



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Timely Newborn and Well-Baby Care

The multidisciplinary pediatric health program “Bright Futures” (see *Resources* below) recommends that every newborn be examined by a health care provider in the first week of life, and that well-baby visits occur monthly for the first six months of life. PRAMS allows us to estimate compliance with those recommendations for New Jersey newborns, and correlate timely well-baby care with a variety of medical and social characteristics.

Figure 1 addresses the first pediatrician visit for newborns that did not require admission to the neonatal intensive care unit. Among such normal newborns whose mothers had private insurance during pregnancy, 81.9% were seen in the first week after hospital discharge. When mothers were enrolled in NJ FamilyCare (the expanded Medicaid program), the likelihood of this outcome was only 73.1%. Annual estimates of infants not examined in the first week are 10,800–12,300 for private insurance and 7,100–8,100 for FamilyCare (population estimates are provided in a data supplement available via the PRAMS website).

Timely infant examinations also varied by race/ethnicity and mother’s education. Among the privately insured, infants born to mothers who were black, had less than a high school education or had two or more other children were especially less likely to be

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 48 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ From 2002 to 2006, 9,674 mothers were interviewed with a 72% response rate. (Data for 2006 is provisional.)

examined in the first week. Among FamilyCare participants, infants of foreign-born Hispanic mothers were least likely to be examined in the first week (an estimated 1,600–2,200 infants annually).

Newborns that required NICU admission were seen in the first week more frequently: 91.8% for private insurance and 82.2% for FamilyCare (Figure 2). In spite of higher overall adherence, mothers in FamilyCare, from minority groups or with less than high school education again experienced a significant disadvantage.

Figure 1: Pediatric visit in first week after discharge, No NICU

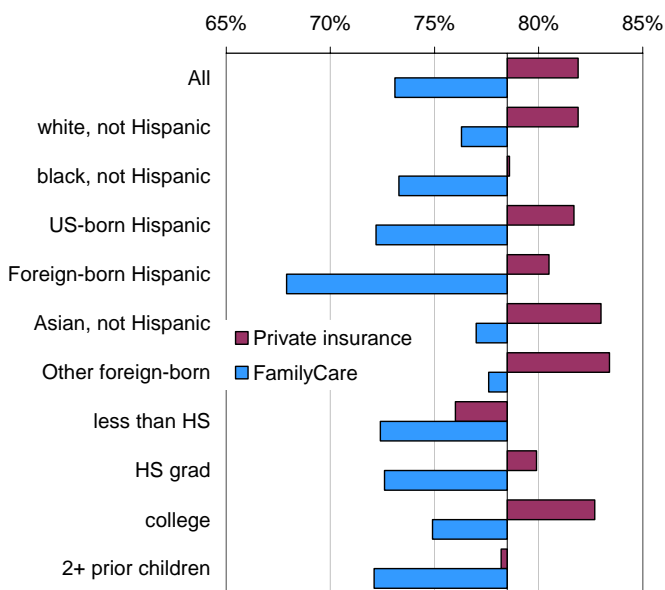
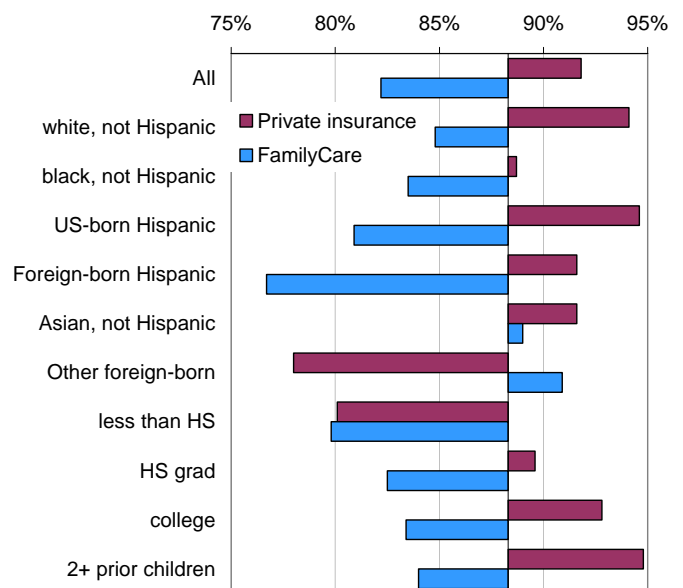


Figure 2: Pediatric visit in first week after discharge, NICU Admits



By the time of the PRAMS interview, most infants should have had at least two monthly well-baby visits. This is achieved for 90.2% of all infants, and is independent of NICU admission. Figure 3 demonstrates that insurance status, race/ethnicity and education also play a role in this outcome, although the variation between groups is somewhat less pronounced than for the first-week visit.

Agenda for Action

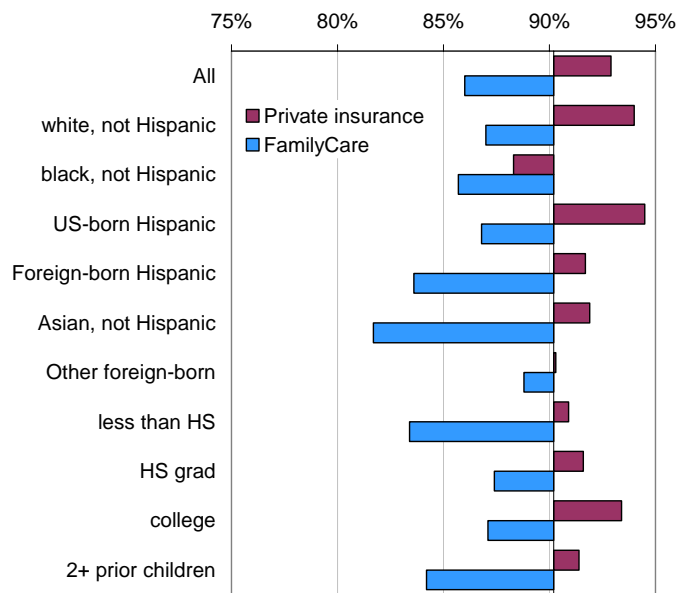
Timely well-baby care increases the opportunity to identify newborn problems early and generally promote healthy home care. Lack of health insurance is associated with delayed and/or omitted well-baby care. Immunization, developmental assessments, and early childrearing support are at risk without such care. For example, another PRAMS brief documents that significant numbers of newborns are not being put down to sleep on their backs, an important measure to prevent SIDS.

It is not clear why newborns delivered under NJ FamilyCare should not subsequently receive timely care. Barriers to well-baby care may include inadequate information, inconvenient office hours, transportation difficulties, and the need to care for other children.

Strategies to ensure follow-up care should address communications among parents and all providers, processes of care, and education about early infant health concerns:

- ✓ Parents and obstetric providers need to connect with pediatric providers before the infant is born, and understand how the transition will work—especially when in-hospital and post-discharge pediatric providers will be different.
- ✓ The delivery hospital, as it plans for discharge, should schedule or verify follow-up appointments for infant and mother.
- ✓ Early diagnostic concerns (e.g., hyperbilirubinemia) need to be reinforced for parents and pediatric providers.
- ✓ In some cases, greater urgency or logistical barriers might require home visits or conducting the first-week visit back at the delivering hospital.
- ✓ Insurance plans should recognize and encourage coordination of well-baby and post-partum care.

Figure 3: 2+ WBC visits, All infants



Resources

NJ FamilyCare offers comprehensive health insurance for families and children: <http://www.njfamilycare.org/>

“Bright Futures” is a comprehensive, multidisciplinary program for pediatric health care and preventive services: <http://brightfutures.aap.org/web/PublicHealthProfessionalsInPractice.asp>

The Kaiser Family Foundation conducts policy analysis and research on women’s reproductive health and children’s health: <http://kff.org/womenshealth/repro.cfm>; <http://kff.org/medicaid/children.cfm>

Contact PRAMS

www.nj.gov/health/fhs/professional/prams.shtml

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