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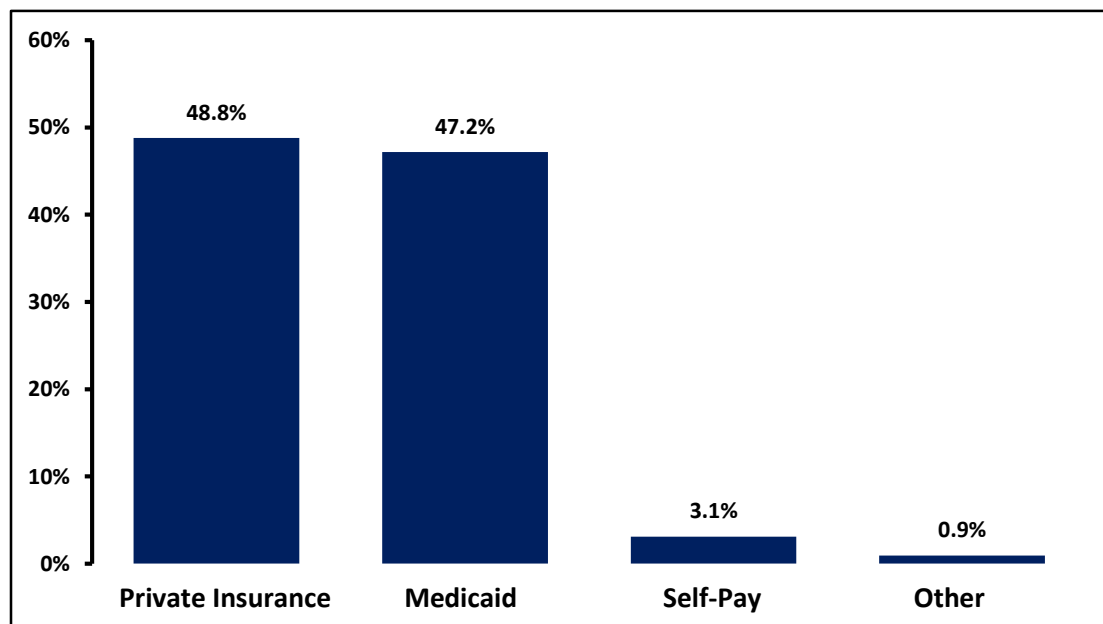
Characteristics of Mothers by Source of Payment for the Delivery: Cuyahoga County, 2022

Health insurance coverage is an important factor in making quality healthcare affordable and accessible to families. Women with health care coverage are more likely to obtain needed preventive, primary, and specialty care services, including maternity care, and have better access to new advances in women's health (1). This data brief describes the principal source of payment for the delivery among Cuyahoga County mothers who gave birth in 2022 overall and by maternal race and ethnicity, age group, and education level.

The combined percentage of births covered by private insurance, Medicaid, and other sources was 96.9%, showing a high level of insurance coverage for maternity care in Cuyahoga County (Figure 1 & Table 1).

- Private insurance covered the largest percentage of mothers giving birth in the county, accounting for nearly half (48.8%) of all deliveries in 2022
- Medicaid was the principal source of payment for the delivery for 47.2% of births
- A small portion of deliveries (3.1%) were paid for out-of-pocket, which typically indicates lack of insurance
- Less than 1% of births were covered by other sources

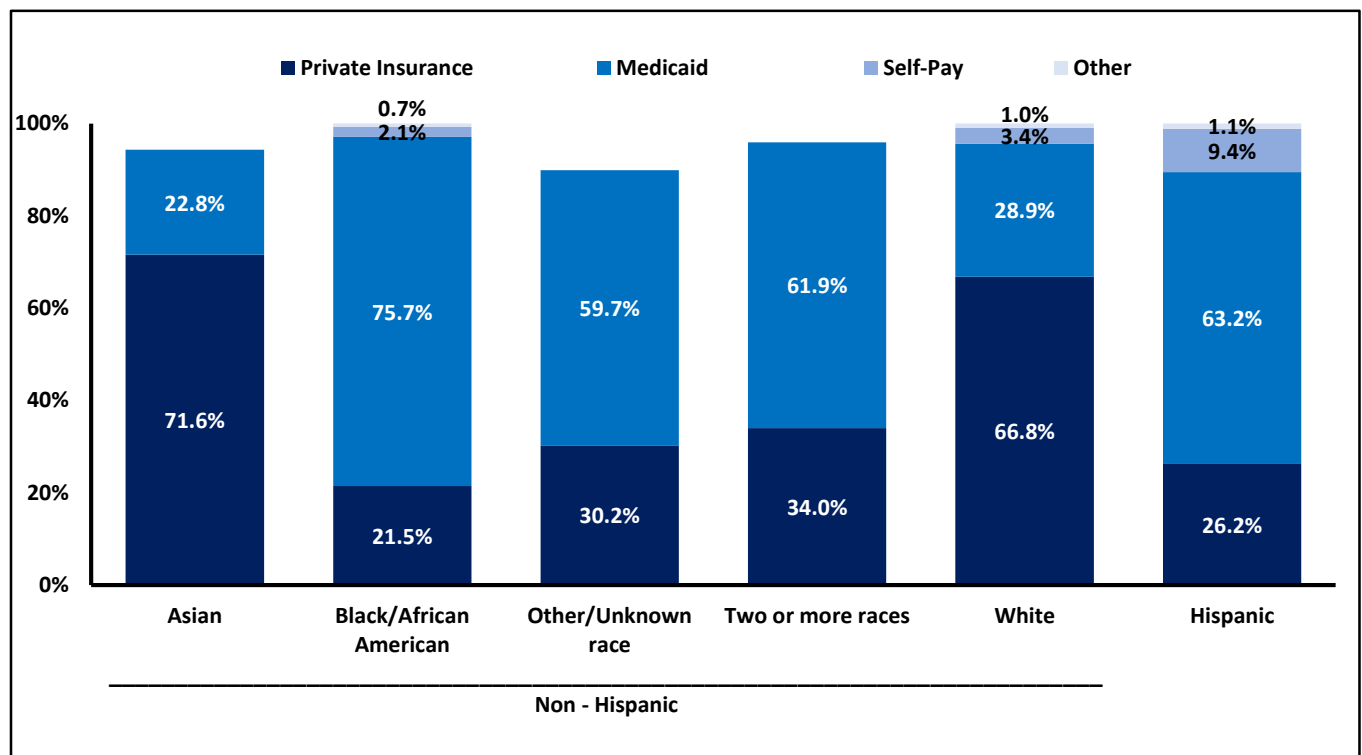
Figure 1. Distribution of births by principal source of payment for delivery: Cuyahoga County, 2022



Principal source of payment for deliveries in 2022 varied by maternal race and ethnicity (Figure 2 & Table 2).

- Non-Hispanic Asian mothers had the highest percentage of private insurance coverage for deliveries (71.6%), followed by non-Hispanic White mothers (66.8%)
- Medicaid was the predominant payer for births among non-Hispanic Black/African American mothers (75.7%), followed closely by mothers that identified as Hispanic (63.2%)
- Self-pay rates were highest among Hispanic mothers (9.4%)
- Other sources of payment were highest among mothers reporting two or more races (suppressed)

Figure 2. Distribution of births by principal source of payment for delivery and maternal race and ethnicity: Cuyahoga County, 2022



Asian, Black/African American, and White groups represent mothers reporting those races alone (i.e., not multi-racial).

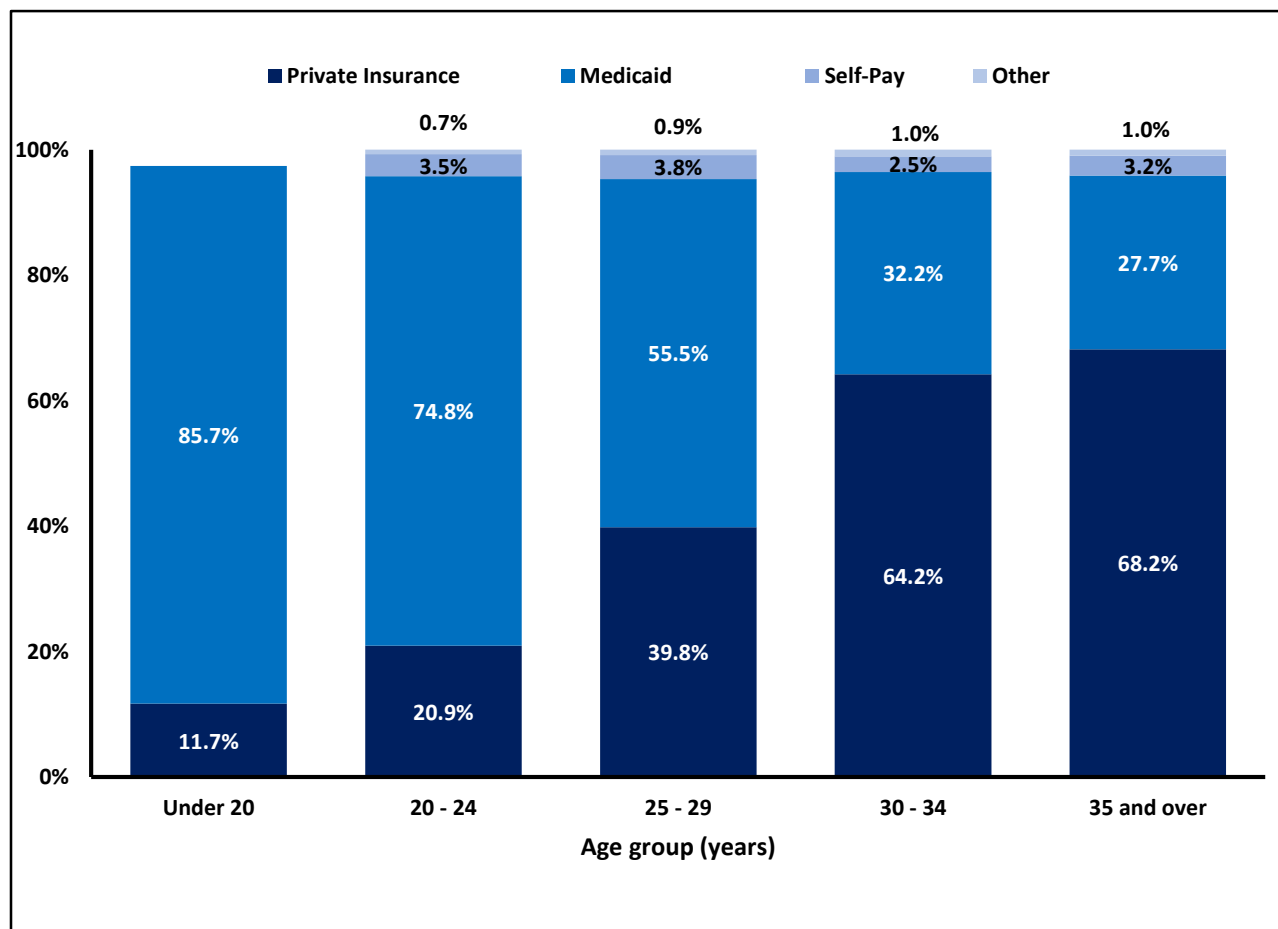
People of Hispanic origin may be of any race.

Categories with less than 10 women are suppressed; this included American Indian/Alaska Native, Alone and Native Hawaiian or other Pacific Islander, Alone race categories as a whole.

Medicaid played a critical role in covering maternity costs for younger mothers, particularly those under 25 years of age (Figure 3 & Table 3).

- Medicaid as source of payment was highest among younger mothers, covering 85.7% of deliveries for those under 20 years of age and 74.8% of those aged 20-24, then declined steadily with advancing age, dropping to 27.7% for mothers age 35 and over
- Private insurance coverage increased with maternal age, ranging from 11.7% among mothers under 20 to 68.2% for mothers age 35 and over
- Although minimal, self-pay was present across all age groups, peaking at 3.8% among those aged 25-29 at delivery
- Other payment sources represented 1% or less of deliveries across all maternal age groups

Figure 3. Distribution of births by principal source of payment for delivery and maternal age: Cuyahoga County, 2022

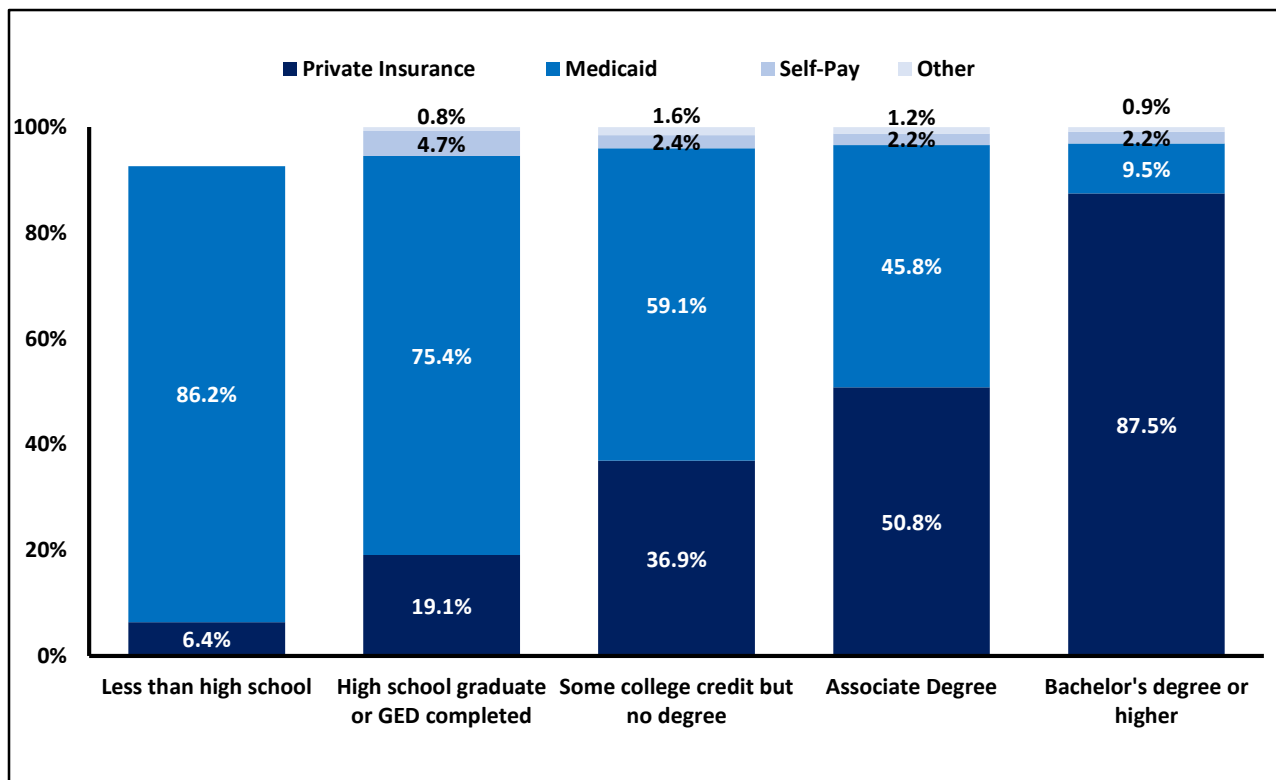


Percentages for Self-pay and Other categories for mothers in the under 20 age group are suppressed due to having fewer than 10 women in one category.

Coverage by private insurance rose with increasing educational attainment, while Medicaid coverage declined (Figure 4 & Table 4).

- Deliveries to mothers age 25 and over with higher educational attainment were more likely to be covered by private insurance compared to those with lower levels of educational attainment: more than 50% of mother's with a college degree (associate, bachelor's or higher) had private insurance as their principal source of payment for delivery while fewer than 20% of mother's with a high school level education or less
- Mothers with less than a high school education were over nine times more likely to be covered by Medicaid (86.2%) than mothers with a bachelor's degree or higher (9.5%)
- Self-pay for delivery was highest among mothers with less than a high school education (suppressed) and those that graduated high school or completed a GED (4.7%)
- Other sources of payment were uncommon, and were principal source of payment for less than 2% of deliveries across all education levels

Figure 4. Distribution of births by principal source of payment for delivery and maternal educational attainment: Cuyahoga County, 2022



Analyses of educational attainment were limited to women aged 25 and over.

Percentages for Self-pay and Other categories for mothers with less than a high school education are suppressed due to having fewer than 10 women in one category.

Summary

Healthcare coverage provides access to essential services that promote a healthy pregnancy and improve outcomes for both mother and baby (2). Mothers who pay out-of-pocket for their delivery are more likely to receive delayed or no prenatal care compared to those with healthcare coverage (1,2). Cuyahoga County birth records data show that nearly 97% of women had healthcare coverage for their delivery in 2022. These data also show a strong correlation between maternal demographics and type of coverage, highlighting disparities based on race, age, and education. Medicaid was the primary source of payment for younger mothers and those with lower educational attainment, while mothers aged 30 and over and those with a higher level of education completed were more likely to be covered by private insurance. Black and Hispanic mothers were more likely to have their delivery covered by Medicaid compared to White and Asian mothers, who predominantly used private insurance. Self-pay rates, although low overall, were highest among Hispanic mothers and mothers with a high school level education or less. These findings indicate demographically-limited access to private insurance among mothers in Cuyahoga County and emphasize the need for policies that expand affordable insurance options to ensure access to comprehensive prenatal care, particularly for historically under-resourced populations.

Definitions

Educational attainment: The highest degree or level of school completed by the mother at the time of birth.

Principal source of payment for the delivery: The principal form of payment for the delivery at the time of delivery as identified on the U.S. Standard Certificate of Live Birth:

Private insurance: Private insurance providers such as UnitedHealthcare, Anthem, etc., often obtained through employer-sponsored benefit plans.

Medicaid: Includes state programs comparable with Medicaid.

Self-pay: No third-party payer identified; generally considered uninsured.

Other: Includes TRICARE/CHAMPUS, other federal, state, or local government programs and miscellaneous payment sources.

Technical Notes

Data source: Ohio Department of Health, Bureau of Vital Statistics. 2022 Birth Comprehensive Protected dataset. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Analyses conducted by the Cuyahoga County Board of Health, March, 2025.

Analyses are based on unique mothers (i.e., deduplication for multiple births).

Deliveries with unknown source of payment (0.3%) were excluded from all analyses.

Responses of “Unknown” were excluded from calculations.

“Suppressed” means the percentage could not be shared per the Ohio Department of Health (ODH) Disclosure Limitation Standard (the table denominator value minus the table numerator value is less than 10) or publishing the value would have made a value requiring suppression determinable by subtraction.

References

¹ Henry J. Kaiser Family Foundation. Women’s health insurance coverage. 2022. Available from: <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage/>.

² Osterman MJK, Martin JA. Timing and adequacy of prenatal care in the United States, 2016. National Vital Statistics Reports; vol. 67 no 3. Hyattsville, MD: National Center for Health Statistics. 2018.

Suggested Citation

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**Table 1. Distribution of births by principal source of payment for delivery:
Cuyahoga County, 2022**

Source of payment	Percent
Private Insurance	48.8%
Medicaid	47.2%
Self-Pay	3.1%
Other	0.9%
Total	100%

**Table 2. Distribution of births by principal source of payment for delivery and maternal race and ethnicity:
Cuyahoga County, 2022**

Race and Hispanic origin	Private Insurance	Medicaid	Self-Pay	Other	Total
American Indian/Alaska Native, Alone	*	*	*	*	100%
Asian, Alone	71.6%	22.8%	*	*	100%
Black/African American, Alone	21.5%	75.7%	2.1%	0.7%	100%
Native Hawaiian or other Pacific Islander, Alone	*	*	*	*	100%
Other/Unknown race	30.2%	59.7%	*	*	100%
Two or more races	34.0%	61.9%	*	*	100%
White, Alone	66.8%	28.9%	3.4%	1.0%	100%
Hispanic	26.2%	63.2%	9.4%	1.1%	100%

Note: People of Hispanic origin may be of any race.

**Table 3. Distribution of births by principal source of payment for delivery and maternal age:
Cuyahoga County, 2022**

Age Group (years)	Private Insurance	Medicaid	Self-Pay	Other	Total
Under 20	11.7%	85.7%	*	*	100%
20 - 24	20.9%	74.8%	3.5%	0.7%	100%
25 - 29	39.8%	55.5%	3.8%	0.9%	100%
30 - 34	64.2%	32.2%	2.5%	1.0%	100%
35 and over	68.2%	27.7%	3.2%	1.0%	100%

Table 4. Distribution of births by principal source of payment for delivery and maternal educational attainment: Cuyahoga County, 2022

	Private Insurance	Medicaid	Self-Pay	Other	Total
Less than high school	6.4%	86.2%	*	*	100%
High school graduate or GED completed	19.1%	75.4%	4.7%	0.8%	100%
Some college credit but no degree	36.9%	59.1%	2.4%	1.6%	100%
Associate degree	50.8%	45.8%	2.2%	1.2%	100%
Bachelor's degree or higher	87.5%	9.5%	2.2%	0.9%	100%

Note: Only women aged 25 years or older included.