

# Mississippi

## Perinatal Health Fact Sheet: Low Birth Weight Infants Among Medicaid Recipients



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### Fact Sheet Purpose

The purpose of this fact sheet is to highlight the characteristics of Mississippi women enrolled in Medicaid who gave birth to low birth weight infants weighing less than 2500 grams during 2008-2012. This information will aid in devising interventions and quality improvement initiatives to improve birth outcomes in Mississippi.

### Background

Medicaid is the largest insurer of pregnant women in the state of Mississippi. In Mississippi, pregnant women may be eligible for Medicaid if their household income is below 194% percent of the federal poverty level. Infants born to women on Medicaid are also eligible for the program.<sup>1</sup>

### Infant Low Birth Weight

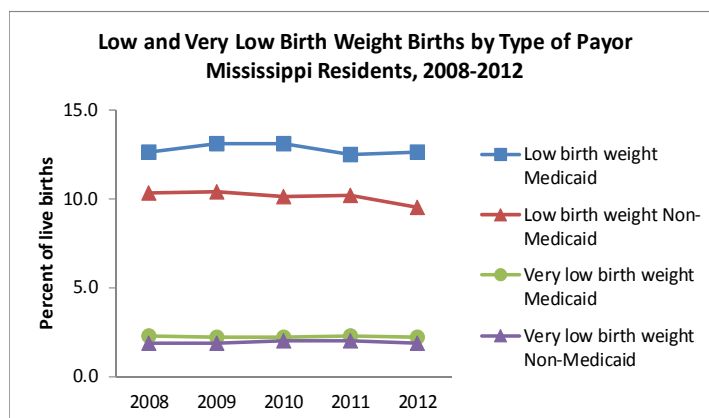
Low birth weight (LBW) infants are those born weighing less than 2500 grams or 5.5 pounds. Very low birth weight (VLBW) infants are those born weighing less than 1500 grams or 3.3 pounds. Premature birth, severe maternal illness and fetal congenital illnesses can cause an infant to be born with a low birth weight. Maternal drug use and smoking during pregnancy, poor nutrition and poor weight gain during pregnancy are behavioral factors that can contribute to low birth weight. Low income women and women of racial minorities, particularly African-American women are at higher risk of having LBW infants. Low birth weight infants are at increased risk of infant mortality, infections, feeding problems, poor weight gain and future developmental and learning problems.<sup>2</sup>

### Methods

Medicaid recipients for the years 2008 through 2012 were matched to birth certificates for the same time period using the Link Plus 2.0 program. Fields for comparison included social security number, mother's date of birth, mother's name and child's surname. 208,210 women were included in the analysis. Medicaid financed 68% of deliveries between 2008 and 2012. The remaining 32% were financed by other payors including, private insurers, self-pay or another payer. Payment type for non-Medicaid recipients could not be differentiated. Infant low birth weight was examined by payor status, maternal age and maternal race. Comparisons of continuous variables were performed using Student's t-test.

### Results

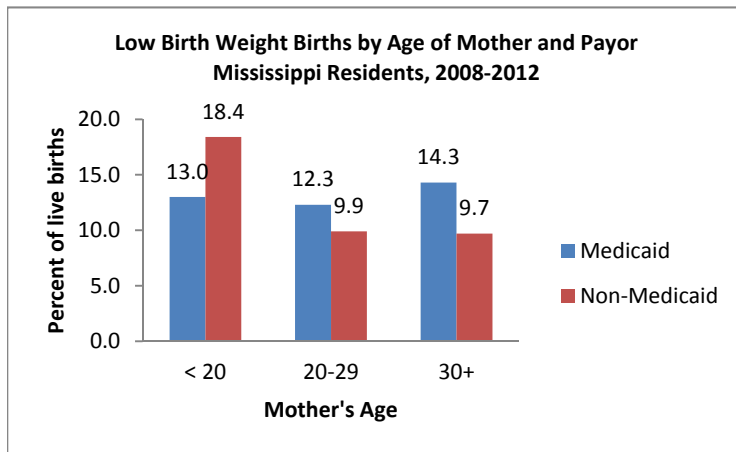
From 2008 to 2012, 12.8% (n= 17,980) of infants born to women on Medicaid were low birth weight compared to 10.1% (n = 6,620) of infants born to mothers not covered by Medicaid (p <.001). The very low birth weight rates were similar for each group at 2.2% for Medicaid and 1.9% for non-Medicaid. These rates have remained stable.



## Results (continued)

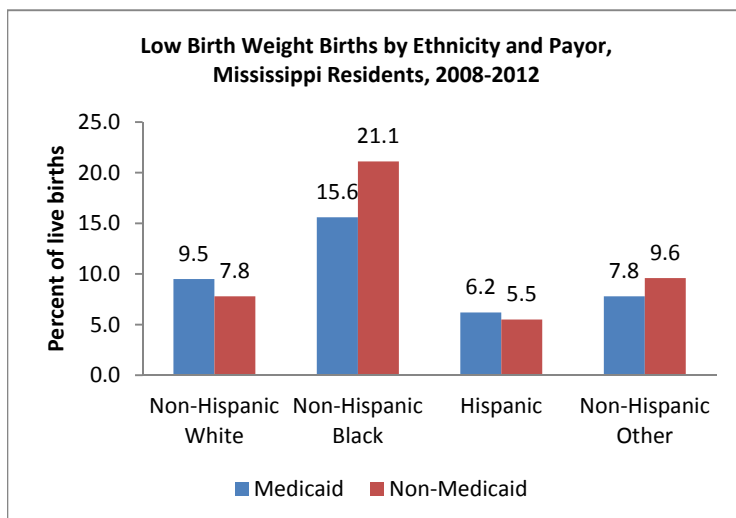
### Maternal Age

Mothers over the age of twenty who were insured by Medicaid had higher low-birth-weight birth rates than their counterparts with other insurance. For women ages 19 and under, Medicaid recipients experienced fewer low birth weight births.



### Maternal Race/Ethnicity

Eighty-seven percent of African-American/black women giving birth in Mississippi between 2008 and 2012 were insured by Medicaid, compared to 53% of Caucasian/white women. Among women on Medicaid, African-American women had the highest rate of low birth weight births; Hispanic women experienced a low birth weight rate of 6.2%, the lowest of all ethnicities.



## Conclusions

Medicaid insurance coverage ensures that over sixty percent of all Mississippi women receive essential medical and social services during pregnancy. Women enrolled in Medicaid are known to have greater risk factors for poor birth outcomes including having low birth weight infants.

This high proportion of low birth weight infants contributes to the elevated infant mortality rate in Mississippi, as 67% of all infant deaths are among low birth weight infants.<sup>3</sup>

## Recommendations

Several steps may help improve birth outcomes and reduce the incidence and morbidity of low birth weight births among Medicaid recipients in Mississippi.

- Increasing early prenatal care among women on Medicaid through public education and expedited insurance enrollment for pregnant women.
- Reducing tobacco and drug use before and during pregnancy.
- Effective management of chronic medical conditions such as hypertension, HIV and depression during pregnancy.
- Enhancing preconception health including the use of folic acid before pregnancy.
- Improved nutrition in pregnancy through education and access to nutrition support programs such as WIC.
- Increased breastfeeding of low birth weight to reduce the rates of infant death, infection and Sudden Infant Death Syndrome in this population.

### References

1. Medicaid Coverage. Mississippi Division of Medicaid. Available online at [www.medicaid.ms.gov/medicaid-coverage/](http://www.medicaid.ms.gov/medicaid-coverage/)
2. Low Birthweight. March of Dimes. Available online at [www.marchofdimes.org/baby/low-birthweight.aspx](http://www.marchofdimes.org/baby/low-birthweight.aspx)
3. Graham, J., Collier, C., Wesley, M., Zhang, L., Johnson, D., Mississippi 2013 Infant Mortality Report. Mississippi State Department of Health, 2013 <http://msdh.ms.gov/msdhsite/static/resources/5629.pdf>