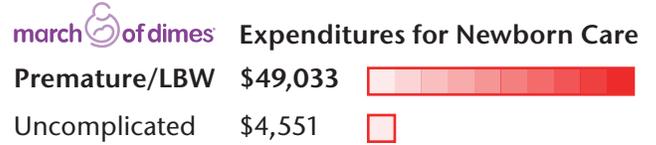


# The Economic Burden of Perinatal Morbidity And the building blocks to a brighter future



Expenditures for premature and low birthweight infants are **10 times higher** than for uncomplicated newborns; contributing to Indiana's estimated perinatal morbidity costs of **\$600 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	\$180,905	
800 - 1,000g	\$174,857	▼ 41% savings
1,000 - 1,500g	\$102,703	
1,500 - 2,000g	\$34,557	

Incremental improvements in birth weight dramatically reduce hospital costs.



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



# Opportunities

## Reducing Perinatal Morbidity Costs & Improving Positive Health Outcomes

### Non-payment of Early Elective Deliveries

Since 2010, the State has collaborated with delivering hospitals, the March of Dimes, and Indiana Medicaid to reduce EEDs. Indiana has now achieved one of the lowest EED rates in the nation, but there is more work to do.

### Group Prenatal Care

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 \$10 million annually** through the prevention of recurrent preterm births.

### Implementing NEC Best Practices

Necrotizing enterocolitis accounts for nearly 20% of NICU costs. Reducing NEC through hospital best practices can **save Indiana millions each year** in acute care savings.

### Smoking Cessation

Indiana's smoking rate for pregnant women is  $\approx$ twice the US average. California **saved over \$100 million in healthcare costs** by reducing low birth weight babies attributed to smoking.

### Reducing Bloodstream Infections

The Ohio Perinatal Quality Collaborative initial projects in this area produced a **20% sustained decrease** in bloodstream infections in premature infants.

### Preventing Teen Pregnancy

Indiana's teen birth rate has steadily declined since 1991 yet the public **cost of Hoosier teen births is estimated at \$227 million (2010)**. 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 appropriate use of antenatal steroids
- Enteral feeding improvement
- Placental transfusions
- Neonatal Abstinence Syndrome interventions
- C-sections reduction initiatives
- Preconception care
- Home nursing visits

**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>