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Correlation of Access to Health Insurance and Maternal Mortality Rates

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Introduction – Problem Statement

Maternal mortality is defined by the Center of Disease Control as death of a woman during pregnancy, at delivery, or soon after delivery. In the United states alone, about 700 women die from pregnancy or delivery complications. However, there are higher rates of maternal mortality in different states and countries than others. What could be the reason? Could health insurance be affecting the quality of care received by health care professionals, or could access to health insurance affect the type of healthcare services a mother can afford?

Project Goals

Purpose:

To answer the PICOT Question: Amongst pregnant women, does having access to insurance affect their quality of life and mortality rates?

Objectives:

- Find correlation between the maternal mortality incidences that occur in women based on their insurance status and compare those outcomes.
- Present with obtainable and reasonable goals to decrease the rates of mortality among pregnant women.
- Present with strategies that could limit the gap between the outcome of a woman with accessible healthcare versus one without the same care.

Methods

The Johns Hopkins Evidence-Based Practice Model was used to review and analyze research studies.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guided the selection of literature. PubMed and EBSCOHost databases were searched from 2016 to 2021.

PICOT Components

Patient Population

• Pregnant Women

Issue of Interest

. Access to insurance

Comparison

• Not having insurance

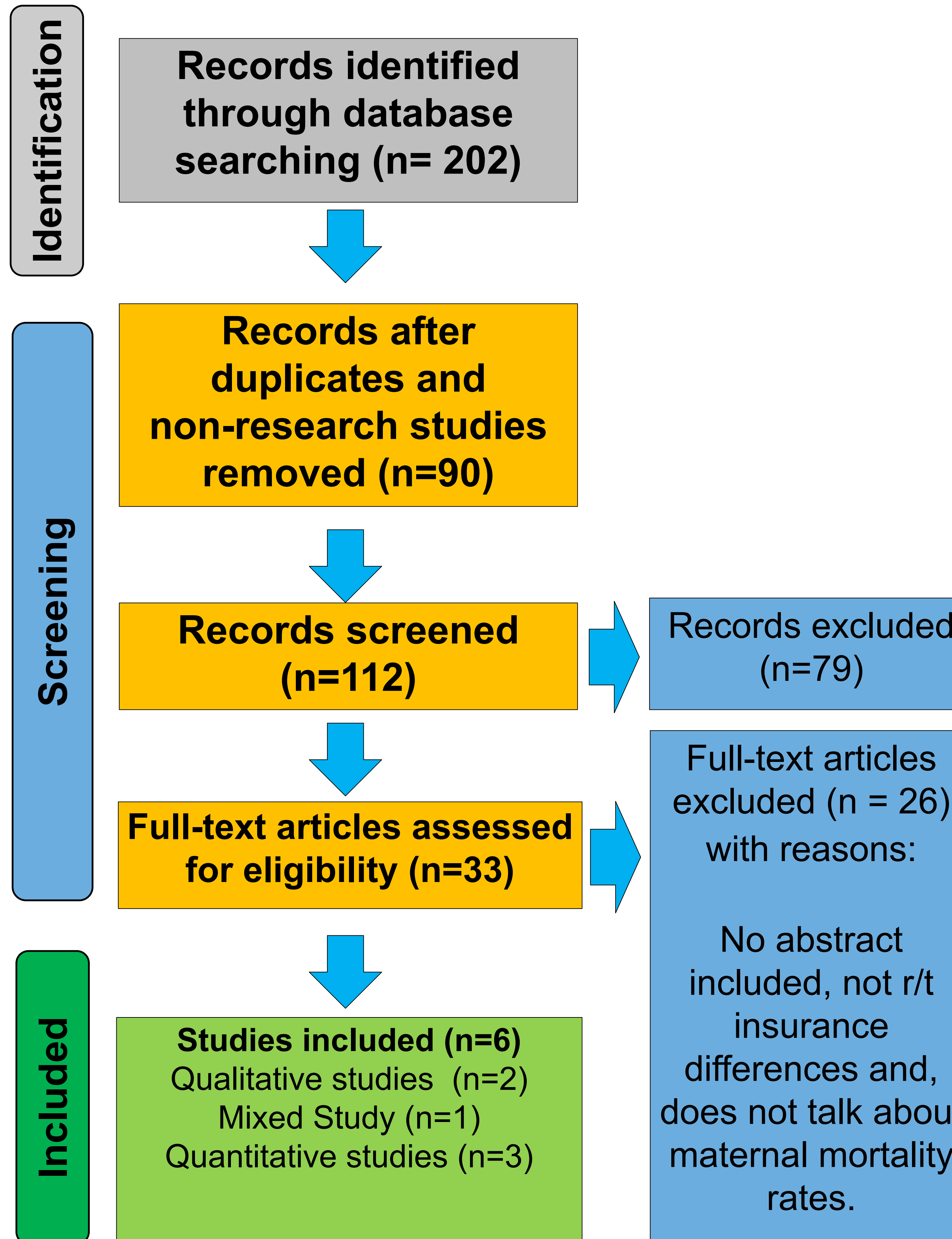
Outcomes

• Maternal mortality and quality of life

Time

• Not applicable

Findings - Results



In the initial search, 202 articles were found concern maternal outcomes and its ties to insurance coverage. Thirty three of the 202 were that were listed, met the inclusion criteria. From there, Six articles were utilized in the research and were graded based on the Johns Hopkins EBP Model. Five of the six were grade as a level III and one article was graded as a level II. Limitations that were presented to align with differing maternal outcomes were: antenatal care, birth and pregnancy complications, lack of resources, and accessibility to quality healthcare.

Outcome

Conclusions/Outcomes

The review included five level III studies and one level II studies, all of which were synthesized research studies found to be in good quality. It has been found that there is a positive correlation between the high mortality rates that are link to lack of insurance and vice versa. Problems in maternal health care involve a lack of equipment, human resources, and evidence-based treatment. We also found that individual behaviors along with population-level interventions are needed to address systemic issues.

Impact on Services

Rates of maternal mortality can impact hospitals by making women feel they cannot trust the safety of birth at hospitals due to the carelessness or lack of quality care towards women. This can cause women to choose to give birth at home with a midwife or doula. If women have given birth previously and had a negative experience or had difficulty traveling to a hospital, this may discourage women from becoming pregnant again.

Recommendations

In research, it is noted that disrespectful behavior and attitudes of health professionals play a huge role when it comes to quality maternal care. However, continuing to focus on behavioral and physical interventions, but most importantly focusing more on systemic reconstruction efforts through policy, there can be a greater impact on maternal mortality relating to access to health insurance.

References

Full Bibliographies are available upon request. Please contact: Gabrielle Walker gwalke40@students.kennesaw.edu

