Legislation to Advance Maternal Health During the COVID-19 Pandemic

As the COVID-19 crisis strains our hospitals and health care system, all who need health care are feeling the consequences of an overburdened system. **Nearly 1 in 4 hospital stays are related to pregnancy, childbirth and newborn care**, making maternity care by far the leading cause of hospitalization in the U.S.[1] Further, **pregnancy-related deaths and serious complications have been on the rise even before COVID-19**.[2]

The pandemic sheds light on our country's already failing maternity care system and exacerbates maternal health inequities. Now more than ever, it is critical to advance policies that lift up the needs of mothers and families. Together, the following policies, supported by bills already filed in the current Congress, can help ensure people get the quality, equitable, and respectful maternity care they need during the COVID-19 pandemic and beyond.

I. Permanently extend full-scope Medicaid coverage for at least 12 months postpartum with 100%Federal Medical Assistance Percentages (FMAP) for the first five years, then reduced to 90%.

Related legislation: **MOMMAs Act (S.916/H.R.1897)**

- In 2018, Medicaid covered 42% of all births in the U.S,[3] but this percentage will increase dramatically as unemployment skyrockets due to COVID-19 and people lose access to employer-sponsored insurance.
- Medicaid coverage must be comprehensive and continuous during and after the pandemic, as quality maternity care is essential for the health of the entire population.
- Continuous health care coverage through at least 12 months after birth is needed to address many worsening postpartum maternal complications and to prevent maternal deaths.[4]
- 1 in 3 pregnancy-related deaths occurs between one week and one year after childbirth, and almost 1 in 4 occurs between 6 weeks and one year postpartum.[5,6]
- Over 50,000 people experience life-threatening childbirth complications each year, and countless others experience mental health issues during pregnancy and following childbirth. Many of these complications develop or worsen postpartum, requiring ongoing care during the extended postpartum period.[7]

II. Make safe, virtual care and monitoring available for prenatal and postpartum health care, including mental health.

Related legislation: **MOMMIES Act (S.1343/H.R.2602)** & **Tech to Save Moms Act (H.R.6138)**

- Accessible, remote options are needed during the current pandemic for prenatal and postpartum appointments, as well as perinatal mental health care and online prenatal and childbirth education.
- Remote monitoring equipment, such as blood pressure cuffs, can help monitor pregnant patients between appointments, especially those with high-risk pregnancies.[8]
- Before the pandemic, only a few states had Medicaid policies that specifically addressed maternity care in their reimbursable telehealth services, and no states explicitly required private insurance to cover pregnancy-related telemedicine services or remote patient monitoring.[9]
- Need for high-speed internet and internet-enabled devices can be barriers to telemedicine for childbearing people and maternity care providers, highlighting the need for telehealth by phone and through platforms that are free to users.[10]

III. Improve access to midwifery care and community birth options.

Related legislation: **Midwives for MOMS Act (H.R.3849, bipartisan)** & **BABIES Act (H.R.5189, bipartisan)**

- People with healthy, low-risk pregnancies want and need choice of birth setting, especially with fear of COVID-19 exposure in hospital settings and hospitals' restrictive labor support policies. This includes improved access to birth centers, auxiliary maternity units, and other out-of-hospital options.

- As stated in a recent National Academies of Medicine report, midwives and community birth are evidence-based alternatives to in-hospital birth.[11] These options can help relieve pressure on the physician workforce, minimize COVID-19 transmission, and efficiently direct health system resources.
- Midwifery care is associated with fewer unnecessary interventions, increased positive experience of care and patient satisfaction, and lower health care costs, as compared to physician-led care. [12]
- Community birth settings have been found to lead to excellent health outcomes for both childbearing parents and newborns (e.g., reduced preterm birth and cesarean rates), with health care cost savings.[13]
- Restrictive regulations on midwifery care and community birth, as well as insufficient insurance reimbursement and Medicaid coverage, limit access for many low-income people and people of color.

IV. Expand access to community-based doulas, peer childbirth educators, and peer counselors.

Related legislation: **MOMMIES Act (S.1343/H.R.2602)** & **Kira Johnson Act (H.R.6144)**

- Community-based doulas, childbirth educators, and lactation counselors can provide the emotional, informational, systems navigation and support that childbearing families need during this period of added stress and difficulties accessing care.
- Community-based programs offer trusted, respectful, culturally congruent support to people in underserved communities, improving outcomes, centering the voices of childbearing people, and linking clients with a variety of support services to take a holistic approach to maternal health.
- Research supports the benefits of community-based doula support for maternal health outcomes, including lower rates of low birthweight, preterm birth, cesarean birth, and postpartum depression; increased breastfeeding; and more positive birth experiences.[14,15,16]
- Many perinatal support workers are adjusting to provide virtual support during the COVID-19 pandemic, as in-person support is being limited or prohibited.

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