



Maternal Health



The Issue

Approximately 700 women die from pregnancy-related complications each year in the United States, and 60% of those deaths are likely preventable.¹ According to the World Health Organization, the United States is one of the only high-income countries where deaths related to pregnancy or childbirth are on the rise.² Black women are also disproportionately affected, with rates of severe maternal morbidity and mortality two to three times that of white women.³

The main contributors to this crisis reflect deep-rooted issues within our health care system that we must address, including limited access to care. Pre-existing chronic conditions such as hypertension and diabetes, maternal age, and social factors such as household income and education also contribute to pregnancy-related deaths.

Our View

CVS Health supports proposals that empower safer pregnancies and connect expectant mothers with prenatal and postpartum care that meets their unique needs. We applaud recent efforts in Congress to support maternal mortality review committees and increase the availability of maternal health providers in underserved areas. We support additional legislative proposals to improve maternal health and critical policies must include:

- 1. Extend Medicaid coverage with full benefits for 1-year postpartum** – An estimated one-third of pregnancy-related deaths occurs one week to one year after a pregnancy ends.⁴ Medicaid coverage typically ends 60 days postpartum unless women remain eligible under a different Medicaid eligibility category (e.g., expansion population).
- 2. Expand initiatives to increase training on implicit and explicit bias, racism, and discrimination for employees in maternity care settings** – Black mothers across the country are facing a health crisis that is driven in part by bias in our health care system. Training will help ensure that women—especially Black women—have access to comprehensive, culturally competent care.
- 3. Expand access to pre and postnatal care via telemedicine where clinically appropriate.** Although some services need to be provided in person, services such as remote monitoring of blood pressure, counseling for postpartum depression, and other care management should be available via telehealth.

Public policy measures should also:

- **Establish a national, data-driven maternal safety and quality improvement initiative**, including the development of a core set of maternity care quality measures.
- **Establish programs that grow and diversify the maternal health workforce** including standardized credentialing of midwives and doulas to allow health plans to contract for their services more easily.
- **Expand support for home visiting programs** that address the holistic needs of pregnant and postpartum women.
- **Improve maternal health data collection and reporting** including a system where maternal deaths are investigated at the state level and then standardized across states and sent to a federally managed database.
- **Provide additional support for Perinatal Quality Collaboratives (PQCs) in all states**; PQCs have contributed to positive outcomes including reduced preterm births, reduced pregnancy complications, and solutions to address social challenges facing pregnant women.

CVS Health in Action: Tackling Maternal Mortality

CVS Health has committed \$5 million over the next five years to investing in community-based programs designed to reduce the maternal mortality in diverse populations – beginning with black women. We are supporting initiatives that address the four pillars of the maternal health continuum: contraception, prenatal care, hospital delivery care and postpartum support.

As part of our commitment, CVS Health recently launched a new, first-of-its-kind initiative designed to prevent the devastating impacts of preeclampsia in pregnant members in our commercial segment as part of the Aetna Maternity Program. Preeclampsia is a leading cause of maternal and infant illness and death that accounts for 15 percent of all preterm births in the United States.⁵

Although preeclampsia has no cure, taking one low-dose aspirin a day has been proven to be a low-cost, safe intervention that can significantly reduce the risk of the condition and its complications.⁶ The program identifies high-risk pregnant members for individualized outreach, including mailing a personalized prenatal care kit. Each kit contains educational materials about preeclampsia, along with a bottle of low-dose aspirin. Members also receive an appointment reminder card encouraging them to have informed conversations with their obstetrician about the potential benefits of low-dose aspirin.

Through our work with the National Association of Free and Charitable Clinics, we provide educational and clinical training for providers to help identify patients at risk for preeclampsia, along with needed aspirin donations. We are currently exploring ways to adapt this program for Medicaid members. CVS Health and Aetna will continue to empower safer pregnancies and connect expectant mothers with preventative care that meets their unique needs.

Endnotes

1 <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>

2 <https://www.who.int/bulletin/volumes/93/3/14-148627/en/>

3 https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm

4 <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>

5 <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication>

6 https://www.nejm.org/doi/full/10.1056/NEJMoa1704559?query=recirc_curatedRelated_article