Ensuring Healthy Women, Healthy Babies

Current Status:

Millions of women do not receive the care they need to stay healthy, both before and during pregnancy.¹ Currently, about one-third of births have complications, many of which are related to the mother’s health.²

Over the last half-century, the U.S. has substantially reduced its infant mortality rate, which is considered as an important barometer of health needs and problems in communities, but rates have not improved significantly in the decade since, and, in some cases, have worsened.³

Every year, 12 percent of American babies are born too early and eight percent are born at low birthweight. Both of these outcomes increase the risk of infant death, developmental disabilities and other health problems.⁴ Compared to other developed nations, the United States has high infant mortality rates, with a ranking of 27th among industrialized countries.⁵

Why Maternal Health Matters:

- Prematurity and low birthweight are often related to the mother’s health problems, such as diabetes, obesity or high blood pressure.⁶
- In 2005, the annual economic cost of premature birth was more than $26 billion, and the average first-year medical costs for preterm infants were about 10 times greater than for full-term babies.⁷

Recommendations:

- **Invest in preconception and prenatal care:** Traditionally, health care for pregnant women has started with conception. But many experts believe that prenatal care, which usually begins during the first three months of pregnancy, comes too late to prevent many serious maternal and child health problems. Researchers argue that expanding care to include the period before conception can reduce risks during future pregnancies. Experts are calling for an increased focus on “well woman” care, which focuses on keeping women healthier overall, with particular emphasis on preconception care, which involves maintaining good health before having children. Improving preconception health requires not only better clinical care, but more effective public health strategies. Local and state health departments and other sectors must play a major role in improving preconception health, linking women to services and providing care to low-income and minority groups.

- **Continue to implement and support the Affordable Care Act (ACA):** The ACA will improve the health of millions of women of childbearing age by expanding access to preventive and clinical services for women and their infants, and connecting the efforts of multiple government agencies and the public and private sector.
Federal and state officials should take steps to promote preconception health: Use existing social services to reach those at risk and safety net clinics to deliver primary care, including preconception screening and interventions, with a focus on poor, uninsured and minority women, who face higher risks; expand community health centers and continue funding the Title X Family Planning program; ensure that all states expand Medicaid eligibility to more low income women for family planning and maternity coverage, and that Medicaid reimburses providers at adequate levels; extend Medicaid coverage for adults without children and coverage of family planning and related services; encourage states to apply for Medicaid waivers for demonstration projects that provide “interconception” care during the two years after birth; provide adequate funding for other health programs for women of childbearing age such as the Healthy Start Infant Mortality Reduction Program and the Title V Maternal and Child Health Services Block Grant, both administered by Health Resources and Services Administration (HRSA); and increase funding for research into preconception health and health care, particularly at the National Center on Birth Defects and Developmental Disabilities at Centers for Disease Control and Prevention (CDC), and the Eunice Kennedy Shriver National Institute of Child Health and Human Development at National Institutes of Health (NIH).

ENDNOTES


3 Ibid.

4 Ibid.

