

# **Medicaid Perinatal Payment Reform**

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## Introduction

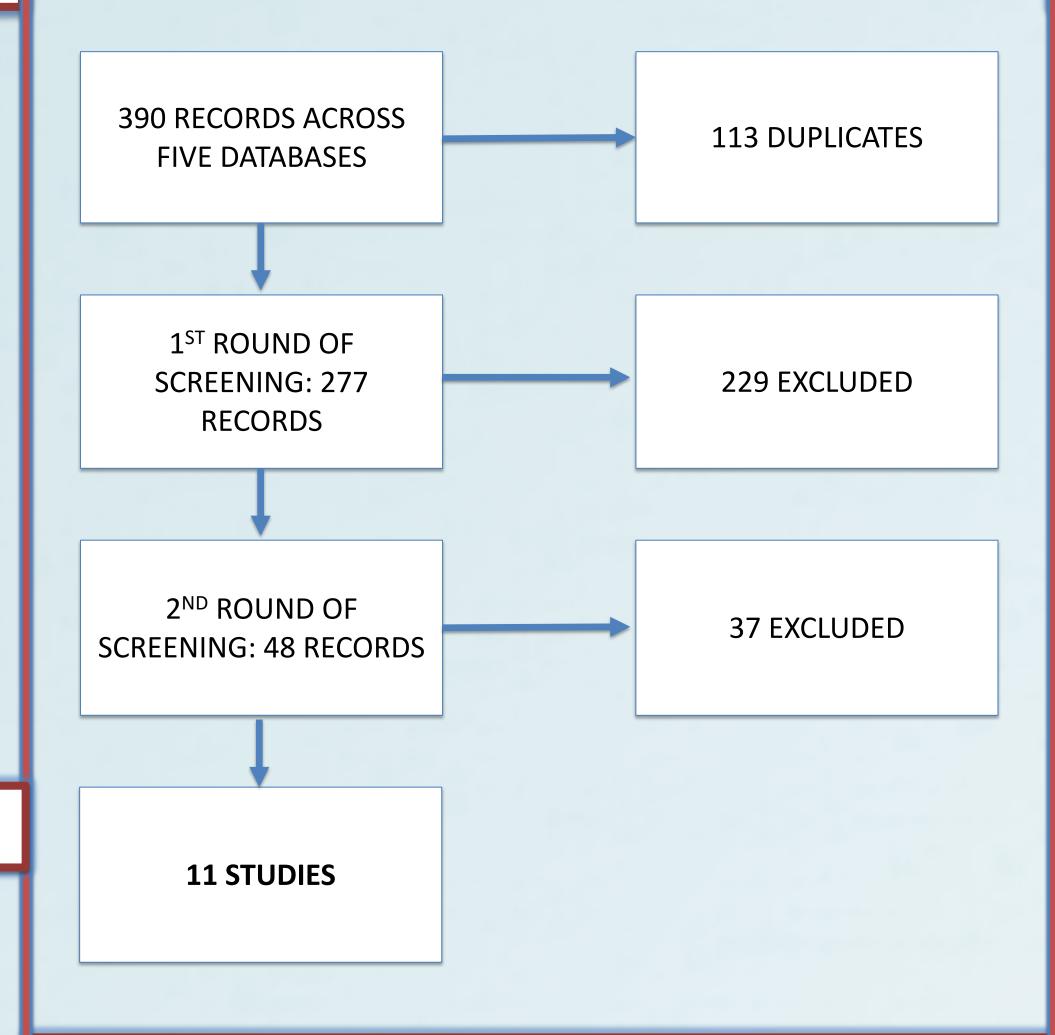
Medicaid is a primary funding source for 40% of births in the United States. Many states have implemented Medicaid innovations with a goal of improving perinatal health outcomes and not all these innovations have been well studied.

The goal of this project was to understand perinatal outcomes related to Medicaid innovations since 2009. We are interested in understanding if these innovations were associated with subsequent outcomes among birthing populations.

### Methods

- We conducted a scoping review of published literature.
- Created a list of search terms relating to Medicaid & pregnancy
- Searched PubMed, CINAHL, Cochrane, ProQuest & Franklin Libraries
- First round of screening: Reviewed titles/abstracts to exclude studies published in languages other than English, prior to 2009, or not involving Medicaid innovations relating to maternal & newborn care. We also excluded studies on Medicaid expansion, which have been summarized in prior reviews.
- Abstracted data on trial characteristics such as study design, population, comparison condition, and outcome.
- Second round of screening: Excluded articles based on above criteria and additionally excluded articles with no comparison condition or no maternal/newborn outcome.
- In both rounds of screening, 10% of the studies were reviewed by a second team member to confirm application of exclusion criteria.

## **Study Selection Flow Chart**



## **Conclusions**

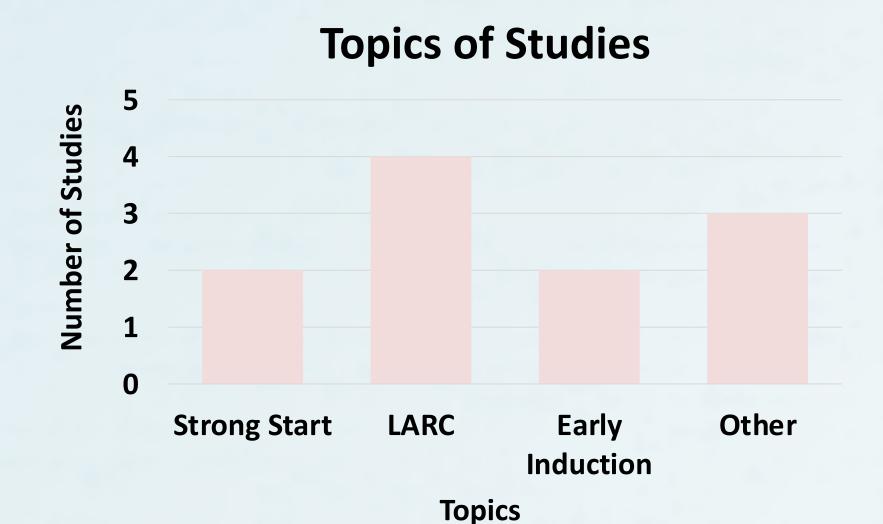
Our evaluation of maternal and newborn centered Medicaid innovation mainly focused on three innovations: the **Strong Start** for Mothers and Newborns Initiative, **LARCs** (Long-Acting Reversible Contraceptives), and **Early Inductions**.

Published evaluations typically demonstrated improvements in outcomes.

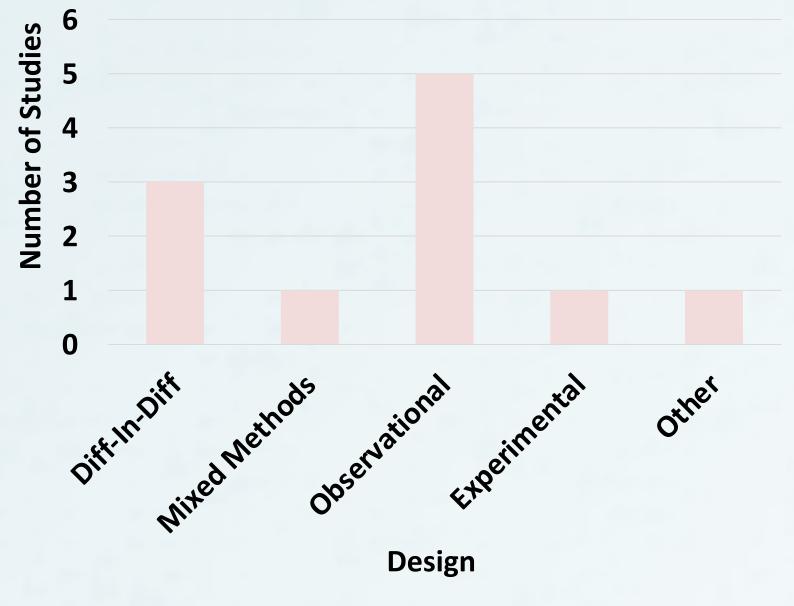
Given the interest in Medicaid innovation as a potential driver of improved birth outcomes, we found relatively few studies. Improving strategies for evaluations of Medicaid innovation may lead to broader or refined programs.

### Results

Our search strategy yielded a total of 11 relevant studies







Along with study design and focus areas, these studies can be characterized by their outcomes, patient populations, and regions. Some studies focused on specific states such as Ohio and Arkansas, while others focused more on a broader, national implementation. Some of the measured outcomes include uptake of LARCs, removal rates for those receiving contraceptive implants, and rates of singleton births 32 and 37 weeks before gestation.