Prevalence and Predictors of Integrated Care Among Teen Mothers and Their Infants

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Integrated models of primary care for parenting teens, in which teens and infants are cared for by the same clinical team on the same day, are associated with reduced repeated pregnancies and increased uptake of contraception and immunization. Our purpose was to determine how frequently teen-infant dyads receive integrated care. This study used Medicaid Analytic eXtract data to create a retrospective cohort of mothers aged 12-17 linked with infants born from 2007-2012 in 12 states. Teen-infant dyads were enrolled in Medicaid throughout the year after birth. The primary outcome was integrated care in the year after birth, defined as ? 1 instance when teen and infant had visits on the same day, billed to the same clinician identifier. Logistic regression assessed the relationship between integrated care and maternal demographics, dyad health, clinician specialty, and community factors. Of 20,203 dyads, 3,371 (16.7%) had integrated care in the year after birth. Dyads with integrated care had a mean of 1.2 (SD 1.3) integrated visits. Dyads with integrated care had more visits (14.9, SD 10.6 vs. 11.7, SD 8.3), including more preventive visits for teens and more acute visits for both teens and infants. In regression, integrated care was associated with maternal factors (younger age, non-Latinx white race, and maternal health risks), residence in rural or high-poverty areas, and ever visiting Family Medicine clinicians. Though uncommon, integrated care was associated with greater engagement in health care. Implementation of integrated care may support increased preventive care for parenting teens.

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