

Maternal Demographic Characteristics by Medicaid Reimbursement



Fact Sheet Purpose

The purpose of the fact sheet is to highlight the characteristics and birth outcomes of women whose labor and delivery costs were reimbursed by Medicaid compared to women whose labor and delivery costs were not reimbursed by Medicaid.

Background

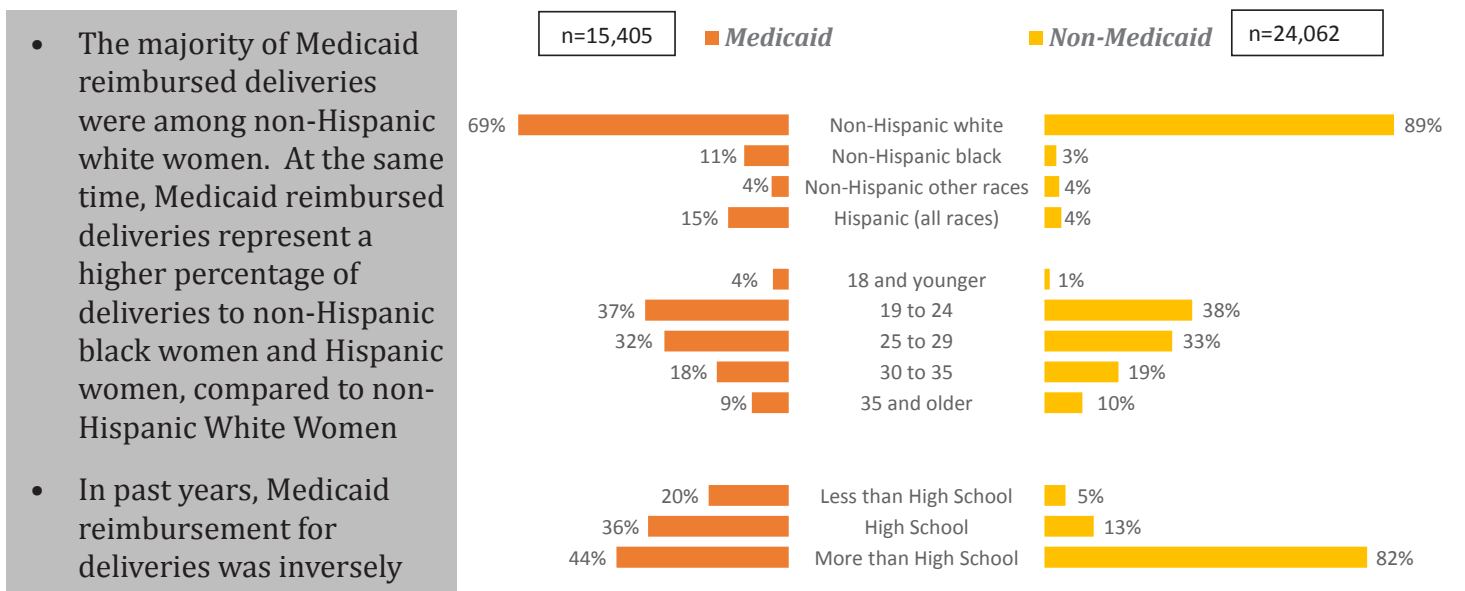
Medicaid is a state/federal program that provides health insurance for certain groups of low-income people, including pregnant women. Iowa Medicaid is administered by the Iowa Department of Human Services through Iowa Medicaid Enterprise. In Iowa, pregnant women may be eligible for Medicaid if their 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, cigarette smoking during pregnancy, prenatal care initiation, and infant birth outcomes.

Figure 1. The percent of Medicaid reimbursed (among all live births) deliveries and non-Medicaid reimbursed deliveries by maternal race/ethnicity, age, and educational attainment, Iowa resident births, 2015



- The majority of Medicaid reimbursed deliveries were among non-Hispanic white women. At the same time, Medicaid reimbursed deliveries represent a higher percentage of deliveries to non-Hispanic black women and Hispanic women, compared to non-Hispanic White Women

- In past years, Medicaid reimbursement for deliveries was inversely related to age. In 2015, the age distribution for Medicaid reimbursed deliveries compared to those deliveries not reimbursed by Medicaid were nearly equal for women 19 years old and older.

- Based on an indicator that includes maternal age and educational attainment (data not shown), 17% (17.5%; n= 2,697) of women with a Medicaid reimbursed birth were 19 years old or more and did not have a high school education, compared to four percent (4.8; n=1,151) of women without a Medicaid reimbursed birth.

Figure 2. The percent of Medicaid reimbursed deliveries and non-Medicaid reimbursed deliveries by health outcomes - gestational diabetes and category of pre-pregnancy body mass index Iowa resident births, 2015.

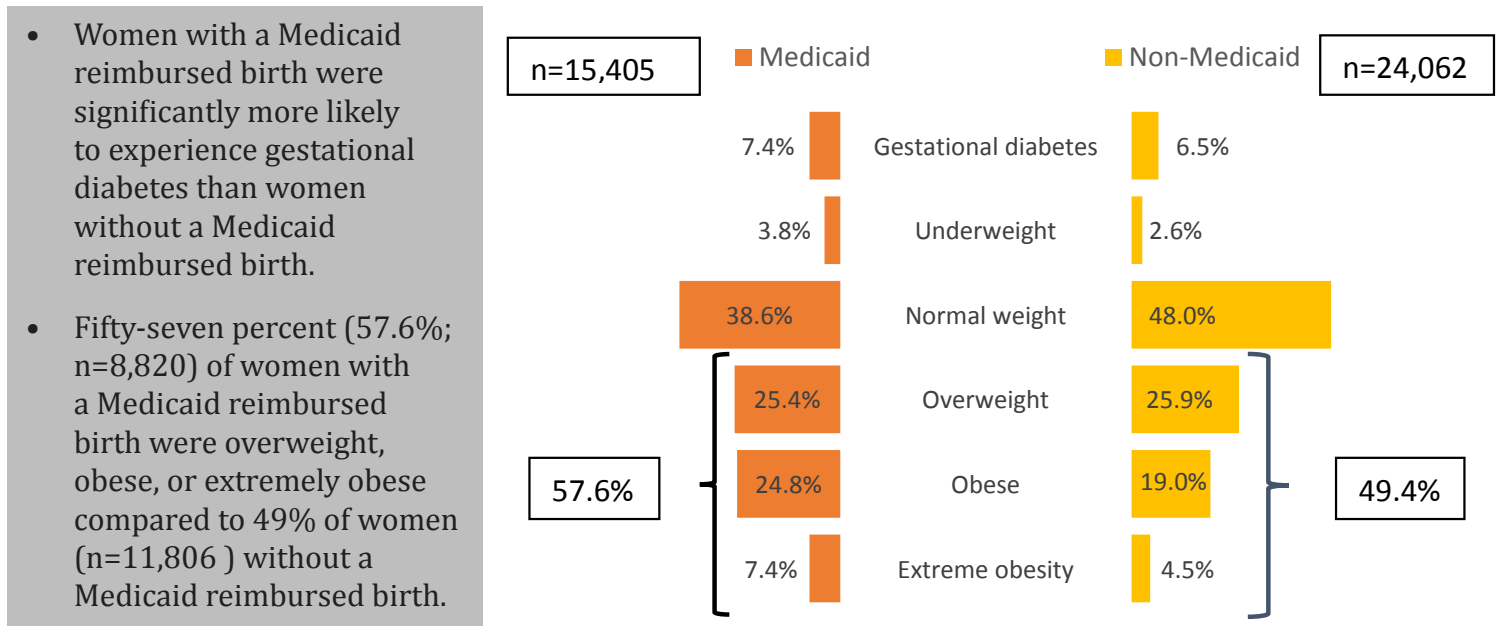
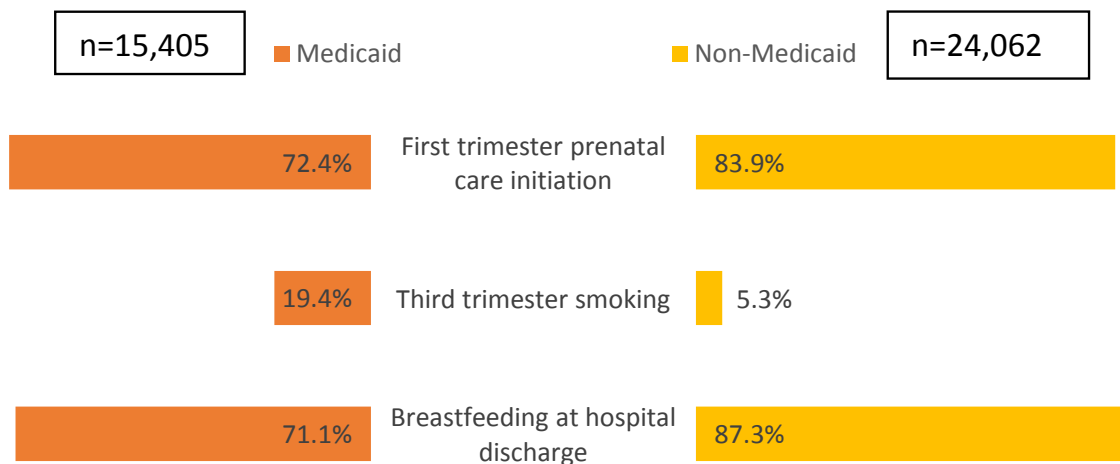


Figure 3. The percent of Medicaid reimbursed deliveries and non-Medicaid reimbursed deliveries by first trimester prenatal care initiation, third trimester smoking, and breastfeeding at hospital discharge, Iowa resident births, 2015



- A lower percentage of women with a Medicaid reimbursed birth enter prenatal care in the first trimester compared to women without a Medicaid reimbursed birth.
- Women with Medicaid reimbursed births reported third trimester smoking at a percentage nearly four times higher than that of women without a Medicaid reimbursed birth.
- Women who initiate prenatal care in their first trimester have an increased opportunity to obtain screening for gestational diabetes, to engage in smoking cessation programs and to receive breastfeeding education and support.

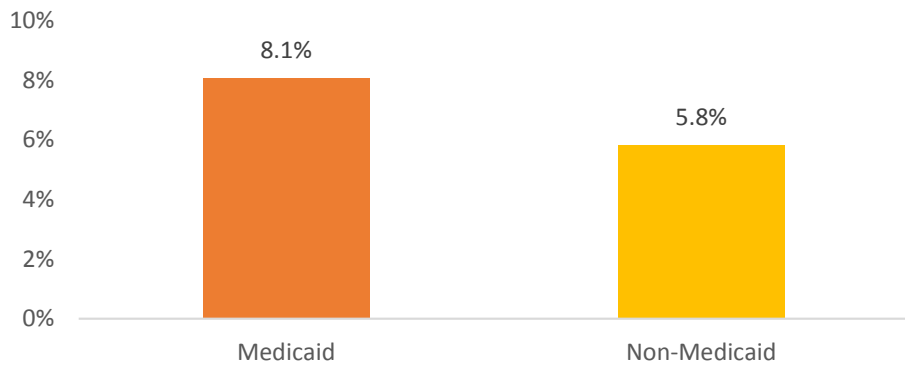


Figure 4. A significantly higher percent of women with a Medicaid reimbursed delivery gave birth to a low birth weight infant compared to women without a Medicaid reimbursed delivery, Iowa

resident births, 2015

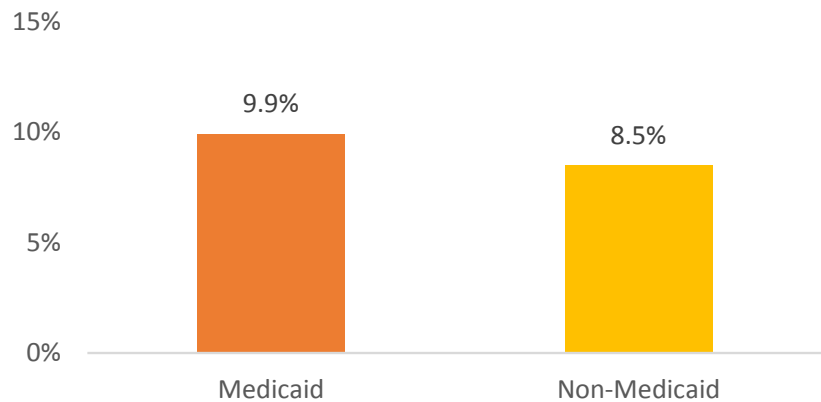


Figure 5. A significantly higher percent of women with a Medicaid reimbursed delivery gave birth to a preterm infant compared to women without a Medicaid reimbursed delivery, Iowa resident births, 2015

Recommendations

- Work with community based organizations such as Title V Maternal Health agencies and public health departments, as well as the Iowa Managed Care Organizations to ensure that all women initiate prenatal care in their first trimester of pregnancy.
 - Women who enter prenatal care during their first trimester reduce their risk of experiencing an adverse birth outcome such as having a low birth weight infant or the infants being born too early.
- Providers can encourage and support pregnant women to quit smoking during pregnancy through Iowa Medicaid’s [Smoking Cessation Program](#).
- Medicaid members can contact QUITLINE Iowa 1-800-QUIT NOW (1-800-784 8669) for free coaching and materials.

Additional Information¹

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

¹ The 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.