Why Adult Medicaid Is a Critical Component of Child Health

Family & Community Health

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Editor's Note: This post is part of a series exploring the role Medicaid plays in the health of children, families and communities. Our experts will examine the data, share timely research, and outline policy details related to the importance of the program for different populations. Click here to explore more posts in the series.

As a primary care pediatrician, I support the health of individual children and families. As a child health researcher, I think about ways to prevent the problems that families bring to me at a population level. One key lesson I've learned in these dual roles is that promoting child health requires investing in adult health. With the Medicaid program under threat, it's important to understand that its support for adult health is synergistic with its child health goals.

Below, I'll discuss how Medicaid for both pregnant and non-pregnant adults is an important driver of child health in the United States.

The Impacts of Medicaid In the Reproductive Years on Child Health

The most effective health promotion starts early. If we want to improve pediatric health outcomes, we need to address complications of pregnancy and adverse birth outcomes. Approximately 10% of children in the U.S. are born premature, which is associated with lifelong increased risk of pulmonary, neurodevelopmental, and cardiovascular disease. This is true even for late prematurity. Pregnancies complicated by high blood pressure or diabetes also increase the risk of chronic disease for children.

Medicaid plays a large role in pregnancy health nationally—it provides insurance for approximately 40% of U.S. pregnancies and births, and most states have taken up the option recently afforded them to extend the pregnancy eligibility levels for Medicaid through 12 months postpartum. My research has demonstrated the importance of this time period, including in relation to the next pregnancy. For example, for women with pregnancies complicated by hypertension, those who had preventive care in the year after birth had fewer problems in subsequent pregnancies.

There are certain windows in human development that are particularly important for lifelong health—one such period occurs very early in pregnancy. Maternal health before pregnancy and at the time of conception has implications for pregnancy outcomes, which in turn has implications for lifelong health for children. This critical window for intergenerational health promotion can occur before people realize that they are pregnant. For women who only have access to health insurance during pregnancy, this window may be missed. To give children the best chance at health, we must therefore invest in the health of all adults of reproductive age, even those who are not yet parents. Unfortunately, uninsurance is highest (15%) during periods that coincide with peak reproductive years.

Importance of Coverage Prior to Pregnancy: Supporting Child Health Requires Investment in Adult Health

Because of high uninsurance during peak reproductive years, pregnancy-related insurance "churn," or changes in health insurance status around a pregnancy, affects 30% of pregnancies. The Affordable Care Act gave states the option to expand Medicaid **to low-income, non-pregnant adults**. This Medicaid expansion allowed more women of reproductive age to be insured before pregnancy, reduced pregnancy-related churn, and led to improved preconception counseling, early prenatal care and early use of prenatal vitamins. While the evidence is still emerging, studies suggest these benefits were also linked to reduced preterm birth rates, postpartum hospitalizations and maternal mortality. These benefits reflect the importance of health before pregnancy or early in pregnancy in influencing pregnancy outcomes.

Uninsurance prior to pregnancy may be particularly problematic for adults with chronic disease. As more young adults experience chronic health conditions, lack of insurance during their reproductive years not only places them at risk of adverse outcomes but also creates barriers to ensuring healthy pregnancies. Rates of obesity, diabetes, and mental health conditions, all of which can adversely influence pregnancy outcomes, are rising among youth. These youth will be the parents of our next generation and are likely to need more health care during early adulthood to ensure healthy pregnancies—not less.

The Medicaid program is critical to its beneficiaries throughout the life course. As the country faces potential Medicaid cuts, we should seek to avoid a self-reinforcing cycle where chronic disease in young adulthood, particularly if poorly managed, leads to worsening pregnancy outcomes, which in turn leads to further increased rates of chronic disease in youth. Ensuring robust health insurance throughout the reproductive years for all adults may help to break this cycle, allowing chronic diseases to be optimally managed prior to conception. Protecting access to health care for adults is important for today's adults, and is critical to the health of our next generation.

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