King County Public Health Department
Program Profile: Maternity Support Services and WIC

Background

Maternity Support Services (MSS) provides social, emotional and physical support to Medicaid-eligible expectant and new mothers at a critical time, laying the groundwork for long-term health. These wrap-around services are designed to supplement prenatal medical visits and include assessment, education, intervention and counseling provided by an interdisciplinary team of nurses, dietitians, social workers and community health workers. Office-based services are provided in the 10 public health centers and 17 satellite sites and home visits are provided to pregnant and post-partum women and their infants, based on levels of risk for adverse health outcomes.

Studies indicate that mothers enrolled in MSS have a lower risk of having low birth weight babies, a major factor in infant deaths. The measurable impact of MSS on minority women—the vast majority of women served—is pronounced:

- Hispanic mothers in the program experience 20% fewer low birth weights.
- African American mothers experience 50% lower birth weights.

Public Health has been successful in providing MSS because of its unique and innovative service delivery model with the Special Supplemental Nutrition Program for Women, Infant and Children (WIC). Across its public health centers and satellite sites, Public Health integrates MSS with WIC nutrition services, which provides an incentive for pregnant women and mothers to access MSS. Pregnant women receive WIC checks to purchase needed food items to ensure a healthy pregnancy.

Public Health meets the intended goal of assuring access to maternity care for all low-income women by providing pregnancy testing, options counseling and referrals to maternity care providers as part of its maternity support delivery model. In many cases, Public Health is the first maternity care contact for pregnant low-income women in King County.

Current Level of Service

- Public Health provides 94% of all MSS/ICM visits in King County, serving about 30,000 unduplicated women and infants (at current 2014 capacity).
- 69% of MSS visits take place in Public Health Centers; 12% are home visits; 10% take place at a satellite location; 5% are in Community Service Offices (CSOs); and 4% are in hospitals.
- The total proposed MSS 2015-2016 biennial budget is $30.9 million and would reduce MSS capacity by about 40%.
- Fund sources consist of patient generated revenue from Medicaid fee for service and Federally Qualified Health Center (FQHC) enhanced payment, in addition to Medicaid Administrative Claiming.

Population Affected by the Program

Of the 30,000 women and children served by MSS/ICM in 2013:

- 71% are people of color
- 64% have incomes below 100% of the Federal Poverty Level

Of the 9,063 Medicaid births in King County in 2012:

- 86% received MSS
- The average age of Medicaid women giving birth in King County is 28 years of age.
King County Public Health Department
Program Profile: Maternity Support Services and WIC

- 2% of Medicaid women giving birth in King County are less than 18 years of age.
- The proportion of infants who had low birth weight born to women on Medicaid in King County was 5.5%, lower than the state rate of 6.0% for infants born to women on Medicaid and the national Healthy People 2020 target of 7.8%.

Community Partners
Public Health is one of 12 organizations providing MSS in King County. Seven of these organizations provide MSS to their own clients independent of Public Health. Public Health contracts with four other organizations to provide MSS/WIC services at their sites, and Public Health nurses and social workers, along with nutritionists from these organizations, provide integrated MSS services (Odessa Brown Children’s Clinic, Highline Medical Center, Swedish First Hill, and Valley Midwives Clinic).

Proposed Changes in 2015/2016
The Executive’s budget proposes closing two clinics that provide WIC/MSS – Auburn and Northshore. Public Health avoided closing two additional clinics (Greenbridge and Federal Way) through partnerships. See the Public Health Issue for additional details about these partnerships.

Service Reduction (primarily women and their children)

<table>
<thead>
<tr>
<th>Site</th>
<th>MSS/ICM 2013 Unduplicated Clients</th>
<th>WIC 2013 Unduplicated Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn (Closed)</td>
<td>3,000</td>
<td>5,600</td>
</tr>
<tr>
<td>Northshore (Closed)</td>
<td>1,700</td>
<td>2,500</td>
</tr>
</tbody>
</table>

It is unlikely that other providers would be able to fill the gap in MSS services in Auburn and Northshore.