



New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS
SUMMARY REPORT
SPRING 2022

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Prepared by:
LISA HORN, OWNER/PRESIDENT
HORN RESEARCH LLC

PO BOX 148 SLATERVILLE SPRINGS, NY 14881 | LISA @HORNRESEARCH.COM | 607-316-2748
WWW.HORNRESEARCH.COM

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EXECUTIVE SUMMARY

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of women in the Medicaid Care Management (MCM) Program who gave birth between October 2020 and October 2021. Horn Research¹ interviewed 30 members between June 6, 2022 and July 12, 2022. The study used seven points of inquiry: Description of Participants, Access to Prenatal Care, Quality of Prenatal Care, Access to and Quality of Postpartum Care, Access to Information, Experience with Medicaid Managed Care, and Suggestions for Improvement.

Overall, participants said they had sufficient and early access to pregnancy testing and prenatal care. The vast majority of participants said they received prenatal care within the first trimester of pregnancy. About a third of participants said there were not enough providers available through their Managed Care Organization (MCO), but that the choices available for hospitals or birthing centers were sufficient. All participants who received specialist care during their pregnancy reported ease of access and good care. Participants universally reported having access to prenatal vitamins and medications, but a handful noted they were unaware that their MCO would have paid for the vitamins.

Participants reported high satisfaction with the quality of their prenatal provider. Participants reported being routinely asked about their tobacco use, substance use, and mental health. A quarter of participants said they used tobacco and were either aware of or offered cessation support, but only one accepted. All participants who had experience with substance use were being treated and not in need of additional support. Over half of participants said they were offered mental health support during their pregnancy, the bulk of whom accepted. Most participants said the mental health supports they received were excellent. A handful of participants said they did not receive needed mental health support during pregnancy. Nearly all participants discussed birth control options with their prenatal provider. Nearly equal numbers of participants reported receiving an intrauterine device (IUD) or contraceptive implant, having a tubal ligation, and using condoms as birth control methods. A small minority said they were not using any birth control.

Only a third of participants reported receiving a home visit from a nurse after their baby was born, the bulk of whom said it was a helpful experience. Nearly all participants went for a postpartum appointment. Overall, participants said their postpartum care was satisfactory, but a noteworthy number said the amount of postpartum care they received was insufficient and that referrals for pelvic floor therapy were generally unavailable. Participants reported being asked about tobacco use, substance use, and mental health during their postpartum appointments. None of the participants reported accepting tobacco cessation or substance use counseling postpartum. Despite screening positive for postpartum mood disorders, some participants reported not being offered, or not accepting, mental health services. Challenges reported by participants included not experiencing mental health difficulties until several months after postpartum care ended, not being able to find a counselor, and not being satisfied with the medication-only option presented to them.

Participants described using a mix of resources to find information about pregnancy and postpartum care. Participants most often said they asked medical providers, family and friends, and used the internet for information. Overall, participants reported receiving limited amounts of information from their MCO and said it was generally not very helpful. A third of participants said they had not received any services or supports from their MCOs' program for pregnant women. Of note, the handful of participants who received case management services reported satisfaction with the support they

¹ Horn Research is a contractor of Health Services Advisory Group, which is NH's External Quality Review Organization.

received. A number of participants enrolled with Well Sense expressed dissatisfaction with their MCOs' rewards program and described not receiving benefits despite completing the required activities. None of the participants reported receiving breastfeeding support from their MCO, instead getting support from other entities such as Women, Infants & Children (WIC), hospital lactation specialists, and medical providers.

Recommendations from the report for MCOS include:

Review and improve MCOs' rewards programs

A substantial number of participants reported not receiving any of the supports and services available through their MCOs' program for pregnant women. Some participants expressed frustration that they completed the required activities, but had not received any of the rewards. Participants mentioned that their medical providers were unaware of the programs and did not successfully send the confirmation to the MCO. A review of the process MCOs use to track activities to ensure they are robust enough to universally capture successful completion of tasks and to provide rewards as promised should be accomplished.

In addition, an examination of the types of requirements that are being rewarded should be conducted to tie activities more effectively to rewards. For example, nearly all interview participants received prenatal care. Some participants volunteered that they would have gone to their prenatal appointments regardless of the rewards program. In contrast, a quarter of participants reported using tobacco products, but had not agreed to accept cessation support. A rewards program which motivates pregnant women to stop smoking during pregnancy and continue to refrain from smoking during their postpartum period could be effective.

Enhanced information and support for postpartum pelvic floor complications

Participants reported not having access to information about and services to address postpartum pelvic floor issues. Providing information during pregnancy focused on preventive exercises and allowing access to physical therapy and other services during postpartum could reduce complications.

Connecting mothers with resources and support

Text messages, rather than telephone calls, may be a more effective method to connect beneficiaries with available resources. In addition, participants noted a desire for connection with other new and more experienced mothers. MCOs could consider sponsoring support groups to facilitate these connections and interactions.

An additional recommendation from the report for DHHS includes:

Enhancing and expanding postpartum appointment schedule

The bulk of participants said they had only one postpartum appointment scheduled at 6-weeks after birth. Additional postpartum appointments stretched out further beyond birth could improve participants' access to and acceptance of needed mental health services and identify potential physical complications due to pregnancy. Participants frequently reported a need for more postpartum support to check-in with new mothers and provide support and connection to mental health services. Postpartum depression and anxiety symptoms can be delayed and occur much after the end of postpartum medical appointments.

INTRODUCTION

In support of an external quality review of New Hampshire's MCM Program, Horn Research gathered qualitative data from adults who gave birth between October 2020 and October 2021.

The sample population included women from across New Hampshire. The qualitative interviews were conducted over the telephone between June 6, 2022 and July 12, 2022.

The study developed Seven Key Points of Inquiry based on material provided by DHHS to frame the information to be gathered from participants. The Key Points of Inquiry were as follows:

1. Description of Participants

- Demographic details
- Resources and support

2. Access to Prenatal Care

- Participants' challenges accessing pregnancy testing
- Participants' use of prenatal care
- Participants' perception of range of choices for providers and birth centers
- Participants' access to medication and other prenatal needs

3. Quality of Prenatal Care

- Participants' perception of their prenatal care providers
- Participants' experience with tobacco cessation support
- Participants' experience with substance use support
- Participants' experience with mental health care support
- Participants' report of the availability of post-pregnancy birth control options

4. Access to and Quality of Postpartum Care

- Participants' use of postpartum care
- Participants' perception of their postpartum providers
- Participants' experience with tobacco cessation support
- Participants' experience with substance use support
- Participants' experience with mental health care support

5. Access to Information

- Participants' experience with getting answers to their questions
- Participants' preference for mode of information
- Participants' report of information provided by their MCO

6. Experience with Medicaid Managed Care

- Participants' experience with their MCO contacts during pregnancy and postpartum
- Types of support participants received from their MCO during pregnancy and postpartum
- Participants' perception of quality of support received from their MCO during pregnancy and postpartum

7. Suggestions for Improvement

- Participants' suggestions for improvement to care and support received during pregnancy
- Participants' suggestions for improvement to care and support received postpartum

METHODOLOGY

Horn Research engaged a standard qualitative data gathering process as detailed below.

Sample Size and Composition

DHHS provided a population list (N=1,163) of Medicaid Care Management Program beneficiaries who gave birth between October 2020 and October 2021. Members were removed from the population list if they did not have a corresponding baby record or DHHS had confirmed that the baby died since birth. A random sample of the population (N=180) was drawn from the total population list.

Thirty women were interviewed. They reported the following:

- 24 of the 30 women interviewed said they had their first prenatal appointment within the first trimester AND had gone to their postpartum appointment.
- 1 woman said she had her first prenatal appointment in the first trimester and HAD NOT gone to her postpartum appointment.
- 4 women said they had their first prenatal appointment in their second trimester AND had gone to their postpartum appointment.
- 1 woman said she had her first prenatal appointment in her third trimester AND had gone to their postpartum appointment.

Participant Recruitment

The sample of members was sent a letter (Appendix 1) on May 31, 2022, explaining the project and asking for participation. Participants were offered a \$40 gift card to participate. The interviews were completed between June 6, 2022 and July 12, 2022.

The general rule applied to determining sample size for qualitative interviews is the point at which you reach “saturation.” Saturation refers to when no new themes emerge from interviews. Horn Research completed a total of 30 interviews. The completed number of interviews for this study adequately met the data saturation expectation.

Data Collection Process

Horn Research conducted the semi-structured interviews by telephone. An experienced facilitator led the telephone interviews with participant responses captured in real-time through verbatim note-taking. An Interview Guide (Appendix 2) directed the conversations to address the Key Points of Inquiry. The interviews lasted approximately 25–30 minutes. All participants received a summary of the purpose of the project at the beginning of the interview, and the facilitator read a statement verifying the confidentiality of the information collected. All participants received a \$40 gift card in the mail in appreciation of their participation in the project. The identities of the interviewees were confidential to the interviewer and not revealed to the New Hampshire Medicaid Program.

Data Analysis and Validity

After completing the telephone interviews, Horn Research analyzed the information by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the analysis of the data and the representative sample supports the validity of the information gathered; but should not be assumed to be *statistically* representative of the whole population. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research. Quotes from interview participants were lightly edited for content and clarity.

DESCRIPTION OF PARTICIPANTS

Participants were asked a series of questions about themselves and the resources available to them.

Demographic Details

All three MCOs were represented by participants in the study. Well Sense members were somewhat over-represented and AmeriHealth members were somewhat under-represented (*Table 1*). Study participants were more likely to be between the ages of 25 and 34 than the total population and less likely to be under 25 or over 40 (*Table 2*).

Table 1. Number of Participants and Percent of Population by MCO

County	Interviewed Participants		Study Population
	Number	Percent	Percent
AmeriHealth Caritas	7	23.3%	36.5%
NHHF	10	33.3%	34.5%
Well Sense	13	43.3%	29.0%

Table 2. Number of Participants and Percent of Population by Age Group

Age Group	Interviewed Participants		Study Population
	Number	Percent	Percent
Under 25	2	6.7%	24.5%
25-29	12	40.0%	32.4%
30-34	13	43.3%	26.8%
35-39	3	10.0%	12.9%
40 and over	0	0.0%	3.4%
Mean age	30.3		29
Minimum age	21		15
Maximum age	40		47

Three-quarters of participants said they have additional biological children (*Table 3*).

Table 3. Number of Participants by the Number of Children They Have

Number of Children	Interviewed Participants	
	Number	Percent
Baby only	8	26.7%
2 children	7	23.3%
3 children	7	23.3%
4 children	4	13.3%
5 or more children	4	13.3%

There was no difference between study participants and the total population based on residence in the TriCity area (Concord, Manchester, and Nashua) (*Table 4*). When asked whether they live in a rural or urban setting, just over half (N=16) said rural and a third (N=10) said urban (*Table 5*). Four participants said they lived in a suburban or town setting.

Table 4. Number of Participants and Percent of Population by Residence in one of the TriCities

Residence	Interviewed Participants		Study Population
	Number	Percent	Percent
TriCity Residence	8	26.7%	26.7%
Outside TriCity	22	73.3%	73.3%

Table 5. Number of Participants by Self-Reported Residential Setting Type

Type of Residential Setting	Interviewed Participants	
	Number	Percent
Rural	16	53.3%
Suburban/Town	3	10.0%
Urban	11	36.7%

Employment Status

Nearly half (N=13) of participants said they worked at least part-time (*Table 6*). Two participants said they do work occasionally as needed and as available. One additional participant said she had an unpaid internship.

Table 6. Number and Percent of Participants by Employment Status

Employment status	Number	Percent
Employed full-time	5	16.7%
Employed part-time	5	16.7%
Self-employed	1	3.3%
Temporary/sporadic employment	2	6.7%
Unpaid internship	1	3.3%
Not employed	16	53.3%

Resources and Support

Participants lived in a variety of housing situations (*Table 7*). Three participants reported living alone with their baby. Over half (N=18) said they live with their partner or spouse. Nearly all (N=25) live with other dependent children, eight of whom were solo parenting. Five participants said they lived with other family members, four of whom said they do not live with a spouse or partner. One participant said she also lived with a roommate in addition to her spouse and children.

Table 7. Number and Percent of Participants by Housing Status

Housing status	Number
Alone with baby	3
Partner/spouse	18
Roommate	1
Other dependent children	25
Other relatives	5
Solo parenting baby and other dependent children	8

Nearly all participants (N=27) reported access to reliable transportation. All of these participants said they have their own car to drive or share a car with family members. Two of these participants noted that they experienced difficulties in the past with their cars not being reliable. Of the three participants without reliable access to transportation, one said her car had just been stolen and as a result, currently did not have access to transportation. One other participant said she did not have a drivers' license. She had to rely on family members to drive her and did not have access to public transportation. The third participant said she had to rely on her husband for rides which was not always dependable.

About two-thirds of participants (N=21) said they knew about the Medicaid transportation program. One participant said the program requirements were too difficult to manage. She said, *"I looked into it, but the documentation they wanted was something I could not do. I go to a lot of doctor's appointments."* Two additional participants said they thought they heard of the program, but did not know the details.

Only three participants reported using the transportation benefit in the past. One participant said she received mileage reimbursement from the program, but found it difficult to manage. She said, *"We have used the mileage reimbursement, but never used the transportation. When we first started doing it, it was a little tricky because you had to call 48 hours ahead of time."* One other participant did not have a good experience with the transportation benefit. She said, *"They cancelled on me twice and neglected to tell us until 20 minutes before the appointment."* One participant had positive experiences with the transportation program. She said, *"In 2020, I went to a drug treatment program in Manchester. They transferred me from rehab to respite all the way to Manchester which is really far. It's just amazing. I never knew about it until I worked at the taxi company. My husband uses it a lot and has had a lot of experiences with it."*

All participants said they accessed the internet on at least one type of device (*Table 8*). Nearly all (N=28) could access the internet through their cell phone. Half said they accessed a computer and nine participants said they had a tablet with access to the internet. Fourteen participants said they accessed the internet through more than one device.

Table 8. Number and Percent of Participants by Access to Internet

Regular access to the internet	Number	Percent
Phone	28	93.3%
Tablet	9	30.0%
Computer	15	50.0%

The interviewer asked participants to describe their access to childcare. Seven participants said they had childcare and did not report any challenges. Five additional participants said they had family or friends who provided informal care for their children. Five participants said that they had access to childcare, but experienced challenges. Three participants said the cost of care presented significant challenges for their family. One participant said that in addition to cost, she had difficulty finding reliable childcare and experienced long wait-lists. One other participant described the process for getting access to childcare assistance as burdensome and difficult to manage. Of the thirteen participants who said they did not have access to childcare, six said that the cost of care was the primary barrier. Two of these participants also said the lack of care was a challenge for their family. Three participants said they did not trust other people to care for their children. Five participants said they were content to stay home with their children and did not require childcare.

ACCESS TO PRENATAL CARE

The interviewer asked the study participants to describe their access to prenatal care. Overall, participants said they had sufficient and early access to pregnancy testing and prenatal care. The vast majority of participants received prenatal care within the first trimester of pregnancy. About a third of participants said there were not enough providers available through their MCO. Overall, participants said the choices available for hospitals or birthing centers were sufficient. All participants who received specialist care during pregnancy reported ease of access and good care. Participants universally reported having access to prenatal vitamins and medications, but a handful noted they were unaware that their MCO would have paid for the vitamins.

Access to Pregnancy Testing

Most participants reported knowing they were pregnant within the first two months of their pregnancy (Table 9). Only three participants said they found out they were pregnant after the first trimester.

Table 9. Participants' report of the number of weeks before knowing they were pregnant

Number of Weeks	Number	Percent
Two	2	6.7%
Four	6	20.0%
Five	5	16.7%
Six	7	23.3%
Eight	4	13.3%
Nine	2	6.7%
Ten	1	3.3%
Fourteen	1	3.3%
Twenty	1	3.3%
Twenty-four	1	3.3%

Only two people noted challenges in trying to find out if they were pregnant. A participant who did not know she was pregnant until she was five months into the pregnancy explained, *“I didn’t have any difficulties, I just had my period up to that month. There was no reason to think I was pregnant. I was feeling weird, so, I took a couple pregnancy tests from the store. A couple were positive, one was negative, one was blank. I went to the hospital and had an ultrasound which confirmed I had a baby.”* A participant who said she found out she was pregnant at six weeks remarked, *“It was at the beginning of the pandemic. The doctors wouldn’t allow me to go in. Everything we did was by phone until I had an appointment weeks later.”*

Type of Prenatal Provider

All 30 participants said they received prenatal care. Fifteen participants reported receiving their prenatal care from an Obstetrician/Gynecologist (OB/GYN). Twelve said they went to a midwife. Two participants mentioned that their providers’ practice had both OB/GYNs and midwives who furnished their care throughout the pregnancy. One participant reported receiving prenatal care from her primary care physician (PCP).

Change of Providers

Six participants said they changed providers at some point during their pregnancy. Two participants switched providers because they moved to a different area of the state. Two participants said they changed providers because they did not like the care they were receiving. One participant shared, *“I switched part-way through. I went to the OB until about 29 weeks. It was mostly to do with the pandemic rules and all of that. I was more interested in the midwife. It felt more comfortable, and not so rigid with rules and mask wearing.”* Another participant shared, *“I had an awful doctor, and I switched. I had very bad nausea and vomiting. He refused to give me nausea medication, so I ended up going to Concord.”*

One participant said she changed because her provider left the practice.

One other participant said she started her care with a midwife she used in a prior pregnancy, but found that the provider moved to a location which was too far to manage for this pregnancy. She switched to a different midwife group.

Initial Prenatal Evaluation

Nearly all (N=25) participants said their initial prenatal evaluation was in the first trimester of their pregnancy. Four reported their first appointment was in the second trimester, and one participant was at the beginning of her third trimester. One of the participants who delayed prenatal care (in the second trimester) said, *“When I first went in, I didn’t have insurance and I wasn’t set on a midwife yet. I wanted to make sure the pregnancy was where it was supposed to be. It took about two years to get pregnant. I decided to go to a pregnancy center and had an ultrasound at 10 weeks. I continued to go to the pregnancy center to take classes. I started seeing the midwife about 14 weeks along.”*

Just over half (N=18) of participants said their initial evaluation was with an OB/GYN. Seven participants were seen initially by a midwife, and three by their PCP.

One participant said her initial prenatal evaluation was at the emergency room. She said, *“I had a massive amount of bleeding and thought I was having a miscarriage. [The OB/GYN office] told me to come in, and they said everything was fine. Later that night, I was still having a ton of bleeding, so I had*

to go to the ER, and they found a subchorionic hematoma. That explained the bleeding. I was told I had a 50/50 chance of miscarrying or the pregnancy continuing.”

The participant who first sought care at a pregnancy center indicated she was probably seen by a technician. She said, *“I'm sure they were techs. I don't believe they were nurses. They were just the people who worked there. They knew how to read the ultrasound, gave me a pregnancy test, talked about all of my options. I wanted to get free care. I got on insurance, and then scheduled with a midwife.”*

Satisfaction with Timing of Initial Prenatal Evaluation

The bulk of participants (N=25) said they received prenatal care as soon as they wanted it. Five participants said that their providers would not see them until they were further along in their pregnancy both due to coronavirus disease 2019 (COVID-19) public health emergency restrictions and the practices' guidelines. All five of these participants had their first prenatal appointment within the first trimester. One participant said the delay was challenging because she was a high-risk patient. She said, *“They made me wait until I was 8 or 9 weeks along to start appointments. I have thyroid issues and as soon as I get pregnant, my thyroid levels go up which can cause a miscarriage. But their guidelines made me wait to come in.”* None of these participants reported being offered a virtual visit.

Finding a Prenatal Provider

Half of participants said they received care from their provider prior to their pregnancy.

Of the participants who had to find a new provider for the pregnancy, six said they did their own research to find their provider. These participants used a variety of methods including calling local practices to see if they accepted their insurance, doing internet searches, and interviewing potential providers. One participant shared, *“I interviewed three different midwives. The first two I didn't 100% vibe with, but the last one I chose was the best. I thought it was the right choice for me. There weren't that many options, especially with things being weird with COVID and masks.”* Two participants noted it was not easy to find a provider. One said, *“I had a little difficulty finding someone who would accept Well Sense.”*

I ended up finding prenatal care, it just wasn't my first choice. I had to look around. I tried five different practices before I found one that was accepting patients at all, and then also accepting Well Sense.

Three participants said they contacted their MCO and received information on potential providers, all of whom said they were satisfied with the process. Three other participants said their PCP provided a recommendation. One other participant received a recommendation from their older child's pediatrician. One participant said she had family members and friends who went to the same provider. One participant said she saw a different provider within the same practice she used for a previous pregnancy.

Range of Providers

Just under a third (N=9) of participants said they did not think there were enough OB/GYNs or midwives available through their MCOs. Seven participants said they did not know what the range of options were because they went to a provider they saw previously.

There might not have been a ton of options, but they were good options. They had Dartmouth Hitchcock and Littleton. They sent me to the best places.

Though not statistically significant, more Well Sense members than members of the other two MCOs said there were not enough choices of providers (Table 10 and Table 11). The percentage of members from AmeriHealth members were most likely to say there were enough or a lot of providers.

Table 10. Perception of Range of Providers Available by MCO by Number of Participants

Range of Providers	AmeriHealth	NHHF	Well Sense	All
Not enough	1	3	5	9
Enough	4	2	3	9
A lot	1	3	1	5
Don't know/Other	1	2	4	7

Table 11. Perception of Range of Providers Available by MCO by Percentage of Participants

Range of Providers	AmeriHealth	NHHF	Well Sense	All
Not enough	14%	30%	39%	30%
Enough/A lot	71%	50%	31%	47%

Participants who do not live in the TriCity areas and participants who reported living in a rural setting were more likely to say there were not enough providers available through their MCO. One rural resident said, *"I only had two choices. One I had seen previously. She made me wait an extra two weeks after my due date to induce me, so she was not even an option. So, I went with the other one."*

Table 12. Perception of Range of Providers by Community Type

Range of Providers	Provided by DHHS		Self-Reported Community Setting		
	Live in TriCity	Do Not Live in TriCity	Urban	Rural	Suburban/Town
Not enough	1	8	2	6	1
Enough	3	6	4	4	1
A lot	1	4	1	4	0
Don't know/Other	3	4	4	2	1

Location of Provider

The majority of participants (N=20) said their prenatal provider was in a location that met their needs. Six participants said their provider's office was too far, all of whom reported driving at least 30 minutes to reach their providers' office. One participant said, *"There were definitely challenges with location. Depending on traffic, it was 45 minutes to an hour to get there."* Another participant commented, *"I think my midwife was a little bit further away than I would want. Toward the end of being pregnant, it was a lot to travel from Salem to Manchester."*

One participant said that COVID-19 restrictions made it more difficult to reach her provider. She said, *"Their offices are in a couple of places, most of them are within driving distance from my house. But it*

was hard with COVID, they only had so many doctors and nurses in one building. I would have one appointment here, and then go across town to another office for another. That was annoying. I have a 3-year-old and packing him up to go to different places and getting him to behave was hard.”

One participant remarked that to get the type of provider she wanted, it was further to drive. She said, *“I guess for people who don't have a reliable means of transportation, that would be harder. The midwives who accepted Medicaid are about 20-30 miles away. In Manchester, it's more OBs that are available.”* Another participant said she traveled further to get the quality of care she desired.

Appointment Availability

Only two participants mentioned any challenges with the availability of appointments with their prenatal provider. One participant said, *“It was a little tricky because of the circumstances. My oldest child had brain surgery and was receiving chemo the whole time I was pregnant. That was circumstantially tricky. Nobody else could come to the [OB/GYN] office with you. And our circle was so small because our child was immunocompromised. We had to make sure he was cared for so I didn't miss appointments. If I recall correctly, they spaced appointments out more than they had in the past because of COVID.”* The other participant said, *“It was different with the pandemic. They didn't have a lot of options, but I couldn't go with anybody else. I guess it was OK, for the situation.”*

Range of Hospital/Birthing Center Choices

Half of participants said they felt there were enough hospitals and birthing centers to choose from. One of those participants said that though there were enough options, she felt they were not good options. Eight participants said they chose their hospital specifically and had not considered other options. One of these participants said that while she chose where she wanted to give birth, her labor did not go as planned and she had to go where she could get to as soon as possible.

Four participants said they did not look into the range of options for birthing centers available because they gave birth in the hospital where their provider had privileges. One other participant said she had a home birth and had not reviewed her hospital or birthing center options.

Two participants said there were not enough options. One of whom said, *“There was only one hospital allowed through my MCO, and it was the one where I had bad experiences. I wanted to go to Elliot, but I would have had to change my OB.”*

Location of Hospital/Birthing Center

The bulk of participants (N=24) said the hospital or birthing center they chose was in a location that met their needs. Four participants said that while the hospital they chose was farther away than they preferred, it was worth it to have the quality of care they received. One of these participants said, *“I would have chosen the experience over the distance at any time.”* As noted above, one participant said location was not relevant because she ended up having complications and going to the nearest hospital, and one participant had a home birth.

Issues with Hospital/Birthing Center

Two participants reported other challenges with their hospital or birthing center. One participant shared that the hospital where she gave birth did not identify her gallbladder problems and dismissed her symptoms as anxiety. After giving birth and getting a second opinion from another provider, the participant ended up having her gallbladder removed. Another participant said she thought COVID-19

negatively impacted her experience. She said, *“I don't know if it was because of COVID, but I felt they weren't caring enough. They didn't listen to me.”*

Two other participants noted that they tested positive for COVID-19 at the hospital before birth and, as a result, both were required to give birth on their own without support from their partners.

Specialist Care

Twenty-two participants said they did not need care from any other type of provider during their pregnancy. Of the eight participants who said they did need additional care, one said she saw a provider that specialized in “geriatric pregnancies.” One other participant said she had gestational diabetes and consulted with a diabetes specialist. Two participants said they saw perinatologists while they were pregnant. One participant was referred to a maternal-fetal specialist because of her eldest child’s brain tumor to ensure the baby was not similarly affected. She did not end up following through on the referral. One other participant was referred to occupational therapy and one to physical therapy. One participant who was in treatment for substance use disorder said she saw a neonatal brain specialist to make sure the baby did not have any brain injury from her drug use early in her pregnancy.

None of the participants receiving specialist care experienced any challenges in accessing the care. All but one participant rated the care they received as excellent. The reasons participants reported excellent care included the specialist being personable, caring, and professional. One participant rated her specialist care as average (3 out of 5 scale) saying, *“Having diabetes while you're pregnant sucks. It limits everything with your diet, it's hard. The doctor wasn't very sympathetic.”*

Prenatal Vitamins and Medications

Twenty-three participants said they were able to access prenatal vitamins and other medications while they were pregnant. Seven participants said they personally paid for their prenatal vitamins. Three of these participants noted that they were unaware that insurance may have covered their prenatal vitamins. One participant said, *“I got vitamins on my own with no help from insurance. I don't know if they offered that. It was never told to me.”*

I bought the prenatal vitamins myself. They didn't provide them. I had some difficulty affording them, because I wasn't working as much.

QUALITY OF PRENATAL CARE

Overall, participants reported high satisfaction with the quality of their prenatal provider. Participants said their provider was caring, provided high quality care, was available for questions, and respected their opinions. Participants said they disliked some elements of their care including not having a specific provider dedicated to their care, a lack of attention to care, availability of appointments, and refusal to provide anti-nausea medication. Participants reported being routinely asked about their tobacco use, substance use, and mental health. All participants who used tobacco were either aware of or offered cessation support, but only one accepted. All participants who had previous experience with substance use were being treated and not in need of additional support. Over half of participants said their provider offered referrals to mental health support during their pregnancy, the bulk of whom accepted. Most participants said they received excellent mental health support, however, a handful of participants said they did not receive needed mental health support during pregnancy. Nearly all participants discussed birth control options with their prenatal provider. Nearly equal numbers of participants

reported receiving an IUD or contraceptive implant, having a tubal ligation, and using condoms as birth control methods. A small minority said they were not using any birth control.

Quality Rating of Prenatal Provider

When asked about the quality of care they received from their prenatal provider, nearly all (N=28) participants shared positive evaluations. One participant remarked, *"It was great. 5 stars."* Another said, *"I would say 10 out of 10."*

One participant rated her prenatal provider as "average", saying, *"It was all right."*

One participant who had switched providers during her pregnancy said that she encountered the same medication challenge with both providers. She said, *"I left my first OB because he was really old school. I left his office crying twice. He was really cold and he tried to make me feel bad for taking medication. I went to the midwife and she was great, but then she started in on the Zofran and making me feel bad for taking it. I said, 'the baby is going to be fine' and she said, 'Well, we'll see.' How can you say that to a pregnant woman? It was very challenging. I was disappointed with that type of interaction. Other than that, things were good."*

Liked Best about Prenatal Provider

Participants were asked to describe what they liked best about their prenatal provider. The quality most frequently mentioned by participants (N=14) was that their provider was caring and personal in their demeanor. One participant shared, *"It was a group of midwives, and they were all lovely. They made you feel like family. They made sure you knew that they were there for you."* Another participant shared, *"The OB, I would maybe not rate as good as the midwife, but they were both really nice. The midwife was very personal. She really cared and was open to listening and all of that. I would say the OB was about the same, maybe not as personal, but still good."*

Seven participants said they liked the high quality of care they received from their prenatal provider. One of these participants shared, *"She was quick to respond and always available for questions. I had a lot of pain during pregnancy, and she was super understanding and super kind. She gave me anything I needed and had lots of options for me. When things didn't work, she figured it out."*

Six participants said they appreciated that their provider respected their opinions and decisions. One participant shared, *"She wanted to know my opinion and didn't want to make me do anything I didn't want to do. Any decision we made, she was 100% behind it."*

Five participants said they appreciated that their provider was available for questions and concerns. One participant shared, *"Every time I called, the nurse called me right me back. I couldn't be there because of COVID. They were good about calling me back and giving me advice on what to do."*

Disliked about Prenatal Provider

When asked what they disliked about their prenatal provider, more than half (N=18) of participants said "nothing."

Four participants said they did not like that they could not be committed to one provider within the practice. As one participant explained, *"The only one thing that was hard with the office I went to was that they had different doctors. I always requested the same doctor for my appointments, but during delivery, it wasn't sure who you were going to get. I wanted the doctor I had been seeing and that was*

hard to let go of. She knew me and my concerns and stressors. That was the one thing I never liked from the beginning, but I dealt with it.”

Three participants indicated they were unhappy with certain elements of their care. One participant said her provider waited too long to induce labor. She said, *“I remember they had to induce me to give birth, and they made me wait. I don't remember if the hospital was full, or the doctor wasn't available, but they waited until I was 42 weeks along. They waited too long, and I ended up needing a C-section.”* One participant said she felt her initial provider was not paying enough attention. She said, *“They were in the middle of so many transitions, I felt like I was pushed aside. A lot of new medical personnel were coming into the practice. I had to repeat myself and ask for tests that should have been done before. It took forever to get referrals for ultrasounds.”* As noted previously, one other participant said her complaints about her gallbladder issues were not taken seriously by her provider.

Two participants said they had some minor difficulties with scheduling appointments with their provider. One participant who saw a midwife for care said, *“It seemed like she was very busy. I tried very hard to be on-time, but sometimes, I would get there late. And sometimes, I had to wait because she scheduled someone right after me. It was kind of weird that she was scheduling people back-to-back, kind of like the doctor's office. I didn't think it was going to be like that.”*

Two participants said they did not like that their provider refused or discouraged anti-nausea medication.

One participant mentioned that the challenges of COVID-19 limited her ability to have a support person involved with her care and delivery.

Tobacco Use and Cessation Support

Participants were asked whether their prenatal provider asked them about tobacco use and what types of supports were offered to them for quitting. All 30 participants said their prenatal provider had asked them if they used tobacco and 22 reported that they did not use any tobacco products. Of the eight participants who said they were using tobacco products, only one said she was not offered any cessation support. She said, *“They just recommended I didn't smoke. But I know that NHHF has those ‘My Health Benefits’ and I do know there is a tobacco-cessation program that they'll pay you for doing it. I have looked into it, but haven't gotten to that point where I'm 100% ready to stop smoking.”*

All seven other participants said they were offered counseling and two said they were offered a prescription for nicotine patches. Only one participant said she utilized the counseling which was offered. She rated the support as a 4 out of 5 where 1 was very poor support and 5 was excellent support. She said, *“The help itself is wonderful. I didn't end up quitting, but that was more my own problem.”* Four participants said they had “cut down” on their smoking while they were pregnant.

Substance Use and Cessation Support

All participants said they had been asked about alcohol and other substance use during pregnancy by their provider. Twenty-four participants said they did not use alcohol or any other substances and were not in need of any support. Three participants said they stopped drinking when they realized they were pregnant, but did not have a problem with alcohol that would require support or treatment.

One participant said she used marijuana while she was pregnant to help with her nausea. She noted that she discussed this with her providers. She said, *“I was going through a lot with my history. My smoking was keeping me calm. They wanted me to quit three months before birth so it wasn't in his system and that was able to happen. I only had the nausea the first couple of months of my pregnancy. I didn't need support to stop.”*

One participant said she was a recovered addict and was already involved in on-going support through their mental health counseling program. One other participant said she was in active treatment for a substance use disorder while she was pregnant. She said, *“My whole time at treatment, which included 28 days inpatient, was covered by insurance and it was amazing. It was the only treatment center that would accept insurance and a pregnant woman. It had a specialized women's wing.”* This participant noted she did have a Plan of Safe Care in place for after giving birth. She said, *“(After treatment) I didn't go back to the same place. I went to sober living for two months and then we came to my mother's house. It is a new area which is exactly what the care plan wanted for me. They didn't want me to go back to where I was at.”*

Mental Health and Well-Being

Twenty-seven participants said they were asked about their mental health and well-being during their pregnancy. One of these participants noted she was not asked until she was eight months into her pregnancy.

One participant said that she did not think she was specifically asked about mental health, but *“they always asked how I was doing and we had a nice conversation. I could have brought it up if I had an issue, but I don't think there was a specific question.”* Another participant said her PCP took care of her mental health and well-being more than her prenatal provider. She noted that her PCP prescribed her medication for depression and anxiety prior to getting pregnant.

One other participant said she was not asked about her mental health and well-being by her prenatal provider, but had initiated the conversation after experiencing significant challenges with her mental health during pregnancy. She said, *“I was not really asked about it. I had issues while I was pregnant - COVID made me ... I'm a very faithful person, but COVID crazy made me insane. I had anxiety. I often couldn't let things go. They wanted to have me take medication, but I'm a real naturalist and I didn't know how it was going to affect me. They're not wrong for prescribing medications, but something is missing. If you're a fifth-time mom, you are treated differently.”*

Support Offered and Quality of Support

Just over half (N=17) of participants said they were offered help for their mental health during pregnancy and nine said they did not screen positive for needing support. Two participants said they were not offered support, one of whom said she thought she could have used some kind of counseling.

Ten participants were offered counseling. One person was offered and accepted support from a caseworker and one participant said she was referred to a psychiatrist. One participant could not recall what options were offered to her. Six participants said they were offered medication to help with their mental health issues.

Thirteen participants said they accepted the support offered. The four participants who declined the offer of support said they did not need it. One participant said she felt the help she had at home was sufficient, but noted that after giving birth she went into counseling. One other participant shared,

“They offered me counseling to help me with my PPD. I declined. I didn't have the time or energy, so I stuck with the medication. I developed it after I had my third (and previous) baby. I didn't wait very long after having him to getting pregnant with this baby.”

The majority (N=10) of participants who accepted mental health support rated the support they received as excellent. One participant shared, *“I'm still talking to the same woman now. She really does seem like she remembers me every time we talk.*

Makes sure I know that I can call anytime if I need to.” Another participant said, *“It was over the phone, so I liked that. The tone of her voice was nice. My son's father was not helpful during or after pregnancy. She had different calming/breathing techniques that helped me stay calm.”* One other participant noted, *“The counselor was very calm and understanding. She was very reassuring. The only negative is that she doesn't follow you after pregnancy. If I had wanted to continue seeing her, I'd have had to be referred out.”*

I feel like they were able to make the time that I needed. They were really helpful and trying to help me manage the stress of a very overwhelming situation.

One participant said the support she received was fine. She said, *“Finding a therapist was hard because most are not accepting new clients. And the one I did see, she was all right, but I stopped going because she wasn't the right fit for me. I didn't really know how to tell her because she was so nice. I just felt bad. I don't want her to think she wasn't helping me. I needed somebody who dealt more with PTSD and trauma. I haven't found anyone else because I'm too busy with two little kids.”*

Two participants did not provide a rating, one of whom said it was because she was unable to access the support offered. She said, *“I was waitlisted my entire pregnancy with Manchester mental health. I'm still on the waiting list. My fiancé is struggling with being a new father and taking on role of step-parent. I'm just as worried about him, but he's hitting walls with everything he's tried. Paternal support is overlooked way too much. Sometimes all it takes is 'I see you; I hear you,' instead of just focusing on the moms.”* The other participant who did not give a rating said, *“I only went to the counseling once. I thought I was stable, he thought I was stable. I was able to work on (mental health issues) with my drug counselor.”*

Birth Control Postpartum

Participants were asked whether their provider informed them of the option of receiving an IUD or contraceptive implant after giving birth and before being discharged from the hospital or birthing center. Twenty-one participants said they discussed birth control with their provider, but not necessarily an IUD or contraceptive implant. Four participants said they initiated the discussion about birth control and one participant said the discussion occurred at her 6-week postpartum appointment. Two participants noted that their provider knew their family was opposed to birth control for religious reasons and did not bring up the subject. One participant said birth control was not discussed and one participant did not recall.

Seven participants noted they opted for either a contraceptive implant or IUD after giving birth, though not before being discharged. Some of the reasons offered for choosing an IUD or contraceptive implant included having had a bad reaction to other birth control options, not having the financial capacity to care for another child, wanting lighter menstrual periods, and needing time for recovery from pregnancy.

Six participants reported getting a tubal ligation in lieu of other birth control options. One participant had a plan to get a tubal ligation, but had not yet followed through. One other participant said her fiancé had gotten a vasectomy. She said, “I will not do an IUD. My Mom [had one, and] her body was rejecting it. I tried to do the Nuva ring, but it just pushes itself out. I’m very limited on options, and I was just done with birth control. My fiancé got a vasectomy. I did temporarily go on the pill until his vasectomy was confirmed and followed up with.”

I decided to get my tubes tied because we want to focus on the kids we have. I don't want to be responsible for taking a pill every day or having anything in my body. It's a nice way to end any possibilities.

Seven participants indicated they previously had bad experiences with birth control and did not feel confident that an IUD or contraceptive implant would work well for them. One participant shared, “I had been on the pill for years, and I had to be on the lowest dose for that. Everything else made me sick. So, I was worried the IUD would make me sick, and I would have to have it removed.” Another participant shared, “I’ve had a lot of issues with an IUD. The only other option for me would be a non-hormonal option, and that’s too stressful. So, we are just using protection.”

Two participants reiterated that their religion forbade the use of contraception. One participant said she was planning to have another child. One other participant shared that she was using the birth control pill, and another said she believed she could not get pregnant because she was not menstruating postpartum. Two other participants refused to respond to the question.

Access to Postpartum Care

Only a third of participants reported receiving a home visit from a nurse after their baby was born, the bulk of whom said it was a helpful experience. Participants who did not receive a home visit said either they were not offered one, they declined the offer, or COVID-19 restrictions prevented the visit. Nearly all participants had a postpartum appointment. Overall, participants said their postpartum care was satisfactory. A noteworthy number said the amount of postpartum visits they received was insufficient and referrals for pelvic floor therapy were generally unavailable. The qualities participants liked about their postpartum provider included being caring, communicating well, being available, and honoring their needs and opinions. Disliked qualities included the lack of sufficient postpartum visits, lack of availability, and a lack of follow-up reminders. Participants reported being asked about tobacco use, substance use, and mental health during their postpartum appointments. None of the participants reported accepting postpartum counseling for tobacco cessation or substance use. Despite screening positive for postpartum mood disorders, some participants reported not being offered, or not accepting support services. Challenges reported by participants included not experiencing mental health difficulties until several months after postpartum care ended, not being able to find a counselor, and not being satisfied with the medication-only option presented to them.

Home Visit Postpartum

A third of participants (N=10) said they received a home visit from a nurse or other provider after their baby was born. All but one of the participants who received a home visit indicated it was helpful. One participant said, “I liked it a lot. It was just helpful. I had an emergency C-section, so, not having to leave the house to have them check on him was pretty nice.” Another participant said, “It was very helpful at that time. I didn't have a car to get back to Nashua.” One other participant shared, “She was wonderful.”

She came back a few times because the baby wasn't eating on a normal schedule. I was worried that she was going to lose weight, and she came back for reassurance."

Seven participants said they were not offered a home visit. One participant shared, *"I wasn't offered one. For my first child I did, but not for my second baby. They probably thought I was a pro. I wouldn't have minded it if someone came since it was the first surgery I'd had."* Another participant said, *"I wasn't offered one, but I probably wouldn't have wanted it. It wasn't my first rodeo and because of COVID, they probably weren't able to."*

Seven participants said they did not want a home visit. One participant said, *"They offered, but I didn't want it. I was on my fourth kid."* Another participant shared, *"I denied that. I was living with my son's father; it was a small place with too many people. And he wasn't very into having the state coming around the house. It made me feel like I was hiding something. If my son's father wasn't around, I would have done it. I would have appreciated that. Next time, I will do a home visit."*

Four participants said they did not have a home visit because of COVID-19 restrictions. One participant said, *"Because of COVID, we brought him back up for a 4-week appointment."* Another participant shared, *"They usually have a home visit from the midwife, but because of COVID we went into the center instead."*

One participant said her provider asked her to bring her child back to the hospital. She said, *"They had us come into the hospital that next week so she could be seen by the doctor. That was cool, too. They do that on weekends. It was just my one doctor that was there waiting for me."*

One participant said she spoke with a midwife on the phone for her appointment.

There were no discernible differences in access to home visits between people who lived in the TriCity areas and those who did not, or between MCOs.

Postpartum Appointment

All but one participant said they went to a postpartum appointment after their baby was born. Just over half (N=16) of participants said they went to their postpartum appointment when their baby was 6-weeks-old. An additional five participants said their baby was younger than 6 weeks. Seven participants, two of whom had a C-section, said they went to more than one postpartum appointment, all of which started well before 6-weeks.

Only one participant said her appointment was later than 6-weeks postpartum. She said she was scheduled for earlier appointments, but did not go until her incision showed signs of infection at 8-weeks postpartum. She said that having a newborn and another child made it nearly impossible to get to the doctor for her postpartum appointment. She said she thought she had probably been offered a virtual appointment, but had not agreed to it.

Twenty-eight participants said they received postpartum care as soon as they wanted it. One participant, who went to her postpartum appointment at 4 weeks, said COVID delayed her appointment. She said she was not offered a virtual visit, but did not explain further about why she wanted earlier care.

Only two participants indicated they experienced barriers to going to their postpartum appointments, both of whom noted COVID as the challenge. One participant said, *“There was all that COVID going on. I didn't want to bring my newborn out. He can't wear a mask, and I was so petrified of him getting sick.”* She went on to note that she would have preferred a virtual visit, but that it was not offered.

The one participant who said she did not go to her postpartum appointment said, *“Honestly, I don't know why I didn't go. I was just busy. I do need to schedule something.”* She noted that she was not scheduled for her postpartum appointment prior to leaving the hospital, but her provider's office called to make the appointment. She said, *“They called me to make the appointment. I might have made it, and didn't go.”*

Quality of Postpartum Care

Two-thirds (N=21) of participants remarked positively on the quality of postpartum care they received. One participant shared, *“It was very good. I feel like I got sufficient postpartum care. I had very easy pregnancies.”* Another participant said, *“I only saw them that once at the postpartum. It was good enough for me.”*

Five participants said the postpartum care was fine, but cursory. One participant said, *“I didn't see the doctor I had while I was pregnant. So, it was an in-and-out appointment.”* Another participant shared, *“When I was able to get in there, it was good. It was kind of quick. I waited for an hour for it to be a two-minute thing.”*

Three participants said they believed the general state of postpartum care was insufficient. One participant said, *“The providers are readily available for you, but the resources are not. Compared to other countries, it's astonishing to me. I'm not one to complain about much, I just move on, but postpartum care for mothers is one thing I can complain about. I did not know anything about pelvic floor until this most recent baby. I didn't know you have to do pelvic floor exercises. I had no idea you need that physical therapy after you have the baby. Maybe your mother is supposed to teach you, but some of us don't have that mother.”* One participant shared, *“I think the entire U.S. is lacking in its postpartum care. It puts the responsibility on the patient to reach out for stuff. Because this wasn't my first pregnancy, I had done some pelvic floor physical therapy, and I requested the referral at my 6-week appointment.”*

I did not receive enough postpartum care. It could have been more. I wasn't completely satisfied about it.

Liked about Postpartum Care Provider

Seven participants said they did not receive enough postpartum care to be able to define what it was they liked most about their postpartum care provider.

Seven other participants said they appreciated that their provider was caring and thoughtful in their manner. One participant said, *“I like that he actually cares. It's not like doctors who have that fake care. It's a genuine care about my children and about me. He asks me about how I'm doing mentally.”*

Seven participants said they liked that their provider gave them good quality care. One participant shared, *“They were really awesome. They always have been.”*

Four participants said their postpartum provider was good at communicating with them. One participant shared, *“They were good at telling me everything I need to know and going over everything.”* Another participant shared, *“They always asked me if I had questions and always went in depth about what they were talking about.”*

Four participants said they liked that their provider was available to them. One participant said, *“My baby is almost 15 months old now and [my OB] just recently stopped seeing me for things. My PCP is too far from here. There have been a few things I've needed, and she's seen me and written prescriptions for me.”*

Two participants said they liked that their provider honored their wishes and respected their opinions. One participant said, *“I think they are very respectful to our family culture and just understand who we are, and who our kids are.”*

One participant said she liked that her postpartum provider gave her support with her baby when needed. She said, *“If I needed a break, they'd take the baby for a few minutes while they talked to me. They checked both of us over.”*

Disliked about Postpartum Care Provider

When asked what they did not like about their postpartum care provider, 19 participants said ‘nothing.’ Six participants reiterated that the amount of care they received was insufficient to have an opinion. Two participants said they did not like that their provider left the practice after their pregnancy. One participant said she did not like that her provider was sometimes not available for appointments when she needed it. But she also said, *“If I have to see somebody else, he still pops in.”* One participant said she did not think her provider offered enough appointment reminders. She said, *“I wouldn't go back to them. They didn't follow-up well enough. I feel like they should do that. Every other doctor I've had, they do that. I wouldn't choose that office again because of that.”*

Tobacco Use

Mirroring their responses from prenatal care, all participants repeated that they were asked if they used tobacco products at their post-natal appointment. Three participants said they were offered support to quit. All three declined the counseling offered.

Alcohol and Other Substance Use

All participants said they were asked about substance use at their postpartum appointment, and none were identified as needing support. One participant who was in treatment while pregnant noted she continues working on her sobriety. She said, *“I do weekly therapy with a dual diagnosis therapist. For TANF I am required to do 20 hours a week. I technically don't have a job, so I do other things like working toward sobriety. I go to NA meetings. I do this workbook and journal every week with my therapist. Also, my therapy sessions count too. The biggest thing I do is work my sobriety.”*

Mental Health Postpartum

Twenty-seven participants said they were asked about their mental health in their postpartum appointment with their provider. One participant said she did not remember, and another said she was not asked. As previously noted, one participant did not attend a postpartum appointment.

Ten participants said they did not screen positive at their appointment. One of these participants ended up experiencing postpartum depression later. She said, *“I think it started when the baby was 4-months-old. I was so depressed. I'm still working with my mental health. I'm still working on it. I have a counselor now, but the baby was almost a year old before I found somebody. No medication was offered by any provider.”* One other participant said she had not screened positive during the time of her postpartum appointment, but later developed symptoms of postpartum depression. She said, *“I was feeling fine at that point. I did have a period of time when I wasn't doing well, but I didn't reach out at all. I just worked through it. I guess I didn't know how to explain it to anybody and didn't think to reach out. In those moments when you're in a tough moment, you can feel judged. I've never gotten mental help in the past. I didn't really get anything from NHHF or my midwife in preparation for that possibility. I knew PPD was possible, but I don't even know if that was what I was experiencing. I didn't know it was going to happen seven to eight months in.”*

Five participants said they continued to see the counselor they had already been seeing during pregnancy. One of these participants noted, *“I continued to use the postpartum counselor. I tried to have her be my regular counselor, but she didn't have the credentials. I've been stalling on finding a counselor. I need to find one, but haven't.”*

Two participants said they were not offered mental health support despite needing help. One of them said the counselor she was seeing during her pregnancy did not see women postpartum. She said, *“They did not have any other referrals. It took a long time to find someone else. I did that all on my own. I contacted Well Sense, but the list of providers was really outdated and most of it was inaccurate. Many were not taking new patients or didn't accept Well Sense. I found someone eventually.”*

One participant said that her PCP regularly checks in with her about her mental health. Her PCP offered her medication, but she also noted, *“I keep myself in check. I'm a sexual assault victim, but I decided not to be a victim and left it in my past. He asked if I wanted to go back on my depression medication. He had tested me for the postpartum depression, I didn't score high enough. I didn't think I needed to be on it. He also offered to keep me on my anxiety medication.”*

Nine participants said they were offered mental health support from their postpartum provider. Four participants said they were offered a referral for counseling, three were offered medication, and another two were offered both medication and counseling.

One of the four participants with a referral only for counseling accepted the support. She indicated that the support she received was excellent. She said, *“I told [my provider] I was really depressed, and they offered me counseling. They helped me a lot with everything I needed. The lady helped me see if I could find other housing because my landlord hasn't gotten me a stove because I had a stove fire. And she talks about my mental health and still checks up with me. She came and did some home visits. She was great.”* One of the participants who declined counseling said, *“I didn't feel like I needed it.”* Another remarked she did not want the counseling due to COVID fears.

Two of the three participants who were offered medication-only declined the offer. One participant said, *“They wanted to have me take medication. I'm a real naturalist and I didn't know how it was going to affect me.”* She also noted that she felt the support and information she received was insufficient to what she was experiencing. She said, *“I developed PPD really bad. I never had it before and I didn't realize what was happening, and I just didn't have anyone helping me out. The postpartum nurse didn't get back to me for two weeks. I wasn't suicidal, but I was anxious. The hormones came in, I didn't know*

how to handle them. I talked to my doctor who was telling me to take it easy, but it was real, my mind wouldn't stop racing. The only thing they want to do is prescribe you anti-depressants or anti-anxiety medications. My heart was racing, and I was sweating, but it was brushed off. They said it was just hormones. My mind couldn't match my body, and I couldn't figure it out. Something is missing [in the care] after a woman has a baby.” One participant tried the medication offered to her, but discontinued use due to side effects. She said, *“They attempted to send a referral over to my doctor to get me on medication. But my doctor didn't do anything. I attempted to follow-up. I finally got through to them, when I was three months postpartum. I tried one medication, but it made me extremely drowsy, I was passing out. That was the only one they offered.”*

Both of the participants offered both medication and counseling accepted the support offered to them and said the care and support they received was very good.

ACCESS TO INFORMATION

Participants described using a mix of resources to answer questions and to get information about pregnancy and postpartum care. Participants most often said they ask medical providers, family and friends, and use the internet for information. Overall, participants reported receiving limited amounts of information from their MCO and said it was generally not very helpful. A third of participants said they did not receive any services or supports from their MCOs' program for pregnant women. Of note, the handful of participants who received case management services reported satisfaction with the support they received. A number of participants enrolled with Well Sense expressed dissatisfaction with their MCOs' rewards program and described not receiving benefits despite completing the required activities. None of the participants reported receiving breastfeeding support from their MCO, instead getting support from other entities such as WIC, hospital lactation specialists, and medical providers.

Resources Tapped for Information

Interview participants were asked who they typically went to if they had questions about their pregnancy. For the most part, participants said they talked to a medical provider. Eight participants said they would ask their midwife any questions they had, and eleven said they would ask their OB/GYN. One participant shared, *“I felt very comfortable asking my midwife or calling the birthing pavilion at the hospital. The nurses there were very responsive in answering questions.”*

Participants also said they asked their PCP (N=2), nurse (N=2), their child's pediatrician (N=2) or any other provider they had access to (N=3). One participant said, *“If I had questions about the baby, I'd ask my OB. If I had questions about my own body, I talked to my PCP. His wife had 13 kids.”* Three participants said they contacted the hospital or birthing center.

Nine participants said they tapped their family or friends for information on pregnancy. One of these participants said, *“I talked to my family. My sister and cousin had just had their babies. But when I was really concerned, they have a mom group on Facebook I'm in, I'd ask on that. I would also call the hospital. I was a high-risk pregnancy plus I had a car accident, and I tested positive for COVID.”* Another said, *“Most of the time, I went to my mom or sister. If they couldn't answer or were concerned, they told me to call my OB.”*

Four participants said they would typically look answers up on the internet, three of whom indicated they then checked in with a medical provider as well. One participant said, *“I used the Baby Center app a*

lot. I tried to stick to a reliable app instead of Googling everything. If it was vague, then I would usually send a message to the midwives."

None of the interview participants reported any challenges getting their questions answered.

Preferred Source of Information

By far, interview participants said they prefer to look information up on the internet (N=21). Of these participants, the bulk (N=16) said they follow-up with their provider with the information they found. One participant shared, *"I would look it up, and then would bring it up to my doctor. That's how I found out my son is autistic. I brought up the facts, this, this, and this. And they got him tested. I'm relentless when it comes to my kids."*

Six participants noted that they preferred to speak one-on-one with their doctor when getting information. One participant said, *"Normally, I'd wait until I have an appointment and ask the provider. It's easier than Googling and getting the wrong answers. They're usually pretty good."*

Three participants said they prefer to get their information from their social network, including family and friends. One participant said, *"I usually like to hear from people who have experienced it or gone through it themselves. I want real life experience, rather than online."*

Two participants mentioned they liked classes, but they were not available due to COVID.

Support and Information Received from MCO

The interviewer asked participants to describe the types of support and information they received from their MCO during pregnancy and postpartum period. Nine participants said they received printed material only from their MCO. Only two of these participants said the printed information was useful. One participant said, *"Having the information close by was great to look over as you had those moments of panic."* A participant who thought the printed information was not helpful said, *"I think especially because it was my second pregnancy, a lot of that information I knew. I already was more educated on reproductive health and pregnancy than perhaps your average person. There wasn't anything presented that I didn't already know."*

Most of it was pretty obvious. There might have been a couple of things that I hadn't been super aware of, but I can't tell you what they were.

Four participants said they received calls from a case manager at their MCO. Two of these participants said the calls were at least somewhat helpful. One participant shared, *"It was OK. They called a couple times. I'm not sure why they stopped calling. When I told her about symptoms I was going through, she suggested I make another appointment with my OB to reevaluate my medication so that the PPD would be better instead of worse. So, that helped."* The two participants who had not found the calls helpful said the volume of calls was excessive. One participant said, *"They had someone call me a lot, and I didn't answer. They would leave me messages. I know I'm really bad at phone stuff. I get busy. But they definitely were not slacking in any way."*

Four participants said they received both calls from a case manager and printed materials. One of these participants shared, *"The case manager was somewhat helpful. But the booklets, not so much. It was stuff I already knew it, but if I was a first-time mom, it would be helpful."*

Experience with Medicaid Managed Care

Nearly half of participants (N=14) said that their MCO learned of their pregnancy through their doctor's office. Twelve participants said they reached out to their MCO directly with the information. Two of these participants enrolled with their health plan was because they were pregnant. Two participants said they did not know how the MCO became aware of the pregnancy. One participant said both she and her doctor advised the MCO. One participant said that she was in the midst of her recertification for Medicaid and informed her MCO of her pregnancy at that time.

Each MCO offers a program for pregnant women to encourage and support them in having a healthy pregnancy. Over two-thirds (N=22) of participants said their MCO reached out to them about the program (*Table 13*). Of the participants who said they were contacted by their MCO during their pregnancy, 17 said the amount of contact was about right.

Table 13. Amount of Prenatal Contact by MCO

MCO	Total Participants	MCO Contacted Participant Initially	Prenatal		
			About right	Too much	Not enough
AmeriHealth	7	6	4	2	0
NHHF	10	8	7	2	1
Well Sense	13	8	6	1	2
Total	30	22	17	5	3

Five participants said their MCO contacted them too often. One participant remarked, *"They reach out a lot. I don't know if they get commission or something for doing it. But they reached out a ton."* Another participant said, *"I got phone calls and notices repeatedly from them. I'd fill out all the information, and I would get the same thing over and over again. It was never anything new."*

Three participants said they did not get enough contact from their MCO during pregnancy. One participant said, *"I think if they could explain it more about how you can gain the benefits, that would be helpful. I needed more information about it."*

Of the participants who said they were not contacted by their MCOs' program for pregnant women, one participant said, *"I don't really wish they had contacted me. I don't think it would have been more of an incentive to me, because I was going to go to those appointments."*

When asked to describe the amount of contact they received from their MCOs' program after their baby was born, nine said it was about right (*Table 14*). Four participants said there was too much contact, one of whom said, *"I just felt it was overwhelming."* Nine said they received either one contact (N=2) or no contacts (N=7) from their MCO. One participant shared that despite being contacted by her MCO she did not receive any of the benefits they described. She said, *"They called just once. It was pointless. Everything she said, it didn't happen."*

Table 14. Amount of Postpartum Contact by MCO

MCO	Total Participants	Postpartum			
		About right	Too much	Not enough	Once/Not at all
AmeriHealth	7	4	2	0	0
NHHF	10	2	1	0	5
Well Sense	13	3	1	0	4
Total	30	9	4	0	9

When asked what types of supports they received from their MCOs' program, ten participants said they did not receive anything. Seven of these participants were enrolled with Well Sense during their pregnancy. One participant said, *"I didn't get anything, just a bunch of calls and nothing else. It was a robot voice calling."* One other participant shared, *"This time, I don't think I got anything. In the past, I got the toddler car seat. I've also gotten the bike helmet and toothbrushes in the past. This last baby, I haven't gotten anything. I never got the Healthy Rewards card."* One other participant shared, *"I didn't get anything. It would have been very helpful to me if I had known about it."*

Five participants said they received case management services from their MCO. All of these participants reported satisfaction with the case management support they received both during and after pregnancy. One participant said, *"It was pretty good. Also, if I needed something, I called the 800 number on the back of card. They answered right away and were helpful."*

Eleven participants reported that they received financial rewards from their MCO for successfully completing tasks related to their pregnancy, such as, appointments, surveys, and notification of pregnancy. One participant enrolled with NHHF said, *"When I first got pregnant, they sent some money on the card and that helped out a lot. They sent that when I was having a little bit of a struggle."*

Four participants, all enrolled with Well Sense, noted that they did not receive any incentives through their rewards program, even though they thought they had completed the required tasks. One participant enrolled with Well Sense said, *"I did what they told me to, but I never got anything. They said if I went to x amount of appointments, I'd get x amount of money, but I didn't get it. I didn't get the car seat or diapers. I let them know I did [the appointments]. I didn't want to argue with them."* Another participant noted, *"I started [the rewards program] with the doctors, but they don't send the information to document the check-ups, and then I don't get rewards. There's no way for me to send it to Medicaid. A lot of [the doctors] didn't know anything about the rewards program. It would be easier if the doctor knew so they could put it in the computer and have it go straight to Medicaid. It would be easier on us to get the rewards. Since I've had it, I have only gotten the rewards for doing assessments. I could have gotten more rewards for the kids' appointments."* One other participant said, *"I got the paper that OB signed every time I went, but there was nothing on the Healthy Rewards card."* One participant suggested that with larger families, it would be helpful to put all the reward dollars on one card rather than having to manage several cards. She noted that the challenge of having multiple cards resulted in her not using them.

Eleven participants said they received a breast pump through their MCO. One participant enrolled with Well Sense said she experienced significant difficulty getting access to a breast pump. She said, *"They were not helpful. I was expecting more. I had to figure out the language to ask for what I wanted. The system is complicated and I had to figure out who to call. I had to talk to some other company that dealt*

with it separately and then through the doctor's office. It took 17 steps to get this one thing, but it beats paying \$200 out of my own pocket. It was worth it to go through the process." One other participant said she bought her own breast pump.

Six participants reported receiving a car seat from their MCO.

Breastfeeding Support

Only six participants reported having been offered lactation support from their MCO, none of whom accepted the assistance. Five participants said they received lactation counseling from their birthing center or hospital prior to discharge. Four participants said they received the lactation support from WIC. Five participants said they did not need any support as they were successfully breastfeeding on their own. Two participants said that another medical provider provided lactation counseling. Six participants said they were not breastfeeding at all.

SUGGESTIONS FOR IMPROVEMENT

Participants were asked what improvements they would make to the care and support they received during pregnancy and after their baby was born.

Prenatal Care Improvements

Just over half (N=16) of participants said there was nothing they would suggest as an improvement to their prenatal care.

Five participants said there was a need for better quality care during pregnancy. One participant felt that her physical symptoms during pregnancy were dismissed as emotional or mental health issues. She said, *"I wasn't in a great head space, but it was because I was so sick. I wish they hadn't written it off as anxiety and took what I was saying more seriously. I wish they had explained more to me about why they didn't take certain steps that I thought should have been taken. I was pretty adamant about telling them, but I felt dismissed and told to eat more. There was something wrong, but they didn't find it and automatically thought it was a mental health related issue."* Another participant shared, *"When I went 42 weeks, I went to the hospital, they checked me and said my cervix was not open. They sent me home and said to go to doctor's office when I had more contractions. I couldn't even walk. I felt pressure on my cervix. I just stood there, because I couldn't walk. I told them to check again. They took me to the labor room and I was 8 cm. I delivered within 5 minutes. It could have happened on the road, or at home. I think when a woman so many weeks along, she should get to stay at the hospital."* One other participant mentioned, *"I would like to have things be more explained in depth. I just feel like there was a lack of information and follow through when they do the ultrasounds. [My provider] would try to use the portable ones and sometimes it wouldn't work or it was dead. They would just skip the ultrasound."* Another participant said she would prefer if she could have seen just one OB/GYN throughout her pregnancy rather than having to see whoever happened to be scheduled. Another participant said she would prefer to have better communication from her doctor's office with reminders for appointments.

Three participants remarked on the need for more options in prenatal care. One participant mentioned the need for another birth cottage in Nashua. One other participant said there was a need for more providers accepting Well Sense. Another participant said she would like better access to specialist appointments. She said, *"I would say making sure that we can get the necessary specialist appointments on time like the ultrasounds, physical therapy. I guess paying attention to pregnancy deadlines. If there's*

a test we are entitled to, but only have two weeks to get it, they need to have emergency appointments available for those things.”

Three participants noted a need for better information on pregnancy and available resources. One participant mentioned she would like to have easier access to information about the resources that are available. She said, *“I didn't find out that I could get a car seat through insurance until my third child.”* Another participant said, *“Probably just for me to know about the stuff I was never told. It probably would have helped me out a lot in the beginning. He was not expected. He was a surprise baby. At that point, we were financially stable for the family we had. We made it work, but it would have been good to know about the diapers at that point.”* Another participant said she would like, *“more information about what's going on with the body [when you're pregnant] and the things to expect.”*

Two participants mentioned the need for better access to anti-nausea medication. One participant said, *“I think it definitely was the medication that was really difficult.”* Another participant said, *“Maybe more support at the beginning of pregnancy. Because that time is harder with the morning sickness.”*

One participant mentioned the need for childcare support for mothers trying to go to their prenatal appointments. She said, *“I don't know if this is even feasible, but for single parents with other children, I definitely feel like there needs to be more support with childcare during appointments. There's absolutely zero support when it comes to that. A mother shouldn't sacrifice her health because she has other children. It's detrimental to the new baby.”*

Postpartum Improvements

Half (N=15) of participants said they did not have any suggestions for improvement to the care they received after their baby was born.

Four participants said they wanted more postpartum appointments. One participant said, *“I would have probably wanted a couple more follow-up appointments. They do the one-month, 6-month, and after that, it's just a year checkup. I think a couple more appointments to make sure you are used to having a new baby. I know for me, when I left the hospital with my baby, I was scared. I wasn't as scared in the hospital because they have doctors and nurses there, but at home, I don't know who to ask for help. I feel like a couple more appointments or even just a phone call within the first month of the baby coming home offering support and answering questions would be good.”* Another participant said, *“I think there needs to be more follow-ups for postpartum care as a whole. And I think just one appointment at 6-weeks really doesn't cut it. Other countries handle that drastically different and their outcomes as far as PPD are much different.”* Another participant agreed saying, *“I think two appointments postpartum is not enough.”*

Four participants said they wish there was more care and attention paid to mothers after giving birth, including more check-ins and connection to “mom groups.” One participant shared, *“It was almost like I was forgotten after the baby. The insurance stopped contacting me for me. They were focused on the baby when she was born. I was having a rough time being in recovery and being a mom.”* Another participant said, *“I think an improvement would be to reach out to mothers who just had their babies, who are breast-feeding and postpartum care and provide them the resources and connection to other moms. COVID didn't help and the isolation during and after pregnancy is hard. They should make available any kind of pamphlet or advertisement about mom groups or moms in general. They offered online stuff to connect and meet friends. I don't want to meet friends online. I want to actively, physically meet with moms.”* Another participant said, *“I actually have WIC as well and they were extremely nice*

and helpful and reached out with the breastfeeding. I think it would be helpful for other moms who don't have that support. It is nice to have someone who cares. WIC texted me to check in. That was really helpful for me.” Another participant said, *“I wish there was more care and more group classes for post-care. If I could have done some mommy and me classes, it would have been nice to be around people who were going through the same thing.”*

Two participants mentioned a need for better information on what to expect postpartum. One participant shared, *“I didn't really understand the gravity of a lot of things with aftercare. I wish they would have told me more about that. Even at the appointments, I was in a lot of pain that I wasn't expecting, and I have a whole human to take care of while I feel like I'm dying. They gave me Motrin. I was in severe pain, and didn't feel any relief. If they really hammered that home that it was going to be rough and to have a more realistic picture of what I could expect. I wanted to know that it could be not so great.”* Another participant said, *“I felt I was more preparing for the birth, than caring for a newborn. It's definitely a learning curve. Also, taking postpartum care of yourself. I am having some difficulties, but nobody has reached out to me to tell me what to do about rebuilding your pelvic floor. I still have issues. I move weird and pee will come out. But nobody's really helped me in that department. I've tried to ask, but haven't gotten any help on that.”*

Two participants said they would have liked to have a home visit from a nurse after their baby was born. One participant said, *“Maybe the home nurse that I got for my oldest, that would have been good. With my oldest, I had my mom, but I had no one but myself with the youngest child. I couldn't get out of bed without help, and my husband had to go to work.”*

One participant said she would like better quality postpartum care. She said, *“Just listening to us more about our physical and mental concerns and not just chalking everything up to postpartum. For me, I'm finding out that I have early osteoarthritis, but they kept saying it was the pregnancy or postpartum. But now I'm at the point of irreversible damage. I could have been changing my lifestyle a long time ago and not doing exercise that was harming me.”*

One participant said she wanted access to providers longer-term. She said, *“They rotate through a lot. I would like to just have a solid doctor that was available.”*

One participant mentioned a desire for access to a specific medication. She said, *“I suffered from postpartum and panic attacks, but they don't want to offer Ativan to patients because of addiction issues. If you want help, they have to put you on an SSRI and some people don't want to go on that because of side effects. I know that Ativan helps and I want it in case of panic attacks, but they don't offer that. I guess the people that abused it ruined it for everybody.”*

One participant reiterated her desire for childcare support for postpartum medical appointments.

Additional Comments

Participants were asked if they had any additional comments about their health coverage.

Four participants mentioned dental care as an area of concern.

A participant said she switched her health insurance because of dental care. She said, *“I switched to AmeriHealth, which pays for dental cleaning. That was one of the things that I really wanted. Well Sense didn't cover it.”* Another participant said, *“I would improve the dental stuff. None of the state insurance covers anything. They'd rather just rip out your teeth. They cover cleanings, but that's useless if you need*

your teeth fixed. I think the dental could be a lot better. I can't afford dentures and the insurance doesn't pay for it. You're going to rip my teeth out and then nothing."

One participant said she experienced challenges gaining access to a specific medication. She said, *"In trying to get my depression medication, they kept on denying it at first. My doctor had to sign off on it. I was already on my medication the whole time, and it is the one kind that works for me. I was working before, so I had my insurance through work. When I switched Well Sense, they didn't want to cover it. I had been on it six or more years."*

One participant said she felt the application and recertification for Medicaid process was unduly burdensome. She said, *"The application process for Medicaid and the website for submitting incomes to be certified and requalify is pretty messy. It's not a great system to get things in. Sometimes, it's easy to miss it because they only send it online and not through the mail."*

RECOMMENDATIONS

Based on the experiences and feedback reported by interview participants, four recommendations have been developed to address the challenges faced during and after pregnancy. Four recommendations for the MCOs include:

Review and improve MCOs' rewards programs

A substantial number of participants reported not receiving any of the supports and services available through their MCOs' program for pregnant women. Some participants expressed frustration that they completed the required activities, but had not received any of the rewards. Participants mentioned that their medical providers were unaware of the programs and did not successfully send the confirmation to the MCO. A review of the process MCOs use to track activities to ensure they are robust enough to universally capture successful completion of tasks and to provide rewards as promised should be accomplished.

In addition, an examination of the types of requirements that are being rewarded should be conducted to tie activities more effectively to rewards. For example, nearly all interview participants received prenatal care. Some participants volunteered that they would have gone to their prenatal appointments regardless of the rewards program. In contrast, a quarter of participants reported using tobacco products, but had not agreed to accept cessation support. A rewards program which motivates pregnant women to stop smoking during pregnancy and continue to refrain from smoking during their postpartum period could be effective.

Enhanced information and support for postpartum pelvic floor complications

Four participants reported not having access to information about and services to address postpartum pelvic floor issues. Providing information during pregnancy focused on preventive exercises and allowing access to physical therapy and other services during postpartum could reduce complications.

Connecting mothers with resources and support

Text messages, rather than telephone calls, may be a more effective method to connect beneficiaries with available resources. In addition, participants noted a desire for connection with other new and more experienced mothers. MCOs could consider sponsoring support groups to facilitate these connections and interactions.

One recommendation for DHHS includes:

Enhancing and expanding postpartum appointment schedule

The bulk of participants said they had only one postpartum appointment scheduled at 6-weeks after birth. Additional postpartum appointments stretched out further beyond birth could improve participants' access to and acceptance of needed mental health services and identify potential physical complications due to pregnancy. In addition, participants frequently reported a need for more postpartum support to check-in with new mothers and provide support and connection to mental health services. Postpartum depression and anxiety symptoms can be delayed and occur much after the end of postpartum medical appointments.

APPENDIX 1. RECRUITMENT LETTER

May XX, 2022

Dear [FirstName],

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from women like you who have recently had a baby. We want to better understand the experiences you had meeting your health needs, both during and after your recent pregnancy, and your experience with your health plan.

We would like to invite you to participate in a **telephone interview** where you can share your experiences with health care services and the support you receive.

We are only asking a small number of people to take part so **your participation is very important**. You will receive a **\$40 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **XXX, 2022 – XXX, 2022**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come, first serve basis. All information you share will be kept completely private and will not affect your benefits or health care in any way. No one from Medicaid will see your individual answers and your name and personal information will never be made public.

If you would like to schedule an interview, please call Horn Research toll-free at **(888) 316-1851** or email at Lisa@HornResearch.com.

Thank you for sharing your experience and thoughts about New Hampshire Medicaid Care Management.

Sincerely,



Susan Drown, MBA, LICSW
Director, Bureau of Program Quality

APPENDIX 2. INTERVIEW GUIDE

NEW HAMPSHIRE MEDICAID CARE MANAGEMENT PROGRAM INTERVIEW GUIDE – SPRING 2022

Introduction

You were covered by Medicaid during your recent pregnancy and received Medicaid benefits through one of three Medicaid Managed Care organizations: AmeriHealth, NH Healthy Families or Well Sense Health Plan. The goal of this interview is to try to understand your experience with your managed care organization and the support you received during and after your pregnancy.

Your feedback is very important and will help the State of New Hampshire evaluate the Medicaid Care Management program. We want to know about your experiences. Your participation will not affect the benefits and services you receive through the Medicaid Care Management Program and all the information you provide will be kept completely confidential. At no point will your name or any other identifying information be released.

I. Demographics / Context

1. Current Age (Years)
2. Do you live in a rural or urban setting?
3. Are you currently employed? If yes, is it FT, PT, temporary, etc.?
4. Do you have reliable access to transportation? (i.e. has own car, reliable friend, uses taxi, etc.)
 - a. If no, are you aware of Medicaid transportation assistance?
5. Tell me about who you live with. Do you live alone with your baby, with a partner/spouse/roommate, with other dependent children/relatives, etc.?
6. Including your new baby, how many biological children do you have?
 - a. If you have other children, not counting this recent birth, please tell me the ages of those children.
7. Do you have access to a phone, tablet or computer with internet access? (specify which ones)
8. Do you have access to childcare, including any informal childcare from relatives, friends, or neighbors? If no, why not?

II. Access to Prenatal Care

1. About how far along into your pregnancy (weeks/months) were you when you discovered you were pregnant?
2. Did you face any challenges in trying to find out whether you were pregnant or not? What were they?
Probe: Barriers to receiving early pregnancy diagnosis such as transportation, childcare
3. Did you receive any prenatal care?
 - a. If not, what prevented you from receiving care? *Probe: Barriers to receiving prenatal care such as transportation, childcare, not knowing/believing they needed prenatal care*
 - i. Were you offered a virtual visit?
 - ii. Skip to Section IV Access to Postpartum Care.
 - b. If yes, from whom did you receive prenatal care (PCP, OB/GYN, lay midwife)?

- i. Were you able to get prenatal care as soon as you wanted it?
 - a. If not, why? *Probe: Barriers to receiving earlier prenatal care such as transportation, childcare*
 - b. Were you offered a virtual visit?
 - ii. What trimester or how many months along were you when you had your first prenatal visit for your initial evaluation? Was it with a Nurse Practitioner, Physician Assistant (PA), or doctor? Was this a provider that you've seen before?
 - a. If not, tell me about the process of finding that provider – was it difficult/easy? What makes you say that?
- 4. How would you describe the range of choices you had for an OB/GYN or midwife through your MCO/health plan? Do you feel that you had a lot of choices, enough choices, or not enough?
 - 1. Were there choices in locations that met your needs? (e.g. time and distance)
 - a. If no, what was the issue/problem? What was the outcome?
 - 2. Did they have appointment times that met your needs?
 - a. If no, what was the issue? What was the outcome of that problem?
 - 3. Any other challenges with the choices you had available through your MCO?
- 5. How about the range of choices available through your MCO/health plan when you had to select a birthing center or hospital? Do you feel that you had a lot of choices, enough choices, or not enough?
 - a. Were there choices in locations that met your needs? (e.g. time and distance)
 - b. Did you have any issues/problems with the birthing centers/hospitals available to you?
- 6. Did you need the service of another doctor (excluding your PCP and OB/GYN or midwife) during your pregnancy? (*prompt: such as a maternal-fetal medicine specialist or perinatologist*)
 - a. What was that doctor's specialty?
 - b. Did you have any difficulties in accessing care from that doctor? (*probe: location, availability of appointments, acceptance of insurance*)
 - c. How would you describe the quality of care you received from that doctor where 1=very poor quality and 5= excellent quality? Can you tell me why you chose that score?
- 7. Were you able to access other health care needs related to your pregnancy such as prenatal vitamins or other medication?
 - a. Please describe any challenges you had in gaining access to these types of supports.

III. Quality of Prenatal Care

Next, I have some questions about the quality of care you received prior to your baby's birth.

- 1. How would you describe the quality of care you received from the providers you saw during your pregnancy?
- 2. What did you like best about your providers?

3. What didn't you like?
4. Were you asked about tobacco use during your pregnancy? Who asked? (e.g., MCO, PCP, OB/GYN)
5. If you use/used tobacco products, were you offered counseling or support for tobacco-cessation?
 - a. If yes, what type of support were you offered and by whom? (e.g., MCO, PCP, OB/GYN)
 - b. Did you have any difficulties accessing the support you were offered?
 - c. If you used any offered supports, how would you rate the quality of that support where 1=very poor support and 5=excellent support. Why did you choose that score?
6. Were you asked about alcohol or other substance use (such as opioids), during your pregnancy? Who asked? (e.g. MCO, PCP, OB/GYN)
7. If you use/used alcohol or other substances (such as opioids), were you offered counseling or support during your pregnancy ?
 - a. If yes, what type of support were you offered by your healthcare provider? What type of support were you offered by the hospital/birthing center upon discharge? Did you accept/use that support?
 - b. If yes, how would you rate the support you received 1=very poor quality of support, 5=excellent quality of support, why did you choose that score?
 - c. If you used opioids, did anyone discuss a Plan of Safe Care for you and your infant?
 - d. What else can you tell me about the support you were offered? Did you have any difficulties accessing the support?
8. Did your prenatal care provider ask you about your mental health and well-being? (e.g. depression, anxiety, and domestic violence and/or safe place to live)
9. *If you screened positive*, were you offered mental health counseling or other support during your pregnancy?
 - a. If yes, can you tell me about support were you offered by your healthcare provider? What type of support was it? Did you accept the support offered?
 - b. How would you rate the quality of the support you received where 1=very poor quality support and 5=excellent quality of support, why did you choose that score?
 - c. Were there any challenges you faced in accessing the support?
10. During any of your office prenatal visits, did your obstetric provider or nurse inform you about the option to receive an intrauterine (IUD) device (e.g. Mirena, Paragard, Kyleena, Liletta, & Skyla) or implant (e.g. Nexplanon) after giving birth to your baby and before being discharged from the hospital or birthing center?

- a. Did you choose to receive an IUD or implant before being discharged?

IV. Access to Postpartum Care

1. Did you receive a home visit from a nurse after you had your baby?
 - a. If not why? (e.g. I was not offered a home visit, I did not need a home visit, etc.)
2. After your baby was born, did you go back to see your OB/GYN or midwife for a postpartum appointment?
 - a. If yes, how old was your baby when you went back for your postpartum visit? (6-weeks? Or more?)
 - b. Were you able to get postpartum care as soon as you wanted it?
 - i. What prevented you from going sooner? *Probe: transportation, childcare, lack of appointments, not knowing/believing they needed a postpartum visit sooner*
 - ii. Were you offered a virtual visit?
 - c. *If no postpartum visit, what prevented you from going? (probe: transportation, childcare, not believing they need a postpartum visit, lack of insurance)*
 - i. Were you given an appointment for postpartum care prior to leaving the hospital?
 - ii. Were you offered a virtual visit?

Go to Section VI: Access to Information

V. Quality of Postpartum Care

Next, I have some questions about the quality of care you received after your baby's birth.

1. How would you describe the quality of care you received from the providers you saw after your baby was born?
2. What did you like best about your providers?
3. What didn't you like?
4. Were you asked about tobacco use after your pregnancy? Who asked? (e.g., MCO, PCP, OB/GYN)
5. If you use/used tobacco products, were you offered counseling or support for tobacco-cessation?
 - a. If yes, what type of support were you offered and by whom? (e.g., MCO, PCP, OB/GYN)
 - b. Did you have any difficulties accessing the support you were offered?
 - c. If you used any offered supports, how would you rate the quality of that support where 1=very poor support and 5=excellent support. Why did you choose that score?
6. Were you asked about alcohol or other substance use (such as opioids) after your baby was born? Who asked? (e.g. MCO, PCP, OB/GYN)

7. If you use/used alcohol or substance use, were you offered counseling or support during your pregnancy and/or after giving birth?
 - a. If yes, what type of support were you offered by your healthcare provider? What type of support were you offered by the hospital/birthing center upon discharge? Did you accept/use that support?
 - b. If yes, how would you rate the support you received 1=very poor quality of support, 5=excellent quality of support, why did you choose that score?
 - c. What else can you tell me about the support you were offered? Did you have any difficulties accessing the support?

8. Did your health care provider ask you about your mental health and well-being during your postpartum visit? (e.g. depression, anxiety, and domestic violence and/or safe place to live)

9. *If you screened positive*, were you offered mental health counseling or other support?
 - a. If yes, can you tell me about support were you offered by your healthcare provider? What type of support was it? Did you accept the support offered?
 - b. How would you rate the quality of the support you received where 1=very poor quality support and 5=excellent quality of support, why did you choose that score?
 - c. Were there any challenges you faced in accessing the support?

VI. Access to information

1. If you had any questions about your pregnancy, who did you ask?
Probe: doctor, nurse, midwife, prenatal educator, health plan, other

2. Did you have any problems in getting your questions about your pregnancy answered?

3. When learning about pregnancy and postpartum, how did you like to get information?
Probe: website/online, magazine, group education class, one-on-one, group class, telehealth

4. What kind of support or information about pregnancy/postpartum did you receive from your MCO/Health Plan? Did you find it to be useful/helpful? In what ways? *If so, please describe. (Care manager, printed information, etc.)*

VII. Experience with Medicaid Managed Care

Your health plan has a program called (AmeriHealth = Bright Start, NHHF=Start Smart for your Baby, WS=Sunny Start) for pregnant women that offers a variety of services and support. If you received prenatal care:

1. *If received pre-natal care*: Did you contact your MCO to let them know you were pregnant or were you automatically enrolled in the program through your doctor?

If no pre-natal care: Did you contact your MCO to let them know you had a baby?

2. Were you contacted by (name of program)?
 - a. If yes, do you feel (name of program) reached out to you either too much or not enough during your pregnancy? Tell me more about that. Do you feel your MCO reached out to you either too much or not enough after your baby was born? Tell me more about that.
3. Tell me about the types of support you received through the program (*prompt: case management from the health plan, educational material, incentives/extra benefits*)
 - a. How would you describe the quality of case management and support you received from your MCO during your pregnancy?
 - b. How would you describe the quality of case management and support you received from your MCO after your pregnancy?
 - c. If you are breastfeeding, did you/are you receiving any support/help from your health plan?

VIII. Suggestions for Improvements

1. If you received prenatal care, what is one improvement you would make to the care and support you received during your pregnancy?
2. If you received postpartum care, what is one improvement to the care and support you received after your pregnancy?
3. Is there anything else about your health coverage that I did not already ask you that you would like to share with me?

AmeriHealth: Maternity Program available to pregnant members free of charge called Bright Start. Breast Pumps are available the Bright Start program. Member financial Incentive to members for notifying ACNH of pregnancy. Member financial Incentive for members with a postpartum visit claim with the postpartum date or service submitted by the provider. Car Seat program open to mems to be and existing children. Community Baby showers, texting program, home delivered meals per applicable care management program; tobacco cessation program; transportation, and assistance with maternity related community resources.

NH Healthy Families: My Health Pay Rewards – Incentive payments for completion of notification of pregnancy form, either in the first Trimester or the Second Trimester. Start Smart for your Baby: High Risk OB program, 17-P program, Addictions in Pregnancy program, Perinatal and Postpartum depression program, texting program, breast pumps/Puff-Free Pregnancy: tobacco cessation program; assistance with WIC, transportation, and community resources.

Well Sense: Sunny Start- care planning, free car seat, free case of diapers with completion of visit within 7-84 days postpartum, transportation assistance, WIC assistance, information/planning, smoking/drug/alcohol counseling, community resource connections, texting program, and free generic pre-natal vitamins. Healthy Rewards Program – incentive payments for completion of a health survey, prenatal visits, and postpartum visit.

APPENDIX 3. MCO-SPECIFIC RECOMMENDATIONS FOR EQRO.01 REPORT

ACNH

Table 15 lists opportunities for improvement from the Member Qualitative Interview Report to include in the EQRO.01 report for ACNH.

Table 15. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	ACNH-2022Sp-EQRO-SSI-01	<p><i>Review and improve MCOs' rewards programs:</i></p> <p>A substantial number of participants reported not receiving any of the supports and services available through their MCOs' program for pregnant women. Some participants expressed frustration that they completed the required activities, but had not received any of the rewards. Participants mentioned that their medical providers were unaware of the programs and did not successfully send the confirmation to the MCO. A review of the process MCOs use to track activities to ensure they are robust enough to universally capture successful completion of tasks and to provide rewards as promised should be accomplished.</p>
2	ACNH-2022Sp-EQRO-SSI-02	<p><i>Review and improve MCOs' rewards programs:</i></p> <p>An examination of the types of requirements that are being rewarded should be conducted to tie activities more effectively to rewards. For example, nearly all interview participants received prenatal care. Some participants volunteered that they would have gone to their prenatal appointments regardless of the rewards program. In contrast, a quarter of participants reported using tobacco products, but had not agreed to accept cessation support. A rewards program which motivates pregnant women to stop smoking during pregnancy and continue to refrain from smoking during their postpartum period could be effective.</p>
3	ACNH-2022Sp-EQRO-SSI-03	<p><i>Enhanced information and support for postpartum pelvic floor complications:</i></p> <p>Participants reported not having access to information about and services to address postpartum pelvic floor issues. Providing information during pregnancy focused on preventive exercises and allowing access to physical therapy and other services during postpartum could reduce complications.</p>
4	ACNH-2022Sp-EQRO-SSI-04	<p><i>Connecting mothers with resources and support</i></p> <p>Text messages, rather than telephone calls, may be a more effective method to connect beneficiaries with available resources. In addition, participants noted a desire for connection with other new and more experienced mothers. MCOs could consider sponsoring support groups to facilitate these connections and interactions.</p>

NHHF

Table 16 lists opportunities for improvement to include in the EQRO.01 report for NHHF.

Table 16. EQRO Findings and Recommendations from the Member Qualitative Interview Report for Improvement to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	NHHF-2022Sp-EQRO-SSI-01	<i>Review and improve MCOs’ rewards programs:</i> A substantial number of participants reported not receiving any of the supports and services available through their MCOs’ program for pregnant women. Some participants expressed frustration that they completed the required activities, but had not received any of the rewards. Participants mentioned that their medical providers were unaware of the programs and did not successfully send the confirmation to the MCO. A review of the process MCOs use to track activities to ensure they are robust enough to universally capture successful completion of tasks and to provide rewards as promised should be accomplished.
2	NHHF-2022Sp-EQRO-SSI-02	<i>Review and improve MCOs’ rewards programs:</i> An examination of the types of requirements that are being rewarded should be conducted to tie activities more effectively to rewards. For example, nearly all interview participants received prenatal care. Some participants volunteered that they would have gone to their prenatal appointments regardless of the rewards program. In contrast, a quarter of participants reported using tobacco products, but had not agreed to accept cessation support. A rewards program which motivates pregnant women to stop smoking during pregnancy and continue to refrain from smoking during their postpartum period could be effective.
3	NHHF-2022Sp-EQRO-SSI-03	<i>Enhanced information and support for postpartum pelvic floor complications:</i> Participants reported not having access to information about and services to address postpartum pelvic floor issues. Providing information during pregnancy focused on preventive exercises and allowing access to physical therapy and other services during postpartum could reduce complications.
4	NHHF-2022Sp-EQRO-SSI-04	<i>Connecting mothers with resources and support</i> Text messages, rather than telephone calls, may be a more effective method to connect beneficiaries with available resources. In addition, participants noted a desire for connection with other new and more experienced mothers. MCOs could consider sponsoring support groups to facilitate these connections and interactions.

Well Sense

Table 17 lists opportunities for improvement to include in the EQRO.01 report for Well Sense.

Table 17. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the EQRO.01 Report for Well Sense

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the EQRO.01 Report		
Member Qualitative Interview Report		
1	WS-2022Sp-EQRO-SSI-01	<p><i>Review and improve MCOs' rewards programs:</i></p> <p>A substantial number of participants reported not receiving any of the supports and services available through their MCOs' program for pregnant women. Some participants expressed frustration that they completed the required activities, but had not received any of the rewards. Participants mentioned that their medical providers were unaware of the programs and did not successfully send the confirmation to the MCO. A review of the process MCOs use to track activities to ensure they are robust enough to universally capture successful completion of tasks and to provide rewards as promised should be accomplished.</p>
2	WS-2022Sp-EQRO-SSI-02	<p><i>Review and improve MCOs' rewards programs:</i></p> <p>An examination of the types of requirements that are being rewarded should be conducted to tie activities more effectively to rewards. For example, nearly all interview participants received prenatal care. Some participants volunteered that they would have gone to their prenatal appointments regardless of the rewards program. In contrast, a quarter of participants reported using tobacco products, but had not agreed to accept cessation support. A rewards program which motivates pregnant women to stop smoking during pregnancy and continue to refrain from smoking during their postpartum period could be effective.</p>
3	WS-2022Sp-EQRO-SSI-03	<p><i>Enhanced information and support for postpartum pelvic floor complications:</i></p> <p>Participants reported not having access to information about and services to address postpartum pelvic floor issues. Providing information during pregnancy focused on preventive exercises and allowing access to physical therapy and other services during postpartum could reduce complications.</p>
4	WS-2002SP-EQRO_SSI-04	<p><i>Connecting mothers with resources and support</i></p> <p>Text messages, rather than telephone calls, may be a more effective method to connect beneficiaries with available resources. In addition, participants noted a desire for connection with other new and more experienced mothers. MCOs could consider sponsoring support groups to facilitate these connections and interactions.</p>