



Improvements in Prenatal Care Utilization and Insurance Coverage in California: An Unsung Public Health Victory?

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RESEARCH OBJECTIVE: In the wake of the federal expansions in Medicaid coverage for pregnant women in the latter part of the 1980s, California implemented a series of public health policies aimed at increasing access to prenatal care. These policies included a near-doubling of the income eligibility limit for Medi-Cal (California's Medicaid program), expansion of Medi-Cal to cover undocumented pregnant women, streamlining the Medi-Cal application process, increasing payments to Medi-Cal providers, and implementation of other public health programs primarily targeting high-risk groups. This study examines trends in prenatal care utilization and insurance coverage over two decades to determine possible effects of the State's major public health effort initiated around 1989-90. **STUDY DESIGN:** Data were obtained from California certificates of live birth. Measures of prenatal care utilization included "timely initiation of care" (at least one visit in the first trimester) and "adequate number of visits" (calculated using Kotelchuck's Adequacy of Received Services measure, taking into account the timing of entry into care and the gestational age at delivery). Insurance coverage was measured using principal payer for prenatal care. Trends in utilization and coverage were analyzed by maternal characteristics including educational attainment, age, race/ethnicity, nativity, marital status and parity. The association between principal payer and utilization of prenatal care was also examined. To explore possible explanations for observed patterns in coverage and utilization, trends in poverty and unemployment rates were examined, using data from the US Census and the US Bureau of Labor statistics. **POPULATION STUDIED:** All women (10,192,512) giving birth in California, 1980 -1999. **PRINCIPAL FINDINGS:** The proportion of women with timely initiation of prenatal care increased from 72.5% to 83.6% between 1990 and 1999, reversing the trend of the previous decade during which the proportion of women with timely initiation dropped from 76.6 % (1980) to 73.0% (1989). The proportion of women with an adequate number of visits rose from 69.5% to 82.5% between 1989 and 1999. Improvements in both measures were substantially greater for women with less than high-school education, adolescents, women of color, foreign-born women, and unmarried women, than for their better-off counterparts. The initial improvements in prenatal care utilization coincided with a 68.8% increase in the proportion of women with Medi-Cal coverage, and a 75.8% drop in uninsured. Since the mid-1990s, the proportion of women with no insurance coverage for prenatal care remained less than 3%. **CONCLUSIONS:** Over the past decade, California has achieved near-universal coverage for pregnant women and experienced dramatic improvements in prenatal care utilization, narrowing the gap between vulnerable subgroups of women and their better-off counterparts. These improvements coincided with a substantial public health effort to increase prenatal care coverage and utilization. The pattern could not be explained by trends in the economy, demographics, other social policies, or the overall organization/delivery of health care. **IMPLICATIONS FOR POLICY, DELIVERY OR PRACTICE:** Earlier studies reported little or no effect of the expansions of Medicaid coverage for pregnant women on prenatal care utilization. Our results suggest that California's incremental but substantial effort to increase access to prenatal care, implemented in the wake of the federal Medicaid expansions, is an important public health victory, and demonstrates what can be accomplished when political will is combined with enabling resources. **PRIMARY FUNDING SOURCE:** Henry J. Kaiser Family Foundation

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