



Policy Development Strategies to Improve Maternal Health

Building a health care system that centers the needs of our mothers and babies requires new policy approaches

Targeted universalism promises sweeping change in maternal health

Targeted universalism is a framework designed to achieve universal goals by developing targeted policy solutions that are unique to the needs of different people. This framework is especially useful in the effort to improve the health and well-being of moms and babies – an effort that requires a diverse set of stakeholders. Developing holistic policies must start without preconceived notions about what each community needs to meet the universal goal of improving maternal health. Using the targeted universalism framework will mean that more communities and individuals have a seat at the table during policy development.

The United States is in the midst of a maternal health crisis. Women* are dying at rates the U.S. has not experienced since the 1960's.¹ Maternal mortality rates increased by nearly 38% year-over-year from 2020 to 2021, and nearly doubled from 2018 to 2021.² Policymakers and advocates cannot afford to continue making the same policy development decisions that fail to consider the voices and unique needs of those impacted the most. State lawmakers need to set universal goals for improved maternal health outcomes and implement multiple targeted solutions to achieve those goals.

* Families USA supports the interests and experiences of all individuals, including those who identify as transgender or nonbinary, and embraces inclusive language to describe the experience of all pregnant and birthing people. We also recognize that many pregnant and birthing people identify with the terms “woman,” “mother,” “mom” and “maternal” and that embracing more inclusive language does not mean abandoning these terms. Some of the data and research cited in this issue brief also assumes cisgender identity, and the data and research are described using gender labels that cannot be changed without misrepresenting the data.

Adopting a targeted universalism strategy to combat the maternal health crisis provides several key advantages over other policy frameworks by:

			
Addressing multiple barriers to health	Reducing overall costs	Creating an outcome-oriented policy strategy	Providing tailored solutions that benefit all populations

5 Steps for integrating targeted universalism into your policy development

1. Identify maternal health problems and establish universal goals by engaging a variety of stakeholders to understand the unique issues faced by individual populations and geographies.

Examples:



PROBLEMS

High preterm birth rates



GOALS

Provide access to a doula for the perinatal period

High rates of postpartum depression



Improve access to maternal mental health care

High maternal mortality rates



Evaluate all maternal deaths through Maternal Mortality Review Committees to determine the causes of death

TARGETED UNIVERSALISM IMPROVES HEALTH EQUITY

The targeted universalism framework addresses the failures of one-size-fits-all approaches that different communities face due to racism within health care, poor access to providers, housing insecurity, a lack of reliable transportation, or disparities in health literacy.

GIVE EVERYONE A SEAT AT THE TABLE

including stakeholders from a variety of professional fields:

- a. Mothers and families
- b. State policymakers and agencies
- b. State maternal health advocates
- c. Representatives of state and local public health departments
- d. Health care providers and non-physician health workers
- e. Community advocates

2. Evaluate how the general population performs relative to your universal goal by pinpointing a general performance measure to help understand the scope of the problem.

Example: Using access to doulas as an example, advocates and policymakers need to evaluate data on accessibility of doulas and establish a specific measure for the entire community, region, state, or nation to assess the ability of perinatal people to utilize doula services. This measure should go beyond serving as a baseline to eliminate disparities in access – it should improve access for everyone and identify unique needs for specific populations.

3. When reviewing the data for your general performance measure, disaggregate it to find the differences within your populations. A detailed demographic and geographic breakdown of the performance measure will help you to identify unique needs.

Example: Access to doulas varies among subgroups depending on a wide range of factors, including whether a person lives in a city or rural community, their immigration status, whether they are incarcerated, their health coverage, race, ethnicity, language, sexual orientation, or gender identity. This means the data should be disaggregated to capture as many of these populations as possible.

4. Identify the barriers that each population, geography, and community faces when attempting to reach the universal goal.

Example: There are many barriers to accessing doula services. For instance, rural populations may have to travel long distances to reach a doula, and their trip may be on public transport that takes more time. Urban populations may live closer to a doula, but they may not be able to find one who speaks their language or has a translator readily accessible.

5. Consider the unique needs and barriers identified by your disaggregated data and create targeted policies that help each group reach the universal goal.

Example: Create a policy package that:

- » Establishes Medicaid coverage of doula services for prenatal, labor and delivery, postpartum, and pregnancy loss care;
- » Provides funding for doula service providers to translate their educational material into multiple languages, and hire a translator to assist in service delivery;
- » Creates a state infrastructure working group to help evaluate the transportation needs of each population when attempting to access care; and
- » Sets aside funding for community health centers to train and certify local doulas at no cost to the workforce.

Using targeted universalism to address the maternal health crisis

Improving the health and well-being of moms and babies will require creative solutions, political will, and sustainable funding. Creating that change means considering all the physical, environmental, and social factors that impact health and the experiences of people impacted by these conditions. Using a targeted universalism framework to address maternal health will involve time, patience, and care from every advocate. But it will ultimately lead to broader support from all stakeholders who are working toward the universal goal and improved health for mothers and families.

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Endnotes

¹ Eugene Declercq and Laurie Zephyrin, *Maternal Mortality in the United States: A Primer* (Commonwealth Fund, December 2020), https://www.commonwealthfund.org/sites/default/files/2020-12/Declercq_maternal_mortality_primer_db.pdf.

² Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021* (National Center for Health Statistics Health E-Stats, March 2023), <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.

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This fact sheet builds on the work of [Targeted Universalism Policy and Practice \(berkeley.edu\)](https://www.berkeley.edu) from the University of California's Othering & Belonging Institute. This primer leads advocates through the five steps of Targeted Universalism.



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