



How Medicaid Supports Maternal and Infant Health

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Medicaid helps mothers and babies get the care they need.

Medicaid coverage plays a vital role in ensuring that no mother or infant falls through the cracks during the first year postpartum. Medicaid finances **more than 40%**¹ of births across the nation. Eligibility **levels vary by state**² but coverage for maternity care, including prenatal and birth services, are **core benefits**³.

Medicaid also has a vital role to play in ensuring that parents and infants get the right care at the right time in the year following a birth to promote and protect maternal health, infant health, and early childhood development.

Mothers and babies need access to care for well-visits including screening and treatment of physical and mental health needs. During pregnancy and following the birth of a new baby, Medicaid **coverage**⁴ includes services such as effective interventions for smoking, alcohol, and substance use, as well as treatment for chronic conditions, such as diabetes, heart disease, and depression.



Medicaid finances more than 4 in 10 births across the nation

Medicaid is a key player in combating the maternal health crisis.

The 2023 **maternal mortality rate** was 18.6 deaths per 100,000 live births. A larger category of **pregnancy-related mortality** includes deaths during pregnancy and up to a year after pregnancy from associated causes.

The **most common medical causes** of pregnancy-related death are cardiovascular, infection, hemorrhage, embolism (clots), and hypertension. Mental health conditions, such as depression, are a contributing cause of pregnancy-related mortality, including suicide and homicide—highly preventable causes of death. Studies show that **more than 80%**⁵ of pregnancy-related deaths are preventable.

Thousands more mothers experience **severe maternal morbidity**⁶, or unexpected labor and delivery outcomes that create negative and often life-threatening health effects. These include the need for a blood transfusion, stroke or heart attack, sepsis (infections), or eclampsia causing seizures from elevated blood pressure. Severe maternal morbidity can lead to **increased medical costs**⁷ and longer hospital stays.

Medicaid supports healthy births by covering millions of women before, during and after pregnancy.

For decades, Medicaid has ensured coverage for many low-income pregnant women to promote healthy pregnancies and births. But until 2014, many of these women had no access to health care before they became pregnant, meaning they brought untreated chronic or other conditions to prenatal care. The Affordable Care Act's Medicaid expansion allowed more women to access coverage and improve their health before they became pregnant. State Medicaid expansion to low-income adults in **40 states**⁸ and the District of Columbia helped ensure more women had health coverage before, during, and following a pregnancy. Medicaid

expansion has been linked to larger decreases in **maternal**⁹ and **infant mortality**¹⁰, with the greatest benefits for those at highest risk. Some studies have linked expansion to improved birth **outcomes**¹¹, such as decreases in preterm or low-birthweight births and decreased postpartum **hospitalizations**¹². Other studies have linked expansion with improvements in **preconception health**¹³ and use of preventive care during pregnancy and postpartum, including **mental health**¹⁴ services.

States are using Medicaid to improve maternal and infant health.

In the face of the maternal mortality crisis, many state Medicaid programs have intensified their focus on improving maternal health. Medicaid coverage is more widely available to women at once they become pregnant. In 2022, Congress gave states the option to extend Medicaid postpartum coverage from 60 days to 12 months, drawing on state data showing that **nearly half**¹⁵ of maternal deaths occur in the year following birth. As of January 2025, **48 states and Washington D.C.**¹⁶ have adopted the postpartum extension from 60 days to 12 months to keep coverage stable during a time of family change and critical period of early childhood development when every mother and infant need health care.

Beyond ensuring stable health coverage, states have led efforts to **enhance**¹⁷ maternal health services, including **adoption of recommended practices**¹⁸ surrounding and following birth, and newly Medicaid-funded services, such as **community-based**¹⁹ **doulas**²⁰, community health **workers**²¹, and **home visiting**²².

Medicaid supports infants born too soon or too small.

For babies born preterm or at low birthweight, Medicaid is a key source of funding for additional services **they may need in**²³ a **neonatal intensive care**²⁴ unit (NICU) or from their pediatric provider in the community. Approximately 12% of births financed by Medicaid **are early**, or preterm²⁵. Some state Medicaid initiatives have demonstrated ways to **reduce preterm births**²⁶ and **need for NICU**²⁷ care. Newborn treatments can save lives and reduce long-term disabilities that can result from **preterm birth**²⁸. In addition, under the federal Individuals with Disabilities Education Improvement Act (IDEA), Part C programs, Medicaid provides funding for some medical and related services for infants and toddlers with developmental delays and disabilities, improving access to care needed to reduce adverse long-term impacts.

Medicaid coverage of pregnant women and children coverage is linked to long-term health, educational and economic outcomes.

Longitudinal studies have **increasingly linked**²⁹ Medicaid coverage for mothers and young children with improved health and lower rates of disability in adulthood. Medicaid coverage is also associated with higher educational attainment and greater financial security, and even **improved birth outcomes**³⁰ across two generations. Some studies have also documented **financial benefits**³¹ for society and a strong **return on government investment**.³²

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