

Key Barriers to Comprehensive Preconception Through Postpartum Care: Focus on Health Policy

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SCHOOL OF MEDICINE

Deep inequities exist in maternal outcomes



America's high maternal mortality rates:
Racial and ethnic disparities persist



Deaths per 100,000 births

Total

16.7

Black

40.8

American
Indian/Alaska Native

29.7

Asian/Pacific
Islander

13.3

White

12.7

Hispanic

11.5

Pregnancy-related
mortality ratios are

3.2 times

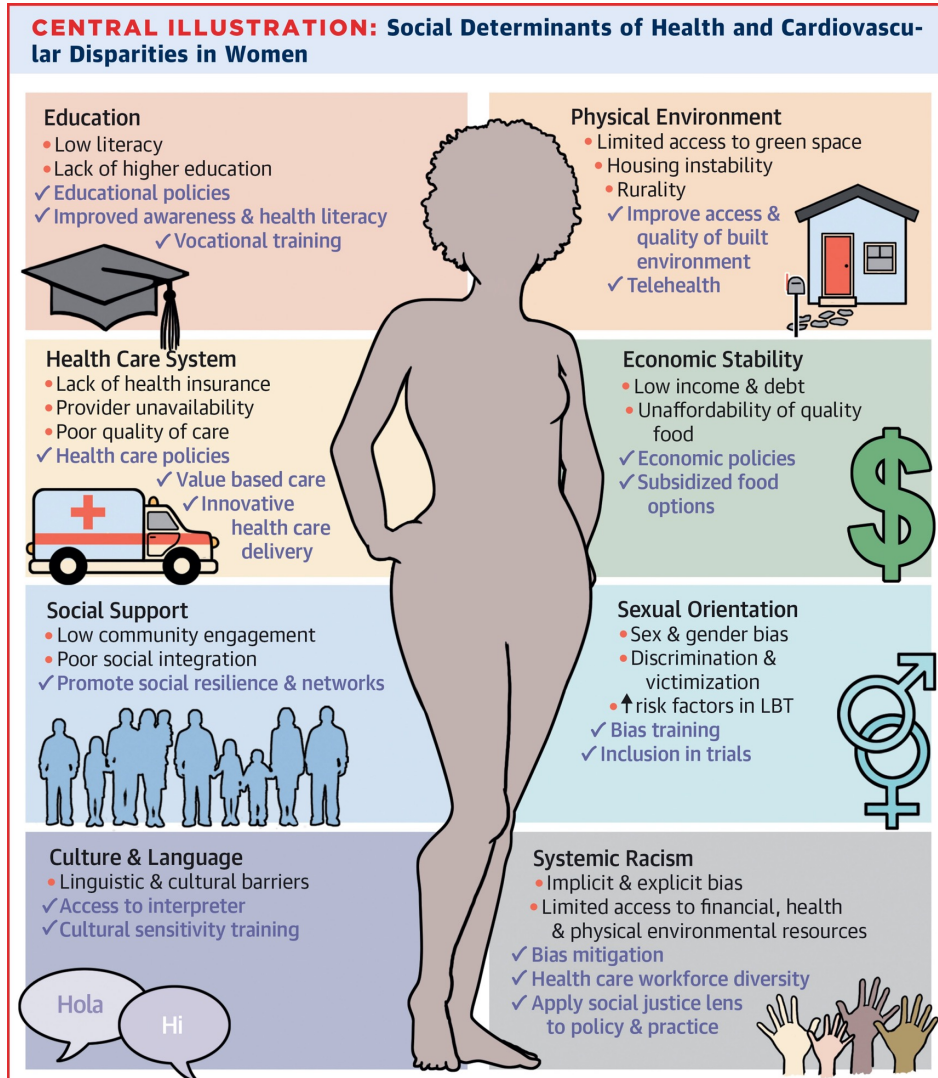
higher for
black women
&

2.3 times

higher for
American Indian/
Alaska Native
than for white
women

CDC (2019) | For full citation go to www.nihcm.org

What underlies these differences?



Structural Inequities

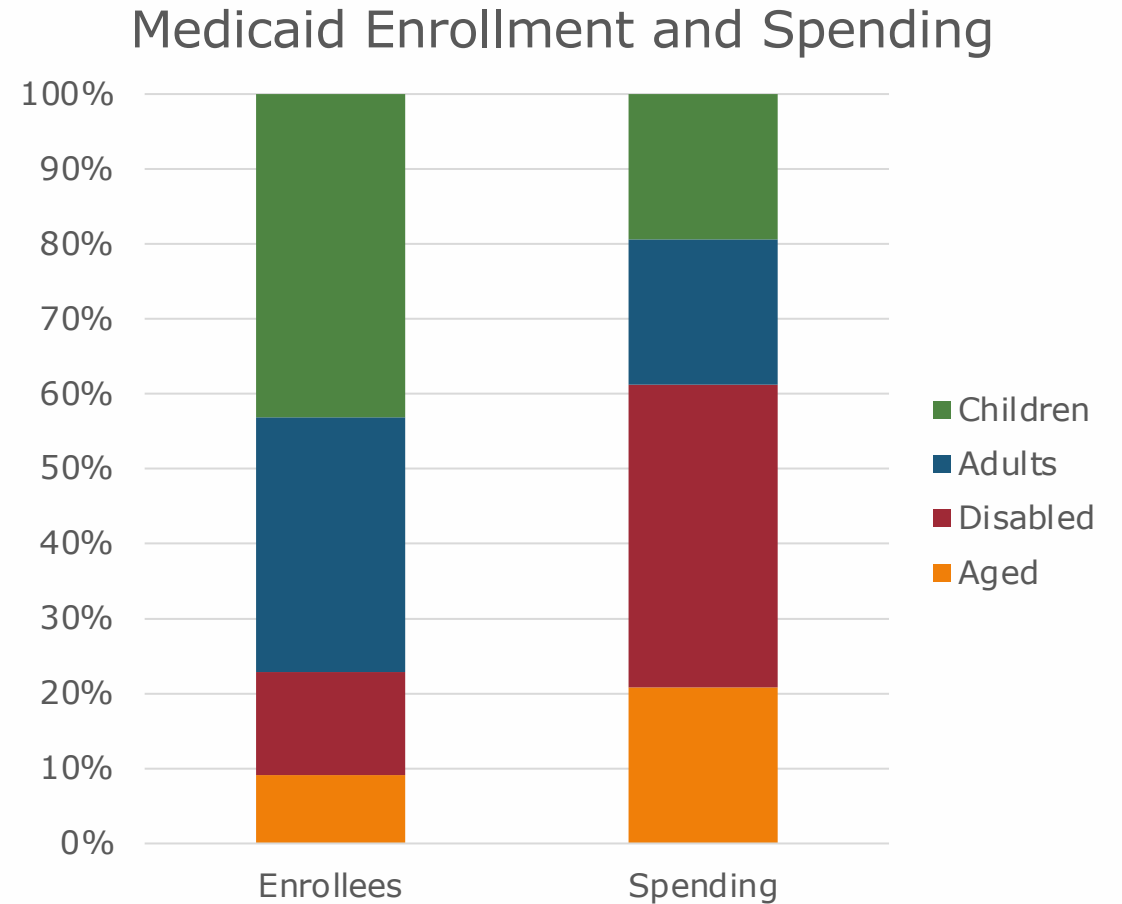
Lindley, K.J. et al. J Am Coll Cardiol. 2021;78(19):1919-1929.

Maternal health inequities and poor health outcomes are a policy problem

- Reflective of systemic, broad, longstanding issues
- Not likely to improve by clinician will alone, or with the invention of a new drug, or a new device, or a new surgical technique, or a new imaging modality
- We have to structurally undo what was structurally done

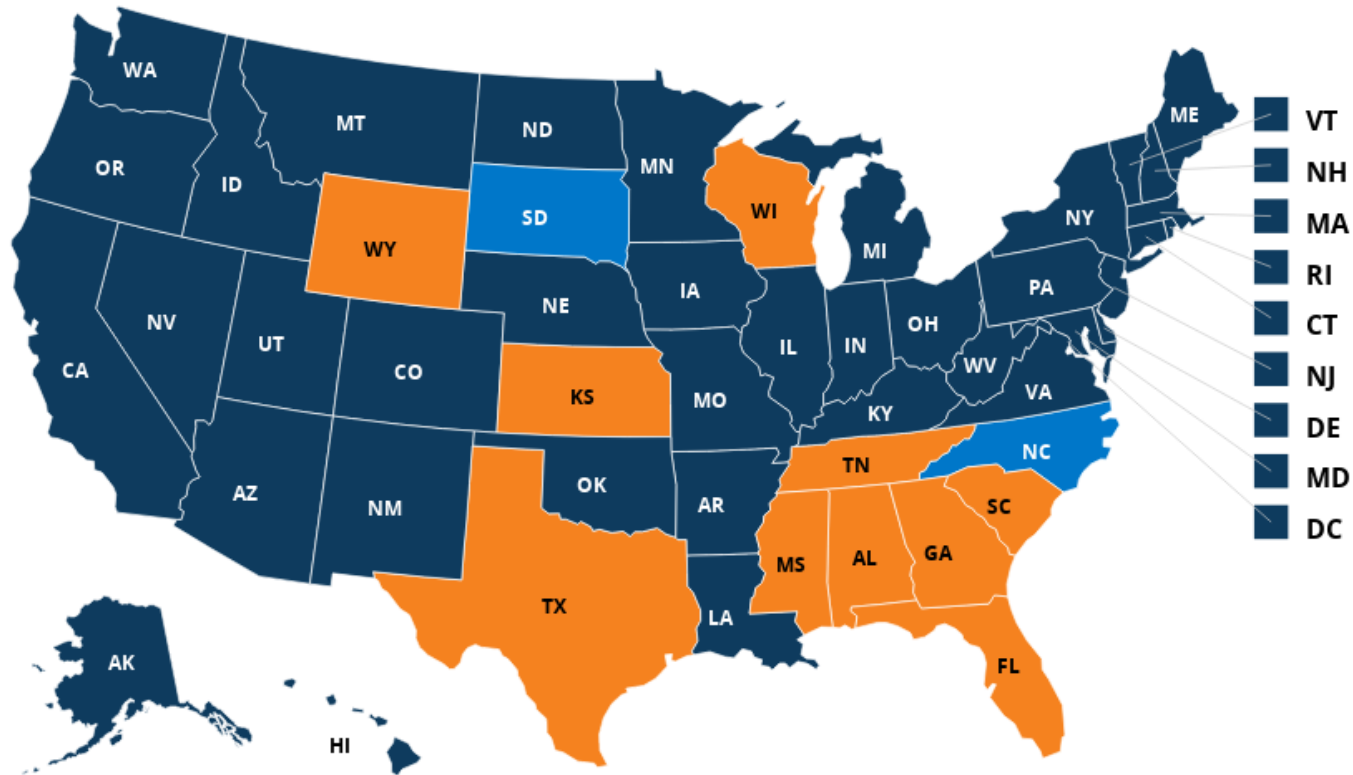
Access: Role of Medicaid insurance

- State-administered program to provide coverage to people living in poverty, created in 1965
- Funded ~ 60/40 federal/state, but match rates range (50-76%)
- Covers 76 million beneficiaries, half of all births and 60% of nursing home care
- Benefits and eligibility differ by state
 - All states cover pregnant women and most children up to 200-300% of the federal poverty limit (~\$12K/individual), and people with disabilities



Medicaid Expansion and Extension

Status of State Action on the Medicaid Expansion Decision

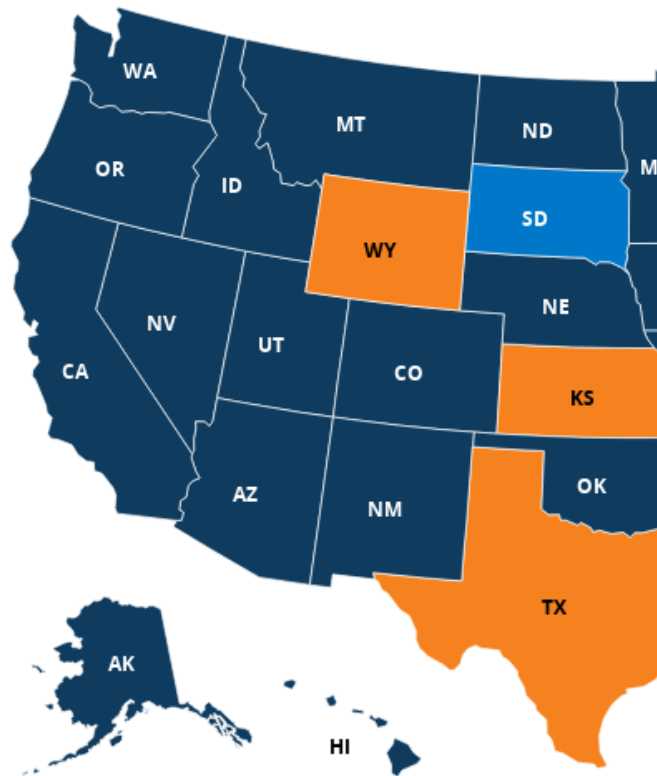


■ Adopted and Implemented ■ Adopted but Not Implemented ■ Not Adopted

SOURCE: Kaiser Family Foundation, kff.org

Medicaid Expansion

Status of State Action on the Medicaid Expansion Decision

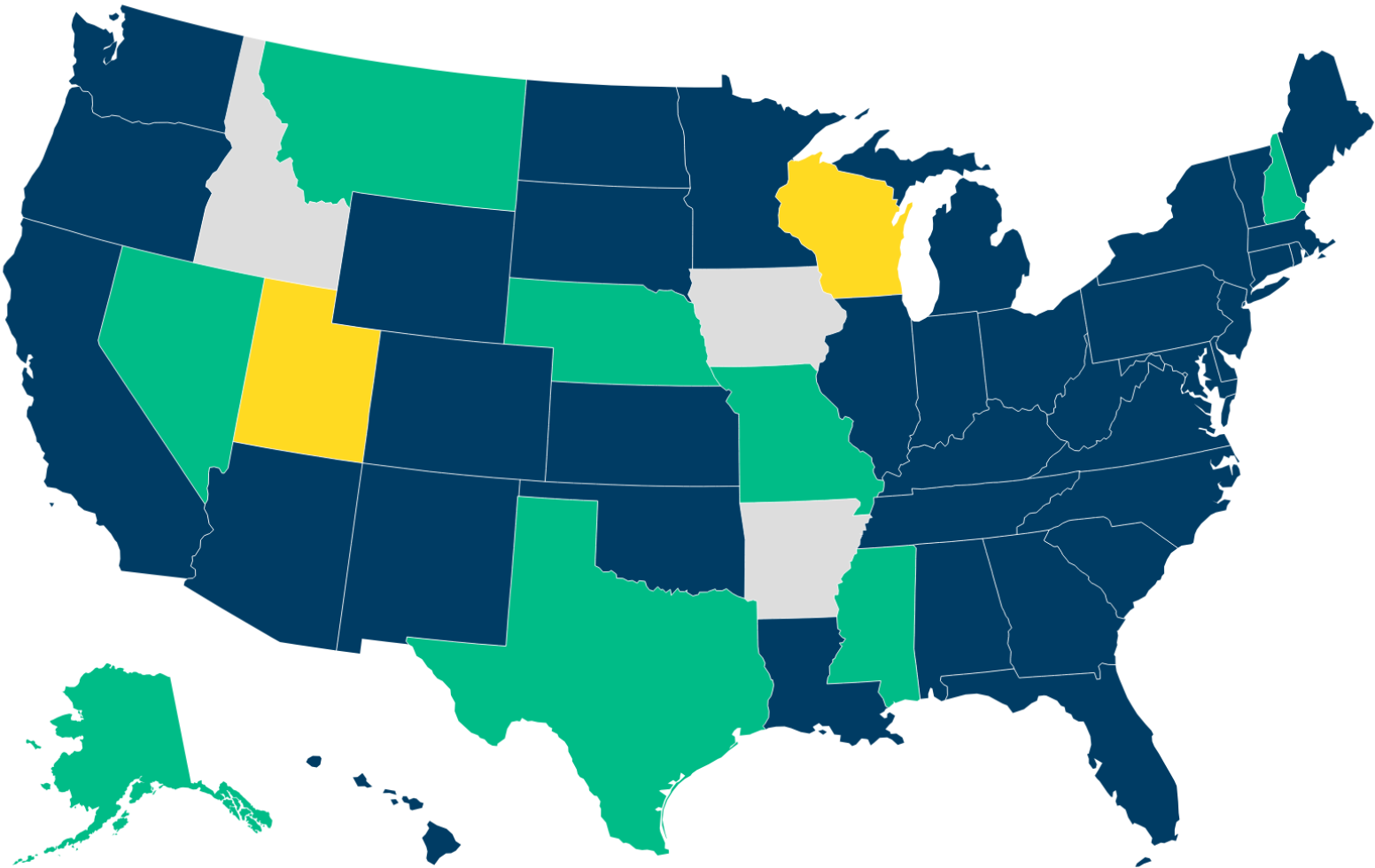


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SOURCE: Kaiser Family Foundation, [kff.org](https://www.kff.org)

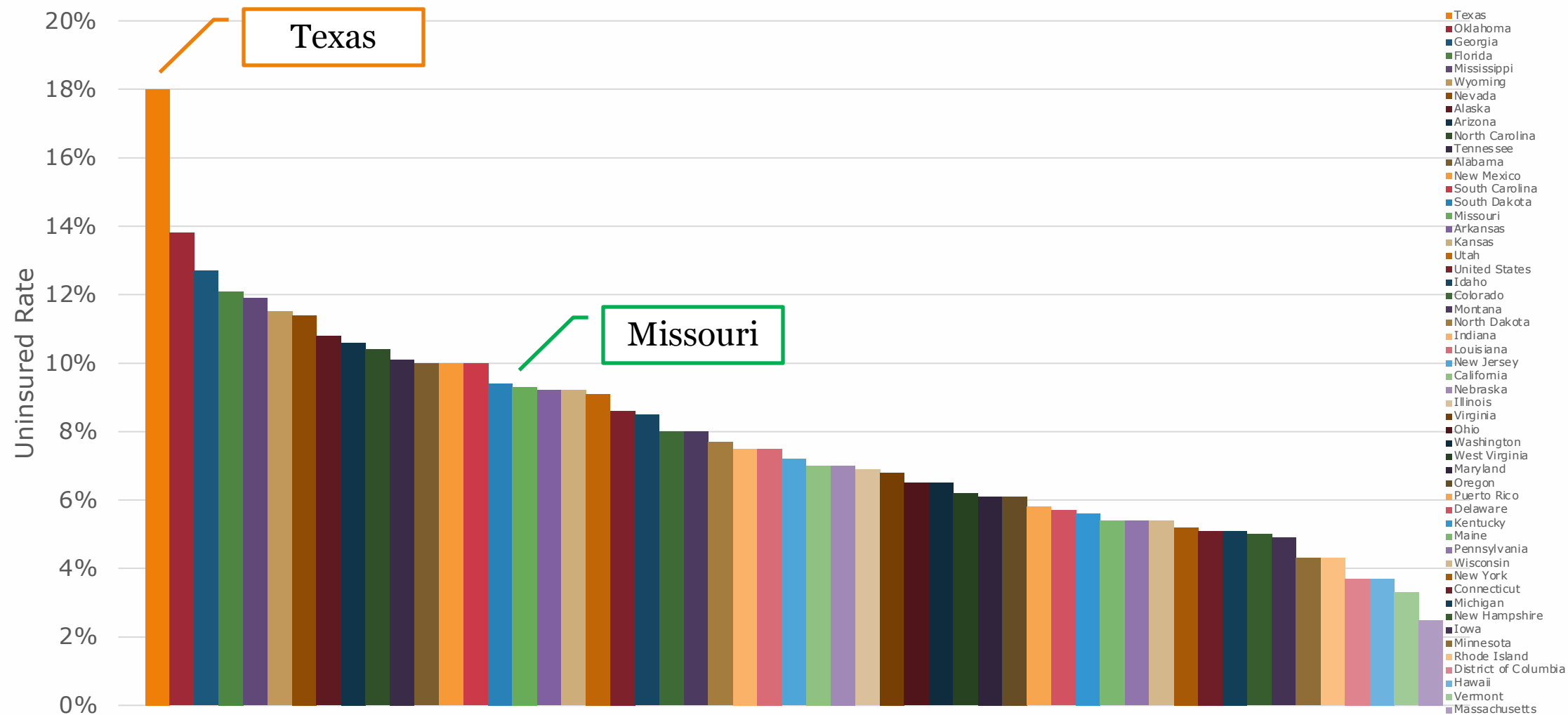
Postpartum Coverage Tracker Map

- 12-month extension implemented (38 states including DC)
- Planning to implement a 12-month extension (8 states)
- Limited coverage extension proposed (2 states)



NOTE: CMS approved the U.S. Virgin Island's state plan amendment on 6/23/2023.
SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of September 21, 2023.

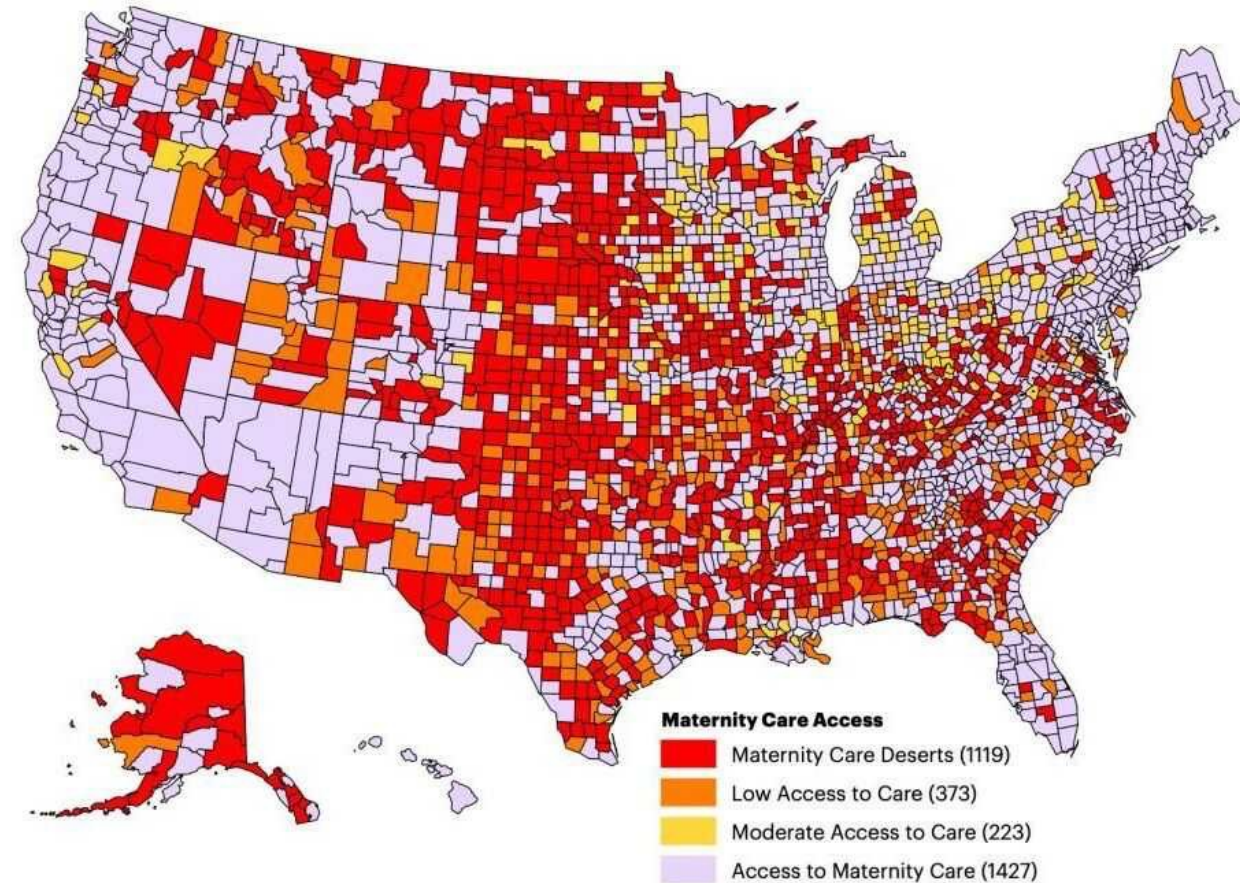
Coverage is uneven across states (2021)



Access threatened for pregnant women

- Hospital closures
- Maternity care deserts
- Abortion access
- Challenges in rural/safety-net facilities
 - Fewer resources
 - Sicker patients
 - Harder to attract and retain staff
 - Tougher working conditions
 - Less ancillary support
 - Lower quality of care

Figure 1: Maternity Care Deserts, 2020

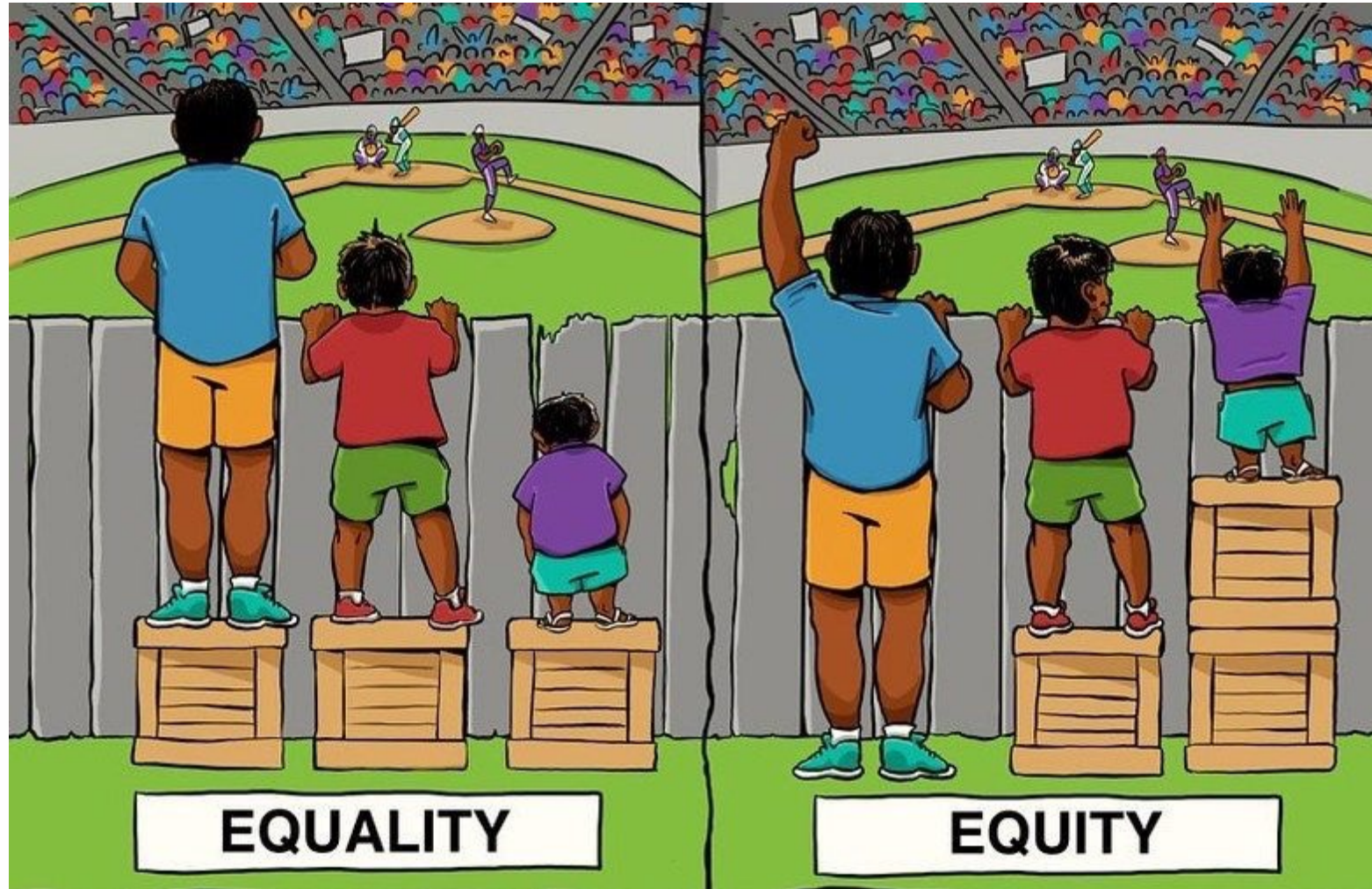


<https://www.marchofdimes.org/maternity-care-deserts-report>

Bigger picture: policy change

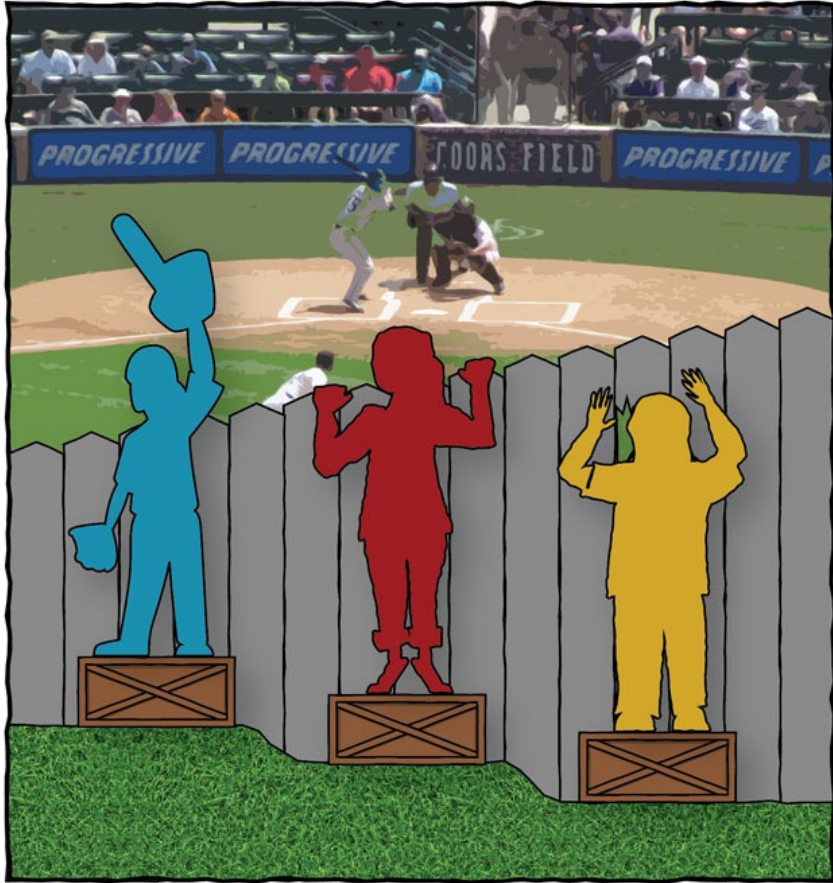
- Health is a public good
 - Not just infectious disease (COVID), but people's ability to reach their full potential
 - We are all better when we are all healthy – moral and economic
- The problems we see are not accidents; structural problems won't go away without structural solutions
- Need to intentionally change:
 - Health care access (insurance coverage and physical access)
 - Economic opportunity (education, jobs, criminal justice)
 - Training clinicians from historically excluded groups
 - Training clinicians from rural areas

Equality versus equity

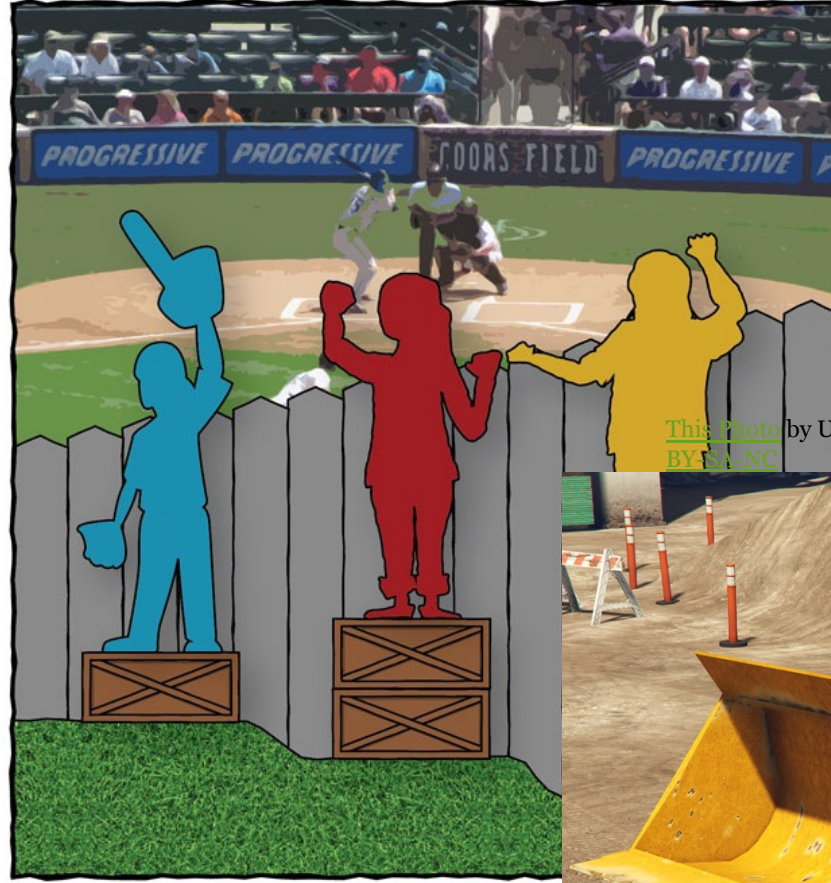


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Reality versus equity



EQUALITY



EQUITY



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Summary

- Health policy is a crucial tool to improve outcomes and reduce inequities in maternal health
- What was structurally done needs to be structurally undone
- In policy, the time frame is long, but the opportunity for impact is large

Questions please!

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