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

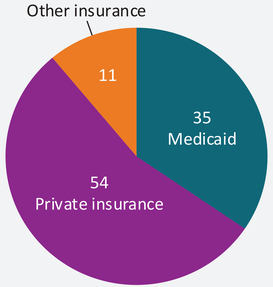
- This study utilizes 2016 NHCS data, which collects information on conditions and care received during visits to hospital inpatient, emergency, and outpatient departments, from a sample of 581 U.S. hospitals.
- For the 2016 data collection, 145 hospitals provided inpatient data. The unweighted total 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.

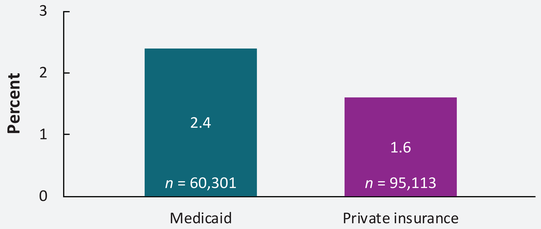
- 174,717 women gave birth between January 1, 2016, and September 30, 2016.
- 35% of patients had Medicaid, while 54% of patients had private insurance at the time of delivery.

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 short- or 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

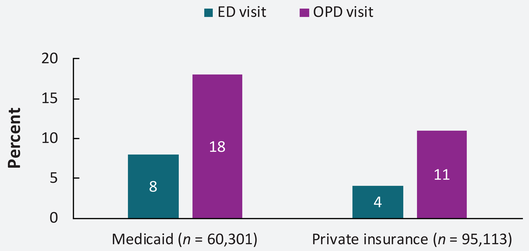
Figure 2. Percentage of women with a severe maternal morbidity indicator, by insurance type



SOURCE: NCHS, National Hospital Care Survey, 2016

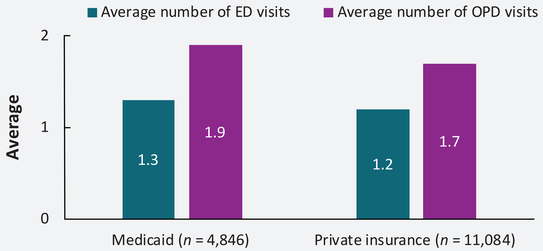
- 8% of Medicaid patients and 4% of patients with private insurance went to the ED within 90 days post-delivery.
- 18% of Medicaid patients and 11% of patients with private insurance went to the OPD within 90 days post-delivery.

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



SOURCE: NCHS, National Hospital Care Survey, 2016

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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