

**Title:** Increasing Telehealth for Pregnancy-Related Care (PRC)

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**Vision Statement:** The American Medical Women's Association (AMWA) advocates for improved access to pregnancy-related care via telehealth with appropriate reimbursement. Access to pregnancy-related care is a major component of a healthy pregnancy and an important mechanism to decrease infant and maternal morbidity/mortality. AMWA supports increased access to PRC which would include greater access to affordable internet that supports telehealth, for all persons living in rural and urban areas throughout the United States.

Pregnancy-related care (PRC) is an integral part of a healthy pregnancy and reduces the risk of complications. A healthy pregnancy is one of the most significant indicators of a healthy birth. The leading causes of infant mortality in the U.S. are birth defects, preterm birth and low birth weight, and maternal pregnancy complications - all of which can be mitigated with good PRC. Patients, especially first-time pregnant people, find communication with obstetric physicians and other healthcare providers to be integral to pregnancy satisfaction.<sup>2</sup> However, an estimated 15% of U.S. women receive inadequate or no prenatal care.<sup>1</sup> Maternal mortality rate is also higher than that of comparable countries, and more than half of maternal deaths occur after birth.<sup>8</sup> Despite this, approximately 40% of pregnant people do not have any sort of postpartum visit.

In obtaining quality PRC, pregnant women are faced with various challenges including but not limited to OBGYN availability, travel accessibility and work accommodations. Telehealth is a tool that can be used to increase accessibility to PRC. Through the use of synchronous modalities of communication, telehealth is a critical tool for providing healthcare and mitigating the challenges pregnant people face in accessing PRC.

Accessing PRC is a challenge for many pregnant people in both rural and urban environments. Since 2010, rural hospital closures and the elimination of obstetric departments have accelerated at an alarming rate.<sup>10</sup> The shortage of obstetricians and other family-planning health care workers on a national level disproportionately impacts pregnant people who live in rural areas.<sup>11</sup> As of 2019, less than 50% of rural counties provided OB/GYN services.<sup>10</sup> As a result, rural pregnant people have a higher infant mortality rate and are 3-4 times as likely to die of pregnancy-related complications.<sup>10</sup> Some pregnant people must drive hours to receive

care, resulting in both an increase in maternal pregnancy-related death and births outside of hospitals - threatening the lives of both pregnant people and their infants.<sup>10</sup>

In urban areas, low socioeconomic pregnant people have difficulty with accessing prenatal care due to poverty, poor housing, and unemployment.<sup>12</sup> Transportation is also a challenge: An estimated 45% of Americans do not have access to public transportation.<sup>13</sup> And for those who do have access, the transportation may be unreliable, unaffordable and prone to service suspensions. A study conducted in New York City found that low-income patients who rode the bus were twice as likely to miss or reschedule an healthcare appointment.<sup>15</sup> A survey conducted among low-income pregnant people in urban areas found that half of all participants listed a lack of money for transportation as a factor in not attending prenatal check-ups.<sup>12</sup> This same study showed that physicians and other healthcare providers believed distance, short visits, and inflexible or inconvenient hours as factors in poor patient attendance.<sup>12</sup> These obstacles are magnified for parents with multiple children or adolescent parents who may have to seek childcare or fear asking for help attending a consultation.<sup>12</sup>

Telehealth can simplify PRC by cutting down on some transportation and travel time. When combined with in person care, the 14-visit traditional model can partly be conducted at a convenient location<sup>9 as</sup> as well as the physician office. This would cut down the amount of time and overall cost an expecting person devotes to PRC.

PRC is essential for the recognition and treatment of mental health concerns like pregnancy-related depression. Depression and increased stress directly affects the physical health of the pregnant person and fetus, with elevated cortisol levels being linked to fetal growth restriction, preterm birth, and low birth weight.<sup>4</sup> Low birth weight is associated with increased rates of infectious disease, stroke, obesity later in life, cancer, and mental/behavioral disorders like ADHD, impaired attachment styles, and greater health anxiety symptoms in children.<sup>4</sup> Depression also affects maternal physical health and is linked to a greater risk of preeclampsia, impaired sleep, increased substance use and misuse, elevated cortisol levels, and below-average weight gain.<sup>4</sup> Prenatal depression may also develop into postnatal (postpartum?) depression. Postpartum depression has been linked to disengaged maternal behavior, impaired mother-infant relationships, child abuse, neglect, separation or divorce of the parents, and emotional and social disorders in the child lasting until adolescence.<sup>17</sup>

Cognitive-behavioral therapy conducted via telehealth has shown to improve maternal depression rates. Evidence suggests that psychotherapy, counseling, and family therapy are effective tools in addressing depressive symptoms in the pregnant person/parent.<sup>17</sup> These methods require face-to-face physician/patient interactions, which are not feasible for many parents who face challenges in obtaining consistent PRC. Many physicians and other healthcare

providers agree that telehealth is an effective tool for sustainable psychotherapy that may have long-term positive impacts on the parent and child.<sup>4</sup>

PRC provided via telehealth are comparable to those offered via traditional care.<sup>9</sup> Accordingly, telehealth interventions conducted through video conferences and phone calls do not jeopardize the quality of PRC and are associated with improved birthing outcomes, decreased prenatal smoking, increased breastfeeding, increased access to reproductive services, and scheduled optimization for at-risk births.<sup>16</sup> Telehealth has also been used for at-home monitoring of conditions that can lead to pregnancy complications with specialists like high-risk obstetricians, lactation consultants, and mental healthcare workers.<sup>9</sup> Some studies further suggest that pregnancy outcomes may improve with telehealth because patients are able to consult with specialists that are generally difficult to visit in-person due to financial or travel restrictions.<sup>9</sup> Patient satisfaction when using telehealth is also on par with in-person visits.<sup>9</sup>

With quality telehealth, comes certain challenges. The issue of connectivity through a lack of electronic equipment or inadequate internet services in patient homes makes telehealth services difficult or impossible for some. Approximately 19 million Americans lack access to broadband services at fixed speeds.<sup>19</sup> Of those, 14.5 million live in rural or tribal areas where telehealth services are critical to maintaining healthy communities with little to no access to in-person medical care.<sup>19</sup> In urban communities, 62 million Americans cannot afford broadband services.<sup>20</sup> This disparately affects low-income people, with approximately 43% of low-income adults not having access to broadband services.<sup>21</sup>

Fast broadband speeds and access to video-calling technology are crucial for telehealth to facilitate physician-patient communication and proper medical treatment. Physicians cannot assess fine details or motor functions of patients without a stable internet connection. This is particularly necessary for early well-baby exams and postpartum checkups. For these reasons, the American Medical Women's Association supports the Federal Communication Commission's efforts to deploy broadband services to all communities in a reasonable and timely fashion - a goal that has not yet been realized.<sup>19</sup>

With no current federal requirement for reimbursement of telehealth used during pregnancy the use of this technology suffers. While Medicare reimburses for telehealth services rendered by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), it does not cover services provided in urban environments.<sup>18</sup> With roughly 50% of births financed by Medicaid and only 19 states requiring telehealth reimbursement, inconsistent state policies pose an obstacle for parents and babies who have inadequate or no access to medical treatment.<sup>9</sup> The same can be said for private payers, with no state requiring private insurance to reimburse for pregnancy-related care conducted via telehealth. While some insurance

companies cover telehealth services, these policies often provide reimbursement for services rendered only in FQHCs and RHCs and are predicted to be removed after COVID-19 ends.<sup>18</sup> Due to the patchwork of reimbursement policies, pregnant women are left with no reimbursement relief, severely limiting access to tele-lactation services and at-home pregnancy monitoring. Telemedicine is not used to supplant in person visits for PRC but to be in addition to in person visits. Because telehealth is a promising public health tool, AMWA promotes new and continued reimbursement of its services for underserved new and pregnant patients for all provider types.

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