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Ellen Stang: *Pennsylvania wins for new mothers*

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Pennsylvania has recently cleared a major healthcare milestone. Along with 12 other states, the state leveraged funds from the American Rescue Plan Act to extend the state's Medicaid postpartum coverage from 60 days to a full year following delivery. The funding will run for five years. Colloquially known as the "fourth trimester," this essential healing, recovery, and bonding window is for the long-term health of both mother and infant.

Pittsburgh has been a part of this effort, in the ways the city's healthcare givers work to identify and reduce healthcare disparities among its residents, including new mothers. Through my organization's collaboration with Medicaid and commercial health plans, as well as hospital NICU teams in the greater Pittsburgh region, I am fortunate to see the region's ongoing passion for improving health equity.

The increase in coverage comes at an especially pivotal moment. Just this year, the CDC released data revealing our nation's maternal mortality rate — already the worst of all developed nations — increased in 2021 yet again, this time by 14% year-over-year. While improvements are required across the board, stark outcome discrepancies by race persist: the data revealed that Black women are nearly 3 times as likely as white women to die after giving birth.

The coverage expansion is a win for maternal mortality and morbidity improvements for many reasons. For one, it affects many of our residents: Medicaid covers more than one-third of all expecting mothers in PA. Second, while many assume that the majority of pregnancy-related deaths occur during delivery, just over half occur in the days, weeks, and months following delivery. Most tragically, an estimated two-thirds of pregnancy-related deaths are preventable — which underscores the need for improvements in postpartum care.

Pennsylvania's maternal mortality rate falls in the middle range of states, with an annual maternal mortality rate slightly under the national average. Any preventable death is a tragedy and a call to action.

The expanded coverage empowers us to finally guarantee a care continuum that will provide additional postpartum check-ups, home visits, lactation education, mental health screenings, and other services. Now that expanded coverage is available for an additional third of our new mothers, I believe there are three key areas for us to now target:

First, active monitoring for high-risk mothers. Strokes and infection are among the leading causes of death for new mothers who died between one and six weeks following birth.

Forty percent of new mothers skip their postpartum visit, and rates are shown to increase among low-income populations. With the coverage expansion, additional postpartum check-ins can help ensure that early warning signs are identified and we intervene before catastrophe.



Second, mental health support and screening for postpartum depression. While 13 to 19% of all new mothers face postpartum depression, that rate doubles or even triples to 38% for Black women. Yet it all too often goes unchecked.

Studies reveal that untreated mental health conditions are one of the leading causes of pregnancy-related death. In fact, many professionals assert that postpartum depression doesn't fully manifest itself until six weeks after delivery. Before the extension of the coverage, a new mother could lose health insurance coverage before she knew she needed mental health support.

Postpartum depression may limit a mothers' ability to bond with her baby, cause frequent bouts of crying and overwhelming feelings of sadness. Active check-ins with new mothers can help identify stressors and signs of depression, so that healthcare providers can offer support.

Third, ongoing chronic condition management. New motherhood can be a wonderful — albeit stressful — time, full of rapidly cycling hormones, abrupt physical changes, sleep deprivation, and insecurity.

In the midst of all this change, a new mother's focus is on the baby, which means her own health often is neglected. Expanded coverage means that these mothers' chronic conditions can be actively monitored to ensure better health for both mother and baby.

We now have a chance to share life-saving coverage with new mothers and help make it permanent. We have five years to prove the power of expanded coverage and a true continuum of care for new mothers. We owe it to them — and to future generations — to demonstrate the impact of continuous, quality care for new mothers and infants during the critical first 365 days.

Ellen Stang, MD, is the founder and CEO of [ProgenyHealth](#). She also serves as a member of the National Board of Trustees for the March of Dimes and is a member of the Board of Trustees of Gwynedd Mercy University.

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