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November 7, 2021

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Article 1: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3671492/> / <https://www.ajmc.com/view/trends-in-hospital-based-childbirth-care-the-role-of-health-insurance> (final edited version)

In this article, “Trends in Hospital-Based Childbirth Care: The Role of Health Insurance”, it discusses the relationship between the trends in childbirth-care and primary payers. The study used data from the NIS to see the correlations between primary payers and the types of births during pregnancy. The primary discussed in the study were Medicaid, private insurance or self. The different types of childbirth discussed in the study were cesarean delivery, vaginal birth after cesarean (VBAC), labor induction, and episiotomy. The results of the study showed women covered by Medicaid had lower chances in cesarean delivery, labor induction and episiotomy and had higher chances in VBAC compared to insured births. Births that were covered by private insurance had a 6% increase of cesarean delivery and 5% less covered by Medicaid. Health insurance impacts on how women give birth in the hospital. The different rates of cesarean, VBAC, labor induction and episiotomy depended on what type of health insurance was paying for the delivery. Hospitals have increased the costs for childbirth. The average cost for a vaginal delivery was \$7772 in 2004 and has increased to \$9617 in 2009. The average cost for a cesarean delivery was \$12,223 on average in 2004 and increased to \$15,779 in 2009. In the study, it has also shown the distribution of the races of the mothers that were giving birth. Approximately, 39% of the deliveries were to white mothers, 10% were black mothers, 19% were Hispanic mothers, and less than 5% were to Asian and Indian/Alaskan Native and other racial groups. Overall, the impact of health insurance and childbirth-care shows the type of childbirth the mother would take and the complications that would follow during the procedure.

Article 2: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844390/>

In this article, the author wanted to see the correlation between the infant mortality rate and the expansion of Medicaid. The study used data about infant mortality rates from the 50 states from 2010-2016. It showed that 19 states declined Medicaid expansion. However, 31 states and Washington, DC accepted the expansion. The infant mortality rate declined by 11.9% from 6.7 in 2010 to 6.9 in 2016 deaths per 1000 live births. The impact of the Medicaid expansion led to the decline of the mortality rates of infants. The states that declined the Medicaid expansion had a higher mortality rate in infants and increased compared to the states with Medicaid expansion states had a decrease in mortality rate.