

POLICYLAB

RESEARCH AT A GLANCE | SPRING 2020

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

REACHING MOTHERS THROUGH INTERGENERATIONAL CARE IN PEDIATRIC SETTINGS

WHAT IS THE PROBLEM:

New mothers are not getting the critical preventive care they need to stay healthy, leading to adverse health outcomes for them and for their children.



While new parenthood is often an exciting, happy and rewarding time, it is a time in which mothers can also experience a range of negative health outcomes following birth. These include lack of sleep, stress, breastfeeding difficulties, and onset of mental health disorders, as well as challenges with preexisting health conditions, recovery from pregnancy complications, and social issues such as the need for new work or living arrangements.¹ Research shows that poor maternal health directly influences the health of children. For instance, an estimated 1 in 9 women experience depression after birth, and maternal depression has been linked to increased risk of child behavioral and mental health problems and decreased child safety and appropriate use of health services.²

For the well-being of both mothers and infants, it is essential for moms to access health care in the postpartum period. However, 40% of new mothers do not attend their recommended obstetric visit 6–8 weeks after birth.¹ In addition, mothers may receive care in both pediatric and adult settings, with little coordination between these providers. To date, few reports have been able to quantify the number of maternal preventive health care visits across both pediatric and adult settings. Learning when and where new moms and infants receive care can help us ensure that we provide necessary services and identify opportunities to improve care coordination.

WHAT WE ASKED:

When and where are mothers getting care for themselves and their infants?

Do preexisting maternal health risks influence mother–infant patterns of preventive care?

What role do adult and pediatric settings play in preventive care for mothers and infants?

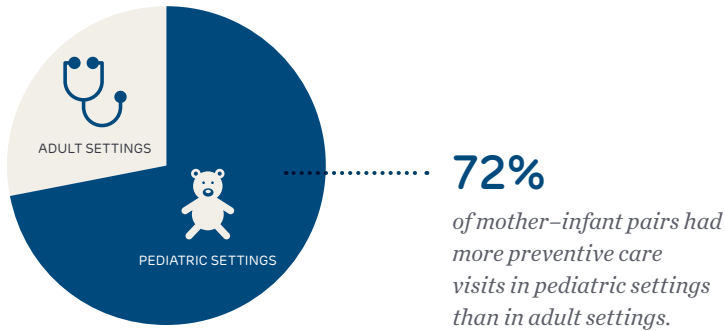
WHAT WE DID:

We conducted a retrospective cohort study using Medicaid data across 12 diverse states to identify women ages 12–55 who gave birth between 2007–2011. We linked moms with their infants, ultimately including data from nearly 600,000 mother–infant pairs. Using pregnancy claims, we identified health risk categories including maternal cardiovascular and mental health, and premature birth—these conditions are common, associated with ongoing risks throughout subsequent pregnancies and life, and carry a recommendation for increased preventive care in the year following birth. To eliminate the influence of insurance, which could have an impact on health care utilization, we focused on mother–infant pairs who were Medicaid-eligible in at least 11 of the 12 months in the year following birth.

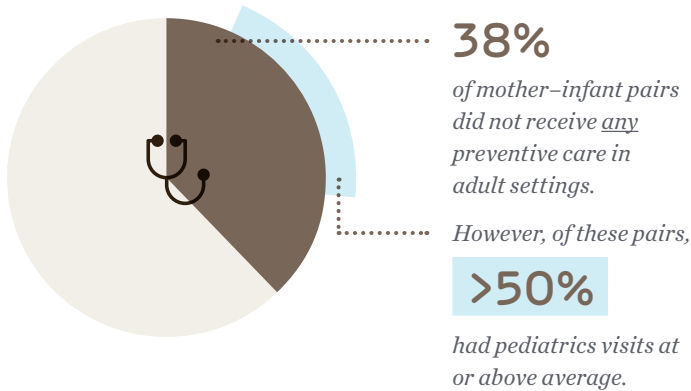
To measure health care utilization (visits), we defined adult preventive care as all outpatient postpartum care, contraception management or care related to the health risks listed above. Pediatric preventive visits included all outpatient visits for routine care. We then analyzed patterns of visits to adult and pediatric settings among mother–infant pairs, along with the proportion of pairs who had no adult pediatric visits, but attended an average number of pediatric visits (defined as at or above the median number in a state).

WHAT WE FOUND:

In the year after birth, preventive visits overall were below recommended levels and there were gaps in care in both adult and pediatric settings.

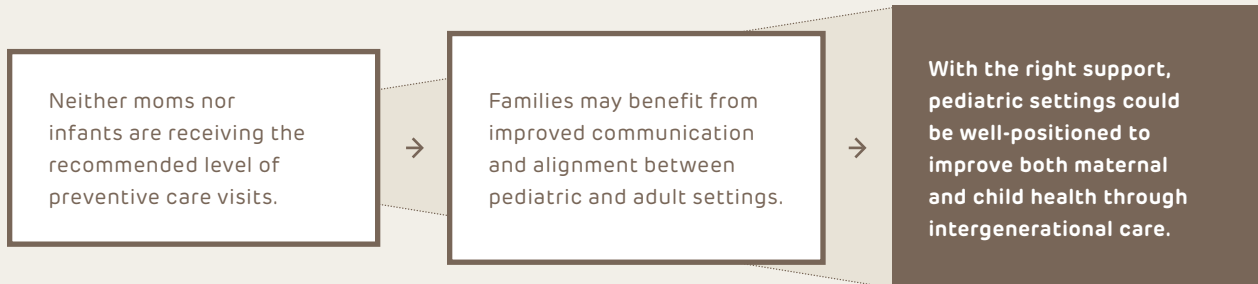


Women with known health risks such as maternal cardiovascular issues or mental health concerns were more likely to be seen in adult settings.



Moms who had a preterm birth and Hispanic/Latina moms were less likely to be seen in adult settings.

WHAT IT MEANS:



STUDY METHODS

We conducted a cohort study, linking 594,888 mother–infant Medicaid claims from 12 states for births between 2007 and 2011. Pregnancy claims identified health risk categories: maternal cardiovascular health (diabetes, hypertension, pre-eclampsia, obesity), maternal mental health (depression, anxiety) and premature birth. Claims for one year following birth identified adult and pediatric preventive visits. Logistic regression assessed the relationship between visits and risks, adjusting for maternal demographics, perinatal health care utilization, year and state.

RELATED POLICYLAB WORK

Gregory EF, Upadhyia KK, Cheng TL, Psoter KJ, Mistry KB. Enabling Factors Associated with Receipt of Interconception Health Care. *Maternal and Child Health Journal*. 2019;24(3):275–282. doi:10.1007/s10995-019-02850-0.

Gregory EF, Wright CS, Matone M, Rubin DM, Lorch SA. Support for Self-Management and Prenatal Health Behavior Change: Implications for Pediatric Promotion of Interconception Care. *Global Pediatric Health*. 2018;5. doi:10.1177/2333794x18765368.

PUBLICATION

Gregory EF, Passarella M, Levine LD, Fiks AG, Lorch SA. Preventive Health Care Utilization Among Mother–infant Dyads with Medicaid Insurance in the Year Following Birth. *Medical Care*. doi:10.1097/MLR.0000000000001310

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1. Presidential Task Force on Redefining the Postpartum Visit, Committee on Obstetric Practice. ACOG Committee Opinion: Optimizing Postpartum Care. Women's Health Care Physicians. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>. Published May 2018. Accessed January 10, 2020.
2. Centers for Disease Control and Prevention. Depression Among Women. Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/depression/index.htm>. Updated December 15, 2019. Accessed January 10, 2020.



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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