

TITLE: Impact of Medicaid Expansion on access to Prenatal Care and Adverse Neonatal Outcomes in Oregon

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Policy makers, researchers, public health professionals

ABSTRACT: Low-income women disproportionately experience preventable, adverse neonatal outcomes. Prior to the ACA Medicaid expansion, many low-income women became eligible for coverage only after becoming pregnant, reducing their access to healthcare before and during the early months of pregnancy. This study examined the impact of Medicaid expansion on prenatal care access and neonatal outcomes in Oregon.

We included all live births in Oregon from 2012-2015 birth certificates (n=177,757), linked to Medicaid eligibility data to identify Medicaid financed births. Using logistic and bi-probit regression models, we estimated the effects of Medicaid expansion on prenatal care access and neonatal outcomes. After Medicaid expansion women were significantly more likely to be enrolled in Medicaid during their first trimester of pregnancy. Medicaid enrollment was positively associated with prenatal care timeliness ($\hat{I}^2=1.18$, $p<0.001$) and adequacy ($\hat{I}^2=0.26$; $p<0.001$), negatively associated with abnormal neonatal conditions ($\hat{I}^2=-0.30$; $p<0.05$), but not associated with low birthweight. Medicaid expansion had significant, positive associations with Medicaid enrollment during the first trimester of pregnancy, which subsequently increased timely and adequate prenatal care and reduced abnormal neonatal conditions. These findings suggest that Medicaid expansion in Oregon had a positive impact on women's access to prenatal care and on the health of their infants.

OBJECTIVE(S): Describe the effect of Medicaid expansion on Medicaid enrollment during the first trimester of pregnancy.

Describe the effect of Medicaid expansion on the timeliness and adequacy of prenatal care utilization.

Describe the effect of Medicaid expansion on adverse neonatal outcomes.

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