



Health status and health behaviors during pregnancy by maternal age and race

Fact Sheet Purpose

The purpose of the fact sheet is to highlight the health status and health behaviors during pregnancy of women whose labor and delivery costs were reimbursed by Medicaid by maternal age and race/ethnicity. This information may be used to guide provider outreach and education efforts to improve women's pre-pregnancy health, to identify intervention strategies to manage gestational diabetes, and to support smoking cessation during pregnancy among women with Medicaid as their source of medical insurance.

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 Iowa Medicaid Enterprise. In Iowa, pregnant women may be eligible for Medicaid if their household income is below 375 percent of the federal poverty level.

In 2015, the labor and delivery costs for 39% of Iowa resident births were reimbursed by Medicaid (39.0%; n=15,405 of 39,467 resident births).

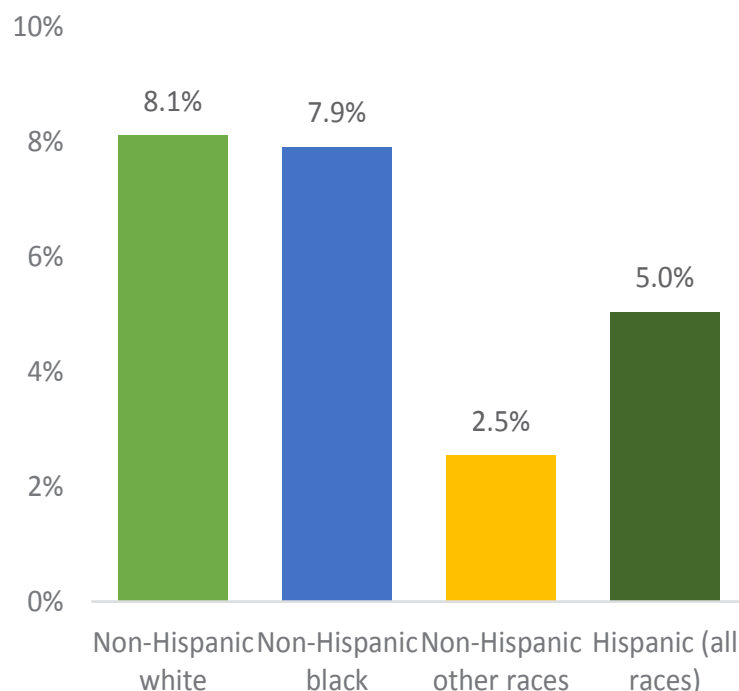
Data Sources

Data for this report were derived from a matched file of the 2015 birth certificate and Medicaid paid claims for calendar year 2015. Medicaid status was based on a paid claim for a delivery related diagnostic related group between 765 and 775, and linked to a birth certificate. Birth certificate data were used to determine maternal demographic characteristics, pre-existing conditions, and third trimester cigarette smoking during pregnancy.

Figure 1. The percent of women with pre-pregnancy extreme obesity (Body mass index [BMI] of 40 or more) varies by maternal race and ethnicity, Iowa Medicaid reimbursed resident births, 2015

Non-Hispanic white women have the highest prevalence of (8.1%) extreme obesity compared to non-Hispanic black women, non-Hispanic women of other races, and Hispanic women.

Maternal risks associated with extreme obesity are gestational diabetes, hypertension, and preeclampsia. In later life these women are at risk for diabetes. The fetus is at risk for stillbirth and congenital anomalies.¹ Obese women are also at increased risk for delivery via c-section and post-operative cesarean delivery complications such as infection and excessive blood loss.



¹Leddy, M.A., Power, M.L., & Schulkin, J. (2008). The impact of Maternal Obesity on Maternal and Fetal Health. Rev Obstet Gynecol, 1 (4), 170-178

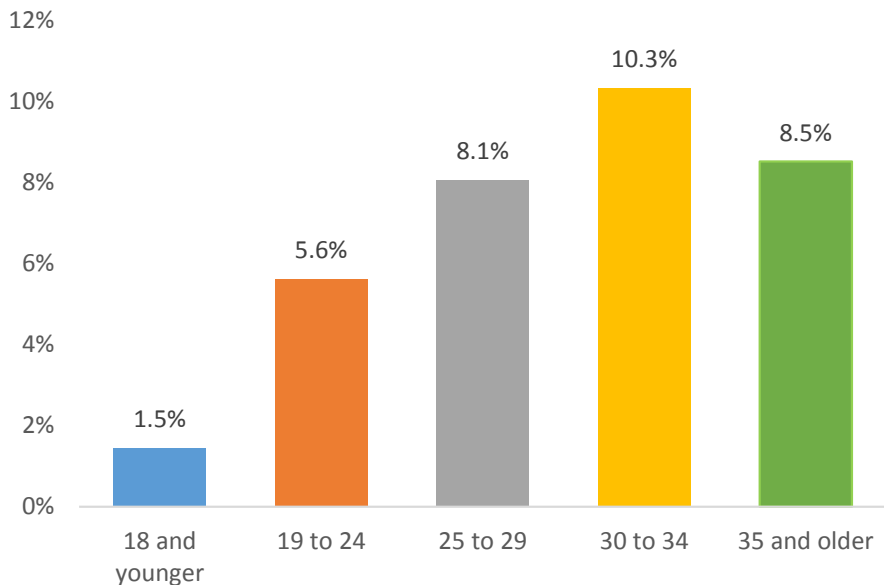


Figure 2. The percent of women with pre-pregnancy extreme obesity (Body mass index [BMI] of 40 or more) varies by maternal age, Iowa Medicaid reimbursed resident births, 2015.

The proportion of women with extreme obesity was highest among women ages 30 to 34 (10.3%).

The lowest proportion of women with extreme obesity was among women ages 18 and younger (1.5%) compared to women 19 and older.

Figure 3. The percent of women with gestational diabetes varies by maternal race and ethnicity, Iowa Medicaid reimbursed resident births, 2015

The highest proportion of women with gestational diabetes was among Hispanic women.

Nearly eleven percent of non-Hispanic women of other races had gestational diabetes, followed by non-Hispanic white women and non-Hispanic black women.

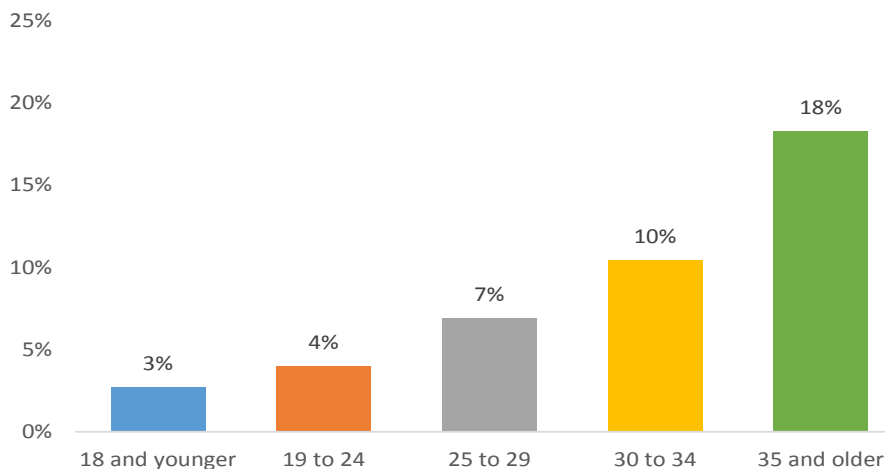
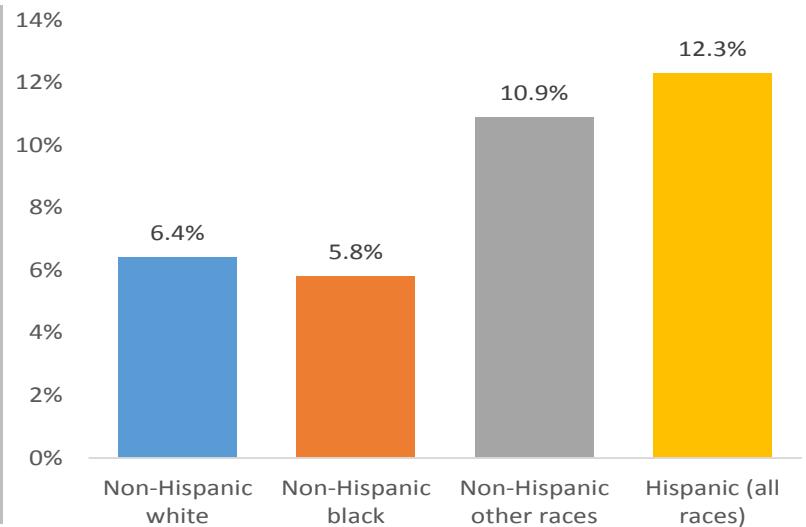


Figure 4. The percent of women with gestational diabetes varies by maternal age, Iowa Medicaid reimbursed resident births, 2015

The proportion of women with gestational diabetes ranged from 3% among women 18 years of age and younger to 18% among women after 35 and older.

Figure 5. The percent of women who reported third trimester smoking ranged from a low of 4% among Hispanic women to 24% among non-Hispanic white women, Iowa Medicaid reimbursed resident births, 2015.

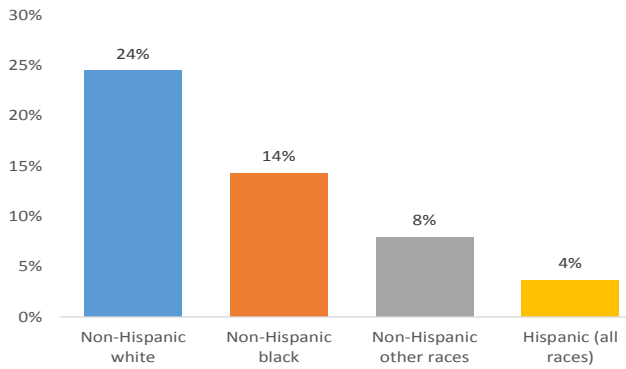
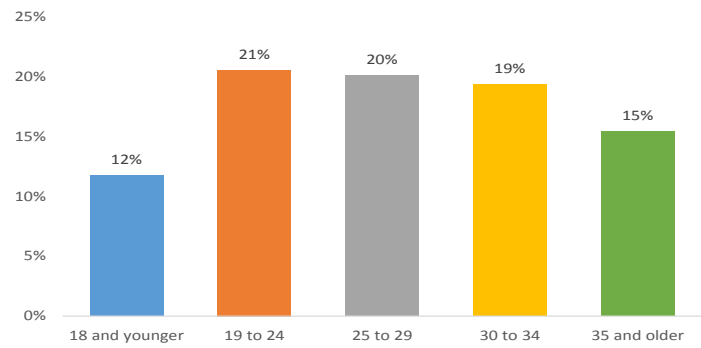


Figure 6. The percent of women who reported third trimester smoking ranged from a low of 12% among women ages 18 and younger to a high of 21% among women ages 19 to 24, Iowa Medicaid



Recommendations

- Well-woman care, particularly preconception care, may provide women with the information and support that they need to attain a healthy pre-pregnancy weight and to quit smoking.
- Early prenatal care initiation offers women the opportunity to obtain screening and intervention for gestational diabetes. It provides women with an opportunity to obtain smoking cessation support services.

Additional Information²

For additional information or to obtain copies of this fact sheet, contact the Iowa Department of Public Health, Bureau of Family Health, at 321 E. 12th Street, Des Moines, IA 50309 or toll-free at 1-800-383-3826.

²The Iowa Department of Public Health acknowledges the Maternal and Child Health Epidemiology Program, Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention for analytic support and preparation of this fact sheet.