



## IMPROVING BLACK MATERNAL CARE AND HEALTH THROUGH PREGNANCY AND CHILDBIRTH

Despite tremendous health advances, the United States continues to have the highest maternal death rate of any developed country. While most of the world has drastically reduced rates of maternal mortality over the past several decades, the U.S. is one of a handful of countries where the problem has not only worsened, but has worsened significantly.

Across the country, maternity care deserts, continued disparities in the rates of health insurance coverage and affordability concerns are threatening women's access to necessary care before, during and after childbirth. These barriers, among other challenges, help contribute to substantial racial disparities facing African American women.

**60% OF PREGNANCY-RELATED DEATHS** are preventable.<sup>1</sup>

Black women are **3X MORE LIKELY** than white women to die from pregnancy-related complications.<sup>2</sup>

Preeclampsia and eclampsia are **60% MORE COMMON** among African American women.<sup>3</sup>

As an important step in improving Black maternal healthcare, the Blue Cross Blue Shield Association (BCBSA) strongly supports the "Momnibus" bill authored by Black Maternal Health Caucus Co-Chairs, Reps. Underwood and Adams. BCBSA is working to build support for this important legislation, which focuses on addressing gaps in the existing maternal health system that contribute to these disparities and result in Black women experiencing higher rates of pregnancy-related complications and more maternal health complications.

<sup>1</sup> CDC. 2019. "Pregnancy-Related Deaths | VitalSigns." Centers for Disease Control and Prevention. May 14, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/>.

<sup>2</sup> Pregnancy Mortality Surveillance System." 2019. 2019. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>.

<sup>3</sup> Finger, Kathryn, Iris Mabry-Hernandez, Quyen Ngo-Metzger, Tracy Wolff, Claudia Steiner, and Anne Elixhauser. 2017. "STATISTICAL BRIEF #222 Highlights Delivery Hospitalizations Involving Preeclampsia and Eclampsia, 2005-2014." <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb222-Preeclampsia-Eclampsia-Delivery-Trends.pdf>.

At the community level, Blue Cross and Blue Shield companies are working with physician, hospital and community partners to lead initiatives that break down barriers, address disparities and close critical access gaps for a safer and healthier pregnancy, delivery and postpartum.

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## HERE ARE SOME EXAMPLES:

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In Maryland, Virginia and Washington, D.C., **CareFirst BlueCross BlueShield** is awarding \$2 million over the next two years to programs seeking to improve birth outcomes, maternal health and lower infant mortality rates. CareFirst already has contributed more than \$18 million to address these issues since 2007, and the investments are paying off. From 2009 to 2018, through the B'More for Health Babies Initiative, Baltimore City, whose residents often have significant unmet maternal and child health needs, saw a 36 percent decrease in infant mortality, a 38 percent decrease in the Black-white disparity in infant mortality and a 55 percent decrease in teen births.



**Blue Cross & Blue Shield of Mississippi (BCBSMS)** supports hospitals in improving health outcomes through the BCBSMS Maternity Quality Model. There are three focuses: the 39 Weeks Initiative, a partnership with network clinicians to reduce the number of medically unnecessary early term deliveries; Baby Friendly, which enhances the mother/baby experience through training and education; and Maternal Safety Bundles, a partnership with Mississippi Perinatal Quality Collaborative focusing on education and training for improving maternal care.

As part of Maternal Safety Bundles, BCBSMS is training healthcare professionals in hospitals throughout the state to better identify and respond to complications – including severe bleeding and high blood pressure – which are two of the most preventable causes of pregnancy-related deaths that are often undetected, misdiagnosed or ignored. They are also working towards safely reducing the number of medically unnecessary C-sections.

Finally, the Blue Primary Care Women's Wellness Home initiative is expanding the relationship between patient and OB-GYN by addressing a mother's unresolved chronic illnesses – high blood pressure, diabetes and obesity – a common source of maternal and infant complications at birth. This is helping to close a critical access gap in rural Mississippi, where the maternal mortality rate is highest.



**BlueCross BlueShield of Tennessee** has helped establish an extensive network of telemedicine sites in rural communities – called the Solutions to Obstetrics in Rural Communities (STORC) – to improve access to specialty care for women with high-risk pregnancies. Rather than traveling to one of the state's major cities for care, STORC sites are staffed with an ultrasound technician and an advanced practice nurse who can video conference with a specialist. Currently, there are STORC sites in 13 rural Tennessee communities, many with no obstetrical specialists or women's healthcare professionals at all. The program, which began in 2009 with 134 visits, grew to 3,953 visits in 2018. More than 90 percent of women in the program have delivered healthy babies.



**Blue Cross and Blue Shield of Louisiana** offers Healthy Blue Beginnings for mothers with high-risk pregnancies. The program identifies at-risk women and offers expectant mothers confidential nursing support specific to their individual needs. Expectant mothers are also encouraged to sign up for text4baby, which sends free health and safety tips via text message. Each message is tailored to the mother's due date.

Additionally, Healthy Blue, a Louisiana Medicaid health plan, takes a proactive approach to maternal and infant health offering expectant mothers the comprehensive program, New Baby, New Life. Pregnant women undergo risk assessments to determine the level of support they'll need throughout pregnancy. The program provides the women with enhanced case management, care coordination and education.

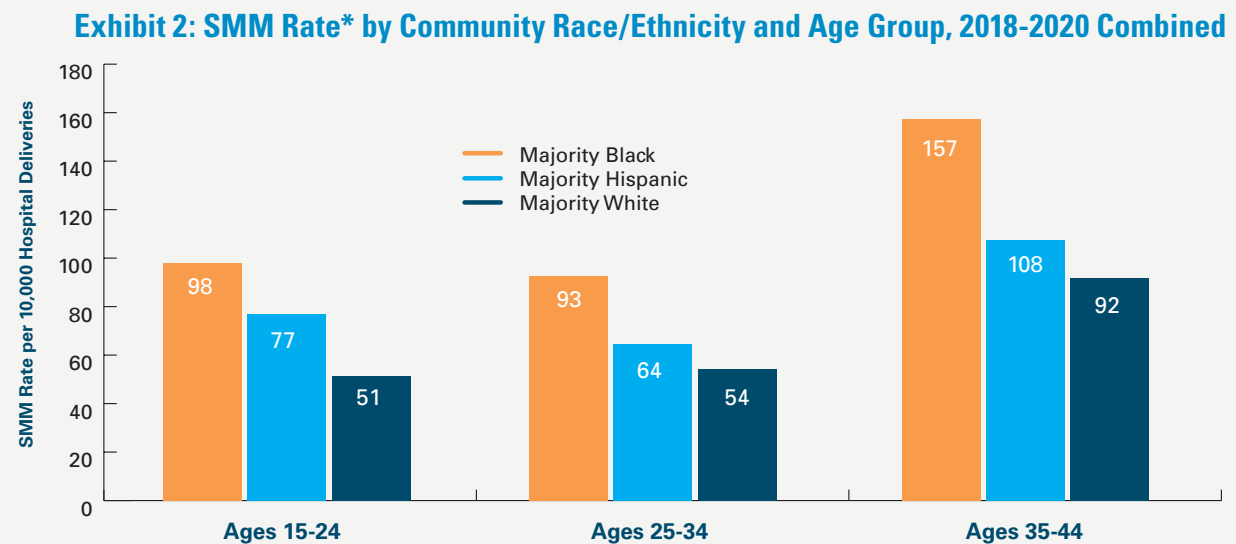
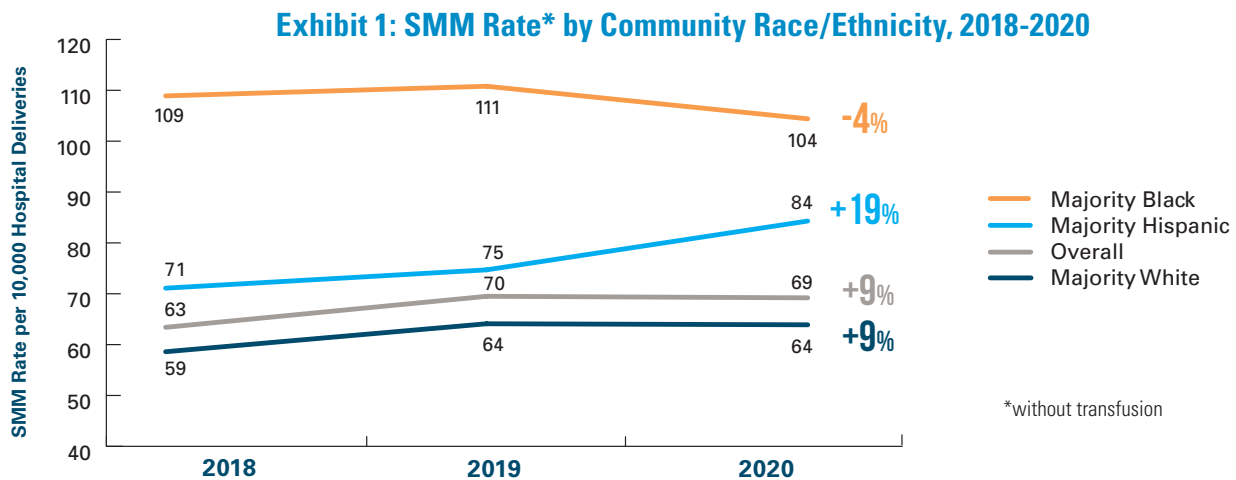


**Blue Cross and Blue Shield of South Carolina** is part of a statewide collaboration helping babies reach their first birthday. The South Carolina Birth Outcomes Initiative educates women about the benefits of regular prenatal care and the importance of waiting until 39 weeks before giving birth. Now, fewer babies are born with low birth weights; fewer spend their first weeks in the NICU; there has been a 30 percent decrease in babies born before 37 weeks; and infant mortality has dropped to its lowest rate in 20 years.

As part of the commitment by Blue Cross and Blue Shield companies to reduce racial disparities in maternal health by 50% in five years, BCBSA's Health of America (HoA) initiative<sup>1</sup> harnessed data to examine the rate of childbirth complications as measured by the CDC's Severe Maternal Morbidity Measure (SMM)—21 different adverse events or unexpected outcomes from labor and delivery with significant short- or long-term consequences to a woman's health, and in some cases, may lead to death. Our analysis included hospital births covered by Blue Cross and Blue Shield commercial insurance from January 2018 to October 2020.

**Here are some findings from the HoA analysis:**

While the rates of SMM have been increasing across the board, women in majority Black communities have a 63% higher rate of SMM than women in majority white communities. Women in majority Hispanic communities have a 32% higher rate of SMM than women in majority white communities. These rates are higher across all age groups and nearly all indicators. Further, Black and Hispanic women have a substantially higher prevalence than white women of the most common risk factors that put women at risk of SMM.



<sup>1</sup> This is the 35th study of the Blue Cross Blue Shield, The Health of America Report® series, a collaboration between Blue Cross Blue Shield Association and Blue Health Intelligence (BHI), which uses a market-leading claims database to uncover key trends and insights in healthcare affordability and access to care. Severe Maternal Morbidity (SMM) was estimated using the Centers for Disease Control and Prevention's 21 defined indicators. The indicators were identified using claims from 2.2 million hospital deliveries occurring from January 1, 2018 to October 31st, 2020. Blood transfusion was excluded from the report since many blood transfusions are not truly indicative of SMM, but often less severe in nature. The rate of SMM includes the rate of SMM indicators present per 10,000 delivery hospitalizations. A woman can experience more than one SMM during a delivery hospitalization.

Risk factors for SMM were identified using the California Maternal Quality Care Collaborative's (CMQCC) risk adjustment system. These risk factors were identified as present on admission through BCBS claims data. Risk ratio is an estimate of the SMM rate for women with the risk factor present on admission divided by the SMM rate for women without the risk factor present on admission.

Race/ethnicity is determined by ZIP code when more than 50% of the households identify as either Black, Hispanic or white. This ZIP code data is from the 2017 American Community Survey (ACS). The estimated number of pregnancies occurring in each community category are: white 612,000; Black 30,000; and Hispanic 46,000.

**Exhibit 3: Prevalence Rate (per 10,000) and Differentials between Majority Black, Majority Hispanic and Majority White Communities for the Most Common SMM Indicators, 2020\***

<b>Condition</b>	<b>Black Mothers</b>	<b>Hispanic Mothers</b>	<b>White Mothers</b>	<b>Difference Black vs. White</b>	<b>Difference Hispanic vs. White</b>
Acute Renal Failure	31.0	14.5	13.7	<b>+126%</b>	<b>+6%</b>
Adult Respiratory Distress Syndrome	16.3	14.5	6.8	<b>+138%</b>	<b>+112%</b>
Sepsis	15.1	11.8	5.9	<b>+157%</b>	<b>+101%</b>
Pulmonary Edema/ Acute Heart Failure	12.2	5.4	4.2	<b>+193%</b>	<b>+29%</b>
Hysterectomy	10.6	15.8	9.7	<b>+9%</b>	<b>+63%</b>
Ventilation	9.8	8.0	4.0	<b>+145%</b>	<b>+102%</b>
Shock	9.0	8.6	6.4	<b>+41%</b>	<b>+35%</b>
Eclampsia	8.6	8.0	5.5	<b>+56%</b>	<b>+47%</b>
Puerperal Cerebrovascular Disorders	5.3	3.5	3.1	<b>+70%</b>	<b>+13%</b>

\*Only indicators showing a disparity across communities are shown.

The type and quality of care a woman receives while pregnant, during childbirth and after giving birth can impact a woman’s likelihood of experiencing SMM. BCBSA surveyed approximately 750 women between the ages of 18 and 40 about their pregnancy and childbirth care experience in the last year, representing commercial, Medicaid, Medicare and uninsured individuals. The survey results show that, compared to white women, Black and Hispanic women say they may not be receiving the kind of care they need.

## KEY TAKEAWAYS FROM THE SURVEY:

Compared with white mothers, mothers of color say they were not always able to complete the recommended series of prenatal visits, mainly because of a lack of transportation or scheduling conflicts. COVID-19 has also played a role in reducing prenatal visits.

**Mothers who completed all recommended prenatal visits:**



Compared to white and Hispanic mothers, Black mothers report feeling their provider did not spend enough time with them and have lower confidence they will receive the care they need. They also feel like they cannot openly speak to their provider about their pregnancy.

**Mothers who felt their provider spent enough time with them:**



**Mothers who are confident they received/ will receive the care they needed:**



**Mothers who feel they can speak openly about pregnancy with their provider:**



For the full HoA report on racial disparities in maternal health visit: <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-in-maternal-health>.

The Blue Cross Blue Shield Association is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies that collectively provide healthcare coverage for one in three Americans. To learn more about how BCBSA is advocating to improve healthcare for all Americans, please visit [www.bcbsprogresshealth.com](http://www.bcbsprogresshealth.com)

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