Trends in breastfeeding by demographic characteristics and access to prenatal care among women with Medicaid reimbursed deliveries

Report Purpose

The purpose of this report is to highlight the trends in breastfeeding by demographic characteristics among women whose labor and delivery costs were reimbursed by Medicaid.

Background

Medicaid is a state/federal program that provides health insurance for certain groups of low-income people, including pregnant women. Iowa Medicaid is administered by the Iowa Department of Human Services through Iowa Medicaid Enterprise. In Iowa, pregnant women may be eligible for Medicaid if their household income is below 375 percent of the federal poverty level.

Breastfeeding provides mothers and their infants with many health benefits. Compared to infants fed formula, infants fed human milk have a lower risk of asthma, ear infections and sudden infant death syndrome. For mothers who breastfeed, the risk of ovarian and breast cancers is lower compared to mothers who never breastfed. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months of life, and continue to be breastfed as solid foods are introduced, through at least 12 months of age[1]

Data Sources

Data for this report were derived from a matched file of birth certificates for calendar years 2012 through 2016 and Medicaid paid claims for the same calendar years. Medicaid status was based on a paid claim for delivery related diagnostic groups between 765 and 775, and linked to a birth certificate. Birth certificate data were used to determine whether women were breastfeeding their newborns at the time of hospital discharge, maternal demographic characteristics, cigarette smoking during pregnancy and prenatal care initiation.

Results

The state level breastfeeding rates at hospital discharge among mother with Medicaid reimbursed deliveries increased from 60.9 percent in 2012 to 72.4 percent in 2016. This is a percent change of almost 19 percent (18.9). The percent that the breastfeeding rate increased over the past five years varied by maternal race and ethnicity and age.

Breastfeeding rates also varied by women's pre-pregnancy body mass index, whether she accessed prenatal care in the first trimester, and by the level of hospital at which she gave birth.

Iowa's Regionalized Perinatal Care system includes criteria that stratify maternal and neonatal care into levels of complexity and recommends referral of women at risk for obstetrical complication and/or at risk to deliver an infant at high risk for complications to centers with the appropriate resources and personnel to address the complex needs of these women and newborns. This regionalized system of care helps ensure the quality of perinatal care throughout the state.

The current system has three distinct levels. Level 1 centers provide basic care; Level 2 centers provide specialty care, with further subdivisions within this level; Level 3 centers provide subspecialty care for critically ill newborns and high risk pregnant women. For specific information about Iowa's Regionalized System of Care, refer to the Guidelines for Perinatal Services, 8th Edition.

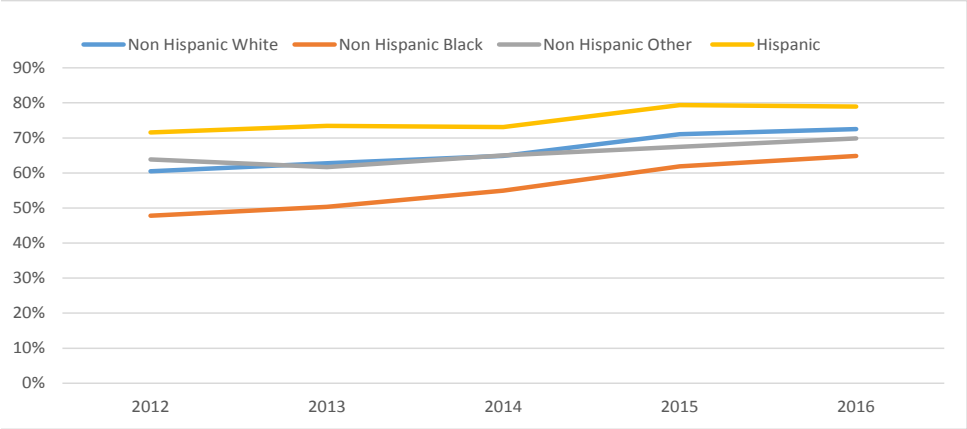
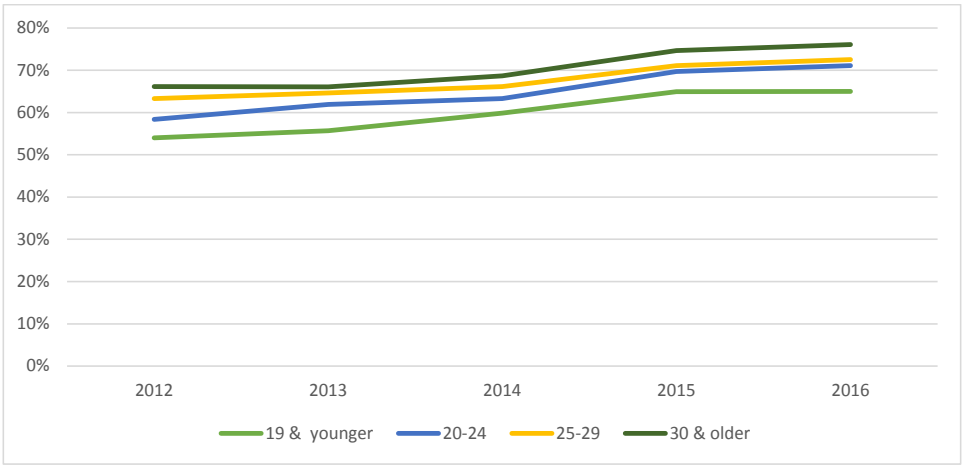


Figure 1. Breastfeeding rates at hospital discharge by race and ethnicity, among Medicaid reimbursed deliveries, 2012 – 2016

Breastfeeding rates were the highest among Hispanic women compared to women of other races and ethnicities. The percent increase of breastfeeding was highest among Non-Hispanic Black women (35.7 percent change).

Figure 2. Breastfeeding rates at hospital discharge by age, among Medicaid reimbursed deliveries, 2012 – 2016

Breastfeeding rates were the highest among women age 30 and older compared to women of other age groups. The percent increase of breastfeeding was the highest among women age 20 to 24 (21.8 percent change).



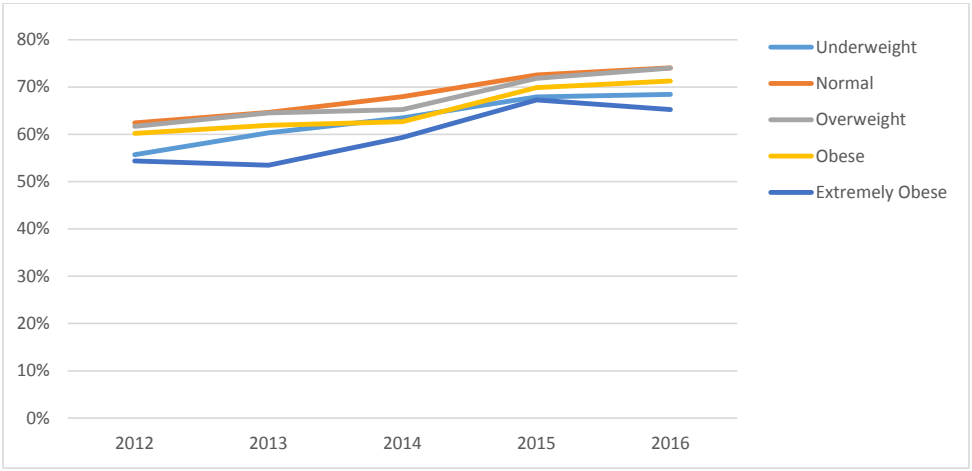


Figure 3. Breastfeeding rates at hospital discharge by maternal pre-pregnancy body mass index, among Medicaid reimbursed deliveries, 2012 – 2016

Breastfeeding rates were the highest among normal weight women and overweight women compared to underweight, obese and extremely obese women. The percent increase of breastfeeding was the highest among underweight women (22.9 percent change).

Figure 4. Breastfeeding rates at hospital discharge by maternal first trimester prenatal care initiation, among Medicaid reimbursed deliveries, 2012 – 2016

Breastfeeding rates among women who initiated prenatal care during the first trimester were higher than women who initiated prenatal care later in their pregnancy. However, the percent increase of breastfeeding was the highest among women who initiated prenatal care later in their pregnancy (21.5 percent change).

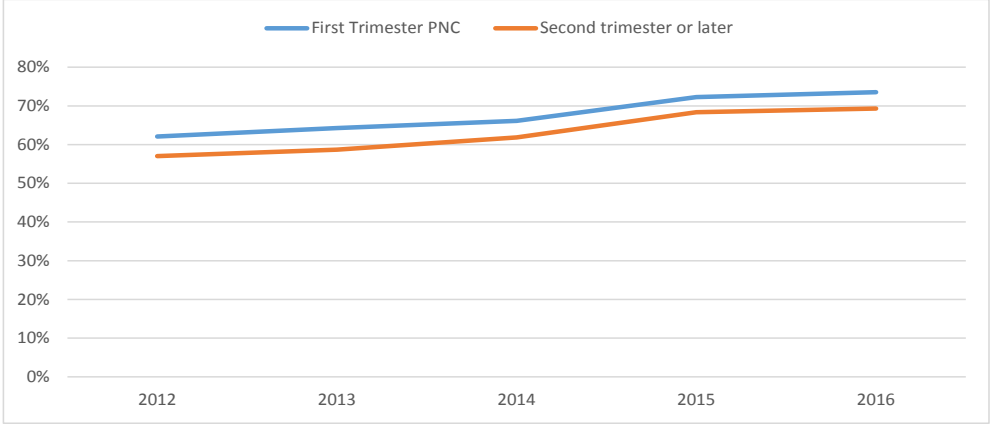
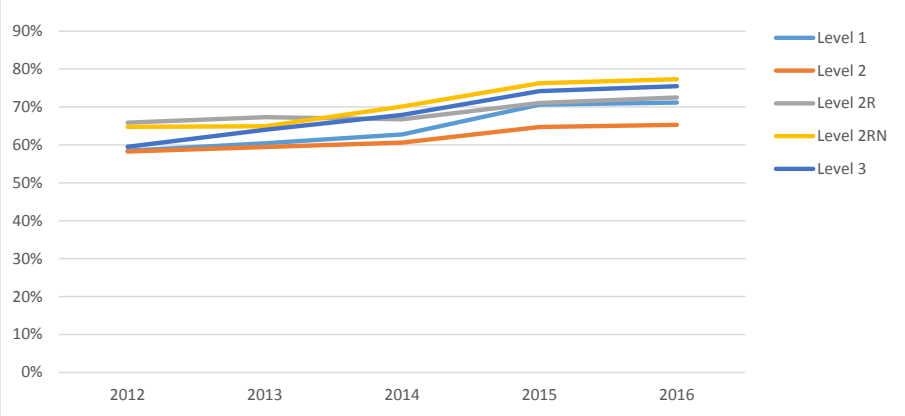


Figure 5. Breastfeeding rates at hospital discharge by hospital care level, among Medicaid reimbursed deliveries, 2012 – 2016

Breastfeeding rates were the highest among women who gave birth at Level 3 hospitals. The percent increase of breastfeeding was also highest at Level 3 hospitals (26.9 percent change).



Public Health Action

- Health care providers, birthing hospitals, public health agencies and community organizations can collaborate to enhance services for families who face the greatest barriers to breastfeeding success.
- Iowa's Managed Care Organizations can increase efforts to provide coverage for breastfeeding support services, or take steps to enhance the services that are already in place.

Resources

- Iowa Breastfeeding Coalition
- The Iowa WIC program – Breastfeeding support and promotion
- Centers for Disease Control and Prevention – Breastfeeding promotion and support
- Office on Women's Health – Breastfeeding resources and education

Additional Information[1]

For additional information or to obtain copies of this fact sheet, contact the Iowa Department of Public Health, Bureau of Family Health, at 321 E. 12th Street, Des Moines, IA 50309 or toll-free at 1-800-383-3826.

[1]The Iowa Department of Public Health acknowledges the Maternal and Child Health Epidemiology Program, Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention for analytic support and preparation of this data report.