

SMFM ADVOCACY AGENDA, 2019-2020

The Society for Maternal-Fetal Medicine (SMFM) supports the clinical practice of maternal-fetal medicine by providing education, promoting research and engaging in advocacy to optimize the health of high-risk pregnant women and their babies. SMFM supports policy and legislative priorities that further its mission and vision of optimal pregnancy outcomes for mothers and babies.

Commitment to Health Equity

SMFM is committed to building a diverse and inclusive physician workforce and leadership cadre. SMFM's mission, vision, and strategic direction recognize that success is dependent upon reflecting the diversity of the communities that MFMs serve.

SMFM is deeply concerned about racial and ethnic disparities in health outcomes and health care during pregnancy, childbirth, and the postpartum period. Disparities are both pervasive and well-described, with a disproportionate burden of disease borne by non-Hispanic Black women and other women of color.ⁱ SMFM strongly encourages maternal-fetal medicine (MFM) physicians to be conscious of structural determinants of health that contribute to these disparities; to pursue training to reduce implicit bias and practice cultural humility; and to ultimately work towards eliminating health inequity. In addition, SMFM strongly recommends that healthy equity training, as well as training in health policy and advocacy be incorporated formally into all MFM fellowship curricula. As an organization, SMFM is strongly committed to such goals and will advocate for the improved delivery of care and equitable health outcomes for disadvantaged populations.

SMFM's advocacy agenda prioritizes health equity and supports policy proposals that are aimed at eliminating health care inequities for high-risk pregnant women.

Health Policy Priorities

- I. **Prioritize and strengthen the investment in research in pregnant women.** Inclusion in clinical trials and implementation of effective clinical practices and public health programs is essential to optimizing the health of high-risk pregnant women. Research in pregnant women and lactating women is severely underfunded. Federal agencies are at the forefront of clinical trials that include pregnant women. This research must be prioritized and emphasized to optimize the health of women and their children. SMFM supports the prioritization and sustainability of research in pregnant women by advocating for:
 - a. Additional funding for the NIH and a strengthened Maternal-Fetal Medicine Units Network;
 - b. Additional funding for public health programs through the CDC, HRSA, AHRQ and CMS with a focus on dissemination of findings and implementation of successful programs at a scale significant to impact population health;
 - c. Interagency collaboration; and

- d. The continued work and implementation of the Task Force Specific to Pregnant Women and Lactating Women (PRGLAC).

- II. **Ensure that high-risk pregnant women have access to MFMs and MFM services, and that MFMs are included in innovative care delivery models.** Pregnancy is a window to future health, and both maternal mortality and severe maternal morbidity rates are rising in the U.S. Additionally, as payers and health systems encourage innovative care delivery models to improve quality and value, it is imperative that all high-risk pregnant women are enabled to access high-risk care. SMFM supports this access by advocating for:
 - a. Access to telehealth services;
 - b. Training of and access to genetic counselors, as well appropriate reimbursement of genetic counseling services;
 - c. Appropriate quality metrics and data collection methods to improve outcomes and care;
 - d. Extending pregnancy Medicaid for at least twelve months postpartum; and
 - e. Protecting the Affordable Care Act's access to maternity care as an essential health benefit, and opposing efforts that are not in line with SMFM's Maternity Care Principles:
 - i. *All women who may become or are pregnant must have health coverage that provides all medically necessary, situation-appropriate benefits that promote healthy pregnancies and child development.*
 - ii. *All women who may become or are pregnant must have coverage that is affordable for their families.*
 - iii. *All women who may become or are pregnant must have access to the full range of appropriate health care providers, including perinatal specialists, sub specialists and facilities throughout their pregnancies.*
 - iv. *All women who are or may become pregnant must have continuous, consistent coverage with no gaps in care.*
- III. **Protect reproductive rights.** Women at high risk for maternal mortality and morbidity, as well as those with high-risk pregnancies, have unique needs for reproductive health services, including contraception and abortion. However, barriers such as state legislation, lack of access to trained providers, and challenges in assessing and communicating risk often make it difficult for these women to obtain needed services. SMFM advocates for continued and unrestricted access to reproductive health services by:
 - a. Supporting federal funding and continued authorization of the Title X Family Planning Program;
 - b. Supporting continued coverage of and access to contraception; and
 - c. Opposing efforts to restrict access to abortion at both the state and federal levels.

ⁱ. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report, November 22, 2013. "CDC health disparities and inequalities report — United States, 2013." Retrieved from www.cdc.gov/mmwr/pdf/other/su6203.pdf