

Access to Contraception and Quality Health Care Is Critical for Women's and Their Children's Health

The Positive Effects of Access to Maternal Health, Birth Equity, and Contraception

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Person-centered contraceptive access promotes preventive health measures. However, access varies by socioeconomic status and geography.

The periods before and after pregnancy are crucial for a woman's and her infant's health, yet not all women have access to health insurance during this time.

Municipalities that spend more on fire and ambulance services, transportation, public health, housing, and libraries tend to have **lower rates of severe maternal morbidity.**

Expansions of the earned income tax credit are associated with significant positive effects on employment for unmarried mothers and improved self-reported mental health for all mothers.

Well-being, unfettered access to contraception, and equitable access to quality health care before, during, and after pregnancy are critical for women's and their children's health. The rapidly changing landscape of maternal health, birth equity, and contraceptive access could have significant implications for the health and economic well-being of future generations.

This body of research does more than confirm the varying degrees of reproductive autonomy across the country. It also highlights the importance of an array of federal and state-level policies and their potential impacts on maternal and child health. As access to care for women changes, understanding how these policies facilitate positive health outcomes across the United States is crucial.

PERSON-CENTERED CONTRACEPTIVE ACCESS PROMOTES HEALTH, BUT ACCESS VARIES

Person-centered contraceptive access respectfully supports and promotes patient reproductive autonomy, sexual well-being, menstrual regulation, and preventive health measures. However, access varies by socioeconomic status and geography.

- The average state's contraceptive access expanded between 2006 and 2021.
- Yet by 2021, states in the Midwest and South had contraceptive access landscapes markedly less expansive than those in the Northeast and the West.
- More attention should be paid to state-level contraception laws contributing to sexual and reproductive health.

Related study: Dispersion of Contraceptive Access Policies across the United States from 2006 to 2021

MANY WOMEN ARE UNINSURED BEFORE AND AFTER PREGNANCY

The periods before and after pregnancy are critically important for a woman's and her infant's health, yet not all women have access to health insurance during this time. Pregnancy-related Medicaid coverage is available to women with incomes up to 200 percent of the federal poverty level in most states, but more accessible public and private coverage options outside pregnancy and increased outreach and enrollment efforts are still needed.

- Women with low incomes who had access to health insurance through Medicaid expansion were more likely to
 - » take a daily folic acid supplement in the month before pregnancy,
 - » report having a preconception health conversation with a health care provider before pregnancy, and
 - » use effective contraception methods during the postpartum period.
- More than one in four new mothers with Medicaid-covered prenatal care was uninsured before pregnancy, one in five became uninsured two to six months postpartum, and one in three was uninsured in either period.

Related studies: [Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, and Postpartum Contraception; Post-ACA, More Than One-Third of Women with Prenatal Medicaid Remained Uninsured before or after Pregnancy](#)

MUNICIPALITY SPENDING TRENDS ARE LINKED WITH SEVERE MATERNAL MORBIDITY

Severe maternal morbidity (SMM) refers to unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. It is a major determinant of maternal mortality, can disrupt mother-infant bonding, and can cause economic hardship.

- When municipalities spent more on fire and ambulance services, transportation, public health, housing, and libraries, they also tended to have lower SMM rates.
- Higher police spending was associated with higher rates of SMM.

Related study: [Municipality-Level Variation in Severe Maternal Morbidity and Association with Municipal Expenditures in New Jersey](#)

EARNED INCOME TAX CREDIT EXPANSIONS ARE ASSOCIATED WITH IMPROVED MATERNAL HEALTH AND EMPLOYMENT

As the nation's foremost poverty reduction program, the earned income tax credit (EITC) provides refundable tax credits to working families with low incomes. Credit expansions are associated with significant positive effects on employment for unmarried mothers and improved self-reported mental health for all mothers.

- Increases in the maximum available EITC are associated with a reduction in mothers reporting poor mental health days in the past month.
- Federal EITC expansions are associated with increased employment for unmarried mothers and small reductions in employment for married mothers.
- State EITC expansions are associated with improved mental health for married mothers.

Related study: [Credit Where It's Due: Investigating Pathways from EITC Expansion to Maternal Mental Health](#)

CITED RESEARCH

[Dispersion of Contraceptive Access Policies across the United States from 2006 to 2021](#)

<https://www.sciencedirect.com/science/article/pii/S2211335522001346>

[Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, and Postpartum Contraception](#)

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00106>

[Post-ACA, More Than One-Third of Women with Prenatal Medicaid Remained Uninsured before or after Pregnancy](#)

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01678>

[Municipality-Level Variation in Severe Maternal Morbidity and Association with Municipal Expenditures in New Jersey](#)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786294>

[Credit Where It's Due: Investigating Pathways from EITC Expansion to Maternal Mental Health](#)

<https://www.iza.org/publications/dp/12233/credit-where-its-due-investigating-pathways-from-eitc-expansion-to-maternal-mental-health>