

SUMMARY STATEMENT

Louisiana has worked tirelessly for several years to reduce pre-term births and infant mortality through focused interventions, Medicaid reforms, education, and increased access to reproductive health services, sexually transmitted infection (STI) prevention, testing and treatment and smoking cessation for Louisiana residents of child-bearing age. Addressing health disparities like those seen in our premature birth report card requires a long-term commitment with multiple partners to implement effective changes. We still have a long way to go, but we are confident that by continuing to work together with health care providers, community leaders and individual Louisiana residents, we can change the future of our children's health.

ACTIVITIES AND RESULTS

In recent years, there has been a significant push through federal funding and with Medicaid Expansion to increase access to family planning and STI services. More consistent health coverage for women across the life span – preconception, post-partum, and interconception periods improves maternal health. Reducing the number of Louisiana babies born to mothers with STIs helps reduce premature births, and reducing preterm births reduces the number of days babies spend in neonatal intensive care units and improves infant health trajectories. Medicaid now covers all FDA-approved contraceptive methods, including long-acting, reversible contraceptives (LARC), which is critical to improving birth spacing and reducing the 60% of unintended pregnancies in Louisiana, both of which contribute to poor birth outcomes. For decades OPH Parish Health Units (PHU) – funded by Title X and the state – have been a critical safety net for these services. Medicaid Expansion has increased access to these services for all, both in and outside of the PHUs.

In addition to Medicaid expansion, the Louisiana Department of Health (LDH) has partnered on several additional activities to improve birth outcomes. Since 2014, LDH, Medicaid, and all Louisiana hospitals have committed to curb the practice of early inductions and Cesarean Sections, implement extensive birth outcomes quality metrics for Medicaid managed care organizations, and introduce payment reform. LDH is also working in partnership with the March of Dimes (MoD), Medicaid, and the Louisiana Perinatal Commission to make sure 17P is available (17P is progesterone medicine that can help prevent preterm birth in some pregnant women who have already had a preterm birth).

Additionally, MoD is partnering with LDH to address health equity head-on in the Shreveport area. In 2015, Shreveport had the highest preterm birth rate among the 100 U.S. cities where the most babies are born. MoD's Healthy Babies are Worth the Wait® is partnering with City MatCH's Institute for Equity in Birth Outcomes to address health disparities relating to birth outcomes with emphasis on prematurity, birth spacing, infant mortality, social determinants of health and health access.