

A Blueprint for Improving Maternity Care in the United States: What Policymakers Can Do

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The United States is failing women and infants.*

Maternal and newborn health outcomes are worse than they are in other high-income

nations, and costs are high. Not enough women in this country can receive safe, evidence-based maternity care that truly reflects their needs and preferences.

At the same time, across the health care system, there are efforts to provide better quality care while spending resources more wisely. In maternity care, ample opportunities exist to change the way care is provided to better serve women and babies. A

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valuable, often-overlooked approach is to foster safer, healthier childbirth by more consistently supporting the innate healthy biological processes of women and their fetuses/newborns around the time of birth.[†]

Virtually all childbearing women and newborns can benefit from more reliable experience of healthy innate bodily processes around the time of birth, including by:

- Experiencing safe, upstream preventive care thereby avoiding the need for rescue;
- Receiving respectful, attentive, supportive care, which is a crucial step in achieving health equity;
- Avoiding unneeded interventions and complications and remaining healthy; and
- Enhancing the care of those who do experience specialized treatment (e.g., with skinto-skin contact and early breastfeeding initiation after cesarean birth)

^{*} We use the term "women" in this document, but recognize that people of many gender identities — transgender, nonbinary and cisgender alike — need and receive maternity care.

[†] See Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies and Maternity Care (2015), which synthesized an extensive literature and identified benefits of healthy perinatal physiologic processes (nationalpartnership.org/research-library/maternal-health/hormonal-physiology-of-childbearing.pdf).

Six Strategies for Advancing High-Value Maternity Care

Authored by a multi-stakeholder, multi-disciplinary panel of national maternity care experts, the National Partnership for Women & Families' recent report, Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing, details six strategies for transforming maternity care. The strategies are listed below, along with associated ways policymakers can promote, support and protect these healthy processes — before, during and after birth.

Strategy 1: Improve maternity care through innovative care delivery and payment systems and quality improvement initiatives

- a. Create program to demonstrate, evaluate and refine maternity care episode payment systems
- Create program to demonstrate, evaluate and refine maternity care home models to coordinate with social and community services and across the clinical episode of care
- c. Foster increased access to high-value forms of maternity care, including midwives, doulas and birth centers
- d. Foster the development of quality improvement resources and programs

Strategy 2: Advance performance measurement for high-value maternity care

- a. Create a program to develop, test and submit for endorsement performance measures that fill priority gaps in measures
- b. Create a program that enables quality collaboratives, hospitals and health systems, and other key entities to use performance measurement for quality improvement
- c. Create programs that use performance measurement for accountability, including public reporting, payment and recognition

Strategy 3: Meaningfully engage all childbearing women and families

- a. Create national evidence-based mechanism for public reporting of maternity care performance measurement parallel to Hospital Compare and Physician Compare
- b. Create and evaluate pilot maternity care navigator programs e.g., to help women find and interpret relevant performance measurement results, work through decision aids and coordinate care
- c. Establish a program to create and make available evidence-based decision aids to enable childbearing women to engage in maternity care shared decision making

Strategy 4: Transition to interprofessional education that supports team-based care for maternity professionals

- a. Support the development, piloting and evaluation of interprofessional education programs for maternity care providers
- b. Support the development, piloting and evaluation of programs to integrate safety and quality improvement into all levels of maternity care professional education

Strategy 5: Foster an optimal maternity care workforce composition and distribution

- a. Create a work group and companion research program to identify effective ways to retain, deploy and increase the professional satisfaction of general obstetricians
- b. Create, implement and evaluate accredited maternity care fellowship programs offering certification to expand family physician participation in maternity care
- c. Support midwifery education programs and preceptorships, including opportunities to diversify the profession, to grow the midwifery workforce
- d. Create laborist continuing education and recognition programs to build expertise and leadership in labor management and retention of core skills and knowledge for perinatal practice
- e. Fund and evaluate delivery models with innovative use of facilities and care providers to retain or reverse losses in rural maternity services

Strategy 6: Conduct priority research to advance the science of physiologic childbearing and its impact on maternal and child health outcomes

- a. Create a research program to fill gaps in understanding of perinatal physiologic processes
- b. Create a research program to conduct randomized controlled trials to understand possible effects of common labor interventions on maternal mood, maternal behaviors, breastfeeding and maternal-newborn attachment
- c. Create a research program to identify effective ways of reducing overuse and underuse of consequential perinatal practices
- d. Create a research program to engage and support promising junior researchers in filling research gaps in perinatal physiology, clinical epidemiology and implementation science

Conclusion

The systemic, transformational change outlined in the Blueprint is essential to our collective efforts to improve maternal and newborn outcomes and experiences, reduce disparities and rein in outlier costs. We encourage policymakers and all other stakeholders — clinicians, administrators, health plans, employers, researchers, birth workers, advocates and women and families themselves — to identify and implement the priority recommendations and action steps that they can advance, both on their own and in collaboration with others. Together, we can achieve a full, high-performing maternity care system for all women, newborns and families.

About the Blueprint

The Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing is a consensus document from 17 national clinical leaders; payment reform, performance measurement and quality improvement experts; consumer advocates; and clinical and policy researchers. The National Partnership for Women & Families led this work and issued the Blueprint in 2018. It aims to curb over- and underuse of specific childbirth practices and balance the current maternity care focus — care for high-risk and complicated circumstances — with care that increases access to benefits of healthy physiologic processes around the time of birth. See the full Blueprint for a list of authors, background, opportunities that the strategies offer, actions steps accompanying each recommendation and resources for learning more and implementing recommendations. It is available at NationalPartnership.org/Blueprint.

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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