Healthy Women, Healthy Babies

Expanding Medicaid Would Reduce Racial Disparities in Birth Outcomes and Lower Infant Mortality

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Highlights

- Healthy infancy and childhood begin with healthy mothers; women's health before, during and between pregnancies is a strong predictor of the survival and long-term health of their newborns.
- Maternal risk factors associated with infant mortality can be prevented or effectively managed with appropriate preventive care.
- In 2010, North Carolina's infant mortality rate hit a record low, but has since increased by 6 percent over the past two years. Most of the increase occurred among African American babies.
- North Carolina has the opportunity to counteract rising infant mortality rates and reduce racial disparities in birth outcomes through Medicaid expansion. Under the Affordable Care Act, an estimated 500,000 North Carolinians—including 178,000 low-income women of childbearing age—would gain access to health insurance coverage.

Introduction

All newborns deserve to grow and develop in good health. Babies who are born healthy and who are well-cared for have the best opportunity to thrive, get a strong start in life and a solid foundation for future academic, social and emotional skills. Healthy infancy and childhood begins with healthy mothers, and women's health before pregnancy is a strong predictor of the quality of health their newborn babies or infants will have once they are born. A woman who enters pregnancy in good health has the best possible chance of a safe delivery and of giving birth to a healthy baby. Alternatively, a woman who lacks access to insurance or suffers from poor health is at greater risk for medical complications that cause adverse birth outcomes including birth defects, preterm delivery or low birthweight—the three leading causes of infant deaths in North Carolina.

Ensuring a healthy start in life for all children in North Carolina requires intentional efforts to promote health, wellness and access to comprehensive care for women of childbearing age.

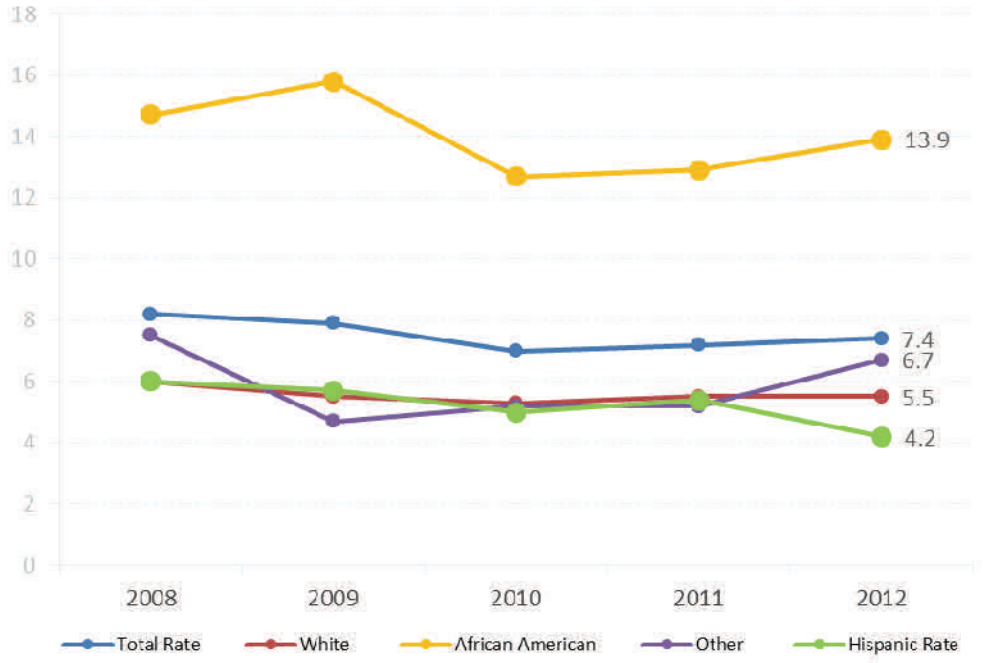
Racial Disparities in Birth Outcomes

Infant mortality reflects maternal health, access to medical care and preventive services as well as the social or environmental conditions in which people live.[1] Historically, North Carolina's infant mortality rate has surpassed the national average. Twenty-five years ago, the state had the worst infant mortality rate in the country, losing almost 12 babies for every 1,000 born. Today, infant deaths in North Carolina have declined by more than 40 percent.

Despite long-term improvements in overall infant mortality, new data show North Carolina may be losing important ground in efforts to protect the health of newborns. For two consecutive years infant mortality has climbed, increasing from a record low of 7.0 deaths per 1,000 live births in 2010 to 7.4 deaths per 1,000 births in 2012 (Figure 1). Most of this growth is attributable to an 8 percent increase in deaths among African American infants.

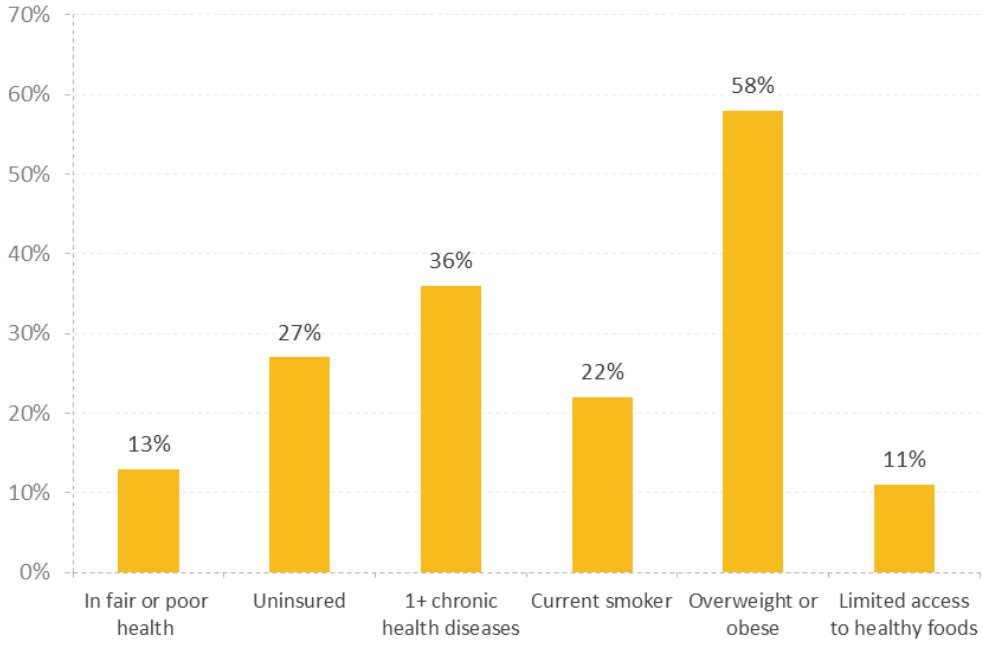
African American newborns and infants are more likely to experience medical complications that increase the risk of death, including preterm birth and low birthweight. In 2012, three in every ten deaths among African American infants (31.1 percent) was caused by prematurity or low birthweight, compared to 18.7 percent of White infants, and 13.2 percent of Hispanic infants. African American babies born in North Carolina are more than twice as likely to die before their first birthday than their

Figure 1. Infant mortality rate by race and ethnicity per 1,000 live births, 2008-2012



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics.

Figure 2. Percentage of North Carolina women ages 18 to 44 with preconception risk factors, 2012



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. Behavioral Risk Factor Surveillance Survey, 2012.

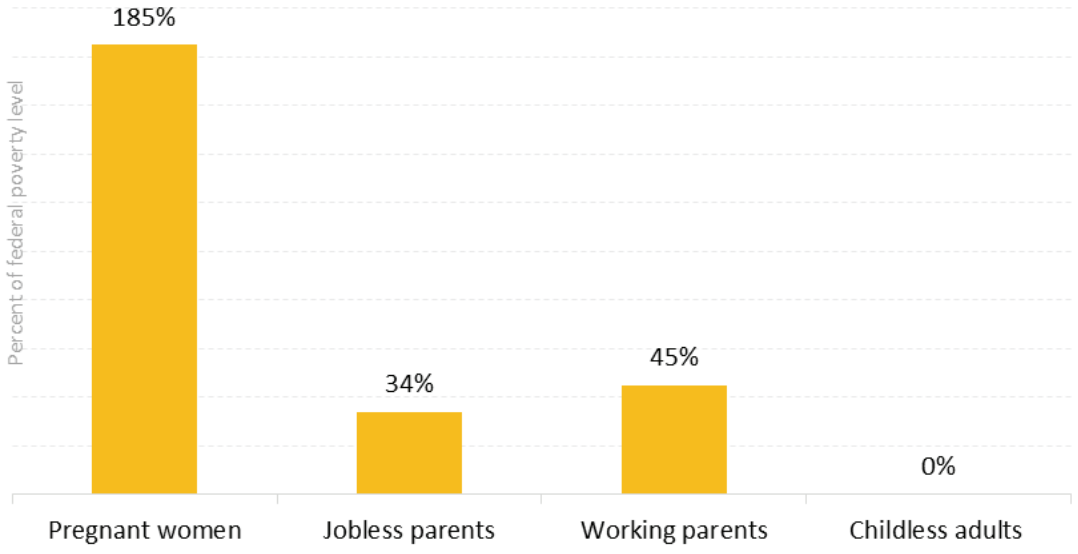
peers, or to grapple with long-term health issues caused by poor birth outcomes. Studies link prematurity to higher rates of brain injury, developmental delay and other poor health outcomes.[2]

For decades doctors have struggled to identify the root cause of high prematurity and low birthweight among African American babies. An emerging body of research looks beyond a woman's risk factors at the time of pregnancy to a more complete, long-term perspective of her health over the course of her life. This shift conceptualizes birth outcomes as the end product of not only the nine months of pregnancy, but the culmination of life experiences that precede a woman's pregnancy. Strategies to improve the health of African American women throughout their childbearing years would result in better survival and long-term health for African American babies.[3]

Continuous Health Coverage Would Reduce Risk

Addressing women's health needs and improving the quality and continuity of care they receive throughout their childbearing years would prepare more women to enter pregnancy in good health and improve women's chances for safe deliveries and positive birth outcomes.[4] The imperative for continuous health insurance throughout women's childbearing years is

Figure 3. Current Medicaid eligibility limits leave gaps in coverage for women



Source: Kaiser Commission on Medicaid and the Uninsured (2013). Medicaid Eligibility for Adults as of January 1, 2014. Retrieved from http://kaiserfamilyfoundation.files.wordpress.com/2013/10/8497-medicaid-eligibility-for-adults-as-of-010114_v5.pdf .

even greater given that half of all pregnancies in North Carolina are unplanned, and 47 percent of women report that they were unsure or unaware of their pregnancy until midway through the first trimester, a key period in development when organ systems including the brain, lungs and liver form.[5]

One in eight women (13 percent) in North Carolina between the ages of 18 and 44 describes her health status as fair or poor, and many others face health challenges or engage in behaviors that could undermine a healthy pregnancy (Figure 2). Health risks associated with infant mortality (short spacing between pregnancies, hypertension, diabetes, smoking, overweight/obesity, etc.) can be treated or managed with appropriate preventive care like regular doctor visits, information about making healthy food choices, birth control, mental health services and help to quit smoking. Increasing women's access to health insurance and a regular health care provider will reduce their own health risk while making it more likely that their babies will be born healthy if and when they become pregnant.

Thousands of low-income women in North Carolina lack access to health insurance and are unable to afford health care in the private market. Under current eligibility rules, low-income women earning less than 185 percent of the federal poverty level ($21,257 annually for an individual) are eligible for Medicaid only once they become pregnant, and they lose their coverage soon after giving birth. Income criteria are much lower for women who are not pregnant: working parents in North Carolina only qualify for Medicaid if their incomes fall below 45 percent of the federal poverty level ($8,789 for a family of three), and jobless parents must have incomes below 34 percent of the poverty line ($6,640 for a family of three). Medicaid coverage is not available to most childless adults in North Carolina.

The Affordable Care Act allows states to expand Medicaid to adults who have incomes below 138 percent of the federal poverty level ($26,951 for a family of three) at no cost to the state until 2017. Under expansion, an estimated 500,000 North Carolinians would gain access to health insurance, including 178,000 women of childbearing age (19-44).

Expanded eligibility for Medicaid would also mean significant cost savings for the state. Studies show that preconception and prenatal health care can reduce the incidence of costly premature births

among high risk women. Half of all births in North Carolina (51 percent) are covered by Medicaid.[6,7] Because Medicaid already covers the cost of delivery for many low-income women, and for the care of their babies if they are born prematurely or with health problems, expanding access to care before and between pregnancies can lower Medicaid costs.

Medicaid expansion offers an important opportunity to close gaps in the health coverage of low-income women, provide continuous health coverage regardless of pregnancy status, and create better birth outcomes for women who gain coverage and the children that they have in the future.

NOTES

1. Wise, P. (2003). The Anatomy of A Disparity in Infant Mortality. Annual Review of Public Health Vol 24: 341-362.
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3. Pies. C, Parthasarathy, P. and Posner S.F. (2012). Integrating the life course perspective into a local maternal and child health program. Maternal Child Health Journal, Volume 3: 649-55.
4. Cassandra Logan et al (2007). Conceptualizing a Strong Start: Antecedents of Positive Child Outcomes at Birth and Into Early Childhood. Child Trends. Retrieved from http://childtrends.org/wp-content/uploads/2013/04/Child_Trends-2007_02_12_RB_StrongStart.pdf.
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7. Adam Sonfield et al (2011). The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates. Perspectives on Sexual and Reproductive Health, Volume 43(2): 94-102. Retrieved from http://www.mcmch.org/resources/Guttmacher+Pregnancy+Paper.pdf.

Action for Children North Carolina

Action for Children North Carolina is a non-partisan, non-profit child advocacy organization dedicated to educating and engaging all people across the state to ensure that children in North Carolina are healthy, safe, well-educated and have every opportunity for success.

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