



## **Prenatal Assessment and Education Program**

According to the March of Dimes, in 2003 more than 323,000 babies (7.9%) are low birth weight (defined as less than 2500 grams or 5.5 pounds), while 59,000 (1.4%) are very low birth weight (defined as less than 1500 grams or 3.3 pounds). More than 12% are preterm births or 1 in every 8 births.

The percentage of women seeking and obtaining prenatal care during the first trimester has increased over the years. Many high-risk women, however, continue to experience difficulty in accessing early prenatal care. The San Antonio Metropolitan Health District, reports that in 2003, 14% of pregnant women in Bexar County received late or no prenatal care. This is of particular concern for the pregnant teen, as 6% of all live births in Bexar County in 2003 were to young women under the age of 20.

Access to early prenatal care is a hallmark of quality health care. Community First Health Services Staff outreach to 100% of newly enrolled members. Successful contact has increased from 35% in August 2000 to 75% in August 2002. Barriers to contact across the state include inaccurate telephone numbers and addresses. Community First remains committed to continual improvement in outreach efforts to the prenatal population.

The Health Services Staff collaborate with health plan providers to offer comprehensive perinatal services, as we believe education is an important factor in changing behaviors and improving the overall health of our members. Outreach to pregnant members includes:

- completion of a prenatal health risk assessment;
- referral to educational or community resources, as needed;
- education regarding the importance of early prenatal care;
- assignment of a pediatrician prior to birth and newborn check-ups; and
- education regarding the importance of the 6 week postpartum visit.

Community First Health Plans is committed to addressing these issues at large, through our *Healthy Expectations* prenatal program, because of the opportunity for a “win-win” situation. Health outcomes can be improved, at the same time that the high costs of perinatal care can be reduced. The *Healthy Expectations* program utilizes two phases to outreach and educate prenatal members.

An assessment program for identified pregnant women provides an opportunity to identify risk factors. Social and behavioral health education and referral are typical outcome strategies at the initial assessment phase. When completed, the

risk tool allows clinical staff time to outreach to those at increased risk for complications. Those at lower risk are sent educational materials by mail and encouraged to attend community sponsored prenatal education classes. Pregnant members are routinely reassessed at 20-24 weeks gestation, to evaluate for changes in prenatal health.

A high-risk component to the prenatal program allows clinical staff an avenue for conducting ongoing education and outreach to women at a higher risk for adverse pregnancy outcomes. This component of the program was initiated in November 1999, and is intended to provide education and assistance to our members who are at risk for experiencing pregnancy complications, especially premature labor. Registered nurses, who have specialized and have clinical experience in obstetric care nursing, provide education and assistance in coordination of necessary services.

The phases of the *Healthy Expectations* prenatal program provide numerous opportunities to assess member health, pregnancy status, to promote compliance with appropriate perinatal guidelines, and provide member education. Programs such as our *Healthy Expectations* have been recognized by the American Association of Health Plans as best practices in case management for prenatal care. Academic research and experience by other health plans have demonstrated a decrease in the costs of newborn care, mostly due to the prevention of premature births.