Policy Recommendations


**Maternal Mortality—Current Context:**

Maternal mortality impacts a relatively small number of women per year—about 700-900 across the nation. This number may seem insignificant, but a maternal death is a tragedy that highlights the largest flaws in not only our healthcare system, but also in our society and in our country. Even worse, black women are 3-4 times more likely to die from a pregnancy-related death than their white counterparts. If we can innovate policy solutions that tackle the root causes of maternal death, not only will we prevent women from dying, but the solutions that we come up with will likely improve the health of all women, children, and families.

The causes of maternal mortality are complex and intertwined. However, by grounding ourselves in research from the CDC Foundation, Black Mammas Matter, state leaders, and other leading academics and advocates, we have lifted three key drivers of this crisis.

**Current Legislation:**

Advocate for the passage of Representative Robin Kelly's Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act which aims to change the mortality rate by offering better maternal and postpartum care. It aims to expand care access to the full post partum period (1 year) for mothers, standardize data collection, ensure best practice sharing, establish and enforce national emergency obstetric protocols, and improve access to culturally competent care. EverThrive IL strongly supports the MOMMA Act and will be monitoring this piece of legislation as it moves through the legislative process.

**Root Cause: Systemic racism**

1. **Address racism and bias in provider education**
   - Mandate education on historic and systemic racism in health care as part of medical, nursing, and other professional school curricula
   - Continuing education on historic and systemic racism must be part of ongoing and embedded professional development and coaching for current healthcare providers, including nontraditional providers such as doulas and community health workers
   - Require continuing education on implicit bias, especially for providers working in underserved communities or communities of color

2. **Legitimize paraprofessionals**
   - Incorporate the expertise of nontraditional providers in the healthcare system; this includes doulas, lactation consultants, home visitors, community health workers, midwives, etc.
   - Increase service payment for these paraprofessionals
   - Make certification and professional development more accessible for these paraprofessionals
3. **Prioritize consumer advocacy**

- Promote awareness of racial disparities in maternal mortality rates through community education campaigns. Strategies could include:
  - Establishing a Maternal Mortality Awareness month in Illinois
- Provide consumer-facing tools to facilitate advocating for oneself in the medical setting
  - For example, promote use of the [Perinatal Toolkit’s prenatal and postpartum checklist](#), created by HFS, EverThrive IL, and CHIPRA, to consumers across the state, especially in communities with high risk of maternal mortality
- Ensure all communities, especially communities of color, understand hospital levels of care and where to deliver if they have a high-risk pregnancy

**Root Cause: Lack of access to prevention and treatment services for mental illness and substance use**

1. **Increase access to treatment**

   - Increase overall access to comprehensive mental health and substance use services, including increasing provider reimbursement rates
   - Increase access to substance use treatment for pregnant and postpartum women in the 75% of counties that currently do not have treatment available for women insured by Medicaid
   - Increase access medically assisted treatment (MAT) services for pregnant and postpartum women
   - Increase the number of co-located services that offer both primary care/OBGYN care and chemical dependency and/or mental health treatment
   - Increase provision of telehealth mental health and substance use services in rural communities
   - Increase access to providers who culturally, linguistically, and/or racially reflect the community served

2. **Improve mental health systems**

   - Allow for all screening, assessment, and treatment of perinatal and paternal depression to be billed under the eligible child's RIN number until the child is two years old
   - Remove administrative barriers and increase reimbursement for tele-mental health services

**Root Cause: Lack of systems coordination**

1. **Improve Care Coordination**

   - Engage in care coordination before women become pregnant to promote optimal preconception and interconception health
   - Protect access to Medicaid and expand Medicaid eligibility to one-year post-partum
• Remove barriers (such as transportation, childcare, etc.) that pregnant patients may have when attempting to access quality and timely prenatal care

• Improve communication between community-based organizations, Medicaid Managed Care Organizations (MCOs), and others who are responsible for coordinating a pregnant person's care

• Ensure the patient acuity level that triggers care coordination services from an MCO aligns with risk factors for maternal mortality

• Ensure that high risk mothers receive nurse home visits in the post-partum period

• Leverage early childhood providers, such as home visitors and child care professionals, in the identification and referral of high-risk mothers in the postpartum period

• Research best practices for how hospitals provide delivery and postpartum care services to high-risk mothers in rural communities, including any care coordination models