



WHAMglobal

Women's Health Activist Movement

WHAMglobal Brief: Reinvesting in Health & Reducing Maternal Mortality

Key Points

The rate of moms dying in the U.S. is three times higher than any other developed country. If we remove the 40% of waste in health care and reinvest in the right services at the right time, we could prevent over half of maternal deaths. Pennsylvania can become the best place for a mom to have a healthy baby by:

- Supporting a perinatal quality collaborative in Pennsylvania to measure the quality of care and apply what works in health systems
- Creating bundled payments for maternity care that give providers the flexibility to provide services that matter to pregnant women, mothers, and babies
- Enhancing the role of midwives as an integral part of maternity care by licensing and reimbursing certified midwives up to the full extent of their education and training
- Reimbursing certified doulas for providing continuous support to a mother

The Problem

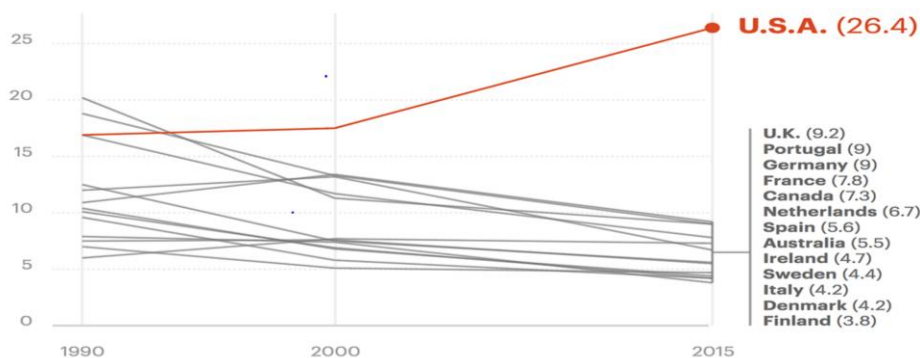
About forty percent of our healthcare dollar in the U.S. is **wasted** on preventable complications, inefficiencies, medical errors, and unnecessary treatments ([Health Affairs](#)). Twenty percent of this waste is due to overtreatment. We can remove unnecessary services by adopting the established Choosing Wisely guidelines, and **reinvesting** the savings in services that improve our health.¹



Maternity care is one example where women in the U.S. are dying from too much spending on waste and not enough spending on services that matter to the mom and baby. The rate of moms dying in the U.S. before, during, or after child birth is three times greater than any other developed country, and it is rising in the U.S ([Lancet](#)). Shockingly, **more moms are dying today than 20 years ago**.

As a result of investing in avoidable treatment and complications and not investing in the right services at the right time, the U.S. has high rates of C-sections, complications, and preterm births. About one in three moms have a C-section to deliver the baby ([CDC](#)), and one in 10 births are preterm ([CDC](#)).

Maternal Mortality: Three Times Higher in the U.S.



¹ Choosing Wisely is a national effort that lists over 500 recommendations regarding overused tests, treatments, and procedures that patients and clinicians should question and discuss with each other.
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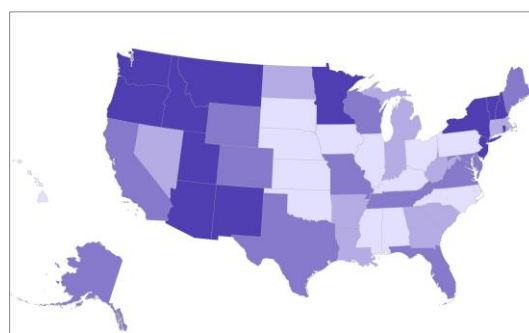
Maternal deaths are often attributed to the high rate of untreated chronic diseases in the U.S. and a decline in access to obstetrical care, particularly in rural areas. Half of pregnancy-related causes of death include hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection ([Maternal Mortality Review Committees \(MRCs\)](#)). Other factors include older mothers giving birth, the opioid epidemic, and social determinants of health. In the U.S. and Allegheny County, maternal mortality rates are four times higher for black women than for white women.

More than half of maternal deaths occur in the postpartum period. **Over 60% of maternal deaths are preventable** due to factors, such as lack of knowledge on warning signs and need to seek care, misdiagnosis and ineffective treatments, and lack of coordination between providers ([MMRCs](#)). In addition, one in seven women experience postpartum depression, and one in five of those will consider suicide—the second leading cause of death among new mothers.

Pennsylvania can be the best place for a mom to have a healthy baby, but we rank 17th in terms of the lowest maternal mortality rates in the U.S ([Health Rankings](#)).

Countries with lower maternal mortality rates have integrated midwives into their healthcare systems to a much greater degree than the U.S. Similarly, states that have done the most to integrate midwives into the healthcare workforce tend to have the best outcomes for mothers and babies. Yet, Pennsylvania ranks 13th in terms of the lowest degree of midwifery integration ([PLOS One](#)). In Great Britain, midwives assist in around half of all births. In Pennsylvania, 11% of births are attended by a certified midwife.

Map of Midwifery Integration across the United States



Deeper shades of purple represent higher integration and lighter shades represent lower integration of midwives.

Integrating midwives into healthcare systems could prevent more than 80% of maternal and newborn deaths worldwide by filling gaps in obstetric services and reducing overuse of unnecessary, high-risk services ([Lancet](#)). Midwives reduce instrumental births, preterm births, and miscarriages for women without serious health complications ([Cochrane](#)).

Australia is one of the countries with the lowest rates of maternal and infant mortality. Women live longer, spend less on health care, and receive excellent care across the board, especially in maternity care. Midwives are essential to a successful birth and parenting experience in Australia. The midwives conduct a comprehensive prenatal assessment at 20 weeks to initiate wrap-around services for six weeks to up to one year postpartum, depending on the risk level. Some function in hospitals and delivery settings, while others go into the home to develop the appropriate attachment and care behaviors. Parenting training and mental health assessments are built into the childbirth classes and home visits.

Policy Recommendations

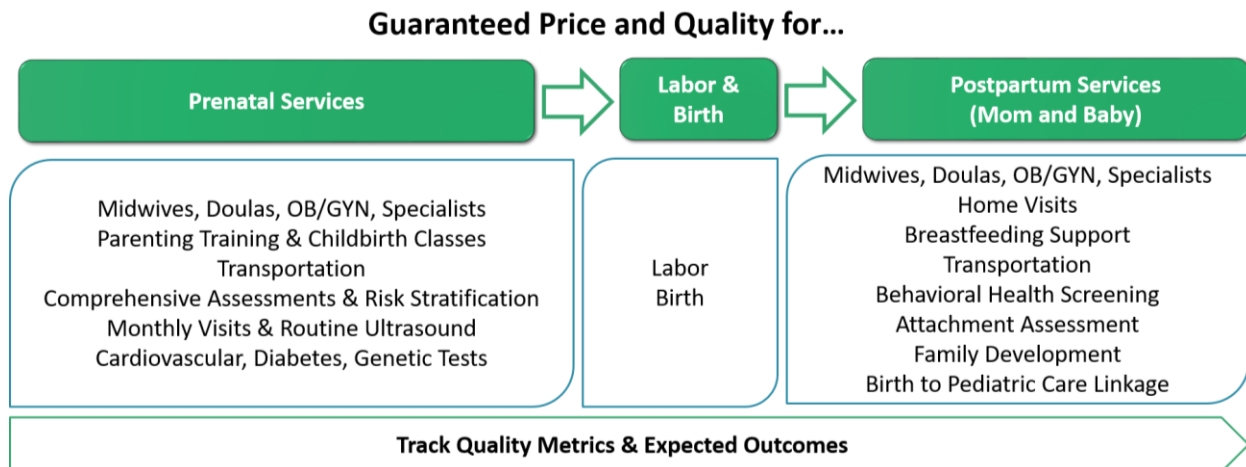
Create bundled payments for perinatal care in Medicaid and commercial health plans

This approach allows the provider to stop providing unnecessary services that are billable, and to reinvest in services that have been shown to improve outcomes for the mom and baby. Bundled payment models tie a lump sum price and expected quality outcomes to a continuum of services for a health episode (such as a pregnancy). This gives health systems incentives to make improvements across the continuum of prenatal, labor and birth, and postpartum care, with the goals of identifying and minimizing precursors that could cause harm and achieving a successful dyad of the mom and baby. For example, Geisinger Health System's Perinatal ProvenCare Initiative reduced NICU admissions by 25%, reduced C-sections by 26%, and eliminated early induction or elective C-sections before 41 weeks ([HCP-LAN](#)).

Bundled payment models give providers the flexibility to configure their teams and services based on their patients' needs rather than which services are billable. For example, comprehensive assessments, midwives, doulas, childbirth classes, parenting training, and home visits could be included in the bundled payment model even if these services are not billable in a fee-for-service billing system. And the unnecessary services listed in the Choosing Wisely guidelines could be excluded.

The State is in a unique position to convene multiple payers to set value-based payment targets that include bundled payment models and to develop these new payment methods. For example, the Pennsylvania Department of Human Services' Agreement with the Physical HealthChoices Managed Care Organizations (MCOs) requires them to spend 30% on value-based purchasing methods by 2019. Given that employers are paying for a product that results in 40% waste, employers can also put pressure on health plans to implement bundled payments to remove this waste and improve the health and satisfaction of their employees.

Maternity Bundles: Reinvesting in What Matters



Enhance the role of midwives as an integral member of the maternity care team in Pennsylvania by licensing and reimbursing Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives up to the full extent of their education and training

Midwives are trained professionals with special expertise in supporting women to maintain a healthy pregnancy and birth. They offer individualized care, education, counseling, and support to a woman and her newborn. There are three types of certified midwives:

- Certified Nurse Midwives are licensed, educated in nursing and midwifery at the graduate level, and certified based on the requirements of the American College of Nurse Midwives.
- Certified Midwives are educated in midwifery at the graduate level and certified based on the requirements of the American College of Nurse Midwives
- Certified Professional Midwives (CPMs) are certified based on the standards of the North American Registry of Midwives, with knowledge of and experience in out-of-hospital settings. They are educated in midwifery through self-study, apprenticeship, or educational programs, and primarily work outside of the hospital setting.

In Pennsylvania, Certified Nurse Midwives are licensed. The Scope of Practice for Certified Nurse Midwives is based on laws and regulations from 1929, the 1980s, and 2009 that require a collaborative agreement with a physician ([Subchapter A Sec 18.6](#)). Pennsylvania was the last state in the country to allow Certified Nurse Midwives to prescribe and administer drugs. Medicaid in Pennsylvania, as well as all of the other states, reimburse Certified Nurse Midwives ([Chapter 1142 Midwives' Services](#)).

However, non-nurse Certified Midwives and Certified Professional Midwives are not licensed or regulated in Pennsylvania even though 33 states license or certify these midwives and 14 states reimburse for their services ([NARM](#)). As a result, most home births are not being done by licensed providers in Pennsylvania, and Pennsylvania is losing Pennsylvania-trained midwives to other states with licensure and reimbursement policies. Licensing these midwives could result in more jobs for Pennsylvanians.

Legislation in Washington State ([SHB 1773](#)) defined licensed Midwives as having a high school education, being at least 21 years of age, possessing a certificate or diploma from a midwifery program, obtaining a minimum of three years of midwifery training, undertaking the care of at least 50 women in each perinatal period, observing 50 women in the intrapartum period, and passing an examination. The law also requires licensed midwives to renew their license by completing at least 30 hours of continuing education every three years, participating in a coordinated quality improvement program, submitting data on perinatal outcomes to a national or state research organization, and paying fees determined by the Secretary of Health.

Pennsylvania can create a similar infrastructure for midwives to become an integral part of the maternity care workforce in Pennsylvania. This would allow health systems to better tailor their services to women, depending on their risk levels. Women would have more options for how to have a positive birth experience that results in a strong attachment between the baby and the family.

Reimburse certified doulas

Doulas are trained professionals who provide continuous physical, emotional, and informational support to a mother before, during, and after childbirth. They can be become certified by DONA International, and have been shown to reduce C-sections by 28% and negative birth experiences by 34%. The American College of Obstetricians and Gynecologists (ACOG) cites them as one of the most effective tools to improve labor and delivery outcomes.

In Pennsylvania, reimbursement for doulas is limited and varies by the Medicaid MCOs. Reimbursement for certified doulas could be achieved by adding them to the supplemental Medicaid fee schedule or requiring the Physical Health MCOs to maintain an adequate network of doula services for home visits.

Allocate funding from the Title V Maternal and Child Health Block Grant for a perinatal quality collaborative in Pennsylvania

In May 2018, Pennsylvania passed legislation to become the 33rd state to create a Maternal Mortality Review Committee (MMRC) to systematically track and investigate maternal deaths. Although this is an improvement, Pennsylvania is only one of six states without a perinatal quality collaborative (PQC), which provides a mechanism to not only measure the quality of maternity care, but to act on the findings and improve the outcomes for mothers and babies by applying best practices.

PQCs have successfully reduced deliveries before 39 weeks of pregnancy without a medical reason, reduced health care associated bloodstream infections in newborns, and reduced severe pregnancy complications. For example, the California PQC observed a decline in maternal mortality by 55% between 2006 and 2013, and California now has the lowest rate of maternal mortality in the U.S.

PQCs can be funded by the Title V Block Grant and other partners, and they are often connected to national collaboratives, such as the CDC National Network of Perinatal Quality Collaboratives and the HRSA Alliance for Innovation on Maternal Health.

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