

MATERNAL AND CHILD HEALTH:

Improving Health Outcomes Through Access to Prenatal Care

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Key Message:

Policymakers must take further action to address personal, organizational and social barriers to prenatal care.

- **Federal Policy Makers:** Invest in culturally competent workforce development, digital maternal health technologies, and amend current laws to include paid prenatal care time and minimum fund allocation to prenatal care services.
- **State Policy Makers:** Expand Medicaid eligibility and telehealth reimbursement to close coverage gaps, evaluate existing prenatal leave programs, and increase provider reimbursements.

MATERNAL AND CHILD HEALTH: IMPROVING HEALTH OUTCOMES THROUGH ACCESS TO PRENATAL CARE.

Summary

As of January 1, 2025, New York State employers must offer 20 hours of paid leave for prenatal care appointments.

While a step in the right direction, this does little to address barriers to prenatal care, particularly for low-income women and those who lack access to sufficient care.

To support prenatal care delivery, health systems should support community-based care models and expand the use of digital health technology.

Policy makers should take legislative and budgetary actions to expand existing prenatal care programs, and support policies that mandate paid prenatal leave.

What is prenatal care and why is it important?

Prenatal care is the care provided throughout pregnancy to ensure the health and well-being of mother and baby. Prenatal appointments typically involve medical assessments, ultrasounds and screenings, blood and urine tests, nutritional counseling, vaccinations, and education about labor, delivery, and postpartum care. Prenatal care also promotes healthy behaviors, such as avoiding tobacco use, and health weight gain.^{1,2}

According to the Centers for Disease Control and Prevention, more than 80% of pregnancy-related deaths are preventable, and prenatal care is critical to addressing this.³ This is supported by the American College of Obstetricians and Gynecologists, which recommends that women schedule a prenatal care appointment as soon as they suspect pregnancy, and emphasizes that earlier care improves the likelihood of a healthy pregnancy and baby.⁴ One objective of Healthy People 2030, the United States' ten-year public health agenda created in 2020, is to increase the percentage of pregnant women who receive early and adequate prenatal care to 80.5%. So far, there have been no improvements in prenatal care utilization, and the nation is not on track to achieve its target.^{5,6}

Despite the known benefits of early and consistent prenatal care, not all mothers receive it. Between 2011 to 2013, 82.8% of non-Hispanic white women began

prenatal care in the first trimester, compared to 71.9% of non-Hispanic Black women.⁷ Women with inadequate or no prenatal care likely face significant barriers, including financial hardship, limited insurance coverage, lack of health-related information in their preferred language, and low health literacy.

A study by NYU Langone's Family Health Centers found that long wait times, Medicaid enrollment challenges, provider shortages, and transportation difficulties contribute to delayed prenatal care and poorer birth outcomes.⁸ These organizational barriers are part of a broader, multi-level problem that disproportionately affects women from low-income and minority communities (Table 1). Personal-level barriers compound these challenges; in the United States 41.6% of pregnancies are unplanned, resulting in limited pregnancy awareness and delayed care-seeking.⁹ Competing responsibilities like inflexible work schedules and childcare responsibilities make it difficult to attend regular prenatal appointments. Systemic barriers including lack of employer-provided health insurance and Medicaid enrollment delays also contribute to inadequate prenatal care seen among certain groups (Figure 1).^{10,11}

Addressing these barriers is crucial for improving maternal and infant health, preventing complications, enhancing birth outcomes, and ensuring prenatal healthcare access for all families.

Adequacy in Prenatal Care Utilization

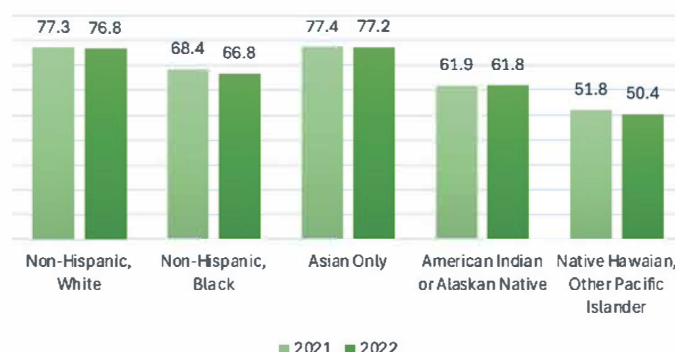


Figure 1. Percent of mothers with adequate prenatal care in the United States.¹¹

Table 1. Key Barriers to Prenatal Care Access*Source: Adapted from data presented in Holt et al., 2024⁸*

Personal	Organizational	Social
<ul style="list-style-type: none"> ▪ Unplanned pregnancy, lack of pregnancy awareness, and delayed care-seeking. ▪ Stigma related to young motherhood. ▪ Immigration status. ▪ Substance use. ▪ Competing responsibilities, such as work and childcare. 	<ul style="list-style-type: none"> ▪ Lack of prenatal care providers. ▪ Long appointment wait-times and difficulty scheduling. ▪ Poor provider communication and lack of culturally competent care. ▪ Language barriers prevent non-English speakers from using prenatal services. 	<ul style="list-style-type: none"> ▪ No leave at work/school. ▪ Medicaid enrollment delays. ▪ Uninsured. ▪ Financial/Unaffordable services. ▪ Transportation issues, especially in rural or low-income areas. ▪ Lack of childcare.

Current Policy

New York State

New York State recently enacted several laws that aim to improve maternal health and access to prenatal care:

- The New York State Paid Prenatal Leave Law provides employees with 20 hours of paid leave time per year to be used for prenatal healthcare service appointments during their pregnancy or related to their pregnancy.^{12,13}
- Legislation S.1965-A/A.3865-A requires commercial health insurers in New York State to cover prenatal vitamins when prescribed by a healthcare practitioner.¹⁴
- Legislation S.201/A2656 permits pregnant women to enroll in health insurance policies at any time without penalty. The legislation prohibits commercial health maintenance organizations from charging fees for special enrollment due to pregnancy.¹⁴
- Legislation S.7690/A.8168 provides Medicaid coverage for maternal procedures through telemedicine, specifically remote ultrasound scans and remote fetal non-stress tests.¹⁴

As part of the New York State Budget, the state committed Medicaid funding to expand prenatal care access and improve birth outcomes. Key policies in the 2022-23 and 2023-24 enacted New York State Budget include:

- Additional monthly reimbursement for remote patient monitoring of pregnant and postpartum women.¹⁵
- Coverage for community health workers serving prenatal populations.¹⁵
- Expanded coverage for nutrition counseling services provided by certified dietitians/nutritionists within their scope of practice and for prenatal testing and screenings.¹⁵

Federal

Federal laws and policies that aim to increase prenatal care access include:

- The Social Security Act has provided federal funding for the Title V Maternal and Child Health (MCH) Services Block Grant. These funds help provide better access to quality healthcare services for women who need prenatal care, among other MCH priorities. States apply for funding each year, and must use at least 60% of funds on preventative and primary care services for children (some with special healthcare needs), and no more than 10% on administrative costs.¹⁶ States can use remaining funds to support other MCH populations, such as pregnant women.¹⁷ In 2023, the Title V MCH Services Block Grant helped provide services for an estimated 59 million people, including 94% of all pregnant women in the United States.¹⁶
- The Pregnant Workers Fairness Act (PWFA), effective as of June 2023, requires a covered employer to provide a “reasonable accommodation” to a qualified employee’s or applicant’s known limitations related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.”^{18,19} Time off under PWFA is not mandated to be paid time off.¹⁹
- The Health Resources and Services Administration, (HRSA) Enhancing Maternal Health Initiative, launched in January 2024, aims to improve prenatal care and other maternal health areas.²⁰ HRSA seeks to reduce maternal mortality by improving healthcare access for people who are uninsured, economically or medically vulnerable, and otherwise unable to access high quality healthcare.²¹

Recommendations for Healthcare Systems and Researchers

Healthcare systems can implement various initiatives to improve access to prenatal care. This is particularly crucial for pregnant mothers who encounter difficulties in obtaining early and adequate prenatal care and demonstrate limited knowledge about the effects of prenatal care on their own, and their baby's, health.

Researchers at NYU Langone Health are evaluating the Just Mothers program, which is testing various strategies for teaching mothers about prenatal care and other information related to MCH (e.g., nutrition, physical activity, managing stress, and sleep) to highlight the importance of consistent care during pregnancy.²² Health system leaders could extend programs like this across safety net clinics, potentially benefiting thousands of economically and medically vulnerable mothers to improve MCH outcomes.

Healthcare systems can also develop linkages with community and faith-based organizations that serve as critical trusted access points for mothers and their families. Community-based strategies often build social cohesion, distribute maternal health information, connect mothers with healthcare and social services, and help prepare them for delivery. Through community-centered models like the HOPE Program, which offers strategies for integrating doula care into New York City clinical settings, prenatal care access for publicly insured and low-income populations can be improved.²³

Recommendations for Policymakers

New York State

New York State legislators can bolster the impact of the Paid Prenatal Leave Law by supporting policy to improve prenatal care utilization:

- Expand reimbursement for delivery of remote prenatal care to include services delivered through a federally qualified health center.²⁴
- Ensure continued Medicaid coverage of prenatal care appointments and increase provider reimbursements to expand the prenatal care workforce.²⁵
- Further expand income levels for Medicaid eligibility for pregnant adults past 223% of the federal poverty level to close gaps in insurance coverage for prenatal care.²⁶
- Increase the minimum wage; paying low wage workers (including women of reproductive age) more can reduce maternal mortality and low birth-rates.²⁷⁻²⁹

Federal

To reduce maternal mortality and severe maternal

morbidity, particularly in rural and other communities with few healthcare providers, federal legislation should:

- Make investments to improve care access through evidence-based digital technology:
 - a. Require the Center for Medicare & Medicaid Innovation to consider models that improve the integration of telehealth services in accessing maternal healthcare.
 - b. Establish a grant program to promote digital tools designed to improve maternal health outcomes.
 - c. Commission a comprehensive study on the use of technology in maternity care to reduce maternal mortality and morbidity.³⁰
- Increase the number of maternity care providers and non-clinical perinatal health workers who offer mental well-being and emotional support during pregnancy:
 - a. Health and Human Services should award grants to education and training programs to grow the prenatal workforce.
 - b. The National Institutes of Health should fund studies that evaluate evidenced-based practices for integrating mental health into maternity care.
- Evaluate the percentage of Federal Title V MCH Services Block Grant funds that states spend on prenatal care and consider requiring a minimum percentage be allocated for prenatal care services for pregnant women.
- Amend the PWFA to include paid time off for prenatal care appointments.

Conclusion

To ensure that all women have access to comprehensive prenatal care regardless of income, race, or geographic location, policy, research, and healthcare system interventions must be implemented in tandem to offer the most substantial benefits across all sectors. While New York State's Paid Prenatal Care Leave Law is a significant step forward, policymakers must take further action to address personal, organizational, and social barriers to prenatal care. The time for incremental change has passed, and these multi-level barriers require comprehensive policy solutions that address root causes of inadequate prenatal care. State policymakers should expand Medicaid eligibility and telehealth reimbursement to close coverage gaps, evaluate existing prenatal leave programs, and increase provider reimbursements. Federal leaders should invest in culturally competent workforce development, digital maternal health technologies, and amend current laws to include paid prenatal care time and minimum fund allocations to prenatal care services.

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