Uninsured New Mothers' Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage

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Alarming increases in US maternal mortality have generated national attention, a search for policy solutions to promote maternal health, and an increased recognition of how important the postpartum period is for mothers' and infants' health and well-being. Without access to consistent, comprehensive health insurance coverage, many new mothers can face extreme challenges obtaining the care they need to support their and their infants' health. This analysis uses 2015–18 data from the National Health Interview Survey (NHIS) to document access and affordability challenges facing uninsured new mothers and 2015–17 data from the Pregnancy Risk Assessment and Monitoring System (PRAMS), a state-specific surveillance system of pregnancies resulting in a live birth, to describe the health status of women who lost Medicaid coverage following their pregnancies. Together, our analysis provides new evidence on the access and affordability barriers that could be reduced and the health problems that could be treated if these uninsured new mothers were to gain coverage through a postpartum Medicaid extension or broader Medicaid expansion.

Key Findings

- Approximately 11.5 percent of new mothers nationwide were uninsured from 2015 to 2018; just over half of those uninsured new mothers were Hispanic, and close to two-thirds lived in the South.
- About 1 in 5 uninsured new moms reported at least one unmet need for medical care because of cost in the past year, and over half were very worried about paying their medical bills.

- Roughly half of all uninsured new mothers reported that losing Medicaid or other coverage after pregnancy was the reason they were uninsured, suggesting that they would likely benefit from an extension of postpartum Medicaid coverage.
- Almost one-third of women who lost Medicaid coverage and became uninsured in the postpartum period were obese before their pregnancy, and 18 percent reported either gestational diabetes or pregnancy-related hypertension, all conditions that require ongoing monitoring and care after giving birth.
- About one-third of new moms who lost Medicaid were recovering from a cesarean section, and just over one-quarter reported being depressed sometimes, often, or always in the months after giving birth.

Altogether, our findings indicate that many uninsured new mothers report trouble affording care and have both physical and mental health needs that would benefit from the more consistent access to coverage and care that expanding Medicaid would provide. These findings are particularly relevant given the COVID-19 pandemic and ensuing economic crisis, which will put even more women at risk of uninsurance and in need of affordable coverage options before, during, and after pregnancy.

Background

Alarming increases in maternal mortality in the United States (with large, persistent disparities by race and ethnicity) have generated national attention and a search for policy solutions to promote maternal health.[1] Although the majority of maternal deaths occur during pregnancy or within one week of delivery, about 33 percent occur more than seven days after delivery, and 12 percent occur more than six weeks after birth (Petersen et al. 2019). Severe maternal morbidity has also been increasing,[2] and these serious delivery complications can lead to more difficult recoveries and require additional follow-up care among new mothers. Moreover, recognition is growing of the importance of the postpartum period for mothers' and infants' well-being (ACOG 2018). During this period, sometimes referred to as the "fourth trimester," women need a comprehensive assessment of their physical recovery from birth, of their reproductive and sexual health needs, and of their emotional well-being. They also need plans for ongoing chronic disease management and health maintenance beyond the immediate postpartum period. Without access to consistent, comprehensive health insurance coverage following pregnancy, many new mothers can face extreme challenges obtaining the care they need to support their and their infants' health.

Insurance coverage transitions during the perinatal period have been a long-standing concern for many mothers, particularly for the approximately 50 percent of women who have Medicaid coverage for their pregnancy and delivery (D'Angelo et al. 2015). From 2005 to 2013, approximately 55 percent of women who had Medicaid or CHIP coverage at delivery were uninsured at some point in the following six months (Daw et al. 2017). These patterns are largely because of Medicaid policy that extends pregnancy-related eligibility to women with incomes up to 200 percent of the federal poverty level in most states but ends that coverage 60 days after they have given birth. At that point, if women

are not eligible for Medicaid under their state's parental eligibility rules (which have much lower income eligibility thresholds than pregnancy-related Medicaid in most states) many women become uninsured. Moreover, immigrant women face additional eligibility rules that can be more restrictive for parents than for pregnant women, leading to coverage losses. To reduce these coverage disruptions and associated barriers to accessing needed care after giving birth, several federal and state-specific proposals aimed at addressing maternal mortality and morbidity have included a provision that would extend pregnancy-related Medicaid coverage for a year after giving birth.[3]

Recent evidence suggests that new mothers have already benefited from broader efforts to expand coverage under the Affordable Care Act (ACA). The uninsurance rate among all new mothers fell from 19.2 to 11.3 percent between 2013 and 2016,[4] with large coverage gains across all racial and ethnic groups and reductions in disparities for both black and Hispanic adults (Johnston et al. 2019). Among new mothers with incomes below the federal poverty level, the ACA Medicaid expansion reduced uninsurance 28 percent (Johnston et al. 2020). In 2017, however, approximately 451,000 new mothers remained uninsured, and about half were US citizens with incomes below 200 percent of the federal poverty level who would be most likely to benefit from an extension of postpartum Medicaid eligibility.[5]

Although the maternal mortality crisis has been a catalyst for reforms focused on postpartum insurance coverage, just one published study has examined the impact of insurance coverage on maternal mortality. Eliason (2020) finds that the ACA Medicaid expansion was associated with approximately seven fewer maternal deaths per 100,000 live births, though the exact mechanism behind the effect is unclear, and expanded preconception coverage is likely an important factor. Based on decades of research, however, the benefits of expanding coverage extend well beyond effects on mortality alone. Many studies have demonstrated the impacts of the ACA and other insurance expansions on access to care and health status for adults, pregnant women, and parents (Antonisse et al. 2018; Finkelstein et al. 2012; Howell 2001; Lee et al. 2020; Margerison et al. 2020; McMorrow et al. 2017;McWilliams 2009; Wherry 2018), so like these other populations, new mothers would likely benefit from additional coverage gains. In fact, a study of new mothers in Colorado found that the ACA Medicaid expansion increased their utilization of postpartum care (Gordon et al. 2020). Moreover, coverage gains for new mothers could also produce both short- and long-term benefits for the health and well-being of their infants and other children (Hudson and Moriya 2017; Wherry, Kenney, and Sommers 2016; Wright Burak 2017).

In this brief, we use data from the NHIS to document some of the access and affordability challenges facing uninsured new mothers following enactment of the major coverage provisions of the ACA, and we further describe the health status of women who lost Medicaid coverage following their deliveries using data from the PRAMS. Together, our analysis provides new evidence on the access and affordability barriers that could be reduced and the health problems that could be treated if these uninsured new mothers were to gain coverage through an extension of postpartum Medicaid eligibility.

Data and Methods

National Health Interview Survey, 2015–18.

We use data from the NHIS, which we obtain from the Integrated Public Use Microdata Series (IPUMS) at the University of Minnesota (Ruggles et al. 2020). We define new mothers as women ages 19 to 44 with a child under age 1 whose NHIS record points to the woman as his or her biological or adoptive mother. We focus on new mothers who did not have any insurance coverage at the time of the survey. We pool data from 2015 to 2018 because the sample of uninsured new mothers in the NHIS is quite small (i.e., approximately 450 overall and 200 for most access and affordability measures when pooled across four years). We first describe the composition of uninsured new mothers in the US in following enactment of the major coverage provisions of the ACA, including their age, race or ethnicity, citizenship, marital status, and geographic region. We also examine their socioeconomic characteristics including income relative to the federal poverty level, education, and employment status.

We then describe several access and affordability measures. We examine unmet needs because of cost for medical care, prescription drugs, and mental health care in the past year as well as a composite measure of any of these unmet needs. We also consider an indicator of any delayed care because of cost in the past 12 months and whether a mother reported being very, somewhat, or not at all worried about paying her medical bills if she got sick or had an accident. We also examine whether new mothers reported having a usual source of care other than the emergency department; whether they had seen a general doctor, a specialist, an ob-gyn, or a mental health provider in the past year; and whether they had received a flu shot. Finally, we explore how long uninsured new mothers have gone without coverage and the reasons they report for being uninsured.

The NHIS data have several limitations. First, because mothers are identified based on the presence of an infant in the household and there are known issues with undercounting young children in survey data, our definition of new mothers contains measurement error. Further, we are unable to distinguish between biological and adoptive mothers, so some new mothers in our sample may not have given birth. Moreover, the small sample size on the NHIS does not allow us to further analyze subgroups of uninsured new mothers, including those most likely to be eligible for an extension of postpartum Medicaid eligibility. Finally, all information is self-reported and therefore subject to recall and social desirability biases.

Pregnancy Risk Assessment and Monitoring System, 2015–17

To supplement our NHIS analysis, we use data from the 2015–17 PRAMS, which includes information from new mothers in 41 states and combines information from the vital records birth certificate and a survey of new mothers conducted two to six months after delivery.[6] The PRAMS provides a unique opportunity to more precisely identify new mothers who lost Medicaid coverage following their delivery. Because the PRAMS is sampled from vital records data, we faced no issues identifying new mothers. Moreover, the survey asks women about their insurance coverage at different points during the perinatal period, allowing us to identify a sample of women who reported having their prenatal care

covered by Medicaid and who report being uninsured at the time of the postpartum survey. We refer to the period during which the survey was conducted—two to six months after delivery—as the postpartum period when discussing the PRAMS analysis.

We examine several health measures that may indicate a mother's elevated need for ongoing care after giving birth. First, we examine indicators of prepregnancy obesity, hypertension, diabetes, and depression as well as indicators of gestational diabetes and pregnancy-related hypertension, all from the PRAMS survey. Each of these conditions can contribute to complications during pregnancy or delivery that would require additional follow-up care, but even without serious pregnancy complications, consistent care is required to monitor and manage these chronic conditions and maintain good health throughout a woman's life (Accortt, Cheadle, and Schetter 2015; Bansil et al. 2010; Blotsky et al. 2019; Buschur, Stetson, and Barbour 2018; Dabelea et al. 2008; Kitzmiller, Dang-Kilduff, and Taslimi 2007; James and Nelson-Piercy 2004; Jarde et al. 2016). Next, using details recorded on the birth certificate, we examine the method of delivery, because cesarean-section deliveries may put women at risk of hemorrhage or surgical site infection and require additional follow-up care (Burke and Allen 2020). We also examine self-reported information from the survey about having a postpartum checkup and responses to two questions screening for postpartum depression (Kroenke, Spitzer, and Williams 2003). These questions ask about respondents' frequency of feeling down, depressed, or hopeless and about respondents' frequency of feeling little interest or pleasure in doing things. A postpartum checkup is recommended for all new mothers and should screen for postpartum depression (ACOG 2018). The presence of postpartum mental health problems requires close monitoring and treatment because these issues can become severe, and they have serious implications for both maternal and child health (Lampard, Franckle, and Davison 2014; O'Hara and McCabe 2013).

Like the NHIS data, the PRAMS data also have some limitations. The sample is not nationally representative, and data are missing for several large states, including California. Further, the sample of states is not consistent across years, and some survey questions change slightly between the 2015 and 2016–17 phases. These changes may affect our measures of prepregnancy hypertension, diabetes, and depression and of gestational diabetes and pregnancy-related hypertension. As with all survey data, self-reported measures may suffer from recall or social desirability biases.

Results

From 2015 to 2018, approximately 11.5 percent of new mothers nationwide were uninsured (data not shown). Fully 50.4 percent of these uninsured new mothers were Hispanic, 38.3 percent were noncitizens, 49.6 percent had incomes below the federal poverty level, and 65.3 percent lived in the South (table 1).

TABLE 1

Composition of Uninsured New Mothers, 2015–18

	Percent	Standard error
Age		
19–25	31.7	2.4
26–34	51.3	2.6
35–44	17.0	2.0
Race or ethnicity		
White, non-Hispanic	34.2	2.8
Black, non-Hispanic	11.5	1.8
Hispanic	50.4	3.0
Other, non-Hispanic	3.9	0.9
Citizenship status		
Citizen	61.7	3.0
Noncitizen	38.3	3.0
Region		
Northeast	6.2	1.3
Midwest	13.6	2.0
South	65.3	2.8
West	14.9	2.0
Marital status		
Married	56.9	2.5
Lives with partner	23.6	2.3
Widowed, separated, or divorced	4.6	1.1
Never married	14.9	1.9
Education		
Less than high school	34.7	2.5
High school graduate	28.1	2.4
Some college	26.2	2.5
College graduate	10.9	1.7
Tax unit income (% of FPL)		
Less than 100%	49.6	2.6
100–138%	14.3	2.0
138–250%	20.1	2.4
250–400%	12.9	2.1
Above 400%	3.1	1.0
Employment status		
Employed	34.0	2.4
Unemployed	7.4	1.3
Not in labor force	58.5	2.6
Number of children		
1	32.1	2.8
2	29.5	2.7
3+	38.5	2.7

Source: Urban Institute analysis of 2015–18 National Health Interview Survey data.

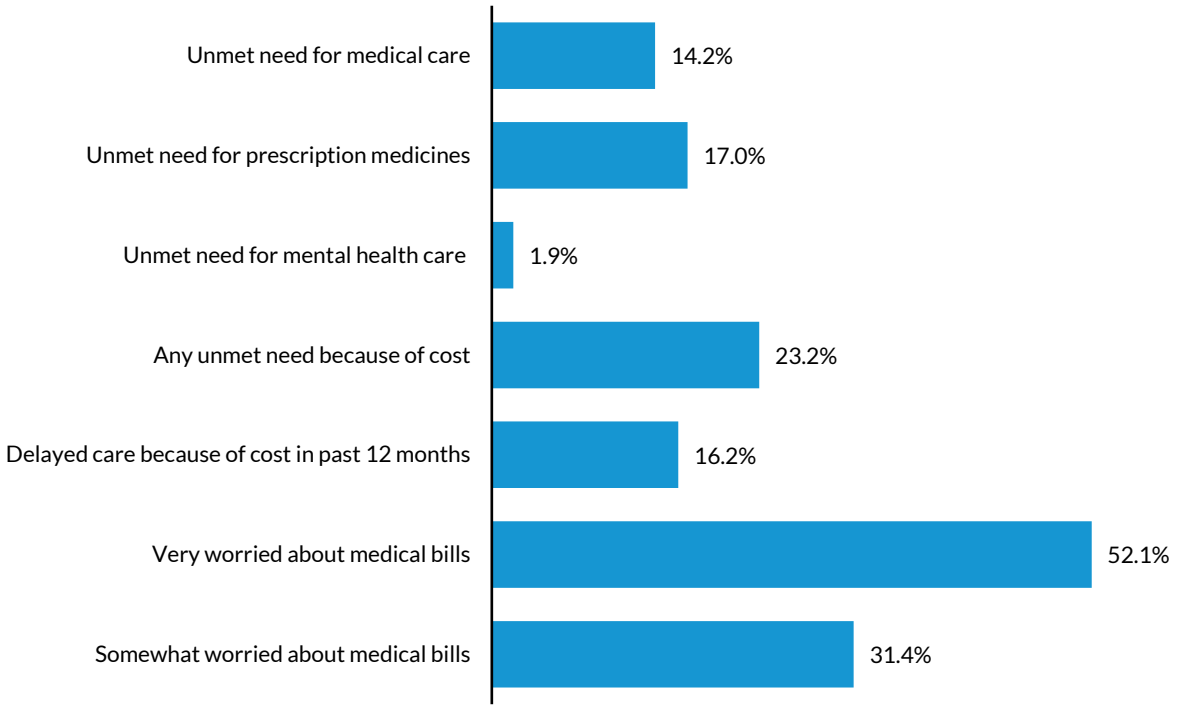
Notes: FPL = the federal poverty level. New moms are women ages 19 to 44 with a child under age 1 whose NHIS record points to the woman as his or her biological or adoptive mother. Uninsurance status is at the time of the survey.

Uninsured new mothers reported significant access and affordability problems. About 14.2 percent reported an unmet need for medical care because of cost in the past year, 17.0 percent had an unmet

need for a prescription medicine, and about 1.9 percent reported an unmet need for mental health care (figure 1). Around 23.2 percent of uninsured new mothers reported at least one of these unmet needs because of cost in the past year, and 16.2 percent reported delaying medical care because of cost. Just over half (52.1 percent) were very worried about paying their medical bills, and just under one-third (31.4 percent) were somewhat worried.

FIGURE 1

Health Care Affordability Problems among Uninsured New Mothers, 2015–18



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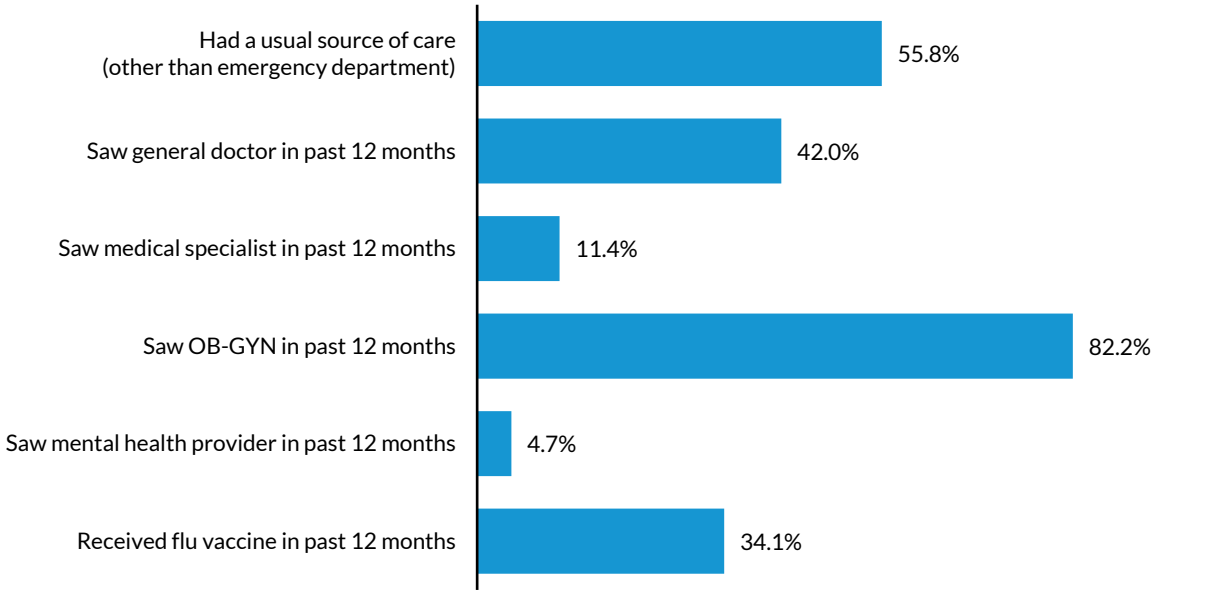
Source: Urban Institute analysis of 2015-2018 National Health Interview Survey data.
Notes: New moms are women ages 19 to 44 with a child under age 1 whose NHIS record points to the woman as his or her biological or adoptive mother. Uninsurance status is at the time of the survey. All unmet needs are because of cost and refer to the past 12 months.

Moreover, these data suggest problems with access to and use of health care among some new mothers. Only 55.8 percent reported having a usual source of care, and although 82.2 percent had seen an ob-gyn in the past year, only 34.1 percent received a flu shot, and just 42.0 percent saw a general doctor (figure 2).

FIGURE 2

Health Care Access and Use among Uninsured New Mothers, 2015–18



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Source: Urban Institute analysis of 2015–18 National Health Interview Survey data.
Notes: New moms are women ages 19 to 44 with a child under age 1 whose NHIS record points to the woman as his or her biological or adoptive mother. Uninsurance status is at the time of the survey.

TABLE 2

Duration and Reasons for Uninsurance among New Mothers, 2015–18

	Percent	Standard error
Last time insured		
Past 6 months	44.7	2.8
6 months to 1 year ago	25.0	2.5
1 to 3 years ago	4.5	1.5
Over 3 years ago	4.8	1.2
Never	21.1	2.4
Reasons for being uninsured		
Lost Medicaid/Medical plan stopped after pregnancy	47.4	2.8
Cost is too high	21.3	2.3
Lost job/changed employer	10.4	1.9
Divorce/separation/death of spouse/parent	0.8	0.5
Ineligible because of age/left school	3.3	1.1
Employer doesn't offer coverage/not eligible for coverage	3.2	0.8
Insurance company refused coverage	1.0	0.5
Lost Medicaid/Medical plan because of new job/income	2.8	1.1
Lost Medicaid/Medical plan, other reason	3.1	1.0
Other reasons	11.9	1.9

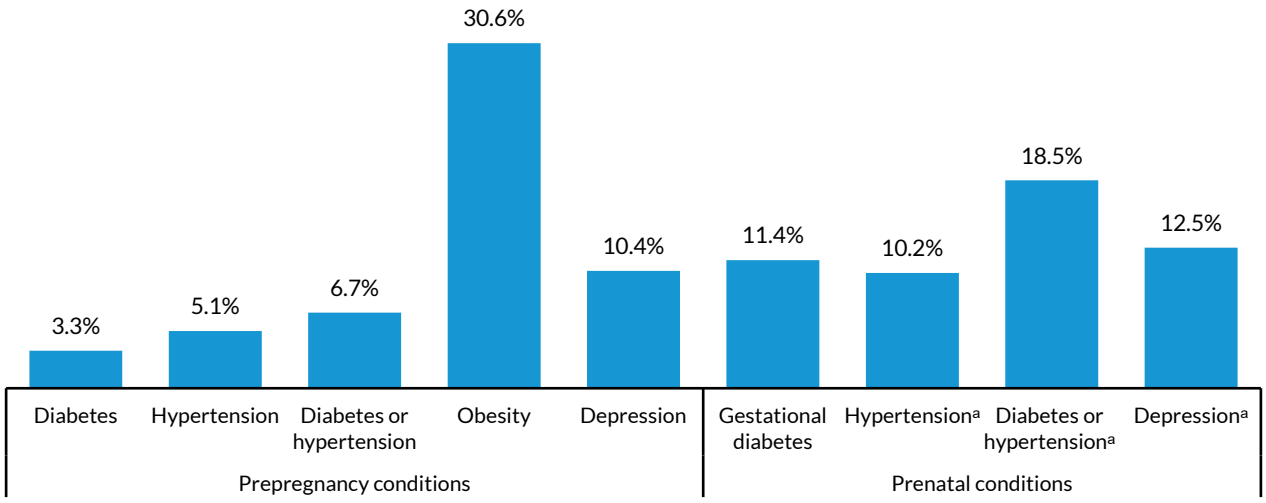
Source: Urban Institute analysis of 2015-2018 National Health Interview Survey data.
Notes: New moms are women ages 19 to 44 with a child under age 1 whose NHIS record points to the woman as his or her biological or adoptive mother. Uninsurance status is at the time of the survey. Other reasons include never had coverage, moved from another county/state/country, self-employed, no need/chooses not to have, got married, and other reason. People can report multiple reasons.

Among these uninsured new mothers, about 44.7 percent reported having coverage in the past six months and another 25.0 percent within the past year, so most new mothers were likely covered at delivery and during their pregnancies (table 2). However, about 30.3 percent total reported being uninsured for one year or more. Specifically, 4.5 percent last had coverage one to three years earlier, 4.8 percent last had coverage over three years earlier, and 21.1 percent had never been insured. When asked why they were currently uninsured, about half reported that they lost Medicaid or other medical coverage following pregnancy, which suggests that a postpartum extension of eligibility could benefit many of these mothers (table 2).

In the 41 states with available PRAMS data from 2015 to 2017, 22 percent of women who received Medicaid-covered prenatal care were uninsured two to six months after delivery, a rate that is higher in states that did not expand Medicaid under the ACA (37 percent) than in states that expanded Medicaid (11 percent; data not shown). Using data from the PRAMS, we further examine the health needs of these women who lost prenatal Medicaid coverage and became uninsured in the postpartum period.

FIGURE 3

Prepregnancy and Prenatal Conditions among Women Who Had Prenatal Medicaid Coverage and Were Uninsured Postpartum, 2015–17



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Source: Urban Institute analysis of 2015-2017 Pregnancy Risk Assessment Monitoring System (PRAMS) data.
Notes: Sample includes women age 20 and over with a live birth who reported having Medicaid for prenatal care and were uninsured two to six months after delivery. All measures are from the PRAMS survey.
[a] indicates measure is only available for 2016-17.

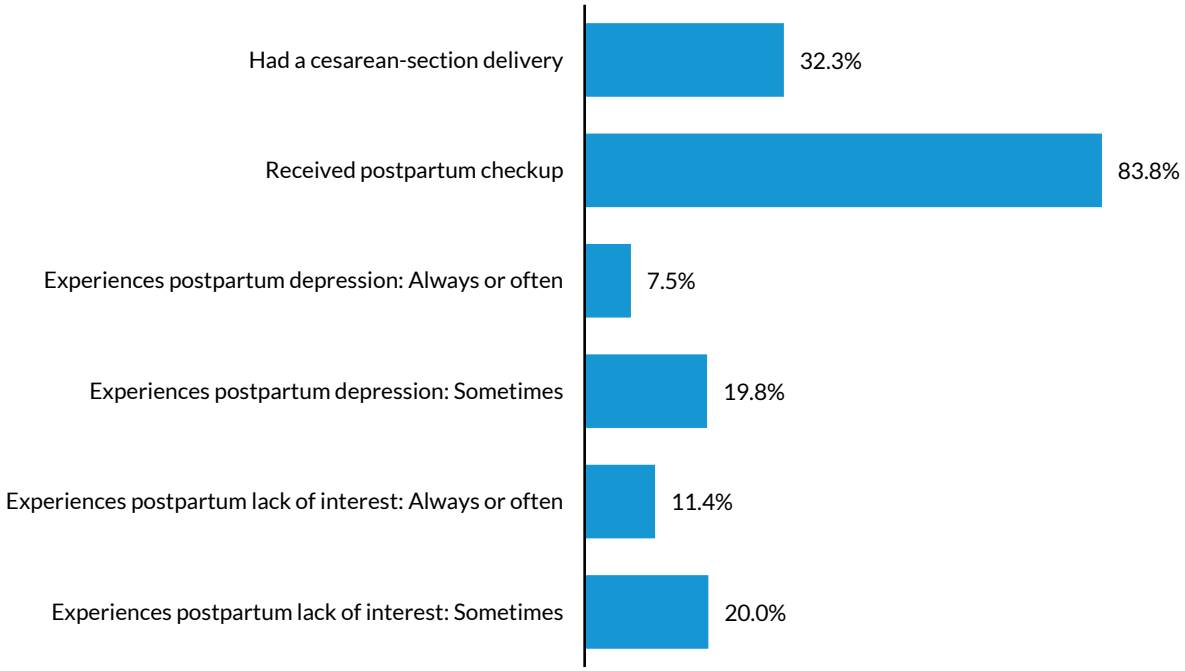
Among those who lost Medicaid coverage and became uninsured in the postpartum period, only small shares reported having diabetes (3.3 percent) or hypertension (5.1 percent) before pregnancy, but about 30.6 percent were obese (figure 3). We also find that 11.4 percent of women who lost Medicaid coverage reported gestational diabetes and, in 2016–17, 10.2 percent reported pregnancy-related

hypertension during the prenatal period. Assessing mental health, 10.4 percent of women reported prepregnancy depression, and in 2016–17, 12.5 percent reported depression during pregnancy.

Although 83.8 percent of women who lost Medicaid and became uninsured in the postpartum period reported having a postpartum checkup at some point, many indicated potential needs for physical or mental health care (figure 4). About one-third had delivered by cesarean section, indicating they could have enhanced health needs during the recovery period, and many reported significant mental health concerns in the postpartum period. We find that 7.5 percent reported always or often feeling depressed, and 11.4 percent reported always or often feeling a lack of interest; rates of reporting sometimes feeling depressed and sometimes feeling a lack of interest were both about 20 percent.

FIGURE 4

Delivery Method and Postpartum Checkup and Mental Health among Women Who Had Prenatal Medicaid Coverage and Were Uninsured Postpartum, 2015–17



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Source: Urban Institute analyses of 2015–17 Pregnancy Risk Assessment Monitoring System (PRAMS) data.
Notes: Sample includes women age 20 and over with a live birth who reported having Medicaid for prenatal care and were uninsured two to six months after delivery. All measures are from the PRAMS survey except delivery method, which is from infants' birth certificates.

Discussion

Despite documented increases in insurance coverage for new mothers under the ACA, more than 1 in 10 new mothers remained uninsured from 2015 to 2018, and over half of those women were Hispanic and nearly two-thirds lived in the South. About 1 in 5 uninsured new moms reported at least one unmet

need for medical care because of cost, and over half were very worried about paying their medical bills, emphasizing that health care affordability is a problem for many new mothers. Moreover, about half of all uninsured new mothers reported that losing Medicaid or other coverage after pregnancy was the reason they were uninsured. Thus, it appears many new mothers could benefit from the financial protection that insurance can provide and would likely benefit from the extensions of postpartum Medicaid coverage that have been proposed at both the federal and state levels.

Among women who lost Medicaid coverage and became uninsured in the postpartum period, almost one-third were obese before their pregnancy, and 18.5 percent reported either gestational diabetes or pregnancy-related hypertension, all of which increase risks for poor health conditions following pregnancy and require ongoing monitoring and care. Moreover, about one-third of new moms who lost Medicaid were recovering from a cesarean section, and just over one-quarter reported being depressed sometimes, often, or always in the postpartum period. Although it has important implications for maternal health, maternal depression during the year after giving birth also affects infants' emotional and cognitive development (Center on the Developing Child at Harvard University 2009), suggesting that closely monitoring these mothers' mental health is critical (Pratt et al. 2017). Altogether, although about 84 percent of those who lost Medicaid coverage and became uninsured reported having a postpartum checkup, our findings suggest that many uninsured new mothers have both physical and mental health needs that would benefit from ongoing care.

As part of the response to the COVID-19 pandemic, the Families First Coronavirus Response Act requires that states maintain Medicaid coverage for those who might otherwise lose coverage because of eligibility changes or other administrative barriers in order for those states to receive enhanced Medicaid payments during the public health emergency (Rudowitz 2020). Thus, fewer new mothers who have Medicaid coverage during their pregnancies may lose their coverage and face the associated access and affordability problems described in this brief during the pandemic. Moreover, as states adapt to this policy for the duration of the public health crisis, some states may identify and address various challenges that could make implementation of a permanent postpartum Medicaid extension easier when the novel coronavirus is no longer a threat.

However, the current pandemic could exacerbate some of the challenges facing uninsured new mothers and affect insured mothers.[7] Access to routine care may be more limited because of social distancing recommendations, stay-at home orders, associated transportation difficulties, and a lack of available or reliable telehealth options. Further, women may be reluctant to seek needed care because of fears of contracting the virus or burdening the health care system. Moreover, health problems, especially mental health problems, could be worsened during the pandemic because of increased stress and anxiety as well as the limited ability of family and community to support new parents while complying with social distancing guidelines. Together, barriers to accessing care or new mothers' reluctance to seek care could make it more difficult to identify postpartum health issues that require immediate medical attention. Thus, policies to address these issues would be valuable additions to efforts to extend postpartum insurance coverage.

Even if a permanent postpartum extension were adopted, however, not all uninsured new mothers would qualify. Access to postpartum coverage under current rules depends critically on state-specific eligibility criteria for pregnancy-related Medicaid coverage, based both on income and immigration status and on which women actually enroll in Medicaid during their pregnancies. These same factors will determine who is eligible for the maintenance-of-effort provisions under the Families First Coronavirus Response Act and state-specific implementation of the provisions may vary. Moreover, the economic downturn may extend well beyond the public health emergency, leaving many new mothers at higher risk of being uninsured when the maintenance-of-effort provision expires or if they lose other coverage sources because of rising unemployment. Without additional federal or state action to expand access to affordable coverage options, many new mothers may remain uninsured both during and after the public health crisis.

Our findings suggest that if new mothers were to gain coverage through an extension of postpartum Medicaid eligibility, they could experience reduced affordability problems and an improved ability to manage chronic conditions during that critical period after giving birth. However, longer-term solutions to addressing the maternal morbidity and mortality crisis would involve achieving continuous coverage and care throughout a woman's reproductive years. A more comprehensive Medicaid expansion, for example, would allow more low-income women to identify and manage their chronic conditions, plan and support wanted pregnancies, and maintain good health to support ongoing maternal and child well-being.

Notes

[1] Katy Backes Kozhimannil, Elaine Hernandez, Dara D. Mendez, and Theresa Chapple-McGruder, "Beyond the Preventing Maternal Deaths Act: Implementation and Further Policy Change," *Health Affairs Blog*, February 4, 2019.

[2] Severe Maternal Morbidity in the United States," Centers for Disease Control and Prevention, last reviewed January 31, 2020, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html.

[3] Emily Eckert, "It's Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum," *Health Affairs Blog*, February 6, 2020.

[4] Stacey McMorrow and Genevieve Kenney, "Despite Progress under the ACA, Many New Mothers Lack Insurance Coverage," Health Affairs Blog, September 19, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180917.317923/full/.

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[6] The states are AK, AL, AR, CO, CT, DE, GA, HI, IA, IL, KS, KY, LA, MA, MD, ME, MI, MO, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY.

[7] Laurie Zephyrin, and Rachel Nuzum. "Caring for Moms During the COVID-19 Pandemic." *To the Point* (Commonwealth Fund blog), April 15, 2020, https://www.commonwealthfund.org/blog/2020/caring-moms-during-covid-19-pandemic.

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