

- In 2003, Ohio Medicaid covered prenatal care for 32 percent of women who gave birth.
 - Most of these women (66 percent) had more than two risk factors for infant mortality as compared to 17 percent of women not on Medicaid.
 - The percent of women who delivered within 12 months of their previous delivery was 4.1 percent in the Medicaid population, compared to 3.2 percent for non-Medicaid women.

The overall goal to reduce deaths in the maternal care category is to ensure access to prenatal care and specialized care for high-risk women. Strategies include:

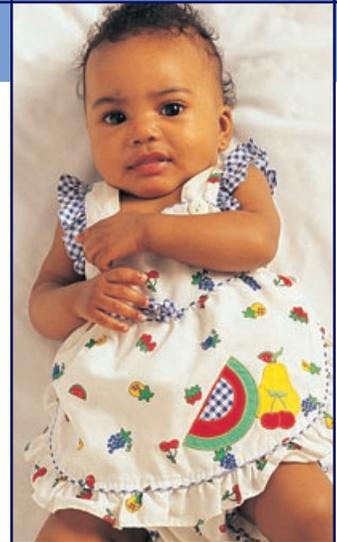
- Expanding Medicaid coverage for pregnant women from 150 percent of the federal poverty level to 200 percent.
- Applying for appropriate federal and private funding to provide health and/or social services to women of childbearing age to ensure healthy pregnancies and babies.
- Piloting mother-focused interconception visits to improve outcomes of subsequent pregnancies for women who have previously delivered a baby of low birth weight (< 2,500 grams).

Newborn Care

Deaths in this category occurred among infants with birth weights greater than 1,500 grams and within the first 28 days of life. Technologic and pharmaceutical advances such as the development of neonatal intensive care units and the use of artificial surfactant, have contributed to increased survival in this group.

Goals to further reduce mortality in the newborn care category include maintaining the progress already seen and promoting opportunities for technical advancements. Specific strategies include:

- Continuing regionalization of neonatal care so VLBW and other at-risk infants are born at hospitals with specialized nursery care for high-risk infants.
- Implementing a statewide birth defects system that includes reporting of children and referrals to public health programs.
- Promoting improved collection of Vital Statistics data for monitoring purposes.
- Promoting continuous quality improvement initiatives for neonatal intensive care units and hospitals.
- Disseminating information to health care providers about new technical advances as they become available.





Summary

Public health practitioners face many new challenges at the start of the 21st century. Today's maternal-child health professionals must be innovative and efficient by using data (such as PPOR) and maximizing utilization of available resources. Ohio must take action to protect and improve the health of Ohio's women, children and families by providing public health services through local, state and national partnerships.

To increase efficiency, strategies to promote reproductive health for women and their babies should focus on populations at greatest risk for poor health and birth outcomes. The PPOR method has helped to define this group within Ohio. It includes blacks of all ages and teens (15-17 years) of all races and ethnicities; however, disparities are greater in some categories than others. Specific strategies to address the four categories within the PPOR method have been listed for Ohio. The common theme throughout all the categories is improved access to health care before, during and after pregnancy for both mothers and babies. Women who are healthy have a much greater chance of having a healthy pregnancy resulting in the birth of a healthy baby.



Healthy Women.....Healthy Mothers.....Healthy Babies





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