

SMFM HEALTH POLICY AGENDA, 2026 - 2027

The Society for Maternal-Fetal Medicine (SMFM) leads the evidence-based practice of high-risk pregnancy care by providing education, promoting research, and engaging in advocacy. SMFM supports policy and legislative priorities that further its vision of optimal and equitable perinatal outcomes for all people who desire or experience pregnancy.

Commitment to Health Equity

SMFM is committed to addressing inequities in health care and health outcomes during pregnancy, childbirth, and the postpartum period. Multiple factors, including exposure to racism, immigration status, disability status, geography, and more, affect the quality of care that patients receive. Disparities are both pervasive and well-described, with a disproportionate burden of disease borne by Black and Indigenous women, disabled women, and people who are otherwise marginalized.^{i,ii,iii,iv} SMFM is strongly committed to helping eliminate disparities and advancing equity through all the Society's activities.

SMFM's health policy agenda, outlined below, is rooted in health equity and supports policy proposals that are aimed at eliminating health care inequities for high-risk pregnant people.

Health Policy Priorities

- I. **Prioritize and strengthen research investments in pregnant and lactating people.** Pregnancy- and lactation-related research is critical to identifying opportunities to improve perinatal outcomes. Unfortunately, research in pregnant and lactating people is severely underfunded. Federal agencies are at the forefront of clinical trials that include these populations. This research must be prioritized and emphasized to optimize the health of mothers and their children. SMFM supports the prioritization and sustainability of research in pregnant and lactating people by advocating for:
 - a. Maintaining and strengthening federal research agencies and the scientific infrastructure that fund and facilitate research in pregnant and lactating people;
 - b. Additional funding for federal research agencies, such as the National Institutes of Health and the Agency for Health Research and Quality;
 - c. Additional funding for pregnancy and lactation studies across federal research agencies, including sustained support for collaborative multi-center clinical research, such as the Maternal-Fetal Medicine Units Network and Maternal and Pediatric Precision in Therapeutics (MPRINT); and
 - d. Inclusion of pregnant and lactating individuals in clinical research and trials for therapeutics, vaccines, and medical devices, including through implementation of recommendations outlined by the Task Force Specific to Pregnant Women and Lactating Women (PRGLAC) and creating a legal framework to promote inclusion.

- II. **Expand and better support public health and health service programs that facilitate improved perinatal health outcomes.** Clinical interventions are insufficient to improve health outcomes for pregnant people in the United States. Strong public health and health services programs are critical to improving the overall health of people who desire or

experience pregnancy. SMFM supports increased investment in public health by advocating for:

- a. Protecting the programs, scientific expertise, and funding of the nation's federal public health and health service agencies, including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA);
- b. Expanding federal and state public health initiatives focused on improving perinatal health, such as maternal mortality review committees, perinatal quality collaboratives, and the Pregnancy Risk Assessment Monitoring System (PRAMS);
- c. Maintaining or increasing resources for data collection and program evaluation to identify successful programs and facilitate implementation at a scale significant to affect population health; and
- d. Protecting the integrity, transparency, and timely release of maternal health data.

III. Ensure that high-risk pregnant people have access to maternal-fetal medicine (MFM) services, and that those services are included in innovative care delivery models.

Optimizing pregnancy outcomes is critical to both short and long-term health outcomes for both the pregnant person and their infant. Both maternal mortality and severe maternal morbidity rates continue to rise in the United States. Payors, health systems, and government programs must ensure that all high-risk pregnant patients can access appropriate care before, during, after, and between pregnancies. SMFM supports this access by advocating for:

- a. Protecting Medicaid, including pregnancy Medicaid coverage for at least twelve months postpartum;
- b. Access to innovative care models to address gaps in pregnancy care, such as equitable telemedicine services, remote patient monitoring, or group prenatal care;
- c. Increased access to behavioral health services (inclusive of substance use services);
- d. Appropriate quality metrics and data collection methods to improve outcomes and care;
- e. Incorporating the needs of high-risk obstetric patients into the development and implementation of new payment models; and
- f. Protecting access to and coverage for maternity care as an essential health benefit, and opposing efforts that are not in line with SMFM's Maternity Care Principles:
 - i. *All people who may become or are pregnant must have health coverage that provides all medically necessary care and treatments, situation-appropriate benefits that promote healthy pregnancies and child development.*
 - ii. *All people who may become or are pregnant must have access to coverage that is affordable for their families.*
 - iii. *All people who may become or are pregnant must have access to the full range of appropriate health care providers, including perinatal specialists, sub specialists and facilities throughout their pregnancies.*
 - iv. *All people who are or may become pregnant must have continuous, consistent health care coverage with no gaps in care.*

IV. Bolster the workforce of professionals providing maternity care and performing cutting-edge pregnancy research. The United States must invest in clinicians and clinician-scientists with expertise in pregnancy care in order to reverse the nation's worsening

trends in maternal and infant mortality. To increase the maternity care workforce, SMFM advocates for:

- a. Training of and access to the full range of maternity care providers necessary to achieve optimal outcomes for high-risk pregnant patients, including genetic counselors, sonographers, and abortion providers;
 - b. Incentivizing maternity care providers to practice in maternity care deserts; and
 - c. Strengthening and expanding programs to support early career investigators, including training programs for pre-doctoral and post-doctoral scientists.
- V. **Defend and expand access to reproductive health care.** All individuals deserve access to comprehensive reproductive health care, including contraception and abortion care. Those at high risk for maternal mortality and morbidity, as well as those with high-risk pregnancies, have unique needs for reproductive health services. However, barriers such as state and federal laws, institutional policies, a paucity of trained providers, and challenges in assessing and communicating risk often make it difficult for individuals to obtain needed services. SMFM supports continued and unrestricted access to reproductive health services by advocating for:
- a. Repeal of policies that restrict access to abortion care and enactment of policies that expand access to care;
 - b. Support of institutional policies that facilitate offering the full range of reproductive care options (including abortion care and contraception);
 - c. Increased federal funding and continued authorization of the Title X Family Planning Program;
 - d. Full coverage of and access to contraception and abortion care; and
 - e. Supportive policies for individuals who choose to parent.

ⁱHill, L; Artiga, S; Ranji, U. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them." Kaiser Family Foundation. November 1, 2022. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.

ⁱⁱ Brown, H. "Disparities in Severe Maternal Morbidity and Mortality—A Call for Inclusion of Disability in Obstetric Research and Health Care Professional Education." *JAMA Network Open*. December 15, 2022. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787184>.

ⁱⁱⁱ Hostetter, M; Klein, S. "Restoring Access to Maternity Care in Rural America," *Transforming Care* (newsletter), Commonwealth Fund, September 30, 2021. <https://doi.org/10.26099/CYCC-FF50>.

^{iv} Behboudi-Gandevani, S; Bidhendi-Yarandi, R; et. al. "Adverse Pregnancy Outcomes and International Immigration Status: A Systematic Review and Meta-analysis." *Annals of Global Health*. June 28, 2022. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9248985/>.