

SMFM ADVOCACY AGENDA, 2023 - 2024

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 equitable perinatal outcomes for all people who desire or experience pregnancy. SMFM supports policy and legislative priorities that further its mission and vision of optimal and equitable pregnancy outcomes.

Commitment to Health Equity

SMFM is deeply concerned about inequities in health outcomes and health care during pregnancy, childbirth, and the postpartum period. Multiple factors, including race, immigration status, disability status, geography, and more, impact the quality of care that patients receive. Disparities are both pervasive and well-described, with a disproportionate burden of disease borne by non-Hispanic Black women and other women of color, disabled women, and patients who are otherwise marginalized.^{i,ii,iii,iv} SMFM is strongly committed to helping eliminate disparities and advancing equity through all 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 research investments in pregnant and lactating people.** Pregnancy- and lactation-related research is critical to identifying opportunities to improve perinatal outcomes. Unfortunately, research in pregnant and lactating people is severely underfunded. Federal agencies are at the forefront of clinical trials that include these populations. 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 and lactating people by advocating for:
 - a. Additional funding for federal research agencies, such as the National Institutes of Health and the Agency for Health Research and Quality;
 - b. Additional funding for pregnancy and lactation studies across federal research agencies, including sustained support for collaborative multi-center clinical research, such as the Maternal Fetal Medicine Units Network.
 - c. Inclusion 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. Expand and better support public health and health service programs that facilitate improved perinatal health outcomes.** Clinical interventions are insufficient to improve health outcomes for pregnant people in the United States. Strong public health and health services programs are critical to improving the overall health of people who desire or experience pregnancy. SMFM supports increased investment in public health by advocating for:

- a. Additional funding for federal public health agencies, including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA);
- b. Expansion of federal and state public health initiatives focused on improving perinatal health; and
- c. Additional resources for data collection and program evaluation to identify successful programs and facilitate implementation at a scale significant to impact population health.

III. 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. Payors, health systems, and government programs must ensure that all high-risk pregnant patients can access appropriate care. SMFM supports this access by advocating for:

- a. Extending pregnancy Medicaid for at least twelve months postpartum;
- b. Access to telehealth services;
- c. Increased access to behavioral health services;
- d. Training of and access to the full range of maternity care providers necessary to achieve optimal outcomes for high-risk pregnant patients, including genetic counselors and sonographers;
- e. Appropriate quality metrics and data collection methods to improve outcomes and care;
- f. Incorporating the needs of high-risk obstetric patients into the development and implementation of innovative care delivery models; and
- g. 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.

IV. Defend and expand access to reproductive health care. 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 laws, a paucity of trained providers, and challenges in assessing and communicating risk often make it difficult for these women to obtain needed services. SMFM supports continued and unrestricted access to reproductive health services by advocating for:

- a. Repeal of state and federal policies that would restrict access to abortion care and enactment of policies that expand access to care;
- b. Increased federal funding and continued authorization of the Title X Family Planning Program; and
- c. Full coverage of and access to contraception.

ⁱHill, L; Artiga, S; Ranji, U. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them." Kaiser Family Foundation. November 1, 2022. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.

ⁱⁱ Brown, H. "Disparities in Severe Maternal Morbidity and Mortality—A Call for Inclusion of Disability in Obstetric Research and Health Care Professional Education." *JAMA Network Open*. December 15, 2022. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787184>.

ⁱⁱⁱ Hostetter, M; Klein, S. "Restoring Access to Maternity Care in Rural America," *Transforming Care* (newsletter), Commonwealth Fund, September 30, 2021. <https://doi.org/10.26099/CYCC-FF50>.

^{iv} Behboudi-Gandevani, S; Bidhendi-Yarandi, R; et. al. "Adverse Pregnancy Outcomes and International Immigration Status: A Systematic Review and Meta-analysis." *Annals of Global Health*. June 28, 2022. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9248985/>.