

Healthy Mothers Healthy Babies



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Louisiana



Linking Data to Expand Medicaid Coverage for Maternal Health Services, Promote the Health of Mothers and Babies

Public Health Problem

Louisiana women who have no private or public insurance are at increased risk for inadequate or late entry into prenatal care, and their infants are at increased risk for low birth weight and death. Economic research has shown that health care financing policies can provide uninsured women with greater access to clinical prevention services (including prenatal care), increase their use of such services, and improve their health care outcomes.

Program Example

Louisiana's Maternal Child Health and Medicaid programs collaborated on a project that linked Medicaid and birth record files to search for economic reasons why adverse maternal and child health outcomes occur. Women without access to Medicaid or private insurance were found to be at higher risk for adverse pregnancy outcomes, including delivery of an infant with low birth weight. Louisiana's Medicaid officials used results from this analysis to brief state legislators and policy makers and to propose that the state expand its Medicaid coverage. The state legislature used the results of this analysis to support an expansion of the Medicaid program to include those women below 200% of the poverty level. This change in eligibility criteria will give more uninsured mothers access to much-needed preventive services during pregnancy and delivery.

Implications and Impact

Louisiana's experience demonstrates how linking Medicaid and birth record data can provide the evidence needed to modify programs so that women at highest risk for adverse maternal outcomes receive access to the health care services they need. In this case, results from these analyses were used to support policy changes that lifted financial barriers so that more uninsured women could receive maternal and child health care services.

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Strengthening Reproductive Health Surveillance Systems to Prevent Maternal Deaths

Public Health Problem

Women in Mississippi are at higher risk for death than U.S. women overall, according to state maternal mortality data. The state needs a surveillance system that identifies and interprets factors related to maternal mortality because such information could be used to develop targeted prevention interventions and programs for women of reproductive age.

Program Example

A public health work group oversaw the evaluation of Mississippi's maternal mortality system. CDC's surveillance system guidelines were used to identify weaknesses and opportunities for expansion. Results from the evaluation revealed that the current system's design limited the state's ability to identify opportunities for prevention activities. The findings also highlighted the potential benefits of creating a linkage to the state's infant death surveillance system. Mississippi is now developing a new maternal mortality surveillance system, which includes features recommended by CDC's guidelines. The system features components that strengthen maternal and infant mortality investigations, reporting, and risk factor identification. The state department of health hopes to use the expanded system to better inform programs involved in the delivery of maternal and infant health services.

Implications and Impact

Mississippi's experiences are a model that can be replicated in other states seeking to improve the effectiveness and efficiency of their reproductive health surveillance systems.