

# Department for Medicaid Services

## Maternal and Child Health and Wellness

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# Medicaid Spend

- Maternal and child health (MCH) number of covered lives
  - There were 55,449 live births in Kentucky in 2018
- 45% of Kentucky births are paid by Medicaid
  - There were 27,542 Medicaid-covered babies born during SFY 2018.
  - There were 24,839 deliveries by a Medicaid-covered mother during SFY 2018.
- Total expenditures by Medicaid-covered baby SFY 2018:
  - \$328,316.304.80
- Total expenditures by Medicaid-mother delivery SFY 2018:
  - \$250,159,663.18 (9 months prior to birth through 3 months after delivery)

# Kentucky Overview

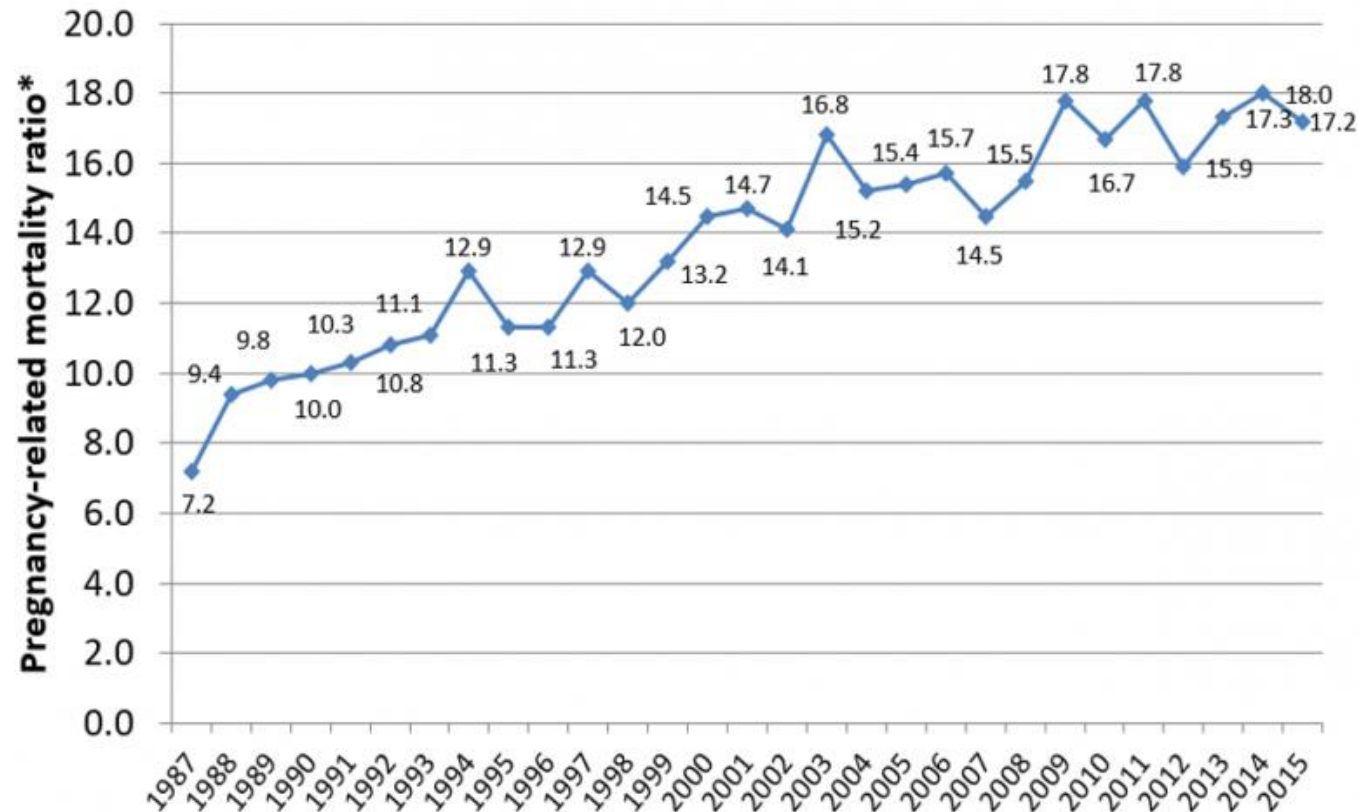
- Cesarean delivery rate is 5<sup>th</sup> highest in the country at 35.2% (US 32%)
- Preterm birth rate is 9<sup>th</sup> highest at 11.1% (US 9.3%)
- Teen birth rate 5<sup>th</sup> highest at 29/1,000 US (18.8/1,000)
- Low birth rate is 15<sup>th</sup> highest at 8.8% (US 8.3%)
- Smoking during pregnancy rate 2<sup>nd</sup> highest at 17.9% (US 6.9%)

# Maternal Health and Wellness

- Nationally, serious problems with maternal mortality
  - 26% increase nationally in recent years
  - 700 women die each year
  - 60% of these deaths are preventable

Maternal mortality (pregnancy-related mortality) is from the start of pregnancy through 12 months post-partum

# Pregnancy-Related Mortality in the US



\*Note: Number of pregnancy-related deaths per 100,000 live births per year.

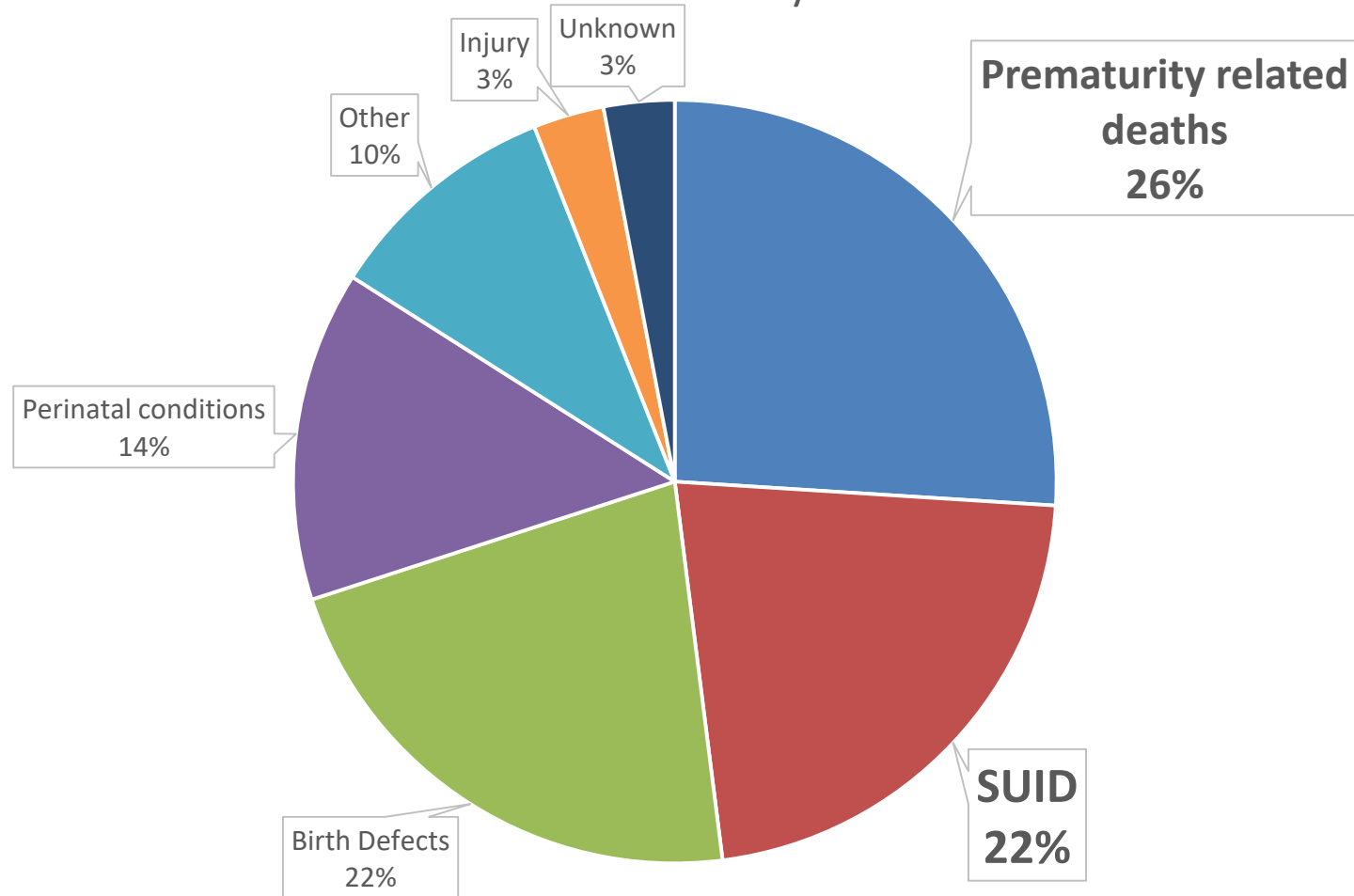
# Maternal Mortality in Kentucky

- Kentucky ranks 13<sup>th</sup> out of 46 in a recent USA Today study
  - In 2018 there were 22.9 maternal deaths per 100,000 live births
  - The national ratio was 17.2 per 100,000 live births
  - 25 years ago that ratio was 12 per 100,000 nationally
  - Moms have a higher chance of having a pregnancy related death now than their mothers did 25 years ago
- In Kentucky, 76 new moms died in 2018.

# Infant Mortality

- The infant mortality rate is the number of infant deaths for every 1,000 live births and is seen as the best indicator of a state's overall health, social, and economic environment
- The Kentucky infant mortality rate is 6.8 per 1,000
  - African American moms in Kentucky is 10.7 per 1,000
- National rate is 5.8 per 1,000

## Infant Deaths in Kentucky 2011-2015



■ Prematurity related deaths ■ SUID ■ Birth Defects ■ Perinatal conditions ■ Other ■ Injury ■ Unknown



# Trends

- Sudden unexplained infant death (SUID) increasing over time
  - Safe sleep
  - Smoking
  - Preterm births
- Low birth weight babies
  - Healthy babies are worth the wait
- Maternal mortality increasing over time
  - Substance use disorder (SUD) implicated in many of the maternal deaths in Kentucky

# Healthy Moms Make Healthy Babies

- Increase attendance at prenatal and post-partum visits
- Promote a healthy lifestyle
  - Avoid smoking in pregnancy
  - Maintain a healthy weight
  - Seek treatment for chronic conditions, such as substance use disorders
- Ensure healthy inter-pregnancy intervals
  - Long-acting reversible contraceptives (LARC) use

# Post-Partum Visits and Medicaid Population

- Medicaid-covered mothers (April 2017-March 2018)
  - Overall, 62% attended their post-partum visit
  - If the mother gave birth to a baby with Neonatal Abstinence Syndrome (NAS), 42% attended the post-partum visit

# Long-Acting Reversible Contraception (LARC)

- Of women age 15-44 on Kentucky Medicaid, 4.7% received a LARC
- Post-partum women
  - 12.5% received a LARC after discharge and within 60 days
  - Of those mothers giving birth to a baby with NAS, 8.1% received a LARC after discharge and within 60 days
- Overall, fewer than 1% received a LARC within 3 days of giving birth
- Centers for Disease Control (CDC) and the American College of Obstetricians and Gynecologists (ACOG) support immediate post-partum LARC insertion

# CHFS Medicaid Funded Initiatives

CHFS initiatives to improve family outcomes and provide education and support are the HANDS, First Steps, and Lead programs operated by the Department for Public Health

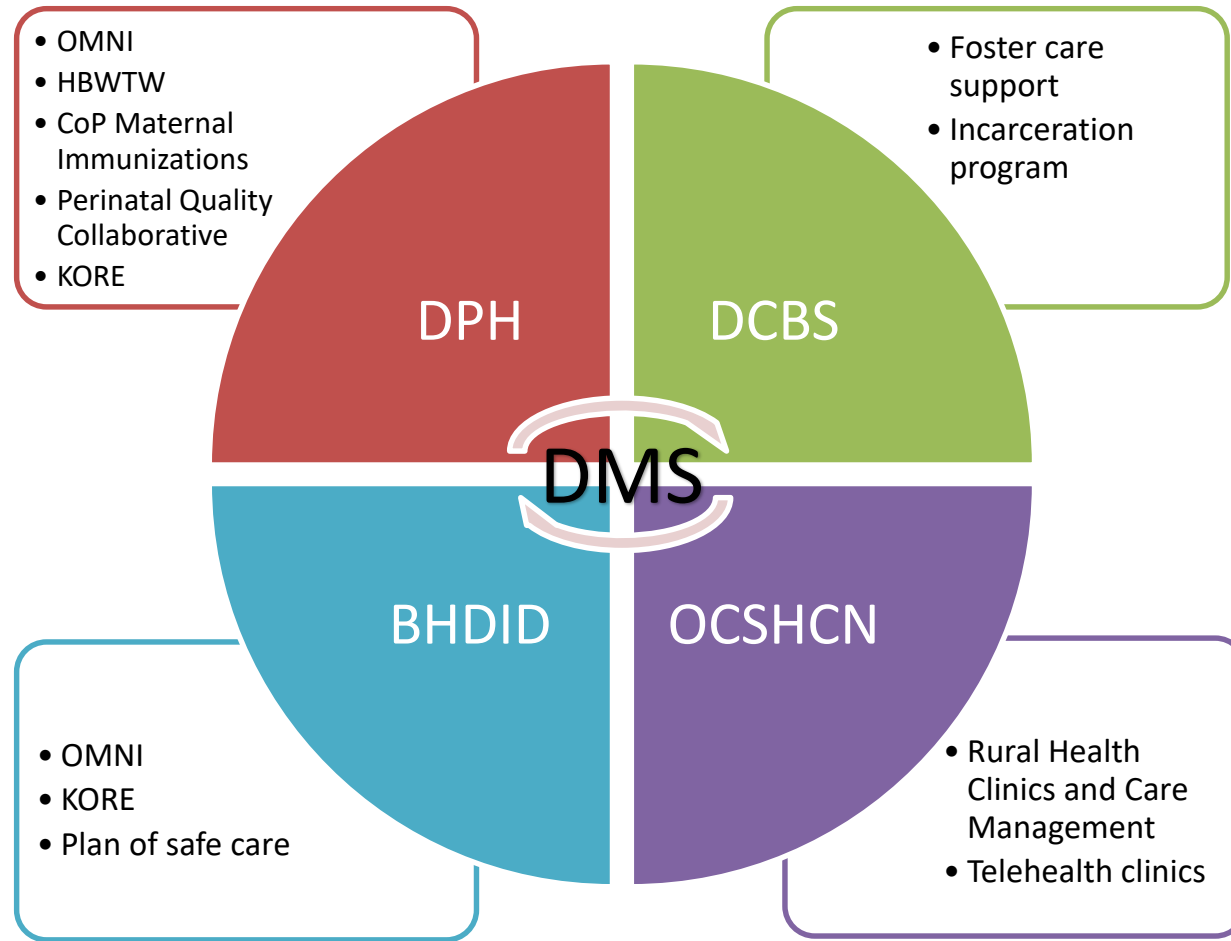
# MCO Programs for MCH

- Care management for pregnant women, children and youth with special health care needs (CYSHCN), chronic disease management
- Healthy babies are worth the wait
  - Cesarean before 39 weeks must be medically necessary or MCO will not reimburse the providers
- Smoking cessation
  - All MCOs have education programs and offer medications without prior authorizations or cost-sharing

# CHFS Activities for MCH

- Maternal mortality Review
- Public health child fatality review
- Opioid Use Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative (OMNI)
  - Perinatal quality collaborative
- Immunization program
  - Cocoon infants

# CHFS is working together to maximize resources and address these issues through collaboration





# Opportunities for Improvement

- Enhanced LARC availability and usage
- Meaningfully addressing prematurity
- Continue education and programing for safe sleep and smoking cessation
- Expanding opioid treatment
- Mitigating opioid crisis

Thank you for your time

Questions?