MODEL OVERVIEW

Strong Start funded 27 awardees from 2013 to 2017 to provide enhanced prenatal care to Medicaid and CHIP beneficiaries.

- **Goal 1:** Improve quality of care and reduce rates of preterm birth and low birthweight infants
- **Goal 2:** Reduce costs to Medicaid during pregnancy, birth, and the infant’s first year

PARTICIPATION

There were three models of care distributed across the nation.

ENROLLEE CHARACTERISTICS  
(varied by model and awardee)

- **42.1%** of women exhibited symptoms of depression, anxiety, or both.
- **21.1%** of women with a prior birth had a prior preterm birth.

A wide range of demographic groups were represented.

- **39.8%** of women were black; **29.7%** were Hispanic; **25.6%** were white.
- **15.2%** of women were teens (under age 20); **9.0%** were 35 years or older.

Maternity Care Homes
Care coordination, sometimes with other enhanced services, in addition to clinical prenatal care

- **26,007 enrollees**
- **112 sites**

Group Prenatal Care
Prenatal care provided in a group, enhanced with health education and facilitated discussion

- **10,508 enrollees**
- **60 sites**

Birth Centers
Midwives’ model of care enhanced with peer counseling for additional support and referrals

- **8,806 enrollees**
- **47 sites**

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the Strong Start Model and to download the full evaluation report, visit: [https://innovation.cms.gov/initiatives/strong-start/](https://innovation.cms.gov/initiatives/strong-start/)
FINDINGS RELATIVE TO SIMILAR MEDICAID BENEFICIARIES

Strong Start participants in Birth Centers and Group Prenatal Care had better outcomes at lower cost relative to other Medicaid participants with similar characteristics.

**Maternity Care Homes**
- Higher costs through delivery period and following year.
- Fewer prenatal hospitalizations.
- More infant emergency department visits and hospitalizations.
- Higher rate of low birthweight.
- More weekend deliveries.

**Group Prenatal Care**
- Costs $427 lower per woman during 8 months before birth.
- Fewer emergency department visits and hospitalizations for women and infants.
- Lower very low birthweight rate.
- More weekend deliveries.
- More VBACs.

**Birth Centers**
- Costs $2,010 lower through birth and year following for each mother-infant pair.
- Fewer infant emergency department visits and hospitalizations.
- Lower low birthweight rate.
- Lower preterm birth rate.
- More weekend deliveries.
- More VBACs.
- Fewer C-sections.

*Weekend deliveries indicate fewer scheduled inductions and scheduled C-sections.

**VBAC=vaginal birth after cesarean**

FINDINGS AMONG CARE MODELS (Relative to Maternity Care Homes)

Birth Center participants have better outcomes relative to Maternity Care Home participants after controlling for demographic, medical, and social risks.

**Maternity Care Homes**
- This mode experienced:
  - Preterm birth: 13%
  - Low birthweight: 11%
  - C-section: 31%

**Group Prenatal Care**
- After controlling for risks, no significant differences in outcomes between Group Prenatal Care and Maternity Care Homes.

**Birth Centers**
- After controlling for risks,
  - Lower rates of preterm birth.
  - Lower rates of low birthweight.
  - Lower rates of C-section.
  - Higher rates of VBAC.

KEY TAKEAWAYS

Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than $2,000 lower per mother-infant pair during birth and the following year.

These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations.