

BARRIER TO CHANGE:

→ **Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care.**

This document describes actions from the [Birth Equity Action Map](#) that can help to shift current health insurance and payment system structures perpetuating inequitable access to care,, which was identified as a barrier to change using the [Iceberg Model of Systems Thinking](#). Click [here](#) to view these actions in the interactive Birth Equity Action Map.



ACTION



DESCRIPTION



RESPONSIBLE SYSTEM ACTORS

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<p>Collaborate across silos to provide continuous care^{1,2,3,4}</p>	<p>Commit to ongoing communication and collaboration among healthcare providers and birth workers to eliminate silos, strengthen the continuum of care while implementing evidence-based practices, and ensure warm handoffs across transitions (e.g., from pregnancy to postpartum). Specifically, this can look like:</p> <ul style="list-style-type: none"> • Provide postpartum services for at least 12 months • Optimize the current two postpartum visits recommended by the American College of Obstetricians and Gynecologists • Report the nationally endorsed Contraceptive Care-Postpartum performance measure • Provide affordable and accessible childcare during perinatal appointments • Provide mobile health services to families in rural areas • Collaborate across health systems and payers to align and expand covered services 	<p>Hospitals, Health systems, Legislators</p>
<p>Expand innovative care models^{1,4}</p>	<p>Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include:</p> <ul style="list-style-type: none"> • Midwifery-led prenatal care • Group prenatal care options • Telehealth and home monitoring programs. • Establishing Medicaid demonstration projects to test payment models for maternity care • Assessing the impact and opportunity for developing birth centers within the Federally Qualified Health Center model 	<p>Health systems, Hospitals, Academic institutions, Payers</p>

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<p>Expand maternal mental and behavioral health care^{1,3}</p>	<p>Expand culturally competent maternal mental and behavioral health care to support families impacted by substance use disorders and mental illness. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Address and strengthen systems for people with mental health challenges and/or substance use disorders, recognizing the unique needs of each and that care only partially overlaps • Invest in community-based programs that provide mental and behavioral health treatment and support to birthing people with maternal mental health conditions or substance use disorder, including: group prenatal and postpartum care models; collaborative maternity care models; initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions; programs at freestanding birth centers; suicide prevention programs; and harm reduction services. • Fill gaps in mental and behavioral health care provision by providing postpartum services and mental health care training and support to fathers, partners, and family members, incorporating screenings for postpartum depression into baby well-visits, and other methods. • Increase access to maternal mental health services by increasing the number of mental health providers participating in Medicaid and other public and private insurance programs, increasing reimbursement rates, and covering nontraditional, alternative behavioral health therapies such as meditation or art therapy. • Ensure and destigmatize access to medications for opioid use disorder (MOUD) for pregnant and postpartum people • Expand access to peer support services for pregnant and postpartum people with substance use disorders • Enact policies to increase access to harm reduction services, including syringe exchange services and naloxone distribution • Implement targeted provider training that addresses stereotyping, implicit bias, social determinants of health, and shared decision making for pregnant and parenting people with mental health and substance use challenges • Assess and change state policies to ensure birthing people are offered non-punitive, evidence-based support for substance use disorders, rather than approaches that punish or criminalize people for seeking treatment • Implement the Perinatal Mental Health Conditions and Care for Pregnant and Postpartum People with Substance Use Disorder AIM Patient Safety Bundles 	<p>State and local health agencies, Community-based organizations, Federal agencies, Private funders, Health systems, Payers, Legislators</p>
<p>Fully integrate doulas and midwives into birthing care teams^{1,3}</p>	<p>Fully integrate doulas and midwives into care teams by assessing and changing policies limiting their involvement, developing strong partnerships between health systems and community-based organizations, and supporting doula/midwife cooperatives and training programs.</p> <p>This must include attention to unintended consequences such as the prioritization of doulas and midwives associated with health systems over community-based doulas.</p>	<p>Health systems, Hospitals, Payers, Professional medical associations</p>

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<p>Increase diverse labor and delivery care access^{1,3,4}</p>	<p>Collaborate and innovate to increase access to diverse labor and delivery care (including birth centers) and connections/referrals between labor and delivery and other health care (e.g., emergency departments) and social services (e.g., transportation) to improve patient care and outcomes.</p>	<p>Health systems, Legislators</p>
<p>Strengthen facility and provider accountability for patient rights^{3,4}</p>	<p>Assess and strengthen health system and hospital policies and insurance policies to ensure facility and provider accountability to patient rights and birthing autonomy.</p> <p>This could include implementing a consistent, streamlined process for accessing financial assistance or charitable care, within and outside the provider institution, that is not punitive or predicated on the existence of medical debt.</p>	<p>Health systems, Hospitals, Payers, Legislators</p>
<p>Support patients in understanding and using insurance³</p>	<p>Those providing and accepting insurance need to strive to make information about insurance and coverage policies as transparent, accessible, and up-to-date as possible, and support community-level initiatives working to help patients obtain all supports they are eligible for (e.g., insurance, social services, etc.).</p>	<p>State and local health agencies, Health systems, Hospitals, Payers</p>

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Sources

Actions were synthesized from a two-part Systems Mapping to Advance Birth Equity workshop with 48 diverse actors representing federal, state, local, community, and family birth equity partners as well as the following recommended recent sources that have called for specific actions to advance birth equity.

1. Black Mamas Matter Alliance (2023). Black Mamas Matter: In Policy and Practice: A policy agenda for the Black maternal health, rights, and justice movement.
2. Institute for Medicaid Innovation (2023). Innovation in Perinatal and Child Health in Medicaid.
3. National Birth Equity Systems Mapping Workshop (2023). AMCHP Virtual Workshop, May and June 2023.
4. National Partnership for Women and Families (2023). Raising the Bar for Maternal Health Equity and Excellence.
5. New Jersey Health Care Quality Institute and The Burke Foundation (2022). Delivering Better Care: Midwifery Practice in New Jersey.

Participating Organizations (in the workshop or feedback sessions)

- Alliance for Early Success
- Birthing Cultural Rigor, LLC
- BirthMatters
- Black Mamas ATX
- CityMatCH
- Family Solutions: A Program of the SC Office of Rural Health
- Funders for Birth Justice and Equity
- Georgetown University Center for Children and Families
- Giving Austin Labor Support
- Greater Newark Health Care Coalition
- Hand to Hold
- Healthy Mothers, Healthy Babies Coalition of Georgia
- HRSA's Maternal and Child Health Bureau
- Institute for Women and Ethnic Studies
- Intermountain Health RMOMS Program
- Mama Sana Vibrant Woman
- Mamatoto Village
- March of Dimes
- Maternal Health Equity Collaborative
- Maternal Mental Health Leadership Alliance
- Merck for Mothers
- Minnesota Indian Women's Resource Center
- National Healthy Start Association
- National Institute for Children's Health Quality
- National Partnership for Women & Families
- Our Journ3i
- Philadelphia Department of Public Health
- Preeclampsia Foundation
- Rhode Island Department of Health
- Sedgwick County Health Department
- St. Joseph County Department of Health
- Starting Out Right
- The BEE Collective
- The Reilly Group
- Trenton Health Team
- The U.S. Department of Agriculture
- U.S. Department of Labor
- Utah Pacific Islander Health Coalition
- University of Washington's Parent-Child Assistance Program

