Improving maternal health care among people from historically marginalized communities means raising awareness about the health impacts of racial and ethnic inequities, extending public health care programs to cover new mothers for 12 months after the end of pregnancy, and investing in research and outreach, according to a joint report from the AMA Council on Medical Service and the AMA Council on Science and Public Health.

The House of Delegates (HOD) adopted the joint council report’s recommendations at the November 2021 AMA Special Meeting.

According to the joint report, “two foundational first steps are expanding access to affordable health insurance and eliminating racial and ethnic inequities in care and outcomes.” For example, Black women are much more likely than white women to die from pregnancy-related causes or experience severe maternal morbidity. Physician leaders should educate themselves on the health risks these populations face and how they can foster equitable, patient-centered approaches to care.

“The AMA is committed to being a leader on maternal mortality prevention, and the nation’s physicians have charged the AMA to prioritize the elimination of racial and ethnic inequalities in maternal health care while increasing access to affordable health insurance for new mothers,” said AMA Immediate Past President Susan R. Bailey, MD. “As a first step, the AMA acknowledges the roles that structural racism and bias play in negatively impacting health care, including maternity care.”

Building on prior advocacy and educational efforts, delegates adopted new policy to:

- Acknowledge that structural racism and bias negatively impact the ability to provide optimal health care, including maternity care, for people of color.
- Encourage physicians to raise awareness among colleagues, residents and fellows, staff
and hospital administrators about the prevalence of racial and ethnic inequities and the effect on health outcomes, work to eliminate these inequities, and promote an environment of trust.

Encourage physicians to pursue educational opportunities focused on embedding equitable, patient-centered care for patients who are pregnant or within 12 months postpartum into their clinical practices and encourage physician leaders of health care teams to support similar appropriate professional education for all members of their teams.

Continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), geographical, facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers.

Support the development of a standardized definition of maternal mortality and the allocation of resources to states and tribes to collect and analyze maternal mortality data (i.e., maternal mortality review committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity.

Encourage hospitals, health systems and state medical associations and national medical specialty societies to collaborate with nonclinical community organizations with close ties to minoritized and other at-risk populations to identify opportunities to best support pregnant persons and new families.

Encourage the development and funding of resources and outreach initiatives to help pregnant individuals, their families, their communities and their workplaces to recognize the value of comprehensive pre-pregnancy, prenatal, peripartum and postpartum care. These resources and initiatives should encourage patients to pursue both physical and behavioral health care, strive to reduce barriers to pursuing care, and highlight care that is available at little or no cost to the patient.

Support adequate payment from all payers for the full spectrum of evidence-based pre-pregnancy, prenatal, peripartum, and postpartum physical and behavioral health care.

Encourage hospitals, health systems and states to participate in maternal safety and quality improvement initiatives such as the Alliance for Innovation on Maternal Health program and state perinatal quality collaboratives.

Advocate increased access to risk-appropriate care by encouraging hospitals, health systems and states to adopt verified, evidence-based levels of maternal care.

Delegates also directed the AMA to “promote the adoption of federal standards for clinician collection of patient-identified race and ethnicity information in clinical and administrative data to better identify inequities.”
In addition, the HOD modified existing policy to “work with relevant stakeholders to support and advocate, at the state and federal levels, for extension of Medicaid and State Children’s Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy.”

And in a separate action, delegates further modified existing policy. The AMA will work with relevant stakeholders to:

- Support the inclusion of pregnancy as a qualifying life event for special enrollment in the health insurance marketplace.
- Expand Medicaid and CHIP eligibility for pregnant and postpartum noncitizen immigrants.

Read about the other highlights from the November 2021 AMA Special Meeting.