**Annotated Bibliography set 2**

**Quantitative Research Study**

Eliason, E. L. (2020). Adoption of Medicaid expansion is associated with lower maternal

mortality. *Women's Health Issues*, *30*(3), 147-152.

**Summary**

Eliason (2020) undertakes a comprehensive investigation into the impact of the Affordable Care Act’s (ACA) Medicaid expansion bill on the American Maternal mortality ratio per race/ethnicity. This research study focuses on the potential positive effects and contribution of ACA Medicaid expansion availability on preconception, postpartum, and maternal deaths. Additionally, the study confronts the racial disparities in maternal mortality. Mainly, based on data from the Centers for Disease Control and Prevention (CDC), the study reveals a stark reality: the United States has the highest Maternal mortality ratio of any developing world country. The research used the statistical difference-in-different models to calculate maternal mortality ratios and maternal disparities between American states that have adopted the ACA Medicaid expansion and those that have not adopted the ACA Medicaid expansion coverage. The maternal mortality ratio is steadily increasing among women of color in states that have not expanded the ACA Medicaid coverage. In contrast, using a difference-in-difference model in the research brings forth a glimmer of hope, showing that ACA Medicaid expansion positively impacts the maternal mortality ratio.

**Analysis**

Eliason (2020) framed the research question to address a crucial difference in preconception and postpartum maternal mortality deaths per 100,000 live births. The statistical research, with its two-part controlled variable, with or without a late maternal death factor of a fixed one year, provides a comprehensive understanding of the situation. The first test, with a p-value =0.02 and A regression line estimate of 7.01, suggests that Medicaid expansion contributed to a steadily decreased maternal deaths ratio per 100,000 live births compared to non-Medicaid Expansion Hispanic Women. States. When the late material death was excluded, the regression estimate value was 6.65, and the p-value =.004. These results reveal a decrease in maternal deaths per 100.000 live births for expansion states. Eliason's findings also highlight the maternal racial disparities between non-Hispanic white, non-Hispanic black, and Hispanic women, sparking further interest and curiosity in the audience.

**Application**

This study is a unique statistical correlation understanding how Medicaid coverage can positively affect maternal health in the United States. The insights from this research can be instrumental in shaping healthcare policies and practices, particularly in the areas of maternal medical coverage during preconception and postpartum. Specifically, I can use data in this study to delve into the factors that contribute to maternal low birth weight, maternal substance abuse, maternal mental illness, infant mortality, and maternal deaths,

**Quantitative Research Study**

Gordon, S., Whitman, A., Sugar, S., Chen, L., Peters, C., De Lew, N., & Sommers, B. D. (2023). Medicaid

After Pregnancy: State-Level Implications of Extending Postpartum Coverage (2023

Update). *Washington: Office of the Assistant Secretary for Planning and Evaluation, US*

*Department of Health and Human Services*.

**Summary**

Gordon et al. (2023) have developed an official government study brief that points to critical resources for understanding the positive outcomes of 12-month Medicaid postpartum eligibility at a state level. It meticulously examines past and recent amendments and legislation decisions, shedding light on their impact on maternal health coverage and state-level maternal healthcare outcomes. The brief provides an overview of the effects and outcomes of the Medicaid and Children Health Insurance Program (CHIP), the American Rescue Plan (ARP), and, currently, the Consolidated Appropriations Act (CAA) of 2023. It reveals how these policies have extended insurance coverage for maternal women, with CHIP allowing 60 days of coverage from birth and ARP and CAA enabling 31 states to provide maternal healthcare for 12 months to continue Medicaid coverage. The brief's use of state-level data effectively demonstrates the disparities in adverse maternal postpartum outcomes and health disparities, particularly among Black residents in the 36 states that have not chosen to expand Medicaid postpartum coverage. The authors' brief conclusion is that Medicaid coverage is a significant factor in prenatal and postpartum care, which is a key takeaway.

**Analysis**

Gordon et al. (2023) presents the brief in a way that underscores the potential consequences if Medicaid coverage is not extended to 12 months postpartum. The brief uses a statistical TRIM3 Model to project the potential outcomes of the CHIP,ARP, and CAA. The first significant projection is that 40 percent of the population will lose coverage if all 12 states continue to opt out of Medicaid expansion. The second projection is that expanding Medicaid to 12 months postpartum will lead to a substantial increase in the number of beneficiaries, including Latino (222,000), Black (133,000), and Asian (6,000) populations. The study also projects an increase in eligibility enrollments from reproductive women aged 26 and older. These projections highlight the potential impact of policy decisions on maternal health coverage and outcomes, underscoring the need for policymakers and healthcare professionals to consider the implications of their choices.

**Application**

This government brief serves as a stark reminder of the crisis of maternal health disparities in America, particularly among non-Hispanic black and Hispanic demographics. It also highlights the importance of extending Medicaid coverage beyond birth by emphasizing the advantage of CAA being permanently implemented statewide.   CAA will permanently give States the matching funds to extend Medicaid 12 months postpartum. By applying the insights from this brief, I can lay the groundwork for a positive solution to combat maternal mortality, postpartum morbidity, postpartum mortality, and racial disparities. This research can influence policymaking and drive significant positive changes in maternal healthcare.

**Mixed Method Research Study**

Cohen, S., Nielsen, T., Chou, J. H., Hoeppner, B., Koenigs, K. J., Bernstein, S. N., ... & Schiff, D. M.

(2023). Disparities in maternal-infant drug testing, social work assessment, and custody at 5

hospitals. Academic pediatrics, 23(6), 1268-1275.

**Summary**

 Cohen et al. (2023) conducted a rigorous toxicology testing social research evaluation on racial, ethnic, and income status and age on maternal disparities during the approval of cannabis legalization. This comprehensive study, spanning from 2016 to 2020, observed the disparities through maternal-infant dyads toxicology testing across five Massachusetts hospitals, including over 59 425 deliveries. The social evaluation was tested by observing Massachusetts State child welfare service involvement concerning the disproportionality risk factor and maternal characteristics. The research found that women of color were significantly more toxicology tested than non-Hispanic whites, a finding that emphasizes the robustness of maternal racial disparities in the healthcare system.

**Analysis**

Cohen et al. (2023) identified maternal individuals admitted to obstetrical labor for delivery through the five hospitals shared electronic medical records (EMR). The Urine toxicology test was performed on either the infant or the mother 96 hours before or after delivery. Although there are 59,425 deliveries in the EMR database, the toxicology dyads are missing 2.1 percent of data. Overall, the data revealed that 713 (1.2%) maternal individuals were diagnosed with a Substance Abuse Disorder (SUD) with percentage of race and ethnicity, that were tested ranging from 0.14% Asian, 4.0% Hispanic, 4.8% non-Hispanic Black, and 1.8% non-Hispanic white. Another significant difference in testing percentage was maternal age and insurance type. Individuals with Medicaid and Medicare were tested 90% of the time compared to individuals with private insurance.

**Application**

This research study observed the stoical and social outcomes of Maternal disparities among women of color when the leading factor of substance abuse disorders is questioned based on maternal traits. The study revealed another adverse factor of the maternal insurance type that can lead to maternal disparities. The application of this study demonstrated the value of maternal women's insurance in the healthcare system. Unfortunately, the study can also show racial, ethnic, age, and disparities despite the insurance type.

**Qualitative Research Study**

Barber, C. M., & Terplan, M. (2023). Principles of care for pregnant and parenting people with

substance use disorder: the obstetrician gynecologist perspective. Frontiers in Pediatrics, 11, 1045745.

**Summary**

 Barber and Terplan. (2023) used the personal medical perspective to address the maternal health disparities in the healthcare system toward Substance abuse disorders (SUD). Though the authors personally experience, many SUD individuals often have a history of trauma such as current domestic abuse, childhood sexual and physical abuse, and indicated negatively with the child welfare system. Despite that tracked history, many maternal women experience discrimination and are not treated with dignity and respect in the healthcare system. To address the equities towards maternal women with SUD, Barber, and Terplan suggest first utilizing actual person-centered care and focusing on specific language. Overall, providing a non-judgmental atmosphere is the balance to delivering appropriate care for a maternal woman with SUD.

**Analysis**

 Barber and Terplan (2023) provide valuable insights on how to approach SUD patients during the screening, assessment, and treatment of the depression end stage of labor. They emphasize that medical providers play a crucial role in detecting substances such as opioids, alcohol, tobacco, cocaine, methamphetamines, benzodiazepines, and cannabis. They also highlight the unfortunate reality that alcohol, opioids, cocaine, cannabis, and methamphetamines are the most used drugs detected in maternal women. Furthermore, the authors stress that medical care should not be denied during birthing hospitalization, and that pain should be gradually monitored per patient. They underline that the postpartum stage is the most vulnerable for maternal women with SUD, as it could lead to the return of substance use, overdose, and declined infant care, emphasizing the urgency of providing adequate care during this period.

**Application**

This article gives a positive narrative perceptive solution to substance abuse disorder in the healthcare system and its effect on maternal patients. Often, Medicare providers forget that they provide medical care and mental and physical support. Language is the chess move to preserve or trust one another. Observing the author's first-hand knowledge and observation of maternal disparities of Substance abuse disorder in maternal patients, I can utilize this article to show significant factors between maternal disparities and maternal mortalities