

HEALTH STATUS
OF YOUNG ADULT
MOTHERS WITH
A HISTORY OF
CHILD WELFARE
INVOLVEMENT

WHAT IS THE PROBLEM:

While the teen birth rate in the U.S. is at an historic low, teen pregnancies among vulnerable populations remain high.

Half of female youth nationally with current or former experience in the child welfare system—the system responsible for responding to abuse and neglect of children and providing services to support vulnerable children and families—have a pregnancy by age 19 and nearly half have multiple pregnancies by this same age.

Adolescent childbearing is associated with an increased risk for adverse birth outcomes and use of negative parenting approaches. These risks may be exacerbated among youth with child welfare system exposure who are more likely to have social- and health-related adversities. Understanding the risks for poor outcomes for young mothers with a history of child welfare involvement and their children is fundamental for improving the services provided to this population.

CHILD WELFARE EXPERIENCES OF URBAN LOW-INCOME ADOLESCENT AND YOUNG ADULT MOTHERS



WHAT WE ASKED:

What is the health status of adolescent and young adult mothers with a relationship to child welfare during the transition to motherhood?

Are there disruptions in treatment for chronic conditions in the period surrounding a birth?

WHAT WE DID:

To determine the prevalence of physical and mental/behavioral health conditions among young mothers with a relationship to the child welfare system, we studied the vital statistics, medical assistance claims and child welfare records of 16,000 mother-infant pairs in a large Mid-Atlantic city. Looking at the window of 12 months prior to conception (preconception period) through 12 months post birth (postpartum period), we examined medical assistance claims files for eight chronic physical health conditions—including inflammatory, immune and metabolic conditions—and ten mental/behavioral health conditions—including psychoses, mood and externalizing disorders and substance abuse.

We then reviewed prescription claim files and identified any medications filled to treat these chronic health conditions. To establish if a young mother experienced discontinuity in the use of a medication, we separately identified medications prescribed in the preconception and postpartum periods.

WHAT WE FOUND:

Nearly half of all Medicaid-financed births to mothers aged 15–24 in the Mid-Atlantic city occurred among women who were known to the child welfare system.

Mental health conditions were common among mothers with a history of child welfare involvement—substance use, depression and bipolar disorder and conduct disorder were the most common diagnoses.

Mothers with the highest intensity of past child welfare involvement (dependent placements and/or juvenile justice involvement) were most likely to carry diagnoses of mental illness. Among these mothers, one in three were diagnosed with substance use, one in four with depression and one in five with conduct disorder.

Treatment continuity in the postpartum period was very low for both physical and mental health conditions. Less than half of all mothers receiving medication treatment for a chronic condition in the preconception period received this medication in the postpartum year. For example, only one in four mothers receiving antipsychotic medications for diagnosed psychoses prior to pregnancy filled a prescription for antipsychotic medications in the postpartum year, leaving them at risk to experience poor health and maladaptive parenting approaches.

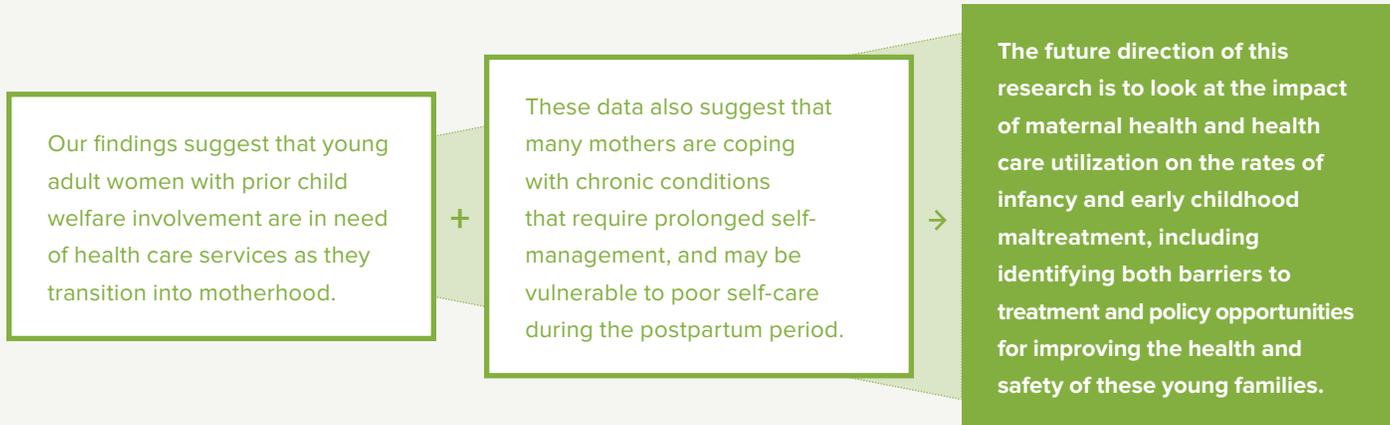
Mothers with HIV infrequently continued treatment.

Most alarmingly, HIV rates reached more than 2% among mothers with a history of child welfare involvement, and more than 3% among the subset of mothers with dependent placements and/or juvenile justice involvement. Many mothers with HIV filled no prescriptions for antiretroviral therapy in the postpartum period.



FOR EVERY **100** URBAN LOW-INCOME MOTHERS AGED 15–24:
43 ARE KNOWN TO THE CHILD WELFARE SYSTEM. OF THOSE 43,
16 HAVE A MENTAL HEALTH DIAGNOSIS. OF THOSE 16,
9 STOP FILLING PRESCRIPTIONS FOR DIAGNOSED MENTAL HEALTH CONDITIONS

WHAT IT MEANS:



Our findings suggest that young adult women with prior child welfare involvement are in need of health care services as they transition into motherhood.

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These data also suggest that many mothers are coping with chronic conditions that require prolonged self-management, and may be vulnerable to poor self-care during the postpartum period.

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The future direction of this research is to look at the impact of maternal health and health care utilization on the rates of infancy and early childhood maltreatment, including identifying both barriers to treatment and policy opportunities for improving the health and safety of these young families.

STUDY METHODS

This was a retrospective cohort study of 16,000 mother–infant pairs in a large Mid-Atlantic city using linked administrative data files (vital statistics, medical assistance claims and child welfare records). Women were included who (1) delivered at least one infant between January 1, 2007 and December 31, 2010; (2) were between the age of 15 and 24 at the time of the birth; (3) were enrolled in Medicaid at any time during the year prior to the estimated date of conception through one year postpartum; (4) were successfully linked to the Medicaid claims of their child following birth; and (5) were known to child protective services prior to the birth of the infant(s).

The primary exposure was any maternal child welfare involvement. The data sources included birth certificates, Medicaid claims data and child welfare data.

The outcomes of interest included chronic physical and mental/behavioral health conditions and filled prescriptions for treatment of mental/behavior conditions. The eight chronic physical health conditions included asthma, diabetes, epilepsy/seizure disorder, anemia, hypertension, autoimmune disease and HIV. The ten mental/behavior health diagnoses included schizophrenia, bipolar disorder, depression, anxiety disorder, conduct disorder, ADHD, intellectual disability, posttraumatic stress disorder, substance abuse and miscellaneous behavioral health diagnoses.

We included any medications that were present in prescription claims files. We identified psychotropic medications for the treatment of mental/behavior health conditions using therapeutic class codes. Physical health conditions, selected based on the high likelihood of medication use for their management, included seizure disorder/epilepsy, Type 1 diabetes, HIV and asthma.

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RELATED POLICYLAB WORK

Matone, M., Localio, R., Huang, Y.S., dosReis, S., Feudtner, C., & Rubin, D. (2012). The relationship between mental health diagnosis and treatment with second-generation antipsychotics over time: a national study of US Medicaid-enrolled children. *Health Services Research*, 47: 1836-1860. doi:10.1111/j.1475-6773.2012.01461.x

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