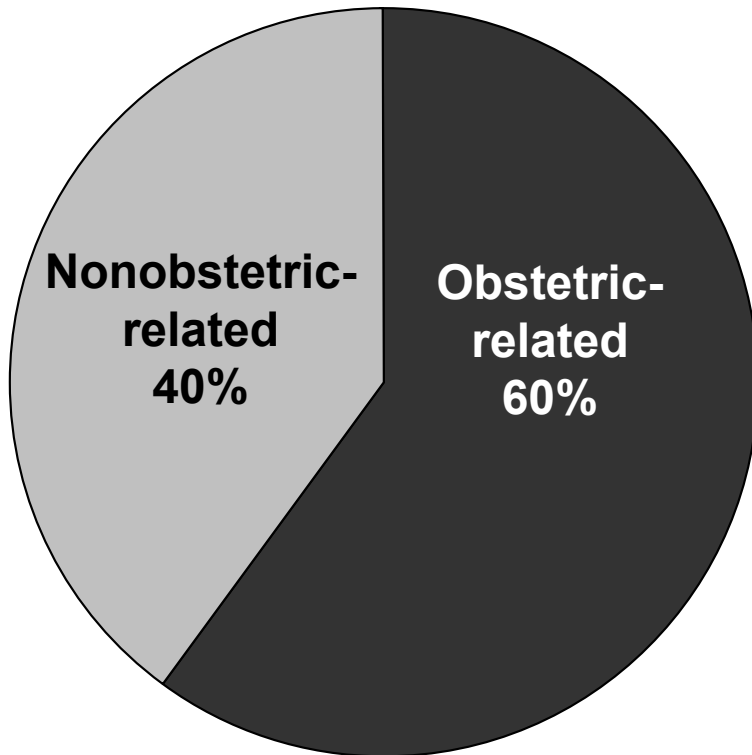


Figure 1

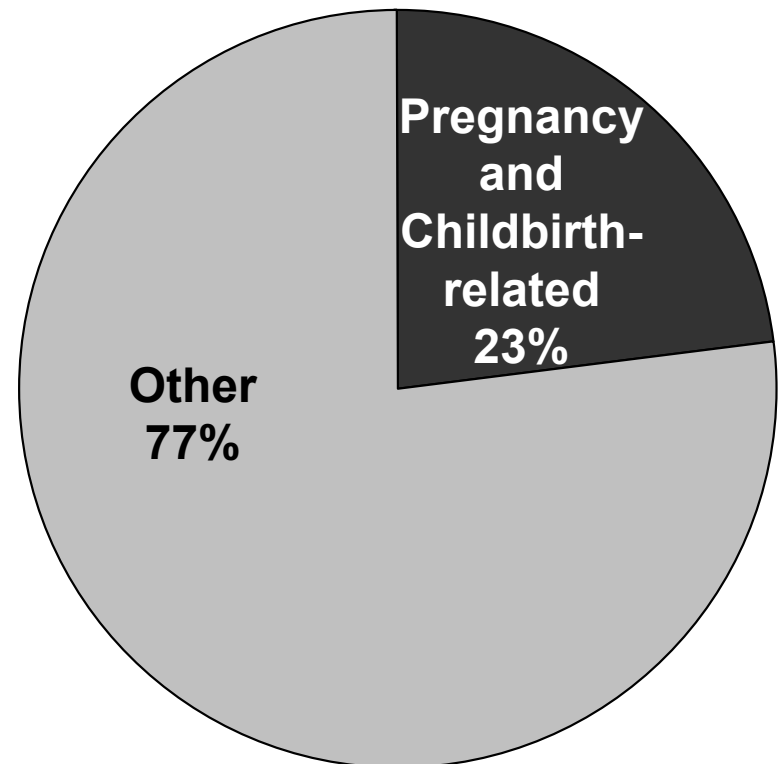
Obstetric Care is Leading Reason for Hospitalization in U.S.

Distribution of hospital stays for women, 18-44, 2000



n ≈ 8.7 million discharges

Distribution of hospital stays due to pregnancies and childbirth-related conditions, 2000



n ≈ 36.4 million discharges

Figure 2

Background

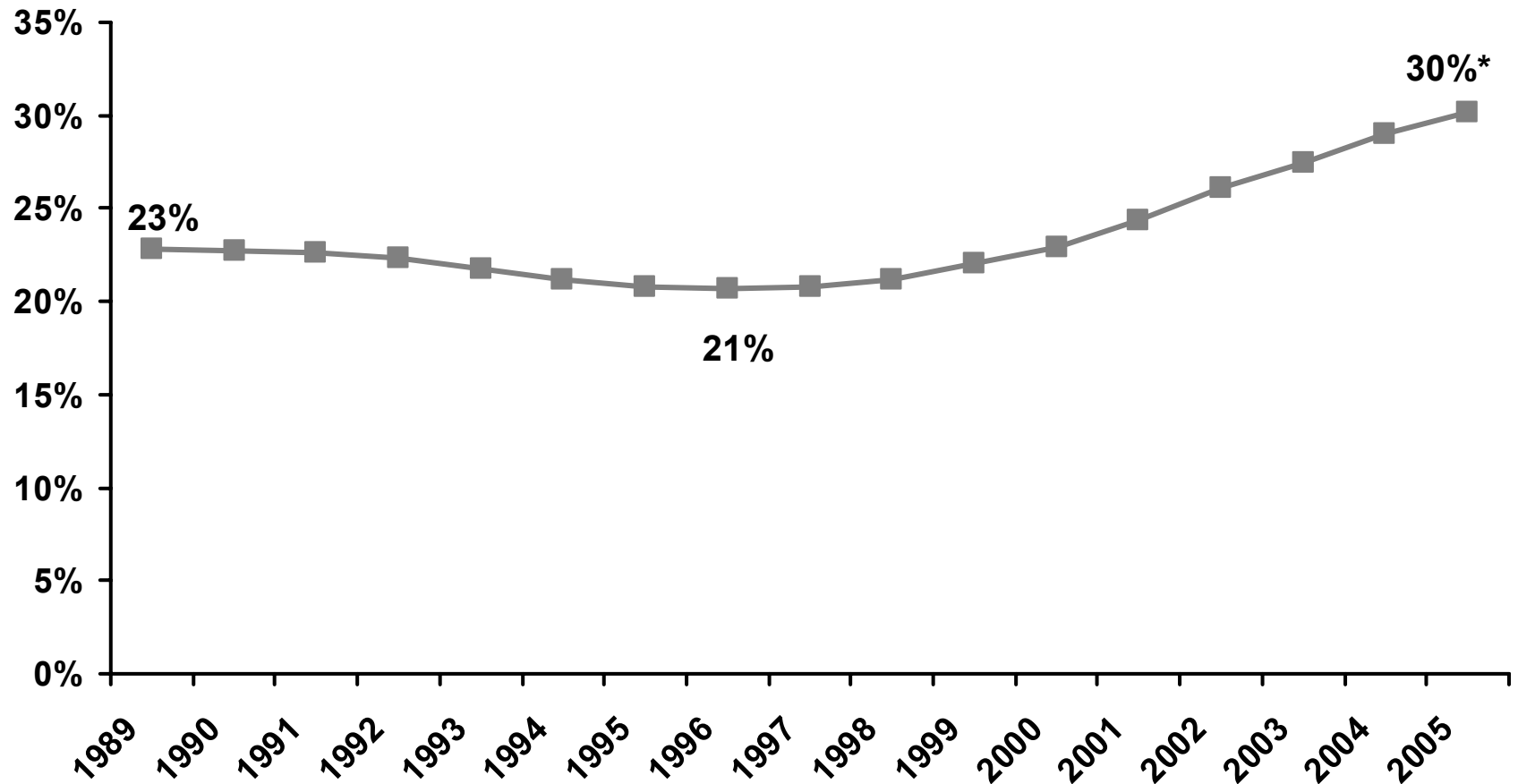
Total U.S. Deliveries in 2004	4.1 million
Percent C-section	29% (1.1 million)
Births resulting from unintended pregnancies	One-third
<u>Complications of Pregnancy</u>	One-third of births
- Pre-term	12%
- Low birth weight	8% of births
- Gestational Diabetes	3% - 6% of pregnancies

Source: VitalStats, NCHS, Method of Delivery, 2004; Coventry Health Care, The Importance of Prenatal Care.; Jovanovic, L. and Pettitt, D. "Gestational Diabetes Mellitus." *JAMA*, 286: 2516-2518, 2001. Estimates based on Finer LB and Henshaw, SK., 2006.

Figure 3

Cesarean Delivery Rates Are Rising

Percentage of All Live Births by Cesarean Delivery, U.S. 1989-2005:



Source: National Vital Statistics Reports, 54(4), September 22, 2005; VitalStats, NCHS, Method of Delivery, 2004.; Preliminary estimate from MMWR, April 20, 2007, 56 (15); 373.

Changes in Medical Practice Affect Maternity Care Costs

- **Prenatal**
 - Genetic screening
 - Imaging
- **Delivery**
 - Rise in preterm birth rate and survival
 - Rise in low-birth weight/multiple births
 - Fall in VBAC rates/increase in C-Sections
- **Postpartum**
 - Advances in newborn screening

Financing Maternity Care

- **Medicaid**
 - Pays for 40% of births in U.S.
 - In some states, over half of births paid for by Medicaid
 - Covers pregnancy-related care, up to 60 days postpartum
- **Employer Sponsored Coverage**
 - Maternity is a covered benefit in most employer-sponsored group plans
 - Pregnancy Discrimination Act mandates coverage for employers with 15 or more employees
- **Individual Market**
 - Limited in individual market plans - often excluded, requires purchase of riders, waiting periods, caps on benefit, or exclusions for complications
 - State mandates
- **Uninsured Women**
 - Often face higher costs, billed vs. allowed charges
 - Can sometimes negotiate with doctor and hospital
 - Some states have special programs to help women in modest incomes who do not qualify for Medicaid

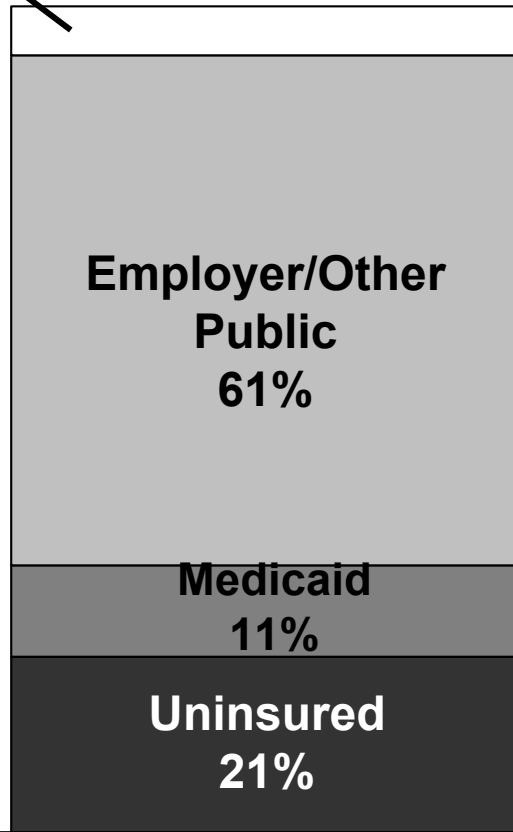
Figure 6

Many Women of Childbearing Age are Uninsured and Low-income

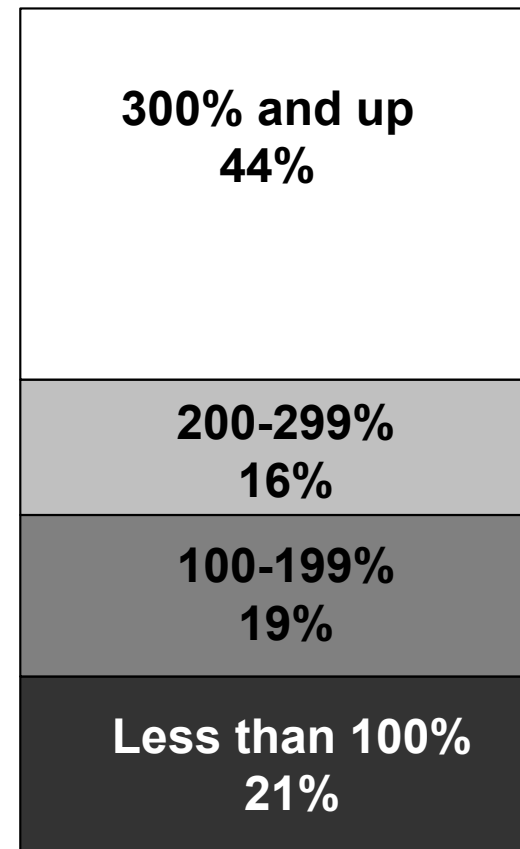
Women ages 18-44 in 2005:

Individual

6%



Insurance Coverage



Family Poverty Level

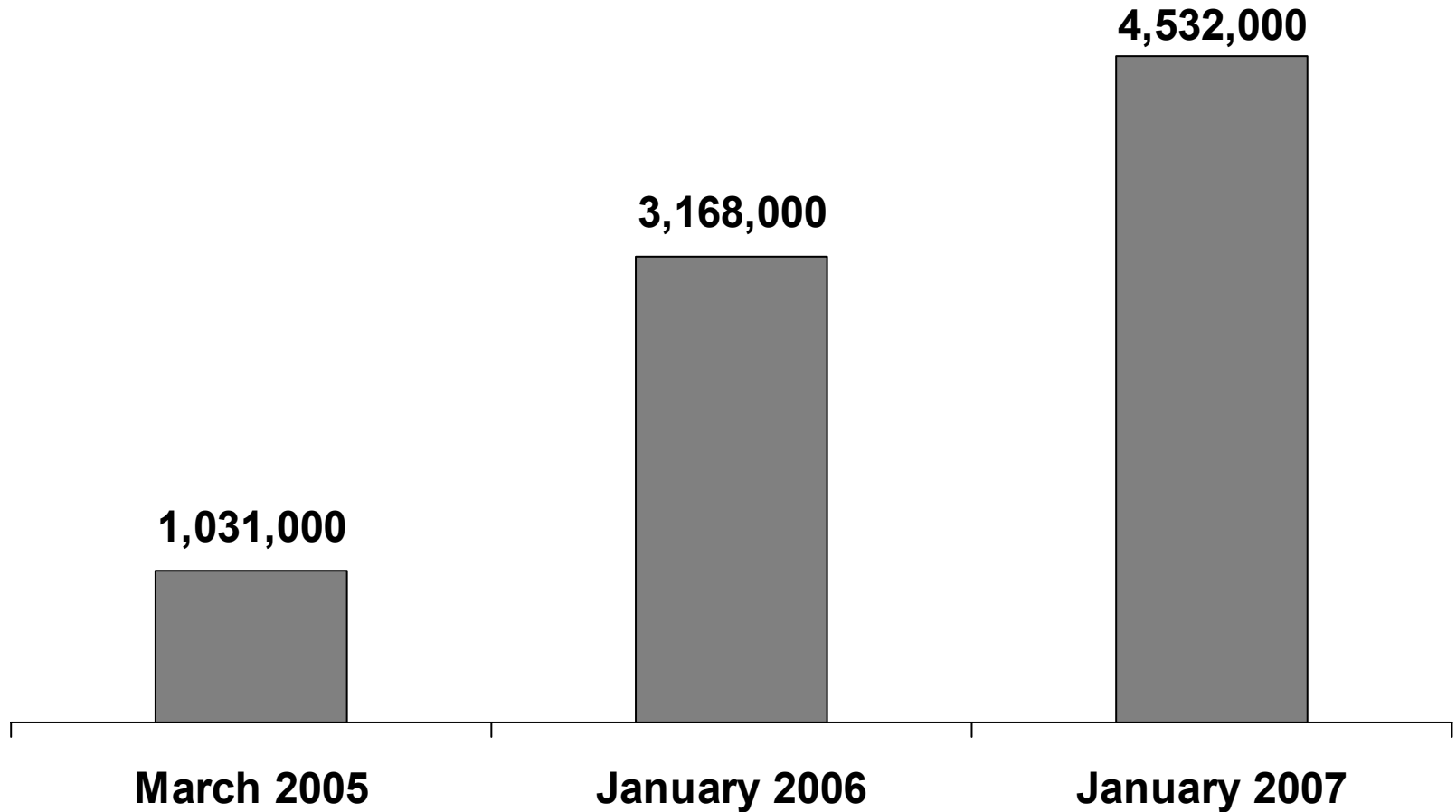
Poverty level for family of three in 2005 = \$16,090.

Source: KFF and Urban Institute analysis of March 2006 Current Population Survey.

Figure 7

Enrollment in CDHPs Is Growing

Number of Covered Lives:



Key Questions

- **What does it cost to have a baby?**
- **How, in general, does health insurance cover maternity care?**
- **How do new insurance arrangements like CDHPs differ from traditional health insurance policies and what is the impact on family costs?**