UNITED STATES *of* CARE

UNITED STATES *of* CARE'S *Vision for Postpartum Care*

UNITED STATES *of* CARE'S VISION FOR POSTPARTUM CARE

United States of Care's "Vision for Postpartum Care"establishes a comprehensive framework for the postpartum care that every women,[1] regardless of her insurance coverage, should have access after pregnancy.[2]

Background

The postpartum period is a critical chapter in the maternal health journey, impacting a woman's health, well-being, and overall experience. However, the postpartum period remains overlooked and overshadowed by the joy and challenges of pregnancy and the 40-week clinical journey. Instead, we should consider the full 100 weeks of a woman's maternal health journey by capturing the time leading up to pregnancy to one year postpartum and include the highs, lows, stressors, barriers, and supports that women experience. Women tell us they need more support after their pregnancy and during the postpartum period, where they felt their care from health care providers severely diminished. Improving care during the postpartum period, when most maternal deaths occur, can reduce maternal mortality and morbidity; lay the foundation for better physical, mental, emotional, and social well-being for the mother; and improve the overall maternal health experience.

The Problem

Many services can help better meet women's needs in the postpartum period, from doulas to home visits. Yet too often these services are out of reach due to a lack of coverage, limited availability, high costs, or simply because women do not know they even exist. Additionally, postpartum care is often fragmented, lacking a coordinated approach to address the full range of women's needs. Cost, coverage, and the absence of a cohesive postpartum care package should not be a barrier to essential care in this critical period. To address these challenges, USofCare developed a "Vision for Postpartum Care" that offers a comprehensive and accessible approach to postpartum care that meets the diverse needs of women.

Our Vision

We envision a health care system where postpartum women receive personalized care, comprehensive care, and understandable care that empower them to have a joyful postpartum experience.

Our "Vision for Postpartum Care" is grounded in our listening research with people with lived experience, extensive literature reviews, and discussions with maternal health thought leaders. This vision integrates these diverse insights and outlines the essential components of postpartum care that every woman should have access to, regardless of her insurance coverage. While our vision is ambitious in scope, it is also focused on elements of care that the health care system and health policies can directly influence and change. Therefore, while we recognize that social structures and certain social determinants of health — such as child care and paid leave — play a critical role in the overall wellbeing of postpartum women, these factors fall outside the immediate scope of our report. By centering our vision on what is within the health care system's capacity to change, we aim to create actionable, evidence-based recommendations that can be realistically implemented to ensure that all women receive the comprehensive postpartum care they need and deserve. Our vision is not just a set of ideals, but a roadmap for driving meaningful change within the health care system to ultimately improve outcomes and experiences for postpartum women across the country.

---

[1] While this report primarily uses the term "women", we acknowledge that not all individuals who give birth identify as women. Our findings are based on listening research conducted with participants who all self-identified as women. We recognize the postpartum experiences and health care needs of transgender men and non-binary individuals may differ significantly from those of cisgender women.

[2] We acknowledge that not all pregnancies result in a live birth, and it is important to provide support for women who experience pregnancy loss.

UNITED STATES *of* CARE'S
VISION FOR POSTPARTUM CARE

Every woman, regardless of insurance coverage, should have access to critical postpartum services in the year following their pregnancy. Grounded in extensive listening research with people with lived experience, literature research, and discussions with maternal health thought leaders, USofCare's "Vision for Postpartum Care" provides a roadmap for improving postpartum outcomes and experiences for women.

Postpartum women receive:

1. Personalized care to fit to their needs, including:

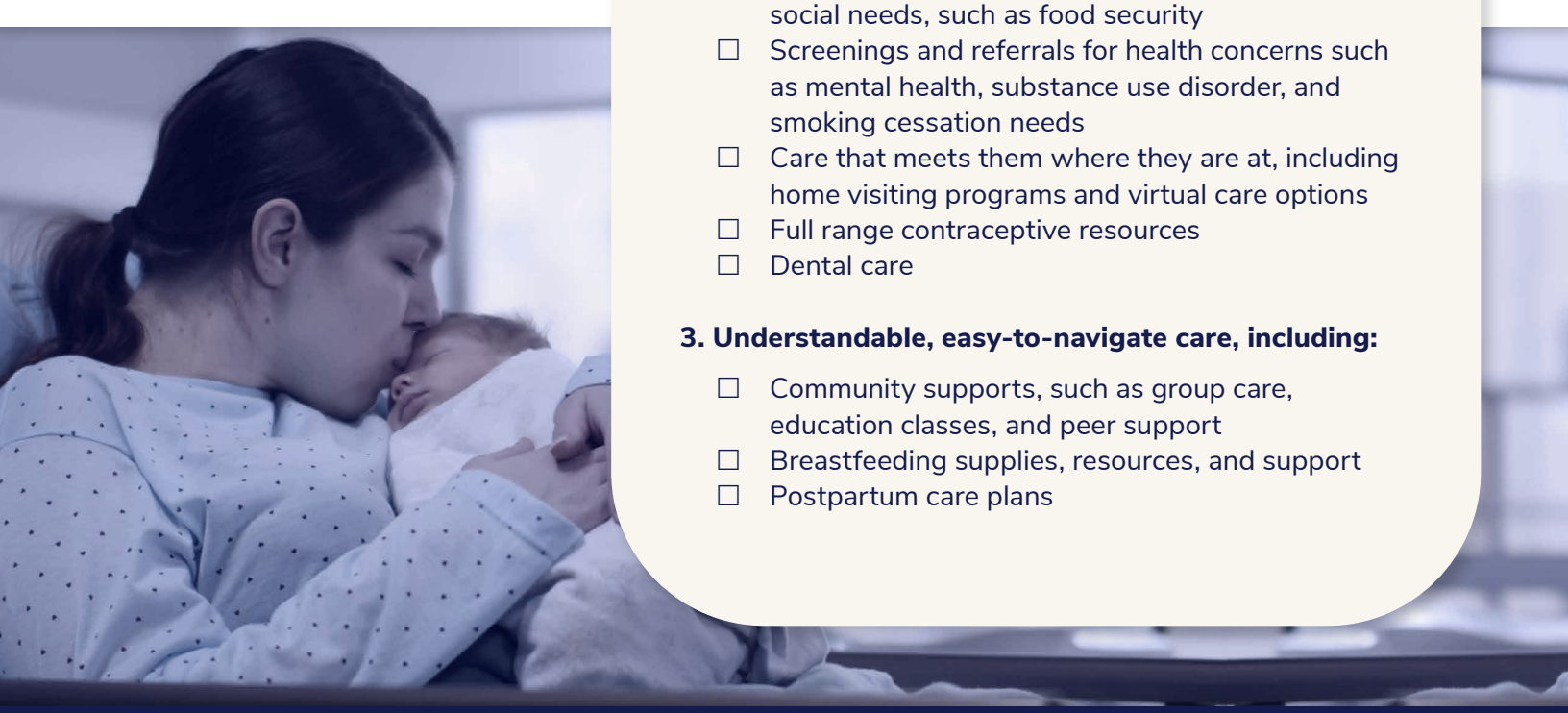
- ☐ Ongoing, personalized provider visits instead of a single postpartum visit
- ☐ Interdisciplinary care teams that include physicians, midwives, doulas, and community health workers
- ☐ Tailored care informed by comprehensive and accurate data

2. Comprehensive, whole-person care addressing all aspects of their well-being, including:

- ☐ Screenings and supports that address underlying social needs, such as food security
- ☐ Screenings and referrals for health concerns such as mental health, substance use disorder, and smoking cessation needs
- ☐ Care that meets them where they are at, including home visiting programs and virtual care options
- ☐ Full range contraceptive resources
- ☐ Dental care

3. Understandable, easy-to-navigate care, including:

- ☐ Community supports, such as group care, education classes, and peer support
- ☐ Breastfeeding supplies, resources, and support
- ☐ Postpartum care plans



UNITED STATES *of* CARE

The vision and roadmap are just the beginning. Moving forward, we will focus on turning this vision into reality by ensuring that women can access these essential postpartum care resources. In the next phase, we will examine policy levers to overcome existing barriers and improve coverage, access, affordability, and utilization of postpartum care for women across different types of health care coverage.

Our Approach

United States of Care (USofCare) conducted numerous in-depth interviews, focus groups, and asynchronous discussions with women of color to identify gaps in the maternal health experience and understand how we can drive policy change to address these gaps. We include select quotes from our listening work throughout this report. To complement our understanding of the lived maternal health experience, USofCare conducted extensive literature reviews and convened thought leaders across the health care system to explore solutions and define what "comprehensive postpartum care" should encompass. Our literature reviews shed light on the current landscape of coverage across different types of health insurance, existing evidence on the effectiveness of various postpartum services, financial implications of providing these services, including return on investment, and bright spots (innovative programs and practices). By analyzing this body of evidence, we learned what services can improve the postpartum experience and address the gaps identified by women in our listening research as well as how these services are currently supported – or inadequately addressed – by the health care system. Our convenings of thought leaders across the health care system, from professional associations to advocates to women with lived experience, provided expert insight into what truly constitutes "comprehensive postpartum care." These discussions helped refine our vision, and allowed us to identify best practices and innovative solutions that have successfully addressed postpartum care gaps.

Key USofCare Staff:

Annie Yu,
Policy Innovation Manager

Caitlin Westerson,
Director of State External Affairs and Partnerships

Jennifer DeYoung,
Senior Director of Policy and Innovation

Ken Nakazawa,
Program Assistant

Kristin Wikelius,
Chief Program Officer

Lauren Hecht,
former Policy Innovation Intern

Lowell Hamilton,
Senior Manager of Research and Community Engagement

USofCare would like to acknowledge the following thought leaders for their invaluable insights and expertise in shaping our "Vision for Postpartum Care":

Tosi Adeniyi-Miller, Center for Black Women's Wellness
Jim Bialick, Perigee Fund
Joy Burkhard, Policy Center for Maternal Mental Health
Veronica Brunson, MoMMA's Voices
Melissa Calypso, Morgan Health
Angela Daniel, DONA International
Anne Dunlop, Emory University School of Medicine
Rivka Friedman, Morgan Health
Kewanna Frierson, MoMMA's Voices
Nan Gu, ZS Associates
Franciscka Lucien, Clinton Global Initiative
Barrett Pignone, ZS Associates
Taylor Platt, American College of Obstetricians and Gynecologists
Betsy Quilligan, Metropolitan Doulas
Brianna Scott, ZS Associates
Jenny Shapiro, Clinton Global Initiative
Nan Strauss, National Partnership for Women & Families
Lee Taylor-Penn, Taylor-Penn Strategies
Sarah Verbiest, 4th Trimester Project
Suzanne Woodward, 4th Trimester Project

PERSONALIZED CARE

UNITED STATES of CARE

Ongoing Provider Visits

Postpartum women receive ongoing, personalized provider visits instead of a single postpartum visit to ensure continuous support, proactive monitoring, and timely response to postpartum women's ongoing health needs.

Benefits:

More than half of pregnancy-related deaths occur in the postpartum period , and more than 80% of pregnancy-related deaths are preventable. Postpartum visits allow providers to address acute issues from pregnancy, childbirth, or the postpartum period, discuss the management of chronic conditions, and engage in preventive care. Ongoing, personalized provider visits offer continuous support and monitoring to address evolving health needs throughout the postpartum period.

> *Not enough attention is paid as far as it should be for more appointments to be made available to moms [after giving birth] instead of the one 6 week appointment that is requested for follow-up. Moms need more opportunities for check-ins, especially to get ahead of some health-related issues that moms might not be thinking of or may not even be even aware of... moms need more education about the things that could happen.*
>
> – BLACK WOMAN, WISCONSIN

Definition:

Postpartum provider visits are medical appointments and check-ups designed to monitor and support the health of the mother after birth. The postpartum period, defined as one year after delivery, is a critical time for recovery as many complications can arise during this phase. However, many women currently do not attend a postpartum visit and others only attend one visit around six weeks postpartum (as we have heard anecdotally), missing out on the ongoing support and care needed throughout the postpartum period.

Current Landscape and Guidance:

Overview

As many as 40% of women do not attend a postpartum visit, with rates varying by insurance, sociodemographic, and clinical factors. Women belonging to marginalized social groups are less likely to attend postpartum visits.

Guidance

The American College of Obstetricians and Gynecologists recommends initial provider assessments within the first three weeks of the postpartum period followed by ongoing care and a comprehensive well-woman visit no later than 12 weeks post-delivery.[1] This guidance is endorsed by the Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine.

Medicaid

State Medicaid programs have flexibility on how they reimburse for maternity care and postpartum visits. Some states bundle postpartum care into an episode of care payment that includes the entire perinatal episode, some states provide bonus payments for meeting quality measures during the postpartum period, and others provide incentive payments for postpartum visits.

Private Health Plans

Private insurers are increasingly adopting bundled payment models for pregnancy care where providers receive a single payment covering services throughout pregnancy, delivery, and postpartum care. Programs range from Cigna's nationwide pregnancy episode-of-care model and Horizon Blue Cross Blue Shield of New Jersey's episode-based payments to UnitedHealthcare's shared savings program.

RETURN ON INVESTMENT:

Attending postpartum visits can reduce health care costs by addressing issues early and avoiding more severe, costly interventions later on.

- For employer-sponsored insurance, 15% of maternal care spending happens postpartum (average $3,577).
- Severe maternal morbidity (SMM) postpartum readmissions within 30 days of delivery hospitalizations average a charge of $47,480 per patient.
- For the commercially insured population, post-delivery (30 days after delivery hospitalization discharge) costs for women with SMM average $10,506 compared to $3,626 for women without SMM.
- For the Medicaid population, post-delivery costs for women with SMM average $8,753 compared to $2,591 for women without SMM.

> *Once you have a baby... the support is a little bit more hands-off and they are not as in it...or are on top of it as when you are having a baby. When you are still pregnant, there are more questions, there is more interest in terms of care. But once you have the baby it is just kind of like, okay do your 6 week follow up or whatever, and it is more laid back, less hands on.*
>
> – HISPANIC WOMAN, WEST

BRIGHT SPOTS:

New York's Medicaid Perinatal Care Standards state that all Medicaid perinatal care providers must provide an initial assessment of the postpartum persons within the first three weeks postpartum either in-person or via telehealth, and provide a comprehensive postpartum visit in-person between four and 12 weeks postpartum.

Illinois Medicaid began covering a second postpartum visit as a standard benefit in 2021. Both fee-for-service and managed care plans cover a postpartum visit within three weeks after childbirth and a comprehensive visit within 4-12 weeks postpartum.

The community midwifery model of postpartum care includes multiple visits (including home visits), typically five to eight visits over the course of six weeks postpartum, and provides continuous, personalized support that addresses women's ongoing health needs.

> *Once I gave birth to my daughter, I didn't have any support. I literally had one appointment after I had her and that was 6 weeks after I gave birth to her...After that, I didn't really have any sort of support coming from being pregnant where you have an appointment once a month, every two weeks, and they are constantly checking on your blood pressure, how you are feeling, and ultrasounds. It literally just stopped after I had her.*
>
> – HISPANIC WOMAN, TEXAS

[1] Please note that this guidance was published in May 2018, and we have been informed that updates are expected fall of 2024. The information provided here may be subject to change.

PERSONALIZED CARE

UNITED STATES of CARE

Interdisciplinary Care Team: Midwives

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

Benefits:

- Midwifery care improved outcomes for women in 56 different measures, including lower morbidity and mortality among mothers and newborns, fewer preterm births and low-birthweight infants, and reduced interventions in labor.
- For women with low-risk pregnancies, receiving care from CNMs in birth centers is comparable to receiving traditional physician-based care, both providing safe outcomes.
- Women cared for by midwives were 2.6 times more likely to be screened for postpartum depression as women who were treated by obstetricians.
- A study of community midwives in birth centers and home settings found that many followed a postpartum visit schedule of 5-8 visits within the first six weeks, with some extending care to 8 or 12 weeks. Many midwives viewed the postpartum as a full year and stressed the importance of continuity of personalized care.

> *"I've looked into the midwives and doula, but there weren't any options near me for me to keep researching it. I never bothered to look into it again after that.*
>
> – BLACK WOMAN, WISCONSIN

Definitions:

An **interdisciplinary team** brings together diverse expertise and perspectives, ensuring that all aspects of the postpartum woman's physical, emotional, and social health needs are personalized and addressed in a coordinated manner. This collaboration enhances the quality of care, reduces gaps in services, and provides personalized support that meets the unique needs of each woman.

Midwives are trained health care professionals that specialize in pregnancy, childbirth, the postpartum period, and women's sexual and reproductive health. Midwives can provide prenatal care and monitoring; education on lactation, nutrition, and family planning; screenings for cervical cancer, vaginal infections, and STIs; and postpartum care including personalized postpartum counseling and contraception.

Current Landscape and Guidance:

Types of Midwives:

There are different types of midwives, including:

- Certified-Nurse Midwives (CNM) are registered nurses who have graduated from a nurse-midwifery education program and passed a certification exam from the American Midwifery Certification Board. CNMs offer the same services as OB/GYN physicians, including routine gynecologic care, pregnancy care, and childbirth support.
- Certified Professional Midwives (CPM) are professional independent midwifery practitioners who are trained to provide care in out-of-hospital settings. CPMs are certified by the North American Registry of Midwives and must meet specific educational and clinical experience requirements.
- Certified Midwives (CM) are health care care professionals who are not nurses but have completed a graduate-level midwifery degree program and passed a certification exam from the American Midwifery Certification Board.

Medicaid

The Affordable Care Act requires Medicaid programs to cover CNM services, but Medicaid enrollees face limited access to midwifery care compared to privately insured women due to barriers like low reimbursement rates and challenges in contracting with managed care organizations. As of April 2023, 32 state Medicaid programs reimburse only CNMs, and 18 state Medicaid programs and DC reimburse both CNMs and CMs.

Private Health Plans

As of April 2021, most state essential health benefit (EHB) benchmark plans require coverage of CNMs but only a limited number of states also require coverage of other qualified midwives, like CPMs.

RETURN ON INVESTMENT:

Medicaid enrollees cared for by midwives in birth centers had better outcomes than Medicaid enrollees cared for by typical Medicaid maternal health providers, and the better outcomes were achieved at a lower cost.

- The average total cost of birth at birth centers was $1,759 less (21% lower) and the average total cost of care for the first year after birth was $2,010 less (15% lower) compared to typical care by Medicaid providers.
- The costs of childbirth for women with low-risk pregnancies accessing midwife-led care was $2,262 less than the cost of childbirth for women with low-risk pregnancies cared for by obstetricians.

> *[My] midwife was a bit more helpful when explaining things and would actually ask questions to get to know me outside of checking my vitals and progress with my pregnancy.*
>
> – HISPANIC WOMAN, WEST

BRIGHT SPOTS:

Florida, Alaska, New Mexico, and Rhode Island have more expansive midwifery coverage in their state benchmark plan.

New Mexico Medicaid's Birthing Options Program (BOP) offers an out-of-hospital birthing option for pregnant women. compared to the national average of 10%. BOP services are provided by an eligible midwife, including CNMs and CMs. As a result, 26% of all births in New Mexico are attended by midwives.

> *The [midwives] wanted me to get to know all of them in case -- whichever was available when you give birth. But they were very naturalistic, of course. They wanted a birth plan...They spoke to me as if they really cared. It wasn't so routine. It just felt a little more natural, like more holistic in a way.*
>
> – HISPANIC WOMAN, SOUTHWEST

PERSONALIZED CARE

UNITED STATES of CARE

Interdisciplinary Care Team: Doulas

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

Benefits:

- Women supported by doulas are more likely to attend childbirth preparation classes, less likely to use epidural and pain medication during labor, more likely to initiate breastfeeding, and more likely to utilize car seats at three weeks postpartum.
- Women using doula services report positive impacts on emotional well-being, including reduced anxiety, depression, postpartum post-traumatic stress disorder.
- Doulas increase the likelihood of safer, healthier, and more satisfying birth experiences. Reduced unnecessary medical procedures can prevent complications and readmissions.

> *"You kind of have to heal up because [childbirth] is a whole experience. You are still bleeding, and you are still very tender and hormonal, emotional...I think that support is 100 percent necessary, so I would love to have a lactation person, a doula, anyone to like be there with me to kind of hold my hand through it."*
>
> – HISPANIC WOMAN, NORTHEAST

Definitions:

An **interdisciplinary team** brings together diverse expertise and perspectives, ensuring that all aspects of the postpartum woman's physical, emotional, and social health needs are personalized and addressed in a coordinated manner. This collaboration enhances the quality of care, reduces gaps in services, and provides personalized support that meets the unique needs of each woman.

Doulas are trained professionals who provide continuous physical, emotional, and information support to women during their maternal health journey. Though often used interchangeably and offering complementary care approaches, doulas and midwives play different roles. Doulas do not provide medical care, instead focusing on the emotional and educational birthing journey.

Current Landscape and Guidance:

There are many different types of doulas, including (but are not limited to):

- Birth doulas, who provide support during different stages of pregnancy like the prenatal period, labor, and delivery;
- Postpartum doulas, who provide information and support after birth on infant feeding, emotional and physical recovery from childbirth, infant soothing, and coping skills for new parents;
- Full spectrum doulas, who provide comprehensive support throughout the entire reproductive experience, including fertility, pregnancy, loss, abortion, birth, and postpartum; and
- Community-based doulas, who often come from the same communities as their clients and bridge language and cultural barriers to pregnancy and postpartum care.

Some birth doulas may also serve as postpartum doulas, but not all. Delineating between the different types of doulas in coverage ensures that postpartum women receive the specific services they need during the postpartum period.

Medicaid

State Medicaid doula benefits and reimbursement structure vary widely. As of January 2024, 12 states and DC have implemented Medicaid coverage for doula care, nine states are in the process of implementation, and 20 states have taken adjacent efforts related to expanding doula care. Most Medicaid programs reimburse a certain number of doula visits across the perinatal and postpartum period, with the allocation determined by the patient.

Private Health Plans

- No essential health benefit (EHB) benchmark plan explicitly includes coverage for doula support, but Connecticut's benchmark plan explicitly excludes doulas.
- As of January 2024, two states (Rhode Island and Louisiana) require private insurance coverage of doulas and Utah requires doula coverage in its Public Employees' Benefit and Insurance Program.

RETURN ON INVESTMENT:[2]

- Doula-service enhanced maternity care had an 18% return on investment compared to standard maternity care.
- Doula care results in substantial cost savings by reducing the need for medical interventions, with estimates ranging from $929 to $1,047 per birth for Medicaid enrollees across states.
- One study estimated the potential cost savings doulas generate by preventing Cesarean births among Medicaid births to be $558.22 per birth and among privately insured births to be $1,193.94. The same study estimated the potential savings doulas generated related to preterm births among Medicaid births to be $41,964 per birth.

BRIGHT SPOTS:

> ***I saw my doula a couple days after [delivery] to check in...I initially didn't get a lot of postpartum care information from my OB/GYN that was there. All I was given was a one-sided paper. My doula Zoomed me and gave me more [information]...she was very informative and reassuring.***
>
> – BLACK WOMAN, CALIFORNIA

Maryland has an increased postpartum visit reimbursement rate for doulas to emphasize the importance of postpartum care.

Oregon Medicaid requires doulas to complete two postpartum home visits per pregnancy.

DC Medicaid reimburse doulas for postpartum services at a per-unit rate and in 15-minute increments (with a maximum of 6 hours per visit) compared to the per-visit reimbursement for prenatal visits to provide flexibility and ensure doulas are compensated for the time they spend with each client.[3]

CVS and Microsoft cover doula benefits for their employees. CVS covers up to $1,200 in doula benefits per year for eligible employees. Microsoft covers a $1,000 allowance for doula services per pregnancy for eligible employees.

Oklahoma Medicaid specifies the coverage of postpartum doulas. Birth doulas may offer a postpartum visit lasting 1-2 hours, either immediately after birth or a few weeks after birth, but these visits often focus on the birth experience and are typically less comprehensive compared to the in-depth, longer-term care that postpartum doulas provide.

> *A doula needs to be part of maternal care.*
>
> – BLACK WOMAN, MIDWEST

[2] Return on investment for doula care depends on implementation, utilization, and reimbursement rates, and may not be reflected in short term analyses.

[3] Research shows that some postpartum visit lengths are substantially longer than prenatal visit lengths. Furthermore, a visit structure using a defined number of visits does not always align with the ways doulas traditionally care for their clients.

PERSONALIZED CARE

UNITED STATES of CARE

Interdisciplinary Care Team: CHWs

Postpartum women receive care delivered through an interdisciplinary team to ensure comprehensive, holistic, and culturally responsive support for women during and after pregnancy. This team should include a diverse set of providers, such as physicians, midwives, doulas, community health workers, and other providers; all of these providers should be trained to deliver care that is sensitive to the cultural and individual needs of each woman.

Benefits:

- One study found that a CHW intervention was associated with better maternal health outcomes, including positive impacts on breastfeeding duration, safe sleep practices, stress levels, depressive symptoms, emotional support, referral follow through, parental confidence, and infant stimulation.
- Women enrolled in a CHW-led intervention had lower average postpartum depression scores than the comparison population.
- CHWs and social workers increased postpartum care visits among urban residents enrolled in a New York Medicaid managed care plan.

Definitions:

An **interdisciplinary team** brings together diverse expertise and perspectives, ensuring that all aspects of the postpartum woman's physical, emotional, and social health needs are personalized and addressed in a coordinated manner. This collaboration enhances the quality of care, reduces gaps in services, and provides personalized support that meets the unique needs of each woman.

Community health workers (CHWs) are public health workers who are trusted members of their community and/or have a close understanding of the community served. CHWs help postpartum women navigate health care services, social services, and support networks through a variety of resources and methods that often focus on the disparate barriers to care experienced by those in underserved communities. CHWs and doulas are similar in that they are both non-clinical professionals providing supportive services . However, doulas focus on pregnancy, labor, and postpartum care whereas CHWs specialize in care coordination. Some states include doulas in their definition of CHWs.

Current Landscape and Guidance:

Overview

CHW services are historically used and funded by community-based organizations, although hospitals, health systems, and health plans are increasingly employing CHWs.

Medicaid

- An increasing number of state Medicaid programs are reimbursing CHW services. As of January 2024, 15 state Medicaid programs use state plan amendments (SPAs) to pay for CHW services, 5 states use 1115 waivers to pay for CHW services, and 11 states encourage or require managed care organizations to pay for CHW services.
- States use CHWs to provide different pregnancy-related services. For example, Indiana provides coverage for prenatal and postpartum home visits and breastfeeding education through CHWs.

Private Health Plans

Private insurers have not traditionally reimbursed CHWs, but some private insurers are recognizing the value of CHWs in improving health outcomes, particularly for underserved communities, and have begun to reimburse for their services.

RETURN ON INVESTMENT:

There is limited research on return on investment for CHWs for pregnancy and postpartum. However, many research studies show the cost effectiveness and return on investment of CHW interventions more generally.

- One study looking at Individualized Management of Patient-Centered Targets (IMPaCT), a standardized CHW intervention addressing unmet social needs, found that every dollar invested returns $2.47 to an average payer within the fiscal year.
- Health Plan of Nevada, a managed care organization, found that employing three CHWs to work with an average of 37 patient super-utilizers for 30 to 60 days resulted in average medical costs decreasing from $1,223 pre-intervention to $893 post-intervention.

> *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.*
>
> – BLACK WOMAN, SOUTH CAROLINA

BRIGHT SPOTS:

Pennsylvania's Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, community health worker, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and social determinants of health.

Oregon recognizes five types of Traditional Health Workers (THWs): doulas, peer support specialists, peer wellness specialists, personal health navigators, and CHWs. THWs that are certified and enrolled in the registry are eligible for Medicaid reimbursement. The Oregon Health Authority requires coordinated care organization (CCO) members to have access to certified THWs, who are part of the interdisciplinary care team.

PERSONALIZED CARE

UNITED STATES of CARE

Postpartum Data Collection

Postpartum women receive personalized and tailored care informed by comprehensive and accurate data. Robust data should be collected to identify gaps in postpartum care, create targeted interventions to improve outcomes, and ensure accountability through quality measures.

Definition:

Postpartum data collection is essential to assess maternal health outcomes, identify gaps in care, and inform strategies to improve the quality and effectiveness of postpartum care services.

Current Landscape and Guidance:

Overview

The postpartum period is a crucial phase, as it constitutes a significant portion of the maternal care journey and most maternal deaths occur during this time. However, there are limited postpartum measures within existing health datasets.

Postpartum Data Gaps

The table below captures the limited postpartum measures that exist today in publicly available datasets. Despite these measures, issues with standardization, data gaps, and patient engagement persist in postpartum data collection.

Examining and capturing data on people's experiences is crucial for understanding the full scope of maternal health. Traditionally, postpartum health data has focused on clinical outcomes, but this quantitative approach often misses the broader, qualitative aspects of the postpartum journey. Many women endure less-than-ideal pregnancy, birthing, and postpartum experiences, even when these do not result in direct adverse health outcomes that are measurable. Collecting patient-reported data on these experiences provides a more comprehensive view of maternal health, fostering greater accountability and driving improvements in care.

CURRENT POSTPARTUM QUALITY MEASURES:

Measure Steward	Quality Measure
Centers for Medicare and Medicaid Services (CMS) Clinical Quality Measures	**Maternity Care: Postpartum Follow-up and Care Coordination:** Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care within 8 weeks of giving birth and who received a breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update
	Postpartum Care: The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery

Measure Steward	Quality Measure
Centers for Medicare and Medicaid Services (CMS) Clinical Quality Measures	**Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period
	Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding
U.S. Office of Population Affairs (OPA)	**Most or Moderately Effective Contraceptive Methods (Postpartum Women):** Among women ages 15–44 who had a live birth, the percentage who are provided a most effective (sterilization, contraceptive implants, or intrauterine devices or systems [IUDs/IUSs]) or moderately effective (injectables, oral pills, patch, or ring) method of contraception within 3 days of delivery and within 90 days of delivery
	Long-Acting Reversible Contraceptive Methods (Postpartum Women): Among women ages 15–44 years who had a live birth, the percentage who are provided a long-acting reversible contraceptive (LARC) method (implants or intrauterine devices or systems) within 3 days of delivery and within 90 days of delivery

BRIGHT SPOTS:

Columbia University's Postpartum Assessment of Health Survey (PAHS) is the first large-scale U.S. data collection effort on the health and well-being of postpartum women and their families in the year following birth.

WHOLE–PERSON CARE

UNITED STATES of CARE

Social Determinants of Health

Postpartum women receive ongoing, personalized provider visits instead of a single postpartum visit to ensure continuous support, proactive monitoring, and timely response to postpartum women's ongoing health needs.

Benefits:

- A systematic review found that social needs interventions for pregnant and postpartum women generally improved maternal health outcomes and mitigated social risks and behaviors associated with poor health outcomes.
- Housing instability during pregnancy is associated with adverse pregnancy outcomes, and interventions to improve housing stability can improve maternal health outcomes.
- Food insecurity is associated with greater odds of depressive symptoms during pregnancy, and more than a quarter of women with food insecurity during pregnancy report mental health disorders during the first six months postpartum. Access to food can promote healthier postpartum mental health.
- Pregnant women enrolled in Medicaid that used enhanced smart transportation services (on-demand transportation) were more satisfied than those that used traditional non-emergency medical transportation (NEMT, scheduled several days in advance).

Definition:

Social determinants of health (SDOH) are non-medical factors that influence health outcomes, and are the conditions in which people are born, grow, work, live, and age. SDOH encompasses complex structural, environmental, and social factors. In particular, factors like coverage, food and nutrition insecurity, geographic disparities, and transportation barriers can limit access to quality care and impact maternal health outcomes.[4]

Current Landscape and Guidance:

Overview

- Postpartum women's social needs have a significant impact on their postpartum symptom experiences: women who have social and economic hardships were significantly more likely to experience worse symptom experiences.
- A systematic review identified and mapped various SDOH risk factors—including identity and discrimination, socioeconomic status, and psychosocial stress—to poor postpartum outcomes.
- A study on health and social needs of Medicaid enrollees in the postpartum year found that they reported higher levels of food insecurity, financial strain, and housing instability compared to those with commercial insurance.

Federal Programs

- The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) is investing more than $8 million in five states to expand access to basic social and health services and fostering community-clinical linkages to improve pregnancy and postpartum care.
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care to improve the health of low-income pregnant, postpartum, and breastfeeding women, and children up to age 5. People who are enrolled in Medicaid are automatically income-eligible for WIC, but only 14% of pregnant women enrolled in Medicaid participate in WIC. States have flexibility in how they coordinate between Medicaid and WIC.

[4] We recognize that broader structural factors like paid leave policies and child care availability and affordability play a crucial role in shaping postpartum care and outcomes. However, our focus is on the SDOH that the health care system can impact.

> *They don't have doctors here...[we need] health care, food, more jobs.*
>
> – BLACK WOMAN, SOUTH CAROLINA

Medicaid

- The Centers for Medicare and Medicaid Services (CMS) released a State Health Official letter in 2021 outlining services that state Medicaid and Children's Health Insurance Program (CHIP) programs can employ to address SDOH, including housing-related services and supports, non-emergency medical transportation, home-delivered meals, educational services, employment, community integration and social support, and case management.
- CMS released a health-related social needs (HRSN) framework in 2023 outlining HRSN services and supports allowable under Medicaid and CHIP authorities.
- CMS' Transforming Maternal Health (TMaH) Model supports participating state Medicaid agencies to develop a whole-person approach to pregnancy, childbirth, and postpartum care that addresses people's physical, mental health, and social needs.

Private Health Plans

- Private health insurers are investing in social programs: between 2017 and 2021, the top 20 private health insurers spent $1.87 billion on social programs. Most funds went to housing ($1.2 billion) and food security ($238 million), while some were allocated towards "general SDOH" ($247 million).

Health Systems

- Health systems invested at least $2.5 billion to SDOH programs between January 2017 and November 2019, of which $1.6 billion was committed to housing; $1.1 billion to employment; $476.4 million to education; $294.2 million to food security; $253.1 million to social and community context; and $32 million to transportation.

Community-Based Organizations

- Community-based organizations (CBOs) are important partners in addressing social needs and improving maternal health outcomes by providing culturally responsive care tailored to their communities.
- CMS' TMaH Model leverages CBOs' strengths in providing culturally competent care, addressing SDOH, facilitating coordination, and engaging in community outreach to implement the model.

RETURN ON INVESTMENT:

- Investing in programs that address SDOH can generate cost savings during the pregnancy and postpartum period by targeting the root causes of poor health, reducing the need for costly medical interventions, and improving health outcomes.
- A review of SDOH interventions more generally found:
  - Housing can generate a positive return on investment (ROI), with one study estimating an ROI of $2,249 per person per month and another estimating a savings of $1.57 for every $1 spent;
  - Healthy food access can generate savings, with greater ROI for delivered, medically tailored meals ($220 per participant) than delivered, non-tailored meals ($10 per participant); and
  - NEMT can have an ROI ranging from $792 to $3,423.

BRIGHT SPOTS:[5]

Massachusetts Medicaid and CHIP program piloted the Flexible Services Program, which provides non-medical services to members enrolled in an Accountable Care Organization. Eligible members, including pregnant individuals experiencing high-risk pregnancy or complications up to 60 days postpartum, may receive housing support, food support, and other supports.

North Carolina has a comprehensive approach to addressing SDOH:

> The state's Department of Health and Human Services developed a standardized set of screening questions to identify health-related unmet resource needs, including on food, housing/utilities, transportation, and interpersonal safety;
>
> The state created a statewide resource database and referral platform, NCCARE360, to connect health care providers, social service agencies, and CBOs to address SDOH across all 100 counties; and
>
> The state is piloting the Healthy Opportunities Pilot to use Medicaid dollars to address SDOH, reimbursing social service organizations that provide services.

21 state Medicaid programs have partnered with Lyft to provide access to NEMT.

When two federally qualified health centers in Washington, DC partnered with Uber for a pilot program providing free Uber rides for pregnant individuals, it resulted in increased appointment attendance by five percentage points, and three-quarters of patients said it would be more difficult to get prenatal care without the free rides.

States are increasing cross-program collaboration between Medicaid and WIC, which can ensure robust takeup by eligible families.

"I used my community resources when I found out I was pregnant. I went to a free clinic like a Catholic charitable office and they provided me with parenting classes, baby items, and more resources in the community."

– BLACK WOMAN, FLORIDA

"[I don't think] I should get better health care or treatment [because I am in a different economic status]. I think it should be [the same for] all African-American women or all women. All women should have all this. You being a mom and bringing life into this world I think you should have what the other lady has down the street."

– BLACK WOMAN, NORTHEAST

[5] For more examples, the National Academy for State and Health Policy (NASHP) has written on state approaches to address SDOH for pregnant and postpartum women here.

WHOLE–PERSON CARE

UNITED STATES of CARE

Comprehensive Screenings Linked to Provider Referrals: Mental Health

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- People who receive PPD screening show improved outcomes compared to patients who receive no screening. The potential effectiveness is related to the availability of systems to ensure adequate follow-up for women who screen positive.
- Women with elevated PPD screening scores that received care in primary care practices that are equipped with the education and tools for PPD screening diagnosis, initiation of therapy, and follow-up were more likely to receive a diagnosis and therapy.

> *My first pregnancy was a little hard because I was so young and I did suffer from postpartum depression after...I really didn't know how to handle it.*
>
> – BLACK WOMAN, SOUTHEAST

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Mental Health:

Systematic screenings for postpartum depression (PPD) and other mental health conditions, in tandem with comprehensive treatment plans, support the mental, behavioral, and physical health of women. Screening processes often integrate psychological assessments with follow-up care, community support, and pharmacotherapy.

Current Landscape and Guidance:

Overview

- There are a range of maternal mental health screening tools.
- Nearly 60% of women with postpartum depressive symptoms do not receive a clinical diagnosis and 50% of those who receive a diagnosis do not receive any treatment. Referrals to appropriate providers and resources are crucial to bridging this gap.
- Only 25% of positively screened postpartum women receive mental health treatment.
- Medicaid screening rates for maternal depression were 17% during postpartum and private insurance screening rates were 11%.
- The U.S. Food and Drug Administration (FDA) approved the first oral medication to treat PPD in adults in 2023.

Guidance

- The American College of Obstetricians and Gynecologists recommends women be screened for mental health conditions at the initial prenatal visit, later in pregnancy, and at postpartum visits.
- The U.S. Preventive Services Task Force (USPSTF) recommends i) screening for depression in the adult population, including pregnant and postpartum persons; ii) screening for anxiety disorders in adults, including pregnant and postpartum persons; and iii) that clinicians provide or refer pregnant and postpartum persons at increased risk of perinatal depression to counseling interventions, all of which receive a "B" grade coverage.

Coverage

- As of 2021, at least 40 state Medicaid programs cover PPD screening and at least 40 state Medicaid programs cover PPD treatment.
- The Affordable Care Act requires Marketplace plans to cover mental health and substance use disorder services as essential health benefits, but benefits are not standardized across states so access varies.
- The Affordable Care Act requires most private health plans to cover preventive services that USPSTF rates an "A" or "B", including depression and anxiety screening and providing or referring for counseling interventions, without cost-sharing.

RETURN ON INVESTMENT:

- Untreated perinatal mood and anxiety disorders (PMAD), including PPD, cost more than $17,000 per mother over six years and $32,000 for every mother-child pair not treated. PMADs are estimated to cost $14.2 billion from pregnancy through five years postpartum for births in 2017.
- Among employed women, those with PPD incurred 90% higher health services expenditures than those without PPD.

BRIGHT SPOTS:

> *I was a first-time mom so I didn't know all this stuff. I kept hearing about postpartum depression. I knew of it – you can go through all these emotions after the pregnancy, but I didn't know what it really was.*
>
> – BLACK WOMAN, SOUTHEAST

As of March 2023, 11 states require maternal depression screening during well-child visits, 27 states recommend it, and 8 states allow it.

Eight states mandate screening for maternal mental health through legislation, including New Jersey, West Virginia, California, Florida, Oklahoma, Illinois, Louisiana, and Arkansas.

Pomelo Care, a 24/7 virtual medical practice using a care team model, achieved a 65% PMAD screening rate among pregnant women, seven times the average Medicaid rate of 9%.

California, which received the highest grade (B+) in the Policy Center for Maternal Mental Health's 2024 Maternal Mental Health State Report Card, requires obstetricians to screen for depression and anxiety screenings regardless of insurance coverage.

Pennsylvania's Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, CHW, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and social determinants. The model also includes HEDIS metrics supporting behavioral health, such as PPD Screening and Follow-up.

> *I wasn't told much. [My health care providers] just had me take the assessment and that was that. The survey mentioned that if I was feeling a way to seek help. Other than that, [I] didn't receive much else. No one called and checked on me or anything. The assessment was very black-and-white...what if I am feeling in between?...After that, I kind of just stopped asking questions. Only relying on a survey to determine your needs felt odd to me and [an] un-human-like approach.*
>
> – BLACK WOMAN, NORTH CAROLINA

WHOLE–PERSON CARE

UNITED STATES of CARE

Comprehensive Screenings Linked to Provider Referrals: SUD

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- SUD treatment for pregnant and parenting women was associated with improvements in substance use, mental health, parenting attitudes, and risky behaviors, with longer treatment stays associated with more positive outcomes. In particular, the proportion of women at risk for minimal depression dropped significantly from intake to the final follow-up visit.
- Pharmacotherapy, when taken as prescribed, are safe and effective during pregnancy and reduce risk of recurrence and limit illicit substance-related effects in the developing fetus.
- The use of medication for opioid use disorder in combination with prenatal care is associated with reduced risk of obstetric complications and positive outcomes for the baby, including increased birth weight and gestational age at delivery.

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Substance Use Disorder (SUD) services encompass a range of treatments and support systems for postpartum women experiencing challenges related to substance use, including medication-assisted treatment, behavioral therapy, counseling, and other comprehensive care tailored to the unique and heightened risks of postpartum recovery. Most pregnancy-related deaths due to mental health conditions, including SUD-related overdose, occur in the late postpartum (43-365 days).

Current Landscape and Guidance:

Overview

- *It is common for women to engage in SUD treatment during pregnancy but discontinue it in the postpartum period, leaving them at heightened risk of postpartum morbidity and mortality. SUD treatment is proven to improve both maternal and infant outcomes and decrease overdose risks; however, many women face barriers in accessing consistent SUD treatment support during the postpartum period.*

  Less than 13% of pregnant and 10% of parenting women that need SUD treatment receive it.

Guidance

The American College of Obstetricians and Gynecologists supports access to medically-assisted treatment; adequate postpartum psychosocial support services including SUD treatment and relapse prevention programs; safe prescribing practices; and an increased focus on curbing alcohol and tobacco during pregnancy.

Coverage

- As of 2021, at least 36 state Medicaid programs offer SUD benefits beyond the required MAT benefit (mandated by the SUPPORT Act). At least 27 offer all or most of the American Society of Addiction Medicine-defined levels of care.
- The Affordable Care Act requires all Marketplace and Medicaid plans to cover mental health and SUD services as essential health benefits.

RETURN ON INVESTMENT:

- One study of pregnant women in SUD treatment found an average net savings of $4,644 per mother/infant pair for NICU costs.
- One study found that weekly drug abuse support group participants who were pregnant had short-term medical costs nearly $1,000 lower for maternal costs and over $1,500 lower for infant/neonatal costs compared to non-participants.
- Generally, employers spend an average $8,817 annually for each employee with untreated SUD. On the other hand, an employee who recovers from SUD saves employers over $8,500 on average. Employees in recovery miss 13.7 fewer days per year compared to employees with untreated SUD, and 3.6 less days than an average employee – helping employers avoid $8,175 in turnover, replacement, and health care costs.

> *The doctor in the pregnant women's program I was in focused on my strengths and tried to build me up rather than tear me down. At first, I was like taken aback because…I wasn't expecting to encounter kindness and supportiveness…*
>
> – LOUISIANA PERINATALQUALITY-COLLABORATIVE[6]

BRIGHT SPOTS:

An increasing number of programs are using doulas to support SUD during the postpartum period.

Colorado's Special Connections program, a joint effort between Colorado Department of Health Care Policy and Financing and Office of Behavioral Health, provides gender-responsive treatment to pregnant and postpartum Medicaid-eligible women with SUD.

Special Connections provides a comprehensive range of SUD treatment, including residential treatment, case management, individual counseling, group counseling, and more. The program allows the state to provide continuity of care from pregnant to postpartum.

Pennsylvania's Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, community health worker, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and SDOH.

[6] Louisiana Department of Health, "Pregnant and Powerful. A Message For Mothers On the Road to Recovery," YouTube video, 8:26. April 25, 2024, https://www.youtube.com/watch?v=crE1MC0aq_g.

WHOLE–PERSON CARE

UNITED STATES of CARE

Comprehensive Screenings Linked to Provider Referrals: Smoking Cessation

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- Quitting smoking during and after pregnancy greatly reduces the risk of complications, leading to a healthier pregnancy, improved infant outcomes, and a lower chance of sudden infant death syndrome (SIDS) and childhood respiratory infections.
- Prepartum and postpartum smoking cessation interventions delayed, but did not prevent, postpartum relapse. Relapse prevention interventions increased in duration and potency may prevent postpartum relapse.
- Incorporating smoking cessation into a nurse home-visiting program improved the rate of persistent postpartum smoke-free status for women who quit smoking during pregnancy.

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Smoking cessation services are interventions aimed to establish behaviors of smoking abstinence and associated harm-reduction practices through counseling, educational resources, and pharmacotherapy. Smoking cessation is a critical action directly linked to improved health outcomes for women and their infants, reducing the risk of preterm delivery, issues with fetal growth and development, and other pregnancy complications. Postpartum smoking is associated with breastfeeding challenges.

Current Landscape and Guidance:

Overview

- *Postpartum smoking relapse or exposure to secondhand smoke is common. Approximately one-half of women who quit smoking during pregnancy resume the behavior within 6 months postpartum, and relapse rates are as high as 80% one year post-delivery.*
- *Among women with a health care visit during the associated time period, 73.7% reported a health care provider asked about smoking at a health care visit before pregnancy, 93.7% at any prenatal visit, and 57.3% at a postpartum visit.t*

Guidance

- *The American College of Obstetricians and Gynecologists recommends clinicians screen pregnant and postpartum women for tobacco or nicotine use, advise tobacco cessation, and provide individualized care by offering psychosocial, behavioral, and pharmacotherapy interventions.*
- *The U.S. Preventive Services Task Force (USPSTF) recommends clinicians screen pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation, giving it an "A" grade.*

Medicaid

Medicaid is required to cover individual, group, and phone counseling and all FDA-approved smoking cessation medications for pregnant women until the end of the mandatory 60-day postpartum period, without cost-sharing. However, states may choose not to cover tobacco cessation benefit during the extended postpartum period past the mandatory 60-day postpartum period.

Private Health Plans

The Affordable Care Act requires most private health plans to cover preventive services that USPSTF rates an "A" or "B", including tobacco cessation treatment, without cost-sharing.

RETURN ON INVESTMENT:

- For every $1 invested in smoking cessation for pregnant women, $3 is saved in downstream health-related costs.
- Smoking cessation can save an estimated $881 per pregnant smoker from decreased neonatal care expenditures.
- Generally, smoking cessation increases productivity; employees who smoke cost self-insured employers an additional $5,816 annually on average, including absenteeism, smoking breaks, health care costs, and pension benefits.

BRIGHT SPOTS:

> "I knew I had to quit. I was just figuring out what to do, where to go, should I quit with patches? Should I quit with gum?...I was at my WIC appointment and the lady suggested the Baby & Me Tobacco Free, and so I was like, 'Alright, we'll give it a shot."
>
> – CO PUBLIC RADIO NEWS[7]

California Medicaid added dyadic services effective January 1, 2023, covering integrated physical and behavioral health screenings and services for the family, not just the child.

Washington State Department of Health partnered with 2Morrow, Inc., a digital health company, to launch a module of its smoking and tobacco cessation smartphone app specifically for pregnant women. These services will include screenings, assessments, evaluations, and case management services, in addition to integrated behavioral health services, tobacco cessation counseling, and alcohol and/or drug use screening, brief interventions and referral to treatment.

[7]Claire Cleveland, "Women Who Stop Smoking While Pregnant Not Only Benefit Their Babies, They Save Colorado Millions. This State Program Helps Them Quit," Colorado Public Radio News, December 6, 2019, https://www.cpr.org/2019/12/06/women-who-stop-smoking-while-pregnant-not-only-benefit-their-babies-they-save-colorado-millions-this-state-program-helps-them-quit/.

WHOLE–PERSON CARE

UNITED STATES of CARE

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.

> *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

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[8].
- 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[9].
- 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.

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

[8]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). [9]This includes not only state Medicaid programs, but other social service programs and state-run initiatives.

WHOLE–PERSON CARE

UNITED STATES of CARE

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

WHOLE–PERSON CARE

UNITED STATES of CARE

Full Range Contraceptive Resources

Postpartum women receive ongoing, personalized provider visits instead of a single postpartum visit to ensure continuous support, proactive monitoring, and timely response to postpartum women's ongoing health needs.

Benefits:

- Providing greater access to effective postpartum contraception, including LARC, can help reduce the likelihood of short pregnancy intervals and mistimed or unintended pregnancies, which are associated with adverse outcomes for both mother and baby. Contraceptive counseling and access to contraceptive methods can help ensure adequate birth spacing.
- Longer interpregnancy spacing has maternal health benefits such as better nutrition and more bonding time.

Definition:

Comprehensive contraceptive and family planning services encompass a range of educational and clinical offerings designed to provide individuals with access to various contraceptive methods. These services enable women to achieve their personal reproductive goals related to pregnancy prevention, delay, and healthy birth spacing. By delivering responsive and informed contraceptive care, these services contribute to reduced risks of gynecologic disorders and lower overall health care costs.

Current Landscape and Guidance:

Overview

- Only about one-third of women who desire postpartum long-acting reversible contraceptives (LARC) will obtain it by 8-12 weeks postpartum if they do not receive it before hospital discharge.
- Only about a quarter of health care providers offer immediate postpartum LARC despite prevailing guidance. Barriers include cost and reimbursement, device availability, and provider training.
- Postpartum contraception among women enrolled in Medicaid varies widely by state, from 19.8% to 43.9% in 2016. People with Medicaid coverage are more likely to have short interpregnancy intervals.
- Postpartum women enrolled in Medicaid across all racial and ethnic groups were less likely to have their desired procedure fulfilled compared to those with private insurance. Black and Hispanic women were more likely to plan on using postpartum contraception than white women, but Hispanic women were less likely to receive their chosen contraceptive plan.

Guidance

- The American College of Obstetricians and Gynecologists recommends immediate postpartum LARC insertion (before hospital discharge) and avoiding interpregnancy intervals shorter than six months.
- The Department of Health and Human Services Office of Population Affairs measures contraceptive care for postpartum women, explains "it is desirable to have a high percentage of women provided with the most effective or moderately effective contraceptive methods during the postpartum period", narrowed to the first 90 days post-delivery for women who experienced a live birth.

States

- State laws on contraceptive coverage vary widely. A number of states have pursued Contraceptive Equity bills to expand access to contraceptive services by requiring coverage of all Food and Drug Administration (FDA)-approved contraceptive drugs, among other provisions.

Medicaid

- State Medicaid programs must cover family planning services and supplies, but have flexibility in which contraceptive methods to cover.
- As of October 2023, 45 states and DC reimburse immediate postpartum LARC separately from the global fee for delivery.

Private Health Plans

The Affordable Care Act requires non-grandfathered group health and individual health insurance plans to t, including coverage for FDA-approved contraceptive methods.

RETURN ON INVESTMENT:

- Avoiding the costs associated with unintended births saves Medicaid $4 for every $1 spent on family planning.
- Unintended pregnancies cost employers about $5 per member per month of an employer-sponsored health insurance plan. 28.8% of pregnancies covered by employer sponsored insurance plans were unintended, accounting for 27.4% of employers' delivery costs.

BRIGHT SPOTS:

Arkansas requires Medicaid coverage of LARCs provided immediately after birth and during postpartum.

Postpartum LARC utilization increased in Washington state after the Medicaid program implemented separate payments for immediate postpartum LARC insertion and increased provider payment rates.

When I went for my six week appointment...[my nurse practitioner] talked about birth control options.

– HISPANIC WOMAN, TEXAS

WHOLE–PERSON CARE

UNITED STATES of CARE

Oral Health

Postpartum care includes comprehensive oral health services for necessary dental care.

Benefits:

- Maintaining good oral health during pregnancy can help prevent conditions like gingivitis, tooth erosion, dental caries, and periodontitis, reducing the risk of preterm birth and other potential complications such as low infant birth weight and preeclampsia.
- Improving maternal oral health can prevent the transmission of harmful bacteria to children, reducing the likelihood of tooth decay in infants.
- Virginia's pregnancy Medicaid dental benefit increased dental insurance and dental care utilization among women enrolled in Medicaid aznd reduced disparities between Medicaid and privately insured groups.
- More generally, regular dental care can aid in early detection of potentially serious medical conditions since many systemic diseases produce oral signs and symptoms. Furthermore, addressing periodontal infections and disease can help with managing diabetes and lowering risk of heart disease.

Definition:

Preventive care, screenings, and oral health treatments enhance maternal health outcomes. During pregnancy, maternal dental caries, or cavities, often increase due to increased mouth acidity, greater intake of sugary snacks, and decreased attention to oral health maintenance—all of which increase risk of pregnancy complications. However, oral health is frequently overlooked during this time. The postpartum period offers a crucial opportunity to address untreated dental issues, as mothers with cavity-causing bacteria can transmit these bacteria to their baby, potentially impacting the child's oral health.

Current Landscape and Guidance:

Overview

- Dental care is underutilized during pregnancy, especially for women enrolled in Medicaid: only 37.4% of women enrolled in Medicaid received a basic cleaning during their pregnancy. Access to dental care depends directly on income, with women with the lowest income being the least likely to have received dental care, and varies by race/ethnicity.
- 80% of obstetricians did not use oral health screening questions in their prenatal visits and 94% did not routinely refer patients to dentists.
- People with Medicaid are less likely to have dental care in the postpartum year than people with commercial insurance.

Medicaid

Medicaid is uniquely situated since states often cover dental services, whereas routine dental services are usually carved out in private health insurance. As of October 2022, all 50 states and DC offer dental coverage for pregnant and postpartum individuals through 60 days after their pregnancy ends. 32 states and DC's Medicaid programs offer extensive pregnancy dental coverage, 13 states offer limited pregnancy dental coverage, and 5 states offer emergency pregnancy dental coverage.

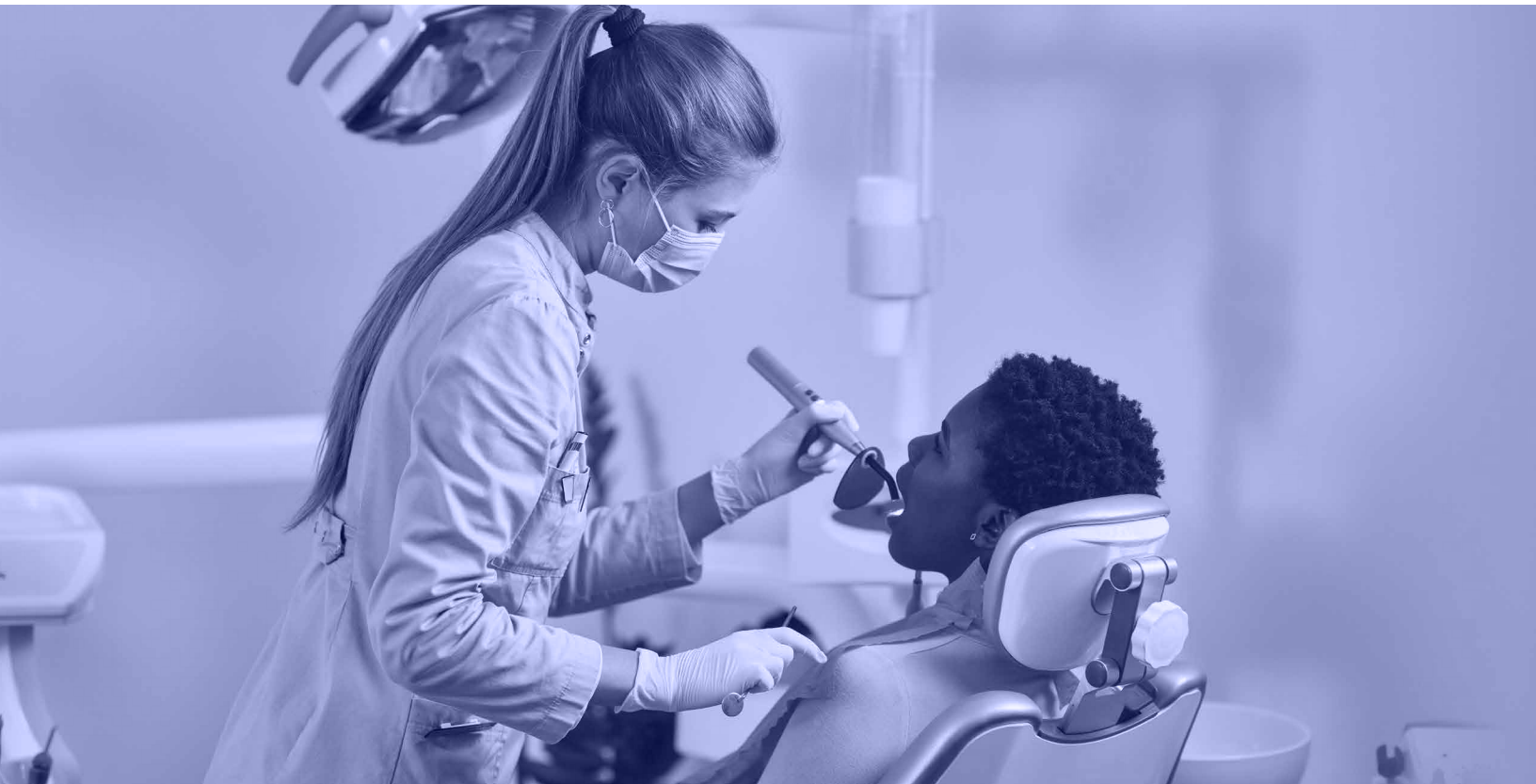
RETURN ON INVESTMENT:

- The estimated medical cost savings ranges between $1,500 and $2,400 per year per pregnant woman receiving periodontal treatment for Medicaid programs.
- Regular dental exams and preventive care lead to fewer claims for major and restorative work, resulting in lower premiums for employers and lower out-of-pocket costs for employees. Employer groups spending more on preventive dental care saw 16% lower combined dental claims costs.

BRIGHT SPOTS:

Colorado's Medicaid program provides many of the same dental services coverage to pregnant adults as the general adult population

With preventative dental care, Colorado and Minnesota Medicaid programs provide four cleanings per year for pregnant adults, two more than the general adult population payment rates.



UNDERSTANDABLE CARE

UNITED STATES of CARE

Programs Fostering Community: Group Care and Education

Postpartum care includes programs that foster community and provide guidance for women, including group care, education classes, and peer support.

Benefits:

- Group prenatal care models are associated with reports of better prenatal knowledge; patients feeling more equipped or prepared for labor and delivery; more frequent breastfeeding initiation in postpartum; and improved knowledge of family planning, postpartum depression, and early child rearing.
- Group prenatal care may improve psychological health outcomes, including decreased depression, stress, and anxiety symptoms during postpartum.
- Group postpartum care may reduce postpartum depression, improve mood regulation, and increase physical activity.[10]
- Research shows that Centering programs prepare women for the postpartum period; women in the program have better postpartum visit attendance, extended breastfeeding initiation, and more opportunities for mental health screenings.
- Childbirth education positively impacts breastfeeding self-efficacy and use of breastfeeding.
- Interactive online childbirth education platforms can reduce pregnancy-related anxiety and emergency care utilization.

Definition:

Postpartum programs that **foster community** support new mothers by providing a shared space for guidance, education, and peer connection. The communal aspect of these programs reduce isolation, encourage shared learning, and provide emotional and practical support.

Group Care and Education Classes improve patient education and expand pregnant and postpartum women's opportunities for social support, while simultaneously maintaining risk screening services and physical assessments at the individual level. By bringing together patients with similar pregnancy and postpartum experiences, these models optimize the time available for education, peer support and shared learning.

Current Landscape and Guidance:

Overview

- There are different group care models for maternal health, the most prominent being CenteringPregnancy. This model provides group-based prenatal care for pregnant women with similar due dates over 10 visits lasting up to two hours each, and is facilitated by physicians, midwives, or other providers. CenteringPregnancy combines health assessments, education, and peer support. The CenteringParenting model extends this group care into the baby's first two years and takes a dyadic approach, also providing guidance to parents on mood concerns, breastfeeding, and family planning.
- While women desire group care like CenteringPregnancy, there are challenges to implementation. Implementing these programs require substantial adaptations of existing clinical systems, organizational buy-in, adequate staffing, and financial resources.

Medicaid

- As of 2021, at least 15 state Medicaid programs cover childbirth education programs.
- As of 2021, at least 14 state Medicaid programs cover infant care and parenting classes.

RETURN ON INVESTMENT:

- Participation in the Centering Pregnancy model reduced risk of premature birth, averaging $22,667 in health expenditures savings for each premature birth prevented.
- CenteringPregnancy participation reduced admissions to Neonatal Intensive Care Units (NICU); investing in the program for 85 patients ($14,875) resulted in an estimated net savings of $67,293 in NICU costs for a managed care organization.

> *[A Catholic charitable office] provided me with parenting classes, baby items, and more resources in the community. Also, with my insurance plan, they provided me with a nurse who checked on me frequently and helped connect me to breastfeeding classes and webinars that [were] very helpful.*
>
> – BLACK WOMAN, FLORIDA

BRIGHT SPOTS:

North Carolina's Medicaid program requires that childbirth education classes include information on:

- A) postpartum, including postpartum physical and emotional changes, including depression; postpartum physical activity and exercise; postpartum sexuality; family planning; and breastfeeding issues/support
- B) infant care, including normal newborn procedures; normal newborn appearances; preparation for breastfeeding; and safe sleep positions.

Benchmark plans in Alaska, Maryland, and Massachusetts (among others) cover childbirth and/or newborn education services.

> *I took [a] breastfeeding [class], baby 101 [class] where it was changing a diaper, CPR…another one talked about the delivery and kind of like what to expect…My husband and I wanted to learn as much as possible.*
>
> – HISPANIC WOMAN, TEXAS

[10] Postpartum group care has been shown to significantly impact maternal and neonatal mortality in low-income countries. However, there is limited research on group-based interventions for postpartum women in high-income countries.

UNDERSTANDABLE CARE

UNITED STATES of CARE

Programs Fostering Community: Peer Support

Postpartum care includes programs that foster community and provide guidance for women, including group care, education classes, and peer support.

Benefits:

- A peer-support program to increase social support and destigmatize postpartum mood symptoms found high participant satisfaction and reductions in depressive symptoms.
- Clinically-integrated breastfeeding peer counseling improved breastfeeding intensity and duration.
- Women report positive experiences in their experiences with peer counselors, including effective communication (tailored communication to meet women's individual needs, offering comprehensive and honest info about infant feeding, and being timely, proactive, and responsive) and being treated with respect and dignity – often contrasting the respectful interaction with examples of disrespectful treatment.
- Latinas paired with community-based workers trained as peer supports had a postpartum visit rate 20 percentage points higher than the rate for individuals without peer support.

Definition:

Postpartum programs that **foster community** support new mothers by providing a shared space for guidance, education, and peer connection. The communal aspect of these programs reduce isolation, encourage shared learning, and provide emotional and practical support.

Peer support connects postpartum women with trained individuals, often with shared or similar lived experiences, who offer emotional support and practical guidance throughout the perinatal period. This support not only fosters a sense of community but also proves to be particularly protective for maternal mental health, enhances breastfeeding experiences and learning, and promotes more positive relationships with the challenges of early motherhood. Certified peer specialists have formal training. similar pregnancy and postpartum experiences, these models optimize the time available for education, peer support and shared learning.

Current Landscape and Guidance:

Overview

While certified peer specialists have been used in particular populations such as veterans or those with substance use disorder, peer specialists have been found to be effective in reducing anxiety and depression in pregnant and postpartum women. Thus, maternal mental health leaders are promoting the expansion of certified peer support programs to provide additional training on maternal mental health. The Policy Center for Maternal Mental Health provides a Maternal Mental Health Add-On Training for state certified peer support specialists.

States

All 50 states and DC have a state sanctioned training and testing program for peer support specialists in behavioral health. However, requirements and qualifications vary by state.

Medicaid

- 48 states and DC Medicaid programs reimburse for certified peer support. 39 states reimburse for both mental health and substance use disorder peer support.
- The Centers for Medicare and Medicaid Services (CMS) updated its regulation in 2013 to reflect that states may recognize "practitioners other than physicians or other licensed practitioners" to provide preventive services, including pregnancy services, if recommended by a licensed provider. Preventive services could include education conditions, such as care during pregnancy and postpartum depending on how states define the service; otherwise, it may be coverable under case management benefits.

Private Health Plans

Very few private insurers cover certified peer support.

RETURN ON INVESTMENT:

- Peer support programs can address and reduce postpartum depression, which has higher medical and pharmaceutical insurer spending one year after delivery compared to controls ($19,611 vs. $15,410).
- Peer support for postpartum depression cost an average $4,497 per woman (in Canadian dollars) but there was a 95% probability that the program would cost less than the $20,196 per case of postpartum depression averted.
- Generally, peer support programs are cost effective, with savings varying depending on the program and condition.

> *I joined groups on Facebook for advice and help. I also joined a BabyCenter Moms group for an opportunity to chat with moms and occasionally ask questions…I did join a Black Moms group on BabyCenter and it was nice to talk about just life issues with other Black women.*
>
> – BLACK WOMAN, CALIFORNIA

> *I feel like therapy can only do so much but I feel a therapist maybe hasn't gone through that experience [miscarriage], so I sought out other people that have gone through similar experiences for that support because they know exactly what I went through, especially being Hispanic or a woman of color so you find groups of people that kind of look like you that resemble you that kind of live around you.*
>
> – HISPANIC WOMAN, NORTHEAST

BRIGHT SPOTS:

Oregon recognizes five types of Traditional Health Workers (THWs): doulas, peer support specialists, peer wellness specialists, personal health navigators, and CHWs. THWs that are certified and enrolled in the registry are eligible for Medicaid reimbursement. The Oregon Health Authority requires coordinated care organization (CCO) members to have access to certified THWs, who are part of the interdisciplinary care team.

> *My main resource and support was my small online community, this group is about 30 people— all Black women with children. They offered lots of advice based on my physical and emotional state at the time. This group is a great resource [for] me and every individual in the group as it was built for us and by us as Black women, because our experience in parenting is unique.*
>
> – HISPANIC WOMAN, TEXAS

UNDERSTANDABLE CARE

UNITED STATES of CARE

Breastfeeding Support

Postpartum care includes breastfeeding resources, including education, supplies, and lactation consultants, that empower women to successfully breastfeed.

Benefits:

- Breastfeeding is associated with lower risk of postpartum depression and longer-term benefits like reduced type 2 diabetes risk, cardiovascular risk, breast cancer risk, and ovarian cancer risk for women.
- Lactation consultations in the hospital after delivery and by telephone or in the home during postpartum increases breastfeeding rates among individuals with low income.

> *I did see a breastfeeding consultant with WIC. They provided a breast pump. They did ask me how the baby was eating, how much and how much I should be pumping. They also provided food for me to continue to breastfeed.*
>
> - HISPANIC WOMAN, SOUTHWEST

Definition:

Wide-ranging breastfeeding resources include professional lactation consultation; breastfeeding education; and the provision of necessary nursing equipment including electric, manual, and/or battery-powered pumps.

Current Landscape and Guidance:

Overview

- Among women with early, undesired weaning, 20% discontinued breastfeeding by 6 weeks postpartum. Two-thirds of women with disrupted lactation sought help from a health professional, but only one in four reported that the assistance they received solved the problems or made it better.
- Women often cite inadequate milk supply, latch difficulties, medical complications, and negative experiences with hospital policy and staff as barriers to successful breastfeeding in early postpartum. In contrast, they find that International Board Certified Lactation Consultants (IBCLCs), who specialize in breastfeeding management, helped them anticipate, address, and overcome these barriers. Other key facilitators to breastfeeding include lactation support from doulas, peer counselors, and support groups, as well as access to lactation supplies like breast pumps
- Individuals covered by Medicaid are among the least likely to have ever breastfed (69%) – 10-20 percentage points lower than people with other types of insurance coverage.

Guidance

- The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommends exclusive breastfeeding for about six months after birth, with continued breastfeeding with complementary foods at six months for two years or more.
- The U.S. Preventive Services Task Force (USPSTF) recommends providing interventions during pregnancy and after birth to support breastfeeding, giving it a “B” grade.

Medicaid

- As of July 2021, at least 31 states covered breastfeeding education, 30 states covered inpatient lactation consultation, 27 states covered outpatient lactation consultation, and 20 states covered lactation consultation through home visits in their Medicaid programs.
- As of July 2021, at least 37 states covered electric breast pumps and at least 32 states covered manual breast pumps in their Medicaid programs.

Private Health Plans

The Affordable Care Act requires most private health plans to cover preventive services that USPSTF rates an “A” or “B”, including breastfeeding services and supplies without cost-sharing. States have flexibility on coverage of specific breast pumps, and many state benchmark plans only cover only one type of breast pump.

RETURN ON INVESTMENT:

- The cost of providing comprehensive breastfeeding support services is negligible relative to the benefits of increasing breastfeeding rates.
- Breastfeeding support represents only 0.028% of total commercial premium dollars and 0.041% of total Medicaid per-enrollee expenditures.
- Medicaid reimbursement of IBCLCs in North Carolina show an estimated annual cost savings of $2.3 million per year.
- Higher breastfeeding rates in Women, Infants, and Children (WIC) is estimated to save the federal government $111.6 million and state governments $64.7 million in Medicaid savings.

> *When I had my first child, I didn't breastfeed. Well, I couldn't. I wasn't producing enough milk and I wasn't educated on it and no one educated me that you could get a lactation consultant to show you how to latch correctly...Then [with] my second child, when I got pregnant, I said I want to do something different so I started researching. I actually went to a breastfeeding class prior to giving birth, so I could understand that you keep doing it and the baby will eventually bring the milk down...I ended up breastfeeding for a really long time.*
>
> –BLACK WOMAN, NORTHEASTT

BRIGHT SPOTS:

New York Medicaid covers lactation services and breast pumps, along with lactation counseling from IBCLCs.

Oklahoma's Medicaid program reimburses for outpatient lactation services – up to six visits prenatally or postpartum pter pregnancy, and IBCLCs who are licensed nurses/dietitians can bill for services.

Connecticut's benchmark plan covers comprehensive lactation visits for two months after delivery.

> *I did breastfeed and my daughter's pediatrician office had a lactation specialist there and I saw her my first couple of visits. She was very helpful in assisting me with getting the hang of it. This was a frustration point for me. I wasn't producing enough milk at first and I had to supplement. It made me feel like maybe I should stop.*
>
> – BLACK WOMAN, NORTH CAROLINA

UNDERSTANDABLE CARE

UNITED STATES of CARE

Postpartum Care Plans

Postpartum care plans are developed for each woman, tailored to her unique health needs, lifestyle, and circumstances.

Benefits:

- Education on what to expect in the future improves maternal well-being, with 15 minutes of anticipatory guidance before hospital discharge and a phone call at 2 weeks associated with reduced symptoms of depression and increased breastfeeding among Black and Hispanic women.
- High-risk postpartum individuals who most successfully engaged in primary care had postpartum care plans, coordination between obstetric and primary care, and access to resources.
- More research is needed to evaluate the impact of postpartum care plans on outcomes.

> *Once I gave birth to my daughter, I didn't have any support. I literally had one appointment after I had her and that was 6 weeks after I gave birth to her...After that, I didn't really have any sort of support coming from being pregnant where you have an appointment once a month, every two weeks, and they are constantly checking on your blood pressure, how you are feeling, and ultrasounds. It literally just stopped after I had her.*
>
> HISPANIC WOMAN, TEXAS

Definition:

A postpartum care plan is a comprehensive, personalized document that serves as a written guide to support women in their recovery. The plan, created in collaboration between a woman and her interdisciplinary care team,[11] includes detailed information on medical care, treatment plans, management of conditions, and provider referrals following pregnancy. It also addresses the postpartum woman's personal priorities, available resources, and support systems.

Current Landscape and Guidance:

Overview

- 24% of mothers (23% of mothers with Medicaid/CHIP coverage and 20% of mothers with private insurance) report not having a contact number for a care provider for any concerns about themselves or their babies within the first two months after birth.
- The 4th Trimester Project has a template postpartum care plan intended to help providers and parents plan for postpartum support and resources

Guidance

The American College of Obstetricians and Gynecologists recommends that "anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care", and include discussions on infant feeding, "baby blues", parenting challenges, postpartum recovery, plans for long-term management of chronic health conditions, among others.

Coverage

Some health plans acknowledge the development of birth plans as a service that doulas offer, but there is currently not a specific reimbursement code or payment designated for birth or postpartum plan development for doulas or any other providers.

> *I wasn't told much about postpartum care other than [to] take it easy.*
>
> – BLACK WOMAN, ILLINOIS

RETURN ON INVESTMENT:

- One study found that most women going to the emergency department (ED) receive a diagnosis of "normal postpartum examination", suggesting that some ED visits can be prevented by improved knowledge about the postpartum period. Anticipatory guidance and postpartum education tailored to problems can reduce the need to seek care in the ED during the postpartum period, which can reduce medical costs.
- More research is needed to evaluate the impact of postpartum care plans on costs. However, postpartum care plans may offer savings by improving adherence to follow-up care and early interventions that help avoid more severe, costly interventions later on.

> *You just receive a bunch of pamphlets and then what? So I just think there needs to be more resources, more guidance, or like one-on-one guides for first-time mothers I would say.*
>
> – BLACK WOMAN, SOUTHEAST

BRIGHT SPOTS:

Currently, the 4th Trimester Project is collaborating with clinics in North Carolina and the University of North Carolina health system to implement postpartum care plans.

> *The discharge from the hospital was pretty much like, here is your baby and enjoy life. They didn't give any advice really, they just sent us home with pamphlets to read.*
>
> – BLACK WOMAN, CALIFORNIA

[11] More research is needed to determine the optimal time for the creation of these postpartum care plans. However, introducing the care plan during the final prenatal visits or at discharge can ensure women are well-informed and prepared for their recovery.