

# Postpartum Care in Arkansas

*A Crisis of Coverage*



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## A Crisis of Coverage

by Loretta Alexander  
Health Policy Director

### Introduction

Babies need their mothers; children need their parents. Everyone should have the opportunity to raise their children and live out their full life expectancy. However, this opportunity is denied many babies and their mothers due to the mother's death following childbirth. In this brief we discuss the need for Arkansas Medicaid to extend maternity coverage from two months to 12 months postpartum. Postpartum care is health care for the mother following the birth of her baby. Among the main conditions faced by mothers during the first year of their babies' lives include chronic diseases that can be prevented, such as increased blood pressure, diabetes, and heart disease.

Throughout the United States, thousands of women die or have near-death experiences while giving birth and up to one year following childbirth.<sup>1</sup> Arkansas has one of the highest rates in the nation of mothers dying within one year of childbirth.<sup>2</sup> Although the risk of death is highest during and shortly following birth, the Centers for Disease Control (CDC) has found that one-third of the deaths related to childbirth occurs up to one year following childbirth.<sup>3</sup>

Most women in Arkansas received Medicaid support during their pregnancies in 2018. Two out of every three births in Arkansas were funded by Medicaid. Arkansas should move to extend health coverage to moms for the full year after they give birth.

Most pregnancy-related deaths are preventable, and many are related to loss of health coverage and access to care.<sup>4</sup> Right now, many Arkansas women lose Medicaid coverage just two months after the end of their pregnancy, putting them at risk of lapse in medication or access to other supports, making it more difficult to care for their new baby as well as themselves.

Health coverage before, during and after pregnancy increases access to preventive care, improves health outcomes for mothers and children, and reduces maternal mortality rates. Ensuring that new moms have health coverage for 12 months after their pregnancy could help lower the rate of maternal mortality and morbidity and reduce disparities for women of color and women in rural communities.

*Most pregnancy-related deaths are preventable.*



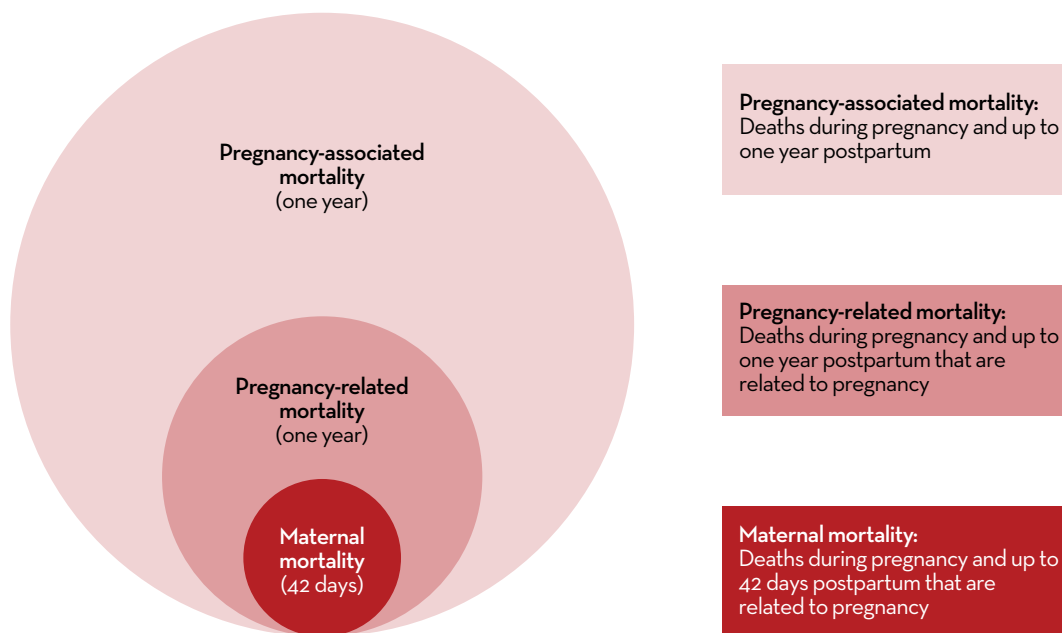
## The Maternal Mortality Crisis

Maternal mortality — death during or following pregnancy — is at crisis level in the United States and finally is receiving the attention it deserves as a major cause of death among childbearing women. Data from the CDC for the years 2018-2020 show the consistently rising rates of maternal mortality in the U.S.<sup>5</sup> In Arkansas, childbearing women are dying at a rate 15% higher than the national average.<sup>6</sup> High rates of pregnancy-related deaths are of great concern to public

health officials as they seek answers to improved care and prioritize recommendations for decreasing maternal deaths.

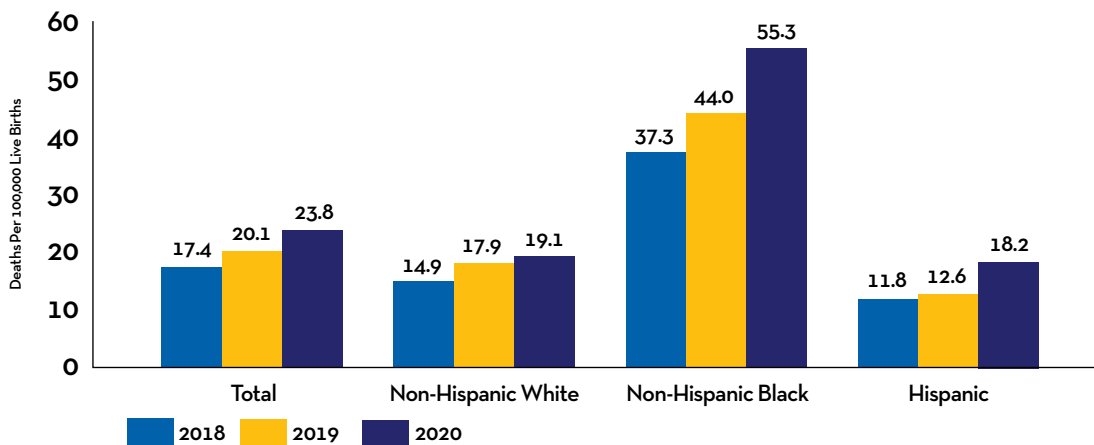
In recognition of the severe state of maternal mortality in the United States, the Helping Medicaid Offer Maternity Services Act was introduced in 2019 to promote 12-month postpartum care by Medicaid. This bill was passed by the house in September 2020 but was not passed by the Senate.<sup>7</sup> The Center for Medicare and Medicaid, in January 2021, started a Postpartum Learning

Figure 1. **What Do We Mean By Maternal Mortality?**



Source: <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>

Figure 2. **Maternal Mortality Rates, by Race and Hispanic Origin: United States, 2018-2020**



Source: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

Collaborative Affinity Group to give states technical assistance to improve postpartum care.<sup>8</sup> In January 2021 the Medicaid and CHIP Payment Access Commission made recommendations to Congress that postpartum care be extended to 12 months and paid for by 100% federal funds.<sup>9</sup>

Progress was achieved through a provision in the American Rescue Plan Act, which passed in March 2021. While it does not require states' Medicaid programs to end the 60-day limit to postpartum care, the American Rescue Plan creates the option for states to extend Medicaid-funded postpartum care to 12 months. This change in coverage option is effective for five years, as of April 1, 2022.

The Protecting Moms Who Served Act was signed by President Biden on November 30, 2021, to provide prenatal and postpartum services to veterans. This the first of 12 bills in the Bipartisan Black Maternal Health Momnibus Act, aimed at advancing birth equity and improving conditions to help prevent pregnancy-related deaths.<sup>10</sup>

The Build Back Better Act, also passed by the House of Representatives in November, included the provisions from the 12 bills in the Momnibus package to eliminate preventable maternal mortality and advance birth equity across the United States. With the Senate's failure to pass the Build Back Better Act to improve maternal health, Congress missed the



opportunity to provide the following services from the Momnibus Package as listed by Congresswoman Lauren Underwood:<sup>11</sup>

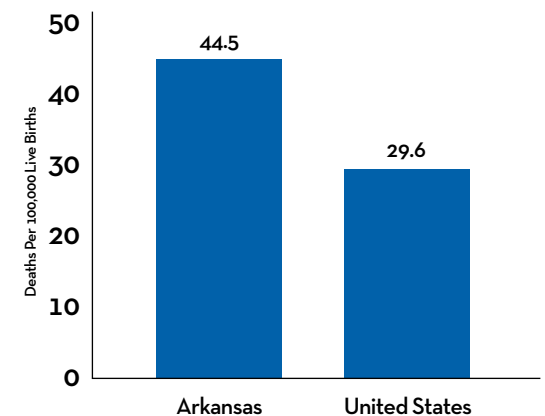
- Expand access to maternal mental health care
- Grow and diversify the perinatal workforce, including midwives and doulas
- Invest in community-based organizations working to promote maternal health equity
- Address social determinants of health like housing, nutrition, and environmental conditions

## Maternal Mortality in Arkansas

The Arkansas Maternal Mortality Review Committee (AMMRC) was created by Act 829 in 2019.<sup>12</sup> The committee is charged with reviewing all pregnancy-related deaths in Arkansas. The AMMRC makes recommendations to reduce maternal death based on reviews of maternal health records.

The December 2021 AMMRC report shows a huge disparity in maternal mortality between women in Arkansas at 44.5 deaths per 100,000 live births, and the rest of the nation at 29.6 deaths per 100,000 (Figure 3).

Figure 3. **Maternal Mortality Rate, Arkansas and United States, 2013-2017**

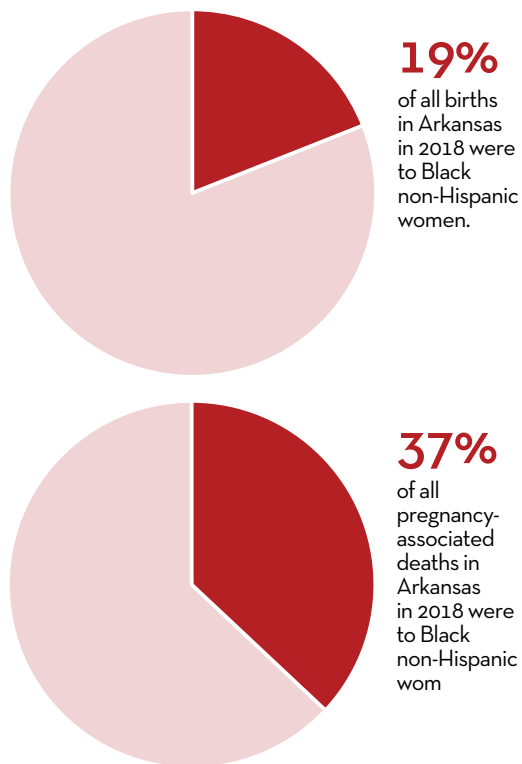


*Between 2013 and 2017, Arkansas' maternal mortality rate was 50% higher than the maternal mortality rate for the nation overall and more than twice the rate of the state with the lowest maternal mortality rate (Alaska, 12.4 deaths per 100,000 live births).*

Source: [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL\\_MMRC\\_Legislative\\_Report\\_12.09.20\\_PDF.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_12.09.20_PDF.pdf)

#### Figure 4. **Pregnancy-Associated Deaths by Race/Ethnicity, 2018**

*Pregnancy-associated deaths can happen to women of any race and ethnicity. However, some women are disproportionately affected.*



Source: [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL\\_MMRC\\_Legislative\\_Report\\_2021\\_\(10-29-2021\)LR\\_transparent\\_logo\\_11-10-21\\_\(2\).pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_2021_(10-29-2021)LR_transparent_logo_11-10-21_(2).pdf)

#### **Racial and Ethnic Disparities**

Due to the systemic racism, discrimination, and implicit bias Black women face within the health care system, adverse birth outcomes are prevalent for Black women in Arkansas, regardless of socioeconomic status, overall health, and education level.<sup>13</sup>

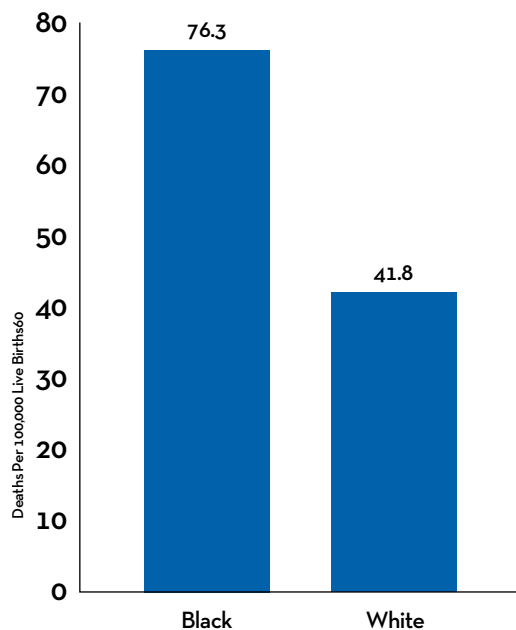
The AMMRC report highlights an alarming number of deaths among Black women for both the number of maternal deaths per 100,000 live births and number of pregnancy-related deaths per 100,000 live births.

Figure 5 shows that 76.3 Black women in Arkansas died per 100,000 live births between 2013 and 2017. During this same time, White women's deaths were 41.8 per 100,000 live births.

Arkansas's pregnancy-related deaths (defined in Figure 1) are also more common among Black women than White women, with 65.5 deaths per 100,000 live births, compared to 20.1 per 100,000 for White women from 2011-2015.<sup>14</sup>

Considering the high pregnancy-related deaths and maternal mortality rates, policymakers in Arkansas need to provide funding to address health equity in historically under-resourced communities. In addition to health and medical care, social determinants of health must also be addressed.<sup>15</sup>

Figure 5. **Maternal Mortality Rates by Race, Arkansas, 2013-2017**



*Maternal mortality affects groups of people differently and some women are at greater risk. Black women die of maternal mortality at almost two times the rate as White women.*

Source: [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL\\_MMRC\\_Legislative\\_Report\\_12.09.20\\_PDF.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_12.09.20_PDF.pdf)

## **Social Determinants of Health**

*A person's health is determined by more than just medical care. Community and individual resources including economic security, safety in the neighborhoods where people live, stable housing, educational access, an adequate supply of healthy, affordable food, access to health care and a healthy living environment have been identified as social determinants of health.*

## Infant and Maternal Health— How Is Arkansas Doing?

Arkansas ranked 48 out of 50 among the states for the America Health Rankings' 2019 report on the overall health of women and children.<sup>16</sup>

Arkansas ranked 6th worst in pregnancy outcomes for low-birthweight babies in 2018. This outcome measure is for babies weighing less than 5 pounds.<sup>17</sup>

A normal pregnancy is 40 weeks. Preterm is less than 37 weeks. Those final weeks of pregnancy can make a difference in a baby's health after delivery. Preterm babies' organs are not fully developed, which affects breathing, hearing, vision and can result in cerebral palsy and other developmental problems.<sup>18</sup> The March of Dimes gives Arkansas an F for premature or preterm births, with a rate of 11.8%, the 5th highest in the nation. Black women have a 46% higher rate of premature births than the rate among all other women here in Arkansas.<sup>19</sup>

For some time, Arkansas has had the highest rate of teen births in the nation. Babies of teen mothers are at greater risk of hospitalization and death.<sup>20</sup>

The 2018 Arkansas infant mortality rate for African American babies was 12 per 1,000 live births, nearly twice that of 6.6 for Non-Hispanic White babies and more than twice the rate of 5.9 for Hispanic or Latino babies. Arkansas's overall rate is 7.5, among the worst in the nation, ranking 3rd behind Mississippi and Louisiana.<sup>21</sup>

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## Medicaid-funded births

Medicaid funded almost half the births (44%) in Arkansas in 2020. Out of the 35,251 births in Arkansas in 2020, 15,352 were paid by Medicaid. Nationwide, 42% of births were funded by Medicaid in 2020. Arkansas's poor maternal and infant health outcomes is a major driver of Medicaid spending for babies, including high-risk pregnancies, Neonatal Intensive Care Unit (NICU) stays and low-birthweight deliveries.

The Arkansas Department of Human Services reports that:<sup>22</sup>

- Each year, Arkansas Medicaid spends more than \$100 million to pay for NICU stays for about 2,100 infants
- Another 1,700 are low-birth-weight deliveries, costing more than \$44 million
- In 2019, over 15,000 Arkansas Medicaid Expansion enrollees were pregnant, with over 11,000 births that year
- 34% had a high-risk pregnancy

## The Case for Expanded Postpartum Care

It is widely accepted that prenatal care is necessary for positive pregnancy outcomes. To improve outcomes, Arkansas Medicaid covers prenatal care for women with incomes up to 214% of the federal poverty level. Less recognized, however, is that postpartum care following delivery is also critically important to the health of the mother as she provides support to her infant. Medicaid 60-day postpartum care was approved by Congress in 1986. However, over the last 35 years, postpartum standards of care have evolved as evidence has shown the need for care beyond 60 days.

Studies show complications from childbirth can cause maternal death up to one year after delivery. Almost half the pregnancy associated deaths happen from 43 days up to a year after the baby is born.<sup>23</sup> The most frequent causes of pregnancy related deaths are heart conditions



and strokes.<sup>24</sup> Throughout the United States, thousands of women die or have near-death experiences while giving birth and up to one year following childbirth.<sup>25</sup>

With more than 700 preventable, pregnancy-related deaths a year, the United States is well behind other developed nations. The CDC reports three out of five pregnancy-related deaths are preventable.<sup>26</sup> The AMMRC reported 40 maternal deaths for 2018.<sup>27</sup> Thirty (30) met the criteria for review by the AMMRC as pregnancy-associated. Of those women, 37% were Black non-Hispanic, 53% were White non-Hispanic, 7% were Asian, and 3% were Hispanic.

More than half of states have enacted changes to expand the number of days postpartum care is provided by Medicaid.<sup>28</sup> Even states surrounding Arkansas that have not expanded Medicaid for adults have extended postpartum care to 12 months.

In states that have not extended postpartum coverage to 12 months, including in Arkansas, shortly after the baby is born (two months), the mother must reapply for Medicaid coverage or seek other coverage, adding stress for the mother.<sup>29</sup> New mothers may be required to change providers based on health plan networks, and crucial health care needs may not be met because of a lack of coverage.

Figure 6. **2022 Status Medicaid Postpartum Coverage by State**

Location	February 2022 Status Medicaid Postpartum Coverage By State	Limits on Coverage Period, Eligible Population, and/or Benefits
Total: 26 states	State-funded coverage: 0; Approval 1115 waiver: 5; Proposed/pending 1115 waiver: 1; Enacted legislation: 16; Pending legislation: 4; Planning to submit a SPA or 1115 waiver: 3	No limits: 24 states; Limits: 5 states
<b>Alabama</b>	Pending legislation to seek federal approval through SPA or 1115 waiver	
<b>Arizona</b>	Pending legislation to seek federal approval through SPA or 1115 waiver	
<b>California</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Colorado</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Connecticut</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>District of Columbia</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Florida</b>	Proposed/pending 1115 waiver	
<b>Georgia</b>	Approved 1115 waiver	Coverage period limited to 6 months
<b>Illinois</b>	Approved 1115 waiver	
<b>Indiana</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Kentucky</b>	Pending legislation to seek federal approval through SPA or 1115 waiver	
<b>Maine</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	Coverage period limited to 6 months initially, phasing up to 12 months on 7/1/23.
<b>Maryland</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Massachusetts</b>	Planning to submit a SPA or 1115 waiver	
<b>Michigan</b>	Planning to submit a SPA or 1115 waiver	
<b>Minnesota</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Missouri</b>	Approved 1115 waiver	Limited benefit package of substance use disorder (SUD) and mental health treatment services only for individuals with SUD
<b>New Hampshire</b>	Pending legislation to seek federal approval through SPA or 1115 waiver	
<b>New Jersey</b>	Approved 1115 waiver	
<b>North Carolina</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Ohio</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Pennsylvania</b>	Planning to submit a SPA or 1115 waiver	
<b>South Carolina</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Tennessee</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Texas</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	Coverage period limited to 6 months
<b>Virginia</b>	Approved 1115 waiver	
<b>Washington</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>West Virginia</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	
<b>Wisconsin</b>	Enacted legislation to seek federal approval through SPA or 1115 waiver	Coverage period limited to 90 days

The Arkansas Medicaid income eligibility limit for pregnant women is 214% of the federal poverty level, but the limit for Arkansas's Medicaid Expansion is 138%, a gap of 76%. In other words, 60 days after giving birth, Arkansas's mothers with incomes between 138% and 214% of the federal poverty level may go without health insurance coverage during a very vulnerable time if they cannot afford marketplace insurance or are not offered employer-sponsored insurance.

*Everyone should have the opportunity to raise their children and live out their full life expectancy.*

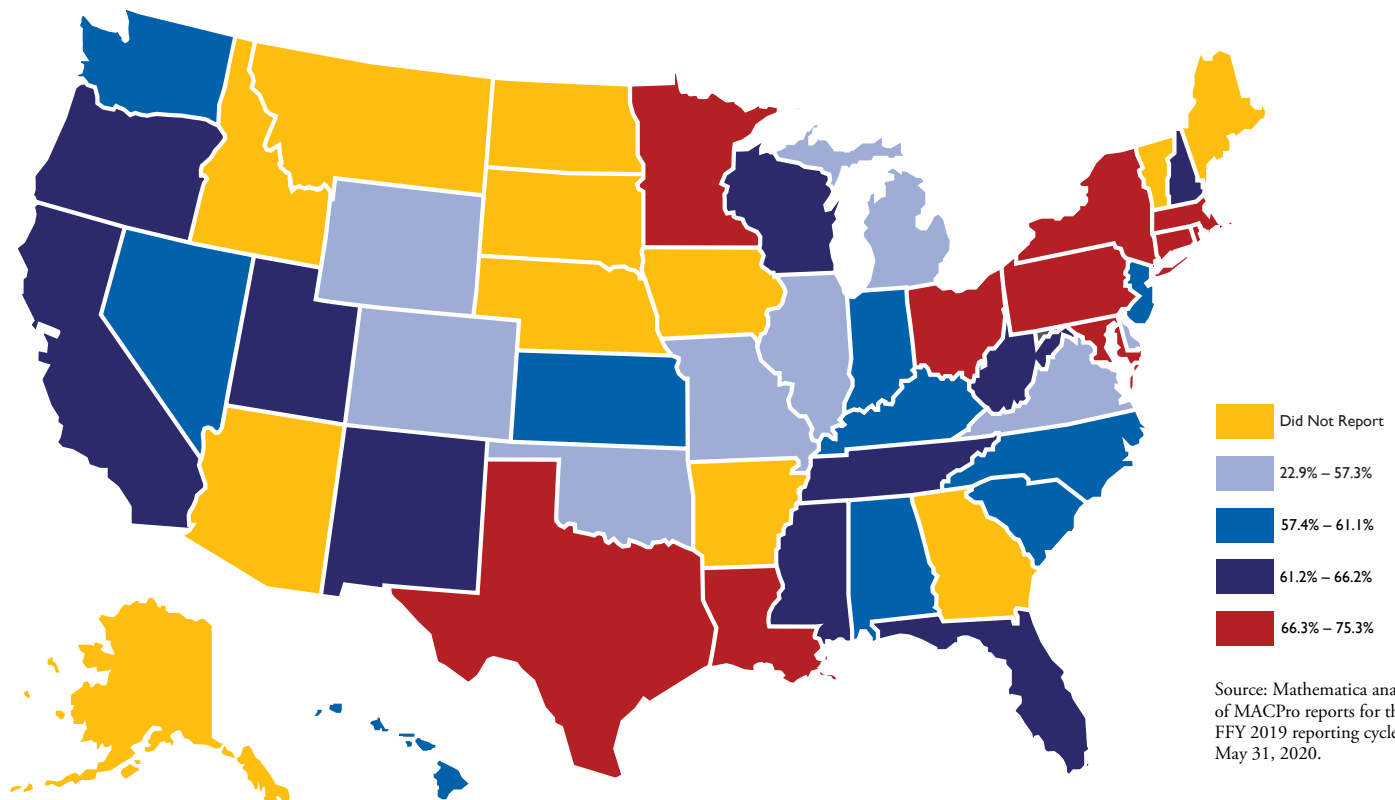
The population of women who depend on Medicaid coverage during pregnancy have lower incomes, are more likely to live in rural areas, and are more likely to bear the effects of preexisting conditions (e.g., diabetes and hypertension) and structural racism than women who have private insurance coverage. Because of these combined factors, women who use Medicaid have higher rates of severe maternal illness and death than their privately insured peers.

Research also shows that, among women with commercial insurance, those who are postpartum use more health care than non-postpartum women, indicating the increased need for health care for postpartum women.<sup>30</sup> But with postpartum care limited to 60 days, women on Medicaid make fewer postpartum visits for medical care than women on private insurance.<sup>31</sup>

A CMS Medicaid Quality of Care Report shows that Arkansas did not report on the measure for the percentage of women delivering a live birth who had a postpartum care visit between three weeks and two months after delivery, as seen in Figure 7.<sup>32</sup>

**Figure 7. Percentage of women who had postpartum care visit on or between 21-56 days after giving birth, 2019**

State Median: 61.2%





## Policy Options

States that have expanded Medicaid under the Affordable Care Act have seen lower rates of maternal mortality than states that have not.<sup>33</sup> In Arkansas, Medicaid Expansion has helped improve access to maternity care and outcomes.<sup>34</sup> It is time for Arkansas to build on this progress by extending Medicaid postpartum coverage from 60 days to 12 months.<sup>35</sup>

The Congressional Budget Office predicts Medicaid coverage changes for many women at the end of the 60-day postpartum period, estimating that as many as 45% of women across the country will become uninsured two months after giving birth.<sup>36</sup> Between 20-29% of Arkansas women have a period of uninsurance between preconception and postpartum. By implementing 12 months of coverage postpartum, Arkansas can support new parents and promote healthy development for babies by ensuring access to health care services during a critical time.

The American Rescue Plan Act gives states the option to expand Medicaid postpartum coverage to 12-months.<sup>37</sup>

- This expanded postpartum coverage could be adopted by a state plan amendment change
- The Medicaid funding would cover the other 10 months after the 60-day postpartum period ended
- The extended postpartum coverage would be funded at the state's regular federal match rate for a five-year period
- The extended postpartum care would not require any administrative changes for the mother or the agency until one year after the delivery
- The postpartum state plan amendment option for states became effective April 1, 2022

*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.***

– The American College of Obstetricians and Gynecologists

Source: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>



## What Arkansas Can Do

Extending postpartum coverage has long been a policy recommendation to prevent maternal and infant mortality, and Arkansas should implement it as soon as possible. Arkansas Advocates for Children and Families worked with lawmakers to propose Arkansas HB1759 during the 93rd General Assembly's 2021 regular session to expand Medicaid postpartum coverage from 60 days to 12 months.

The Arkansas General Assembly can pass legislation approving the 12-month postpartum option for the state Medicaid program. AACF urges policymakers to adopt the state plan amendment, making it possible for moms and babies to have a healthy start, together. At this time, Arkansas state officials have not indicated any intention to expand postpartum coverage. State officials should heed not only AACF's recommendation, but also a key recommendation from the December 2021 Arkansas Maternal Mortality Review Committee, to extend postpartum care to 12 months.<sup>38</sup>

With U.S. maternal mortality rates on the rise — especially among low-income pregnant women and pregnant women of color — this is one thing our state can do to ensure all moms have access to the regular health care and mental health checks they need in that first year after the baby is born. Ensuring that new moms have health coverage for 12 months after their pregnancy could help lower the rate of mothers' deaths and illnesses and reduce disparities for women of color and women in rural communities. Extending coverage will help support the physical and emotional health of Arkansas mothers and babies. Extending postpartum care ensures that new mothers can get the care they need to help keep them and their baby healthy — without a lapse in coverage.

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*“The AMMRC recommends extending Arkansas Medicaid maternal coverage from 60 days to one year postpartum. **Nearly half (47%) of pregnancy-associated deaths in Arkansas occurred 43 days to one year after delivery.** This trend demonstrates the need for extended health care coverage. Arkansas Medicaid currently ends maternal coverage for women at 60 days postpartum, which can leave new mothers without needed follow-up care.”*

## Endnotes

- 1 [www.congress.gov/bills/116/congress/house-bill/1897/text](http://www.congress.gov/bills/116/congress/house-bill/1897/text)
- 2 [https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL\\_MMRC\\_Legislative\\_Report\\_12.09.20\\_PDF.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/FINAL_MMRC_Legislative_Report_12.09.20_PDF.pdf)
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- 6 Arkansas maternal mortality review committee
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- 8 <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html>
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- 23 <https://www.arkleg.state.ar.us/Calendars/Attachment?committee=430&agenda=4896&file=Exhibit+D2++Maternal+Mortality+Review.pdf>
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<https://ccf.georgetown.edu/2021/07/09/where-states-stand-on-extended-postpartum-medicaid-coverage/>
- 38 <https://www.arkleg.state.ar.us/Calendars/Attachment?committee=430&agenda=4896&file=Exhibit+D2++Maternal+Mortality+Review.pdf>



## Arkansas Advocates for Children and Families

*Main Office:*

Union Station  
1400 W. Markham St., Suite 306  
Little Rock, AR 72201  
(501) 371-9678

*Northwest Arkansas Office:*

614 E. Emma Avenue, Suite 235  
Springdale, AR 72764  
(479) 927-9800

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