



Five-year Trends in Women Veterans' Use of VA Maternity Benefits, 2008-2012

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ABSTRACT

Background: An increasing number of young women veterans are returning from war and military service and are seeking reproductive health care from the Veterans Health Administration (VHA). Many of these women seek maternity benefits from the VHA, and yet little is known regarding the number of women veterans utilizing VHA maternity benefits nor the characteristics of pregnant veterans using these benefits. In May 2010, VHA maternity benefits were expanded to include 7 days of infant care, which may serve to entice more women to use VHA maternity benefits. Understanding the changing trends in women veterans seeking maternity benefits will help the VHA to improve the quality of reproductive care over time. *Objective:* The goal of this study was to examine the trends in delivery claims among women veterans receiving VHA maternity benefits over a 5-year period and the characteristics of pregnant veterans utilizing VHA benefits. *Design:* We undertook a retrospective, national cohort study of pregnant veterans enrolled in VHA care with inpatient deliveries between fiscal years (FY) 2008 and 2012. *Participants:* We included pregnant veterans using VHA maternity benefits for delivery. *Main Measure:* Measures included annualized numbers and rates of inpatient

deliveries and delivery-related costs, as well as cesarean section rates as a quality indicator. *Key results:* During the 5-year study period, there was a significant increase in the number of deliveries to women veterans using VHA maternity benefits. The overall delivery rate increased by 44% over the study period from 12.4 to 17.8 deliveries per 1,000 women veterans. A majority of women using VHA maternity benefits were age 30 or older and had a service-connected disability. From FY 2008 to 2012, the VHA paid more than \$46 million in delivery claims to community providers for deliveries to women veterans (\$4,993/veteran). *Conclusions:* Over a 5-year period, the VHA must increase its capacity to care for pregnant veterans and ensure care coordination systems are in place to address the needs of pregnant veterans with service-connected disabilities.”

RESEARCH HIGHLIGHTS

- An increasing number of women are returning from deployment, leading to an increase in women veterans. Many of the returning women are in their reproductive years, a shift that may have a significant impact on VHA service providers. Little is known about maternity benefits usage and follow-up care preferences for women veterans. This study sheds light on service usage of VHA services by women.
- After compiling results from a 5 year nationwide study of inpatient deliveries, the researchers found a significant increase in deliveries at VHA clinics. Deliveries increased by 44%, from 12.4 deliveries per 1000 women veterans in FY2008 to 17.8 deliveries per 1000 women veterans in FY2012.
- The influx of returning women veterans paired with PL 111-163 (Caregivers and Veterans Omnibus Health Services Act of 2010) will likely lead to increased usage of VHA maternity benefits. To meet this growing need, policymakers and health care providers might address the challenge of providing high-quality, cost-effective maternity services to our returning women veterans.



IMPLICATIONS

FOR PRACTICE

To meet the growing needs of women veterans, community-based providers should coordinate care with the VHA and other health providers to ensure that the reproductive health needs of women veterans are adequately addressed. Community-based providers should be cognizant of the myriad complex medical issues or mental health concerns some returning veterans might have when offering care. Efforts to increase awareness and appropriate treatment for women veterans should include consultation from mental health professionals, case management, and navigation outreach services to minimize adverse outcome while monitoring quality of care and controlling patient costs. Community-based providers should collaborate with other providers to offer the most continuous plan of care possible for veteran women before, during, and after pregnancy.

FOR POLICY

The VHA might devise more cost-effective means for care while providing continuing to provide high-quality reproductive health care services to women veterans. The VHA might work with community-based health service providers to coordinate reproductive and maternity care for women veterans. The VHA might conduct an assessment of current prenatal and postnatal capabilities of VHA facilities and adjust service provision(s) to match the growing population of OEF/OIF/OND veteran women. The increased usage of VHA maternity benefits may be due to the recent expansion of the week-long infant coverage under VHA maternity care benefits. Thus, the VHA might extend newborn coverage for women who seek VHA benefits rather than private insurance, Medicaid, or self-payment for costs associated with newborn healthcare. When disaggregated by VA service areas, the VHA might note geographic differences among increased delivery claims to best tailor service provision.

FOR FUTURE RESEARCH

Given that prior studies of civilian families have demonstrated that differential insurance coverage within families can lead to issues of poor access to preventative services and inconsistent care plans, future studies should examine how access to insurance affects veteran families. Forthcoming research should examine women veterans' knowledge and choices on VHA maternity benefits. Researchers should examine if Public Law 111-163 (Caregivers and Veterans Omnibus Health Services Act of 2010), which provides 7-day newborn care, has contributed to the increased utilization of VHA maternity benefits. Future researchers should build upon these findings by studying if women who use VHA maternity benefits return to use VHA services for ongoing health care post-pregnancy. It would be beneficial to examining the impact of expanded health care choices under the Affordable Care Act for women veterans. Given that many women veterans are returning with PTSD, noncommittal disorder, and bipolar disorder, future studies should examine the physical and mental health of newborns and women veterans to determine if the prevalence of these conditions are exacerbated or diminished after pregnancy. Though this research expands the body of literature on women veterans and maternity benefits, a few limitations should be noted. This study is limited by the researchers not being able to draw causal relationships between service usage and the implementation of PL 111-163. Another limitation is that the researchers were unable to control for time effects that may have caused an increase in pregnancies due to longitudinal method of data collection.

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