



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

Timely Post-Partum Care for Mothers

Every delivering woman should have a check-up with her obstetric provider about six weeks post-partum. This check-up provides an opportunity for a wide array of potentially needed health care services and public health measures supporting maternal and newborn health. PRAMS allows us to estimate adherence with that recommendation for New Jersey mothers, and identify potential shortfalls and their connection to a variety of medical and social characteristics.

According to PRAMS, 87.9% of mothers overall have had a post-partum check-up by the time of interview (2-6 months after the birth). The difference between insurance types is significant: 93.0% for private insurance versus 78.5% for FamilyCare (the expanded Medicaid program).

Figure 1 indicates that education plays a large role in addition to insurance type. Almost 95% of college-educated women with private insurance reported this check-up, while only 72% of FamilyCare participants with less than a high school education did. The estimated number of women who reported missing that check-up was about the same in both groups, however: 2,400 to 3,300 per year (population estimates are provided in a data supplement available via the PRAMS website).

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

Among the needs that should be addressed at the maternal check-up is the resumption of birth control. In Figure 2 we consider any post-partum woman who does not want to become pregnant, is not using birth control, and either did not have a post-partum check-up or the subject was not addressed to have an *unmet need for birth control advice*. Again, women in FamilyCare were at highest risk: an estimated 1,900 to 2,700 experienced this unmet need each year.

Figure 1: Maternal Post-Partum Check-up

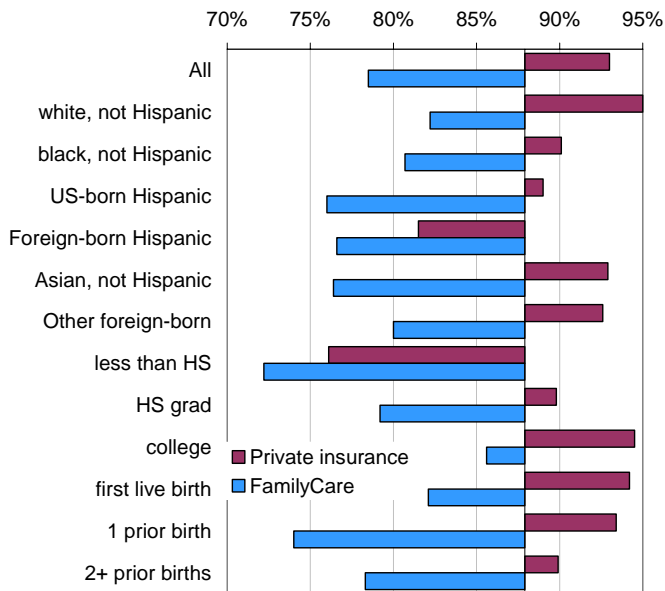
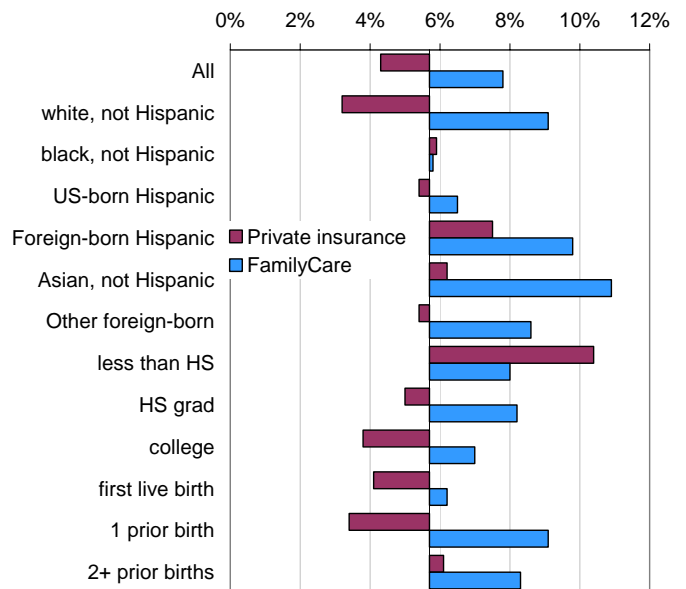


Figure 2: Unmet Need for Birth Control



Agenda for Action

The post-partum check-up is a critical event in reproductive health care—it is often the last opportunity for routine screening and health education. Among the many maternal health issues involved in post-partum care are several of public health’s highest current priorities: post-partum depression, return to healthy weight and maintenance of breastfeeding.

Since FamilyCare covers new mothers up to sixty days post-partum, insurance should not be the main hindrance to their follow-up care. Other barriers to post-partum care may include geographic accessibility, work and child care responsibilities, language barriers and cultural competence.

The timely resumption of family planning is particularly important for public health. In another PRAMS Data Brief, more than one in four births are reported as resulting from “mistimed” pregnancies. Inadequate spacing between births is known to contribute to a variety of medical complications for both mother and child.

Resources

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

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>

Kost K, Landry DJ, Darroch JE (1998). The effects of pregnancy planning status on birth outcomes and infant care. *Family Planning Perspectives*, 30(5): 223-230.

A Guide to Family Planning Services in New Jersey. <http://www.state.nj.us/health/fhs/famplan.htm>.

Perinatal Health Services Program, New Jersey Dept. of Health and Senior Services. (609) 292-5616

Contact PRAMS

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

Project Director: Lakota Kruse, MD MPH

March 2008 by Charles E Denk, PhD (NJ-PRAMS staff).