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About the Medicaid and CHIP Beneficiary Profile: Maternal and Infant Health

The Medicaid and CHIP Beneficiary Profile: Maternal and Infant Health provides an overview of the demographics, health status, health outcomes, risk factors, and health care utilization among reproductive age women, women with a recent live birth, and infants covered by Medicaid and CHIP.

This profile is not a comprehensive assessment of maternal and infant health within Medicaid and CHIP. All charts are based on published data tables or primary analysis of publicly available data, using the most recent and reliable data that were available. More information on specific data sources can be found in the Appendix. Indicators are presented by payer where possible; all-payer data are presented in cases where stratification by payer is not possible in publicly available data.

The profile covers the following domains:

- Characteristics
  - Reproductive Age Women
  - Live Births
- Outcomes
  - Maternal
  - Infant
  - Pregnancy-Related Deaths
  - Fetal and Infant Deaths
- Risk Factors for Poor Maternal and Infant Health
- Utilization of Maternity-Related Health Care
- Maternity-Related Health Care Provider Workforce
CHARACTERISTICS: REPRODUCTIVE AGE WOMEN
Characteristics: Reproductive Age Women

Fast facts: In 2017, 23.0% of women with a recent live birth reported health insurance coverage through Medicaid before pregnancy; Medicaid coverage rates increased to 35.6% during pregnancy.

This section of the profile provides information on health insurance coverage rates among women before, during, and after pregnancy, along with demographics and contraceptive use among reproductive age women. Reproductive age women are defined as either ages 15 to 44 or 15 to 49 depending on the data source.

The charts in this section include:

- Self-Reported Health Insurance Coverage Before, During, and After Pregnancy
- Percentage of Reproductive Age Women, by Race/Ethnicity: All Women and Women with Medicaid or CHIP
- Percentage of Reproductive Age Women, by Age Group: All Women and Women with Medicaid or CHIP
- Percentage of Reproductive Age Women, by Family Income Level: All Women and Women with Medicaid or CHIP
- Percentage of Reproductive Age Women Who Reported a Current Contraceptive Method, by Current Insurance Coverage
- Percentage of Reproductive Age Women Who Reported No Current Contraceptive Method, by Current Insurance Coverage
Self-Reported Health Insurance Coverage Before, During, and After Pregnancy: 34 States, 2017

Notes:
Data come from the 34 states plus New York City and Puerto Rico that participated in the Pregnancy Risk Assessment Monitoring System (PRAMS) in 2017 and met the 55% response rate threshold for inclusion. “Medicaid” includes Medicaid or a state-named governmental program. “Private insurance” includes private coverage only, both Medicaid and private, any other insurance in combination with private, and TRICARE or other military insurance. “No Insurance” includes no insurance or Indian Health Service only. Other state-specific government plans or programs such as CHIP are excluded from estimates.

Source:
Pregnancy Risk Assessment Monitoring System (PRAMS), Selected 2017 Maternal and Child Health Indicators.

Available at: https://www.cdc.gov/prams/prams-data/mch-indicators/states/pdf/2018/All-PRAMS-Sites-2016-2017_508.pdf
Percentage of Reproductive Age Women, by Race/Ethnicity: All Women and Women with Medicaid or CHIP, 2018

Notes:
Insurance status is self-reported. “Medicaid or CHIP” is defined as coverage through “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability” at the time of the survey. Reproductive age women are defined as ages 15–44.

“White,” “Black,” “Asian or Native Hawaiian or Other Pacific Islander,” “American Indian or Alaska Native,” and “Other or More Than One Race” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

Source:
IPUMS USA, University of Minnesota. American Community Survey 2018 sample.

Available at: www.ipums.org
Percentage of Reproductive Age Women, by Age Group: All Women and Women with Medicaid or CHIP, 2018

Notes:
Insurance status is self-reported. “Medicaid or CHIP” is defined as coverage through “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability” at the time of the survey. Reproductive age women are defined as ages 15–44.

Source:
IPUMS USA, University of Minnesota. American Community Survey 2018 sample.

Available at: www.ipums.org
Percentage of Reproductive Age Women, by Family Income Level: All Women and Women with Medicaid or CHIP, 2018

Notes:
Insurance status is self-reported. “Medicaid or CHIP” is defined as coverage through “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability” at the time of the survey. Reproductive age women are defined as ages 15–44. Family income level is presented as a percentage of the federal poverty level (FPL) in 2018.

Source:
IPUMS USA, University of Minnesota. American Community Survey 2018 sample.

Available at: www.ipums.org
Percentage of Reproductive Age Women Who Reported a Current Contraceptive Method, by Current Insurance Coverage, 2015–2017

Notes:
Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49. Women who are currently pregnant or seeking to become pregnant (7% of respondents) are excluded. “Most or Moderately Effective Methods” include female sterilization; male sterilization; long-acting reversible contraceptives; Depo-Provera, contraceptive ring, or patch; and oral contraceptive pill.

Source:

Available at: https://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm
Percentage of Reproductive Age Women Who Reported No Current Contraceptive Method, by Current Insurance Coverage, 2015–2017

Percentage with No Current Contraceptive Method

Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49. Women who are currently pregnant or seeking to become pregnant (7% of respondents) are excluded. “All other nonusers” includes respondents who say that they or their partner is sterile for unknown or non-contraceptive reasons.

Source:

Available at: https://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm
CHARACTERISTICS: LIVE BIRTHS
Fast facts: Medicaid was the principal payer for the delivery of 42.3% of all U.S. live births in 2018. The maternal age distribution for Medicaid births was younger than the overall maternal age distribution of U.S. births, with 37.3% of Medicaid deliveries to women 24 years or younger.

This section of the profile shows the distribution of all U.S. live births by payer and the demographics of all live births as compared with live births paid for by Medicaid.

The charts in this section include:

- Percentage of Live Births, by Delivery Payer
- Percentage of Live Births Paid for by Medicaid, by State
- Percentage of Live Births, by Maternal Race/Ethnicity: All Births and Births Paid by Medicaid
- Percentage of Live Births, by Maternal Age: All Births and Births Paid by Medicaid
- Percentage of Live Births, by Maternal Educational Attainment: All Births and Births Paid by Medicaid
Percentage of Live Births, by Delivery Payer, 2018

- Medicaid: 42.3%
- Private Insurance: 49.6%
- Self-Pay: 4.2%
- Other: 3.9%

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers. Births with payer not reported or unknown (<1% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Live Births Paid for by Medicaid, by State, 2018

Notes:
Births where Medicaid is the principal payer for the delivery are shown. There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries.

Source:
National Center for Health Statistics (NCHS). 2018 Natality Public Use Data on CDC WONDER online database.

Available at:
https://wonder.cdc.gov/
Percentage of Live Births, by Maternal Race/Ethnicity: All Births and Births Paid by Medicaid, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Births with race/ethnicity unknown (<1% of births) are excluded.

“White,” “Black,” “Asian or Native Hawaiian or Other Pacific Islander,” “American Indian or Alaska Native,” and “Other or More Than One Race” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

Source:

Available at:
https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Live Births, by Maternal Age: All Births and Births Paid by Medicaid, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Live Births, by Maternal Educational Attainment: All Births and Births Paid by Medicaid, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Educational attainment is the highest level of education completed at time of delivery. Births with educational attainment not reported or unknown (2%) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
OUTCOMES: MATERNAL
Outcomes: Maternal

Fast facts: Severe maternal morbidity (SMM) is defined as unintended outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health. In 2015, SMM rates were higher for women who were uninsured or whose delivery was paid by Medicaid compared with private insurance. SMM rates also varied by maternal race/ethnicity, age, and community income level.

This section of the profile shows selected maternal outcomes during and after pregnancy.

The charts in this section include:

- Percentage of Reproductive Age Women Who Reported Ever Having an Unintended Pregnancy, by Current Insurance Coverage
- Deliveries with Preeclampsia or Eclampsia, by Delivery Payer and Diagnosis Type
- Percentage of Live Births with Gestational Diabetes Recorded in the Birth Certificate, by Delivery Payer
- Overall and Low-Risk Cesarean Section Rate per 100 Deliveries, by Delivery Payer
- Low-Risk Cesarean Section Rate per 100 Deliveries, by State: Births Paid by Medicaid
- Severe Maternal Morbidity Rate per 10,000 Delivery Hospitalizations, by Delivery Payer and Maternal Characteristics

Percentage of Reproductive Age Women Who Reported Ever Having an Unintended Pregnancy, by Current Insurance Coverage, 2015–2017

Notes:
Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49. A pregnancy is classified as unintended if the woman reported it was “too soon/mistimed” or “unwanted.”

Source:

Available at:
Deliveries with Preeclampsia or Eclampsia, by Delivery Payer and Diagnosis Type, 2014

Number and Rate of Deliveries with Preeclampsia or Eclampsia per 1,000 Deliveries

<table>
<thead>
<tr>
<th>Payer</th>
<th>Number of Deliveries</th>
<th>Rate per 1,000 Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>79,805</td>
<td>49.0</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>86,770</td>
<td>45.1</td>
</tr>
<tr>
<td>Uninsured</td>
<td>3,770</td>
<td>36.2</td>
</tr>
<tr>
<td>Medicare</td>
<td>1,740</td>
<td>63.9</td>
</tr>
</tbody>
</table>

Percentage of All Preeclampsia/Eclampsia Deliveries by Diagnosis Type

- Mild or unspecified preeclampsia, 46.9%
- Severe eclampsia, 37.2%
- Preeclampsia with pre-existing hypertension, 14.5%
- Eclampsia, 1.4%

Note:
Estimates are based on data from the Healthcare Cost and Utilization Project (HCUP) 2014 National Inpatient Sample (NIS).

Source:

Available at: www.hcup-us.ahrq.gov/reports/statbriefs/sb222-Preeclampsia-Eclampsia-Delivery-Trends.pdf
Percentage of Live Births with Gestational Diabetes Recorded in the Birth Certificate, by Delivery Payer, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers. Births with gestational diabetes not reported or unknown (<1% of births) are excluded.

Source:

Available at:
https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Total and Low-Risk Cesarean Delivery Rate per 100 Deliveries, by Delivery Payer, 2018

Notes:
The total cesarean delivery rate is calculated across all deliveries. The low-risk cesarean delivery rate is calculated for singleton, term, cephalic deliveries to women having a first birth. Using this definition, 32% of all births in 2018 were low-risk. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with delivery method not reported or unknown (<1% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Low-Risk Cesarean Delivery Rate per 100 Deliveries, by State: Births Paid by Medicaid, 2018

[Lower rates are better for this measure]

Notes:
The low-risk cesarean delivery rate is calculated for singleton, term, cephalic deliveries to women having a first birth. Using this definition, 32% of all births in 2018 were low-risk. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Births with delivery method unknown (<1% of births) are excluded.

Source:
National Center for Health Statistics (NCHS). 2018 Natality Public Use Data on CDC WONDER online database.

Available at: https://wonder.cdc.gov/
Severe Maternal Morbidity Rate per 10,000 Delivery Hospitalizations, by Delivery Payer and Maternal Characteristics, 2015

<table>
<thead>
<tr>
<th>Primary Expected Payer</th>
<th>Rate (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>146.6</td>
</tr>
<tr>
<td>Medicaid</td>
<td>175.0</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>120.8</td>
</tr>
<tr>
<td>Uninsured</td>
<td>176.5</td>
</tr>
<tr>
<td>Other</td>
<td>153.9</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>113.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>161.3</td>
</tr>
<tr>
<td>Black</td>
<td>240.7</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>138.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>206.3</td>
</tr>
<tr>
<td>20–29</td>
<td>136.3</td>
</tr>
<tr>
<td>30–39</td>
<td>143.0</td>
</tr>
<tr>
<td>40+</td>
<td>248.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Income</th>
<th>Rate (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quartile 1 (poorest)</td>
<td>177.7</td>
</tr>
<tr>
<td>Quartile 2</td>
<td>145.6</td>
</tr>
<tr>
<td>Quartile 3</td>
<td>131.9</td>
</tr>
<tr>
<td>Quartile 4 (wealthiest)</td>
<td>122.2</td>
</tr>
</tbody>
</table>

Notes:
Data come from the Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2015 quarters 1–3. Data are weighted to provide national estimates. Severe maternal morbidity is defined using a standardized measure containing 21 indicators developed by the Centers for Disease Control and Prevention. “Other” includes Medicare, Workers’ Compensation, TRICARE/CHAMPUS, CHAMPVA, Title V, and other government programs.

Race/ethnicity categories are shown as defined by study authors. “White,” “Black,” “Asian or Pacific Islander,” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

Source:
OUTCOMES: INFANT
Outcomes: Infant

Fast facts: In 2018, 11.2% of all live births paid for by Medicaid were preterm (less than 37 weeks), 9.8% were low birthweight (less than 2,500 grams), and 1.6% were very low birthweight (less than 1,500 grams).

This section of the profile shows selected infant outcomes by payer, then by race/ethnicity and state, where data permit.

The charts in this section include:

• Low Birthweight and Preterm Births, by Delivery Payer
• Low Birthweight and Preterm Births, by Race/Ethnicity: Births Paid by Medicaid
• Percentage of Low Birthweight (<2,500 Grams) Births, by State: Births Paid by Medicaid
• Percentage of Preterm (<37 Weeks) Births, by State: Births Paid by Medicaid
• Rate of Congenital Anomalies Recorded in the Birth Certificate per 100,000 Live Births, by Delivery Payer
• Percentage of Infants with a Neonatal Intensive Care Unit (NICU) Admission Recorded on the Birth Certificate, by Delivery Payer
• Percentage of Children Ever Breastfed, by Child’s Current Insurance Coverage and Race/Ethnicity
• Percentage of Children Who Received a Developmental Screening in the Past Year, by Child’s Current Insurance Coverage and Race/Ethnicity
Low Birthweight and Preterm Births, by Delivery Payer, 2018

#### Percentage of Live Births That Were Low and Very Low Birthweight

<table>
<thead>
<tr>
<th>Payer</th>
<th>Low Birthweight (1,500–2,499 grams)</th>
<th>Very Low Birthweight (227–1,499 grams)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>1.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>5.9%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>8.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other</td>
<td>8.0%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

#### Percentage of Live Births That Were Preterm (<37 Weeks Gestation)

<table>
<thead>
<tr>
<th>Payer</th>
<th>Preterm Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>11.2%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>9.1%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>8.8%</td>
</tr>
<tr>
<td>Other</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Notes:
A low birthweight birth is defined as less than 2,500 grams. A preterm birth is defined as less than 37 weeks gestation based on the obstetric estimate. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with unknown birthweight (<1% of births) or gestational age (<1% of births) are excluded from the respective exhibits.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Low Birthweight and Preterm Births, by Race/Ethnicity: Births Paid by Medicaid, 2018

Percentage of Live Births That Were Low Birthweight (Births Paid by Medicaid)

- White: 8.8%
- Hispanic: 7.6%
- Black: 14.7%
- Asian or Native Hawaiian or Other Pacific Islander: 8.9%
- American Indian or Alaska Native: 8.5%
- More Than One Race: 10.1%

Notes:
A low birthweight birth is defined as less than 2,500 grams. A preterm birth is defined as less than 37 weeks gestation based on the obstetric estimate. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with unknown birthweight (<1% of births) or gestational age (<1% of births) are excluded from the respective exhibits.

“White,” “Black,” “Asian or Native Hawaiian or Other Pacific Islander,” “American Indian or Alaska Native,” and “More Than One Race” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Low Birthweight (<2,500 Grams) Births, by State: Births Paid by Medicaid, 2018
[Lower rates are better for this measure]

Notes:
A low birthweight birth is defined as less than 2,500 grams. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Births with unknown birthweight (<1% of births) are excluded.

Source:
National Center for Health Statistics (NCHS). 2018 Natality Public Use Data on CDC WONDER online database.

Available at: https://wonder.cdc.gov/
Percentage of Preterm (<37 Weeks) Births, by State: Births Paid by Medicaid, 2018
[Lower rates are better for this measure]

Notes:
A preterm birth is defined as less than 37 weeks gestation based on the obstetric estimate. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Births with unknown gestational age (<1% of births) are excluded.

Source:
National Center for Health Statistics (NCHS). 2018 Natality Public Use Data on CDC WONDER online database.

Available at: https://wonder.cdc.gov/
Rate of Congenital Anomalies Recorded in the Birth Certificate per 100,000 Live Births, by Delivery Payer, 2018

Notes:
The 2003 revision of the birth certificate attempted to improve reporting of congenital anomalies by including only those diagnosable within 24 hours of birth using widely available diagnostic techniques. "Chromosomal anomalies" include Down syndrome and suspected chromosomal disorder. "Orofacial defects" include cleft palate alone and cleft lip with or without cleft palate. "Musculoskeletal defects" include limb reduction defect, gastroschisis, omphalocele, and congenital diaphragmatic hernia. "Cardiovascular defects" include cyanotic congenital heart disease. "Central nervous system defects" include anencephaly and meningomyelocele/spina bifida. There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers. Births with all congenital anomaly variables not reported or unknown (<1% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Infants with a Neonatal Intensive Care Unit (NICU) Admission Recorded on the Birth Certificate, by Delivery Payer, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers. Births with NICU status not reported or unknown (<1% of births) are excluded.

Source:

Available at:
https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Children Ever Breastfed, by Child’s Current Insurance Coverage and Race/Ethnicity, 2017–2018

Breastfeeding, by Child’s Current Insurance Coverage

<table>
<thead>
<tr>
<th>Condition</th>
<th>Public Insurance only</th>
<th>Private Insurance only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never breastfed or given breast milk</td>
<td>30.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Exclusively breastfed for first 6 months</td>
<td>7.7%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Breastfed first 6 months, not exclusively</td>
<td>62.0%</td>
<td>76.5%</td>
</tr>
</tbody>
</table>

Breastfeeding, by Child’s Race/Ethnicity (All Payers)

<table>
<thead>
<tr>
<th>Condition</th>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never breastfed or given breast milk</td>
<td>16.6%</td>
<td>24.0%</td>
<td>33.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Exclusively breastfed for first 6 months</td>
<td>8.4%</td>
<td>10.0%</td>
<td>10.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Breastfed first 6 months, not exclusively</td>
<td>74.3%</td>
<td>65.6%</td>
<td>55.4%</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Breastfeeding and insurance status are based on parent-report. This question is asked for children ages 6 months to 5 years. “Public Insurance” is defined as “Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability.” “Private Insurance” includes insurance through a current or former employer or union, insurance purchased directly from an insurance company, TRICARE or other military health care, coverage through the Affordable Care Act, or other private insurance. Percentages do not sum to 100% as totals include children with unknown breastfeeding exclusivity (<1% of each group).

White, Black, and Other categories exclude Hispanic ethnicity. Hispanic includes Hispanic of any race.

Source:

Available at: https://www.childhealthdata.org/
Percentage of Children Who Received a Developmental Screening in the Past Year, by Child’s Current Insurance Coverage and Race/Ethnicity, 2017–2018

Developmental Screening, by Child’s Current Insurance Coverage

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Insurance only</td>
<td>28.1%</td>
</tr>
<tr>
<td>Private Insurance only</td>
<td>38.5%</td>
</tr>
</tbody>
</table>

Developmental Screening, by Child’s Race/Ethnicity (All Payers)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>36.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29.5%</td>
</tr>
<tr>
<td>Black</td>
<td>28.6%</td>
</tr>
<tr>
<td>Other</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

Notes:
Insurance status is based on parent-report. Respondents with children ages 9–35 months were asked whether the child received a developmental screening using a parent-completed screening tool. “Public Insurance” is defined as “Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability.” “Private Insurance” includes insurance through a current or former employer or union, insurance purchased directly from an insurance company, TRICARE or other military health care, coverage through the Affordable Care Act, or other private insurance. This measure has ≥ 2% missing cases.

“White,” “Black,” and “Other” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

Source:

Available at: https://www.childhealthdata.org/
OUTCOMES:
PREGNANCY-RELATED DEATHS
Fast facts: In 2011–15, there were 17.2 pregnancy-related deaths per 100,000 live births in the U.S. For Black women, there were 42.8 pregnancy-related deaths per 100,000 live births. Nearly half of all deaths occur during pregnancy or on the day of delivery.

This section of the profile shows selected indicators around pregnancy-related deaths.

The charts in this section include:
- Percentage of Pregnancy-Related Deaths, by Cause: All Payers
- Pregnancy-Related Deaths per 100,000 Live Births, by Maternal Characteristics: All Payers
- Percentage of Pregnancy-Related Deaths, by Timing of Death: All Payers

- Other cardiovascular conditions: 15.1%
- Other noncardiovascular conditions: 14.3%
- Infection: 12.4%
- Hemorrhage: 11.2%
- Cardiomyopathy: 10.8%
- Thrombotic pulmonary embolism: 9.2%
- Cerebrovascular accident: 7.6%
- Hypertensive disorders of pregnancy: 6.8%
- Amniotic fluid embolism: 5.5%
- Anesthesia complications: 0.3%

Notes:
A pregnancy-related death is defined as a death from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. The cause of death was unknown for 6.7% of all pregnancy-related deaths.

Source:

Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm
### Pregnancy-Related Deaths per 100,000 Live Births, by Maternal Characteristics: All Payers, 2011–2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Death Rate per 100,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17.2</td>
</tr>
<tr>
<td>White</td>
<td>13.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.4</td>
</tr>
<tr>
<td>Black</td>
<td>42.8</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>14.2</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>32.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Death Rate per 100,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>11.3</td>
</tr>
<tr>
<td>20–24</td>
<td>12.1</td>
</tr>
<tr>
<td>25–29</td>
<td>13.2</td>
</tr>
<tr>
<td>30–34</td>
<td>15.3</td>
</tr>
<tr>
<td>35–39</td>
<td>28.7</td>
</tr>
<tr>
<td>≥40</td>
<td>76.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Death Rate per 100,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>19.8</td>
</tr>
<tr>
<td>High school graduate</td>
<td>24.2</td>
</tr>
<tr>
<td>Some college</td>
<td>14.8</td>
</tr>
<tr>
<td>College graduate or higher</td>
<td>9.4</td>
</tr>
</tbody>
</table>

**Notes:**
Data come from the Pregnancy Mortality Surveillance System (PMSS). A pregnancy-related death is defined as a death from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Race/ethnicity categories are shown as defined by study authors. “White,” “Black,” “Asian or Pacific Islander,” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

**Source:**

Available at: [http://dx.doi.org/10.15585/mmwr.mm6818e1](http://dx.doi.org/10.15585/mmwr.mm6818e1)

Notes:
Data come from the Pregnancy Mortality Surveillance System (PMSS). A pregnancy-related death is defined as a death from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Deaths in which timing of death was unknown (12% of deaths) are excluded.

Source:

Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1
OUTCOMES:
FETAL AND INFANT DEATHS
Outcomes: Fetal and Infant Deaths

Fast facts: In 2017, the infant mortality rate for deliveries paid for by Medicaid was 7.4 deaths per 1,000 live births. The two most common causes of infant death, both overall and for Medicaid births, were “congenital malformations” and “short gestation and low birthweight.”

This section of the profile shows selected indicators around fetal and infant deaths, first by state and then by payer.

The charts in this section include:

- Fetal Death Rate per 1,000 Live Births and Fetal Deaths, by State: All Payers
- Infant Mortality Rate per 1,000 Live Births, by State: All Payers
- Percentage of Reproductive Age Women Who Report Ever Experiencing a Stillbirth, by Current Insurance Coverage
- Infant Mortality Rate per 1,000 Live Births, by Delivery Payer and Race/Ethnicity
- Percentage of All Infants Deaths, by Timing of Death and Delivery Payer
- Cause-Specific Infant Mortality Rate per 100,000 Live Births, by Delivery Payer
- Sudden Unexpected Infant Deaths, by Delivery Payer
- Sudden Unexpected Infant Deaths, by Race/Ethnicity and Cause: Births Paid by Medicaid
Fetal Death Rate per 1,000 Live Births and Fetal Deaths, by State: All Payers, 2017
[Lower rates are better for this measure]

Notes:
The fetal death rate is defined as the number of fetal deaths at 20 completed weeks of gestation or more per 1,000 live births and fetal deaths at 20 completed weeks of gestation or more.

Source:
National Center for Health Statistics (NCHS). 2017 Fetal Death Data on CDC WONDER online database.

Available at: https://wonder.cdc.gov/

State Median = 5.7

Lower rates are better for this measure
Infant Mortality Rate per 1,000 Live Births, by State: All Payers, 2017
[Lower rates are better for this measure]

Notes:
The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths.

Source:
National Center for Health Statistics (NCHS). 2017 Linked Birth/Infant Death Records on CDC WONDER online database.

Available at: https://wonder.cdc.gov/

Notes:
A stillbirth is defined as a pregnancy loss at 20 weeks or more, but before birth. Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49.

Source:

Available at: https://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm
Infant Mortality Rate per 1,000 Live Births, by Delivery Payer and Race/Ethnicity, 2017

**Notes:**
The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths. Births with payer not reported or unknown (<2% of births) are included when calculating the overall rate. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers.

“White,” “Black,” “Asian or Native Hawaiian or Other Pacific Islander,” “American Indian or Alaska Native,” and “More Than One Race” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

**Source:**

**Available at:**
https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of All Infants Deaths, by Timing of Death and Delivery Payer, 2017

- Medicaid: 39.1%, Neonatal (≤28 days of birth) 60.9%, Post-neonatal (>28 days of birth) 39.1%
- Private Insurance: 26.3%, Neonatal (≤28 days of birth) 73.7%, Post-neonatal (>28 days of birth) 26.3%
- Self-Pay: 29.3%, Neonatal (≤28 days of birth) 70.7%, Post-neonatal (>28 days of birth) 29.3%
- Other: 34.1%, Neonatal (≤28 days of birth) 65.9%, Post-neonatal (>28 days of birth) 34.1%

Notes:
The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers.

Source:

Available at: [https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm](https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm)
## Cause-Specific Infant Mortality Rate per 100,000 Live Births, by Delivery Payer, 2017

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medicaid</th>
<th>Private Insurance</th>
<th>Self-Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital malformations</td>
<td>97.1</td>
<td>136.0</td>
<td></td>
</tr>
<tr>
<td>Short gestation and low birthweight</td>
<td>75.6</td>
<td>114.3</td>
<td></td>
</tr>
<tr>
<td>Maternal complications of pregnancy</td>
<td>34.6</td>
<td>33.4</td>
<td></td>
</tr>
<tr>
<td>Sudden infant death syndrome</td>
<td>16.8</td>
<td>31.3</td>
<td></td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>14.8</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>Complications of placenta, cord, membranes</td>
<td>25.3</td>
<td>17.5</td>
<td>27.6</td>
</tr>
<tr>
<td>Bacterial sepsis of newborn</td>
<td>18.5</td>
<td>13.0</td>
<td>13.4</td>
</tr>
<tr>
<td>Respiratory distress of newborn</td>
<td>13.2</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Neonatal hemorrhage</td>
<td>9.8</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>14.5</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td>All other causes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>245.4</td>
</tr>
</tbody>
</table>

### Notes:
- The top 10 U.S. causes of infant death as reported by the National Center for Health Statistics (NCHS) are shown. “Short gestation and low birthweight” includes ICD-10 codes (P07) related to either prematurity or low birthweight. The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. Cause-specific mortality rates that do not meet standards of reliability and precision (<20 deaths in the numerator) are not shown.

### Source:

Available at: [https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm](https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm)
Sudden Unexpected Infant Deaths (SUID), by Delivery Payer, 2017

**SUID Mortality Rates per 100,000 Live Births, by Delivery Payer**

<table>
<thead>
<tr>
<th>Delivery Payer</th>
<th>Rate per 100,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>92.8</td>
</tr>
<tr>
<td>Medicaid</td>
<td>154.4</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>40.5</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>80.0</td>
</tr>
</tbody>
</table>

**Percentage All Infant Deaths Due to SUID, by Delivery Payer**

<table>
<thead>
<tr>
<th>Delivery Payer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>16.0%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>21.0%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>9.5%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Notes:
Sudden Unexpected Infant Death includes the following ICD-10 codes: Sudden Infant Death Syndrome (R95), accidental strangulation and suffocation in bed (W75), and unknown cause (R99). The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths. There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries.

Source:

Available at: [https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm](https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm)
Sudden Unexpected Infant Deaths (SUID), by Race/Ethnicity and Cause: Births Paid by Medicaid, 2017

SUID Mortality Rates per 100,000 Live Births, by Race and Ethnicity
(Births Paid by Medicaid)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>184.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>67.5</td>
</tr>
<tr>
<td>Black</td>
<td>239.1</td>
</tr>
<tr>
<td>Asian or Native Hawaiian or Other Pacific Islander</td>
<td>32.7</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>270.9</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>230.8</td>
</tr>
<tr>
<td>Total</td>
<td>154.4</td>
</tr>
</tbody>
</table>

Notes:
Sudden Unexpected Infant Death includes the following ICD-10 codes: Sudden Infant Death Syndrome (R95), accidental strangulation and suffocation in bed (W75), and unknown cause (R99). The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. The number of infant deaths is weighted to equal the sum of the linked plus unlinked infant deaths. There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries.

"White," "Black," "Asian or Native Hawaiian or Other Pacific Islander," "American Indian or Alaska Native," and "More Than One Race" categories exclude Hispanic ethnicity. "Hispanic" includes Hispanic of any race.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
RISK FACTORS FOR POOR MATERNAL AND INFANT OUTCOMES
Fast fact: In 2018, 11.6% of live births paid by Medicaid were to women who smoked during pregnancy, as compared with 2.5% of births paid by private insurance and 3.8% of self-pay births.

This section of the profile shows the prevalence of selected risk factors for poor maternal and/or infant outcomes. Indicators are presented by payer where possible.

The charts in this section include:

• Percentage of Singleton, Not First-Time Live Births, by Length of Interpregnancy Interval and Delivery Payer
• Percentage of Live Births That Were Multiple Births, by Delivery Payer
• Percentage of Reproductive Age Women Who Reported Ever Having a Preterm Birth (<37 Weeks), by Current Insurance Coverage
• Percentage of Live Births with Pre-existing Hypertension or Diabetes Recorded in the Birth Certificate, by Delivery Payer
• Percentage of Live Births, by Pre-Pregnancy Body Mass Index and Delivery Payer
This section of the profile shows the prevalence of selected risk factors for poor maternal and/or infant outcomes. Indicators are presented by payer where possible.

The charts in this section include:

- Rates of High Blood Pressure, Diabetes, or Obesity Among Reproductive Age Women, by Current Insurance Coverage
- Percentage of Live Births With Smoking During Pregnancy Recorded in the Birth Certificate, by Delivery Payer
- Rates of Smoking and Alcohol Use Among Reproductive Age Women, by Current Insurance Coverage
- Percentage of Women with Self-Reported Postpartum Depressive Symptoms, by Insurance at Delivery and Maternal Characteristics
- Percentage of Women Asked About Depression During a Postpartum Visit, by Insurance at Delivery and Maternal Characteristics
- Percentage of Women with a Recent Live Birth Who Reported Safe Sleep Positioning, by Insurance at Delivery and Maternal Characteristics
Percentage of Singleton, Not First-Time Live Births, by Length of Interpregnancy Interval and Delivery Payer, 2018

Notes:
Interpregnancy interval is defined as the number of months between the previous live birth and the conception of the live birth occurring in 2018. An interpregnancy interval of at least 18 months is recommended.
Interpregnancy interval is calculated only for singleton births that are not first births (59% of all births). There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with unknown interpregnancy interval (<6% of these births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Live Births That Were Multiple Births, by Delivery Payer, 2018

- Medicaid: 3.0%
- Private Insurance: 3.7%
- Self-Pay: 2.5%
- Other: 3.1%

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers.

Source:

Available at:
https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Reproductive Age Women Who Reported Ever Having a Preterm Birth (<37 Weeks), by Current Insurance Coverage, 2015–2017

Notes:
Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49.

Source:

Available at:
Percentage of Live Births with Pre-existing Hypertension or Diabetes Recorded in the Birth Certificate, by Delivery Payer, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. "Medicaid" may include CHIP beneficiaries. "Other" includes other government and non-government payers. Births with pre-existing hypertension or diabetes not reported or unknown (<1% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Percentage of Live Births, by Pre-Pregnancy Body Mass Index and Delivery Payer, 2018

Notes:
Body mass index (BMI) was calculated using height and pre-pregnancy weight from the birth certificate. Overweight is defined as a BMI of 25.0 to 29.9. Obese is defined as a BMI of 30 or higher. The National Center for Health Statistics recommends hospitals obtain these data from the mother’s worksheet rather than the medical record. There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with maternal BMI not reported or unknown (<3% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Rates of High Blood Pressure, Diabetes, or Obesity Among Reproductive Age Women, by Current Insurance Coverage, 2015–2017

Percentage of Reproductive Age Women Who Reported High Blood Pressure in the Last Year, or Ever Being Diagnosed With Diabetes

- Overall: 13.2% (High blood pressure) 7.1% (Diabetes)
- Medicaid or CHIP: 16.8% (High blood pressure) 10.1% (Diabetes)
- Private Insurance: 10.9% (High blood pressure) 6.1% (Diabetes)
- No Insurance: 21.3% (High blood pressure) 6.4% (Diabetes)

---

Notes:
Only respondents who report having their blood pressure checked in the last year were asked whether it was high. Each respondent is asked her current height and weight, and the survey computes a body mass index (BMI). Obese is defined as a BMI of 30 or higher. Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49.

Source:

Available at: https://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm
Percentage of Live Births With Smoking During Pregnancy Recorded in the Birth Certificate, by Delivery Payer, 2018

- Medicaid: 11.6%
- Private Insurance: 2.5%
- Self-Pay: 3.8%
- Other: 4.8%

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with smoking status not reported or unknown (<1% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Rates of Smoking and Alcohol Use Among Reproductive Age Women, by Current Insurance Coverage, 2015–2017

**Percentage of Reproductive Age Women Who Reported Smoking at Least Once Every Day**

- Overall: 18.8%
- Medicaid or CHIP: 31.7%
- Private Insurance: 12.8%
- No Insurance: 28.5%

**Percentage of Reproductive Age Women Who Reported Drinking Alcohol at Least Once a Week**

- Overall: 25.3%
- Medicaid or CHIP: 11.8%
- Private Insurance: 30.7%
- No Insurance: 19.6%

**Notes:**
Insurance status is self-reported. “Medicaid or CHIP” includes Medicaid or CHIP coverage only. “Private insurance” includes private coverage only, TRICARE or other military insurance, both Medicaid and private, and any other insurance in combination with private. “No insurance” includes not currently insured or Indian Health Services only. Reproductive age women are defined as ages 15–49.

**Source:**

**Available at:**
### Percentage of Women Asked About Depression During a Postpartum Visit, by Insurance at Delivery and Maternal Characteristics: 31 States, 2018

<table>
<thead>
<tr>
<th>Insurance at Delivery</th>
<th>Total</th>
<th>87.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td>87.9%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td></td>
<td>87.2%</td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
<td>86.9%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>88.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>86.2%</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td>86.8%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td></td>
<td>83.0%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td>92.2%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>91.4%</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;20 years</td>
<td></td>
<td>87.8%</td>
</tr>
<tr>
<td>20–24 years</td>
<td></td>
<td>87.4%</td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥35 years</td>
<td></td>
<td>86.4%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;12 years</td>
<td></td>
<td>87.7%</td>
</tr>
<tr>
<td>12 years</td>
<td></td>
<td>87.1%</td>
</tr>
<tr>
<td>&gt;12 years</td>
<td></td>
<td>87.4%</td>
</tr>
</tbody>
</table>

**Notes:**
Data come from the 31 states plus New York City and Puerto Rico that participated in the Pregnancy Risk Assessment Monitoring System (PRAMS) in 2018 and met the 55% response rate threshold for inclusion. The denominator for this indicator is limited to women who reported attending a postpartum visit (90.1% of respondents). Insurance coverage at delivery is self-reported. The numerator consists of women who responded “yes” to the question, “During your postpartum checkup, did a doctor, nurse, or other health care worker ask if you were feeling down or depressed.”

Race/ethnicity categories are shown as defined by study authors. “White,” “Black,” “Asian or Pacific Islander,” “American Indian or Alaska Native,” and “Other” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

**Source:**

**Available at:**
http://dx.doi.org/10.15585/mmwr.mm6919a2
### Percentage of Women with Self-Reported Postpartum Depressive Symptoms, by Insurance at Delivery and Maternal Characteristics: 31 States, 2018

<table>
<thead>
<tr>
<th>Insurance at Delivery</th>
<th>Total</th>
<th>Medicaid</th>
<th>Private Insurance</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>13.2%</td>
<td>17.2%</td>
<td>10.1%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
<th>Asian or Pacific Islander</th>
<th>American Indian or Alaska Native</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22.0%</td>
<td>11.4%</td>
<td>12.0%</td>
<td>18.2%</td>
<td>19.2%</td>
<td>16.3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>&lt;20 years</th>
<th>20–24 years</th>
<th>25–34</th>
<th>≥35 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17.8%</td>
<td>22.2%</td>
<td>17.8%</td>
<td>11.9%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

| Education              | Total | <12 years | 12 years   | >12 years | |
|------------------------|-------|-----------|------------|-----------| |
| Total                  | 17.8% | 17.8%     | 16.2%      | 11.2%     | |

**Notes:**
Data come from the 31 states plus New York City and Puerto Rico that participated in the Pregnancy Risk Assessment Monitoring System (PRAMS) in 2018 and met the 55% response rate threshold for inclusion. Women who responded “always” or “often” to either of two questions about postpartum depression adapted from a validated screening tool were classified as having postpartum depressive symptoms. Insurance coverage at delivery is self-reported.

Race/ethnicity categories are shown as defined by study authors. “White,” “Black,” “Asian or Pacific Islander,” “American Indian or Alaska Native,” and “Other” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

**Source:**

Available at: [http://dx.doi.org/10.15585/mmwr.mm6919a2](http://dx.doi.org/10.15585/mmwr.mm6919a2)
### Percentage of Women with a Recent Live Birth Who Reported Safe Sleep Positioning, by Insurance at Delivery and Maternal Characteristics: 29 States, 2016

<table>
<thead>
<tr>
<th>Insurance at Delivery</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>78.0%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>71.5%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>83.9%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>66.8%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>73.8%</td>
</tr>
<tr>
<td>Black</td>
<td>62.3%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>75.5%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>82.2%</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>78.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 years</td>
<td>69.3%</td>
</tr>
<tr>
<td>20–24 years</td>
<td>69.2%</td>
</tr>
<tr>
<td>25–29</td>
<td>77.4%</td>
</tr>
<tr>
<td>30–34</td>
<td>83.2%</td>
</tr>
<tr>
<td>≥35 years</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>69.0%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>72.9%</td>
</tr>
<tr>
<td>Some college or associate’s degree</td>
<td>75.9%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>86.2%</td>
</tr>
</tbody>
</table>

**Notes:**
Data come from the 29 states that participated in the Pregnancy Risk Assessment Monitoring System (PRAMS) in 2016 and met the response rate threshold for inclusion. Respondents were asked “In which position do you most often lay your baby down to sleep now?” A safe sleep position is defined as most often placing the infant to sleep on the back. Insurance coverage at delivery is self-reported.

Race/ethnicity categories are shown as defined by study authors. “White,” “Black,” “Asian or Pacific Islander,” “American Indian or Alaska Native,” and “More Than One Race” categories exclude Hispanic ethnicity. “Hispanic” includes Hispanic of any race.

**Source:**

Available at: [https://doi.org/10.1542/peds.2019-1286](https://doi.org/10.1542/peds.2019-1286)
UTILIZATION OF MATERNITY-RELATED HEALTH CARE
Utilization of Maternity-Related Health Care

Fast facts: In 2018, 2.4% of live births paid by Medicaid were to women who received no prenatal care and 6.4% were to women who initiated prenatal care in the third trimester. The comparable percentages were 0.6% and 2.1% for births paid by private insurance and 7.1% and 12.5% for self-pay births.

This section of the profile shows selected indicators related to women's access to and use of maternity-related health care before, during, and after delivery. Indicators are presented by payer where possible.

The charts in this section include:

- Percentage of Live Births, by Timing of Prenatal Care Initiation and Delivery Payer
- Total Number of Inpatient Stays (in Thousands) Paid by Medicaid, by Principal Diagnosis
- Total Inpatient Costs (in Millions of Dollars) Paid by Medicaid, by Principal Diagnosis
- Percentage of Opioid-Related Inpatient Stays Among Women That Co-Occur with Pregnancy/Childbirth, by Delivery Payer
- Percentage of Deliveries That Had a Postpartum Visit Between 21 and 56 Days After Delivery, by Type of Health Plan
Percentage of Live Births, by Timing of Prenatal Care Initiation and Delivery Payer, 2018

Notes:
There is not a separate option for CHIP on the U.S. standard birth certificate. “Medicaid” may include CHIP beneficiaries. “Other” includes other government and non-government payers. Births with month of prenatal care initiation not reported or unknown (<3% of births) are excluded.

Source:

Available at: https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm
Total Number of Inpatient Stays (in Thousands) Paid by Medicaid, by Principal Diagnosis, 2014

Notes:
The data presented here are weighted estimates from the Healthcare Cost and Utilization Project (HCUP) 2014 National Inpatient Sample (NIS). The principal diagnosis is the condition chiefly responsible for the patient’s admission to the hospital. The top 10 most common diagnoses for Medicaid inpatient stays are shown.

Source:
HCUP Fast Stats, Most Common Diagnoses for Inpatient Stays (2014 data).

Available at:
http://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet
Total Inpatient Costs (in Millions of Dollars) Paid by Medicaid, by Principal Diagnosis, 2013

- Liveborn: $6,619
- Septicemia (any): $3,354
- Mood disorders: $1,582
- Complication of device, implant or graft: $1,453
- Pneumonia: $1,273
- Respiratory failure, insufficiency, arrest (adult): $1,249
- Schizophrenia and other psychotic disorders: $1,220
- Previous C-section: $1,125
- Acute cerebrovascular disease: $1,061
- Cardiac and circulatory congenital anomalies: $1,001

Notes:
The data presented here are weighted estimates from the Healthcare Cost and Utilization Project (HCUP) 2013 National Inpatient Sample (NIS). The principal diagnosis is the condition chiefly responsible for the patient's admission to the hospital. The top 10 most expensive conditions for Medicaid inpatient stays are shown.

Source:

Available at:
http://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.pdf
Percentage of Opioid-Related Inpatient Stays Among Women That Co-Occur with Pregnancy/Childbirth, by Delivery Payer, 2016

Notes:
Estimates are based on data from the Healthcare Cost and Utilization Project (HCUP) 2016 National Inpatient Sample (NIS). Opioid-related stays for all women ages 15 and up are included.

Source:

Available at: www.hcup-us.ahrq.gov/reports/statbriefs/sb247-Opioid-Hospital-Stays-Women.pdf.
Percentage of Deliveries That Had a Postpartum Visit Between 21 and 56 Days After Delivery, by Type of Health Plan, 2018

Notes:
Data are from health plans participating in the Healthcare Effectiveness Data and Information Set (HEDIS). 191 million people are enrolled in plans that report HEDIS results. To be included in the numerator for this measure, the postpartum visit must have occurred 21–56 days after delivery.

Source:

Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/
MATERNITY-RELATED HEALTH CARE PROVIDER WORKFORCE
Fast facts: The states that have the highest combined numbers of general obstetrics and gynecology physicians and advanced practice midwives per 100,000 reproductive age women are mostly concentrated in the northeast, with the addition of New Mexico, Hawaii, Oregon, and Alaska.

This section of the profile shows selected indicators related to the maternity-related health care provider workforce by state.

The charts in this section include:

- Number of General Obstetrics and Gynecology Physicians per 100,000 Reproductive Age Women, by State
- Number of Advanced Practice Midwives per 100,000 Reproductive Age Women, by State
- Number of General Obstetrics and Gynecology Physicians and Advanced Practice Midwives per 100,000 Reproductive Age Women, by State
Number of General Obstetrics and Gynecology Physicians per 100,000 Reproductive Age Women, by State, 2017

Notes:
Provider data come from the Area Health Resources Files (AHRF) and are derived from the American Medical Association Physician Masterfiles. Totals exclude physicians employed full-time by the federal government. Population data come from the American Community Survey (ACS). Reproductive age women are defined as ages 15–44.

Sources:
2. IPUMS USA, University of Minnesota. ACS 2017 sample.

Available at:
1. https://data.hrsa.gov/data/download
2. www.ipums.org
Number of Advanced Practice Midwives per 100,000 Reproductive Age Women, by State, 2018

Notes:
Provider data come from the Area Health Resources Files (AHRF) and are derived from CMS’s National Provider Identification (NPI) File. The NPI is a unique identifier developed by CMS. Population data come from the American Community Survey (ACS). Reproductive age women are defined as ages 15–44.

Sources:
2. IPUMS USA, University of Minnesota. ACS 2018 sample.

Available at:
1. https://data.hrsa.gov/data/download
2. www.ipums.org
Number of General Obstetrics and Gynecology Physicians and Advanced Practice Midwives per 100,000 Reproductive Age Women, by State, 2017–2018

Notes:
Provider data come from the Area Health Resources Files (AHRF). Obstetrics and gynecology data are derived from the American Medical Association 2017 Physician Masterfiles. Totals exclude physicians employed full-time by the federal government. Midwifery data are derived from CMS’s 2018 National Provider Identification (NPI) File. The NPI is a unique identifier developed by CMS. Population data come from the 2017 American Community Survey (ACS).

Sources:
2. IPUMS USA, University of Minnesota. ACS 2017 sample.

Available at:
1. https://data.hrsa.gov/data/download
2. www.ipums.org
APPENDIX: DATA SOURCES
### Data Sources (in Order of First Appearance)

<table>
<thead>
<tr>
<th>Source</th>
<th>Pages</th>
<th>Link(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Risk Assessment Monitoring System (PRAMS)</td>
<td>6, 63–65</td>
<td><a href="https://www.cdc.gov/prams/index.htm">https://www.cdc.gov/prams/index.htm</a></td>
<td>PRAMS is a state-level, representative survey of women who have had a live birth within the reporting year. As of 2018, 47 states, D.C., New York City, Puerto Rico, and the Great Plains Tribal Chairman’s Health Board participated in PRAMS, covering ~83% of all U.S. births. The PRAMS research data set excludes any state that has not met the response rate threshold for that year (currently 55%). CDC approval is required to gain access to the research data set. All PRAMS data included in this profile come from data tables and briefs publicly available through the CDC.</td>
</tr>
<tr>
<td>IPUMS</td>
<td>7–9, 75–77</td>
<td><a href="https://www.ipums.org">https://www.ipums.org</a></td>
<td>IPUMS USA collects and harmonizes U.S. census microdata. Data include decennial censuses and American Community Surveys (ACS) from 2000 to the present. Data included in this profile were generated using the IPUMS online data analysis system with either the 2017 or 2018 ACS sample. The ACS is a 1-in-100 national random, weighted sample of the U.S. population. The data include persons in households and in group quarters (institutions, military barracks, university dorms, etc.)</td>
</tr>
<tr>
<td>National Center for Health Statistics (NCHS) - Natality Public Use File</td>
<td>14–18, 23–25, 29–34, 55, 56, 58, 59, 61, 68</td>
<td><a href="https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm">https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm</a></td>
<td>The NCHS natality public use file contains records for all live births registered within the 52 U.S. reporting areas (50 states, New York City, and D.C.), during the reporting year. The 2018 state-level natality data included in this profile were generated using the CDC WONDER online data analysis system. All other natality data come from primary analyses of the raw 2018 public use file. Geographic identifiers are not available in the raw file.</td>
</tr>
<tr>
<td>Healthcare Cost and Utilization Project (HCUP) - National Inpatient Sample (NIS)</td>
<td>22, 69–71</td>
<td><a href="https://www.hcup-us.ahrq.gov/">https://www.hcup-us.ahrq.gov/</a></td>
<td>The NIS is a 20% sample of discharges from all community hospitals participating in HCUP in that data year. It is sampled from the HCUP State Inpatient Databases (see next page). Community hospitals are defined as short-term, non-federal, general, and other hospitals, excluding hospital units of other institutions (e.g., prisons). Community hospitals that are also long-term care facilities are excluded. Analytic data files must be purchased from HCUP. All NIS data included in this profile come from HCUP Fast Stats (an online table generating tool) or from statistical briefs publicly available through the Agency for Healthcare Research and Quality (AHRQ).</td>
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</table>
### Data Sources (Continued, in Order of First Appearance)

<table>
<thead>
<tr>
<th>Source</th>
<th>Pages</th>
<th>Link(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Cost and Utilization Project (HCUP) - State Inpatient Databases (SID)</strong></td>
<td>26</td>
<td><a href="https://www.hcup-us.ahrq.gov">https://www.hcup-us.ahrq.gov</a></td>
<td>The SID are state-specific files that contain all inpatient discharge records from community hospitals in a given state, regardless of payer (see previous page for definition of community hospital). Together, the SID encompass more than 95% of all U.S. hospital discharges. Some states make their files available for purchase through HCUP. All SID data included in this profile come from statistical briefs publicly available through AHRQ.</td>
</tr>
<tr>
<td><strong>National Survey of Children’s Health (NSCH)</strong></td>
<td>35, 36</td>
<td><a href="https://www.childhealthdata.org/">https://www.childhealthdata.org/</a></td>
<td>NSCH is a nationally representative survey of all noninstitutionalized children ages 0 to 17 years in the U.S. (50 states and DC) who live in housing units. The NSCH data included in this profile were generated using the NSCH Interactive Data Query with the 2017-2018 sample. The full citation for the NSCH exhibits included in this profile is: Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau (HRSA MCHB). Retrieved from <a href="http://www.childhealthdata.org">www.childhealthdata.org</a>. CAHMI: <a href="http://www.cahmi.org">www.cahmi.org</a></td>
</tr>
<tr>
<td><strong>Pregnancy Mortality Surveillance System (PMSS)</strong></td>
<td>39–41</td>
<td><a href="https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm">https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm</a></td>
<td>PMSS contains records for all women who died during pregnancy or within 1 year of pregnancy within the 52 U.S. reporting areas (50 states, New York City, and D.C.), whose deaths were determined to be pregnancy-related based on CDC epidemiologists’ review of death certificates. Pregnancy mortality data are considered highly confidential and analytic files are not provided. All PMSS data included in this profile come from data tables and briefs publicly available through the CDC.</td>
</tr>
<tr>
<td><strong>National Center for Health Statistics (NCHS) - Fetal Death Data</strong></td>
<td>44</td>
<td><a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a></td>
<td>The NCHS fetal death data contain records for all fetal deaths registered within 52 U.S. reporting areas (50 states, New York City, and D.C.), during the reporting year. The majority of states require reporting fetal deaths of 20 weeks of gestation or more, or 350 grams delivery weight, or some combination of the two. To maximize the comparability of data, the 2017 data included in this profile are based on fetal deaths occurring at gestations of 20 weeks or more and were generated using the CDC WONDER online data analysis system. Payer type is not available for fetal death data.</td>
</tr>
<tr>
<td>Source</td>
<td>Pages</td>
<td>Link(s)</td>
<td>Comments</td>
</tr>
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<td>--------</td>
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<td>----------</td>
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<tr>
<td>National Center for Health Statistics (NCHS) - Linked Birth/Infant Death Data</td>
<td>45, 47–51</td>
<td><a href="https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm">https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm</a>; <a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a></td>
<td>The NCHS linked birth/infant death data contain records for all infant deaths up to 1 year of age registered within 52 U.S. reporting areas (50 states, New York City, and D.C.). The 2017 state-level infant mortality data included in this profile were generated using the CDC WONDER online data analysis system. All other data come from primary analyses of the raw 2017 public use period linked file. The numerator for the 2017 period linked file is infant deaths occurring in 2017 linked to their corresponding birth certificates, whether the birth occurred in 2016 or 2017. The denominator is all births occurring in 2017. Geographic identifiers are not available in the raw file, while payer type is not available in CDC WONDER.</td>
</tr>
<tr>
<td>National Committee for Quality Assurance (NCQA)</td>
<td>72</td>
<td><a href="https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/">https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/</a></td>
<td>The aggregate NCQA data around postpartum care included in this profile are publicly available and are derived from Medicaid and commercial health plans participating in the Healthcare Effectiveness Data and Information Set (HEDIS). 191 million people are enrolled in plans that report HEDIS results.</td>
</tr>
<tr>
<td>Area Health Resources Files (AHRF)</td>
<td>75–77</td>
<td><a href="https://data.hrsa.gov/data/download">https://data.hrsa.gov/data/download</a></td>
<td>AHRF includes county, state, and national-level files in eight broad areas: Health Care Professions, Health Facilities, Population Characteristics, Economics, Health Professions Training, Hospital Utilization, Hospital Expenditures, and Environment. Data are obtained from more than 60 sources, including administrative and survey sources. The underlying data sources for the indicators included in this profile are CMS’s 2018 National Provider Identifier file and the American Medical Association’s 2017 Physician Masterfiles.</td>
</tr>
</tbody>
</table>

This profile is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Centers for Medicare & Medicaid Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.