

Improving Birth Outcomes Policy Statement

POSITION:

ASTHO supports state and territorial health agencies in improving birth outcomes via population health strategies, including policy and comprehensive systemwide changes. Health officials can leverage public health programs, social services, and healthcare services to improve care quality and reduce the costs associated with poor birth outcomes across both the healthcare system and among families.

BACKGROUND/EVIDENCE BASE:

10.5 percent of infants are born preterm (before 37 weeks gestation).^{1,2} In the United States, the overall preterm birth rate has increased by roughly 6% since 2014.^{3,4} Preterm infants are at greater risk of developing chronic conditions as adults, such as diabetes and heart disease.² Preterm births also bring significant financial costs of more than \$25.2 billion in 2016.⁵ Preterm birth rates are highest among Black and American Indian/Alaskan Native women in the United States.⁶

Preterm birth is a major factor contributing to infant mortality along with birth defects, congenital anomalies, SIDS (sudden infant death syndrome), unintentional injuries, maternal complications, and other unexplained infant deaths.^{7,8} The United States' infant mortality rate is 5.6 deaths per 1,000 live births and rose 3% from 2021 to 2022, marking the first year-to-year increase in twenty years.⁹ State infant mortality rates range widely between states from 4.11 to 9.39 deaths per 1,000 births. U. S. infant mortality rates compare unfavorably with those in other high-income countries.¹⁰ The incidence of substance use during pregnancy continues to rise nationally and is associated with increased risks for obstetric and medical complications, including poor fetal growth, preterm birth, stillbirth, birth defects, and neonatal abstinence syndrome (NAS).^{11, 12}

Birth outcomes are characterized by the family unit, which is indicative of social determinants of health such as health care quality/access, education, economic stability, neighborhood/environment, and society/community.¹³ Best practices for improving birth outcomes include supporting families to better support healthy babies¹⁴.

RECOMMENDATIONS:

ASTHO recommends the following policy and systemwide changes for improving birth outcomes:

Leverage Evidence-Based Public Health Strategies and Policy Solutions

- a. Develop comprehensive population health approaches to improve birth outcomes by improving state and territorial public health infrastructure, with an emphasis on reducing health disparities and assuring that necessary services are available to high-risk populations.
- b. Support the designation of maternal and neonatal levels of care and regionalization of care to ensure access to risk-appropriate care. Address rural hospital closures and sparse obstetric services through hospital partnerships, freestanding birth centers, and regional care models to achieve risk-appropriate care.¹⁵
- c. Consider extending Medicaid coverage to twelve months postpartum.¹⁶
- d. Increase funding and improve payment models for perinatal and postpartum services by adopting value-based payment models.¹⁷
- e. Ensure maternal and child health populations are considered in emergency planning and response efforts.

Summary of Recommendations:

- Leverage evidence-based public health strategies and policy solutions.
- Promote health and racial equity to reduce disparities in birth outcomes.
- Strengthen perinatal workforce development and access to care.
- Utilize quality improvement initiatives, public health surveillance, and data collection systems.
- Support initiatives to build healthy families.

Promote Health and Racial Equity to Reduce Disparities in Birth Outcomes

- a. Address the social and structural determinants of birth outcomes through a systemic approach, ensuring that leadership, infrastructure, policies, and strategies are designed to achieve health equity through social, economic, and policy change.^{18,19} Eliminate health disparities for historically marginalized communities, including Black, American Indian/Alaska Native, Native Hawaiians and other Pacific Islander populations, by addressing social determinants of health as a public health issue. Authorize AI/AN health providers to receive Medicaid payment and ensure continued Medicaid coverage for AI/AN populations.^{20,21}
- b. Utilize person-centered language and culturally representative care in care settings.²²

Strengthen Perinatal Workforce Development and Access to Care

- a. Educate providers and patients on evidence-based interventions for improving birth outcomes.
- b. Engage in a community-based participatory approach to cross-collaboration, intervention, and policy development to include the positive effects of home visiting and community health workers (i.e. doulas, lactation professionals). Ensure there is appropriate federal and state funding to leverage resources for the sustainability of Title V and home visiting programs, including utilizing Medicaid funding.²³
- c. Support, expand, and diversify the perinatal workforce to address essential and unique needs during pregnancy. Ensure access to comprehensive care by including family medicine physicians and nurse midwives as part of the care team. Ensure adequate Medicaid coverage and reimbursement rates for services. Support training and certification programs to cultivate a culturally diverse workforce that represents the communities served and promote provider implicit bias training.^{24,25,26,27}

Utilize Quality Improvement Initiatives, Public Health Surveillance, and Data Collection Systems

- a. Utilize public health surveillance systems and data sources to assess program effectiveness. Include an integrated data infrastructure that allows core data sets to be linked and widely accessible- including Medicaid, hospital discharge records, Prescription Drug Monitoring Programs, Pregnancy Risk Assessment Monitoring System (PRAMS), FIMR (Fetal Infant Mortality Review), PAMR (Pregnancy Associated Mortality Review) and all-payer data systems. Support the creation of reporting standards that account for self-identified race/ethnicity on birth certificates and death certificates and address the common racial misclassification of AI/AN people on birth and death certificates to ensure accurate data collection.²⁸
- b. Provide continuous quality improvement training using state and territorial datasets and expand maternal and child health surveys and surveillance projects to every state.
- c. Strengthen and collaborate with state or regional perinatal quality collaboratives (PQCs).
- d. Ensure the availability of detailed data accurately reflecting the experiences of diverse communities.

Support Initiatives to Build Healthy Families

- a. Provide behavioral and mental health screening, referral, and treatment for maternal depression and other perinatal mood and anxiety disorders and work with Medicaid and private insurance to reimburse providers for these services early in pregnancy.²⁹ Implement prevention and intervention opportunities with perinatal quality collaboratives, OB/GYN, neonatology, and substance use treatment providers along a continuum of care from the preconception period to early childhood and beyond.^{30,31,32}
- b. Collaborate, coordinate, and fund a seamless continuum of services to families across public health, social, and medical programs. Optimize collaboration with Medicaid, healthcare providers, professional organizations, and other stakeholders to increase payment for, availability of, and access to evidence-based interventions.³³
- c. Develop comprehensive Paid Family and Medical Leave (PFML) policies that include anti-discrimination protections.^{34,35,36,37}

POLICY APPROVAL HISTORY

Community Health and Prevention Policy Committee Approval: January 18, 2024

Board of Directors Approval: June 24, 2024

Policy Expires: June 30, 2027

Population Health & Informatics Policy Committee Approval: February 7, 2018

Board of Directors Approval: June 19, 2019

Policy Expires: June 30, 2022

For ASTHO policies and additional publications related to this policy statement, visit www.astho.org/Policy-and-Position-Statements.

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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