

National Priority Area: Well woman care

National performance measure: Percentage of women with a preventive visit in the past year.

Title V MCH Block Grant in Oregon

The Title V Maternal and Child Health (MCH) Block Grant is a federal program that provides funding to states to improve the health of all women, children, adolescents, and families, including children with special health care needs (CYSHCN). Oregon's Title V MCH priorities for 2016-2020 include: well woman care, breastfeeding, physical activity for children, adolescent well care visits, oral health, smoking, toxic stress and trauma, nutrition and food insecurity, culturally and linguistically responsive services, and medical homes and services for the transition to adulthood for children and youth with special health care needs.

More information about each of the above priorities is available at: <http://Healthoregon.org/titlev>.

Significance of the issue

Access to high-quality well-woman care is a key driver for optimizing the health of women before, between and beyond potential pregnancies. By taking action on health issues throughout the lifespan, future problems for the mother and baby can be prevented. Access to high-quality well woman care:

- Provides a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions such as diabetes, counseling to achieve a healthy weight and smoking cessation, and immunizations.
- Increases the likelihood that any future pregnancies are by choice rather than chance
- Decreases the likelihood of complications for future pregnancies.

High-quality Well-woman care includes pre/interconception health care education that is tailored to each woman.

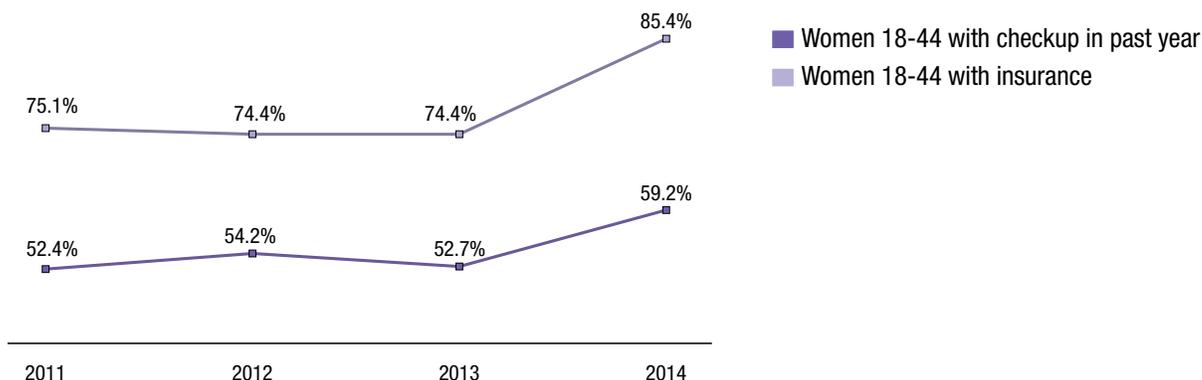
- Pregnancy Intention Screening allows for individualized care to best meet overall and reproductive health needs.
- Preconception care is focused on reducing maternal and fetal morbidity and mortality, increasing the chances of conception when pregnancy is desired, and providing contraceptive counseling to help prevent unintended pregnancies.
- Interconception care refers specifically to care provided between pregnancies. Details and risk factors associated with previous pregnancies are integral to interconception care.
- Postpartum care provides important opportunities to assess the physical and psychosocial well-being of the mother, counsel her on infant care and family planning, and detect and give appropriate referrals for preexisting or developing chronic conditions such as diabetes, hypertension, or obesity. In 2014 in Oregon, only 57.7 percent of women who had a baby during the measurement period also had a postpartum care visit.

Health Status Data

National Performance Measure: is defined as the percent of women aged 18-44 with a past-year preventive medical visit. The measure is based on self-report to the following survey question: “About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.”

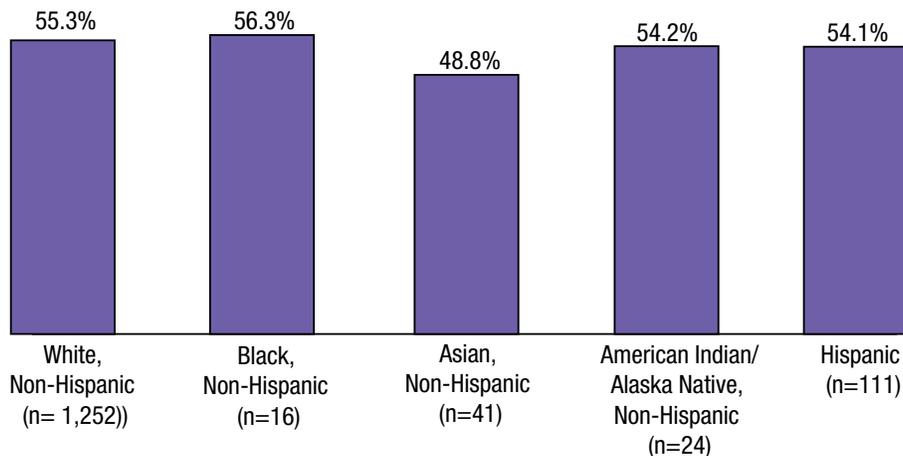
Oregon women 18-44 with insurance, with checkup in the past year

Source: Behavioral Risk Factor Surveillance System



Percent of women ages 18-44 who had a routine checkup within the past year, by race and ethnicity, Oregon, 2011

Source: Pregnancy Risk Assessment Monitoring System



Context for the Issue in Oregon

In 2014, approximately 59% of women in Oregon aged 18-44 years had a routine check-up within the past year. This percentage has increased slightly since 2011. In 2011, 55.3% of non-Hispanic white women, 56.3% of non-Hispanic black women, and 54.1% of Hispanic women had a routine checkup in the past year. The 2014 Behavioral Risk Factor Surveillance System (BRFSS) in Oregon found that 41% of the women aged 18-44 without insurance coverage had a routine checkup in the past year, while 62% of women in that age group with insurance had a checkup in the past year.

According to the Pregnancy Risk Assessment Monitoring System (PRAMS), 24.9% of 2012 Oregon births were unintended. 21.1% of all Oregon women who had a live born infant during 2012 were obese at the beginning of their pregnancy, 54.4% of women did not take the recommended folic acid supplements, and 8.4% smoked during the last three months of their pregnancy.