

FIRST STEPS DATABASE

THE FIRST STEPS PROGRAM: 1989-1997

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The First Steps Program has served low-income pregnant women in Washington State for ten years, since August 1989. By the end of 1997, more than 255,000 women had received services through this program, and Medicaid was funding 42% of all births to Washington residents. According to many indicators, Washington women have had better prenatal care and better birth outcomes since First Steps began than before its implementation. This report summarizes program services and outcomes through 1997, the most recent year for which data are available.

The goal of the First Steps program, authorized by the Maternity Care Access Act of 1989, was to provide "maternity care necessary to ensure healthy birth outcomes for low-income families." The legislation called for removal of unnecessary barriers to receiving prenatal care and provided for increased access to care and expanded Medicaid services for low-income pregnant women.

During the late 1980s, women across Washington State faced increasing difficulty in accessing prenatal care. Increasing malpractice premiums and low Medicaid reimbursement had resulted in a shortage of obstetrical providers, and maternity care providers were increasingly reluctant to provide care to the growing number of Medicaid clients. Private practitioners, representatives of state agencies, public officials, and University of Washington faculty recognized this crisis in maternity care and formed the Access to Maternity Care Committee, sponsored by the Washington Chapter of the American College of Obstetricians and Gynecologists. This committee was instrumental in identifying major causes of the maternity care crisis and in shaping the First Steps legislation.

The First Steps program included the following components:

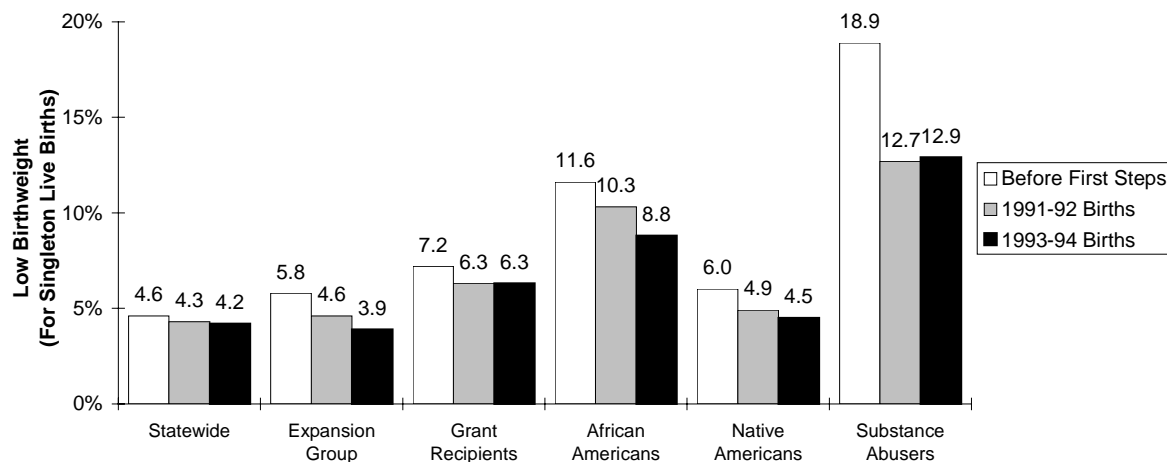
- Expanded Medicaid eligibility to 185% of the federal poverty level for pregnant/postpartum women and infants less than one year old
- Maternity Support Services during pregnancy and through two months postpartum
- Maternity Case Management for women at high risk for poor pregnancy outcomes during pregnancy and up to one year postpartum
- Increased reimbursement for maternity care providers
- Designation of maternity care distressed areas to encourage community planning and enhancement of health care delivery system for pregnant women and their infants
- A statewide public education campaign stressing the importance of early prenatal care

OUTCOMES: ACCESS MEASURES. In the years since First Steps started, access to prenatal care has improved. Provider willingness to accept Medicaid patients increased, and the greater demand for prenatal services was met by First Steps clinics, community and migrant health centers, and teaching hospitals, in addition to established obstetric practitioners. Between 1989 and 1994, the proportion of all Washington women with no prenatal care declined by 54%. For the poorest Medicaid women (those who received cash grants through AFDC, now TANF), the rate of inadequate prenatal care (third trimester entry or none) decreased more than 50% from 12% in early 1989 to 5.8% in late 1994.

BIRTH OUTCOMES: LOW BIRTH WEIGHT

Birth weight is a primary indicator of the newborn infant's health. Infants with birth weight of less than 2,500 grams (5.5 pounds) are classified as low birth weight. Low birth weight is associated with increased risk of infant death and a wide range of disorders including neuro-developmental conditions, learning disorders, and lower respiratory tract infections.

The costs of medical care for low birth weight infants are substantial. The admission rate to neonatal intensive care units (NICUs) for low birth weight infants is more than 12 times higher than that for normal birth weight infants (39.3% versus 3.3%). The NICU admission rate for very low birth weight (less than 3.3 pounds) infants is over twenty times higher (66.5% versus 3.3%). Established risk factors for low birth weight include poverty, smoking, medical risks, pregnancy complications, substance abuse, and African American race.



- Women newly eligible under First Steps' expanded eligibility (described as the Expansion Group) experienced the greatest decrease in low birth weight, from 5.8% to 3.9%, a 33% decrease. Grant Recipients (women who received cash grants through AFDC, now TANF, in addition to Medicaid coverage) demonstrated a 12% decrease, from 7.2% before First Steps (1988-1989) to 6.3% after First Steps (1991-94).
- For all women statewide, low birth weight decreased from 4.6% to 4.2% after First Steps. The decrease in low birth weight is smaller for all Washington births than the decreases for low-income women who were served by First Steps.
- Low birth weight rates decreased among infants born to women at risk for poor pregnancy outcomes. Both Native Americans and African Americans experienced statistically significant decreases in low birth weight, of 25% and 24% respectively. The low birth weight rate for infants born to Medicaid women diagnosed as substance abusers fell from 18.9% to 12.9%, a 32% decrease.

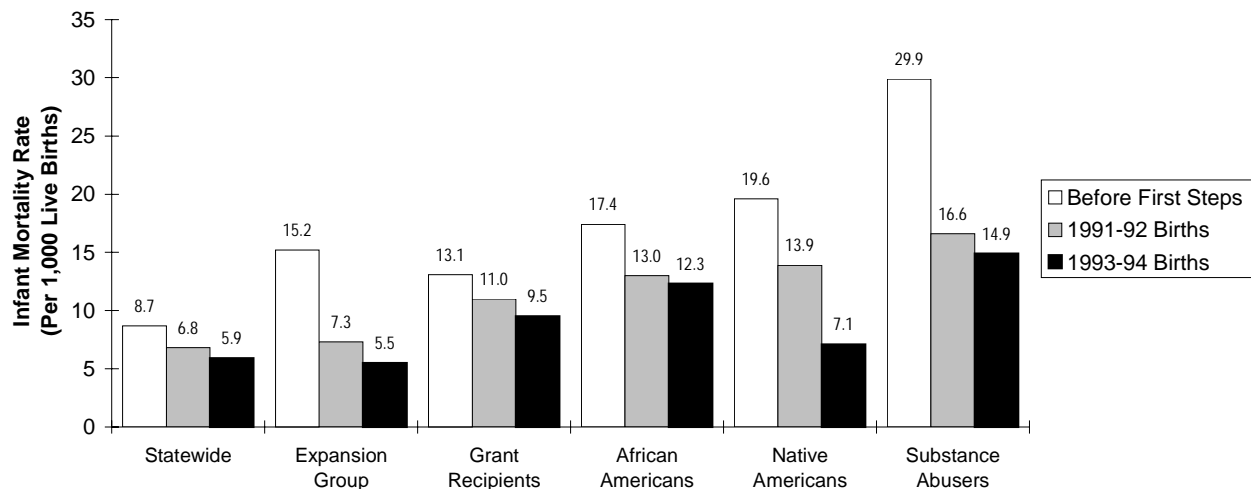
A recent study of AFDC women found that Washington's Medicaid Maternity Support Services and Maternity Case Management programs were associated with a decrease in the low birth weight rate of medically high-risk women. Such enhanced prenatal care services can serve as one strategy to reduce low birth weight for women with high medical risks (Baldwin et al., 1998).

BIRTH OUTCOMES: INFANT MORTALITY

Infant mortality (deaths of liveborn infants during the first year of life) is often used as a standard measure of a population's health. Improvements in low birth weight should result in reduced infant mortality, since low birth weight is a risk factor for infant death. In addition, pulmonary surfactants, approved for use in the United States in 1990, have reduced mortality of very low birth weight infants. Nationwide, the reduction in infant mortality attributed to surfactant therapy has been estimated at 3% (Schwartz et al., 1994).

Another factor contributing to recent decreases in infant mortality is reduced SIDS deaths. In 1992-94, pediatric providers and the "Back to Sleep" media campaign began to tell mothers to place their babies to sleep on their backs, not on their stomachs. Reductions in SIDS death rates for some groups in Washington have been dramatic. Native American infants demonstrated a 70% reduction in SIDS mortality from 1988-90 to 1993-96 (from 9.4 to 2.8 per 1000). For white infants, the reduction was 44% (from 2.3 to 1.3 per 1000), while SIDS mortality for black infants did not change significantly (3.7 per 1000 versus 3.3) during these time periods (Shih, 1999).

Separating the effects of these two factors—pulmonary surfactants and the “Back to Sleep” message—from the effects of the First Steps Program on infant mortality is complex. First Steps appears to have contributed to reduced infant mortality, since for most groups, decreases in infant mortality began *before* the “Back to Sleep” message was widespread, and the change in mortality attributable to pulmonary surfactant is relatively small.

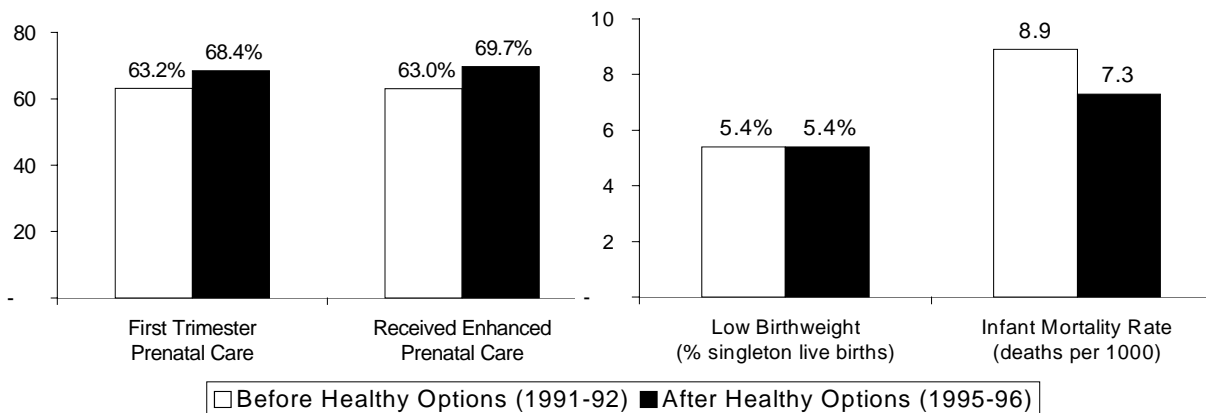


- Infant mortality for First Steps Expansion Group women decreased by more than 60%, from 15.2 before (1988-89) to 5.5 deaths per 1000 live births after First Steps (1993-94). For Grant Recipients, infant mortality decreased by nearly 30% for the same time periods.
- Statewide infant mortality decreased by more than 30%, from 8.7 to 5.9 deaths per 1000.
- Infant mortality declined sharply for many high-risk groups after First Steps' implementation. For Native Americans, infant mortality fell from 19.6 deaths per 1000 live births in 1988-89 to 7.1 deaths per 1000 live births in 1993-94, a 64% decrease. During the same time periods, infant mortality for African Americans fell from 17.4 to 12.3 deaths per 1000 live births, a 29% decrease.

FIRST STEPS AND HEALTHY OPTIONS

In 1993, Washington implemented a statewide Medicaid managed care system, known as Healthy Options. By late 1996, Healthy Options enrollment was mandatory for most Medicaid clients, and, in 1997, more than one-half of all Medicaid-eligible women were enrolled in a Healthy Options plan at the time of delivery. Certain groups and women who enroll in Medicaid late in the pregnancies remain exempt from Healthy Options.

Many people wondered how the transition from fee-for-service-based medical care to managed care would affect high-risk populations, such as pregnant women and young children. Prenatal care measures and outcomes for women enrolled in Medicaid before Healthy Options (1991-92) were compared with those for women enrolled in Medicaid after Healthy Options (1995-96). These groups were restricted to women who were Medicaid-eligible for at least three months during the six months prior to delivery. For women with at least three months of Medicaid eligibility, modest improvements have continued in some prenatal care measures and in infant mortality, with little change in low birth weight since Healthy Options' implementation.



For all Medicaid women with at least three months of eligibility, first trimester initiation of care improved modestly from 63.2% to 68.4%. The proportion of women using First Steps' enhanced prenatal care services increased from 63% to 69.7%. Reductions in infant mortality continued with a decrease of 18%, from 8.9 per 1000 in the pre-Healthy Options period (1991-92) to 7.3 per 1000 post-Healthy Options (1995-96). Low birth weight remained unchanged at 5.4%.

Future Directions

Expanded Medicaid eligibility and the core First Steps services—Maternity Support Services and Maternity Case Management—have a continuing role in sustaining and improving healthy birth outcomes for low-income families in Washington. The mission of the core First Steps services has expanded to include longer-term, prevention-oriented interventions, especially for high-risk women. As Healthy Options continues to play a major role in health care delivery for low-income women and children in Washington, the role of the First Steps core services now includes helping low income women negotiate the changing health care system. Healthy Options providers also have the opportunity to make greater use of Maternity Support Services and Maternity Case Management in reducing the risk of low birth weight, especially among medically high-risk women.

The First Steps Database was developed to serve as a program monitoring tool for agencies involved in the implementation of First Steps. The database links Medicaid claims and eligibility data with birth and death certificates. Additional copies of this report (#7.99) and a list of references may be requested from DSHS Research and Data Analysis (360) 902-0713.