



INSTITUTE FOR
MEDICAID INNOVATION

Institute for Medicaid Innovation

Improving Infant and Maternal Health

Key IMI Findings

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Advisory Committee on Infant and Maternal Mortality

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Mission, Vision, and Strategic Priorities

Mission

- Develop, implement, and diffuse innovative and evidence-based models of care
- Promote quality, value, and equity
- Engage individuals, families, and communities

Vision

- Provide independent, unbiased, nonpartisan information
- Inform Medicaid policy
- Improve the health of the nation

Strategic Priorities

- Access, Coverage, and Outcomes
- Community and Equity
- Data and Quality
- Sustainability

Strategic Priorities



It's not the statistics that make Medicaid real.



It's when you love one of the numbers.



Maternal and Perinatal Findings

Nation's Maternal, Perinatal, and Reproductive Health Hub

Maternal Mortality & Morbidity

- **Report:** Reversing the U.S. Maternal Mortality Crisis
- **Article:** Race, Medicaid Coverage, and Equity in Maternal Morbidity
- **Article:** Associations Between Comorbidities and Severe Maternal Morbidity

Maternal Mental Health

- **Article:** Mental Health Conditions Increase Severe Maternal Morbidity By 50 Percent And Cost \$102 Million Yearly In The United States
- **Article:** Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions

High-Value, Evidence-Based Maternal Models of Care

- **Report:** Innovation in Perinatal & Child Health in Medicaid
- **Report:** Improving Maternal Health Access, Coverage, and Outcomes in Medicaid
- **Report:** Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid

Maternal Health Priorities

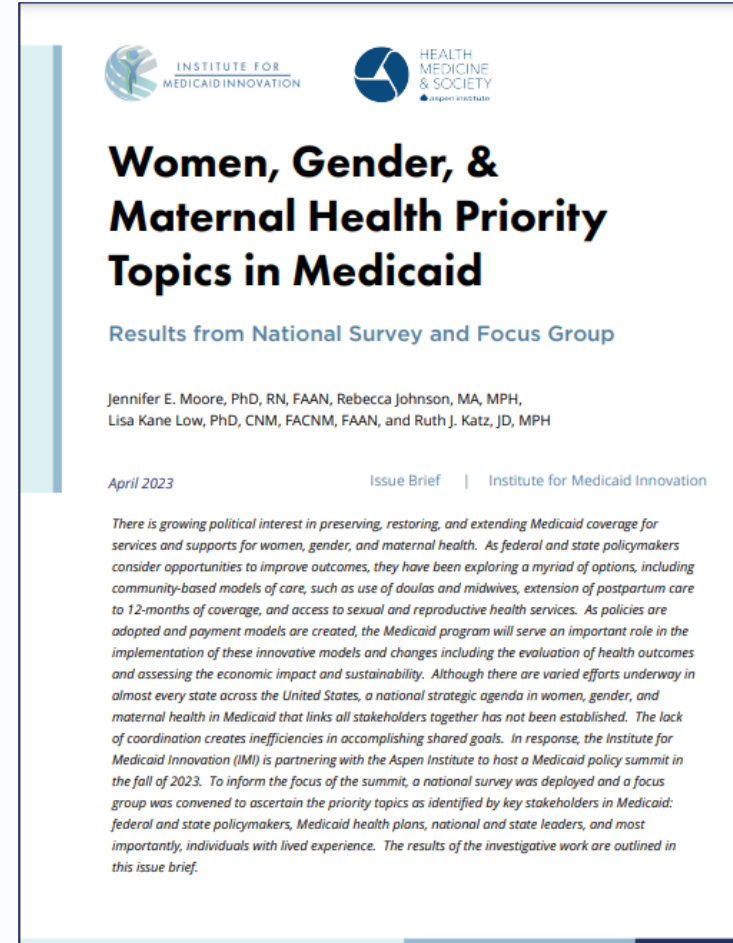
- **Survey:** Women, Gender, and Maternal Health Priorities in Medicaid

And many more resources on these topics and others!

Issue Brief: Maternal Health Priorities

Groups Surveyed:

- Federal policymakers
- State policymakers
- Medicaid health plans
- Subject matter experts and leaders with an existing relationship with IMI and lived experience with the Medicaid program



Priority Topics (Ranked) in Women, Gender, & Maternal Health by Medicaid Stakeholder Group

Rank Order	Federal Policymakers	State Policymakers (50 states + D.C.)	Medicaid Health Plans (40 states + D.C.)	Women, Gender, & Maternal Health Leaders*
1	Maternal Mental Health	Maternal Mental Health	Maternal Mental Health	Maternal Mental Health
2	Midwifery-Led Models	Doulas and Perinatal Community Health Workers	Doulas and Perinatal Community Health Workers	Sexual and Reproductive Health
3	Substance Use Disorder	Sexual and Reproductive Health	Sexual and Reproductive Health	Doulas and Perinatal Community Health Workers
4	Doulas and Perinatal Community Health Workers	Prenatal to 3	Prenatal to 3	Maternal Health
5	Chronic Conditions	Substance Use Disorder	Substance Use Disorder	Substance Use Disorder
6	Sexual and Reproductive Health	Chronic Conditions	Maternal Health	Women and Gender Primary Care
7	Maternal Health	Women and Gender Primary Care	Women and Gender Primary Care	Midwifery-Led Models
8	Long-Term Care and Wellness	Midwifery-Led Models	Midwifery-Led Models	Prenatal to 3

Source: Institute for Medicaid Innovation. (2023). *Women, Gender, and Maternal Health Priority Topics in Medicaid: Results from National Survey and Focus Groups*. Washington, D.C.

*Refers to individuals and organizations with expertise in women, gender, and maternal health as it relates to Medicaid policy. They represent many sectors including research, clinical practice, trade associations, advocacy, and community-based organizations.

Priority Topics (Unranked) as Identified by Individuals with Medicaid Coverage & Community-Based Workers

Priority Topics (Unranked)	Contextual Information and Notable Comments
Chronic Conditions	The following conditions were identified as the most important: diabetes, heart disease, asthma, COPD, HIV/AIDS, migraine, general pain, endometriosis, urinary incontinence, depression, and anxiety. There was an emphasis on having multiple chronic conditions, not just one
Sexual and Reproductive Justice	Emphasis on “justice” instead of using the term “health.” “Why does everyone want to control our bodies but won’t pay for what we need?”
Violence	The following forms of violence were identified as the most important: interpersonal violence, gun violence, and police brutality.
Caregiver Role	This was specified as the physical, emotional, and financial burden of being a caregiver for children, adult kids, and older adults including parents, spouse, and partners.
Housing	It was noted that there was a need for safe, stable, and clean housing to promote health and wellness.
Substance Use Disorder	“Everyone knows someone with alcoholism or drug use. Everyone. It is everywhere and no one is getting the help they need.”
Criminal Justice System to Address Unmet Behavioral/Mental Health Needs	This was described as the criminal justice system being used as a solution for unmet behavioral and mental health needs. “Why do they keep on locking up our babies when what they need are health care services? Going to jail won’t help them”
Delayed Care	“Working to pay for food and the bills to stay in our home comes first before seeing the doctor.” “Every time we go to the doctor, we leave with more problems that when we arrived. Those problems cost time and money.”
Community-Based Maternal Health	“We want to have celebrations for healthy mamas and babies, not funerals.” “If it wasn’t for my doula advocating for me, I would be dead. I know it. I believe it. She saved my life. It was expensive to have her but I’m alive so it was worth it. She told me that next time I need to have a doula and a midwife.”

Issue Brief: Maternal Health Priorities 2

“Why does everyone want to control our bodies but won’t pay for what we need?”

“Why do they keep on locking up our babies when what they need are health care services? Going to jail won’t help them.”

“If you want to talk about housing, talk about housing and not some term made up by people who don’t live it every day. Stop hiding behind the jargon.”

“Everyone knows someone with alcoholism or drug use. Everyone. It is everywhere and no one is getting the help they need.”

“If it wasn’t for my doula advocating for me, I would be dead. I know it. I believe it. She saved my life. It was expensive to have her but I’m alive so it was worth it.”

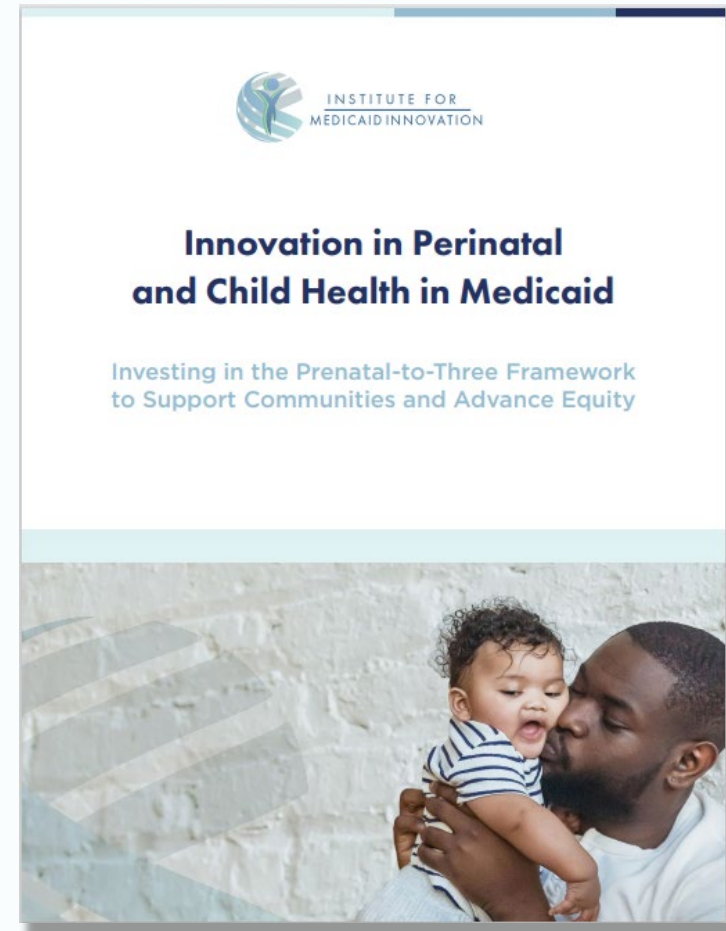
“Every time we go to the doctor, we leave with more problems than when we arrived. Those problems cost time and money.”

Report: Innovation in Perinatal & Child Health in Medicaid

Investing in the Prenatal-to-Three Framework to Support Communities and Advance Equity

Themes:

- Advancing a Culturally and Linguistically Congruent Perinatal and Child Health Workforce
- Partnering with Maternal and Child Health Home Visiting Programs
- Integrating Community in Perinatal and Child Health Program Codesign
- Coordinating Care to Address Maternal Opioid Use
- Investing in High-Quality Perinatal and Child Health Care



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