

NBCH action brief

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Investing in Maternal Health

New mothers make up the fastest growing segment of the U.S. workforce¹

As many employers are faced with increased, pregnancy-related costs, now more than ever employers must focus on maternal health. It is important to remember that maternal health encompasses preconception, pregnancy, childbirth, and the postpartum period. This Action Brief outlines the business case for improved maternal health as well as how health plans are supporting this population based on data from eValue8™—a resource used by purchasers to assess health plan performance. Lastly, the brief offers evidence-based resources and actions employers can take to implement a maternal health strategy in the workplace.

WHAT'S THE ISSUE?

PREGNANCY AND DELIVERY IS THE MOST EXPENSIVE CONDITION BILLED TO PRIVATE INSURERS—NEARLY \$24 BILLION ANNUALLY.²

PRECONCEPTION HEALTH

- ▶ Preconception health takes into account the health of a woman in her reproductive years—whether or not she intends to have a baby—including well-woman visits, healthy weight maintenance, and smoking cessation.

PREGNANCY & CHILDBIRTH

- ▶ Pregnancy and childbirth account for nearly one in four of all U.S. hospitalizations.³
- ▶ In 2006, over one out of ten (13%) live births in the U.S. was preterm (infants born before 37 weeks of pregnancy).⁴
 - This complication of pregnancy costs the U.S. more than \$26 billion annually,⁵ and employers pay an average of \$41,456 more for a preterm birth than for one at full-term.⁶
 - Preterm babies have a higher risk of infant mortality as well as life-long morbidity, including breathing and intestinal problems; bleeding in the brain; intellectual disabilities; behavioral issues; cerebral palsy; and vision and hearing loss.⁷
- ▶ 2009 data indicate that one out of three (34%) live births in the U.S. were cesarean deliveries, an all-time high.⁸
 - The average cost of a cesarean delivery without complications is nearly \$6,000 more than for a vaginal birth without complications.⁹
 - 90% of women having undergone a previous surgical birth are good candidates for vaginal birth after cesarean (VBAC).¹⁰

POSTPARTUM

- ▶ Postpartum depression affects more than one out of ten U.S. women.¹¹
 - A recent study shows that woman suffering from postpartum depression between the fifth and eleventh week postpartum incurred 90% more health care costs than non-depressed postpartum women during the same period.¹²

MEASURING UP

eValue8 IS A RESOURCE USED BY PURHASERS TO ASSESS HEALTH PLAN PERFORMANCE IN THE MANAGEMENT AND IMPROVEMENT OF HEALTH AND THE VALUE OF HEALTH CARE SERVICES. THE BELOW 2011 RESULTS HIGHLIGHT MATERNAL HEALTH TRENDS FROM PARTICIPATING PLANS.

Preconception counseling is recommended to all women considering pregnancy as it serves as an opportunity to discuss family health history, lifestyle changes, medications, etc. and can subsequently lead to interventions that improve the health of the pregnancy.

- ▶ Nearly all plans (97%) provide general education to women of childbearing age about the importance of preconception counseling, yet 2 out of 10 plans do not provide such planning as part of overall prenatal services.
- ▶ 83% of plans provide general education to practitioners about the importance of preconception counseling, yet only one of three (33%) provide targeted education to practitioners treating women with preexisting health conditions—the group who could benefit most from such counseling.

Continued on page 2

MEASURING UP CONTINUED

Comprehensive and timely screenings for pregnant women are critical opportunities for health promotion, prevention, and care.

- ▶ While almost all plans (97%) recommend that practitioners screen women for alcohol use at the beginning of each pregnancy, only about one of three (38%) plans monitor practitioner screening rates.

- ▶ Similarly, all plans (100%) report recommending that practitioners screen pregnant women for tobacco use and recommend smoking women quit at every provider visit; however, less than one of three (30%) plans monitor practitioner screening.

TAKE ACTION

ACTION ITEM #1: Prevention, Prevention, Prevention!

- ▶ Under the Patient Protection and Affordable Care Act, some private plans are required to cover certain recommended preventive services, including preventive health care for women.
- ▶ Inform your employees about such services, and encourage utilization when appropriate (e.g., well-woman visits; screening for gestational diabetes; and breastfeeding support).¹³

ACTION ITEM #2: Hold Your Health Plan Accountable

- ▶ Use maternity care health plan request for information and contract language in your health plan sourcing process to promote adherence to evidence-based practices.
- ▶ Partner with your plan to develop benefit design incentives and the use of shared decision making to encourage well-woman care and the use of high performing pregnancy care centers and providers.
- ▶ Know where your hospitals stand on early elective delivery rates by using data from The Leapfrog Group, encourage your health plan to monitor and report preterm births, and discourage non-medical, early elective deliveries by setting copays and deductibles significantly higher.

ACTION ITEM #3: Assess, Support, and Engage Your Workforce

- ▶ Assess your beneficiary population, including demographics data, to better understand your population and to help tailor your maternal health strategy.
- ▶ Support your employees and their dependents with maternal health polices and resources:

- For beneficiaries of child-bearing age, distribute information about preconception planning and healthy pregnancy during open enrollment.
 - Incorporate pregnancy-related health topics into existing wellness programs, particularly education components around preterm births, healthy behaviors, and postpartum depression.
 - Take advantage of and promote resources like text4baby, a free text messaging program to expectant mothers offering tips for a healthy pregnancy, and CDC's lactation support toolkit to support nursing moms at the worksite.
- ▶ Engage your employees in a variety of different ways (e.g., web, print, newsletter, social media, face to face) to ensure that they get the information they need. Health care communication is a critical—and sometimes overlooked—component to effective health care improvement efforts.

ACTION ITEM #4: Consider Joining Your Local Business Health Care Coalition

- ▶ The coalition movement can be a vehicle for meaningful change at the local level. Many coalitions leverage the voice and power of their employer purchaser members, often through public-private partnerships, by serving as community leaders working to advance change.
- ▶ In fact, some coalitions are already involved in child health care improvement efforts and can likely support your interests in assessing and implementing a workplace family health strategy. The Midwest Business Group on Health and their work around preventing early elective deliveries in Illinois is a good example of employers engaging the public sector (and others) through an employer-led coalition.

ENDNOTES

- 1 "Women's Jobs: 1964-1999." U.S. Department of Labor, Women's Bureau. 1999.
- 2 "The National Hospital Bill: The Most Expensive Conditions by Payer." Agency for Healthcare Research and Quality. September 2008.
- 3 "The Healthcare Costs of Having a Baby." Thomson Healthcare. June 2007.
- 4 Martin, J. "Preterm Births—United States, 2007." Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. January 2011.
- 5 "Preterm Birth." Division of Reproductive Health. Centers for Disease Control and Prevention.
- 6 "Factsheet: Premature birth and the cost to business." March of Dimes. Publication #37-1929-05. May 2007.
- 7 "Prematurity Research." March of Dimes.
- 8 "Report Finds U.S. C-section Rate Continues Rise to Historic High: 34%." HealthGrades. July 2011.
- 9 "Average Facility Labor and Birth Charge By Site and Method of Birth, United States, 2007-2009." Childbirth Connection.
- 10 "VBAC: Vaginal Birth After Cesarean." American Pregnancy Association.
- 11 Dagher,Rada, et al. "Postpartum Depression and Health Services Expenditures Among Employed Women." University of Maryland School of Public Health. Journal of Occupational and Environmental Medicine. Volume 54, Number 2. February 2012.
- 12 Ibid.
- 13 "Women's Preventive Services: Required Health Plan Coverage Guidelines." U.S. Department of Health and Human Services.