

Having a baby may cost some families \$4,500 out-of-pocket

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One of the most expensive parts of having a baby may involve the birth itself, a new Michigan Medicine study suggests.

For some families, average out-of-pocket health care spending for

[maternity care](#)—including the pregnancy, delivery and three months postpartum—jumped from \$3,069 in 2008 to \$4,569 in 2015, according to findings published in the January issue of *Health Affairs*.

And the Affordable Care Act (ACA), which required large, employer-based [health plans](#) (used by about 50% of women in the U.S.) to cover [maternity care](#), hasn't protected families from shouldering a big brunt of [costs](#).

The reason: while the ACA requires full coverage of preventive services, such as pap smears and mammograms, there are few restrictions on how plans impose co-pays, deductibles and cost-sharing for maternity care.

"We were surprised to learn that the vast majority of women paid for critical health services tied to having a baby," says lead author Michelle Moniz, M.D.,M.Sc., an obstetrician gynecologist at Michigan Medicine's Von Voigtlander Women's Hospital and researcher with the U-M Institute of Healthcare Policy and Innovation.

"These are not small co-pays. The costs are staggering."

The study included a national sample of 657,061 women enrolled in 84,178 employer-sponsored plans who had been hospitalized for childbirth from 2008 to 2015. Researchers analyzed costs for all [health care services](#) used before and after delivery that might influence pregnancy outcomes.

Ninety-eight percent of women were found to be paying some out-of-pocket costs.

Costs of childbirth

Childbirth is a leading reason for hospitalization among women of

reproductive age. Not surprisingly, out-of-pocket costs for [cesarean sections](#) were higher, with mean total out-of-pocket spending rising from \$3,364 in 2008 to \$5,161 in 2015 for C-sections compared to an increase of \$2,910 to \$4,314 for vaginal births.

Women also seem to be bearing a higher proportion of total costs. Those with vaginal births covered 21% of expenses in 2015 compared to 13% in 2008. Women with C-sections could expect to pay about 15% of costs, up from 10% during the same years.

Maternity care services are vital to ensuring the best possible outcomes for moms and newborns, Moniz says. This is an especially important focus as data over recent years suggests that the U.S. continues to defy global trends as one of the only developed countries with a rising maternal mortality rate.

"The increasing maternal health costs burdening families over time is concerning. Research tells us that out-of-pocket costs for healthcare are often associated with skipped care," Moniz says.

"These financial burdens put women at risk of delaying or missing maternity care, which we know can lead to poor outcomes for [women](#) and babies. Restricting patient spending for maternity care may be an important opportunity to improve maternal and neonatal health for American families."

Higher deductible plans and co-pays, along with possible misconceptions about what the ACA requires for maternity health care coverage, may be areas advocates and lawmakers could target for improvement, Moniz says.

"There is strong rationale for policymakers to consider policies to protect the average consumer," Moniz says.

"Maternity and childbirth care are essential [health](#) services that promote the well-being of families across our country. Reducing patients' costs for these high-value services makes sense. We all want babies to have the best possible start in life."

Provided by University of Michigan

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