



Employer Strategies to Promote High-Value Equitable Maternity Care

The U.S. has worse maternal health outcomes than other developed nations: C-sections have risen 500% in the last 50 years¹, one in seven birth participants experience a perinatal mood and anxiety disorder during pregnancy yet only half of birth participants with a diagnosis of depression receive treatment². Black birth participants are three-to-four times more likely to die in childbirth than white birth participants.³

And still, overall costs are rising and the impact on employers is significant since maternity spend accounts for \$1 out of every \$5 that large employers spend on employee health care benefits.⁴ Moreover, most women work until late in their pregnancy and return to work soon after birth, so their overall health and wellness in the workplace is greatly influenced by their prenatal and postpartum care.

Poor outcomes and painful disparities stem from a lack of comprehensive, coordinated care and the overmedicalization of childbirth. In response, PBGH's Transform Maternity Care program has developed several strategies to help employers impact their maternity marketplace:

500% rise in C-sections
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1. Employee Engagement and Communication Strategies

Employers are often the last to find out that a health plan member — their employee — is pregnant; however, employers and health plans have tools to help educate and engage patients in their care. By engaging and enrolling moms early, these tools have the potential to encourage high-value maternity options.

Outreach strategies:

- **Utilize health plan data** to identify mom as pregnant early in maternity episode (claim for first prenatal visit/labs/imaging) to communicate resources, programs and educational tools available (email, mail) through the health plan and employer.

In-reach strategies:

- **Enhance your HR/family leave webpage** with educational materials about birth options (midwives, doulas and birth centers), the benefits of vaginal birth and the potential risks of a C-section and the importance of mental health in pregnancy. PBGH can recommend educational resources and links. One of the first things moms do once they are pregnant is to check their employer's HR/benefits webpage for family leave policies, which makes this landing page a perfect place to host key information and to promote high-value maternity options.
- **Create a cost calculator** to help parents determine how much they will spend on prenatal care for a) all available plan options, b) various providers/hospitals (if there's a preferred network) and c) different facilities (hospital versus birth center).

2. Meet with In-Network Hospitals

- **Meet with high-volume hospitals** that your pregnant beneficiaries frequent and let them know your employees want more care choices for their pregnancies, especially access to midwives.
- **Coordinate with other nearby employers** and meet with hospitals together to strengthen the voice of purchasers.

3. Benefit/Network Design

Women want choice in their maternity provider, but there is wide variation in quality. Through benefit and network design, employers can:

- **Steer beneficiaries to high-performing facilities and providers** (e.g. reduce individual cost-share for utilizing a high-quality provider/facility)
- **Require in-network providers and hospitals to meet national standards** for key maternity quality metrics (e.g. C-section rates)
- **Update benefits to include more high-value providers** such as midwives, accredited birth centers and doulas:
 - Ask plans to contract with more midwives and accredited birth centers. Consumer demand for midwives and doulas is outstripping utilization 2:1.⁶
 - Allow the same coverage for out-of-network midwives, i.e. as if they are in-network for employee cost-sharing covered at billed charges
- **Request data from your health plans and send to PBGH.** We can help you understand how payer contracting/reimbursement could be hurting access in your network by evaluating:
 - Appropriate use of the Core Birth Center Codes (revenue and procedure codes)
 - Contracting policies for birth centers, including geographic restrictions

4. Contracting Strategies

- Tell your health plans to implement a **blended case rate** in all contracts with hospitals. A blended case rate means paying the same facility fee and professional fee regardless of whether the birth is vaginal or C-section
- Push health plans and hospitals to implement **bundled payment** for the entire maternity episode.
- A bundle:
 - Creates one single payment for all prenatal and delivery services fees — professional, facility and ancillary.
 - By setting the price for all services up front, bundles encourage utilization of high-value services that promote vaginal birth, such as midwifery utilization, since savings occur when the pregnancy is less complicated.
 - Encourages clinicians and hospitals to try innovative and patient-centered care solutions without having to worry about how to bill for the new service

PBGH wants to support your efforts!

Contact Blair Dudley, Director of PBGH Transform Maternity Care, to get started: bdudley@pbgh.org

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\$1 of every \$5
of employer spend is maternity