

Medicaid and Infant Mortality Rates (IMR)

“Despite the possibility that Medicaid could improve infant health by providing access to prenatal care, there may be reasons why this does not occur. Such reasons could include providers not accepting Medicaid, delayed Medicaid enrollment, or poor quality of care received through Medicaid.”

A few states have examined Medicaid payment for births. These states compare Medicaid coverage to being uninsured and find different outcomes for Medicaid covered births. Below is a discussion of four such states, three with rates below the U.S. average of 6.69—Hawaii (5.64), Minnesota (5.18) and Washington (4.68)—and one with an IMR higher than the U.S. average —Alabama (9.03).¹

Hawaii

The Hawaii State Department of Health examined the relationship between Medicaid status and birth outcomes using hospital discharge data from 2004 to 2006. They found that rates of IMR and low birthweight were significantly higher among those with Medicaid when compared to births covered by private or military insurance. They also found that the Medicaid population was more likely to have had a short birth interval—a recent birth within the past 15 months—which is linked to low birthweight and short gestational age births. They did not examine racial, ethnic or education differences between the Medicaid and non-Medicaid populations.

Minnesota

The Minnesota Department of Health examined the relationship between IMR and Medicaid using 1997 to 2001 Medicaid data linked to birth certificates. They found that the IMR was higher for Medicaid covered births (7.4) than for births covered by other sources (5.2). Medicaid was more likely to cover teen births and infants born to non-white women, and women with Medicaid received less prenatal care than those covered by other sources. They also found that the types of infant death observed differed for Medicaid and non-Medicaid covered births. SIDS and unintentional injuries were more common causes of death for the Medicaid population.

Washington

The Washington State Department of Health examined infant mortality in 2003 and found higher infant mortality for births covered by Medicaid than for those covered by other sources. Specifically, the IMR for Medicaid covered births (9.0) was double the rate for non-Medicaid covered births (4.5). They found that IMR were higher for teen mothers, women who were African American, American Indians/Alaska Native or a Native Hawaiian/Pacific Islander.

Alabama

The Alabama Department of Public Health examined 2005 birth data by method of payment for delivery and compared Medicaid, private insurance, self pay—who they consider to be uninsured— and other. They found the best outcomes for births covered by private insurance, and that births covered by Medicaid had worse outcomes when compared to births covered by private insurance, but better outcomes than births to women who were uninsured. When compared to the uninsured, women whose births were covered by Medicaid were more likely to have received prenatal care and less likely to have an infant born at a low birthweight or to have a infant die within the first year. **When compared to private insurance, Medicaid mothers received less prenatal care and had higher IMR—11.6 compared to 6.6.** They also observed that mothers whose births were paid for by Medicaid were less educated, more likely to be teenagers, and less likely to be married.

¹ Entire document draws directly from CRS materials prepared for Dr. Coburn.