



Colorado Health and Health Care

Focus: Medicaid Maternal Health (2nd Edition)

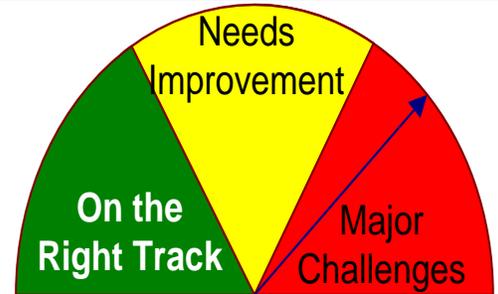
Colorado Department of Health Care Policy and Financing

February 2011

Colorado Medicaid is a public health insurance program for low-income families, the elderly and people with disabilities and is administered by the [Colorado Department of Health Care Policy and Financing](#). It is the goal of Colorado Medicaid to improve the health and functioning of Medicaid clients by improving their access to quality, cost-effective health care services. [Colorado Health and Health Care](#) profile reports examine the Department’s progress in achieving that goal.

Medicaid Maternal Health in 2008

This issue of *Colorado Health and Health Care* looks at Colorado Medicaid’s successes and challenges regarding maternal health. While some numbers have changed since the 2006 profile was released, the changes are generally not statistically significant. With respect to most measures, the overall maternal health of the Medicaid population has remained the same. However, the Medicaid low birth weight rate, a significant factor in maternal and infant health, increased in 2007 and now represents a statistically significant difference compared to the non-Medicaid low birth weight rate. This fact, as well as inclusion of longer-term breastfeeding as a measure, leads to the “major challenges” classification.



In 2008, approximately 29% of Colorado births were to women whose prenatal care was covered by Medicaid (34% in 2006). While this appears to be a decline from 2006, the change is not statistically significant. There are several areas of maternal health where the Medicaid population either equals or exceeds the performance of comparison groups, national averages, or goals set by [Healthy People 2010](#).

On the Right Track	Improvement Needed	Major Challenges
<ul style="list-style-type: none"> No Alcohol Use During Pregnancy Early Breastfeeding Infant Had Well-Baby Check-Up Baby Placed on Back to Sleep 	<ul style="list-style-type: none"> Adequate Maternal Weight Gain Daily Fruits and Vegetables Cesarean Section Rate NICU Admission Rate 	<ul style="list-style-type: none"> Unintended Pregnancy Low Birth Weight Babies Multivitamin Use During Pregnancy Continued Breastfeeding Tobacco Use During Pregnancy First Trimester Prenatal Care Postpartum Depression Symptoms

On the Right Track

No Alcohol Use During Pregnancy

Significantly fewer women on Medicaid used alcohol in the three months prior to pregnancy compared to women not on Medicaid: 50% compared to 61% in 2008. While 9% of women on Medicaid reported using alcohol during the last three months of pregnancy, 11% of women not on Medicaid reported such use. These rates are slightly above the *Healthy People 2010* goal of no more than 6%. None of the rates for either group changed significantly from 2006.

Infant Had Well-Baby Check-Up

Virtually all (99%) of women on Medicaid reported obtaining a well-baby check-up for their infants born in 2008, just as in 2006 (98%). Babies born to women covered by Medicaid are automatically eligible for public health insurance for at least the first year of life.

Early Breastfeeding

The percentage of women on Medicaid who reported ever having breastfed their babies remained at a high level in 2008 (85%). While this is lower than the percentage of women not on Medicaid who reported having breastfed their babies (92%), both populations exceed the *Healthy People 2010* goal of 75%. Changes in these rates between 2006 and 2008 are not statistically significant.

Baby Placed on Back to Sleep

In 2008, women on Medicaid were just as likely to put their babies to sleep on their backs (79%) as women not on Medicaid (83%); the difference is not statistically significant. Percentages for both groups continue to be above the *Healthy People 2010* goal of 70% and are relatively unchanged from 2006.

Improvement Needed

Adequate Maternal Weight Gain

A significantly smaller proportion of women on Medicaid in 2008 gained an appropriate amount of weight for their body mass index (neither too much nor too little) during pregnancy, 26%, compared to those not on Medicaid, 38%. About two-thirds of all Colorado women either gained too little or exceeded appropriate weight ranges. The percentage of women on Medicaid who gained an appropriate amount of weight is unchanged from 2006.

Daily Fruits and Vegetables

Nearly 54% of pregnant women on Medicaid in 2008 reported they consume three or more servings of fruits and vegetables daily, compared to 57% of pregnant women not on Medicaid. The *Healthy People 2010* goal is for 75% of people age two years and older to have at least two daily servings of fruits and 50% of people to have three or more daily servings of vegetables.

Improvement Needed (continued)

Cesarean Section Rate

Statewide, about 26% of deliveries in 2008 were by cesarean section (24% in 2006). Based on inpatient delivery claims data in 2008, just over 23% of Medicaid deliveries were c-sections. While the Colorado c-section rate is sixth lowest nationally, this rate has risen 71% over the last decade. The *Healthy People 2010* target for primary c-sections in women of low risk is 15%.

NICU Admission Rate

There was no statistically significant difference between the percentage of babies born to women on Medicaid and the percentage born to those not on Medicaid who were admitted to a neonatal intensive care unit in 2008. The NICU admission rate for babies born to women on Medicaid was 12% and 9% for babies born to women not on Medicaid. The rate for babies born to women on Medicaid is unchanged from 2006.

Major Challenges

Unintended Pregnancy

Women who gave birth while on Medicaid, compared to those not on Medicaid, were much more likely to report that their pregnancies were unintended (58% and 28%, respectively, in 2008). The rate for women on Medicaid is unchanged from 2006. The *Healthy People 2010* target for unintended pregnancy is 30%.

Multivitamin Use During Pregnancy

A significantly smaller proportion of women on Medicaid, 15%, reported taking a multivitamin every day during pregnancy than women not on Medicaid, 40%. This rate for women on Medicaid was 18% in 2006. A much larger proportion of surveyed women on Medicaid reported sometimes eating less than they wanted because of lack of money for food compared to women not on Medicaid (20% and 6%, respectively).

Tobacco Use During Pregnancy

A significantly greater proportion of women on Medicaid reported smoking cigarettes during the three months prior to pregnancy (31%) than women not on Medicaid (11%). For both populations, the percentage of women who reported smoking during the 3rd trimester dropped (19% and 4%), but rose again when asked if they were smoking at the time the PRAMS survey was taken (up to 6 months after delivery - 23% and 6%). The *Healthy People 2010* goal is to have less than 1% of pregnant women using tobacco.

Postpartum Depression Symptoms

Of the surveyed women on Medicaid, 13% reported often or always feeling depressed, down or hopeless after giving birth compared to 6% of women not on Medicaid. This difference is statistically significant. These rates are unchanged from 2006.

Low Birth Weight Babies

Babies born to women on Medicaid were more likely to have a low birth weight (under 2,500 grams) than babies born to women not on Medicaid (9.9% and 7.3%, respectively, in 2008). This difference is statistically significant; in 2006, it was not. The *Healthy People 2010* target is 5% or less.

Continued Breastfeeding

While the percentage of women who report ever having breastfed their child exceeds the *Healthy People 2010* goals, sustaining breastfeeding beyond the early postpartum period is more difficult for women on Medicaid: 57% were still breastfeeding their babies at 9 weeks after delivery, significantly fewer than the 75% of women not on Medicaid who continued breastfeeding beyond 9 weeks.

First Trimester Prenatal Care

Women on Medicaid initiated prenatal care after the first trimester of pregnancy significantly more often than women not on Medicaid (33% and 18%, respectively, in 2008). For the Medicaid population, this rate has not changed significantly since 2006. The rate for those not covered by Medicaid increased significantly from 9% in 2006. Women on Medicaid were more likely to report that they were not able to begin prenatal care as soon as they wanted when compared to women not on Medicaid (27% and 12%, respectively, in 2008).

Source for all data except the Cesarean Section Rates: Colorado Department of Public Health and Environment, Health Statistics Section, [Pregnancy Risk Assessment Monitoring System](#), 2003-2008. The Cesarean Section Rates were derived from Medicaid claims data, the Colorado Health Information Dataset, and national data.

How We Are Addressing the Challenges

- We developed a page on our Web site focused specifically on [prenatal services](#). This page contains helpful information about what services are available and how to access them, including information about: Presumptive Eligibility so care can be started immediately, finding a provider, prenatal vitamins, behavioral health services, family planning services, enrolling newborns, arranging transportation, smoking cessation benefits, special prenatal programs, outreach coordinators, the nurse advice line, and co-pay exemptions.
- We [expanded Medicaid eligibility](#) for parents from 60% to 100% of the federal poverty level (FPL). This expansion allows continued coverage beyond the postpartum period for many women who would otherwise lose their coverage. Coverage for pregnant women through [Child Health Plan Plus](#) (CHP+) has also been expanded up to 250% FPL.
- We are implementing an [online application](#) and linking eligibility systems to vital statistics and income databases for streamlined verification of citizenship/identity and income documentation to expedite enrollment. Implementation is anticipated by mid-2011.
- The [tobacco cessation benefit](#) now includes all FDA-approved nicotine replacement therapies and coverage for two quit attempts a year.
- We continue to work toward federal approval for a family planning coverage program for low-income Coloradans who are not eligible for other Medicaid programs.
- We are working to develop reimbursement incentives for high-performing obstetric care hospitals.
- We are implementing legislation that could improve access to some over-the-counter medications like emergency contraception and prenatal vitamins.

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

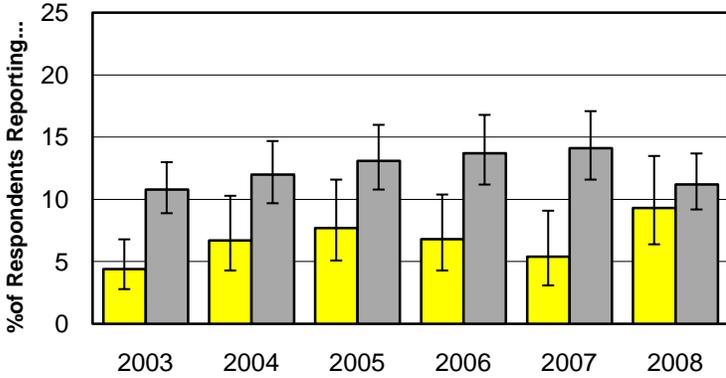
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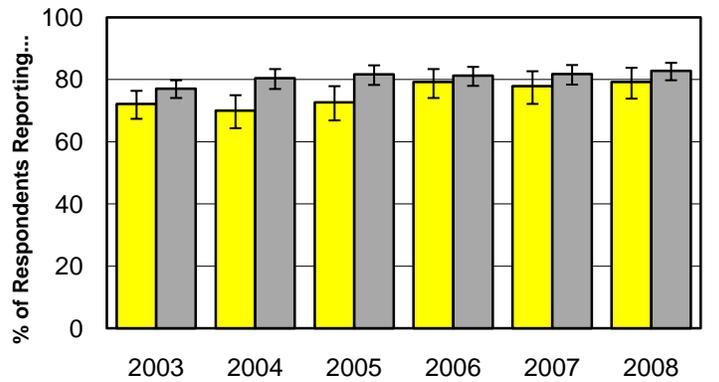
Trends in Medicaid Maternal and Infant Health

95% confidence intervals are shown as error bars above and below each point value. Statistically significant differences exist when bars do not overlap.

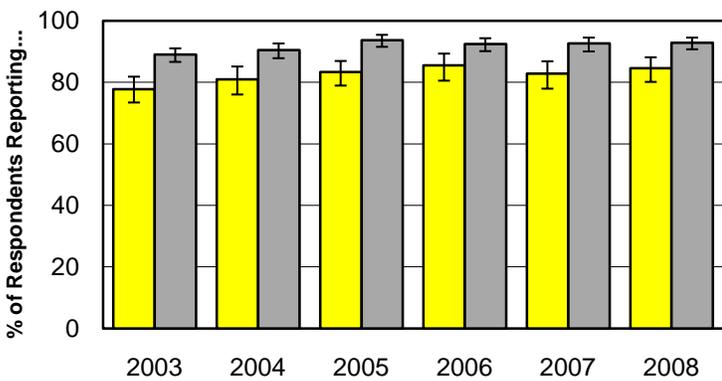
Alcohol Use During Last Three Months of Pregnancy



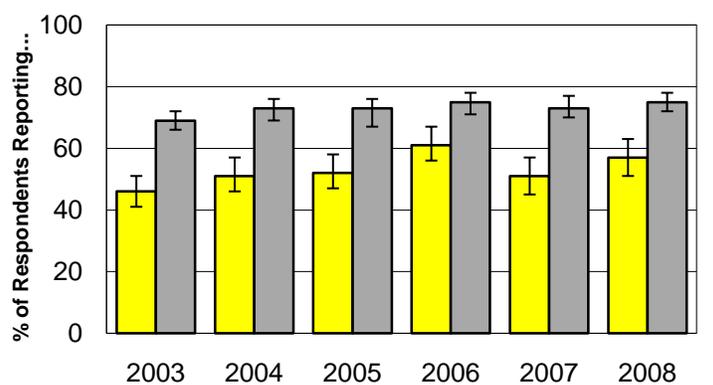
Baby Placed on Back to Sleep



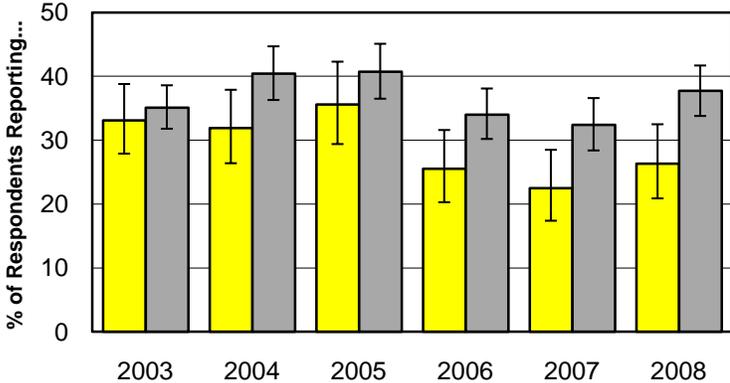
Early Breastfeeding



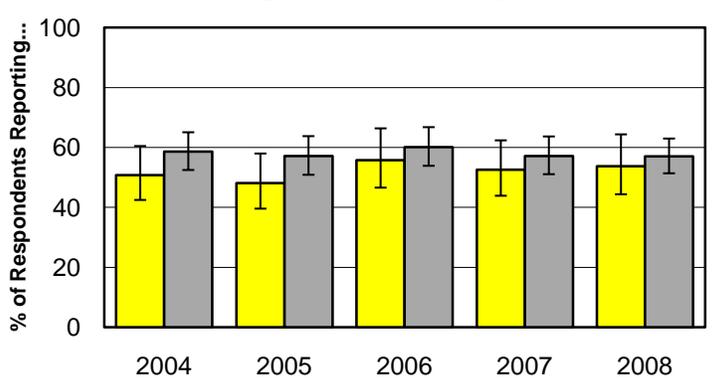
Breastfeeding 9 Weeks or More After Birth



Adequate Maternal Weight Gain



Eating 3 or More Servings of Fruits/Vegetables per Day



Trends in Medicaid Maternal and Infant Health (continued)

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