Insurance and Maternal Health in the National Hospital Care Survey, 2016

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Background

- Health insurance coverage has been shown to affect hospital-based care for delivering mothers. And having public health insurance is correlated with increased visits to the emergency department (ED) after birth.
- Medicaid accounts for almost one-half of insurance coverage for pregnant women in the United States and is required to cover them through at least 60 days postpartum.
- The National Hospital Care Survey (NHCS) collects personally identifiable information (PII) that allows for tracking patients after delivery.
- Analyzing the insurance coverage of patients at post-delivery ED and outpatient department (OPD) visits will provide insight into the effects of insurance on maternal health.

Methods

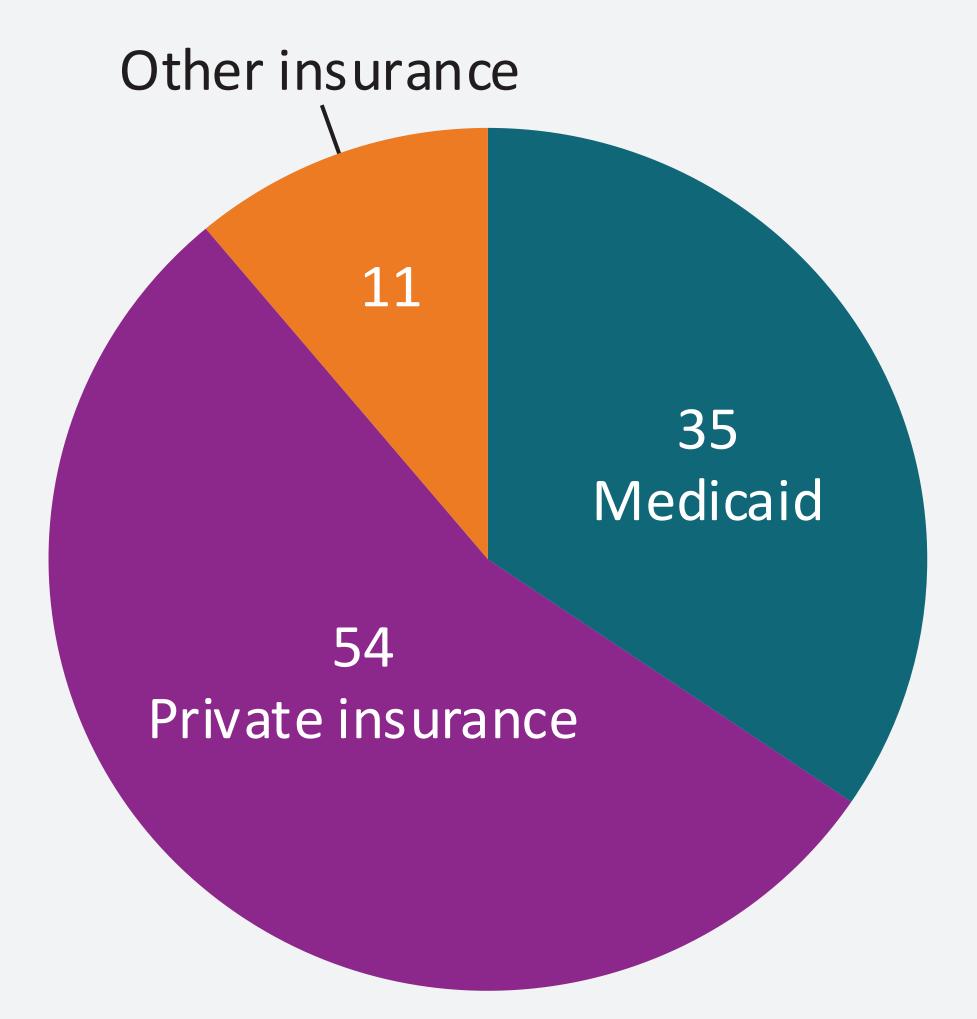
- This study utilizes 2016 NHCS data, which collects information on conditions and care received during visits to hospital inpatient, emergency, and outpatient departments, from a sample of 581 U.S. hospitals.
- For the 2016 data collection, 145 hospitals provided inpatient data. The unweighted total number of patient encounters was approximately 2 million inpatients, 4.6 million ED patients, and 9.8 million OPD patients.
- Using PII, encounters can be converted to patients and tracked across hospital settings.
- This study examines the post-delivery ED and OPD visits of female patients with any-listed diagnosis of delivery (ICD-10-CM = Z37) in the inpatient department from January 1, 2016, to October 1, 2016. Deliveries after October 1, 2016, were excluded to allow for equal opportunity for follow up.
- These data are not nationally representative.

Results

NOTE: Data are not nationally representative.

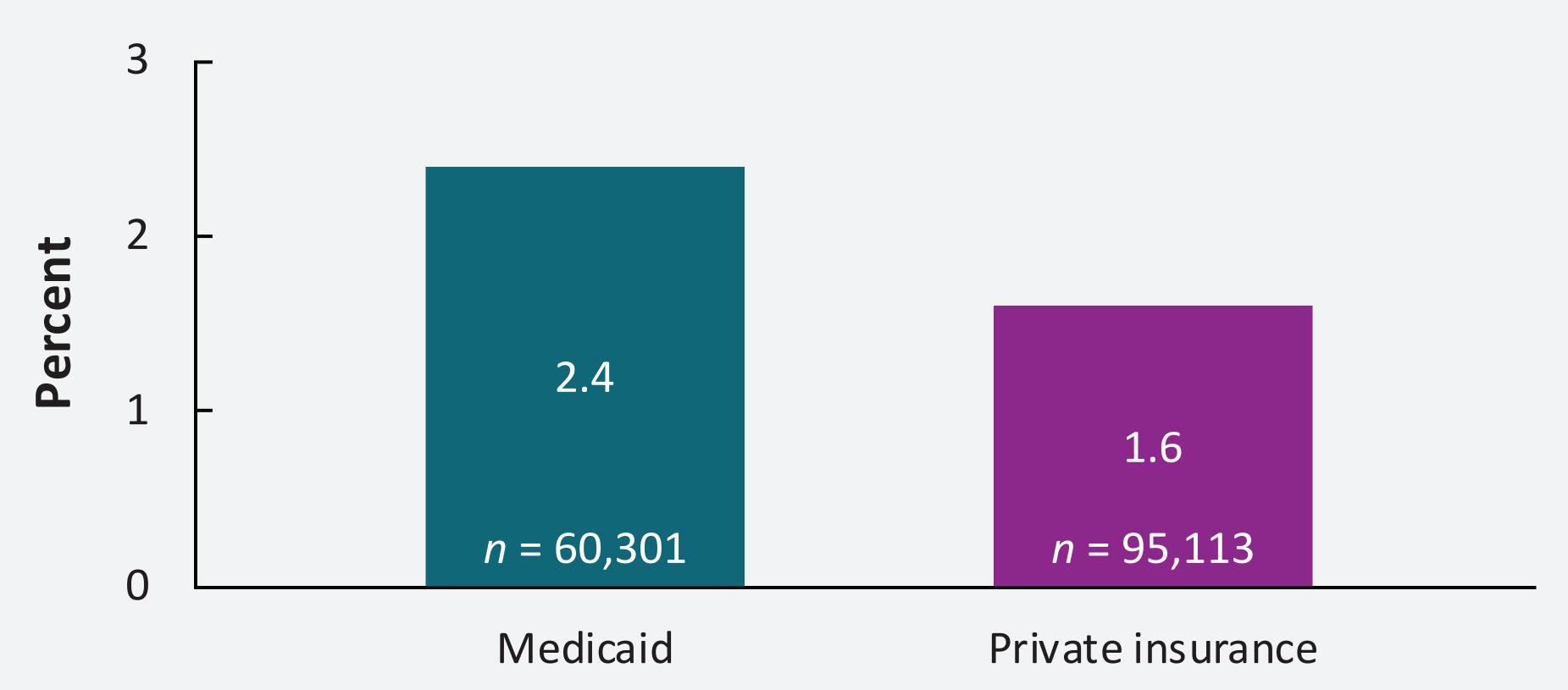
- 174,717 women gave birth between January 1, 2016, and September 30, 2016.
- 35% of patients had Medicaid, while 54% of patients had private insurance at the time of delivery.

Figure 1. Health insurance at time of delivery (n = 174,717)



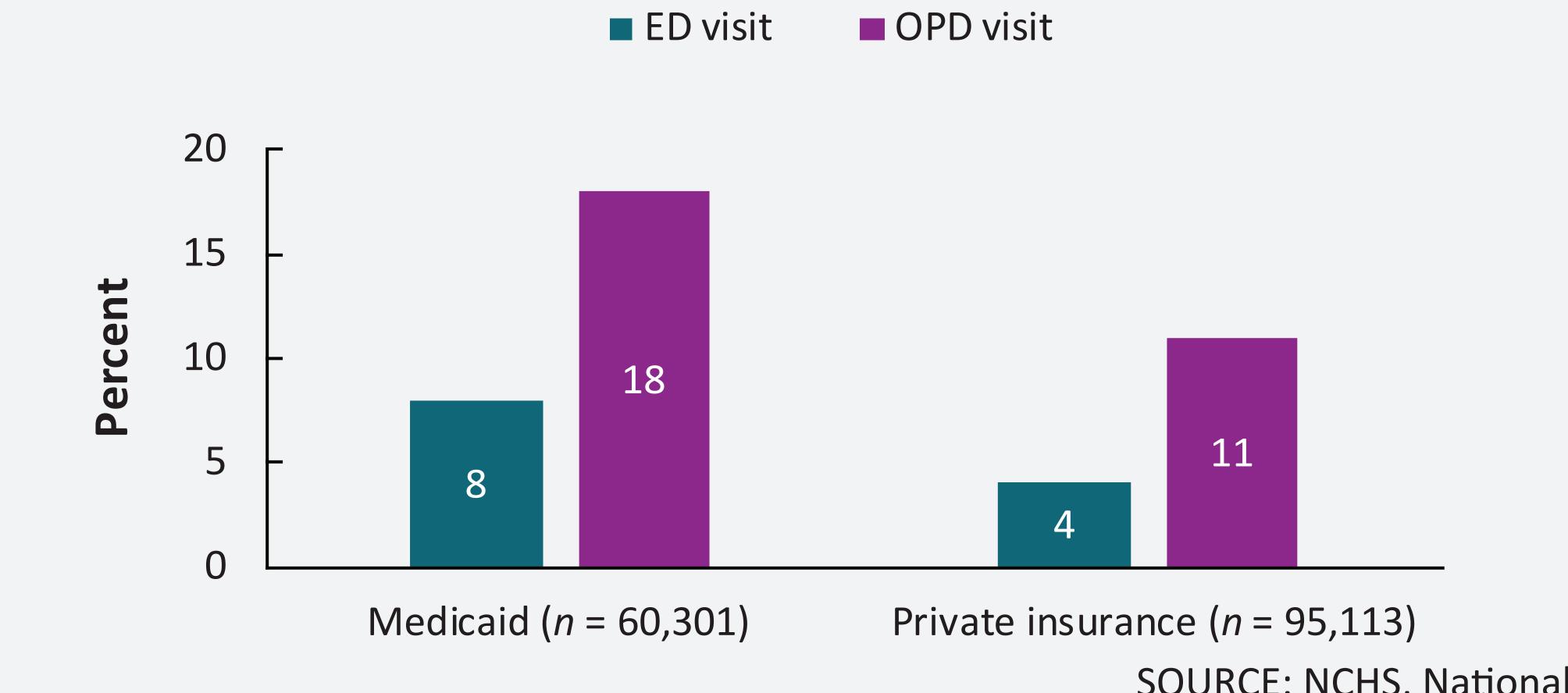
- Severe maternal morbidity (SMM) is defined as an unexpected outcome of "labor and delivery that results in significant shortor long-term consequences to a woman's health." It is identified by several ICD—10 diagnoses and procedures.
 - 2.4% of those with Medicaid had SMM
 - 1.6% of those with private insurance had SMM

Figure 2. Percentage of women with a severe maternal morbidity indicator, by insurance type



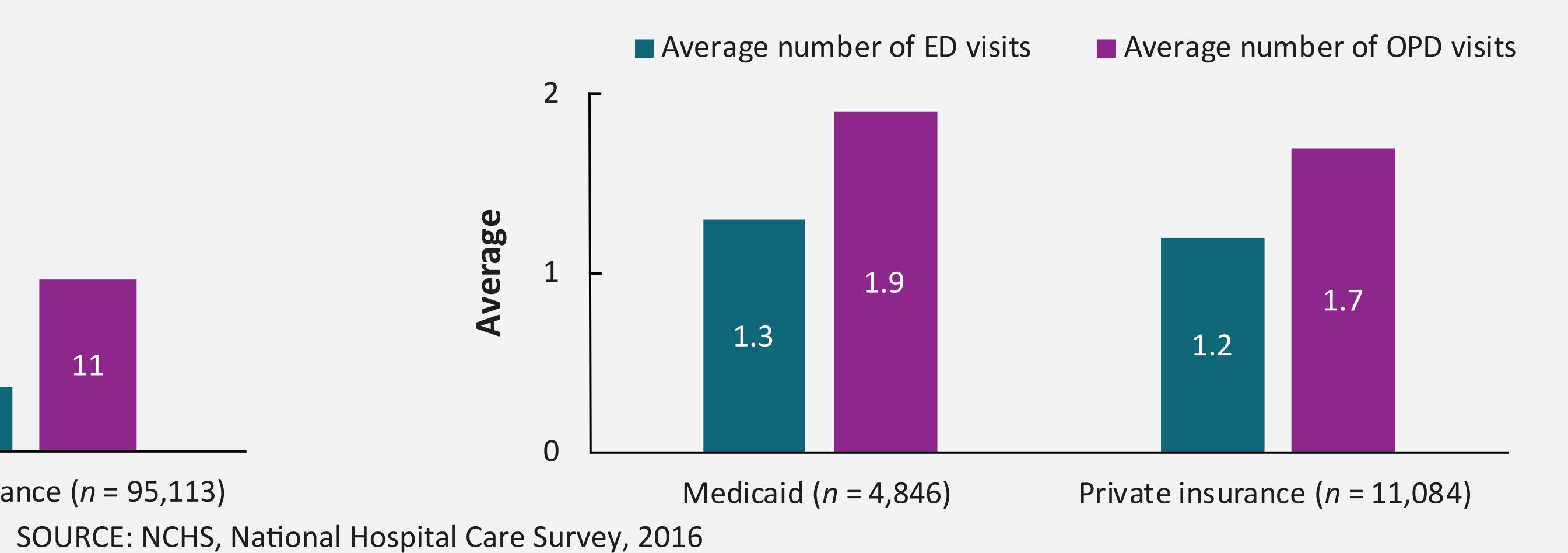
- SOURCE: NCHS, National Hospital Care Survey, 2016
- 8% of Medicaid patients and 4% of patients with private insurance went to the ED within 90 days post-delivery.
- 18% of Medicaid patients and 11% of patients with private insurance went to the OPD within 90 days post-delivery.

Figure 3. Percent distribution of Medicaid and private insurance patients who visited the ED or OPD within 90 days post-delivery



- On average, women with Medicaid had 1.3 visits to the ED, while women with private insurance had 1.2 visits to the ED post-delivery.
- On average, women with Medicaid had 1.9 visits to the OPD, while women with private insurance had 1.7 visits post-delivery.

Figure 4. Average number of ED and OPD visits within 90 days post delivery, by insurance type



Summary

- More Medicaid patients have one or more severe maternal morbidity indicators than those with private insurance.
- More women with Medicaid at the time of delivery visited the ED or the OPD within 90 days post-delivery than those with private insurance at the time of delivery.
- The average number of visits to the ED and OPD for women post-delivery was similar for women with Medicaid or private insurance.
- NHCS' ability to track patients after discharge presents a unique opportunity to observe the effects of insurance on the health outcomes of mothers in the United States. Future analyses may examine maternal outcomes among uninsured women.

Accessing NHCS Data

 2013–2016 NHCS data is available through the NCHS Research Data Center (RDC). Information on preparing an RDC proposal is available from: https://www.cdc.gov/rdc/index.htm.

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