

Healthy Women, Healthy Babies:

HOW HEALTH REFORM CAN IMPROVE THE HEALTH OF WOMEN AND BABIES IN AMERICA



American women are not receiving the health care they need — and it is not just their health that is suffering.

Compared to other developed nations, the United States has high infant mortality rates, as well as low life expectancy rates for women.

The country must improve how it cares for women, not just for the sake of women themselves, but because evidence shows that a woman's wellbeing prior to conception can significantly impact her baby's health.

The problem is urgent. Throughout the 20th century, this country steadily reduced the number of infant deaths; but over the past 10 years, rates have stagnated. Moreover, experts say that our rates of premature birth, and of infants born with developmental disabilities, are also too high.

Over the past 25 years, understanding the importance of helping women stay healthier

during their childbearing years has led to the development of a new approach known as “preconception” care, which aims to provide health education, screening, and interventions to all women of reproductive age, to improve health and help them have healthy babies when and if they choose.

The new health reform law, the 2010 Affordable Care Act (ACA), offers a crucial opportunity to expand this comprehensive strategy, and to improve women's health and the health of their infants. The law will strengthen public health and prevention, and will ensure that millions of previously uninsured women of childbearing age have adequate health coverage. It will also improve coverage for many women who now have inadequate health insurance, and create programs to provide extra care and guidance for women who are likely to have health problems related to pregnancy.

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PREVENTING EPIDEMICS.
PROTECTING PEOPLE.

Approximately 62 million American women are of childbearing age. By the age of 25, about half of all women in the United State give birth; by the age of 44, 85 percent of women give birth.¹

I. THE ISSUE: INFANT HEALTH GAINS STALL

Maternal and infant health are key measures of a nation's health and wellbeing. Over the last half-century, the U.S. has substantially reduced its infant mortality rate, from 26 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 in 2000. But rates have not improved significantly in the decade since, and, in some cases, have worsened.² The U.S. is now ranked 27th among industrialized countries.

Infant mortality rates are especially high among Blacks and low-income groups. Black infants die at more than twice the rate of Whites. Black babies had the highest infant mortality rate in the U.S. in 2005, 13.7 deaths per 1,000 live births, compared to 5.7 per 1,000 births among Whites.³

In addition, too many babies are born prematurely, which can contribute to a range of health problems. Each year, 12 percent of American babies are born too early and eight percent are born at low birthweight. Both of these outcomes increase the risk of infant death, developmental disabilities, and other health problems.⁴

Prematurity and low birthweight are often related to the mother's health problems, such as diabetes, obesity or high blood pressure.

Increasing rates of obesity, type 2 diabetes, and physical inactivity, as well as high rates of smoking and lack of access to care, mean that many women in their childbearing years face serious health risks, often without knowing it. In addition, more women are using technologies that increase fertility, such as in vitro fertilization (IVF), which can also increase some health risks. Currently, about a third of births have complications, many of which are related to the mother's health.⁵ Poor maternal health can also greatly increase the risk of miscarriage or stillbirth.

Progress in maternal mortality has also stalled. Rates in the U.S. are higher than at least 40 other countries. For some minorities, the problem is particularly bad: in 2007, the maternal mortality rate for Black women was almost three times higher than for White women. These deaths are caused largely by preventable chronic conditions.⁶

The financial toll of maternal and infant health problems is enormous. In 2005, the annual economic cost of premature birth alone in this country was more than \$26 billion, and the average first-year medical costs for preterm infants were about 10 times greater than for full-term babies.⁷

2. THE PROMISE OF PRECONCEPTION CARE

Traditionally, health care for pregnant women in this country has started with conception. But many experts now believe that prenatal care, which usually begins during the first three months of pregnancy, comes too late to prevent many serious maternal and child health problems.

Researchers argue that expanding care to include the period before conception can reduce risks during future pregnancies. Experts are calling for an increased focus on "well woman" care, which focuses on keeping women healthier overall, with particular emphasis on preconception care, which involves maintaining good health before having children. The idea: if a woman decides to have children, she will be as healthy as possible when she does get pregnant.

Preconception care does not replace prenatal care, but complements it. The first weeks after conception are also critical for normal fetal development. During this time, poor nutrition, lack of folic acid, tobacco smoke, excessive alcohol, toxic chemicals, obesity, diabetes, and other risks can cause miscarriage, birth defects, or

slow fetal growth. However, women often don't realize that they are pregnant until weeks after conception, which makes preconception health especially crucial. And because nearly half of all pregnancies in the U.S. are unplanned, preconception care is even more important.^{8,9}

Since 2004, the U.S. Centers for Disease Control and Prevention (CDC) has led an initiative to improve preconception care. The agency and its partners are working to help all women of childbearing age protect their health, whether they are teens, sexually active adult women, or mothers who already have children but may have more.

Improving preconception health requires not only better clinical care, but more effective public health strategies. Local and state health departments must play a major role in improving preconception health, linking women to services and providing care to low-income and minority groups. And we must not only involve women, but their partners, health professionals, and insurers. Together, we can reduce common risks, including smoking, obesity, and unintended pregnancy.

3. HEALTH REFORM CAN INCREASE THE NUMBER OF HEALTHY WOMEN AND HEALTHY BABIES

By increasing access to prevention and public health programs, and to affordable health care, the ACA will improve the health of millions of women of childbearing age.

A. Investments in Prevention and Public Health

For too long, the nation's health system has focused on treating people after they have become sick instead of helping them stay healthier in the first place. The ACA includes a number of strong measures to improve prevention and public health in the United States, giving more women the opportunity to stay healthy and to have healthy babies.

The ACA created the National Prevention Council, which is made up of 17 federal agencies, chaired by the Surgeon General. The council is currently developing a strategic, comprehensive plan to use prevention and public health to reduce chronic and infectious disease rates in America. The **National Prevention Strategy** is expected to emphasize preconception care as a crucial way to improve the health of women of childbearing age, children, and families. Connecting the efforts of multiple government agencies, as well as the public and private sector, will not only improve the preventive and clinical services needed by women and their infants, but will also support a broad range of policies to improve the health of all Americans. These policies include quality housing, improved education, and increased support for physical activity and healthy eating. Improving birth outcomes will be one of the plan's key measurable objectives.

The ACA includes a new **Prevention and Public Health Fund**, which provides more than \$15 billion over the first 10 years to invest in effective, proven prevention strategies. The Fund emphasizes improving health, and focuses especially on preventing and reducing obesity and tobacco use. Obesity, smoking, and poor nutrition are major risk factors for adverse birth outcomes, so these initiatives could contribute to significant improvements in maternal and child health. One of the centerpieces of the Fund is the newly created Community Transformation Grants (CTGs), which support initiatives and innovative approaches to improve health and reduce disease rates in communities around the country. In FY 2011, the CTG program will receive \$145 million. Over five years, it is expected to receive \$900 million.



The law includes support to help reduce teen pregnancies, which are a major source of unplanned pregnancy in the United States. It launches the **Personal Responsibility Education Program (PREP)**, a five-year, \$375 million initiative to prevent teen pregnancies. In conjunction with the Teen Pregnancy Prevention Initiative, abstinence-only education programs, and the Pregnancy Assistance Fund, the program could significantly reduce teen pregnancy.

The law also provides help for at-risk families through a new five-year, \$1.5 billion effort, the **Maternal, Infant, and Early Childhood Home Visiting Program**. The program includes home visits, and focuses on those who are most likely to experience health problems, including teen parents and families who are poor and live in at-risk neighborhoods. Home visits are an effective way to help new mothers improve their health, and plan when or if to have additional children.

In addition, the ACA funds programs to help women suffering from postpartum depression, and to raise awareness. The law will also fund research into the condition, which affects hundreds of thousands of women each year.

B. Improvements in Access to Care for Women

As recently as 2007, more than 20 percent of all women of childbearing age did not have health insurance.¹⁰ For low-income women, only four out of 10 have coverage. Millions of women do not receive the care they need to stay healthy, both before and during pregnancy.¹¹

The ACA makes private insurance more accessible, affordable, and comprehensive for previously uninsured or underinsured women.

Access to Affordable Health Coverage

The ACA will improve access to Medicaid for many low-income, single adults. Beginning in 2014, the law requires states to offer Medicaid to anyone whose income is at or below 133 percent of the federal poverty level. In the past, Medicaid had been limited to adult women who were mothers, senior citizens, or were pregnant or disabled. To support this expansion the federal government will initially pay states' Medicaid costs. Since last year, the law has also given states the option to offer Medicaid to childless adults of either gender.

The ACA will make it possible for all Americans without employer-based insurance, or who do not qualify for Medicaid or Medicare, to purchase affordable insurance. Starting in 2014, all Americans will have new affordable options for purchasing insurance through a marketplace known as "**Health Insurance Exchanges**," which will be run primarily by states.

The law will also cap out-of-pocket spending on direct costs and premiums for individuals living under 400 percent of the federal poverty level.

The ACA requires employers with more than 50 employees to offer coverage to workers, or pay the government for employees who get coverage through an Exchange.

The government will offer tax credits to help smaller businesses provide coverage for employees. Currently, many small businesses provide little or no coverage.

In addition, individuals under the age of 27 who do not have insurance will be eligible for coverage under their parents' plan. In the past, many young women and men have gone without health insurance, often believing that their risk for health problems is low and the costs of insurance are too high. However, around half of women have children before the age of 25; ensuring that this group has access to good insurance will significantly improve preconception and prenatal care.

Eliminating Exclusions Based on Gender, Pregnancy, and Pre-existing Health Conditions

In the past, some insurers have charged higher premium rates for women than for men, a practice known as "gender rating." Some insurers have classified pregnancy as a pre-existing condition. Starting in 2014, the ACA will ban these practices and will prohibit insurance companies that sell individual policies from denying coverage to individuals who have pre-existing health conditions. It will also prohibit insurers from charging higher rates to women and from putting a lifetime cap on coverage.

Until 2014, uninsured people with pre-existing conditions, including pregnancy, will have access to affordable insurance through a temporary "high-risk pool."

Improving and Standardizing Benefits

The ACA also creates new rating systems for health plans: insurance companies will have to meet certain standards to receive federal subsidies. Experts will determine these standards, which include maternity care. Within two years, the Secretary of Health and Human Services will determine other **essential benefits**, many of which are expected to focus on women's health. Experts recommend coverage of routine preventive visits, including preconception risk screening, testing for many chronic conditions, family planning, and improved education on reproductive health risks.

The ACA also gives states the option to offer women and men a range of services through Medicaid: **family planning**, and other reproductive health services such as testing and treatment for sexually-transmitted diseases, without having to request a waiver.

Under Medicaid, more than half of states now offer a range of services related to reproduction. These include family planning and testing and treatment for sexually-transmitted diseases. Until the passage of the ACA, states had to request a waiver from the federal government before offering these services. The law abolished this requirement, which means that states must no longer ask for a waiver, but simply have to file a Medicaid state plan amendment (SPA).

The ACA requires most insurance plans to offer, at no charge, many preventive services, including many associated with women's health before and during pregnancy. Covered services include screening and counseling for

obesity and tobacco use, folic acid supplements for women who may become pregnant, and interventions to support and promote breastfeeding.¹²

Expanding Access to Preventive and Primary Care

The law includes measures to help increase the number of primary care providers, through incentives such as scholarships, loans, training, and grants as well as increasing payments for primary care in Medicaid. These providers will play a key role in keeping women and their children healthy.

In addition, the law expands the capacity of **Community Health Centers (CHCs)**, which provide care for 17 percent of births to low-income women and an even higher proportion of births to minority women.¹³ The ACA authorizes \$11 billion over five years to improve and

expand CHCs across the country. As a result, many low-income women will have greater access to OB-GYN and primary care.

The law helps women in other ways too. Under the ACA, women who join a new insurance plan will no longer need a referral to choose an OB-GYN in their health plan's network.

The ACA will encourage new ways to improve health care for Medicaid recipients, while at the same time reducing costs. The new **Innovation Center** within the Centers for Medicare and Medicaid Services (CMS) will explore a range of possible projects, which might include: patient-centered medical homes that address women's unique health needs; physician payment models that support a continuum of care; and coordinated care to help women with chronic health conditions.

C. Moving Forward: What Else Can We Do To Encourage Preconception Care?

Beyond the ACA, there are also a number of measures federal and state officials can take to promote preconception health, including:

- Use existing safety net clinics to deliver primary care, including preconception screening and interventions. This care should focus on poor, uninsured, and minority women, who face higher risks.
- Expand community health centers, and continue funding the Title X Family Planning program.
- Ensure that all states expand Medicaid eligibility to more low income women for family planning and maternity coverage, and that Medicaid reimburses providers at adequate levels.
- Extend Medicaid coverage for adults without children and coverage of family planning and related services.
- Encourage states to apply for Medicaid waivers for demonstration projects that provide "interconception" care during the two years after birth. This approach focuses on giving care to higher-risk women, who have had an adverse birth outcome such as a low birth-weight, preterm or stillborn baby.

- Provide adequate funding for other health programs for women of childbearing age such as the Healthy Start Infant Mortality Reduction Program and the Title V Maternal and Child Health Services Block Grant, both administered by the Health Resources and Services Administration.

- Increase funding for research into preconception health and health care, particularly at the National Center on Birth Defects and Developmental Disabilities at the CDC, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health.

Our country's health care system should help women attain good health in childhood and adolescence, maintain it during their reproductive years, and age well as seniors. The ACA can help us reach that standard, linking preconception, prenatal, and other preventive care, as well as family planning, in a seamless web.¹⁴ But the law itself is not enough to make this vision a reality; it will require a commitment to the vision of the National Prevention Strategy — a comprehensive and integrated approach to the health of all Americans, in the doctor's office and in the community.

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