

## What is Healthy Start?

Started in 1985, Healthy Start is a major infant health initiative which promotes early, comprehensive and continuous prenatal care for low-income, uninsured pregnant women. The aim of the program is to improve the health of newborns by reducing the incidence of low birth-weight babies and infant mortality.

Healthy Start is administered by the Mass. Department of Public Health. In 2003, Healthy Start became a new category of MassHealth as part of the state's Children's Health Insurance Program, entitling the state to federal reimbursement of 65% of its costs. Pregnant women are eligible for Healthy Start if they are Massachusetts residents and have incomes at or below 200% FPL. Despite the federal matching funds now available, the governor's preliminary FY05 budget would hold funding for the program level at \$6.2 million.

## What is covered?

Healthy Start provides coverage for a range of health services to pregnant and postpartum women including: pregnancy-related primary and specialty care, outpatient mental health, prescriptions, amniocentesis, and postpartum home nursing visits. Among the program's exclusions are non-pregnancy related services, physical therapy and elective abortion.

Individuals apply to Healthy Start by filling out a Medical Benefits Request, and are also applying to MassHealth Limited for emergency medical services.

## Why it's important?

- Women who have no prenatal care are nearly four times as likely to deliver low birth-weight infants and over seven times as likely to deliver premature infants as compared to women with adequate prenatal care.
- Every normal birth that occurs instead of a low birth-weight birth saves approximately \$59,700 in the first year of medical expenses alone. Because the children of mothers in Healthy Start will be eligible for MassHealth benefits upon birth, these savings accrue directly to the state.
- For every dollar cut from prenatal care, it is estimated that the cost of postnatal care will increase by \$3.33 and incremental long-term costs will increase by \$4.63. In other words, every dollar spent towards Healthy Start saves the Commonwealth nearly \$8 in the future.
- Women who receive no prenatal care have a higher risk of death from preeclampsia and eclampsia than women who have received any level of prenatal care. Prenatal care also dramatically improves the health status of the infant.

### **Problem: Infant Mortality**

- In 2002, there were 4.9 infant deaths per 1,000 live births in Mass. This compares favorably to a national average rate of 7 per 1,000 live births.
- In 1985, when Health Start was created, infant mortality in Mass. stood at 9.1 deaths per 1,000 live births.
- Infant mortality remains higher among black mothers, at 11.1 deaths per 1,000 live births in Mass. in 2002. This is down from 23.8 per 1,000 in 1985.
- 7.5% of infants in the Commonwealth in 2002 were born with low birth-weight.
- 10.3% of Mass. mothers failed to begin prenatal care by the first trimester in 2001. That percentage was 21% for black mothers.
- One fourth of all births in Massachusetts are financed by MassHealth.