

# Louisiana



## Linking Data to Expand Medicaid Coverage for Maternal Health Services, Promote the Health of Mothers and Babies

### Public Health Problem

Louisiana women who have no private or public insurance are at increased risk for inadequate or late entry into prenatal care, and their infants are at increased risk for low birth weight and death. Economic research has shown that health care financing policies can provide uninsured women with greater access to clinical prevention services (including prenatal care), increase their use of such services, and improve their health care outcomes.

### Program Example

Louisiana's Maternal Child Health and Medicaid programs collaborated on a project that linked Medicaid and birth record files to search for economic reasons why adverse maternal and child health outcomes occur. Women without access to Medicaid or private insurance were found to be at higher risk for adverse pregnancy outcomes, including delivery of an infant with low birth weight. Louisiana's Medicaid officials used results from this analysis to brief state legislators and policy makers and to propose that the state expand its Medicaid coverage. The state legislature used the results of this analysis to support an expansion of the Medicaid program to include those women below 200% of the poverty level. This change in eligibility criteria will give more uninsured mothers access to much-needed preventive services during pregnancy and delivery.

### Implications and Impact

Louisiana's experience demonstrates how linking Medicaid and birth record data can provide the evidence needed to modify programs so that women at highest risk for adverse maternal outcomes receive access to the health care services they need. In this case, results from these analyses were used to support policy changes that lifted financial barriers so that more uninsured women could receive maternal and child health care services.

### Contact Information

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