

Impacts of Medicaid privatization on prenatal care utilization in Iowa

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Although the expansion of Medicaid has improved adequate and timely access to prenatal care throughout the United States, spatial and sociodemographic inequities in care access persist. This study examines whether initiation and adequacy of prenatal care were impacted by the privatization of Medicaid in Iowa under Managed Care Organizations (MCOs), especially amongst pregnant people residing in rural Iowa. Birth certificate data for all births in Iowa from 2013-2019 were provided by the Iowa Department of Public Health. This sample included 115,311 Medicaid paid births, with 37,898 occurring before MCO implementation (2013-2015) and 39,499 occurring after (2017-2019). Generalized additive models with a logistic link function and spatial spline were used to examine relationships between early and adequate care, and sociodemographic and temporal attributes. Dependency between rurality and MCO implementation was examined using an interaction term. The results indicate that rural birthing parents were more likely to initiate timely prenatal care, having an 8.9% (95% CI= 0.6%, 15.8%,) lower odds of initiating care after the first trimester following MCO implementation. However, the odds of receiving inadequate prenatal care after MCO implementation also increased by 6.1% (95% CI= 1.6%, 10.9%) compared to births prior. Thus, while MCOs improved care initiation, additional geographic and sociodemographic barriers must be identified and addressed to ensure that pregnant people continue to receive the adequate number of care visits needed throughout pregnancy.

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