AMCHP ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

SYSTEM ACTOR:

Payers

This document describes actions from the Birth Equity Action Map that payers can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define payers as public (i.e., Medicaid and Medicare) and private health insurance agencies that finance or reimburse the cost of health services. These actors play a pivotal role in the health system, directly impacting access, affordability, and the quality of health care services. **Click here to explore these payer actions in the interactive Birth Equity Action Map.**

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Ensure equitable, trauma-informed, patient-centered care[1,3,4]	Ensure equitable, trauma-informed, patient-centered care is provided and rooted in reproductive justice. Specifically, this might look like: ▪ Develop community-led governance structures within health systems ▪ Invest in reproductive justice informed peer-to-peer, and community health worker programs ▪ Train providers to deliver respectable maternity care, including respect for the full range of birthing options and patient autonomy ▪ Provide access to peer counselors and lactation specialists to support human milk feeding ▪ Establish breastfeeding-friendly spaces and adhere to the 10 Steps to Successful Breastfeeding.	Hospitals, Health systems, Medical and health education programs	System Structure: Extent to which federal and state governments prioritize maternal and infant health equity System Structure: Extent to which federal and state governments prioritize maternal and infant health equity System Structure: Hospital systems based on the "average" individual, not taking into account the diverse needs and wants of individual families Mental Model: The focus on individual care, rather than in the family/community context

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Expand health insurance coverage[1,2,3]	Health insurance State and local health agencies and policymakers should expand coverage based on community-generated needs and evidence-based approaches, including coverage for the full range of contraceptive (e.g., over-the-counter contraception, 12-month supply, etc.), reproductive, and infant-feeding options. Public and private insurance plans should also ensure a robust network of birth justice informed reproductive health, allied health, and perinatal health providers.	Professional medical associations, Legislators	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice
Expand innovative care models[1,4]	Health systems should develop and evaluate innovative care delivery models to expand and improve options for birthing parents and families. Specifically, this can include: ▪ 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.	Federal agencies, Hospitals, Academic institutions, Health systems	System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice Mental Model: Practice and research focus on the problem and not the solution

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Expand maternal mental and behavioral health care[1,3]	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: ▪ 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	Community-based organizations, Federal agencies, Private funders, Health systems, State and local health agencies, Legislators	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care Mental Model: The devaluing of women and childbirth and intense focus on the newborn Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Fully integrate doulas and midwives into birthing care teams[1,3]	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. This must include attention to unintended consequences such as the prioritization of doulas and midwives associated with health systems over community-based doulas.	Community-based organizations, Hospitals, Health systems, Professional medical associations	System Structure: Lack of support for diverse birthing workforce System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice Mental Model: Resistance to including doulas and midwives in care teams
Implement and strengthen team-based care approaches[3,4]	Implement and strengthen team-based care approaches in order to provide cohesive, collaborative care to birthing people and their families. This should include OBGYNs, doulas, midwives, mental health professionals, pediatricians, community health workers, community nurses, home visitors, etc.	Hospitals, Health systems, Professional medical associations	System Structure: Lack of support for diverse birthing workforce Mental Model: Resistance to collaboration across sectors
Promote disaggregated data collection and sharing[3,4]	Enhance and financially support comprehensive, disaggregated data collection and transparent sharing from health systems in order to accurately understand and track inequities and allocate funding.	Health systems, Hospitals, State and local health agencies	System Structure: Hospital performance data lacks disaggregation and structural measures
Reform hospital accountability benchmarks[1,3,5]	Reform hospital accountability benchmarks to incentivize care delivery that is free from bias and medical error, based in equity, accounts for different provider types, and is patient-centered. This should also include incentivizing, measuring, and reporting on the frequency and quality of human milk feeding initiation and support in hospital obstetric units and scaling up measures like the Patient Reported Experience Measure of Obstetric Racism© (also called The PREM-OB Scale™ Suite) to increase hospital capacity for transformation.	National non-profits, Health systems	System Structure: Hospital performance data lacks disaggregation and structural measures

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
Reimagine and invest in housing programs[1]	Invest in innovative programs and partnerships that facilitate Black women and birthing people's access to housing and financial resources, including through housing cooperatives, community land trusts, managed care organizations, Section 1115 waivers, guaranteed income programs, and other methods. Include multigenerational families, families with multiple dependents, and other non-traditional family structures in these innovations.	Community-based organizations, Federal agencies, Private funders, State and local health agencies, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports
Strengthen facility and provider accountability for patient rights[3,4]	Assess and strengthen health system and hospital policies and insurance policies to ensure facility and provider accountability to patient rights and birthing autonomy. 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.	Hospitals, Health systems, Legislators	System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports System Structure: Hospital performance data lacks disaggregation and structural measures Mental Model: Persistent implicit bias among providers and lack of empathy towards pregnant people with systemically marginalized identities Mental Model: The devaluing of women and childbirth and intense focus on the newborn
Support patients in understanding and using insurance[3]	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.)	Health systems, Hospitals, State and local health agencies	System Structure: Health insurance and payment systems create and maintain inequitable access to health care and holistic perinatal care

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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 of 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