

Medicaid access for pregnant mothers improves children's long-term health

December 1 2017, by Blair Ilsley

Could Medicaid expansions from over 30 years ago affect future generations? Chloe East, PhD, an assistant professor of Economics at the University of Colorado Denver, thinks so. East has collaborated with three other researchers across the United States to study the potential for positive, multigenerational effects from access to public health interventions such as Medicaid.

Medicaid accessibility

The most obvious benefit of Medicaid is that it provides health coverage to vulnerable populations. But the benefits could far exceed just that. In fact, East hypothesized that access to Medicaid could extend across multiple generations.

"There are a lot of studies that look at correlations in biological characteristics across generations," said East. "Most of the studies focus on genetic traits as the reason for the correlations across generations. We thought we could apply this to [public health interventions](#)."

Using data from the [National Vital Statistics System](#), a program created by the Centers for Disease Control and Prevention, East and her collaborators gathered information about women who were born from 1979 to 1986. They chose these years because, during that period of time, there were state-specific large expansions of Medicaid.

Using this data, which is available to the public, they compared the health of children of women who had access to Medicaid while they were in utero, to the health of children of women who did not. East and her collaborators focused specifically on birth weight and gestational length, which can be predictors of long-term health.

Third generation's health

Past literature in economics has shown that early life access to Medicaid improves an individual's health and income later in adulthood. East and her team wanted to see if these benefits may extend further than originally thought.

They hypothesized that they find multigenerational effects.

"First off, we know that a mother's health is related to her child's health," said East. "Secondly, the family income is related to the child's well-being. Thus, we hypothesized that availability of Medicaid to the mother in utero could affect the third-[generation](#) child down the line."

They found exactly that.

Specifically, they uncovered that women who had access to Medicaid in utero had babies, years later, who weighed more on average at birth, and were less likely to have very low birth weights.

"Typically, the heavier you are at birth, and the longer you've spent in utero, the healthier you will be," said East. "These characteristics are predictive of a healthier life down the road. These babies typically need less medical intervention."

Cost to benefit

Using these findings, East and her collaborators hope to positively influence public policies.

Due to a limited budget, government leaders must compare costs to benefits with programs they provide. The more studies that are available to provide proof of benefits, the more likely these types of programs will be kept and even expanded upon.

"I think the benefits are far greater than once thought," said East. "Using our findings, we want to show the positives of public [health](#) interventions, and help facilitate healthier [future generations](#)."

Provided by University of Colorado Denver

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