Studies find Oregon's Medicaid expansion improved prenatal care access, birth outcomes

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A pair of recent studies from Oregon State University found that Oregon's Medicaid expansion in 2014 has led to increased prenatal care

among low-income women, as well as improved health outcomes for newborn babies.

In the three years after the expansion, one study found that Oregon saw an almost 2 percentage point increase in first trimester prenatal care utilization, relative to 18% of the pre-expansion population who lacked any access to prenatal care in the earlier stages of pregnancy.

In the same period, the second study found, Medicaid expansion was associated with a 29% reduction in low birthweight among babies born to women on Medicaid, as well as a 23% reduction in preterm births.

Prior to the state's Medicaid expansion as part of the Affordable Care Act, low-income women who were not otherwise eligible for Medicaid became eligible when they became pregnant. It was estimated that expanding Medicaid to include everyone earning up to 138% of the federal poverty level would extend coverage to an additional 77,000 women of childbearing age.

"This means that women are getting preconception care before they're pregnant," said lead author Marie Harvey, associate dean for research in OSU's College of Public Health and Human Sciences. "Then when they become pregnant, they're more easily able to get prenatal care."

Prior to pregnancy, establishing that connection with a primary care provider means women are able to receive holistic medical and public health care to improve their overall well-being.

"It's much broader than just one specific intervention or health condition," said co-author Susannah Gibbs, a researcher in the College of Public Health and Human Sciences. "You might think about smoking cessation or nutrition—all these things that are kind of an ongoing conversation between a health care provider and someone who might in

the future become pregnant.

"They might receive those interventions that improve their overall health, and lead them to be in a healthier state when they do become pregnant."

Because the state's Medicaid expansion did not change women's eligibility for Medicaid during pregnancy and utilization of prenatal services was already high, the researchers were focused on the impact of greater continuity of care, where people's access to services was not split into different health states: pregnant versus not-pregnant.

"The almost 2 percentage point increase in prenatal care utilization is encouraging," Harvey said.

The study found almost twice the magnitude of gains in pre-pregnancy enrollment in Medicaid among Hispanic women compared with non-Hispanic white women, Gibbs said.

In turn, increased pre-pregnancy enrollment in Medicaid likely contributed to the positive impacts on low birthweight and preterm births, researchers said, as women with health coverage had greater access to preventive care and preconception care.

This aligns with the "life course perspective" on health care, Harvey said, where providing women access to health care early in their lives leads to better overall health status and thus healthier pregnancies if they do become pregnant. Babies are then more likely to be born healthy, and to be connected with health services and primary health care from an early age as well.

"Once you have people in that medical care system, it is an opportunity to be connected with those individuals who are in great need of other

interventions beyond medical care that reach into the broader [public health](link) space," Gibbs said.

Other OSU co-authors on one or both of the studies were Lisa Oakley, Shyama Mahakalanda, Jeff Luck and Jangho Yoon.

  More information: S. Marie Harvey et al, Impact of Medicaid expansion in Oregon on access to prenatal care, *Preventive Medicine* (2020). [DOI: 10.1016/j.ypmed.2020.106360](link)

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