

With U.S. Maternal Mortality Shockingly High, Leading Maternity Care Experts Offer Essential Strategies to Improve Health Outcomes for Women, Infants in New Report

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Well-tested, evidence-informed strategies should be used to address the nation's abysmal maternal and infant health outcomes and transform the health care system into one that protects and promotes the health and well-being of mothers and babies. That is the key takeaway from a new, comprehensive report, [***Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing***](#), authored by 17 leading maternity experts and released today by the National Partnership for Women & Families. The *Blueprint* details six strategies to advance high-value maternity care by promoting, supporting and protecting women's innate capacity for healthy childbearing and by safely limiting use of consequential interventions around the time of birth.

"The United States is failing women and infants. Maternal and newborn health outcomes are worse than in other high-income nations, costs are high and many women cannot access safe, evidence-based maternity care that truly reflects their needs and preferences," said Debra L. Ness, president of the National Partnership. "Our new *Blueprint* makes clear that we have the power to change this and outlines how. This comprehensive report will help committed individuals and organizations create systemic improvements that consistently and effectively foster safer, healthier childbirth."

Each of the six strategies in the *Blueprint* offers priority recommendations and action steps that are relevant to the many individuals and organizations responsible for maternal and infant health. These include policymakers, clinicians, administrators, health plans, employers, researchers, birth workers, advocates and women and families themselves. The six strategies are:

- **Reward health care providers and systems that deliver quality, woman-centered maternity care.** Through innovation in how we pay for and deliver maternity care, health care leaders can improve the quality and lower the cost of this care by minimizing both overuse and underuse and encouraging the adoption of high-performing elements of maternity care – such as continuous labor support and breastfeeding support.
- **Prioritize measuring – and reporting on – the quality of maternity care.** Performance measurement experts and decision-makers should fill gaps in

standardized performance measures to enable providers, women and others to obtain and use quality information.

- **Meaningfully engage women and families in maternity care.** Consistent, widespread use of shared care planning and shared decision-making, among other tools, would help ensure that women and families are at the center of – and fully engaged in – efforts to improve maternity care.
- **Change how we educate the maternity care workforce.** All levels of education should support maternity care clinicians in shared knowledge and skills for physiologic childbearing, effective team-based care and shared decision-making.
- **Build up the maternity care workforce.** To address the growing shortage of maternity care providers in United States and better meet the needs of an increasingly diverse population of childbearing women, we need to better retain and deploy physicians, increase use of midwives and build a workforce that better reflects the diversity of childbearing families.
- **Prioritize and support research to advance the science of physiologic childbearing and its effect on maternal and child health.** Research on perinatal physiology, clinical epidemiology and implementation science is critical for driving meaningful improvements in maternity care and strengthening maternity care policies, programs and services.

Visit NationalPartnership.org/Blueprint to read the full report.