

Healthy Start Helps Mothers Have Healthy Babies



Baltimore City
Healthy Start, Inc.



Asia and her daughter Arianna

A Healthy Start outreach worker came to my door right after I had given birth to my third son, in 2006. All three of my boys were early and weighed under five pounds at birth. Before Healthy Start, my baby was sleeping with me in bed. I didn't know that could cause SIDS (Sudden Infant Death Syndrome). My mom helped me get a crib so that my baby had a safe place to sleep.

I got pregnant again two years later, and I started Healthy Start's prenatal program. My case manager made sure that I made it to each prenatal visit, and she checked in with me between visits to make sure I was doing okay. I was exhausted, working and taking care of three little ones.

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I went into labor with Arianna on my due date, and she weighed 6 pounds, 5 ounces. Healthy Start gave me a pack and play so Arianna has a bed of her own. She's been to every doctor's appointment and she's right on time with her immunizations. Arianna just turned six months old, and she's already ahead for her age. She can crawl really well and she's pulling herself up to stand. I've already referred friends to Healthy Start – the case managers are so supportive, and now I know about resources that I can access if I need help.

Healthy Start Reaches the Hard-to-Reach

Baltimore City Health Start, Inc. is one of the nation's premiere programs working to reduce infant mortality. The organization provides direct services to the most vulnerable citizens in Baltimore – pregnant and postpartum women, and their babies living in poverty in the city's most socially, economically, and medically depressed communities. Baltimore City Healthy Start Program includes a cadre of highly skilled health advocates, nurses, and administrators. Services are provided prenatally and through a child's second birthday.

Healthy Start services help pregnant women and their families have healthier babies by providing support, encouragement, information, and advocacy. Pregnancy adds new stresses and needs to the lives of women, and Healthy Start helps relieve those stresses and meet those needs by connecting families to resources, advocating on their behalf, and by caring. What sets Baltimore City Healthy Start apart are its persistent outreach and home-visiting efforts which allow the program to understand and meet the needs of the most isolated and highest-risk families.

Maryland should act now to prevent low-birthweight births

9% of Maryland births are below normal birthweight, but these babies account for over **half** of the spending on births, according to a new analysis by Advocates for Children and Youth.



Maryland ranks 39th out of the 50 states for low-birthweight births (<2500 grams) and 31st for infant mortality. A 2008 March of Dimes report card gave Maryland an “F” grade for its poor birth outcomes. Preventing low-birthweight births costs far less than paying for bad outcomes, especially when prevention efforts are targeted at women with previous poor birth outcomes. The State should invest in preconception and interconception care for at-risk women to improve the health of Maryland’s babies and save money.

Length of stay:

Very low-birthweight births (<1500 grams) remain in the hospital 15 times longer than normal-weight babies. They require hospital stays of almost 40 days, compared to under 3 days for normal weight births.

Financial costs:

Very low-birthweight births cost 36 times more than normal weight births. In 2007, charges for low and very low-birthweight babies were \$166.6 million, compared to \$146.0 million for the other 91 percent of babies.

Racial disparities:

Seven percent of white babies are born too small, compared with 12.5 percent of African-American babies.

Recommendations:

1. Access to health care during the interconception period to treat underlying maternal health problems and increase birth spacing will prevent future poor birth outcomes. Women with one poor birth outcome are more likely to have another bad outcome in a subsequent pregnancy.
2. Maryland has already taken one important step by expanding health care coverage to parents with incomes under 116% of the Federal Poverty Level. Women with a prior poor birth outcome and incomes between 116 and 250% of the Federal Poverty Level also need consistent access to interconception care. The cost of providing continuing health care for at-risk women is offset by the reduced cost of medical services for low-birthweight babies.

Programs like Healthy Start help improve maternal and child outcomes. Unfortunately, many women do not have access to successful programs like Healthy Start. Advocates for Children and Youth recommends that the State invest in preconception and interconception care for at-risk women to improve the health of Maryland’s babies and save money.