

KY-Moms MATR Clients Give Birth to Healthy Babies

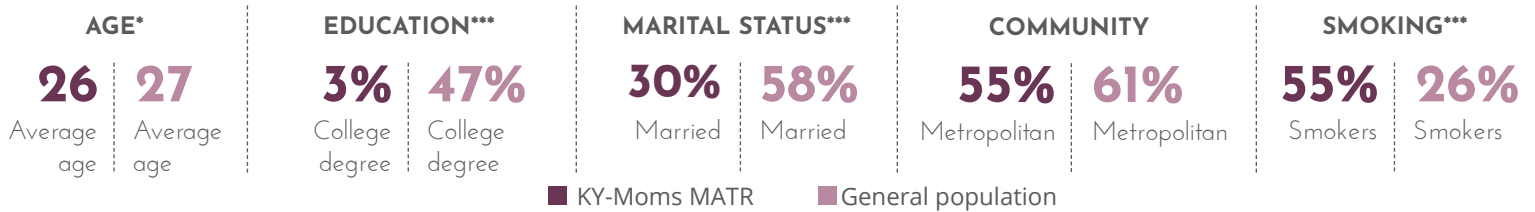
The KY-Moms MATR case management program is part of the Governor's Office of Early Childhood's Kentucky Invests in Developing Success NOW (KIDS NOW) and is administered by the Division of Behavioral Health in the Department for Behavioral Health, Developmental and Intellectual Disabilities; KY-Moms MATR (502) 564-4456/ (800) 374-9146



Babies born to KY-Moms MATR clients are at risk for negative birth outcomes

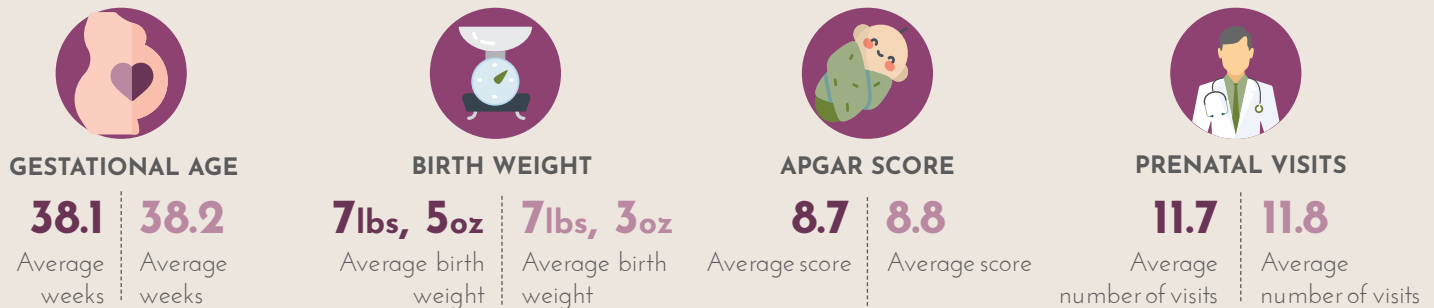
The overall goal of KY-Moms: Maternal Assistance Towards Recovery (MATR) is to increase positive birth outcomes for high risk pregnant women in Kentucky by reducing inter-related risks for substance use/misuse, mental health problems, and partner abuse and violence, which could potentially have a negative impact on the health of the pregnant mother, fetal development, and birth outcomes.

The Kentucky Vital Statistics birth event data set was used to examine birth outcomes of KY-Moms MATR clients and their babies compared to mothers in the state who did not participate in the study.^a Below are characteristics which differ significantly between the two groups:



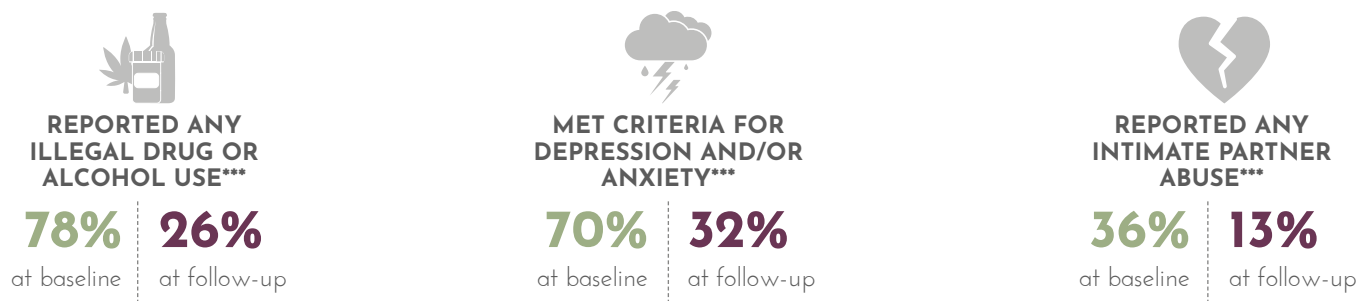
^a 66 KY-Moms MATR clients and 61,064 mothers in the general population in Kentucky who gave birth between December 2017 and January 2019; *p<.05, ***p<.001.
Note: Responses in the birth event data set may vary from responses in the KY-Moms MATR assessments because the time frames may be different as well as question wording.

No significant differences in birth outcomes for KY-Moms MATR clients compared to the general population of mothers^b



^b Each birth outcome was entered as the dependent variable in a separate binary logistic regression model with KY-Moms MATR participation as the predictor variable and the covariates of mother's age, education (i.e., high school diploma or higher), area of residence (metropolitan vs. non-metropolitan county), marital status, and smoking at the time of the birth. The alpha level was set at p < .01.

Compared to baseline, clients' risk factors significantly improved at postnatal follow-up^c



^c 6 months before pregnancy compared to the past 6 months at postnatal follow-up; ***p<.001.