

Inter-conception care among Oregon women with Medicaid financed deliveries

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TOPIC/TARGET AUDIENCE: Public health professionals

ABSTRACT: Background: Gestational diabetes mellitus (GDM) and hypertensive disorders during pregnancy (HDP) are associated with adverse maternal and pregnancy outcomes. Inter-conception care provides follow-up on these conditions.

Methods: We used individually-linked data from birth certificates, Medicaid eligibility and claims, and hospital discharge records to examine inter-conception healthcare utilization (2009-2013) among women with Medicaid-financed deliveries in Oregon (2008-2012) (n=24,988). We conducted chi-square tests to assess differences in inter-conception care by GDM and HDP status.

Results: Approximately 43% of women on Medicaid retained coverage one year postpartum. Of those, 7% had GDM and 6% had HDP. Only 28% had a timely postpartum visit (21-56 days postpartum), and 44% used a contraceptive service during the postpartum year. Women with GDM were less likely ($p < 0.05$) to have a timely postpartum visit (25%) or use a contraceptive service (38%) in the year postpartum compared with women without GDM (28% and 44%, respectively). There were no significant differences in timely postpartum visits or contraceptive services for women with and without HDP.

Conclusions: Efforts are needed to increase receipt of timely postpartum visits, follow-up testing for postpartum women with recent GDM and HDP, and contraception services to help women return to optimal health before getting pregnant again.

OBJECTIVE(S):

- Describe differences in receipt of Medicaid-financed interconception care among women with and without GDM or HDP who were insured by Medicaid at delivery in Oregon
- Identify the percentage of women who received a timely postpartum visit (defined as occurring 21-56 days postpartum)
- Identify the percentage of women who received a contraceptive service within the year after delivery

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