

Their first baby came with medical debt: These parents won't have another

May 16 2024, by Noam N. Levey, KFF Health News



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Heather Crivilare was a month from her due date when she was rushed to an operating room for an emergency cesarean section.

The first-time mother, a high school teacher in rural Illinois, had developed [high blood pressure](#), a sometimes life-threatening condition in pregnancy that prompted doctors to hospitalize her. Then Crivilare's blood pressure spiked, and the baby's heart rate dropped. "It was terrifying," Crivilare said.

She gave birth to a healthy daughter. What followed, though, was another ordeal: thousands of dollars in [medical debt](#) that sent Crivilare and her husband scrambling for nearly a year to keep collectors at bay.

The Crivilares would eventually get on nine payment plans as they juggled close to \$5,000 in bills.

"It really felt like a full-time job some days," Crivilare recalled. "Getting the baby down to sleep and then getting on the phone. I'd set up one payment plan, and then a new bill would come that afternoon. And I'd have to set up another one."

Crivilare's pregnancy may have been more dramatic than most. But for millions of [new parents](#), medical debt is now as much a hallmark of having children as long nights and dirty diapers.

About 12% of the 100 million U.S. adults with health care debt attribute at least some of it to pregnancy or childbirth, according to a KFF poll.

These people are more likely to report they've had to take on extra work, change their living situation, or make other sacrifices.

Overall, women between 18 and 35 who have had a baby in the past year and a half are twice as likely to have medical debt as women of the same age who haven't given birth recently, other KFF research conducted for this project found.

"You feel bad for the patient because you know that they want the best for their pregnancy," said Eilean Attwood, a Rhode Island OB-GYN who said she routinely sees pregnant women anxious about going into debt.

"So often, they may be coming to the office or the hospital with preexisting debt from school, from other financial pressures of starting adult life," Attwood said. "They are having to make real choices, and what those real choices may entail can include the choice to not get certain services or medications or what may be needed for the care of themselves or their fetus."

Best-laid plans

Crivilare and her husband, Andrew, also a teacher, anticipated some of the costs.

The young couple settled in Jacksonville, in part because the farming community less than two hours north of St. Louis was the kind of place two [public school teachers](#) could afford a house. They saved aggressively. They bought life insurance.

And before Crivilare got pregnant in 2021, they enrolled in the most robust health insurance plan they could, paying higher premiums to minimize their deductible and out-of-pocket costs.

Then, two months before their baby was due, Crivilare learned she had developed preeclampsia. Her pregnancy would no longer be routine. Crivilare was put on blood pressure medication, and doctors at the local hospital recommended bed rest at a larger medical center in Springfield, about 35 miles away.

"I remember thinking when they insisted that I ride an ambulance from Jacksonville to Springfield ... 'I'm never going to financially recover

from this," she said. "But I want my baby to be OK."

For weeks, Crivilare remained in the hospital alone as COVID protocols limited visitors. Meanwhile, doctors steadily upped her medications while monitoring the fetus. It was, she said, "the scariest month of my life."

Fear turned to relief after her daughter, Rita, was born. The baby was small and had to spend nearly two weeks in the neonatal intensive care unit. But there were no complications. "We were incredibly lucky," Crivilare said.

When she and Rita finally came home, a stack of medical bills awaited. One was already past due.

Crivilare rushed to set up payment plans with the hospitals in Jacksonville and Springfield, as well as the anesthesiologist, the surgeon, and the labs. Some providers demanded hundreds of dollars a month. Some settled for monthly payments of \$20 or \$25. Some pushed Crivilare to apply for new credit cards to pay the bills.

"It was a blur of just being on the phone constantly with all the different people collecting money," she recalled. "That was a nightmare."

Big bills, Big consequences

The Crivilares' bills weren't unusual. Parents with private health coverage now face on average more than \$3,000 in medical bills related to a pregnancy and childbirth that aren't covered by insurance, researchers at the University of Michigan found.

Out-of-pocket costs are even higher for families with a newborn who needs to stay in a neonatal ICU, averaging \$5,000. And for 1 in 11 of

these families, medical bills related to pregnancy and childbirth exceed \$10,000, the researchers found.

"This forces very difficult trade-offs for families," said Michelle Moniz, a University of Michigan OB-GYN who worked on the study. "Even though they have insurance, they still have these very high bills."

Nationwide polls suggest millions of these families end up in debt, with sometimes devastating consequences.

About three-quarters of U.S. adults with debt related to pregnancy or childbirth have cut spending on food, clothing, or other essentials, KFF polling found.

About half have put off buying a home or delayed their own or their children's education.

These burdens have spurred calls to limit what families must pay out-of-pocket for medical care related to pregnancy and childbirth.

In Massachusetts, state Sen. Cindy Friedman has proposed legislation to exempt all these bills from copays, deductibles, and other cost sharing. This would parallel federal rules that require health plans to cover recommended preventive services like annual physicals without cost sharing for patients.

"We want ... healthy children, and that starts with healthy mothers," Friedman said. Massachusetts health insurers have warned the proposal will raise costs, but an independent state analysis estimated the bill would add only \$1.24 to monthly insurance premiums.

Tough lessons

For her part, Crivilare said she wishes new parents could catch their breath before paying down medical debt.

"No one is in the right frame of mind to deal with that when they have a new baby," she said, noting that [college graduates](#) get such a break.

"When I graduated with my college degree, it was like: 'Hey, new adult, it's going to take you six months to kind of figure out your life, so we'll give you this six-month grace period before your student loans kick in and you can get a job.'"

Rita is now 2. The family scraped by on their payment plans, retiring the medical debt within a year, with help from Crivilare's side job selling resources for teachers online.

But they are now back in debt, after Rita's recurrent ear infections required surgery last year, leaving the family with thousands of dollars in new medical bills.

Crivilare said the stress has made her think twice about seeing a doctor, even for Rita. And, she added, she and her husband have decided their family is complete.

"It's not for us to have another child," she said. "I just hope that we can put some of these big bills behind us and give [Rita] the life that we want to give her."

About this project

"Diagnosis: Debt" is a reporting partnership between KFF Health News and NPR exploring the scale, impact, and causes of medical debt in America.

The series draws on original polling by KFF, [court records](#), federal data

on hospital finances, contracts obtained through public records requests, data on international health systems, and a yearlong investigation into the financial assistance and collection policies of more than 500 hospitals across the country.

Additional research was conducted by the Urban Institute, which analyzed credit bureau and other demographic data on poverty, race, and health status for KFF Health News to explore where medical debt is concentrated in the U.S. and what factors are associated with high debt levels.

The JPMorgan Chase Institute analyzed records from a sampling of Chase credit card holders to look at how customers' balances may be affected by major medical expenses. And the CED Project, a Denver nonprofit, worked with KFF Health News on a survey of its clients to explore links between medical debt and housing instability.

KFF Health News journalists worked with KFF public opinion researchers to design and analyze the "KFF Health Care Debt Survey." The survey was conducted Feb. 25 through March 20, 2022, online and via telephone, in English and Spanish, among a nationally representative sample of 2,375 U.S. adults, including 1,292 adults with current health care debt and 382 adults who had health care debt in the past five years.

The margin of sampling error is plus or minus 3 percentage points for the full sample and 3 percentage points for those with current debt. For results based on subgroups, the margin of sampling error may be higher.

Reporters from KFF Health News and NPR also conducted hundreds of interviews with patients across the country; spoke with physicians, health industry leaders, consumer advocates, debt lawyers, and researchers; and reviewed scores of studies and surveys about medical debt.

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Citation: Their first baby came with medical debt: These parents won't have another (2024, May 16) retrieved 21 June 2024 from <https://medicalxpress.com/news/2024-05-baby-medical-debt-parents-wont.html>

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