

## POSTER ABSTRACTS

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### Chronic Disease 19

#### Maternal Morbidity Rates in a Managed Care Population

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**Background:** Most research on maternal and child health has focused on the health of fetuses and newborns, while few researchers have studied the health of pregnant women. This study assessed the prevalence of morbidity in a large community-based population of pregnant women enrolled in an integrated health care delivery system.

**Methods:** We used ICD-9-CM codes to develop a list of 46 major maternal morbidity disease classes that encompass complications directly and indirectly related to pregnancy. We searched for pregnancies among women who were members of the study health care system between January 1, 1998 and December 31, 2002 and were aged 12 to 55 years during that time. The pregnancy termination had to occur during a health plan eligibility period. For pregnancies ending in a live- or stillbirth, at least the last two trimesters had to occur within a health plan eligibility period. The denominator for pregnancy-related morbidity rates is the number of pregnancies among women of childbearing age in our study population.

**Results:** Maternal morbidity episode prevalence rates range from 9% for anemia and urinary tract infection to less than 1% for tuberculosis. The eight most common maternal health problems are: anemia (9.3%); urinary tract infections (9.0%); mental health conditions (9.0%); pelvic and/or perineal complications (7.0%); postpartum hemorrhage (3.8%); asthma (3.8%); breast disorders (3.5%); and excess vomiting (3.2%). Other health problems with less clear relationships to pregnancy included upper respiratory infections (19.0%) and back disorders (9.8%). Out of 24,680 pregnancies, 17% ended in therapeutic abortions and 12.5% in spontaneous abortions. Over 67% of pregnancies ended in live births. Ectopic pregnancies accounted for 1.3% of episodes, while stillbirths accounted for 0.4%, and trophoblastic disease accounted for 0.1% of pregnancies.

**Conclusions:** Pregnant women experience a variety of mild to severe health problems. Assuring early diagnosis and high quality intervention for pregnancy-related health problems should lead to better outcomes for both mothers and babies.