

Ensuring Healthy Moms, Healthy Babies

Extending postpartum Medicaid coverage from 60 days to one year after delivery provides new mothers with ongoing access to the physical and mental health services they need to stay healthy and raise healthy babies. As a result, mothers can better maintain their health, focus on their family, and make plans to return to work or school.

In North Carolina, many low-income women qualify for Medicaid coverage during their pregnancy. Unfortunately, this life-saving coverage ends just 60 days after delivery – when many new parents and babies are at their most vulnerable. We can help prevent maternal and infant deaths by ensuring continuous coverage throughout the first year after a child's birth.

Reducing maternal deaths

Medicaid covers more than half of all births in North Carolina, providing essential health care to both moms and babies.¹ One in three women experience a disruption in health insurance

coverage before, during or after pregnancy. This often includes losing insurance at a time when they need it most.²

Ending postpartum coverage a few weeks after birth can result in severe and life-threatening medical issues like bleeding, infections, postpartum depression, and even death. **Pregnancy-related deaths can occur up to one year after a baby is born.** At least one-third occur after delivery.³

- In 2018, 12% of new moms in North Carolina reported having symptoms of depression.⁴
- Black women in North Carolina are nearly twice as likely to die than white women when it comes to maternal deaths.
- Pregnancy-related deaths can be avoided if new moms are able to access health care and other ongoing supports.⁵

pregnancy-related deaths occur in the US each year.

60% of all pregnancy-related deaths are found to be preventable. Nationally, pregnancy-related deaths among American women have noticeably increased over the last 30 years.⁶ Approximately 700 moms die annually in the United States due to pregnancy complications and 60% of these deaths are preventable.⁷ Fortunately, the number of annual maternal deaths in North Carolina is low. However, every death is tragic – particularly because so many are preventable. **Extending postpartum Medicaid coverage from 60 days to 12 months is an important step in fighting infant and maternal deaths.**



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Fighting infant mortality & promoting healthy development

North Carolina has one of the highest infant mortality rates in the nation. This high rate is largely due to disparities in health care and birth outcomes that put families of color at higher risk. Black infants are more than twice as likely than infants in white families to die before their first birthdays.⁸ Extending postpartum Medicaid coverage promotes healthy development for babies. When new moms are healthy, they can bond with and care for their infants.

Extending coverage also supports women in need of treatment for chronic health conditions, mental health, or substance use disorders, allowing them to stay actively engaged in parenting. Guaranteeing 12 months of continuous health coverage postpartum helps babies stay healthy during their first year of life. Extending postpartum Medicaid coverage is an effective way to keep both moms and babies healthy and safe, while ensuring families start off on the right path.

Endnotes

¹ NC Department of Health & Human Services. NC Medicaid and NC Health Choice Annual Report SFY 2020. Retrieved from https://files.nc.gov/ncdma/SFY2020-MedicaidAnnualReport-20201223.pdf

² American College of Obstetricians and Gynecologists (ACOG). Extend Postpartum Medicaid Coverage. Retrieved from <u>https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage</u>

³ Ranji, U., Gomez, I., & Salganicoff, A. (2020). Expanding Postpartum Medicaid Coverage. Kaiser Family Foundation. Retrieved from <u>https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/</u>

⁴ Centers for Disease Control. Prevalence of selected maternal and child health indicators for North Carolina, Pregnancy Risk Assessment System (PRAMS), 2016-2017. Retrieved from <u>https://www.cdc.gov/prams/prams-data/mch-indicators.html</u>

⁵ Small, M.J., Pettiford, B., Shuler, T.O., & Jones-Vessey, K. (2020). Addressing maternal deaths in North Carolina: Striving to reach zero. *North Carolina Medical Journal*, 81(1), 55-62 Retrieved from <u>https://www.ncmedicaljournal.com/content/ncm/81/1/55.full.pdf</u>

⁶ Millett, S. (2020). Preventable maternal deaths continue to occur in the U.S. Pew Charitable Trusts. Retrieved from https://www.pewtrusts.org/en/research-and-analysis/articles/2020/01/06/preventable-maternal-deaths-continue-to-occur-in-the-us

⁷ Petersen, E.E., Davis, N.L., Goodman, D., et al. (2019). Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morbidity Mortality Weekly Report*, 68, 762–765.
DOI: <u>http://dx.doi.org/10.15585/mmwr.mm6835a3external icon</u>.

⁸ NC Department of Health & Human Services State Center for Health Statistics. 2019 North Carolina Infant Mortality Report. Retrieved from <u>https://schs.dph.ncdhhs.gov/data/vital/ims/2019/2019rpt.html</u>