

### Multi-State and Inter-Agency Perinatal Project

Over forty percent of all births in the United States are funded by Medicaid<sup>1</sup>. Birth outcomes can have a lifelong impact on these children and their families and a significant impact on health care costs over the entire lifespan. Medicaid, as the dominant payer across the country, holds powerful levers for policy change, anchored by the clinical and quality science expertise of the State Medicaid Medical Directors. Therefore, with support from the Agency for Healthcare Research and Quality and Centers for Medicare and Medicaid Services, and in collaboration with the other State Medicaid and public health associations, the Medicaid Medical Directors Learning Network (MMDLN), is partnering with State vital record departments to guide perinatal quality improvement efforts for the Medicaid population across multiple States. The MMDLN has clinical expertise around the country; collectively contributing insights and improving care as demonstrated previously by its *Antipsychotic Medication Use in Medicaid Children and Adolescents Study* and *State Acute Care 30-Day Hospital Readmissions* project.

Similar to past projects, the MMDLN is addressing perinatal care through a multi-State, inter-agency initiative focused first on elective deliveries. Multiple studies<sup>2</sup> indicate that elective deliveries, including both inductions and cesarean sections, especially those before 39 weeks gestational age, carry significant increased risk for the baby. Therefore, to better understand elective deliveries within the Medicaid population, the purpose of the MMDLN project is to:

- Track recent trends in elective (non-medically indicated) deliveries and birth outcomes across States.
- Understand the impact of elective deliveries on birth outcomes in the Medicaid population and describe population variation among States.
- Review the cost of early elective deliveries to Medicaid based on hospital stays.
- Assist States with making related policy and program decisions.

To address these goals, we are collecting aggregated data from birth certificates and, where possible, linking this data to Medicaid information. Rates are calculated by States using methods already established by other national initiatives and then analyzed centrally. In addition to identifying States' relative birth outcomes, the process allows for:

- Understanding the differences in data collection between States;
- Assisting States in using vital statistic files to link to Medicaid information and then comparing the inter-reliability;
- Utilizing birth certificates as a data source to calculate performance measures; and
- Improving the availability, quality, and timeliness of data so that it can be more effectively used to better inform policy design and evaluate successful programs.

<sup>1</sup> Kaiser Commission on Medicaid and the Uninsured. "Medicaid Matters: Understanding Medicaid's Role in Our Health Care System." Kaiser Family Foundation. March 2011. Last accessed: <http://www.kff.org/medicaid/upload/8165.pdf>

<sup>2</sup> Examples:

- Clark SL, Miller DD, Belfort MA, Dildy GA, Frye DK, Meyers JA. Neonatal and maternal outcomes associated with elective term delivery. *Am J Obstet Gynecol* 2009 Feb;200(2):156 e1-4.
- Madar j, Richmond S, Hey E. Surfactant-deficient respiratory distress after elective delivery at 'term'. *Act Paediatr* 1999;88:1244-8.
- Hook B, Kiwi R, Amini SB, Fanaroff A, Hack M. Neonatal morbidity after elective repeat cesarean section and trial of labor. *Pediatrics* 1997;100(3):348-53.

#### Active States

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Georgia  
Hawaii  
Idaho  
Iowa  
Kansas  
Kentucky  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Missouri  
Montana  
Nebraska  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming