



Expanding Access to Group Prenatal Care to Combat the Maternal Health Crisis

Group prenatal care is key to reversing rising maternal mortality rates.¹

States are battling a nationwide maternal health crisis, with escalating maternal mortality rates not seen since the 1960s. Maternal mortality rates increased by nearly 38% from 2020 to 2021, and nearly doubled from 2018 to 2021.² Poor maternal health outcomes are driven by a variety of factors, including social drivers of health, such as maternity care deserts, workplace challenges, unstable access to food and housing, and racism. Significant disparities in maternal health outcomes persist as Black women are nearly three times more likely than white women to die during pregnancy or childbirth.³

Group prenatal care results in safer births and healthier moms.

Group prenatal care is an effective model shown to improve maternal health outcomes. Unlike individual prenatal visits, group prenatal care involves health care providers serving a group of pregnant women during each visit, combining elements of individual exams, patient education, self-assessment and peer support. The model has been demonstrated to improve patient satisfaction and reduce stress, resulting in longer gestational periods and reduced risks of preterm birth, especially for Black women. Expanding access to group prenatal care through Medicaid presents states with an enormous opportunity to combat the maternal health crisis as Medicaid covers 42% of all births nationwide.⁴

GROUP PRENATAL CARE SAVES COSTS BY REDUCING THE OCCURRENCE OF:

Pre-term births



NICU admissions



C-sections

States have options to make group prenatal care more accessible for moms.

Many states can expand access to group prenatal care without changes to legislation, the submission of a state plan amendment, or a waiver request to the Centers for Medicare & Medicaid Services. In these states, state Medicaid agencies can expand group prenatal care by ensuring that their billing and coding requirements allow for the provision of group prenatal care, and work with managed care organizations to require or incentivize the provision of group prenatal care. In other circumstances, states may need or want to adopt statutes, regulations, state plan amendments or waivers to ensure group prenatal care is included as a maternal health benefit.

» To address the costs of implementation associated with expanding group prenatal care, states should consider:

1. Using capacity grants to initiate new group prenatal care programs within Medicaid.
2. Working with federally qualified health centers to establish funding streams through Medicaid to support group prenatal care.
3. Leveraging federal Title V funding to support group prenatal care expansion.

For more information, please contact Ben Anderson, deputy senior director of policy, Families USA, at banderson@familiesusa.org.

Endnotes

¹ Families USA supports the interests and experiences of all individuals, including those who identify as transgender or nonbinary, and embraces inclusive language to describe the experience of all pregnant and birthing people. We also recognize that many pregnant and birthing people identify with the terms “woman,” “mother,” “mom” and “maternal” and that embracing more inclusive language does not mean abandoning these terms. Some of the data and research cited in this report also assumes cisgender identity, and the data and research are described using gender labels that cannot be changed without misrepresenting the data.

² Donna L. Hoyert, “Maternal Mortality Rates in the United States, 2021,” *Health E-Stats*, National Center for Health Statistics, Centers for Disease Control and Prevention, March 2023, <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.

³ Ben Anderson et al., *Investing in Our Moms: Three Ways State Medicaid Programs Can Improve Maternal Health* (Washington, DC: Families USA, May 2023), https://familiesusa.org/wp-content/uploads/2023/05/MCH-2023-28_State-Policy-Lever-Paper.pdf.

⁴ Anderson et al., *Investing in Our Moms*.

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