

# Perinatal Health Care in Colorado

## Postpartum Care and Mental Health, 2019-2024

High-quality health care during the perinatal period is key to the well-being of people giving birth. However, understanding of perinatal health care utilization in Colorado is limited, and there is a lack of publicly available data. To build up the knowledge base, the Colorado Perinatal Care Quality Collaborative (CPCQC), in partnership with the Center for Improving Value in Health Care (CIVHC), conducted a claims-based analysis using data from the Colorado All Payer Claims Database (CO APCD).



### Guiding Questions

- 1) Who is receiving **postpartum care**?
- 2) How does postpartum **care utilization** vary geographically?
- 3) How prevalent are **mental health diagnoses** in the perinatal period?
- 4) How **is mental health care used** in the perinatal period?
- 5) What is the **cost** of perinatal health care?

### Key Takeaways

- 1) About **70%** of Coloradans accessed **a postpartum visit within a year after delivery**. People with commercial insurance had higher rates of visit access.
- 2) People in **urban areas accessed postpartum visits more often** than those in rural or frontier areas.
- 3) **1 in 3** Coloradans had or were diagnosed with **a mental health condition** in the perinatal period.
- 4) About **1 in 5 people** accessed **at least one mental health visit** during the perinatal period. Most visits occurred after delivery, and from 2021 to 2024, over half took place via telehealth.
- 5) On average, commercially-insured **Coloradans paid more out-of-pocket to give birth in a hospital** than the average American pays **for all health care expenses in a year**.

### Study Overview

This retrospective study examined 208,282 deliveries between 2019 and 2024, representing about 56% of all Colorado deliveries.<sup>1</sup> Deliveries were identified in the CO APCD via insurance billing codes and included in the analysis if a) they took place within the measurement period and b) the delivering individual had Medicaid or commercial health insurance. **Note:** The CO APCD does not receive data for federal programs, including Veterans Affairs, uninsured individuals, or the majority of ERISA-based self-insured employers.

*The Perinatal Period*

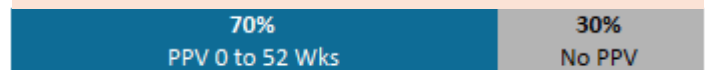


After creating the cohort, we gathered all medical and pharmacy claims within each individual's perinatal period and combined the claims data with demographic and geographic information to conduct a cross-sectional analysis focusing on postpartum care, mental health, and cost.

### Who is receiving postpartum care?

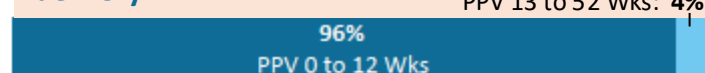
Estimates of postpartum visit (PPV) access rates vary greatly across the country. One study suggested that 40% of U.S. deliveries have postpartum check ups,<sup>2</sup> while Colorado's Baby & You survey revealed that up to 90% of individuals in the state report accessing a PPV.<sup>3</sup>

Study results indicate that **70% of Coloradans accessed a PPV** by 52 weeks postpartum. **30% did not receive any postpartum care.**



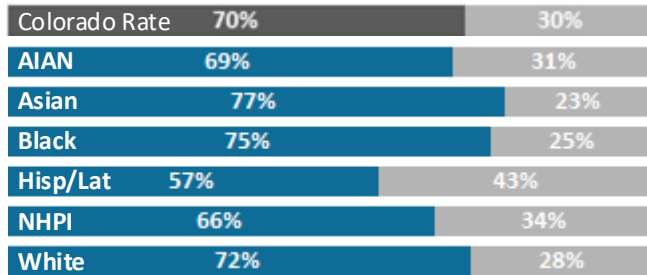
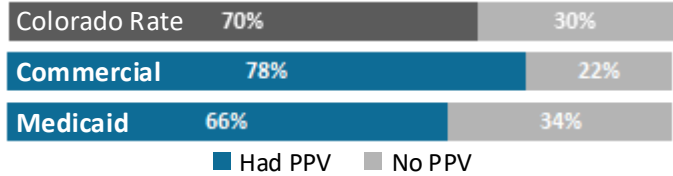
**PPV Timing.** The Healthcare Effectiveness Data and Information Set (HEDIS) is a group of benchmarks used by health plans to measure care quality.<sup>4</sup> In alignment with the HEDIS benchmark for postpartum care, this study measured the percentage of deliveries followed by a PPV within 12 weeks of delivery.

Of the Coloradans who accessed postpartum care, **96% received that care within 12 weeks of delivery.**



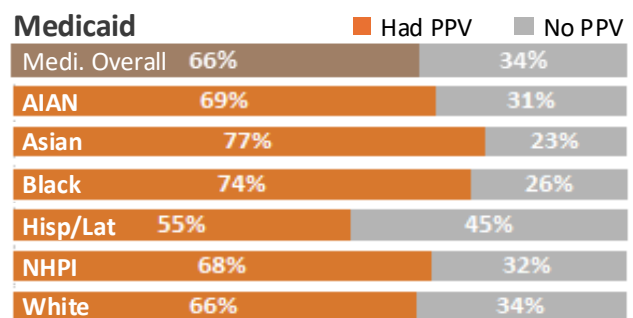
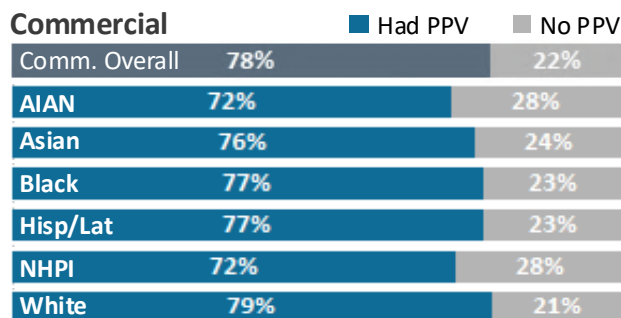
## Who is receiving postpartum care? (cont.)

Within Colorado, 78% of individuals covered by commercial payers had a PPV by 52 weeks, higher than the statewide rate, while individuals covered by Medicaid accessed PPVs less often.



Asian, Black, and White individuals accessed PPVs by 52 weeks at higher rates than the statewide rate. American Indian or Alaska Native (AIAN) and Native Hawaiian or Pacific Islander (NHPI) individuals accessed slightly less often than average. Hispanic or Latino (Hisp/Lat) individuals were least likely to have accessed a PPV.

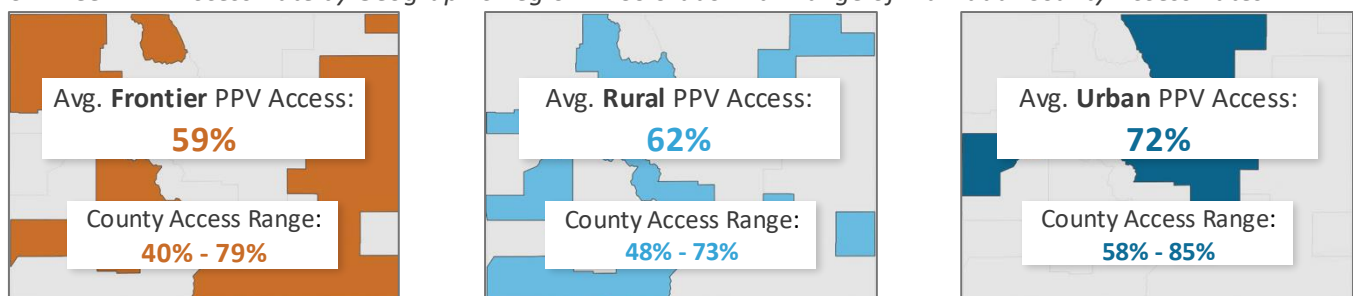
Differences in 52-week PPV access across Medicaid and commercial enrollees persisted within racial and ethnic groups, and people with Medicaid coverage were less likely to access PPVs regardless of race or ethnicity. For example, Hispanic or Latino and White individuals had the largest gaps in access across payer types; Medicaid-insured people within those same racial and ethnic groups were less likely to have accessed a PPV by 52 weeks postpartum than their counterparts with commercial plans.



## How does postpartum care utilization vary geographically?

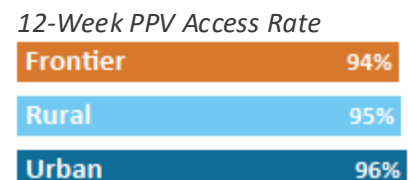
**52-Week Access.** PPV access by 52 weeks differed by the geographic region in which a person lived. Individuals who lived in urban counties accessed PPVs at slightly higher rates than average, while those in rural and frontier counties accessed 8 to 11% less than average. Additionally, PPV access rates varied considerably within the same geographic classification, suggesting that local factors drive differences in access within similar communities.

52-Week PPV Access Rate by Geographic Region in Colorado with Range of Individual County Access Rates



County Access Range = Range of PPV access rates by 52 weeks observed in each Colorado county within each geographic region. The lowest and highest county access rates are displayed.

**12-Week Access.** In alignment with HEDIS guidelines, of those who accessed a PPV by 52 weeks, a large majority did so within 12 weeks of delivery regardless of geography type.



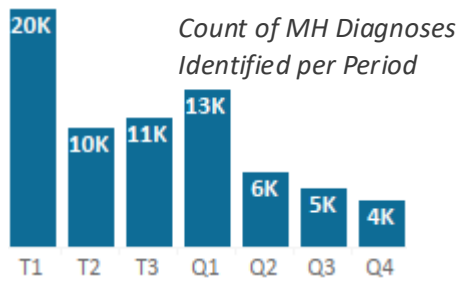
## How prevalent are mental health diagnoses in the perinatal period?

Difficulties with mental health (MH) are common during the perinatal period. National estimates suggest that 1 in 5 people who give birth experience a MH condition during the perinatal period.<sup>5</sup>



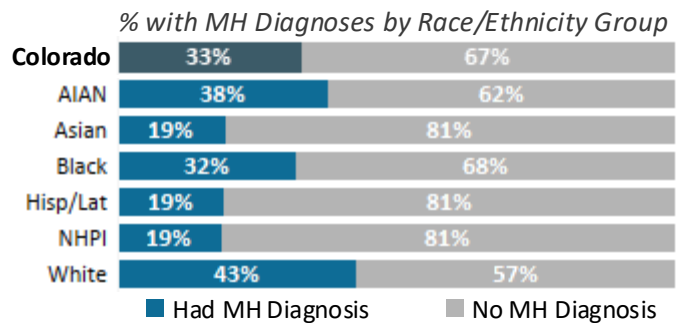
Up to **1 in 3 people who give birth** in Colorado had or were diagnosed with **at least one mental health condition** during their perinatal period.

**Timing.** MH diagnoses were most often identified in the first trimester (T1, which includes some pre-pregnancy diagnoses, as diagnoses are counted at first appearance in the perinatal period) and the first quarter postpartum (Q1), when most patients have a postpartum visit.



T = Trimester (prenatal). Q = Quarter (postpartum). T1 includes diagnoses documented prior to pregnancy.

**Race and Ethnicity.** AIAN and White individuals had the highest rates of MH diagnosis. For White individuals, the higher rate could relate to greater access to MH care than other race/ethnicity groups. In the proportion of total MH visits, White people were overrepresented relative to their proportion of the study population whereas all other groups were underrepresented, possibly obscuring true prevalence.

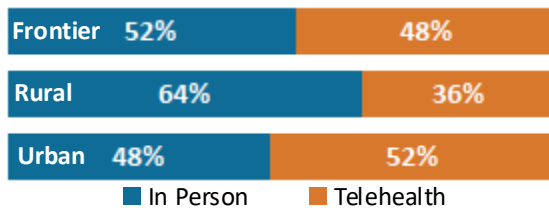


## How is mental health care used in the perinatal period?

This analysis aimed to examine when and how perinatal individuals access mental health visits (MHVs) and how patterns of use vary by geography, visit modality, and timing across the perinatal period.

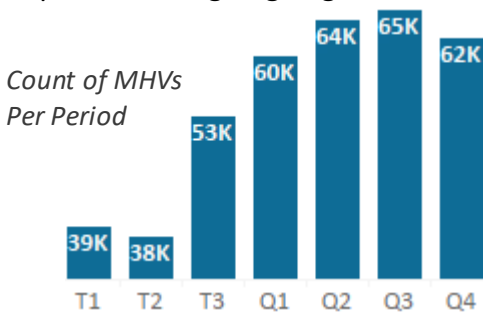


About **1 in 5 birthing people (22%)** accessed **at least one MHV** during the perinatal period.



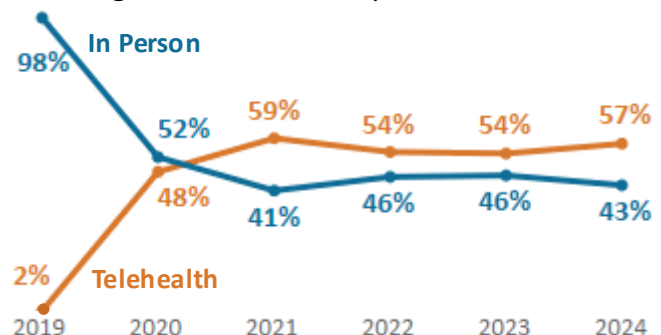
**Modality.** Overall, it appeared that people accessed MHVs evenly across in person (49%) and telehealth (51%) modalities. Broken out by geographic region, the data showed that individuals in rural areas accessed MHVs in person much more frequently than via telehealth.

**Visit Timing.** The first and second trimesters had relatively few MHVs compared to the end of pregnancy and postpartum. Beginning third trimester, the volume of MHVs grew rapidly and continued to rise through Q3 postpartum, in part reflecting on ongoing care.



T = Trimester (prenatal). Q = Quarter (postpartum). MHVs include all visits, so ongoing treatment can keep visit counts high after diagnoses peak.

**Modality Over Time.** Before the COVID-19 pandemic began, just 2% of perinatal MHVs took place via telehealth. In 2020, nearly 50% were conducted via telehealth. From 2021 to 2024, telehealth became the primary modality, with telehealth visits accounting for over half of all perinatal MHVs.



## What is the cost of perinatal health care?

This study aimed to determine the average out-of-pocket cost of health care during the perinatal period for people who give birth in Colorado. Out-of-pocket (OOP) refers to the price of a health care service not covered by insurance that an individual must pay after the insurance company has paid its portion (i.e., after insurance payments, a person must cover the rest “out of their own pocket”).

**Delivery Costs.** Delivery is often the most expensive stage of the perinatal period and can represent a substantial outlier in the typical pattern of an average American’s health care expenses. On average, 50% of OOP perinatal health care spending is associated with delivery alone.<sup>7</sup>

*All Health Care, Commercially-Insured Americans*



**Benchmark:** In 2024, the average commercially-insured American paid **\$1,142 OOP** for all their health care needs that year.<sup>6</sup>

*Inpatient Delivery, Commercially-Insured Coloradans*



For an **inpatient delivery**, the average commercially-insured birthing Coloradan paid **\$2,563 OOP**, over **2.2 times** what an average American pays OOP in a year.

**OOP Cost by Period.** Alongside delivery costs, prenatal health care expenses comprised 38% of the average national OOP cost from 2019 to 2021, and postpartum care made up the remaining 12%.<sup>7</sup> The distribution of health care spending for Colorado aligns with observed national OOP cost trends. However, of the total OOP cost of perinatal health care, Coloradans spent a slightly higher proportion on delivery (53%) than the average birthing person in the United States (50%).

*% Distribution of OOP Expenses Across the Perinatal Period, Commercial Enrollees*



*PP = Postpartum. Note: Only includes data from commercial enrollees. United States data from Healthcare Cost Institute.<sup>7</sup>*

**Total Perinatal Health Expenses.** Together, OOP prenatal, delivery, and postpartum expenses add up quickly and can take up a large portion of an individual’s income. In 2021, a birthing American making the median household income could expect to spend nearly 5% of their annual earnings on OOP perinatal health care expenses.<sup>7,9</sup> Coloradans in this study paid a similar portion of their annual income.

*All Perinatal Care, Commercially-Insured Americans*



**Benchmark:** From 2019 to 2021, average commercially-covered birthing Americans paid **\$3,604 OOP** for care throughout the perinatal period, about **4.7%** of the 2021 U.S. annual median income.<sup>7</sup>

*All Perinatal Care, Commercially-Insured Coloradans*



The average birthing Coloradan with commercial health insurance paid **\$4,754 OOP** over the entire perinatal period, about **4.9%** of the 2024 median annual income in Colorado.<sup>10</sup>

**Medicaid.** For Medicaid enrollees, OOP expenses for perinatal health care are comparatively low relative to commercial costs, but **difficulties associated with the cost of and access to perinatal care still persist** for those with Medicaid coverage. In a 2021 study of perinatal health care costs, the Journal of the American Medical Association reported that **50%** of Medicaid-insured participants said they **had trouble affording health care** during the perinatal period.<sup>8</sup>

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## Resources

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- [Methodology](#): Detailed methodology used to produce this analysis. Developed by CIVHC.
- [Data Tables](#): Summary tables behind data presented in this report. Developed by CIVHC.

## Contact Information

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