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A pilot study demonstrating potential impact of pre and interconceptional care case management on birth outcomes of high-risk women

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Objective: This study provides promising results showing that pre and interconceptional case management reduces poor birth outcomes and the factors contributing to poor birth outcomes.

Background: A consensus is building that improved birth outcomes reflected in health disparities will require better health for women prior to pregnancy, but there are few studies demonstrating that interventions designed to improve women's health prior to pregnancy do improve birth outcomes.

Methods: An evaluation that included prospective and retrospective study designs was used to assess the impact of case management interventions targeting high risk women before they come pregnant (again). The prospective study intervention group consisted of Magnolia clients who were recently enrolled in case management and a comparison group of a similar high risk population. The retrospective study intervention group consisted of closed cases of Magnolia clients who received case management services for at least 90 days (2000-2005) and with a comparison group.

Results: Preliminary findings revealed statistically significant reductions in STDs ($p < .05$) and low-birth-weights ($p = .06$) among the participating women. Highly meaningful reductions in infant mortality (over 40/1000) were observed, but reductions were not statistically significant due to the small number of live births. Prospective study results using the scales were promising but statistically inconclusive.

Lessons Learned: Results were promising, but study size and single location present challenges to inferring conclusive results. The results show that this approach should continue to be investigated with more extensive studies accompanied by continued refinement of the intervention for fidelity, replicability and generalizability.