



SMFM ADVOCACY AGENDA, 2021 - 2022

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 people and their babies. SMFM supports policy and legislative priorities that further its mission and vision of optimal pregnancy outcomes.

Commitment to Health Equity

SMFM is deeply concerned about racial and ethnic inequities 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.¹ SMFM is strongly committed to eliminating disparities and advancing equity through all of the Society's activities.

SMFM's advocacy agenda, outlined below, is rooted in health equity and supports policy proposals that are aimed at eliminating health care inequities for high-risk pregnant people.

Health Policy Priorities

- I. **Prioritize and strengthen the investment in research in pregnant people.** Inclusion in clinical trials and implementation of effective clinical practices and public health programs is essential to optimizing the health of high-risk pregnant individuals. Research in pregnant people and lactating people is severely underfunded. Federal agencies are at the forefront of clinical trials that include pregnant individuals. This research must be prioritized and emphasized to optimize the health of mothers and their children. SMFM supports the prioritization and sustainability of research in pregnant people by advocating for:
 - a. Additional funding for the National Institutes of Health and a strengthened Maternal-Fetal Medicine Units Network;
 - b. Additional funding for public health programs through the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Agency for Health Research and Quality (AHRQ) and Centers for Medicare and Medicaid Services (CMS) with a focus on dissemination of findings and implementation of successful programs at a scale significant to impact population health;
 - c. Interagency collaboration; andInclusion of pregnant and lactating individuals in clinical research and trials for therapeutics, vaccines, and medical devices, including through implementation of recommendations outlined by the Task Force Specific to Pregnant Women and Lactating Women (PRGLAC) and creating a legal framework to promote inclusion.
- II. **Ensure that high-risk pregnant people 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 continue to rise in the United States. As payors and health systems develop and implement innovative care delivery models to

improve quality and value, they must ensure that all high-risk pregnant patients can access appropriate care. SMFM supports this access by advocating for:

- a. Access to telehealth services;
- b. Training of and access to the full range of maternity care providers necessary to achieve optimal pregnancy outcomes, including genetic counselors;
- 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* people 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* people who may become or are pregnant must have access to coverage that is affordable for their families.
 - iii. *All* people 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* people who are or may become pregnant must have continuous, consistent coverage with no gaps in care.

- II. **Protect reproductive rights.** Individuals 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 care. 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