



## ATTENTION: HOSPITALS AND PRACTITIONERS PERFORMING PRENATAL, POSTPARTUM CARE AND OBSTETRIC DELIVERY SERVICES

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Medicaid, FAMIS and FAMIS MOMS cover one-third of all births in Virginia. Thus, the Department of Medical Assistance Services (DMAS) and its six contracted Managed Care Organizations (MCOs) as well as the Virginia Department of Health (VDH) have a strong commitment to the health and well-being of pregnant members and their babies and support best practices for maternal care for healthier birth outcomes. Practitioners who provide prenatal and postpartum care as well as hospital providers who perform obstetrical delivery services have an integral role in ensuring positive birth outcomes among babies born to women enrolled in Medicaid, FAMIS and FAMIS MOMS. Virginia has made great strides in improving the health of pregnant women and babies. DMAS and VDH encourage providers to continue progress surrounding improved access to prenatal and postpartum care and reduction of non-medically indicated deliveries before 39 weeks gestation.

### **Prenatal and Postpartum Care**

Beginning prenatal care within the first trimester and obtaining the recommended number of prenatal care visits are essential to reducing the likelihood of maternal and newborn complications. Complications, including low birth weight (LBW) infants and premature births, can result in long-term health and developmental problems for the child and family. Timely access to high quality prenatal care is extremely important for pregnant women enrolled in Medicaid and FAMIS MOMS, as it can significantly contribute to optimal birth outcomes.

Postpartum care is also critically important to a woman's continued health and well-being. It has been demonstrated that receiving prenatal care is the best predictor of a woman keeping her postpartum visit. For women enrolled in Medicaid and FAMIS MOMS, health care coverage is likely to end 60 days after her pregnancy ends; it is therefore important that these women obtain the postpartum visit within this time frame and are informed about options and resources for continued health care services once they lose coverage. Unfortunately, for many reasons, women frequently do not keep their postpartum visit appointments.

***Request: DMAS and VDH encourage quality improvement activities at the practice level to enhance postpartum services.***

## **Elective Deliveries without Medical Indication**

The American Congress of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine recommend against deliveries before 39 weeks unless there is a medical indication. Early elective deliveries between 37 and 39 weeks gestation are associated with increased risks for both maternal and infant complications, increased maternal and neonatal morbidity, and longer hospital stays for both mother and infant. Additional risks to the mother include postpartum depression, longer recovery time, complications associated with surgery, and the increased chance that future pregnancies may require cesarean delivery. Additional risks to the newborn include pulmonary complications and hypoglycemia. Regardless of the delivery mode, early elective deliveries are more likely to result in neonatal intensive care unit admissions.

***Request: DMAS and VDH endorse and strongly encourage eliminating EED as part of an overarching commitment to improved birth outcomes.***

In summary, DMAS and VDH appreciate your work to improve the health of mothers and infants. We look forward to working in partnership with you and other public and private agencies to identify and spread best practices, improve access, and share successful strategies to help mothers and children. To that end, we invite you to send us your thoughts and ideas about other best practices and ways we can serve pregnant women and babies at the Maternal Infant Improvement Project: [MIIP@dmass.virginia.gov](mailto:MIIP@dmass.virginia.gov).