



How Addressing Disparities in Pregnancy Care Leads to Healthier Infants and Parents

The Problem

Ensuring physical, mental, and societal needs of individuals are met at the onset of pregnancy through postpartum has the potential to significantly – and positively – impact health disparities, healthcare costs, maternal and infant mortality, and pregnancy-related complications. Engaging individuals early in pregnancy cultivates the opportunity to identify and stabilize chronic conditions, treat behavioral health concerns, address barriers to care, and promote educational resources to foster improved health outcomes. Barriers in accessing quality prenatal care significantly influence preterm and low birth weight deliveries. Yet, it is estimated that half of the counties across the U.S. lack even one OB-GYN to provide care.¹ Rural and low-income communities are disproportionately affected, with many having to travel substantial distances to reach hospital obstetric and advanced neonatal care.² OB-GYNs play a critical role in prenatal, perinatal, and postpartum care. Inability to access these services amplifies the risk for unidentified, and therefore untreated, physical, and mental conditions that can harm the health and life of the pregnant individual and baby.

Maternal health is a strong predictor of child health outcomes at delivery and as they age into adulthood. Babies born to those who did not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die.³ Research shows that early engagement and intervention in pregnancy care can decrease adverse health outcomes for both the pregnant individual and newborn. However, for those with limited access to preventative or OB care, many routine needs and educational opportunities do not take place. While solutioning for barriers to care across all social

and economic levels is essential, pregnancy and infant health disparities continue to disproportionately impact Black, American Indian, and Alaska Native persons highlighting the underlying difference these populations experience when it comes to care - racism and discrimination within the health care system. Compared to White pregnancies, these groups experience higher rates of pregnancy-related deaths, preterm births, low birthweight births, and delayed or no prenatal care.⁴ Studies suggest that people of color are more likely to experience lower quality of care due to their race, contributing to the unequal rate of poor pregnancy and infant outcomes.⁵

Fragmented postnatal care for both infant and parent can result in increased risks of physical and mental complications leading to higher rates of illness, hospital stays, longer-term recovery, and increased costs. It is also critical to ensure care continues beyond birth. Research confirms that expanding postpartum coverage leads to improved health for the infant and parent.⁶ Extending access to care after pregnancy is an important step in addressing maternal health disparities, physical health concerns, and mental health conditions such as depression – as well as achieving better long-term health outcomes for parents and their children. Centene’s whole-health approach to pregnancy care, Start Smart for Your Baby®, combines predictive data modeling, integrated care management and coordination, disease management, and health education to extend the gestation period and reduce the risk of pregnancy complications, premature delivery, and low birth weight to improve the health of parents and their newborns.

Why It Matters

Neonatal hospitalization of very low birth weight infants is **47 times higher** than full-term babies.⁷

Racial disparities and **income inequality** are associated with **higher rates** of **pregnancy complications** & **maternal death**.⁸

Average first-year medical costs for preterm infants are **90% higher** than full-term infants.⁹

NICU care accounts for **75%** of spend for all newborn care.¹⁰

Those with a history of **depression** have increased risk of postpartum depression and experience **90% higher healthcare costs**.¹¹

Barriers to Progress

- Inadequate access to prenatal care and resources
- Unidentified/untreated physical and mental health conditions
- Lack of access to mental health care & stigma
- Differential treatment rooted in discrimination and exclusion
- Insufficient social determinant solutions
- Absence of coordinated postpartum care and health care

How Start Smart For Your Baby Solves for Barriers

EARLY IDENTIFICATION

Start Smart for Your Baby (SSFB) uses predictive data to fuel a risk stratification model composed of 25 variables that identify impactable factors and behaviors early in the care journey to control unfavorable incidents and possible delivery complications. This predictive model evaluates physical, mental, and socioeconomic indicators associated with negative health outcomes and insufficient care utilization to pinpoint potential barriers to maintaining a healthy, full-term pregnancy. Based on the data-driven and expert-led analysis, risk levels initiate tailored outreach. Armed with this information, Care Managers engage and empower members in accessing medical and behavioral healthcare, wellness programs, medical equipment, and educational resources to fully equip them to manage their health leading up to delivery. By harnessing the power of data and coupling it with the skilled and compassionate human element, SSFB has helped members achieve decreased rates of preterm delivery, C-section, low birth weight, and neonatal admissions.

HEALTH EDUCATION

SSFB creates an engaging member-centric experience that meets individuals' unique needs, improves quality of care, and addresses whole health. Through its multi-pronged approach, SSFB health education spans the gestational period to delivery to postpartum to infant care. The suite of resources addresses general wellness to encourage long-term healthy lifestyle habits, as well as specific needs such as alcohol use, asthma, and gestational diabetes. Further encouraging engagement by employing member-preferred communication methods, SSFB's person-centered text and email program provides timely information, resources, and reminders during members' pregnancy and continues six months post-birth. Special focus is given to postpartum and infant well-child visits and breastfeeding. Messages are timed to coincide with the delivery date to ensure information is received when it is most relevant to influence positive health decisions.

CARE COORDINATION

A whole-health approach to pregnancy care provides a comprehensive view of barriers members may be facing to achieving a healthy pregnancy and delivery. SSFB provides elevated care and disease management, enabling identification of services that can be leveraged to address obstacles to improved health. Solving for barriers such as access to medical equipment, prenatal vitamins, transportation to appointments, social determinant factors, and preexisting or emerging mental health concerns also contributes to positive outcomes. Care Managers can leverage the resources to engage members in accessing the best care aligned with their health concerns. SSFB results show that addressing each touchpoint that affects health improves pregnancy and delivery outcomes

EQUITABLE ACCESS

It has been proven that infant and maternal mortality and pregnancy-related complications can be reduced by increasing access to quality care. SSFB not only provides care management for at-risk pregnant members but is committed to ensuring they have access to providers who can support their individual needs. To address the provider shortage and health inequities faced by many communities, SSFB includes the option of in-person and virtual doula services. Targeting communities where birthing parent and infant health disparities are more prominent, the use of local doulas gives members additional access to a care provider, addresses certain cultural barriers, and improves maternal and infant health outcomes. To supplement traditional doula services, the virtual component extends further access to education, purposeful engagement, and 24/7 on-demand support. This innovative approach has proven successful in increasing care access, generating cost savings, and improving health outcomes for members and their babies.

Impact of Start Smart for Your Baby



89% of high-risk pregnancies correctly identified by predictive model



Continued year-over-year decrease in C-section rates



3+% neonatal admissions decrease over last four years



\$55M+ in savings from reduction in number of low/very-low birth weight deliveries



92% of members surveyed found SSFB helpful

- <https://www.aamc.org/news-insights/labor-pains-ob-gyn-shortage>
- <https://medicine.yale.edu/news-article/many-women-in-low-income-areas-have-poor-access-to-obstetric-and-neonatal-care-study-finds/>
- <https://www.womenshealth.gov/a-z-topics/prenatal-care>
- <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them>
- <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>
- <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>
- https://www.researchgate.net/publication/12080130_The_long-term_costs_of_preterm_birth_and_low_birth_weight_Results_of_a_systematic_review
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6734101/>
- <https://www.managedcaremag.com/archives/2010/1/how-plans-can-improve-outcomes-and-cut-costs-preterm-infant-care/>
- <https://www.managedcaremag.com/archives/2010/1/how-plans-can-improve-outcomes-and-cut-costs-preterm-infant-care/>
- https://journals.lww.com/joem/Abstract/2012/02000/Postpartum_Depression_and_Health_Services.14.aspx