

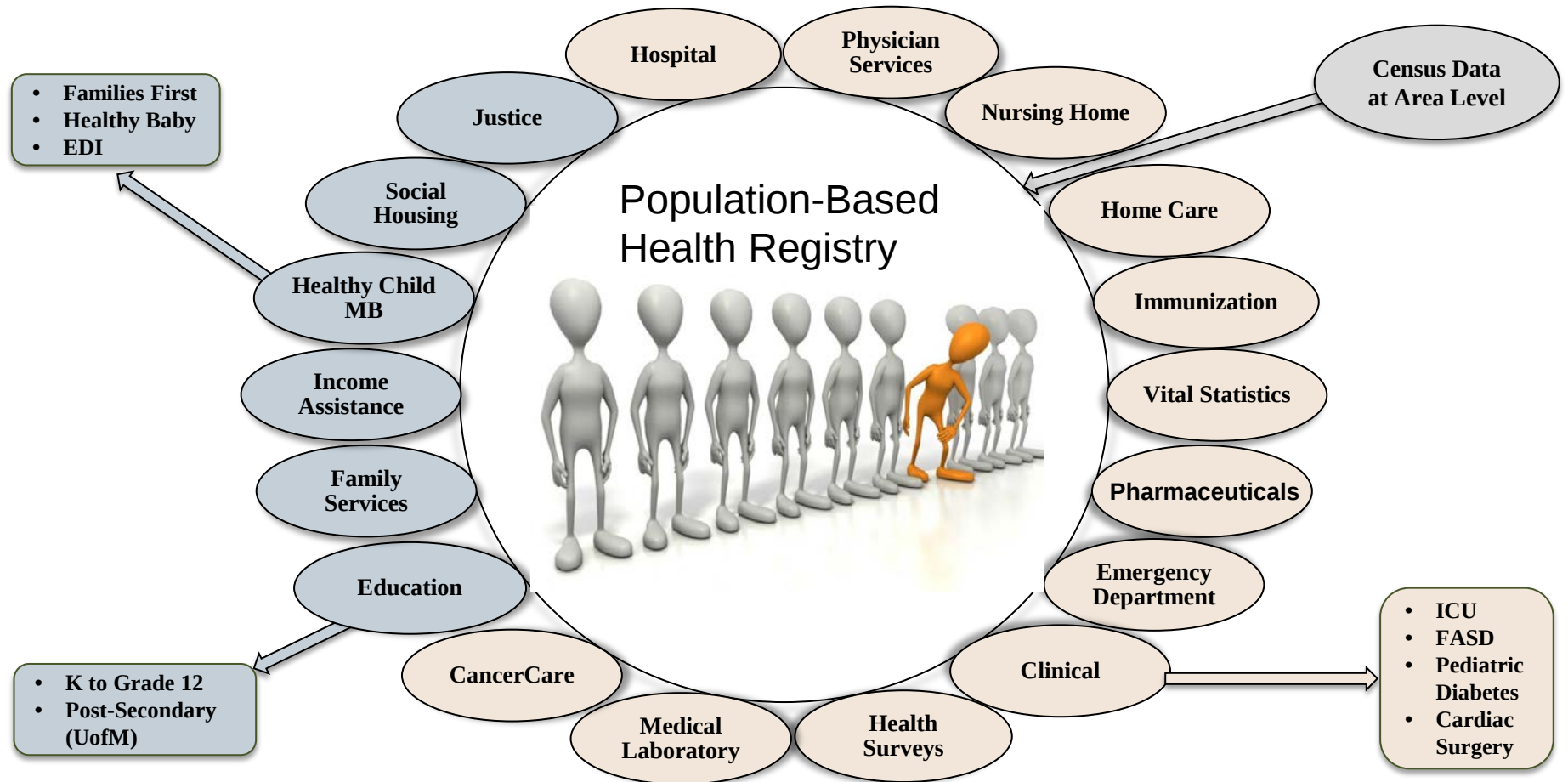
No strings attached: The impact of an unconditional prenatal income supplement on birth outcomes. *A PATHS Equity for Children project*

Marni Brownell

Sparking Solutions Summit

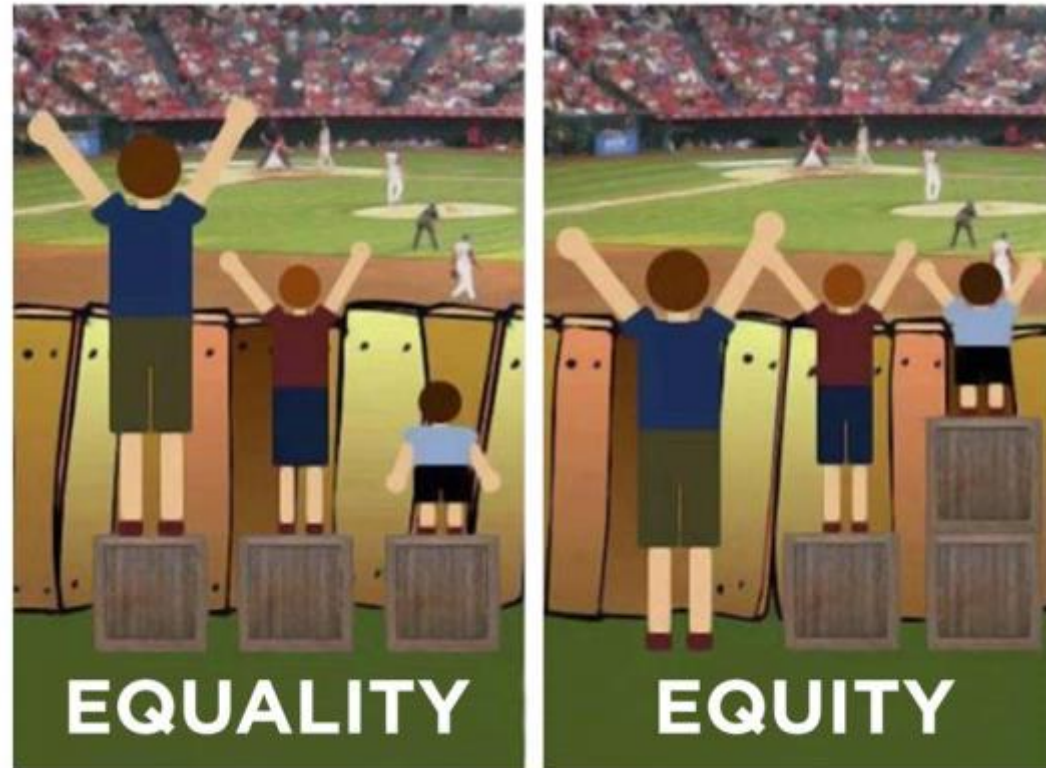
Ottawa, ON, April 27, 2016

MCHP Houses the De-Identified Population Health Research Data Repository



Evaluating 12 existing programs for kids to determine the association with:

1. improved overall health and well-being for children
2. reduced socioeconomic inequities or gaps in health and well-being



Manitoba Health Baby Prenatal Benefit Program

- aimed at promoting pre- and perinatal health
- Benefits start in 2nd trimester of pregnancy; monthly cheque for \$81.41
- Eligibility - medical note confirming pregnancy and expected date of delivery
 - Completed application
 - Net family income < \$32,000
 - Resident of Manitoba



Hypothesis – Receipt of the Healthy Baby Prenatal Benefit will be associated with positive perinatal outcomes and reduced inequity



Outcomes examined

- Low birth weight
- Small for gestational age
- Large for gestational age
- Preterm birth
- 5-minute Apgar
- Length-of-stay for birth hospitalization
- Breastfeeding initiation
- Readmission within 30 days
- Hospital admission first 2 years
- Immunization 1 and 2 years



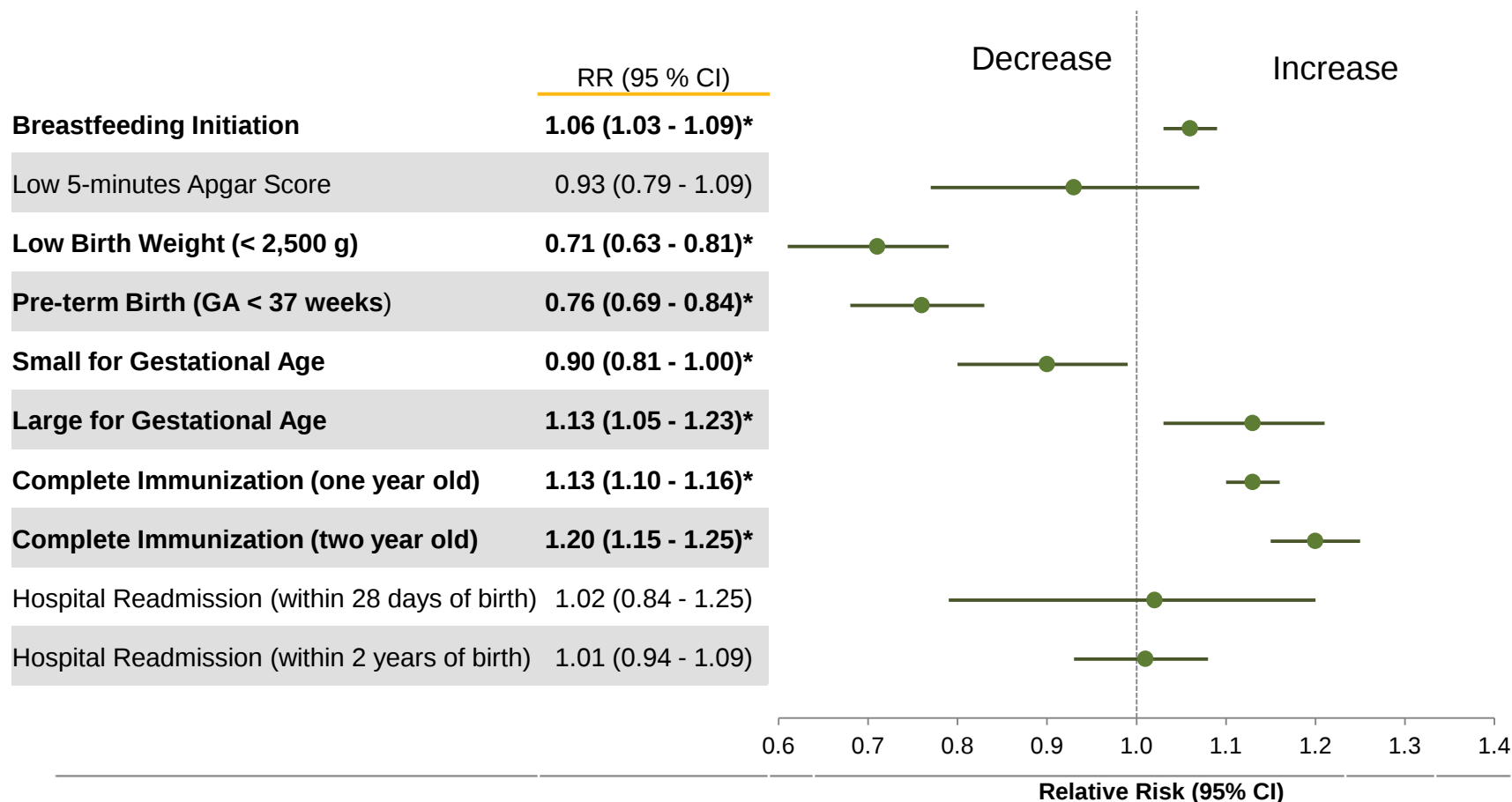
Methods



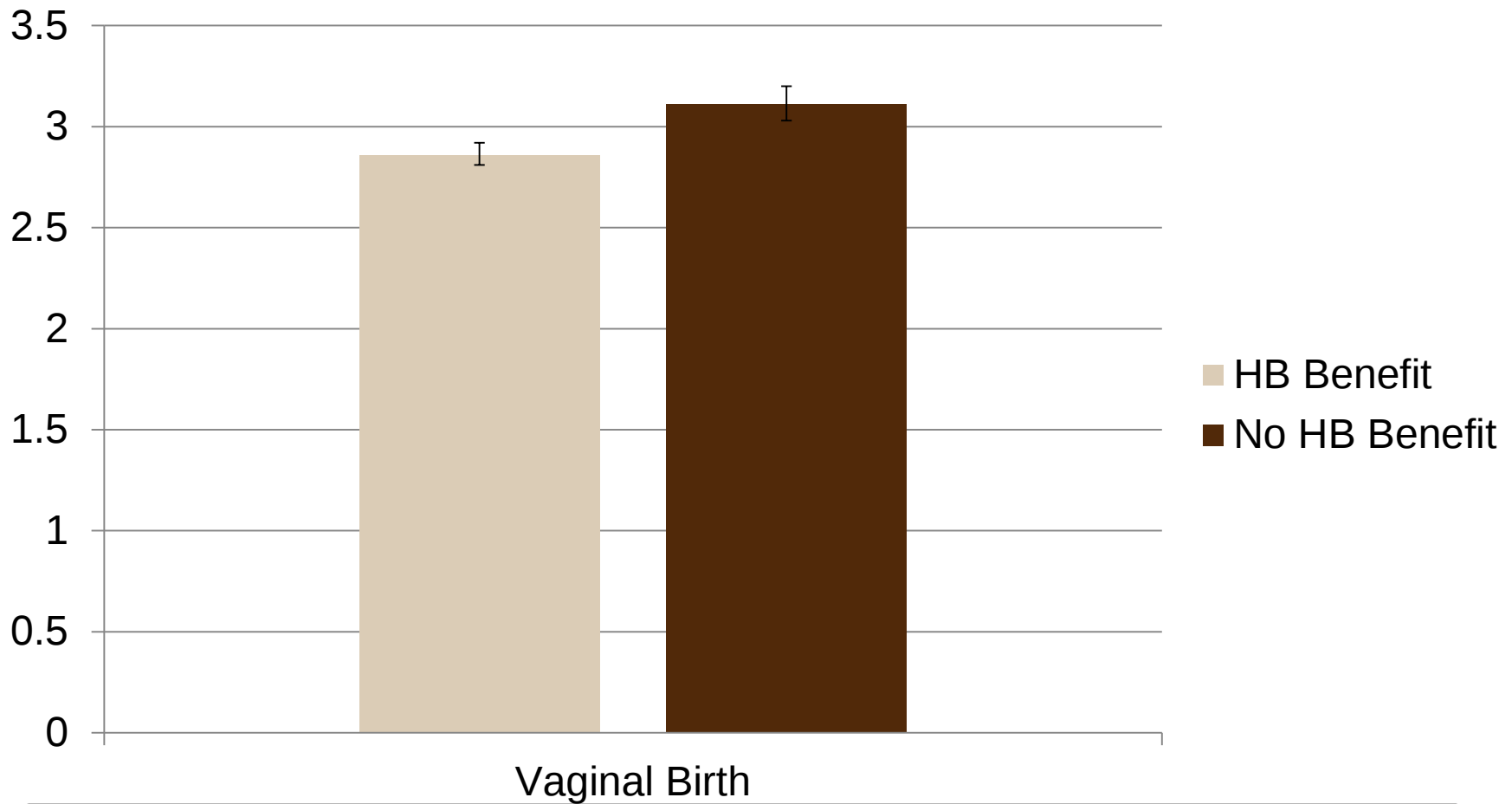
- If Healthy Baby Prenatal Benefit (HBPB) is targeted to low income women, who should we compare them to?
- Included all women receiving Income Assistance during pregnancy – all eligible for HBPB, but not all applied (years: 2003-2010)
 - 10738 HBPB,
 - 3853 no HBPB
- Used propensity scoring to ensure women in treatment and comparison group were comparable



Receipt of Healthy Baby Benefit



Average Length of Birth Hospital Stay



Does the Healthy Baby Prenatal Income Supplement Reduce the Gap?

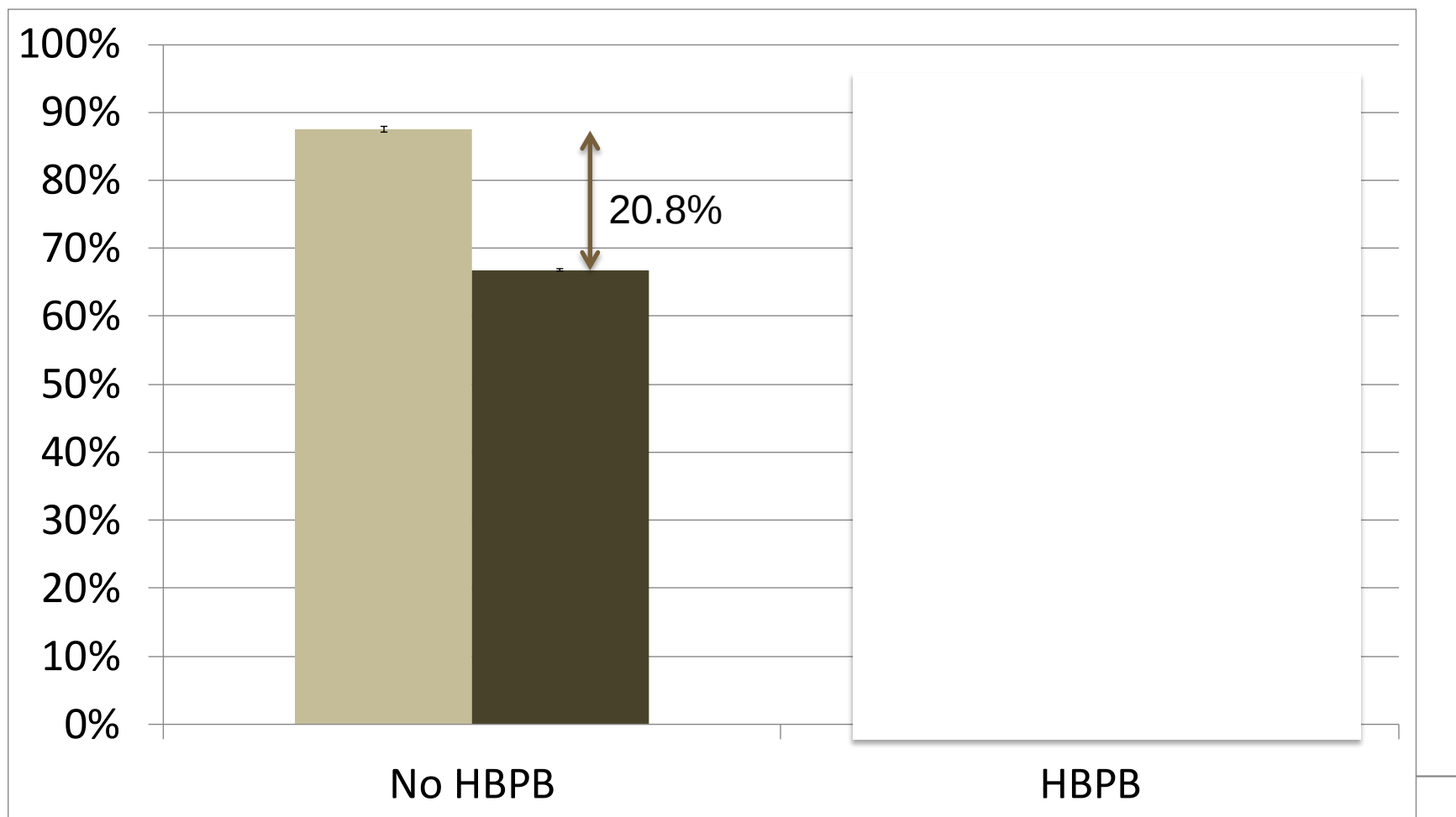
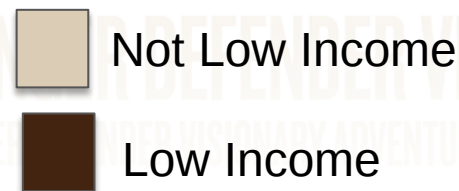
Is the HBPB associated with reduced socioeconomic inequities in breastfeeding, low birth weight and preterm births?



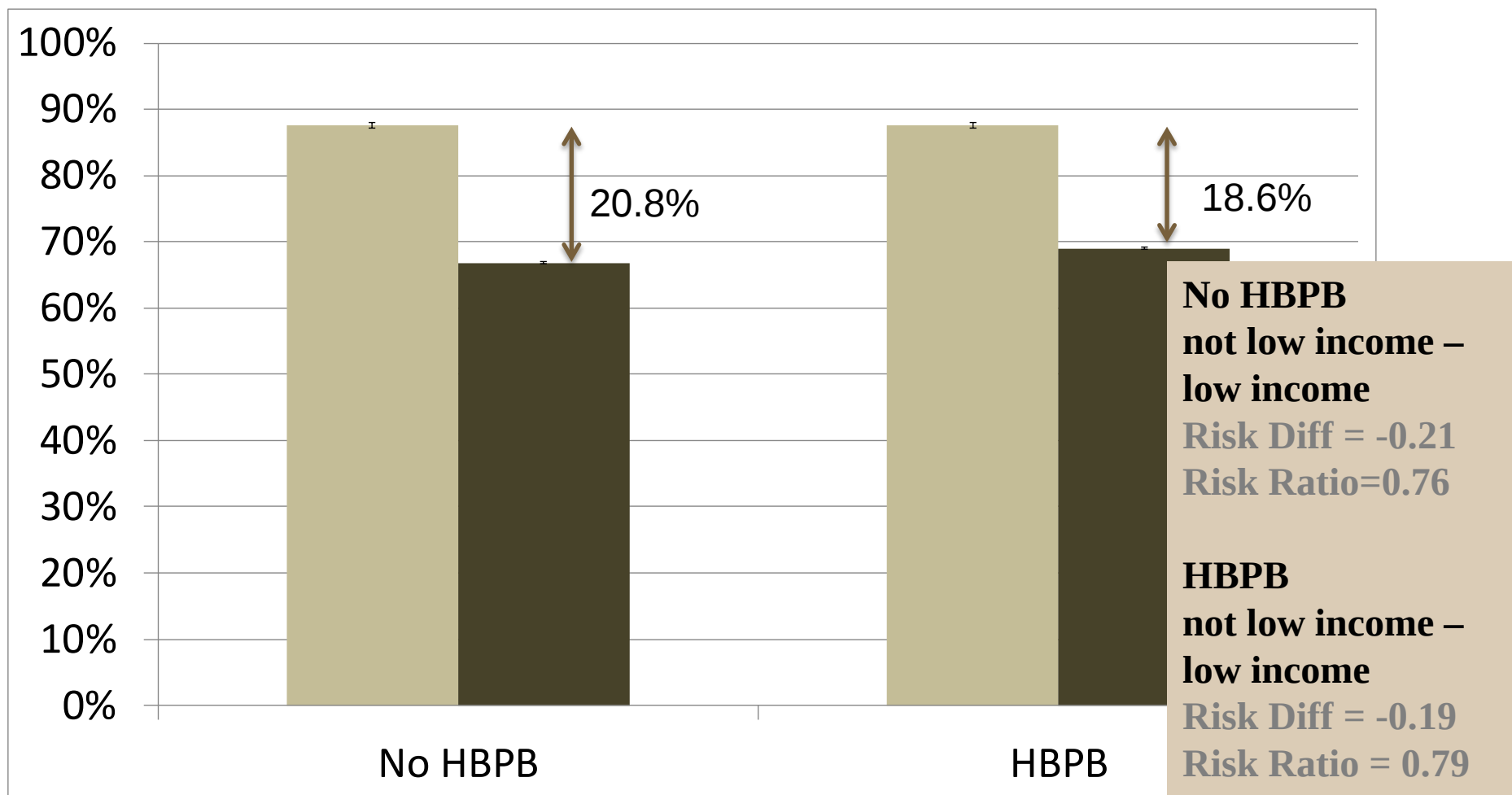
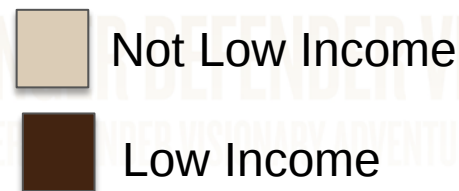
Used propensity scoring to develop two comparisons between high and low income

- 1st where low income received HB
- 2nd where low income did not receive HB

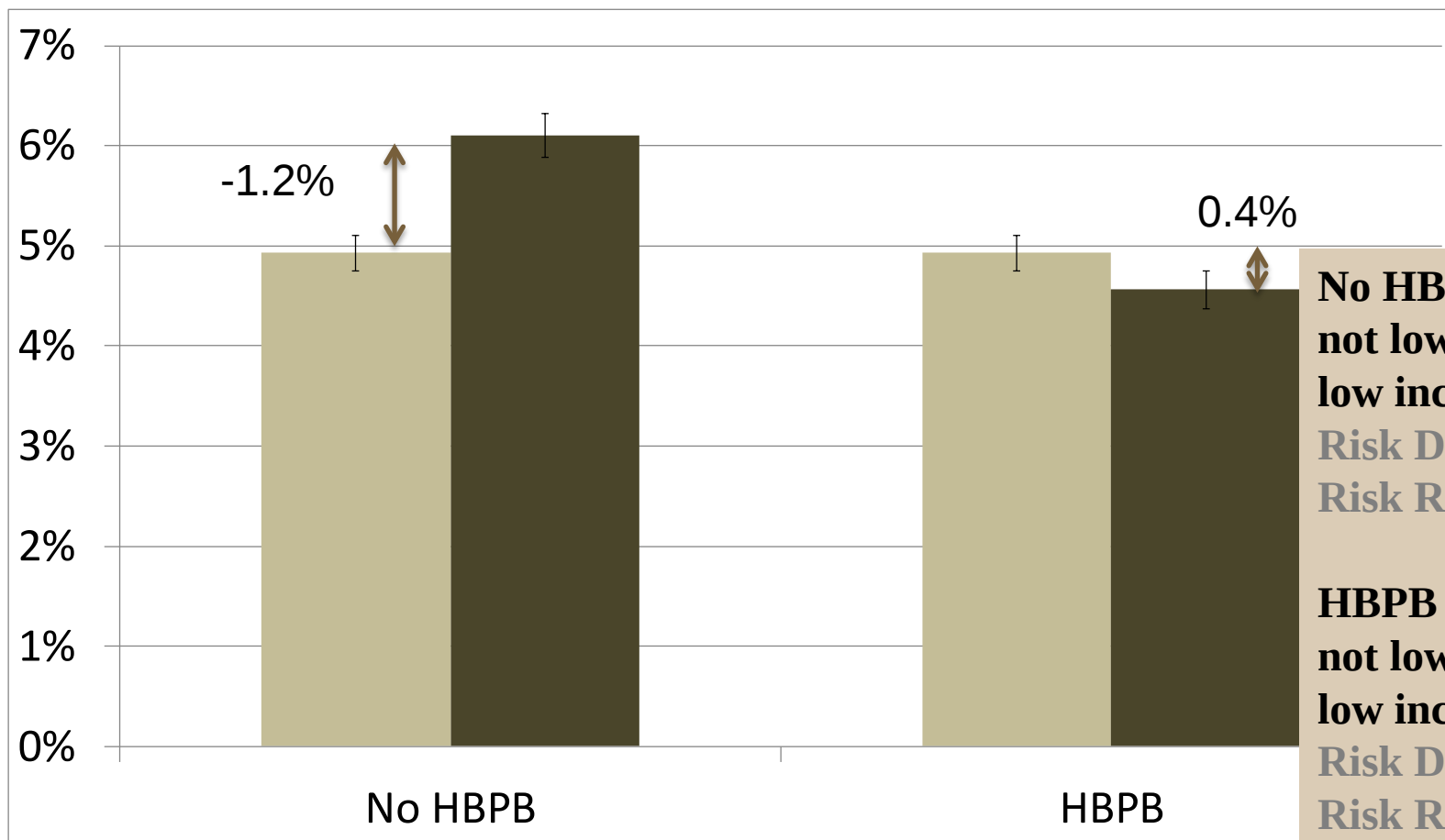
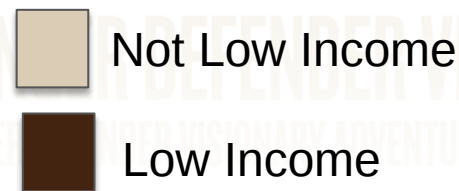
Breastfeeding Initiation (predicted probabilities)



Breastfeeding Initiation (predicted probabilities)



Low Birth Weight (predicted probabilities)



**No HBPB
not low income –
low income**
Risk Diff = 0.01
Risk Ratio=1.21

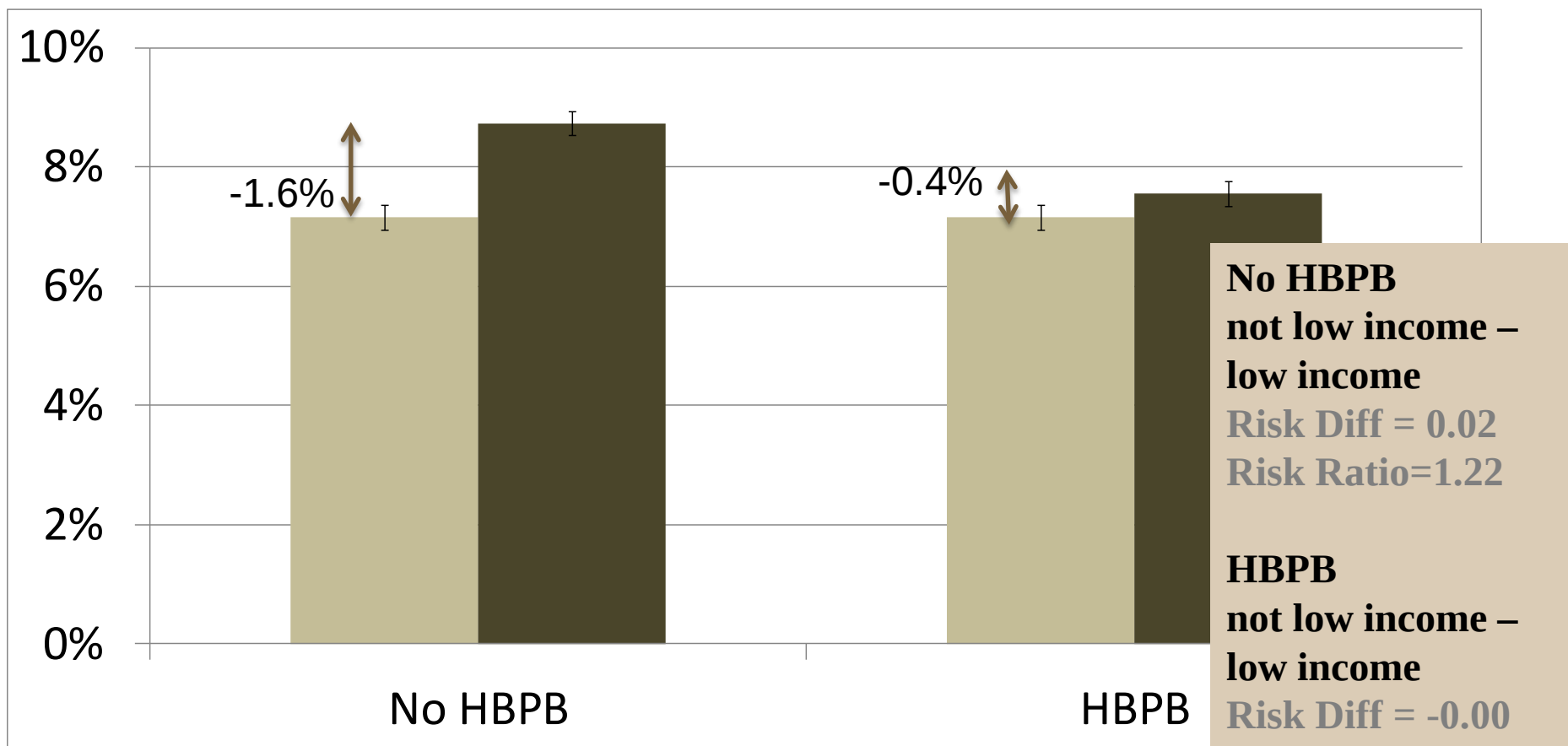
**HBPB
not low income –
low income**
Risk Diff = 0.00
Risk Ratio = 0.92

**Diff of RD=-0.02*
Ratio of RR=0.76***



Preterm Birth (predicted probabilities)

Not Low Income
Low Income



Diff of RD=-0.01*
Ratio of RR=0.87*



Acknowledgements

Research Team

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Collaborators

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Jan Sanderson



Thank You / Questions



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“The results and conclusions are those of the authors and no official endorsement by the Manitoba Health, Healthy Living and Seniors or other data providers are intended or should be inferred.”

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CHALLENGER DEFENDER VISIONARY
DEFENDER VISIONARY ADVENTURER TRAILBLAZER
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