The Center for Medicaid and CHIP Services Maternal and Infant Health Initiative

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Overview

- Background on the Maternal and Infant Health Initiative
- Improving Postpartum Care
- Improving Infant Well-Child Care
- Improving Maternal Health through Reducing Low-Risk Cesarean Sections
- Tobacco Cessation for Pregnant and Postpartum Women Technical Assistance
- Other Maternal and Infant Health Activities

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Background

Maternal and Infant Health Initiative

- The Centers for Medicare & Medicaid Services (CMS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014 to improve access to and quality of care for pregnant and postpartum persons and their infants
- Initially, the MIHI focused on improving the rate and quality of postpartum visits and increasing the use of effective methods of contraception based on recommendations from a CMS Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and Children's Health Insurance Program (CHIP)
- In 2019-2020, CMS convened an MIH expert workgroup to provide updated recommendations about where Medicaid and CHIP have a significant opportunity to influence change in maternal and infant health
- Today, the MIHI is focused on three areas recommended by the workgroup:
  - Increase the use and quality of postpartum care visits
  - Increase the use and quality of infant well-child visits
  - Decrease the rate of cesarean births in low-risk pregnancies, defined as nulliparous (first-time pregnancies), term (37 or more weeks gestation), singleton (one fetus), vertex (head facing down in the birth canal) or “NTSV births”

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Focus Areas to Improve Maternal and Infant Health Quality

Focus Areas

Strategies to decrease cesarean births for women with low-risk pregnancies

Strategies to increase use and quality of postpartum care

Strategies to increase use and quality of well-child visits

Maternal Outcomes

Primary aims: Eliminate preventable maternal mortality, SMM, and inequities

- Increased depression screening and increased breastfeeding competence
- Improved birth spacing, early initiation of prenatal care, healthy women at start of possible subsequent pregnancy
- Decreased severe maternal morbidity
- Decreased postpartum complications
- Increased access to contraceptive care, better management of chronic diseases and behavioral health issues, increased connection to ongoing care
- Lower risk for C-section delivery on possible subsequent pregnancy

Labor and delivery → Postpartum → Interpregnancy → Subsequent pregnancy

Overall woman's health status

Infant Outcomes

Primary aims: Reduce infant mortality and eliminate inequities in infant mortality rates

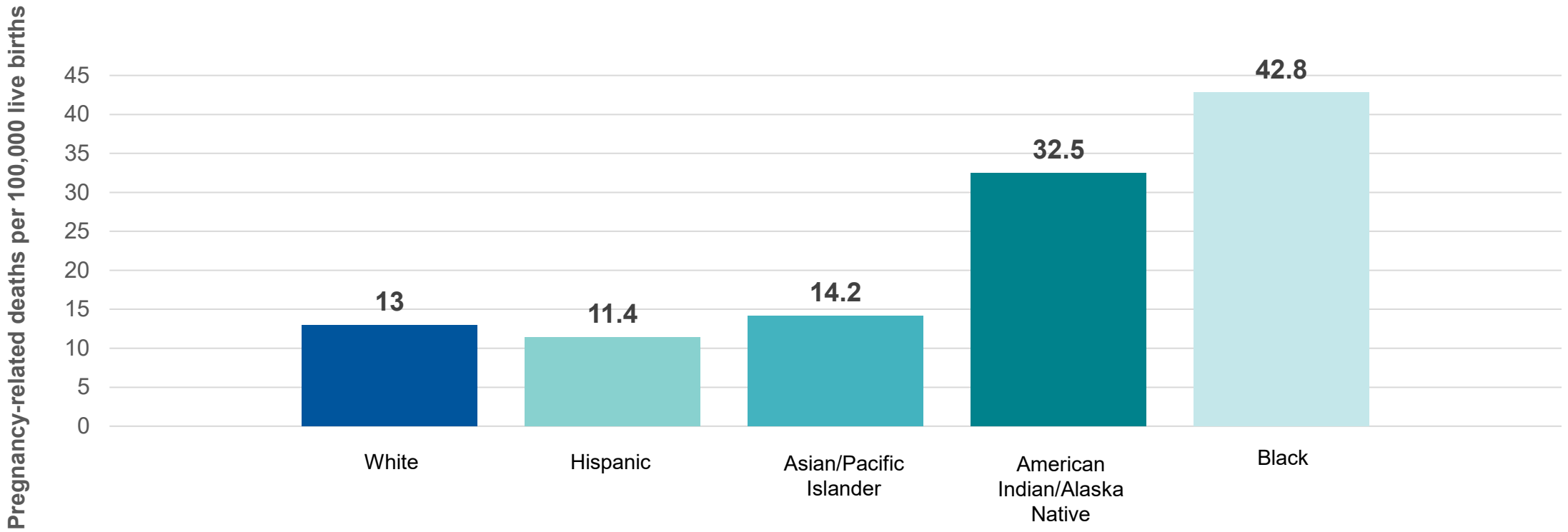
- Fewer NICU admissions
- Increased immunizations, increased breastfeeding, fewer injury related ED visits, safer sleep practices, and increased parent knowledge on injury prevention
- Healthier women at start of possible subsequent pregnancy, early initiation of prenatal care

Labor and delivery → Infancy and early childhood → Healthy possible subsequent birth

C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

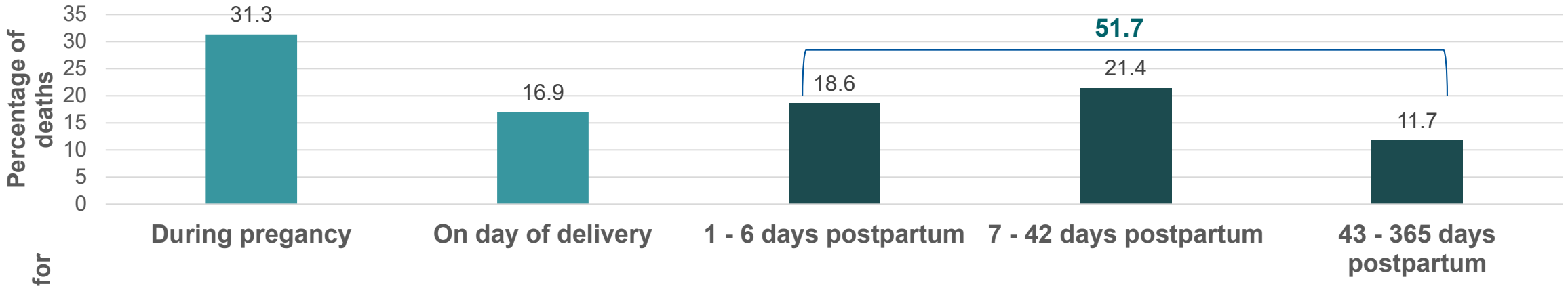
Pregnancy-Related Mortality Rates by Race/Ethnicity, U.S. 2011-2015



Source: Petersen, E. E., N.L. Davis, D. Goodman, et al. "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017." *Morbidity and Mortality Weekly Report*, vol. 68, no. 18, 2019, pp. 423–429.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Timing and Causes of Pregnancy-Related Deaths, United States, 2011-2015



Top four causes of death for each time period

Other non-CV medical conditions	Hemorrhage	Hemorrhage	Infection	Cardiomyopathy
Other CV conditions	Amniotic fluid embolus	Hypertensive disorders of pregnancy	Other CV conditions	Other non-CV medical conditions
Infection	Other CV conditions	Infection	Cerebrovascular accidents	Other CV conditions
Thrombotic emboli	Other non-CV medical conditions	Other CV conditions	Cardiomyopathy	Thrombotic emboli

Notes: CV = cardiovascular; Other CV conditions = congenital heart disease, ischemic heart disease, cardiac valvular disease, hypertensive heart disease, and congestive heart failure; Other non-CV medical conditions = endocrine, hematologic, immunologic, and renal diseases

Source: Petersen, et al. "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017." *Morbidity and Mortality Weekly Report*, vol. 68, no. 18, 2019, pp. 423–429.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

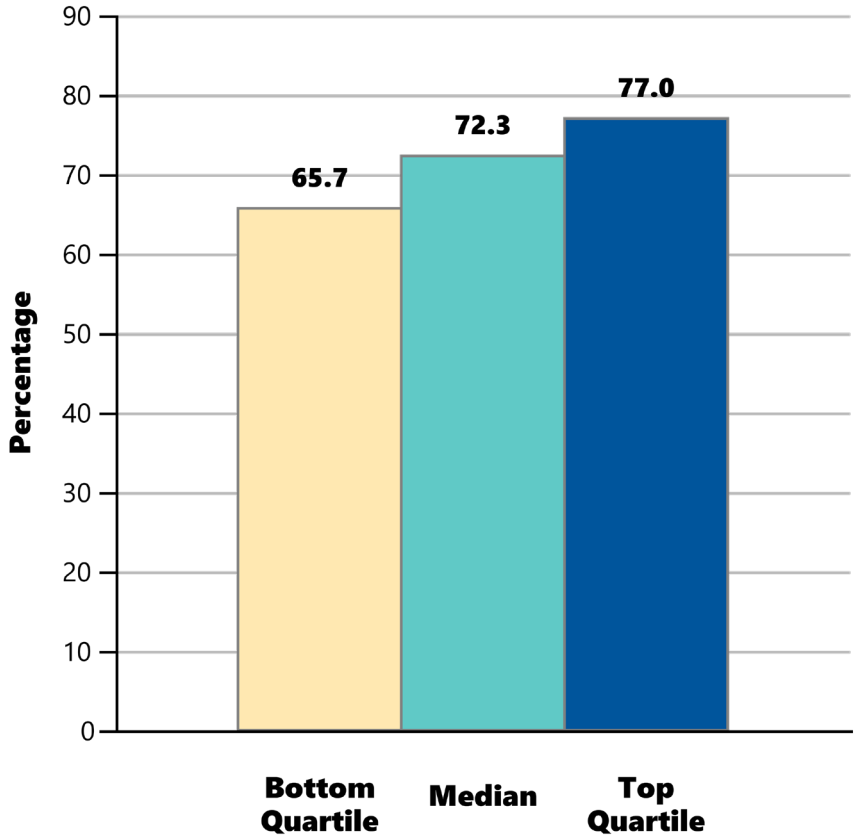
Improving Postpartum Care

Considerations for Improving Equity in Postpartum Care

- Women enrolled in Medicaid are more likely to be overweight or obese, to smoke during pregnancy, and to have chronic diseases compared to uninsured and privately insured women
- Women who are Black or Hispanic, have a low level of education, and those with co-existing morbidities such as mental health conditions have lower rates of postpartum follow up care
- Women of color and low-income women have the highest rates of postpartum depression
- Women with public insurance have lower breastfeeding rates than women with private insurance

Prenatal and Postpartum Care: Postpartum Care (Adult Core Set)

Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery (PPC-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery. Specifications for this measure changed substantially for FFY 2020 and rates are not comparable with rates for previous years. This chart excludes Minnesota and Oregon, which reported the measure but did not use Core Set specifications.

A median of

72 percent

of women delivering a live birth had a postpartum care visit on or between 7 and 84 days after delivery (39 states)

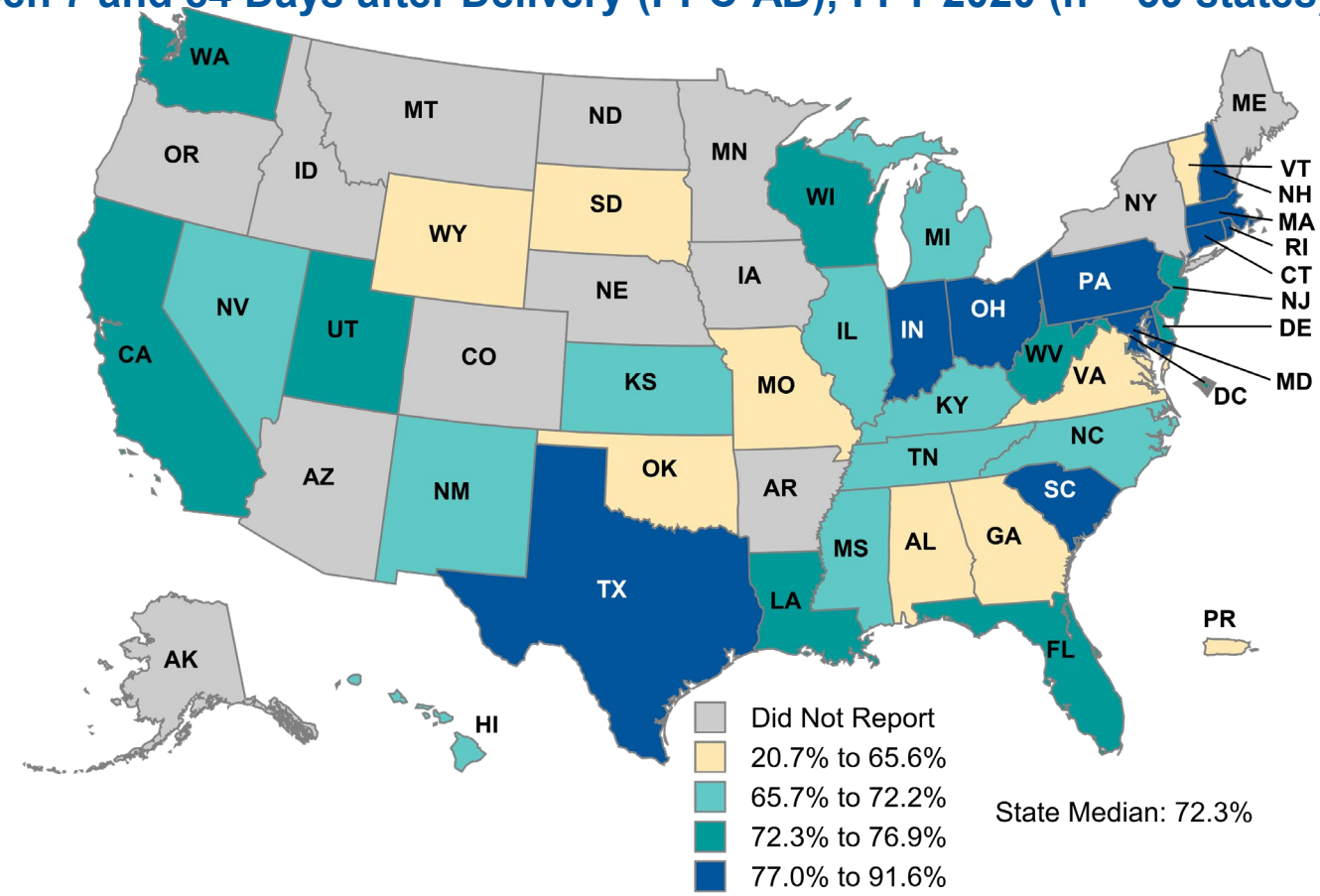
The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 7 and 84 days after delivery).

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling).

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Prenatal and Postpartum Care: Postpartum Care (Adult Core Set) (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery (PPC-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
Note: This chart excludes Minnesota and Oregon, which reported the measure but did not use Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Evolving Concept of Postpartum Care

- **Expansion of the postpartum care period beyond a single six-week postpartum check**
  - All birthing people have contact with their health care providers within the first three weeks postpartum
  - Initial visit followed by individualized ongoing care including a comprehensive postpartum visit no later than 12 weeks after birth
  - Timely follow-up care with providers for women with pregnancy complications or chronic medical conditions

- **Expansion of the scope of care includes recovery from childbirth and assessment of**
  - (1) physical, social, and psychological well-being; (2) infant care and feeding; (3) reproductive health; (4) sleep and fatigue; (5) chronic disease management; and (6) health maintenance

- **Discrimination, systemic inequities, and social determinants of health contribute to poor postpartum outcomes for Black birthing persons and other people of color**

Sources:
American College of Obstetricians and Gynecologists. ACOG Opinion Number 736. "Optimizing Postpartum Care." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150.
Muse S. "Setting the Standard for Holistic Care of and for Black Women." Black Mamas Matter Alliance. Black Paper. April 2018.

Postpartum Care Learning Collaborative

- **Webinar series**
  - Webinar 1: Maintaining Coverage and Access to Care During the Postpartum Period
  - Webinar 2: Improving the Content of Care During the Postpartum Period
  - Webinar 3: Models of Women-Centered Care
  - Recordings of webinars are available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html
- **Postpartum Care Affinity Group**
  - Action-oriented affinity group that is supporting nine state Medicaid and CHIP programs and their partners in the design and implementation of data-driven quality improvement (QI) projects to improve postpartum care
  - Participating states (9): KS, TX, OK, WY, MO, KY, SC, MT, GA

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Improving Infant Well-Child Visits

Benefits of High-quality Well-child Visits

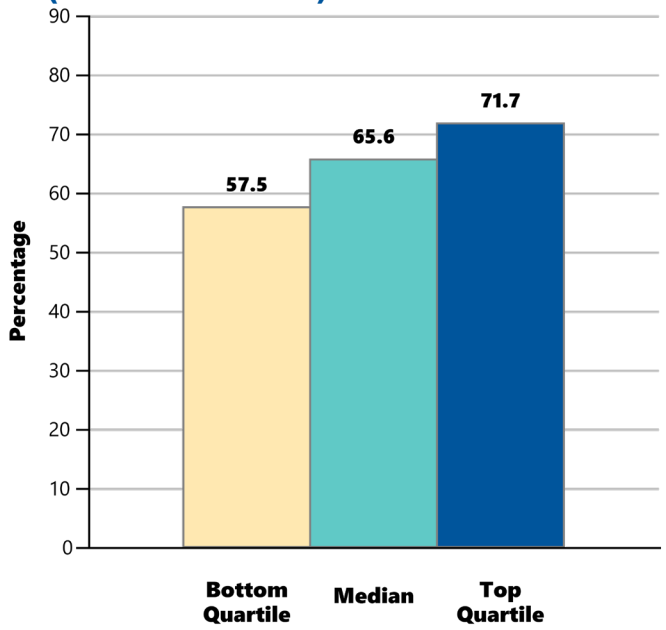
- **Prevention**
  - Immunization
  - Lead, vision, and hearing
  - Oral health
  - Parental depression
- **Track growth and development**
- **Encourage healthy practices**
  - Breastfeeding
  - Safe sleep practices and general safety
- **Reduced emergency department visits**
- **Provide parental support**

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health
Quality Improvement

Well-Child Visits in the First 15 Months of Life (Child Core Set)

The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, an oral health risk assessment, as well as parenting education on a wide range of topics. In the Child Core Set, state performance is measured as the percentage of children who received six or more visits by 15 months.

Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2020 (n = 50 states)



A median of

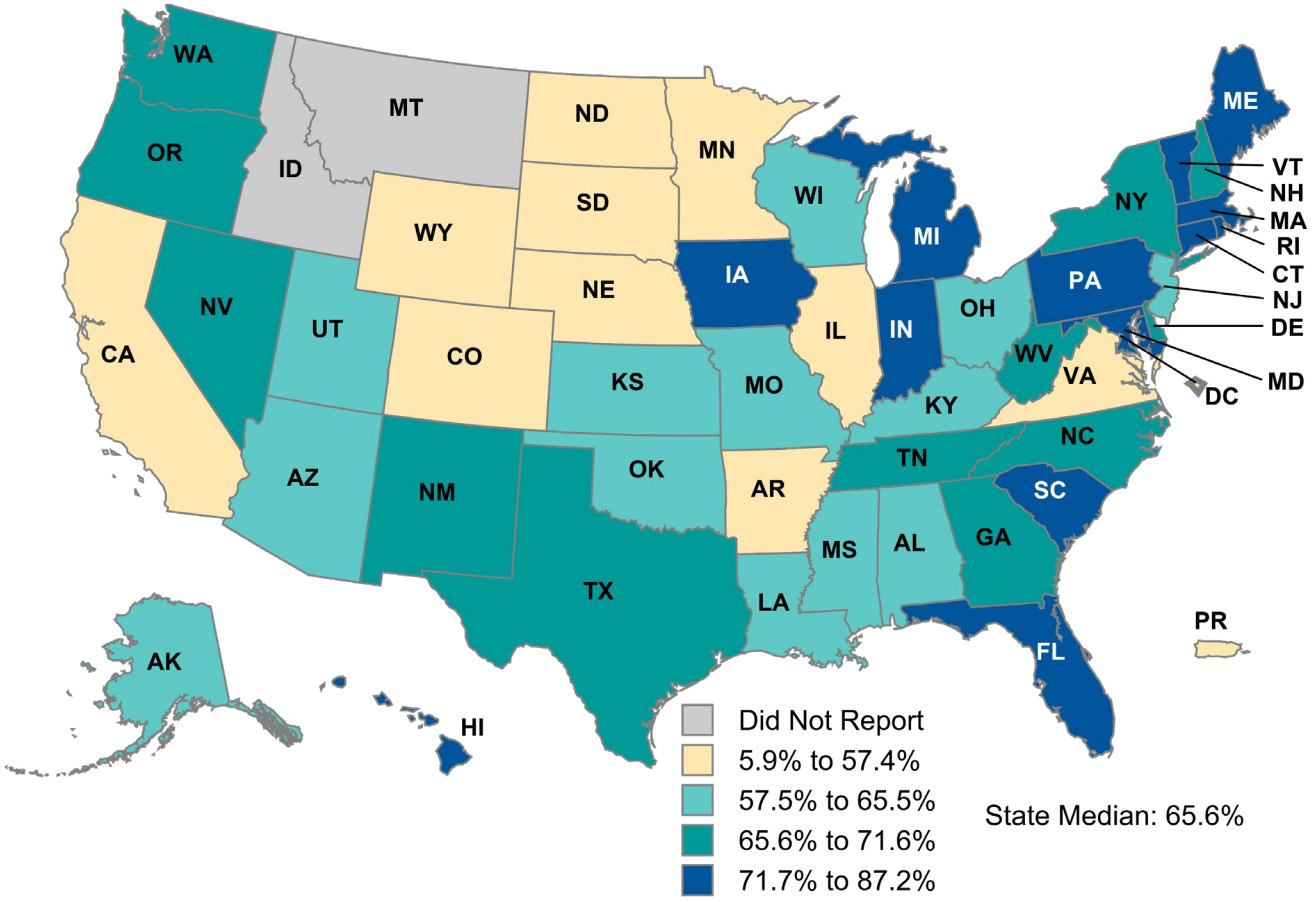
66 percent of children received six or more well-child visits in the first 15 months of life (50 states)

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: 0, 1, 2, 3, 4, 5, and 6 or more visits. This chart shows state reporting for the percentage with 6 or more well-child visits. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Well-Child Visits in the First 15 Months of Life (Child Core Set) (continued)

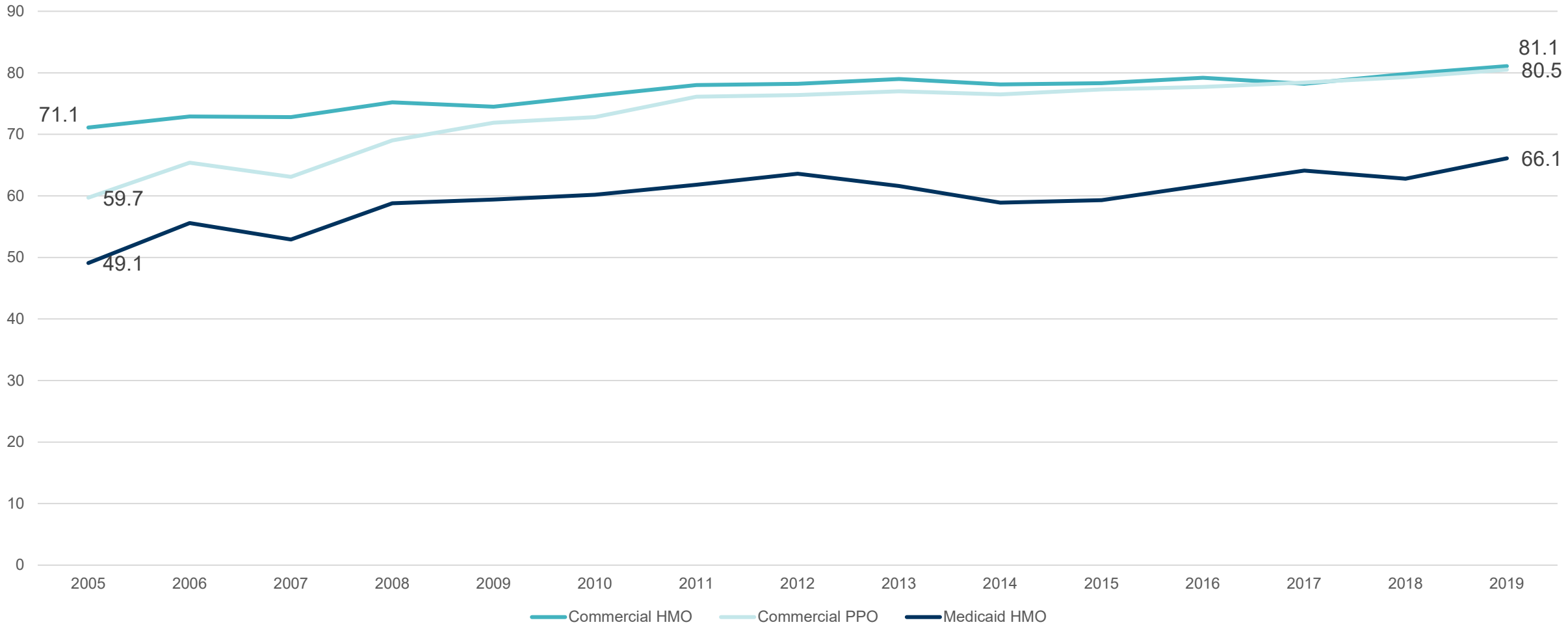
Geographic Variation in the Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2020 (n = 50 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

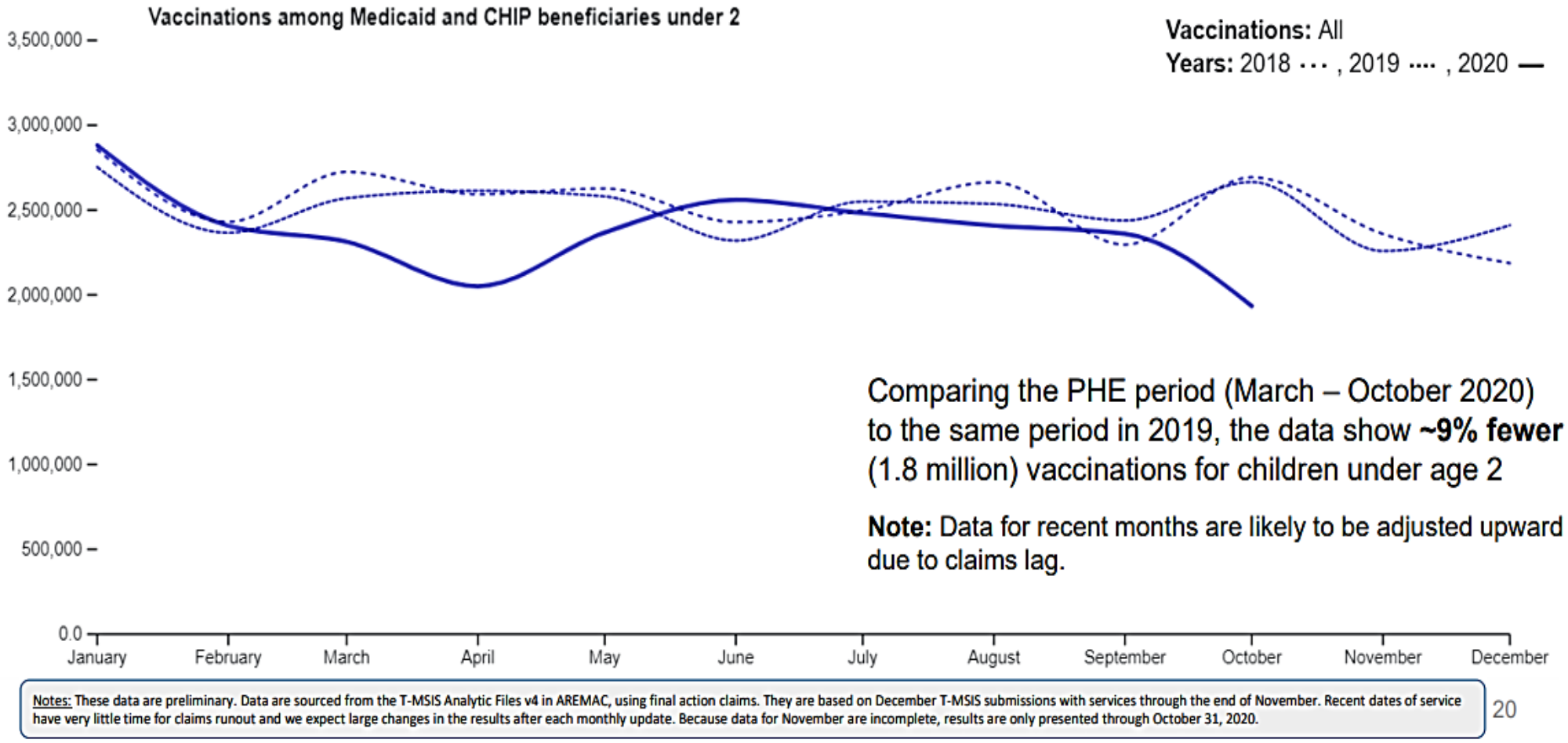
Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Well-child Visits (Ages 0–15 months): 6 or more Well-child Visits by Payor



Source: Child Trends' original analysis of data from the National Health Interview Survey, 2000-2019.

Impact of the COVID-19 Public Health Emergency: Forgone Care



Source: Medicaid & CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid and CHIP Data Snapshot

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Infant Well-Child Visit Learning Collaborative

- **Webinar Series**
  - Webinar 1: Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care
  - Webinar 2: Improving Quality and Utilization of Infant Well-Child Visits
  - Webinar 3: Models of Care that Drive Improvement in Infant Well-Child Visits
  - Information Session Webinar: Infant Well-Child Visit Affinity Group and Expression of Interest Process
  - Recordings of webinars are available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html
- **Infant Well-Child Visits Affinity Group**
  - Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in the design and implementation of a data-driven Infant Well-Child Visits QI project in their states
  - Participating States (8): VA, SD, CT, CA, MO, NC, WA, TX

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Improving Maternal Health through Reducing Low-Risk Cesarean Birth

Reducing Low-Risk (NTSV) Cesarean Delivery

- One factor associated with rising maternal morbidity is the increased use of cesarean sections.
- For births paid for by Medicaid in 2018, the overall cesarean rate was 31.7% and the cesarean rate among low risk pregnancies was 24.9%*.
- Low-risk pregnancies are defined as nulliparous (first-time pregnancies), term (37 or more weeks gestation), singleton (one fetus), vertex (head facing down in the birth canal) or “NTSV births”. include those that are first-time, term (ending in a birth at 37 weeks or greater gestation), a single baby, and with the baby in the vertex or head down position (NTSV).
- Cesarean section for women with low-risk pregnancies is an overused procedure that has not led to better outcomes for infants or women. Maternal complications include infections, blood clots, and the need for an emergency hysterectomy.
- Following the first cesarean, there is about a 10 percent likelihood of a subsequent vaginal delivery** and women with a history of previous cesarean births have a higher risk of maternal morbidity.***

* National Center for Health Statistics (NCHS). 2018 Natality Public Use File.
**Osterman, M.J.K., and J.A. Martin. “Trends in Low-risk Cesarean Delivery in the United States,1990–2013.” National Vital Statistics Reports, vol. 63, no. 6, 2014.
***Curtin, S.C., K.D. Gregory, L.M. Korst, and S.F.G. Uddin. “Maternal Morbidity for Vaginal and Cesarean Deliveries, According to Previous Cesarean History: New Data from the Birth Certificate, 2013.” National Vital Statistics Reports, vol. 64, no. 4, 2015.

Low-Risk (NTSV) Cesarean Delivery Data

- PC-02: Cesarean Birth measure has never been publicly reported by CMS due to the low number of states reporting the measure
- The Low-Risk Cesarean Delivery (LRCD-CH) measure replaced the PC-02: Cesarean Birth measure in the 2021 Child Core Set
- To reduce state burden and report a cesarean birth measure consistently across all states, CMS will calculate the LRCD-CH measure on behalf of states using National Vital Statistics System Natality data that are submitted by states and obtained through CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) starting in FFY 2021

Low-Risk Cesarean Delivery Learning Collaborative

- In early 2022, CMCS plans to launch a learning collaborative focused on reducing cesarean section births among low-risk pregnancies to ensure birthing people and their babies have healthy birth outcomes and avoid the increased risks postpartum and in subsequent pregnancies.
- Planning for this learning collaborative is underway
- The Low-Risk Cesarean Delivery learning collaborative will include:
  - A series of webinars on effective strategies to lower the rates of low-risk cesarean deliveries closer to the recommended rate in Healthy People 2030
  - An action-oriented affinity group to support states in developing and implementing QI projects to reduce the rate of low-risk cesarean deliveries

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Tobacco Cessation for Pregnant and Postpartum Women Technical Assistance

Tobacco Cessation for Pregnant and Postpartum Women

- Smoking during pregnancy can harm the health of both the mother and the infant. Women covered under Medicaid are three times more likely to smoke during the last trimester of pregnancy than privately-insured women.
- In early 2022, CMCS will launch new tobacco cessation technical assistance resources on Medicaid.gov including:
  - On-demand series of short, recorded programs featuring subject matter experts and descriptions of successful state strategies to help Medicaid and CHIP beneficiaries be smoke-free during pregnancy and after delivery
  - Resources to support tobacco cessation, including driver diagrams, change activities and project management tools
  - Option for quality improvement coaching by request.

Source: Tong VT, Dietz PM, Morrow B, et al. “Trends in Smoking Before, During, and After Pregnancy -- Pregnancy Risk Assessment Monitoring System, United States, 40 Sites, 2000-2010.” Morbidity and Mortality Weekly Report Surveillance Summaries, vol. 62, no. 6, 2013, pp. 1-19.

Other Maternal and Infant Health Activities

CMS Maternal and Infant Health Activities

- **Postpartum coverage extension guidance**
  - Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) give states a new option to provide 12 months of extended postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP beginning April 1, 2022. The State Health Official (SHO) letter is to provide guidance to states on implementation of this new state option, including considerations for ensuring access to equitable, quality care. CMS has also currently approved demonstrations to extend postpartum coverage through 1115 waiver authority for IL, GA, MO, NJ, and VA.
- **The Maternity Core Set**
  - CMS identified a core set measures for voluntary reporting by state Medicaid and CHIP agencies, to support our maternal and perinatal health-focused efforts.
  - The 2022 Maternity Core Set, which consists of 6 measures from CMS's Child Core Sets and 4 measures from the Adult Core Set, will be used by CMS to measure and evaluate progress toward improvement of maternal and perinatal health in Medicaid and CHIP, and is available on Medicaid.gov at: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/data-and-measurement/index.html

CMS Maternal and Infant Health Activities (Continued)

- **Equity Assessment**
  - CMS conducted an assessment of the equity of the quality of care in the postpartum period among Medicaid and Children's Health Insurance Program (CHIP) postpartum women and birthing persons
- **Challenge.gov Prize Competition**
  - Based on the findings of the CMS Equity Assessment on Equity in Postpartum Care, CMS partnered with the Office of Women's Health to produce the HHS Postpartum Equity in Care Challenge
  - This Challenge prize competition aims to identify innovative strategies to improve postpartum care for Black and American Indian/Alaska Native (AI/AN) postpartum individuals and it has a particular emphasis on follow-up care for conditions associated with maternal morbidity and mortality in the postpartum period. Challenge entries will serve as examples of effective programs and practices to reduce disparities and improve outcomes for postpartum Black or African American and AI/AN women.
  - These examples will inform CMS technical assistance to state Medicaid and CHIP agencies as they work to improve equity in postpartum care and outcomes.
  - https://www.challenge.gov/?challenge=hhs-postpartum-equity-in-care-challenge

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

HHS Maternal and Infant Health Activities

- **Maternal Health Agency Priority Goal**
  - Improve maternal health and reduce disparities nationwide and globally by assuring the equitable provision of evidence-based high-quality care and addressing social determinants of health, including racism, discrimination, and other biases, across the life course.
- **Maternal Health Action Plan**
  - https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health#maternal-health
  - Targets:
    - Reduce the maternal mortality rate by 50 percent in 5 years
    - Reduce the low-risk cesarean delivery rate by 25 percent in 5 years
    - Achieve blood pressure control in 80 percent of women of reproductive age with hypertension in 5 years

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement

Resources

- MIHI webpage: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html
- Maternal and Infant Health Beneficiary Profile: https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf
- Maternal and Infant Health Expert Workgroup Report of Recommendations: https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf
- Maternity Core Set information: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/data-and-measurement/index.html

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health Quality Improvement