

Improving Care for North Carolina Mothers: Extending Coverage to Postpartum Care

24-Month Study Proposal

The Need:

Every year in North Carolina about 120,000 women become new mothers. The journey to motherhood is transformative and can be complex. As seen in Figure 1, women are not only managing the demands of a newborn, they are recovering from pregnancy and childbirth, caring for their family, and one in four women are returning to work less than two weeks after giving birth. In the current model of care, as a woman advances in pregnancy she receives more frequent medical visits, culminating in labor and delivery. This attention then quickly shifts to the infant whose first pediatric visit is often at 3 days of age. Meanwhile, mothers may not receive any follow up medical attention until 6-8 weeks postpartum. In North Carolina, unfortunately, this care may come too late as about 45,000 new mothers each year lose all access to health care services at 60 days postpartum.

This loss of access to care means that they are unable to receive services for postpartum mood disorders including depression, family planning, breastfeeding support, substance use problems, postpartum injuries (e.g. incontinence, pain, abdominal muscle weakness, etc.), headaches and backaches, tobacco cessation support, health education, care management, and chronic conditions – some of which are triggered by pregnancy and others which may be exacerbated by pregnancy. Without access to care, women and their families have to suffer through these challenges which can impact maternal, infant, and family well-being as well as work productivity for both parents. The rise in maternal mortality and severe morbidity across America, with women of color at particular risk, signals the ultimate outcome of neglecting this sensitive period of time in the life of a woman and her family. Up to 13% of maternal deaths occur more than 6 weeks after birth.

Figure 1: Maternal Postpartum Needs



A Strategy:

Extending access to health care services from 60 days postpartum to a full year would offer new mothers the supports and services they need to fully recover from pregnancy and take on their new role as a mother, and for many women in NC, also as an employee in the workforce. We hypothesize that while it would cost additional state dollars to cover these women for an additional 10 months on regular Medicaid assistance, the long term benefits to women, babies and families would return this investment many times over. This would also signal North Carolina values that recognize the important role that mothers play in families, communities and the workforce. To demonstrate this value, we propose a 24-month pilot study that would extend regular Medicaid coverage and care management services to new mothers in three counties – one that is urban, suburban, and rural. Ideally, the pilot would include a network that has family medicine practices to test the possibility of providing dyadic mom/baby care in a single visit. With the changes underway in Medicaid in North Carolina at the moment, the most expedient way to conduct this study would be to engage with one Prepaid Health Plan that serves a large number of women who lose coverage within these geographic areas. We would then assure that all of the women in that plan who would lose pregnancy Medicaid were transitioned seamlessly to regular Medicaid. We would aim to recruit women of color and women with chronic conditions as a priority to address health disparities and severe maternal morbidity.

The Study:

The Prepaid Health Plan (PHP) partner will be able to report on the services women needed and when/if they accessed this care. This would allow us a chance to better understand the services women use, the timing of that use and what that care costs. They will assess outcomes in areas as breastfeeding continuation, tobacco abstinence, weight loss, mental wellness, chronic disease control, and contraceptive use. A research team from UNC Chapel Hill with expertise from the Jordan Institute for Families and the Center for Maternal and Infant Health will work with the PHP to conduct focus groups, interviews and surveys with the new mothers receiving care to learn more about how this care has helped them function in their daily lives, including their ability to care for their children and be effective at work.

To truly understand the positive impact of this program, it is important to survey a samples of women who lose Medicaid services in similar counties outside the study area. While this will be difficult, as these women, by definition, have lost access to care, our study team has the expertise to find and analyze this population to compare and contrast outcomes and experiences. The UNC team would also work with the Division of Public Health to compare state Pregnancy Risk Assessment and Monitoring System data for questions about breastfeeding, infant sleep, family planning, postpartum depression, content of postpartum care, time off of work, and social support. This would provide a statewide comparison set of data against which we could compare the experience of women who received extended Medicaid and those who did not. All women who receive expanded access to Medicaid as well as all women interviewed in the comparison group would also be asked to complete the PRAMS survey.

The Cost:

Regarding estimated cost, adult Medicaid costs about \$400 per member per month, based on [draft capitation rates for FY 2020](#). Historic costs for women of reproductive age is \$230 per member per month. This is inclusive of maternity care expenses averaging \$9440 per birth. The actual cost per month during the postpartum person would be expected to be about \$230/ month or \$2300 for 10 months or

less. A key deliverable of this project will be determining the services utilized in this time period to determine an appropriate pricing structure for coverage of maternity care and the first postpartum year. These funds would not cover care management services which currently end at 2 months postpartum.

To provide about 500 new mothers with an additional 10 months of care we estimate it would cost about \$1.150 million. About 1,000 moms could be covered for about \$2.3 million or 2000 moms for \$4.6 million. Funds would also be required to support the evaluation of the impact / outcomes of the pilot project, to include cost savings. We estimate this would cost about \$450,000 over the 24 month study.

With additional resources we could conduct a nested study that would pay to extend care management to have the women in the study and assess the impact of care management on cost and service utilization. This would require an additional \$500,000 but would provide very valuable cost information.

A 24-month study funded at \$5.55 million would cover 2,000 new mothers and fund a comprehensive evaluation that would include testing the cost benefit of care management.

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