

March of Dimes 2019 Report Card monitors progress on key indicators and actions to improve the health of moms and babies in the U.S. Overall, the rates of maternal death and premature birth (the leading contributor to infant death) are increasing. In specific states and among specific racial and ethnic groups, policy changes have brought about improvements. March of Dimes recommends the following policy actions for all states. Any policy should be rooted in addressing disparities in maternal and infant health outcomes.



1. PROTECT COMPREHENSIVE HEALTH CARE COVERAGE FOR MOMS AND CHILDREN

Almost **90%** of U.S. women will give birth during their reproductive years.¹ They all need access to quality prenatal, labor and delivery and postpartum services to help prevent and manage complications. It's imperative that health plans continue to offer the 10 categories of Essential Health Benefits, including maternity and newborn care, well-woman and well-child preventive care, prescription drugs and mental health services, which are critical to the health of both mom and baby. Lawmakers must also preserve existing consumer protections regarding pre-existing conditions and shield families from high premiums and out-of-pocket costs and lifetime or annual limits.



2. PROVIDE AFFORDABLE, QUALITY PUBLIC HEALTH INSURANCE PROGRAMS TO WOMEN BEFORE PREGNANCY, AN ESSENTIAL TIME TO INTERVENE TO ACHIEVE HEALTHY PREGNANCIES

Research shows one of the best opportunities to achieve healthy pregnancies is to improve the health of all women before they become pregnant. Medicaid expansion to cover individuals up to **138%** of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, improved health outcomes and helped to reduce disparities, including lower rates of premature birth and low birthweight for Black infants in expansion states.

The uninsured rate for women of childbearing age is nearly twice as high in states that have not expanded Medicaid

16% vs 9%

compared to those that have expanded Medicaid (16 percent vs. 9 percent).²

¹Pew Research Center. They're Waiting Longer, but U.S. Women Today More Likely to Have Children Than a Decade Ago. Available at: <https://www.pewsocialtrends.org/2018/01/18/theyre-waiting-longer-but-u-s-women-today-more-likely-to-have-children-than-a-decade-ago/#fn-24248-1>. 2018.

²Georgetown University Health Policy Institute, Center for Children & Families. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Available at: <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>. May 2019.



3. EXTEND MEDICAID COVERAGE FOR POSTPARTUM MOMS

The latest data shows that one-third of all pregnancy-related deaths happen one week to one year after delivery.³ In too many states, Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist. Comprehensive health care coverage in Medicaid should be extended to at least 12 months postpartum.

55%

of moms who were insured by Medicaid for their delivery were uninsured six months after giving birth.⁴



4. IMPROVE MOM AND BABY HEALTH THROUGH EXPANSION OF GROUP PRENATAL CARE

Studies demonstrate that group prenatal care reduces premature birth among Black women by **41%**, and among women of all races/ethnicities by 33 percent, in addition to other health benefits for both moms and babies. Enhanced reimbursement models, including delivery and outcomes-based incentives, can encourage providers to offer it.



5. ADVANCE OUR UNDERSTANDING OF THE CAUSES OF MATERNAL DEATH



In order to implement strategies to prevent maternal death, we need to understand why moms are currently dying before, during and after pregnancy. Maternal mortality review committees (MMRC) investigate every instance of maternal death in a state or community, and make recommendations to stop future tragedies. We must continue to support the work of state MMRCs to collect robust and standardized data to inform local and national policies to address the nation's maternal mortality crisis.



6. ELIMINATE RACIAL DISPARITIES IN HEALTH OUTCOMES FOR MOMS AND BABIES



Black, American Indian and Alaska Native women and their babies consistently have worse health outcomes than their white peers. Implicit bias training for health care providers and increasing access to and coverage for doula services are among the many strategies to fight unacceptable disparities.



7. REMOVE BARRIERS TO OBTAINING QUALITY CARE IN UNDERSERVED AND RURAL COMMUNITIES



Each year in the U.S., approximately **150,000 babies** are born to moms living in maternity care deserts or communities without a hospital offering obstetric care and without any obstetric providers.⁵ Women in these communities may have difficulty getting appropriate and quality care before, during and after pregnancy. Increasing access to inpatient obstetrical facilities and qualified obstetrical providers, including Certified Nurse Midwives, Certified Midwives and midwives whose education and licensure meets the International Confederation of Midwives standards, is critical to improving outcomes in these communities.

³Centers for Disease Control and Prevention (CDC). Pregnancy-Related Deaths. Available at: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>. May 2019.

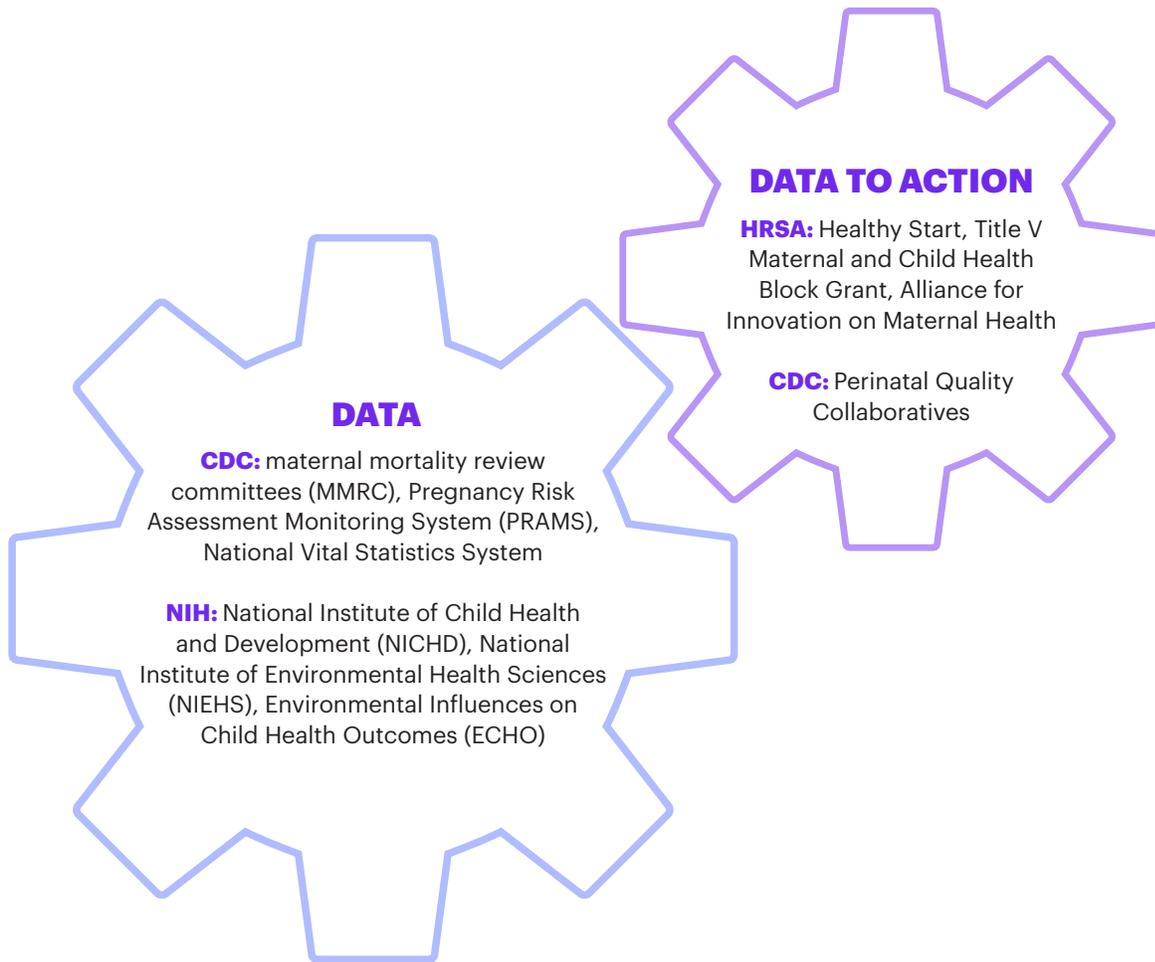
⁴Daw JR et al. Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth. Health Aff 2017 Apr 1;36(4):598-606.

⁵March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf. 2018.



8. INCREASE INVESTMENTS IN VITAL PUBLIC HEALTH PROGRAMS TO PROMOTE HEALTHY MOMS AND STRONG BABIES COMMUNITIES

Population-level improvements in maternal and infant health rely on a robust public health infrastructure to detect contributors to poor outcomes, identify opportunities to address those contributors and then mobilize providers, health systems, stakeholders and communities to take action. We must support efforts to improve data on maternal and infant health and bolster programs focused on implementing strategies that have shown to keep all moms and babies healthy.



LEGEND

	Women affected
	Pregnant women affected
	Baby affected