

MATERNAL HEALTH AND MORTALITY

AAFP Position

Primary care doctors are [essential](#) to the maternal health workforce and our ability to meet women's health care needs. Family physicians are well-trained, qualified, and an intricate part of providing comprehensive care for women throughout their lives. The American Academy of Family Physicians (AAFP) is [committed](#) to supporting family physicians who provide maternal and pediatric care by promoting evidence-based national guidelines, developing educational and training opportunities, supporting data collection, increasing health care access, building a robust primary care workforce, and encouraging best practices to reduce health care disparities.

Maternal Health in the United States

The United States ranks highest among industrialized nations in maternal mortality. More than 700 women die each year in the U.S. as a result of pregnancy or delivery complications and over 59 percent of these deaths are preventable.¹ The Centers for Disease Control and Prevention (CDC) established a [Pregnancy Mortality Surveillance System](#) to study the causes behind maternal mortality and recent trends in the U.S. Data have shown that the pregnancy mortality ratio has increased from 7.2 deaths per 100,000 live births in 1987 to 16.9 deaths per 100,000 live births in 2016.² While this ratio is increasing in the U.S., it is declining in all other industrialized nations.

These pregnancy mortality ratios show considerable disparities among various races, ethnicities, and other demographic groups. Higher mortality rates are disproportionately seen among black women, women of low income, and women living in rural areas. Black non-Hispanic women have the highest risk for mortality and are three to four times more likely than white women to die during pregnancy or in the postpartum period.¹ The leading causes of pregnancy-related morbidity and mortality include hemorrhage, infection, cardiovascular conditions, preeclampsia, eclampsia, and embolism.

State Action and Legislation

Expanding Medicaid Coverage for Postpartum Women

States that have expanded their Medicaid programs to 138% of the federal poverty level see improved maternal health outcomes before, during, and after birth, as well as reduced maternal mortality rates.³ The AAFP [supports](#) policies to expand Medicaid coverage for at least one year for postpartum women. Currently, Medicaid covers women for only 60 days postpartum, despite one-third of all pregnancy-related deaths occurring between one week and one year after pregnancy ends.⁴ Additionally, the 2005-2013 Medical Expenditure Panel Survey data showed that almost 60 percent of pregnant women experienced a change in insurance type during pregnancy, and half were uninsured at some point in the six months following birth. States may extend coverage from the minimum 60 days to all women 12 months postpartum through a Section 1115 waiver. Currently, 11 [states](#) (CA, GA, IL, MO, NJ, PA, SC, TN, TX, SC, WI) have enacted laws or submitted waiver applications to extend postpartum coverage but they must be approved by the federal government in order to take effect. For example, Illinois'

¹ American College of Obstetricians and Gynecologists. (2019). "Improving Maternal Health." Web.

² Centers for Disease Control and Prevention. (2020). "Pregnancy Mortality Surveillance System." Web.

³ Georgetown University Center for Children and Families. (2019). "Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies." Web.

⁴ Centers for Disease Control and Prevention. (2019). "Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017." Web.

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Section 1115 waiver [application](#) intends to provide 12 months of postpartum coverage of full Medicaid benefits for all new mothers enrolled. This waiver is currently pending with the Centers for Medicare & Medicaid Services. California's [law](#), which extends postpartum coverage for a period of one year only for women diagnosed with a maternal mental health condition, does not need federal approval.

Maternal Mortality Review Committees

Maternal mortality review committees (MMRCs) are multidisciplinary committees in states and cities that perform comprehensive reviews of deaths among pregnant women up to a year postpartum. Currently, all states and DC except three (ND, SD, WY) have established MMRCs.⁵ This comprehensive monitoring of clinical and non-clinical information allows health care professionals to better understand the circumstances associated with maternal mortality and make needed policy recommendations to prevent future deaths. It is critical that family physicians are appointed to these committees. State MMRCs have [shown](#) significant variation in how data is collected and reported, which can distort the effectiveness of MMRCs. The CDC partnered with MMRCs and subject matter experts to create the Maternal Mortality Review Information Application (MMRIA), which provides standardized data that can be used for surveillance and research. MMRCs are funded with state and federal funding. The CDC, a major funding source, [awarded](#) \$45 million in 2019 to support state [MMRC programs](#) in 25 states (AK, AZ, CA, CO, CT, DE, IL, IN, KS, LA, MS, MO, NH, NJ, NM, NY, NC, OH, PA, TN, TX, UT, WA, WI, WY).

Telehealth

Ten million women in the U.S. live in rural counties where pregnant women are often forced to travel long distances to access maternal care.⁶ These areas are commonly termed “health deserts.” Rural residents have a nine percent greater likelihood of severe maternal morbidity or mortality than their urban counterparts due to workforce shortages, transportation barriers, the opioid epidemic, and limited access to care.⁴ Telemedicine offers medical services and advice through video conferencing to help patients maintain a continuity of care with their physicians, ask questions, and monitor vital signs. Maintaining continuity of care using telemedicine after birth is critical, especially as 40 percent of women don't attend any postpartum visits.⁴ Furthermore, at-home monitoring helps patients actively participate in their care and improve their self-efficacy. All states and DC have Medicaid payment for live video, which can be helpful in answering questions, but only 22 states (AL, AK, AZ, CO, IL, IN, KS, LA, ME, MD, MN, MS, MO, NE, NY, OR, SC, TX, UT, VT, VA, WA) have Medicaid payment for remote patient monitoring of vital signs.⁷ 42 states (AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, ND, OH, OK, OR, RI, SD, TN, TX, UT, VT, VA, WA) and DC require some kind of private payer telehealth payment, but states vary in which services they cover and the amount of payment offered.

Alliance for Innovation in Maternal Health

The [Alliance for Innovation on Maternal Health](#) (AIM) is an initiative that brings together state groups and health systems to promote safe and consistent maternity care through evidence-based “maternal safety bundles.” These bundles include briefs for practitioners to learn and adopt best practices on topics such as early warning signs of complications, hemorrhage, hypertension, racial disparities, care for opioid-dependent women, and more. There are currently [27 states](#) (AK, CA, CO, DE, FL, GA, IL, IN, LA, MD, MA, MI, MS, MO, NE, NJ, NM, NY, NC, OK, SC, TN, TX, UT, VA, WA, WV) enrolled in AIM, all varying in their combinations of bundles. Hospitals and states can enroll in AIM on a voluntary and rolling basis through an enrollment form found on the website, which includes a readiness assessment, data reporting plan, and asks for a list of coordinators, partners, and champions that will be involved.

Updated: May 2020

⁵ American College of Obstetricians and Gynecologists. (2019). “State Maternal Mortality Review Committees, PQCs, and AIM.” Web.

⁶ Weigel G, Frederiksen B, Ranji U. (2020). “Telemedicine and Pregnancy Care.” *Kaiser Family Foundation*. Web.

⁷ Center for Connected Health Policy. (2019). “State Telehealth Laws and Reimbursement Policies.” Web.