Transforming Maternity Care Blueprint for Action
Scope of Covered Services for Maternity Care

This document presents the content of the Transforming Maternity Care Blueprint for Action that addresses one of eleven critical focus areas. The complete Blueprint for Action can be accessed at http://transform.childbirthconnection.org/blueprint

Problems

Women face barriers to accessing maternity care benefits in both group and individual private health insurance markets and in Medicaid programs

Widespread discriminatory practices create barriers for women of childbearing age to obtain coverage for maternity care services in private insurance markets. Exclusion of maternity benefits, considering past obstetric history a preexisting condition, and gender-rating similar plans at a higher price for women than for men are among the most pervasive problems. Many low-income, pregnant women are currently eligible for Medicaid coverage only during their pregnancy, leading to delays in care and lack of coverage for critical early primary and secondary prevention and for adequate follow-up in the postpartum period.

Lack of a standardized set of covered evidence-based maternity services

The lack of consensus on a comprehensive package of essential maternity services that have been shown to improve health outcomes, and should be covered by public and private insurance, leads to unwarranted variation in maternity care. This involves both the missed opportunity to deliver effective, high-value services and the wastefulness of delivering services that are ineffective, compare unfavorably with other options, or are provided outside of supported indications.

Typical maternity coverage leaves major gaps in critical aspects of care

The current system for reimbursement of maternity services favors volume of acute interventions and diagnostic procedures concentrated around the time of birth, and leaves important gaps in preventive care and wellness services. These include counseling and behavioral services, preconception and interconception care, postpartum care that includes mental health and family support services, and care that is tailored to meet the needs of women and families related to such factors as language, access, and socioeconomic status.

Gaps in knowledge about the effectiveness of many maternity services

Despite extensive research to clarify the effectiveness of interventions for childbearing women and newborns and to compare alternative approaches, significant gaps in knowledge remain. However, maternity care research and development are systematically underfunded (Fisk & Atun, 2008, 2009), leading to uncertainty about optimal coverage and provision of services. Comparative effectiveness research is needed to answer many such questions.
System Goals

- Maternity care is a part of a continuum of women’s health care through the life span.
- All childbearing women and newborns have access to evidence-based maternity services that foster healthy development and address special needs.
- Benefits coverage and service delivery are outcome driven.

Major Recommendations and Action Steps

1. Identify an essential package of evidence-based maternity care services for healthy childbearing women and newborns, and additional essential services of benefit to women and newborns with special needs.
   - Designate a federal agency or the Institute of Medicine to convene an independent multi-stake-holder panel to specify an essential package of evidence-based maternity services for healthy women and newborns and for those with special conditions or risks. Ensure the package includes mental health services and support services such as language translation and care coordination for all women who need them.
     - Ensure that the essential package includes recommendations on indications for services, frequency, suitable providers, and the evidence base relating to both benefits and harms.
     - Require included services to meet a high standard of evidence, ideally one or more up-to-date, well-conducted systematic reviews indicating meaningful contribution to health outcomes. Although public and private insurers could cover services that warrant further research, those services should be identified as such. These distinctions could help to guide resource allocation, encourage recognition of areas of uncertainty in decision making, and identify research gaps with potential to improve maternity care quality and value. Interventions that are proven to be of no benefit should go on a “Do Not Pay” list.
     - Ensure that relevant stakeholders have an opportunity for public feedback on the inventory of well-supported services and those that are excluded.
     - Widely disseminate the panel’s report and ensure that it is accessible to a broad range of stakeholders.

2. Carry out research to evaluate the comparative effectiveness and safety of priority maternity services that require further evidence before they can be considered for inclusion in the essential services list.
   - Within the national comparative effectiveness research program, apply established criteria to identify research priorities among the forms of maternity care that lack the evidence base to clarify whether they can be placed on the list of essential services, and carry out research to assess the safety and effectiveness of identified priority maternity services (National Business Coalition on Health, 2009).
   - Establish a process for updating the status of maternity services and informing the stakeholders as the evidence base evolves.

3. Use determinations about comparative effectiveness of maternity services to make coverage decisions and improve the quality of maternity care.
   - Ensure that essential maternity services are covered services in all benefits packages for all women. By contrast, to avoid waste and possible harm, ensure that public and private insurers do not cover maternity services proven to be of no
benefit. Coverage options for maternity services of unknown effectiveness include: exclusion from scope of covered services, or tiered insurance plans that require purchasers or consumers who choose plans with coverage of services that lack strong evidence of benefit to pay more for them.

- Use the results of comparative effectiveness work to identify essential, uncertain, and disproven maternity services to inform a broad range of quality improvement activities. These should include health professions education, quality improvement programs, and the development of clinical practice guidelines, performance measures, and decision tools for health professionals and childbearing women.
- Ensure that health systems provide women and families and providers with decision tools to help them understand benefits, harms, and trade-offs and make informed decisions. Give special attention to informing women about comparative benefits and harms of alternatives, such as no test versus test A versus test B.

Lead Responsibilities
Multi-stakeholder collaboration is necessary to identify and implement essential maternity services. Key stakeholders include all types of maternity caregivers; experts in nutrition, mental health, and oral health of childbearing women and newborns; pediatricians and other newborn care providers; epidemiologists and other researchers; public and private insurers; health business groups and coalitions; and consumers and advocates.

References


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