

Promoting Maternal Health in the Workplace

The September *PHC4 FYI* focused on opportunities to improve maternal outcomes by recognizing the influences that shape quality maternity care, and underscored the need for unified data on the health of mothers and babies. This is only the beginning of purchaser activities that can improve maternity outcomes and ultimately restrain costs. Research has shown that unhealthy maternal behaviors, such as smoking, poor diet and inappropriate weight management contribute to sub par and very costly outcomes. Purchasers can impact maternal and infant health, and greatly reduce costs associated with poor outcomes by empowering positive lifestyle choices that encompass care before, during, and after a pregnancy. This *FYI* focuses on these modifiable behaviors and offers workplace strategies to address them.

Premature Babies, Costly Outcomes

One important driver of excessive maternity care costs is premature babies – babies born before the 37th week. These babies stay in the hospital longer than full term newborns and require expensive, technology-intensive care. Despite recent medical advances, premature births in Pennsylvania have increased, from 7.4% of all births in 1995 to 8.2% of all births in 2002. According to PHC4's 2002 data, *hospital charges for premature babies in Pennsylvania represented \$600 million of \$1.2 billion total charges for newborn care – 50 percent of all charges.*

The human and economic toll of even one premature delivery is enough to encourage a significant investment in prenatal care. Children who are born prematurely suffer short-term problems, and are at risk for learning and behavioral problems in the long term. Moreover, the Institute of Medicine estimates that for every dollar spent on prenatal care, \$3.38 is saved in medical costs for low birth weight (LBW) babies.

Prenatal Care: One Essential Program Area

Research indicates that early, comprehensive prenatal care can promote healthier pregnancies and reduce the risk of some costly, adverse birth outcomes. Nonetheless, some employers are cutting costs in maternal and infant health programs. The Society for Human Resource Management's 2003 Benefits Survey indicated a sharp decline in well-baby (57% to 42%) and prenatal care programs (44% to 27%) provided by U.S. employers. However, when employees use preventive health services, studies have shown that overall health care costs are reduced and productivity increases. These are compelling reasons to retain or add, rather than cut back on the maternal and infant health programs that are employer-sponsored.

Modifiable Health Behaviors

Smoking is one modifiable health behavior that is discouraged during pregnancy. Quitting smoking can prevent serious illness and complications for both mothers and babies. Pregnancy represents a unique opportunity for smoking cessation, since some women become concerned about the health effects of smoking on their unborn child. According to studies, smoking during pregnancy is responsible for 20% of all LBW babies, eight percent of premature births and five percent of all birth-related deaths. The national medical costs associated with complicated births to pregnant smokers are estimated to be up to \$2 billion annually. Additional hospital costs attributable to maternal smoking have been estimated between \$1,140 and \$1,360 per smoking pregnant woman. Pennsylvania continues to remain above the national average for mothers who smoke during pregnancy, with a rate of 17% in 2002 compared to 11% nationally.

Over please

Another modifiable behavior relates to *appropriate weight gain and maintaining physical fitness*. Interventions aimed at achieving proper weight and physical fitness during pregnancy will improve the health of the mother and baby and help avoid poor birth outcomes. Obesity during pregnancy is associated with a tenfold increase in hypertension, an increase in gestational diabetes, an increase in cesarean delivery, an increase in lifelong obesity, as well as difficulties managing labor. PHC4's data shows that complications during labor and delivery, associated with excessive weight gain, occur more frequently in commercially insured women than in women insured through Medical Assistance. Conversely, inadequate weight gain can increase the likelihood of LBW infants and premature delivery. Given the growing trends in obesity within the U.S. and the associated risks of heart disease, diabetes, and certain types of cancer, weight management and appropriate physical activity before, during, and after pregnancy can have positive health implications.

A third modifiable health behavior is the need for *appropriate nutrition* prior to and during the first few weeks of pregnancy. According to the March of Dimes, adequate consumption of Folic acid (one of the B vitamins) can help prevent up to 70% of all birth defects of the brain and spinal cord (called neural tube defects). There are approximately 2,500-3,000 children born each year in the U.S. with neural tube defects. Because almost 50% of pregnancies are unplanned, it has been suggested that all women of childbearing age should consume the recommended daily intake of folic acid (400 micrograms). Folic acid intake represents a very simple, low-cost behavior modification opportunity.

Successful Employer Initiatives

A number of worksite-based pregnancy health promotion programs have shown significant reductions in the maternity-related costs and negative outcomes among participants compared to non-participants. A recent study by Bank One Corporation showed that participants in their March of Dimes prenatal health education program had fewer cesarean deliveries and slightly fewer LBW and premature deliveries compared with non-participants. In addition, participants' average medical costs per delivery were lower. One worksite program, implemented at Oster Sunbeam Appliance

Company, reported a 90% reduction in the average costs per maternity case from \$27,000 in 1984 to \$3,000 in 1988 after four years of an onsite, mandatory prenatal care class. The study involved approximately 480 female plant employees.

The Washington Business Group on Health's report entitled *Business, Babies and the Bottom Line: Corporate Innovations and Best Practices in Maternal and Child Health* outlines successful programs such as integrated comprehensive efforts, early identification of potential problems, support of top management, continuous marketing, sophisticated evaluations, and innovative partnerships. More information is available at: <http://www.wbgh.org/programs/cphs/motherchild/bbbl.php>

Purchaser Strategies

This *FYI* lists several Web resources and references that address these topics in more detail. However, purchasers can take many other steps that will support pregnancy health in the workplace.

- Ask health plans to document the scope and emphasis of the existing prenatal care programs they offer. Encourage providers and insurers to improve and tailor the content of their prenatal care to meet the needs of their employees.
- Encourage employees to take advantage of any plan-sponsored or provider-sponsored initiatives. Fill any gaps with information sponsored by the employer.
- Promote integrated care among providers before, during, and after pregnancy.
- Work with health plans and providers to identify and enroll women who are at high-risk for having poor pregnancy outcomes.
- Develop and promote a worksite culture of healthy, empowered, educated, employees.

Employers can remain competitive, enhance employee health and productivity, and emerge as the employer of choice when efforts are made to assure maternal health in the female workforce. Investing in employees' maternal and infants' health can result in significant health care cost savings. Employers are in a unique and potentially influential role to become leaders in promoting healthy mothers and babies. Partnerships with medical professionals, health plans, and surrounding communities can facilitate the collaborative effort needed to improve maternal health in Pennsylvania.

PA Health Care Cost Containment Council (PHC4)

Marc P. Volavka, Executive Director

Editor: Michael L. Berney, Manager, Purchaser and Community Relations • email: mberney@phc4.org

225 Market Street, Suite 400, Harrisburg, PA 17101 • Phone: 717-232-6787 • Fax: 717-232-3821 • Web site: www.phc4.org