

Gestational Diabetes Among Women with Medicaid Reimbursed Births



Fact Sheet Purpose

The purpose of this fact sheet is to describe gestational diabetes among women with a Medicaid reimbursed birth. The information may 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 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 2014, the labor and delivery costs for nearly 40 percent of Iowa resident births were reimbursed by Medicaid (38.4%; n=15,299 of 39,685 resident births).

Data Sources

Data for this report were derived from a matched file of the 2014 birth certificate and Medicaid paid claims for calendar year 2014. 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.

Preterm infants were 22% more likely to be born to a woman with gestational diabetes compared to term infants after adjusting for maternal race/ethnicity, maternal age, and maternal education.

Table 1. Characteristics of Medicaid recipients with gestational diabetes compared to Medicaid recipients without gestational diabetes, calendar year 2014

Maternal characteristic	Gestational Diabetes (n = 1,138) n (%)	No Gestational Diabetes (n = 14,091) n (%)
Maternal race/ethnicity		
Non-Hispanic White	722 (63.4%)	10,012 (71.1%)
Non-Hispanic Black	80 (7.0%)	1,421 (10.1%)
Non-Hispanic Other	88 (7.7%)	567 (4.0%)
Hispanic (All races)	248 (21.8%)	2,083 (14.8%)
Maternal age		
≤ 19 years	41 (3.6%)	1,454 (10.3%)
20-29 years	586 (51.5%)	9,309 (66.1%)
≥ 30 years	511 (44.9%)	3,328 (23.6%)
Maternal education (> 12 years)	499 (43.9%)	6,470 (45.9%)
Month of prenatal care initiation, mean (SD)	2.9 (1.3)	2.9 (1.4)
WIC participation during pregnancy	820 (72.5%)	9,433 (67.3%)

Table 2. Logistic regression model of maternal characteristics associated with gestational diabetes among women with a Medicaid reimbursed delivery, calendar year 2014

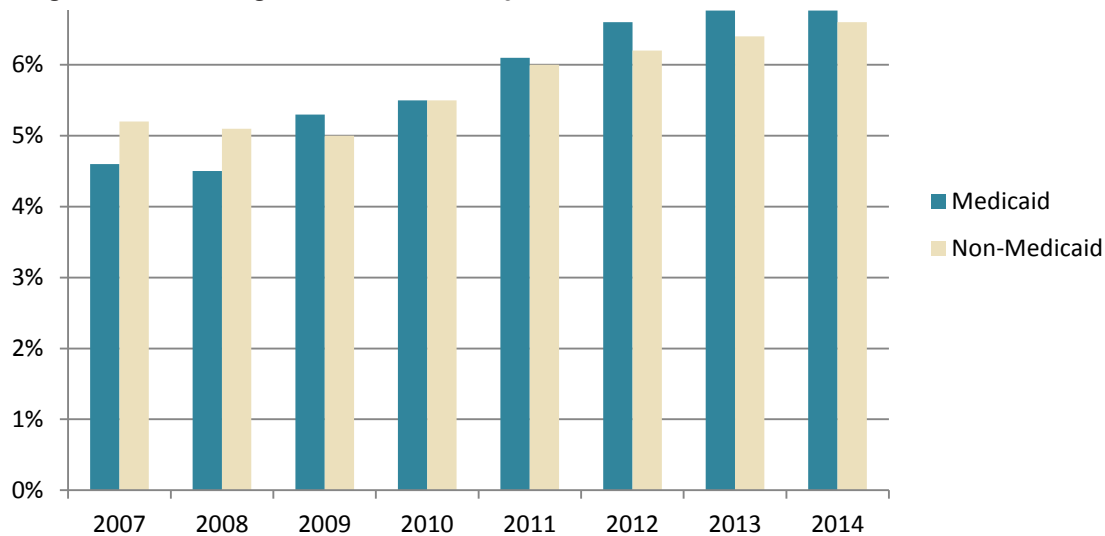
Maternal characteristic	Univariate Odds Ratio (95% CI)	P-value	Adjusted Odds Ratio^a (95% CI)	P-value
Maternal race/ethnicity				
Non-Hispanic White	Reference		Reference	
Non-Hispanic Black	0.78 (0.62, 0.99)	0.04	0.76 (0.59, 0.96)	0.02
Non-Hispanic Other	2.15 (1.70, 2.73)	<.0001	1.78 (1.40, 2.27)	<.0001
Hispanic (All races)	1.65 (1.42, 1.92)	<.0001	1.49 (1.27, 1.75)	<.0001
Maternal age				
≤ 19 years	Reference		Reference	
20-29 years	2.23 (1.62, 3.08)	<.0001	2.41 (1.74, 3.33)	<.0001
≥ 30 years	5.45 (3.94, 7.53)	<.0001	5.72 (4.12, 7.94)	<.0001
Maternal education (> 12 years)	0.92 (0.82, 1.04)	0.18	0.84 (0.74, 0.96)	0.01

CI = Confidence Interval; ^aAdjusted for maternal race/ethnicity, maternal age, and maternal education

Women with a Medicaid reimbursed delivery with gestational diabetes were (Table 2):

- 1.8 times more likely to be non-Hispanic other compared to non-Hispanic White
- 1.5 times more likely to be Hispanic compared to non-Hispanic White
- 2.4 times more likely to be 20-29 years of age compared to ≤ 19 years
- 5.7 times more likely to be ≥ 30 years of age compared to ≤ 19 years
- Having greater than a high school education was associated with a 16 percent decreased risk of gestational diabetes.

Figure 1. Percentage of women with gestational diabetes by Medicaid vs. non-Medicaid reimbursed births, Iowa 2007-2014



- The percentage of women with gestational diabetes has steadily increased over time and the percentage of women with a Medicaid reimbursed delivery with gestational diabetes is now 1 percent higher than the percentage of women with a non-Medicaid reimbursed delivery with gestational diabetes.

Additional Information¹

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.

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.