

2010

Descriptive Analysis: Calendar Year 2010 WV Right From The Start (RFTS) Program

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TABLE OF CONTENTS

Introduction	4
Methods	4-5
Results	6
➤ Part 1: 2010 RFTS Prenatal Clients	
○ Enrollment by Region (Chart 1-1).....	6
○ Demographics/Birth Outcomes: Prenatal Clients.....	7
▪ Maternal Age (Chart 1-2).....	7
▪ Maternal Education Level (Chart 1-3).....	7
▪ Maternal Race (Chart 1-4).....	8
▪ Marital Status (Chart 1-5).....	8
▪ Previous Pregnancies (Table 1-1).....	9
▪ Adequacy of Prenatal Care (Chart 1-6).....	10
▪ Method of Delivery (Chart 1-7).....	11
▪ Gestational Age of Infant (Chart 1-8).....	12
▪ Infant Birth Weight (Table 1-2).....	13
▪ Infant Birth Score (Chart 1-9).....	14
▪ Maternal Feeding Intention (Chart 1-10).....	14
▪ Maternal Nicotine Use During Pregnancy (Chart 1-11).....	15
▪ Infant NICU Admissions (Chart 1-12).....	16
▪ Infants at Risk for Developmental Delay (Chart 1-13).....	16
▪ Infants with Congenital Anomaly (Chart 1-14).....	17
▪ Infants with Abnormal Condition (Chart 1-15).....	17
➤ Part 2: 2010 RFTS Infant Clients	
○ Enrollment by Region (Chart 2-1).....	18
○ Demographics/Birth Outcomes: Infant Clients.....	19
▪ Gender (Chart 2-2).....	19
▪ Gestational Age (Chart 2-3).....	19
▪ Birth Weight (Table 2-1).....	20

- NICU Admission (Chart 2-4).....20
- Hearing Screen Results (Chart 2-5).....21
- Maternal Feeding Intention (Chart 2-6).....21
- Infants at Risk for Developmental Delay (Chart 2-7).....22
- Infants with Congenital Anomaly (Chart 2-8).....22
- Infant Birth Score (Chart 2-9).....23
- 2010 WV Medicaid High Birth Score Referrals & RFTS Enrollment
by Region (Table 2-2).....24
- **Part 3: 2010 RFTS Clients: Both Mother and Infant Enrolled Compared to Infant Only Enrolled**
- Enrollment (Chart 3-1).....25
- Enrollment by Region (Chart 3-2).....26
- Infant Gestational Age (Chart 3-3).....26
- Infant Birth Weight (Table 3-1).....27
- Infant Birth Score (Table 3-2).....27
- Maternal Feeding Intention (Table 3-3).....27
- Additional Infant Birth Outcomes (Table 3-4).....27
- **Part 4: RFTS Prenatal Client Outcomes Over Time**
- RFTS Prenatal Outcomes and WV State Prenatal
Outcomes 2007-2010 (Table 4-1).....28
- RFTS Prenatal Client Infant Birth Outcomes and
WV State Birth Outcomes 2007-2010 (Table 4-2).....29
- **Part 5: Comparing 2010 RFTS Prenatal Clients to Medicaid Women Not Enrolled**
- Comparing Prenatal Outcomes and Infant Birth Outcomes (Table 5-1)30
- Summary/Conclusions.....31-33**
- Appendices**
- Appendix A: 2010 Birth Score Form.....35
- Key Terms/Definitions.....37
- References.....38**

INTRODUCTION

The Right From The Start (RFTS) Program began offering comprehensive in-home care coordination services to West Virginia government sponsored pregnant women in 1989. In 2000, RFTS began offering services to the highest at-risk infants as well.

The WV Birth Score began in 1984 and continues to be used to identify infants at risk for mortality in WV and for referral into service. The Birth Score was revised in 2007 and again in 2009. One part of the form is a numerical score which predicts infants at risk for death in the first year of life, *See Appendix A*. The other components of the form collect information regarding the health of mothers and their infants. The Birth Score Program refers all Medicaid-eligible High Score, Newborn Hearing, and NICU (Neonatal Intensive Care Unit) infants to RFTS to ensure the infants are linked to a medical home and offered care coordination services.

This report provides an overview of the characteristics of RFTS prenatal clients who gave birth during calendar year 2010, as well as RFTS infant clients born and enrolled during calendar year 2010. Additionally, the report compares RFTS prenatal client data over time and compares RFTS prenatal clients' data to Non-RFTS Medicaid-eligible women's data (who also gave birth in 2010 but were not enrolled into RFTS). The purpose of this report is to inform the readers about RFTS client demographics and birth outcomes.

To ensure the reader interprets the report accurately, a list of key terms/definitions has been provided, *See Appendix B*.

METHODS

The Birth Score Program has entered into an agreement with the WV Health Statistics Center, which administers all Birth Certificate and Death Certificate information for the state. Each month an updated listing of all issued Birth Certificates is sent electronically to the Birth Score Program to facilitate a database match and create a Master-linked data set file (Birth Score matched to Birth Certificate). The Birth Score Program receives a file from the RFTS Electronic

Data System (EDS) including RFTS enrollment data. The RFTS files are then merged into the Master-linked data set. This Master file contains all data pertaining to the mother's pregnancy, Birth Score, and Birth Certificate information.

Inclusion Criteria: The inclusion criteria for the current analysis are significantly narrower than those completed in previous years regarding the definition of clients. In the past, any client that received a RFTS service during the calendar year was included. For this analysis and others in the future, prenatal clients will only be included if they gave birth during the reported calendar year; infant clients will only be included if they were born in the reported calendar year.

2,130 RFTS prenatal clients met the inclusion criteria for the 2010 analysis. Those women were matched with both infant Birth Score and Birth Certificate data. Part 1 of the Results section includes the 1,770 (83%) prenatal clients that were successfully matched. 1,792 RFTS Infant clients were born during 2010 and enrolled into RFTS. Part 2 of the Results section includes the 1,695 (95%) infants that were successfully matched.

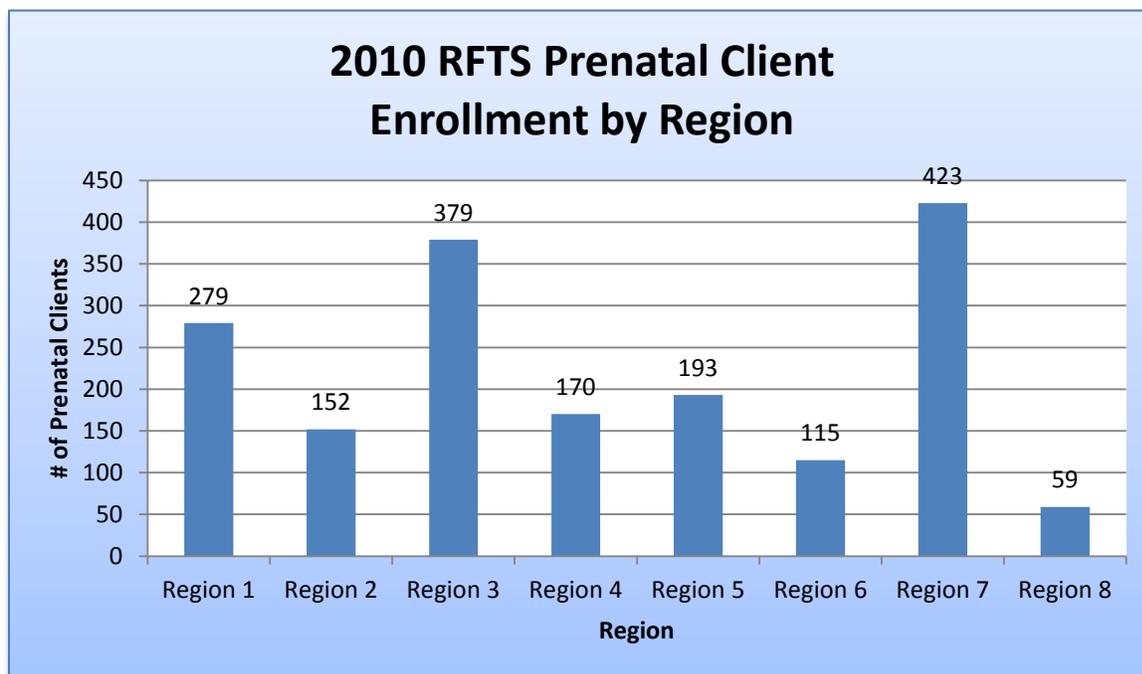
RESULTS: PART 1-2010 RFTS PRENATAL CLIENTS

Chart 1-1: RFTS EDS and Matched WV Birth Score/WV Birth Certificate Data, N= 1770

- A total of 1,770 prenatal clients were included in this analysis
- 802 (47%) of the prenatal clients were enrolled in Regions 3 & 7

Demographics/Birth Outcomes: 2010 RFTS Prenatal Clients

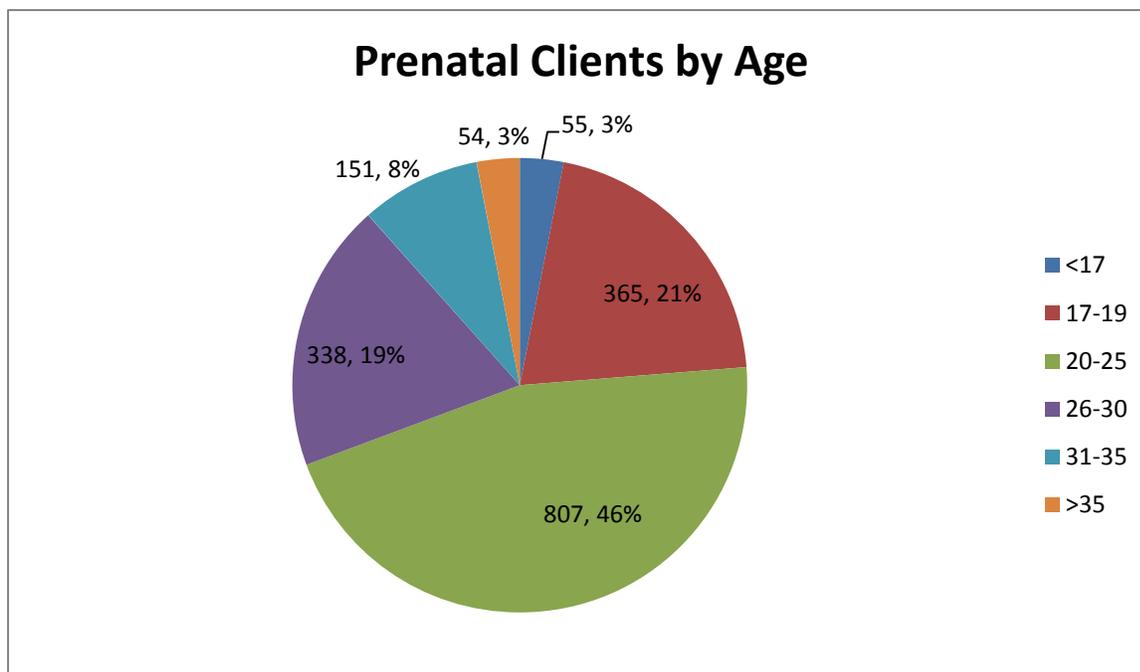


Chart 1-2: WV Birth Score, N= 1770

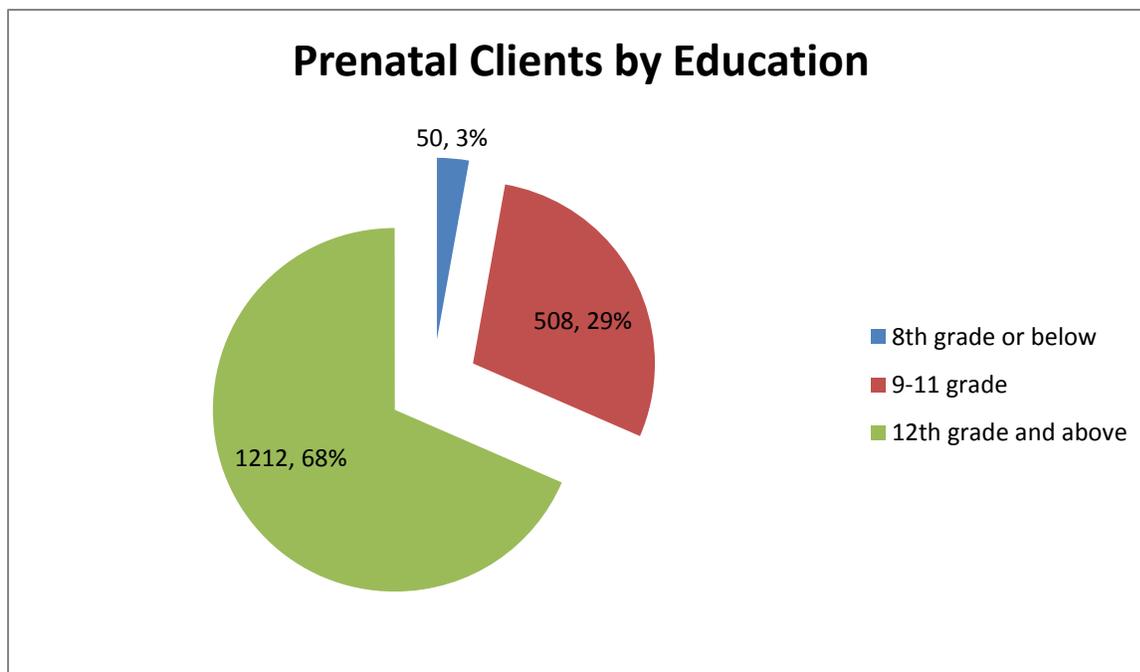


Chart 1-3: WV Birth Score, N=1770

- Only 3% of the prenatal clients had 8th grade education or below

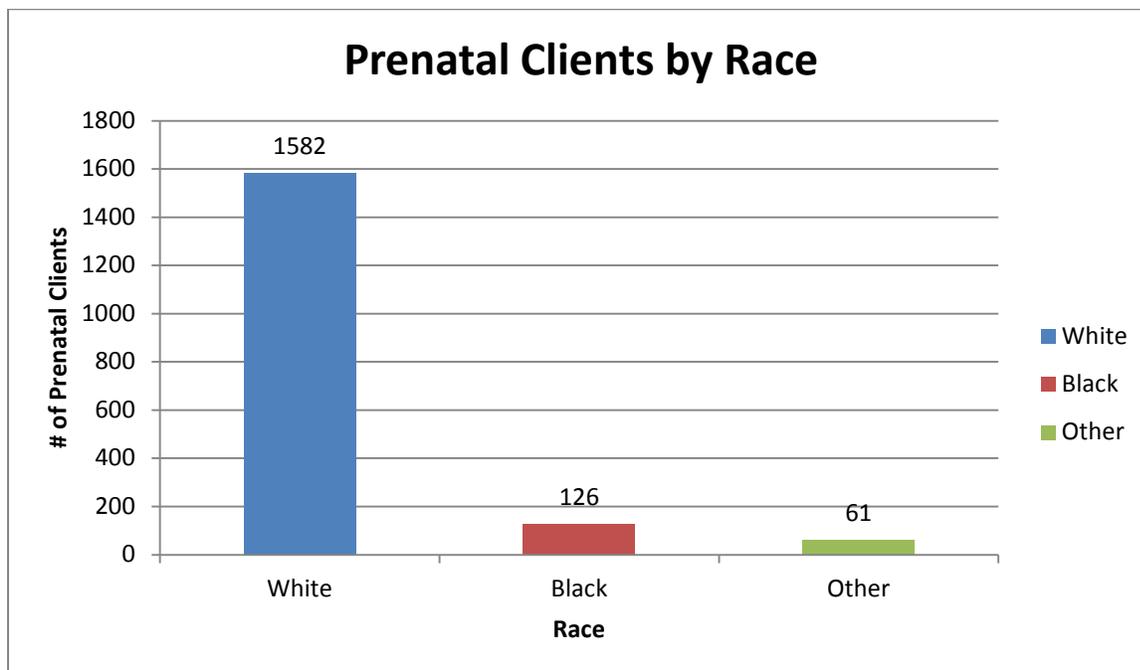


Chart 1-4: WV Birth Score, N=1770

- 89.4% of the prenatal clients were white

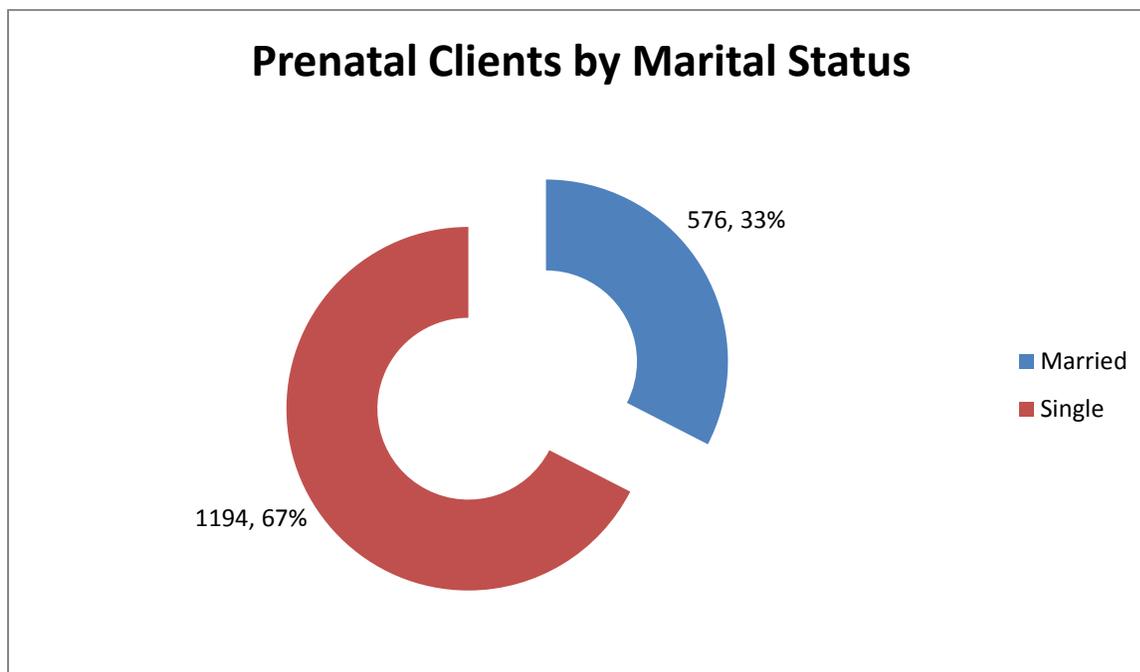


Chart 1-5: WV Birth Certificate, N=1770

- 67% of the prenatal clients had single marital status

Prenatal Clients by Pregnancy History	
<u>Number of Previous Pregnancies</u>	<u>Frequency (%)</u>
None	697 (39.4)
1-3	866 (49.0)
4-6	181 (10.2)
7-8	18 (1.0)
9 or more	8(<1.0)

Table 1-1: WV Birth Score, N= 1770

- 39% of the prenatal clients were enrolled during their first pregnancy

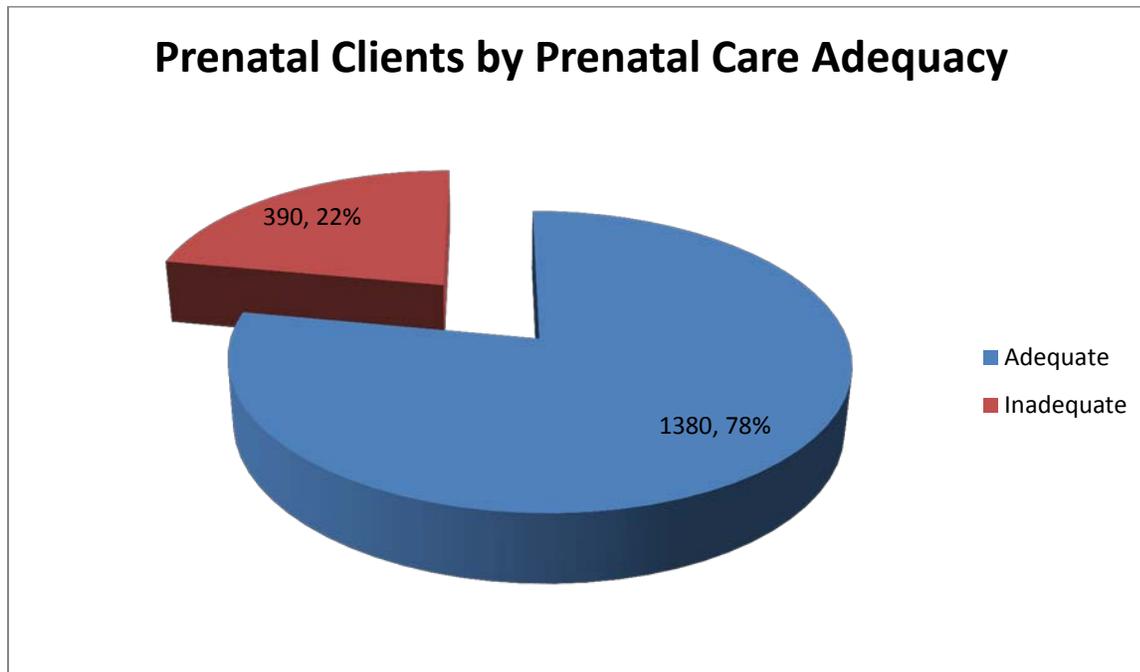
Birth Outcomes: 2010 RFTS Prenatal Clients

Chart 1-6: WV Birth Certificate, N=1770

- According to the Kotelchuck weighted formula, 78% of the prenatal clients had adequate prenatal care during their pregnancy (*See Appendix B* for Kotelchuck explanation)

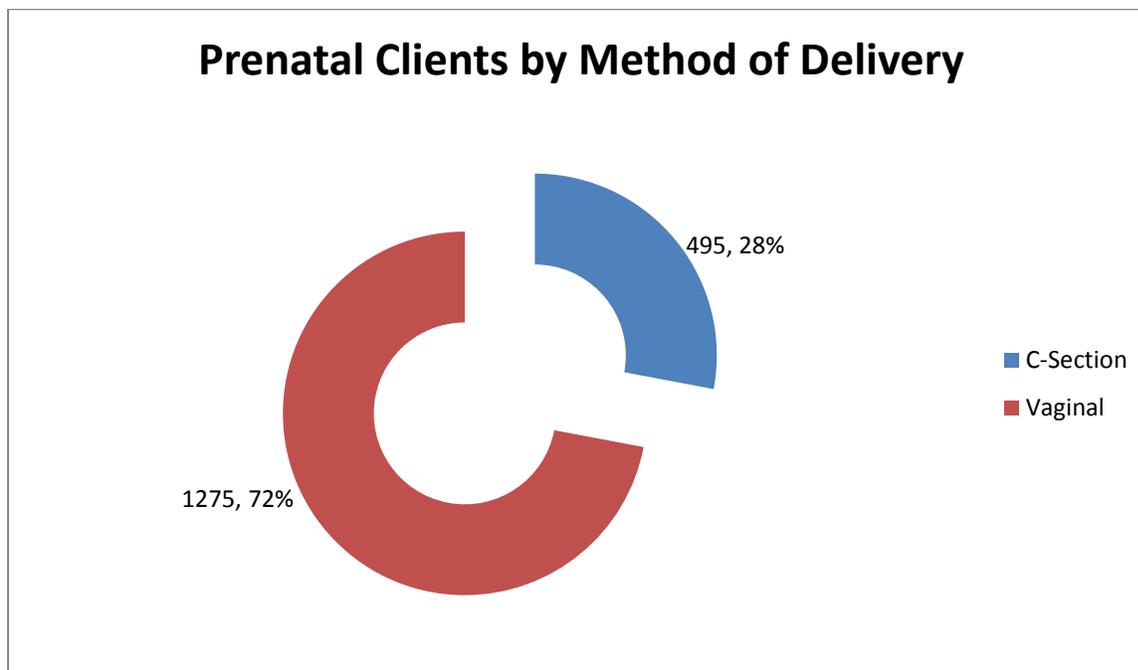


Chart 1-7: WV Birth Certificate, N= 1770

- 72% of RFTS prenatal clients had vaginal deliveries, and 28% delivered via C-section
- Preliminary 2010 WV data shows 35.7% of the state's births were via C-section¹
- Latest available data shows national C-section delivery rate was 32.9% in 2009²

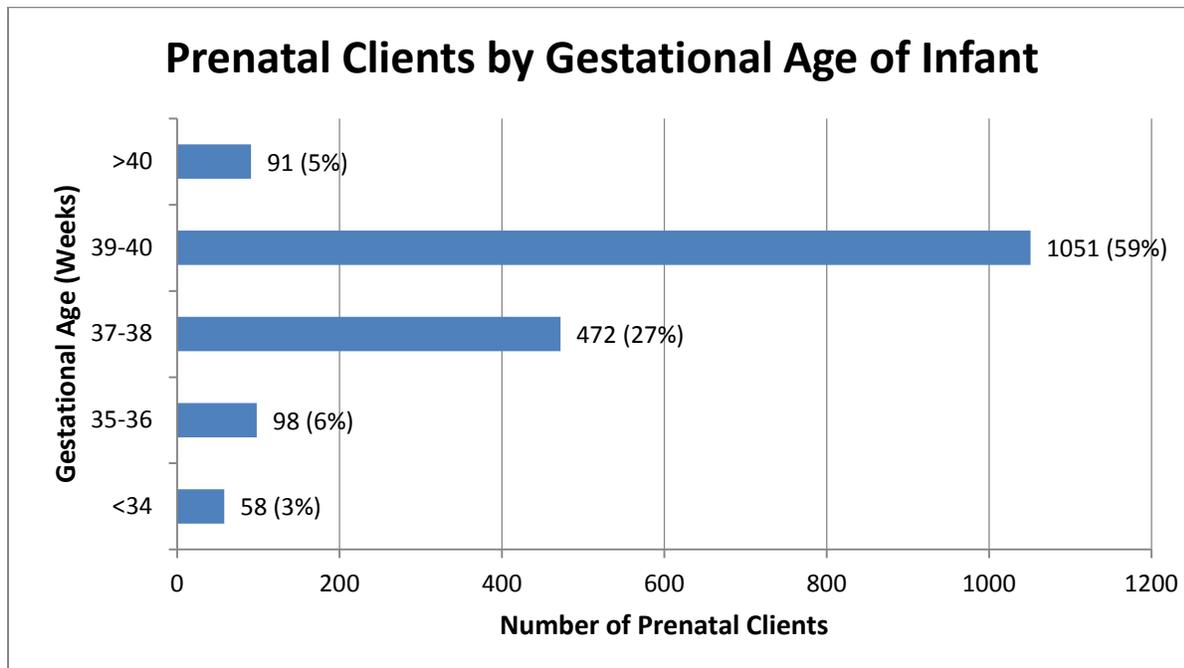


Chart 1-8: WV Birth Score, N= 1770

- 156 (9%) prenatal clients delivered preterm infants (< 37 weeks of gestation)

Prenatal Clients by Birth Weight of Infant (%)	
<u>Birth Weight (Grams)</u>	<u>Frequency of Clients (%)</u>
<1500	15 (1)
1501-2000	23 (1.2)
2001-2500	117 (6.6)
2501-3000	396 (22.4)
3001-3500	720 (40.7)
>3500	499 (28.2)

Table 1-2: WV Birth Score, N= 1770

- 155 (9%) of the prenatal clients delivered infants with low birth weight (<2500 grams)
- Preliminary 2010 WV state data shows 7.9% infants were low birth weight and 1.3% infants were very low birth weight¹
- National 2009 data shows 8.2% of births were low birth weight and 1.5% were very low birth weight²

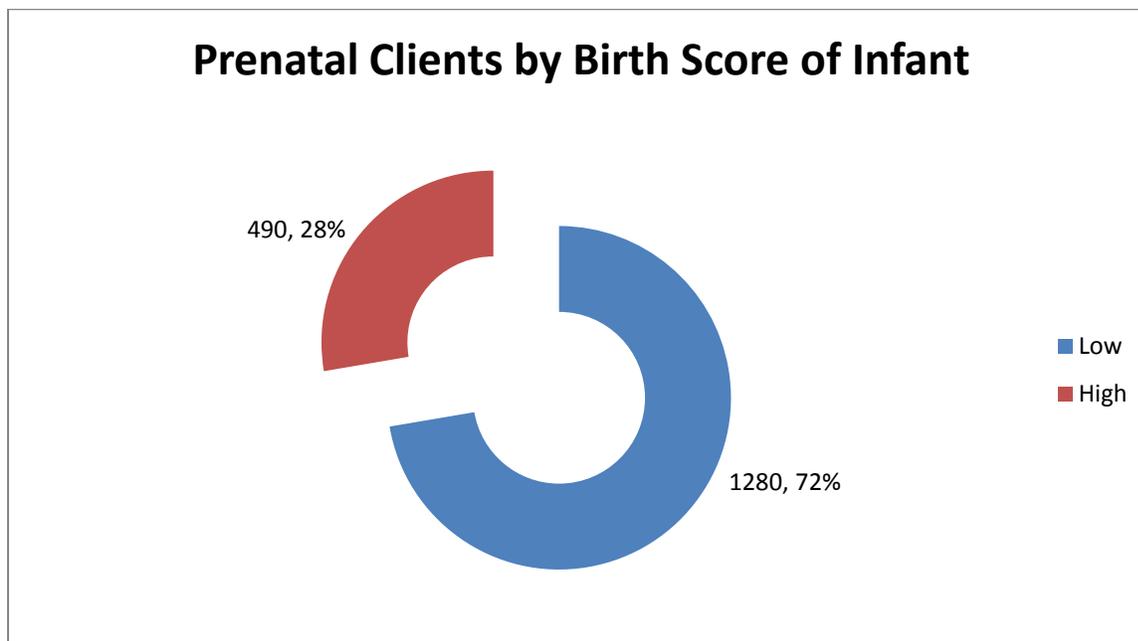


Chart 1-9: WV Birth Score, N= 1770

- 490 (28%) of the prenatal clients delivered infants with a High Birth Score. Slightly more than half (265, 54%) of those infants were enrolled in RFTS
- In comparison, 18% of all WV mothers in 2010 delivered High Birth Score infants

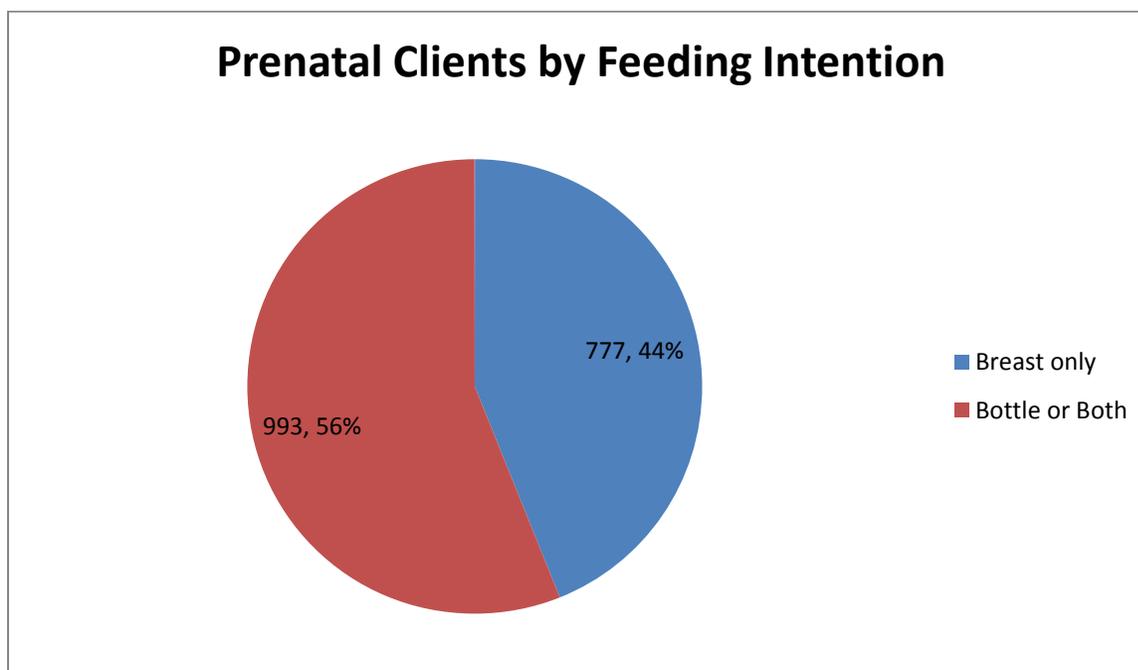


Chart 1-10: WV Birth Score, N= 1770

- 44% of the prenatal clients intended to exclusively breastfeed their infant

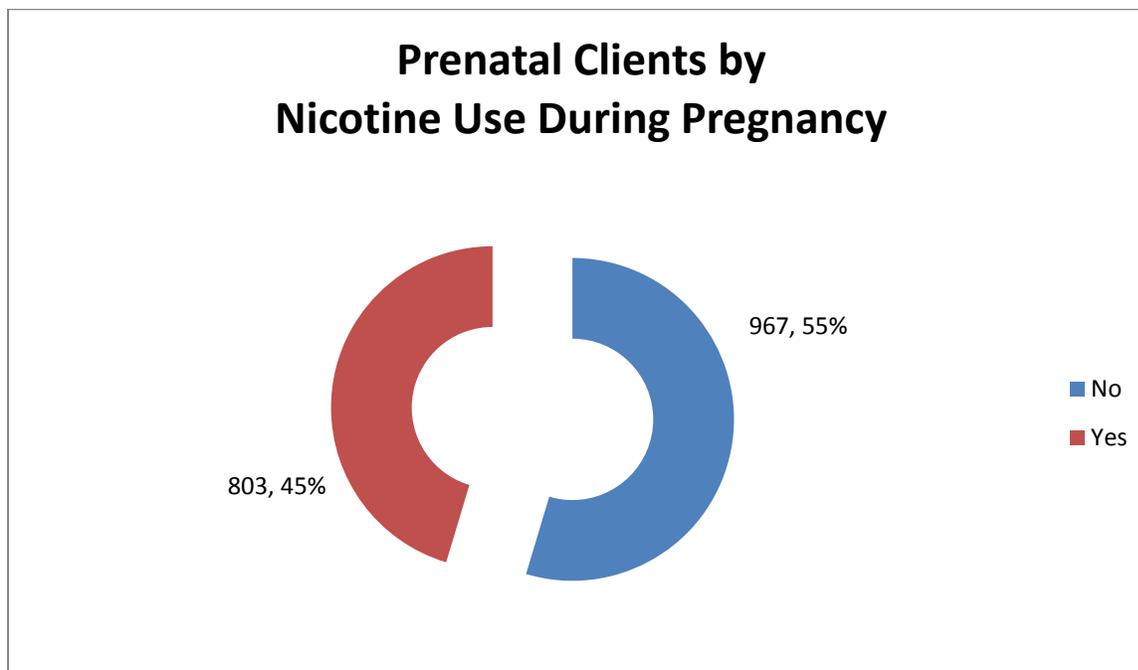


Chart 1-11: WV Birth Score, N= 1770

- 45% of the prenatal clients reported using nicotine during their pregnancy
- Total enrollment of females in 2009 into the WV Tobacco Quitline was 6,011 with 204 of these pregnant³
- Preliminary 2010 WV Vital Statistics data show 26% of mothers used tobacco during pregnancy¹

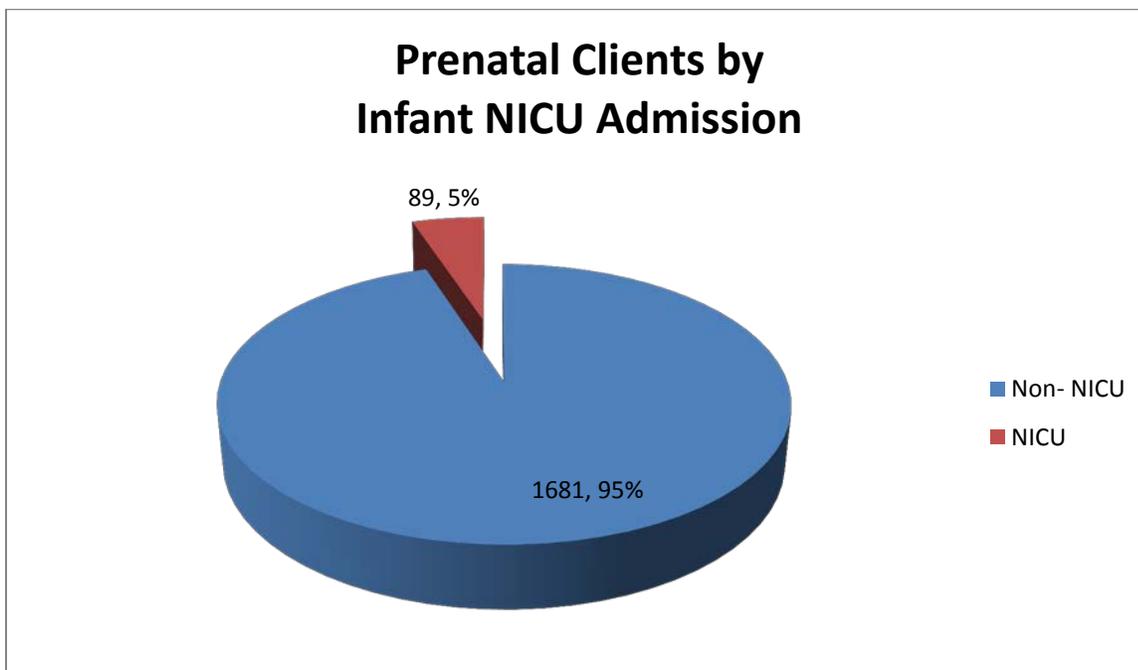


Chart 1-12: WV Birth Score, N= 1770

- 5% of the prenatal clients gave birth to infants who were admitted to the Neonatal Intensive Care Unit (NICU)

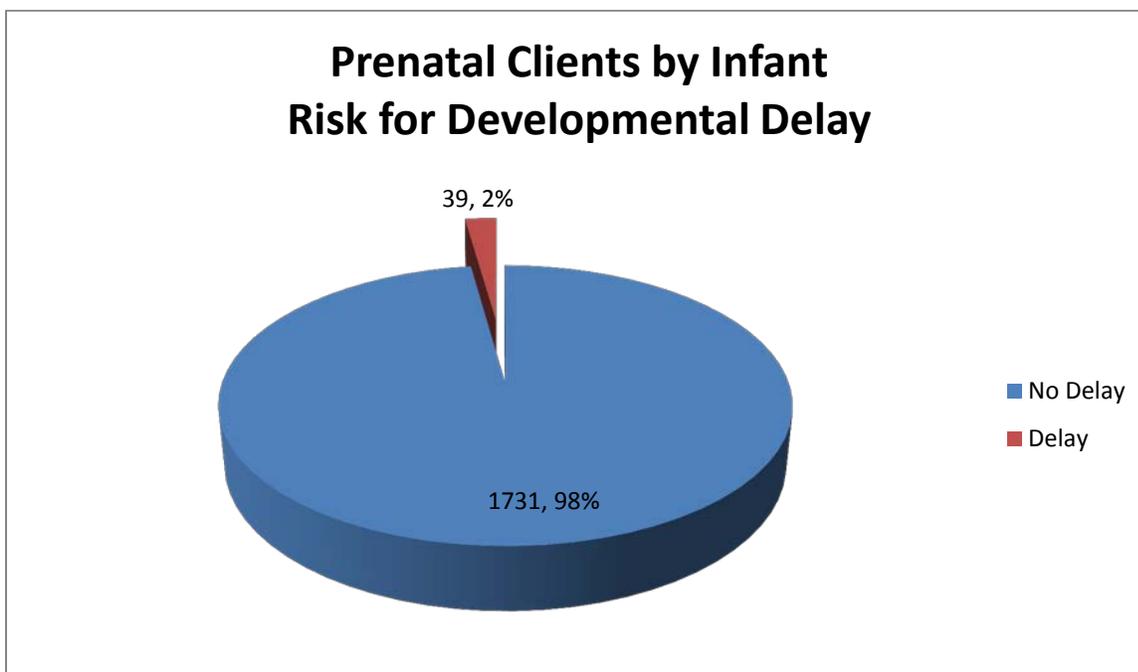


Chart 1-13: WV Birth Score, N= 1770

- 2% of the prenatal clients' infants were at-risk for developmental delay

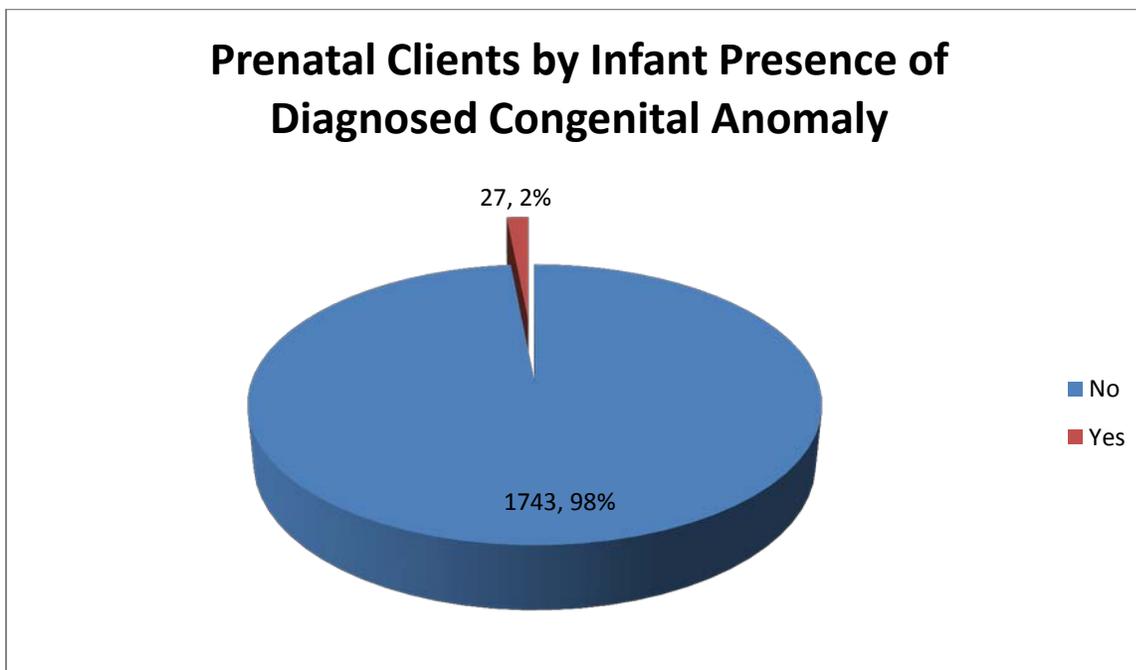


Chart 1-14: WV Birth Certificate, N= 1770

- 2% of the prenatal clients' infants were diagnosed with a congenital anomaly at birth

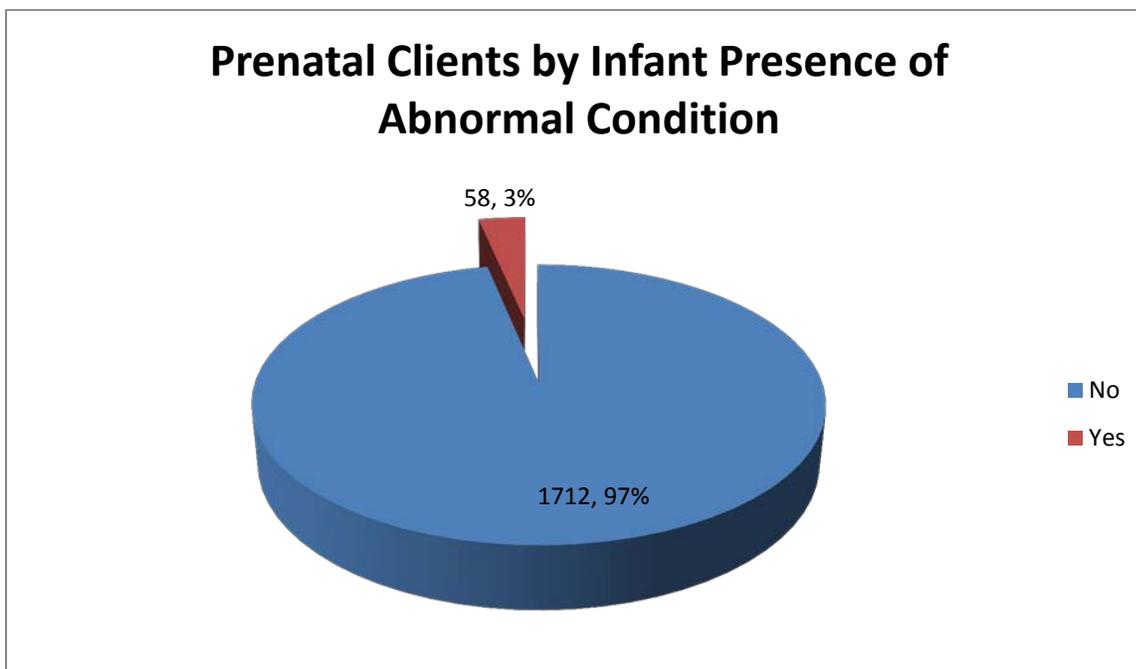


Chart 1-15: WV Birth Certificate, N= 1770

- 3% of the prenatal clients' infants had an abnormal condition

RESULTS: PART 2- 2010 RFTS INFANT CLIENTS

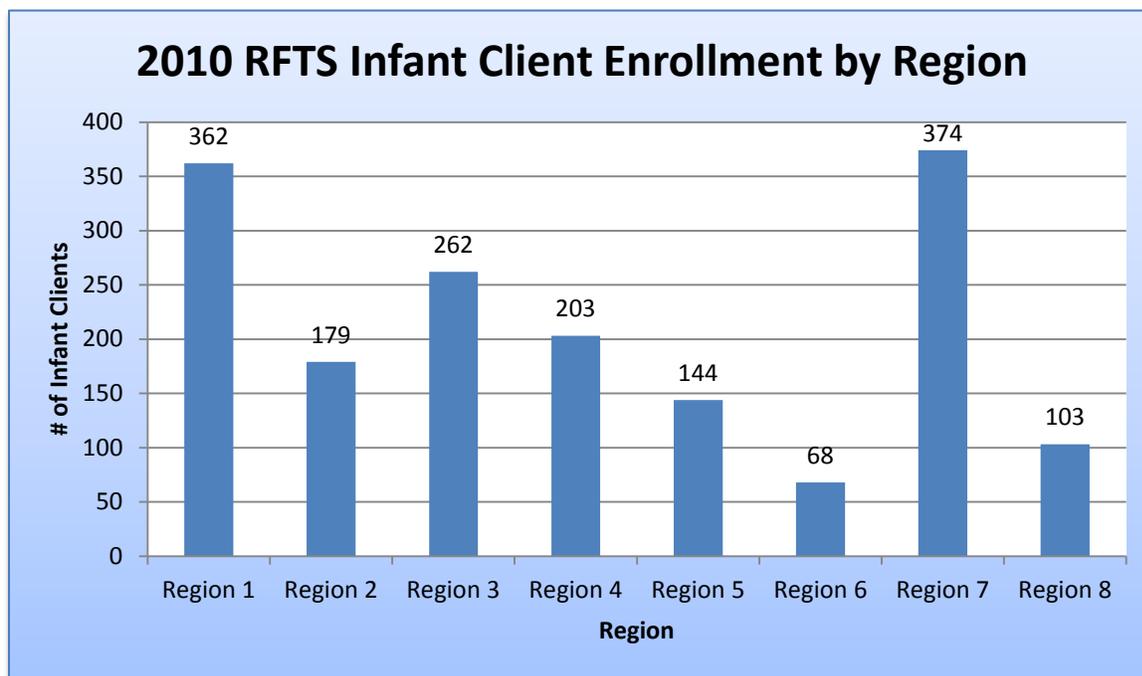


Chart 2-1: RFTS and Matched WV Birth Score/WV Birth Certificate Data, N=1,695

- A total of 1,695 infant clients were included in the 2010 analysis

Demographics/Birth Outcomes: 2010 RFTS Infant Clients

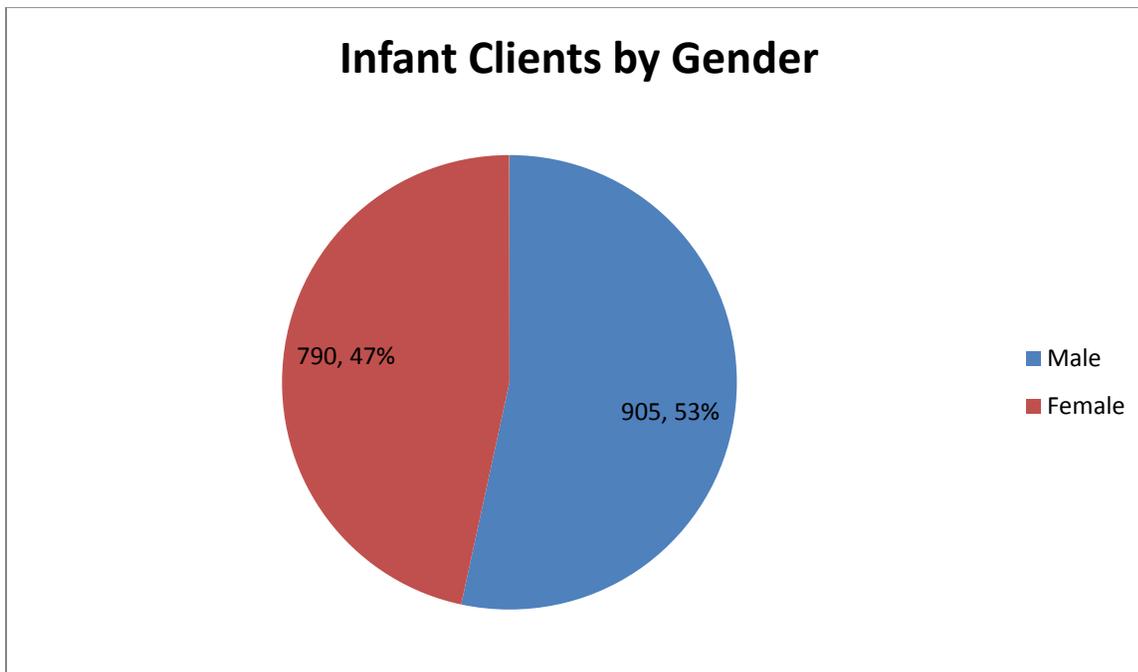


Chart 2-2: WV Birth Score, N= 1,695

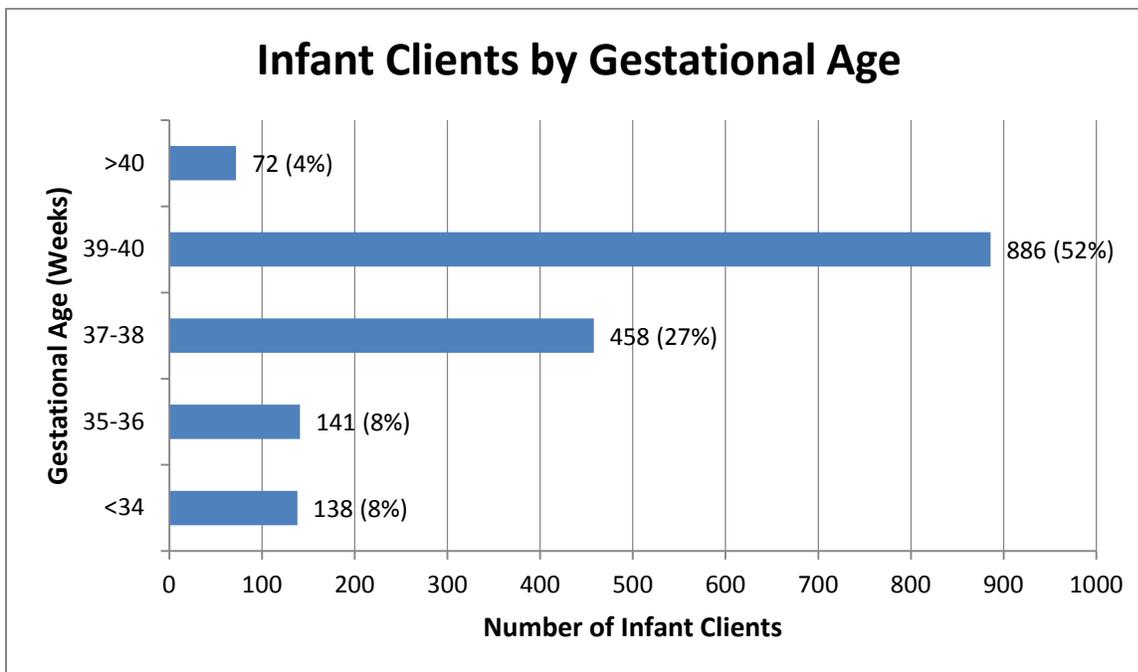


Chart 2-3: WV Birth Score, N= 1,695

- 279 (16%) of the infant clients were delivered preterm (<37 weeks of gestation)

Infant Clients by Birth Weight

<u>Birth Weight (Grams)</u>	<u>Frequency of Clients (%)</u>
<1500	42 (2.4)
1501-2000	62 (3.7)
2001-2500	166 (9.8)
2501-3000	394 (23.2)
3001-3500	633 (37.3)
>3500	398 (23.5)

Table 2-1: WV Birth Score, N= 1,695

- 270 (16%) RFTS infant clients had a low birth weight (<2500 grams), whereas recent state and national data show respectively that 7.9%¹ and 8.2%² births were low birth weight
- 42 (2.4%) RFTS infants had a very low birth weight (\leq 1500 grams), whereas recent state and national data show respectively that 1.3%¹ and 1.5%² were very low birth weight

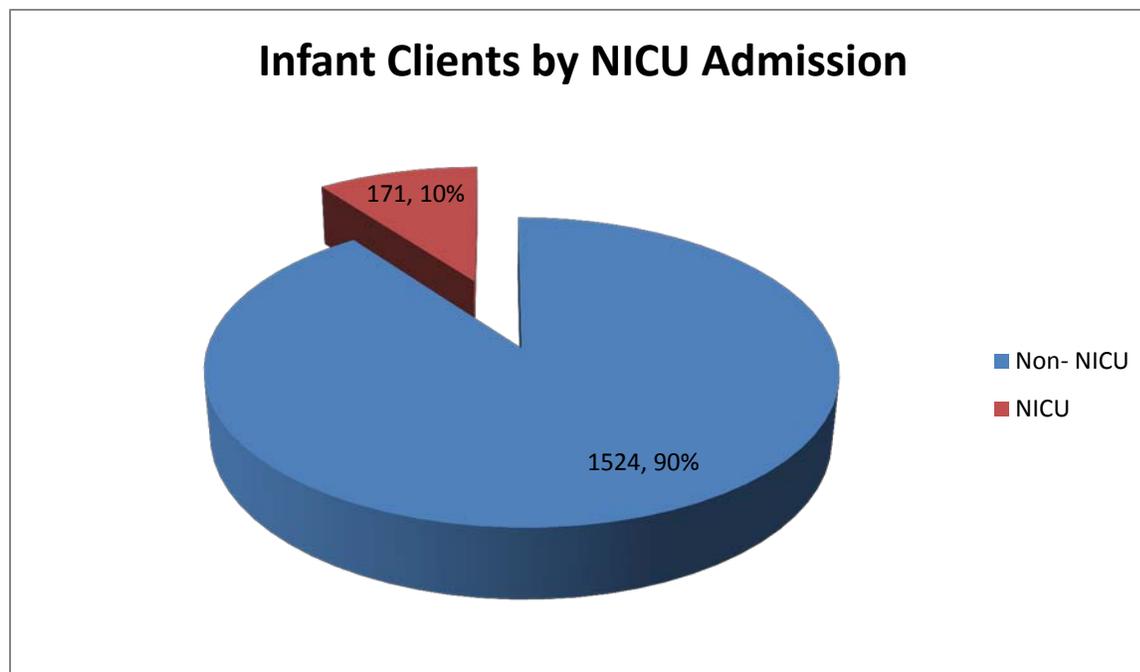


Chart 2-4: WV Birth Score, N= 1,695

- 10% of the infant clients were admitted to the NICU for care following delivery

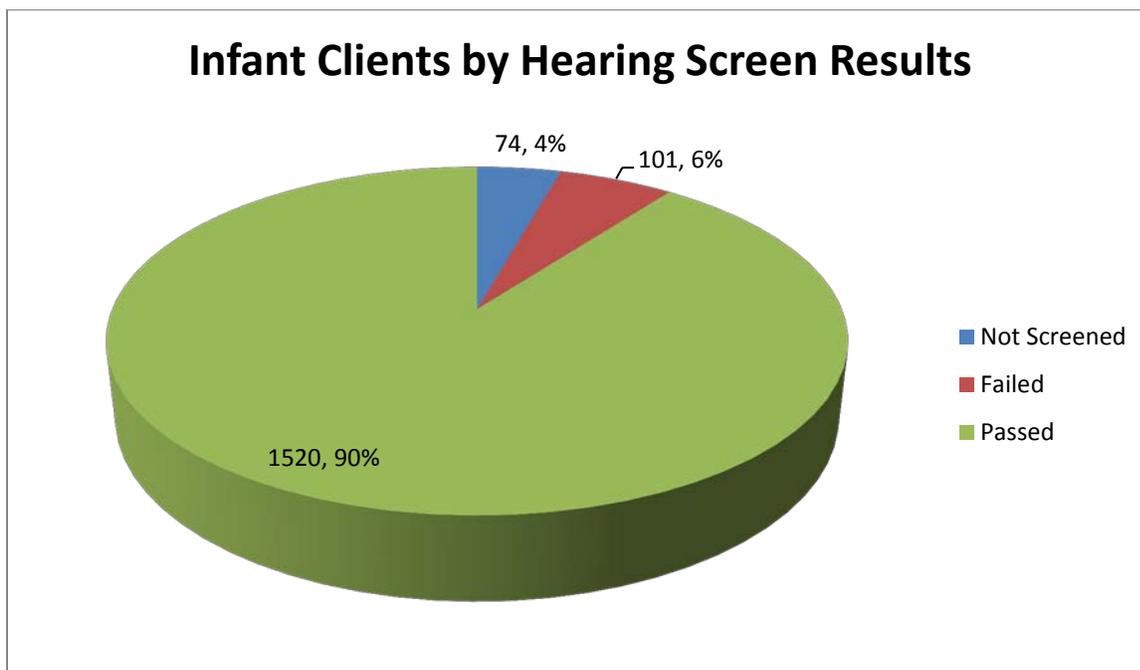


Chart 2-5: WV Birth Score, N= 1,695

- 90% of the infant clients passed their hearing screen

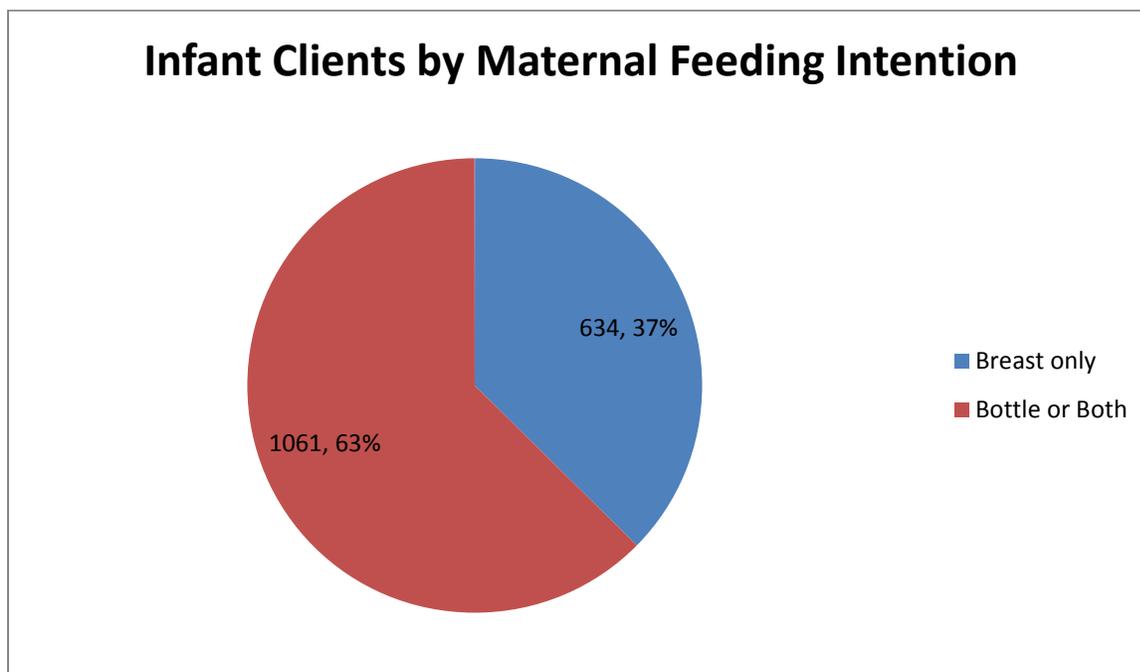


Chart 2-6: WV Birth Score, N= 1,695

- 37% of the infant clients' mothers reported that they intended to exclusively breastfeed

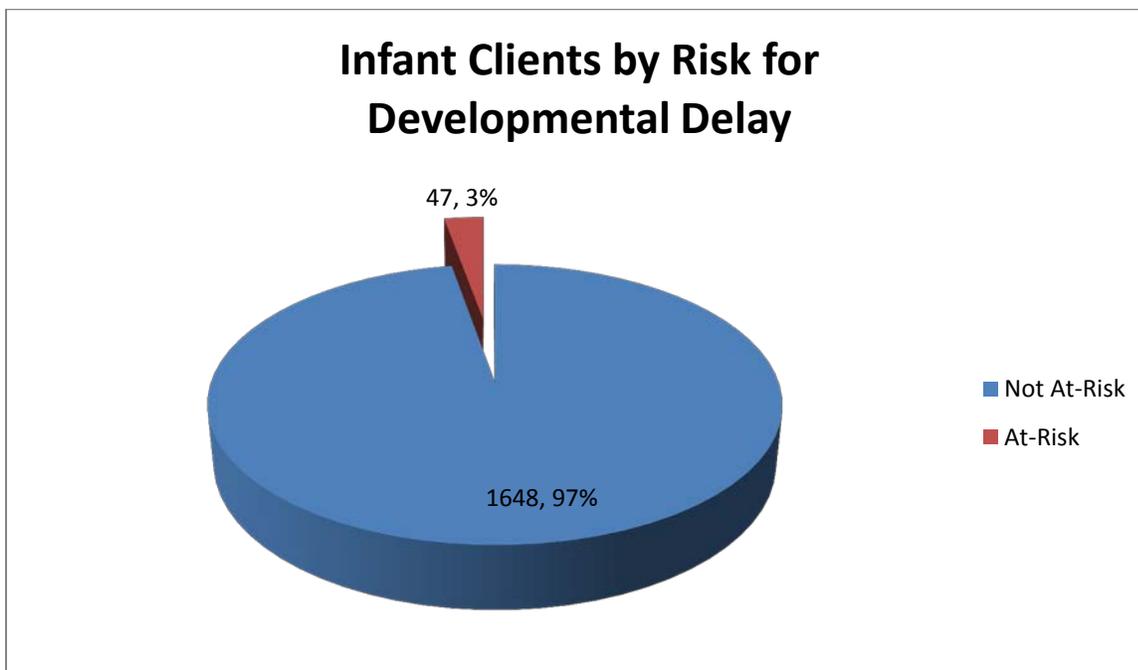


Chart 2-7: WV Birth Score, N= 1,695

- 3% of the infant clients were at-risk for developmental delay

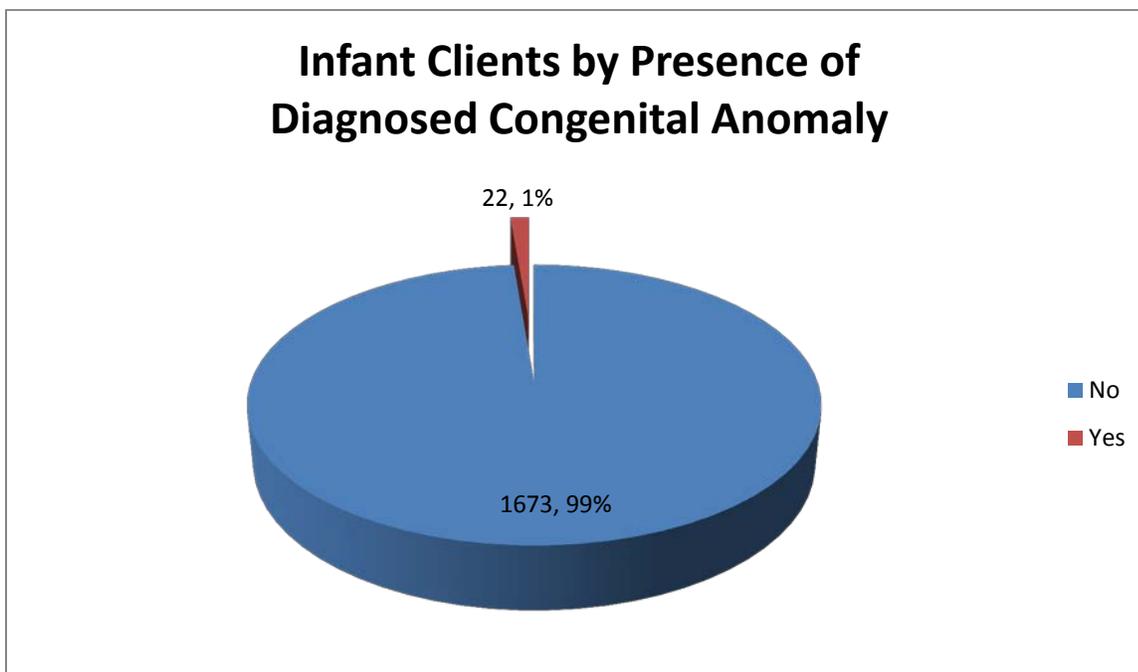


Chart 2-8: WV Birth Certificate, N= 1,695

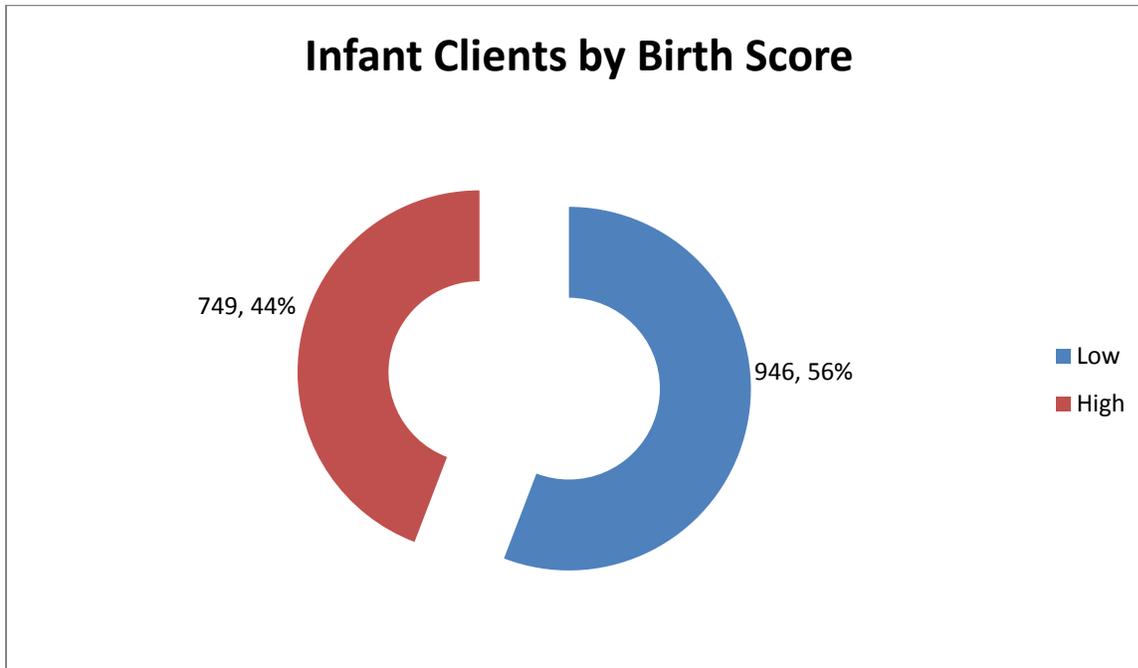


Chart 2-9: WV Birth Score, N= 1,695

- 44% of the infant clients had High Birth scores

2010 Total WV Medicaid High Birth Score Referrals & RFTS Infant Enrollment, by Region

<u>Region</u>	<u>2010 Total High Birth Score Infant Referrals</u>	<u>High Birth Score Infants Linked to a Medical Home</u>	<u>2010 High Birth Score Infants Enrolled into RFTS</u>
1	497	129 (26%)	150 (30%)
2	530	94 (18%)	106 (20%)
3	514	69 (13%)	139 (27%)
4	252	43 (17%)	69 (27%)
5	291	42 (14%)	57 (20%)
6	183	22 (12%)	33 (18%)
7	528	108 (20%)	138 (26%)
8	225	41 (18%)	57 (25%)
Total	3020	548 (18%)	749 (25%)

Table 2-2: Birth Score, N= 3020

- The Birth Score Office received tracking on 548 (18%) of the infants referred to RFTS, linking the infant to a medical home
- 749 of the total 1,695 infant RFTS clients (44%) were High Score
- 2,271 infants were eligible for RFTS services but not enrolled

RESULTS: PART 3-2010 RFTS CLIENTS: BOTH MOTHER AND INFANT ENROLLED COMPARED TO INFANT ONLY ENROLLED

This section compares infant clients whose mother was also enrolled prenatally to infant clients whose mother was not enrolled into RFTS. The purpose of this comparison was to see whether mothers' participation in RFTS prenatal care coordination positively impacted infant client outcomes.

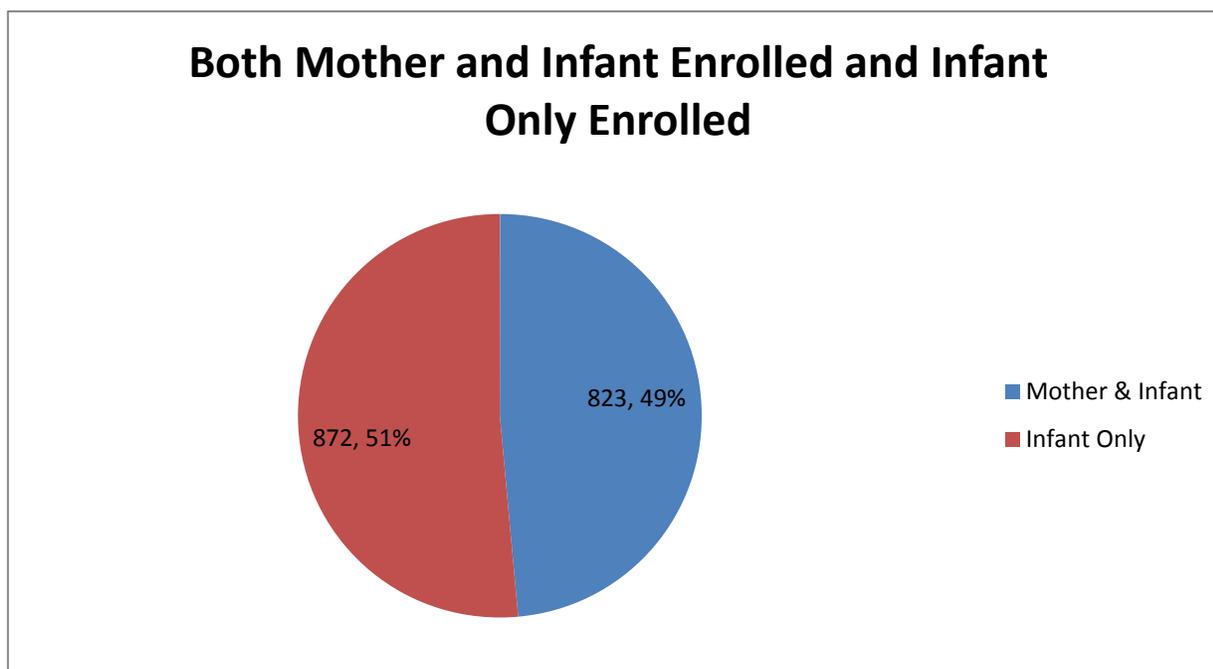


Chart 3-1: WV Birth Score, N= 1,695

- Almost 50% of the RFTS infant clients' mothers were enrolled as RFTS prenatal clients

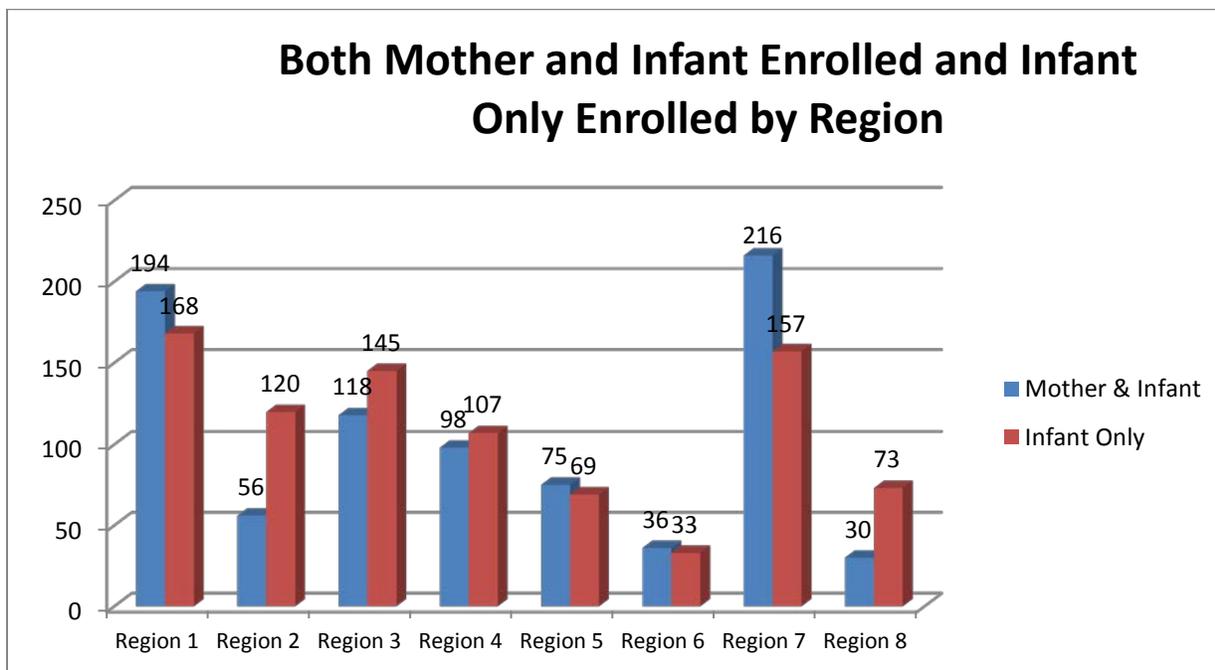


Chart 3-2: WV Birth Score, N= 1,695

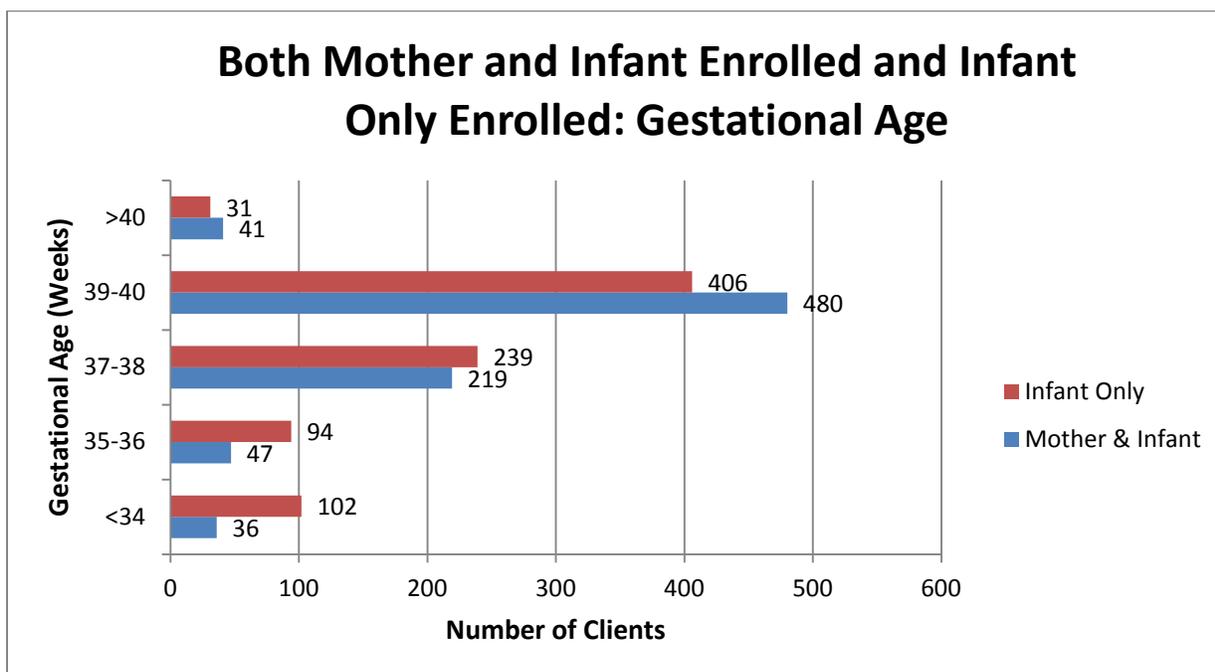


Chart 3-3: WV Birth Score, N= 1,695

RFTS Infant Clients by Mother's Enrollment and Birth Weight

<u>Birth Weight (Grams)</u>	<u>Mother & Infant</u>	<u>Infant Only</u>
<1500	6 (<1%)	27 (2%)
1501-2000	16 (1%)	46 (3%)
2001-2500	54 (3%)	112 (7%)
2501-3000	180 (11%)	224 (13%)
3001-3500	345 (20%)	287 (17%)
>3500	222 (13%)	176 (10%)

Table 3-1: WV Birth Score, N=1,695

RFTS Infant Clients by Mother's Enrollment and Birth Score

<u>Birth Score</u>	<u>Mother & Infant</u>	<u>Infant Only</u>
High (>99)	265 (15.6%)	484 (28.5%)
Low (≤99)	558 (32.9%)	388 (22.8%)

Table 3-2: WV Birth Score, N=1,695

RFTS Infant Breastfeeding Intention by Mother's Enrollment

<u>Intention</u>	<u>Mother & Infant</u>	<u>Infant Only</u>
Exclusively Breastfeeding	345 (20.4%)	289 (17.1%)
Bottle or Both	478 (28.2%)	583 (34.3%)

Table 3-3: WV Birth Score, N=1,695

RFTS Infant Birth Outcomes by Mother's Enrollment

<u>Birth Outcome</u>	<u>Mother & Infant</u>	<u>Infant Only</u>
NICU	46 (2.7%)	125 (7.4)
At Risk for Delay	11 (<1%)	39 (2.3%)
Congenital Abnormality	5 (<1%)	17 (1.0%)
Hearing Screen: Passed	764 (45.1%)	756 (44.6%)
Hearing Screen: Not Screened	15 (1%)	59 (3.5%)
Hearing Screen: Failed	44 (2.6%)	37 (2.2%)

Table 3-4: WV Birth Score, N=1,695

RESULTS: PART 4-COMPARING PRENATAL OUTCOMES OVER TIME

Comparing RFTS Prenatal Client Outcomes and WV State Prenatal Outcomes, 2007-2010								
	2007		2008		2009		2010*	
	<u>RFTS</u> (N=3085)	<u>WV</u>	<u>RFTS</u> (N=2696)	<u>WV</u>	<u>RFTS</u> (N=3076)	<u>WV</u>	<u>RFTS</u> (N=1770)	<u>WV</u>
Adequate Prenatal Care Utilization	85%	82%	83%	81%	80%	80%	78%	85%
C-Section	26%	29%	30%	30%	30%	29%	28%	36%
Nicotine Use During Pregnancy	40%	28%	35%	24%	45%	26%	45%	26%
Intent to Exclusively Breastfeed	46%	47%	45%	44%	42%	45%	44%	43%

Table 4-1: Birth Score & Birth Certificate, RFTS Prenatal Client Outcome Data & WV State Outcome Data 2007-2010

*Inclusion criteria changed for 2010 analysis (RFTS prenatal clients that *gave birth* in analysis year rather than any client that *received a RFTS service* in analysis year)

- 2010 Cesarean sections and Intent to Exclusively Breastfeed outcomes (highlighted in yellow above) among RFTS clients each showed slight improvement of +2% compared to 2009, but differ little from outcomes among all WV mothers
- Nicotine use continued to be considerably higher among RFTS clients compared to all WV mothers, an 18% difference in 2010
- Adequacy of Prenatal Care Utilization among RFTS clients decreased by 7% from 2007 (85%) to 2010 (78%), whereas Prenatal Care Adequacy among all WV mothers was 85% in 2010

Comparing RFTS Prenatal Client Infant Birth Outcomes and WV State Birth Outcomes, 2007-2010

	2007		2008		2009		2010*	
	<u>RFTS</u> (N=3085)	<u>WV</u>	<u>RFTS</u> (N=2696)	<u>WV</u>	<u>RFTS</u> (N=3076)	<u>WV</u>	<u>RFTS</u> (N=1770)	<u>WV</u>
Low Birth Weight(<2500g)	8%	9%	12%	9%	7%	9%	9%	8%
Very Low Birth Weight(<1500g)	1%	2%	2%	2%	1%	2%	1%	1%
Gestational Age <37 weeks	9%	11%	12%	10%	10%	12%	9%	11%
≥1Congenital Anomaly	1%	2%	3%	3%	3%	3%	2%	2%
≥1Abnormal Infant Condition	5%	6%	5%	5%	5%	5%	3%	5%
High Birth Score	27%	17%	25%	18%	30%	20%	28%	19%
NICU Admission	5%	3%	6%	4%	5%	3%	5%	3%
At-Risk for Developmental Delay	2%	3%	2%	2%	2%	2%	2%	2%

Table 4-2: Birth Score & Birth Certificate, RFTS Prenatal Client Outcome Data & WV State Outcome Data 2007-2010

*Inclusion criteria changed for 2010 analysis (RFTS prenatal clients that *gave birth* in analysis year rather than any client that *received a RFTS service* in analysis year)

- Slight improvements (highlighted in yellow above) were seen among RFTS prenatal clients for Gestational Age <37 weeks, Presence of Congenital Anomalies or Abnormal Infant Conditions, and High Birth Score, however High Birth Score still remains lower among all WV mothers
- Except for Low Birth Weight, which increased 2% among RFTS clients, the remaining birth outcomes remained the same between 2009 and 2010
- Except High Birth Score, all other birth outcomes are very similar among RFTS clients and all WV mothers

RESULTS: PART 5 - 2010 RFTS PRENATAL CLIENT OUTCOMES COMPARED TO 2010 MEDICAID-ELIGIBLE WOMEN NOT ENROLLED

Comparing Prenatal Outcomes Between RFTS Prenatal Clients and Medicaid-Eligible Mothers, 2010		
	2010 RFTS Prenatal Clients (N=1770)	2010 Medicaid-Eligible Women Not Enrolled (N=8899)
Adequate Prenatal Care Utilization	78%	71%
C-Section	28%	26%
Nicotine Use During Pregnancy	45%	38%
Intent to Exclusively Breastfeed	44%	37%
Comparing Infant Birth Outcomes Between RFTS Prenatal Clients and Medicaid-Eligible Mothers, 2010		
Low Birth Weight(<2500g)	9%	1%
Very Low Birth Weight(<1500g)	1%	1%
Gestational Age<37 weeks	9%	11%
≥1Congenital Anomaly	2%	4%
≥1Abnormal Infant Condition	3%	5%
High Birth Score	28%	28%
NICU Admission	5%	6%
At-Risk for Developmental Delay	2%	4%

Table 5-1: Birth Score & Birth Certificate, RFTS Prenatal Client Outcome Data 2010 Compared to 2010 Medicaid-Eligible Women Not Enrolled

- Note that the large difference in population sizes (1,770 and 8,899) limits analysis between RFTS clients and Medicaid-eligible women not enrolled
- Highlighted outcomes were slightly better among RFTS clients than those not enrolled

SUMMARY/CONCLUSIONS

Prenatal Clients (Part 1: See pages 6-17)

Due to the change in the inclusion criteria for prenatal client enrollment numbers, conclusions cannot be made about the individual regions or the cumulative annual differences. Consistent with past years, Region 7 continues to lead with the most RFTS prenatal clients enrolled. Also consistent with past years, Region 8 enrolls the least amount of prenatal clients.

The majority of the RFTS prenatal clients are white women between the ages of 17-30. 68% of the women completed twelfth grade or higher. About two-thirds of the prenatal clients are single. 39% of the women were enrolled into RFTS during their first pregnancy and almost 50% were enrolled into RFTS during their second pregnancy. According to the Kotelchuck formula, 78% of the RFTS prenatal clients received adequate care during their pregnancy.

The majority of RFTS clients had a vaginal birth at or following 37 weeks gestational age. Only 9% of the RFTS clients delivered infants that weighed less than 2500 grams, or approximately five pounds and eight ounces. 28% of the RFTS clients gave birth to High Score infants. Less than half of the women (44%) intended to exclusively breast feed their infant.

Since 2009 nicotine use during pregnancy among the RFTS prenatal clients has remained at 45%, which is considerably higher than the preliminary 2010 WV rate of 26.1%.

Infant Clients (Part 2: See pages 18-24)

1,695 infant clients were included in the 2010 analysis. Like the prenatal clients, due to the change in the inclusion criteria, conclusions cannot be made about the individual regions or the cumulative annual differences for enrollment.

Slightly more than half of the infant clients were male (53%). 83% of the infants were delivered at 37 weeks gestational age or more. Only 8% of the RFTS infant clients were delivered at or before 34 weeks gestational age. Just 2% of the infants enrolled had a "very low" birth weight,

less than 1500 grams. 10% of the infant clients were admitted to the Neonatal Intensive Care Unit at or following birth. 44% of the infants received a High Birth Score. 37% of the infants' mothers intended to exclusively breastfeed. Just 3% of the RFTS infant clients were at risk for developmental delay. The majority of infants (90%) passed their hearing screening. As noted in previous reports, findings are exactly the same or very close to the findings reported in previous years for RFTS infant clients.

Table 2-2 (page 21) displays the High Birth Score referrals and enrollment into RFTS. Enrollment of High Birth Score infants continues to increase from 38.7% in 2009 to 44% in 2010. However, 2,271 at-risk infants were eligible for RFTS services but not enrolled. High Birth Score infants are at a greater risk for complications during the first year of life, and therefore infant RFTS enrollment requires devoted attention.

RFTS Clients: Comparing both Mother and Infant Enrolled and Infant Only Enrolled (Part 3: See pages 25-27)

49% of the 2010 infant clients' mothers were enrolled as RFTS prenatal clients. Among this specific group, there were fewer infants with low birth weight (under 2,000 grams), high birth score, and NICU admissions. Additionally, a higher percentage of mothers enrolled as prenatal clients intended to exclusively breastfeed.

Annual Changes 2007-2010 (Part 4: See tables on pages 28-29)

The RFTS prenatal client enrollment numbers that were used for analysis in this report were very similar from 2007 (3,085) to 2009 (3,076). As mentioned previously, 2010 enrollment is significantly less due to the modified inclusion criteria.

Adequate prenatal care continues to decrease slightly since 2007 from 85% to 78% in 2010. The rate of Cesarean sections among prenatal clients has improved somewhat, down to 28% in 2010 from 30% in 2009. Nicotine use during pregnancy among prenatal clients remains at 45%. Slightly more prenatal clients intended to exclusively breastfeed in 2010, 44% compared to 42% in 2009.

2010 RFTS Prenatal Clients vs. Eligible Women (Medicaid) Who Were Not Enrolled (Part 5: See table on page 30)

Adequate prenatal care utilization appears to be higher among RFTS prenatal clients (78%) compared to other Medicaid-Eligible women not enrolled (71%). Additionally, RFTS prenatal clients deliver fewer infants at <37 gestational age and have fewer infants with congenital anomalies, abnormal infant conditions, developmental delays, and NICU admissions.

It should be noted, however, that analysis is limited as a significant difference exists in the population bases (1,770 and 8,889) and therefore direct comparison among these populations may not best reflect true numbers.

With current database and analysis limitations, it can only be said that there appears to be a considerable gap in RFTS enrollment of eligible women. This gap should be addressed, but further research is needed first on the reasons that women do not enroll in the Program.

Recommendations for future analysis:

Future analysis could be expanded to include more data about RFTS services. Specifically, after the initial prenatal assessment how many home visits were made? When was the prenatal client enrolled during the pregnancy? How many prenatal clients reported reducing nicotine use during their pregnancy? Raising questions such as these will allow the RFTS Program to set goals for future clients.

Most importantly, future analysis should explore the possible reasons for the significant enrollment gaps in both client groups. A better understanding of these enrollment challenges may lead to training opportunities for RFTS staff.

Appendix A: 2010 Birth Score Form



33892

WV Birth Score-Developmental Risk Screen And Newborn Hearing Screen

Delivery Hospital

Mother's Last Name

Mother's First Name

Mother's Maiden Name

Mother's SS #

Payment Method
 Insurance WV Medicaid Self-Pay Other

Mother's Race
 White Black Asian Hispanic Mixed Race Other

Infant's Last Name

Infant's First Name

Infant's Birth Date

Street Address

City

Parent Phone

Zip Code

DEVELOPMENTAL RISK Automatic High Score
 Answer each. Definition of abnormalities on back.

Birth Weight 1500 gms or less YES NO

5 Minute APGAR 3 or less YES NO

Congenital Abnormalities

ITEM	ANSWER CODE	SCORE
Birth Weight (grams)	<input type="radio"/> <1501 (90)	<input type="text"/>
	<input type="radio"/> 1501-2000 (77)	
	<input type="radio"/> 2001-2500 (55)	
	<input type="radio"/> 2501-3000 (10)	
	<input type="radio"/> >3000 (0)	
Maternal Age	<input type="radio"/> <17 (75)	<input type="text"/>
	<input type="radio"/> 17-19 (60)	
	<input type="radio"/> >19 (0)	
Infant's Sex	<input type="radio"/> Male (40)	<input type="text"/>
	<input type="radio"/> Female (0)	
Feeding Intention	<input type="radio"/> Breast Only (0)	<input type="text"/>
	<input type="radio"/> Bottle or Both (36)	
Previous Pregnancies	<input type="radio"/> None (0)	<input type="text"/>
	<input type="radio"/> 1-3 (3)	
	<input type="radio"/> 4-6 (12)	
	<input type="radio"/> 7-8 (18)	
	<input type="radio"/> 9 or more (21)	
Maternal Education	<input type="radio"/> 10th grade or lower (12)	<input type="text"/>
	<input type="radio"/> 11th grade or above (0)	
Nicotine use during pregnancy	<input type="radio"/> No (0)	<input type="text"/>
	<input type="radio"/> Yes (12)	
	<input type="radio"/> Smoking	
	<input type="radio"/> Oral tobacco	
	<input type="radio"/> Patch	

Office Phone

Zip Code

Was infant transferred to NICU?
 NO YES Cabell Huntington WVU Hospital Women & Childrens Other

QUESTIONS FOR MOTHER:

Which of the following substances / drugs have you used during pregnancy?
 alcohol marijuana cocaine methadone heroin methamphetamine other opioids

Have you ever been diagnosed by a physician with the following conditions?
 No, I have never been diagnosed with diabetes Type I diabetes (juvenile type) Type II diabetes (adult onset) Gestational diabetes (pregnancy related)

Please indicate if you experienced prolonged periods of stress during your pregnancy:
 Not at all Yes, moderate stress Yes, very stressed

All in all, would you say your health is:
 Excellent Good Fair Poor

Height - self reported by mom ft inches

Pre-Delivery Admission Weight lbs

NEWBORN HEARING

1. Type of Test: ABR OAE

2. Test Results:
 Left Ear Pass Fail Not Screened
 Right Ear Pass Fail Not Screened

3. Reason if not screened: Infant Death Parent Refusal Equipment Failure Other

Gestational Age

Birth Score Total

High Birth Score is above 99.

My baby's Birth Score, Developmental Risk Screen and Newborn Hearing Screen have been explained to me. I understand my baby may be eligible for a special service such as case management or early intervention.

RETURN COMPLETED FORM TO:
 RCB HEALTH SCIENCES CENTER
 WV BIRTH SCORE OFFICE-PEDIATRICS
 P O BOX 9214
 MORGANTOWN WV 26506-9920

Parent/guardian signature _____ Date _____

Distribution Copies: BirthScore Office, Chart, Parent/Guardian

Appendix B: Key Terms/Definitions

2010 RFTS Descriptive Analysis: Key Terms/Definitions

- Inclusion Criteria:
 - Prenatal Clients: Gave birth during CY 2010 and enrolled in RFTS
 - Infant Clients: Date of birth in CY 2010 and enrolled in RFTS

- High Birth Score: The numerical score is based on seven maternal and infant factors and their weighted values: birth weight, maternal age, infant's sex, feeding intention, previous pregnancies, maternal education, and nicotine use during pregnancy. Any score above 99 is considered "High". Also see *Appendix A: Birth Score Form*

- Adequate Prenatal Care: Adequacy of prenatal care is calculated using a computer formula entitled the Kotelchuck Index. Adequacy of prenatal care utilization is defined in terms of entry into care and quantity of prenatal visits, adjusted for sex of infant, gestational age, and birth weight.

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