



Women-Maternal Health Data Detail Sheet

FY26 MCH Title V Needs Assessment

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Dental Visit - Pregnancy

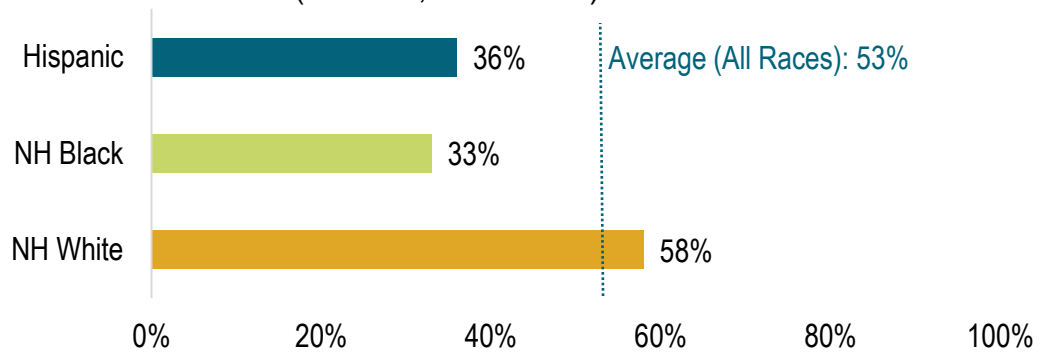
Why – Pregnant women need preventive dental care because pregnancy can increase the risk of dental problems such as gum disease and tooth decay, which can affect both the mother and baby’s health. Receiving regular preventive care helps manage these risks, leading to better oral health and reducing potential complications during pregnancy.

What – Between 2019 and 2022, only 53% of Iowa women had a preventive dental visit during pregnancy, with disparities evident across various demographics. (Iowa PRAMS)

Health Disparities – Race & Ethnicity

Figure 1. In Iowa, non-Hispanic White women were much more likely (58%) to have a dental visit during pregnancy compared to Hispanic (36%) and non-Hispanic Black women (33%) between 2019-2022. (Iowa PRAMS)

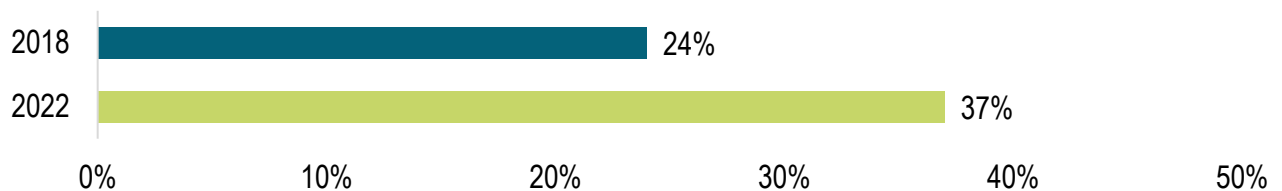
Disparities in visiting a dentist exist for pregnant Iowa women of color (PRAMS, 2019-2022)



Health Disparities – Medicaid Insurance

Figure 2. In 2022, more than 1 in 3 Iowa women on Medicaid (37%) reported difficulty finding a dentist who accepts Medicaid patients, an increase from 24% in 2018. (Iowa PRAMS)

More pregnant women with Medicaid in Iowa are experiencing barriers in finding dentists who see Medicaid-enrolled patients (PRAMS)



Health Disparities – Educational Attainment, Age, Insurance Coverage

Figure 3. In 2022, Iowa women with Medicaid during pregnancy, those under 25 years old, or those with a high school education or less were less likely to have a dental visit during pregnancy compared to women with private insurance, those over 25 years old, or those with at least some college education. (Iowa PRAMS)

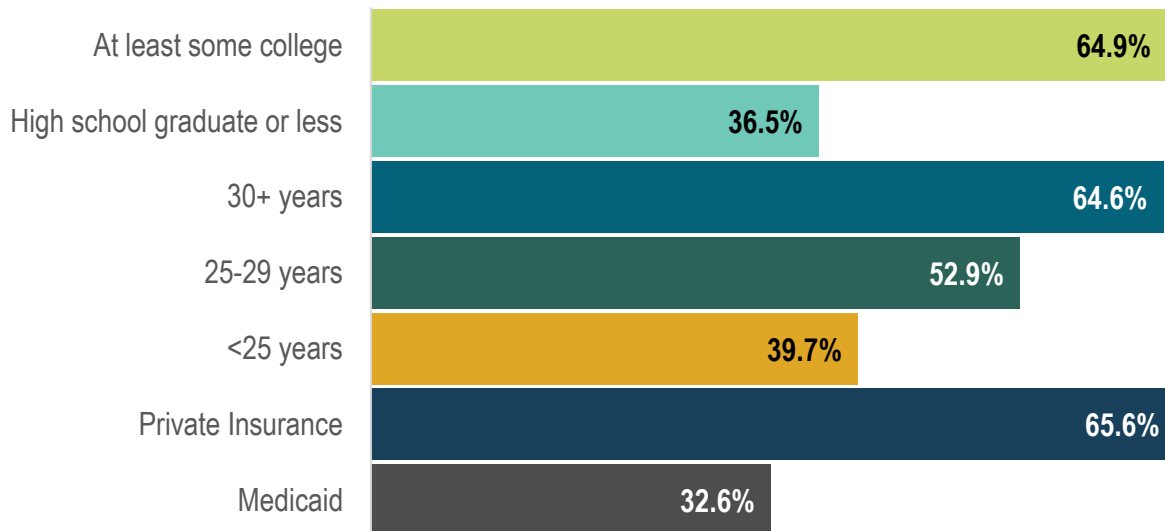
Data Note

Although the Iowa Pregnancy Risk Assessment Monitoring System (PRAMS) began including more detailed oral health questions in the Phase 8 questionnaire starting in 2016, there are limitations. The current multiple-choice format lacks a write-in option, which could better capture specific difficulties women face in accessing dental care.

We currently do not have access to Medicaid Paid Claims data specifically for pregnant women enrolled in Iowa Medicaid. This limits our ability to fully understand the utilization of dental care and access to services within this population.

We lack comprehensive data on the prevalence of dental disease among all pregnant women in Iowa. Although we utilize programmatic data from the Title V maternal health population to assess oral health within that group, this data does not fully represent the entire pregnant population in Iowa.

Women with Medicaid insurance, those under 25 years old, or those with less education are less likely to have a dental visit during pregnancy (PRAMS, 2022)



Past and/or current activities addressing this NPM (Preventive Dental Visit – Pregnancy)

- I-Smile Coordinators will continue to make in-person visits to all obstetrics/gynecology offices to promote optimal oral health as part of overall health. For counties that do not have an obstetrics/gynecology office, the coordinators must visit family planning clinics and/or women’s health clinics. At the dental and medical office visits, coordinators may share educational posters, promotional items, and/or written educational materials to inform providers and clients on the importance of preventive dental care for the mother and baby, promote referrals to dentists and the I-Smile program, and provide education on the importance of preventive dental care before, during and after pregnancy.
- Iowa HHS Oral Health staff will maintain a new partnership with Molina Healthcare to increase oral health education and services for pregnant women. Although Molina does not provide dental benefits, they are able to incentivize providers and clients to encourage overall health and well-being during pregnancy.
- Iowa HHS Oral Health Staff will strengthen relationships with the Title X/Family Planning programs to ensure oral health (including education) is a priority.

Postpartum Mental Health Screening

Percent of women screened for depression or anxiety following a recent live birth.

Why - Mental health disorders are one of the most common conditions that occur during pregnancy and the postpartum period. Women who experience depression and anxiety disorders may withdraw from social networks, have poorer relationships with their newborns, may have poor self-esteem, and may feel overwhelmed and hopeless. It is critical that providers use validated screening tools to assess their patients for depression and/or anxiety during the prenatal and postpartum period. Care must not stop at screening. Follow-up care and referrals are necessary to assure the mental health and well-being of pregnant and postpartum women.

What - From 2021-2022, 89.4% of Iowa women were screened for depression or anxiety after giving birth. This rate includes those either being asked by a healthcare provider about feelings of sadness or depression during their postpartum checkup or responding to written questions about their mood at any time following the birth of their baby (Iowa PRAMS)

Date Note

There will be a new question in PRAMS Phase 9 that will be specific to this NPM.

"Has a healthcare provider asked you a series of questions, in person, or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods?"

- a. During my pregnancy
- b. Since my baby was born

Health Disparities

Figure 1. Postpartum screening for depression or anxiety.

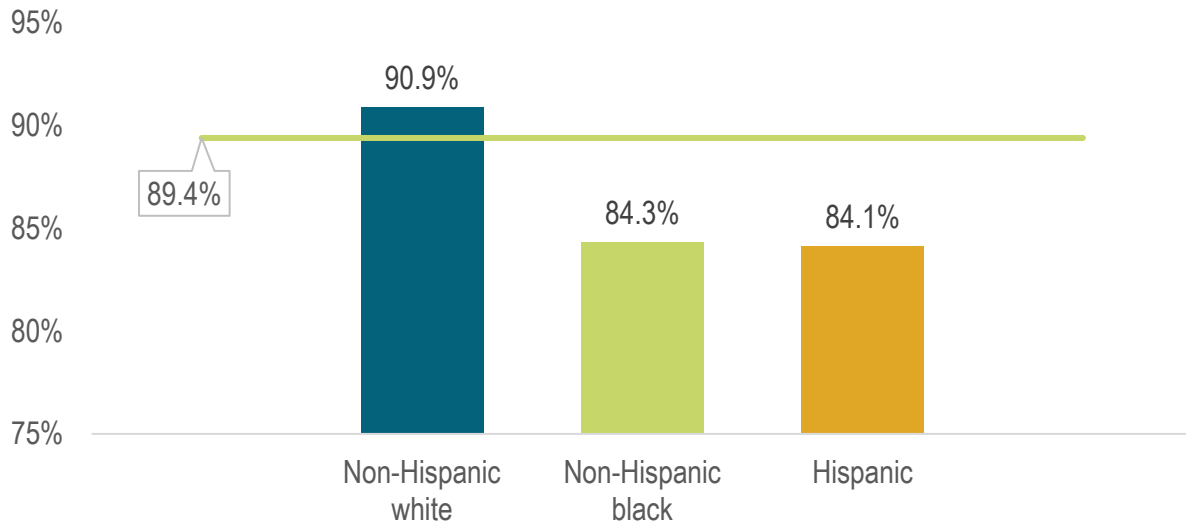


Figure 2. Nearly 100% of women ages 30 and older were screened for depression or anxiety during their postpartum period. In contrast, eighty-nine percent (89.5%) of women ages 25 to 29 were screened for depression or anxiety during their postpartum period. Women ages 24 and younger were screened for depression or anxiety during their postpartum period at the lowest rate (79.8%) compared to women of other ages.

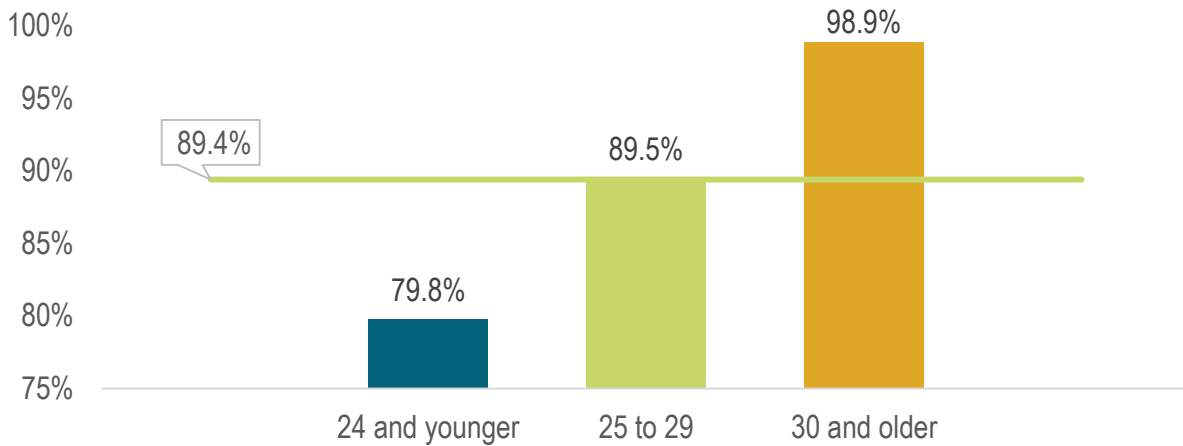


Figure 3. Women who attained an educational level of less than or equal to high school education received postpartum depression and anxiety screening 79.7%, over 14 percentage points less than those who attained at least some college (94.1%). Women who attained an educational level of less than or equal to high school education received postpartum depression and anxiety screening nearly ten percentage points less than the state level.

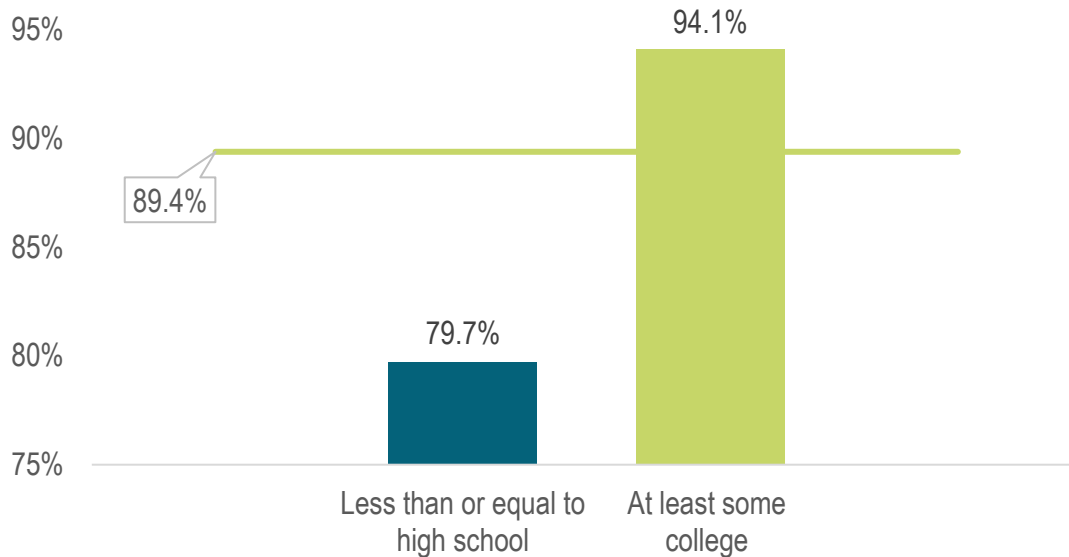
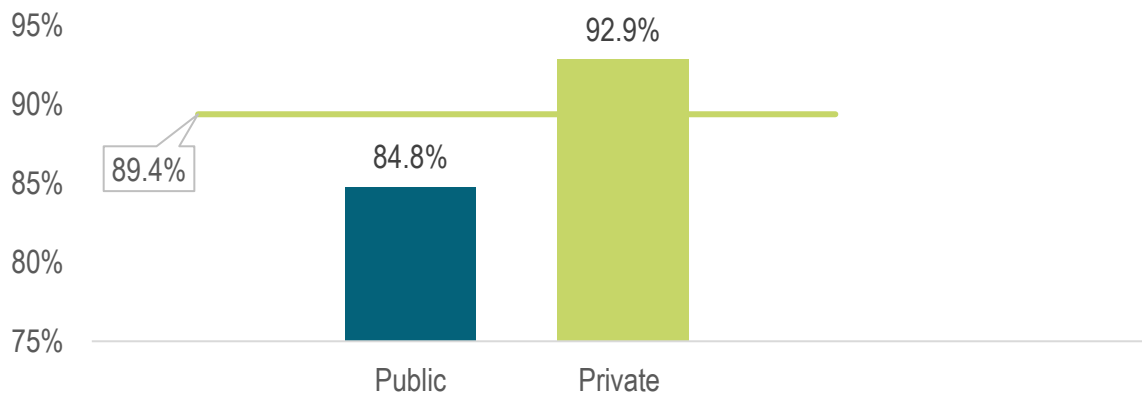


Figure 4. The percent of women who received postpartum screening for depression or anxiety varied by insurance status. The percent of women with public insurance coverage who received postpartum screening for depression or anxiety was 84.8% compared to 92.9% among those with private insurance coverage.



Past and/or current activities addressing this:

- Through the US HHS Secretary’s Collaborative on Postpartum Health we are working with 2 communities in Iowa to improve prenatal screening and

identification of individuals at risk for mental health conditions to ensure timely follow up after delivery. This includes improving practices around mood disorder screening during pregnancy as well as in the postpartum period.

- Iowa HHS added a section to our department website to provide support and information to help pregnant or postpartum women struggling with depression.
 - <https://yourlifeiowa.org/maternal-health>
- The 2021 Maternal Health Strategic Plan provided insight into significant gaps of understanding perinatal mental health and how to successfully provide resources and support to those in need. This process set out to address that challenge by capturing relevant trends, research and perspective to inform modern strategies to bring more attention to this critical issue.
<https://hhs.iowa.gov/media/7791/download?inline>
- Training providers on using EPDS
- Training nurses and social workers to conduct listening visits (historically only offered training). Now we provide training and support to Title V MH agency staff.

Postpartum Contraception

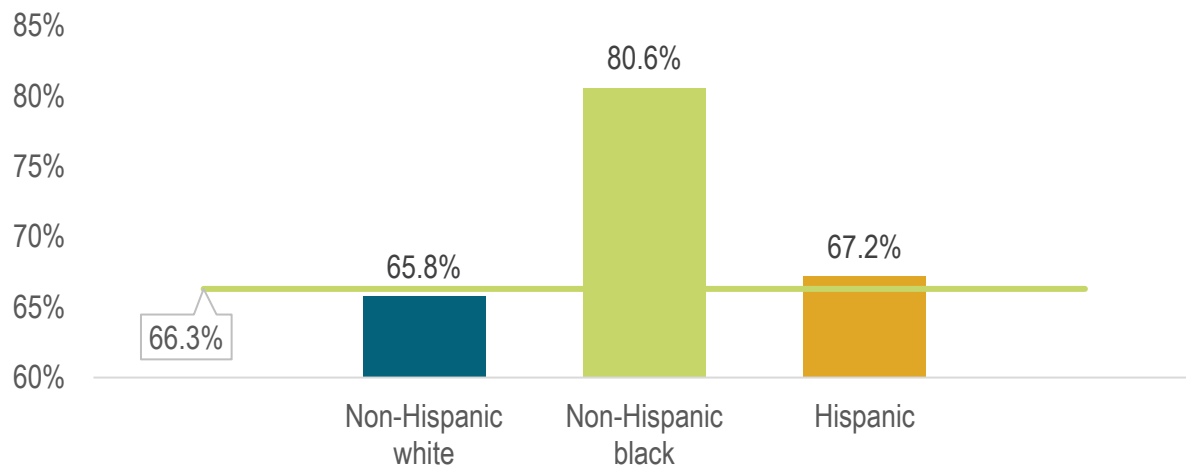
Percent of women using a most or moderately effective contraceptive following a recent live birth.

Why - Postpartum contraception can support women to achieve their personal goals and improve population health outcomes . Postpartum contraception can prevent short-interval pregnancies and as a result may reduce the chance of women giving birth to preterm and low birth weight infants. Women must be assured access to the full range of contraceptive methods as her needs evolve over her reproductive life course. The American College of Obstetricians and Gynecologists the clinicians provide patient-centered contraceptive counseling, with consideration for reproductive justice.

What - From 2021-2022, 66.3% of Iowa women at risk of pregnancy postpartum used a mostly or moderately effective contraceptive method. Most and moderately effective contraceptive methods include tubal ligation, vasectomy, IUDs, birth control pills, implants, injections, and patches/rings.

Health Disparity – Race and Ethnicity

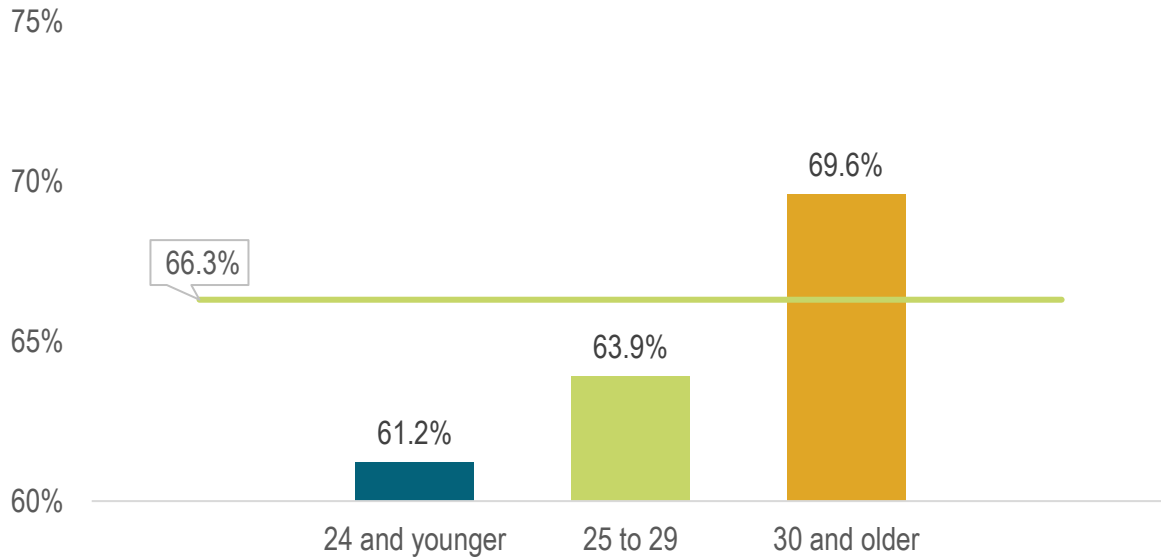
Figure 1. Non-Hispanic white women (65.8%) and Hispanic women (67.2%) reported the lowest percent of having obtained a most or moderately effective contraceptive method during their postpartum period compared to the state level (66.3%) and that of non-Hispanic Black women (80.6%)¹.



¹ The CI for non-Hispanic black women is greater than 20%

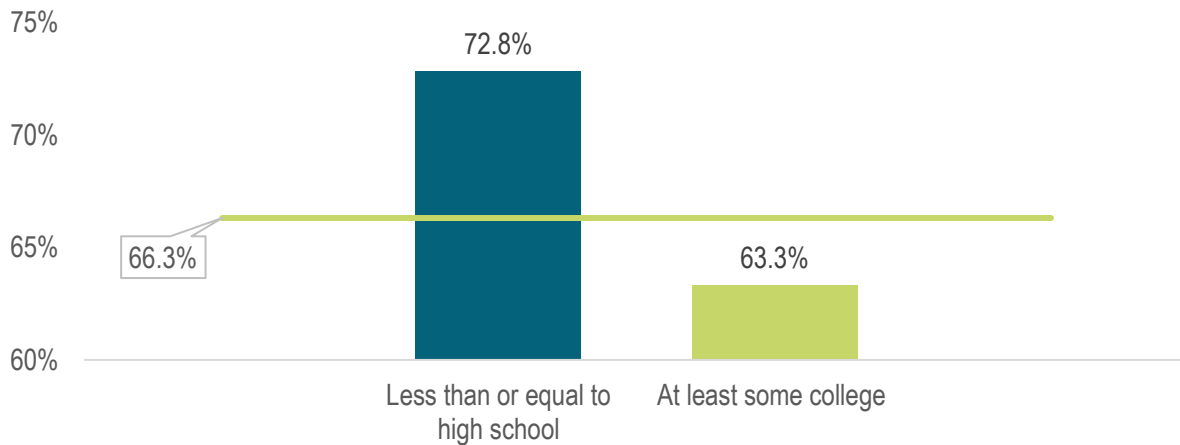
Health Disparity – Age

Figure 2. Women’s age was inversely related to having obtained a most or moderately effective contraceptive method in the postpartum period. Both women 24 and younger (61.2%) and those between the ages of 25 and 29 (63.9%) obtained a most or moderately effective contraceptive method below the state percentage (66.3%).



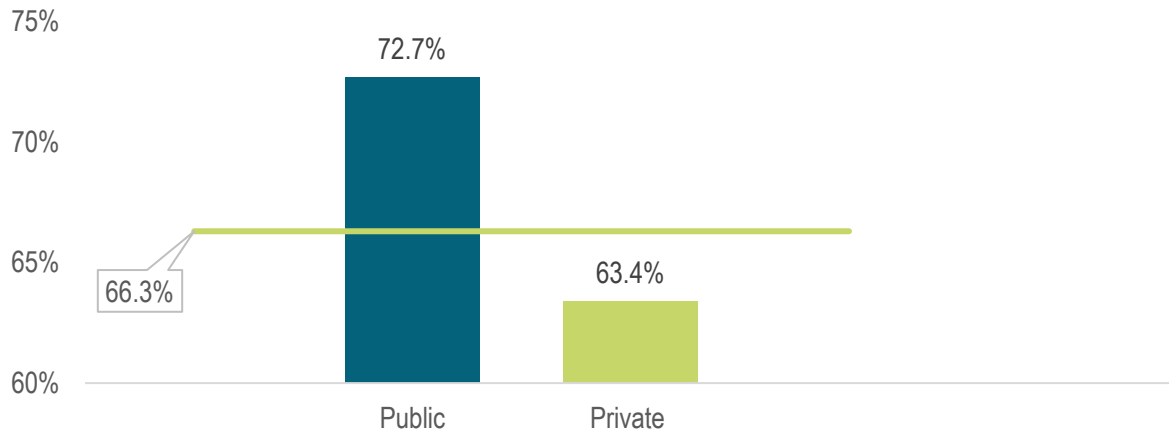
Health Disparity – Educational Attainment

Figure 3. Women who obtained less than or equal to a high school education (72.8%) obtained a most or moderately effective contraceptive method at a higher percentage than women who obtained at least some college (63.3%).



Health Disparity – Insurance Coverage

Figure 4. Women who had public insurance coverage obtained a most or moderately effective contraceptive method at a higher percentage (72.7%) than women who had private insurance coverage (63.4%)



Past and/or current activities addressing this need:

- Title V and Title X family planning programs are collaborating to assure that clients have access to all contraceptive methods.
- Title X staff are providing education and outreach to clients about the State Family Planning Program, including access and services covered.
- Iowa continues to calculate and report the CMS-required contraceptive performance measure using Medicaid-paid claims.