Changes in Prenatal Care Visits
The total number of ambulatory prenatal visits rose by 150,000, or about 7%, between the baseline period and the 1991 calendar year (Table 2). Striking changes occurred in the quantity of prenatal care obtained through different parts of the delivery system. The total number of visits made to county health departments rose by 250,000 (a 100% increase). Over the study period, the proportion of all prenatal care visits made at health departments decreased from 12% to 11%. In contrast, the proportion of care obtained at all other ambulatory care sites decreased from 88% to 78%.

The Medicaid eligibility expansion was almost fully accommodated by the huge growth in care provided by county health departments. Of the 263,000 additional prenatal visits by women receiving Medicaid, 256,000 took place at these sites, indicating that the expansion was accompanied by a significant shift in where Medicaid beneficiaries obtained their prenatal care. By 1991, county health departments provided 59% of ambulatory prenatal care for women in this group, however, stemmed from decreases in visits to other sites, which decreased by 109,000 visits, or by almost 90% of the total decrease in visits among all payer groups and is probably not a consequence of the expansion.

Changes in Hospital Admissions
Compared with the shifts in access to prenatal care, the Medicaid expansion had a much smaller effect on the types of hospitals at which women obtained pregnancy-related care. Across all categories of payers, women’s use of public hospitals declined by 3%; Public hospitals comprised 29% of admissions during the baseline period and 27% during the 1991 calendar year; use of voluntary hospitals declined by a similar percentage (Table 3). While the share of maternity care provided by proprietary hospitals rose from 14% to 17%, most of this increase resulted from a general trend among all payer groups and is probably not a consequence of the expansion.