**Title**: Prevalence of Perinatal Health Disparities among Medicaid-Enrolled Birthing People with IDD with and without Down Syndrome

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**Introduction**: The United States is confronting a maternal health crisis defined by increasing morbidity and mortality rates that disproportionately impact Black, low-income, and disabled people. People with intellectual and developmental disabilities (IDD), including Down Syndrome (DS), experience adverse health outcomes across the life course and face significant health disparities compared to individuals without IDD. Pregnancy, labor, and delivery rates are similar among individuals with and without IDD; however, risk for adverse perinatal health outcomes, including those during the postpartum period, is significantly higher in people with IDD compared to peers without IDD. As the largest US public health insurer and the primary payer of behavioral health services for individuals with IDD, Medicaid represents a critical funding source that provides coverage for a range of perinatal health services for millions of minoritized birthing people. The objective of this study is to identify perinatal health outcomes among a national sample of Medicaid-enrolled birthing people with IDD, with and without DS, and compare outcomes to birthing people without IDD.

**Method**: National Medicaid claims from January 1, 2008 through December 31, 2019 included birthing people with IDD including DS, birthing people with IDD without DS, and a random sample of birthing people without IDD or DS. Birthing people with a documented birth during the study years and a forty-week enrolment period prior to their delivery date were included in each comparison sample. Prevalence of perinatal outcomes was then calculated and then compared across groups using univariate analyses.

**Results**: 212 birthing people with IDD including DS, 33,823 birthing people with IDD without DS, and a random sample of 187,951 birthing people without IDD or DS were identified in National Medicaid claims during the study years. Birthing people with IDD including DS were older (mean age 26.8, SD 7.3) and birthing people with IDD without DS were younger (mean age 24.2, SD 5.6) than their peers without IDD or DS (mean age 25.6, SD 5.8). Compared to their peers without IDD or DS, birthing people with IDD including DS had a higher prevalence of known miscarriage, stillbirth, or termination (7.1%), gestational diabetes (16.0%), gestational hypertension (11.3%), preeclampsia (6.1%), postpartum anxiety (9.0%), and postpartum depression (14.2%). Similarly, birthing people with IDD without DS had higher prevalence rates of all maternal morbidity and co-occurring physical and mental health conditions compared to peers without IDD or DS.

**Discussion:** Perinatal health outcomes differ between people with and without IDD, including DS. The prevalence of all identified adverse health conditions was higher in both the IDD with DS group and the IDD without DS group compared to the group without IDD or DS. Findings underscore an urgent need for policy and practice strategies focused on increasing reproductive health knowledge and awareness among healthcare providers and health systems.

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