

Chronic Health Conditions and Insurance Status among Mothers During the Postpartum Period, New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS), 2015-2019

Maternal mortality has been increasing in the U.S., with more than half of pregnancy-related deaths occurring after delivery. Thus, health insurance for mothers during the postpartum period is critical. About 12% of pregnancy-related deaths occur between 6 weeks and one year after giving birth.¹ Furthermore, an increasing number of pregnant women in the U.S. have chronic health conditions that may put them at increased risk of complications during pregnancy or during the year following the delivery of their infant.²

Women covered by Medicaid for prenatal care and delivery can lose their coverage 60 days after giving birth, even though their infants remain covered for a full year. Postpartum healthcare comprises routine follow-up after labor and delivery, continued management of chronic health conditions that existed before pregnancy, complications that arose during pregnancy and delivery, access to family planning, and addressing postpartum depression and other mental health issues. Preexisting health conditions may include obesity, diabetes and hypertension. Persistent postpartum bleeding, endometritis, urinary incontinence, and thyroid disorders are common medical complications during the postpartum period.

There are several reasons why women are uninsured during the postpartum period. First, prior to passage of the Affordable Care Act (ACA), full Medicaid coverage was available to pregnant women up to 133% of the Federal Poverty Level (FPL), and Medicaid coverage for pregnancy-related care only was available to women starting from 134% of the FPL to 185% of the FPL.³ Medicaid covered pregnancy-related care through 60 days postpartum⁴ but many women ended up losing this coverage after the 60 days.⁴ After passage of the ACA, NM opted to expand Medicaid coverage under the ACA in 2014 for adult residents with household incomes up to 138% of the FPL.⁵ Medicaid coverage for pregnancy-related care only is cur-

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rently available to women up to 255% of FPL⁶ but this coverage expires 60 days following the end of pregnancy. Women who lose this Medicaid coverage after 60 days may still qualify for subsidized coverage through the ACA marketplace. A second reason for lack of insurance during the postpartum period is that if pregnant women leave the workforce after delivery, they can lose coverage unless they are covered by a partner or spouse. A small percentage of women (~3%) are continuously uninsured from preconception through the postpartum period.

Methods

Data from the New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS) survey for 2015-2019 were utilized to examine the insurance status among postpartum women after the 2014 expansion of Medicaid under the ACA. Chronic health conditions that occurred before, during or after pregnancy were also examined.

NM PRAMS is an ongoing public health surveillance system of maternal behaviors and experiences before, during and shortly after pregnancy and provides information that is representative of NM resident women who have given live birth in NM. Women who are residents of NM and who recently gave birth in NM are randomly selected to participate in the survey. The surveillance system is sponsored by the Centers for Disease Control and Prevention (CDC) and the NM Department of Health. PRAMS is New Mexico's only surveillance system that provides data about women in pre-pregnancy, pregnancy and the first few months after birth.

If health insurance was provided by the mother's em-

ployer, her husband's/partner's employer, her parent's health insurance, the NM Health Insurance Marketplace, or Tricare or other military health care, this was defined as having private health insurance. Other health insurance included the Children's Health Insurance Program, Family Planning/Title X Program or "other health insurance." Women who only reported Indian Health Service (IHS) as their insurance or reported "no insurance" were included in the uninsured group.

Results

From 2012-2013, prior to implementation of the ACA, 23.7% (95% Confidence Interval (CI): 21.8%-25.6%) of women were uninsured at the time of the survey. From 2015 to 2019, approximately 9.6% (95% CI: 8.8%-10.4%) of NM mothers who recently gave birth were uninsured at the time of the survey (see Figure).

Among women who were uninsured at the time of the survey from 2015 through 2019, 29.7% (95% CI 25.8%-33.5%) had Medicaid coverage for prenatal care, 9.7% (95% CI: 7.0%-12.4%) had private health insurance for prenatal care, 31.5% (95% CI: 27.6%-35.4%) had other health insurance for prenatal care and 29.2% (95% CI: 25.3%-33.0%) had no health insurance for prenatal care.

Among women who were covered by Medicaid for prenatal care, at the time of the survey, 89.5% (95% CI: 88.4%-90.7%) had Medicaid, 4.0% (95% CI: 3.3%-4.7%) had private insurance, 1.2% (95% CI: 0.8%-1.6%) had other health insurance, 5.2% had no health insurance (95% CI: 4.4%-6.1%).

Over half of foreign-born Hispanic mothers were uninsured, compared to <6% among women of other racial/ethnic groups (see Table). Over one-fifth of women with less than a high school education were uninsured. Women with household incomes at or below the FPL or between 101% and 185% of FPL were more likely to be uninsured compared to women with household incomes >185% of FPL. Among Native American women who were uninsured at the time of the survey, 69.3% (95% CI: 57.6%-81.0%) had health care through IHS.

Chronic Conditions

Preconception. Among women who were uninsured postpartum, 27.0% (95% CI: 22.8%-31.1%) were obese prior to pregnancy, 2.8% (95% CI: 1.4-4.2) had preconception diabetes, 2.6% (95% CI: 1.3-4.0) had preconception hypertension and 5.9% (95% CI: 3.9%-7.9%) had preconception depression (as determined

by the question "Did you have depression during the 3 months prior to conception?").

Among women who had Medicaid for prenatal care and were uninsured postpartum, 28.2% (95% CI: 20.9%-35.4%) were obese prior to pregnancy, 4.5% (95% CI: 1.3%-7.7%) had preconception diabetes, 2.5% (95% CI: 0.2%-4.8%) had preconception hypertension and 7.1% (95% CI: 3.2%-11.0%) had preconception depression.

Pregnancy. Among women who were uninsured postpartum, 13.8% (95% CI: 10.8%-16.7%) had gestational diabetes. During 2016-2019, 13.1% (95% CI: 9.6%-16.5%) had pregnancy-related hypertension, pre-eclampsia or eclampsia and 9.7% (95% CI: 6.8%-12.6%) had depression during pregnancy (as determined by the question "Did you have depression during pregnancy?").

Among women who had Medicaid for prenatal care but were uninsured postpartum, 9.0% (95% CI: 4.3%-13.7%) had gestational diabetes. During 2016-2019, 14.1% (95% CI: 7.6%-20.5%) had pregnancy-related hypertension, pre-eclampsia or eclampsia and 7.3% (95% CI: 2.8%-11.8%) had depression during pregnancy.

Delivery and postpartum. Among women who were uninsured postpartum, 9.6% (95% CI: 7.0%-12.2%) had postpartum depression and 22.4% (95% CI: 18.8%-26.1%) had a cesarean section delivery. Postpartum depression was defined as responses of "often" or "always" to two questions: "Since your baby was born, how often have you felt down, depressed, or hopeless?" and "Since your new baby was born, how often have you had little interest or little pleasure in doing things?"

Among women who had Medicaid for prenatal care but were uninsured postpartum, 9.6% (95% CI: 5.3%-13.9%) had postpartum depression and 17.8% (95% CI: 12.0%-23.7%) had a cesarean section delivery. Women who were uninsured at the time of the survey were significantly less likely to have a postpartum checkup about four to six weeks after giving birth (77.2%; 95% CI: 73.4%-80.9%) than women who had insurance at the time of the survey (87.9%; 95% CI: 87.0%-88.8%).

Discussion

Chronic health conditions that occurred before pregnancy or complications that occurred during pregnancy can continue to affect the mother's health after pregnancy. Obesity, diabetes, hypertension, depres-

Table 1. Prevalence of Uninsured Mothers by Demographics, NM PRAMS, 2015-2019

Demographics	Percent (95% CI)
Age Group	
<20	8.9 (6.1-11.8)
20-25	8.9 (7.5-10.3)
26-34	9.5 (8.3-10.6)
35+	12.0 (9.7-14.4)
Educational Attainment	
Less than high school	22.2 (19.7-24.7)
High school	9.6 (8.0-11.3)
Some college	6.6 (5.3-7.8)
Bachelor's degree or higher	3.3 (2.3-4.2)
Marital Status	
Married	10.1 (8.9-11.3)
Not married	9.1 (8.0-10.2)
Federal Poverty Level	
≤100%	13.0 (11.5-14.4)
101-185%	9.7 (8.0-11.4)
>185%	4.1(3.1-5.1)
Race/ethnicity	
Hispanic, Mexican-born	57.4 (53.4-61.5)
Hispanic, not Mexican-born	2.8 (2.1-3.5)
Native American	5.8 (4.1-7.5)
White, non-Hispanic	3.0 (2.1-3.9)

sion and other health conditions require ongoing monitoring and care well beyond 60 days postpartum.

Despite an increase in insurance coverage for NM mothers who gave birth after implementation of the ACA in 2014, about 10% of new mothers were still uninsured during the postpartum period from 2015 to 2019. Rules related to citizenship and documentation status can affect Medicaid eligibility among immigrant women. Additionally, IHS is not health insurance and does not provide comprehensive health care.

The conclusions in this report have several limitations. First, all responses in the NM PRAMS survey were self-reported and therefore subject to recall bias

(respondents may not remember past events or experiences accurately) and social desirability bias (there is tendency of respondents to answer questions in a manner that will be viewed favorably by others). Second, mothers were asked to recall the discussions with their health care provider only and not to include reading material they were provided or videos they watched. If they did watch videos or read material, it may be difficult to differentiate the knowledge imparted by their health care provider and videos/reading material.

Recommendations

Extending Medicaid coverage among NM women to a full year after delivery would benefit women who lose Medicaid coverage after 60 days postpartum by reducing complications and providing management of chronic conditions. The American Rescue Plan Act of 2021 will allow states to extend Medicaid postpartum coverage from 60 days to 12 months on April 1, 2022. Based on the data in this report, that could result in about 30% of uninsured women who lose Medicaid coverage to maintain coverage for a year after delivery. More importantly, these women would have access to health care to treat potential pregnancy complications and other health conditions.

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Figure 1. Prevalence of Uninsured Mothers at the Time of the Survey, NM PRAMS, 2012-2019

