

A healthy pregnancy leading to a healthy birth is the first major gateway to a life of opportunity. A healthy birth affords a child the best chance to grow and learn during the first years of life and beyond. Infants not healthy at birth have a higher likelihood of suffering from serious illnesses and experiencing long-term developmental problems.

Scientific research underscores the importance of a healthy pregnancy to a healthy birth. Early and adequate prenatal care is critical for educating women about appropriate weight gain, proper nutrition, and the avoidance of alcohol, tobacco and other drugs. Improving access to prenatal care for all women will save the state significant health care dollars and improve the health of and opportunities for each baby.





Indicator:

Incidence of Low Birth Weight

Low birth weight: 5 1/2 lbs. or less

In year 2000, 5,549 babies, or 8.5% of all babies born in Colorado, began life at a disadvantage because of their low birth weight. The national average is 7.6%.

There are a number of potential indicators of the incidence of healthy births in Colorado. We chose low birth weight (LBW) because:

■ The barriers to the Cycle of Opportunity for babies born too small are striking and serious.

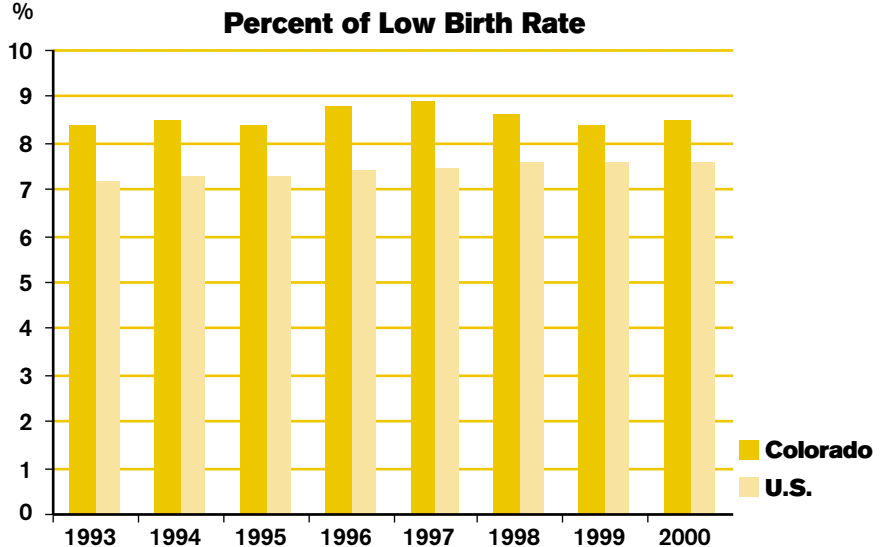
■ LBW is a major and costly public health problem in Colorado. The state has one of the highest LBW rates in the nation, for total births and for births in all major racial and ethnic groups, and has consistently sustained rates much higher than the national average for decades.¹

■ Birth weight can be improved through better public policy.

While 8.5% of all births in Colorado are LBW, they account for approximately 35% of infant health care costs due to neonatal intensive care expenses.

Why is birth weight important to the Cycle of Opportunity?

Weight matters when it comes to getting a good start on a life of opportunity.



■ LBW babies have an increased likelihood of a long list of health complications, including underdeveloped lungs, liver and heart failure, and long-term disabilities such as autism, cerebral palsy, speech and hearing impairments and other developmental disabilities.²

■ Numerous studies suggest that babies born very low birth weight, or less than 3^{1/2} lbs., are more likely to have learning problems, lower school performance and lower achievement scores on standard tests. They also are less likely to graduate from high school and to go to college than their peers born at normal birth weight.³

How do other gateways and barriers impact the healthy birth of babies?

■ A lack of prenatal medical care, or care too late in pregnancy, increases the likelihood that a baby will be born LBW. Colorado moms are less likely to receive prenatal care than those in many other states. In year 2000, 2,953 Colorado women gave birth after receiving inadequate medical care during their pregnancy. Their children were twice as likely to be LBW compared with infants born to mothers who received early and adequate prenatal care.⁴

■ Maternal behaviors during pregnancy play a significant role in whether baby will come into this world healthy or at a disadvantage. The Colorado Department of Public Health and Environment (CDPHE) asserts that the state's LBW rate could be reduced by one-quarter if all pregnant women gained weight adequately and did not smoke.⁵

Inadequate weight gain during pregnancy and smoking are together the two most important factors in LBW among single births in Colorado.

—CDPHE

■ The incidence of LBW is significantly higher in low-income families, parents with less formal education and African-American families.

- Low-income women are more likely to receive late prenatal care or no care at all. Low-income women who are unable to afford or access care have higher incidences of premature births, LBW babies and other pregnancy-related complications.
- Mothers who have not completed high school are less likely to receive adequate





prenatal care. In Colorado, the more years of education a mother has, the less likely it is that she will have a LBW baby when other variables are controlled.⁶

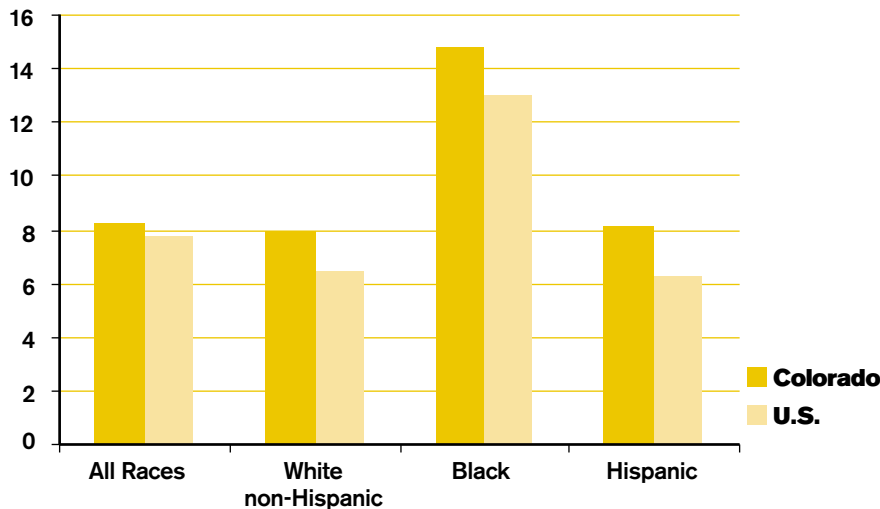
- The LBW rate among Black women in Colorado is 80% higher than among Whites or Hispanics and is the highest LBW among Blacks in the nation.⁷ Black women are more likely to have risk factors that contribute to LBW such as young maternal age, less education and inadequate prenatal care.⁸

What are some of the state programs designed to improve pregnancy outcomes and birth weight?

- Colorado's Medicaid and Child Health Plan programs serve very low-income pregnant women (those at or below 185% of Federal Poverty Level (FPL)).

Colorado serves a much smaller percentage of its low-income pregnant women through state programs than other states, primarily because of strict income eligibility requirements.

% **Percent Low Birth Weight in the U.S. and Colorado (2002)**



- Medicaid's Prenatal Plus program, which provides more intensive case management to women with higher risk pregnancies, has been shown to reduce low birth weight.⁹ CDPHE reports that the full-package care offered by this program is not only the most effective in preventing LBW but is the most cost-

effective, saving the state more health care dollars in the long run than partial prenatal packages. Providers are becoming less willing to provide full-package care, however, due in part to inadequate reimbursement level.¹⁰

■ Prenatal Clinic Services, funded by the Maternal and Child Health block grants and state and local funds, are available through local health departments and community health centers to women who are unable to obtain Medicaid services and who have no other funding source for care. Because this funding is limited, the number of women served also is limited.

■ The Pregnancy Risk Assessment and Monitoring System (PRAMS) is a program through CDPHE, funded by the Centers for Disease Control and Prevention, for the collection of statewide data related to pregnancy, maternal behaviors and birth outcomes. Comprehensive data allow researchers and public health professionals to tailor interventions to specific target areas and populations.

What else could Colorado do to reduce the incidence of low birth weight?

The two best ways to reduce the number of LBW births in Colorado are to:

■ **Ensure that more women have access to quality prenatal care.** Prenatal care has long been endorsed by the medical community as the primary means to identify risk factors and to provide the necessary preventive medical, nutritional and educational interventions that are important for the health outcome of the infant.

- If eligibility rates to qualify for Medicaid and Child Health Plan Plus were raised for pregnant women to 235% of FPL, more would be able to receive preventive prenatal care. This would actually save Medicaid dollars, because every dollar spent on prenatal care saves approximately three dollars in newborn medical costs.¹¹
- Community-based and statewide prenatal care incentive programs have been found to improve enrollment in and use of prenatal





programs among low-income populations, increase health education and awareness, and improve pregnancy outcomes among participants. Colorado has no such programs.

- Colorado should mount public education campaigns about the importance of prenatal care, the implications of inadequate weight gain, and the dangers of smoking and drug use during pregnancy.¹²

■ **Colorado should make smoking cessation programs tailored specifically for pregnant women a public health priority.**

Where can I get more information about low birth weight?

- Colorado Department of Public Health and Environment, Women's Health Section, **www.cdphe.state.co.us**
- Maternal and Child Health Bureau, Health Resources and Services Administration, **www.hrsa.gov**
- Division of Reproductive Health, Centers for Disease Control and Prevention, **www.cdc.gov**

nurturing