AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(A-25)

Introduced by: Ariella Wagner, Lizzie Suschana, Shaminy Manoranjithan, Julia Silverman, Kathleen Li, Yasmin Alamdeen

Subject: Support for Long-Term Sequelae of Pregnancy

Referred to: Reference Committee (Assigned by HOD)

Whereas, ACOG defines the postpartum period as the 6 weeks immediately following childbirth when the body is recovering from pregnancy and delivery[1]; and

Whereas, the American Rescue Plan Act of 2021 introduced the option for states to expand coverage of postpartum care reimbursable by Medicaid and Children's Health Insurance Program (CHIP) up to 12 months[2]; and

Whereas, previous society recommendations for a postpartum visit within 6-weeks has been updated to reflect the need for postpartum care to be an ongoing process[1]; and

Whereas, definitions of the postpartum period neglect that more than one-third of women experience long-term sequelae from pregnancy[3]; and

Whereas, many complications of pregnancy are associated with an increased risk of cardiovascular disease long after delivery[4]; and

Whereas, gestational diabetes, which affects 5-9% of U.S. pregnancies, is associated with a 50% increased risk of diabetes mellitus type 2 later in life[4]; and

Whereas, pregnancy-related pelvic girdle pain can persist long after pregnancy and delivery, causing severe disability[5]; and

Whereas, vaginal delivery is a known risk factor for pelvic floor dysfunction and persistent urinary incontinence[6], with the prevalence of symptomatic pelvic floor dysfunction projected to be 43.8 million by 2025[7,8]; and

Whereas, women suffering from urinary incontinence suffer a high cost-burden for management and treatment, spending upwards of $10,000 in the 2-year post-index period with higher costs associated for women on Medicaid[9,10]; and

Whereas, experiencing a stillbirth is associated with clear long-term psychological impacts including depression, post-traumatic stress disorder, anxiety[11]; and

Whereas, despite the high prevalence of stillbirths, the financial impact of these significant events to individuals and the healthcare system is not well-understood[11]; and

Whereas, supportive bereavement services are a helpful option for families navigating loss from stillbirths[12]; and

Whereas, post-traumatic stress disorder is well-documented in women after childbirth, however it is understudied and lacks adequate longitudinal mental health support[13,14]; and

Whereas, there are gaps in provider knowledge of long-term sequelae of pregnancy including gestational weight gain guidelines[15] and of increased cardiovascular risk following a hypertensive disorder of pregnancy[16]; and

Whereas, there are gaps in patient knowledge of risk and/or management long-term sequelae of pregnancy including cardiovascular risk[16], pelvic floor disorders[17], and type 2 diabetes mellitus[18]; and

Whereas, there is a lack of research on the effectiveness of postpartum education[19]; therefore be it;

RESOLVED, that our American Medical Association will work with relevant parties to support research on the long-term sequelae of pregnancy, their development, and possible treatments, including reducing disparities in maternal health outcomes; and be it further

RESOLVED, that our AMA will support further insurance coverage of treatments for conditions related to long-term sequelae of pregnancy; and be it further

RESOLVED, that our AMA will support appropriate organizations working to improve awareness and education among patients, families, and clinicians of the risks of long-term sequelae of pregnancy.

Fiscal Note: Moderate

Received: XX/XX/2025

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RELEVANT AMA POLICY

Improving Mental Health Services During Pregnancy and Postpartum H-420.953

1. Our American Medical Association will support improvements in current mental health services during pregnancy and postpartum periods.
2. Our AMA will support advocacy for inclusive insurance coverage of and sufficient payment for mental health services during gestation, and extension of postpartum mental health services coverage to one year postpartum.
3. Our AMA will support appropriate organizations working to improve awareness and education among patients, families, and providers of the risks of mental illness during gestation and postpartum.
4. Our AMA will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs.
5. Our AMA will advocate for evidence-based postpartum depression screening and prevention services to be recognized as the standard of care for all federally-funded health care programs for persons who are pregnant or in a postpartum state.

[Res. 102, A-12 Modified: Res. 503, A-17 Modified: 227, A-23 Modified: Speakers Rep. 02, I-24]

Reducing Inequities and Improving Access to Insurance for Maternal Health Care H-185.917

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

8. Our AMA encourages 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 prepregnancy, 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.

9. Our AMA supports adequate payment from all payers for the full spectrum of evidence-based prepregnancy, prenatal, peripartum, and postpartum physical and behavioral health care.

[Joint CMS/CSAPH Rep. 1, I-21]