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Moving Toward Equitable Maternal Health: *Presidential Transition Recommendations*

Our Mission

The What To Expect Project (WTEP) is a non-profit organization dedicated to educating and empowering moms in need, in the U.S. and around the world, so they can expect healthier pregnancies, safer deliveries, healthier babies, and healthier futures.

About Us

WTEP was founded in 1997 by Heidi Murkoff - author of the internationally bestselling **What to Expect** book series, creator of the world's leading pregnancy brand, **What to Expect**, including WhatToExpect.com and the leading pregnancy app in the world. WTEP harnesses the power and global reach of the *What to Expect* brand and mobilizes its community of 20+ million moms to help bring about positive change. The WhatToExpect app empowers moms across every demographic with the most trusted advice on preconception, pregnancy, and parenting.

Our Work

WTEP initiatives, programs, and advocacy priorities work to provide expectant moms and new moms with the information they need to safely navigate pregnancy, postpartum and beyond – focusing on a continuum of care. Our programs and approach are designed to provide the quality, comprehensive, respectful, supportive, empathetic, and nurturing care that all moms - especially the most vulnerable - need and deserve. Some examples of our work include:

- **Baby Basics:** Over the last 15 years, we have promoted health education for moms during pregnancy and postpartum through our Baby Basics Book and program, which has supported over a million at-risk moms in the U.S., Liberia, and in Bangladesh.
- **#BumpDay:** In 2015, WTEP and WHATTOEXPECT.COM created #BumpDay, an annual social media advocacy campaign to celebrate healthy pregnancies and raise awareness about the challenges facing at-risk expectant mothers and the need for better, more accessible maternal health care. #BumpDay 2020, which focused on eliminating the disparities in care in the U.S., and reducing the unacceptably high rate of maternal deaths among our Black and American Indian/Alaska Native moms, received well over 2 million impressions, and was supported by dozens of organizations, from the CDC, the National Partnership for Women & Families and MotherToBaby to the March of Dimes, the Society for Maternal-Fetal Medicine, and the National Association of County and City Health Officials.
- **Advocacy:** WTEP actively advocates for increased U.S. and global resources, develops sound public policy proposals to help the most vulnerable moms, and works to advance evidence-based health information to support, educate, and empower moms in need everywhere so they can expect healthier pregnancies, safer deliveries, healthier babies, and healthier futures.

Recent WTEP advocacy activities include work to develop and advance: appropriations for critical maternal health programming, and legislative proposals to:

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Healthy Babies. Healthy Futures.
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- expand coverage under Medicaid and the Children’s Health Insurance Program for pregnant and postpartum women;
 - ensure that all pregnant active duty servicewomen and military spouses have access to the vital support offered by a doula;
 - help remove barriers to maternal mental health care for active duty servicewomen and spouses who are suffering from depression, anxiety disorder, or another pregnancy or postpartum mood disorder;
 - create a universal, gender-neutral, national paid family and medical leave program; incentivize states to extend Medicaid coverage for new moms for one-year through a continuum of care;
 - establish a pregnancy intention screening program that allows health care and social service providers to routinely screen women about their pregnancy plans to help prevent unintended pregnancies, reduce preventable pregnancy complications, and improve pregnancy outcomes; &
 - highlight the important contributions of the United Nations Population Fund to ending maternal deaths and combatting gender-based violence and other harmful practices in over 150 countries.
- **Special Delivery:** Our 8-year program in partnership with the USO has celebrated and supported more than 30,000 military moms, both active duty and spouses. Through Special Delivery, WTEP and the USO host baby showers for military moms-to-be and new moms stationed around the world, many serving thousands of miles away from home, often with their partner deployed. **Since the onset of COVID-19, the program has continued virtually.** Many of the moms served by Special Delivery are at risk for complications of pregnancy and postpartum, including preterm birth and maternal depression, and are on the brink of poverty. Many of them are women of color. WTEP has worked with congressional leaders in the House and Senate to propose and advance legislation that supports moms through, among other things, a doula program and mental health services.

Our Recommendations

As the new administration moves towards the development of a critically-needed maternal health strategy, WTEP recommends the following policies to be prioritized within the first 100 days – all in equal importance:

1. Family Planning & Preconception Care

- The foundation of a healthy baby is a healthy pregnancy, and we cannot achieve this without critical access to contraception and preconception planning and care. To truly reduce maternal mortality, including Black maternal mortality and infant mortality, as well as to lower health care costs, family planning services must be available to all women.
- Enabling women to make informed decisions about whether and when to have children reduces unintended pregnancies, increases educational and economic opportunities for women, and leads to healthier families and communities.

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2. Medicaid Expansion

- Though Medicaid covers nearly 50 percent of births in the U.S., there is far from enough coverage in many states, where the program has not been expanded. More moms need to be covered, and all moms need to stay covered – for at least one year postpartum.
- Nearly one-third of complications that lead to maternal death occur after 6 weeks – which is when many moms receive the last doctor’s appointment they will have until they become pregnant again.
- Pregnancy and postpartum mood disorders often go undiagnosed or untreated. Many do not show up in the first 6 weeks to 2 months. They can occur at any time during the first year, and sometimes later. Not only is coverage key for mental health conditions, but we must also remove the stigma that exists for seeking help, especially in Black communities.

3. CenteringPregnancy – Bringing Moms Together

- CenteringPregnancy (CP) offers nurturing group care for expectant women. It enables continuity of care, as the same 10 moms attend (either in person or virtually) the same appointments with the same provider. When a mom is always being shifted to a new location or a new provider at the same location, she does not develop a meaningful relationship with the provider. Mistakes happen, but so does a lack of communication. When you have to explain your pain or your emotional state every time you visit a clinic to a different provider, you stop explaining. As a result, you are less likely to receive the care you need.
- CP’s supportive group approach offers camaraderie and community, empowering moms to feel more comfortable asking questions and reporting symptoms, resulting in better attendance and compliance. It is proven effective in reducing complications and in lowering health care costs.
- We strongly recommend the expansion of this science-based approach to cover more moms who are at risk, including wide implementation of the CP approach within the military.

4. Respectful Maternity Care

- Establishing respectful maternity care compliance offices within hospitals for patients to report experiences of disrespect or racial/ethnic or other biases and promote accountability.
- Creating a Mom’s Bill of Rights to protect every pregnant woman. This should cover access to support (i.e., a doula), the right to respectful care during labor and delivery requiring care providers to inform moms of their choices during pregnancy and labor and delivery (not just hand them a consent form); forbidding the verbal or physical abuse of a mom in labor; ensuring that no mom is denied care due to her ability to pay; ensuring that a mom’s questions and concerns are taken seriously, not dismissed; the right to issue a complaint against a provider who fails to provide this kind of care. A patient advocate should be available to every mom. *(As a point of reference, the Indian government mandates such a bill of rights for all delivering moms – the U.S., as the wealthiest nation in the world, should offer at least as much)*

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- Tracking of care. We cannot let moms fall through the cracks. We should not let the responsibility of keeping track of their care fall only on moms. They should be alerted to necessary visits and tests and alerted if an appointment must change or a clinic closes.

5. **Doulas for All. A tiny investment, a huge dividend**

- Doulas are the missing link in maternal health care.
- Doulas are associated with a lower risk of c-sections and interventions, plus complications, as well as patient satisfaction.
- Doulas should be available to any mom who needs and wants one, regardless of her ability to pay.

6. **Military Legislation - Protecting moms who served**

- Doulas make a difference for all delivering moms, but especially for those facing one of life's most challenging experiences on their own, separated by thousands of miles from family and friends. The **TRICARE Coverage for Doula Support Act**, sponsored by Senators Richard Blumenthal and Kirsten Gillibrand, would ensure that all pregnant active duty servicewomen and military spouses have access to the vital support offered by a birth doula.
- We recommend the availability of free training for military spouses – who often are unable to find employment following a PCS – to become doulas and childcare workers, so they can provide support to their fellow military moms and be ensured employment that can transfer base to base with them.
- Being pregnant and becoming a mom is challenging under the best of circumstances, but for military moms serving far from family, friends, and their network of support, it can be far more difficult. The **Military Moms' Mental Health Assessment Act**, led by Senators Richard Blumenthal and Tim Kaine, would help remove barriers to maternal mental healthcare for active duty servicewomen and spouses who are suffering from depression, anxiety disorder, or another pregnancy or postpartum mood disorder.

7. **Black Maternal Health Momnibus Act**

- Comprehensively address all aspects of the Black maternal health crisis in the U.S. to end all preventable maternal mortality and close racial and ethnic disparities in outcomes.
- All provisions addressed within the **Momnibus** should be advanced and enacted into law.

8. **More Midwives**

- Midwives are associated with lower rates of interventions, much lower costs, and higher rates of satisfaction. We urge funding for more training of certified nurse midwives, especially in rural and urban communities.
- The availability of mobile maternity units, particularly in rural and urban communities, would allow to provide care for more moms.

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9. More support for incarcerated pregnant and new moms

- We recommend the development of a mom's bill of rights for incarcerated women. Parenting classes (an extension of CenteringPregnancy), mental health services, and regular screening for pregnancy and postpartum mood disorders should be available for all moms in prison.
- Establish programs for incarcerated pregnant and postpartum women, including access to support for doulas and other perinatal health workers, counseling, and maternal-infant bonding opportunities.

10. Quality care for pregnant women during COVID-19

- We must focus on both the direct and indirect impact of COVID-19 on maternal health, especially pregnant Black women, as well as on the maternal health implications of the pandemic short- and long-term. The gaps in care are widening.
- We should invest in digital tools such as telehealth to improve maternal health outcomes in underserved areas but also make investments in access to technology and high-speed Wi-Fi. You cannot just make a telehealth appointment for a mom – she must be able to keep it.
- The pandemic has impacted routine prenatal and pediatric care, and trust in the health care system resulting in an alarming decline in prenatal visits and vaccination rates.

Unfortunately, compassion for our moms is not always a given. But the short-term investment in maternal health care, especially for Black moms who are already at greater risk for complications, can dramatically lower health care costs when it prevents maternal morbidity, long stays in the hospital for moms and long stays in the NICU for babies, as well as long-term care for conditions that become chronic.

We know the challenges are greater than ever – but so is the urgency of our mission to ensure quality care for all moms that comes without exception and without disparities. Every mom should expect and deserves the care and support she needs to deliver a healthy start in life and a healthy future for herself and the baby she loves.

We look forward to working with you as the new Administration develops a comprehensive strategy on maternal health, which is, after all, the foundation of all health, and the foundation of a healthy economy, too.

If we can be of further assistance, please contact our Director of Policy and Strategy, Wyatt Murkoff, at [wyatt@whattoexpectproject.org](mailto:w Wyatt@whattoexpectproject.org) or (323) 547-6230.