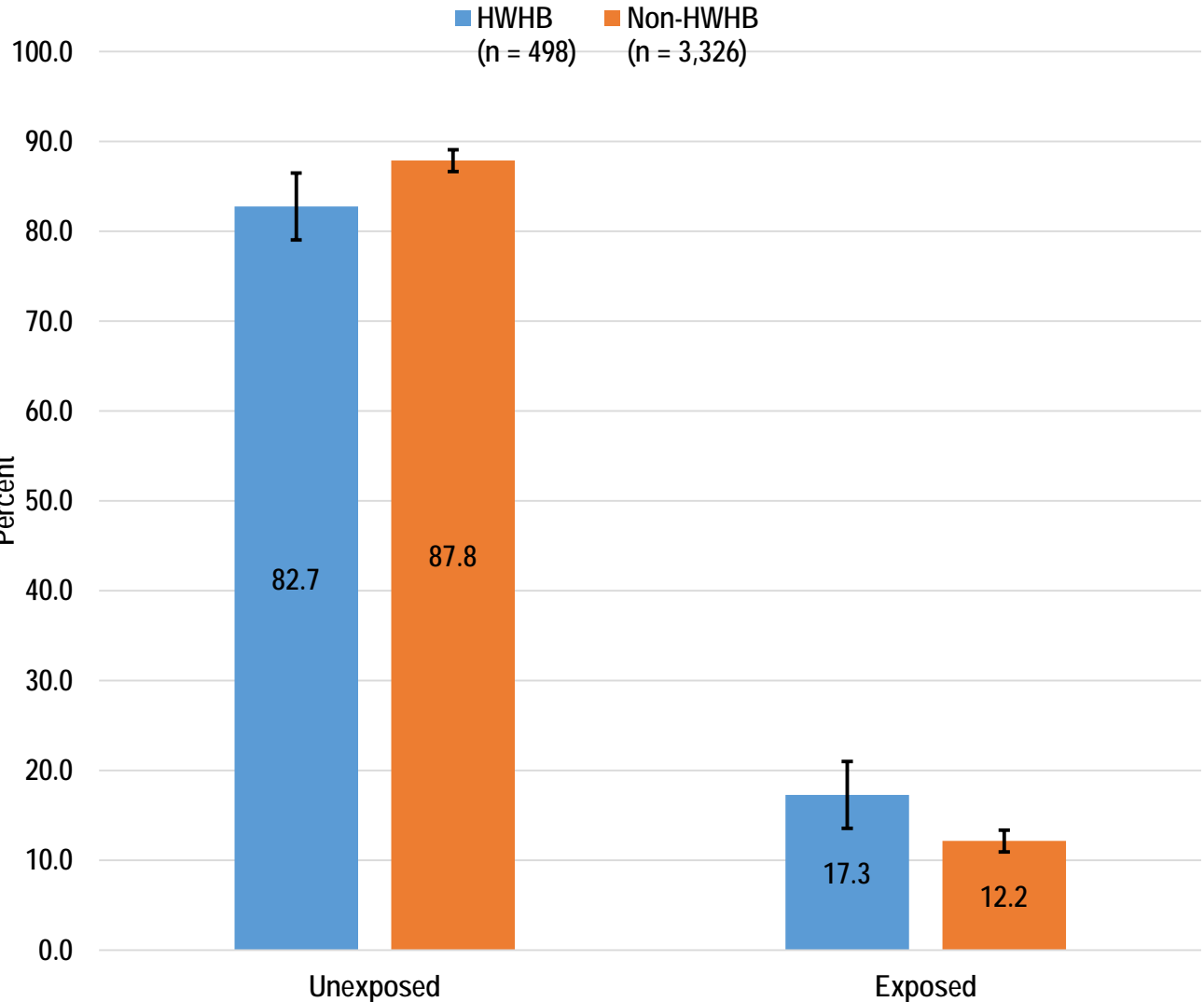


Psychosocial Characteristics of HWHB and Non-HWHB from PRAMS data

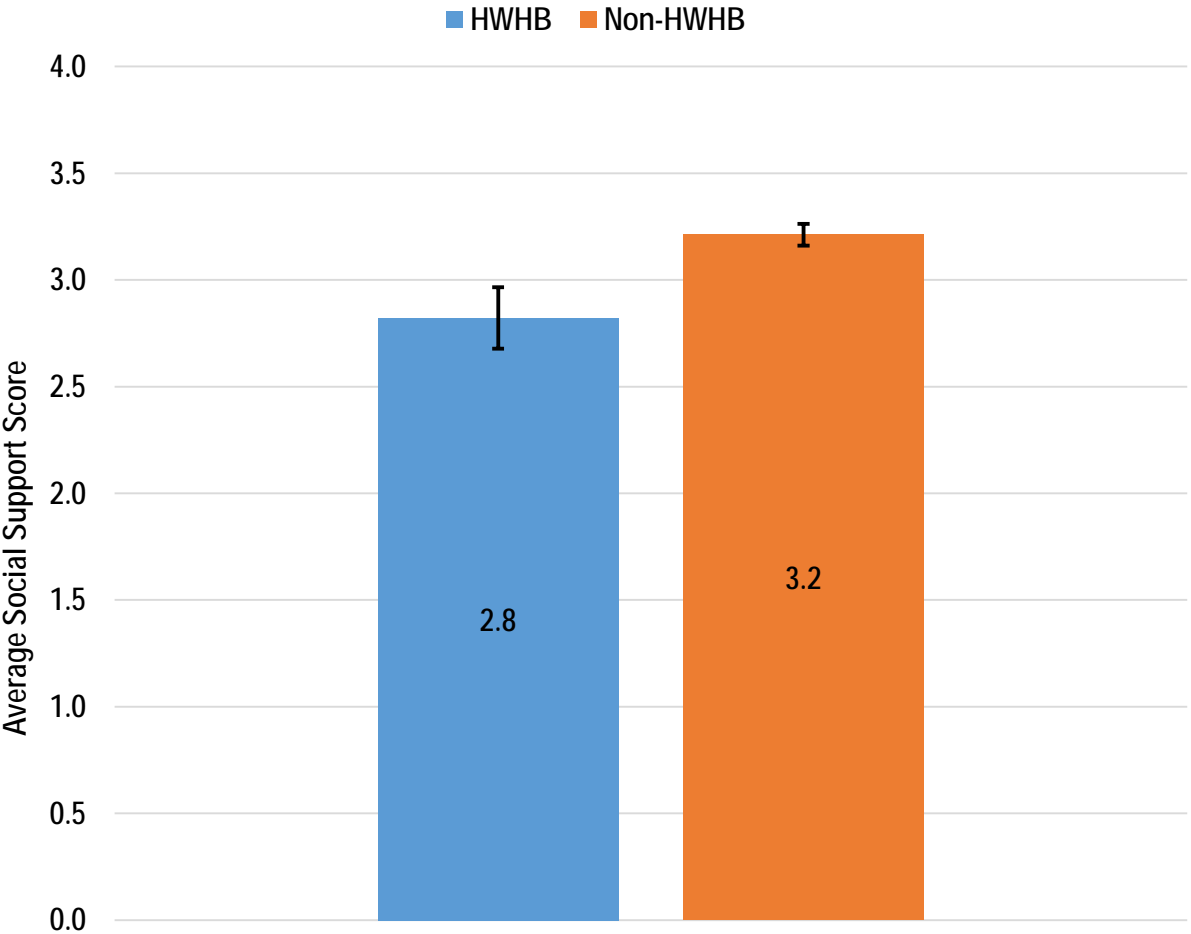
Figure X. Adverse maternal experiences* among mothers in Healthy Women Healthy Babies Program and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Adverse experiences is an index of 15 variables assessed prior to pregnancy. "Exposed" is defined as having 5 or more adverse experiences.

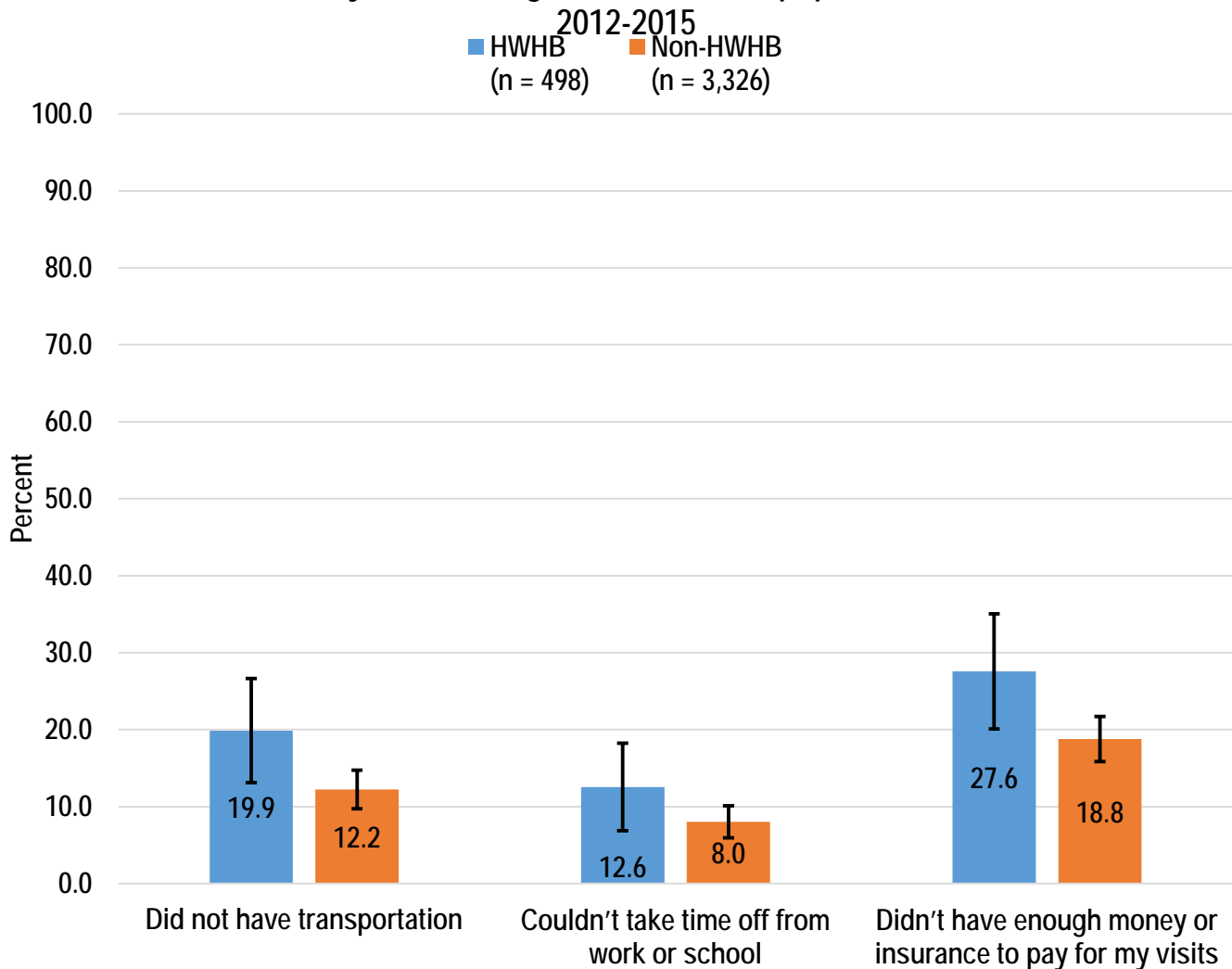
Figure X. . Social support* among mothers in Healthy Women Healthy Babies Program and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide. Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

*During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check No if you would have not had it or Yes if you would have had it... a) someone to loan me \$50; b) someone to help me if I were sick and needed to be in bed; c) someone to take me to the clinic or doctor's office if I needed a ride; d) someone to talk with about my problems."

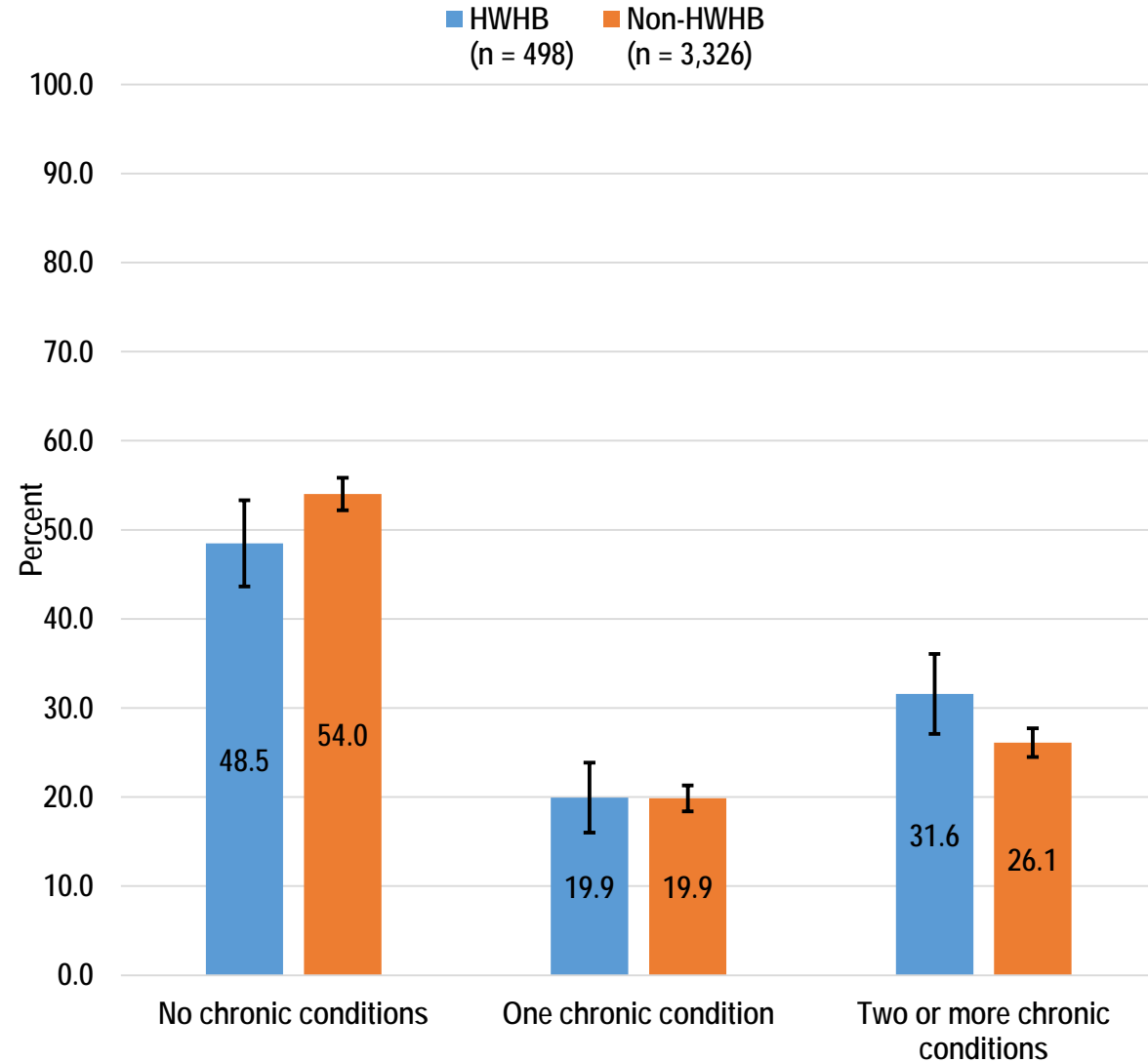
Figure X. Pregnancy wellness indicator* among mothers in Healthy Women Healthy Babies Program and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide. Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

*Did any of these things keep you from getting prenatal care when you wanted it? I didn't have any transportation to I didn't have any transportation to get to the clinic or doctor's office; I couldn't take time off from work or school; I didn't have enough money or insurance to pay for my visits

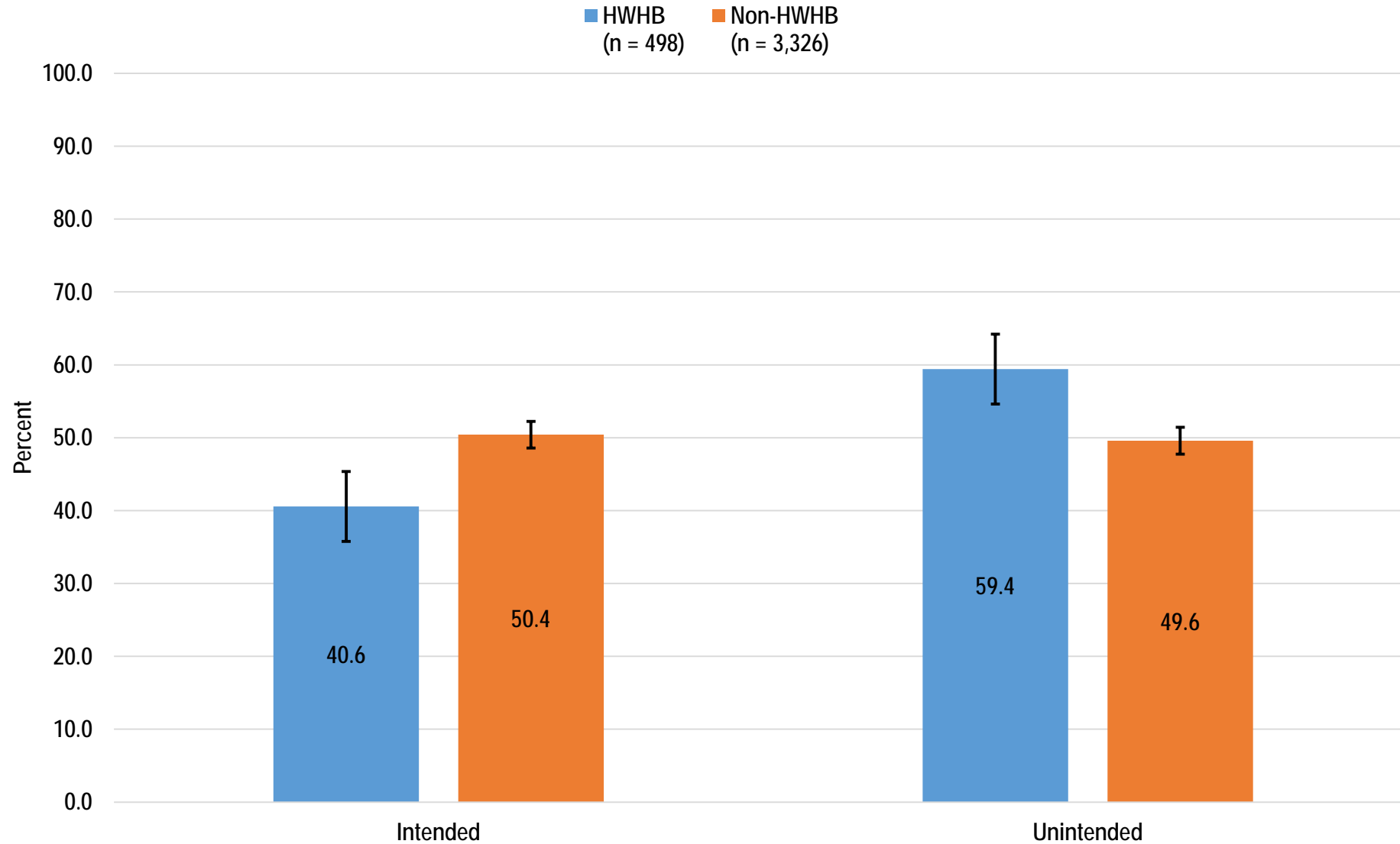
Figure X. Chronic conditions* among mothers in Healthy Women Healthy Babies Program and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

Figure X. Unintended pregnancy among mothers in Healthy Women Healthy Babies Program and PRAMS population in Delaware, 2012-2015

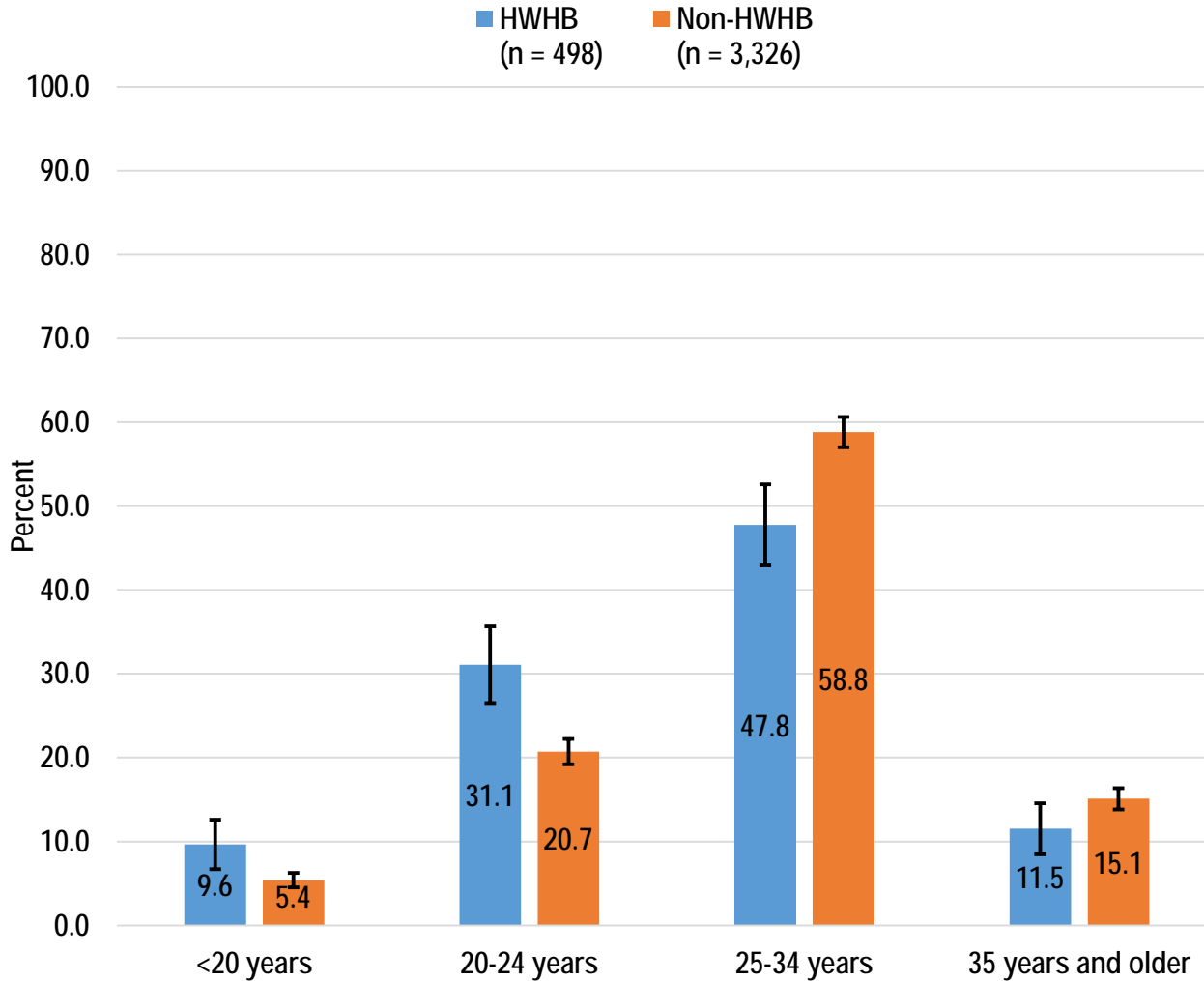


Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

**Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? Responses include: 1) sooner; 2) later; 3) then; 4) then or later; 5) was not sure. Responses 1 and 3 indicate "intended" and 2,4,5 indicated "unintended."*

Socio-demographic
characteristics of HWHB and
Non-HWHB from PRAMS &
Birth Certificate data

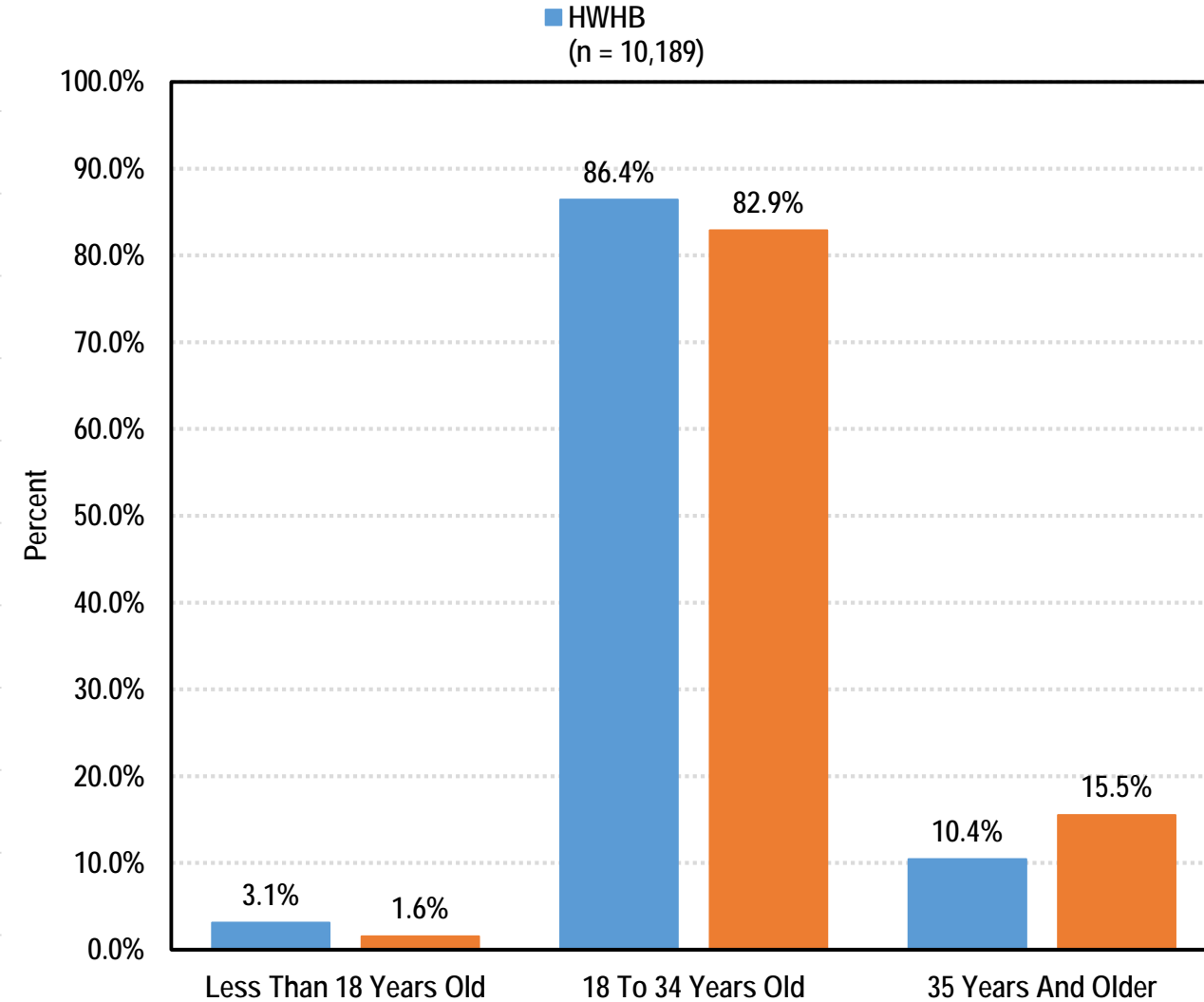
Figure X. Mother's age in Healthy Women and Healthy Babies Program* and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

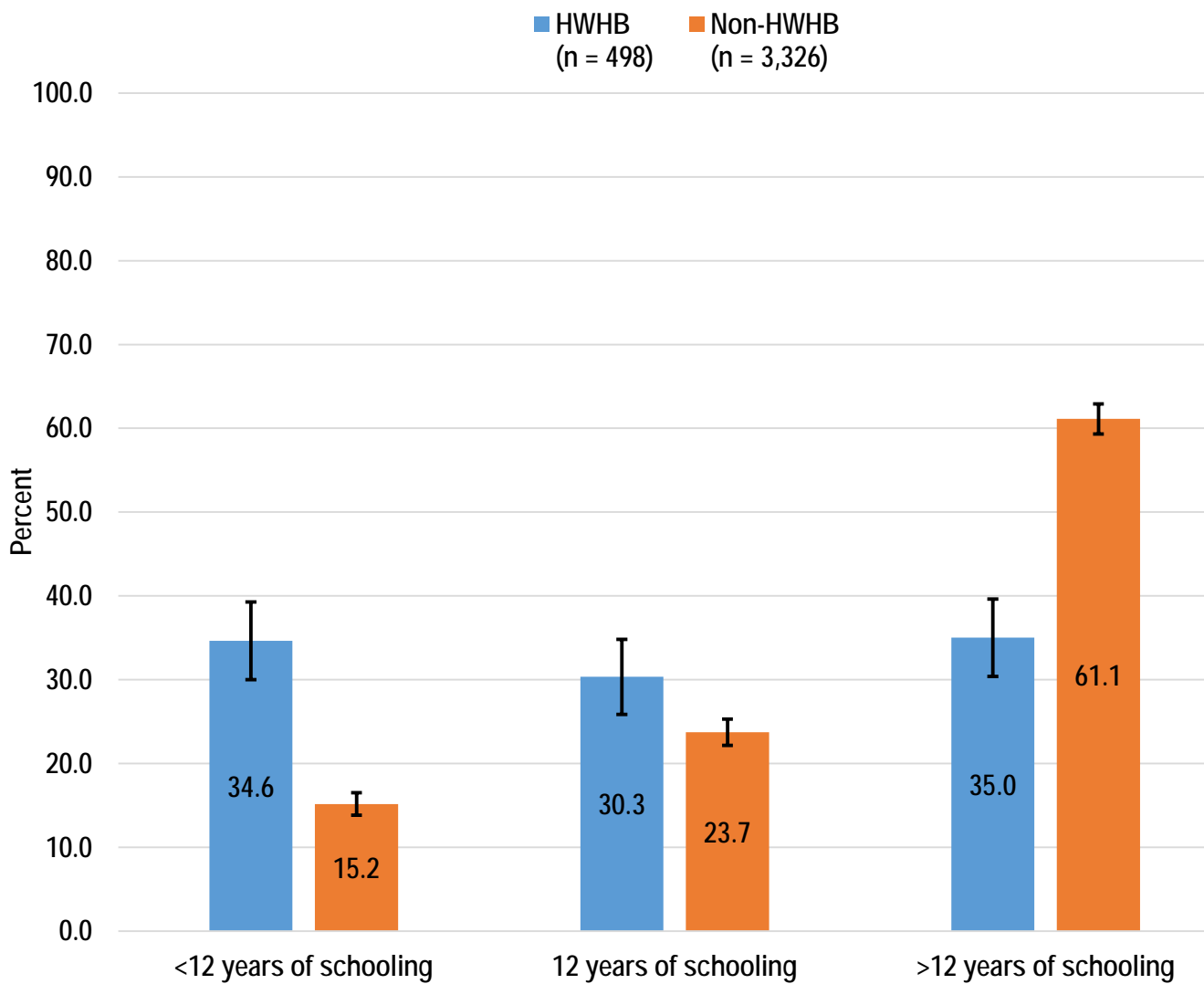
Figure X. Differences in maternal age among Healthy Women Healthy Babies and Birth Cohort in Delaware, 2011-2015



Source: Delaware Health and Social Services, Division of Public Health, Vital Statistics, 2011-2015 data

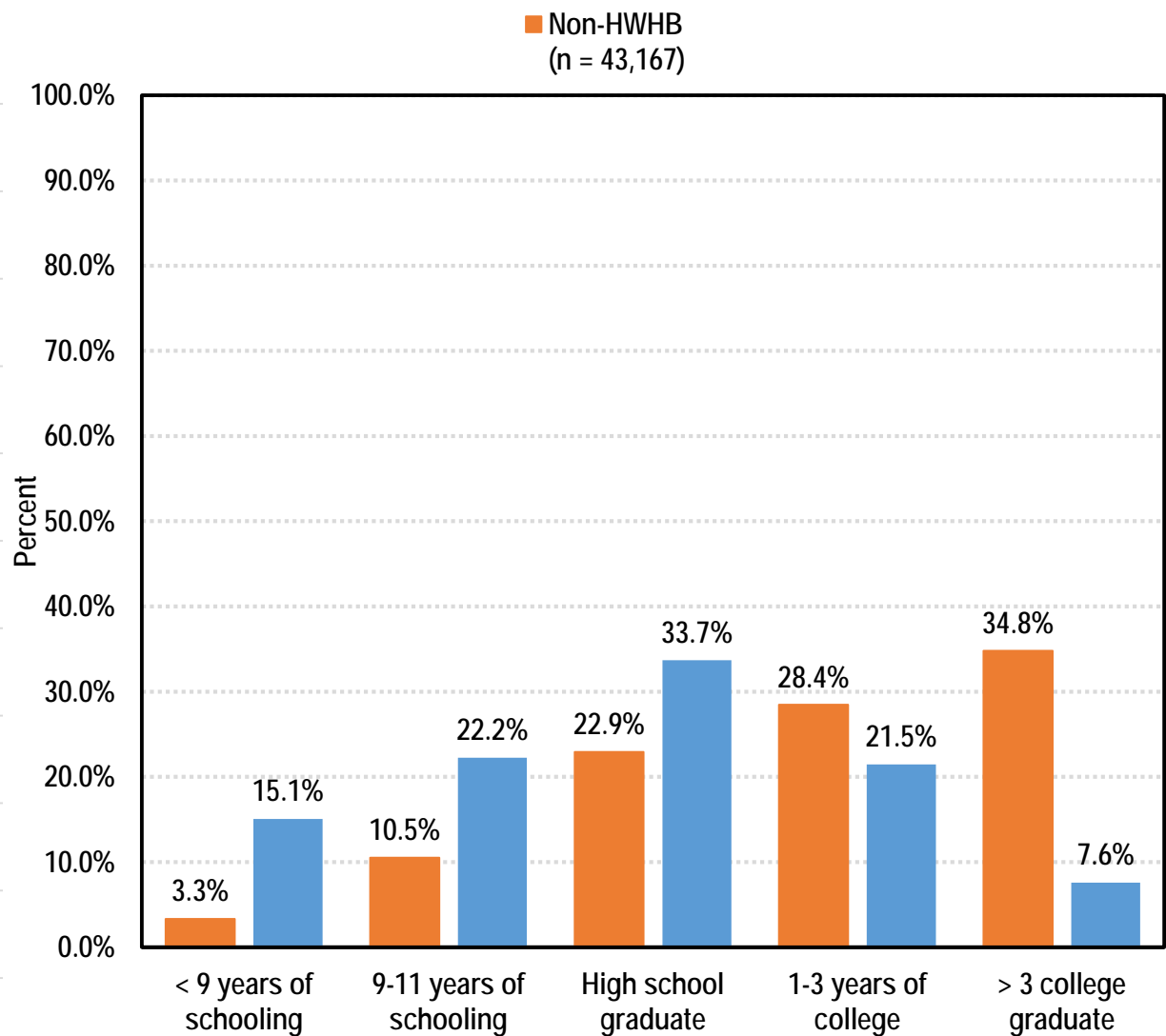
Notes: All singleton births to Healthy Women Healthy Babies (HWHB) matched to singleton births in birth cohort

Figure X. Mother's educational levels in Healthy Women and Healthy Babies Program* and PRAMS population in Delaware, 2012-2015



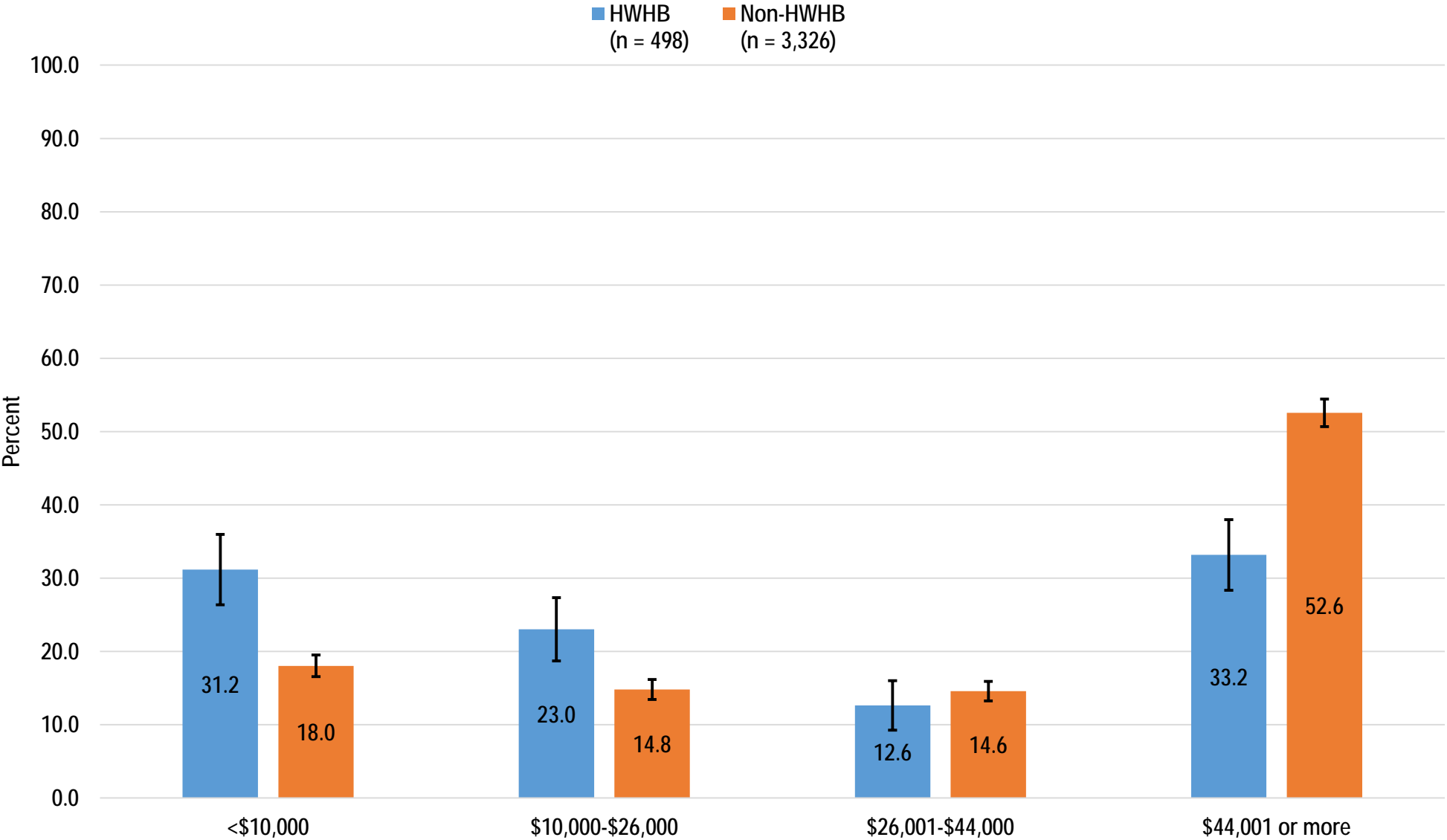
Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.
*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

Figure X. Differences in maternal education among Healthy Women Healthy Babies and Birth Cohort in Delaware, 2011-2015



Source: Delaware Health and Social Services, Division of Public Health, Vital Statistics, 2011-2015 data
Notes: All singleton births to Healthy Women Healthy Babies (HWHB) matched to singleton births in birth cohort

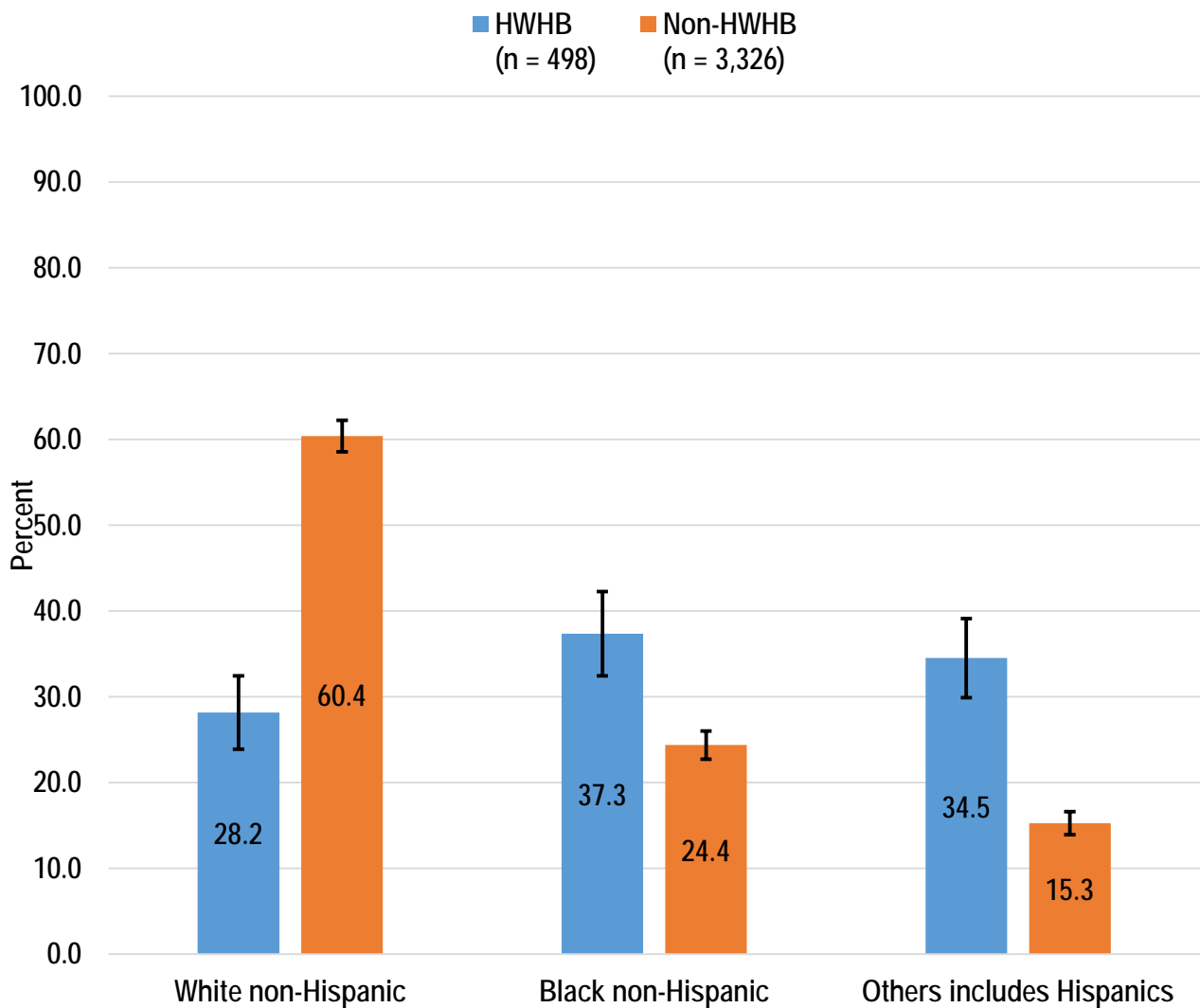
Figure X. Mother's income level in Healthy Women and Healthy Babies Program* and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

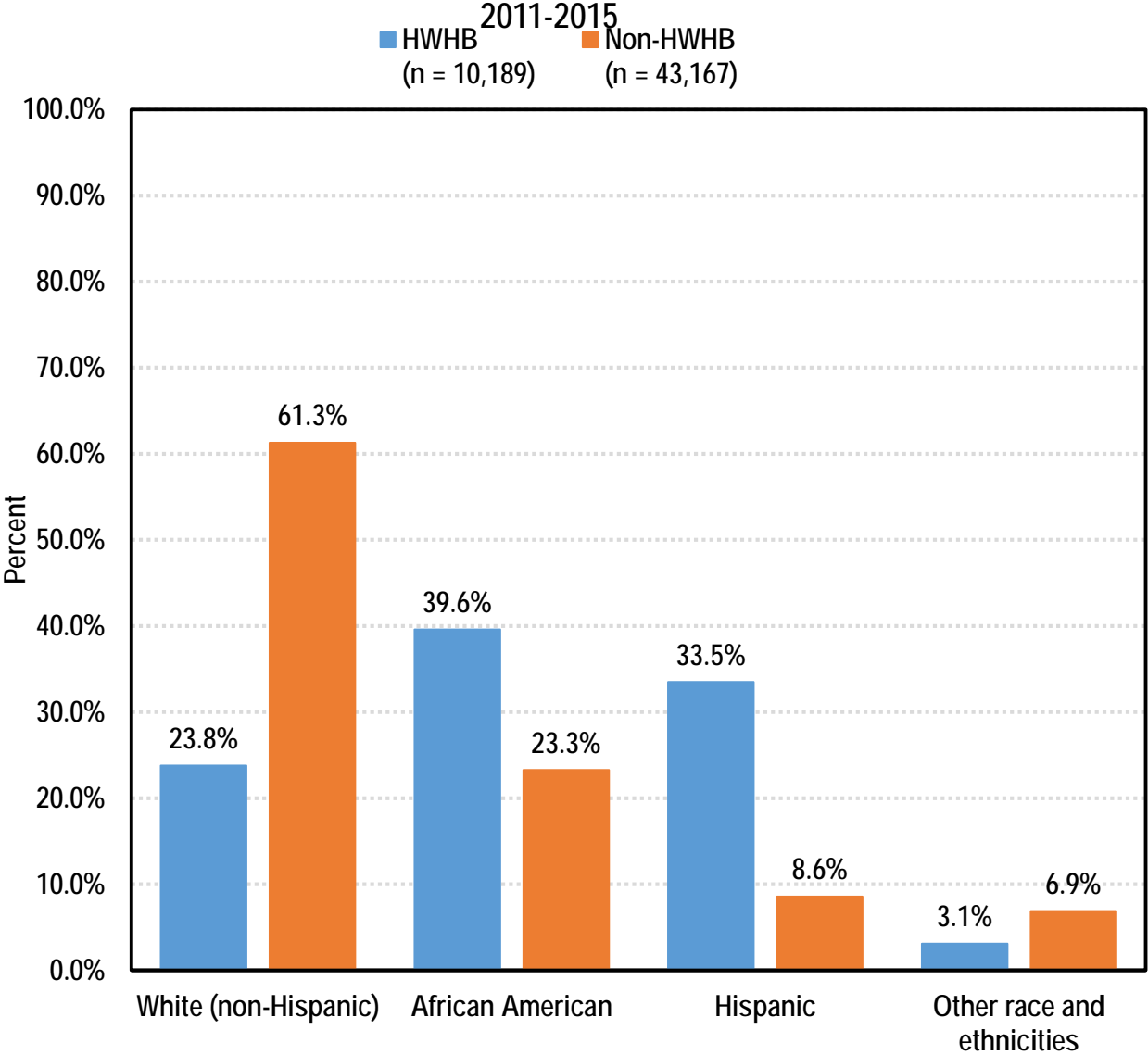
Figure X. Mother's self-reported race and ethnicity in Healthy Women and Healthy Babies Program* and PRAMS population in Delaware, 2012-2015



Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

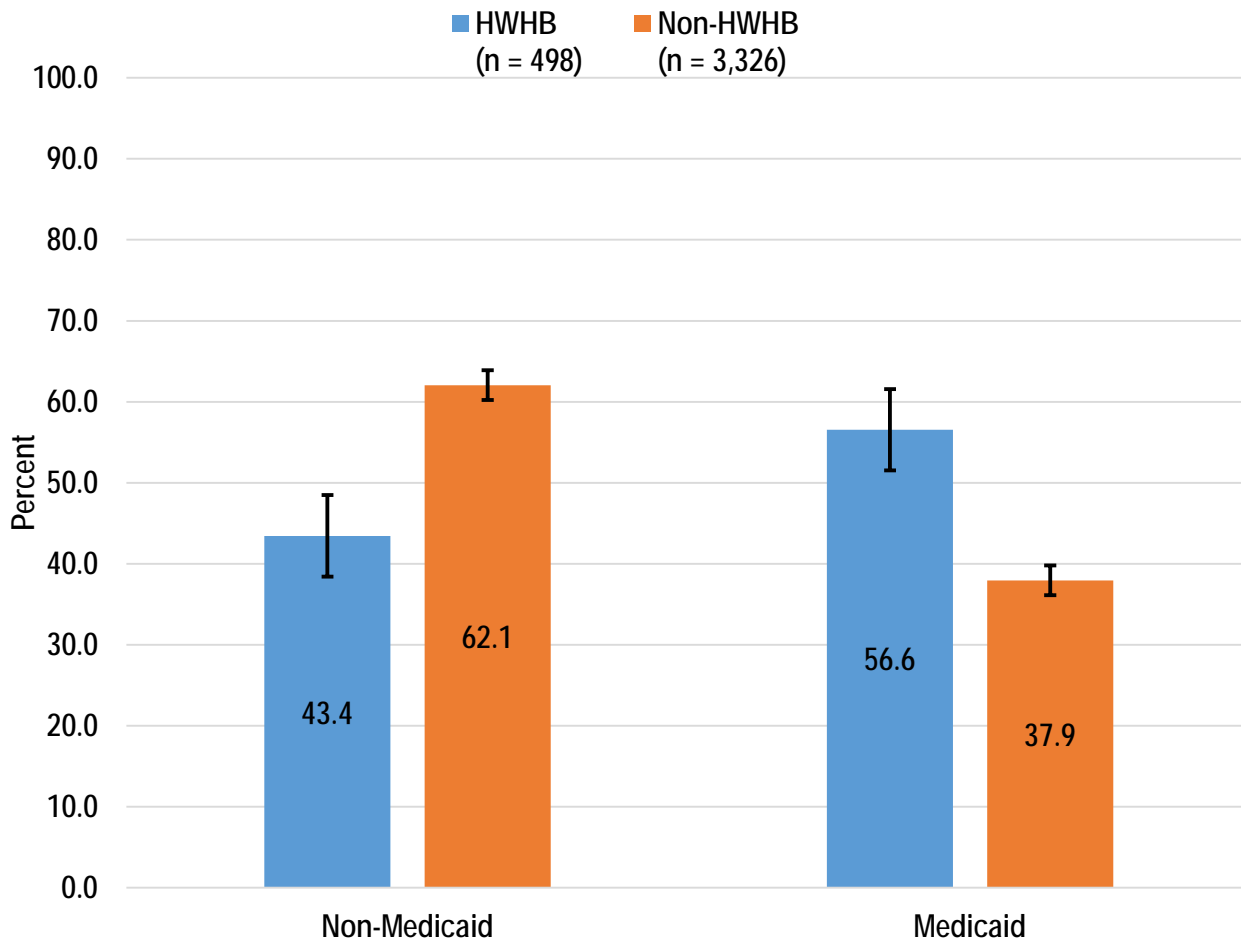
Figure X. Differences in maternal race and ethnicity among Healthy Women Healthy Babies and Birth Cohort in Delaware, 2011-2015



Source: Delaware Health and Social Services, Division of Public Health, Vital Statistics, 2011-2015 data

Notes: All singleton births to Healthy Women Healthy Babies (HWHB) matched to singleton

Figure X. Mother's Medicaid status in Healthy Women and Healthy Babies Program* and PRAMS population in Delaware, 2012-2015



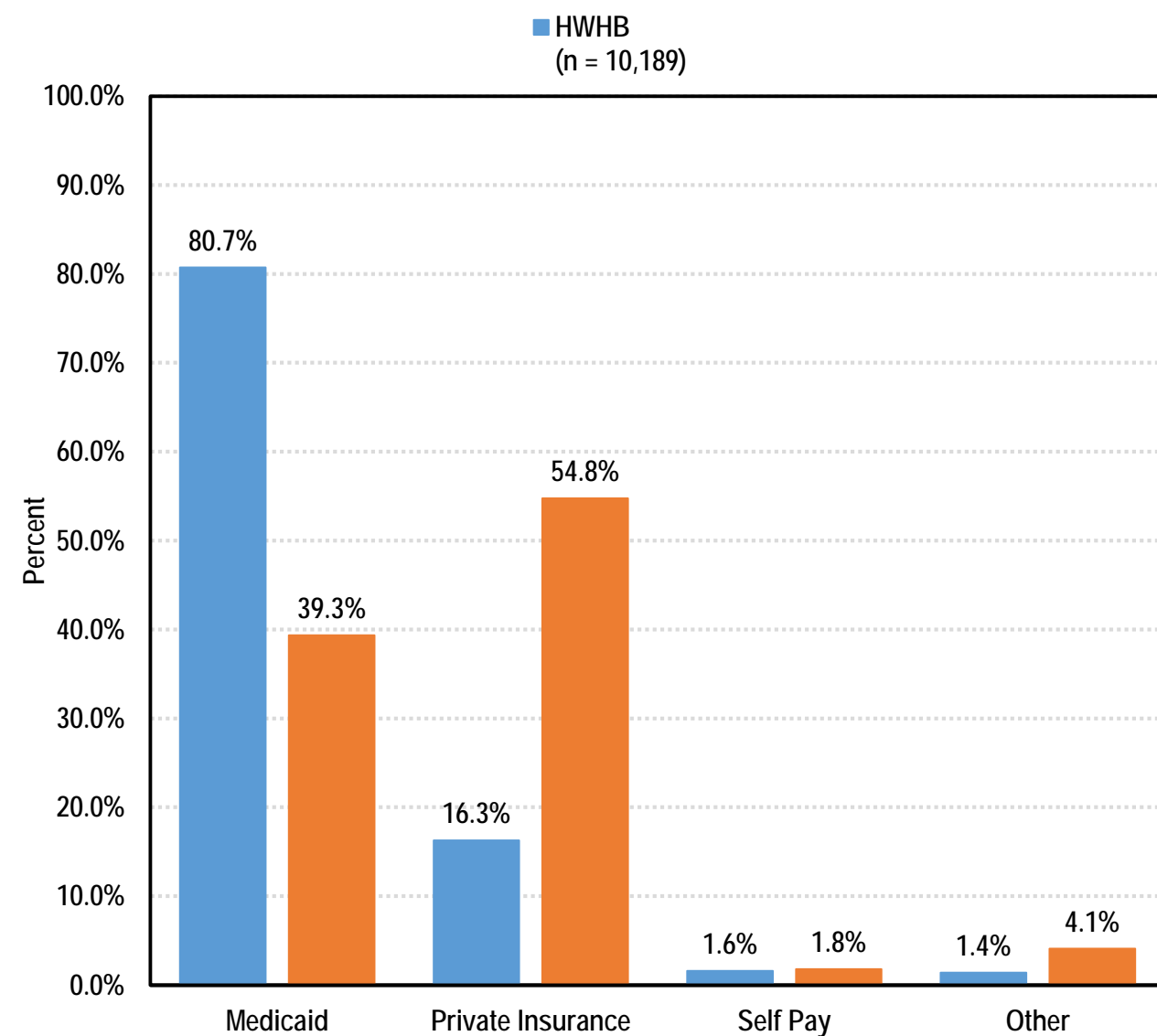
Source: DHSS, DPH, DE PRAMS 2012-2015 data. Sample size is unweighted, percent and 95% confidence intervals (CI) are weighted population estimates. Interpret data with caution when the 95% confidence intervals (CIs) are wide.

*Healthy Women Healthy Babies (HWHB) program data for 2012-2015 for all women who gave birth during 2012-2015

During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?

1) Private health insurance from my job or the job of my husband, partner, or parents; 2) Private health insurance purchased directly from an insurance company; 3) **Medicaid (Diamond State Partners, Unison, or Delaware Physicians Care)**; 4) Delaware Healthy Children Program (DHCP/SCHIP); 5) CHAP—Community Healthcare Access Program; 6) .TRICARE or other military health care; 7) Some other kind of health insurance

Figure X. Differences in maternal insurance among Healthy Women Healthy Babies and Birth Cohort in Delaware, 2011-2015



Source: Delaware Health and Social Services, Division of Public Health, Vital Statistics, 2011-2015 data

Notes: All singleton births to Healthy Women Healthy Babies (HWHB) matched to singleton births in birth cohort

Apples to Apples comparison Inverse Probability of Treatment Weighting (IPTW) using the propensity score[†]

[†]Used Neyman-Rubin's counterfactual framework, which are potential outcomes that happen in the absence of cause and as such for participants in treatment, a counterfactual is the potential outcome under the control condition, and vice-versa. Used propensity scores, which are the conditional probabilities of assignment to a particular treatment (intervention) given a vector of observed covariates [18]. In particular, used inverse probability of treatment weighting (IPTW). As a strategy, multivariate propensity score weighting reduces the potential loss of participants by using weights in a weighted regression of the outcome on treatment and covariates and does not resample the data [19]. In essence, it creates a synthetic sample in which treatment assignment is independent of the observed covariates, and as such IPTW provides an unbiased estimate of average treatment effects [20].

Exposure = HWHB enrolled
Medicaid Black and Hispanic
mothers

Non-Exposed = Non-HWHB
Medicaid Black and Hispanic
mothers

Birth Cohort = 2011-2015
Singleton Births

Outcomes = Cigarette use,
LBW, PTB, SGA, Neonatal
deaths

	Standardized Difference	
	Before Weighting	After Weighting
Maternal age	5.1	#N/A
< 9 years of schooling	34.8	0
9-11 years of schooling	3.8	0.1
High school graduate	5.5	0.1
1-3 years of college	23.3	0.1
> 3 college graduate	9.1	0
African American	43.2	0.2
Hispanic	43.2	0.2
Kent County	51.2	0.1
New Castle County	46.3	0.1
Sussex County	9.5	0.2
*Standardized Difference <10 is the acceptable standard		

Outcomes (n = 14,000+)	Crude Odds Ratio (95%CI)	Adjusted Odds Ratio (95%CI)
Cigarette use during pregnancy	0.89 (0.82-0.96)	#N/A
Low birth weight (<2,500 grams)	0.92 (0.85-1.00)	0.91 (0.84-0.99)
Preterm birth (<37 weeks)	0.86 (0.80-0.94)	0.85 (0.78-0.92)
Small for gestation	0.97 (0.91-1.03)	0.98 (0.92-1.04)
Neonatal death	0.74 (0.55-0.99)	0.73 (0.54-0.98)

Notes: Propensity scores weighted crude odds ratio (CoR) and adjusted odds ratio (AoR) with 95%CIs. Adjusted models include propensity weights with covariates age, education, cigarette use, previous preterm birth, and geographic location.