

Lower income women report more insurance-based discrimination during pregnancy, delivery

December 4 2009

According to an analysis of statewide data taken from 1998-2001, women in Oregon who made less than \$50,000 a year were more than three times likely to report they were discriminated against by health providers because of their insurance status during pregnancy and delivery.

In addition, reporting of insurance-based discrimination was also three times more likely among mothers with [Medicaid coverage](#), and four times more likely among women who did not have Medicaid or employer-sponsored health insurance.

Sheryl Thorburn, an associate professor of public health at Oregon State University, analyzed data collected from three surveys taken between the years 1998-2001 from the Oregon Pregnancy Risk Assessment Monitoring System. About 5,762 women were surveyed, and Thorburn controlled for factors such as race, age, and marital status to find that there were jarring differences between reports of insurance-based discrimination by [income](#).

The results were recently published online ahead of print in the *Maternal and Child Health Journal*.

Her analysis of the data found that of the women who reported insurance-based discrimination during prenatal care, labor or [delivery](#) of their

babies, 43 percent had a yearly household income of less than \$15,000. The remainder of women reporting discrimination had incomes of \$15,000 to \$49,999. Only about 4 percent of women who reported insurance-based discrimination made more than \$50,000 a year.

Thorburn, who is a national expert in the area of discrimination in health care, said the results are in line with other research on insurance-based discrimination.

"These findings, along with a larger body of research in this area of discrimination, point to disparities for people with lower economic status," she said. "It also tells us that there is a lot of work to do in improving the quality of interactions for all women, especially for lower-income populations."

The survey did not ask detailed questions about the nature of the discrimination, but Thorburn was able to draw more out of the data. For instance, women with employer health insurance who reported insurance-based discrimination reported much less breastfeeding support in the hospital. In addition, Hispanic women, regardless of income level, were much less likely to report insurance-based discrimination than other [women](#).

Thorburn said there were a variety of issues with the survey. No details on the nature of women's experiences were collected, so the researchers did not have much insight into the nature of the discrimination. In addition, the Oregon [Pregnancy](#) Risk Assessment Monitoring System stopped collecting data on [discrimination](#) after 2001, so more recent data is not available.

Thorburn said researchers are just beginning to scratch the surface on this topic.

"There is a huge body of research out there on the health care disparities based on race and ethnicity, for instance," she said. "But what there isn't a lot of data on is the nature of discriminatory experiences in the [health care](#) setting. I am also really interested in how people respond to these experiences. Does it affect health outcomes? Do they stop going to the doctor or change their behavior in some way?"

"We don't really have a grasp on that yet."

Source: Oregon State University ([news](#) : [web](#))

Citation: Lower income women report more insurance-based discrimination during pregnancy, delivery (2009, December 4) retrieved 25 April 2024 from <https://medicalxpress.com/news/2009-12-income-women-insurance-based-discrimination-pregnancy.html>

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