

Diep Luu
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Literature Review

Final Project Topic: Correlation between Health Insurance and Birth Rates

Article 1: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1241>

In the United States, health insurance is not consistently provided during and after pregnancy. Health insurance helps women access prenatal and postpartum care, which helps the birth outcomes and helps the health of women and newborns after birth. The reason for insurance disruptions during and after pregnancy are due to the changes in employment, income and program eligibility that would be provided for childbirth. It is the federal law that states must provide insurance coverage, such as Medicaid, for pregnancy-related medical services for women, who have incomes that are under the 138 percent of the federal poverty level. The levels of poverty have varied from 138 to 380 percent and states can extend the coverage using Medicaid or CHIP (Children's Health Insurance Program). Women, who become pregnant, usually lose or have limited options to their insurance coverages during pregnancy, but do not qualify for Medicaid. If women are not able to access Medicaid, the ACA (Affordable Care Act) would provide insurance only through delivering a child and not being pregnant.

In the article, the results from the study showed that women that were uninsured decreased when it was near the date of delivery. After the delivery, the numbers of uninsured women have increased again. 58 percent of women have been through one change in their insurance status during pregnancy and 62 percent were uninsured in at least one month. About 64 percent of women were able to withhold insurance for 6 months continuously after childbirth from a private insurance company. Only 41 percent of women were able to stay insured for six months after childbirth with Medicaid or CHIP. Many women face the obstacle of being able to obtain insurance when pregnant. The ACA would not provide coverage unless the woman is about to deliver the child and would not receive the coverage needed for the care during pregnancy.

Article 2: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772565>

In the United States, almost half of the pregnancies are unplanned. Many of the unplanned pregnancies have correlations with delayed prenatal care, reduced likelihood of breastfeeding, maternal depression, physical violence, and higher maternal and infant mortality rates. The ACA has included contraceptives in their services to be provided without the consumer cost sharing. This study would compare the birth rates of women that were insured from 2008-2013 and after the elimination of cost sharing contraception under the ACA from 2014-2018. The first outcome was to see the birth numbers in comparisons of incomes. The three income levels were less than the 100% federal poverty level, 100%-399% federal poverty level

and greater than or equal to the 400% federal poverty level. The second outcome was to see the birth changes with the new contraceptive fill patterns. The women in the higher income range were predominantly white and are older. In the lower income ranges, the women were younger and lived in households that had a higher number of dependents as well as being more racially diverse. In the higher income group, contraceptive prescriptions were filled more than a prescription for a lower income group. With the ACA providing the prescribed contraceptives, the birth rates in all incomes have decreased and have addressed the unintended birth rates.