



Perinatal e-News

LA BEST BABIES NETWORK



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June 9-15, 2008 is National Men's Health Week

June 22-28, 2008 is Helen Keller Deaf-Blind Awareness Week

Maternal and Child Health Access Works to Improve the AIM Program

Maternal and Child Health Access has made important efforts to improve the state's Access for Infants and Mothers (AIM) program:

1) Fighting the proposed repeal of the 20-day prior notice requirement before women lose their health insurance under AIM after a pregnancy ends.

The AIM program provides eligible low-income pregnant women, with income over the Medi-Cal (California's Medicaid program) limit, with low-cost healthcare coverage throughout their pregnancy and 60 days postpartum.

Recently proposed regulations would repeal the existing requirement that the AIM program give women at least 20 days notice before their health care coverage ends.

Although AIM eligibility is over on the 61st day postpartum, AIM keeps billing women for installment payments every month for 12 months and obliges them to pay, *even after their pregnancies end*. This continued billing is very confusing, and most women believe, quite reasonably, that they continue to have health insurance as long as they keep making their AIM payments on time each month.

"Prior notice of health plan disenrollment at least helps inform a woman that she is about to become uninsured, even though her monthly AIM bills will continue, so that she can avoid bankrupting medical debt," says Lynn Kersey, executive director of Maternal and Child Health Access (MCHA).

MCHA submitted detailed objections to the proposed repeal of AIM's 20-day prior notice rule and was joined by many other provider and consumer organizations.

The same regulation package included a new, positive rule to reduce the amount of the AIM subscriber contribution for women who miscarry during the first trimester of pregnancy. This was an improvement sought by MCHA - though MCHA continues to press to make the rebate available to women who miscarry in the second trimester as well.

2) Suing the State of California over an unconstitutional law that requires low-income pregnant women to reside in the state for six months to qualify for AIM.

According to a lawsuit filed by MCHA in May, AIM's six-month residency requirement violates the constitutional right to travel and to equal protection under the law for new California residents who are pregnant.

"Obtaining timely and appropriate care through programs like AIM is essential for the well-being of both mother and child, as women who do not receive appropriate prenatal care, may be at an increased risk for poor birth outcomes," said Lynn Kersey, MCHA's executive director. "AIM's six-month residency requirement means that many pregnant women who are new residents in the state may go without obtaining timely prenatal care".

For more information, contact MCHA at lynnk@mchaccess.org or (213) 749-4261.

Preconception Health for Men

According to the Centers for Disease Control and Prevention, more than seven million Americans experience fertility problems each year. In observance of **National Men's Health Week, June 9-15, 2008**, LA Best Babies Network joins the Men's Health Network to raise awareness on the importance of improving a man's health before conception.

There are many factors that may affect conception, pregnancy and birth outcomes:

- exposure to chemicals at work
- smoking, drinking and/or using illicit substances
- sexually transmitted diseases (STD)
- genetics and family history

Obtaining quality health care before, during and after conception can optimize their partner's pregnancy and birth outcomes. The Network encourages all men and those whose partners are planning pregnancy to:

- assess their lifestyle habits - avoid smoking, drinking and/or using illicit substances
- eat healthy and exercise regularly
- see their healthcare provider for a preconception visit to discuss their family history, medication use, immunizations and obtain STD screenings
- avoid toxins and poisons
- limit heat exposure

For more information on the preconception health of men, visit www.americanpregnancy.org/gettingpregnant/men/preconception.htm and www.beststart.org/resources/preconception/pdf/men_health.pdf

Gonorrhea in Pregnancy

Gonorrhea is the second most commonly reported sexually transmitted disease (STD) in the U.S. The Centers for Disease Control and Prevention (CDC) estimates 700,000 new infections each year; however only half get reported. In 2006, there were 358,366 reported cases of gonorrhea.

Gonorrhea is a curable STD. It is caused by the bacteria *Neisseria gonorrhoeae* and is transmitted through genital, oral or anal sex. Gonorrhea can also spread from an infected mother to a child during vaginal birth.

The CDC recommends screening for gonorrhea, along with chlamydia screening, for pregnant women under the age of 25 at the first prenatal visit. Repeat screening should be performed at third trimester for women with a continued risk for infection.

In women, the bacteria can grow in the cervix, uterus and fallopian tubes and in the urethra in both men and women. The bacteria can also grow in other parts of the body other than the reproductive tract, such as the mouth, throat, eyes and anus. In most cases, symptoms are not present or may be mild.

Untreated gonorrhea can cause complications in women,

such as pelvic inflammatory disease, intrauterine infection (infection of the uterus, amniotic fluid and fetus) and maternal postpartum infection.

Complications in newborns include: fetal death, preterm birth, newborn pneumonia, sepsis (a clinical condition in which bacteria, fungi or bacterial toxins enter the blood) and blindness (the treatment of a newborn's eyes with an antibiotic ointment immediately after birth prevents blindness).

LA Best Babies Network joins the Helen Keller National Center in observing the week of **June 22-28, 2008 as the Helen Keller Deaf-Blind Awareness Week** and in recommending that healthcare providers review the CDC's [STD treatment guidelines](#) for screening and treating gonorrhea in pregnancy, in order to prevent newborn complications such as blindness.

Learn more:

View the CDC's fact sheet on gonorrhea, visit www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm

Rate of Pregnant Women with Pre-existing Diabetes Increases

The rate of pregnant women with pre-existing diabetes has increased from 1999 to 2005, with the rate increasing the most in pregnant teenage girls, according to a study published in the May issue of *Diabetes Care*.

In 1999, the rate of pre-existing diabetes was 0.81 per 100 pregnancies, in 2005 the rate increased to 1.82 per 100 pregnancies. In adolescent girls, the rate of pre-existing diabetes quintupled from 1 per 100 pregnancies in 1999, to 5.5 per 100 pregnancies in 2005.

The rate of gestational diabetes remained relatively the same throughout the six year period, from 7.5 per 100 births in 1999 to 7.4 per 100 births in 2005.

According to the study, the groups that were most affected by pre-existing diabetes included:

- Latino, Asian and African-American women
- adolescent girls
- women over 40 years of age.

A woman who manages her diabetes before pregnancy will reduce the risk of birth defects, miscarriage, premature birth and other newborn complications. LA Best Babies Network recommends that all women of childbearing age see their healthcare provider three months before conceiving for a preconception visit. Healthcare providers are urged to work with women with pre-existing diabetes to develop an appropriate exercise plan, control blood sugar levels and maintain a healthy weight.

In our effort to promote the management of blood glucose levels among women of reproductive age, the Network's Healthy Births Care Quality Collaborative is addressing diabetes through interventions before, during and beyond pregnancy.

Learn more:

View the study "[Trends in the Prevalence of Preexisting Diabetes and Gestational Diabetes Mellitus Among a Racially/Ethnically Diverse Population of Pregnant Women, 1999-2005.](#)"

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We invite you to contribute story ideas and event listings for our consideration in *Perinatal e-News*. To submit items please e-mail contact@labestbabies.org.

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