

**Health and Senior Services Commissioner
Heather Howard
Prenatal Care Awareness Campaign
Assembly Health and Senior Services Committee
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Good morning Chairman Conaway and distinguished members of the Assembly Health and Senior Services Committee.

I am pleased to join you today to discuss an issue that has been a priority for me throughout my career, maternal and child health.

Each year, thousands of pregnant women come to prenatal care late or fail to receive any type of care. In fact, New Jersey ranks 40th in the nation in the percentage of women receiving prenatal care during the first three months of pregnancy. This sobering statistic earned New Jersey a failing grade for early access to prenatal care from the National Women's Law Center.

This should be unacceptable to all in New Jersey.

Prenatal care is also unfortunately an area where we see very troubling racial disparities in access to care. While eighty percent of New Jersey women overall received care in the first trimester of pregnancy, only 64 percent of black women and 69 percent of Latinas received this crucial care. And although black infant mortality is decreasing in New Jersey, an African American infant is three times more likely to die before reaching the age of one than a white infant.

Additionally, the March of Dimes recently gave New Jersey a D grade for our rate of premature births – 12.5% of all births in New Jersey are preterm.

These statistics make it clear that our state needs to improve access to prenatal care for the sake of our mothers and babies and their families.

Why is this so important? We know that women who receive prenatal care beginning in their first trimester tend to stay healthier and have healthier babies. Inadequate prenatal care late in a pregnancy can lead to dangerous complications including low birth weights, infant mortality and—even the death of a mother.

We know that the first three months of pregnancy are critical to a baby's development. The development of critical organs in the baby begins in the first two months of pregnancy, which is before most women even seek prenatal care. A woman who sees a health care provider early in her pregnancy can be counseled on ways to ensure a healthy pregnancy and she can also be screened for risk factors. Most risks can be managed effectively by early intervention. Quite simply, a healthy mother equals the best chance of a healthy baby.

Since one-third of all pregnancies in our state are unplanned or mistimed, we also know it is imperative to give women appropriate care even before they become pregnant to ensure they are in optimal health when they enter pregnancy.

I convened the Prenatal Care Task Force in February 2008 to examine the barriers women face in obtaining early prenatal care and to identify “best practices” to increase early prenatal care. The Task Force included experts with a wide range of backgrounds, including physicians, nurses, midwives, and representatives of hospitals, primary care, family planning and child health advocacy groups.

I announced the findings and recommendations of the task force during the 9th annual Perinatal Health Disparities Conference in Newark, which was attended by 400 maternal and child health professionals and advocates.

The Task Force identified several barriers to early prenatal care. First was a lack of health insurance. Second were unintended pregnancies or women who weren't aware they were pregnant. Third was the extended wait for OB/GYN appointments.

The report found that while commercially insured mothers have the highest rate of early prenatal care at 96%, uninsured mothers have the lowest rate at 73%. I am pleased that the recent expansion of NJ FamilyCare will assist in getting more women into regular and preventive care that can keep them healthy before, during and after pregnancy. This is yet another reminder about the public health implications of universal health care and the importance of ensuring that all have women and their families have access to this basic right.

While health care is a concrete need, education is an overarching principal in public health and hence another key recommendation of the task force was to increase education and promote awareness of the importance of prenatal care and preconception health among both the public and health care providers. With increased education, we can move closer to our goal of ensuring that all women of childbearing age in New Jersey receive preconception care services that will enable them to enter into a planned pregnancy in optimal health.

To promote the need for women to receive early prenatal care and to have a healthy pregnancy and birth, I began the “A Healthy You = A Healthy Baby” campaign to raise awareness among women and the public.

During the campaign, I have visited WIC clinics in Newark and Camden; health centers in Jersey City, Asbury Park, and Irvington; a Trenton Community Baby Shower; and met with college students.

I spoke with women about how their actions today can affect the health and well-being of future children, and the importance of maintaining a healthy lifestyle before they get pregnant, during pregnancy and in between pregnancies.

During my visit to an FQHC in Jersey City, I spoke with several young moms and pregnant women who talked about what an important resource the health center was to them. When they visit they have access to family planning services, routine and specialized gynecological services, maternity care, and pediatric care for their children. As I traveled around the state, women emphasized that our health centers, WIC clinics, and family planning agencies are vital lifelines, especially during pregnancy—when they need care the most.

Our message of having a healthy pregnancy is not just for pregnant woman, but for all women and their families as well. Since one-third of all pregnancies in our state are unplanned or mistimed – below the national average but still too high -- we also know it is imperative to get women into care even before they become pregnant. This will help them plan their pregnancies and ensure they are in optimal health when they become pregnant. For example, we know that taking a folic acid supplement at least a month prior to conception can reduce neural tube defects 70 percent. In addition, glucose control before and during pregnancy can decrease chances of maternal morbidity, spontaneous abortion, fetal malformation, intrauterine fetal death and neonatal morbidity.

The Task Force recommended that the state improve access to care by promoting use of preconception care and family planning. Policies that promote family planning are a priority not only because they can reduce unintended pregnancies, but also because they can improve the initiation of early prenatal care. Currently, New Jersey serves about 130,000 women of childbearing age at family planning centers. However, this represents only one third of the estimated women in need of publicly supported reproductive health care.

To increase the number of women who receive these services, the Department of Human Services, in collaboration with DHSS, will submit an application for a Family Planning Waiver to the federal Centers for Medicare/Medicaid Services. The waiver will enable thousands of low-income New Jersey women to gain access to reproductive health care services, and preconception and interconception education and counseling.

I am also pleased to report that Medicaid has agreed to cover a preconception counseling visit, during which women who are planning a pregnancy can be counseled on issues such as the importance of maintaining a healthy diet weight and stopping smoking, drinking and illegal drugs.

As a state we also have a responsibility to ensure that a sufficient network of physicians and other medical professionals exists for those women who do seek preconception and prenatal care. A survey of prenatal care practitioners for the Task Force report revealed that in some areas of the state women wait from six to eight weeks for an appointment.

We have to do better.

At a time of distress in our hospital system, we must remain vigilant to preserve access to care by ensuring that a sufficient network of practitioners exists in all regions of our state.

The Department is partnering with the regional Maternal & Child Health Consortia to track providers and address shortages. We will also monitor provider capacity using data from electronic birth certificates.

During the prenatal campaign, we were able to announce two exciting expansions of services to increase access to preconception and prenatal care. In December, the Department and Planned Parenthood announced a new prenatal clinic in Paterson to address a need for additional community services since the closure of Barnert Hospital. Planned Parenthood's new prenatal center expects to serve 600 moms annually in Paterson.

Additionally, we were able to award \$300,000 in funding to the Horizon Health Center in Jersey City to expand prenatal care services in Hudson County. I had the pleasure of meeting a Bayonne woman pregnant with her second child who traveled to Jersey City to receive prenatal care. Soon it will be much easier for her and other pregnant women to receive care right in Bayonne when Horizon expands.

This funding is part of a broader effort to expand prenatal services at New Jersey's health centers. The budget dedicated \$5 million to expand services and hours at New Jersey's community health centers. Health centers that are increasing OB/GYN services were given priority for the funding. The Governor discussed this initiative in his State of the State address this week and will be announcing the rest of these grants shortly.

We are also working to identify high-risk communities for improvement of prenatal care rates and infant mortality rates – indeed, the Task Force report includes an innovative perinatal risk index for all communities in the state. With this information, we will be targeting our tools to the communities in greatest need. The Department is drafting a request for applications to redirect current funding to areas of critical need.

As the Task Force recommended, we are also collaborating with other state agencies to promote the importance of a healthy lifestyle before and during pregnancy. For example, the Department of Education is reviewing recommendations for family life education as they revise core curriculum standards for health and physical education.

In addition, the Department of Children and Families will promote early and regular prenatal care through home visitation programs for pregnant women and new parents.

With improved education and access to care, we can come closer to our goal of ensuring that all women of childbearing age receive preconception and prenatal care services. This important care will keep women healthier and give the youngest New Jerseyans a healthy start in life.

Another critical component of giving our children a healthy start is newborn screening. This year, the Department will expand newborn screening based on the recommendations of the Annual Newborn Screening Review Panel, an expansion that is consistent with national standards.

Newborns will now be screened for 54 diseases or conditions, up from 20. We know that early detection and treatment of these disorders can prevent life-long disabilities, including mental retardation, developmental disabilities, and life threatening infections. Without treatment, permanent disability—or even death—can occur. This expansion is a critical tool to ensure that newborns receive timely and appropriate services so that they have the best chances to survive and thrive.

As a mother, I understand that we all want the best for our children. Despite the many economic and other challenges that many women confront, they are committed to keeping their families healthy. With increased focus and access to early care for both moms and babies, we can help the women of New Jersey have a healthy pregnancy and birth and give their children a healthy start in life.

Thank you for your interest in the health of the mothers and infants of our state. And now, I would be happy to answer your questions.