



Health Policy Priority Brief

Maternal & Pediatric Health

What is Maternal & Pediatric Health?

Maternal and Pediatric health fit together to ensure families stay healthy through medical check-ups, vaccines, and treatments. For the mother, it includes medical services and support aimed at promoting her health and well-being during pregnancy, childbirth, and the postpartum period. Her maternal healthcare aims to ensure safe pregnancies, reduce maternal mortality and morbidity, and promote positive maternal and neonatal outcomes.¹¹ For the child, it includes medical care and support for infants, children, and adolescents from birth up to the age of eighteen, and focuses on wellness and prevention.

Maternal & Pediatric Health in the South

Except for Texas, the South has a disproportionately higher rate of infant mortality and preterm birth than the rest of the country. The U.S. Maternal Vulnerability Index has found that people in the South are at the greatest risk of negative infant and maternal health outcomes.¹¹ A 2021 March of Dimes report offering a comprehensive overview of the health of mothers and infants across the country gave all southern states the grade of (D) or the lowest grade (F).

Children do not fare any better in the South, with five of the top ten states with the highest infant mortality rates being located in the South. Mississippi leads the nation with 9.11 infant deaths per 1,000 live births, with Arkansas, Louisiana, West Virginia, and Georgia with over 7 deaths per 1,000 live births each. Some of these disparities can be attributed to the lack of prenatal care in the South. According to the Kaiser Family Foundation, in states like Mississippi, Alabama, and Louisiana, a higher percentage of women receive late or no prenatal care compared to the national average.

How Improved Maternal & Pediatric Health Can Advance Equity in the South

Improving maternal and pediatric health and outcomes in the South can significantly advance racial and class equity by addressing the stark disparities that disproportionately affect minority and low-income families in the region. Black women, for example, experience higher rates of maternal mortality and several maternal morbidity compared to their white counterparts, due to factors such as limited access to quality healthcare, implicit bias in medical treatment, and socioeconomic stressors. Combined with the limited options available to women regarding their reproductive health after the *Dobbs* decision, studies suggest an exacerbation of the maternal

morbidity crisis. By implementing policies that enhance access to prenatal and postnatal care, providing education on maternal health, and ensuring equitable healthcare practices, these initiatives can reduce the racial disparities in maternal health outcomes, fostering a more equitable healthcare system that addresses the needs of those it serves without regard to race or class.

Additionally, improving infant health outcomes can provide long-term benefits for racial and class equity as infants from minority and low-income communities are more likely to face health challenges such as low birth weight and premature birth, which can lead to developmental delays and chronic health issues. Ensuring that these infants receive adequate healthcare, nutrition, and developmental support from birth throughout their childhood can improve their chances of thriving both in childhood and later on in life. This can lead to better educational outcomes and economic opportunities, potentially breaking the cycle of poverty and disadvantage.

Metrics for measuring success include:

1. **Reduction in Maternal Mortality Rates:** A significant decrease in maternal mortality rates, particularly among Black women.
2. **Decrease in Preterm Birth Rates:** Reduction in preterm birth rates, as preterm birth is a leading cause of infant mortality and long-term health issues.
3. **Improvement in Access to Prenatal Care:** Increase in the percentage of pregnant women receiving early and adequate prenatal care.
4. **Reduction in Racial Disparities:** Narrowing racial disparities in maternal and pediatric health outcomes, particularly between Black and white populations.
5. **Improvement in Child Health Outcomes:** Reductions in infant mortality rates, improvements in childhood vaccination rates, and decreases in the prevalence of chronic conditions such as asthma and obesity among children.

Legislative Efforts Related to Maternal & Pediatric Health

Despite all of the recent changes related to to restrictions on reproductive freedom in the United States and especially in the South, there were significant measures enacted during the 2024 legislative session that have the potential to alleviate or eliminate some of the negative effects of restrictions on reproductive rights and provide additional opportunities for improved maternal and child health outcomes in the region. A few examples have been provided below.

1. **Arkansas:** Senate Bill 51 appropriates creates the University of Arkansas for Medical Sciences Maternal Health Workforce Trust Fund to provide obstetrician-gynecologist residencies and fellowships, family practice obstetrician fellowships, and nursing midwife certifications, with spending and allocation of funding to be prioritized in accordance with the recommendations of the Maternal Mortality Review Committee.
2. **Florida:** House Bill 415 now requires the Department of Health, in consultation with the Department of Children and Families and the Agency for Health Care Administration, to maintain a website that provides information and links to certain pregnancy and parenting resources.
3. **Georgia:** House Bill 1046 created the State Commission on Maternal and Infant Health, charged with duties and responsibilities including making policy recommendations

regarding programs of perinatal care with local communities, their physicians and perinatal facilities, and the general public; and establishing indices to measure the quality and determine the effectiveness of perinatal care in Georgia.

Kentucky: Senate Bill 74 was enacted and established a state maternal psychiatry access program, also known as Kentucky Lifeline for Moms, to help health care practitioners meet the needs of mothers with mental illness or intellectual disabilities.

What is Affordable Health Care?

Affordable Healthcare: refers to expanding accessibility to healthcare by ensuring that both healthcare insurance and healthcare services are priced so that people, regardless of their income or background, can afford them without facing financial strain. Affordable healthcare increases accessibility and erases health disparities. Addressing health disparities in the South is a critical step to advancing equity for African Americans and low-income groups.

Affordable Health Care in the South

The status of affordable health care in the South leaves much room for improvement. The South has six out of the top ten most expensive states for healthcare but experiences significant negative health disparities, especially their African American population (**North Carolina, Georgia, Texas, Louisiana, South Carolina, Florida**). Out of the top twenty states with the highest rate of uninsured African Americans, ten of them are southern states (**North Carolina, Georgia, Texas, South Carolina, Florida, Mississippi, Alabama, Tennessee, and Arkansas**).^{[2] iv}

How Affordable Health Care Can Advance Equity in the South

Providing affordable healthcare is a critical step to improving equity in the South for African Americans. African Americans have higher infant and maternal mortality rates and higher rates of chronic health conditions such as hypertension, diabetes, obesity, and heart disease compared to their white counterparts. These disparities could be reduced significantly by expanding access to affordable and quality healthcare in the South. Affordable healthcare would also alleviate the economic burden of healthcare cost, lead to early detection of diseases, expand the healthcare infrastructure to rural areas, and help manage chronic conditions.

Affordable healthcare metrics include:

- Insurance Coverage Rates: High rates of insurance coverage within low-income communities.
- Out-of-Pocket Spending: Reduce the proportion of income spent on healthcare expenses by low-income individuals.
- Access to Low-Cost Services: Increase the presence of community health centers, clinics, and other low-cost healthcare facilities in low-income areas.

- Preventive Care Access: Facilitate access to preventive services such as vaccinations, screenings, and regular check-ups.
- Affordable Prescription Medication: Expand access to affordable, necessary medications for low- income individuals.
- Reduce and Eliminate Medical Debt: reduce the prevalence of medical debt and bankruptcy within low-income communities.

Legislative Efforts Related to Affordable Health Care

1. **Alabama:** Senate Bill 236 would have eliminated the certificate of need requirement for any proposed new or expanded medical facility or health care service to be located in a rural area. Certificates of need programs often serve as a barrier for health care providers to enter new markets. The regulatory processes associated with obtaining a certificate of need can deter smaller healthcare providers, potentially limiting choice and access in areas such as rural locations where access to healthcare is needed.
2. **Alabama:** House Bill 401 would have prohibited surprise billing by setting a minimum rate for health insurers to pay out-of-network ambulance providers, which would be considered a payment in full. This would prevent ambulance services from charging more than the in-network cost sharing amount and eliminate unexpected and/or unanticipated costs being passed on to individuals.
3. **Florida:** House Bill 7089 created the Transparency in Health and Human Services Act, which establishes a 3-year statute of limitations for actions to collect medical debt, and will now require licensed medical facilities to have a consumer-friendly list of standard charges online for at least 300 shoppable health care services, providing people with an opportunity to review and choose where to receive care based upon cost associated with that care. The bill will also require facilities to establish internal grievance processes for patients to dispute charges and prohibits collection activities by licensed facilities.