



NEWS RELEASE

ALABAMA DEPARTMENT OF PUBLIC HEALTH

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New publication examines birth outcomes by method of payment for delivery

FOR IMMEDIATE RELEASE

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Having medical insurance during pregnancy and childbirth can affect the chances of adverse birth outcomes and even infant survival. This is among the conclusions advanced in an Alabama Department of Public Health publication which analyzes the methods of payment for delivering babies in Alabama.

The report, "Method of Payment for Delivery," uses data from birth certificates filed with the Center for Health Statistics. In 2005, 48 percent of Alabama deliveries were paid for by Medicaid, 48 percent by private insurance, and the remaining 4 percent were either by self pay or other means.

Birth outcomes varied by method of payment for delivery. For example, babies whose delivery was paid for by Medicaid were 40 percent more likely to be born at low birth weight as were those whose deliveries were paid for by private insurance. Babies whose mothers were self pay were the most likely to be born at low birth weight. Low birth weight is associated with infant morbidity and mortality.

Infants whose deliveries were self pay were nearly twice as likely to die as those whose deliveries were paid by Medicaid and over three times as likely to die as those whose deliveries were covered by private insurance. Babies covered by Medicaid were more than 60 percent more likely to die than those paid by private insurance.

The report stated, "These outcome differences reflect the different socioeconomic and cultural risk factors of mothers as well as the amount and quality of health services received by mothers with different methods of payment for delivery."

Dr. Donald Williamson, state health officer, said, "Finding ways to increase the number of women with insurance should greatly reduce the number of mothers with late or no prenatal care and improve pregnancy outcomes by reducing the incidence of low birth weight babies and infant mortality."

Factors which had a bearing on method of payment for delivery included level of education, maternal age and marital status.

- The study finds clear differences in insurance coverage by the educational attainment of the mother. Medicaid coverage and self pay were more prevalent among the poorly educated and decreased with the level of educational attainment.
- The method of payment for delivery also varied greatly by the mother's age. Medicaid paid for four of every five births to teenagers. Mothers 20 to 34 years of age had half of their deliveries paid by private insurance while Medicaid paid for two of every five deliveries. For mothers 35 and older, almost 80 percent were paid for by private insurance, while Medicaid paid for fewer than one out of five deliveries.
- Being married also affected the method of payment for delivery. More than 80 percent of deliveries for unmarried mothers were paid for by Medicaid compared to only 29.8 percent of deliveries to married mothers.

Insurance status affects when women begin receiving prenatal care. Virtually all women with private health insurance began prenatal care during the first three months of pregnancy. Among women with Medicaid insurance, only 74.7 percent began prenatal care in the first trimester, while only 46.8 percent of women without health insurance began prenatal care in the first trimester.

"Method of Payment for Delivery," a four-page document, is available at <http://ph.state.al.us/chs/HealthStatistics/HEALTHSTATISTICS.HTM> and may be obtained from the Center for Health Statistics, P.O. Box 5625, Montgomery, Ala. 36103-5625, (334) 206-5429.

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