MARYLAND PRAMS
Pregnancy Risk Assessment Monitoring System

Focus on

Medicaid Coverage

Among Maryland Women Giving Birth 2004-2008

May 2010

"I would just like to say thank you for giving me [Medicaid] insurance when I needed it because I probably would not be doing so good as I am today if I hadn't had it with all the hospital bills and debts. So, thank you very much."

PRAMS mother

"I think health coverage for new moms should last for 6 months to a year after a baby's birth. To have healthy children you need healthy moms."

PRAMS mother

Medicaid is a joint federal and state program which serves as the primary source of health care coverage for many low-income families, pregnant women and children. In Maryland, Medicaid was the source of payment for one third of all births from 2004-2008. The majority of women qualified for Medicaid only after they became pregnant.

The qualifying income for pregnant women varies by state. In Maryland, pregnant women with family incomes up to 250% of the federal poverty level qualify [only IA, MN, WI and D.C. have higher eligible income levels than Maryland]. In 2010, with the unborn counted in family size, this translates to an annual income up to $36,400 for pregnant individuals and up to $55,100 for a family of three.

Medicaid covers the full scope of services for pregnant women – such as prenatal visits, lab tests, prescriptions, dental, mental health, substance abuse, hospital, delivery, and postpartum care. Some higher income women lose full coverage two months after delivery yet may retain coverage for all family planning services, including surgical procedures, for up to five years after delivery.

The Maryland PRAMS survey includes the following three questions:

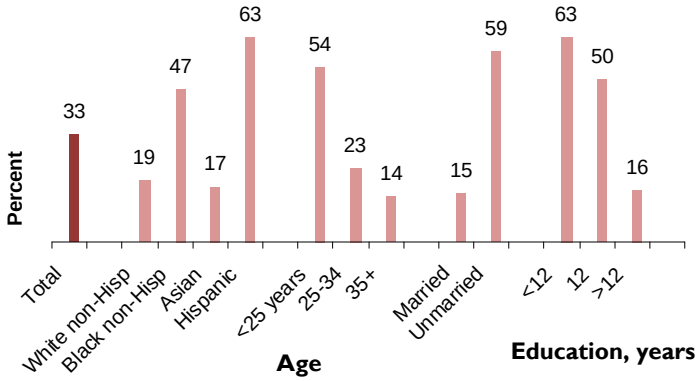
1) Just before you got pregnant, were you on Medicaid?

2) How was your prenatal care paid for?
(check all that apply)
-Medicaid
-Personal income (cash, check, or credit card)
-Health insurance or HMO (including insurance from your work or your husband's work)
-Other

3) How was your delivery paid for?
[same options as (2)]

Prevalence of Medicaid Coverage

Figure 1. Percent of Women who Reported using Medicaid at Time of Delivery, Maryland 2004-2008



Of a weighted sample of 8,074 women, 7% of women reported they were on Medicaid before pregnancy and 28% used Medicaid for prenatal care (the time of Medicaid initiation during prenatal care is not known). For delivery, 33% used Medicaid, 65% used private insurance, 13% personal income and 5% "other" [more than one option can be checked off so the percentages do not add up to 100%].

Users of Medicaid for delivery were comprised of women who were non-Hispanic Black (43%), non-Hispanic White (29%), Hispanic (24%) and Asian (3%). By age, women less than 25 years of age were the largest group of Medicaid users (51%), followed by women ages 25-34 (41%) and 35+ (8%)[not shown].

Although one-fourth of Medicaid users were Hispanic, nearly two-thirds of Hispanic women used Medicaid for delivery. Sixty-three percent of Hispanic women reported that they used Medicaid for delivery, as well as 63% of women who did not finish high school, 59% who were unmarried and 54% of women who were less than 25 years of age (Figure 1).

Maternal Factors Reported by Women with Private and Medicaid Coverage

Table 1. Factors Associated with Private and Medicaid Health Coverage at Time of Delivery, Maryland 2004-2008

Factor*	Private/ HMO %	Medicaid %
Folic acid, daily, one month pre-pregnancy	38	18
Unintended pregnancy	30	58
First trimester prenatal care	88	57
Late (after1st trimester) or no care	13	43
Reasons for late prenatal care		
Couldn't get appointment	8	21
Not enough money	3	28
No transportation	2	11
Unable to take off from work	3	7
Doctor would not start care	5	11
Didn't have Medicaid card	NA	22
No child care	2	8
Didn't want pregnancy known	3	10
Tobacco use, last 3 months pregnancy	6	15
Alcohol use, any, last 3 months pregnancy	10	4
*Binge drinking, last 3 months pregnancy	0.3	1
Partner abuse, before/during pregnancy	4	12
Dental cleaning during pregnancy	45	26
Postpartum depression	12	18
Breastfed, ever	82	73
Breastfed 10+ weeks	58	42
Infant sleep position, back	72	60
*Postpartum contraception	82	85
Infant low birth weight	7	9
*Premature delivery	9	10

*For all factors **except** binge drinking, postpartum contraception and premature delivery, differences between private insurance and Medicaid were significant ($p<0.05$)

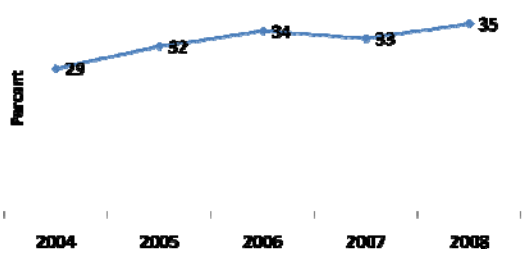
Compared to women with private insurance, women with Medicaid at time of delivery reported approximately twice the prevalence of unintended pregnancy, late-pregnancy cigarette smoking, partner abuse, lack of prenatal dental cleaning, late-pregnancy binge drinking episodes, (5 or more drinks on one occasion) and insufficient consumption of preconception folic acid. Postpartum depression was also more prevalent among women using Medicaid. Medicaid users had significantly lower rates of alcohol use of any amount (not only binges), breastfeeding their infants (initiation and maintaining breastfeeding for greater than 10 weeks), and putting their infants to sleep on their backs. Rates of postpartum contraception and premature delivery were not significantly different (Table 1).

Nearly half of women with Medicaid at the time of delivery reported initiation of prenatal care after the 1st trimester and had 2-3 times higher rates of problems getting an appointment, paying for care, arranging transportation, obtaining child care and wanting to keep the pregnancy secret. **It is not known whether these associations occurred prior to or after application for Medicaid coverage.**

In the most recent year analyzed (2008), over a third of births in Maryland were covered by Medicaid. The percentage of Maryland births that was covered by Medicaid has steadily risen from 2004 (29%) to 2008 (35%) (Figure 2). The percentage of births covered by private health insurance or HMO has decreased from 66% (2004) to 63% (2008).

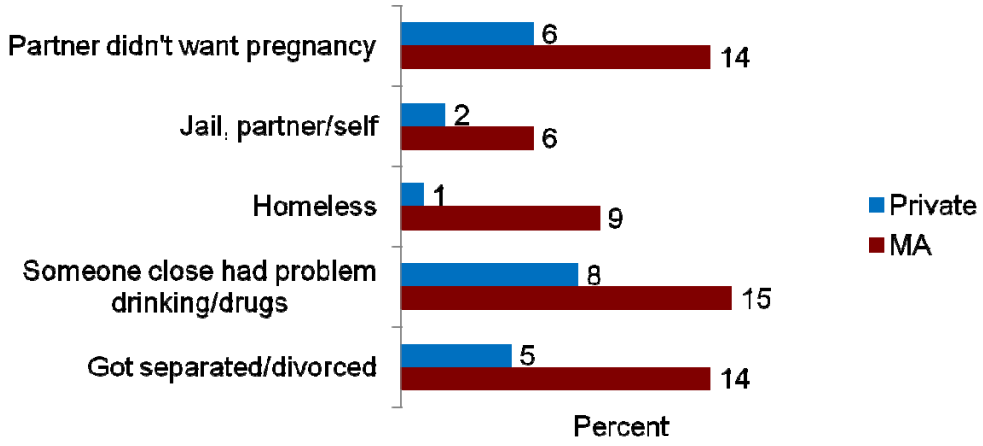
"Mothers need insurance so that they can start prenatal care early in order for babies to be healthy."

Figure 2. Medicaid Coverage by Percentage of Total Births, Maryland 2004-2008



Stressors

Figure 3. Reported Preconception and Prenatal Stressors by Health Coverage at Time of Delivery, Maryland 2004-2008



When asked about things that may have happened during the 12 months before their baby was born, women who used Medicaid for delivery reported stressors such as "partner said he didn't want me to get pregnant", and "someone close to me had a bad problem with drinking or drugs" at approximately twice the rate as women who used private insurance or an HMO (Figure 3).

Women who used Medicaid also reported that they were "homeless", "got separated or divorced" and "I or my husband or partner went to jail" at three or more times the rate of women with private insurance.

Summary

One-third of Maryland mothers reported they were covered by Medicaid at the time of their delivery. Medicaid coverage was most prevalent among women who were Black, Hispanic, non-high school graduates, unmarried and under 25 years of age.

Unhealthy behaviors and stressors such as cigarette smoking, insufficient pre-pregnancy folic acid ingestion, late initiation of prenatal care, unintended pregnancy, homelessness, and separation or divorce were significantly more prevalent among women who used Medicaid for payment of labor and delivery. Medicaid eligible pregnant women must apply, and be enrolled in Medicaid earlier in pregnancy in order to access care. Women not eligible for Medicaid coverage except for labor and delivery must also have access to prenatal care. Furthermore, access to health care and support services **before** pregnancy would improve the health of women by the time they enter prenatal care and thereby improve pregnancy outcomes for both mother and infant.

Large numbers of women at high risk of poor pregnancy outcomes have their maternity care funded by Medicaid and the volume has increased yearly**.** Medicaid has been an invaluable partner within the state maternal and child health infrastructure to fund, design and implement cost effective programs and community services. As we continue this collaborative effort, we will need to be responsive to the expanding needs of the growing Medicaid population in order to ensure that more babies are born healthy.

"I was a single woman when my fiancé and I found out we were pregnant with twins. Because of my low salary, I was accepted for Medical Assistance. Because of the help from the state, I had a wonderful experience."

"I could not find a dentist during my pregnancy that would participate with Medicaid."

"Thoughts about how to pay the bills during pregnancy can cause depression and PIH [pregnancy induced hypertension] and other health issues. "

PRAMS Mothers

PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

In Maryland, the collection of PRAMS data is a collaborative effort of the Department of Health and Mental Hygiene and the CDC.

Each month, a sample of 200 Maryland women who have recently delivered live born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births.

This report is based on the responses of 8,074 Maryland mothers who delivered live born infants between January 1, 2004 and December 31, 2008 and were surveyed two to nine months after delivery.

Limitations of Report

The data in this report are based on the mother's perceptions and recall of her circumstances before, during and after pregnancy. The percentage of Medicaid births reported by mothers in the survey is similar to the percentage reflected on the birth certificate. The length of time women are enrolled prior to delivery was not determined. Further, Medicaid users included women who do not qualify for Medicaid except for labor and delivery (undocumented immigrants). This report presents only basic associations between risk factors and pregnancy intention. Interrelationships among variables are not described, and could explain some of the findings of the study.

Resources

Maryland Children's Health Program (MCHP)
Provides health care coverage to low-income children up to age 19 and pregnant women of any age
www.dhmh.state.md.us/mma/mchp
DHMH MCHP Hotline
1-800-456-8900

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