



The Network  
for Public Health Law

## Law and Policy Pathways to Equity in Birth Outcomes

Every year, nearly 4 million women give birth in the United States. While most of these births are without significant complications, nearly 50,000 women a year suffer life-threatening pregnancy and birth complications, and more than 700 women die. There are significant disparities in maternal morbidity and mortality, with higher rates among Black and American Indian/Alaska Native women. In 2018, nearly three times as many Black women and two and a half times as many American Indian/Alaska Native women died due to pregnancy and related complications than white women. The root cause of these disparities in birth outcomes is racism in health care and other institutions that shape the social and political determinants of health. Creating equity in birth outcomes means assuring the conditions for optimal births for all people.

### Expand access to care before, during, and after pregnancy

- **Ensure health insurance coverage for all low-income women** by expanding Medicaid or providing an alternative solution to closing the coverage gap
- **Expand Medicaid eligibility criteria** to provide publicly funded family planning coverage to those currently ineligible for Medicaid
- **Incentivize and support efforts to ensure diversity in the workforce** providing maternity services and promote practice in rural and underserved areas
- **Allow pregnant women to incorporate their chosen support people** into their care

### Improve quality of care

- **Ensure that Medicaid and other insurers cover beneficial services** (doulas, lactation consultants, nurse home visits, care coordination, safe sleep programs, smoking cessation services)
- **Ensure Medicaid coverage of enhanced prenatal care interventions** for at-risk women enrolled in Medicaid or CHIP
- **Address underlying determinants of health**, like nutrition and food security and transportation informed by data from the Pregnancy Risk Assessment Monitoring System (PRAMS) or other data systems
- **Adopt evidence-informed pre-natal care models** (home visiting, community health workers, doulas, group care)

### Utilize data to track and monitor trends and inform interventions

- **Implement and improve the maternal and child health review process** through maternal, pregnancy associated or fetal and infant mortality review committees that have adequate resources and legal infrastructure
- **Improve quality of data** recorded on vital records and link maternal death certificates to birth and fetal death certificates
- **Create linked data sets or systems** to provide a comprehensive view of additional risk and protective factors, including qualitative data and data on underlying determinants of health
- **Evaluate the impact** of programs and interventions

### Strengthen education & training of health professionals providing maternity services

- **Support and scale up emerging and innovative practices** that provide effective, culturally appropriate care
- **Train primary care providers** in family planning counseling and service provision
- **Require training on bias, anti-racism, and culturally sensitive care** as part of continuing education for licensure
- **Support implementation of Culturally and Linguistically Appropriate Services** (the National CLAS standards) in health and health care organizations

### Increase access, reimbursement, & use of effective methods of contraception

- **Allow a broader range of health professionals to provide contraception** (RN, NP, CNM, PA, Naturopathic Doctor, Pharmacist)
- **Require health insurers in the state to cover** the full range of FDA approved contraceptive methods, devices and products without cost-sharing or delays
- **Require insurers to cover** an extended supply of contraceptives at one time

### Strengthen collaboration and coordination

- **Involve women of color in maternal health policy** design, implementation, budgeting, and review processes
- **Establish and fund Perinatal Collaboratives**
- **Establish Community Advisory Groups** and engage affected communities using an asset-based model
- **Develop state plans with community participation** that identify strategies, targeted goals, and benchmarks (state health improvement plans, health impact assessments, maternal health assessments)

Network law and policy experts are available to consult on this and other public health issues at no cost. [Contact Dawn Hunter.](#)