

# After Pregnancy Coverage



## Listening Session Summary Report



**DOH 349-065 March 2025**

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## Acknowledgments

**We are grateful to our partner organizations** for facilitating these listening sessions. We acknowledge the essential work they do in providing community and services for pregnant and parenting families.

**We are grateful for the vulnerability and honesty of participants** in sharing their experiences. We acknowledge that many birthing parents continue to face barriers and challenges to receiving the support and care they need.

# Executive Summary

In 2023, the Washington State Department of Health (DOH) received funding from the Health Resources and Services Administration (HRSA) to support the Medicaid expansion for After Pregnancy Coverage (APC). APC is postpartum coverage extended from 60 days after a pregnancy ends to 12 months. DOH established a workgroup with the Health Care Authority (HCA) to understand the gaps and strategize how to allocate the funding.

Based on previous outreach efforts by HCA, we determined there was a lack of awareness about APC. Communities facing inequities in maternal mortality particularly faced a lack of awareness. Our priority was to understand client experiences with APC and expand outreach to health care systems that serve Medicaid clients. To reach that goal, DOH partnered with four community-based organizations. These organizations had funding to recruit participants and lead eight listening sessions. These sessions gathered feedback and experiences on APC between July and September 2024.

DOH reviewed the reports from the four organizations and identified general themes from the listening sessions. We identified the main themes and grouped them into four main categories:

1. Postpartum Needs
2. Postpartum Challenges and Barriers
3. Information and APC
4. Ideas and Solutions.

DOH also invited partner organizations to review the themes and share additional feedback about next steps. This happened in an interactive session in January 2025.

This report summarizes the valuable insights shared by listening sessions participants and community-based organizations. This report also highlights the main barriers, recommendations and ideas to improve future APC outreach.

## Key Findings

The barriers to use and access After Pregnancy Coverage (APC) supported current obstacles experienced by parents. Parents experience obstacles covering their postpartum care needs and maintaining insurance coverage during that period. These barriers included:

- **Lack of APC awareness:** Only a few parents reported hearing of APC. Most of them did not hear about APC before the listening session. Parents heard of APC from sources including family and friends, mailings, Washington Healthplanfinder app, providers, WIC, and community organizations. Prenatal providers provided limited information and assistance according to participants.
- **Burden on Parents to Navigate Different Systems:** Participants stated they needed to learn how to navigate diverse systems and access information during a busy time for them (postpartum period). They mentioned that this process was exhausting and complex and it became a burden, especially if it involved multiple systems or if they did not have a supporting social network.
- **Significant challenges with access to APC Information:** Participants mentioned that they

found it difficult to use APC due to lack of information on eligibility, covered services, and enrollment, receiving wrong or incomplete information. and experiencing delays or poor timing of information delivery. These issues prevented them from getting access to APC in a timely fashion.

- **Lack of Outreach Through Established Sources of Health Insurance Information:** Some parents shared that they did not receive any information about APC from established and trusted sources. This included the Health Care Authority, Washington Healthplanfinder, or Department of Health.

Participants also shared barriers and needs during the postpartum period. These barriers and needs might impact future strategies that optimize APC:

- **Negative Experiences Related to Systemic Racism:** Many parents continued to experience discrimination, bias, and racism in interactions with health systems and providers. Also, parents mentioned exposure to historical trauma in community.
- **Loss of Insurance Coverage and Lack of Support:** Some participants stated they lost insurance coverage to certain services. This created gaps in the care they received. Participants shared that community and social support were significant needs during the postpartum period. Some parents also reported feeling a loss of support and increased difficulty accessing or using services once they returned to work.
- **Difficulty in Finding and Receiving Health Care:** Some participants struggled to find or receive health care. This is due to appointment delays, low provider availability, lack of insurance coverage or participants delaying care because of competing priorities and demands of parenting.
- **Lack of Patient-Centered Care and Services:** The participants who did receive care mentioned unmet needs. This included not receiving patient-centered care and services, or culturally congruent care. They also felt that several services focused just on the infant and not on the dyad or on the parents. Language barriers, immigration or legal concerns while seeking care affected some participants.
- **Other Needs and Services:** Participants found other important needs relevant. This included childcare, financial support, housing, transportation, legal support, employment, and resources or physical goods.

## Key Recommendations

### Patient Education Activities and Outreach

- Improve clarity on coverage and explanation of benefits in all communications. Also, improve the timing of information delivery so clients understand early in pregnancy or at the start of coverage.
- Incorporate more tailored information about APC and share through existing channels. This includes emails, texts, and community and resource groups parents engage in.
- Increase accessibility of online information. This includes existing resources such as Washington Healthplanfinder and official social media channels.

### Increase Provider Training and Outreach

- Improve provider awareness to support patient's access and use of services. This includes children's medical providers and primary care providers of APC.
- Facilitate smooth transitions from prenatal to postpartum care. This includes in-person

support with maintaining Apple health insurance in pre and postpartum periods.

- Encourage provider diversity and representation to better deliver personalized, culturally congruent, and inclusive care and services.

#### **Streamline Enrollment Process and Expand Coverage**

- Simplify application process to make enrollment as easy as possible.
- Expand coverage to increase the number of covered providers. This includes coverage for doulas and community birth workers, and services such as emergencies and in-home lactation support.

#### **Build On Collaboration with Community Organizations and Partners**

- Build a collaborative network with community organizations to provide support services and improve access to postpartum care. Also, connect parents with the physical goods, resources, and financial support they need.
- Establish or promote existing parent and community groups to increase support and connection for parents in the postpartum period.

#### **Monitoring and Evaluation of APC Improvement Efforts**

- Establish a strong monitoring and evaluation APC plan. This includes tracking enrollment rates, utilization of services by race/ethnicity, age groups, and geographical areas. This also includes conducting future listening sessions or focus groups.

## **Partner Organizations**



Together, these organizations provide support and services to pregnant people and parents. This includes American Indian, Alaska Native, Native Hawaiian and Pacific Islander individuals, Black/African American individuals, Immigrants and Refugees, people with disabilities, people experiencing homelessness, domestic violence or trauma, and those from communities currently and historically affected by disparities.

# Background

The postpartum period is an important time for the health of birthing parents as they recover from pregnancy. They experience new physical, social, mental, and emotional needs and changes as new parents.

The 2023 Washington State Maternal Mortality Review Panel (MMRP) report showed that most pregnancy-related deaths per 100,000 live births occurred after the end of pregnancy. 31% of these deaths occurred 43 days to one year after pregnancy. The six-week (or 42 days post-partum) exam is an important health appointment. However, after this six-week exam, care tends to focus on infant health and provides limited attention to maternal health. (Washington State Maternal Mortality Review Panel, 2023). For this reason, the MMRP recommends ongoing postpartum care for 12 months after the end of pregnancy.

The MMRP also suggests following postpartum care guidelines such as “Optimizing Postpartum Care” provided by the American College of Obstetricians and Gynecologists. These guidelines highlight “services and support tailored to each woman’s individual needs.”

Among all Pregnancy Risk Assessment Monitoring System (PRAMS) participants in WA with a live birth in 2020-2022, 91% reported having a postpartum health care visit. However, this proportion is lower among certain groups such as non-Hispanic American Indian and Alaska Native (83%) and non-Hispanic Native Hawaiian and Pacific Islander individuals (84%) (Washington State Department of Health, 2025).

If we consider insurance coverage, 94% of PRAMS participants in WA with a live birth between 2020 to 2022, who are not covered by Medicaid reported having a health care visit after pregnancy. Only 87% of those covered by Medicaid reported having a health care visit after pregnancy. (Washington State Department of Health, 2025).

On April 16, 2021, Gov. Jay Inslee signed Senate Bill 5068, which extended Washington’s Medicaid (Apple Health) post-partum coverage from two months to 12 months after a pregnancy ends (Apple Health- Postpartum Coverage (2021)). This extension, called After Pregnancy Coverage (APC), went into effect in June 2022. Nearly half (46%) of all Washington individuals who gave birth in 2022 received perinatal care paid by Medicaid.

In addition, certain communities have higher proportions of individuals who are reliant on Medicaid-paid care. For example, individuals covered by Medicaid during pregnancy was 83% among Hawaiian and Pacific Islanders, 76% among Native Americans, 73% among Hispanics and 68% among African Americans (Health Care Authority First Steps Database Team, 2024). The data suggests that APC will play a significant role in advancing maternal health equity. This is because the populations who are currently experiencing maternal health disparities are also the ones who are more frequently enrolled in Medicaid during pregnancy.

In 2022, 42% of all individuals with Medicaid-paid perinatal care had Pregnancy Medicaid coverage<sup>1</sup>, which ended 60 days after birth (Health Care Authority First Steps Database Team, 2024). WA PRAMS data also revealed that 9% of respondents from 2020 to 2022 reported having at least one source of insurance during pregnancy but none at the time of the postpartum survey. In the case of Hispanic individuals, a much higher proportion at 27%, reported this loss of health insurance after delivery (Washington State Department of Health, 2025).

APC is still a new benefit for Washingtonians. This report provides a detailed summary of the barriers experienced by Medicaid recipients accessing this extended benefit. The report also lists the main ideas and solutions to increase access to APC proposed by Medicaid beneficiaries and the organizations providing maternity care support to them.

## Listening Session Methodology

We had two purposes for these listening sessions. First, listening sessions provided a better understanding of participant experiences in the perinatal period. This includes knowledge of expanded After Pregnancy Coverage (APC) and the need for, use of, and challenges of accessing postpartum care services.

Second, listening sessions with participants helped improve outreach efforts. This includes thoughts on reducing existing barriers, ideas for addressing unmet needs, and identifying parts of ideal programs for postpartum birthing parents.

The four partner organizations did outreach to invite participants for listening sessions. Participants included individuals receiving services or those from the broader community (i.e. social media, word-of-mouth, and doula referrals).

## Participant Eligibility

To participate in the listening sessions, participants needed to meet at least one of the following criteria:

- Pregnancy ended in June 2022 or later, and enrolled in Apple Health (Medicaid) during pregnancy.
- Did not use Medicaid-covered services in the 12 months postpartum.
- At least six months postpartum
- Willing to share thoughts and experiences about types of services used or needed in the 12 months postpartum and how to improve them.

One organization included birth workers that provided services to the community, such as doulas.

<sup>1</sup> Some low-income women become eligible for Medicaid only when they are pregnant. (MACPAC, 2018). Pregnancy Medicaid has higher income eligibility limits compared to traditional Medicaid, but it only covers individuals during pregnancy and for a short period afterward. (Swartz JJ, 2024).



# Listening Session Guide

Facilitators used a set of eight questions about post-partum experiences and APC related issues. DOH provided these questions as a guideline and encouraged all participants to share their experiences. Facilitators also used prompts and clarifying questions to further engage participants in their responses. The set of eight questions included:

1. Where do you usually get information about your health insurance?
2. How do you get or prefer to get your information?
3. Did your prenatal provider or team talk to you or help with finding a new provider when your pregnancy care was done (usually at the 6-week visit post-pregnancy)?
4. Did you know that you have 12 months of full Apple Health coverage after you deliver, or your pregnancy ends?
5. What information, if any, did you get after your pregnancy about After-Pregnancy Coverage?
6. What were or are your challenges in finding and getting care or services in the 12 months after your pregnancy?
7. What health needs did you have during the 12 months after your pregnancy?
8. If you could design the programs that meet you and your family's needs in the 12 months after pregnancy, what would they look like? What would they include?

Each participant received a consent form and a pre-questionnaire to complete. We asked participants about:

- Their age
- The county they live in
- If they found out they were pregnant at home or in the clinic
- If they accessed health care services in the year after the comprehensive 6-week after pregnancy visit
- If they enrolled in Apple Health (Medicaid) during their last pregnancy
- If they have a primary care provider.

Each facilitating organization collected notes on participants' responses and insights in final reports. They shared these reports with DOH for summary analysis across all groups.

## Theme Identification Methods

The reports from the four facilitating organizations identified common themes across all listening sessions. For each report, DOH assigned "codes" (i.e. a word or phrase) for specific ideas or themes in a quote. This resulted in 96 codes which DOH separated into four main categories:

1. Postpartum Needs
2. Challenges and Barriers
3. Information and APC

#### 4. Ideas and Solutions

DOH arranged the final codes to form broader themes within each main category. We ordered these themes by their frequency across multiple reports.

## Feedback Process

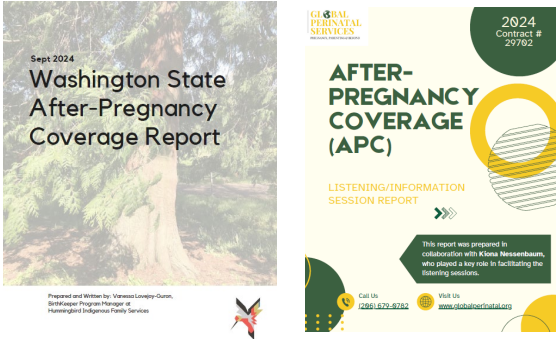
DOH held a presentation in January 2025 with the facilitating organizations to gather feedback on the summary reports' themes. The goal was to ensure that the findings matched with what they heard from participants and we did not miss anything.

This was also an opportunity for the organizations to provide input on the final recommendations for HCA about future APC efforts. The main themes included: Postpartum Needs, Challenges and Barriers, Information and APC, and Ideas and Solutions. Sometimes, similar themes showed up across multiple categories.

For example, there is a postpartum need (i.e. mental health support) and a challenge to address that need, like barriers to accessing mental health care. We presented the themes by how many times they appear in reports. In the presentation, we visually represented themes by the number of stars next to them. This measured the relevance of a theme across listening sessions instead of how often it appeared in a particular report. We also included quotes in the presentation as an example of a specific theme.

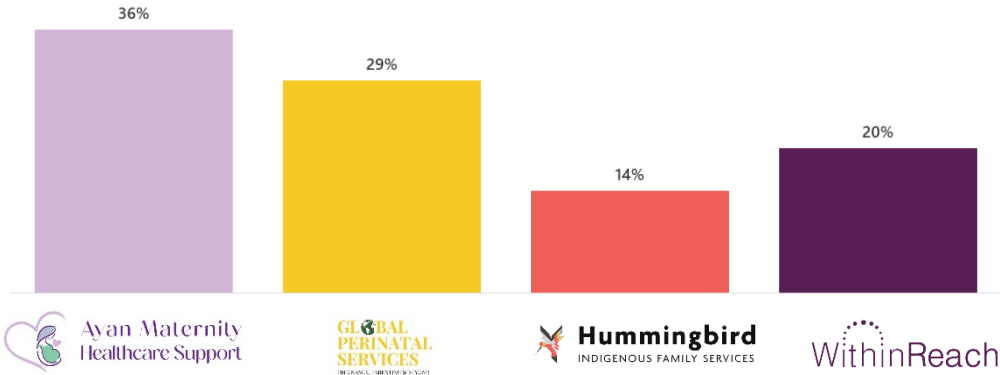
# Results

The eight listening sessions had between 11 and 31 participants with 85 participants in total with two sessions in Spanish and six in English. After conducting the listening sessions, the organizations summarized the findings in a final report. The reports include a summary of responses to the questions and select quotes by participants during the session. The quotes emphasize a point and provide context. The organizations shared the reports with DOH for summary analysis across all groups.



## Listening Session Participants

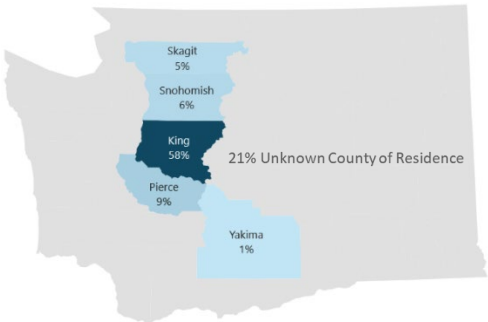
### Participants by Facilitating Organization



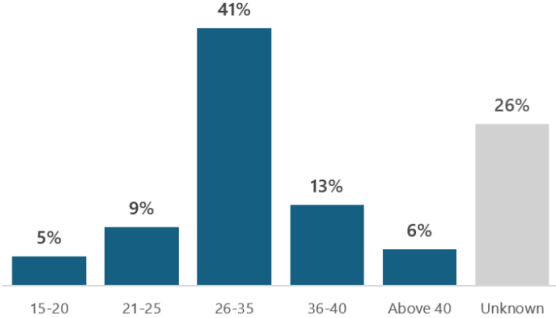
### Participants Demographics

We collected participant demographic information through the pre-questionnaire. This helped us better understand participants' backgrounds including county of residence and age.

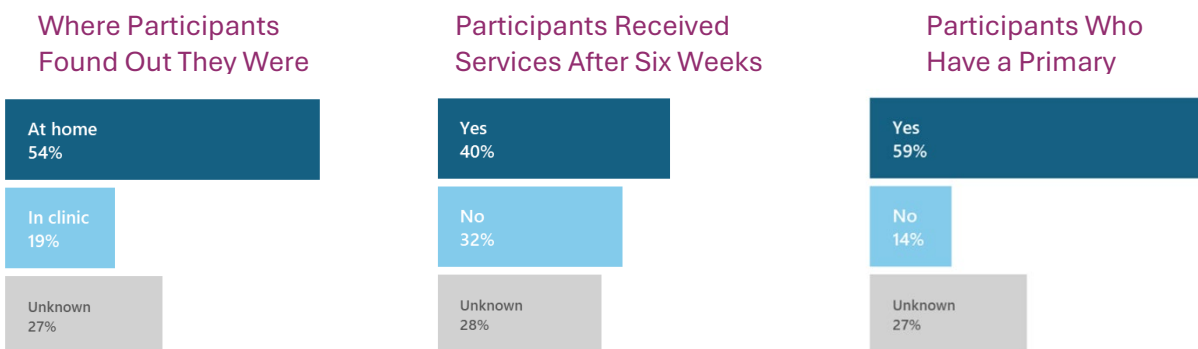
#### Participant County of Residence



#### Participant Age



## Participants' Pre-Questionnaire Responses



## Listening Session Themes

### Postpartum Needs of Birthing Parents

Many of the themes identified as the needs of birthing parents in the postpartum period appeared across the reports of all four organizations. One of the most common was the need for **community and social support and connection**. This showed up as a way to both learn about available resources and share mental and emotional support with other parents.

There was a need for **expanded health insurance coverage**. This included the need for access to timely care and home-based services, particularly lactation support. Other components included coverage for specific types of care, not often included in most plans. This included massage, chiropractic, acupuncture, pelvic floor, physical therapy, and doula services.

Next was a need for help with **system navigation and information**.

Parents expressed a need for care coordination and system navigation to find and access care services. This also included referrals and directions to information and resources. Parents want a better understanding and communication of information from providers, easier access to timely and accurate information about insurance coverage and benefits, and information about and assistance with maternity leave.

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*“I needed clarification on the kinds of breast pumps that are available through my insurance...”*

– Participant, Global Perinatal Services

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*“Several participants echoed the need for mental health support to help moms with anxiety.”*

– Report, WithinReach

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**Parent-centered care and services** were another need in the postpartum period. This included information on how to take care of themselves as mothers or birth parents and help after birth (i.e. assistance showering or moving around the house). Parents also needed breastfeeding, chest-feeding, and lactation support, as well as mental and emotional health care.

One report mentioned the need for **culturally congruent and representative care**, particularly among perinatal mental health care providers. Having providers that looked like them or came from a similar background was an important consideration for some parents.

In addition to the more clinical needs, many parents expressed the important role of **basic needs** in the postpartum period. This category includes childcare, financial support, housing, transportation, legal support, employment, and resources or physical goods.

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“All these benefits are great but what about other things like rent and food?”

– Participant, Hummingbird  
Indigenous Family Services

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## Challenges and Barriers to Postpartum Needs

Many of the themes for challenges and barriers reflect the expressed needs of the postpartum period. For example, the theme of system navigation and information for postpartum needs is similar to the challenges and barriers theme of **information and navigation**. One of these barriers was a lack of information and connections. Also, a burden on parents to navigate multiple systems during a busy and exhausting time like early postpartum. Parents reported receiving wrong or incomplete information or experienced delays in receiving information. Delays happened at delivery or coverage renewal.

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“I lost access to chiropractic care once I got on state insurance. I tried to look up if it was covered but couldn’t find it anywhere.”

– Participant, Global  
Perinatal Services

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Parents found it difficult to find or use **health insurance coverage** in the postpartum period. This included the difficult process of finding care or limited reimbursement for needed services. In some cases, this led to gaps in coverage or continuity of care. Part of this comes from the lack of services and providers covered by their insurance plans.

Barriers within the **health care system** also created challenges to seeking or receiving care. A key issue was long wait times for care, a product of provider availability and coverage limitations. When parents did receive care, some were not satisfied with the care or experienced difficulties when the culture or race of a provider did not match the parent’s identity. Parents felt that some services focused or prioritized the infant rather than parent-focused or dyad care.

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“These include the long waitlists to see specialists and physical therapists. One person has not been able to be seen for her condition that causes chronic pain for nine months.”

– Report, WithinReach

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“When discussing Medicaid coverage for lactation support, having to go to a clinic or hospital setting was a barrier to care. Most noteworthy, home-based lactation support is not covered by Medicaid.”

– Report, Hummingbird  
Indigenous Family Services

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### Access to services and utilization

**barriers** also had an impact on postpartum parents. Parents experienced language or accessibility issues, including accessibility to and ease of use of services. Immigration and legal concerns also affected access and use of care.

Challenges and barriers related to **parenting** were another identified theme. With the competing priorities and demands of parenting, some parents delayed seeking health care. Some may have even disregarded their own health needs. Parents reported feeling a loss of support and increased difficulty accessing or utilizing services once they returned to work.

Systemic **racism and trauma** affected the experiences of many parents. Part of this came from previous negative experiences, outcomes, or trauma with providers or the system. This includes historical trauma and community context that might influence decisions to seek care. Parents continue to experience discrimination, bias, and racism in their interactions with service or health care providers.

## Health Insurance Information and After Pregnancy Coverage

One of the key goals of the listening sessions was to better understand parent awareness and experience of expanded After Pregnancy Coverage (APC). This included barriers to utilization and feedback to help improve future outreach and use of APC.

Overall, some parents reported having heard of APC. Parents heard from sources such as family and friends, mailings, HealthPlanFinder app or online, providers or health clinics, or from WIC and other community organizations. However, many participants had not heard of APC before the listening sessions. Ayan Maternity Healthcare Support reported that “out of the thirty participants two of them have heard of the APC Coverage” and WithinReach reported that “of the seventeen participants, six knew that they had APC.”

When asked if their prenatal provider or team talked about APC or helped find new providers after delivery, parents had mixed experiences. Some participants reported that they got information and assistance from a health care provider:

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<p>“Yes! My doctor encouraged me to go back to my primary care doctor if I had any additional questions after my postpartum visits...”</p> <p>– Participant, Global Perinatal Services</p>	<p>“The majority of participants who knew about APC learned about it from their clinic that had a Family Services Coordinator.”</p> <p>– Report, Hummingbird Indigenous Family Services</p>	<p>“One participant who knew she had APC and was given information from her provider about APC, said ‘my provider was very attentive to me. I always felt well guided. The provider and clinic in general was very helpful.’”</p> <p>– Report, WithinReach</p>
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Unfortunately, many participants mentioned their providers did not discuss APC coverage:

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<p>“A recurring theme was the lack of communication from providers about the 12-month After-Pregnancy Coverage option through Apple Health that is available post-pregnancy.”</p> <p>– Report, Global Perinatal Services</p>	<p>“The majority of participants were not told any information about APC from their provider.”</p> <p>– Report, WithinReach</p>
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“... A very vulnerable moment it was extremely inappropriate. The doctor wasn't black, and she believes that race played a role in her experience.”

– Report, Ayan Maternity Healthcare Support

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Participants shared that provider and clinic support for patients to access and use APC could improve awareness and enrollment:

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“There may be opportunities for pregnancy providers and even children’s medical providers to be a source of information so more eligible people can be covered by APC.”  
 – Report, WithinReach

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Reports also identified barriers to knowledge and use of APC. Many repeat the broader challenges and barriers theme shared earlier, and are listed below:

## Table 1. Barriers to After Pregnancy Coverage Awareness and Utilization

<b>Lack of Information and Connections</b>	<p>“I really liked my midwife but after I had my baby and a few appointments, I felt like I didn’t have anywhere else to go. I had to do my own research.”          – Participant, Hummingbird Indigenous Family Services</p>
	<p>“For two participants who either moved to or immigrated to Washington, they shared that since they didn’t know people locally, they had a hard time knowing where to go for information.”          – Report, WithinReach</p>
<b>Burden on Parents to Navigate the Different Systems</b>	<p>“I didn’t know this because my insurance was actually cut after having my son who is now 9 months old. I had to go through loop holes to get coverage for the care I needed...”          – Participant, Global Perinatal Services</p>
	<p>“One participant recalled making lots of phone calls over many hours to find a new provider.”          – Report, WithinReach</p>
<b>Delayed or Poor Timing of Information Delivery</b>	<p>“I miss the chance to ask the doc my question because someone else came into the room and couldn’t see the doctor for another time.”          – Participant, Ayan Maternity Healthcare Support</p>
	<p>“I think my doctor might have told me about it, but it was close to having my baby. I wish they told me again after I had my baby - maybe right before I left the hospital? They give you this huge folder with a bunch of information and they could’ve included this flyer.”          – Participant, Hummingbird Indigenous Family Services</p>
	<p>“One participant shared that she only knew she was covered when she got the notice in the mail asking if she would like to renew coverage.”          – Report, WithinReach</p>

<p><b>Language Barriers or Accessibility Issues</b></p>	<p>“Some shared that they did not know that the paper that was sent was because it was written in English, so they didn't understand what the benefits were. [as non-English speakers].”          – Report, Ayan Maternity Healthcare Support</p>
<p><b>Wrong or Incomplete Information</b></p>	<p>“The majority of participants who had received information about APC had either been misinformed or given partial information.”          – Report, Ayan Maternity Healthcare Support</p>
<p><b>Lack of Outreach Through Established Modes of Health Insurance Information</b></p>	<p>“Many participants reported that they prefer getting information through social media. One participant said she started following Department of Health on social media but never read anything about APC,”          – Report, Hummingbird Indigenous Family Services</p>
	<p>“No participant learned about APC through messages from Health Care Authority or Washington Healthplanfinder.”          – Report, Hummingbird Indigenous Family Services</p>
<p><b>Distrust of Information Received</b></p>	<p>“One participant said she got a phone number to call about health insurance from Facebook, but she was distrustful at first that the post was a scam.”          – Report, WithinReach</p>

The information collected from parents helps us move forward with APC outreach. Participants reported that their preferred methods of communication about APC and health insurance were email, text message, apps, online, or social media, and mail. Some parents emphasized the value of speaking to someone directly, either in office, by phone, or via telehealth so they could ask questions and better understand the information.

Parents also shared potential efforts and resources to increase awareness and utilization of APC. One is for clinics and community organizations to connect clients with information about insurance and APC, including application assistance. Another is for awareness campaigns or outreach through social media, or community support and resource groups that parents already engage in.

Parents also communicated their appreciation in having individualized information about services available. They found this helpful, especially via personalized texts or emails, as well as offices that specifically help with insurance enrollment. Parents encouraged continued promotion through existing resources such as Washington Healthplanfinder.



## Considerations for Future Efforts to Meet Postpartum Needs

The listening session also identified themes about future efforts to meet the postpartum needs of birthing parents or to address current challenges or barriers. One of the most common themes was to **community or parent support groups and connection**. This could promote efforts to make **postpartum support and information** available to birthing parents. It could also help connect parents to resources for breastfeeding, chest-feeding, and lactation support, childcare, maternal mental health support, support for teen parents, and assistance during the transition back to work. Another important component that parents felt future efforts should provide were **physical goods, resources, and financial support for basic needs**.

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“A program that had space for parents to be in community with each other and find mutual support would aid with the mental health challenges that several experienced in their year following pregnancy.”

– Report, WithinReach

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“Community members asked for more robust basic needs benefits. With basic needs met, perinatal health outcomes inevitably improve.”

– Report, Hummingbird Indigenous Family Services

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Parents mentioned improving **insurance coverage flexibility and extension**. This includes increasing provider and service coverage, increasing the number of covered providers to reduce wait times, extending coverage beyond 12 months, and including coverage for emergencies.

Similarly, parents recommended improved **information about available health insurance**. This included better information about coverage and explanation of benefits, availability of information at the start of coverage or early in pregnancy so parents can prepare, and assistance finding and applying for insurance coverage from providers, clinics, and community organizations.

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“Organizations that help with maternity leave. There are some women that don’t take the maternity leave days that are entitled to because being unaware of it.”

–Report, Ayan Maternity Healthcare Support

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Parents also said future efforts should include **comprehensive educational materials and information sources**. Topics included maternity leave, mental health and postpartum depression, and how birthing parents can take care of themselves.

Parents felt that **resources and care should prioritize the well-being of the birthing person**. They also felt **personalized, culturally congruent, inclusive, and representative care and services** were essential. Parents expressed the need for more **support and care from other maternity care providers, including doulas**.

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“Participants emphasized the importance of personalized care. Having services offered to individuals with specific ethnical, religious or different identifiable backgrounds helps people feel safe, seen and heard.”

– Report, Ayan Maternity Healthcare Support

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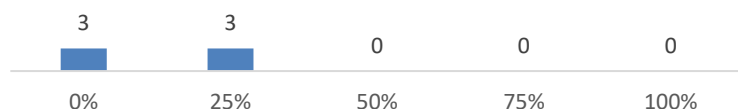
# Feedback From Organizations

The following section details the feedback received from the organizations. This feedback improved the listening sessions about identified themes.

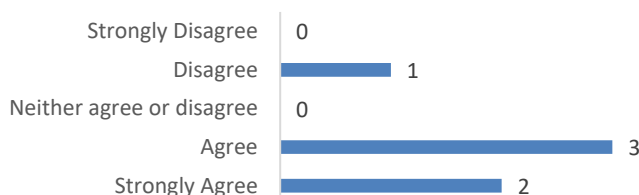
## Polling Questions

We asked the following questions for those in attendance:

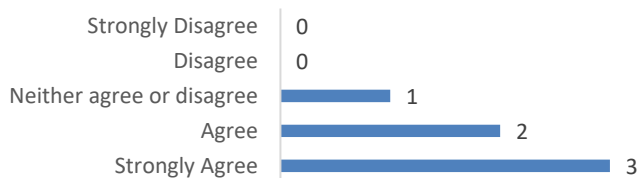
**1. What percentage of the information presented today was new to you?**



**2. Do you agree with the following statement: “The themes related to the APC challenges reflect the main issues found in my listening sessions?”**



**3. Do you agree with the following statement: “The data shared in this presentation are useful to propose APC solutions/recommendations?”**



**4. What are some themes/topics that were relevant but were not included in the presentation?**

“I’d like to see more detailed reporting about perinatal mental health, in-home care (postpartum care), and in-home lactation support.”

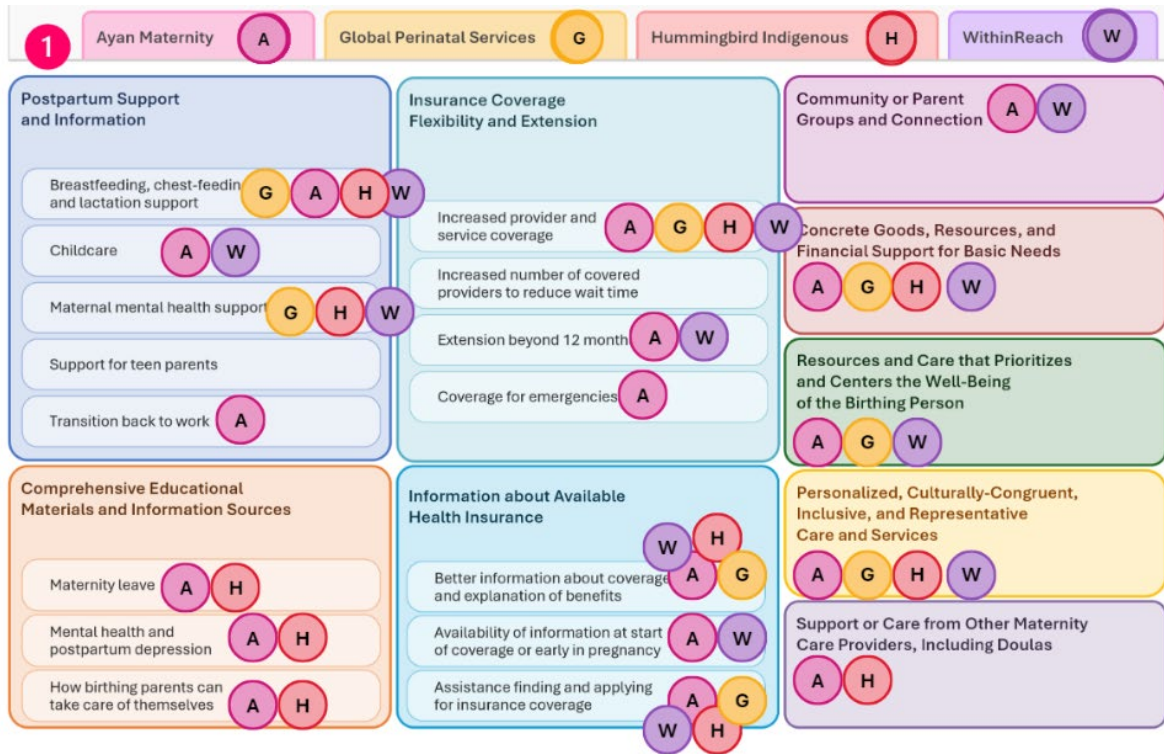
“I would emphasize the importance of community/peer support and medical providers sharing information and providing support”

**5. What are some recommendations about APC moving forward**

- To do another APC project after we implement the solutions to measure progress
- Partner with providers to have better strategies and tools to inform patients about APC
- Engage contacts in community clinics to share APC coverage to a greater degree
- Online info about APC is confusing. We should invite this group to collaborate on communication materials and plans. How can we bring in social service providers to promote?

# Whiteboard Activity

A whiteboard activity allowed the facilitating organizations to provide interactive feedback on the themes in the Consideration for Future Efforts category. It also ensured the information presented was representative of the discussions in the sessions. Organizations put their sticker on topics and sub-topics they recognized from their listening sessions. There was also time for organizations to provide additional feedback or ask DOH staff questions.



## Discussion

Overall, the facilitating organizations felt that the themes represented the findings of their listening sessions. One organization noted that if clients heard about APC, it seemed to come more from health providers than from social service providers. This is relevant because this population already engages with social services who do a lot of Apple Health enrollment. Partner organizations also expressed their interest to stay engaged in future APC work around outreach and promotion.

# Final Recommendations

The following section includes the main recommendations to optimize the Health Care Authority's After Pregnancy Coverage (APC) enrollment and scope of services.

## Patient Education Activities and Outreach

- Improve clarity on coverage and explanation of benefits in all communication channels, and the timing of information delivery so clients understand early in pregnancy or at the start of coverage.
- Develop education materials in partnership with community organizations to ensure they meet the reading level and information needs of APC eligible population.
- Increase accessibility of information available online, including existing resources such as Washington Healthplanfinder and official social media channels.
- Outreach to community and resource groups where parents already engage and provide materials with consistent information about APC.
- Incorporate more tailored information about available services in texts or emails.
- Make comprehensive educational materials and information sources available on related postpartum topics such as maternity leave, mental health and postpartum depression, and how birthing parents can take care of themselves.

## Increase Provider Training and Outreach

- Improve provider awareness of APC to support patients' access and use of services.
- Provide support for providers to facilitate smooth handoffs and transitions from prenatal care to postpartum care.
- Encourage health clinics to offer in-person support and Apple Health enrollment during prenatal care.
- Utilize children's medical providers and primary care providers to improve awareness of APC and facilitate access to patient's education and information materials.
- Encourage provider diversity and representation to better deliver personalized, culturally congruent, and inclusive care and services.

## Streamline Enrollment Process and Expand Coverage

- Simplify application process to make enrollment as easy as possible.
- Expand provider and service coverage to increase the number of covered providers, reduce wait times, and cover services such as emergencies and in-home lactation support.
- Consider the feasibility of expanding coverage beyond 12 months postpartum.

- Include coverage for other maternity care providers, including doulas and community birthworkers.

## **Build On Collaboration with Community Organizations and Partners**

- Engage with partner community organizations to develop communication plans and future outreach efforts.
- Build a collaborative network with community organizations to provide support services such as transportation and childcare to improve access to postpartum care.
- Increase engagement with social service providers in clinics and community organizations to connect clients with information and provide application assistance.
- Establish or promote existing parent or community groups to increase support and connection for parents in the postpartum period.
- Improve available support for breastfeeding/chest-feeding/lactation, childcare, maternal mental health, teen parents, and the transition back to work.
- Coordinate with community resources and other social services to provide or connect parents with the physical goods, resources, and financial support they need.

## **Monitoring and Evaluation of APC Improvement Efforts**

- Continue to track enrollment rates among different subpopulations (i.e. race/ethnicity, age groups, geographical areas, among others) and measure postpartum visit attendance.
- Measure utilization of services during the 12-months postpartum among different subpopulations and types of services.
- Conduct future community listening sessions or focus groups to collect experiences, benefits, and barriers associated with APC use.

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# Appendix A: Listening Session Themes

## Postpartum Needs of Birthing Parents\*

<b>Community and Social Support and Connection</b>	<b>4</b>
<b>Expanded Health Insurance Coverage</b>	<b>4</b>
<i>Timely care</i>	4
<i>Massage, chiropractic, acupuncture, pelvic floor, and physical therapy</i>	3
<i>Home-based services</i>	3
<i>Doula services</i>	2
<b>System Navigation and Information</b>	<b>4</b>
<i>Care coordination and system navigation</i>	3
<i>Easier access to timely and accurate information about coverage and benefits</i>	3
<i>Better understanding and communication</i>	2
<i>Referral and direction</i>	2
<i>Maternity leave information and assistance</i>	1
<b>Parent-Centered Care and Services</b>	<b>4</b>
<i>Mental and emotional health care</i>	3
<i>Information about taking care of themselves (mothers, birth parents) after birth</i>	3
<i>Breastfeeding, chest-feeding, and lactation support</i>	3
<i>Help after birth</i>	1
<b>Basic Needs</b>	<b>4</b>
<i>Childcare</i>	3
<i>Financial support</i>	3
<i>Resources and physical goods</i>	3
<i>Housing</i>	1
<i>Transportation</i>	1
<i>Legal support</i>	1
<i>Work</i>	1
<b>Culturally Congruent and Representative Care</b>	<b>1</b>

\* Themes arranged by the number of reports in which they appeared.

## Challenges and Barriers to Postpartum Needs\*

<b>Information and Navigation</b>	<b>4</b>
<i>Lack of information and connections</i>	4
<i>Burden on parents to navigate the different systems</i>	4
<i>Delayed or poor timing of information delivery</i>	3
<i>Wrong or incomplete information</i>	3
<b>Health Insurance Coverage</b>	<b>4</b>
<i>Difficult process or limited reimbursement</i>	3
<i>Lack of covered services and providers</i>	3
<i>Gaps in continuity of care</i>	3
<b>Health Care System</b>	<b>4</b>
<i>Long wait times for care</i>	3
<i>Focus or prioritization on infant instead of birthing parent or dyad</i>	3
<i>Not satisfied with care received</i>	2
<i>Culture or race of provider does not match the patient's identity</i>	1
<b>Parenting</b>	<b>2</b>
<i>Competing priorities and demands of parenting resulting in delays to seek care</i>	2
<i>Return to work</i>	1
<b>Access and Utilization</b>	<b>2</b>
<i>Accessibility to and ease of use of services</i>	2
<i>Language barriers and accessibility</i>	2
<i>Immigration and legal concerns</i>	1
<b>Racism and Trauma</b>	<b>2</b>
<i>Discrimination, bias, and racism</i>	2
<i>Previous negative experience or trauma with providers and system</i>	2

\* Themes arranged by the number of reports in which they appeared.



## Health Insurance Information and After Pregnancy Coverage\*

<b>Whether Participants Had Heard of APC</b>	
<i>Had heard or known about</i>	3
<i>Didn't know or hadn't heard</i>	4
<b>How Had Participants Heard of APC</b>	
<i>Friends and family</i>	2
<i>Health Plan Finder app or online</i>	2
<i>Providers or health clinics</i>	2
<i>Mailings</i>	1
<i>WIC or other community organizations</i>	1
<b>If Participants Got Information or Assistance from a Health Care Provider</b>	
<i>Provider helped</i>	3
<i>Provider did not help</i>	3
<b>Barriers to Knowledge and Use of APC</b>	
<i>Lack of information and connections</i>	4
<i>Burden on parents to navigate the different systems</i>	3
<i>Delayed or poor timing of information delivery impacted knowledge of APC</i>	3
<i>Language barriers or accessibility issues</i>	2
<i>Wrong or incomplete information</i>	1
<i>Lack of outreach through established modes of health insurance information</i>	1
<i>Distrust of information received</i>	1
<b>Preferred Method of Communication about APC and Health Insurance</b>	
<i>Email</i>	4
<i>Text message</i>	4
<i>Speaking directly, either in office, by phone, or via telehealth</i>	3
<i>App, online, or through social media</i>	3
<i>Mail</i>	3
<b>Ideas, Solutions, and Considerations for Future Efforts</b>	
<i>Clinics or community organizations connecting clients with information about insurance and APC, including providing application assistance</i>	2
<i>Awareness campaigns or outreach through social media or throughout community and resource groups</i>	2
<i>Providing individualized information about services available</i>	2
<i>Office locations that specifically help with insurance enrollment</i>	1
<i>Continuing to promote existing resources such as Washington Health Plan Finder</i>	1

\* Themes arranged by the number of reports in which they appeared.

## Potential Future Efforts to Meet Postpartum Needs\*

<b>Community or Parent Support Groups and Connection</b>	<b>4</b>
<b>Postpartum Support and Information</b>	<b>4</b>
<i>Maternal mental health support</i>	3
<i>Breastfeeding, chest-feeding, and lactation support</i>	2
<i>Childcare</i>	2
<i>Support for teen parents</i>	1
<i>Transition back to work</i>	1
<b>Concrete goods, resources, and financial support for basic needs</b>	<b>4</b>
<b>Insurance Coverage Flexibility and Extension</b>	<b>3</b>
<i>Increased provider and service coverage</i>	3
<i>Increased number of covered providers to reduce wait times</i>	2
<i>Extension beyond 12 months</i>	2
<i>Coverage for emergencies</i>	1
<b>Personalized, Culturally-Congruent, Inclusive, and Representative Care and Services</b>	<b>3</b>
<b>Information About Available Health Insurance</b>	<b>2</b>
<i>Better information about coverage and explanation of benefits</i>	2
<i>Assistance finding and applying for insurance coverage</i>	2
<i>Availability of information at start of coverage or early in pregnancy</i>	1
<b>Comprehensive Educational Materials and Information Sources</b>	<b>3</b>
<i>Mental health and postpartum depression</i>	2
<i>Maternity leave</i>	1
<i>How birthing parents can take care of themselves</i>	1
<b>Resources and Care that Prioritizes and Centers the Well-Being of the Birthing Person</b>	<b>2</b>
<b>Support or Care from Other Maternity Care Providers, Including Doulas</b>	<b>2</b>

\* Themes arranged by the number of reports in which they appeared.

# Appendix B: Beyond the Listening Sessions

In addition to the listening sessions, DOH explored other outreach opportunities to increase APC reach.

## Community Outreach

In addition to the four partner community organizations, DOH contracted with The Community Health Worker Coalition for Migrants and Refugees (CHWCMR) to conduct outreach and education to the community it serves.

The CHWCMR trained five community health workers across Snohomish, Thurston, Skagit, Yakima, and other counties to conduct outreach for qualifying mothers. The Community Health Workers (CHWs) attended in-person events, emailed local organizations in each county, and posted on social media. They also developed flyers, videos, and audio PSAs and shared them on social media channels including Facebook, TikTok, YouTube, and Radio Los Originales.



- More than **7,939 people** reached from June to September with social media including blogs, newsletters, pictures, videos, interviews, and more.
- Over **6600 people** reached in person through local organizations, flyers, and events.
- **43 people** successfully enrolled in APC.

## Material Dissemination

To increase clinical and provider awareness of APC, HCA developed materials including posters and flyers. HCA printed and mailed these materials to all 62 birthing hospitals. The DOH Watch Me Grow program included APC flyers in the 1-month postpartum mailings to reach new mothers who might be eligible and not accessing covered services. We launched a social media campaign in August on Facebook and Instagram with posts in both English and Spanish. The posts received **2,529,925 impressions** and **16,440 link clicks**.

## Provider Education

In December 2024, DOH cohosted a webinar with the Washington Association of Community Health for clinicians, nurses, pharmacists, prescribers, navigators, health educators, behavioral health providers to learn more about APC. It also included members of the FQHC clinical care team and FQHC outreach and enrollment team. At the 2024 Washington State Obstetrical Association Annual Meeting, we showed a video recorded presentation about APC to reach obstetrical providers in attendance. DOH also collaborated with the Washington State WIC program to provide education to WIC clinics across the state. This ensure that WIC coordinators are a resource for APC information.



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