



# Fact Sheet

## Maternity Support Services

January 2010

The Maternity Care Access Act of 1989 recognized the direct link between preventive care for pregnant women and healthier babies and families. Not only do timely maternity support services reduce infant illness and death, they also contain the excessive health care costs associated with premature and low birth weight babies.

For over 20 years the Maternity Support Services (MSS) program has provided a wide range of essential preventive services to support pregnant women and their infants covered by Medicaid and CHIP. These services supplement medical visits and include screening, assessment, education, intervention and brief counseling. They are provided by teams of community health specialists, including nurses, nutritionists, behavioral health workers and, in some agencies, community health workers. The intent is to provide MSS as soon as possible to promote positive birth and parenting outcomes.<sup>1</sup> In Fiscal Year 2009, over 50% of Washington State births were funded by Medicaid and over 50,000 women received MSS.

The Legislature enacted a 20% reduction in the MSS program for the 2009-2011 Biennium. This cut the program to the bone and it now serves only the very highest risk women. The Governor has proposed a "suspension" of the entire program effective July 1, 2010.

**Achieving outstanding results.** The MSS program has consistently demonstrated improved birth outcomes. A three-year evaluation demonstrated that women who receive MSS are 8% less likely to deliver a low birth weight baby. The rate reduction was even more pronounced for Hispanic women who were 20% less likely to have a low birth weight infant and 15% less likely to have a preterm birth as a result of MSS services.<sup>2</sup> A similar study cited striking results for African American women receiving MSS in King County, showing a 50% reduction in low birth weight for those who received MSS services during pregnancy.<sup>3</sup>

**Reducing long-term state costs.** By reducing low birth weight babies, the MSS program saves scarce Washington State resources.

- In the short term, low birth weight babies increase state costs dramatically. The average medical costs for a preterm baby were more than 10 times as high as they were for a healthy full term baby. The costs for a healthy baby from birth to his first birthday were \$4,551. For a preterm baby, the costs were \$49,033.<sup>4</sup>
- In the long run, eliminating MSS will cost taxpayers more than retaining the program. In addition to medical costs in the first year, increases in low birth weight creates a much larger bow wave of costs into the future in health care, education, developmental disabilities and social services. For example, low birth weight children are more than twice as likely to be hospitalized before age five, 50% more likely to need special education and 31% will repeat a grade by the 10th grade.<sup>5</sup>

**The cost of the MSS program is subsidized by the federal government.** Washington receives over 60% federal match for each dollar expended on MSS.

<sup>1</sup> First Steps Manual, WA State Dept. of Social and Health Services and WA State Dept. of Health, 9/19/2007.

<sup>2</sup> Evaluation based on 1999 – 2002 data. "The impact of the First Steps prenatal care program on birth outcomes among women receiving Medicaid in Washington State," Amira et al, Health Policy: 92:1 49-54, Sept 2009.

<sup>3</sup> Laurie Cawthon, Dept. of Social and Health Services, May, 2009.

<sup>4</sup> "The Cost of Prematurity to U.S. Employers." March of Dimes Foundation, 2008. Report summary available at [http://marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008\\_SummaryDocument\\_final121208.pdf](http://marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008_SummaryDocument_final121208.pdf).

<sup>5</sup> "The Direct Cost of Low Birth Weight," Lewitt et al, Future of Children: Volume 5, Number 1, Spring 1995.