

Medicaid Maternal and Child Health Research

Population-based studies conducted by
The Lawton and Rhea Chiles Center at the University
of South Florida and The Maternal Child Health and Education
Research and Data Center at the University of Florida

- **Project Began 1998**
- **Initial Purpose: Provide AHCA, DOH and Healthy Start Coalitions descriptive statistics on pregnant Medicaid beneficiaries and their birth outcomes**
- **Expanded Purpose:**
 - **Identify socio-demographic, behavioral and health variables that influence birth and subsequent outcomes**
 - **Analyze direct and indirect effect of these variables on birth, infant and early childhood health and education outcomes**
 - **Recommend policy initiatives**

- **Population based data only**
- **Link health and education data files, including:**
 - Medicaid eligibility
 - Vital statistics
 - Birth defects
 - Hospital discharge diagnoses
 - Healthy Start prenatal and infant screening
 - Healthy Start services
 - WIC enrollment
 - Child protective services
 - Student school records

- **Maternal Health Status Indicators with five year trends – descriptive statistics**
 - Eligibility classification
 - Race/ethnicity
 - Type of provider
 - Adequacy of prenatal care
 - Birth outcomes
- **Impact Analyses – special studies**
 - Child maltreatment
 - Children's performance in kindergarten and first grade
 - Cost/benefit of prenatal and child interventions

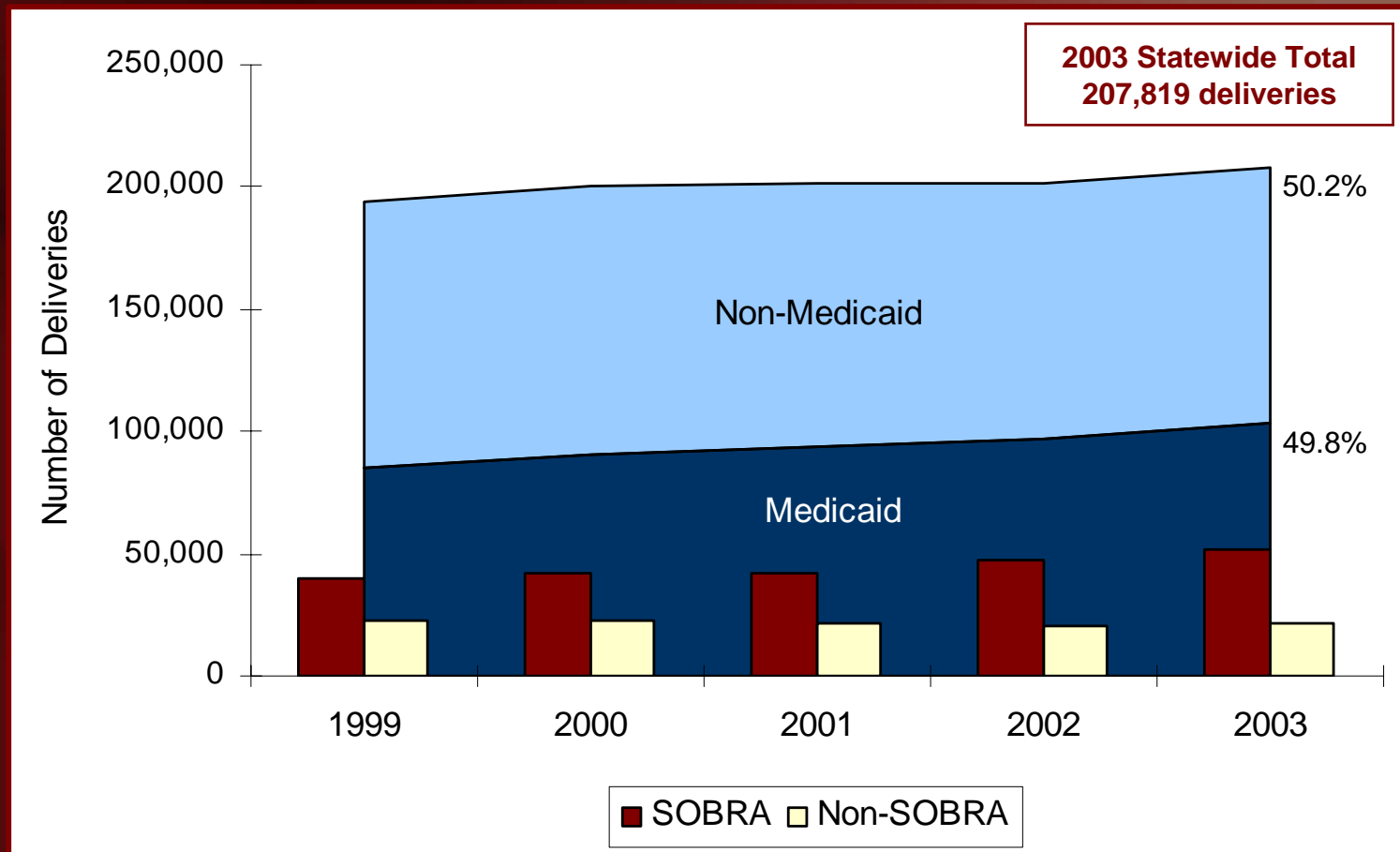
Variables Examined

- Medicaid participation
- Education
- Race/ethnicity
- Income
- Age
- Infant's sex
- Marital Status
- Previous pregnancy experience
- Drinking during pregnancy
- Smoking during pregnancy
- Prenatal care
- Inter-pregnancy interval
- Plurality
- Parity
- Pregnancy health status
- Newborn health status

Findings

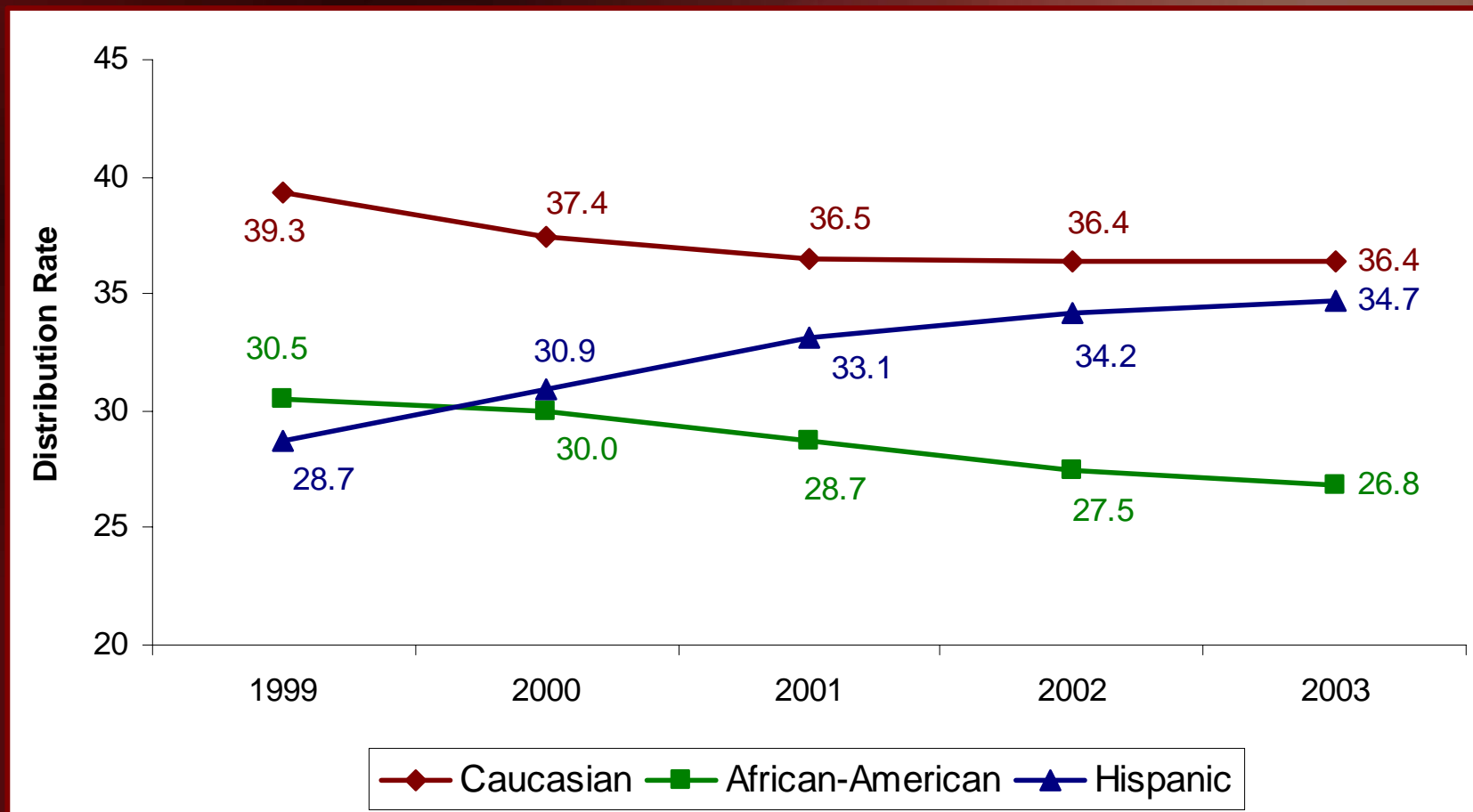
Medicaid funds
50% of prenatal care
and deliveries

Number of Deliveries for Florida By Medicaid Status, 1999-2003



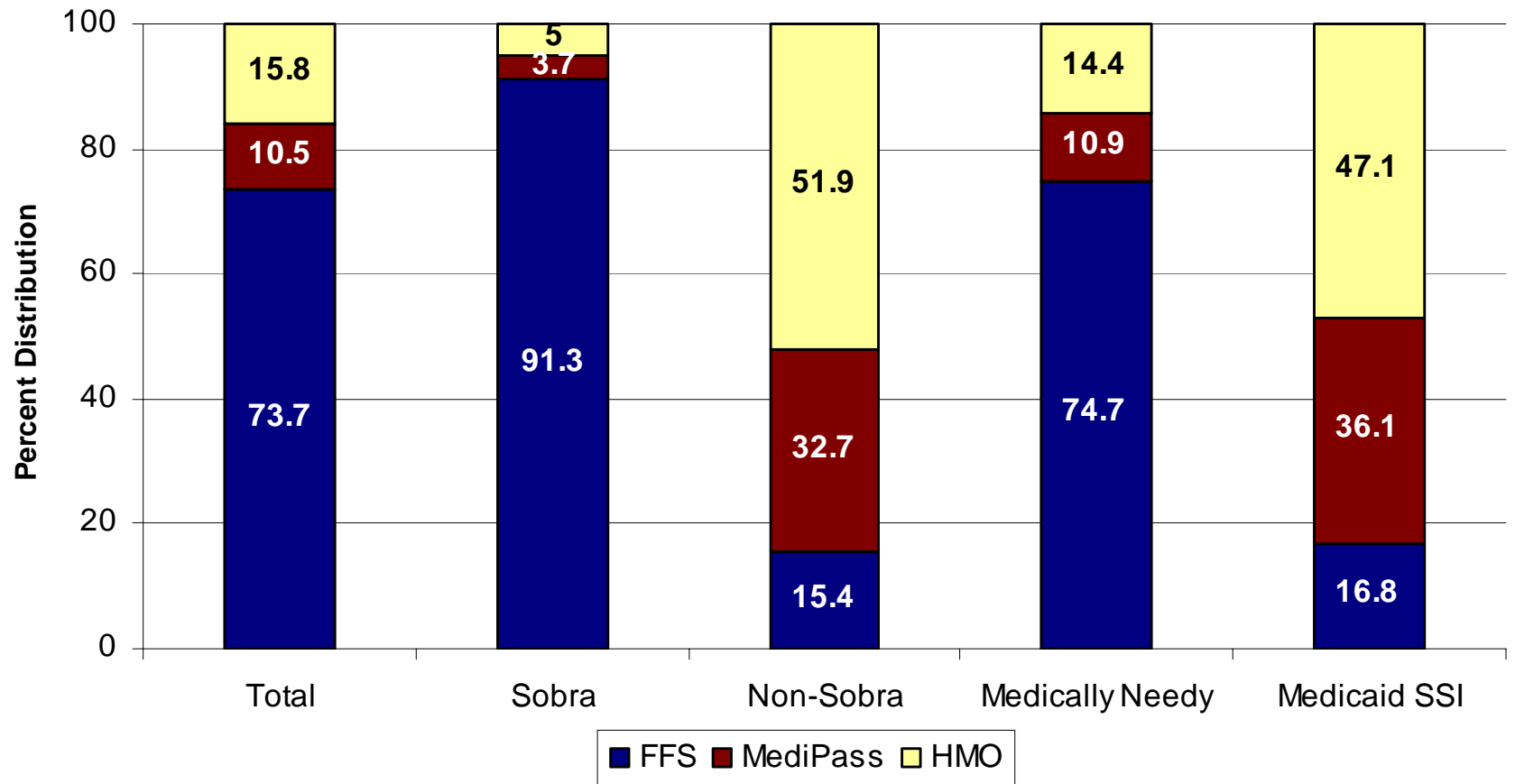
Hispanics account for most of the growth in Medicaid deliveries between 1999 and 2003

Percent Distribution of Medicaid Deliveries By Race/Ethnicity, 1999-2003



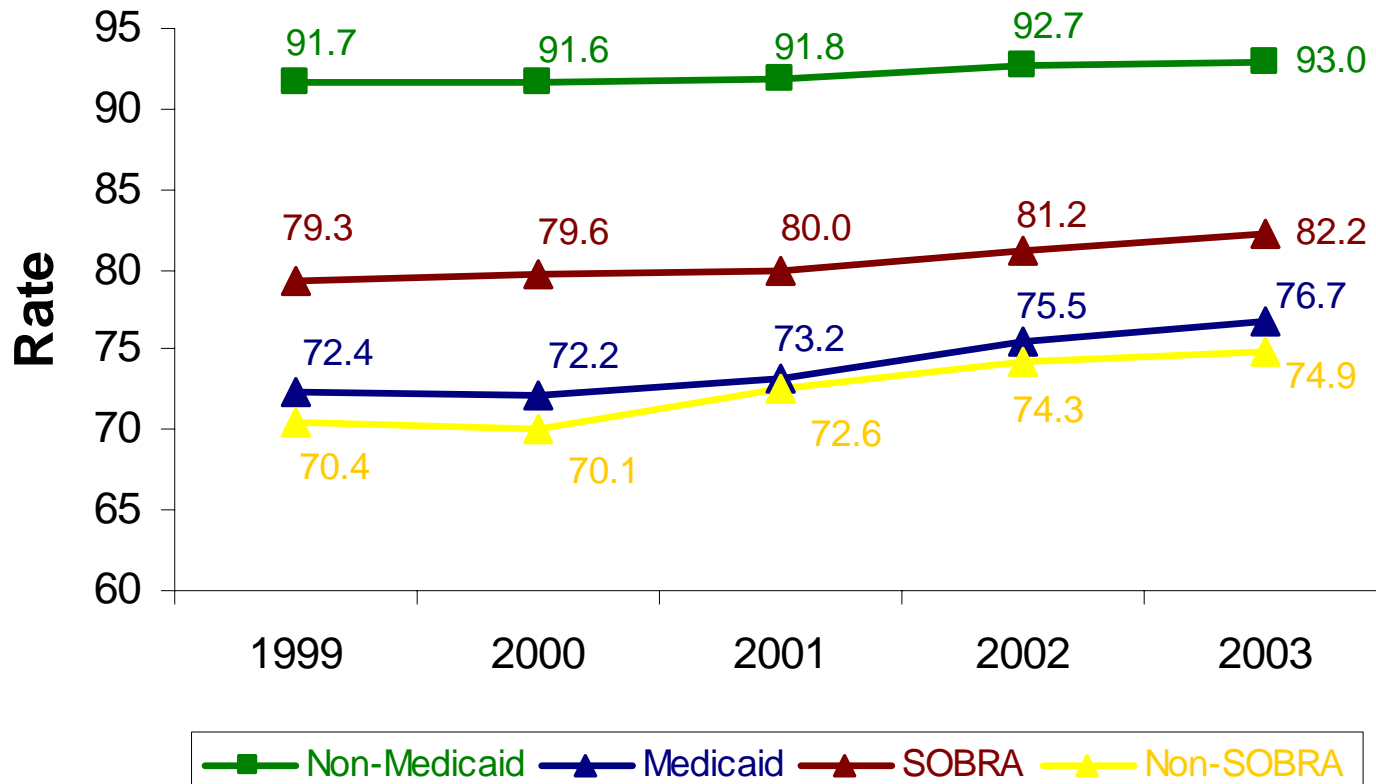
74% of Medicaid prenatal care and deliveries are provided by fee-for-service providers

Percent Distribution of Medicaid Beneficiaries By Provider Type and Medicaid Subgroup, 2003



78% of Medicaid beneficiaries enter prenatal care in first trimester

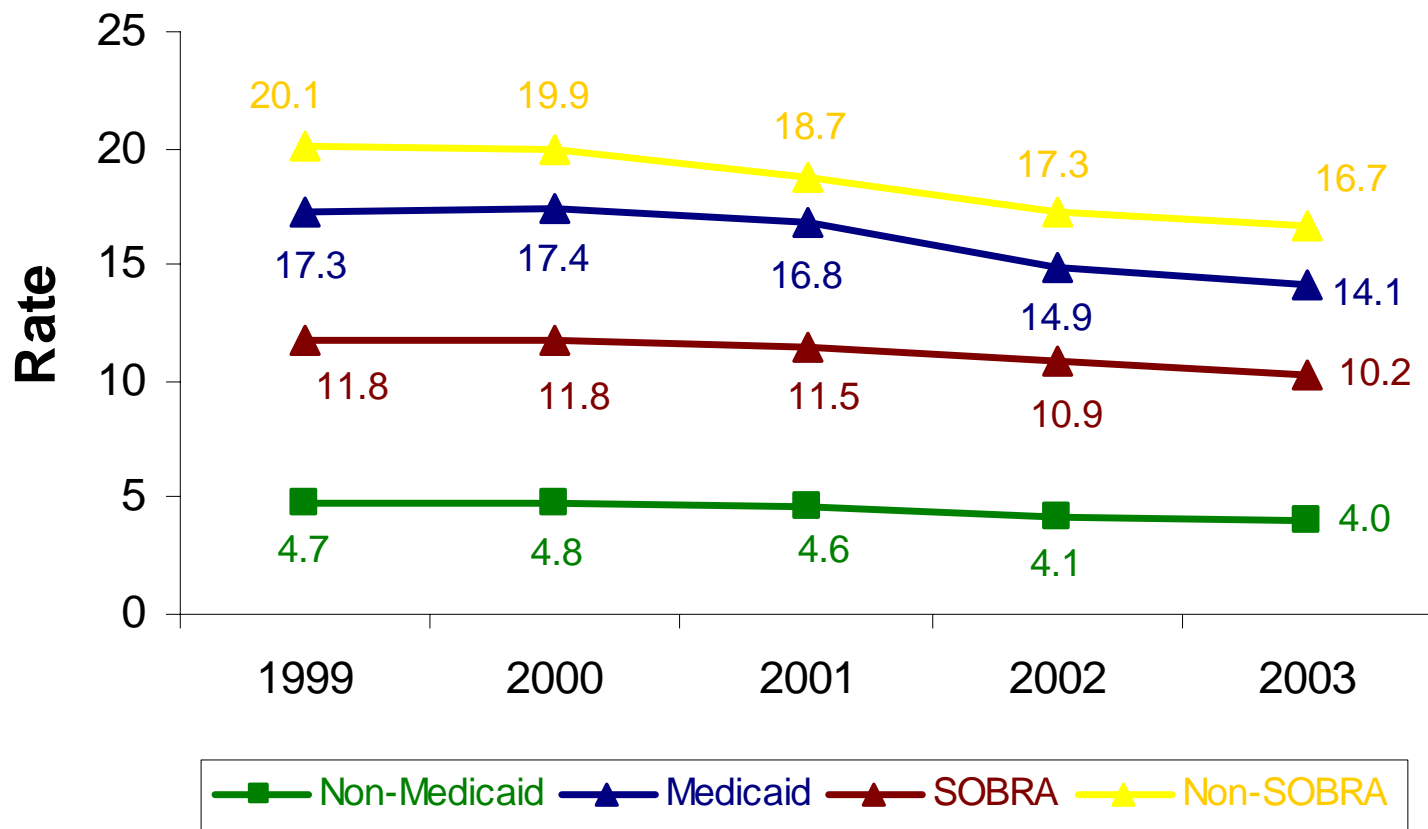
First Trimester Entry into Prenatal Care By Medicaid Status, 1999-2003



14% of Medicaid beneficiaries receive inadequate prenatal care

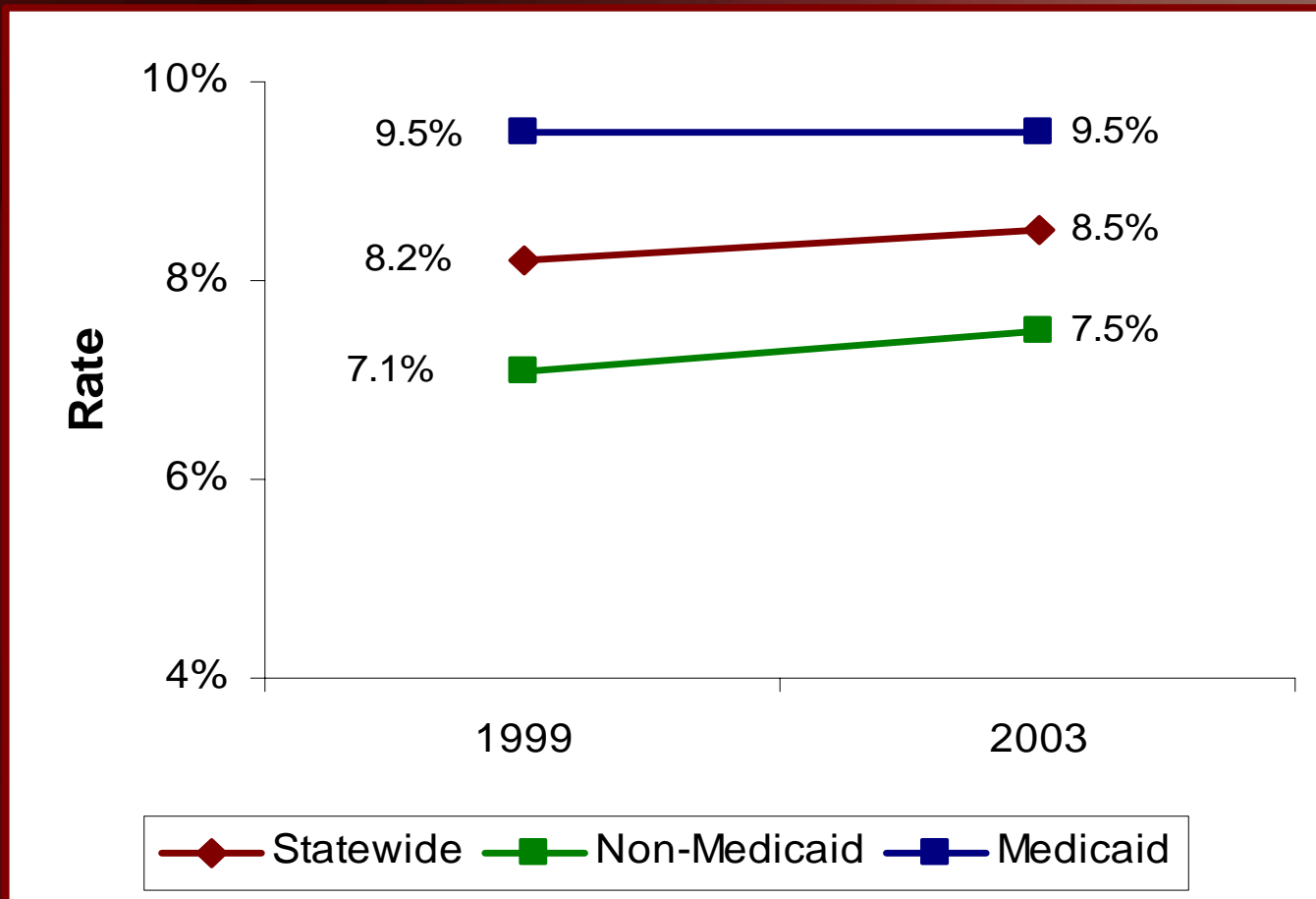
African American beneficiaries have 42% greater rate of inadequate prenatal care than Caucasians.

Inadequate Prenatal Care By Medicaid Status, 1999-2003



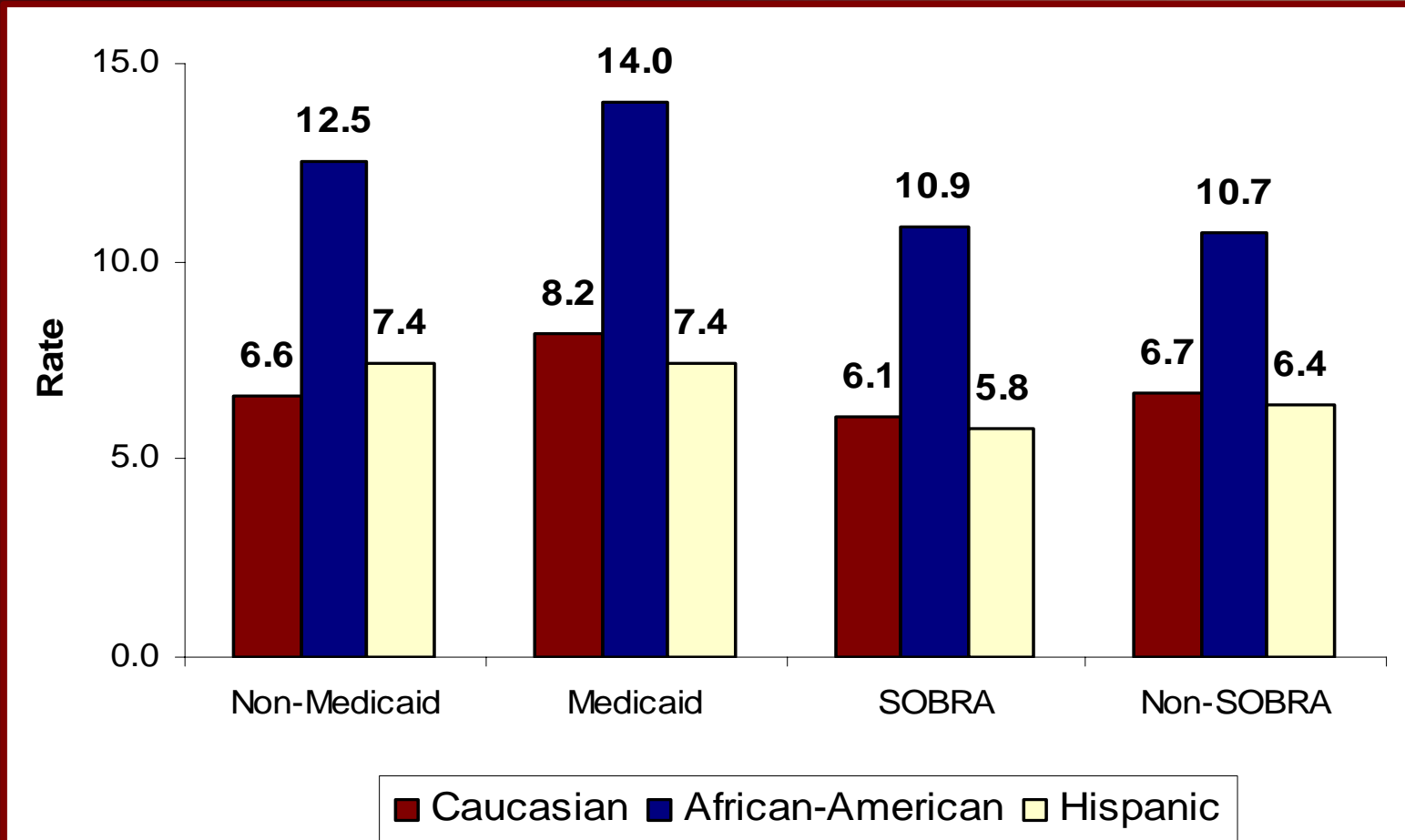
Low birth rates increased for all women between 1999 and 2003

Low Birth Weight Rate By Medicaid Status, 1999 and 2003



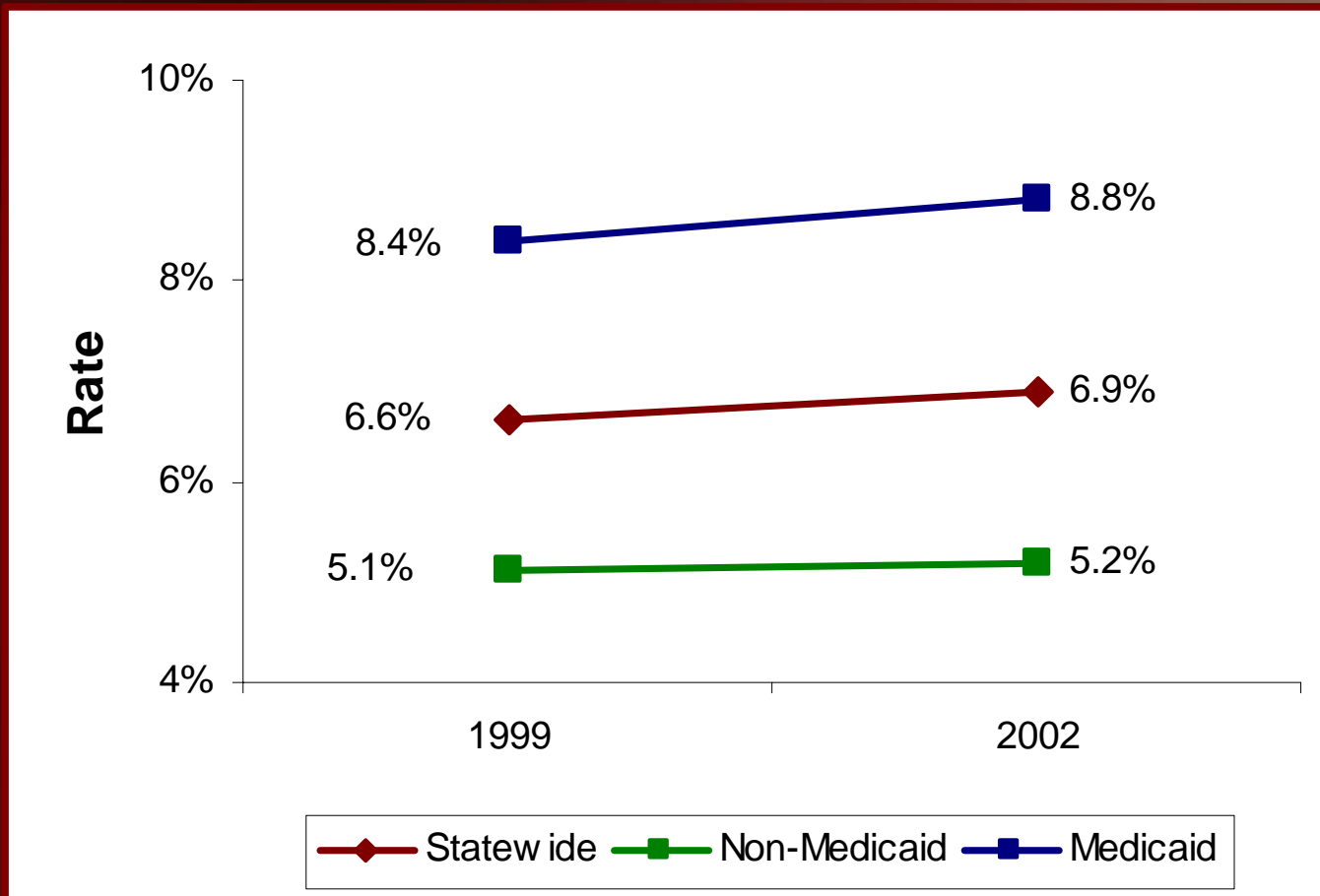
African American
low birth weight rates
are much greater
than other groups

Low Birth Weight Rates By Race/Ethnicity, 2003



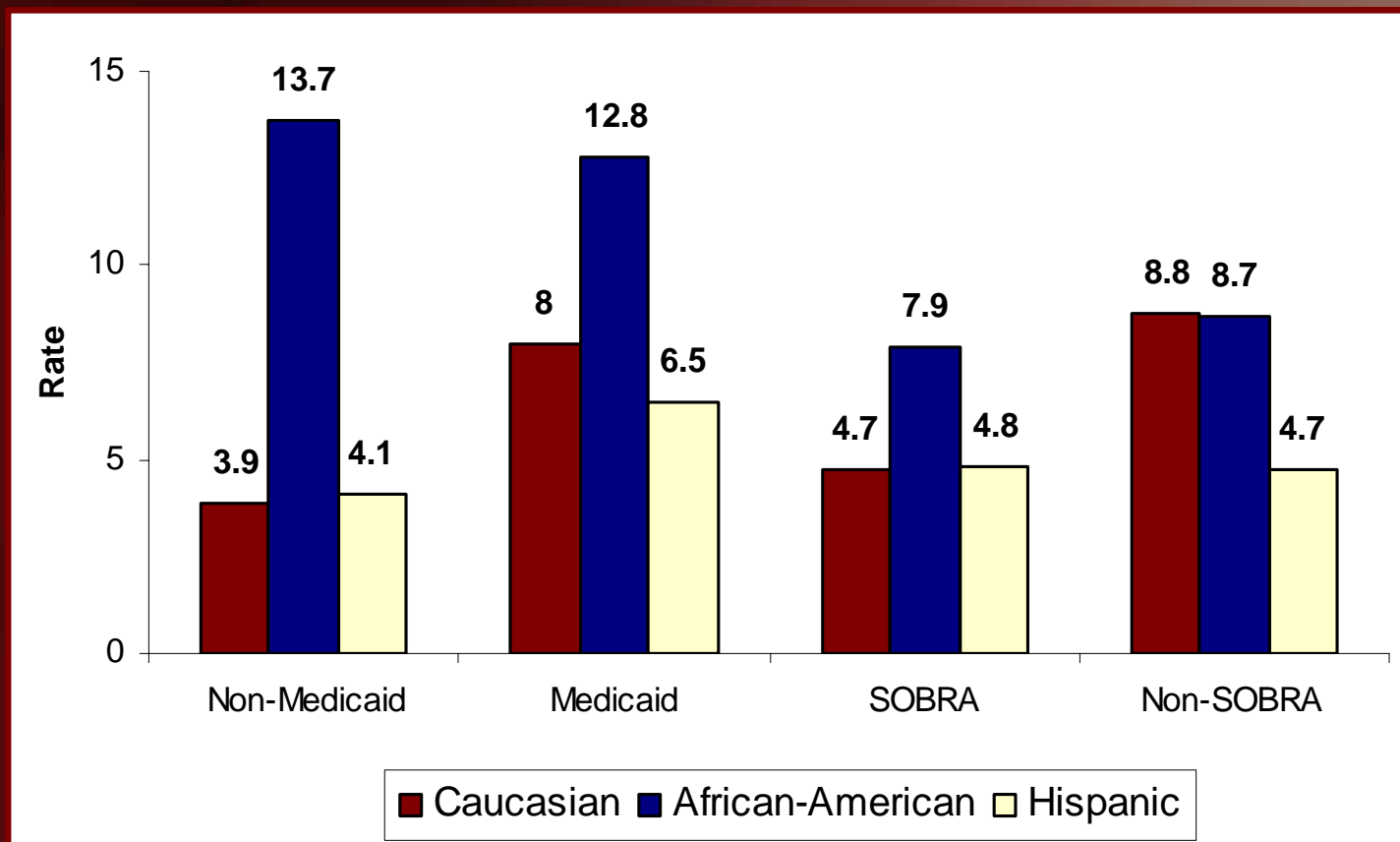
Infant mortality increased
2% for non-Medicaid and
5% for Medicaid women
between 1999 and 2002

Infant Mortality Rate by Medicaid Status, 1999 - 2002



Infant mortality rates for African American Medicaid beneficiaries are 60% and 97% greater than Caucasians and Hispanics respectively

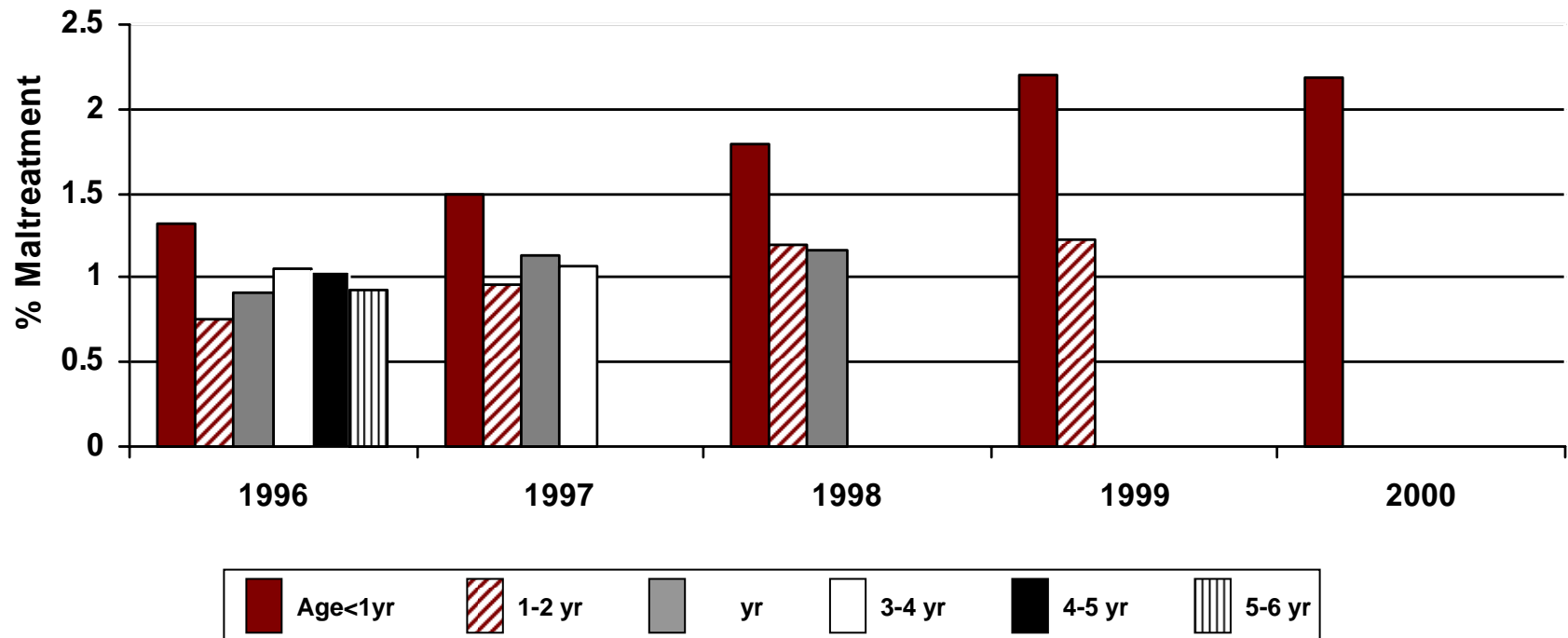
Infant Mortality Rates By Race/Ethnicity, 2002



- **Only 73% of pregnant Medicaid beneficiaries are enrolled in WIC**
- **47% of Medicaid beneficiaries have an inter-pregnancy interval of less than 19 months compared to 37% of non-Medicaid women**
- **12.4% of Medicaid beneficiaries compared to 3.8 non-Medicaid women report smoking during pregnancy. 28% of Caucasians report smoking during pregnancy — five times the rate of AA's**
- **Adolescent pregnancy rates are 82% greater for Medicaid than non-Medicaid women.**

Child maltreatment
for one-year-olds
increased steadily from
1996 to 2000

Percentage Verified Maltreatment for Five Birth Cohorts and Six Age Groups



Findings (continued)

- **Significant across all ages and all types of abuse:**
 - Low-income
 - Smoking during pregnancy
 - Less than or equal to high school education
 - Previous pregnancy experience, with greater than two children being most significant
 - Mother single
 - Mother younger than 17
- **Significant in first year of life:**
 - Mother older than 30
 - Poor pregnancy health status
 - First born
 - Mother black
 - Multiple birth
- **Significant at some time during the 6 year life stages:**
 - Mother younger than 19
 - Inadequate prenatal care
 - Mother drinking during pregnancy
 - Pregnancy interval less than 15 months
 - Poor newborn health status

Future Research

- **Additional Cost/benefit analysis**
- **Greater understanding of the quality of prenatal care provided to Medicaid beneficiaries —**
 - **is there any difference in the quality (continuity, content, scope) of prenatal care provided to Medicaid and Non-Medicaid women? Or**
 - **Are outcomes for Medicaid beneficiaries worse than non-Medicaid women independently of the quality of prenatal care?**
- **Qualitative studies focused on protective factors that influence positive birth outcomes and child well-being**
- **Interested in collaborating with other researchers, particularly with regard to qualitative research**