

Childbirth associated with significant medical debt

September 28 2023



Credit: Pixabay/CC0 Public Domain

For some families, the year after childbirth may not only mean loads of diapers but stacks of unpaid medical bills as well.

Postpartum individuals are more likely to have [medical debt](#) than those who are pregnant, suggests a new Michigan Medicine led study that evaluated collections among a statewide commercially insured cohort of 14,560 pregnant people and 12,157 people in the [postpartum period](#).

"Our findings suggest that current [out-of-pocket costs](#) before and after childbirth are objectively more than many commercially insured families can afford, leading to medical debt," said lead author Michelle Moniz, M.D., M.Sc., an obstetrician gynecologist at University of Michigan Health Von Voigtländer Women's Hospital and researcher at the Michigan Medicine.

"Our study highlights the need to consider policies to reduce maternal–infant health care spending in order to ease financial hardship and distress and improve birth equity."

Postpartum individuals—those seven to 12 months past childbirth—in the lowest-income neighborhoods had the highest likelihood of having medical debt, followed by pregnant individuals in lowest-income neighborhoods and then all other postpartum and pregnant people, suggests the research in *Obstetrics & Gynecology*, also known as "The Green Journal."

"Having unpaid medical bills was not only significantly more common among postpartum individuals but more common among the most socioeconomically vulnerable people," Moniz said. "These results suggest that all postpartum individuals are at risk of economic strain related to out-of-pocket spending for [medical care](#) before and after childbirth and that medical debt is most prevalent among postpartum individuals living in neighborhoods with the lowest median income."

Moniz points to many factors that may explain why postpartum individuals may be at higher risk of medical debt, including [health care](#)

[costs](#) for pregnancy, birth, postpartum, and newborn care as well as caregiving expenses and potential reductions in earnings after childbirth.

Authors say policymakers may consider efforts that reduce or eliminate maternal–infant out-of-pocket health care spending, such as allowing lower deductibles for those with lower household income or pre-deductible coverage that prohibits out-of-pocket spending for essential peripartum services such as prenatal visits, ultrasounds, the childbirth hospitalization for both parent and infant, and postpartum services.

"We know that [financial hardship](#) can negatively impact health—it is associated with delayed or deferred health care, mood disorders, and mortality among adults. No one wants these outcomes for new parents and infants," Moniz said.

"We need to pursue initiatives that help us identify and assist individuals with the lowest capacity to buffer against high [health care](#) bills or other expenses around the time of [childbirth](#) so that families can bring home a baby without a bundle of unpaid bills and financial distress," Moniz concluded.

More information: Association of Childbirth With Medical Debt, *Obstetrics and Gynecology* (2023).

Provided by University of Michigan

Citation: Childbirth associated with significant medical debt (2023, September 28) retrieved 27 April 2024 from

<https://medicalxpress.com/news/2023-09-childbirth-significant-medical-debt.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private

study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.