

Maternal demographic characteristics by  
Medicaid reimbursement status

# Demographics



## Fact sheet purpose

The purpose of the fact sheet is to highlight the characteristics of women who gave birth in Iowa during calendar year 2012, with a focus on women with labor and delivery costs reimbursed by Medicaid compared to women with labor and delivery costs not reimbursed by Medicaid. This information will be used to guide decision makers in implementing programs that improve the health outcomes of the women and infants who rely on Medicaid coverage.

## Background

Medicaid is a state/federal program that provides health insurance for certain groups of low-income people, including pregnant women. Iowa Medicaid is administered by the Iowa Department of Human Services through the Iowa Medicaid Enterprise. In Iowa, pregnant women may be eligible for Medicaid if their household income is below 300 percent of the federal poverty level.

In 2012, the labor and delivery costs for 40 percent of Iowa resident births were reimbursed by Medicaid (40.3%; n=15,598 of 38,686 births).

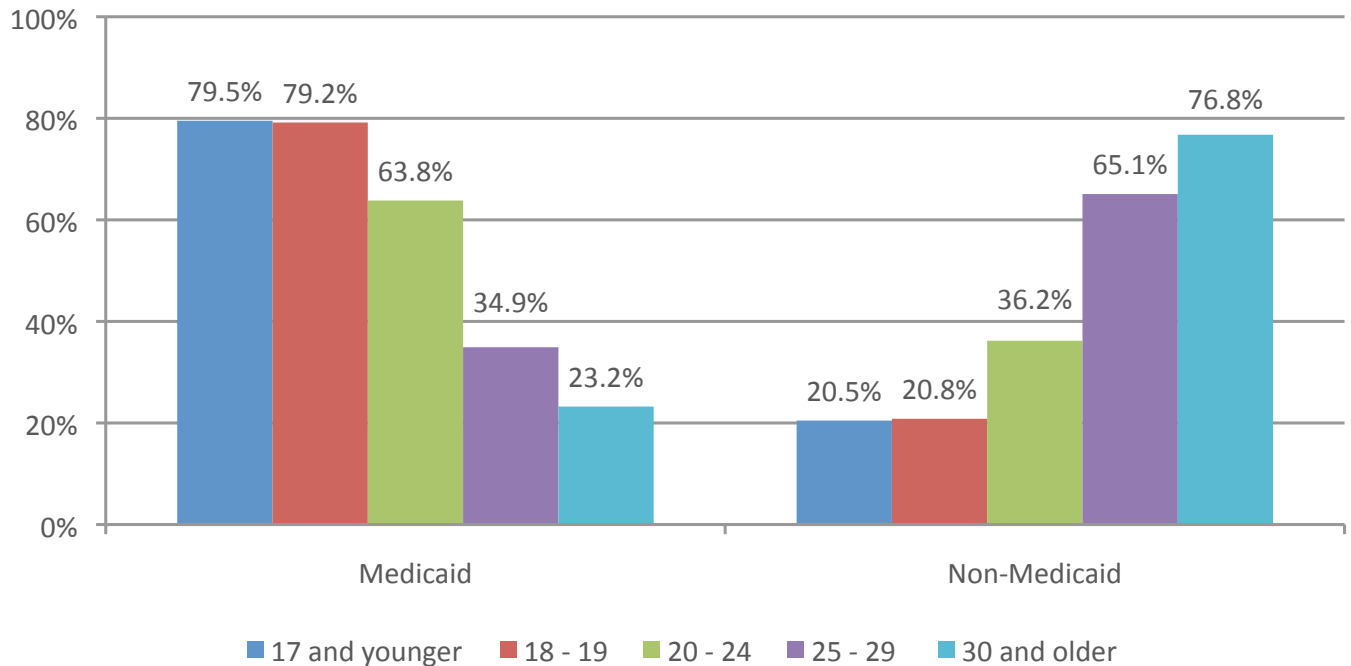
## Data sources

Data for this report were derived from a matched file of the 2012 birth certificate and Medicaid paid claims for calendar year 2012. Medicaid status was based on a paid claim for any one of the delivery related diagnostic related groups (DRGs). We used paid claims for maternal DRGs 765 through 775. DRGs 765 through 775 are the reporting categories for vaginal and cesarean deliveries. The birth certificate was used for maternal demographic characteristics including age, race, ethnicity and level of education.



# Births by maternal age and Medicaid status

Figure 1. Percent of Medicaid vs. non-Medicaid reimbursed births by maternal age, Iowa 2012

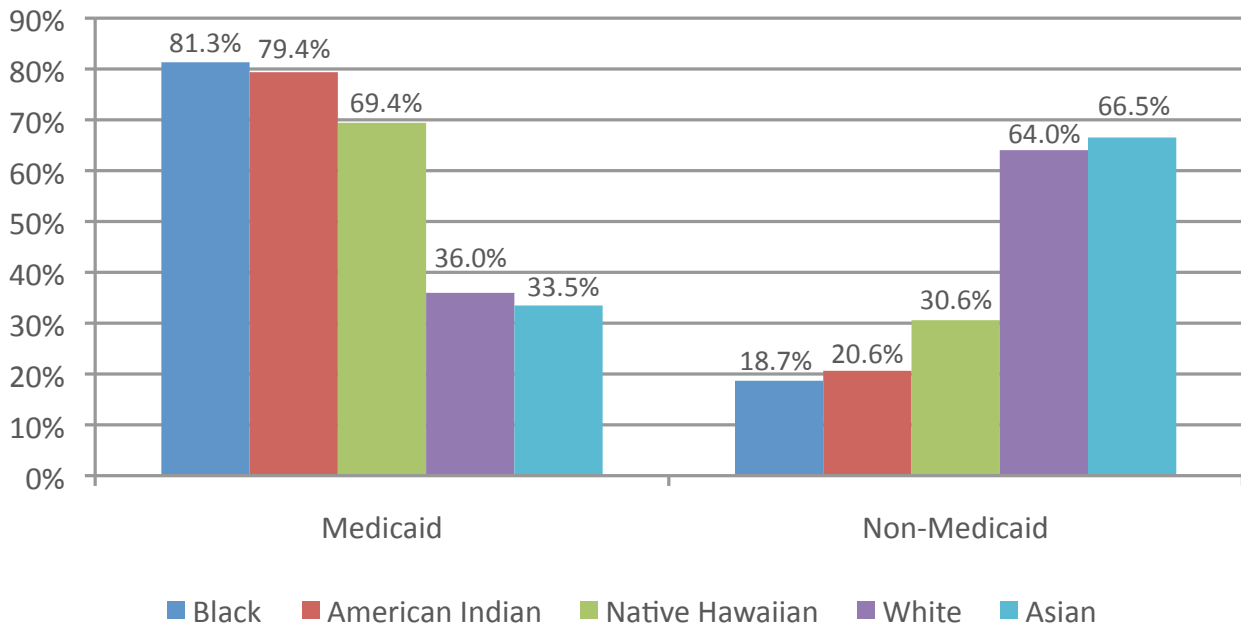


In 2012, among births to girls aged 17 and younger, 79 percent (79.5%; n=532) were reimbursed by Medicaid compared to 20 percent (20.5%; n=137) of non-Medicaid recipients aged 17 and younger (Figure 1). Similarly, a greater percentage of births to women ages 18 to 19 were reimbursed by Medicaid (79.2%; n=1,475) compared to non-Medicaid reimbursed births to women ages 18 to 19 (20.8%; n=388). A greater percentage of births to women ages 20 to 24 were reimbursed by Medicaid (63.8%; n=5,786) compared to non-Medicaid reimbursed births to women ages 20 to 24 (36.2%; n=3,282).

The percent of births to Medicaid recipients ages 25 to 29 was 34 percent (34.9%; n=4,518) compared to 65 percent (65.1%; n=8,422) of births to non-Medicaid recipients ages 25 to 29. Among births to women ages 30 and older, 23 percent (23.2%; n=3,287) were reimbursed by Medicaid. Seventy-six percent (76.8%; n=10,858) of births among women ages 30 and older were non-Medicaid reimbursed births.

# Births by maternal race and Medicaid status

Figure 2. Percent of Medicaid vs. non-Medicaid reimbursed births by maternal race/ethnicity, Iowa 2012

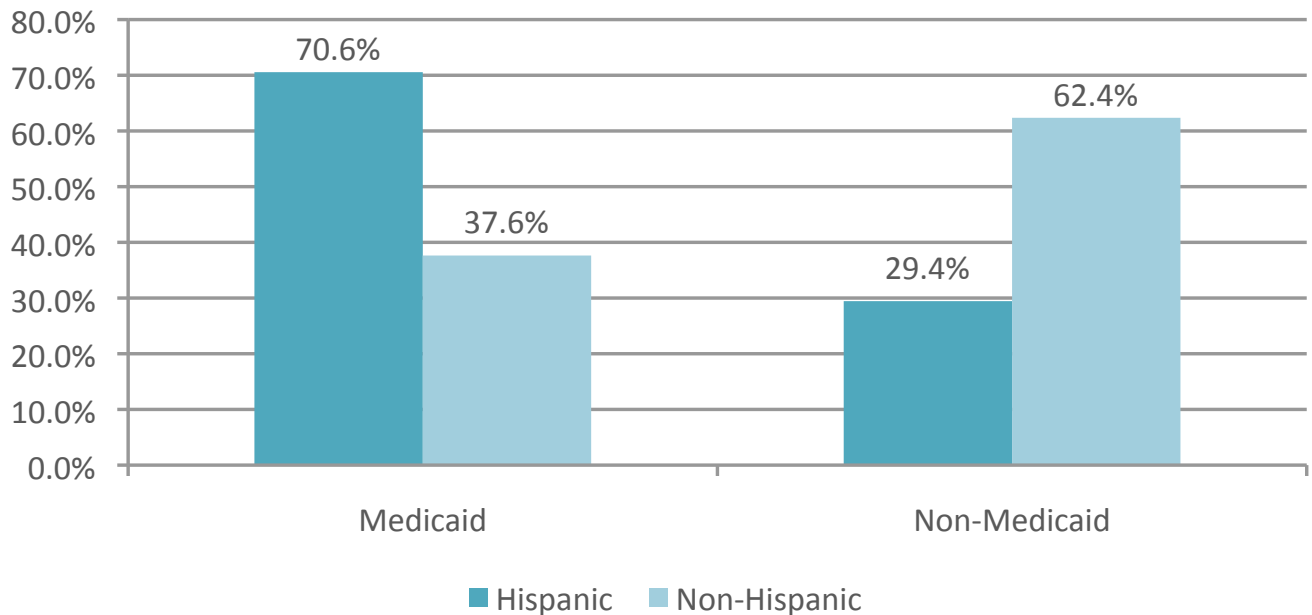


Women self-identify their race on a birth certificate worksheet. Women complete the worksheet in the delivery hospital or at home for a home birth. In 2012, Medicaid reimbursed more than two-thirds of the births occurring to Black women, American Indian women, and Native Hawaiian women. Among births to Black women, 81 percent (81.3%; n=1,511) were reimbursed by Medicaid compared to 18 percent (18.7%; n=347) of births that were not Medicaid reimbursed (Figure 2). Among American Indian women, seventy-nine percent (79.4%; n=177) of births were reimbursed by Medicaid compared to twenty percent (20.6%; n=46) of births that were not Medicaid reimbursed. Sixty-nine percent (69.4%; n=59) of births to Native Hawaiian women were reimbursed by Medicaid compared to 30 percent (30.6%; n=26) that were not Medicaid reimbursed. In contrast to the proportion of Medicaid reimbursed births among Black, American Indian, and Native Hawaiian mothers, Medicaid reimbursed thirty-six percent (36.0%; n=11,912) of births to white women and thirty-three percent (33.5%; n=390) of births to Asian women.



# Births by maternal ethnicity and Medicaid status

Figure 3. Percent Medicaid vs. non-Medicaid reimbursed births by maternal ethnicity, Iowa 2012

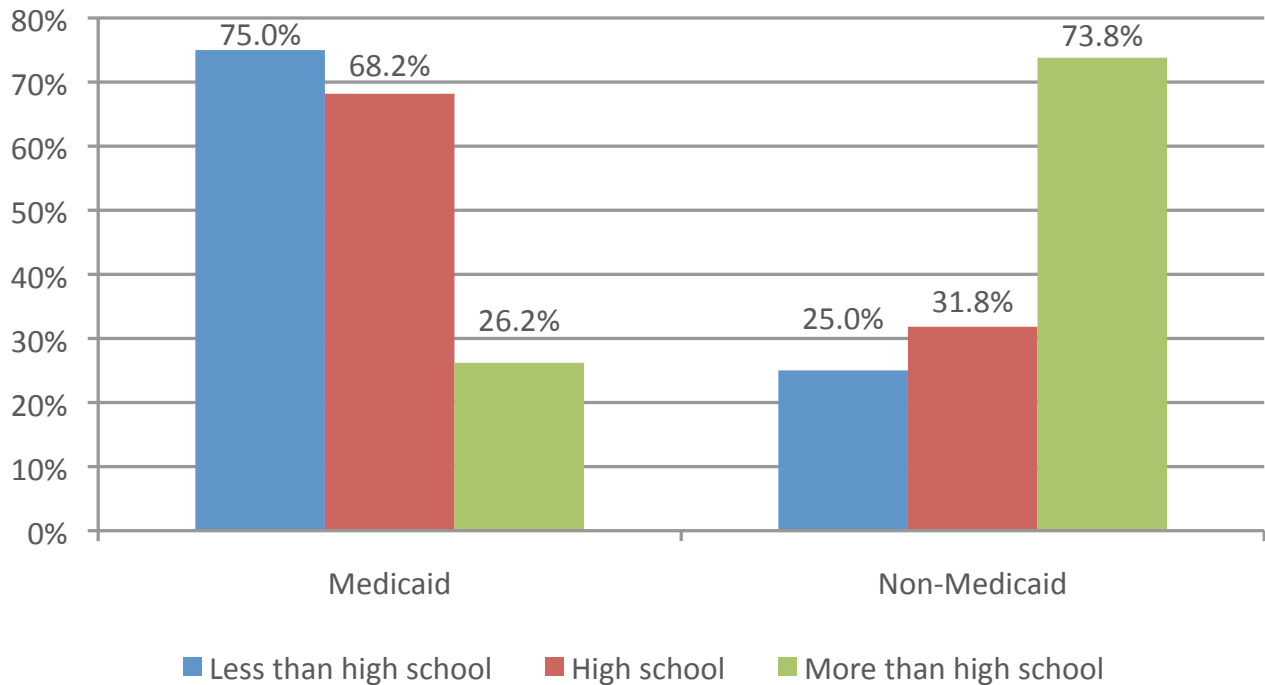


Women self-identify their ethnicity on a birth certificate worksheet. Women complete the worksheet in the delivery hospital or at home for a home birth. In 2012, seventy percent (70.6%; n=2,219) of births to Hispanic women were reimbursed by Medicaid compared to thirty-seven (37.6%; n=13,369) of births to non-Hispanic women (Figure 3). Thirty-nine percent (29.4%; n=926) of births to Hispanic women were not Medicaid reimbursed. Sixty-two percent (62.4%; n=22,153) of births of births to non-Hispanic women were not reimbursed by Medicaid.



# Births by maternal educational level and Medicaid status

Figure 4. Percent Medicaid vs. non-Medicaid reimbursed births by maternal educational level, Iowa 2012

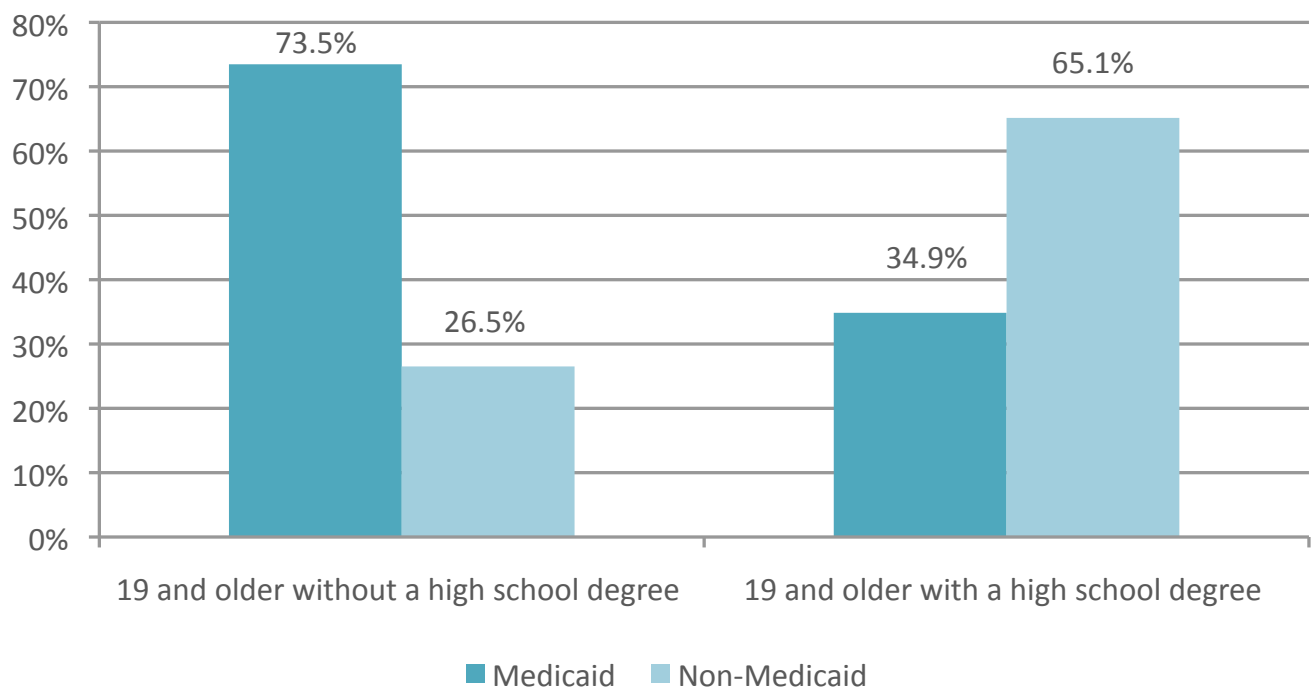


In 2012, three-fourths (75%.0; n=3,583) of births to women with less than a high school education were reimbursed by Medicaid, compared to twenty-five percent (25.0%; n=1,195) of births that were not Medicaid reimbursed (Figure 4). More than two-thirds (68.2%; n=5,093) of births to women with a high school education were reimbursed by Medicaid compared to thirty-one percent (31.8%; n=2,372). In contrast to women with less than a high school education, just twenty-six percent (26.2%; n=6,925) of births to women with more than a high school education were Medicaid reimbursed. Seventy-three percent (73.8%; n=19,510) of births to women with more than a high school education were not Medicaid reimbursed.



# Births by combined maternal age and education by Medicaid status

Figure 5. Percent of Medicaid vs. non-Medicaid reimbursed births by maternal age & education level, Iowa, 2012



Another way to examine Medicaid reimbursed births compared to those births not reimbursed by Medicaid is to create a combined variable of maternal age and education. In this case, we created four categories: women age 18 and younger who have not yet obtained a high school degree, women age 18 and younger who have obtained a high school degree, women 19 and older who have not yet attained a high school degree, and women 19 and older with a high school degree. For this fact sheet our interest is in the women 19 years of age and older.

Ten percent (10.2%; n=3,930) of women who gave birth in Iowa during 2012 were 19 years of age and older and had not obtained a high school diploma. Of these women, seventy-three percent (73.5%; n=2,888) of births were reimbursed by Medicaid compared to twenty-six percent (26.5%; n=1,042) of births not reimbursed by Medicaid. In contrast, eighty-six percent (86.4%; n=33,411) of women who gave birth in Iowa during 2012 were 19 years of age and older and had obtained at least a high school diploma. Of these women, thirty-four percent (34.9%; n=11,644) of births were reimbursed by Medicaid.

## Discussion

Although the percentages of Medicaid reimbursed deliveries by age, race, and ethnicity fluctuate from year to year, Medicaid continues to be an important source of health care coverage during pregnancy for young women and women of racial and ethnic minorities.

## Program and policy implications

Programs that empower young women, particularly those who have not yet completed high school, to prevent pregnancy and complete their educational goals, can reduce the proportion of births that are reimbursed by Medicaid <sup>(1)</sup>. For example, by age 22, only about 50 percent of teen mothers obtain a high school diploma, compared to almost 90 percent of women who had not given birth during their adolescence.

A disproportionate number of births to Black women, American Indian women and Hispanic women were reimbursed by Medicaid in 2012 compared to white and Asian women in Iowa. Programs and policies that address income and health insurance disparities among racial and ethnic minorities in Iowa may reduce the proportion of births that are reimbursed by Medicaid. Family planning services are also important to reduce unintended pregnancies and may be particularly important to younger women to assure that they complete a high school education. Programs like that offered by UnityPoint Health – Allen Women’s Health “Together for Youth” offer an array of services to pregnant and parenting youth and have been successful in reducing the teen birth rate in Black Hawk County.





# What is the Iowa Medicaid – Birth Certificate Match Project?

The Iowa Medicaid - Birth Certificate Match Project is supported by an inter-departmental agreement between the Iowa Department of Human Services and the Iowa Department of Public Health/Bureaus of Family Health and Health Statistics. The purpose of the project is to describe the characteristics of pregnant Medicaid recipients, their behaviors during pregnancy and at hospital discharge, their receipt of pregnancy related services, and their birth outcomes. This information can be used to improve programs and policies to benefit Medicaid recipients.

## Acknowledgements

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## ADDITIONAL INFORMATION

For additional information or to obtain copies of this fact sheet, write or call:

**Iowa Department of Public Health  
Bureau of Family Health  
321 E. 12th Street  
Des Moines, IA 50309**

**Toll-free at 1-800-383-3826**



<sup>1</sup> Perper K, Peterson K, Manlove J. Diploma attainment among teen mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: *Child Trends*: 2010