



Alabama Vital Stats

Alabama Department of Public Health

www.adph.org

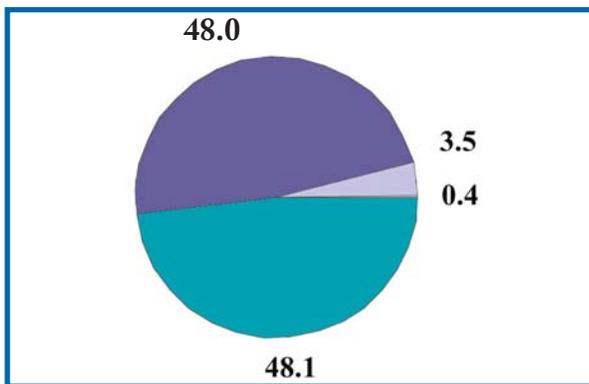
July 2007

Method of Payment for Delivery

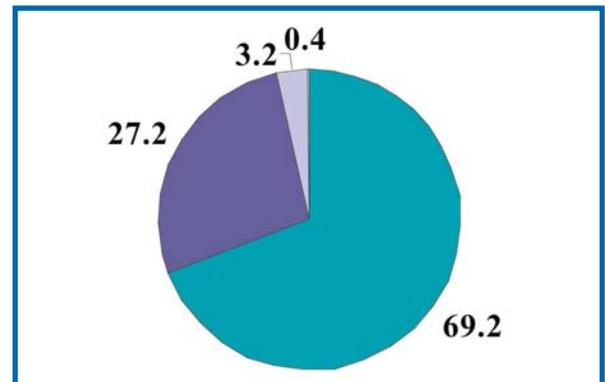
With medical care so expensive and costs rising by double digits in recent years, having medical insurance is very important. This is especially true during pregnancy and childbirth when women

Mothers can also be counseled about risky behaviors such as smoking, illegal drug and alcohol use.

Method of Payment for Delivery, Alabama 2005



Method of Payment for Delivery, Black and other Mothers, Alabama 2005

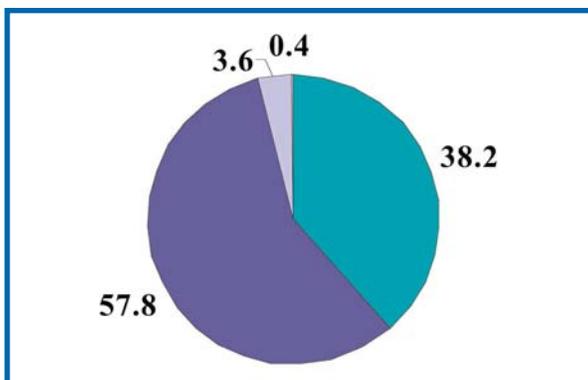


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often have to visit doctors and have a hospital stay. Prenatal care is especially important for monitoring changes in the mother's body during pregnancy. Potentially life threatening conditions like diabetes, hypertension, and eclampsia can be detected and treated.

In Alabama, in 2005, over 96 percent of women delivering a baby had health insurance. Almost half (48.1 percent) had Medicaid insurance and approximately the same percent (48.0) had private insurance. However, about 1 of every 25 mothers had no insurance for delivery and had to pay with her own resources.

Method of Payment for Delivery, White Mothers, Alabama 2005



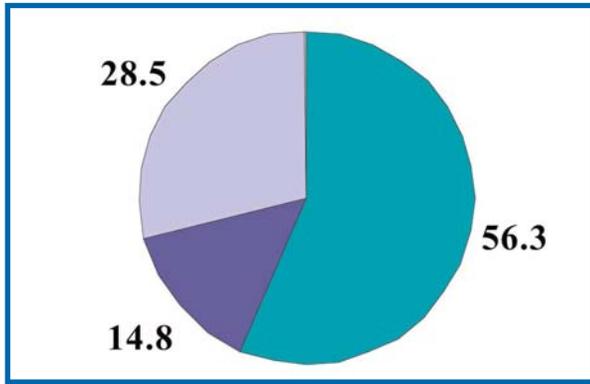
The type of insurance a mother had varied greatly by race and ethnicity. Almost 60 percent of white women had private insurance and about a third had Medicaid. On the other hand, the largest category for black women was Medicaid, with over two thirds of black births being paid for by these funds. Black mothers were only half as likely to have private insurance as white mothers. Approximately 4 percent of white women and 3 percent of black women had no insurance to pay for their delivery.

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More than a quarter (28.5 percent) of Hispanic mothers delivered without insurance coverage, or were considered to be self pay. Only 1 in 6 Hispanic mothers had private insurance and over half had Medicaid. The Hispanic population may be more likely to work in jobs that do not provide health insurance.

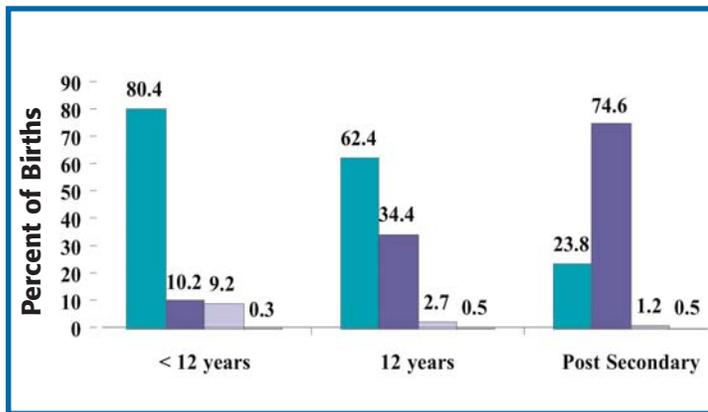
Method of Payment for Delivery, Hispanic Mothers Alabama 2005



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Insurance coverage varied greatly by the educational attainment of the mother. There was a very clear difference for each type of insurance by education level. Medicaid coverage and self pay were more prevalent among the poorly educated and decreased with the level of educational attainment. Private insurance coverage had the opposite pattern. The more educated the mother, the more apt she was to have private insurance coverage for delivery. Thus, it is important for women to strive for higher educational attainment so they can obtain jobs, which are more likely to provide health insurance.

Method of Payment for Delivery, Education of Mother, Alabama 2005

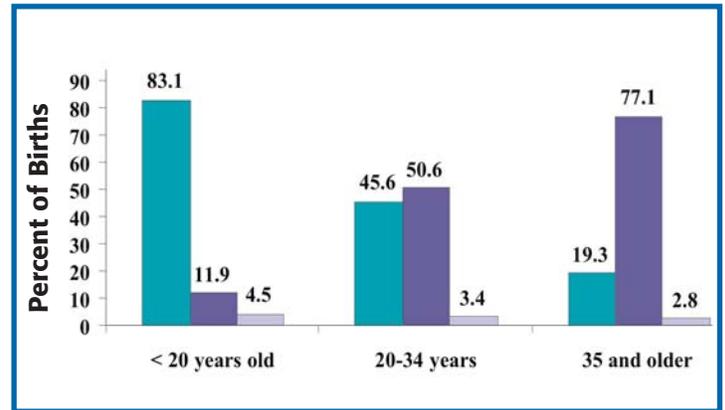


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Method of payment for delivery also varied greatly by mother's age. Medicaid paid for 4 of every 5 births to teenagers. Mothers 20-34 years of age had half of their deliveries paid by private insurance while Medicaid paid for 2 of every 5 deliveries. For mothers 35 and older, almost 80 percent were paid for by private insurance, while Medicaid paid for fewer than 1 out of five deliveries.

Being married also affected the method of payment for delivery. Over 80 percent of deliveries for unmarried mothers were paid

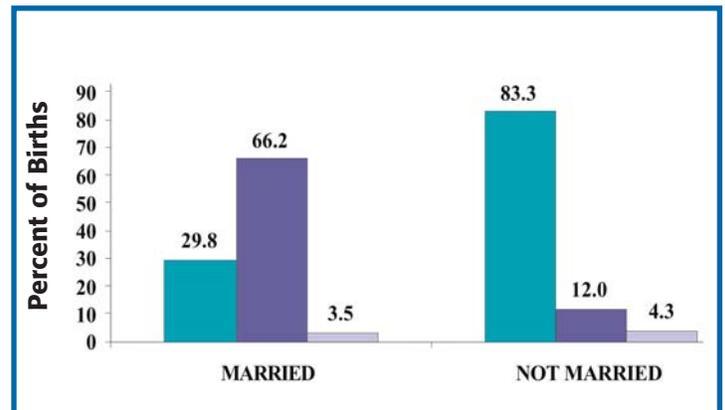
Method of Payment for Delivery, by Age of Mother, Alabama 2005



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for by Medicaid compared to only 29.8 percent of deliveries to married mothers. Married mothers were more likely to have private insurance since some women were probably covered through their husband's insurance or employer provided insurance. In addition, two income families generally are more affluent than single parent families and may be better able to afford health insurance.

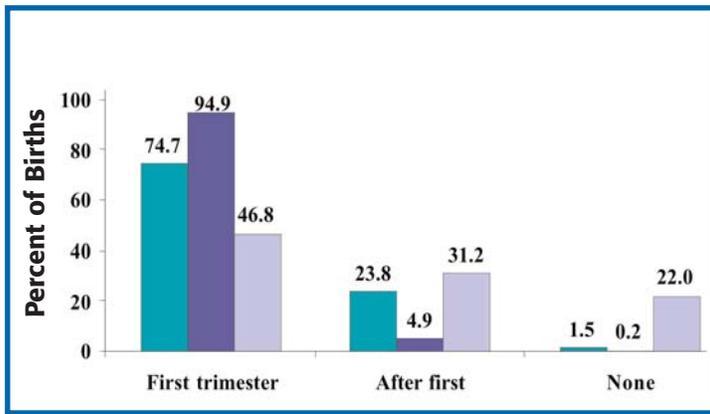
Method of Payment for Delivery, by Marital Status of Mother, Alabama 2005



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Initiation of prenatal care and the amount of prenatal care women received also varied by type of insurance. 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. Almost 1 of every 5 women without health insurance had no prenatal care. This is over 14 times higher than Medicaid mothers. Hardly any mothers with private insurance had no prenatal care.

Initiation of Prenatal Care by Method of Payment for Delivery, Alabama 2005

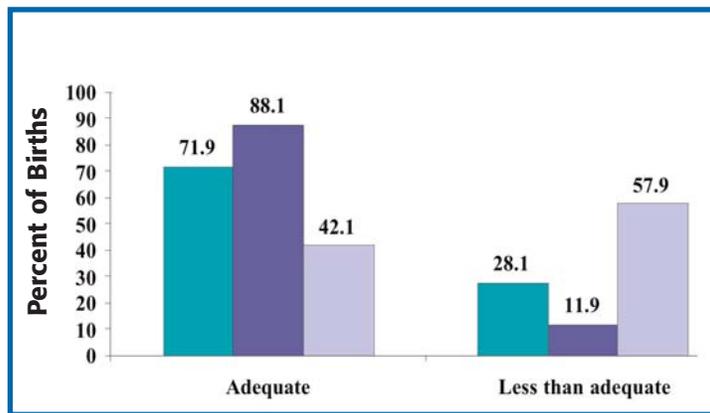


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Another way to look at prenatal care is to see whether mothers had adequate prenatal care or began prenatal care early and received the recommended number of visits based on the gestational age of the infant at birth. More than half of the mothers with self pay did not have adequate prenatal care, and more than 1 in 4 mothers with Medicaid insurance did not receive adequate prenatal care. The overwhelming majority of mothers with private insurance did receive adequate prenatal care.

Birth outcomes varied by method of payment for delivery. For

Adequacy of Prenatal Care by Method of Payment for Delivery, Alabama 2005

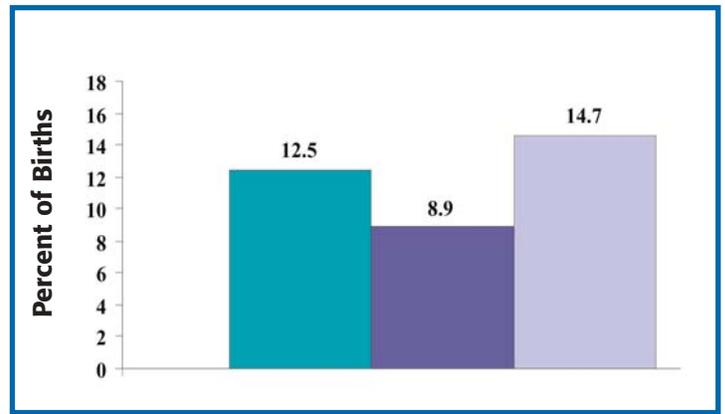


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example, babies whose delivery was paid for by Medicaid were 40 percent more likely to be born at low birth weight (less than 2500 grams or 5 pounds and eight ounces) as were those whose delivery was paid for by private insurance. Babies whose mothers were self pay were the most likely to be born at low birth weight.

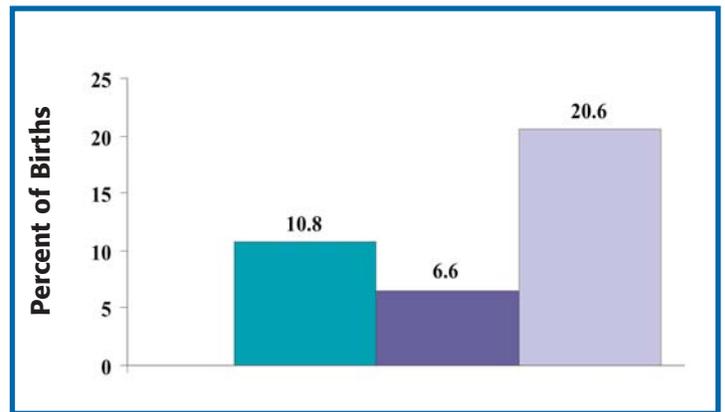
Infants whose deliveries were self pay were nearly 2 times as likely to die than those whose deliveries were paid by Medicaid and over 3 times as likely to die as those whose deliveries were covered by private insurance. Babies covered by Medicaid were more than 60 percent more apt to die than those paid by private insurance.

Percent Low Birth Weight by Method of Payment for Delivery, Alabama 2005



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Infant Mortality Rate by Method of Payment for Delivery, Alabama 2005



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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.

In sum, having insurance can affect chances of adverse birth outcomes and even infant survival. The chances of having insurance of a given type, or even having insurance at all, is not random. Birth data show that higher educated adult women who are married are more likely to have private insurance to pay for their delivery.

Women with private insurance are also more prone to seek medical care and advice early in pregnancy and to have the appropriate number of visits than poorer less educated women. Women of Hispanic origin are more likely to be uninsured than non-Hispanic women.

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Several proposals have been made to provide insurance to cover medical expenses of pregnant women who are currently not insured.

Expanding Medicaid coverage from the present 133 percent of the poverty level to 175 or 200 percent of the poverty level would provide coverage to working poor mothers whose employers do not provide health insurance.

Providing insurance through the Children's Health Insurance Program to mothers prior to delivery to cover the cost of their prenatal care would help increase the chances that their children would have a better birth outcome. Finding ways to increase the number of women with insurance should greatly reduce the number of mothers with late or no prenatal care and hopefully improve pregnancy outcomes by reducing the incidence of low birth weight babies and infant mortality.



Technical notes:

Data for this report were taken from birth certificates filed with the Center for Health Statistics. All data refer to births that occurred in Alabama. Mothers indicating a race other than White or Black are very small in number and are included with the category Black. Mothers of Hispanic origin may be either White or Black or Other race and are included in the appropriate race category when race data are presented.

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