



IMPROVING 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. Across the country, maternity care deserts and continued disparities in health insurance coverage 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.¹

African American women are **3X MORE LIKELY** than white women to die from pregnancy-related complications.²

Preeclampsia and eclampsia are **60% MORE COMMON** among African American women.³

As the healthcare partner to one in three Americans, Blue Cross and Blue Shield companies are working with physician, hospital and community partners to lead initiatives that break down barriers, help address disparities and close critical access gaps for a safer and healthier pregnancy, delivery and postpartum.

HERE ARE SOME EXAMPLES:

CAREFIRST BLUECROSS BLUESHIELD

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

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

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

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

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.

Sources:

- 1 CDC. 2019. "Pregnancy-Related Deaths | VitalSigns." Centers for Disease Control and Prevention. May 14, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/>.
- 2 "Pregnancy Mortality Surveillance System." 2019. 2019. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>.
- 3 Fingar, 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>.