

When Pregnancy Impoverishes

Pregnancy, Poverty, Politics and the Middle Class

by Jackie Meadows

From conception on, every child has the right to appropriate care, just as they are entitled to education, regardless of family finances. We

jeopardize the lives of mothers and their children when we do not provide them with maternal benefits if they are uninsured and unable to pay. Present state policy, however, has fragmented maternity services by type of service, age group, professional discipline, and income group. Government is willing to pay \$300,000 to rescue a premature birth, but not \$40 to test for the vaginal infection that caused it.

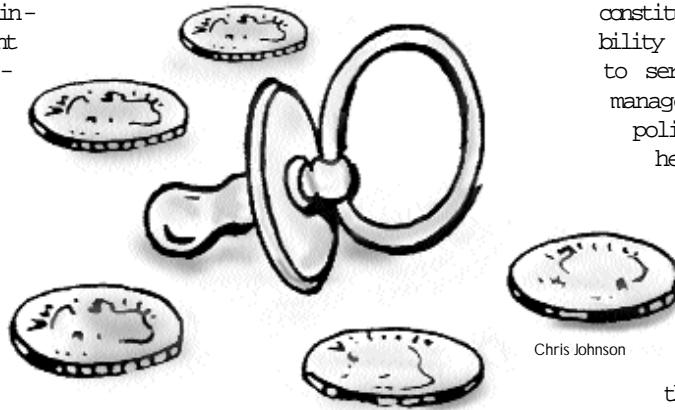
Very poor women, very wealthy women, and those with good insurance get the best maternity care. Those doing without insurance, in Oregon as well as some other states, increasingly tend to be women in middle income families. Mothers whose monthly income is above the \$1,241 cut off (for a family of two a mom and a baby) are not eligible for the Oregon Health Plan (OHP) yet cannot afford private insurance. Many mothers have to quit, get laid off, or work part time to pay for their pregnancies. Citizenship guidelines imposed by welfare reform also exclude women in need.

Compassionate health care providers who treat the uninsured can provide only so much uncompensated care. To cover office expenses and compensate for their time, they may limit their offer of free or reduced care to previous clients or charge an up-front fee or deposit to discourage all but the most persistent.

Providers may spread out their delivery fee so pregnant women can budget over the next nine months. If the patient cannot keep up with this maternity care layaway plan and seeks free care elsewhere, the other provider or the hospital picks up the cost. Having to ask for help demoralizes a woman; questions that imply she has no right to bear a child if

she can't afford the downpayment humiliate her.

The OHP reimbursement framework for maternity has expanded maternity care access. Unfortunately it is not universal and has inadvertently dismantled many clinical services that were reimbursed by Medicaid at local health departments. This has destabilized the regional safety nets and referral networks that are vital to community-based prenatal services.



Chris Johnson

Stepping up to provide services for women who are unable to pay, Oregon caregivers have put together a hodgepodge of federal, state, and county dollars along with private donations. Local health department nurses acting as maternity case managers relish their ability to make a deal and negotiate services for an ultrasound, lab work, or even a ride into Portland for a test that can only be done at OHSU. Some communities have responded with low-cost prenatal care clinics for uninsured farm workers and immigrants not eligible for OHP.

OHP has assigned a special team to expedite applications of pregnant women. If approved, women become eligible for care from the moment they request it. The perinatal unit of the Oregon Health Division has worked on a campaign called Oregon Mothers Care that helps local communities provide care early in pregnancy. A bill passed in 1999 requires most health insurance policies to include maternity benefits.

The Oregon Health Plan reimbursement framework for maternity care now

includes generous provisions for prenatal care, expanded access to family planning benefits, and state-of-the-art coverage of case management services for the non-medical needs of pregnant women. Besides raising the income limit for pregnant women, the plan also reimburses home births with licensed midwives. Since Oregon has one of the highest rates of out-of-hospital births in the nation, healthy women appreciate this high quality, low-tech option.

None of these measures, however, constitute a policy of presumptive eligibility, a term that describes entitlement to services for pregnant women in a managed care environment. Such a policy would reduce the burden on health care professionals who cannot be certain that they will be paid. In a managed care environment, a woman is eligible to be reimbursed for maternity service from the moment she tests positive until 45 days after delivery. This motivates both the provider to give and the mother to receive early and continuous care.

Expanding the ability of OHP to cover all women who are uninsured for basic maternity care should be the first step in achieving universal coverage. Every baby who is lucky enough to be born in Oregon deserves to be nurtured and enabled to become a healthy citizen. Every mother should be able to lavish her love on our next generation, confident that its basic health needs will be met.

Jackie Meadows is a certified nurse-midwife. She chairs the Governor's Maternity Care Task Force and currently works at the Oregon Health Division as the Perinatal Health Manager.

If you would like a copy of the Governor's Maternity Care Task Force report card on access to maternity care in Oregon, or a copy of the full Maternity Access Planning Commission Report, 1993-94 (originals of these are limited), or if you would like to start a chapter of the Oregon Perinatal Association to advocate for comprehensive maternity care access for all mothers in Oregon, please contact the author at the Perinatal, Child and Adolescent Section at the Oregon Health Division, 503-731-4021.