

New research finds that having a care manager during pregnancy reduces likelihood of delivering a baby prematurely

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Research shows that pregnant people on Medicaid are more likely to have worse pregnancy outcomes, including preterm birth, compared to those who have private insurance. When a baby is born too early—or

prematurely—it puts the infant at greater risk of health complications and death.

In 2011, North Carolina implemented the Pregnancy Medical Home (PMH) program, an initiative designed to improve outcomes for pregnant people on Medicaid by providing them with comprehensive care from a team of professionals. In addition to medical providers, the team includes individuals who can help pregnant people address various social and [economic factors](#) that put them at greater risk of having a poor [pregnancy](#) outcome.

In a new study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) [annual meeting](#), The Pregnancy Meeting, which is being held virtually, researchers will unveil findings that suggest that providing intensive pregnancy care management—defined as having more than five face-to-face visits with a care manager during pregnancy—reduces [preterm birth](#) rates for both Black and [white people](#).

Researchers analyzed data from January 2016 to December 2017. The study included 3,565 pregnant people in North Carolina on Medicaid. Individuals were categorized as either high-risk or low-risk using a screening assessment tool, the Maternal-Infant Impactability Score (MIIS). Those classified as high-risk had at least three of the following risk factors: a prior preterm birth, high blood pressure, smoked, used recreational drugs or alcohol, had a mental health condition, experienced domestic violence, had housing instability, or suffered from food insecurity.

High-risk pregnant people were then assigned a care manager who provided a range of support during their pregnancy, including calling the pregnant person to check in, accompanying the individual to medical appointments, and helping to address the social and economic factors

that put someone at a greater risk of delivering a baby prematurely.

Out of study's 3,565 pregnant people, the overall preterm birth rate was 18.3 percent. Researchers also looked at how effective the screening tool was for pregnant people who were in the highest risk category. Results revealed that when the screening tool was used and assuming pregnant people received subsequent care management, the preterm birth rates for Black and White people decreased. However, the preterm birth rate for Black people decreased significantly from 24.4 percent to 20.1 percent, while the rate decreased only slightly for White people from 15.6 percent to 15.5.

When looking simply at the receipt of intensive care management, findings showed that preterm birth rates decreased for both Black and White people, regardless of their risk stratification. For Black people who received intensive care management during pregnancy, the preterm birth rate was 16.9 percent vs. 26.0 percent for Black people who did not receive intensive care management during pregnancy.

For White people who received intensive care management during pregnancy, the [preterm birth](#) rate was 12.3 percent vs. 17.8 percent for White people who did not receive intensive care management during pregnancy.

"Regardless of your risk factors, what this research shows is that if you have intensive care management while you're pregnant—someone who's really there for you throughout your pregnancy—it helps lower your risk of delivering your baby prematurely," says the study's lead author Divya Mallampati, MD, MPH, a maternal-fetal medicine fellow at University of North Carolina at Chapel Hill. "The research also reveals that people who are at the highest risk benefit the most from having intensive care [management](#) during pregnancy."

The next step, say researchers, is to analyze whether the PMH model helps to improve other health outcomes in pregnancy.

The abstract has been published in the January 2022 supplement of the *American Journal of Obstetrics and Gynecology*.

More information: Divya Mallampati et al, Risk-based care management implementation reduces preterm birth disparities in North Carolina, *American Journal of Obstetrics and Gynecology* (2021). [DOI: 10.1016/j.ajog.2021.11.089](https://doi.org/10.1016/j.ajog.2021.11.089)

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