

# Insurance Churn and Postpartum Health among Texas Women with Births Covered by Medicaid/CHIP

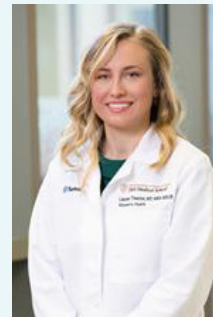
Elizabeth J. Ela, Elsa Vizcarra, Lauren Thaxton, and Kari White. *Women's Health Issues*, 2022.  
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**Background** Many people qualify for public insurance (e.g., Medicaid for Pregnant Women or CHIP-Perinatal) only when pregnant, and therefore often lose that insurance shortly after delivery. As a result, they experience changes in their health insurance coverage, known as insurance churn, during the postpartum period. Insurance churn, more common in states that have not expanded Medicaid, can have long-term, negative effects on people's health.

**Study Description** This study followed 1,498 women who used public insurance to pay for their delivery in Texas between 2014 and 2016, tracking their health experiences. Using surveys conducted shortly following the delivery and at 3, 6, and 12 months afterward, the study examined participants' postpartum health insurance status changes, health care use, and health experiences. The study also analyzed participants' descriptions of their health concerns.

## Key Findings

- Most participants (88%) were uninsured at some point in the year postpartum.
  - 64% of participants became uninsured within 3 months of delivery and remained uninsured for the rest of the 12-month follow-up period.
- Many participants reported negative health experiences during the year following delivery, such as: acute and ongoing physical conditions (e.g., appendicitis or cancer, respectively); undiagnosed health concerns (e.g., unexplained dizziness); pregnancy-related and other reproductive health problems (e.g., ovarian cysts); mental health difficulties (e.g., panic attacks); and weight or lifestyle concerns (e.g., difficulty maintaining a regular exercise schedule).
  - In the survey conducted 3 months after delivery, 17% of study participants rated their health as fair or poor.
  - In the year following delivery, 13% of study participants reported a decline in their health when compared to the postpartum period.
  - Lack of consistent insurance made it difficult for participants to address health problems: *"Apparently the hormones from getting pregnant caused me to get gallstones, and now I have to get my gallbladder taken out... My Medicaid just ran out so I have to either get another insurance or find the money to get my gallbladder removed."*



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*"Discussions around postpartum healthcare must focus on the big picture. Stable insurance coverage throughout a person's life—including the crucial periods before, during, and in the year after delivery—can increase general health and wellness and allow any issues to be addressed by a provider before they become critical."*

## Takeaways: Policy Implications

This study finds that many postpartum women in Texas whose births were covered by public insurance lost their insurance following delivery and remained uninsured. As a result, their health care needs often were not adequately addressed. The limitations of existing public programs leave postpartum people with lower incomes in Texas vulnerable to chronic health problems, poor preconception health, higher risk future pregnancies, and postpartum health complications.

To improve postpartum health and reduce maternal mortality and morbidity, states should work to stabilize insurance coverage for people with low incomes. Expanding comprehensive Medicaid and increasing the duration of Medicaid for Pregnant Women to a full year after delivery would create a more inclusive and comprehensive safety net. These policy interventions could improve healthcare outcomes for postpartum people, particularly people living on low incomes and people of color.