

Improving Maternal Health Outcomes Requires Bold Congressional Action

APRIL 2019

The United States is currently experiencing a maternal health crisis. Bold legislation is required to significantly improve outcomes and save women's lives.¹

Pregnancy related deaths are on the rise in the United States with dire and persistent disparities for Black women.² Black women are three to four times more likely to experience a pregnancy-related death than white women. Black women also experience higher rates of maternal health complications.³ Both societal and health system factors contribute to high rates of poor health outcomes and maternal mortality for Black women. Black women are more likely to experience barriers to obtaining quality care and often face racism and sexism throughout their lives.

Key Elements of Maternal Health Legislation

Following enactment of bipartisan legislation (the Preventing Maternal Deaths Act of 2018 and Improving Access to Maternity Care Act) that expands access to maternity care providers and increases support for maternal mortality review committees, Members of Congress have an opportunity to do more to improve maternal health outcomes. There is a wide array of policy options to improve the lives of pregnant people and maternal health but we focus here on legislation to improve the health care system. Current maternal health legislation includes the following key elements, which are essential to reduce disparities, improve safety, and increase access to providers and settings that women want.

- **Expanding post-partum Medicaid coverage for at least a year.** Many women still lack health insurance, which is known to improve health and financial stability. Approximately 14 percent of Black women, for example, are uninsured and many more Black women experience gaps in coverage across their lives.⁴

The post-partum period is critical for women and babies, with long-term implications for their health and well-being.⁵ Recent professional recommendations state that postpartum care should become an "ongoing process, rather than a single

encounter, with services and support tailored to each woman’s individual needs.”⁶ Moreover, based on the findings of several maternal mortality review committees, approximately 18 percent of pregnancy-related deaths occur between 43 days and one year after giving birth.⁷

Many low-income women qualify for health coverage through Medicaid when they become pregnant, but their eligibility typically ends about 60 days after giving birth. Expanding post-partum health coverage for up to a year should improve maternal outcomes by providing better access to care and reducing financial instability in the period immediately following birth.

- **Reducing bias and discrimination in the health care system.** All women should receive health care that is respectful, culturally competent, safe, and of the highest quality. Research shows, though, that Black women receive a lower quality of care than white women.⁸ Far too often Black women are subject to discrimination in the health care field — twenty-two percent of Black women report discrimination when going to the doctor or clinic.⁹

Black women report discrimination from their maternity care providers more frequently than white women. In California, more than 10 percent of Black mothers reported that they were treated unfairly during their hospital stay because of their race or ethnicity.¹⁰

Maternal health outcomes can be improved by addressing implicit bias and cultural competency in maternal health care through, for example, grants directed to medical schools, nursing schools, and other health professionals training programs, with a priority for programs providing training in obstetrics and gynecology. Implicit bias can influence patient outcomes because it negatively affects interactions between patients and providers including routine communication, recommended treatment options, options for pain management, and more.¹¹ Better training and education of health care providers on implicit bias should help mitigate the role of bias and discrimination in health care, thereby reducing maternal health disparities.

- **Supporting maternal mortality review committees and better data collection on pregnancy-related deaths.** Maternal mortality review committees (MMRC) increase understanding of the underlying and contributing causes of pregnancy-related deaths. A structured death review process can provide powerful data and information to facilitate change that improves the health of women before, during

and after pregnancy.¹²

Review committees should include medical professionals, community stakeholders, health advocates, patients and family members. Together, they should work to identify factors that lead to complications and develop corresponding strategies to avoid preventable complications. These committees can play a key role in providing recommendations aimed at reducing pregnancy-related deaths.

Many states already have MMRCs, but legislation that includes financial support and technical assistance for MMRCs can expand their reach and impact; ultimately helping providers, communities, and policymakers to better address and reduce maternal deaths.

- **Improving health care safety and quality improvement initiatives.** Hospitals and medical practices should be encouraged and supported to participate in already-developed quality improvement efforts that are known to improve maternal health. For example, the Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the United States.¹³ Similarly, the California Maternal Quality Care Collaborative provides a multifaceted solutions-based approach to quality improvement including toolkits for the leading causes of preventable death and complications for mothers and infants.¹⁴

State-level perinatal quality collaboratives have begun to address severe maternal morbidity and related quality and safety issues, and should be encouraged to expand this critical work as well as scaling implementation of the AIM resources and toolkits across states.¹⁵

- **Expanding innovative ways of providing maternal health care.** New approaches to prenatal care hold promise for improving outcomes and reducing disparities. Maternity care homes (also called pregnancy medical homes), for example, offer enhanced prenatal care including psychosocial support, education and health promotion in addition to traditional prenatal care.¹⁶ Maternity care homes offer expanded access to care, improved care coordination and an array of health services.¹⁷

Maternity care homes and other promising models can be expanded by establishing

demonstration projects to assist states with implementing and sustaining maternity care homes. This should help incentivize maternal health care providers to deliver integrated health care services to pregnant women and reduce adverse maternal health outcomes, maternal deaths, and disparities in maternal mortality and morbidity.

- **Expanding access to doulas.** Doula care, which includes non-clinical emotional, physical and informational support before, during and after birth, is a proven key strategy to improve maternal and infant health, and has the potential to reduce health disparities and improve health equity.¹⁸

Doula programs in underserved communities have had positive outcomes and are expanding, but the persistent problem of unstable funding limits their reach and impact.¹⁹ Payment for doula services is largely out of pocket, with the exception of community-based doula programs and some health plans. Lack of reliable reimbursement is a barrier to accessing doula care, especially for women with low incomes.

Medicaid and private insurance can reimburse and cover doula care, but very few states (only Minnesota and Oregon) or health plans have done so. Legislation can require the Administration to provide the guidance, support, and technical assistance that is needed to expand access to doulas.

We urge Congress to take bold action to significantly improve outcomes and reduce preventable maternal deaths. Communities, providers, and policy makers can all be part of the solutions but Congressional action can help catalyze nationwide reforms and improvements.

¹ We use the term “women” throughout this issue brief, but recognize that people of many gender identities — transgender, nonbinary and cisgender alike — need and receive maternity care.

² The Centers for Disease Control and Prevention. *Pregnancy Mortality Surveillance System*. Retrieved on 1 April 2019, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

³ National Partnership for Women & Families. (2018, April). “Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities.” Retrieved on 2 April 2019 from <http://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>

⁴ National Partnership for Women & Families. (2018, September). “Women’s Health Coverage: Stalled Progress.” Retrieved on 2 April 2019 from <http://www.nationalpartnership.org/our-work/resources/health-care/womens-health-coverage-sources-and-rates-of-insurance.pdf>

⁵ American College of Obstetricians and Gynecologists. “ACOG Committee Opinion: Optimizing Postpartum Care.” (2018, May) Retrieved on 2 April 2019 from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care?IsMobileSet=false>

⁶ See note 5.

⁷ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). *Report from Nine Maternal Mortality Review Committees*. Retrieved on 2 April 2019 from http://reviewtoaction.org/sites/default/files/national-portal-material/Report%20from%20Nine%20MMRCs%20final_0.pdf

⁸ Black Mamas Matter Alliance and the Center for Reproductive Health. *Research Overview of Maternal Mortality and Morbidity in the United States*. Retrieved 2 April 2018, from https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_MH_TO_ResearchBrief_Final_5.16.pdf

⁹ Robert Wood Johnson Foundation. (2017, December). *Discrimination in America: Experiences and Views of American Women*. Retrieved 4 April 2018, from https://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2017/rwjf441994

¹⁰ Glover, Stephanie and Godbolt, Dawn. National Partnership for Women & Families. (2018, September). *Listening to Black Mothers in California*. Retrieved on 2 April 2019 from <http://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-black-mothers-in-california.pdf>

¹¹ Institute for Health Care Improvement. “How to Reduce Implicit Bias.” Retrieved 8 April 2019, from <http://www.ihc.org/communities/blogs/how-to-reduce-implicit-bias>

¹² Association of Maternal & Child Health Programs. *MMR Resource Portal for States: Building Capacity for Maternal Mortality Review*. Retrieved 4 April 2018, from <http://www.amchp.org/programsandtopics/womens-health/Focus%20Areas/MMR/Pages/default.aspx>

¹³ Council on Patient Safety in Women’s Health Care. *Alliance for Innovation on Maternal Health*. Retrieved 5 April 5 2018, from <http://safehealthcareforeverywoman.org/aim-program/>

¹⁴ California Maternal Quality Care Collaborative. *QI Initiatives*. Retrieved 4 April 2018, from <https://www.cmqcc.org/qi-initiatives>

¹⁵ Centers for Disease Control. *Perinatal Quality Collaborative*. Retrieved 4 April 2018, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm#success>

¹⁶ Centers for Medicare & Medicaid Services. “Strong Start for Mothers and Newborns Initiative: Enhanced Prenatal Care Models.” Retrieved on 2 April 2, 2019 from <https://innovation.cms.gov/initiatives/Strong-Start-Strategy-2/>

¹⁷ See note 16./

¹⁸ National Partnership for Women & Families. (2016, January). *Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health*. Retrieved on 2 April 2019 from <http://www.nationalpartnership.org/our-work/resources/health-care/maternity/overdue-medicare-and-private-insurance-coverage-of-doula-care-to-strengthen-maternal-and-infant-health-issue-brief.pdf>

¹⁹ See note 18.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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