

OUTCOMES

October 2007 Outcomes Page

Intro

Welcome to the Mary's Center Outcomes page. On this page, you will find quantitative evidence of the Mary's Center's success in the areas of health and social services. Every three months, Mary's Center's Outcomes Manager works with medical and social service program staff to produce a set of Performance Indicators that help Program Directors and Senior Management assess the quality of our programs.

Background

This quarter, the Outcomes page focuses on healthy birth weight. Mary's Center began in 1988 with a focus on serving pregnant women and their infants, so this indicator of a healthy pregnancy and a health infant is an outcome that is central to the Mary's Center mission. According to the Annie E. Casey Foundation's [2007 Kids Count Data Book](#), 11.1% of babies born in Washington DC weighed less than 2500 grams at birth, which is the definition of low birth weight. This percentage is above the U.S. Department of Health and Human Services' [Health People 2010](#) target of <5% low birth weight births.

Return on Investment

Prenatal care resulting in healthy birth weights has important financial benefits. According to the *National Committee for Quality Assurance* (NCQA):

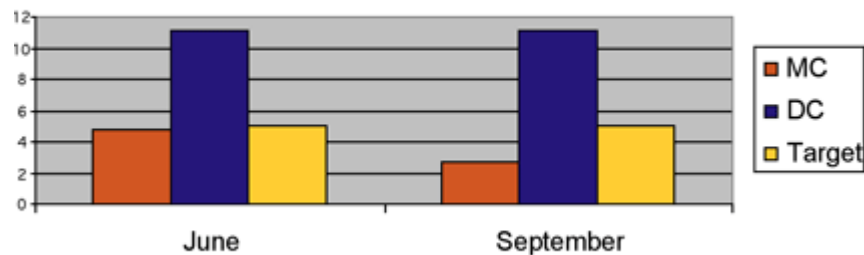
- Rearing children of low birth weight from infancy to 15 years of age costs \$5.5 to \$6 billion more than children of normal birth weight-these cost estimates include education, health care and child care for the 3.5 to 4 million children each year out of low birth rate.
- Low birth weight births account for 10% of all health care costs for children.

In 1993, babies born too small requiring attention in the neonatal intensive care unit costs between \$1,000 to \$2,500 per day-severe case of prematurity can require stays of several weeks.

Our Performance

The staff at Mary's Center strives to keep low birth weight births below 5%. The chart shows the percent low birth weight of babies born to mothers receiving prenatal care at Mary's Center for the quarters ending June, 2007 and September, 2007. At 4.8% and 2.7%, respectively (Note: lower numbers are better), Mary's Center's low birth weight performance is better than DC overall and our internal and external targets (<5%).

Mary's Center: Percent Low Birth Weight



Data Source: MC Data: Kate Curtis, Nurse Midwife

How We Do It

Mary's Center's performance on this measure represents a true team effort among the various programs within Mary's Center.

- Outreach staff work to get pregnant women into care as early as possible in the pregnancy.
- The Midwives and Obstetricians that provide prenatal medical care work quickly to identify high risk pregnancies and to make appropriate referrals.
- Intake staff screen all pregnant women for eligibility for WIC and Healthy Start/Healthy Families.
- Home visitors (HSHF) work to ensure that program participants attend their prenatal appointments and provide education about factors that lead to healthy births.
- WIC nutritionists provide nutrition education and counseling, as well as supplemental foods to improve health of pregnant mothers.
- Even Start educators provide education concerning the importance of early prenatal care, nutrition, and other factors that influence perinatal health.
- Mental Health providers and Family Support Workers provide interventions to address the psychosocial factors that may negatively affect perinatal health.

Links

- [Health People 2010](#), Department of Health and Human Services.
- [2007 Kids Count Data Book](#), Annie E Casey Foundation
- [Perinatal Data Center](#), March of Dimes