

How Medicaid Expansion is Linked to Infant Mortality in 200 Words

[Population Health Sciences](#)

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Researchers at Florida International University uncovered another way Medicaid expansion may be positively impacting families across the country – greater declines in infant mortality.

In their [study, published recently in the *American Journal of Public Health*](#), Drs. Chintan Bhatt and Consuelo Beck-Sagué found that while infant mortality rates declined in all states between 2010-2016 by 11.9 percent meeting [Healthy People 2020 goals](#), states that expanded Medicaid saw rates of decline 50 percent greater than non-expansion states. What's more, the researchers saw the greatest differences in reduced infant mortality rates in African American infants, which ultimately drove infant mortality reductions in expansion states.

One highly plausible explanation for this improvement is the opportunity Medicaid expansion provides for more low-income, non-pregnant women to access coverage and [essential health benefits](#), including access to contraception to prevent unplanned pregnancies and enhanced maternity benefits if they do become pregnant. Of course, I must note that this study can't account for any changes recently made to the Medicaid program, including allowing states to impose [work requirements](#).

The significant racial disparities in maternal and infant health outcomes, including infant and maternal mortality, are among the most pressing public health issue facing our country. We should not look lightly on policy interventions that may move the needle on mortality and, in particular, reduce disparities in mortality within the first year of a child's life.

This post is part of our “_____ in 200 Words” series. In this series, we tackle issues related to children’s health policy and explain and connect you to resources to help understand them further, all in 200 words. If you have any suggestions for a topic in this series, please send a note to PolicyLab’s Communications Manager [Lauren Walens](#).

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