

# Birth Settings in America: Outcomes, Quality, Access, and Choice

## HIGHLIGHTS: IMPROVING ACCESS TO AND CHOICE IN BIRTH SETTINGS

Childbirth services play a critical role in the provision of American health care. But the United States has worse outcomes than other high-resource nations in terms of maternal and infant deaths, illness, and injury. Some women in the United States feel there is a gap in the care they expect and want and the care they receive in the current system. These negative outcomes are more frequent for Black and Native American individuals and their newborns.

*Birth Settings in America: Outcomes, Quality, Access, and Choice* (2020), a Consensus Study Report from the National Academies of Sciences, Engineering, and Medicine, examines one crucial component of U.S. maternity care: the settings in which childbirth occurs. The National Academies appointed a committee of midwives, nurses, physicians, statisticians, anthropologists, sociologists, and public policy and financing experts to examine the evidence on these issues. The report identifies ways to improve childbirth services in hospital settings—where the vast majority of pregnant people<sup>1</sup> in the United States experience childbirth—and in birth centers and for home births.

This Highlights discusses the factors that may limit a person's access to care, as well as ways to improve access across the full range of birth settings and types of providers—such as community health workers, doulas, maternity nurses, nurse practitioners, physicians' assistants, midwives, and obstetricians. Pregnant individuals should be able to make informed decisions about their care, within the context of their medical, obstetrical, and social risk status, including decisions about their choice of providers and birth settings. But choice in birth setting may be limited by access to care. The report finds that access to care can be improved by focusing on the following: ability to pay for care, underserved rural and urban areas, and building the maternity care workforce pipeline.

### ABILITY TO PAY

Access to the full range of birth settings and provider types is limited because many pregnant people cannot pay for care. Out-of-pocket and insurance coverage varies widely across settings and providers. However, models for increasing access to birth settings for low-risk pregnant individuals have been implemented at the state level. These include expanding Medicaid, Medicare, and commercial payer coverage for care provided at home and at birth centers that meet accreditation and licensure guidelines. Some states also provide Medicaid coverage for care provided by midwives whose education meets global standards, who have completed an accredited midwifery program, and are nationally certified. Additionally, a small number of state Medicaid plans recently began covering costs associated with community-based doula services. To determine the potential impact of these models, additional research, demonstration and evaluation are needed to inform consid-

<sup>1</sup>Intersex people and people of various gender identities, including transgender, nonbinary, and cisgender individuals, give birth and receive maternity care. Thus, we use the terms “pregnant people” or “pregnant individuals” in place of “pregnant women.”



eration of nationwide expansion, particularly with regard to reducing racial/ethnic disparities in access, quality, and outcomes of care.

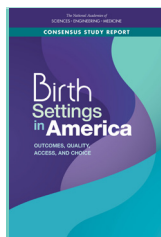
When considering expansion of coverage for care, reimbursement levels need to be adequate to support quality and allow providers across settings to sustain the services they offer. Currently, payment to providers through Medicaid and Medicare does not always cover the full cost of care and prevents some providers from accepting a larger number of pregnant people with Medicaid coverage. To address this issue, the Medicaid and CHIP Payment and Access Commission (MACPAC) could analyze levels of payment for maternity and newborn care across birth settings to ensure that payment is adequate to support access to maternity care options nationwide. Ensuring that levels of payment for maternity and newborn care across birth settings are adequate across the nation is critical to improving access.

## UNDERSERVED RURAL AND URBAN AREAS

Pregnant individuals living in underserved rural and urban communities have greater risks of poor outcomes, such as preterm birth and maternal and infant death, in part because they lack access to prenatal care near where they live. Birthing facilities and maternity care providers are unevenly distributed across the United States. In addition, the wide variation in regulation, certification, and licensing among states impedes access to the full range of birth settings. Models are needed to develop safe, effective, and adequately resourced maternity care in underserved rural and urban areas. One example of such a model is the Commonsense Childbirth’s Easy Access Clinic, which uses midwives to provide prenatal care to low-risk individuals. Rural and urban maternity care “deserts” present unique challenges to improving maternal and newborn care, and efforts are urgently needed to resolve disparities in access, quality, and outcomes of care by geographic location.

## MATERNITY CARE WORKFORCE PIPELINE

To improve access and reduce racial/ethnic disparities in quality of care, investments are needed to grow the pipeline for the maternity and newborn care workforce with the goal of increasing its diversity, distribution, and size. These investments include creating pipeline recruitment programs beginning in high school, increasing mentoring and peer support, and providing preferential selection to training programs for those who can address unmet population needs. Greater opportunities for interprofessional education, collaboration, and research across all birth settings are also critical to improving quality of care; such efforts could promote shared learning and teaching to improve understanding and respect for the roles and competencies of various team members.



### *Birth Settings in America: Outcomes, Quality, Access, and Choice (2020)*

Available:

<https://nationalacademies.org/birthsettings>

**For More Information . . .** This Highlights: Improving Access to and Choice in Birth Settings was prepared by the Board on Children, Youth, and Families based on the Consensus Study Report, *Birth Settings in America: Outcomes, Quality, Access, and Choice (2020)*. The study was sponsored by the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242; <http://www.nationalacademies.org/birthsettings>.

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