

Maternity Case Management (MCM)

A Public Health Nurse Home Visiting Program

Timely and Adequate Prenatal Care for High Risk Pregnant Women

MCM is provided in many settings by different types of providers. These results reflect outcomes for the public health nurse home visiting program which operates out of local health departments with support from the state public health division.

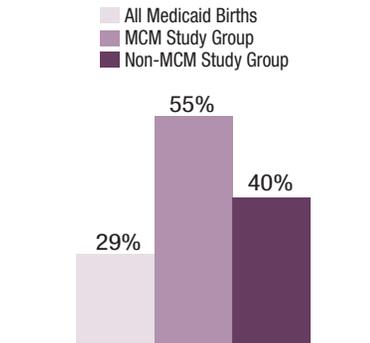
Medicaid and MCM

There were 68,833 live Medicaid births from 2009 to 2012, excluding twins and births with unknown gestational age. Significantly more MCM clients were younger than 18 years old, lower income, Hispanic, Asian, Black/African American and Native American compared to pregnant Medicaid clients.

Study

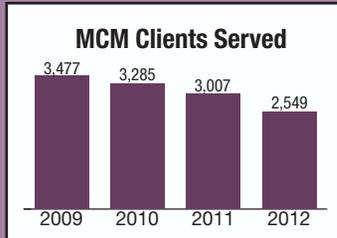
Because MCM served a higher risk group, a matched sample of Medicaid clients who did not receive MCM was selected to control for sociodemographic differences. Clients were matched by pregnancy year, age, race, ethnicity, poverty, Medicaid enrollment length and urban or rural county. There were 5,405 MCM and 5,405 non-MCM study participants. MCM clients received an average of six MCM visits and had significantly higher rates of medical risk during pregnancy including mental health diagnoses, tobacco use, alcohol and drug abuse.

Timely and Adequate Prenatal Care



At a glance:

Oregon Medicaid clients who received public health nurse home visits through MCM were 75% more likely to receive timely and adequate prenatal care than Medicaid clients who did not receive these services.



Prenatal Care

Timely and adequate prenatal care was measured using a modified Adequacy of Prenatal Care Index. Prenatal care had to begin by the fourth month of pregnancy and 80 percent of expected visits had to be received. Because of the complexity of measuring prenatal care from Medicaid data, the expected number of prenatal care visits was reduced by one visit. For example, 11 prenatal care visits received during a 40 week pregnancy.

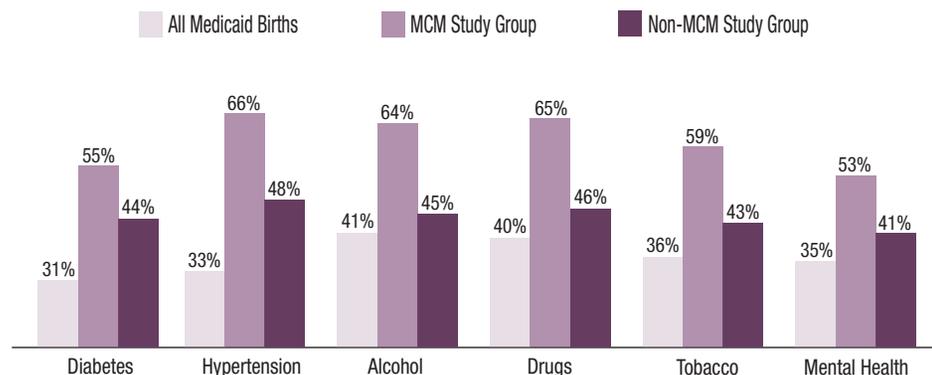
Results

Results indicate that participants who received MCM visits were 75 percent more likely to receive timely and adequate prenatal care or an increase of 14 percent per visit, controlling for sociodemographic and medical risk factors. Hispanic, Urban, and clients with longer Medicaid enrollment were more likely to receive timely and adequate prenatal care. Younger, Black/African American, and clients with mental health diagnoses were less likely to receive timely and adequate prenatal care.

MCM Potential Medicaid Cost Savings

The National Committee for Quality Assurance estimates that every \$1 spent on prenatal care yields a savings of \$3.33 for medical care after birth, indicating substantial potential savings for Medicaid.

Timely and Adequate Prenatal Care by Medical Risk Factor*



*The denominator is limited to clients with that risk factor in Medicaid data.

Chi-square significantly different at .05

Note: A technical report provides detailed description of the research and analysis methods

