

# 2024 Medicaid & CHIP Beneficiaries at a Glance: Maternal Health



## INTRODUCTION AND BACKGROUND

More than one out of every four Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries are females in their reproductive years (ages 15–49), and Medicaid finances about 41% of all births in the United States. The Centers for Medicare & Medicaid Services (CMS) is in a unique position to improve the quality of maternity care, improve perinatal outcomes, and reduce disparities through quality improvement and measurement and supporting value-based care. This infographic provides an overview of the demographics, access to care, health status, health outcomes, risk factors, and health care utilization among beneficiaries seeking pregnancy-related care and those with a recent live birth.

 For the purpose of this infographic, the term “beneficiary” refers to an individual with insurance coverage through Medicaid, CHIP, or other state-sponsored health plans. Exhibit titles note any cases where the analysis includes a different population.

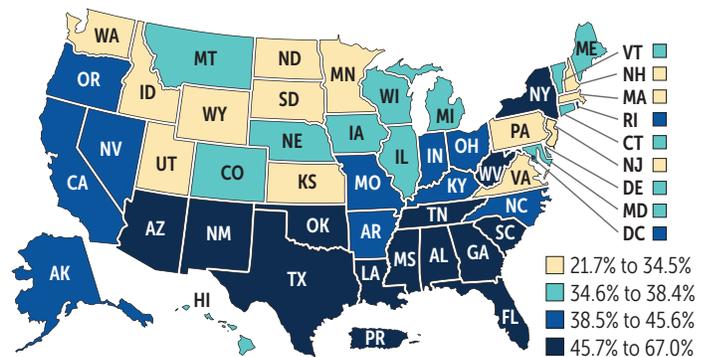


of the 92.1 million Medicaid and CHIP beneficiaries were females ages 15 to 49 in 2021.<sup>1^</sup>

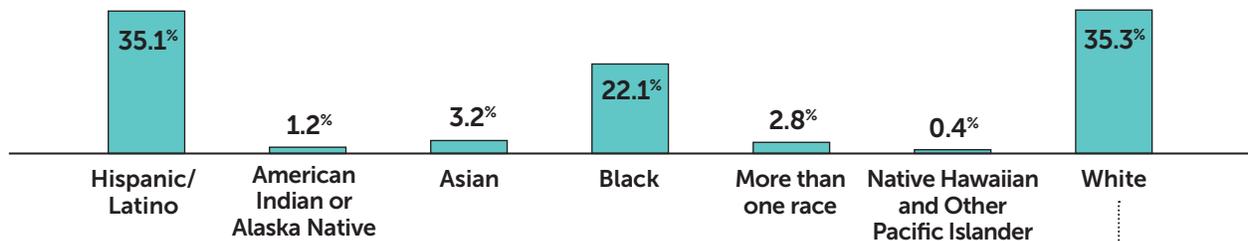


of U.S. births were paid for by Medicaid in 2021.<sup>2^</sup>

Percentage of Births Paid for by Medicaid, 2021<sup>2^</sup>



Percentage of Medicaid Births, by Maternal Race and Ethnicity, 2021<sup>2^</sup>



Note: Percentages do not sum to 100% due to rounding.

Non-Hispanic/Latino

If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the following additional resources:

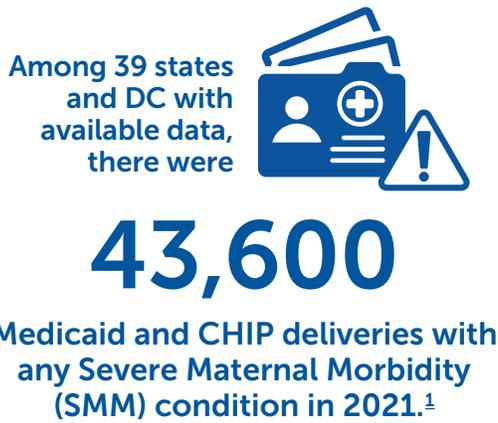
- The **Medicaid and CHIP Beneficiary Profile and Infographic** provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of Medicaid and CHIP beneficiaries: <https://www.medicare.gov/medicaid/quality-of-care/index.html>.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs’ administration and outcomes: <https://www.medicare.gov/state-overviews/scorecard/index.html>.
- The **Maternal & Infant Health Care Quality** section of the Medicaid.gov website provides information regarding CMS’s efforts to improve access to and quality of care for pregnant and postpartum beneficiaries and their infants: <https://www.medicare.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>.

<sup>^</sup> Includes the 50 states, DC, and Puerto Rico.

Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to the mother’s health. Using national all-payer data, the rate of deliveries with SMM conditions and the rate of maternal deaths has been steadily increasing in recent years.<sup>3,4</sup> There are stark disparities by race and ethnicity, with Black non-Hispanic/Latino mothers experiencing the highest rates of SMM and maternal mortality.

**Key Findings**

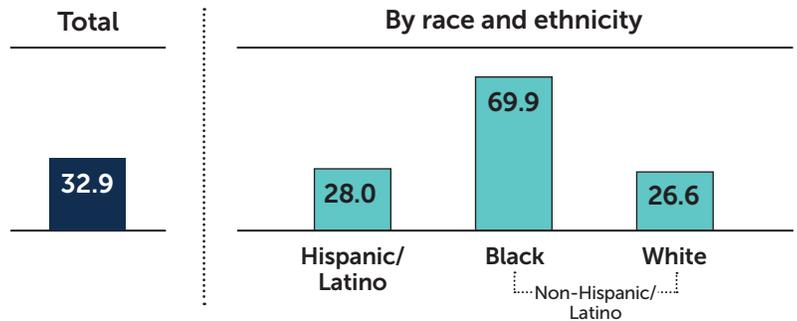
- The U.S. maternal mortality rate per 100,000 live births was 69.9 for Black non-Hispanic/Latino mothers in 2021, compared with 26.6 for White non-Hispanic/Latino mothers and 28.0 for Hispanic/Latino mothers.<sup>4</sup>
- The leading underlying cause of pregnancy-related deaths between 2017 and 2019 was behavioral health conditions. Cardiac and coronary conditions were the leading underlying cause of pregnancy-related deaths among Black non-Hispanic/Latino persons (based on data for 36 states).<sup>5</sup>



Notes: The Centers for Disease Control and Prevention (CDC) defines SMM on the basis of 21 conditions and procedures. The number of deliveries with SMM conditions is based on a total of 1.2 million deliveries.

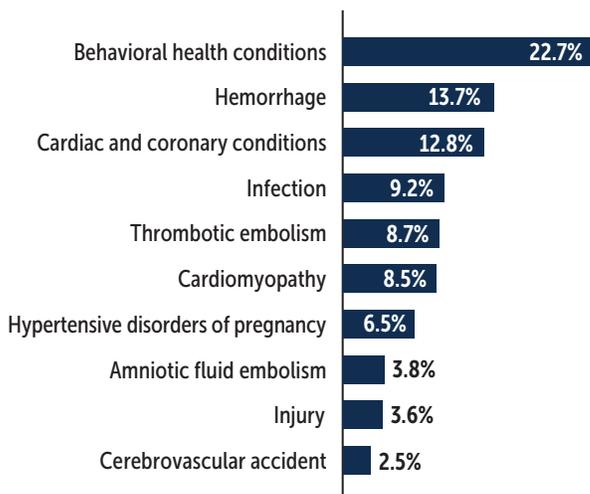
### Maternal Mortality Rate per 100,000 Live Births in the U.S., 2021<sup>4</sup>

(Lower Rates Are Better)

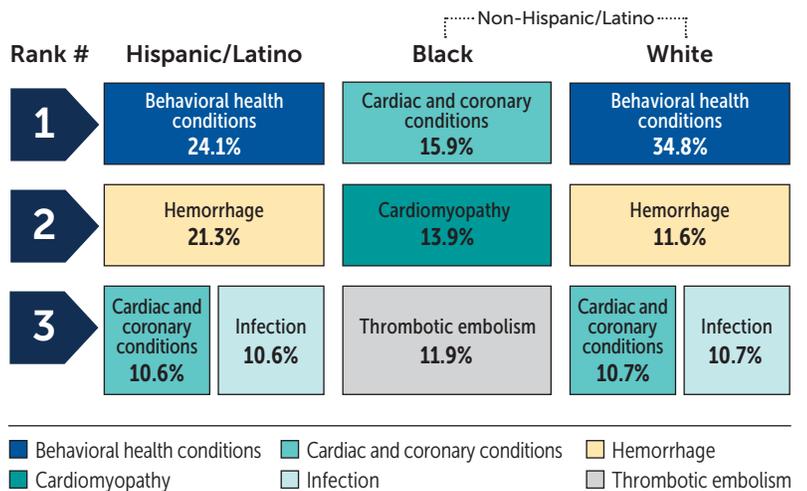


Notes: The CDC estimates that there were a total of 1,205 maternal deaths in the U.S. in 2021. Data are not limited to Medicaid and CHIP beneficiaries.

### Percentage of Pregnancy-Related Deaths in 36 States, by Underlying Cause, 2017–2019<sup>5</sup>



### Ranking of Top Three Underlying Causes of Pregnancy-Related Deaths in 36 States, by Race and Ethnicity, 2017–2019<sup>5</sup>



Notes: The CDC estimates that there were a total of 1,018 pregnancy-related deaths in 36 states in 2017-2019. Data are not limited to Medicaid and CHIP beneficiaries. Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations also have higher rates of pregnancy-related mortality when compared with the White non-Hispanic/Latino population. The total rates and percentages shown in these exhibits include data for Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations, however results for these groups are not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality.

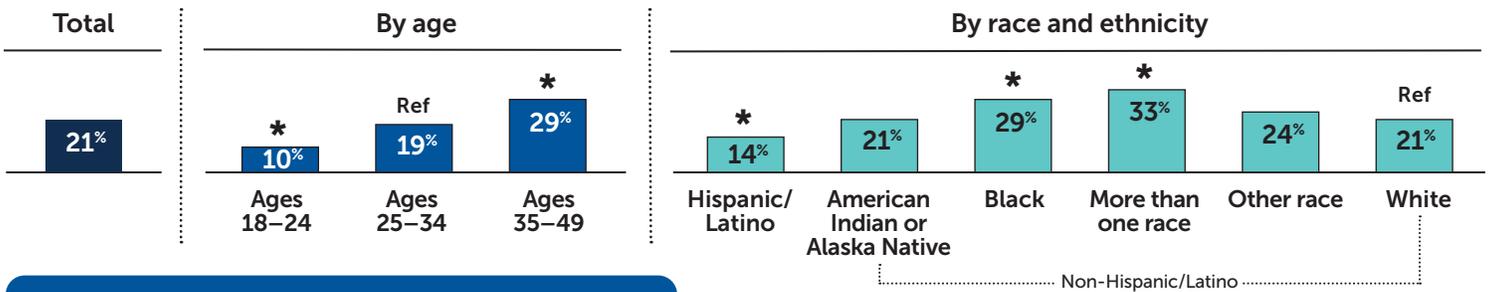
<sup>1</sup> Includes the 50 states, DC, and Puerto Rico.

Chronic conditions, such as high blood pressure and diabetes, can negatively affect the health of pregnant and postpartum individuals and increase the risk for adverse maternal and infant outcomes. Studies have shown that individuals with at least one chronic physical or behavioral health condition during pregnancy face an increased risk of SMM, as compared with individuals without any chronic conditions.<sup>6</sup>

**Methods Note for Survey Data**

Statistical significance testing of survey-based analyses was conducted using a two-sided t-test ( $p < 0.05$ ). Significance for each measure is affected by survey design, sample size, and other factors. For each exhibit, a reference group was identified (indicated by "Ref" in the exhibit). The rate for each additional subgroup shown in the exhibit was compared to the rate for the reference group. \* indicates that the subgroup rate was significantly different from the rate for the reference group. If the subgroup rate was not significantly different from the rate for the reference group, no symbol is included.

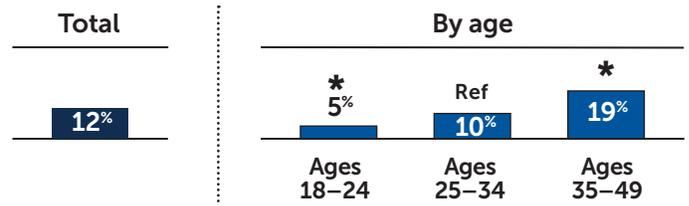
**Percentage of Female Beneficiaries Ages 18–49 Who Reported They Were Ever Told They Have High Blood Pressure, 2021<sup>7</sup>**



**Key Findings**

- Female beneficiaries ages 35–49 reported significantly higher rates of high blood pressure and diabetes than female beneficiaries ages 25–34 in 2021.<sup>7</sup>
- Black non-Hispanic/Latino and More than one race non-Hispanic/Latino beneficiaries reported significantly higher rates of high blood pressure than White Non-Hispanic/Latino beneficiaries, among female beneficiaries ages 18–49.<sup>7</sup>

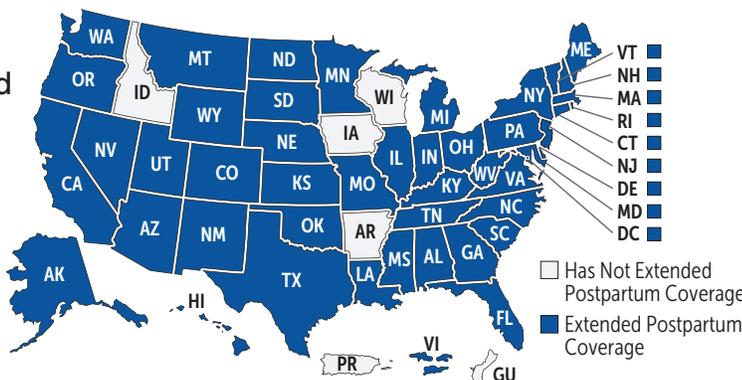
**Percentage of Female Beneficiaries Ages 18–49 Who Reported They Were Ever Told They Have Diabetes, 2021<sup>7</sup>**



INSURANCE COVERAGE AFTER PREGNANCY

All birthing individuals should receive comprehensive care during the postpartum period to assess their physical and behavioral health after childbirth.<sup>8</sup> Federal law requires states to provide pregnancy-related Medicaid coverage through approximately 60 days postpartum. The American Rescue Plan Act of 2021 gave states an option to extend Medicaid postpartum coverage to 12 months. Under the Consolidated Appropriations Act of 2023, this option was made permanent. This extended coverage option offers states an opportunity to provide care that can reduce pregnancy-related deaths and severe maternal morbidity and improve continuity of care for chronic conditions.

**State Efforts to Extend Medicaid and CHIP Postpartum Coverage<sup>9</sup>**

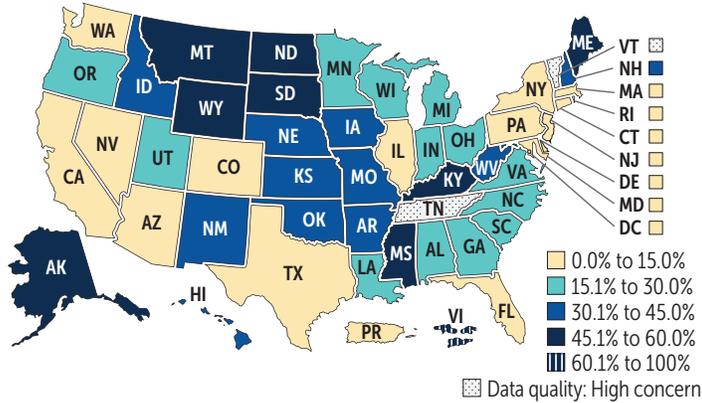


Note: This map reflects implemented state actions to extend Medicaid and CHIP coverage beyond 60 days postpartum as of May 2024.

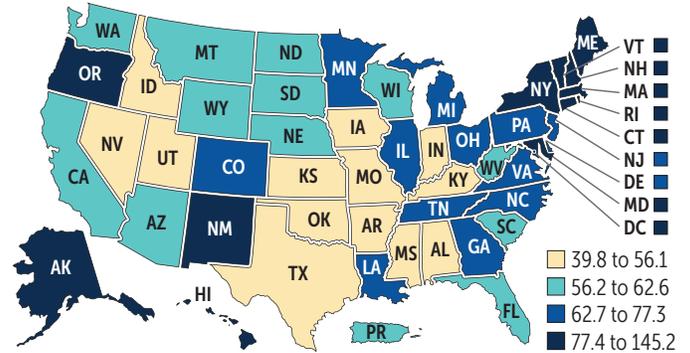
**46** states plus DC and the U.S. Virgin Islands extended Medicaid postpartum coverage beyond 60 days as of May 2024.<sup>9</sup>

Access to maternity care providers is essential to the ongoing wellness of birthing individuals and their babies. However, maternal health physicians tend to be more concentrated in large and medium metropolitan areas.<sup>10</sup>

Percentage of Female Medicaid and CHIP Beneficiaries Ages 15–49 Living in Rural Areas, 2021<sup>1</sup>



Number of General Obstetrics and Gynecology Physicians and Advanced Practice Midwives per 100,000 Women Ages 15–49 in the U.S., 2020–2021<sup>11^A</sup>



PRENATAL AND POSTPARTUM CARE

The American College of Obstetricians and Gynecologists (ACOG) recommends that all birthing individuals receive comprehensive prenatal care, including an oral health assessment and screening for psychosocial and other risk factors. Prenatal care should begin early in pregnancy, ideally during the first trimester.<sup>12</sup> Birthing individuals should also have contact with their obstetric care providers within the first three weeks postpartum. This initial assessment should be followed up with ongoing care as needed, and a comprehensive postpartum visit within 12 weeks after birth that assesses physical recovery from pregnancy and childbirth and addresses chronic health conditions, social and psychological well-being, and family planning.<sup>8</sup>

Among women covered by Medicaid or CHIP delivering a live birth in 2021:



82%

had a timely prenatal care visit.<sup>13</sup>

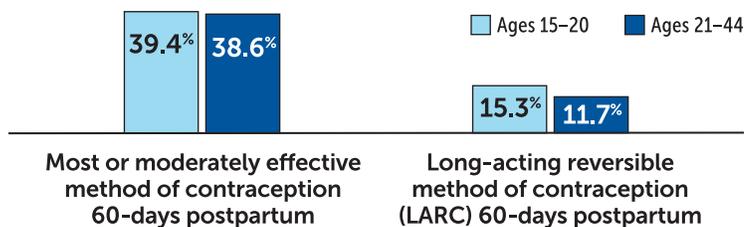


75%

had a timely postpartum care visit.<sup>13</sup>

Notes: A timely prenatal care visit is defined as a visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in Medicaid or CHIP. A timely postpartum care visit is defined as a visit on or between 7 and 84 days after delivery.

Percentage of Postpartum Women Covered by Medicaid or CHIP Who Were Provided Contraception within 60 Days of Delivery, 2021<sup>13</sup>



Notes: Most or moderately effective methods of contraception include provision of female sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectables, oral pills, patch, or ring. The LARC rate includes a subset of these methods (contraceptive implants or IUD/IUS). As a result, a beneficiary receiving contraceptives can be counted in more than one rate. Beneficiaries may also receive more than one method of contraception.

Among beneficiaries delivering a live birth in 2020:



28%

reported having their teeth cleaned during pregnancy.<sup>14</sup>

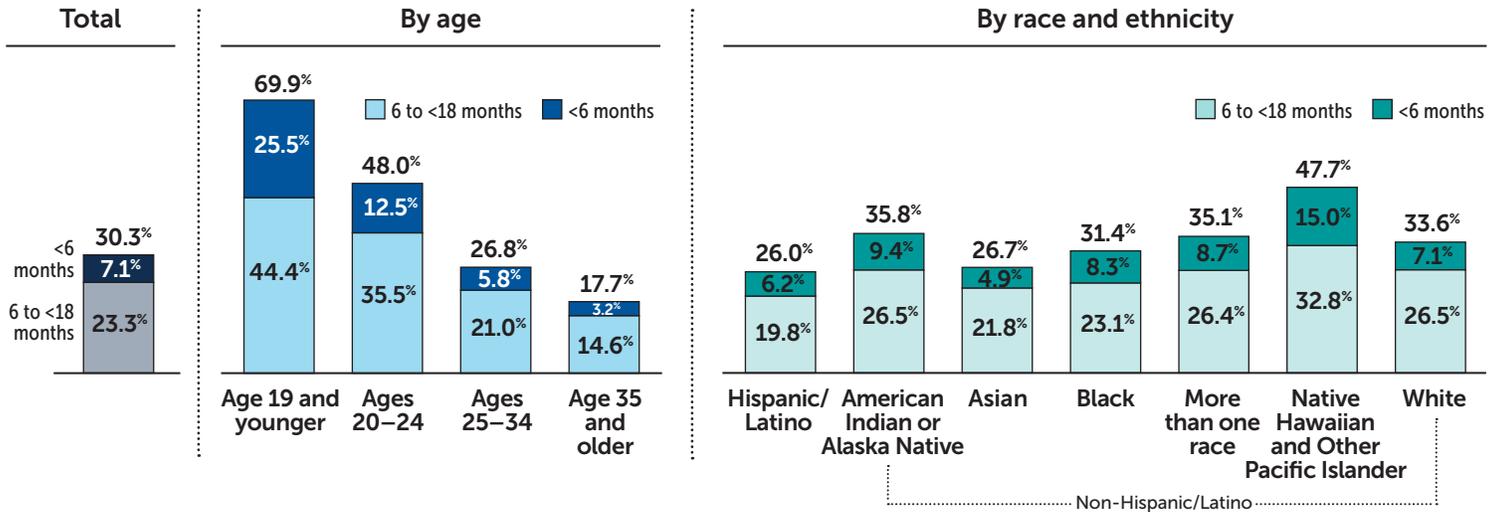
Notes: It is important that pregnant people receive dental care during pregnancy, including routine cleanings. Physiologic changes during pregnancy may result in oral health conditions such as pregnancy gingivitis, dental caries, and periodontitis that can lead to poor health outcomes for the mother and baby.<sup>2</sup>

<sup>A</sup> Includes the 50 states, DC, and Puerto Rico.

ACOG recommends birthing individuals wait at least 6 months between a live birth and the conception of a subsequent pregnancy, to avoid the increased risk of adverse outcomes with shorter intervals. Individuals should also be counseled about the risks and benefits of repeat pregnancy sooner than 18 months after a previous birth.<sup>15</sup>

### Percentage of Singleton, Not First-Time Medicaid Births Conceived Less Than 18 Months After a Previous Birth, 2021<sup>2^A</sup>

(Lower Rates Are Better)

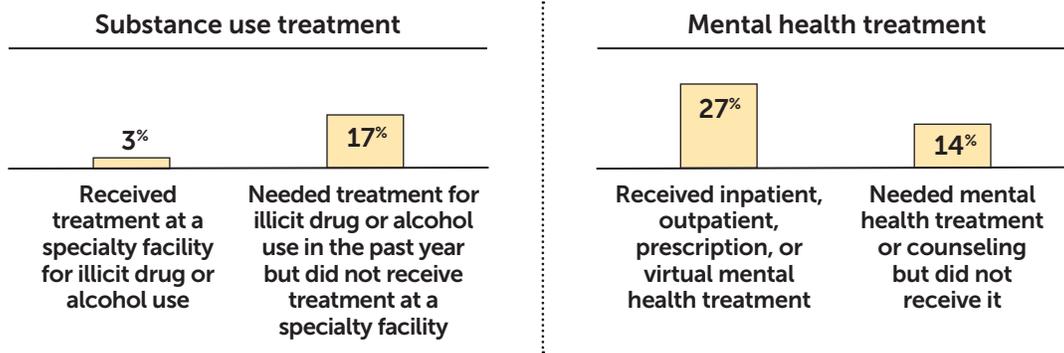


**30%** of singleton (one fetus), not first-time births covered by Medicaid in 2021 were conceived less than 18 months after a previous birth.<sup>2^A</sup>

### BEHAVIORAL HEALTH AND SUBSTANCE USE

According to all-payer data from 36 states, the leading underlying cause of pregnancy-related deaths between 2017 and 2019 was behavioral health conditions, including substance use disorders.<sup>5</sup> ACOG recommends that obstetric providers screen all birthing individuals for substance use, depression, and anxiety, starting during the prenatal period.<sup>12</sup>

### Percentage of Female Medicaid and CHIP Beneficiaries Ages 18–49 Who Reported Receiving Behavioral Health Treatment in the Past Year, 2021<sup>16</sup>



Note: A specialty facility for illicit drug or alcohol use is defined as a hospital (inpatient), a rehabilitation facility (in or outpatient), or a mental health center.

<sup>A</sup> Includes the 50 states, DC, and Puerto Rico.



**Key Findings**

- 12% of beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans with a live birth in 2020 reported smoking cigarettes during the last 3 months of pregnancy. White non-Hispanic/Latino beneficiaries reported significantly higher rates of smoking during pregnancy than all other race and ethnicity groups shown in the exhibit.<sup>14</sup>
- 19% of female Medicaid and CHIP beneficiaries ages 14–49 reported substance use disorders for alcohol or illicit drugs during the past year in 2021. Adults (ages 18–49) reported significantly higher rates than adolescents (ages 14–17).<sup>16</sup>

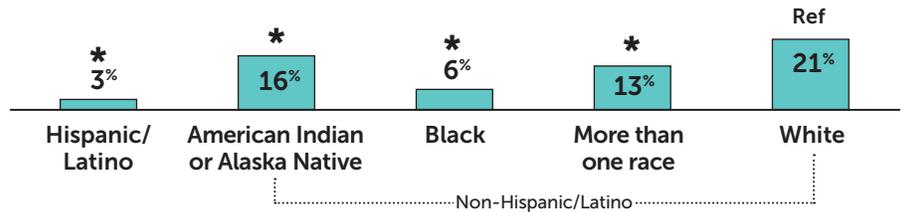
**Percentage of Beneficiaries with a Recent Live Birth Who Reported Smoking Cigarettes Before, During, or After Pregnancy, 2020<sup>14</sup>**

(Lower Rates Are Better)

**Smoking before, during, or after pregnancy**

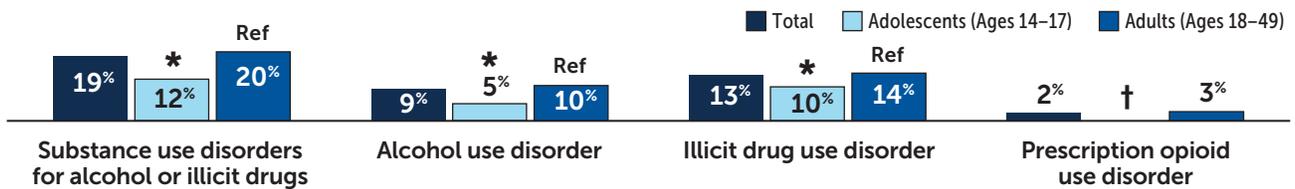


**Smoking during the last 3 months of pregnancy, by race and ethnicity**



**Percentage of Female Medicaid and CHIP Beneficiaries Ages 14–49 with Substance Use Disorders in the Past Year, Based on Self-Report, 2021<sup>16</sup>**

(Lower Rates Are Better)



† Results for adolescents are not shown because they are unreliable due to the relative confidence interval width. Because these results are unreliable, statistical significance of difference by age group was not assessed.

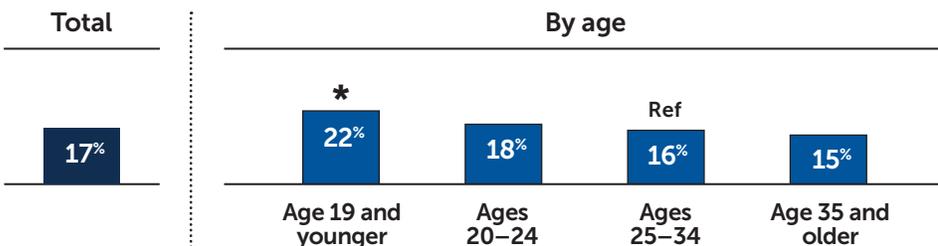


**14.6**

**Rate of Neonatal Abstinence Syndrome (NAS) diagnoses per 1,000 Medicaid and CHIP deliveries in 2021.<sup>1</sup>**

**Percentage of Beneficiaries with a Recent Live Birth Who Reported Postpartum Depressive Symptoms, 2020<sup>14</sup>**

(Lower Rates Are Better)



**88%**

**of beneficiaries with a live birth in 2020 reported being screened for depression at their postpartum visit.<sup>14</sup>**

^ Includes the 50 states, DC, and Puerto Rico.

Preterm births and low-risk cesarean deliveries increase the risk of delivery complications and adverse health outcomes for mothers and babies. Healthy People 2030 includes goals to reduce the percentage of preterm births and low-risk cesarean deliveries in the U.S. by 2030.<sup>17</sup>



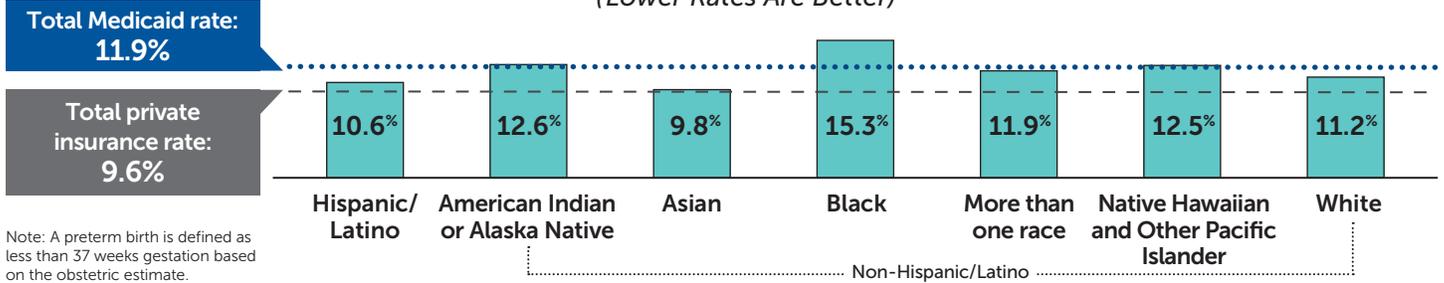
**12%** of Medicaid births were preterm in 2021.<sup>2^A</sup>

**25%** of low-risk Medicaid births were cesarean deliveries in 2021.<sup>2^A</sup>

Note: The Healthy People 2030 target for low-risk cesarean deliveries is 23.6%.

Percentage of Medicaid Births That Were Preterm, 2021<sup>2^A</sup>

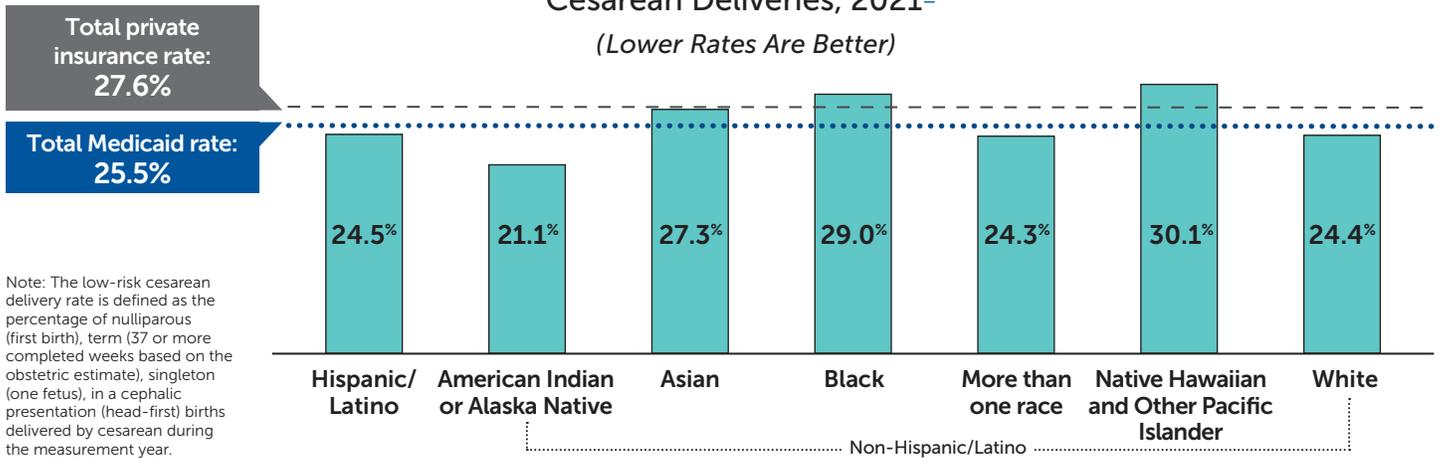
(Lower Rates Are Better)



Note: A preterm birth is defined as less than 37 weeks gestation based on the obstetric estimate.

Percentage of Low-Risk Medicaid Births That Were Cesarean Deliveries, 2021<sup>2^A</sup>

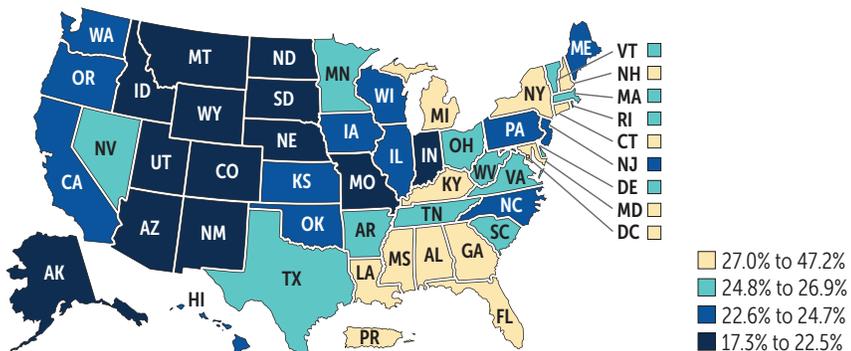
(Lower Rates Are Better)



Note: The low-risk cesarean delivery rate is defined as the percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year.

Geographic Variation in the Percentage of Low-Risk Medicaid Births That Were Cesarean Deliveries, 2021<sup>2^A</sup>

(Lower Rates Are Better)

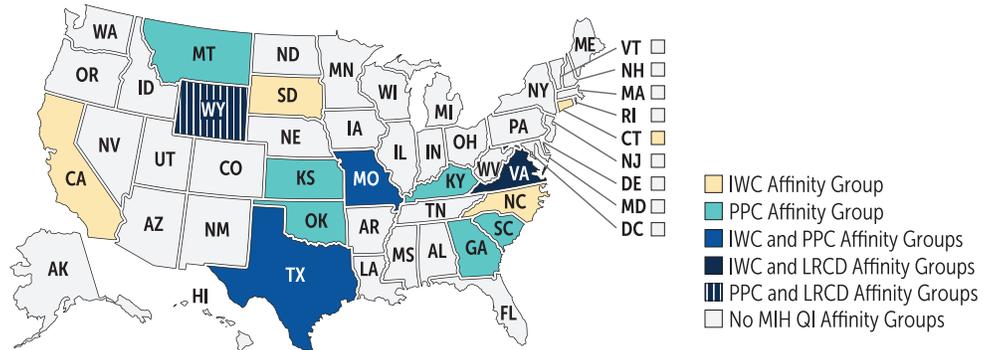


<sup>A</sup> Includes the 50 states, DC, and Puerto Rico.

To improve access to and quality of care for pregnant and postpartum beneficiaries and their infants, the Centers for Medicare & Medicaid Services works closely with states on the [Maternal and Infant Health \(MIH\) Initiative](#). The MIH Initiative includes technical assistance opportunities for state Medicaid and CHIP agencies and their partners, including webinar series, affinity groups, and one-on-one tailored support.

## States Participating in a Medicaid and CHIP Maternal and Infant Health Quality Improvement Affinity Group<sup>1</sup>

Note: IWC = infant well-child visits; PPC = postpartum care; LRCD = low-risk cesarean delivery.



## DATA SOURCES AND NOTES

1. Based on Centers for Medicare & Medicaid Services (CMS) administrative data.
  - Exhibit note for page 1, *Percentage of Medicaid and CHIP Beneficiaries Who Were Females Ages 15 to 49*: This percentage was calculated using T-MSIS Analytic Files (TAF) data and is based on data from the 50 states and DC.
  - Exhibit notes for page 2, *Medicaid and CHIP deliveries with any Severe Maternal Morbidity (SMM) condition*: SMM conditions were identified using TAF data and are based on data from 39 states and DC. Deliveries from the U.S. territories and the following states are excluded due to high concern or unusable data quality assessments: CT, MA, MN, MS, NJ, NY, OK, RI, TN, TX, and UT. SMM conditions were identified by a diagnosis or procedure code for one of the 21 SMM conditions within 42 days of the delivery.
  - Exhibit notes for page 4, *Percentage of Female Medicaid and CHIP Beneficiaries Ages 15–49 Living in Rural Areas*: These percentages were calculated using TAF data. Rural and urban assignments are based on the beneficiary's zip code and the 2010 Rural-Urban Commuting Area (RUCA) coding system. The U.S. Virgin Islands are not included in the RUCA crosswalk; all beneficiaries in this territory are assigned to the rural category. Other beneficiaries whose zip code does not match to a RUCA code were assigned to a "missing or unknown" category and are included in the denominator. Data for TN and VT are not shown due to a high concern data quality assessment.
  - Exhibit notes for page 6, *Rate of Neonatal Abstinence Syndrome (NAS) diagnoses per 1,000 Medicaid and CHIP deliveries*: NAS rates were calculated using TAF data and are based on data from 41 states and DC and exclude data from U.S. territories and the following states due to high concern or unusable data quality assessments: CT, MA, MN, MS, NJ, OK, RI, TN, and TX. NAS cases were identified by the diagnosis code P96.1.
  - Exhibit note for page 8, *States Participating in a Medicaid and CHIP Maternal and Infant Health Quality Improvement Initiative*: This map reflects state participation in a Medicaid and CHIP QI initiative for any length of time during 2021, 2022, or 2023.
2. Based on Mathematica analysis of National Center for Health Statistics (NCHS) natality data. Data include the 50 states, DC, and Puerto Rico.
  - Exhibit note for page 5, *Percentage of Singleton, Not First-Time Medicaid Births Conceived Less Than 18 Months After a Previous Birth*: Date of conception for the most recent live birth was estimated using the infant's date of birth and the obstetric estimate of gestational age at birth.
3. Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample (NIS) 2010 to 2020 (all available data as of 10/18/2022). Available at: <https://datatools.ahrq.gov/hcup-fast-stats?tab=special-emphasis&dash=92>.
4. Hoyert DL. Maternal Mortality Rates in the United States, 2021. NCHS Health E-Stats. This exhibit presents maternal mortality rates for the 50 states and DC based on data from death certificates. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. The number of maternal deaths does not include all deaths occurring to pregnant or recently pregnant people, but only those deaths that occur while pregnant or within 42 days of being pregnant and have the underlying cause of death assigned to ICD-10 code numbers A34, O00–O95, and O98–O99.
5. Trost SL, Beaugerard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. CDC. These exhibits present data state and local Maternal Mortality Review Committees (MMRCs) reported to the CDC. Data include pregnancy-related deaths that occurred during 2017–2019 to residents of 36 states. Fourteen states (ID, IA, KY, ME, MD, MI, MT, NV, ND, RI, SC, SD, UT, and VT) and DC did not share data with the CDC. Every death is attributed to one underlying condition and the top 10 most common underlying causes of pregnancy-related deaths are shown (for data stratified by maternal race and ethnicity, the top 3 most common underlying causes are shown). "Behavioral health conditions" include deaths of suicide, overdose/poisoning related to substance use disorder, and other deaths determined by the MMRC to be related to a mental health condition, including substance use disorder. "Hemorrhage" excludes aneurysms or cerebrovascular accident. "Cardiac and coronary conditions" include deaths of coronary artery disease, pulmonary hypertension, acquired and congenital valvular heart disease, vascular aneurysm, hypertensive cardiovascular disease, Marfan Syndrome, conduction defects, vascular malformations, and other cardiovascular disease; and exclude cardiomyopathy and hypertensive disorders of pregnancy. "Injury" includes intentional injury (homicide), unintentional injury, including overdose/poisoning deaths not related to substance use disorder, and injury of unknown intent or not otherwise specified.
6. Brown CC, Adams CE, George KE, Moore JE. Associations Between Comorbidities and Severe Maternal Morbidity. *Obstetrics & Gynecology*, vol. 136, no. 5, 2020, pp. 892–901.

7. Based on Mathematica analysis of Behavioral Risk Factor Surveillance System data. Data include survey respondents from the 50 states, DC, Guam, Puerto Rico, and the U.S. Virgin Islands who reported coverage by Medicaid, CHIP, or other state-sponsored health plans at the time of the survey.
  - Exhibit notes for page 3, *Percentage of Female Beneficiaries Ages 18–49 Who Reported They Were Ever Told They Have High Blood Pressure*: Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data, and the number of observations. The total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality. Ever told they have high blood pressure includes the following responses: “yes,” “yes but only during pregnancy,” and “told borderline high or pre-hypertensive.”
  - Exhibit note for page 3, *Percentage of Female Beneficiaries Ages 18–49 Who Reported They Were Ever Told They Have Diabetes*: Ever told they have diabetes includes the following responses: “yes,” “yes but only during pregnancy,” and “told borderline or pre-diabetes.”
8. American College of Obstetricians and Gynecologists. ACOG Opinion Number 736. Optimizing Postpartum Care. *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150.
9. CMS. States and Territories That Have Extended Postpartum Coverage. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/map-states-that-have-extended-postpartum-coverage.png>. Accessed on May 17, 2024.
10. Health Resources & Services Administration (HRSA). State of the Maternal Health Workforce Brief. August 2022. Available at: <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/maternal-health-workforce-brief-2022.pdf>.
11. Based on Mathematica analysis of Area Health Resources Files (AHRF) data and American Community Survey (ACS) data accessed via IPUMS USA, University of Minnesota. Data include the 50 states, DC, and Puerto Rico. Provider data come from AHRF. Population data come from IPUMS USA and are derived from the 2021 ACS. We were unable to calculate the number of providers per 100,000 women ages 15–49 for the U.S. Virgin Islands since the 2021 ACS does not include population data for this territory.
12. American Academy of Pediatrics and American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*, 8th Edition. 2017.
13. Based on Mathematica analysis of Quality Measures Reporting (QMR) system reports for the Child and Adult Core Sets for the FFY 2022 reporting cycle as of June 1, 2023. State-specific rates and additional data notes for the Child and Adult Core Set measures are available at <https://www.medicaid.gov/media/163336> (Child Core Set) and <https://www.medicaid.gov/media/163316> (Adult Core Set).
  - Exhibit notes for page 4, *Timely Prenatal Care Visit*: This exhibit shows the state median percentage of live births on or between October 8, 2020 and October 7, 2021 that had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in Medicaid or CHIP. Data include 45 states, DC, and Puerto Rico.
  - Exhibit notes for page 4, *Timely Postpartum Visit*: This exhibit shows the state median percentage of live births on or between October 8, 2020 and October 7, 2021 that had a postpartum visit on or between 7 and 84 days after delivery. Data include 42 states, DC, and Puerto Rico.
- Exhibit notes for page 4, *Percentage of Postpartum Women Covered by Medicaid or CHIP Who Were Provided Contraception within 60 Days of Delivery*: Rates include postpartum women who had a live birth. Rates are the state median rates among states that reported the measure for FFY 2022. Data for ages 15–20 include 38 states, DC, and Puerto Rico and data for ages 21–44 include 37 states, DC and Puerto Rico.
14. Based on Mathematica analysis of Pregnancy Risk Assessment Monitoring System (PRAMS) data. Data include survey respondents from 42 states, DC, and Puerto Rico who reported coverage by Medicaid, CHIP, or other state-sponsored health plans during pregnancy. Three states did not participate in the 2020 survey (CA, ID, OH). CDC did not release data for five states (IN, NV, OK, RI, and TX) due to low response rates. Mathematica and CMS thank the PRAMS Working Group for coordinating collection of the data used in this analysis. The findings and conclusions in this publication are those of the authors and do not necessarily represent the official position of the CDC.
  - Exhibit notes for page 6, *Percentage of Beneficiaries with a Recent Live Birth Who Reported Smoking Before, During, or After Pregnancy*: “After pregnancy” reflects smoking status at the time the survey was completed. This exhibit reflects only responses to questions about use of cigarettes; responses to questions about use of electronic nicotine products and other forms of tobacco are not included.
  - Exhibit note for page 6, *Percentage of Beneficiaries with a Recent Live Birth Who Reported Postpartum Depressive Symptoms*: Respondents were categorized as having postpartum depressive symptoms if they reported “always” or “often” feeling down, depressed, or hopeless or “always” or “often” having little interest or little pleasure in doing things they usually enjoyed since delivery.
  - Exhibit notes for page 6, *Percentage of Beneficiaries with a Live Birth Who Reported Being Screened for Depression at their Postpartum Visit*: The denominator is restricted to those who reported attending a postpartum visit (84% of respondents). The numerator consists of people 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?”
15. American College of Obstetricians and Gynecologists. Obstetric Care Consensus. Interpregnancy Care. *Obstetrics & Gynecology*, vol. 133, no. 1, 2019, pp. e51–e72.
16. Based on Mathematica analysis of National Survey on Drug Use and Health data. Data include survey respondents from the 50 states and DC who reported coverage by Medicaid or CHIP at the time of the survey.
  - Exhibit notes for page 6, *Percentage of Female Medicaid and CHIP Beneficiaries Ages 14–49 with Substance Use Disorders in the Past Year, Based on Self-Report*: Substance use disorder measures are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. These versions of the SUD indicators incorporate data from respondents whose use of prescription drugs was categorized as misuse, defined in the survey as use “in any way a doctor did not direct you to use [it or them].” Other illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, and methamphetamine. Prescription opioid use disorders are a subset of illicit drug use disorders.
17. U.S. Department of Health and Human Services. Healthy People 2030. Pregnancy and Childbirth: Overview and Objectives. Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>.

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