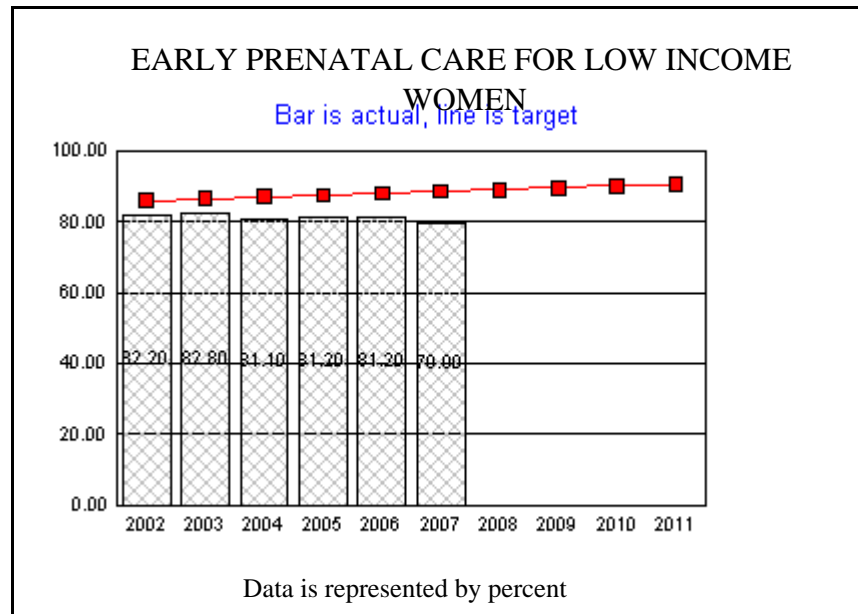


KPM #18	EARLY PRENATAL CARE FOR LOW INCOME WOMEN – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	2002
Goal	People are healthy.	
Oregon Context	Prenatal care	
Data Source	Oregon DHS, Office of Disease Prevention & Epidemiology, Center for Health Statistics (Birth Certificates)	
Owner	Public Health Division, Office of Family Health, Ruth Helsley 971-673-0345 / Division of Medical Assistance Programs, Susan Arbor, 503-945-5958	



1. OUR STRATEGY

Office of Family Health (OFH) is continuing to provide funding and technical support for Oregon MothersCare (OMC), a program that collaborates with Division of Medical Assistance Programs (DMAP), the agency that administers the Oregon Health Plan (OHP), to assist pregnant women in

entering early prenatal care. OFH also promotes SafeNet, the toll-free hotline for referrals to local prenatal services.

Other strategies include the following: DMAP expedites applications for OHP received from pregnant women; DMAP regularly sends its contracted managed health care plans data from which the plan can identify pregnant women--plans use this information to make timely contact and help arrange the first prenatal visit; and DMAP places regular messages on the monthly medical card emphasizing the importance of initiating early prenatal care.

2. ABOUT THE TARGETS

The state target for 2007 is 88.7%. There was a slight decline in '01 and '04 and '07. The numbers remained stable from '04-'06. The National Title V Performance Measure and the Healthy People 2010 target is 90% of all infants born to pregnant women received prenatal care in the first trimester.

3. HOW WE ARE DOING

The OMC program expanded from five sites serving fewer than 1,000 low-income women in 2000 to 27 sites that served more than 5,300 unduplicated women in 2007 with over 30,000 referrals to prenatal care and other services. Putting these numbers in context, OMC is only able to serve around one quarter of women who had their deliveries paid for by OHP per birth certificate data. Oregon remains just under 80% of women receiving early prenatal care as defined by this KPM. This KPM remains relatively flat over all measurement years with at most a smaller than three percentage point change.

4. HOW WE COMPARE

This measure of low income women entering prenatal care by the end of the fourth month is unique to Oregon and so can not be compared to other states. Although this measure is for women entering prenatal care by the end of the fourth month, a comparison between OMC clients (where 88% of clients apply for OHP) and OHP clients in general might be helpful. In 2007, approximately 79% of women receiving services through OMC during their first trimester entered prenatal care during the first trimester. This includes women who are low-income but ineligible for Oregon Health Plan (OHP) coverage. Among OHP clients, (self-identified on the birth certificate) overall, the percent of first trimester care is consistently slightly less than 70%. Several important caveats concerning birth certificate data and program requirements are that 1) OHP identified as a delivery payment source is under reported compared to DMAP's claims data and 2) for a portion of the women (non-citizens) OHP pays for their delivery but not for their prenatal care.

5. FACTORS AFFECTING RESULTS

There has continued to be a consistent rise in the number of Hispanic births in Oregon, from 17.4% in '01 to 20.7 % in 2007. Investment in the Oregon Mothers Care (OMC) program expansion results in increased outreach to pregnant Hispanic women. When low-income women who are not already covered by Medicaid become pregnant they must apply for OHP after they find out they're pregnant. It is possible that some of them do not know immediately that they can now qualify because they are pregnant, especially if they were recently told they were ineligible for OHP due to income. Although OHP applications from pregnant women are expedited, Oregon is not one of the thirty states that have Medicaid presumptive eligibility for pregnant women. Presumptive eligibility allows pregnant women to make an initial prenatal care appointment while their Medicaid eligibility is being processed.

The most recent factors affecting the results are dramatic decreases in local resources and subsequent decreases in infrastructure to support the OMC program at the local level. In addition, due to inadequate reimbursement of OHP providers, especially ob/gyn physicians, there can be difficulty in linking women with a provider who will accept OHP patients causing delays that result in women initiating prenatal care after the 4 month mark of this KPM.

6. WHAT NEEDS TO BE DONE

Trends will continue to be tracked, comparing low-income Medicaid and non-Medicaid women for the entire state as well as by county and will likely use several measures including birth certificate data and perhaps birth record data linked to Medicaid-DMAP data. In addition, moving forward this shared OFH/DMAP measure will be uncoupled. And the measure parameters will be revised from the first 4 months of pregnancy to the first 3 months of pregnancy. This will align the measure with the Title V Performance Measure and the Healthy People 2010 indicator. In addition, DMAP has developed its own adequacy of prenatal care measure based on DMAP data rather than using birth certificate data.

7. ABOUT THE DATA

Birth certificate data were used to calculate early prenatal care during months 1 through 4. Income data not available; OHP/Medicaid as a source of payment was used as a surrogate for "low income." Data for 2007 are provisional. OHP identified as a delivery payment source tends to be under reported on the birth certificate compared to DMAP's claims data.