Children's Hospital of Philadelphia PolicyLab

Preventive Health Care Utilization Among Mother-infant Dyads With Medicaid Insurance in the Year Following Birth

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Following birth, women may access preventive care in adult settings or, with their infants, in pediatric settings. Preventive care can improve future birth outcomes and long-term health, particularly for women with health risks.This cohort study linked mother-infant Medicaid claims from 12 states for 2007-2011 births. Pregnancy claims identified health risk categories: maternal cardiovascular (diabetes, hypertension, pre-eclampsia, obesity), maternal mental health (depression, anxiety), and premature birth. Claims for 1 year following birth identified adult and pediatric preventive visits. Logistic regression assessed the relationship between visits and risks, adjusting for maternal demographics, perinatal health care utilization, year, and state. Of 594,888 mother-infant dyads with Medicaid eligibility for 1 year following birth, 36% had health risks. In total, 38% of all dyads, and 33% with health risks, had no adult preventive visits. Dyads had a median of 1 (IQR, 0-2) adult and 3 (IQR, 2-5) pediatric preventive visits. A total of 72% of dyads had more preventive visits in pediatric than adult settings. In regression, preterm birth was associated with lower odds of any adult preventive visits [odds ratio (OR), 0.97; 95% confidence interval (CI), 0.95-0.99], and maternal health risks with higher odds (cardiovascular OR, 1.19; 95% CI, 1.18-1.21; mental health OR, 1.87; 95% CI, 1.84-1.91), compared with dyads without risk. Maternal health risks were associated with increased adult preventive visits, but 38% of dyads had no adult preventive visits in the year following birth. Most dyads had more opportunities for preventive care in pediatric settings than adult settings.

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