

Findings at a Glance

MODEL OVERVIEW

Strong Start funded 27 awardees from 2013 to 2017 to provide enhanced prenatal care to Medicaid and CHIP beneficiaries.

- Goal 1: Improve quality of care and reduce rates of preterm birth and low birthweight infants
- Goal 2: Reduce costs to Medicaid during pregnancy, birth, and the infant’s first year

PARTICIPATION

There were three models of care distributed across the nation.

ENROLLEE CHARACTERISTICS

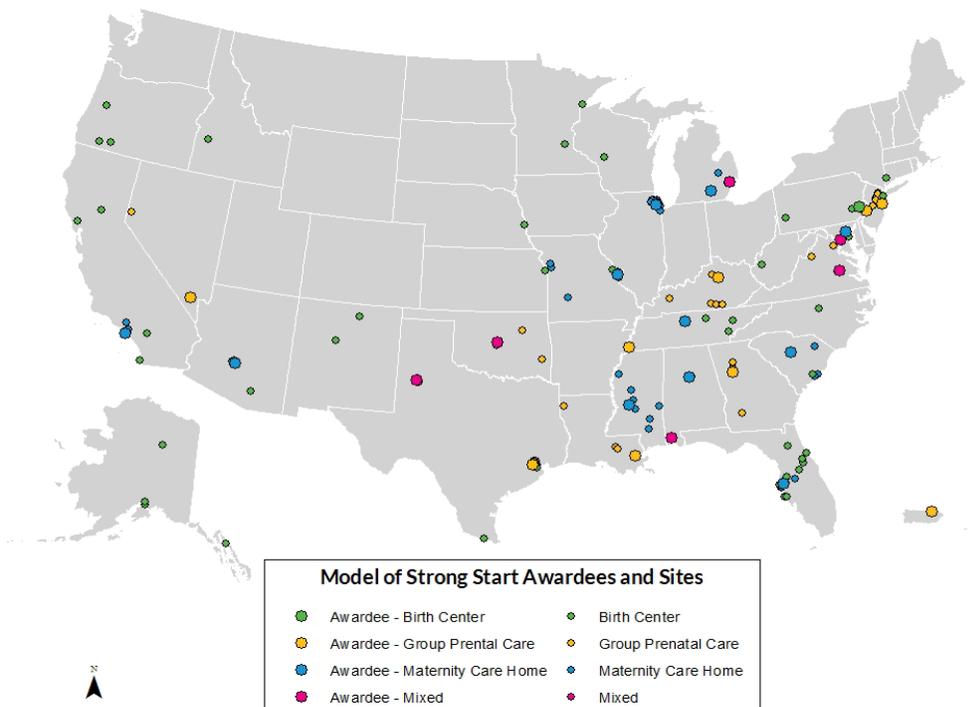
(varied by model and awardee)

42.1% of women exhibited symptoms of depression, anxiety, or both.

21.1% of women with a prior birth had a prior preterm birth.

A wide range of demographic groups were represented.

- 39.8% of women were black; 29.7% were Hispanic; 25.6% were white.
- 15.2% of women were teens (under age 20); 9.0% were 35 years or older.



Maternity Care Homes

Care coordination, sometimes with other enhanced services, in addition to clinical prenatal care

26,007 enrollees

112 sites

Group Prenatal Care

Prenatal care provided in a group, enhanced with health education and facilitated discussion

10,508 enrollees

60 sites

Birth Centers

Midwives’ model of care enhanced with peer counseling for additional support and referrals

8,806 enrollees

47 sites

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the Strong Start Model and to download the full evaluation report, visit: <https://innovation.cms.gov/initiatives/strong-start/>

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FINDINGS RELATIVE TO SIMILAR MEDICAID BENEFICIARIES

Strong Start participants in Birth Centers and Group Prenatal Care had better outcomes at lower cost relative to other Medicaid participants with similar characteristics.

	Maternity Care Homes 	Group Prenatal Care 	Birth Centers 
Costs	<ul style="list-style-type: none"> Higher costs through delivery period and following year. 	<ul style="list-style-type: none"> Costs \$427 lower per woman during 8 months before birth. 	<ul style="list-style-type: none"> Costs \$2,010 lower through birth and year following for each mother-infant pair.
Utilization	<ul style="list-style-type: none"> Fewer prenatal hospitalizations More infant emergency department visits and hospitalizations 	<ul style="list-style-type: none"> Fewer emergency department visits and hospitalizations for women and infants 	<ul style="list-style-type: none"> Fewer infant emergency department visits and hospitalizations
Quality	<ul style="list-style-type: none"> Higher rate of low birthweight More weekend deliveries[^] 	<ul style="list-style-type: none"> Lower very low birthweight rate More weekend deliveries[^] More VBACs⁺ 	<ul style="list-style-type: none"> Lower low birthweight rate Lower preterm birth rate More weekend deliveries[^] More VBACs⁺ Fewer C-sections

[^]weekend deliveries indicate fewer scheduled inductions and scheduled C-sections
⁺VBAC=vaginal birth after cesarean

FINDINGS AMONG CARE MODELS (Relative to Maternity Care Homes)

Birth Center participants have better outcomes relative to Maternity Care Home participants after controlling for demographic, medical, and social risks.

	Maternity Care Homes 	Group Prenatal Care 	Birth Centers 
Quality	This mode experienced: Preterm birth: 13% Low birthweight: 11% C-section: 31%	After controlling for risks, no significant differences in outcomes between Group Prenatal Care and Maternity Care Homes.	After controlling for risks, <ul style="list-style-type: none"> Lower rates of preterm birth Lower rates of low birthweight Lower rates of C-section Higher rates of VBAC

KEY TAKEAWAYS

Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than \$2,000 lower per mother-infant pair during birth and the following year.

These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations.