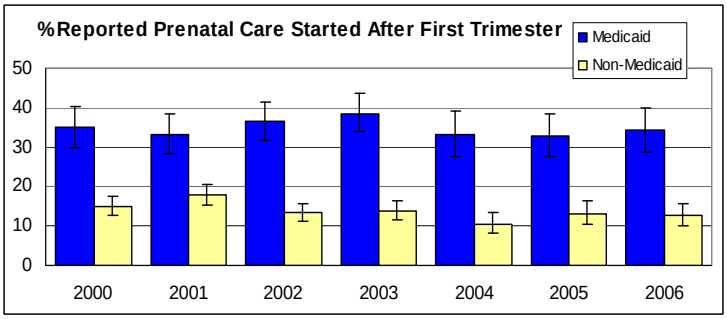


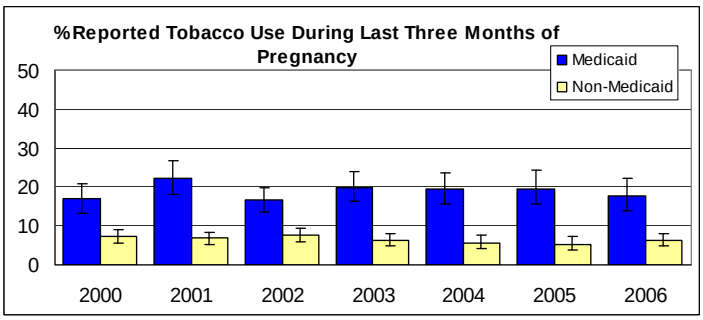


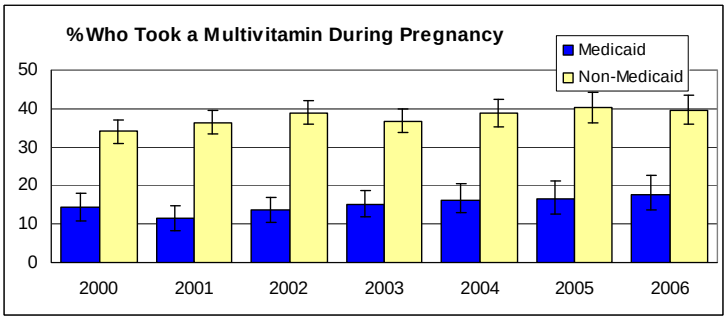


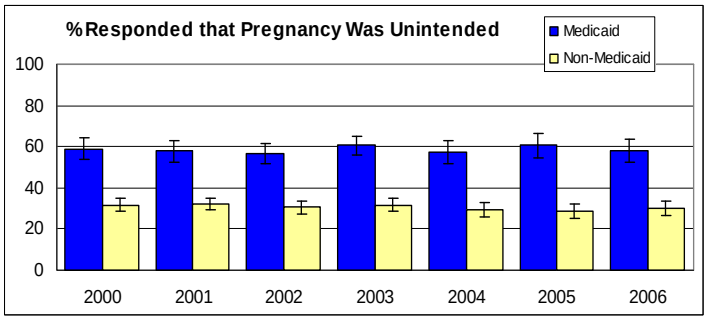












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