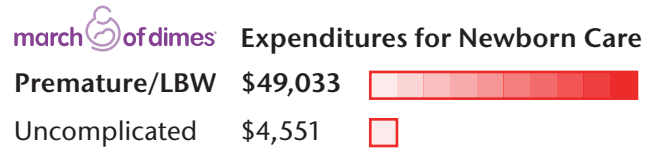


# The Economic Burden of Perinatal Morbidity And the building blocks to a brighter future



Expenditures for premature and low birthweight infants are **10 times higher** than



for uncomplicated newborns; contributing to Indiana's estimated perinatal morbidity costs of over **\$650 million annually**.



Perinatal morbidity is associated with long-term disabilities such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and many other developmental disabilities.

**The human costs of poor birth outcomes begin at the time of delivery and stretch well into adulthood.**



Investing in the implementation and expansion of programs and processes that have proven to be successful, **Indiana could save millions each year** and dramatically improve positive health outcomes.

Birth Weight Segment	Excess Hospital Costs	
600 - 800g	\$200,326	
800 - 1,000g	\$193,629	▼ 41% savings
1,000 - 1,500g	\$113,729	
1,500 - 2,000g	\$38,268	

Incremental improvements in birth weight dramatically reduce hospital costs.



Healthcare Disparities in the Perinatal Period - **Women of color** are up to **50% more likely** to give birth prematurely and their children can face a **130% higher** infant death rate.



**Public/Private investments in Indiana-specific research and programs to reduce perinatal morbidity and racial disparity will pay dividends far beyond the cost savings alone.**



# Opportunities Reducing Perinatal Morbidity Costs & Improving Positive Health Outcomes

## Home Visiting Programs

At-risk home visiting programs demonstrate a \$5.70 return for every tax dollar spent in reduced spending for healthcare and welfare services; also, a reduced risk of preterm delivery and childhood behavioral problems.

## Centering Pregnancy

A Centering Healthcare Institute analysis of over 125 sites demonstrated a **33% reduction in preterm births**. Eskenazi Health achieved a 31% reduction in preterm births from five sites and estimates a **150% return on investment**.

## Increasing Progesterone Use

Increasing the use of progesterone to prevent prematurity would create potential **savings of over \$17 million annually** through the prevention of recurrent preterm births.

## Severe Maternal Morbidity (SMM)

SMM occurrence is tied to increased maternity costs of 47% in the Medicaid population. California's SMM efforts reduced maternal hemorrhage by 20% in participating hospitals.

## Smoking Cessation

By reducing the number of low birth babies caused by smoking, California's Department of Public Health **reduced state healthcare costs by more than \$100 million**.

## Reducing Bloodstream Infections

The Perinatal Quality Collaborative of North Carolina projects in this area resulted in \$2,201,776 in excess costs averted and an ROI of 143%.

## Preventing Teen Pregnancy

The public cost of Hoosier teen births is **estimated at \$227 million (2010)** due to increased health care and lost tax revenue. Teen pregnancy prevention programs show great success in delaying sexual activity, improving contraceptive use among sexually active teens, and encouraging abstinence.

## Additional QI Initiatives Underway

- Increase access to prenatal/postpartum care
- Increase appropriate use of antenatal steroids
- Enteral feeding improvement
- Placental transfusions
- Neonatal Abstinence Syndrome interventions
- Telemedicine
- Preconception care

**Learn more about the economic burden of perinatal morbidity and help us implement the building blocks to a brighter future.**

<http://in.gov/laboroflove/files/economic-burden-of-perinatal-morbidity.pdf>