

State Medicaid expansions led to more prenatal care for low-income mothers

December 28 2017



Laura Wherry. Credit: UCLA Health

The Medicaid expansions for low-income parents that took place in 34 states between 1996 and 2011 led to a 2.3 percent decrease in the uninsured rate among women who already had a child and became pregnant again, and a 7.9 percent decrease in the number of mothers who didn't have insurance while they were pregnant.

The expansions also led to 0.4 percent more pregnant mothers beginning [prenatal care](#) earlier in their pregnancies. And pregnant mothers with lower levels of education were 1.7 percent more likely to receive adequate prenatal care as a result of the expansions.

The U.S. has one of the highest [infant mortality rates](#) of the world's developed countries, primarily because of the poorer health of children born to women in lower socioeconomic groups. Health experts increasingly are recognizing that shifting [health care interventions](#) to before women become pregnant may be a critical step for improving infants' health. Although early and regular prenatal care is important for identifying and managing risks during pregnancy, maternal chronic disease, substance abuse and other factors that can create risks during pregnancy often begin years before conception.

Using data from the Centers for Disease Control and Prevention's Pregnancy Risk Assessment and Monitoring surveys from 1997 to 2012, UCLA's Laura Wherry examined changes in the percentage of mothers who were eligible for state Medicaid programs. She estimated changes in the number of insured mothers prior to and during pregnancy, assessed whether pregnancies were unwanted or mistimed, and examined changes in prenatal care use for [pregnant mothers](#) associated with Medicaid expansion.

The findings indicate that expanded Medicaid coverage for parents can

lead to improvements in health insurance coverage and expanded use of prenatal care, which may have important consequences for their children's health. For instance, [health insurance coverage](#) for mothers prior to pregnancy gives [health care providers](#) an opportunity to address risk factors associated with high-risk pregnancies, and to promote behaviors and activities that lead to healthier pregnancies and babies.

The paper will be published Dec. 28 in the journal *Health Services Research*.

Provided by University of California, Los Angeles

Citation: State Medicaid expansions led to more prenatal care for low-income mothers (2017, December 28) retrieved 26 April 2024 from <https://medicalxpress.com/news/2017-12-state-medicaid-expansions-prenatal-low-income.html>

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