



Original article

Prenatal Care for Women Veterans Who Use Department of Veterans Affairs Health Care



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ABSTRACT

Objective: The number of women Veterans of childbearing age enrolling in Department of Veterans Affairs (VA) health care is increasing. Our objective was to describe characteristics of women veterans and resumption of VA care after delivery by use of VA prenatal benefits.

Study design: We used data from the National Survey of Women Veterans, a population-based survey. VA-eligible women veterans with at least one live birth who had ever used VA and were younger than 45 years when VA prenatal benefits became available were categorized based on self-reported receipt of VA prenatal benefits. Characteristics of by use of VA prenatal benefits were compared using χ^2 tests with Rao-Scott adjustment. All analyses used sampling weights.

Results: In our analytic sample, of those who potentially had the opportunity to use VA prenatal benefits, 25% used these benefits and 75% did not. Compared with women veterans not using VA prenatal benefits, those who did were more likely to be 18 to 24 years old (39.9% vs. 3.7%; $p = .03$), and more likely to have self-reported diagnosed depression (62.5% vs. 24.5%; $p = .02$) and current depression or posttraumatic stress disorder (PTSD) symptoms (depression, 46.1% vs. 8% [$p = .02$]; PTSD, 52.5% vs. 14.8% [$p = .02$]). Compared with women veterans not using VA prenatal benefits, those who did were more likely to resume VA use after delivery ($p < .001$).

Conclusion: Pregnant women veterans who use VA prenatal benefits are a high-risk group. Among those who opt not to use these benefits, pregnancy is an important point of attrition from VA health care, raising concerns regarding retention of women veterans within VA and continuity of care.

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The U.S. Census defines a veteran as any individual who has previously served in the United States Armed Forces (Washington, Sun, & Canning, 2010). Currently, there are 2.3 million women veterans in the United States (National Center for Veterans Analysis and Statistics, 2014). Women veterans are enrolling in Department of Veterans Affairs (VA) health care in record numbers, and women veterans of childbearing age

(18–45 years old) are the fastest group of new VA users (Friedman et al., 2011). Eligibility for VA benefits, including a vast range of health services, is based on multiple criteria, including service in a theatre of combat operations after November 11, 1998. Thus, the majority of new women veterans are eligible for VA health care benefits.

VA maternity care, which was added to the VA benefits package in 1996, includes prenatal care, labor and delivery, and postpartum care (U.S. Department of Veterans Affairs, 2010, 2012). Demand for VA maternity care increased by 44% between 2008 and 2012 (Mattocks et al., 2014). No VA medical centers have the volume and capacity to support on-site provision of maternity care. Therefore, this care is outsourced to non-VA community providers, although a few sites provide on-site prenatal care (Katon et al., 2013; Washington, Caffrey, Goldzweig, Simon, & Yano, 2003; Yano, Washington, Goldzweig, Caffrey, & Turner, 2003). Some eligible pregnant women veterans do not avail themselves of this VA arranged care, and instead independently seek additional health care outside of the VA, through private insurance or state or federal programs such as Medicaid (Mengeling, Sadler, Torner, & Booth, 2011).

Women veterans, particularly those using VA health care, have complex medical and mental health needs (Lehavot, Hoerster, Nelson, Jakupcak, & Simpson, 2012; Washington, Yano, Simon, & Sun, 2006). However, less is known regarding women veterans who use VA prenatal benefits. Among women veterans deployed to Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) who use VA health care and have a delivery paid for by VA, 9% have a prepregnancy diagnosis of depression and 17% have a prepregnancy diagnosis of post-traumatic stress disorder (PTSD) documented in the VA medical records (Katon et al., 2014). Therefore, receiving continued VA services for their non-pregnancy-related conditions during and after pregnancy may be beneficial to overall health outcomes for pregnant women veterans. It is unclear whether these findings are generalizable to all women veterans using VA prenatal benefits. Understanding the characteristics of women veterans who use and do not use VA prenatal benefits is essential for VA providers, and non-VA providers paid to provide prenatal care to women veterans, to address the unique needs of this population and ensure continuity of care during pregnancy and after delivery. Our objective was to describe characteristics of women veterans and resumption of VA care after delivery by use of VA prenatal benefits.

Materials and Methods

Data Source and Study Population

We used data from the National Survey of Women Veterans (NSWV). The sampling frame and weights for this survey have been described previously (Washington et al., 2010). In brief, this was a national telephone survey, conducted from 2008 to 2009, that used a population-based stratified random sample of women veterans including VA users and nonusers. Stratifications were based on VA use/nonuse and military service period. Inclusion criteria were being a woman veteran of the regular armed forces or a member of the National Guard or Reserves who completed a tour of active duty. Exclusion criteria were current active military duty, VA employment, hospitalization, or residence in a long-term care facility. Eighty-six percent of screened and eligible women veterans consented to survey participation.

The NSWV collected data on VA and non-VA health care utilization, demographic characteristics, veteran-specific characteristics, history of medical and mental health diagnoses, and women veterans' perceptions of VA.

In this analysis, we sought to identify a subsample of women veterans who potentially had the opportunity to use VA prenatal benefits; therefore, we included only eligible women veterans who were current or former VA users, had ever had a pregnancy with a live birth, whose last use of VA occurred in 1996 or later, and who were no more than 45 years old (of childbearing age) in 1996 (when VA initiated maternity benefits; Figure 1). We excluded women who reported that they left VA before pregnancy or delivery because, owing to the way the survey questions were constructed, we could not separate those who left before pregnancy from those who left while they were pregnant. The NSWV received Institutional Review Board approval from VA Greater Los Angeles, and the survey was also approved by the U.S. Office of Management and Budget. This study was granted an exemption from full review by the VA Puget Sound Institutional Review Board.

Analysis Variables

Use of prenatal care purchased or provided by VA, collectively referred to as "VA prenatal benefits," and resumption of VA health care use after delivery were defined based on responses to survey questions. Figure 1 illustrates the survey questions and our categorizations regarding use of VA prenatal benefits and resumption of VA health care use after delivery. Women were first asked whether their prenatal care was purchased or provided by VA. Those who answered affirmatively were then asked where this care was received. Women whose prenatal care was provided on-site at the VA or who received prenatal care at a "facility outside of the VA, but paid for by the VA" were considered users of VA prenatal benefits. Women were next asked, "After your delivery, how soon, if at all, did you go back to using VA health care?" Women who reported using VA on-site prenatal care exclusively were not asked about resuming VA health care use after delivery as, unlike other groups, they continued to receive on-site VA care during pregnancy and were therefore presumed not to have left VA.

Demographic variables included current age group (18–24, 25–34, ≥ 35 years old), currently married (yes, no), education (4-year college graduate or not), employed (yes, no), uninsured (lack of any public or private insurance, yes, no), and race/ethnicity (White, non-Hispanic; Black, non-Hispanic; Hispanic; and other). Responses for variables that change over time (e.g., age) reflect respondents' status at the time of the survey. Veteran-specific characteristics included service connected disability rating (none, 0–40%, 50–100%). Respondents were asked if they had ever been diagnosed with depression or PTSD. Additionally, respondents completed a two-item screen for current depression symptoms and a screen for current PTSD symptoms (Washington, Davis, Der-Martirosian, & Yano, 2013).

Statistical Analysis

Demographic characteristics, veteran-specific characteristics, mental health, and resumption of VA use after delivery were compared by use of VA prenatal benefits, using χ^2 tests. All analyses used appropriate sampling weights and the STATA 'subpop' command to obtain weighted percentages accounting for the survey design and frequencies of the subpopulation of

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