

Racial and ethnic disparities in insurance access impact maternal-infant health

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Black, Hispanic and indigenous women are more likely to have gaps in insurance around the time of pregnancy than white women, a new study suggests.

Nearly half of all black, Hispanic, and Indigenous women had discontinuous [insurance coverage](#) between preconception and after delivering their babies compared to about a fourth of [white women](#), according to the research in *Obstetrics and Gynecology*.

Spanish-speaking Hispanic women had the lowest rates of steady insurance, with nearly one in 10 not being insured at all between preconception and the postpartum period.

The study comes as women from racial and ethnic minority backgrounds face greater risks of maternal morbidity—unexpected outcomes of labor and delivery that negatively impact a woman's health—and mortality associated with childbirth. Black and [indigenous women](#) are two to four times more likely to die from pregnancy-related causes compared with white peers.

"Racial and ethnic disparities in maternal and child health outcomes are a national public health crisis," says senior author Lindsay Admon, M.D., M.Sc., an obstetrician-gynecologist at Michigan Medicine's Von Voigtlander Women's Hospital.

"We found that disruptions in insurance coverage disproportionately

affect racial and ethnic minority women. In the United States, insurance coverage is an important prerequisite for accessing healthcare.

"Throughout the most critical periods of pregnancy, we identified wide racial-[ethnic disparities](#) related to women's ability to access to preconception, prenatal, and postpartum care."

Admon notes that the findings are especially relevant as the Centers for Disease Control and Prevention has identified lack of access to quality healthcare as a key contributor to pregnancy-related deaths.

Researchers analyzed data from 107,921 women in 40 states between 2015 to 2017 to establish insurance status at three at time points, including the month before conception, at the time of delivery and 60 days after birth.

Admon's previous research finds that women of color and those of Hispanic heritage had higher rates of severe birth-related health issues than non-Hispanic white women even if they were otherwise healthy.

Disparities in Insurance Access

Income gaps between white and black populations play a big factor in insurance disparities. Nearly half of black, non-Hispanic women in the study had household incomes below the [federal poverty level](#), which were linked to higher rates of Medicaid coverage during pregnancy.

Among the biggest factors for disrupted care is Medicaid discontinuity, authors say. Pregnancy-related Medicaid coverage is only offered for up to 60 days after a baby's birth, but there are bipartisan federal and state efforts to extend the coverage to a year.

"Medicaid stability before and after pregnancy is critical for ensuring

continuity of coverage and access to care for women of color," says lead author Jamie Daw, Ph.D., researcher with the Department of Health Policy and Management at Columbia University.

"Extending pregnancy Medicaid to one year after birth is likely to reduce racial disparities in [insurance](#) disruptions and ultimately, disparities in postpartum health."

Improving coverage before conception is also critical in identifying underlying health issues that may negatively affect a mother or baby's health.

"We know that complications associated with preexisting conditions chronic conditions such as heart disease, high blood pressure, and substance use are among the leading causes of maternal morbidity and mortality," says Admon, who is also a researcher at the University of Michigan Institute for Healthcare Policy and Innovation.

"It's important for [women](#) to have quality [health](#) coverage and care to manage these conditions to have the best chance of a healthy pregnancy."

Provided by University of Michigan

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