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Medicaid Expansion Reduces Maternal Mortality: Medicaid Cuts Would Be Deadly for Mothers and Babies

In light of congressional Republican efforts to cut Medicaid, Families USA conducted a new analysis comparing rates of maternal death* in states that have expanded Medicaid coverage up to 138% of the federal poverty level (expansion states) with states that have not expanded coverage to this population (nonexpansion states). Medicaid has historically covered low-income pregnant mothers and children, but the expansion under the Affordable Care Act extended coverage to low-income adults without children, including women of reproductive age, a key population needing health care coverage to improve maternal health outcomes. Research makes it clear that **Medicaid coverage saves the lives of pregnant women and mothers across the nation**, and that cuts to the program, even ones not directly targeting women and children, would have a life-and-death impact on those vulnerable populations.

KEY FINDINGS

Based on a Families USA analysis of the five most recent years of data from the Centers for Disease Control and Prevention, **maternal mortality rates are notably lower in states that have expanded Medicaid compared with states that have not:**[1]

- Between 2019 and 2023, **maternal mortality rates in nonexpansion states were 35% higher** than those in expansion states.
- **Expansion states are better equipped to support maternal health during times of increased strain on the medical system.** From 2020 to 2021, nonexpansion states experienced a 46% increase in maternal deaths, compared to a 21% increase experienced by expansion states.
- In 2021 alone, **the rates of maternal death were over 50% higher in nonexpansion states** than in expansion states.

* Maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes." (World Health Organization, International Statistical Classification of Diseases and Related Health Problems, 10th revision, 5th edition, 2016). We also included in this analysis late maternal deaths, which are maternal deaths that occur between 42 days and 365 days after delivery.

MEDICAID EXPANSION AND MATERNAL HEALTH BY THE NUMBERS

- **More than 16 million women of reproductive age** are covered by Medicaid.[2]
- Medicaid is the single largest payer of maternity care in the U.S., **covering more than 42% of all births.**[3]
- In just five years, expanding Medicaid up to 138% of the federal poverty level **reduced the uninsured rate among women ages 18-64 by nearly half**, from 19.3% to 10.8%.[4]
- Medicaid expansion is associated with **a 17% reduction in hospitalization during the first 60 days postpartum.**[5]

Stripping away health care coverage, as is being proposed by congressional Republicans, would only serve to further exacerbate our nation's maternal mortality crisis, unnecessarily risking the lives of pregnant women and mothers across the country. The Medicaid program, including Medicaid expansion, provides lifesaving health care coverage to women of reproductive age, pregnant women and postpartum women across the country.[6]

If Congress makes harmful cuts to Medicaid, 38% of reproductive age women who rely on Medicaid could lose health care coverage.[7]

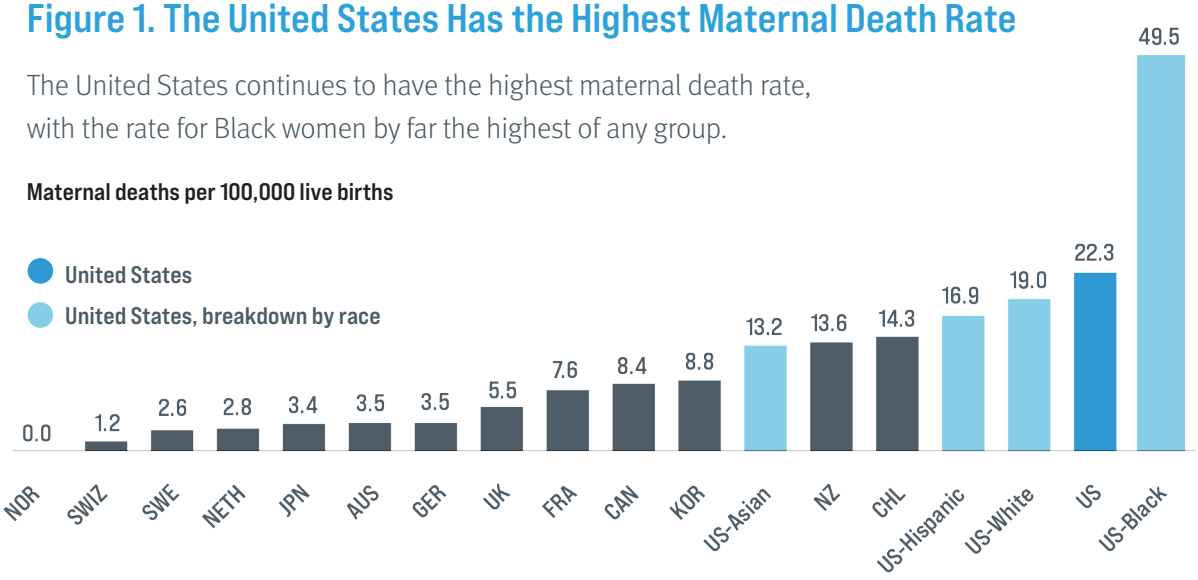
The problem

The U.S. suffers from the highest rates of maternal mortality compared with other high-income countries in Europe or Asia. For example, in 2022, the U.S. maternal mortality rate was 22.3 deaths per 100,000 live births,* yet Germany and Japan had maternal mortality rates of 3.5 and 3.4 deaths per 100,000 live births, respectively, during that same year. For Black mothers living in the U.S., the crisis is much worse. Black maternal death rates are more than double the national rate, at 49.5 deaths per 100,000 live births. Put simply, our nation is in the midst of a maternal mortality crisis (Figure 1, page 3) [8]

* The Commonwealth Fund analysis excludes late maternal deaths in its calculations of maternal mortality rates, which largely accounts for differences in other reports calculating maternal mortality rates, including Families USA's analysis. Late maternal deaths often account for 30% of all pregnancy-related mortality. (Source: Yingxi Chen et al., "Pregnancy-Related Deaths in the US, 2018-2022," *JAMA Network Open* 8, no. 4 (2025): e254325, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2832320.) As a result, Families USA's analysis accounts for late maternal deaths, resulting in a higher maternal mortality death rate than what is reported by The Commonwealth Fund.

Figure 1. The United States Has the Highest Maternal Death Rate

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.



Source: This chart was originally developed by the commonwealth fund, source: https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison.

Findings from Families USA's analysis*

Through this analysis, Families USA assessed key data supporting existing evidence that expanded access to health coverage through Medicaid is associated with positive maternal health outcomes.[9] Families USA found that, between 2019 and 2023, maternal mortality rates† in nonexpansion states were 34.8% higher than those in expansion states (Table 1).

Table 1. Percentage Difference Between Annual Maternal Mortality Rates† in Medicaid Expansion and Nonexpansion States, 2019-2023

Year	Maternal mortality rate in expansion states	Maternal mortality rate in nonexpansion states	Percentage difference
2019	27.67	33.92	20.30%
2020	29.88	41.88	33.44%
2021	36.10	61.12	51.47%
2022	29.42	38.71	27.27%
2023	24.75	34.95	34.17%
Combined years: 2019-2023	**29.58**	**42.05**	**34.82%**

† Maternal mortality rates are defined as the number of maternal deaths per 100,000 births calculated using the following formula: Crude rate = (number of maternal deaths ÷ births) x constant (100,000).

* For methodology see the appendix.

Not only did expansion states have lower maternal mortality rates than nonexpansion states, data indicates that states that had expanded Medicaid experienced smaller increases in maternal death rates during the COVID-19 pandemic compared with nonexpansion states. Specifically, nonexpansion states experienced a nearly 46% increase in maternal deaths from 2020 to 2021, compared with a 21% increase experienced by expansion states over the same period according to Families USA's analysis (Table 2 and Figure 2).

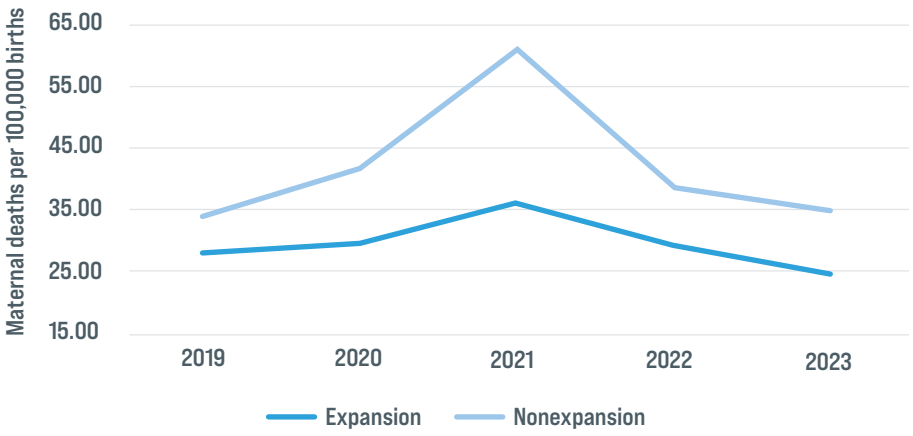
Table 2. Year-Over-Year Percentage Change in Maternal Mortality Rates† in Medicaid Expansion States and Nonexpansion States, 2019-2023

	Year	Maternal mortality rate across states	Year-over-year percentage change
Expansion states	2019	27.67	—
	2020	29.88	7.99%
	2021	36.10	20.82%
	2022	29.42	-18.50%
	2023	24.75	-15.87%
Nonexpansion states	2019	33.92	—
	2020	41.88	23.46%
	2021	61.12	45.94%
	2022	38.71	-36.66%
	2023	34.95	-9.71%

† Maternal mortality rates are defined as the number of maternal deaths per 100,000 births calculated using the following formula: Crude rate = (number of maternal deaths ÷ births) x constant (100,000).

Our analysis also found that the disparity between maternal deaths in expansion and nonexpansion states may be widening. In 2019, the maternal mortality rate in nonexpansion states was roughly 20% higher than in expansion states. In 2023, the maternal mortality rate in nonexpansion states was 34% higher than in expansion states (Table 2).

Figure 2. Maternal Mortality Rates in Medicaid Expansion States Compared With Nonexpansion States, 2019-2023



These findings are consistent with the broader evidence base that demonstrates that ensuring pregnant women and moms have access to health care, including through Medicaid, is critical to address the maternal mortality crisis and improve the health outcomes of our nation's mothers.[10]

One factor contributing to lower maternal mortality rates in expansion states compared with nonexpansion states, is that Medicaid expansion is a critical eligibility pathway for women of reproductive age and covers nearly 40% of women ages 19-49 who are enrolled in Medicaid.[11] For example, pregnant individuals in expansion states are more than twice as likely to be enrolled in Medicaid prior to pregnancy (59%) compared with nonexpansion states (26%).[12] Having broader eligibility criteria allows more people to access critical health care services. It is particularly important for women of reproductive age to have health insurance prior to becoming pregnant because it improves prepregnancy health, which leads to healthier pregnancies and reduces the risk of pregnancy-related complications.[13] In addition, Medicaid expansion provides consistent coverage for pregnant individuals through the postpartum period, when risks for maternal health complications can be high, and leads to higher rates of enrollment for children who are eligible for Medicaid or the Children's Health Insurance Program.[14]

Another potential reason for the relationship between Medicaid expansion and lower maternal mortality rates is that expanding access to health care coverage to a broader population of low-income adults results in a stronger health care system that is better resourced and has more capacity to meet the health needs of the patients and families its meant to serve.[15] When more patients have health insurance, it means that hospitals, clinics and other providers are better resourced and spend less on uncompensated care, leaving them more secure financially and with greater capacity and resources to better serve their communities.[16]

Conclusion

Research continues to demonstrate the strong correlation between health care coverage and reductions in maternal mortality.[17] Threats to federal Medicaid contributions that risk the health care coverage of millions of women across the U.S. put the lives of pregnant women and moms in jeopardy. This is particularly true for Black women, who already face alarmingly high rates of maternal death and are disproportionately covered by Medicaid.[18] Protecting the health care coverage of the 16 million reproductive age women covered by state Medicaid programs is fundamental to ensuring the health and well-being of our nation's pregnant women and moms.

Appendix

Methodology

To represent maternal mortality rates over time and across expansion and nonexpansion states, Families USA used publicly available maternal death data from the Centers for Disease Control and Prevention's CDC WONDER online database[19] and birth rates from the CDC's Vital Statistics Rapid Release reports.[20] Maternal deaths were identified as deaths assigned the following codes from the World Health Organization's 10th revision of the International Classification of Diseases and Related Health Problems (ICD-10) as the underlying cause of death: A34 (obstetrical tetanus) and O00 to O99 (Chapter XV: Pregnancy, childbirth, and the puerperium). These codes capture all maternal deaths owing to obstetrical tetanus, maternal deaths up to 42 days after delivery, and late maternal deaths up to one year following pregnancy.

Using this data, Families USA calculated the following:

- Maternal mortality rates from 2019 to 2023 in states that have expanded Medicaid to include adults living at or below 138% of the federal poverty level (Table 3, page 7).
- Maternal mortality rates from 2019 to 2023 in states that have not expanded Medicaid to include adults living at or below 138% of the federal poverty level (Table 4, page 10).
- National maternal mortality rates from 2019 to 2023 (Table 5, page 11).

Maternal mortality rates represent the number of maternal deaths per 100,000 births. These rates were calculated using the standard crude rate formula:

$$\textit{Crude rate} = (\textit{number of maternal deaths} \div \textit{births}) \times \textit{constant (100,000)}$$

This was done for each year from 2019 to 2023 and across both the expansion state and nonexpansion state samples (Table 3 and 4, pages 7 and 10). Percent difference and percent change calculations were then used to compare maternal mortality rates in expansion and non-expansion states and assess increases and decreases in maternal mortality over time.

Comparisons between expansion and non-expansion states were calculated using the data for a total of 23 states, including the following 15 Medicaid expansion states: Arizona, Arkansas, California, Colorado, Illinois, Indiana, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New York, Ohio, Pennsylvania and Washington, and the following eight nonexpansion states: Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee, Texas and Wisconsin. Inclusion criteria for states sampled included the following:

- States must have maternal death ICD-10 data available on the CDC WONDER database each year from 2019 to 2023.
- States that are currently expanded must have implemented expansion by January 1, 2016. Expansion implementation dates were sourced from KKF's "Status of State Medicaid Expansion Decisions" tracker.[21]

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States were excluded from the analysis because either they did not have available data on maternal mortality or Medicaid expansion was implemented outside of the inclusion criteria date.

Families USA recognizes that there are numerous factors that contribute to the differences between expansion and nonexpansion states that can influence maternal mortality. While this analysis adds to the research demonstrating the strong relationship between access to health insurance and maternal health outcomes, this analysis does not account for other variables that contribute to rates of maternal death, such as Medicaid expansion states being more likely to invest in the health care system in other ways. Nevertheless, these findings demonstrate the critical role that health care coverage plays in improving health outcomes for low-income, vulnerable populations.

Table 3. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for Medicaid Expansion States, 2019-2023

Year	State	Annual Maternal deaths	Annual Births	Crude maternal mortality rate	Total crude maternal mortality rate
2019	Arizona	32	79,375	40.31	27.67
	Arkansas	14	36,564	38.29	
	California	71	446,479	15.90	
	Colorado	15	62,869	23.86	
	Illinois	20	140,128	14.27	
	Indiana	33	80,859	40.81	
	Kentucky	21	53,069	39.57	
	Maryland	22	70,178	31.35	
	Michigan	34	107,886	31.51	
	Minnesota	11	66,027	16.66	
	New Jersey	36	99,585	36.15	
	New York	77	221,539	34.76	
	Ohio	47	134,461	34.95	
	Pennsylvania	39	134,230	29.05	
	Washington	31	84,895	36.52	

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Table 3. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for Medicaid Expansion States, 2019-2023

Year	State	Annual Maternal deaths	Annual Births	Crude maternal mortality rate	Total crude maternal mortality rate
2020	Arizona	39	76,947	50.68	29.88
	Arkansas	22	35,251	62.41	
	California	85	420,259	20.23	
	Colorado	16	61,494	26.02	
	Illinois	37	133,298	27.76	
	Indiana	33	78,616	41.98	
	Kentucky	28	51,668	54.19	
	Maryland	19	68,554	27.72	
	Michigan	38	104,074	36.51	
	Minnesota	12	63,443	18.91	
	New Jersey	35	97,954	35.73	
	New York	71	209,338	33.92	
	Ohio	44	129,191	34.06	
	Pennsylvania	25	130,693	19.13	
	Washington	17	83,086	20.46	
2021	Arizona	38	77,916	48.77	36.10
	Arkansas	24	33,965	70.66	
	California	95	420,608	22.59	
	Colorado	16	62,949	25.42	
	Illinois	47	132,189	35.56	
	Indiana	38	79,946	47.53	
	Kentucky	23	52,214	44.05	
	Maryland	26	68,285	38.08	
	Michigan	34	104,980	32.39	
	Minnesota	17	64,425	26.39	
	New Jersey	44	101,497	43.35	
	New York	89	210,742	42.23	
	Ohio	68	129,791	52.39	
	Pennsylvania	47	132,622	35.44	
	Washington	28	83,911	33.37	

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Table 3. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for Medicaid Expansion States, 2019-2023

Year	State	Annual Maternal deaths	Annual Births	Crude maternal mortality rate	Total crude maternal mortality rate
2022	Arizona	27	78,547	34.37	29.42
	Arkansas	12	35,471	33.83	
	California	70	419,104	16.70	
	Colorado	18	62,383	28.85	
	Illinois	40	128,350	31.16	
	Indiana	27	79,649	33.90	
	Kentucky	15	52,315	28.67	
	Maryland	25	68,782	36.35	
	Michigan	36	102,321	35.18	
	Minnesota	12	64,015	18.75	
	New Jersey	41	102,893	39.85	
	New York	74	207,774	35.62	
	Ohio	57	128,231	44.45	
	Pennsylvania	44	130,252	33.78	
	Washington	15	83,333	18.00	
2023	Arizona	25	78,096	32.01	24.75
	Arkansas	19	35,264	53.88	
	California	63	400,108	15.75	
	Colorado	14	61,494	22.77	
	Illinois	35	124,820	28.04	
	Indiana	29	79,000	36.71	
	Kentucky	21	51,984	40.40	
	Maryland	16	65,594	24.39	
	Michigan	22	99,124	22.19	
	Minnesota	18	61,715	29.17	
	New Jersey	24	101,001	23.76	
	New York	53	203,612	26.03	
	Ohio	34	126,951	26.78	
	Pennsylvania	30	126,951	23.63	
	Washington	17	80,932	21.01	
Total		**2,591**	**8,758,116**		**29.58**

Table 4. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for Medicaid Nonexpansion States, 2019-2023

Year	State	Annual Maternal deaths	Annual Births	Crude maternal mortality rate	Total crude maternal mortality rate
2019	Alabama	35	58,615	59.71	40.66
	Florida	69	220,002	31.36	
	Georgia	64	126,371	50.64	
	Mississippi	22	36,636	60.05	
	South Carolina	24	57,038	42.08	
	Tennessee	30	80,450	37.29	
	Texas	89	377,599	23.57	
	Wisconsin	13	63,270	20.55	
2020	Alabama	34	57,647	58.98	45.48
	Florida	60	209,671	28.62	
	Georgia	49	122,473	40.01	
	Mississippi	16	35,473	45.10	
	South Carolina	31	55,704	55.65	
	Tennessee	54	78,689	68.62	
	Texas	155	368,190	42.10	
	Wisconsin	15	60,594	24.75	
2021	Alabama	50	58,054	86.13	61.12
	Florida	110	216,260	50.86	
	Georgia	96	124,073	77.37	
	Mississippi	38	35,156	108.09	
	South Carolina	37	57,185	64.70	
	Tennessee	61	81,717	74.65	
	Texas	206	373,594	55.14	
	Wisconsin	18	61,781	29.14	
2022	Alabama	24	58,149	41.27	38.71
	Florida	55	224,433	24.51	
	Georgia	55	126,130	43.61	
	Mississippi	14	34,675	40.37	
	South Carolina	26	57,820	44.97	
	Tennessee	46	82,265	55.92	
	Texas	159	389,741	40.80	
	Wisconsin	21	60,049	34.97	

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Table 4. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for Medicaid Nonexpansion States, 2019-2023

Year	State	Annual Maternal deaths	Annual Births	Crude maternal mortality rate	Total crude maternal mortality rate
2023	Alabama	25	57,858	43.21	34.95
	Florida	59	221,410	26.65	
	Georgia	54	125,120	43.16	
	Mississippi	19	34,459	55.14	
	South Carolina	17	57,729	29.45	
	Tennessee	39	83,021	46.98	
	Texas	128	387,945	32.99	
	Wisconsin	18	59,754	42.05	
Total		**2,135**	**5,076,800**		**42.05**

Table 5. Maternal Deaths, Births and Maternal Deaths Per 100,000 Births for All States, 2019-2023

Year	State	Deaths	Births	Crude maternal mortality rate
2019	All states	1,103	3,745,540	29.45
2020	All states	1,288	3,605,201	35.73
2021	All states	1,687	3,659,289	46.10
2022	All states	1,263	3,661,220	34.50
2023	All states	1,056	3,591,328	29.40

Endnotes

[1] Families USA analysis of mortality data found on the Centers for Disease Control and Prevention's CDC WONDER online database and CDC's Vital Statistics Rapid Release reports. For more information, see appendix.

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