

A Guide for Texas Women:

Accessibility, Eligibility and Barriers to Pre- and Postnatal Care
and

Recommendations from Texas Maternal Morbidity and Mortality Task Force and
the American College of Obstetricians and Gynecologists

Eligibility Criteria				
	Medicaid for Pregnancy ¹	CHIP Perinatal	Healthy Texas Women	Texas Family Planning
Age		Unborn children	15-44 years old *15-17 with consent	<64 years old
Income eligibility	<198% of FPL	198% -202% FPL	<200% FPL	<250% FPL
Not pregnant			x	
US residency required	x		x	
Texas residency required			x	x
Time limits	During pregnancy and up to two months after	Up to 20 prenatal visits and two postpartum visits for mother	Starts at 60 days postpartum and lasts one year	Eligibility is reviewed every year

Task Force recommendation: **Extend access to healthcare coverage for 12 months following delivery** to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe.

Services	X = provided under plan O = missed opportunity			
	Medicaid for Pregnancy	CHIP Perinatal	Healthy Texas Women	Texas Family Planning
Pregnancy Testing	x	O	x	x
Pelvic and breast examinations	O	O	x	x
HIV & STI testing	x	x	x	x
LARCs, oral contraceptives and sterilization	x	O	x	x
Screenings and treatment for hypertension, diabetes, high cholesterol or postpartum depression ²	x	x (Diabetic supplies available)	x	x

ACOG recommendation: Provide guidance regarding sexuality, management of dyspareunia, resumption of intercourse, and birth spacing.

Task Force Recommendation: **Improve risk assessment**

- Include evidence-based strategies for traditional maternal risk factors
- Accurately identify risk factors including **behavioral health** conditions including depression and substance abuse disorder
- Ensure use of **validated screening tools** when available
- Be followed with appropriate **referrals** to other services

Task Force Recommendation: Identification and implementation of best-practice programs to **reduce risk of maternal death from cardiovascular and coronary conditions**, cardiomyopathy, and infection/sepsis.

ACOG Recommendation: Women with chronic medical conditions, such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders, should be counseled regarding the importance of timely follow-up with their obstetrician–gynecologists or primary care providers for ongoing coordination of care.

Prescription drugs	x	x	x	O
Labor and delivery	x	x ³	O	O
Lab tests	x	x	O	O
Hospital care	x	x ⁴	O	O

Task Force Recommendation: continued support and promotion of state **maternal safety initiatives** (TexasAIM) that foster a culture of safety and high reliability of care.

Prenatal vitamins and ultrasounds	x	x	○	○
Genetic counseling, chronic villus sampling, amniocentesis	x	○	○	○
Infant care or parenting classes	○	○	○	○

ACOG Recommendation: Anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care.

Prenatal discussions should include the woman's reproductive life plans, including desire for and timing of any future pregnancies. A woman's future pregnancy intentions provide a context for shared decision-making regarding contraceptive options.

Case management, substance abuse treatments	x	○	○	○
--	---	---	---	---

Task Force Recommendation: **Expanding care management services** for pregnant and postpartum women. Including: Care navigators, case managers, and care coordinators.

ACOG Recommendation: Beginning during prenatal care, the woman and her OBGYN should develop a postpartum care plan and care team. Components of the postpartum care team should include: family and friends, primary maternal and infant's care providers, lactation support, care coordinator or case manager, home visitor, and specialty consultants.

Prenatal home visits	○	○	○	○
-----------------------------	---	---	---	---

ACOG Recommendation: Beginning during prenatal care, the woman and her OBGYN should develop a postpartum care plan and care team. Components of the postpartum care team should include: family and friends, primary maternal and infant's care providers, lactation support, care coordinator or case manager, home visitor, and specialty consultants.

Postpartum home visits, lactation consultants	○	○	○	○
--	---	---	---	---

ACOG Recommendation: Assess comfort and confidence with breastfeeding, including associated pain, legal and logistical guidance, and fertility while lactating.

Doula services	○	○	○	○
-----------------------	---	---	---	---

Task Force Recommendation: Increasing maternal health programming strategies to include: a focus on vulnerable populations; support for community health worker programs, reimbursement for continuous labor support, provided by **doulas or birth attendants**, in addition to nursing care; and establishment of a subcommittee to analyze factors causing disparity.

Birth centers or home birth	x	x	○	○
------------------------------------	---	---	---	---

Postpartum visit	x (One postpartum care procedure per pregnancy)	x (Two postpartum visits)	x (One postpartum wellness visit)	○
-------------------------	--	------------------------------	--------------------------------------	---

Task Force Recommendation: Birthing facilities and providers provide **comprehensive and individualized care** planning for women.

The Task Force recommends implementing policies and programs that provide **enhanced support during the postpartum period**. This includes implementing an earlier postpartum follow-up and expanding coverage for additional postpartum visits both with in the first three weeks postpartum and up to 12 weeks postpartum as needed.

ACOG Recommendation: To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.

Care would ideally include an initial assessment, either in person or by phone, within the first 3 weeks postpartum to address acute postpartum issues. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive well-woman visit no later than 12 weeks after birth.

The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being.

The timing of the comprehensive postpartum visit should be individualized and woman centered.

Women with pregnancies complicated by preterm birth, gestational diabetes, or hypertensive disorders of pregnancy should be counseled that these disorders are associated with a higher lifetime risk of maternal cardiometabolic disease.

For a woman who has experienced a miscarriage, stillbirth, or neonatal death, it is **essential to ensure follow-up** with an obstetrician–gynecologist or other obstetric care provider.

Optimizing care and support for postpartum families will require **policy changes**. Changes in the scope of postpartum care should be facilitated by **reimbursement policies that support postpartum care** as an ongoing process, rather than an isolated visit.

¹ http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_History/2018/02-Feb/2_Med_Specs_and_Phys_Srvs.pdf

² HB 2466 passed June 15 2017 – Medicaid will cover the postpartum visit(s) as well as medications and follow-up necessary for women who are diagnosed with postpartum depression

³ For women with income from 199-202% of the FPL, both hospital and professional service charges paid through CHIP Perinatal Health Plan; With income at or below 198%, professional service charges paid through CHIP and hospital facility charges are paid through Emergency Medicaid.

⁴ Inpatient hospital care for the mother of the unborn child that is not related to labor with delivery, such as a serious injury, illness and more is not covered: False or premature labor are not covered.