



*Helping women and health professionals  
make informed maternity care decisions.*

FOR IMMEDIATE RELEASE  
May 18, 2009

CONTACT: Kat Song – 212 777 5000 ext. 8  
[katsong@childbirthconnection.org](mailto:katsong@childbirthconnection.org)

## **MATERNITY CARE, A MAJOR SEGMENT OF HEALTH INDUSTRY, MUST BE OVERHAULED FOR HEALTH CARE REFORM TO SUCCEED**

New York NY – As competing interests work out the particulars of health care reform, a leading national advocate for families and the women who give birth to over 4.3 million babies each year reminds the nation that rapid gains in the quality, value and cost of maternity care are achievable.

"It's crystal clear: Let's start providing maternity care that is proven to be the best," said Maureen Corry, Executive Director of Childbirth Connection, a not-for-profit advocating evidence-based maternity care ([www.childbirthconnection.org](http://www.childbirthconnection.org)). "Then, women and babies will get higher quality care with better results, and the savings from following best practices can be put toward providing health care to all."

### **Maternity care is a major segment of health care:**

- 85% of women give birth. Childbirth is the number one reason for being hospitalized: 23% of those discharged from the hospital are childbearing women or newborns.
- Maternal and newborn charges are the runaway leader in hospital charges: \$86 billion in 2006, \$39 billion of which was shouldered by Medicaid. Childbirth accounts for six of the fifteen most common hospital procedures. Cesarean section is the most common operating room procedure.
- The cost of childbirth is borne by employers and private insurers who pay for 49% of all births, and taxpayers and Medicaid programs who pay for 43% of births.

### **Costly childbirth procedures that entail risk are overused and wasteful, while proven ones that are generally safer and cheaper are underutilized:**

- Per capita health expenditures in the U.S. far exceed those of all other nations, but our performance lags distantly behind other developed nations on quality indicators including low birthweight, c-section and maternal death rates.
- While the vast majority of childbearing women and their babies are healthy and at low risk, the current style of maternity care is procedure-intensive, costly and entails unnecessary risk. For example, induction and routine repeat c-section often contribute to preterm birth and expose women and babies to harm while offering little or no benefit. These and other common interventions: are associated with risk of harm to woman and baby; are experienced by a large and growing number of childbearing women; and result in wasted health care spending.
- While the economic stimulus bill has over a billion dollars slated for research on the comparative effectiveness of different medical treatments, a wealth of systematic reviews (well over 2,000 summarizing high quality research evidence on specific maternity care topics) is already available to guide maternity care practice. But this valuable knowledge is grossly underutilized in the U.S.
- A recent Milbank Memorial Fund report, *Evidence-Based Maternity Care: What It Is and What It Can Achieve*, shows that much of the care women receive is not consistent with the best evidence. It also outlines practices that have better results and are less

technology- and procedure-intensive (e.g., continuous human support during labor). A [Los Angeles Times op-ed](#) (12-24-08) about this report concludes: "The Obama administration could save the country billions by overhauling the American way of birth."

"Consumers, legislators and health care stakeholders agree that access needs to be broadened, quality and value improved, and costs reduced. All of these goals are achievable for maternity care today by simply putting into practice what we already know," said Corry.

#### **What women want is often not what they get:**

[A national Harris Interactive survey](#) of over 1,500 mothers shows that: About half of those with a previous c-section were interested in the option of vaginal birth after cesarean (VBAC), but 57% were denied this option due to caregiver or hospital unwillingness; 17% who were induced say they felt pressured to do so by their caregiver, as did 25% of women who had cesareans; and, 73% of women had an episiotomy (a cut, rarely needed, to enlarge the opening of the vagina) reported that they had no choice in the matter.

"It's time to replace provider and institutional centered care with patient-centered, evidence-based care that meets the individual needs, values, and preferences of women, babies and families. Better informed, shared decision making between patients and providers is essential to quality improvement," said Corry.

#### **Childbirth Connection's 8 Steps to Reform Maternity Care:**

- Ensure access to quality, affordable health care to all women. Stop insurers from excluding pregnancy as a pre-existing condition and using past birth experiences (e.g., c-section) to justify ineligibility or higher charges.
- Use maternity care practices proven to be best for women and babies.
- Move to a primary maternity care model by, for example, employing more midwives and family physicians and expanding access to freestanding birth centers. Most childbearing women and babies are healthy and at low risk. Primary maternity care supports innate capacities for birthing, breastfeeding and attachment, avoids overuse, and gives priority to prevention and wellness.
- Measure and publicly report the performance of maternity care providers and facilities, and use results to improve care.
- Reform payment policy to stop rewarding procedure-heavy maternity care that is unnecessary for most women and babies, through such mechanisms as bundled risk-adjusted payment for an entire episode of pregnancy.
- Medicaid, who pays for more than 43% of U.S. births, should initiate demonstration projects to test key strategies for maternity care quality improvement.
- Engage and educate consumers to help them make informed maternity care decisions including use of decision-aids based on comparative effectiveness research.
- Improve maternity health professions education and maternity care guidelines to enhance primary maternity care skills and knowledge to support innate capacities of mothers and newborns.

#### **About Childbirth Connection**

Founded in 1918, Childbirth Connection is a not-for-profit organization working to improve the quality of maternity care through research, education, advocacy and policy. As a voice for the needs and interests of over 4.3 million women who give birth annually, Childbirth Connection uses best research evidence and the results of its periodic national *Listening to Mothers* surveys to inform policy, practice, education and research.