



# Employer Action Guide to Advancing High Value Maternity Care

This **Action Guide** outlines four strategies that employers can use to decrease C-section rates.

**1 in 3**

WOMEN HAVE  
CESAREANS IN  
THE U.S.

**DOUBLE**

WHAT UNICEF AND THE WORLD  
HEALTH ORGANIZATION  
RECOMMEND<sup>1</sup>

## COST OF C-SECTIONS<sup>2</sup>

A C-section costs commercial payers **\$10,000** more than a vaginal birth.

On average, women who give birth vaginally return to work **two weeks earlier** and are much **less likely to develop postpartum depression**.



If you are a member of a local business coalition, they can work with you to implement each of these approaches.

## 1. Meet with local hospitals to express concerns about high C-section rates

Meet with local hospitals to express your concern over high costs, mediocre outcomes and unwarranted C-sections. Your local business coalition can provide you with talking points and data for this meeting.

## 2. Eliminate providers' financial incentives for C-sections in health plan contracts

### Ask your health plans to:

#### > Deny payment for medically inappropriate care

Successfully implemented for early elective deliveries in South Carolina, Texas and New York, **denial of payment** is an effective way to ensure that your beneficiaries do not receive unnecessary care that does not adhere to clinical guidelines.

#### > Reimburse the same for C-sections and vaginal births

A **blended case rate** reimburses hospitals and physicians the same amount whether a mother delivers vaginally or by C-section, removing any financial incentives that affect how the hospital and providers deliver care.

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> **Pay one bundled fee for prenatal, delivery and postpartum care**

A **comprehensive episode-based bundle** reimburses one payment to facilities and providers for all prenatal, birth and postpartum services.

### 3. Review benefit coverage to encourage beneficiaries' access to high value services

- > **Midwives** provide prenatal and birth care for low-risk pregnancies and are associated with improved outcomes, lower costs and higher patient satisfaction. Ensure that your health plan adequately covers and reimburses for midwifery services and care provided at accredited birth centers.
- > **Birth assistants** (often called doulas) can improve outcomes, increase patient satisfaction, and decrease unwarranted medical intervention. Reimburse beneficiaries for part or all of the costs of a birth assistant.

### 4. Drive beneficiaries to high value services and providers

Provide employees with information and incentives to seek care from high-performing facilities by:

- > Utilizing tiered or narrow networks
- > Linking to hospital C-section rates in online provider directories
- > Implementing reference pricing<sup>3</sup>
- > Distributing patient engagement [materials and tools](#)<sup>4</sup>

For more information, please email [PVNinfo@pbgh.org](mailto:PVNinfo@pbgh.org) or visit [www.PVNetwork.org](http://www.PVNetwork.org).

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<sup>1</sup> Infographic: What's the Deal with Cesareans? October 2013. Lamaze International. [http://forms.lamaze.org/portals/0/images/scienceandsensibility/2013/10/Lamaze\\_CesaraenInfographic\\_highres-715x1024.jpg](http://forms.lamaze.org/portals/0/images/scienceandsensibility/2013/10/Lamaze_CesaraenInfographic_highres-715x1024.jpg)

<sup>2</sup> The cost of having a baby in the United States. 2013. Truven Health Analytics. <http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf>

<sup>3</sup> Purchaser Value Network Maternity Toolkit: Reducing Unnecessary C-sections. April 2016. Purchaser Value Network. [www.pvnetwork.org/resources](http://www.pvnetwork.org/resources).

<sup>4</sup> [http://pbgh.org/storage/documents/Patient\\_Engagement\\_Guide\\_\\_Maternity.pdf](http://pbgh.org/storage/documents/Patient_Engagement_Guide__Maternity.pdf)