



MI PRAMS Delivery

Well Baby Care

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Pediatric well baby care is a vital part of infant health that is built on a relationship between parents and a health professional. The partnership may be most intensive in the first year, as parents learn how to care for their infant and to trust and communicate with their health professional.

The first visit with the health professional should take place during the last trimester of pregnancy. This is an opportune time to discuss immediate postpartum issues such as

holding and cuddling with the baby, breastfeeding, safety, and the mother/baby interaction. The next visit is recommended within the first week after birth, then at 1 month, 2 months, 4 months, 6 months, and 9 months. Usually the health professional will physically examine the baby and ask questions to learn about physical, cognitive, and social/emotional development.

Well baby visits ensure infants receive necessary immunizations and early

identification of problems. This is also a time for parents to questions the health professional about normal issues of infancy as well as to learn how to care for any problems (1).

The Michigan Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program also provides guidelines for well baby care for Medicaid recipients. Resources for program policy and EPSDT manual as well as a toolkit for health professionals are listed in the references section (2,3).

Points of Interest

- ◆ Approximately 8.6% of women had only 0-1 well baby visit at the time surveyed.
- ◆ Less educated, younger, unmarried women were most likely to have reported an inadequate number of well baby visits
- ◆ Women with an unintended pregnancy were more likely to have an inadequate number of well baby visits when compared to those with an intended pregnancy.

Frequency of Well Baby Care Visits

Healthcare providers have the unique opportunity at well baby checkups to teach parent's about their infant's development. The PRAMS July 2001 – December 2002 survey asked women "Has

your baby had a well baby checkup?" and "How many times has your baby been to a doctor or nurse for a well baby checkup?"

Women who reported their infants had 0-1 well baby care visits were

coded as inadequate and women who reported 2 or more visits as adequate care. Well baby care visits are coded in this manner because infants are expected to have at least 2 well baby visits by the

Frequency of Well Baby Care Visits

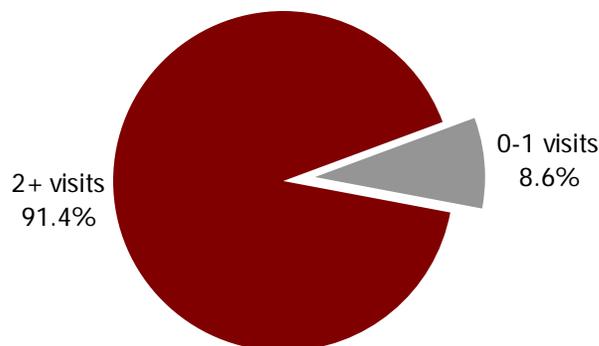


Figure 1: Number of Well-Baby Care Visits at Time Surveyed, Jul 2001- Dec 2002 MI PRAMS

Information About Visits

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents recommends seven visits during the first year after birth. The first visit should happen in the first week after the baby goes home. Topics for the examination at these visits include:

- ◆ Measurement of length, weight, and head circumference and compare with normal growth
- ◆ Temperature, heart rate and breathing
- ◆ Skin color and any birthmarks
- ◆ Head shape
- ◆ Eye movements
- ◆ Response to voice
- ◆ Ear, nose, and mouth structure
- ◆ Ability to suck and swallow
- ◆ Cardiac murmurs
- ◆ Normal structures of abdomen, genitalia, spine, hips, feet
- ◆ Reflexes

Newborns are also screened for vision, hearing, and metabolic disorders and begin immunizations.

Issues common to newborn:

- ◆ Feeding
- ◆ Stools
- ◆ Sleeping arrangements
- ◆ Recognizing illness
- ◆ Cord care, circumcision care, bathing, diaper area
- ◆ Crying, temperament

Issues for parents:

- ◆ Enough sleep and rest
- ◆ Baby blues versus depression
- ◆ Sibling rivalry
- ◆ Child care

time surveyed, which is approximately 2 - 5 months postpartum.

Among the PRAMS population, approximately 8.6% of women reported an inadequate number of

well baby visits, while 91.4% of women reported adequate care (Figure 1). Since some women do not receive and complete the survey until the 4th or 5th month postpartum, these categories may not

accurately reflect the number of well baby visits each individual infant may have needed. However, for the analytic purposes of this newsletter, the data was coded in this manner.

Maternal Demographics

Learning which populations are receiving an inadequate number of well baby visits will help identify and target populations for further outreach efforts.

Inadequate well baby care is inversely proportional to maternal educational status. Women who are more educated are less likely to have reported an inadequate number of visits (4.7%), while women with less than a high school education report the highest rate (14.4%) of inadequate care (Figure 2).

Among race/ethnicity, Non-

Hispanic White and Hispanic women had the lowest prevalence rate (8.1% and 7.1% respectively) of inadequate well baby care visits while Non-Hispanic Black women had the highest (11.4%) rate.

When stratifying by maternal age, women between the ages of 25-34 had the lowest rate of inadequate well child visits at 7.5%. Contrary, younger women (less than 25 years old) had the highest rate of inadequate care with approximately 10.4% of women reporting 0-1 visits by the time surveyed.

In addition, primiparous women were

less likely to report inadequate care at 6.3% compared to multiparous women (10.1%).

Further, fewer women who were married reported an inadequate number of baby care visits at 7.9% versus 9.8% of women who were non-married.

Stratifying inadequate well baby care by insurance status reveals that those who had other payer source (i.e. private insurance or personal finances) for well baby care visits had the lowest rate of inadequate care (5.6%), compared to Medicaid recipients (7.9%).

Inadequate Well Baby Care by Maternal Education

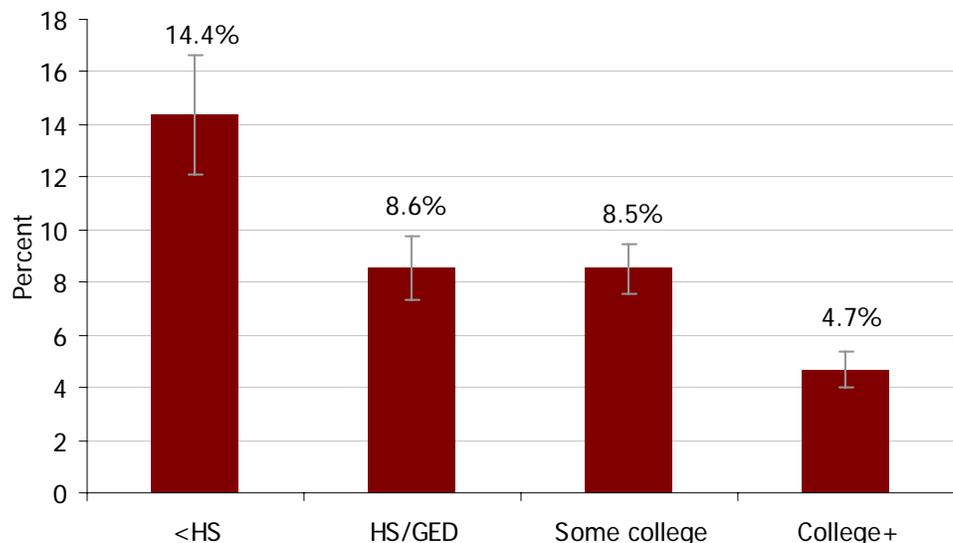


Figure 2: Prevalence of Inadequate Well Baby Care by Maternal Education, Jul 2001- Dec 2002 MI PRAMS

Source of Well Baby Care

Learning where most of the well baby checkups occur demonstrates which providers are the most utilized in delivery of well baby care. The PRAMS survey asks women “Where do you usually take your baby for routine well baby checkups?” A majority of the women (84.0%) reported a doctor’s office as the place where most of their infants well baby visits occurred. Other responses included hospital clinic (9.8%), health department clinic (4.5%), and other (1.7%) (Figure 3).

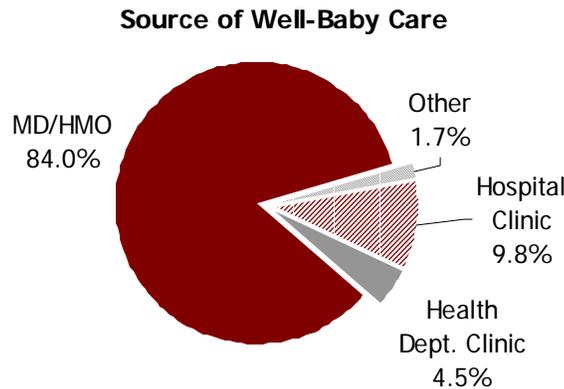


Figure 3: Source of Well Baby Care, Jul 2001- Dec 2002 MI PRAMS

Well Baby Care & Pregnancy Intention

The following PRAMS question asks women: “Thinking back to just before you got pregnant, how did you feel about becoming pregnant? (a) I wanted to be pregnant sooner (b) I wanted to be pregnant later (c) I wanted to be pregnant then (d) I didn’t want to be pregnant then or at any time in the future.”

When comparing pregnancy intention, women with an intended

pregnancy were less likely to have reported an infant with inadequate well baby care with about 7.6% of women with an intended pregnancy reporting an inadequate number of well baby care visits as opposed to 10.1% of women with unintended pregnancies (Figure 4).

In addition, when unintended pregnancy is further stratified, women with an unwanted pregnancy (12.7%) had a

higher rate of inadequate care in comparison to those with a mistimed pregnancy (9.2%).

Recommendations

- ◆ Promote education about well baby care during the prenatal period.
- ◆ Develop follow-up strategies to ensure all infants receive adequate well baby care.

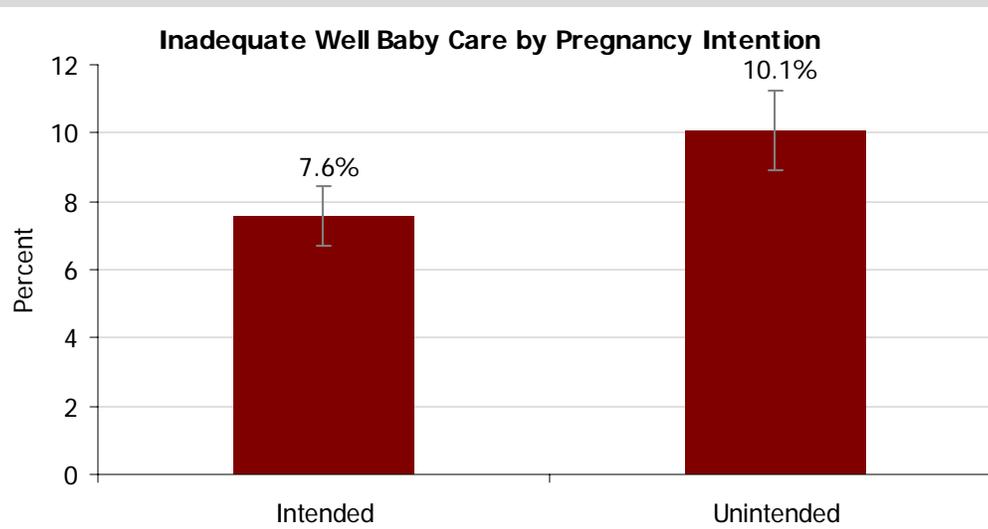


Figure 4: Prevalence of Inadequate Well Baby Care by Pregnancy Intention, Jul 2001- Dec 2002 MI PRAMS

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Michigan Department
of Community Health



Jennifer M. Granholm, Governor
Janet Olszewski, Director

For More Information

Contact:

DCH/PRAMS

P.O. Box 30195

3423 N. Martin Luther King

Jr. Blvd

Lansing, MI 48909

Phone: (517) 335-9398

E-Mail:

bouraoui@michigan.gov

Past and future editions of
the MI PRAMS Delivery
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electronically at:
<http://www.michigan.gov/prams>

About Michigan's PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based survey, is a CDC initiative to reduce infant mortality and low birth weight. It is a combination mail/telephone survey designed to monitor selected self-reported maternal behaviors and

experiences that occur before and during pregnancy, as well as early-postpartum periods of women who delivered a live infant in Michigan. Information regarding the health of the infant is also collected for analysis. Annually, over 2,000 mothers are selected at random to participate from

a frame of eligible birth certificates. Women who delivered a low-birth weight infant were over-sampled in order to ensure adequate representation. The results are weighted to represent the entire cohort of women who delivered during that time frame.

MICHILD

MICHILD is a low cost program for working families, which provides health insurance coverage for uninsured children from birth to age 19. To enroll in the program, children must meet certain requirements such as being 200% or more below the federal poverty guidelines and not have any comprehensive health insurance. The MICHILD program covers many medical needs including well child visits, immunizations, etc. For more information, please call toll-free 1-888-988-6300 (4).

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