



**IDAHO KIDS  
COVERED**



# **IDAHO MATERNAL AND INFANT HEALTH REPORT**

**2023**

# Idaho Maternal And Infant Health Report

## Healthy Moms, Strong Babies: Opportunities to Improve Maternal and Infant Health in Idaho

Idaho Kids Covered originally published our Idaho Maternal and Infant Health Report in the fall of 2022. One year later, maternal and infant health needs in Idaho have only grown. Yet, when we look at state trends, **almost every single health data metric** included in our last report has continued in the wrong direction.

From 2019 to 2021



**Infant mortality rate up 18%<sup>1</sup>**



**Maternal mortality rate up 121.5%<sup>2</sup>**

More pregnant women, new moms, and babies in our state are dying—but most of these deaths are preventable. Idaho policymakers have the opportunity to consider what the data shows about the needs of families and act now to advance a set of broad state priorities that will improve birth outcomes, the health of infants, and the well-being of moms. Idaho moms and babies simply cannot afford another year of inaction.

## Idaho's Maternal And Infant Health Trends Worsening

### Maternal Health Trends in Idaho

Too many Idaho mothers are not receiving the routine prenatal care that is crucial to healthy pregnancies and newborns.

- In 2022, 1 in 5 (4,549) Idaho mothers did not receive any prenatal care in the first trimester of pregnancy.<sup>3</sup> The data show disparities by race and ethnicity, with women of color experiencing more gaps in prenatal care. Approximately 17% of mothers who did not receive prenatal care were women of color, yet they only accounted for 12% of the total births in 2022.<sup>3</sup>
- In 2021, 3 out of 10 Idaho mothers lacked health insurance prior to their pregnancy, underscoring the importance of affordable health coverage.<sup>4</sup>

**30%** of Idaho moms had no health coverage before pregnancy<sup>4</sup>

To support maternal and infant health in Idaho, we must ensure the mental health and well-being of pregnant and postpartum women. Mothers experiencing depression during pregnancy are more likely to have preterm deliveries and to deliver low birth weight babies.<sup>5</sup> Infants with mothers experiencing depression are more likely to miss out on crucial social bonding moments and be at higher risk for developmental delays.<sup>6</sup>

- One in four (25%) Idaho mothers experienced moderate to severe postpartum depression in the three months following pregnancy, outpacing the national average of 13%.<sup>7</sup>
- 20% of mothers were not screened for depression during prenatal visits, and over half of pregnant women with depression never received treatment.<sup>8</sup>

Maternal death can be the tragic and unfortunate outcome of women lacking health coverage and consistent care. Idaho's pregnancy-related mortality rate (PRMR) defines pregnancy-related deaths as "the death of a woman while pregnant or within one year of the end of a pregnancy—regardless of the outcome, duration, or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."<sup>9</sup>

- From 2019 to 2021, Idaho’s PRMR rose by 121.5% (from 18.1 per 100,000 births in 2019 to 40.1 per 100,000 births in 2021).<sup>9</sup>
- In 2021, the most common underlying causes of maternal deaths were mental health conditions followed by infection and amniotic fluid embolism.<sup>9</sup> These conditions are treatable with timely access to proper health care.
- In 2021, 56% of pregnancy-related deaths in Idaho occurred between 43 and 365 days after birth.<sup>9</sup> Having consistent health coverage and care following pregnancy would take a significant step in preventing these deaths.



**More than 1/2 of pregnancy-related deaths in Idaho occurred between 43 and 365 days after birth<sup>9</sup>**

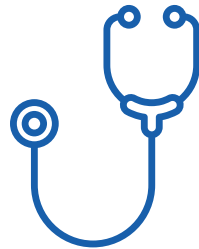
Right now, Idaho is last in the nation in providing health coverage assistance for pregnant and postpartum women.<sup>10</sup> This means many new families who make too much to qualify for Medicaid are either struggling to pay their bills or forgoing health care entirely. Pregnancy exposes new parents to extremely high medical bills. Studies have shown that private insurance leads to a higher risk of financial burden for expectant parents with low incomes.<sup>11</sup> In fact, 41.1% of low income parents<sup>i</sup> with private coverage still experienced catastrophic medical bills, compared to 6.5% of people with public coverage like Medicaid.<sup>12</sup>

## Infant Health Trends in Idaho

Healthy births are the first step towards ensuring babies grow, develop, and thrive. The first years of life are crucial for the development of children, but there are concerning trends in infant health data in Idaho. In 2022, 8.8% of births in Idaho were preterm, and 7.1% of babies were

classified as low birth weight.<sup>13</sup> Idaho’s infant mortality rate<sup>ii</sup> increased by 18% from 2019 to 2021.<sup>14</sup>

The American Academy of Pediatrics recommends that infants receive six well-child health care exams during their first year.<sup>15</sup> However, 13% of Idaho infants and toddlers did not receive a single well-child exam in 2021.<sup>16</sup> What’s more, 85% of Idaho children ages 9-35 months did not receive a recommended developmental screening.<sup>17</sup>



**85% of Idaho children missed doctor-recommended developmental screenings<sup>17</sup>**

These infants are missing critical opportunities to stay on track for healthy development and are at higher risk of missing key early detection opportunities for chronic disease or health conditions.

In the years leading up to the pandemic, Idaho experienced unprecedented increases in the child uninsured rate. In 2020, during the Public Health Emergency (PHE) Congress and the Trump administration passed The Families First Coronavirus Response Act, which mandated continuous Medicaid coverage throughout the federal PHE for nearly all those enrolled in Medicaid to protect access to health coverage for families during a time of uncertainty.

Medicaid disenrollments began earlier this year and over 70,000 children in Idaho have been disenrolled.<sup>18</sup> Many children fall outside of income eligibility limits due to Idaho’s extremely low income thresholds.

i Low income is defined in this study as incomes between 139%-250% of the federal poverty level (FPL). (See appendix)

ii The Idaho Department of Health and Welfare defines infant mortality rate as death under one year of age.

# Idaho's Medicaid Eligibility Rates And Postpartum Coverage Options Lag Behind The Nation

Idaho's income eligibility level for pregnant women with Medicaid ranks **last in the nation**, and the state's Medicaid coverage for pregnancy ends after just 60 days postpartum, cutting off access to care at a critical time for new mothers.<sup>10</sup> Across the country, 46 states have extended the length of postpartum Medicaid coverage to one full year after birth<sup>19</sup>, and every other state except Idaho has higher income eligibility for pregnant women than the general population.<sup>20</sup>

Idaho's income eligibility for pregnant women in Medicaid is 138% of the federal poverty level (FPL), which is \$34,307 a year for a family of 3 (see appendix for the FPL chart with annual incomes for various family sizes at the end of

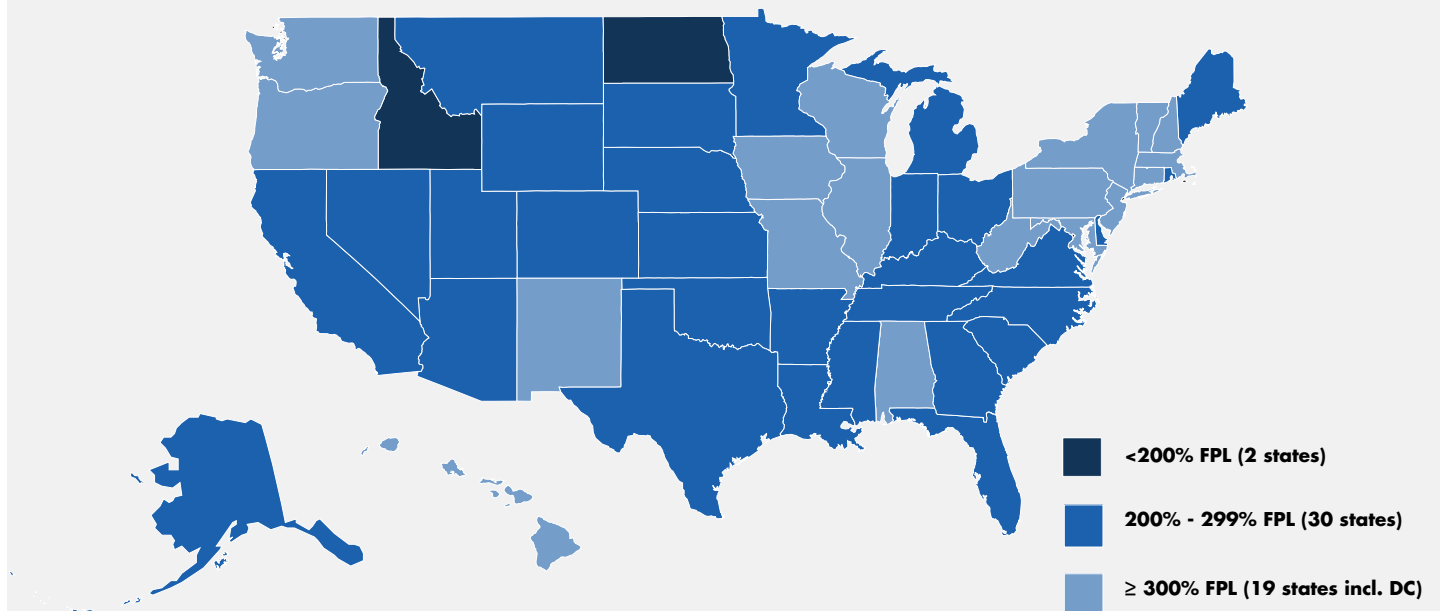
the report).<sup>10</sup> Two-thirds of the states (35) cover pregnant women at or above 200% FPL, or \$49,720 a year for a family of 3.<sup>10</sup>

Meanwhile, Idaho's income eligibility for children in Medicaid ranks **second to last in the nation**, resulting in coverage gaps that can lead to children missing out on important well-child checkups and routine medical care.<sup>21</sup>

Idaho's income eligibility for children in Medicaid and the Children's Health Insurance Program (CHIP) is 190% FPL, or \$47,234 a year for a family of 3.<sup>21</sup> The national median eligibility limit for coverage for children in Medicaid and CHIP is 255% FPL (see appendix).<sup>21</sup> All but two states (Idaho and North Dakota) cover children at or above 200% FPL, and more than one-third of the states cover children at or above 300% FPL (See Figure 1).<sup>21</sup>

**Idaho's CHIP income levels for children have not been updated since 2004 and Medicaid income levels for pregnant women have not been updated since 1990.**<sup>22</sup>

**Figure 1: Idaho Ranks Second to Last in CHIP Income Eligibility**



# Medicaid Is An Essential Lifeline For Pregnant Women And Children In Idaho

## Medicaid's Role for Idaho Moms

Providing women with consistent and comprehensive health insurance coverage before, during, and after pregnancy increases access to preventative care, reduces maternal mortality rates, and improves health outcomes for moms and babies. Medicaid can ensure that new mothers in Idaho have health insurance they can count on during and after their pregnancy. Medicaid provides access to important regular prenatal visits, screenings, and delivery of the new baby. After birth, follow-up care through Medicaid ensures proper healing, supports postpartum screenings, and provides support for other needs like breastfeeding. New moms with Medicaid can also access home visiting programs—a voluntary support service that strengthens families during critical times of early life development and helps parents build self-sufficiency.

“Uninsured women are unable to access a marketplace health insurance plan outside of open enrollment periods...[those] who get pregnant are faced with the choice of not getting health care or thousands of dollars in doctor and hospital bills.”

In 2022, almost one-third (32%) of Idaho mothers had Medicaid at the time of their child's birth.<sup>23</sup>

Medicaid is even more vital for rural parts of the state. For example, in 2022, Medicaid covered 48% of births

in Lemhi County, 47% in Shoshone County, and 52% in Lincoln County.<sup>24</sup> Uninsured women are unable to access a marketplace health insurance plan outside of open enrollment periods as pregnancy is not considered a “qualifying event”. Meaning, that uninsured women who get pregnant are faced with the choice of not getting health care or thousands of dollars in doctor and hospital bills they simply cannot afford. Medicaid does not have open enrollment periods, meaning if they qualify for Medicaid, they could get coverage at any time.

## Medicaid and the Children's Health Insurance Program's Role for Idaho Kids

In Idaho, children living in the lowest-income households can access Medicaid for free. CHIP covers uninsured children in families with slightly higher incomes and has copays and premiums (\$10-15/month).

Consistent health insurance coverage is essential for children's healthy development, especially during the earliest years of life. Medicaid and CHIP provide health insurance coverage to Idaho's lowest-income and most vulnerable children, youth in foster care, and kids with disabilities and complex medical needs.

**50%** of Idaho's Medicaid population are children<sup>25</sup>

Both health care programs were specifically designed to offer benefits for a full spectrum of services to meet the developmental needs of children—particularly those under 255% of the federal poverty line (\$76,500 per year for family of 4). It covers infant and toddler wellness exams, intervention programs for developmental delays, asthma treatment, prescriptions, eyeglasses, and dental care. In addition to supporting the health of children, Medicaid and CHIP protect families from the financial burden of services like regular therapies for developmental delays, or unexpected medical bills like cancer or breaking an arm.

Almost half of Idaho infants and toddlers (43.5%) live in households with low incomes (\$55,000 per year for a family of four).<sup>26</sup> Medicaid and CHIP are typically the only affordable health coverage options for these families.

# Healthy Moms, Strong Babies: Idaho Kids Covered Policy Recommendations

Idaho is falling behind the nation when it comes to maternal and infant health. Annual increases in negative health outcomes, particularly rising mental health challenges and high maternal death rates, show we must do better for moms and babies. The Idaho Maternal Mortality Review Committee found 88% of maternal deaths were preventable in their latest report.<sup>9</sup> The most common contributing factors in their deaths were lack of knowledge regarding the significance of the health event and the need for treatment, and lack of access to care and financial resources.<sup>9</sup> This is a crisis that cannot be put off any longer, especially as maternal and infant health needs grow.



**88% of maternal deaths in Idaho were preventable<sup>9</sup>**

Idaho lawmakers have the opportunity to meaningfully support healthy moms and strong babies by ensuring they receive the care they need at crucial times. Idaho Kids Covered recommends the implementation of the following policies to raise Medicaid and CHIP eligibility limits and extend the length of coverage for pregnant women.

- 1. Increase income eligibility levels for pregnant women in Medicaid with postpartum coverage extending to 12 months:** Idaho should increase its Medicaid and CHIP income eligibility limits for pregnant women to the national average of 205% FPL and extend Medicaid postpartum coverage from 60 days to 12 months. Doing so would allow a greater number of pregnant Idahoans to access affordable health coverage for necessary services, including behavioral health services and key prenatal screenings that help ensure the mother is in good health. The combination of these policies would provide a transformational opportunity for Idaho to support improved maternal and infant health in the year following birth and was a key recommendation by the Idaho Maternal Mortality Review Committee.
- 2. Increase income eligibility levels for children in Medicaid and CHIP:** The first step in access to health care services is access to health coverage. Idaho should increase its Medicaid and CHIP income eligibility limits for children to the national average of 255% FPL, which would increase the number of Idaho kids eligible to receive comprehensive health coverage. This would allow more children to receive pediatric care and get their prescriptions and increase opportunities for early detection of chronic disease and developmental delays.
- 3. Improve outreach and community engagement efforts:** Idaho should enhance its outreach and education to medical providers and the public on eligibility criteria, extended coverage options for pregnant women, and available maternal and infant benefits. Direct outreach, enrollment assistance, and renewal support for pregnant women and families with newborns are critical. Outreach should include direct communications through text, phone calls, email, and mail in multiple languages, as well as resources for providers and partners such as printable flyers, talking points for conversations with enrollees/patients, and social media content.
- 4. Reinstate the Idaho Maternal Mortality Review Committee:** The Maternal Mortality Review Committee was an interdisciplinary group from across the state that reviewed every maternal death and made recommendations to improve the care for women and to reduce or eliminate preventable deaths. The committee was disbanded on June 30th, 2023, making Idaho the only state in the nation without a Maternal Mortality Review Committee. Idaho lawmakers should center infant and maternal policy discussions around the committee's findings and annual recommendations and pass legislation to reinstate the committee.

Ongoing health coverage and consistent access to care are key to meeting Idaho’s growing maternal and infant health needs, especially for those households with low incomes. Advocates, care providers, lawmakers, community members, and state agency officials can work together to use the Idaho Kids Covered recommendations for increased coverage options and outreach as an impactful opportunity to improve maternal and infant health outcomes in Idaho.

## **APPENDIX: Federal Poverty Level Definitions by Family Size**

FPL	Family of 1	Family of 2	Family of 3	Family of 4
138%	\$20,120	\$27,214	\$34,307	\$41,400
190%	\$27,702	\$37,468	\$47,234	\$57,000
200%	\$29,160	\$39,440	\$49,720	\$60,000
205%	\$29,889	\$40,426	\$50,963	\$61,500
255%	\$37,179	\$50,286	\$63,393	\$76,500
300%	\$43,740	\$59,160	\$74,580	\$90,000

## References

- 1 Bureau of Vital Records and Health Statistics. (2023). Idaho 2021 Mortality Report, 'Infant Mortality Rates'. Idaho Department of Health and Welfare. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=25158&dbid=0&repo=PUBLIC-DOCUMENTS>
- 2 Maternal Mortality Review Committee. (2023). Maternal Deaths in Idaho 2021. Idaho Department of Health and Welfare. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=26443&dbid=0&repo=PUBLIC-DOCUMENTS>
- 3 Idaho Department of Health and Welfare, Division of Public Health, Idaho Births (Vital Statistics). (2022). 'Trimester of Pregnancy of First Prenatal Care Visit by Mothers Race\* and Ethnicity'.
- 4 Idaho Department of Health and Welfare-Division of Public Health. (2021). Idaho Prats Demographic Results, 'Percentage of Mothers Who did Not Have Health Insurance Prior to Pregnancy'. Get Healthy Idaho. <https://www.gethealthy.dhw.idaho.gov/idaho-prats>
- 5 Simonovich, S. D., Nidey, N. L., Gavin, A. R., Piñeros-Leaño, M., Hsieh, W. J., Sbrilli, M. D., Ables-Torres, L. A., Huang, H., Ryckman, K., & Tabb, K. M. (2021). Meta-Analysis of Antenatal Depression And Adverse Birth Outcomes In US Populations, 2010–20. *Health Affairs*, 40(10). <https://doi.org/10.1377/hlthaff.2021.00801>
- 6 Wall-Wieler, E., Roos, L. L., & Gotlib, I. (2020). Maternal Depression in Early Childhood and Developmental Vulnerability at School Entry. *International Journal of Population Data Science*, 5(5). <https://doi.org/10.23889/ijpds.v5i5.1425>
- 7 Idaho Department of Health and Welfare-Division of Public Health. (2021). Idaho Prats Demographic Results, 'Percentage of mothers who reported being moderately or severely depressed during the 3 months after pregnancy'. Retrieved 2023, from <https://www.gethealthy.dhw.idaho.gov/idaho-prats>
- 8 Infographic: Identifying Maternal Depression | CDC. (2022). Centers for Disease Control and Prevention. Retrieved 2023, from <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>
- 9 Maternal Mortality Review Committee. (2023). Maternal Deaths in Idaho 2021. Idaho Department of Health and Welfare. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=26443&dbid=0&repo=PUBLIC-DOCUMENTS>
- 10 Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level. (2023, January 1). Kaiser Family Foundation. Retrieved 2023, from <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 11 Mount Sinai. (2022, March 11). 'New Parents Risk Financial Burden Because of the Costs of Pregnancy and Delivery, Study Finds'. Retrieved 2023, from <https://www.mountsinai.org/about/newsroom/2022/new-parents-risk-financial-burden-because-of-the-costs-of-pregnancy-and-delivery-study-finds>
- 12 Peterson, J. A., Albright, B. B., Moss, H. A., & Bianco, A. (2022). Catastrophic Health Expenditures With Pregnancy and Delivery in the United States. *Obstetrics and Gynecology*, 139(4), 509–520. <https://doi.org/10.1097/AOG.0000000000004704>
- 13 Idaho Department of Health and Welfare, Division of Public Health, Idaho Births (Vital Statistics), 'Gestational Age of Infant, Birthweight of Infant' (2022). Retrieved 2023, from <https://www.gethealthy.dhw.idaho.gov/idaho-births-vital-statistics>
- 14 Bureau of Vital Records and Health Statistics. (2023). Idaho 2021 Mortality Report, 'Infant Mortality Rates'. Idaho Department of Health and Welfare. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=25158&dbid=0&repo=PUBLIC-DOCUMENTS>
- 15 Preventive Care/Periodicity Schedule. (2023, March 1). American Academy of Pediatrics. Retrieved 2023, from <https://www.aap.org/periodicityschedule>
- 16 Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 2023 from <https://www.childhealthdata.org/browse/survey/results?q=9762&r=14&g=1001>
- 17 Child and Adolescent Health Measurement Initiative. 2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 2023 from <https://www.childhealthdata.org/browse/survey/results?q=9784&r=14>
- 18 Idaho Department of Health and Welfare, Division of Medicaid. (2023, September 15). 'Number of Children (0-19 years of age) that have been disenrolled from Medicaid since April 1st, 2023'.
- 19 Medicaid Postpartum Coverage Extension Tracker. (2023, September 21). Kaiser Family Foundation. Retrieved 2023, from <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
- 20 Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level. (2023, January 1). Kaiser Family Foundation. Retrieved 2023, from <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



- 21 Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level. (2023, January 1). Kaiser Family Foundation. Retrieved 2023, from <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 22 Federal Legislative Milestones in Medicaid and CHIP: MACPAC. (2022, April 20). MACPAC. <https://www.macpac.gov/reference-materials/federal-legislative-milestones-in-medicaid-and-chip/>
- 23 Idaho Department of Health and Welfare, Division of Public Health, Idaho Births (Vital Statistics), 'Payment for Delivery' (2022). Retrieved 2023, from <https://www.gethealthy.dhw.idaho.gov/idaho-births-vital-statistics>
- 24 Idaho Department of Health and Welfare, Division of Public Health, Idaho Births (Vital Statistics). (2022). 'Payment of Delivery by Mother's Resident District and County'.
- 25 Idaho Department of Health and Welfare. (2023). 2022-2023 Facts, Figures, & Trends. Retrieved 2023, from <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24088&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>
- 26 Zero to Three. (2022, May 2). 2022 State of Babies Report: Idaho Profile, Infants and Toddlers. State of Babies Yearbook 2022. <https://stateofbabies.org/state/idaho/>