

# Delivering High-Quality, High-Value Care to Childbearing Women and Babies: Policymakers Can Make a Difference

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Policymakers can help promote safe, healthy childbirth experiences for women and babies in the United States with wiser use of resources. Our nation lags behind many others, with worse maternal-newborn care and health, at greater cost. Improvement is essential, as this care impacts the entire population during a crucial window of development and fully 85 percent of women give birth once or more in their lifetime. Improvement can also play a major role in controlling health care costs. In 2012, maternal-newborn care accounted for 22 percent of hospital discharges and \$34.6 billion in hospital payments alone. Six of the ten most common hospital procedures and the most common operating room procedure – cesarean delivery – are carried out in childbearing women and newborns. However, a technology-intensive approach is often unwarranted for this largely healthy population. With Medicaid as the primary payer for 45 percent of childbearing women and 47 percent of newborns, government has a major stake in, and responsibility for, the quality and value of maternal-newborn care.

A new report from Childbirth Connection Programs at the National Partnership for Women & Families identifies abundant opportunities to create a high-quality, high-value maternity care system. *Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care* ([www.ChildbirthConnection.org/HormonalPhysiology](http://www.ChildbirthConnection.org/HormonalPhysiology)) reveals many health benefits of the innate processes of labor, birth, breastfeeding and attachment that – with supportive care – occur naturally in women and babies. For those without a clear need, the report finds, many modern medical “advances” that are widely used in this primarily healthy population are a poor substitute for the body’s own – too often untapped – beneficial processes. Costly overused interventions such as labor induction and cesarean section interfere with these benefits and should only be used when clearly indicated. Beneficial practices such as labor support and skin-to-skin mother-baby contact after birth support healthy childbirth processes and are underused; increasing their use offers important opportunities for gains.

To improve the health of mothers and babies, eliminate waste, and use health care resources wisely, policymakers should:

1. Encourage use of innovative maternity care payment and delivery systems that foster appropriate care for healthy women and babies, healthy outcomes, and high-value care, including within accountable care organizations, maternity care homes, and integrated delivery systems.
2. Increase access to caregivers and care settings that most reliably support physiologic childbearing:

- ▶ *Midwives.* Ways to increase access include: increase the supply of midwives, enable midwives to practice to the fullest extent of their scope of practice, and encourage pregnant women to use midwifery care.
  - ▶ *Freestanding birth centers.* Ways to increase access include: support the development of freestanding birth centers, remove reimbursement and other barriers to birth center sustainability, and encourage pregnant women to use birth centers.
  - ▶ *Birth doulas.* Ways to increase access include: create reimbursement mechanisms for birth doula care, support community-based doula programs, and encourage pregnant women to use doulas.
3. Support quality collaboratives and other maternity care quality improvement initiatives to foster care that supports physiologic processes in healthy women and newborns and, whenever safe, in those with special needs (e.g., routine skin-to-skin mother-baby contact after cesarean birth). (The Quality Care for Moms and Babies Act, S. 466, includes support for maternity care quality collaboratives.)
  4. Leverage The Joint Commission’s Cesarean Delivery (PC-03) and Exclusive Breast Milk Feeding (PC-05) facility-level performance measures for quality improvement and public reporting, and similarly apply these to clinician-group and health plan care. (S. 466 includes support for maternity care quality measurement.)
  5. Develop and implement experience of care, outcome, and woman-reported quality measures to foster care environments and practices that support the innate capacities of childbearing women and newborns. (S. 466 includes support for maternity care quality measurement.)
  6. Develop and publicize the availability of user-friendly web portals to enable pregnant women to consider meaningful, broadly applicable, and up-to-date performance results when choosing health plans, maternity care providers, and birth settings.
  7. To promote breastfeeding, provide incentives for all facilities to secure and maintain the Baby-Friendly Hospital Initiative designation.
  8. Support a public education campaign to inform women, the general public, journalists and others about the value of physiologic childbearing processes for healthy women and newborns, and steps women can take to experience such processes.
  9. Support pilot projects to develop and implement model health professions education curricula to ensure that all members of teams caring for childbearing women and newborns have foundational knowledge about physiologic processes around the time of birth, how to foster these processes, and impacts of common maternity care practices on them.
  10. Fund research to fill knowledge gaps about the hormonal physiology of childbearing and the impact of common maternity care interventions on physiologic processes over the short, medium, and longer terms. Of special interest are 1) clarifying impacts of common perinatal interventions on breastfeeding, maternal behaviors and mother-baby attachment, and maternal mood states, and 2) understanding their possible long-term epigenetic effects.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at [www.NationalPartnership.org](http://www.NationalPartnership.org).

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