



The Medicaid Maternity Cliff

How Health Plans Can Support Members
Amid Widespread Coverage Loss



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Our Survey and Series

Sage Growth Partners' survey of 50 health plan leaders and 300 pregnant or recently pregnant women and their caregivers spotlights the looming loss of coverage and care disruption from Medicaid redeterminations — including who's most at risk and how to curb the crisis. **The Medicaid Maternity Cliff** is the first report in the series, *The State of Maternal & NICU Care 2026: Insights from Plans and Patients*.

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Executive Summary



84%
of health plan leaders expect at least moderate care disruption from Medicaid redeterminations

The pandemic put the impact of Medicaid redeterminations front and center, a dynamic that has persisted since the eligibility reviews resumed in 2023. Policy changes at the federal level are expected to continue to increase both the frequency and impact of redeterminations, causing higher coverage churn and difficulty managing care transitions.



52%
of mothers on Medicaid are similarly worried and believe they will lose coverage

As a result of these changes, more than half of mothers on Medicaid expect to lose coverage at some point. Some are at greater risk than others, and most payers anticipate moderate to major care disruption.

This is according to Sage Growth Partners' Q1 2026 survey of 50 health plan leaders and 300 pregnant or recently pregnant women and their caregivers.

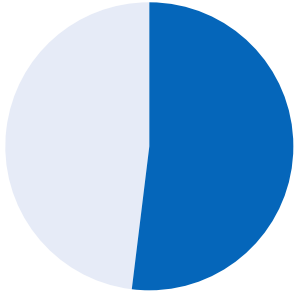
Groups Most Affected by Medicaid Redeterminations

	RANK 1	RANK 2	RANK 3	RANK 4	RANK 5
Pregnant women with intermittent income/coverage	40%	22%	22%	8%	4%
Immigrant populations	36%	24%	16%	14%	4%
NICU babies and parents	14%	18%	16%	14%	26%
Postpartum women beyond 60 days	6%	14%	18%	28%	20%
Rural members	4%	22%	28%	14%	22%

With care continuity at risk, the time is now for Sage's special report series, *The State of Maternal & NICU Care 2026: Insights from Plans and Patients*. The first report in the series, **The Medicaid Maternity Cliff**, focuses on the pending cuts to Medicaid and shines a light on what happens when healthcare coverage is disrupted mid-journey or disappears altogether.

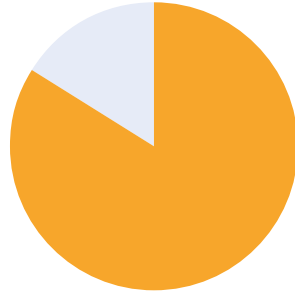
Health plans rank outreach, partnerships with providers and community organizations, and outcomes innovation among their top strategies to help members maintain care and coverage. The alternative is sobering — from declining health equity to more complications — and could worsen a maternal health landscape that is already in crisis.

Key Findings



52%

of mothers on Medicaid anticipate losing coverage due to redeterminations



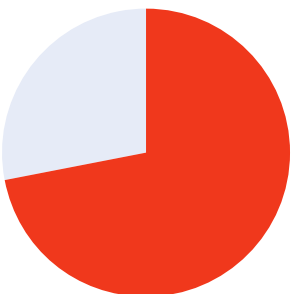
84%

of health plan leaders expect moderate to severe disruption as a result of these redeterminations



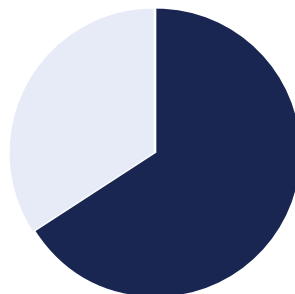
62%

of these leaders believe that pregnant women with intermittent income/coverage will be most affected by redeterminations, followed closely by immigrant populations (60%)



72%

of health plan leaders rank delayed/avoided prenatal and postpartum care as the top risk from these redeterminations, amplifying other leading risks



66%

of these leaders fear care continuity disruption, followed by 64% that see reduced access to high-risk/specialty care as the greatest danger

The Coverage Cliff: By the Numbers

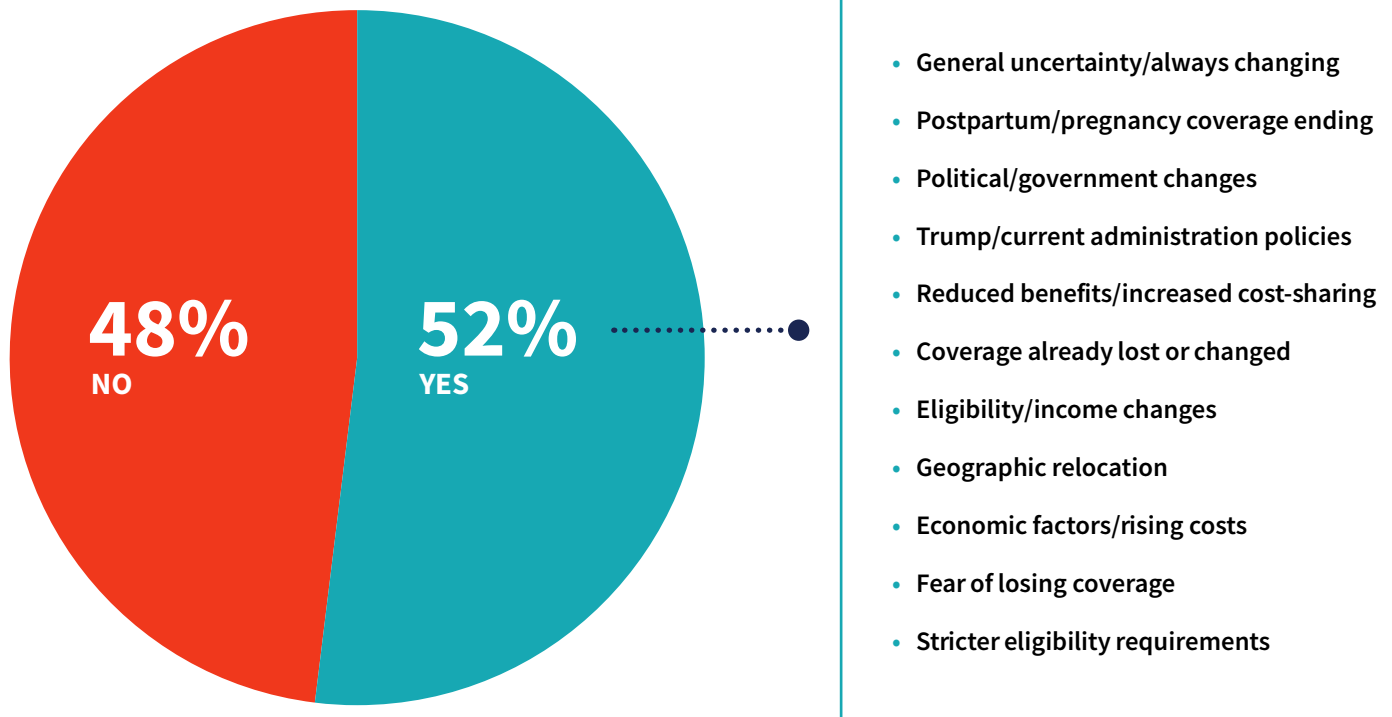
What to expect when you're expecting shouldn't include a loss of health benefits. And yet, our survey results show that more than half of pregnant women on Medicaid (52%) believe their coverage is at risk from redeterminations.

Some have already experienced disruption, such as reduced benefits or increased cost-sharing. Others are experiencing what redeterminations were intended to do: identify people who are no longer eligible for coverage or for a particular plan due to changes in their income or

where they live. Still others who expect change recognize their coverage was tied to their pregnancy-related or postpartum care.

The respondents who believe their coverage might be affected due to specific policy changes cited multiple reasons. These include rising costs, the state of the economy, uncertainty, or because things are always changing — in general and with the current political environment.

More Than Half of Medicaid Members Expect Their Coverage to Change



Member Fear: On the Edge of the Precipice

There was another reason why survey respondents believed their Medicaid coverage might change: fear and uncertainty. No other reason. No rule or policy cited. They simply have an unease that their benefits might not be available or that they would be forced to pay out of pocket for needed services and prescriptions.

Some of this response is based on lived experience. In companion interviews to our survey, Medicaid members shared some of the reasons for their fears:

“I fear I will lose coverage then not be able to afford my medication.”

“I was supposed to keep it a year after birth, but they revoked it after 3 months on accident and I was left unable to afford treatment for an infection and pain.”

“Because I gave birth, Medicaid changed for mothers that are no longer pregnant. It paid for everything; once I gave birth I had to copay, which I didn’t do before.”

“I couldn’t get physical therapy for my pelvic pain.”

These are the words of not only health plan members but mothers.

As health plans seek to better serve their most vulnerable members, it is important to remember the emotional realities they face, how those realities affect their engagement, and — as the next report in our series suggests — the gap between what health plans believe their members understand and what they actually do.

Redeterminations: The Coming Disruption

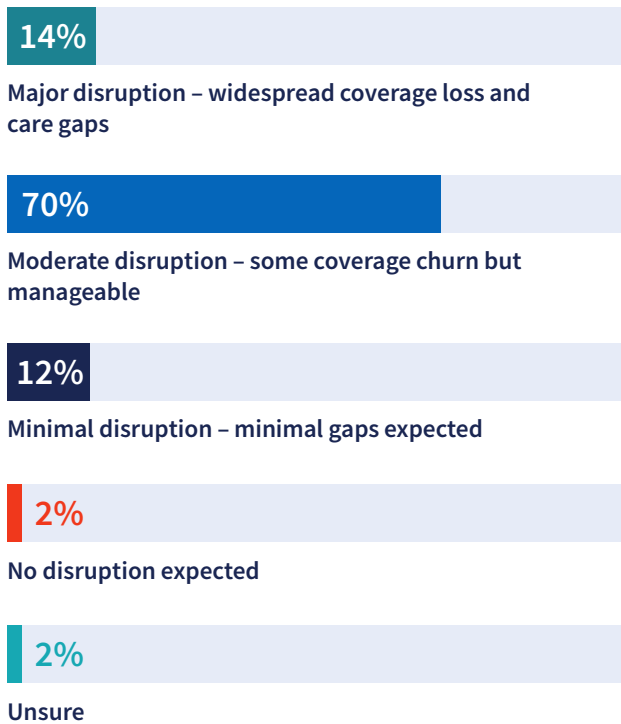
Most health plan leaders (84%) expect Medicaid redeterminations to cause at least moderate disruption in maternal care continuity. Of this 84%, 14% anticipate major disruption.

Operationally, these leaders estimate that the impact of Medicaid redeterminations will range from manageable to widespread coverage churn, leading to gaps in care and even a complete loss of benefits. Some 82% of health plan leaders expect more than 10% of their members to lose

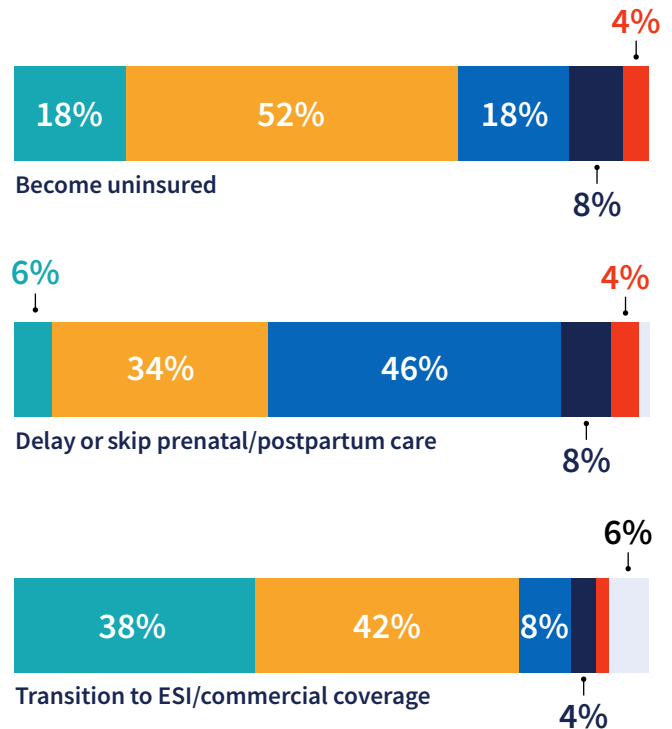
coverage, while 58% of these leaders believe that at least a quarter of their members will delay or skip prenatal/postpartum care.

Some populations will be more impacted than others, including pregnant women with intermittent income/coverage. Health plans identify this group as most at risk from Medicaid redeterminations, with 40% of plans ranking it first and another 84% ranking it among their top three.

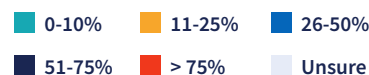
Medicaid Redeterminations Could Cause Notable Disruption



How Care and Coverage Could Impact Members



Proportion of members affected by Medicaid redetermination/coverage loss

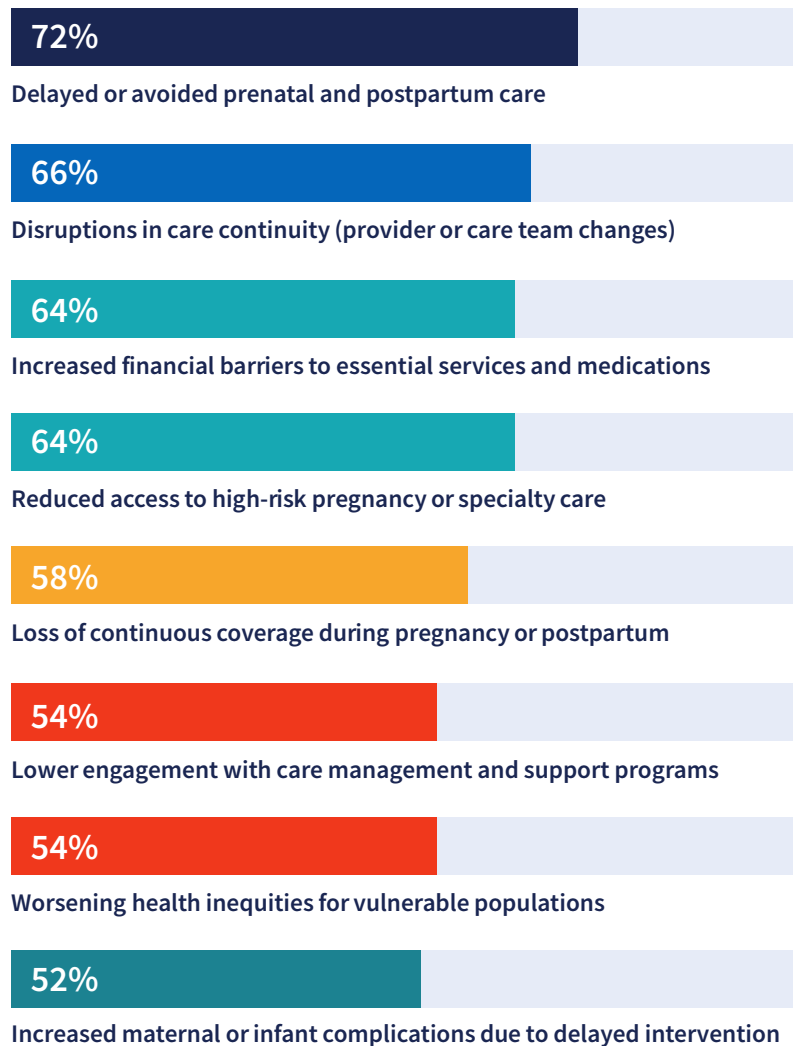


Motherhood, Interrupted: How Coverage Loss Threatens Maternal–Child Health

What do health plan leaders expect relative to maternal and infant outcomes if a significant portion of their members lose coverage? A disrupted care continuum. More specifically, delayed or avoided prenatal and postpartum care (72%), disruptions in care continuity (66%), and increased financial barriers (64%) boil to the top.

When these risks occur, more serious ones can arise and cascade throughout the maternal health journey. This includes reduced access to high-risk/specialty care, less engagement with care management and support, worsening health equity, and increased complications due to delayed intervention.

Biggest Risks to Maternal and Infant Outcomes



The longer it takes to enroll them onto Medicaid, the longer it will take to get them into a [case management] program to prevent a NICU admission

— Health plan executive

Health Plan Response: Bringing Members Back from the Brink

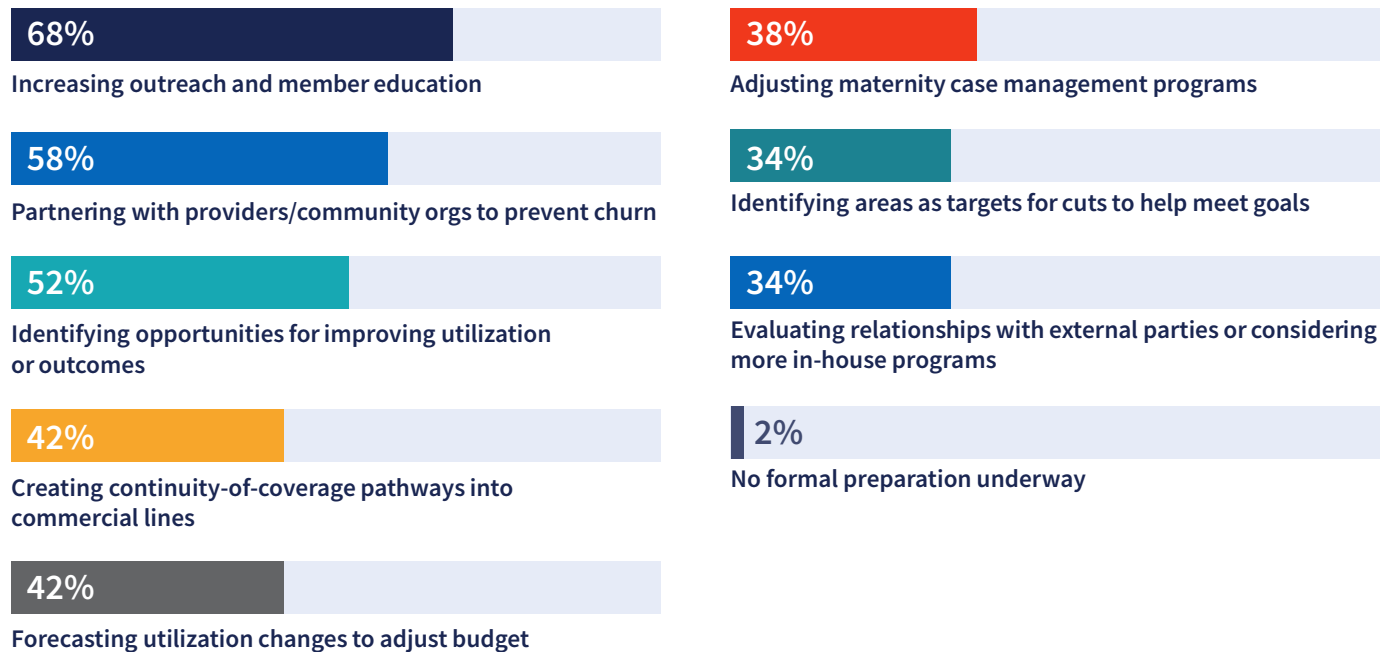
Health plan leaders are looking to cover the care gaps that emerge from Medicaid redeterminations by increasing outreach (68%), partnering with providers and community organizations (58%), and implementing more innovative ways to improve outcomes (52%).

Other strategies include creating pathways to commercial coverage and forecasting utilization changes — responses planned by 42% of health plan leaders — and adjusting

case management programs (38%). Each of these strategies has financial implications, as do the budget cuts that plan leaders (34%) are poised to make as they retool their programs following redeterminations.

All of these numbers are significantly larger than the 2% of health plan leaders who are making no formal preparations.

Health Leaders Plan Multiple Strategies to Address Medicaid Shifts



Collectively and by necessity, this response strategy is both proactive and reactive, collaborative and contained. The more health plan leaders can predict utilization changes from redeterminations, the more targeted their outreach and partnerships will be. These partners include companies that can support maternal health strategies if in-house programs fall short.

Within health plan walls, payers that manage multiple lines of business are best positioned to retain enrollment. These members — whether they are pregnant women, postpartum mothers, or NICU babies — can benefit from fine-tuned case management across the entire continuum of care.

What the Research Tells Us

The Medicaid Maternity Cliff is precipitous. Every stakeholder who could be impacted by Medicaid redeterminations should already be preparing. Disrupted coverage and care from Medicaid redeterminations would be a crisis in the making if maternal health was not already in crisis. More disruption is looming and health plan leaders are preparing their response.

Health plans hope to combat the worst possible downstream — delayed or avoided care, particularly for high-risk pregnancies — with multiple, member-focused strategies. These strategies are designed to preserve the continuity of both coverage and care for mothers and their babies.

To achieve this, there must be alignment between what health plans believe their members understand about their benefits and what members actually do. The next report in our series will dissect this disconnect so that those who are still covered aren't lost in the system.

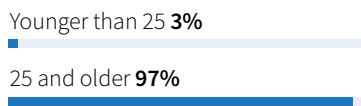
Survey Methodology

In Q1 2026, Sage Growth Partners independently surveyed consumers and payer leaders on the topic of Maternal and NICU care. Consumer respondents included 300 pregnant or recently pregnant women as well as their caregivers. Health plan respondents included 50 leaders at the Director-level and above, including C-suite executives with a range of responsibilities related to Maternal and NICU

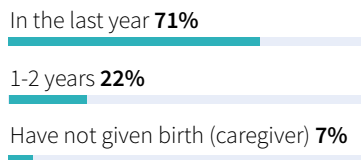
care, including Care Management, Case Management, and Population Health & Quality. The health plan respondents were representative of the market. Approximately 75% of these organizations were either National or Regional plans with more than 250K covered lives and offering multiple lines of business.

Survey Demographics

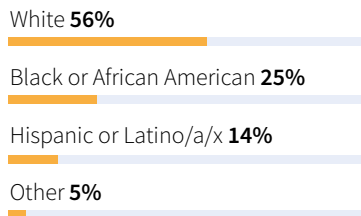
Consumer Age



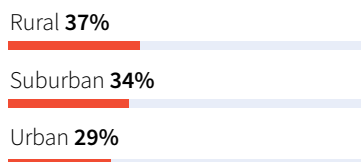
How Recently Given Birth



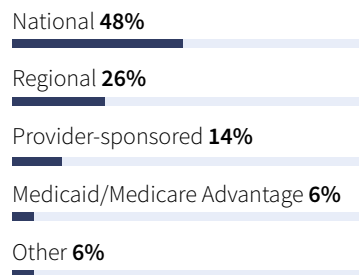
Race/Ethnicity



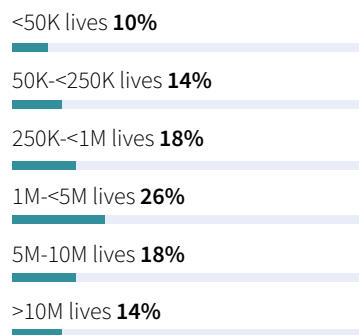
Place of Residence



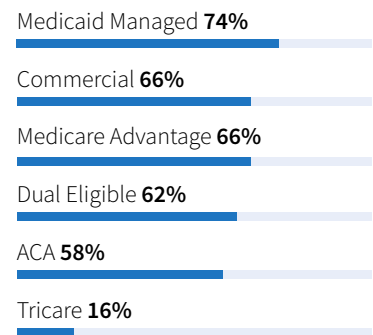
Type of Health Plan



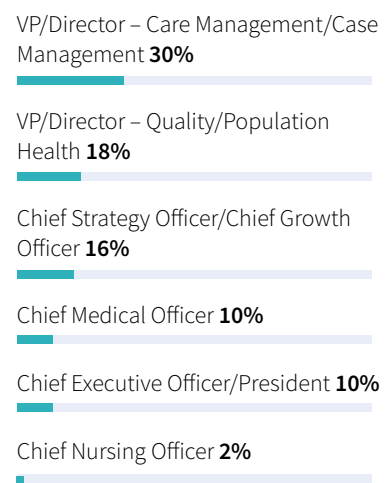
Total Lives Covered



Types of Plans Offered



Title





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