Expanding Prenatal Care to **Unauthorized Immigrant Women** and the **Effects on Infant Health**



Jonas J. Swartz, Oregon Health and Science University; Jens Hainmueller, Stanford Immigration Policy Lab; Duncan Lawrence, Stanford Immigration Policy Lab; and Maria I. Rodriguez, Oregon Health and Science University

Following the 2008 reauthorization of the Children's Health Insurance Program, states received the flexibility to provide prenatal care coverage to women and children, regardless of their citizenship status or date of entry into the United States. Oregon piloted a program to expand access to prenatal care known as Citizen Alien Waived Emergent Medical (CAWEM) Plus. Researchers analyzed participation in the expansion program and its effect on the health outcomes of infants.

Findings indicate that **immigrant women who accessed prenatal care through an expansion program** have better health outcomes for themselves and their citizen children.

	»	The study's key strength is its difference-in-differences design.
STUDY DESIGN	>>	The structured way that Oregon rolled out this program allowed researchers to hone in on only women and children who would be affected by this expansion policy (vs. immigrant women who may have other forms of insurance coverage).
	>>>	Increased Access to Prenatal Care: The program allowed for 7.21 additional prenatal visits per pregnancy, 9.82 additional outpatient visits, and a 74 percent increase in ultrasounds.
	>>>	Increased Gestational Diabetes Screenings: The program increased gestational diabetes screenings by 61 percent.
KEY FINDINGS	»	Reduced Infant Mortality and Extremely Low Birth Weight: Expansion of access decreased infant mortality by 1.01 infants per 1,000 and decreased probability of extremely low birth weight by 1.33 infants per 1,000.
	»	Increased Vaccination Rate: The probability of a child receiving recommended screenings and vaccinations increased 4 percent.
CONCLUSION	»	CAWEM Plus allowed more mothers and their infants to receive the care they needed, reducing health inequities.

Evidence for Action

Investigator-Initiated Research to Build a Culture of Health





Support for this research was provided by the Robert Wood Johnson Foundation.