



## *Bring Care Home to Meet Women Where They Are: Home Visits*

Postpartum care includes home visiting programs and virtual care options to provide essential, whole-person support in women's preferred settings, which improves accessibility, convenience, and timely guidance that complements their in-person care.

### *Benefits:*

- Home visits were significantly associated with postnatal care within the first three weeks after birth and the first 60 days after birth. Pregnant people who received home visits were 21% more likely to receive postpartum care three weeks after delivery.
- Home visiting programs can improve rates of depression screening and engagement in evidence-based services and decrease depressive symptoms among women who accessed services.
- Women enrolled in a home visiting program had higher breastfeeding rates than the general population.
- Women enrolled in a home visiting program reported fewer infant emergency care episodes, more community connections, more positive parenting behaviors, and lower rates of anxiety than women in the control group.

### *Definition:*

**Bringing postpartum care home** involves health care professionals providing support and care to women and their babies at home after delivery. This approach enables personalized and comprehensive attention to different aspects of maternal and infant health, including social needs, early detection of complications, and emotional support. Bringing care home not only addresses barriers to care, such as transportation and childcare challenges, but also meets a critical need—many postpartum women struggle to attend their own appointments due to the physical toll of labor and the logistical demands of caring for a newborn.

**Home visiting programs** provide a wide range of health promotion and prevention services, administered by professional clinicians, social workers, nurses, and doulas at a patient's home. Postpartum home visits involve physical, mental, and emotional well-being assessments and screenings for the birthing mother and newborn; education related to breastfeeding and early parenting; and other household support, care, and guidance.

### *Current Landscape and Guidance:*

#### **Federal**

- Postpartum smoking relapse or exposure to secondhand smoke is The Healthy Start Program is a federally funded initiative aimed at reducing disparities in maternal and infant health in high-risk communities, focusing on social determinants of health and comprehensive support. The Healthy Start Program provides direct funding to local entities and fosters partnerships with people in the community to drive systemic improvements<sup>8</sup>.
- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is the largest federally funded initiative aimed at improving maternal and child health outcomes. The MIECHV Program award grants to 50 states, DC, territories, and tribal entities to create state-wide networks that support and implement evidence-based home visiting models.

#### **States**

- States have flexibility to choose home visiting models that align with the needs of their communities (program eligibility, types of services provided during the home visit, and range of providers making the home visits), and use a mix of federal and state funds to finance their programs<sup>9</sup>.
- Several states offer covered home visits in their benchmark plans if a mother and newborn child are discharged from the hospital earlier than 48 hrs for a vaginal birth or 96 hours for a cesarean delivery.

#### **Medicaid**

As of May 2023, 28 state Medicaid programs cover home visiting. Most states provide home visiting services for 12-24 weeks postpartum while some states limit services to two weeks postpartum.

*When I came home from the hospital, I had a home nurse and that was a lot...making sure I was up to par, making sure that I was in a healthy state...*

– BLACK WOMAN, SOUTHEAST

## RETURN ON INVESTMENT:

- For every \$1 spent on nurse home visiting for newborns, \$3.02 was saved in health care costs – paying for itself within the infants' first six months of life. Infants in the nurse home visiting model had 59% fewer emergency room visits and overnight hospital stays during the first six months of life.
- In the Nurse-Family Partnership home visiting program, the return for every dollar invested ranged from \$1.26 for lower-risk populations to \$5.70 for higher-risk populations.

There's a lady from [a local community health organization]...they come out and they check on the baby, they bring Pampers, they give car seats and playpens and stuff like that...When you go [there], they'll ask you, 'Do you want a nurse to come to your house?'

– BLACK WOMAN, SC

## BRIGHT SPOTS:



Missouri's state benchmark plan covers two at-home post-delivery care visits by a doctor or nurse. The visits include but are not limited to, a physical assessment of the newborn and mother, parent education, breast or bottle feeding assistance, and education on childhood immunizations.

Maryland's Medicaid program covers home visits for pregnant people up to the child's second or third birthday, depending on the home visiting program (Healthy Families America or Nurse Family Partnership).

I think one thing that really really highlights the strength of home visiting, is being able to see their environment and sort of learn about who they are, where they come from, what influences their health. That's very important.

– BLACK WOMAN, NORTH CAROLINA

<sup>8</sup>The Healthy Start Program and the MIECHV Program both aim to improve maternal and child health, but the Healthy Start Program focuses on the period before, during, and after pregnancy whereas most MIECHV Program models focus on early childhood up to kindergarten (although some do focus on the time before birth). <sup>9</sup>This includes not only state Medicaid programs, but other social service programs and state-run initiatives.



### *Bring Care Home to Meet Women Where They Are: Virtual Care*

Postpartum care includes home visiting programs and virtual care options to provide essential, whole-person support in women's preferred settings, which improves accessibility, convenience, and timely guidance that complements their in-person care.

#### *Benefits:*

- Telehealth implementation during the COVID-19 pandemic significantly reduced racial disparities in postpartum visit attendance.
- Telehealth interventions are associated with improvements in obstetric outcomes, perinatal smoking cessation, breastfeeding, and more.
- A systematic review found that routine telephone support may reduce postpartum depression, breastfeeding duration, and overall satisfaction (but the evidence is mixed).
- Text messaging interventions can increase exclusive breastfeeding duration.
- Web- or telephone-based virtual care interventions were associated with improvements in postpartum depression symptoms compared to standard in-person care, and participants had high levels of completion and satisfaction.
- A remote blood pressure monitoring program during postpartum demonstrated high compliance, retention, and patient satisfaction. RPM for postpartum hypertensive disorders significantly reduced postpartum readmissions. Additionally, postpartum women with hypertensive disorder found remote blood pressure monitoring to be easy to use, satisfying, and represented an acceptable burden of care. group.

#### *Definition:*

**Bringing postpartum care home** involves health care professionals providing support and care to women and their babies at home after delivery. This approach enables personalized and comprehensive attention to different aspects of maternal and infant health, including social needs, early detection of complications, and emotional support. Bringing care home not only addresses barriers to care, such as transportation and childcare challenges, but also meets a critical need—many postpartum women struggle to attend their own appointments due to the physical toll of labor and the logistical demands of caring for a newborn.

**Virtual Care** provides health care services remotely through telehealth technologies including live video interactions, phone consultations, remote patient monitoring (RPM), and online or mobile administrative health processes. Virtual care expands postpartum women's access to care without the burdens of attending in-person appointments, lowering barriers to access for those with mobility, childcare, or transportation challenges.

#### *Current Landscape and Guidance:*

##### **Overview**

The COVID-19 pandemic led to increased virtual care flexibilities and accelerated utilization of virtual care, including for pregnancy and postpartum care.

- Among commercially-insured patients who gave birth, about 1% of participants had a telehealth prenatal visit from 2018 through January 2020, but this number rose to 17.3% in November 2020 and declined to 9.9% in October 2021.
- At an urban FQHC, virtual care was used for 1% of postpartum visits before the pandemic, 60% in the early months of the pandemic, and 48% in later months. Virtual care attendance rates were comparable to in-person postpartum care.

##### **Guidance**

- The American College of Obstetricians and Gynecologists (ACOG) recognizes “telehealth provides comparable health outcomes when compared with traditional methods of health care delivery without compromising the patient–physician relationship, and it also has been shown to enhance patient satisfaction and improve patient engagement.” ACOG supports “telehealth coverage that is evidence-based and provides safe care for obstetric and gynecologic services.”
- The Society of Maternal-Fetal Medicine (SMFM) recognizes “telemedicine can reduce the multiple barriers to providing essential postpartum care. It provides a mechanism for patients to feel supported during the transition from pregnancy to the postpartum period, and the ability to screen for postpartum morbidities.” SMFM states that “payers should reimburse providers at least as much for telemedicine as for in-person services.”

##### **Coverage**

- State Medicaid coverage of virtual care varies widely by state and modality.
- Most private health plans cover some form of virtual care service.
- State requirements for private payers on telehealth coverage varies widely.

## RETURN ON INVESTMENT:

- Remote monitoring for postpartum hypertensive disorders is cost-effective and cost-saving by reducing postpartum readmissions, saving \$93 per patient.
- Virtual postpartum care can lead to early identification and management of complications and mental health conditions, which can reduce costly hospital readmissions and more intensive, costly treatments.
- Virtual care in general (not specific to maternal health) has demonstrated cost-savings:
  1. Cigna found the average cost of a non-urgent virtual care visit to be \$93 less than the average cost of an in-person visit and a virtual specialist visit averages \$120 less than an in-person specialist visit.
  2. Walmart expansion of virtual care was associated with an 11% reduction in total cost of care.
  3. Penn Medicine's OnDemand telehealth program found that virtual visits were 23% less expensive to deliver than in-person appointments.



## BRIGHT SPOTS:

“It [health care] was virtual for a good period of time during my pregnancy and that kind of got annoying, but it was always also because people weren't allowed to come in a room type of thing. That made everything slower.”

– BLACK WOMAN, SC

New York Medicaid expanded coverage of RPM during pregnancy and up to 84 days postpartum to improve access to prenatal and postpartum care.

The Montana Obstetric and Maternal Support Program is focused on utilizing virtual care to connect rural providers and patients to maternal health specialists.

North Carolina, which had temporarily permitted Medicaid providers to provide perinatal care, maternal support services, and postpartum depression screenings via telehealth during the COVID-19 pandemic, permanently permitted the use of telehealth for prenatal and postpartum visits in 2023.

“I did a virtual appointment because I did not want to take my baby out...I had difficulty getting an [in-person] appointment but I just went ahead and did virtual.”

– BLACK WOMAN, NORTH CAROLINA