

# POSTPARTUM MEDICAID

*Addressing gaps in coverage to improve maternal health*

## 3 in 5

MATERNAL DEATHS IN  
THE UNITED STATES ARE  
**PREVENTABLE<sup>1</sup>**

## 86%

OF MATERNAL DEATHS  
IN MISSISSIPPI OCCUR  
POSTPARTUM<sup>2</sup>

## POSTPARTUM

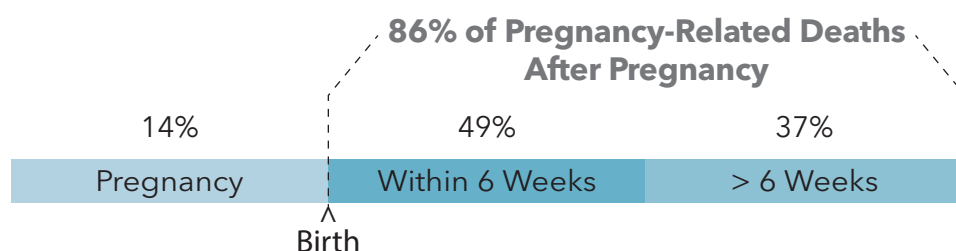
REFERS TO THE PERIOD  
AFTER PREGNANCY

Receiving medical care at all stages of childbearing from preconception and pregnancy to delivery and postpartum has implications for women's health, infant health, and later episodes of pregnancy. This brief explores the postpartum period when some women are at risk of illness or death due to pregnancy-related complications. Medical care after pregnancy has the potential to address pregnancy-related injury or illness as well as control lingering conditions that could impact a subsequent pregnancy.

Medicaid is a critical source of coverage for maternal care in Mississippi and covers the greatest portion of births each year as well as the most women at risk of negative outcomes. Medicaid expansion in other states is an indicator of the benefits of extended coverage for postpartum women. Early results show higher usage of recommended services before, during, and after a pregnancy. Uninterrupted access to services through continued health coverage allows women who are at the greatest risk to access timely care which saves lives. States, too, could benefit through reduced costs for complicated care.

From 2013 to 2016, 136 Mississippi women died due to pregnancy-related causes. Most of these deaths occurred after pregnancy and many after Medicaid coverage ended at 60 days following a delivery. Health experts recommend extending Medicaid coverage for pregnant women to 12 months after delivery as a crucial step in supporting good maternal health and preventing pregnancy-related death. More than 22,000 Mississippi mothers are covered by Medicaid every year (61% of all deliveries in 2019)<sup>2,3</sup>.

**FIGURE 1. TIMING OF PREGNANCY-RELATED DEATHS IN POSTPARTUM PERIOD (2013-2016)**



Source: Mississippi State Department of Health. Mississippi Maternal Mortality Report, 2013-2016. (2019).

## MATERNAL MORBIDITY

ILLNESS RELATED  
TO PREGNANCY OR  
CHILDBIRTH

# 46%

OF MEDICAID-COVERED  
DELIVERIES REPORTED  
NO POSTPARTUM VISIT<sup>7</sup>

## RISK FACTORS FOR MATERNAL MORBIDITY & PRETERM BIRTH

- Short time period between pregnancies (<18 months)
- Prior preterm birth
- No insurance prior to pregnancy
- Health conditions like high blood pressure, diabetes, and obesity

## *Health Coverage Can Impact Pregnancy Care and Risks*

Lack of health insurance often translates to delayed care for health conditions. For women with health concerns but no insurance prior to pregnancy, risks of complications during or after pregnancy are higher. Twenty-five percent of recently pregnant women in 2018 did not have insurance just before becoming pregnant<sup>4</sup>. More than one in three (35%) Mississippi Medicaid covered deliveries occur to women with at least one known pregnancy risk factor<sup>3</sup>. Mississippi Medicaid covers care for the greatest portion of pregnant women with identified risk factors at time of delivery.

Mississippi Medicaid reports nearly half (46%) of covered women who delivered babies in 2019 did not have a postpartum visit at all, while the average number of visits is just over one (1.1) visit per woman<sup>5</sup>. The American College of Obstetricians and Gynecologists (ACOG) recommends that all women who have recently delivered have an initial postpartum assessment within three weeks and a comprehensive check-up no later than 12 weeks<sup>6</sup>. Despite changes in medical guidelines, many initial visits occur around six weeks postpartum.

Postpartum visits are opportunities for identifying unresolved health concerns, counseling on family planning and contraception, screening for postpartum depression and domestic abuse, and promoting healthy behaviors like smoking cessation and healthy diet and exercise. Any necessary referrals and treatment plans can be initiated at these visits, but care sought after 60 days postpartum is currently not covered by Medicaid, making it unlikely low-income women will continue to get necessary care.

## *Pregnancy-Related Illness and Death in Mississippi*

Maternal mortality rates in the United States appear to have increased in the last 30 years. Mississippi's rate of maternal mortality of 22.1 per 100,000 live births is well above the national average of 17.4<sup>7</sup>. However, Black women in the state are affected more than other racial groups (51.9 deaths per 100,000 compared to 18 for White women)<sup>2</sup>. Health issues that endanger women's lives after delivery include blood clots, high blood pressure, infections, heart conditions, depression, and substance use. These are treatable with standard medical care--if care is properly sought and delivered.

As the following chart shows, women in Mississippi have died six months or more after a pregnancy from associated, treatable conditions. Some women experience serious pregnancy-related injury or illness that impacts their health long after delivery. Nearly 500 Medicaid-covered women were identified as having experienced Severe Maternal Morbidity (SMM) at or immediately after delivery in 2017<sup>8</sup>. Conditions of SMM indicate higher risk of death. Mississippi reported the highest levels of SMM out of 26 states reporting such data.

## MATERNAL MORTALITY

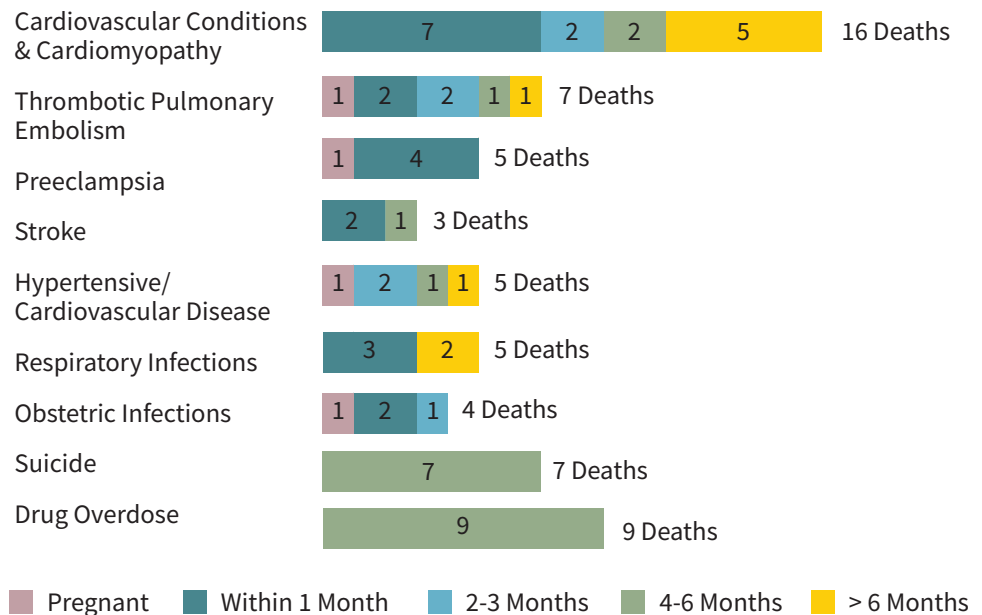
REFERS TO DEATHS OF WOMEN WHO ARE PREGNANT, PREGNANT WITHIN 42 DAYS OF DEATH, OR PREGNANT UP TO ONE YEAR PRIOR TO DEATH

BLACK WOMEN IN MISSISSIPPI ARE

3x

MORE LIKELY TO DIE FROM PREGNANCY COMPLICATIONS THAN WHITE WOMEN<sup>2</sup>

FIGURE 2. NUMBER OF MATERNAL DEATHS BY CAUSE AND MONTH (2013-2016)



Source: Mississippi State Department of Health. Mississippi Maternal Mortality Report, 2013-2016. (2019).

### Postpartum Coverage Offers Preconception Care for a Later Pregnancy

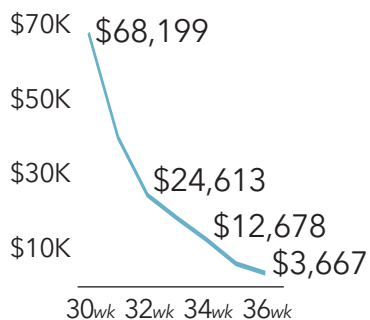
Preterm birth is a leading cause of infant deaths and is impacted by many of the same risk factors that contribute to preventable maternal morbidity and mortality. Extending postpartum coverage can treat these issues and may also benefit future pregnancies and offset higher costs to the state. Preterm birth is one of the top costs for Medicaid and impacts infant and child health for years. The average medical costs in the first year of life for a preterm baby was more than \$110,000 in 2017 compared to \$5,400 for a full-term baby<sup>9</sup>.

Postpartum women covered by Medicaid maintain their insurance coverage after pregnancy in Medicaid expansion states (and are more likely to have coverage before becoming pregnant). Studies have shown that women in these states are significantly more likely to get health counseling before pregnancy, take folic acid during pregnancy, and use effective methods of contraception postpartum<sup>10</sup>. Maternal death rates have dropped by almost 2 deaths per 100,000 live births (1.6) in expansion states, which researchers attribute to improved access to care via insurance coverage prior to becoming pregnant and after delivery<sup>11</sup>.

### Most Postpartum Care Occurs After Medicaid Coverage Ends

A recent study of over 160,000 women with employer-sponsored insurance illustrated that pregnancy-related healthcare spending continues for the full year following a birth<sup>13</sup>. In the study, most (81%) postpartum healthcare

### Preterm Birth Costs are Substantial & Climb with Every Week of Prematurity<sup>12</sup>



expenses occurred between 60 days and twelve months following delivery. A full year of postpartum care was estimated to cost \$3,100 per person. Surgery, ambulance services, and emergency room visits accounted for the greatest portion of costs but reflected low-frequency events.

Low-frequency events (e.g. heart failure or hemorrhage) did not occur for most insured births studied, but when they did occur, these events often happened after 60 days postpartum and had high associated costs. Under the current Medicaid policy of ending coverage at 60 days postpartum, uninsured, low-income women needing care would either delay getting services, or seek care that left them with medical debt or hospitals burdened by uncompensated care.

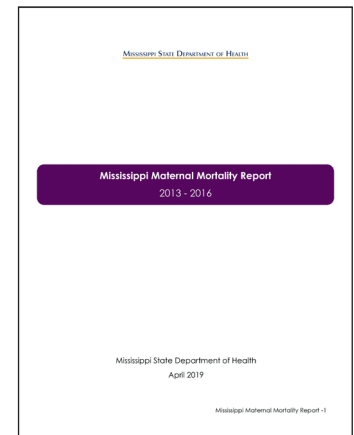
## DISCUSSION

Extending postpartum coverage has the potential to protect maternal health and promote infant health by removing a primary barrier to care that is closely associated with poor maternal and child health. While continued coverage means increased access to care, utilization of care is necessary for improved women's health. Experience in states that expanded Medicaid suggest that continued coverage postpartum improves utilization of beneficial care. It is critical that managed care organizations administering Medicaid benefits continue to support postpartum women with robust care coordination to make use of improved access. Extending Medicaid coverage to one year after delivery would provide an opportunity to receive this care.

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**The Mississippi Maternal Mortality Review Committee has laid out additional steps for government, insurance companies, and medical providers to take to support the health of pregnant and postpartum women.**



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