All ready to deliver, but no place to go: The intersection between insurance coverage, facilities, and providers

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Introduction

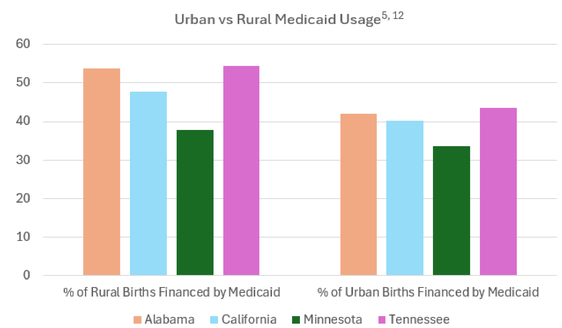
Maternal mortality ratio has been relatively constant in the last 6 years in the United States[1], however is still higher than in other developed nations[2]. The purpose of this study is to evaluate potential variables that have not been previously explored to gain insight into the variance of maternal mortality ratios between the states with the 2 highest, Alabama (AL) and Tennessee (TN), and the 2 lowest maternal mortality ratios, California (CA) and Minnesota (MN). These variables include access to public funded care (eligibility, prenatal and postnatal care, and immigration status), availability of OB providers and facilities in urban vs rural counties. There is minimal research that links all these factors together to help explain the difference in maternal mortality ratio.

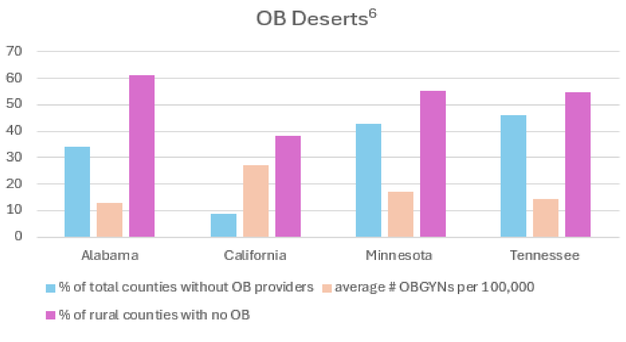
Objectives

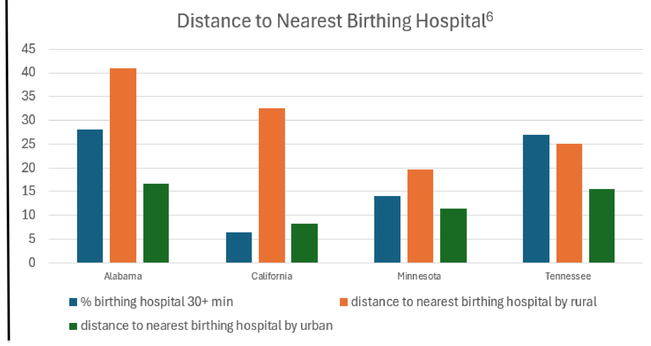
This research aims to compare the OB deserts, providers and birthing facilities, in California, Alabama, Tennessee, and Minnesota. The goal of this study is to highlight the harsh inequities for pregnant individuals living in OB deserts within the different states. Medicaid and CHIP are constantly evolving the parameters of their coverage, in addition to the recent expansion to cover prenatal and postpartum care up to a year. However, this research proves that despite additional funding, pregnant individuals may not have the facilities to utilize that funding. This research serves as a call to examine the current landscape in order to best direct the additional funding.

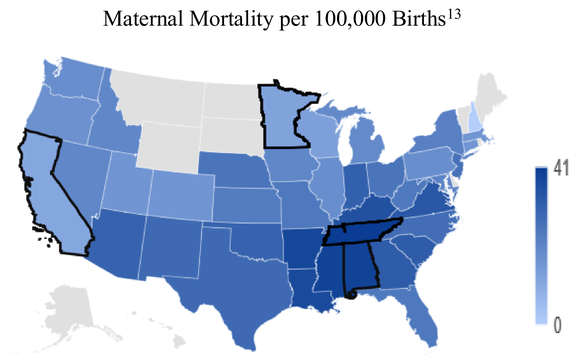
Materials and Methods

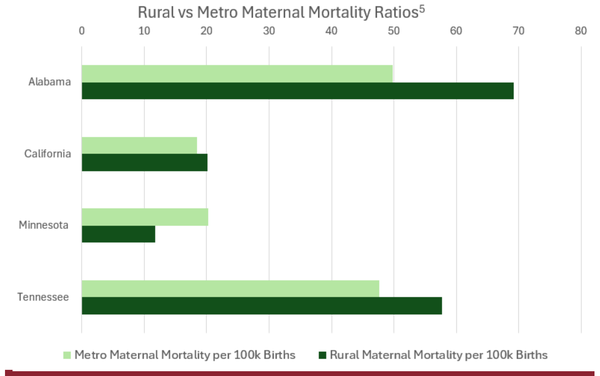
The data was collected from CDC Wonder, KFF, and analyses recently published in peer reviewed journals. The data was compiled and analyzed in Excel. Approved by WesternU IRB: 2425944-1. Search terms included “Maternal mortality,” “Medicaid + Maternal,” and “OB deserts”.

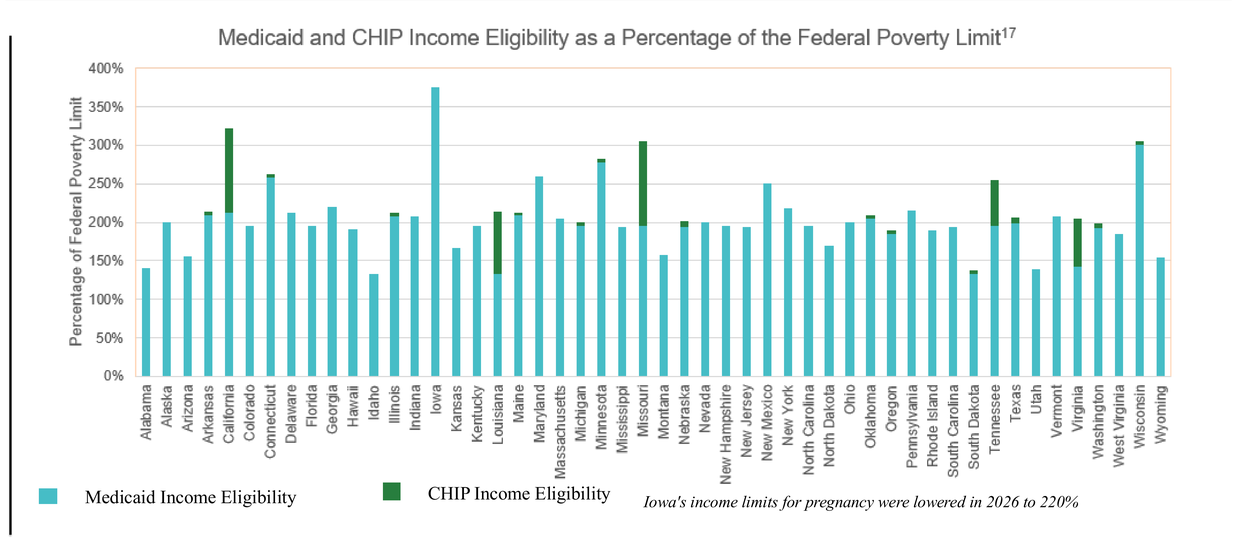












Results

- Medicaid insured women are 82% more likely to experience maternal mortality and severe maternal morbidity than their private health sector peers[3]
- Immigrant women may not qualify for publicly funded healthcare if they have been lawful permanent residents for under 5 years[4]
- Maternal mortality ratios/ 100,000 births: 54.2 (AL), 18.4 (CA), 18.5 (MN), and 49.8 (TN)[5]
- Average number of OBGYNs/ 100,000: 12.8 (AL), 27.3 (CA), 17 (MN), 14.5 (TN); significant when comparing CA to AL, MN, TN
- Percentage of counties without OB providers: 34 (AL), 9 (CA), 43 (MN), 46 (TN); significant between the US average, the states, and between the four states analyzed.
- The percentage of the population with a birthing hospital more than 30 minutes away: 28% (AL), 6.4% (CA), 14.1% (MN), 27% (TN)[6]; significant between urban and rural.
- Rural and Metro Maternal Mortality Ratios were significantly different in all states.
- Percent of rural counties with no OB is significant between the states
- Average of the US. Medicaid/CHIP coverage rate by Metro vs rural is significant in all states except AL.
- Percentage of births financed by Medicaid in rural vs urban areas are significant.

Conclusions

Medicaid expansion of financial coverage is vitally important to improving obstetrical care, but it has not equalized maternal mortality rates. The lack of OB facilities and providers in the deserts may hinder the beneficial impacts of expansion on postpartum coverage. The research highlights the need to further bridge the gap in OB facilities and the paucity of providers to decrease the difference in maternal mortality ratios in rural versus urban counties.

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Acknowledgements

We would like to thank Helen Musharbash and Dr. Anita Nelson for their support and guidance in the Western U Asylum clinic and research.