

Demographic Characteristics

Medicaid Births

Iowa 2009



FACT SHEET PURPOSE

The purpose of this fact sheet is to highlight the characteristics of Iowa women who gave birth in Iowa during 2009, with a focus on women with births reimbursed by Medicaid compared to women with births not reimbursed by Medicaid. This information can be used to guide decision makers in implementing programs that improve the health outcomes of the women and infants who rely on Medicaid coverage.

BACKGROUND

Medicaid is a health insurance program for low income families. It is funded by both state and federal dollars and is administered by the State of Iowa, Department of Human Services. In Iowa, pregnant women with household incomes up to 300 percent of the federal poverty level are eligible for Medicaid coverage.

In calendar year 2009, nearly 40 percent of all live birth deliveries were reimbursed by Medicaid (39.8%; n=15,732 of 39,570 births).

DATA SOURCES

Data from the matched file of the birth certificate and Medicaid paid claims health related services were used to develop this fact sheet. Specifically paid claims

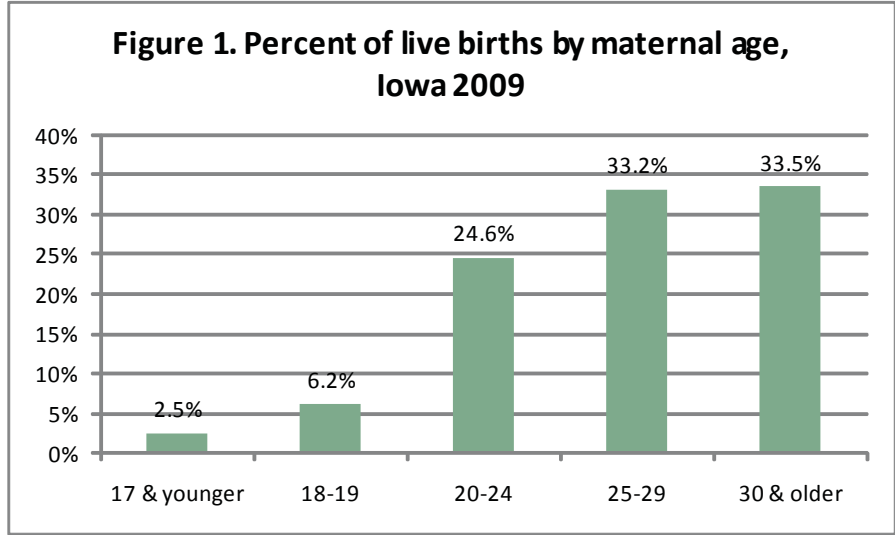
for maternal diagnostic related groups (DRGs) 370 through 375 for calendar year 2009 were used. These DRGs report categories of vaginal and cesarean deliveries. The birth certificate was used for maternal demographic characteristics such as maternal age, race, ethnicity and education. Medicaid status was based on a paid claim for any one of the delivery related DRGs.

BIRTHS BY MATERNAL AGE

Maternal age is a computer generated number based on the woman's date of birth and the infant's date of birth.

In 2009, girls 17 years old and younger gave birth to 2.5 percent (n=972) of live births in Iowa (Figure 1 on page 3). Women aged 18 to 19 gave birth to 6.2 percent of live births (n=2,470), women aged 20 to 24 gave birth to 24.6 percent (n=9,735) of live births, and women aged 25 to 29 gave birth to 33.2 percent (n=13,143) of live birth during 2009. Births to women ages 30 and older accounted for approximately 33.5 percent of all live births for calendar year 2009 (n=13,248). Put another way, 1/3 of live births in Iowa were born to women ages 24 and younger; 1/3 were born to women ages 25 to 29; and 1/3 were born to women ages 30 and older.

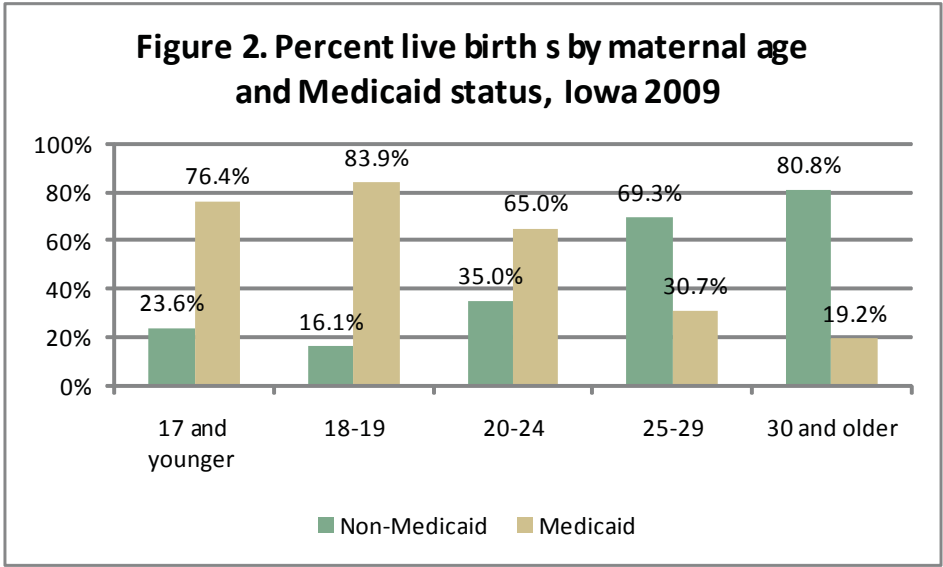




BIRTHS BY MATERNAL AGE AND MEDICAID STATUS

Among births to girls aged 17 and less, 76.4 percent (n=743) were reimbursed by Medicaid compared to 23.6 percent (n=229) of non-Medicaid recipients (Figure 2). Like girls 17 and less, a greater proportion of births to women ages 18 to 19 were reimbursed by Medicaid (83.9%; n=2,073) compared to non-Medicaid recipients (16.1%; n=397). A greater proportion of births to women ages 20 to 24 were reimbursed by Medicaid (65%; n=6,332) compared to non-Medicaid recipients (35%; n=3,403).

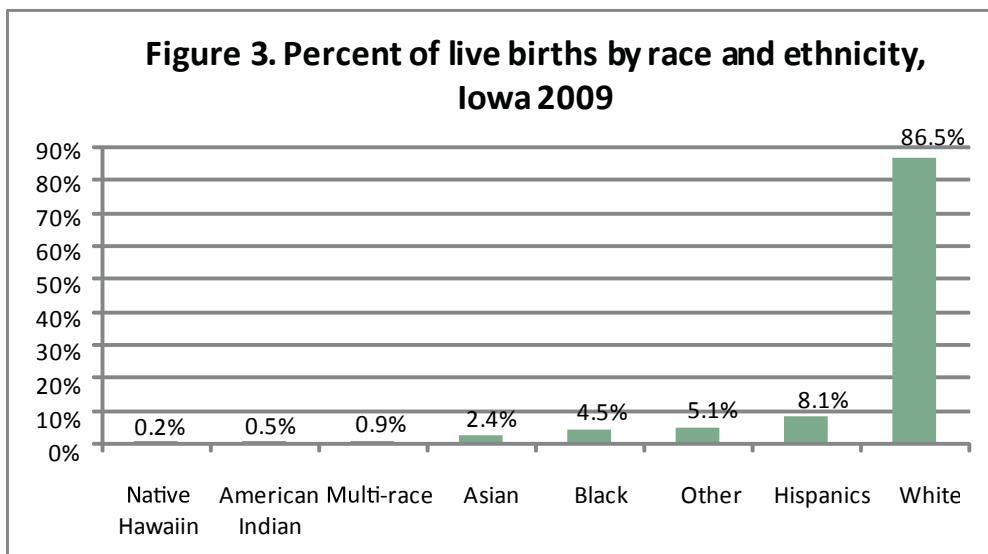
At ages 25 to 29 the proportion of Medicaid reimbursed births compared to non-Medicaid births was nearly a mirror image of births to women ages 20 to 24 (Figure 2). Specifically, the proportion of births to Medicaid recipients ages 25 to 29 was 30.7 percent (n=4,036) compared to 69.3 percent (n=9,107) among non-Medicaid recipients. Among live births to women ages 30 and older, 19.2 percent (n=2,548) were reimbursed by Medicaid. Eighty percent (80.8%; n=10,700) of live births among women ages 30 and older were among non-Medicaid recipients.



BIRTHS BY MATERNAL RACE AND ETHNICITY

Maternal race and ethnicity categories are based on the women's self-reported race and ethnicity on the birth certificate.

Births to Native Hawaiian women (n=63), American Indian women (n=203), and multi-race (n=351) groups each accounted for less than 1 percent of births in Iowa (Figure 3). Births to Asian women accounted for 2.4 percent (n=931) of births. Births to Black women accounted for 4.5 percent of births in 2009 (n=1,675). Other racial groups accounted for 5.1 percent (n=2,020). Births to Hispanic women accounted for 8.1 percent (n=3,198) of births. Births to white women accounted for 86.5 percent (n=34,208) of births in Iowa during 2009.

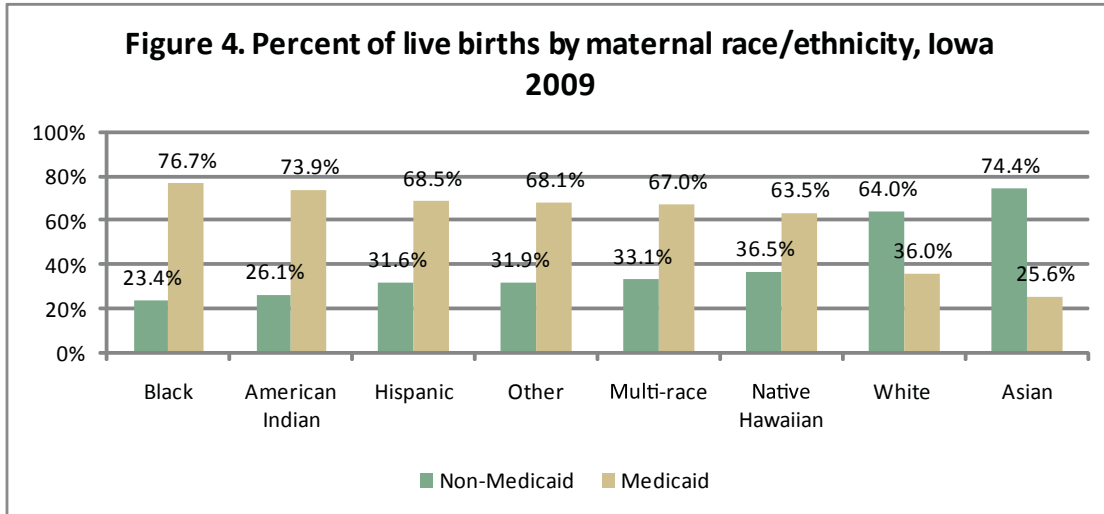


BIRTHS BY MATERNAL RACE AND ETHNICITY AND MEDICAID STATUS

In 2009, more than three-fourths (76.7%; n=1,369) of births to Black women were reimbursed by Medicaid (Figure 4 on page 5). Similarly, nearly three-fourths (73.9%; n=150) of births to American Indian women were reimbursed by Medicaid. Sixty-eight percent (68.5%; n=2,189) of births to Hispanic women were reimbursed by Medicaid, followed by 68.1 percent (n=1,375) of births to women who described their race as other. Sixty-seven percent (n=235) of births to multi-race women and 63.5 percent of births (n=40) to Native Hawaiian women were reimbursed by Medicaid in 2009.

In 2009, approximately one-fourth (25.6%; n=238) of births to Asian women were reimbursed by Medicaid (Figure 4 on page 5). More than one-third (36.0%; n=12,323) of births to white women were reimbursed by Medicaid.

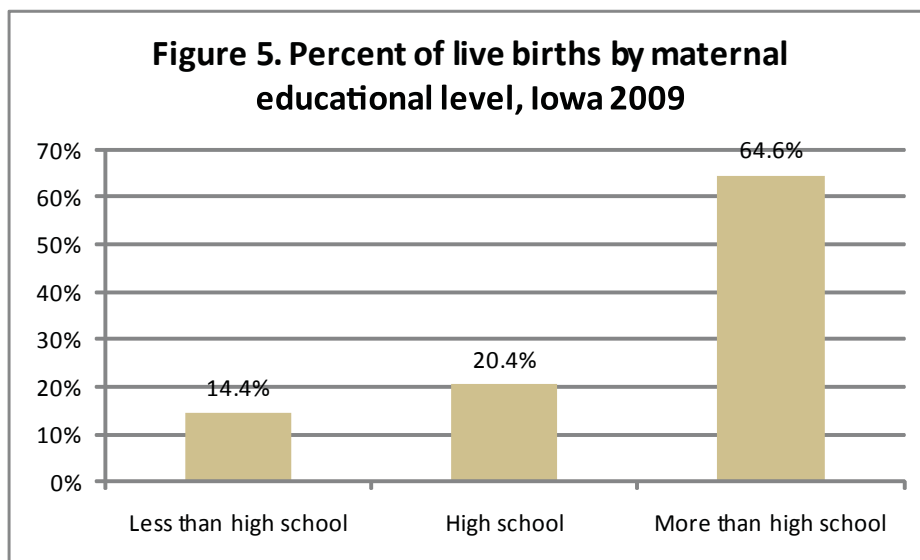




BIRTHS BY MATERNAL EDUCATIONAL LEVEL

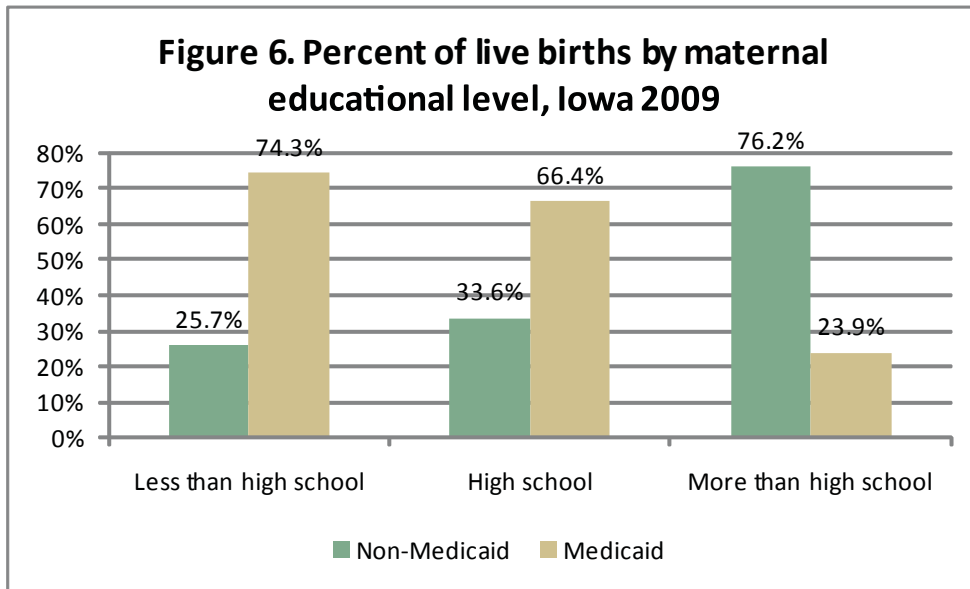
Maternal educational attainment is a self-reported variable on the birth certificate.

Women who attained up to 12 years of education, but did not graduate from high school accounted for 14.4 percent of live births in Iowa in 2009 (n=5,689) (Figure 5). Women who attained high school graduation or a GED, accounted for 20.4 percent of births (n=8,054). Women who attained more than a high school diploma accounted for 64.6 percent of live births (n=25,575).



BIRTHS BY MATERNAL EDUCATIONAL LEVEL AND MEDICAID STATUS

In 2009, nearly three-fourths (74.3%; n=4,225) of births to women with less than a high school education was reimbursed by Medicaid (Figure 6). Approximately two-thirds (66.4%; n=5,345) of births to women with a high school education were reimbursed by Medicaid. Less than one-fourth (23.9%; n=6,099) of births to women with more than a high school education were reimbursed by Medicaid.



DISCUSSION

Medicaid is an important health insurance resource for low-income pregnant women. Nearly forty percent of Iowa births in 2009 were reimbursed by Medicaid. Medicaid coverage is particularly important to young women, including those who are still in high school. It is also an important health insurance resource to women of racial and ethnic minorities in Iowa.



PROGRAM AND POLICY IMPLICATIONS

Programs that enable young women, particularly those who have not yet completed high school, to avoid pregnancy and complete their education, can reduce the proportion of births that are reimbursed by Medicaid.

A disproportionate number of births to women of racial and ethnic minorities were reimbursed by Medicaid in 2009 compared to white and Asian lowan women. Keeping in mind that Medicaid is a health insurance program for low income families, including pregnant women, programs and policies that address income and health insurance disparities among racial and ethnic minorities in Iowa can also reduce the proportion of births that are reimbursed by Medicaid.

CONCLUSIONS

Insurance coverage during pregnancy is a key factor in ensuring that pregnant women obtain early and adequate prenatal care. In this way Medicaid coverage is key factor in promoting healthy pregnancies among lowan women and healthy birth outcomes among their newborns.

ADDITIONAL INFORMATION

For additional information or to obtain copies of this fact sheet, write or call the Iowa Department of Public Health, Bureau of Family Health, 321 E. 12th Street, Des Moines, IA 50309;
1-800-383-3826

The Iowa Medicaid Birth Certificate match project is supported by an inter-departmental agreement between the Iowa Department of Human Services/Iowa Medicaid Enterprise and the Iowa Department of Public Health/Bureaus of Family Health and Health Statistics. The purpose of this project is to describe the characteristics of pregnant Medicaid recipients, their receipt of pregnancy related services, and their birth outcomes relative to women whose deliveries were not reimbursed by Medicaid. This information can be used to improve programs and policies to benefit Medicaid recipients.

In addition, the Iowa Department of Public Health would like to acknowledge the Maternal and Child Health Epidemiology Program, Applied Sciences Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention for analytic support and preparation of this fact sheet.