

Better beginnings for mothers and babies.



Overview

About Us

Right From The Start (RFTS) is a statewide home visitation program in West Virginia committed to improving birth outcomes for low-income pregnant women and their families.

Right From The Start providers are registered nurses and licensed social workers, known as Designated Care Coordinators (DCCs), who work and reside in the communities they serve. The DCCs help women attempt to achieve important goals, such as:

- Improving pregnancy outcomes by helping women engage in good preventive health practices, including early comprehensive prenatal care, good nutrition and reducing the use of cigarettes, alcohol and other illegal substances.
- Helping parents increase their knowledge of child development, offering parent education and facilitating access to community resources.
- Improving families' economic and personal self-sufficiency by empowering parents to develop a vision for their own futures, plan future pregnancies, continue their education and find jobs.

- The RFTS Program follows an evidence-based curricula with fidelity to ensure that home visiting is precisely replicated in all West Virginia

communities, leading to improved outcomes for both mothers and children

- Sites adhere to key elements of the Program through protocols established by the WV Department of Health and Human Resources, Office of Maternal, Child and Family Health, Division of Perinatal and Women's Health, Perinatal Programs and American College of Obstetricians & Gynecologists (ACOG).

Key Elements

- Home visitors (Designated Care Coordinators) are specially trained professionals – registered nurses and social workers licensed to practice in West Virginia.
- DCCs follow ACOG guidelines and protocols identified in the RFTS Program Manual that focus on the mother's personal health, quality of caregiving and life-course development.
- Women voluntarily enroll as early in pregnancy as possible, with home visits beginning ideally by the 16th week of pregnancy and continuing through the first year of the infant's life.
- DCCs involve the mother's support system, including family members, the father and friends, and help families access other health and human services they may need.
- Each pregnant woman and family of the infant receives individualized services which they develop jointly with the DCC.
- Additional medical and social services offered in the community are also used to assure efficient use of resources.

Did you know?

Pregnant women who are Medicaid beneficiaries not referred to RFTS had statistically significant higher low-birth-weight & preterm delivery rates.**



Did you know?

Adequate prenatal care utilization increased in the prenatal participant group versus the Medicaid beneficiaries not referred to the RFTS group.**

Benefits

Ensuring access to healthcare for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and Office of Maternal, Child and Family Health (OMCFH) have collaborated to develop special initiatives that extend support services to women and infants at risk of adverse health outcomes. This partnership has not only expanded the state's capacity to finance healthcare for women and children, but has also strengthened the delivery of care by establishing care protocols, recruiting medical providers and developing supportive services such as case management and nutrition counseling which contribute to improved patient wellbeing.

The RFTS Program more than pays for itself, given the multitude of outcomes the program affects. According to a study conducted by the Marshall University Center for Business and Economic Research, published April 21, 2011, "The RFTS Program is cost-effective returning benefits in excess of expenditures. This ratio is low and conservative, as it does not include any of the direct or life-costs associated with poor home environments for pregnant mothers and their children that are remedied by the program." The study also stated "the effectiveness of the program would be increased if a higher percentage of those eligible enrolled and remained with the program. While not low compared to programs elsewhere, with less than 30 percent of those eligible being enrolled, the benefits of expanded coverage should be pursued.

Since the RFTS Program targets a high-risk population, it would be safe to say there are significant costs savings

Collaborative Partners

WV March of Dimes	Relatives as Parents Program
Healthy Mothers Healthy Babies	WV Local Health Departments
WV CHIP	WV Audiologists
WV State Medical Association	WV WIC
WV Hospital Association	Office of Community & Rural Health
WV Medicaid	WV Birthing Facilities
ACOG	WVU Healthy Start/HAPI Project
Family Resource Networks	WVU Birth Score Office
Parents As Teachers	Office of Community Health Systems & Health Promotions
Bedfont USA	AWHONN
PEIA	

(partial list)



in any reduction of these complications to either the mother or the newborn child. In addition to direct hospital and physician costs billed to Medicaid, there are many other areas in which the RFTS Program's efforts contribute to lowering economic costs related to poor birth outcomes. Unpublished data from the West Virginia University Birth Score Office supports the contention that savings of these magnitudes may be possible." According to the Birth Score report, "after comparing 2008 and 2009 RFTS prenatal clients and their infant outcomes to other Medicaid eligible women who were not enrolled, it is evident that RFTS services improve a number of outcomes that improve both maternal and infant outcomes in pregnancy and post-delivery."*

The RFTS Program Demonstrates

Women more likely to receive adequate prenatal care include:

- Pregnant women who are less likely to use tobacco and alcohol during their pregnancy.
- Women more likely to carry their infants past 37 weeks gestation.
- Infants born with healthier birth weights.
- Women whose infants who receive a newborn hearing screen before hospital discharge and have passing results
- Women less likely to deliver infants who are at-risk for developmental delay
- Pregnancies resulting in fewer High Score infants.
- Fewer infants admitted to the NICU.
- Women more likely to exclusively breast feed.
- Higher rate of linking high birth score infants with a healthcare provider.**

Program Data, 2010

- Average weight of infant born to RFTS participants - 6.99 lbs
- Average DCC/infant client contacts - 9.8
- Average gestation - 38.31 wks
- Total # of home visits - 24,758
- Average DCC/prenatal client contacts - 6.4
- Total # of enrolled clients - 7,313

* Marshall University CBER 3/31/2011

** A Descriptive Analysis: Calendar Year 2009 WV Right From The Start Program (RFTS)

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