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The economics of medicaid expansion and maternal-infant health in the United States

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Abstract

Medicaid expansion under the Affordable Care Act is one of the most significant health policy reforms affecting maternal and infant health in the United States. As Medicaid finances a substantial proportion of births and provides coverage for many low-income women before, during, and after pregnancy, eligibility policies have important clinical, economic, and equity implications. This review examines the impact of Medicaid expansion on maternal and infant health, focusing on insurance coverage, healthcare utilization, maternal morbidity and mortality, postpartum health, infant outcomes, financial protection, racial disparities, rural access, and policy sustainability. The review argues that Medicaid expansion generates economic value by shifting care from costly emergency treatment to preventive, continuous, and timely care. It also reduces uncompensated care, protects families from medical debt, and strengthens the financial stability of hospitals and other safety-net providers. However, Medicaid expansion alone is insufficient to eliminate maternal and infant health disparities. Persistent challenges—including low Medicaid reimbursement, maternity care deserts, racial inequities, rural hospital closures, transportation barriers, fragmented postpartum care, and variation in state implementation—continue to limit its impact. This review concludes that expanding Medicaid coverage, preserving 12-month postpartum eligibility, improving provider reimbursement, supporting midwives and doulas, investing in rural maternity care, and strengthening maternal health data systems are essential to improving maternal and infant health outcomes in the United States.

Keywords: Medicaid Expansion; Maternal and Infant Health; Maternal Mortality; Postpartum Coverage; Affordable Care Act; United States.

1. Introduction

Maternal and infant health in the United States is not only a public health concern but also an economic, insurance, and policy issue, as illustrated in **Figure 1**. A woman's ability to enter pregnancy in good health, access timely prenatal care, experience a safe delivery, recover after childbirth, and care for her infant depends largely on stable health insurance and affordable healthcare. For many low-income women, Medicaid provides this essential financial protection by covering preventive care, chronic disease management, prenatal and postpartum services, delivery care, contraception, mental health services, and infant healthcare [1,2].

The economic importance of Medicaid expansion is particularly evident because pregnancy is a high-cost healthcare event. Expenses associated with prenatal care, laboratory tests, diagnostic imaging, delivery, cesarean section, emergency obstetric care, neonatal intensive care, postpartum services, and infant follow-up can impose substantial financial burdens on uninsured families [3,4]. Without Medicaid coverage, many low-income women delay or forgo needed care, rely on emergency departments, or incur significant medical debt. These barriers not only worsen maternal and infant health outcomes but also increase long-term healthcare expenditures.

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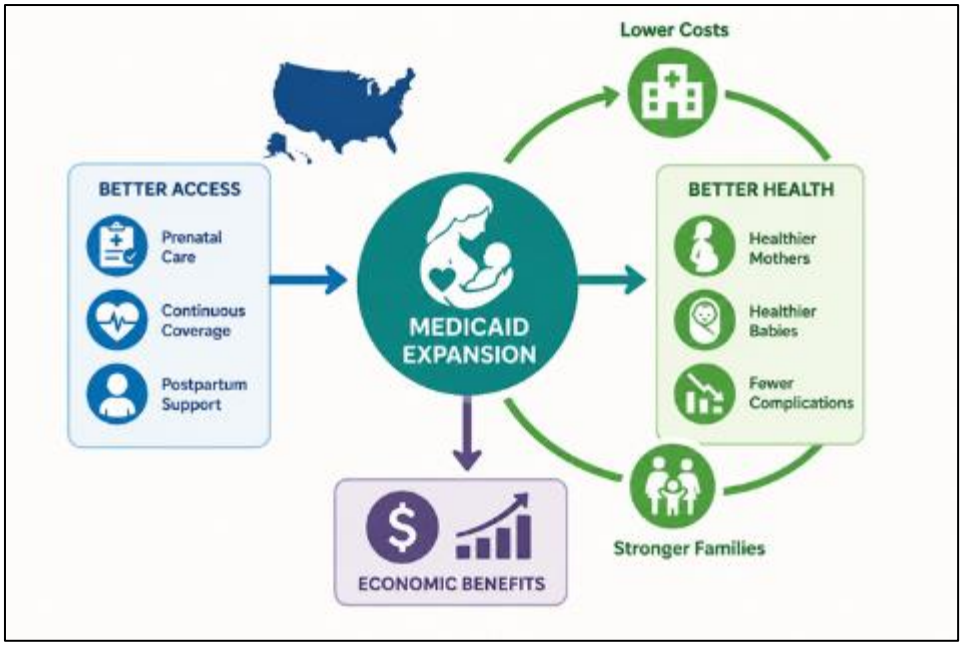

Figure 1 Conceptual Framework Illustrating the Impact of Medicaid Expansion on Maternal and Infant Health in the United States

The Affordable Care Act (ACA) expanded Medicaid eligibility to adults with incomes up to 138% of the federal poverty level, although a U.S. Supreme Court ruling made expansion optional for states [5,6]. As of May 2026, most states and Washington, D.C., had adopted Medicaid expansion, while ten states had not, creating marked disparities in insurance coverage and maternal healthcare access [7]. Women in expansion states are more likely to maintain continuous insurance before, during, and after pregnancy, whereas those in non-expansion states often gain coverage only during pregnancy and lose it shortly after childbirth. This review examines the effects of Medicaid expansion on maternal and infant health from a health economics perspective, focusing on healthcare access, utilization, costs, postpartum care, maternal mortality, infant outcomes, health equity, and policy challenges. It argues that Medicaid expansion improves maternal and infant health by promoting continuous, affordable care throughout the reproductive life course rather than simply financing pregnancy-related services.

1.1. Conceptualizing Medicaid Expansion as a Maternal–Infant Health Policy

Medicaid expansion is often viewed as a broad health insurance policy, but it is equally a maternal and infant health intervention. Maternal health begins well before pregnancy, and many women enter pregnancy with chronic conditions such as hypertension, diabetes, cardiovascular disease, obesity, depression, substance use disorders, kidney disease, or infections. Without health insurance, these conditions often remain untreated, increasing the risk of adverse pregnancy outcomes. By expanding access to preconception care, Medicaid enables earlier diagnosis and management of chronic conditions, improving maternal and infant health while reducing healthcare costs [8,9]. This preventive approach is economically advantageous because managing chronic conditions before pregnancy is considerably less expensive than treating complications such as severe preeclampsia, stroke, emergency cesarean delivery, preterm birth, or neonatal complications [10–13]. Early treatment of depression and substance use disorders can also reduce postpartum crises, improve maternal wellbeing, and promote healthier family outcomes.

The benefits of Medicaid expansion extend beyond pregnancy to the interpregnancy period, when women often require ongoing care for conditions identified during pregnancy or childbirth [14,15]. Women experiencing postpartum depression, hypertensive disorders, or other pregnancy-related complications frequently need care long after the traditional six-week postpartum visit. When insurance coverage ends prematurely, these conditions may go untreated, increasing the risk of complications in subsequent pregnancies. Consequently, the value of Medicaid expansion extends beyond financing a single pregnancy by supporting continuous care from preconception through pregnancy, postpartum recovery, and infant care.

1.2. Medicaid Coverage Before and After Expansion

Before Medicaid expansion, eligibility for low-income adults varied substantially across states. Many nonpregnant women qualified only if they were extremely poor, disabled, or caring for dependent children, while childless adults in some states had virtually no access to Medicaid. Pregnancy often served as the primary pathway to coverage, but eligibility was temporary and typically ended shortly after childbirth. As a result, many women remained uninsured before pregnancy, gained coverage only after pregnancy was confirmed, and lost insurance soon after delivery, disrupting early prenatal care and postpartum follow-up while limiting continuity of care.

Medicaid expansion addressed this gap by extending eligibility to low-income adults based on income rather than pregnancy status, enabling women to access care before conception and maintain coverage after childbirth. Economically, this shifted Medicaid from financing episodic pregnancy care to supporting continuous healthcare throughout the reproductive years. However, the impact of expansion varies across states because of differences in enrollment processes, managed care systems, provider networks, reimbursement rates, and administrative requirements. While some states have streamlined enrollment through policies such as presumptive eligibility and automatic renewal, others continue to face administrative barriers that contribute to coverage loss. Consequently, the effectiveness of Medicaid expansion depends not only on eligibility expansion but also on the quality of program implementation.

1.3. Medicaid Expansion and Insurance Coverage among Women of Reproductive Age

One of the most consistent findings in the literature is that Medicaid expansion significantly increased insurance coverage among low-income women of reproductive age [16,17]. Expanded coverage reduces the financial barriers to healthcare, increasing access to preventive services, prescription medications, specialist care, and follow-up visits. It also improves continuity of care by enabling women to establish regular relationships with primary care providers, receive routine screening, manage chronic conditions, and access preconception counseling. As a result, women are more likely to enter pregnancy in better health than those who obtain coverage only after pregnancy is confirmed.

Medicaid expansion also reduces insurance churn—the repeated loss and reinstatement of coverage resulting from changes in income, eligibility, or administrative requirements [18]. Churn disrupts treatment, interrupts patient-provider relationships, and delays essential follow-up care, posing particular risks during pregnancy and the postpartum period when healthcare needs evolve rapidly [19]. Beyond its clinical consequences, reducing churn lowers administrative costs by minimizing repeated enrollment and disenrollment, improving care coordination, and allowing Medicaid programs to focus resources on preventive care rather than avoidable emergency treatment [20].

2. Medicaid Expansion and Prenatal Care

Prenatal care is one of the primary pathways through which Medicaid expansion improves maternal and infant health [21,22]. Early and adequate prenatal care enables timely monitoring of fetal development, screening for maternal conditions, management of chronic diseases, treatment of infections, nutritional counseling, and identification of high-risk pregnancies. Delayed care, often resulting from lack of insurance or financial barriers, increases the likelihood that pregnancy complications will be detected only after they become severe [23]. By providing continuous insurance before conception, Medicaid expansion facilitates earlier pregnancy confirmation, timely initiation of prenatal care, and uninterrupted access to maternity services without delays associated with pregnancy-based eligibility [24].

Nevertheless, insurance coverage alone does not ensure adequate prenatal care [25]. Persistent barriers—including provider shortages, long wait times, transportation challenges, language barriers, immigration-related concerns, limited health literacy, and medical mistrust—continue to limit access. These challenges are particularly pronounced in rural communities with limited obstetric services and in urban areas where Medicaid acceptance is restricted. Thus, while Medicaid expansion improves the affordability of prenatal care, its effectiveness ultimately depends on the availability, accessibility, and quality of maternity services.

2.1. Medicaid Expansion and Maternal Morbidity

Severe maternal morbidity (SMM) encompasses life-threatening pregnancy and childbirth complications, including hemorrhage, sepsis, eclampsia, cardiac events, respiratory failure, renal failure, and intensive care admission [26–28]. Although more common than maternal mortality, SMM imposes substantial clinical and economic burdens on families, healthcare systems, and public insurers. By providing continuous health coverage, Medicaid expansion can reduce SMM through earlier detection and management of chronic conditions such as hypertension, diabetes, obesity, asthma,

mental illness, and substance use disorders, while improving access to specialists, including cardiologists, endocrinologists, psychiatrists, and maternal–fetal medicine physicians [29,30].

Evidence on the relationship between Medicaid expansion and SMM remains mixed because outcomes are influenced by hospital quality, coding practices, patient case mix, and differences in state policies [31–37]. These findings suggest that insurance coverage alone is insufficient to eliminate severe maternal complications. Women may remain at risk if they receive care in hospitals with limited obstetric capacity, inadequate emergency preparedness, or weak quality improvement systems. Nevertheless, reducing SMM has important economic implications, as severe complications often require emergency surgery, blood transfusions, intensive care, prolonged hospitalization, rehabilitation, and long-term disease management. Even modest reductions in these complications can generate substantial cost savings while improving maternal health and quality of life.

2.2. Medicaid Expansion and Maternal Mortality

Maternal mortality remains one of the clearest indicators of health system performance, and the United States continues to report higher maternal mortality rates than most other high-income countries, with persistent racial disparities [38–41]. Medicaid expansion has emerged as an important policy intervention for reducing maternal deaths. One study found that expansion was associated with a reduction of 7.01 maternal deaths per 100,000 live births compared with non-expansion states [42]. This finding suggests that expanding insurance coverage improves survival by strengthening chronic disease management, increasing access to reproductive healthcare, reducing postpartum coverage gaps, and facilitating earlier treatment of pregnancy-related complications.

The benefits of Medicaid expansion may be particularly important for racial and ethnic minority women, who experience disproportionately higher rates of insurance instability and barriers to high-quality maternity care [43,44]. However, insurance coverage alone cannot eliminate maternal mortality disparities. Black women continue to experience substantially higher maternal mortality than White women, underscoring the need to pair Medicaid expansion with broader quality improvement initiatives, including maternal mortality review committees, obstetric safety bundles, implicit bias training, respectful maternity care, community-based perinatal support, and stronger accountability for healthcare quality. While Medicaid expansion improves access to care, maternal survival ultimately depends on the quality, timeliness, and equity of the care women receive.

2.3. Medicaid Expansion and Postpartum Health

The postpartum period is a critical yet historically overlooked phase of maternal care. For many years, pregnancy-related Medicaid coverage ended 60 days after childbirth, even though many serious maternal complications—including hypertension, cardiomyopathy, thromboembolism, infection, depression, suicide, overdose, and cesarean-related complications—occur weeks or months after delivery [45]. Medicaid expansion reduces postpartum coverage loss by allowing many low-income women to remain insured after pregnancy-related eligibility ends, improving continuity of care during this high-risk period [46,47]. This continuity has important clinical and economic benefits. A Health Affairs study reported that Medicaid expansion under the Affordable Care Act was associated with a 17% reduction in hospitalizations during the first 60 days postpartum, suggesting that continuous coverage facilitates timely outpatient care and prevents avoidable hospital admissions [48].

Continuous postpartum coverage also benefits long-term maternal health and future pregnancies. Pregnancy complications such as gestational diabetes and hypertensive disorders are established risk factors for later cardiovascular and metabolic disease and require ongoing follow-up after delivery. Sustained Medicaid coverage enables clinicians to monitor recovery, manage chronic conditions, adjust medications, screen for postpartum depression, provide family planning services, and support healthy birth spacing. Consequently, extending Medicaid coverage to 12 months postpartum represents one of the most significant maternal health policy reforms in recent years [49,50]. By recognizing that maternal recovery extends well beyond the traditional 60-day postpartum period, this policy strengthens continuity of care and creates opportunities to prevent future maternal morbidity.

2.4. Medicaid Expansion and Infant Health

Infant health is closely linked to maternal health, and improvements in maternal care often translate into better infant outcomes. By expanding insurance coverage, Medicaid can improve infant health through earlier management of maternal chronic conditions, timely initiation of prenatal care, reduced financial barriers, enhanced postpartum care, and greater access to pediatric services [51,52]. These pathways influence key outcomes, including preterm birth, low birth weight, neonatal intensive care unit admission, infant mortality, breastfeeding, immunization, and early developmental screening, as summarized in Table 1. Although Medicaid expansion alone cannot eliminate adverse

infant outcomes, it reduces financial and administrative barriers that limit access to essential maternal and pediatric healthcare.

Poor infant health imposes substantial long-term economic costs. Preterm birth and low birth weight often require costly neonatal intensive care and may result in ongoing medical, developmental, and educational needs. Consequently, even modest improvements in infant health can generate significant long-term savings for families and the healthcare system. Medicaid expansion may be particularly beneficial for low-income families by reducing medical debt, improving maternal postpartum health, and promoting a more stable home environment. These benefits can strengthen caregiving capacity, improve maternal mental health, and support consistent access to pediatric care, ultimately contributing to better infant outcomes.

Table 1 Evolution of Medicaid Coverage for Maternal Care before and after the Affordable Care Act Medicaid Expansion

Maternal Care Stage	Before Medicaid Expansion	After Medicaid Expansion	Economic and Health Implications
Preconception	Many low-income women uninsured unless disabled or extremely poor	Continuous coverage for eligible low-income women	Earlier management of chronic diseases and improved reproductive planning
Pregnancy	Pregnancy triggered temporary Medicaid eligibility	Women often already insured before pregnancy	Earlier initiation of prenatal care and reduced enrollment delays
Prenatal Care	Delayed enrollment common	Earlier access to prenatal services	Reduced pregnancy complications and emergency care
Delivery	Medicaid covered delivery once enrolled	Delivery covered with continuity of care	Improved coordination of obstetric services
Postpartum (First 60 Days)	Coverage often terminated after 60 days	Continued eligibility through Medicaid expansion and 12-month postpartum option	Improved maternal recovery and chronic disease management
Interpregnancy Period	Frequent loss of insurance	Greater insurance continuity	Better preparation for subsequent pregnancies and reduced repeat complications
Household Financial Impact	High risk of medical debt	Reduced out-of-pocket spending	Increased household financial stability

3. Financial Protection and Household Economic Stability

One of the strongest economic arguments for Medicaid expansion is the financial protection it provides to low-income families [53,54]. Without insurance, pregnancy and childbirth can impose substantial costs, including prenatal care, diagnostic tests, medications, delivery services, cesarean section, postpartum care, and newborn care [55,56]. Even modest out-of-pocket expenses may force families to forgo essential needs such as food, housing, transportation, or childcare. By reducing direct medical costs, Medicaid lowers the risk of medical debt and encourages timely use of maternal healthcare services [57,58].

Financial protection also improves maternal and infant health. Economic hardship during pregnancy and the postpartum period is associated with higher rates of depression, anxiety, poor nutrition, housing instability, and delayed healthcare utilization [59,60]. By reducing these financial pressures, Medicaid supports maternal recovery, chronic disease management, and family stability, with broader benefits for workforce participation, caregiving capacity, and infant wellbeing. Although these outcomes are less visible than reductions in hospital expenditures, they represent important long-term economic gains for families and society.

3.1. Hospital Financing and Uncompensated Care

Medicaid expansion benefits not only patients but also hospitals and the broader healthcare system, as shown in Table 2. By reducing the number of uninsured patients, expansion lowers uncompensated care and increases reimbursement

for services that would otherwise go unpaid, particularly in emergency departments [61,62]. These financial gains are especially important for safety-net hospitals, rural hospitals, and maternity units serving low-income populations. Greater financial stability enables hospitals to maintain essential obstetric services, including adequate staffing, emergency preparedness, blood banks, surgical and anesthesia services, neonatal care, and referral systems. Conversely, high levels of uncompensated care coupled with inadequate reimbursement can threaten the financial viability of maternity units and contribute to hospital closures.

Table 2 Economic Pathways through which Medicaid Expansion improves Maternal and Infant Health

Economic Mechanism	Effect on Mothers	Effect on Infants	Potential Healthcare Savings
Increased insurance coverage	Improved access to primary and obstetric care	Healthier maternal pregnancy	Lower emergency care costs
Earlier prenatal care	Early detection of pregnancy complications	Reduced preterm birth risk	Lower NICU expenditures
Chronic disease management	Better control of hypertension and diabetes	Reduced fetal complications	Fewer costly obstetric emergencies
Postpartum coverage	Better management of postpartum complications	Improved infant caregiving	Reduced hospital readmissions
Reduced medical debt	Lower financial stress	Improved household stability	Reduced uncompensated care
Mental health treatment	Lower postpartum depression	Improved infant bonding and development	Lower behavioral health crisis costs
Preventive healthcare	Reduced severe maternal morbidity	Improved birth outcomes	Long-term reduction in healthcare expenditures

However, Medicaid expansion alone cannot resolve the financial challenges facing hospitals. Medicaid reimbursement rates remain substantially lower than those of commercial insurers, limiting the financial gains from expanded coverage. In rural communities, low birth volumes and persistent workforce shortages further threaten the sustainability of obstetric services, even when more women are insured [63,64]. Consequently, Medicaid expansion should be complemented by targeted maternity care financing, adequate provider reimbursement, and sustained investment in rural hospitals to preserve access to essential maternal healthcare services.

3.2. Challenges and Critiques

Despite its benefits, Medicaid expansion has important limitations. Critics argue that it increases public spending, places additional pressure on state budgets, and offers relatively low provider reimbursement, which may limit access to care. Concerns have also been raised about enrollment growth and the long-term sustainability of the program. While these issues warrant careful consideration, they must be weighed against the substantial costs of non-expansion. Without expanded coverage, many low-income women remain uninsured before and after pregnancy, increasing uncompensated care, delaying treatment, exacerbating pregnancy complications, and perpetuating preventable health disparities. From a health economics perspective, failing to invest in preventive and continuous care often results in higher downstream healthcare costs.

Medicaid expansion also does not guarantee high-quality care. Beneficiaries may continue to face limited provider participation, fragmented care, discrimination, and inadequate patient-centered services. Consequently, expanding coverage should be accompanied by policies that strengthen provider reimbursement, improve quality of care, promote care coordination, and enhance accountability across the maternal healthcare system.

Recommendations

All remaining non-expansion states should adopt Medicaid expansion to improve insurance coverage before pregnancy, between pregnancies, and throughout the postpartum period. Expansion is particularly important in states with high maternal and infant mortality and persistent racial disparities. States should also fully implement and protect 12-month postpartum Medicaid coverage, recognizing the postpartum year as a critical period for preventing chronic disease,

managing mental health and substance use disorders, supporting breastfeeding, providing contraception, and ensuring continuity of primary and specialty care.

Improving provider reimbursement is equally important. Low Medicaid payment rates discourage provider participation and limit access to maternity care. Reimbursement policies should adequately support obstetricians, midwives, doulas, community health workers, behavioral health providers, and rural hospitals. Medicaid coverage should also be expanded to include services provided by midwives, doulas, community health workers, and home-visiting programs, particularly for women facing social, geographic, racial, and economic barriers to care. Targeted investments are needed to strengthen rural maternal healthcare. States should support rural obstetric units, transportation services, telehealth, mobile clinics, regional referral networks, and emergency obstetric training to improve access in underserved communities.

Greater accountability should accompany expanded coverage. Medicaid managed care organizations should routinely report maternal and infant outcomes by race, ethnicity, geography, and socioeconomic status to identify disparities and guide quality improvement. Medicaid policies should also address the social determinants of health by supporting transportation, nutrition, housing stability, domestic violence services, and other community-based interventions through waivers and managed care initiatives.

Finally, states should reduce administrative barriers that disrupt coverage. Simplified enrollment procedures, automatic renewals, and streamlined eligibility requirements can improve continuity of insurance and reduce avoidable coverage loss among eligible women.

4. Conclusion

Medicaid expansion demonstrates that health insurance is a powerful determinant of maternal and infant health. By expanding coverage, reducing financial barriers, and strengthening access to preconception, prenatal, and postpartum care, it promotes healthier pregnancies and may reduce maternal mortality, postpartum hospitalization, and other preventable adverse outcomes. Its value extends beyond financing childbirth to supporting a more continuous, preventive, and equitable model of maternal healthcare.

Nevertheless, insurance coverage alone cannot eliminate maternal and infant health disparities. Outcomes are also shaped by provider availability, healthcare quality, structural racism, rural access, behavioral health services, social determinants of health, and state policy decisions. While Medicaid expansion provides the financial foundation for improved maternal healthcare, achieving lasting gains requires coordinated investments in healthcare delivery and system capacity.

A comprehensive national maternal health strategy should therefore combine universal Medicaid expansion with permanent 12-month postpartum coverage, adequate provider reimbursement, investment in rural maternity services, expanded support for midwives and doulas, integration of behavioral healthcare, and robust monitoring of health equity. When coupled with these reforms, Medicaid becomes one of the most effective policy tools for improving maternal and infant health while advancing a more equitable, high-quality, and sustainable healthcare system in the United States.

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