Chronic Disease Prevalence and Discontinuation of Medications Among Young Mothers with a Relationship to the Child Welfare System

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OBJECTIVES: To describe the prevalence of chronic conditions in the reproductive period among young mothers with a relationship to child welfare and to describe medication discontinuity from the preconception to postpartum period.

METHODS: Retrospective cohort of mothers aged 15 to 24 delivering an infant between 2007 and 2010 in a large, Mid-Atlantic city. Descriptive and chi square statistics were used to: 1) describe the prevalence of chronic conditions and medication fills in the preconception, pregnancy and postpartum periods and, 2) determine differences in these outcomes by child welfare involvement status.

RESULTS: Nearly half (43%) of all mothers with Medicaid-financed births had a relationship with the child welfare system. The prevalence of asthma and HIV were significantly elevated among child welfare involved mothers as compared to non-involved mothers. With the exception of anxiety and intellectual disability, all mental and behavioral conditions occurred more frequently among child welfare involved mothers than noninvolved mothers. Among mothers with diagnosed mental illness receiving psychotropic medications prior to pregnancy, more than half experienced discontinuity of medications in the postpartum year and discontinuity was significantly increased among child welfare exposed mothers.

CONCLUSIONS: Young mothers with a relationship to child welfare experience increased morbidity and are at high risk for treatment discontinuity in the postpartum period. Bridging reproductive and behavioral health services is critical for this population; in addition, public health systems should support the delivery of trauma-informed services for adolescents to meet needs of young mothers with child welfare involvement.

Journal:

Children and Youth Services Review
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  Oct 2015