

Maternity Support Services

A smart investment in our next generation

Maternity Support Services (MSS) lowers the chances that at-risk women will have low birth weight babies, which can result in expensive hospital stays, life-long health problems or even death. One out of every three pregnant women in our state receives MSS to supplement prenatal care.

Improving Birth Outcomes

- MSS provides social, emotional and physical support to expectant and new mothers at a critical time, laying the groundwork for long-term improved health.
- MSS is designed to supplement prenatal medical visits and includes assessment, education, intervention and counseling provided by an interdisciplinary team of nurses, dietitians, counselors and community health workers. MSS provides at-risk mothers with substance abuse counseling, tobacco cessation, nutrition counseling and parenting skills.
- Infants with low birth weights are at elevated risk for many long-term health conditions and developmental disabilities including cerebral palsy, blindness and deafness.

Reducing Health Disparities

- The impact of MSS on minority women—the vast majority of women served—is pronounced:
 - ◊ Hispanic mothers in the program experience 20 percent fewer low birth weights.¹
 - ◊ African American mothers experience 50 percent fewer low birth weights.²

Ensuring Safer Homes

- The parenting skills new and expectant mothers receive through MSS address protective factors and are key to keeping infants safe during challenging times.
- Cases of shaken baby syndrome have increased threefold at a local hospital since the economic recession began—at an average cost of more than \$80,000 per child.³ MSS works to avoid unnecessary—and tragic—outcomes like shaken baby syndrome.

Improving Early Childhood Development and School Readiness

- Low birth weight babies often have greater delays in achieving infant milestones.⁵
- Low birth weight children are 50 percent more likely to need special education.⁶
- Low birth weight children often have more difficulty with hyperactivity, fine motor skills, math, speaking, reading and writing.⁷
- Thirty-one percent of low birth weight children will repeat a grade by the tenth grade.⁸

Key Facts

- In 2009, 17,907 women received MSS in King County.
- **MSS prevents an estimated \$5.3 million in additional hospital costs in Washington each year by reducing the number of infants born with low birth weight.**⁴
- For each dollar our state invests in MSS, it receives \$0.67 from the federal government. A large portion of these funds will be lost if MSS is reduced.

For each child whose birth outcome is impacted by MSS, Washington state avoids significant short and long term costs.

\$27,500	Average cost of hospitalization for low birth weight babies ⁹
\$2,200	Average cost of special education services required by children born pre-term ¹⁰
\$1,200	Average cost of early intervention services required by children born pre-term ¹¹

(continued)

Magan and Sophie's Story

Magan never suspected she'd be looking for the kind of help she usually provided struggling families as a coordinator for families with special needs children at a local nonprofit. All that changed when her youngest daughter, Sophie, was born with serious health complications. Unable to juggle full-time employment with caring for a special needs baby, Magan left her job and became uninsured for the first time in her life.

That's when she turned to the Infant Case Management program provided through Maternity Support Services (MSS). Through MSS, Magan and Sophie were connected to a Public Health Nurse, who visited their home twice a week to check on Sophie's health. Because Sophie was born with a cleft palate (which was undetected prior to birth) she could not eat on her own and needed a feeding tube. The Public Health Nurse was vital to ensuring Sophie remained in good health—and because they were working with a PHN, Magan was able to limit the number of visits Sophie made to physicians' offices, where the vulnerable infant would be exposed to potentially life-threatening germs.

Magan turned to MSS in a time of crisis when Sophie pulled out her feeding tube. Because Sophie was now a few months old, Magan was told it was time for surgery to insert a more permanent feeding tube into Sophie's stomach. Scared for her child's health given the complications with a surgical feeding tube, Magan wanted 48 hours to make a decision. Since she was working with a Public Health Nurse, Magan's pediatrician approved the delay. With her Public Health Nurse monitoring Sophie's ability to feed on her own, Magan was amazed as Sophie made tremendous progress with feeding in those 48 hours. Baby Sophie held her weight the first week and steadily added weight in the following weeks. As a result of the guidance and care provided by the PHN, a fragile infant avoided an invasive and risky procedure, and the state saved the cost of an unnecessary surgery.

Today, Magan will tell anyone who asks how invaluable MSS was to her daughter and her family. Sophie is now a healthy and thriving two-year-old, and Magan has since returned to full time employment as an advocate for children with special needs.

Budget Solutions

Budget reductions are inevitable in this unprecedented crisis. We are committed to working with the state to find the most innovative, efficient and cost-effective ways to invest its health care dollars. Cutting primary care and preventive health care services for those who need them the most is not the answer. The Governor's Advisory Work Group has put forth a number of recommendations, including:

- Implementing a "generics first" prescription policy for Medicaid
- Restricting payments for services that should not occur, such as preventable hospital readmissions
- Reducing the use of overused services, such as imaging and cesarean sections.

These and additional recommendations can be found in the "Report from Governor's Workgroup on Health Care Reform," submitted November 12, 2010, by the Puget Sound Health Alliance (www.pugetsoundhealthalliance.org/documents/RecommendationsNovember2010_000.pdf).

References

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