

Interconceptional Care in the National Healthy Start Program

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**American Public Health Association
November 2007**



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Policy Research, Inc.**

Overview

- **What is interconceptional care (ICC)?**
- **The role of Healthy Start**
- **Data sources and methods**
- **Program- and participant-level findings**
- **Implications for policy, practice, and research**

What is Interconceptional Care?

Dimensions of ICC

- **Perform postpartum risk assessment**
- **Provide counseling on healthy birth spacing (at least 24 months between births)**
- **Treat complications from a recent pregnancy (such as diabetes or hypertension)**
- **Address behavioral risk factors (such as smoking, substance abuse, violence)**
- **Promote healthy environment for infants and toddlers (such as parenting skills, “back to sleep,” breastfeeding)**

The Role of Healthy Start

- **Healthy Start was created in 1991 to reduce disparities in infant mortality**
- **ICC became core component of Healthy Start in 2001**
- **First national program to have an explicit focus on the ICC period**
- **Requires followup “from the end of one pregnancy to either the next pregnancy or 24 months postpartum, whichever comes first”**
- **Services provided to high-risk women and infants**

Disparities Addressed by ICC

- **Birth spacing**
 - **Black and Native American women have the highest rates of short interpregnancy intervals**
- **Breastfeeding**
 - **Black women have the lowest breastfeeding rates**
- **Infant sleep position/Sudden Infant Death Syndrome**
 - **Black women are more likely to place their infants to sleep in a prone position**

Data Sources and Methods

National Survey of Healthy Start Programs

- Provides a national snapshot of program implementation
- Data collected during summer/fall 2004; reflects program characteristics in 2003
- Project director or designee completed survey electronically
- Responses from 95 of 96 programs
- Caveats
 - Self-reported data
 - Programmatic changes since 2003

Case Studies in 8 Selected Sites

- **Goal was to understand how projects are designed and implemented to improve perinatal outcomes**
- **Individual interviews with project director, case managers, clinicians, consortium members, local evaluator, and other community-based stakeholders**
- **Group interviews with outreach/lay workers**
- **Cross-site analysis of characteristics, accomplishments, and challenges**

Healthy Start Participant Survey

- **Goal was to gain insight into implementation of Healthy Start from the participant perspective**
- **Survey fielded Oct. 2006 to Jan. 2007 in 8 sites**
 - **Interviews conducted using Computer Assisted Telephone Interviewing (CATI)**
 - **Interviews took 30 minutes on average**
- **Interviews conducted in English and Spanish**
 - **Interpreters available for other languages**
- **\$25 gift card mailed to survey respondents to thank them for their time**

Healthy Start Participant Survey (cont.)

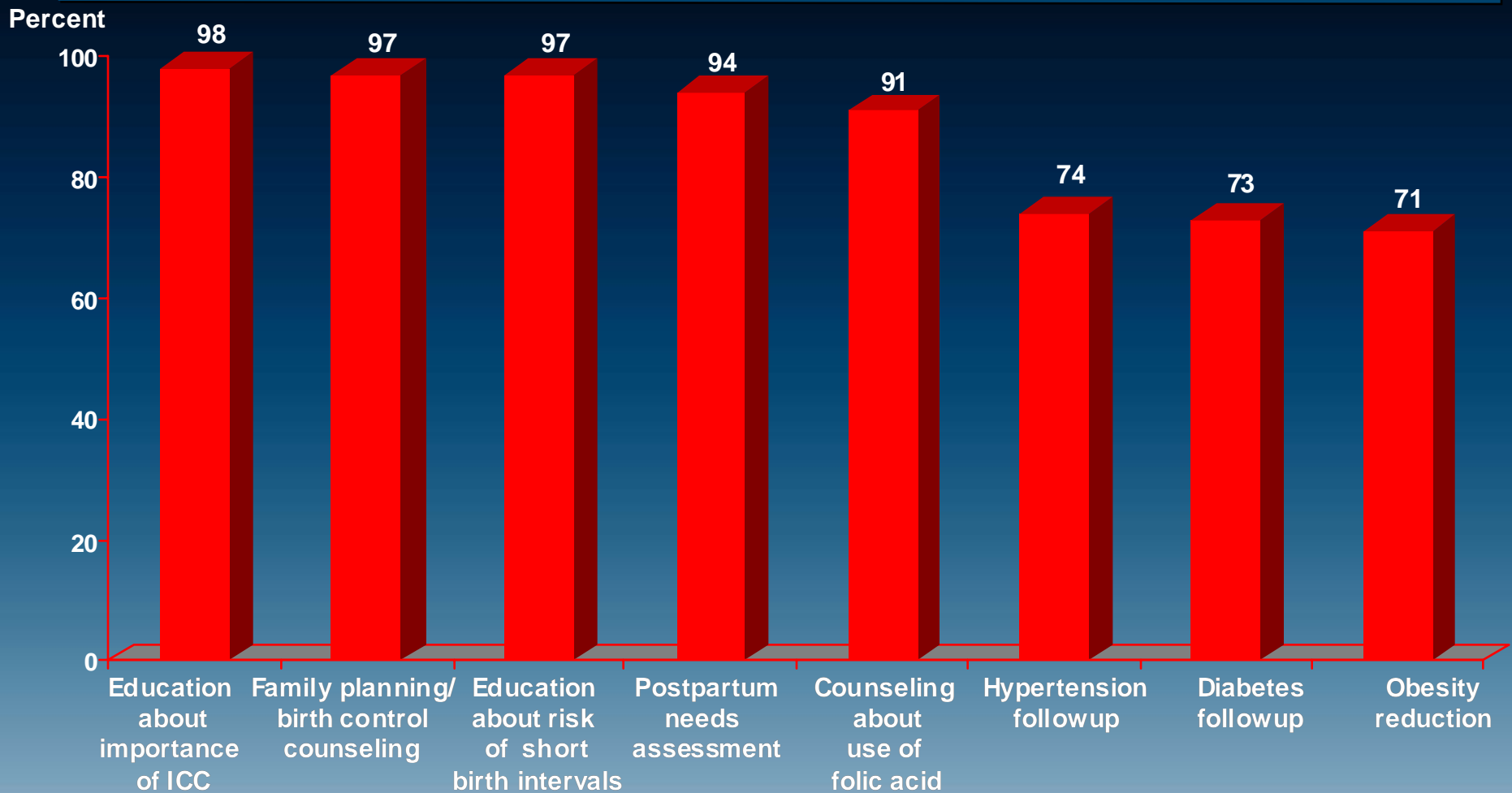
- **Sample included Healthy Start participants with infants ages 6 to 12 months at time of interview**
- **653 completed cases across 8 sites (ranging from 24 to 155 per site)**
- **Overall survey response rate was 62% (ranging from more than 80% in 5 sites to 33% in 1 site)**
- **Weights adjusted for non-response**

Program-Level Findings

Overview of Program Characteristics

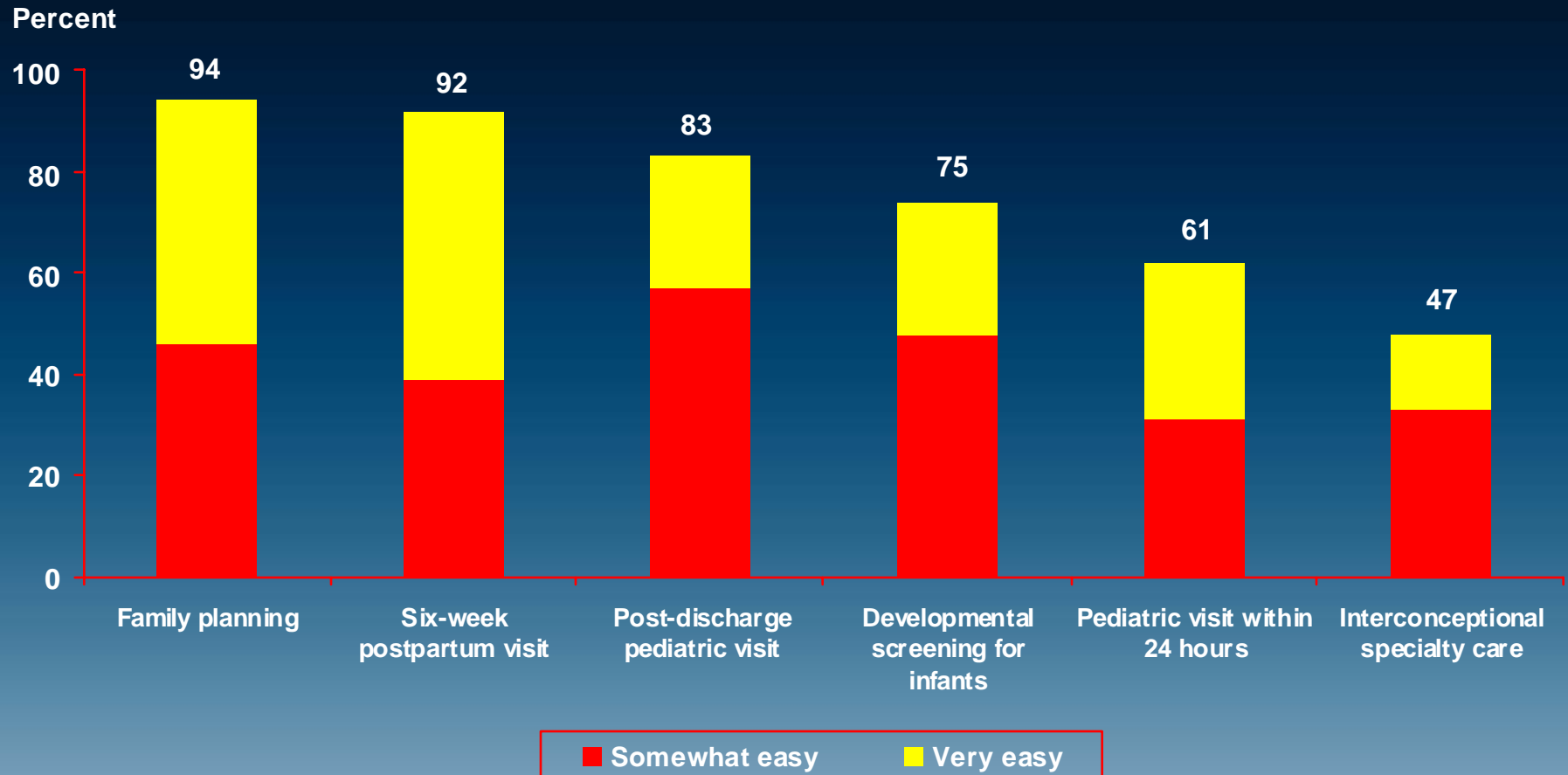
- All but two programs provided ICC services in 2003
 - Most programs provided health education services related to ICC
 - Fewer programs addressed medical risk factors (hypertension, diabetes, obesity)
 - Programs were “infant-focused” rather than “woman-focused” during ICC period
 - Programs focused on maintaining existing prenatal participants rather than enrolling new participants during ICC period
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Selected ICC Services Provided by Healthy Start Programs



SOURCE: National Survey of Healthy Start Programs 2004.

Grantee Perceptions of the Ease of Access to Selected ICC Services



SOURCE: National Survey of Healthy Start Programs 2004.

Participant Retention and Followup During the Interconceptional Period

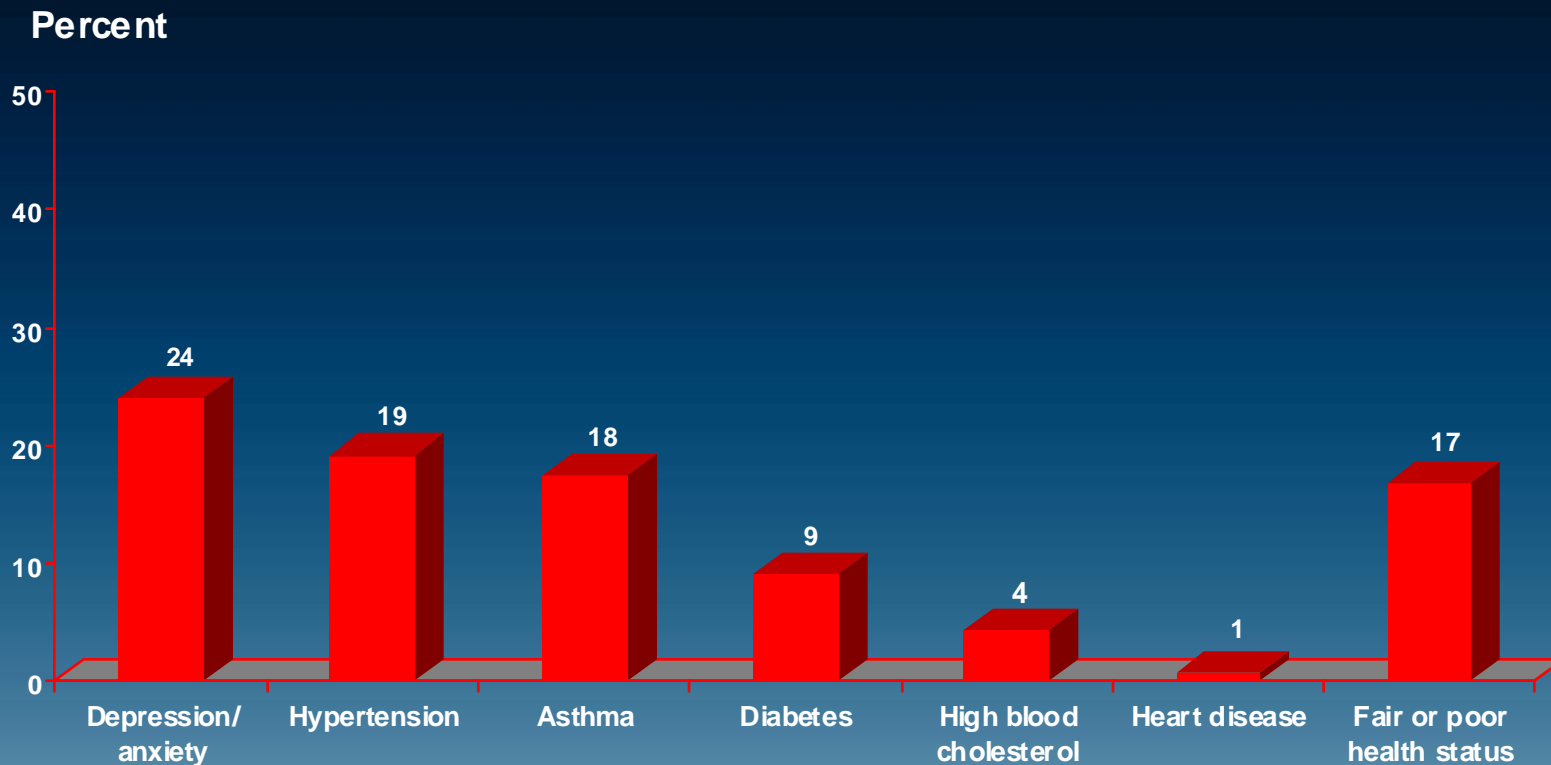
- Retention of interconceptional clients was more challenging than prenatal clients
 - Most common barriers were lack of transportation, housing issues, lack of insurance coverage, and more pressing issues among participants
 - Duration of followup varied: 83% followed ICC clients for 2 years, but 8% followed them for 1 year, and 10% varied by client need
 - Intensity of followup also varied: during 12 months postpartum, 60% had contact at least once a month on average, 20% every other month, and 11% three or four times a year
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Participant-Level Findings

Key Findings

- **Perinatal depression was a common condition among participants**
- **Most participants received counseling about folic acid, but few took multivitamins daily**
- **Most participants received advice about birth spacing, but few were aware of the recommended interval and a sizable proportion were pregnant 6 to 12 months postpartum**
- **Alcohol use and smoking declined during pregnancy but reverted back toward pre-pregnancy levels**
- **Access to care was better for infants than their mothers**

Self-Reported Health Status and Conditions



SOURCE: 2006 Healthy Start Participant Survey

Perinatal Depression Status

- **15% of participants reported taking medication for depression, anxiety, or emotional problem in the past 12 months**
- **23% reported receiving counseling for depression, anxiety, or emotional problem in the past 12 months**
- **20% reported accomplishing less than they would like as a result of feeling depressed or anxious all, most, or some of the time in the past 4 weeks**

Social Supports

- **81% reported there was someone they could turn to for day-to-day emotional help with parenting**
- **55% reported they could count on someone very or fairly often to watch their baby if they need a break**
- **46% consider their neighborhood very safe and 38% consider it fairly safe**

Folic Acid Use

- **91% of HS programs nationally provided counseling on the use of folic acid**
- **92% of HS participants in 8 sites reported receiving counseling on taking folic acid or vitamins**
- **32% of HS participants in 8 sites reported multivitamin use at least once a week**

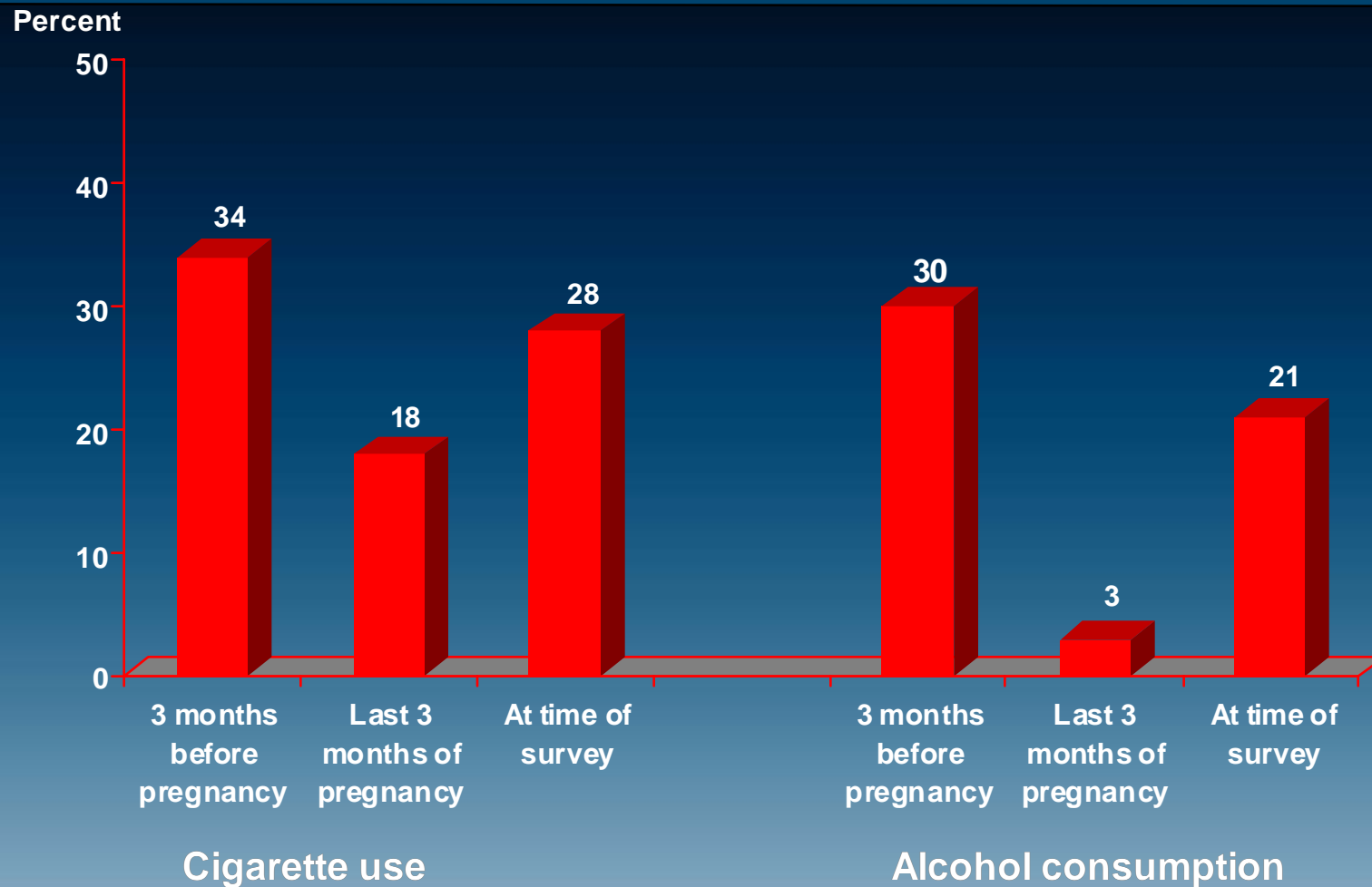
Birth Spacing

- **63% reported that they received advice about how long to wait before their next pregnancy**
 - **Of these, 24% reported they were advised to wait more than 2 years**
 - **10% reported they had become pregnant 6 to 12 months after their “Healthy Start” pregnancy**
 - **HP 2010 target for short birth intervals is 6% within 24 months**
 - **Among those not pregnant at time of survey, 83% reported having a birth control or family planning method**
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Smoking and Alcohol Consumption

- **Healthy Start participants were more likely to stop drinking alcohol during pregnancy than to stop smoking during pregnancy**
- **Patterns of smoking and drinking post-pregnancy reverted back toward pre-pregnancy levels**

Cigarette and Alcohol Use Before, During, and After Pregnancy

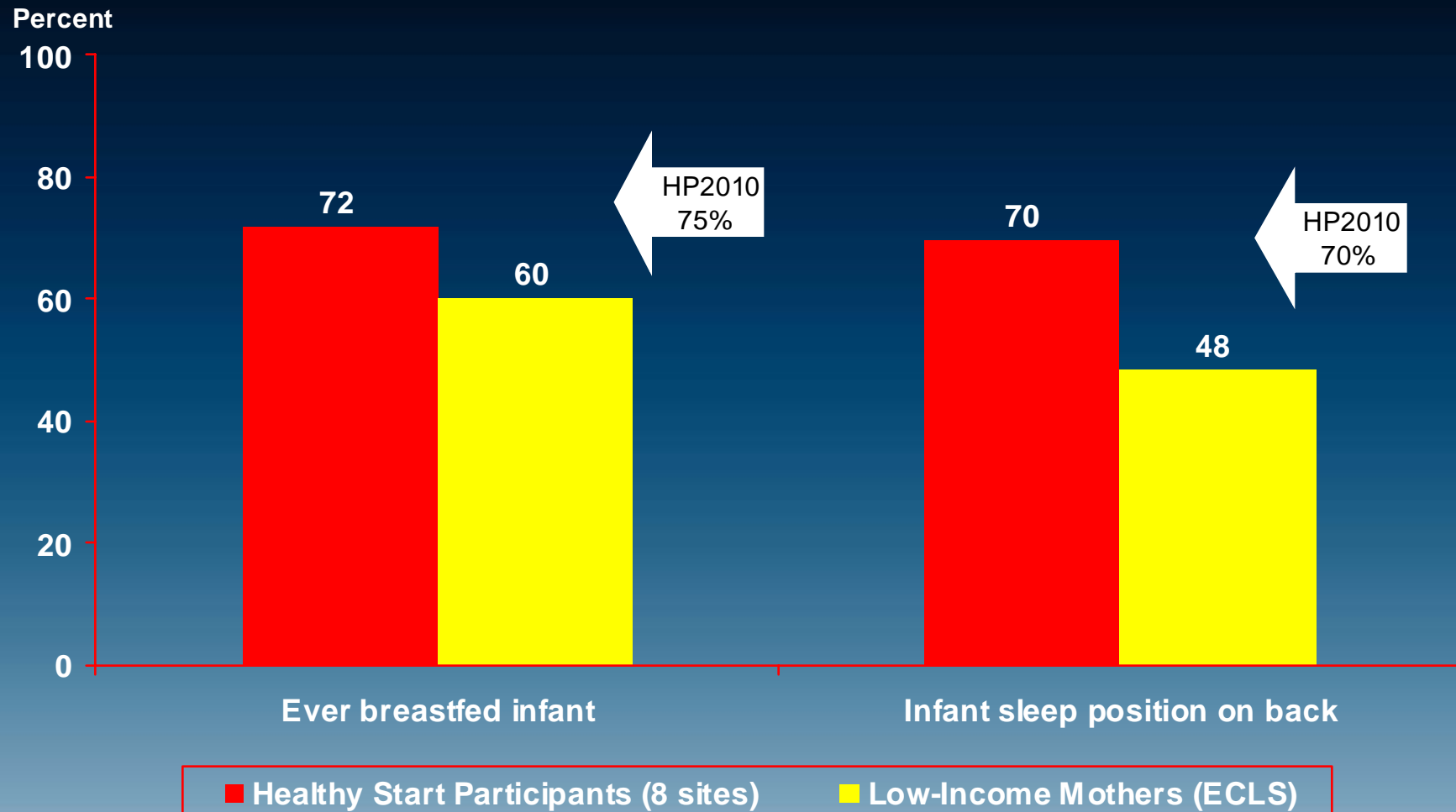


SOURCE: 2006 Healthy Start Participant Survey

Infant Health Outcomes

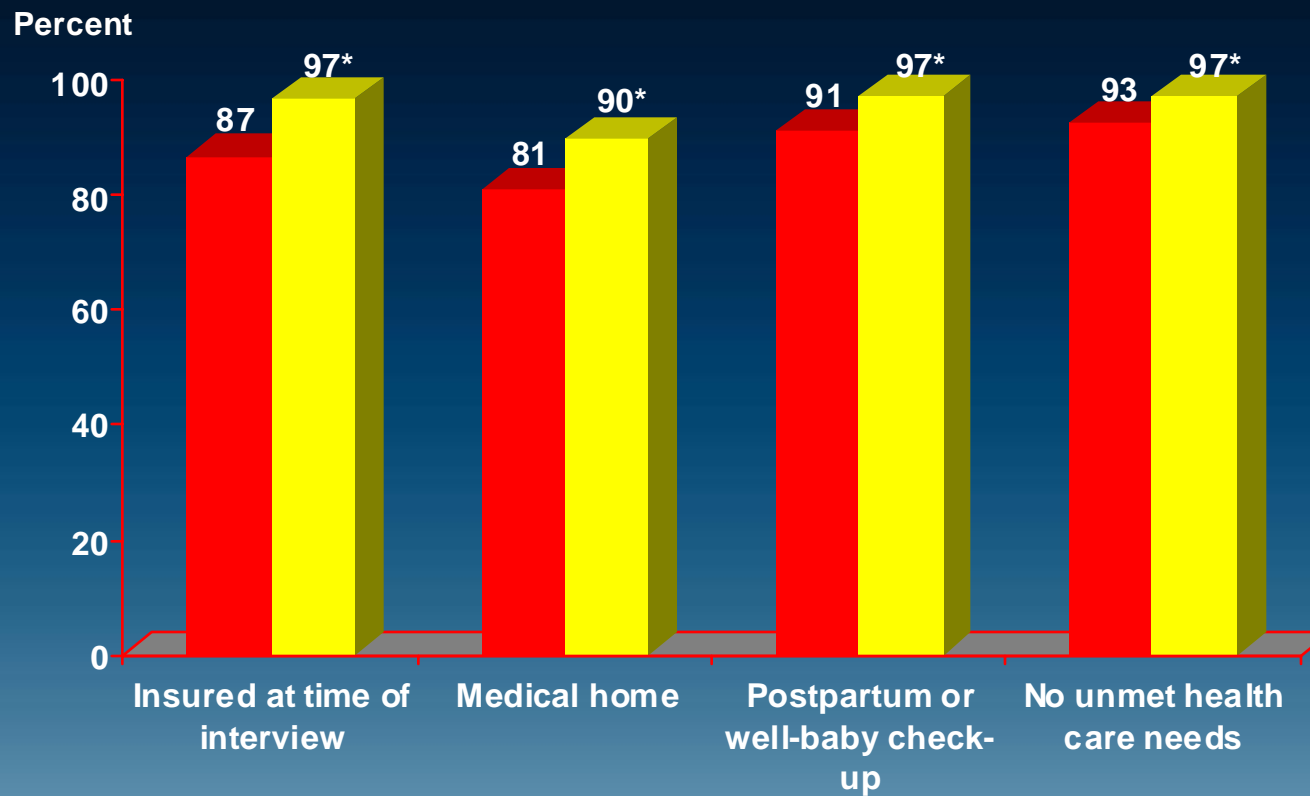
- **Healthy Start participants in 8 sites had favorable infant health outcomes related to breastfeeding and infant sleep position, relative to low-income mothers nationally and the Healthy People 2010 goals**
- **Lack of national benchmark data on women's health outcomes**

Infant Health Outcomes



SOURCES: 2006 Healthy Start Participant Survey; 2001-2002 Early Childhood Longitudinal Survey.

Infants Have Better Access to Care Than Their Mothers



*Significantly different (P<.01)

■ Women

■ Infants

SOURCE: 2006 Healthy Start Participant Survey

Implications

Implications for Practice

- **Explore variation among grantees in duration and intensity of contact during ICC period**
- **Assess opportunities for devoting more attention to women's health outcomes during ICC period**
 - **Enhanced followup and management of chronic disease (hypertension, diabetes, obesity)**
- **Work remains to achieve smoking cessation goals**

Implications for Medicaid Policy

- **Lack of insurance coverage frequently cited as a barrier to obtaining interconceptional care**
- **Many women lose Medicaid coverage 60 days after delivery**
- **Healthy Start grantees noted that gaps in Medicaid coverage limit access to family planning and other health care (including depression treatment)**
- **Lower levels of access among women than infants consistent with these concerns**

Implications for Research

- **Develop national benchmark data on women's health outcomes (e.g., birth spacing, chronic disease management)**
- **Identify best practices in retaining participants during the interconceptional period**
- **Determine features of ICC that are culturally appropriate in different populations**
- **Expand evidence base on the effectiveness of ICC in improving outcomes and reducing disparities**