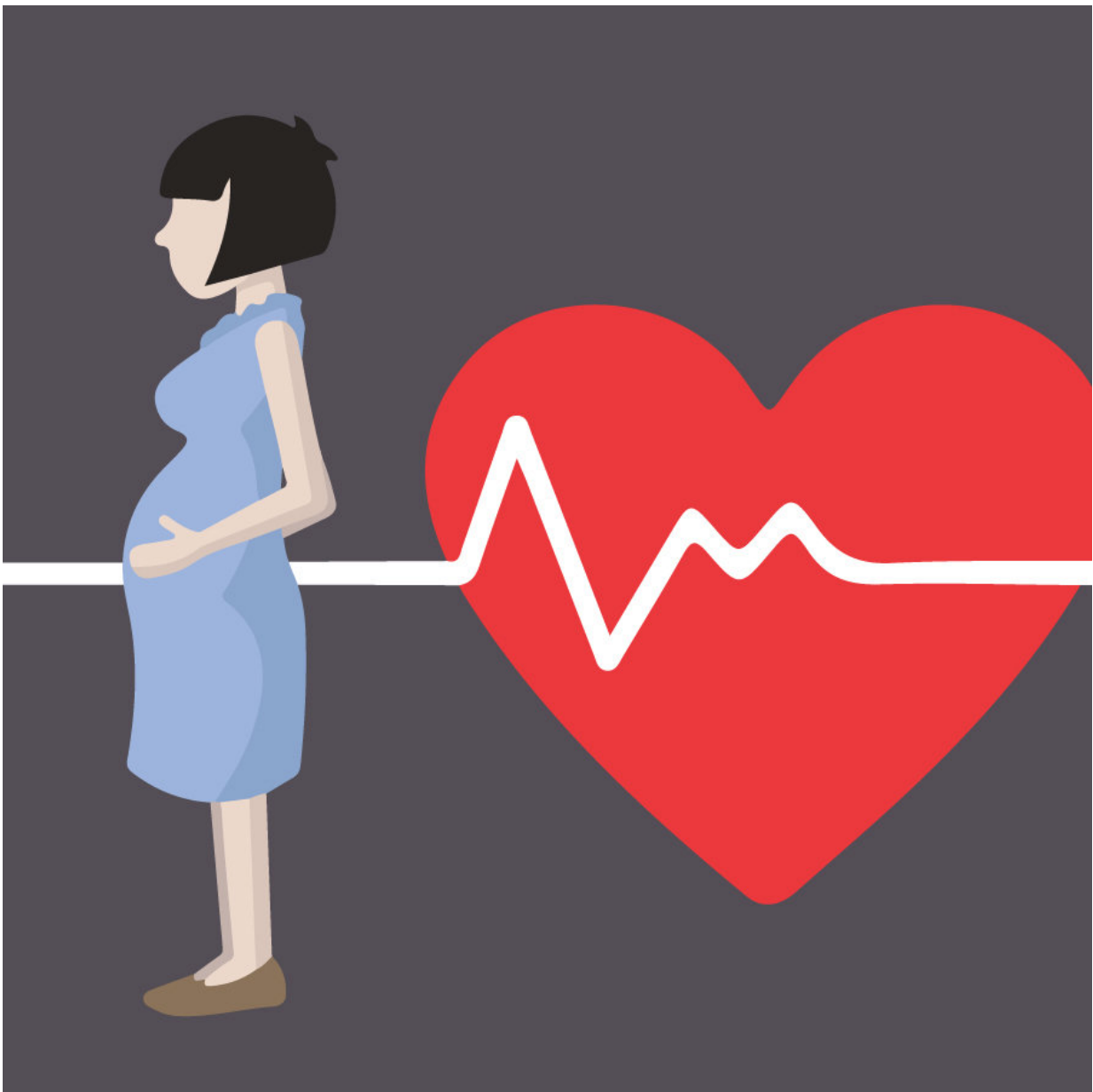


Prenatal Medicaid benefits boost health gains across generations

November 2 2017, by Greta Guest



Credit: University of Michigan

The expansion of Medicaid to provide low-income women with prenatal care in the 1980s and 1990s was a success in improving birth outcomes.

Children with mothers who benefited from this program were not only healthier at [birth](#), but also more likely to graduate high school and have higher incomes.

In a new study examining how large-scale U.S. [health](#) interventions affect later generations, University of Michigan researcher Sarah Miller found that people whose mothers received this [prenatal care](#) are now having children themselves with higher birth weights and fewer cases of very [low birth weight](#).

From a policy standpoint—and at a time when Medicaid benefits are being questioned in Washington—the study provides evidence that Medicaid programs targeting [birth outcomes](#) deliver a high return on the initial investment.

"The goal of the Medicaid program was to improve pregnancy outcomes for mother and child, and that was successful," said Miller, assistant professor of business economics and public policy at U-M's Ross School of Business. "Since that generation is of childbearing age now, we wanted to see if there was a downstream gain, and we indeed found that this continues across generations. In fact, it was a substantial impact."

Miller, who also is a faculty associate with the U-M Institute for Social Research, and colleagues analyzed the health outcomes among babies whose mothers were born between 1979 and 1986, the period of the most dramatic expansion of prenatal Medicaid coverage.

Using data from the Vital Statistics Natality files, they found that a 10-percentage-point increase in a mother's own in utero Medicaid eligibility increased her child's average birth weight by 4.4 grams. It also reduced the incidence of very low birth weight—an indicator of premature birth—by 0.1 percentage points.

The researchers found that later childhood exposure to Medicaid doesn't lead to this persistent health improvement across generations—it's the early intervention that matters.

"I think this is an optimistic finding," Miller said. "We tend to see that people with lower incomes, on average, have worse health, and their kids have lower incomes and worse health. This shows that if we do an intervention that targets [low-income women](#) and their children, it gives us the leverage to break the cycle of poverty across generations."

The research could help shape the discussion over Medicaid benefits for expectant mothers, as it shows that the return on investment is larger than previously assumed.

"Overall it makes Medicaid a more appealing investment for the government," Miller said.

Provided by University of Michigan

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