



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR 24 2024

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

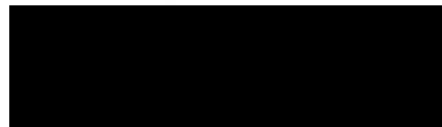
Dear Mr. Chairman:

The Department's response to section 746(f)(2) of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283), "Extramedical Maternal Health Providers Demonstration Project," is enclosed. Section 746(f)(2) requires the Secretary of Defense to provide an annual report on an extra medical maternal health provider demonstration, which the Department has titled the Childbirth and Breastfeeding Support Demonstration (CBSD). The CBSD began January 1, 2022, and is set to expire on December 31, 2026, with overseas implementation beginning January 1, 2025.

The CBSD offers continuous labor support and antepartum/postpartum support services from certified labor doulas as well as breastfeeding support services from certified lactation consultants or counselors not otherwise TRICARE-authorized for all TRICARE-eligible beneficiaries receiving maternity services in private sector care, including active duty Service members. This annual report details provider network growth since implementation, use of demonstration services thus far, and provides total survey response data received through June 30, 2023, for those who received services by March 31, 2023, as well as some early analysis.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the House Armed Services Committee.

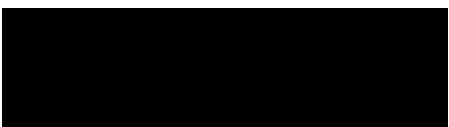
Sincerely,



Ashish S. Vazirani
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member





OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR 24 2024

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,



Ashish S. Vazirani
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



Report to the Committees on Armed Services of the Senate and the House of Representatives



Extramedical Maternal Health Providers Demonstration Project

April 2024

Preparation of this study/report cost the Department of Defense a total of approximately \$7,000 for the 2023 Fiscal Year. This includes \$7,000 in DoD labor.

RefID: 7-25A3E2F

Introduction

This report summarizes early findings of the demonstration project mandated by section 746 of the William M. (Mac) Thornberry National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021, which required the Secretary of Defense to establish a 5-year demonstration project to evaluate the cost, quality of care, and impact on maternal and fetal outcomes of using extra medical (i.e., non-medical) maternal health providers under TRICARE to determine the appropriateness of making coverage of such providers permanent. The NDAA for FY 2021 required an initial report on implementation of the demonstration and annual reports due beginning one year after the start of the demonstration (the first of which was submitted by the Department of Defense (DoD) on February 14, 2023). All mandated reporting elements are addressed in this report to the fullest extent possible. Limitations are discussed later in the report.

Background

DoD implemented the congressionally mandated extra medical maternal health provider demonstration through a Federal Register notice (FRN) published on October 29, 2021 (86 Federal Register 60006). The demonstration project was titled the Childbirth and Breastfeeding Support Demonstration (CBSD). The CBSD added certified labor doulas (CLDs) who meet certain requirements as authorized providers and allowed up to six antepartum or postpartum visits plus one episode of continuous labor support. Additionally, the CBSD allowed cost-sharing for the services of certified lactation consultants and certified lactation counselors not otherwise TRICARE-authorized (henceforth collectively referred to as “LCs”) who meet certain requirements and up to six total prenatal or postnatal breastfeeding counseling visits per birth event. Finally, the CBSD also added coverage of group breastfeeding counseling sessions (including prenatal breastfeeding classes) by a CBSD LC or another TRICARE-authorized provider, to be included in the six total visit allowance. In addition to the congressionally mandated study elements, DoD notified the public in the FRN of its intent to study the administrative feasibility of a permanent benefit. The demonstration began in the United States on January 1, 2022.

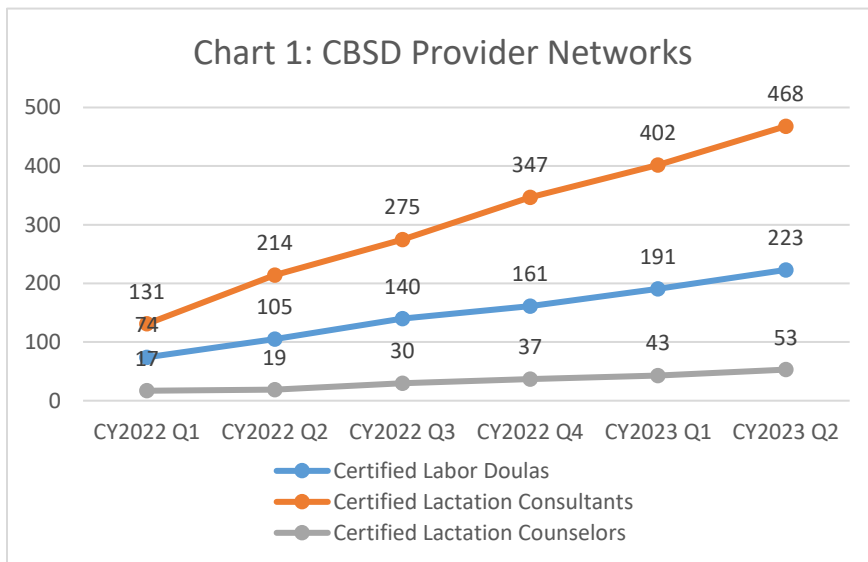
Congress described annual reporting expectations in section 746 of the NDAA for FY 2021, which included addressing rates of use for demonstration services, qualitative results via survey responses, and the financial/logistical feasibility of creating a permanent benefit. This report addresses each requirement set forth by Congress, along with any limitations in providing data. Reports are expected each year on or by the anniversary of demonstration commencement. This report will meet the second of these requirements. Each report must address, at a minimum, the following matters:

- A. The number of covered beneficiaries enrolled in the demonstration.
- B. The number of enrolled covered beneficiaries who have participated in the demonstration.
- C. The results of the required survey.
- D. The cost of the demonstration.
- E. An assessment of the quality of care provided to participants in the demonstration.

- F. An assessment of the impact of the demonstration on maternal and fetal outcomes.
- G. An assessment of the effectiveness of the demonstration.
- H. Recommendations for adjustments to the demonstration project.
- I. The estimated costs avoided as a result of improved maternal and fetal outcomes due to the demonstration project.
- J. Recommendations for extending the demonstration project or implementing permanent coverage under the TRICARE program of extra medical maternal health providers.
- K. An identification of legislative or administrative action necessary to make the demonstration project permanent.

Discussion

The Managed Care Support Contractors (MCSCs) have continued to build provider networks since last year’s report, with significant increases in the number of providers reported as qualified to participate in the demonstration (both in-network and out-of-network) since last year. DoD continues to focus on educating contractors and beneficiaries on the CBSD and preparing to evaluate the results and overall effectiveness of the demonstration. The number of providers registered by TRICARE’s regional contractors as qualified to provide demonstration



Numbers reported by MCSC as of June 2023

services is at its highest point yet, with the potential to continue adding where necessary. The greatest challenge of administering the demonstration remains the lack of nationwide regulation of the extra medical providers under study as well as determining if there is a benefit configuration with which the providers are willing to engage that also meets DoD’s requirements to ensure high quality care

while maintaining its fiduciary responsibility to the public.

- A. *The number of covered beneficiaries enrolled in the demonstration.*

For CBSD participation within the United States, DoD considers a beneficiary enrolled in the demonstration when a claim is received for services under the CBSD. That is, enrollment is automatic. For details, see the response to the following section.

B. *The number of enrolled covered beneficiaries who have participated in the demonstration.*

The number of enrolled beneficiaries is equivalent to the number of beneficiaries who participated in the demonstration. The total number of unique beneficiaries who participated in the demonstration from January 1, 2022 until May 31, 2023, is 5,116. This includes services received by active duty Service members (ADSMs), active duty family members (ADFMs), and retirees and their family members (referred to as non-active duty dependents or NADDs).

Beneficiary Category	Breastfeeding Support Services	Childbirth Support Services	Total Unique Beneficiaries
ADSMs	758	97	826
ADFMs	2,884	492	3,268
NADDs	952	91	1,022
Total	4,594	680	5,116

Table 1: Unique CBSD Participants by Beneficiary Category, January 2022-May 2023

A total of 11,800 breastfeeding support service sessions have been provided to 4,594 individual beneficiaries (Current Procedural Terminology (CPT) codes 99401 through 99404, 99411, and 99412). This includes 5,346 individual and 4,017 group breastfeeding counseling sessions with LCs, and 2,437 individual or group breastfeeding counseling sessions with providers who are already TRICARE-authorized (such as Registered Nurses or Physicians). Subtracting individual sessions with otherwise authorized providers, which were already a TRICARE benefit, this means 9,408 newly covered service events have been provided. Most often breastfeeding support is billed in 60-minute increments. Breastfeeding support services under the CBSD have been utilized in 4.3 percent of total private sector births since implementation.

CPT Code	Service Description	Number of Services
99401	Individual, 15 minutes	318
99402	Individual, 30 minutes	623
99403	Individual, 45 minutes	310
99404	Individual, 60 minutes	4,096
99411	Group, 30 minutes	7
99412	Group, 60 minutes	4,054
Total		9,408

Table 2: Total New Breastfeeding Support Services Provided Under the CBSD through May 2023, by CPT Code

The TRICARE Program has reimbursed antepartum or postpartum use of a CLD under CPT code 99509 a total of 2,303 times. This means the average number of doula visits per beneficiary (either before or after labor) is three, half of the allowance. Survey data corroborates this approximation, showing most respondents met their doula once or twice both before and after giving birth. Continuous labor support under CPT code 59899 was reimbursed for 483 different beneficiaries during the period included (January 2022 through May 2023). Of 680 beneficiaries who used at least one childbirth support service, 623 had given birth (92 percent)

by the time claims analysis was completed. Beneficiaries in the middle of their pregnancies may still have a continuous labor support encounter and/or additional ante/postpartum visits that are not yet reflected in claims data and have not yet been offered the survey.

CPT Code	Service Description	Number of Services
99509	Antepartum or Postpartum Visit	2,303
59899	Continuous Labor Support	483
Total		2,786

Table 3: Total Childbirth Support Services Provided Under the CBSD through May 2023, by CPT Code

DoD believes the relatively low number of childbirth support services compared to lactation support services provided is due to several factors. Doulas who would qualify to be reimbursed by TRICARE under the demonstration based on DoD’s chosen criteria may be accustomed to private pay and not know how to navigate the claims system. They may not be willing to learn the system or accept government pay rates for services. Finally, there are some areas of the country where CLDs (according to one of the five chosen certification bodies accepted by the CBSD) are not available.

Overall, CBSD service use has continued to steadily increase, as expected. Of the estimated 91,739 beneficiaries who gave birth in the private sector from January 2022 through May 2023, 4.8 percent used one or more CBSD providers. While the hope is that an increasing number of beneficiaries will take advantage of having covered CLD and LC services, DoD recognizes other barriers to care, such as provider access, and plans to consider these factors in determining feasibility of a permanent benefit.

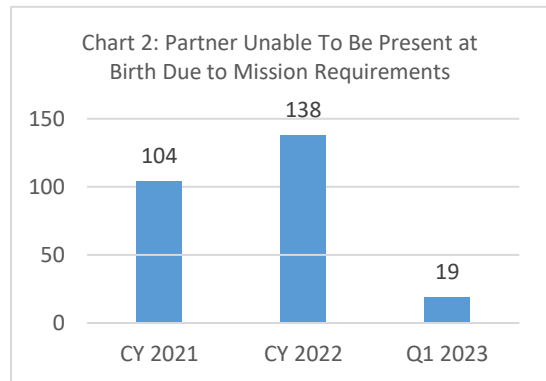
C. The results of the required survey.

Survey responses provide a unique insight into the experience of giving birth in the Military Health System (MHS). Beneficiary perception of the overall birth experience is reported as positive more often than negative across all factors analyzed, including use of a CLD/LC (or lack thereof), partner presence, direct care or private sector, and whether or not it was a first birth experience for the individual. DoD has included additional information throughout this report that was gathered via survey elements not requested directly by Congress but that could be otherwise valuable, such as mental health of first-time mothers (see section F). A full summary of direct survey responses has also been included at the Appendix.

Through June 30, 2023, survey responses have been received from roughly 7,648 individuals. The following survey items were mandated by the NDAA for FY 2021.

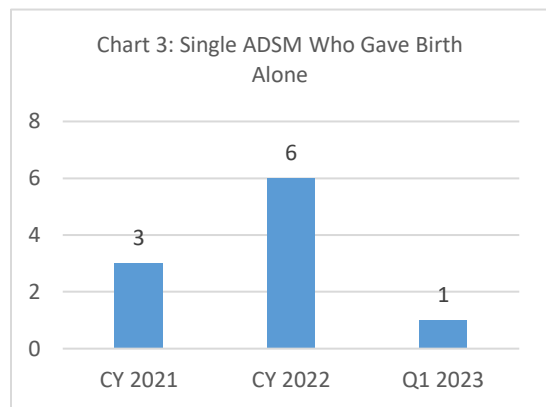
- a. How many members of the Armed Forces or spouses of such members give birth while their spouse or birthing partner is unable to be present due to deployment, training, or other mission requirements.

The number of respondents who said their partner was not present at their most recent birth event due to mission requirements is relatively low. Chart 2 shows the total count of individuals by year, which is an average of 3 percent of all survey respondents.



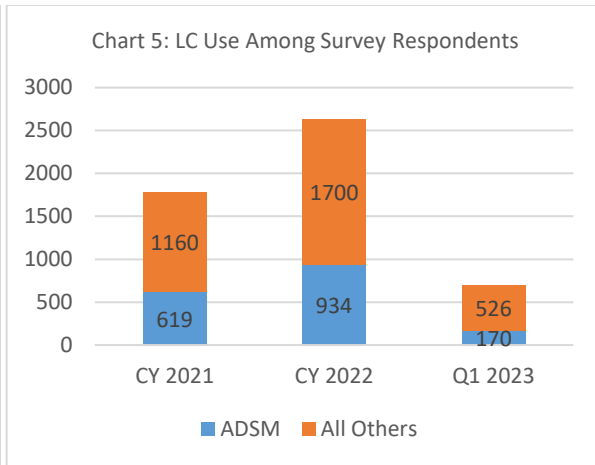
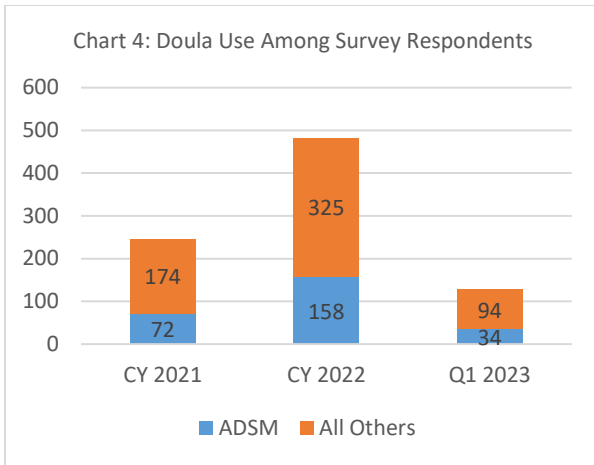
- b. How many single members of the Armed Forces give birth alone.

There were 179 self-reported single ADSMs who responded to the survey, yet a birth without any form of personal support in the room was rare. Chart 3 gives perspective on this. While there is a population of single service members giving birth each year, only a few reported only medical staff in the room during birth. Single respondents reported family, friends, and even photographers in the room with them. In 2022, 10 percent of respondents in this category included a doula in their birthing experience, including doulas paid by TRICARE under the demonstration.



- c. How many members of the Armed Forces or spouses of such members use doula, lactation consultant, or lactation counselor support.

Charts 4 and 5 show total reported doula and LC use separated by year. Direct care and private sector survey responses have been combined, so ADSM numbers represent all MTF births as well as those covered in the private sector by TRICARE. In the first quarter of 2023, TRICARE was on course to pay for a larger percentage of CLD services than in 2022. Included in these separate totals is some overlap of service use, since 617 respondents have used both CLD and LC services. Sixty-eight percent of survey respondents used either CLD or LC services in 2021. This increased slightly to 69 percent in 2022, and the proportion of either service use through March 2023 is at 72 percent. Percentages of CLD and LC use among survey respondents are increasing separately, both contributing equally to the growing total usage. In 2021, prior to CBSD implementation, use of doula services was 9 percent and LC services 65 percent of all survey respondents. Now, just over one full year into implementation, use of these services is at 12 and 68 percent, respectively, 3 percent greater for each. It is too early to know if these changes are significant or if they are related to the CBSD.

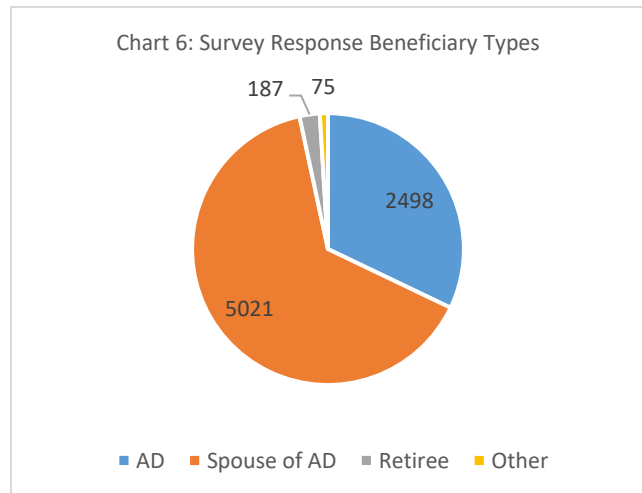


- d. The race, ethnicity, age, sex, relationship status, Armed Force, military occupation, and rank, as applicable, of each individual surveyed.

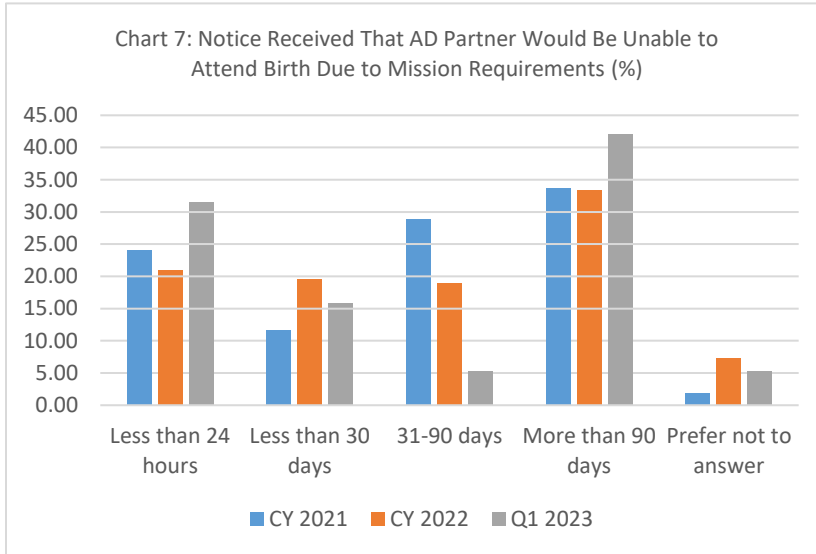
Survey respondents have most often been white, aged 25 to 34 years, and in a marriage or domestic partnership. The Armed Force most represented among respondents is the Air Force, closely followed by Army and with some participants from each branch with fewest from the Space Force. Nearly half of ADSM respondents were a rank of E-4, E-5, or E-6. Military occupations cover a great range, though healthcare and administration were common responses. See the Appendix for a full report of demographics.

- e. If individuals surveyed were members of the Armed Forces or the spouses of such members, or both.

The majority of all surveyed beneficiaries were the spouse of an ADSM. Approximately one-third were ADSMs themselves. A small portion were retirees, and even fewer did not identify themselves as any of these categories. These individuals may be retiree spouses or the dependent children of other beneficiaries. Since DoD was only able to collect e-mail addresses for ADSMs with military medical treatment facility (MTF) deliveries, all other beneficiaries who gave birth in an MTF are not represented in these numbers. Included here are 1,060 ADSMs who are also the spouse of an ADSM, meaning over 13 percent of surveyed beneficiaries were ADSMs who were married to other ADSMs.



- f. The length of advanced notice received by individuals surveyed that the member of the Armed Forces would be unable to be present during the birth, if applicable.



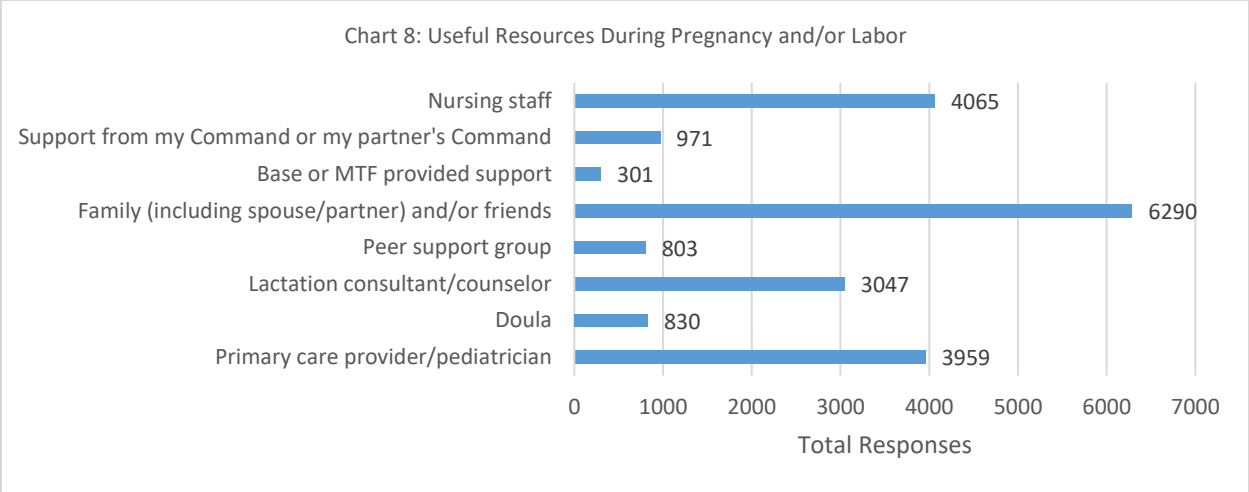
Respondents who reported their spouse was unable to be present at the birth due to mission requirements (261 total individuals) were asked an additional question regarding how much notice they received that this absence was going to occur. As shown in Chart 7, from 2021 to 2023 the most common notice period received was more than 90 days (between 33 and 42 percent). In 2023, the proportion of respondents who

received less than 24 hour notice of their partner’s absence increased by more than 10 percent from the previous year, though due to a relatively small sample size, these changes may not be significant. Even though TRICARE is not responsible for notice received or some of the other factors surrounding birth experience collected by the survey, this information is considered relevant enough to share with the Department as a whole.

These demonstration results are based on claims data through July 26, 2023, for beneficiaries who used services before May 31, 2023, and survey response data received by June 30, 2023, for beneficiaries who gave birth through March 31, 2023. Claims data in this report is limited to beneficiaries who used CBSD services. Survey responses include a larger population of beneficiaries who gave birth in the MHS. This is discussed in detail in section 3.C., with full survey responses provided in the Appendix.

- g. Any resources or support that the individuals surveyed found useful during the pregnancy and birth process, including doula, lactation consultant, or lactation counselor support.

Survey respondents were asked to identify any resource types that were helpful to them throughout their most recent birth experience. Family and/or friends was the most popular answer. The role of nursing staff, physicians, and LCs was also significant to respondents during this time.

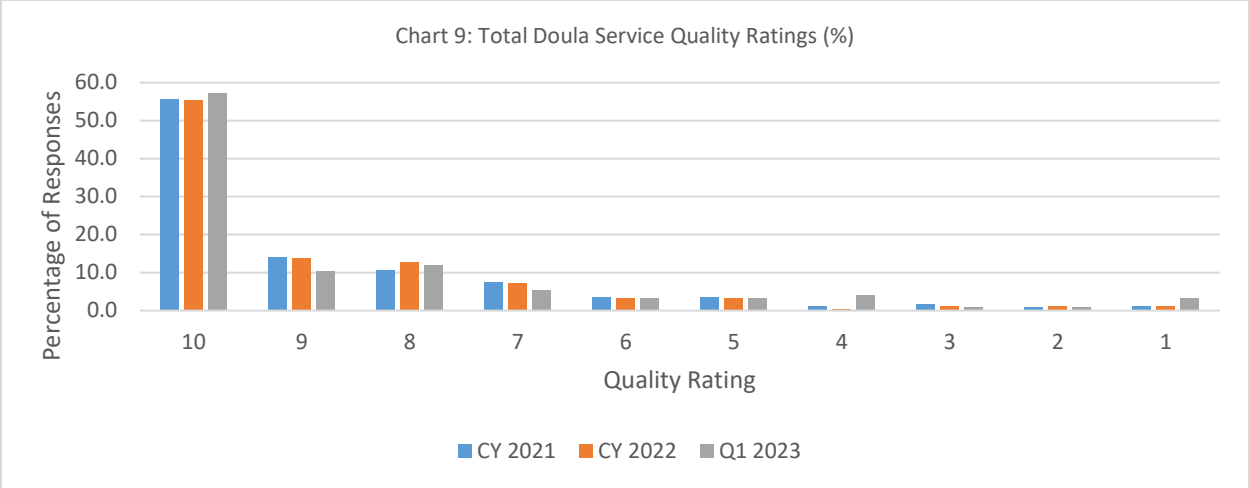


D. The cost of the demonstration.

The cost of demonstration services through May 2023 totaled approximately \$1.1 million (\$1,135,629.00). This includes \$707,020.00 paid for breastfeeding support to 230 different providers and \$428,609.00 for childbirth support to 101 different providers. As rates of CBSD service use continue to increase, costs per year are expected to mirror this trend.

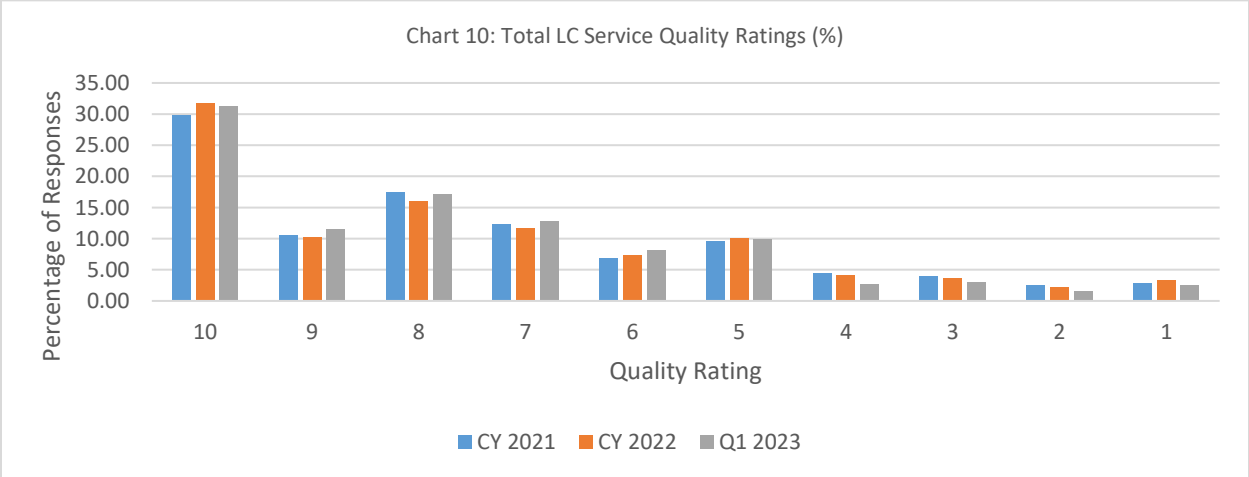
E. An assessment of the quality of care provided to participants in the demonstration.

Based on survey results thus far, the quality of care being provided under the demonstration appears to be at, or exceeding, an acceptable level. Beneficiary satisfaction will be considered before DoD’s eventual recommendation for or against permanent coverage of CLDs and/or LCs. Survey responses will be the primary method of measuring quality of care. Survey respondents are asked to rate the quality of childbirth or lactation support provided by their doula or lactation consultant/counselor respectively, where 1 is the lowest possible quality and 10 is the highest possible quality. The most common choices made in response to these questions were a rating of 10 for childbirth support (Chart 9) and 10 for lactation support as well (Chart 10). Of note, not all doula services were provided by doulas covered by the CBSD. Since the beginning of the demonstration, TRICARE has paid for approximately 18 percent of eligible doula services used by survey respondents. Most commonly, the beneficiary reported they or a family member paid (60 percent). Quality rating does not appear dependent on how a doula was paid, though sample sizes for comparison are still low. Survey data at this point provides greater insight into CLD and LC use as a whole rather than the quality of TRICARE-paid providers of these types specifically. The following chart shows beneficiary ratings of the quality of care received from their doula as a percentage of all those who responded to the same question for services provided in the same calendar year (CY) (for all forms of payment). In all years measured, more than half of all doula services (55.5 percent in 2021, 55.6 in 2022) were rated as highly as possible with a slight increase in the first quarter of CY 2023 (57.1).



For the few respondents who rated their doula services lower than 10, comments imply that the rating was influenced by inability to use their preferred doula due to demonstration requirements or the doula’s choice not to accept TRICARE payment. Although care provided by doulas able (or willing) to be covered by TRICARE under the CBSD has a positive rating of quality, overall numbers remain too low to draw broad conclusions. This will be a factor to consider in weighing the feasibility and benefit of adding permanent coverage.

Due to lower rates of doula use in general, numbers of TRICARE-paid doulas are still low and the use of a small sample size in quality analysis can result in false conclusions. Fortunately, the volume of LC use is large enough to give adequate sample sizes and make accurate comparisons for the demonstration. The survey also asked those who indicated use of LC services to rate the quality of care received. The chart below shows these ratings based on CY. Between 29 and 32 percent of LC services were rated as highly as possible, depending on the year. A rating of 8 out of 10 was the second most common among all years. Use of lactation support services is more prevalent, potentially contributing to this category of services receiving a more even distribution of quality ratings.



F. An assessment of the impact of the demonstration on maternal and fetal outcomes.

Since breastfeeding support is already an established benefit, the CBSD concentrates more on evaluating the merits of adding certified lactation counselors and consultants as TRICARE-authorized providers than the basic value of breastfeeding support. In both 2022 and the first half of 2023, breastfeeding support visits billed under the CBSD accounted for approximately 17 percent of all breastfeeding support provided to TRICARE beneficiaries, with usage numbers for CY 2023 thus far on track to match or exceed CY 2022.

Survey responses provide modest preliminary support for the benefits of doula services. First-time mothers more often reported a very good or excellent overall birth experience when a doula was present (56 percent of the time versus 49 when neither demonstration service was used). Similarly, first-time mothers who used a CLD were more likely to describe their mental health state 6 weeks post-delivery as very good or excellent (26 percent over 20) and less likely to describe it as fair or poor (48 percent compared to 54) than those who did not. These potential correlations will be of continued interest as total service use numbers grow in the coming years; however, DoD has not evaluated the statistical significance of these preliminary findings.

Further information regarding the CBSD's impact on maternal and fetal health outcomes will be available in future reports.

The Department has entered into a contractual relationship with Booz Allen Hamilton to perform preliminary work on the CBSD evaluation. This work will include identifying the most appropriate outcome measures and measurement methodologies for maternal and fetal outcomes, which will contribute to final assessment of demonstration effectiveness. Next year's report is expected to share these outcome measures and measurement methodologies, and may have some initial results, though we do not expect any conclusions will be appropriate at that time. DoD is committed to a robust evaluation that fully studies the impact of non-medical maternal health providers on TRICARE beneficiaries.

G. An assessment of the effectiveness of the demonstration.

It is too early in the demonstration to draw conclusions about the entirety of its impact. Information regarding the CBSD's impact on effectiveness will be available in future reports. Claims data and survey responses will be used to evaluate effectiveness; however, the recently awarded evaluation contract (discussed further in the last paragraph of section F) will begin this evaluation work.

H. Recommendations for adjustments to the demonstration project.

DoD continues to assess provider networks and beneficiary utilization and work directly with health care contractors to optimize demonstration functioning. DoD is highly aware that the CBSD, as a pilot program, aims to result in reliable findings able to be used in a recommendation for future policy; frequent changes to the demonstration could be harmful to this goal. However, some adjustments may be necessary as DoD refines the benefit under study.

Beginning January 1, 2025, the CBSD will be extended overseas. An FRN outlining plans for overseas implementation published on August 2, 2023. Additional details on overseas implementation can be found in Chapter 18 of the TRICARE Operations Manual (<https://manuals.health.mil>).

- I. *The estimated costs avoided as a result of improved maternal and fetal outcomes due to the demonstration project.*

Information regarding the CBSD's cost avoidance will be available in later reports.

- J. *Recommendations for extending the demonstration project or implementing permanent coverage under the TRICARE program of extra medical maternal health providers.*

DoD has no recommendations regarding extension of the CBSD or permanent implementation of coverage under the Basic (i.e., medical) benefit at this time.

- K. *An identification of legislative or administrative action necessary to make the demonstration project permanent.*

DoD has no recommendations regarding legislative or administrative action needed to make the CBSD permanent under the Basic (i.e., medical) benefit at this time.

Conclusion

This report is intended to meet requirements set forth in section 746 of the NDAA for FY 2021 calling for progress reports “no later than one year after the date on which the demonstration commences, and annually thereafter for the duration of the demonstration.”

Since last year's report, there has been valuable progress under the CBSD. Much of the first year was taken up with implementation by the MCSCs, educating providers on the CBSD and general TRICARE requirements and processes (such as how to file claims and balance billing requirements), and educating beneficiaries on services available.

In the second year, DoD grew provider networks, ensuring more beneficiaries were able to participate in the CBSD. DoD also started receiving results from its Maternity Survey, which has provided a wealth of information not just on the CBSD, but on maternity care overall in the MHS. DoD is grateful to all TRICARE beneficiaries who took the time to respond to the survey and is committed to using those results to improve the CBSD and the maternity benefit, where appropriate. From the survey, trends of demonstration service use are beginning to appear, suggesting a majority of participants received high quality of care from CLDs and LCs. Completed long-term data collection will be a more accurate indication of service effectiveness.

Even so, DoD is aware that not all beneficiaries who want access to care under the CBSD are able to do obtain it (either because they are ineligible to participate, or because they are unable to locate a provider willing to work under TRICARE). We continue to evaluate what, if any, changes are appropriate to the CBSD, and are committed to a controlled rollout of services that takes into account beneficiary access to care; the safety, efficacy, and appropriateness of

care under the TRICARE program; DoD's fiduciary responsibility to the public; and an understanding of the long-term impact of potential permanent benefit changes.

As the demonstration moves into its third year, DoD is preparing for implementation of the CBSD overseas. By waiting to implement the CBSD in overseas locations, DoD has been able to work with its TRICARE Overseas Program contractor to minimize challenges encountered by beneficiaries and providers during that implementation. The TRICARE Overseas Program contractor reimbursed for deliveries in 41 countries in 2022. Operating a novel demonstration project in a wide variety of health care ecosystems has required a substantial amount of planning and preparation. The next report is due before that rollout is complete, but more tangible updates regarding overseas implementation efforts will be available at that time.

During the next year, DoD will also be working with Booz Allen Hamilton to develop an evaluation strategy that will assure an unbiased review of the services under study and intends to report on that evaluation strategy in the next report.

Appendix

Survey Methodology and Discussion of Results

Paragraph (e)(1) of section 746 of the NDAA for FY 2021 mandated that the Secretary of Defense complete an annual survey of ADSMs and ADFMs who gave birth with DoD. Congress did not limit the survey to demonstration participants and some questions, such as the amount of advanced notice a beneficiary had that their spouse or partner would not be present for the delivery, fell outside the control of the Defense Health Agency, DoD Agency administering the CBSD (i.e., no changes in direct or private sector care would impact responses to that question). When drafting the survey, DoD determined it would be appropriate to leverage the survey to improve understanding of services provided under the demonstration. Additional questions were asked on general health and well-being (both physical and mental) so that DoD might assess whether those indicators were different for beneficiaries receiving a service under the demonstration. Much of the potential impact of doulas and LCs is expected to be on patient reported outcomes, with the survey being DoD's best vehicle for obtaining this information. The survey asks other questions specific to the functioning of the demonstration itself, such as whether the beneficiary had difficulty accessing services, providing DoD with direct, timely feedback for improving processes. The survey was approved by the Office of Management and Budget (OMB) under OMB Control Number 0720-0070. The survey initially had 41 questions; an additional narrative response question ("If you have any comments or feedback you would like to share regarding your experience of giving birth in the Military Health System (not limited to the demonstration/pilot program), please do so here.") was added after DoD received numerous responses to existing narrative questions that fell outside the demonstration itself. The survey numbering used in this Appendix does not include that new question.

At drafting this report, the Maternity Survey has been sent out to a majority of the beneficiaries who were identified as having given birth in the MHS in CYs 2021, 2022, and the first quarter (Q1) of 2023. Included in the data are respondents from direct care (limited to ADSMs) and private sector care (beneficiaries enrolled to one of the MCSCs or the TRICARE Overseas Program, both ADSM and non-ADSM) in 2021, 2022, or 2023, as indicated. The Maternity Survey responses are intended to capture a larger population than the CBSD participants themselves (both in time, by surveying a year prior to the start of the CBSD, and by including beneficiaries who are unable or have chosen not to participate in the CBSD). Greater comparisons of CBSD service use and value over time will be made in future reports when more years of data with larger total populations are available.

The survey was sent via e-mail to all beneficiaries who gave birth in the private sector and provided a valid e-mail address to one of the MCSCs or the TRICARE Overseas Program Contractor, as well as ADSMs who gave birth in an MTF with a valid e-mail address in the Defense Enrollment Eligibility Reporting System, and so included not only those who used demonstration services. Not included are beneficiaries dual enrolled with Medicare, beneficiaries enrolled to the Uniformed Services Family Health Plan, or ADFMs who gave birth in an MTF. Reminders to complete the survey were sent out at regular intervals. This resulted in the response rates shown below in the Table. All references to CY 2023 are only to first quarter

births in the private sector since e-mails are sent by quarter and survey execution is still in progress.

Time Period	Population	# of E-mails	# of Responses	Response Rate
2021	Private Sector	34,454	2,340	6.79%
2021	Direct Care	4,629	358	7.73%
2022	Private Sector	40,378	3,548	8.79%
2022	Direct Care	4,790	448	9.35%
Q1 2023	Private Sector	17,665	954	5.40%

Table: Survey Response Rates

When viewing survey data, there are some facts to be aware of: (1) all those who received the survey may not have yet responded at the time of survey data analysis or may not be planning to respond at all; (2) beneficiaries who gave birth/received services in the time frame being evaluated may not have their claims processed yet and because of this have not been sent the survey; (3) not all questions were shown to each respondent since the survey contains questions hidden from those for whom they do not apply; therefore, total responses vary between questions; and (4) the survey has not yet been sent to anyone who gave birth after March 31, 2023. The survey does not distinguish the breastfeeding support services provided by an LC from those provided by a Registered Nurse or other existing TRICARE-authorized provider; therefore, responses are likely referring to a combination of both. DoD also assumes some level of survey bias present in responses, especially when broaching such a sensitive and personal topic as childbirth. Surveying a large group who may be influenced by varying priorities carries a risk of misunderstanding. A similar experience may result in a high rating from one beneficiary and a low rating from another without context to understand any individual perception. When analyzing survey data, it must be assumed that respondents answered questions to the best of their ability and are giving an accurate portrayal of their experience, yet there still may be some presence of accidental responses or lack of comprehension.

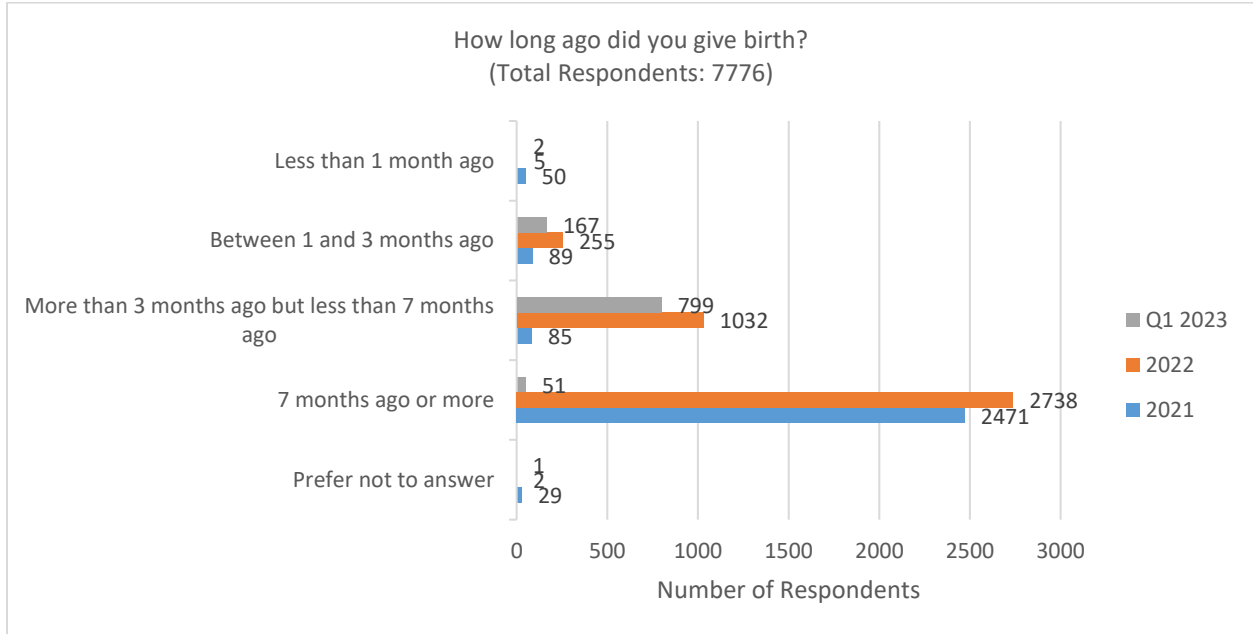
The following charts show total response rates for each survey question. If the question offered “Prefer Not to Answer” as a response choice, this is shown in the corresponding chart. However, charts do not include responses where the question was left blank.

General Questions and Health and Well-being Data

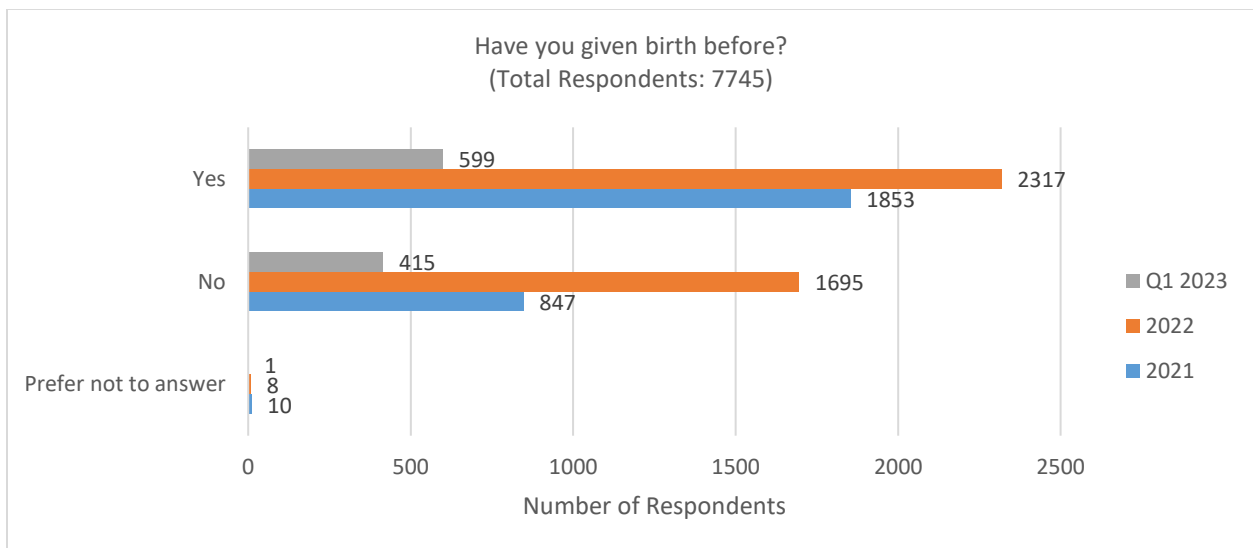
Questions 1 to 13 were asked of all beneficiaries except where otherwise noted.

1) How long ago did you give birth?

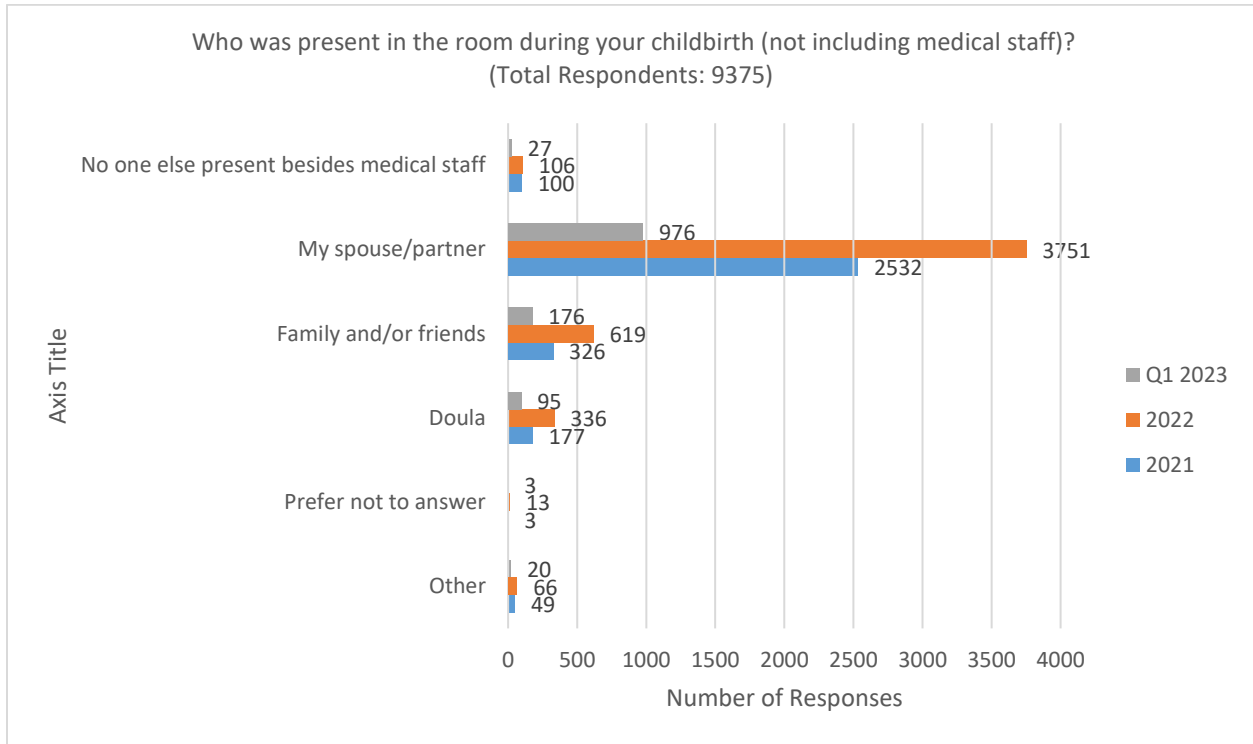
NOTE: The initial round of surveys was sent in February 2023; as a result, nearly all beneficiaries who gave birth in 2021 would have given birth more than 7 months prior to being asked to complete the survey.



2) Have you given birth before?

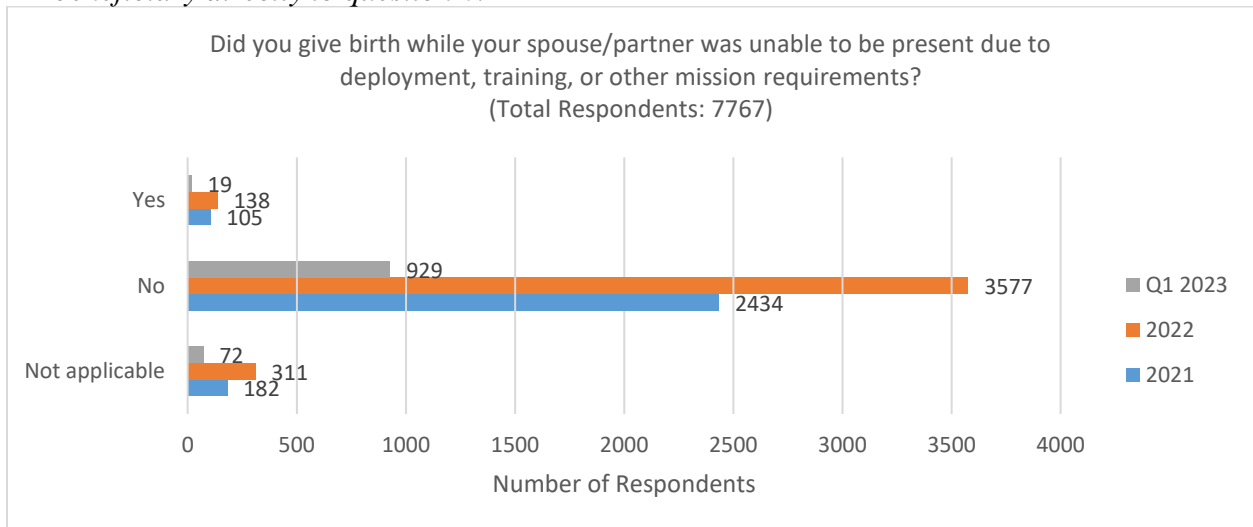


3) Who was present in the room during your childbirth (not including medical staff)? Mark all that apply.



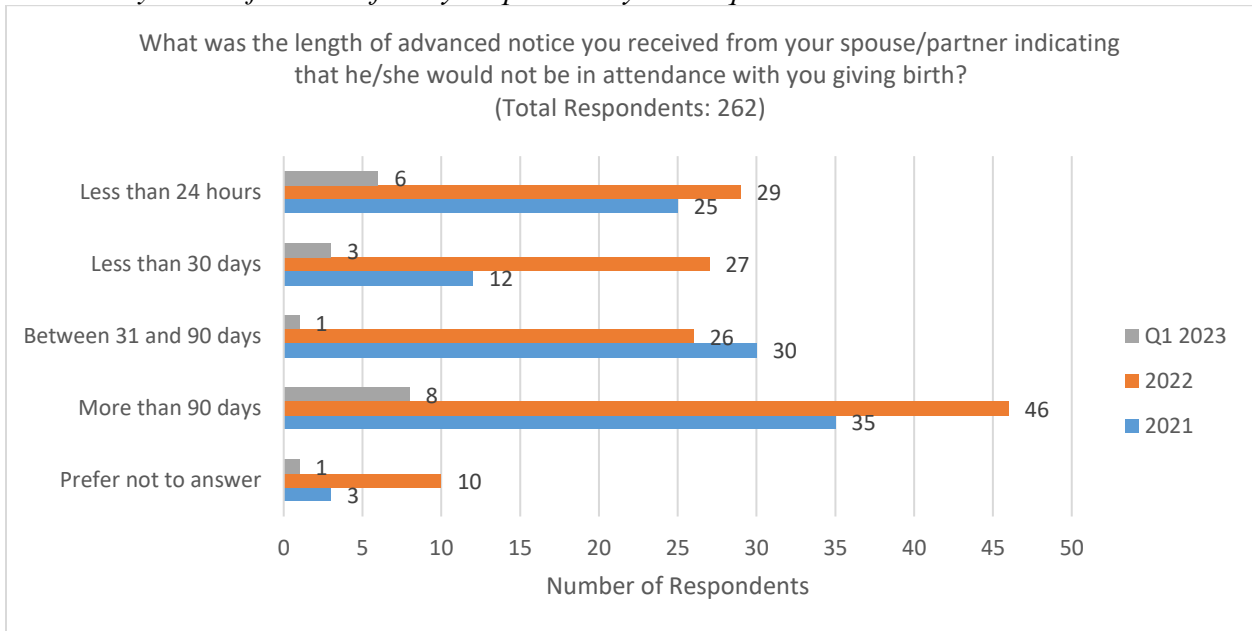
4) Did you give birth while your spouse/partner was unable to be present due to deployment, training, or other mission requirements?

A “yes” response triggered question 5; all other responses (including no response) sent the beneficiary directly to question 6.



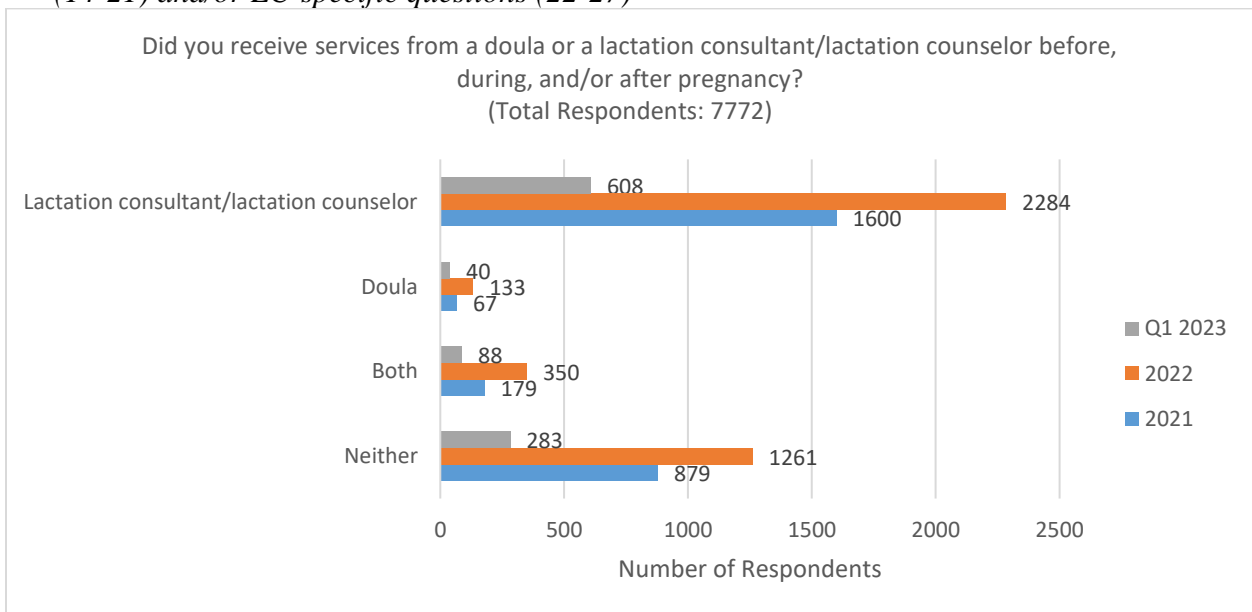
5) What was the length of advanced notice you received from your spouse/partner indicating that he/she would not be in attendance with you giving birth?

Only asked if the beneficiary responded “yes” to question 4.

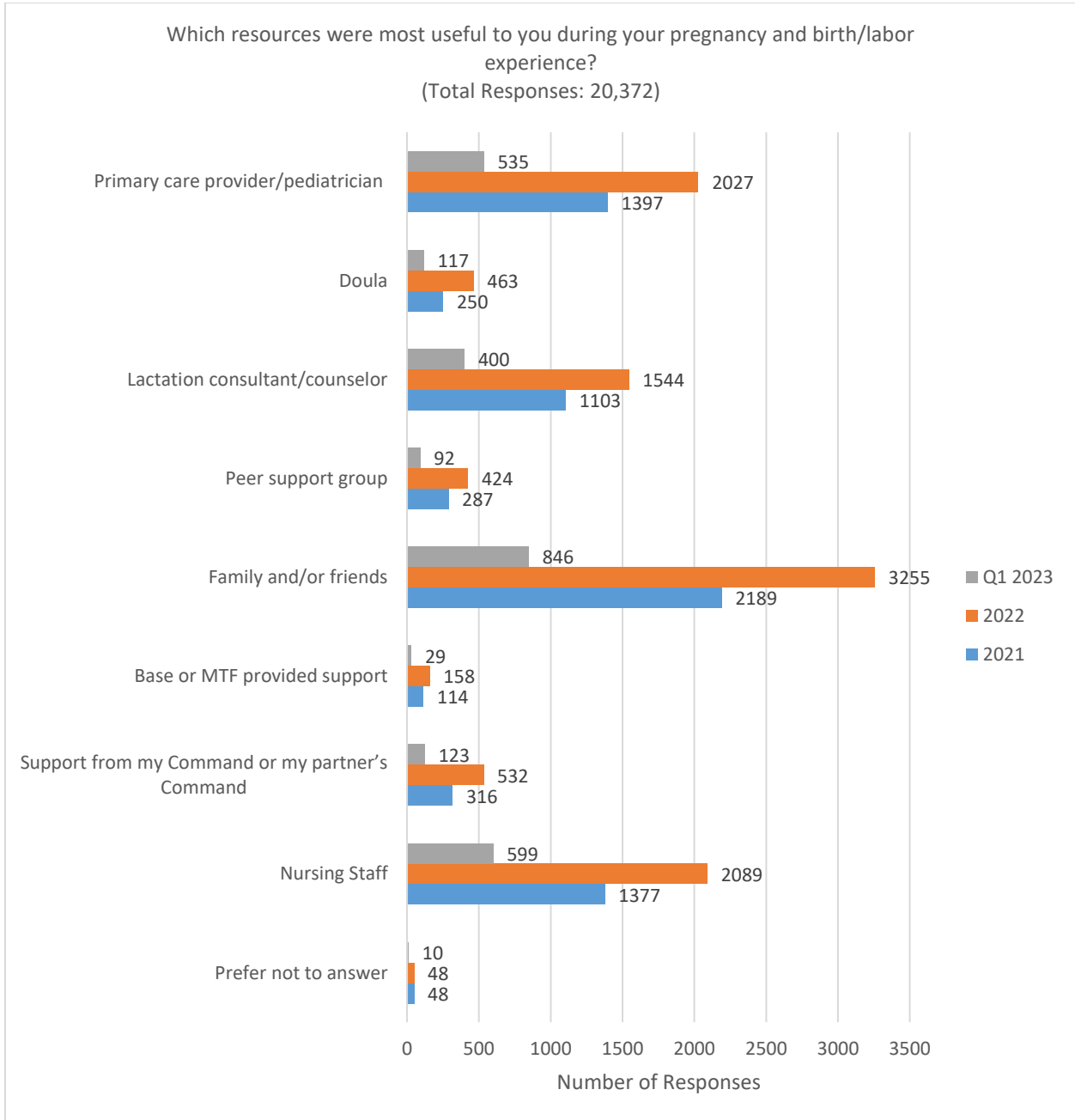


6) Did you receive services from a doula or a lactation consultant/lactation counselor before, during, and/or after pregnancy?

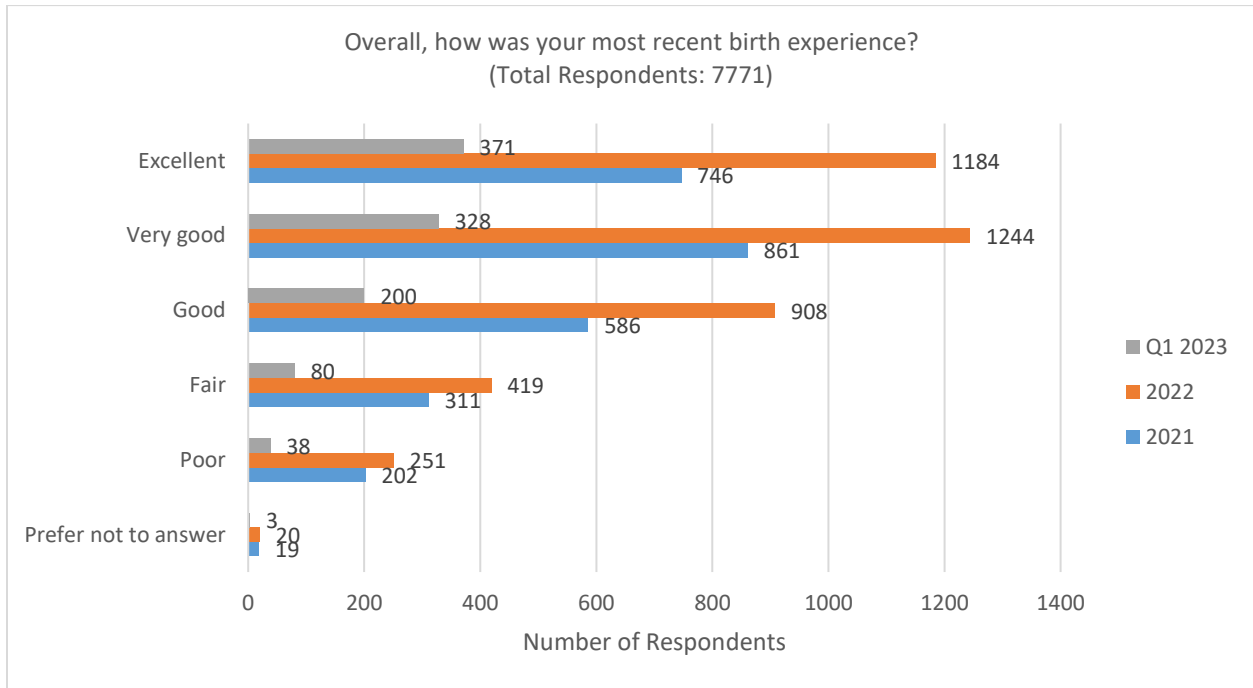
Responses to question 6 determined if the beneficiary was asked doula-specific questions (14-21) and/or LC-specific questions (22-27)



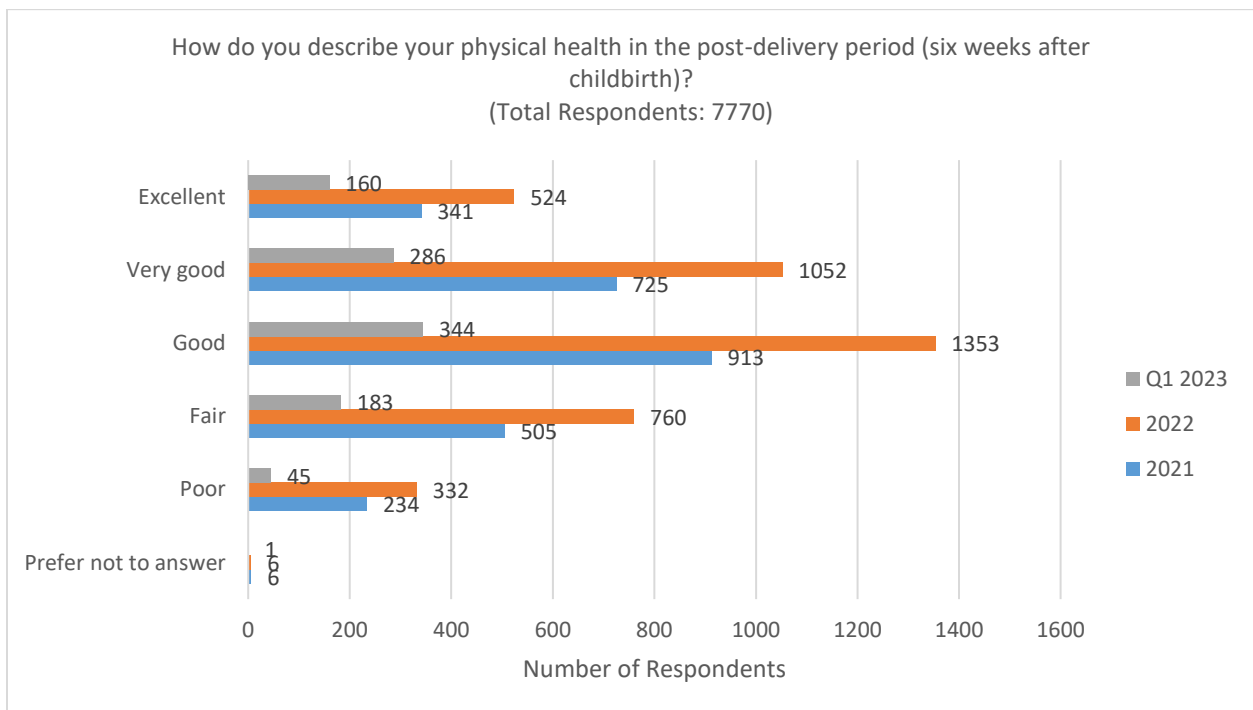
7) Which resources were most useful to you during your pregnancy and birth/labor experience? Select all that apply.



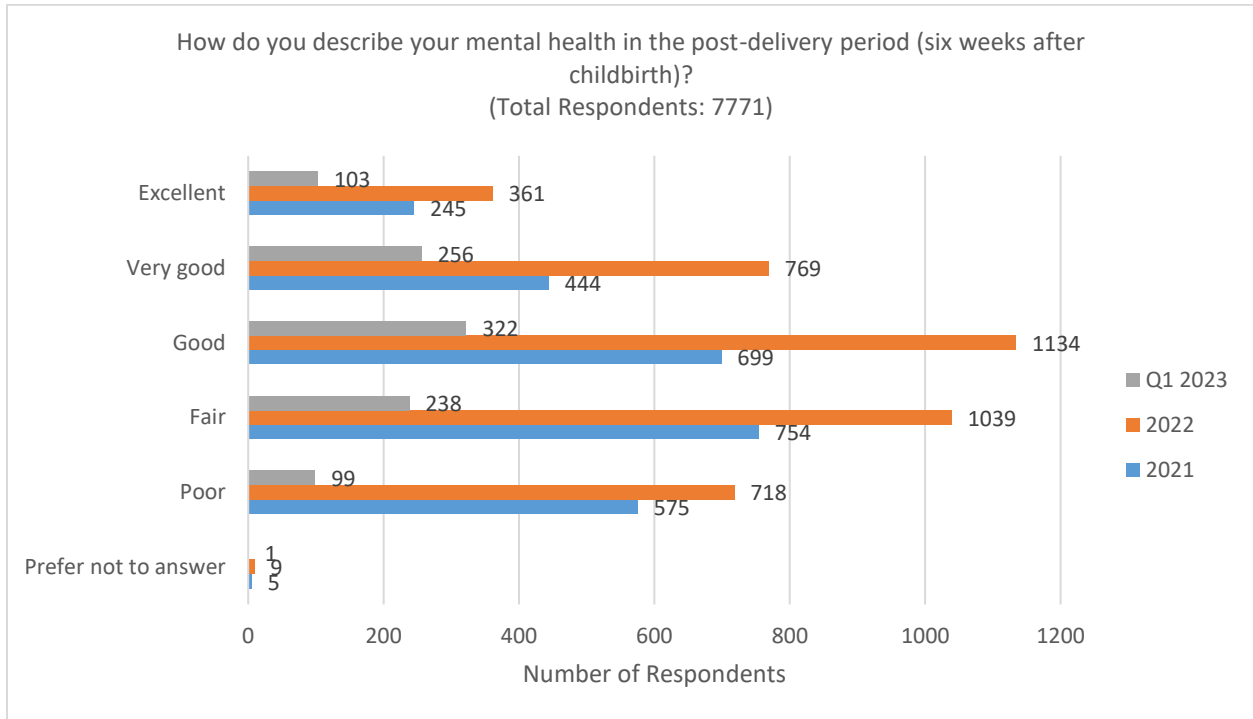
8) Overall, how was your most recent birth experience?



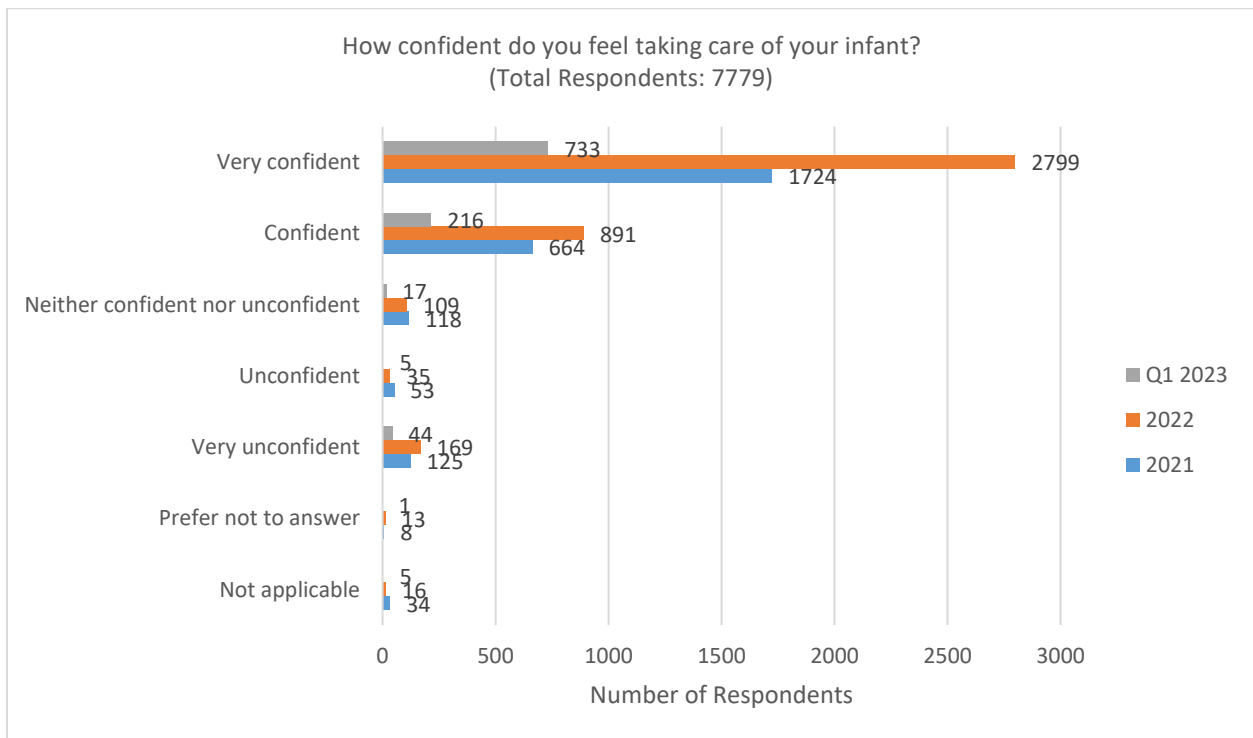
9) How do you describe your **physical** health in the post-delivery period (6 weeks after childbirth)?



10) How do you describe your **mental** health in the post-delivery period (6 weeks after childbirth)?

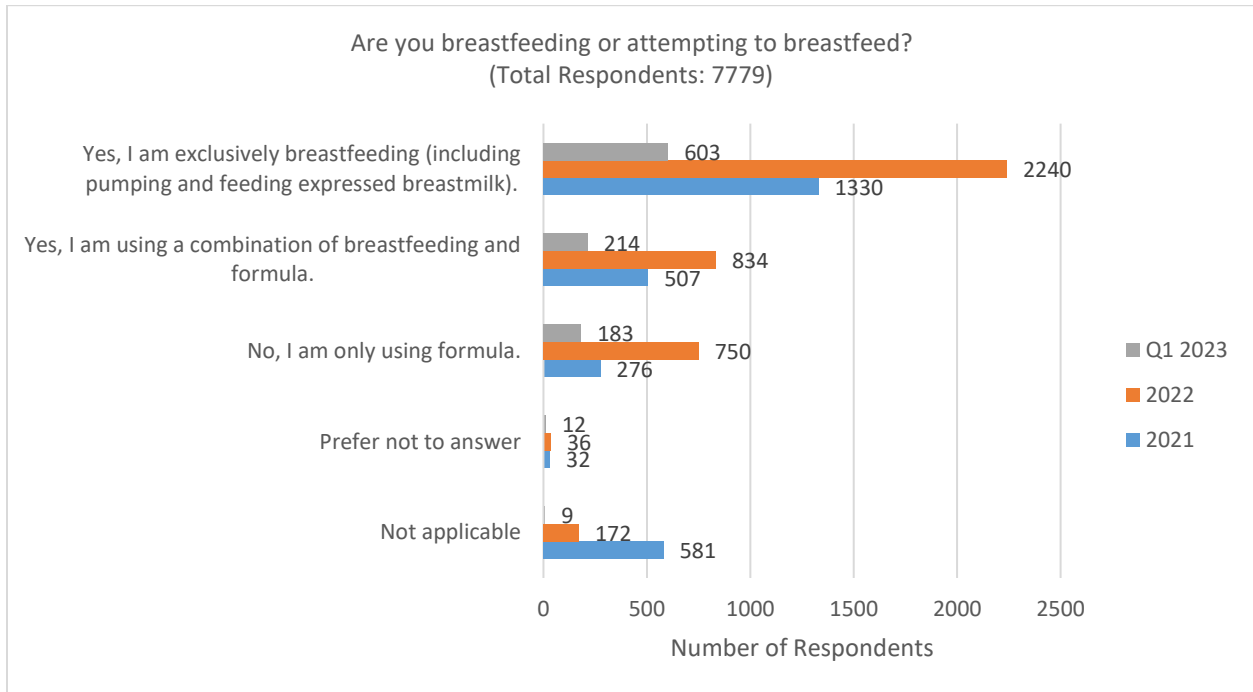


11) How confident do you feel taking care of your infant?



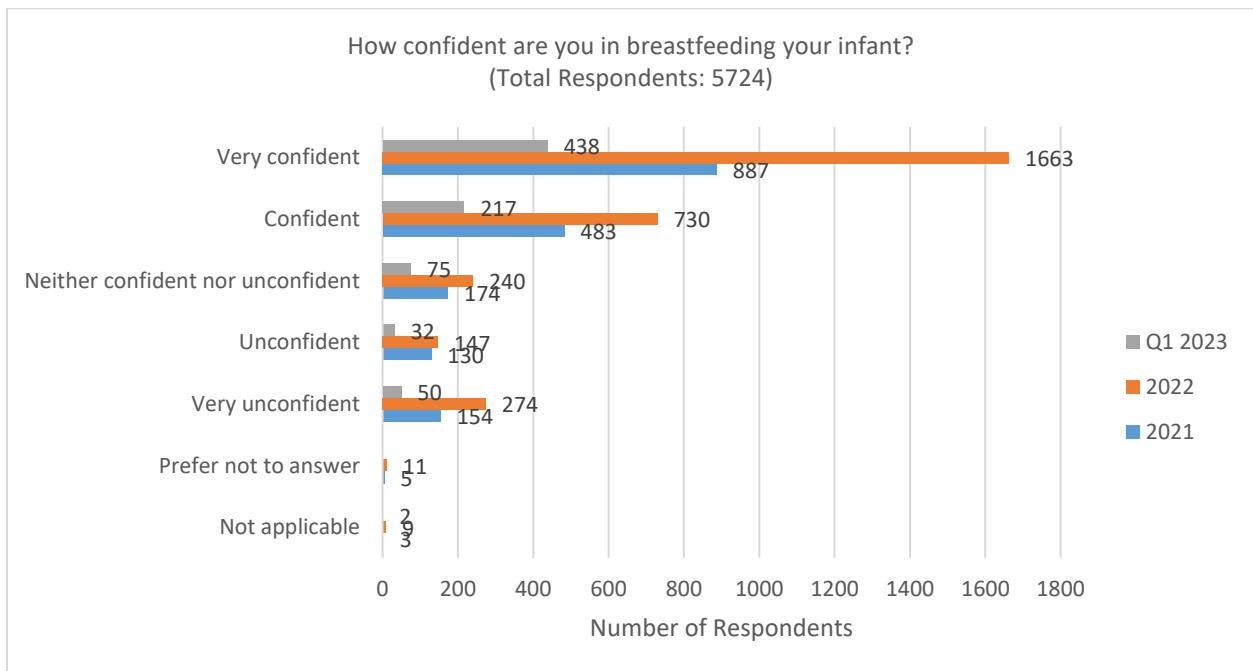
12) Are you breastfeeding or attempting to breastfeed?

Both “yes” answers triggered question 13. All other answers sent the beneficiary to question 14.



13) How confident are you in breastfeeding your infant?

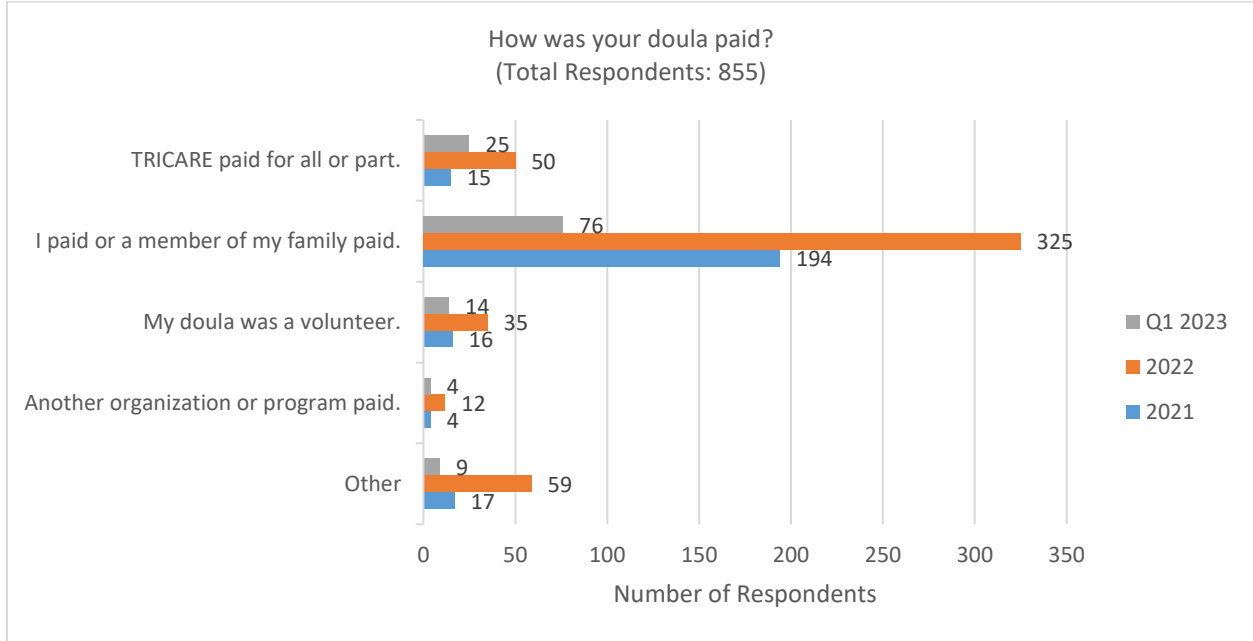
Only asked if the beneficiary responded “yes” to question 12.



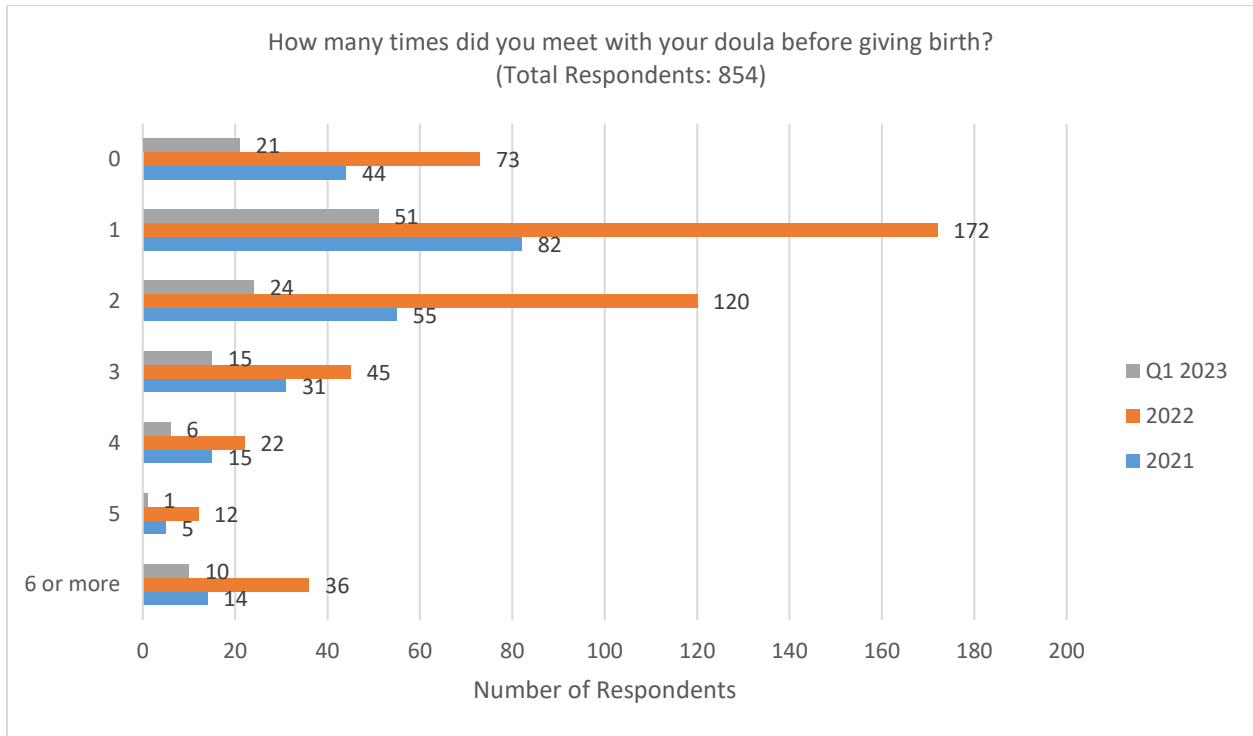
Questions for Users of Doulas/Childbirth Support Services

Questions 14 to 21 were only asked if the beneficiary responded that they used a doula or both a doula and a lactation consultant/counselor to question 6.

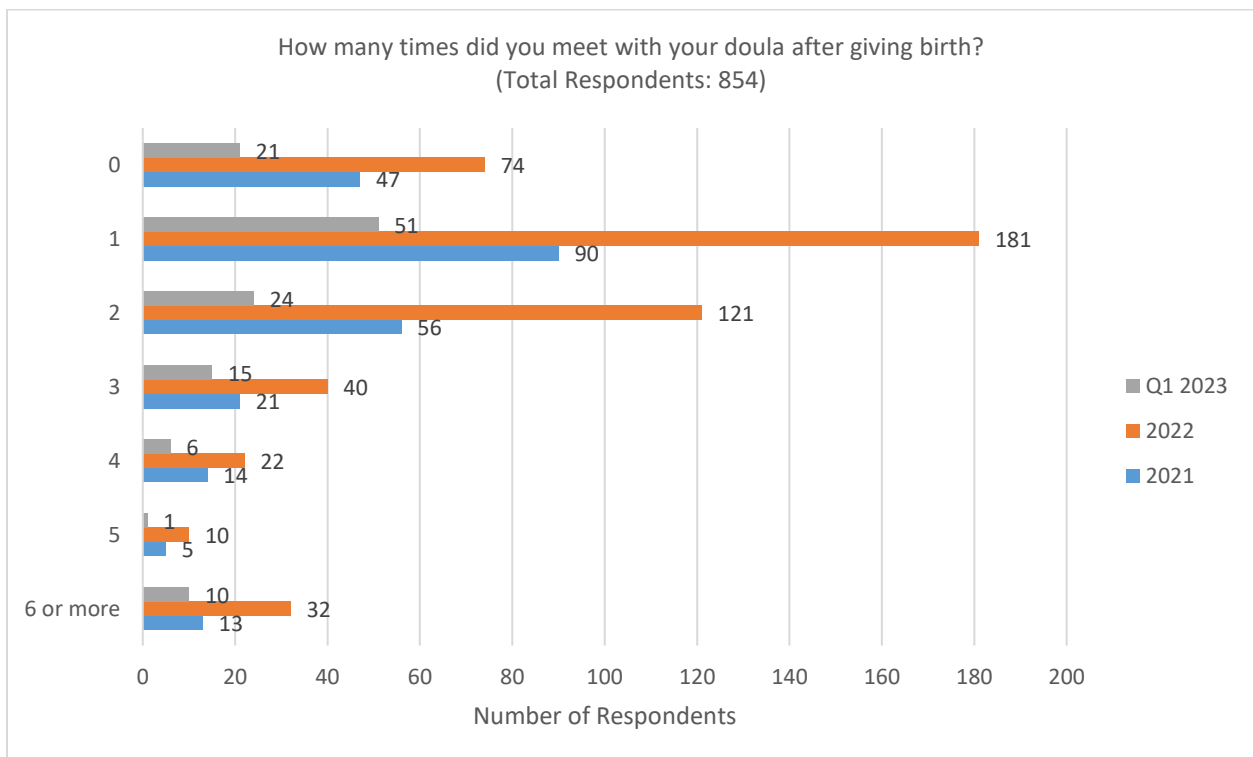
14) How was your doula paid for?



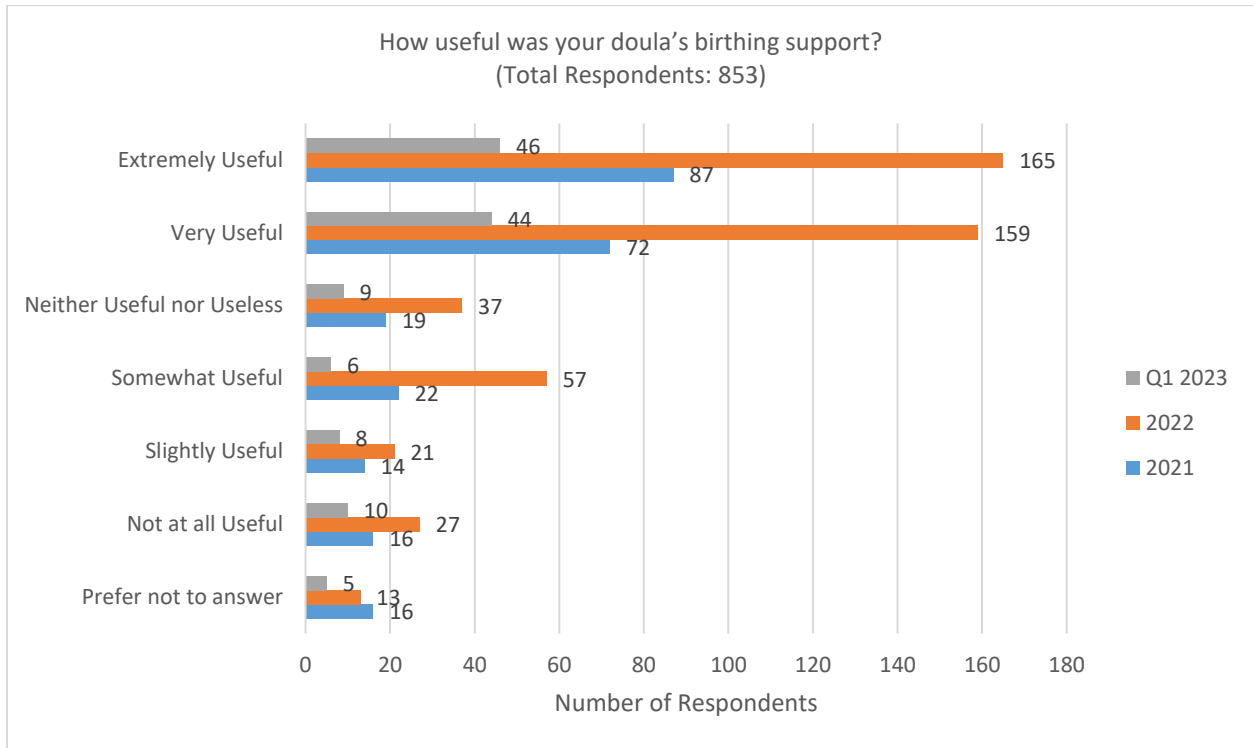
15) How many times did you meet with your doula **before** giving birth?



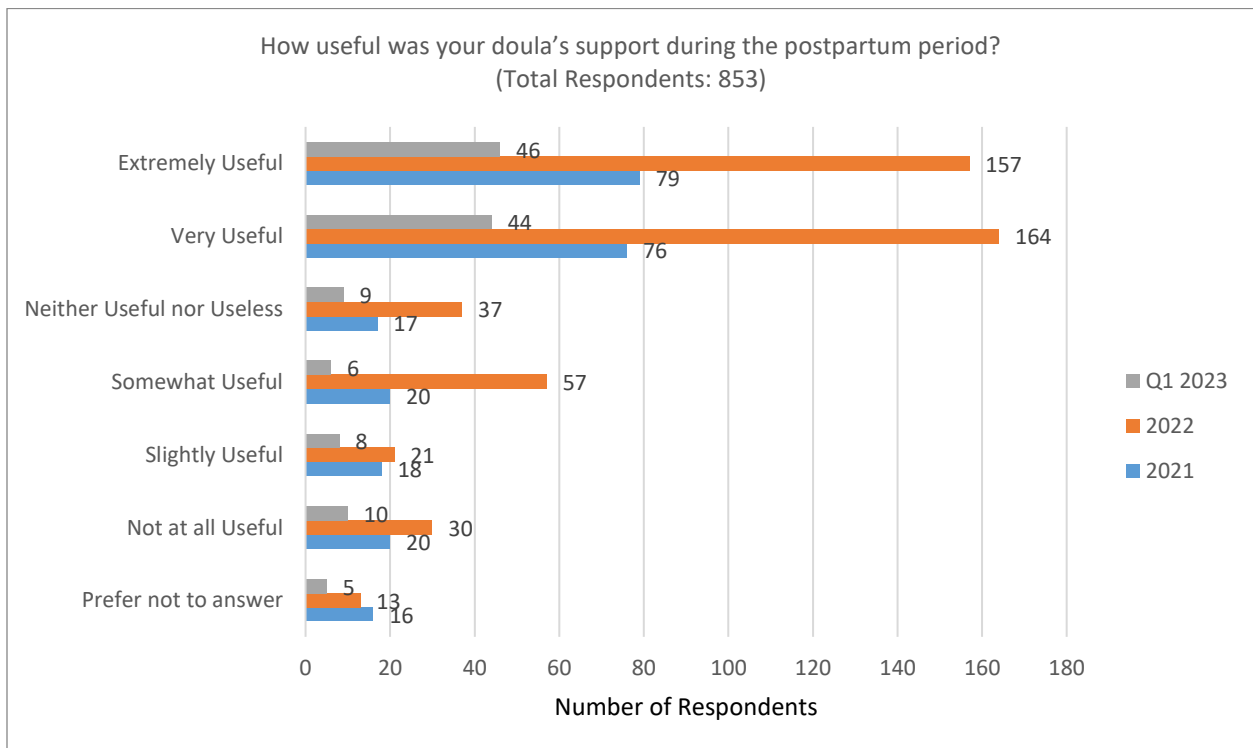
16) How many times did you meet with your doula **after** giving birth?



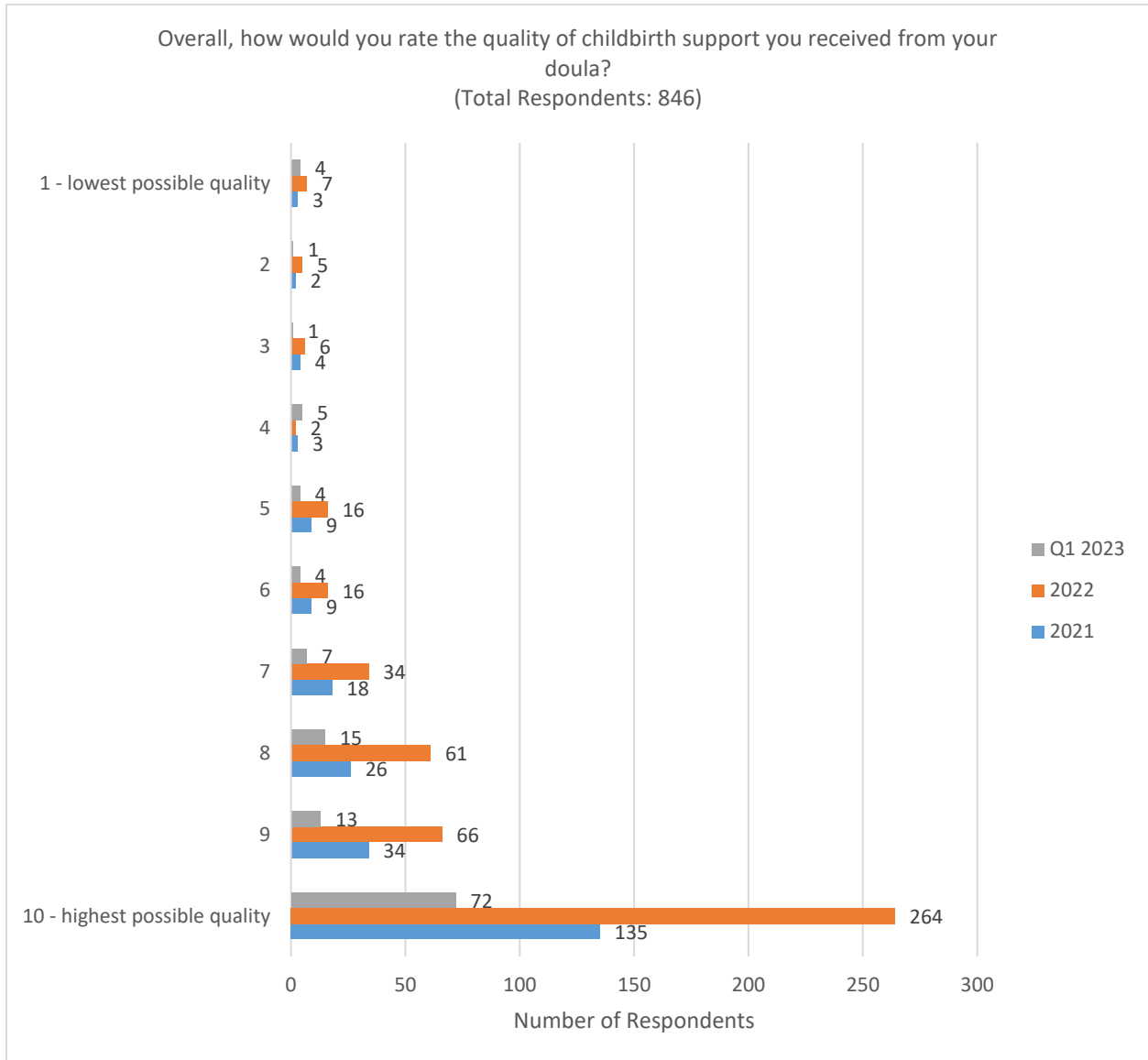
17) How useful was your doula's birthing support?



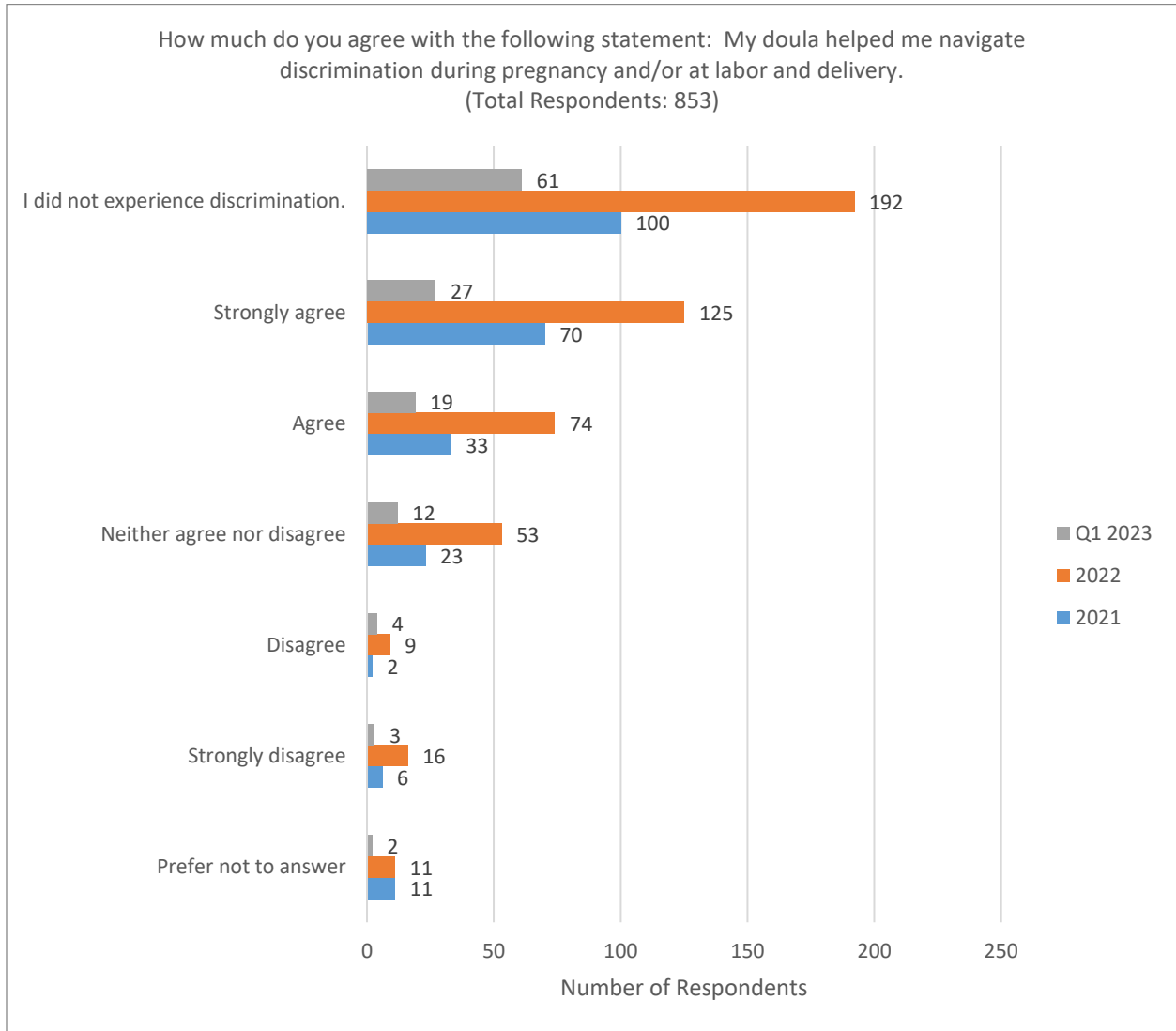
18) How useful was your doula's support during the postpartum period?



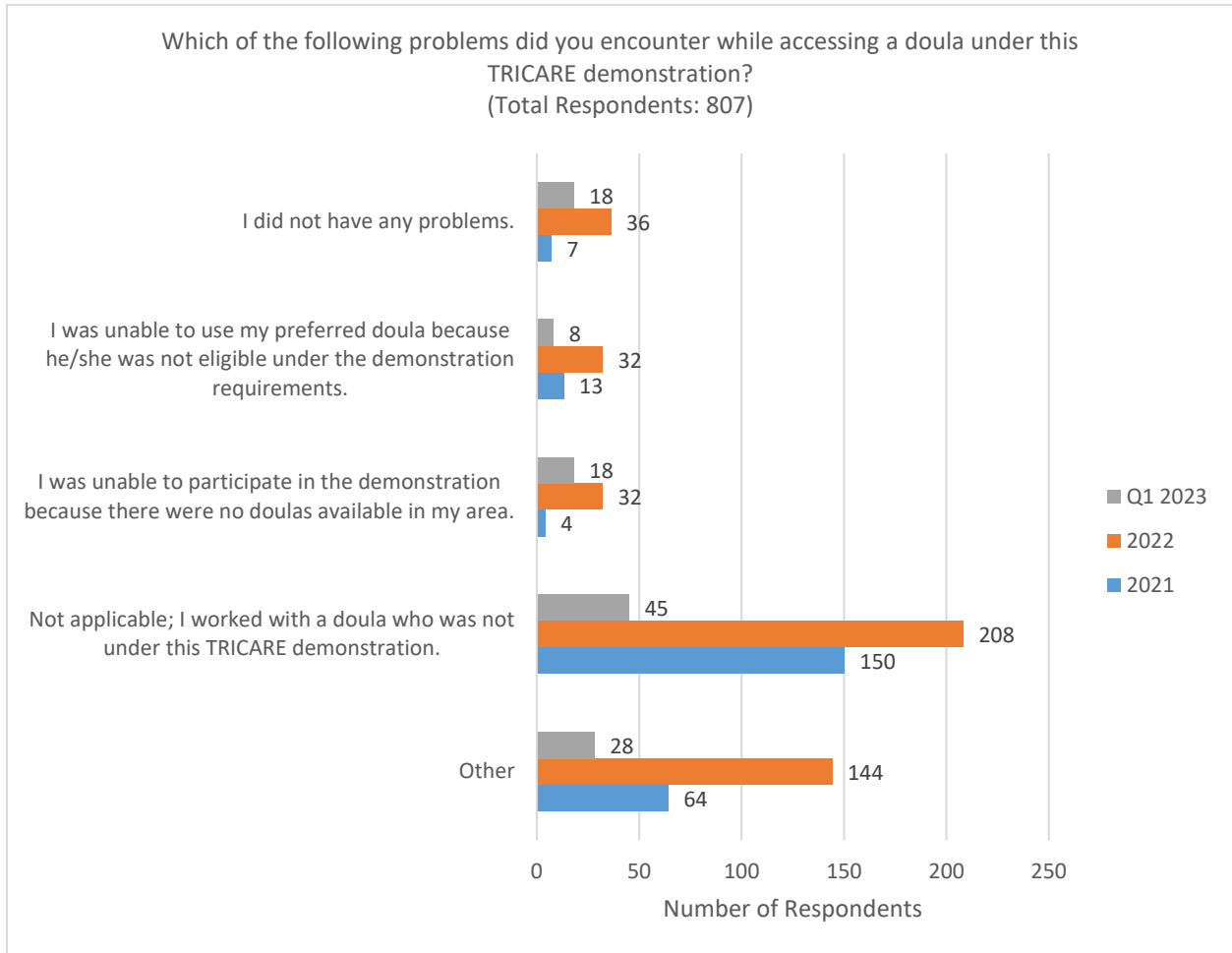
19) Overall, how would you rate the quality of childbirth support you received from your doula, where 1 is the lowest possible quality and 10 is the highest possible quality?



20) How much do you agree with the following statement:
 My doula helped me navigate discrimination during pregnancy and/or at labor and delivery.



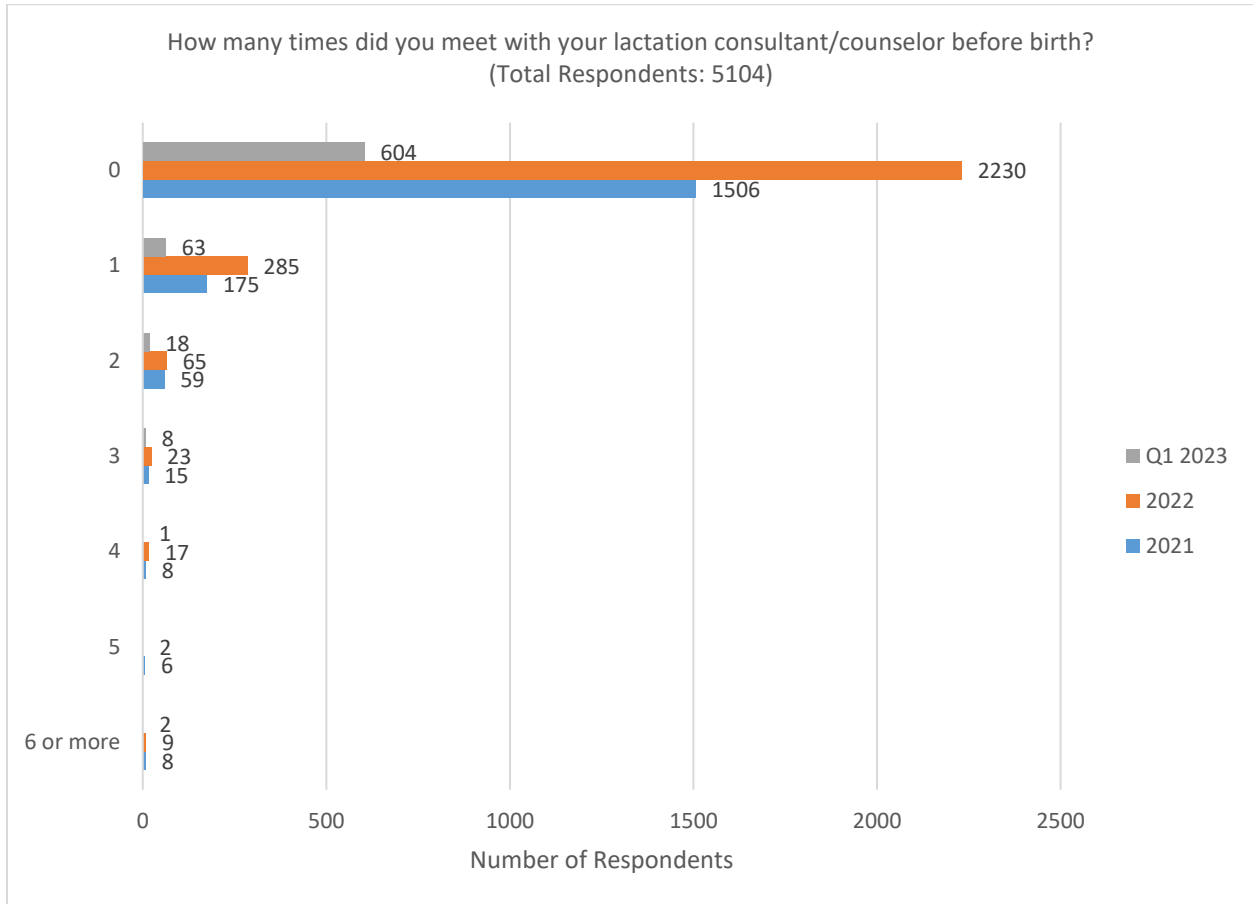
21) Which of the following problems did you encounter while accessing a doula under this TRICARE demonstration?



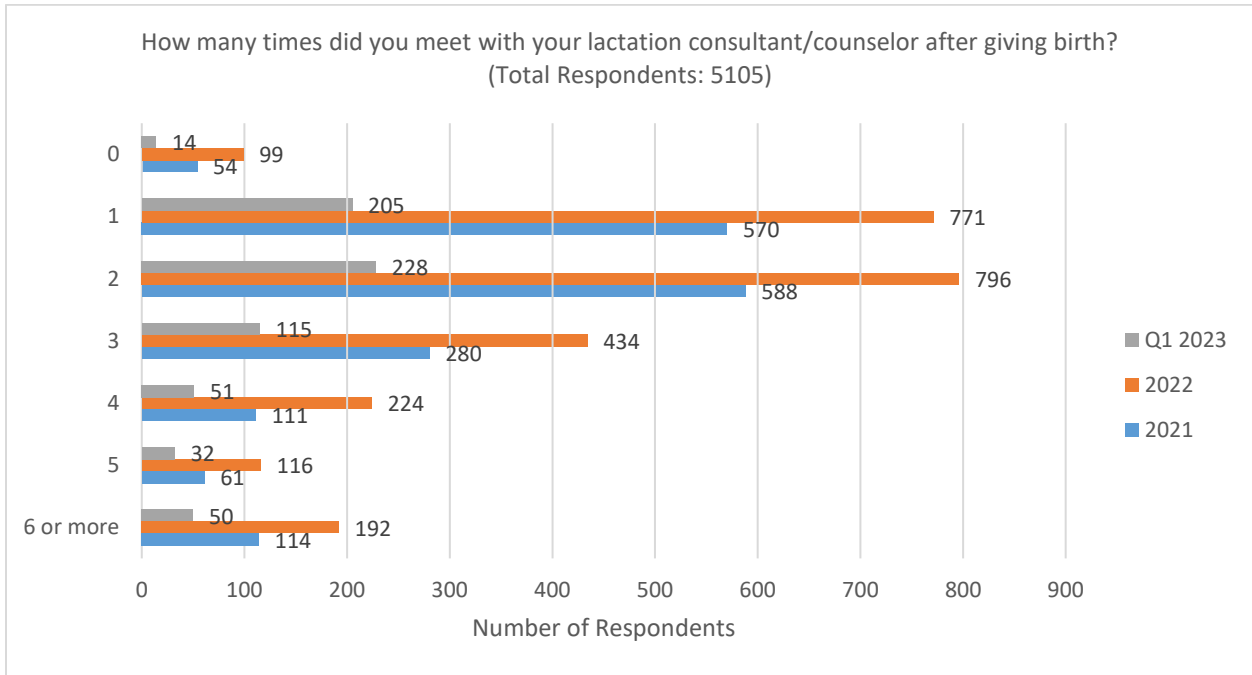
Questions for Users of Lactation Consultants/Counselors and Breastfeeding Support Services

Questions 22 to 27 were only asked if the beneficiary responded that they used a lactation consultant/counselor or both a doula and a lactation consultant/counselor to question 6.

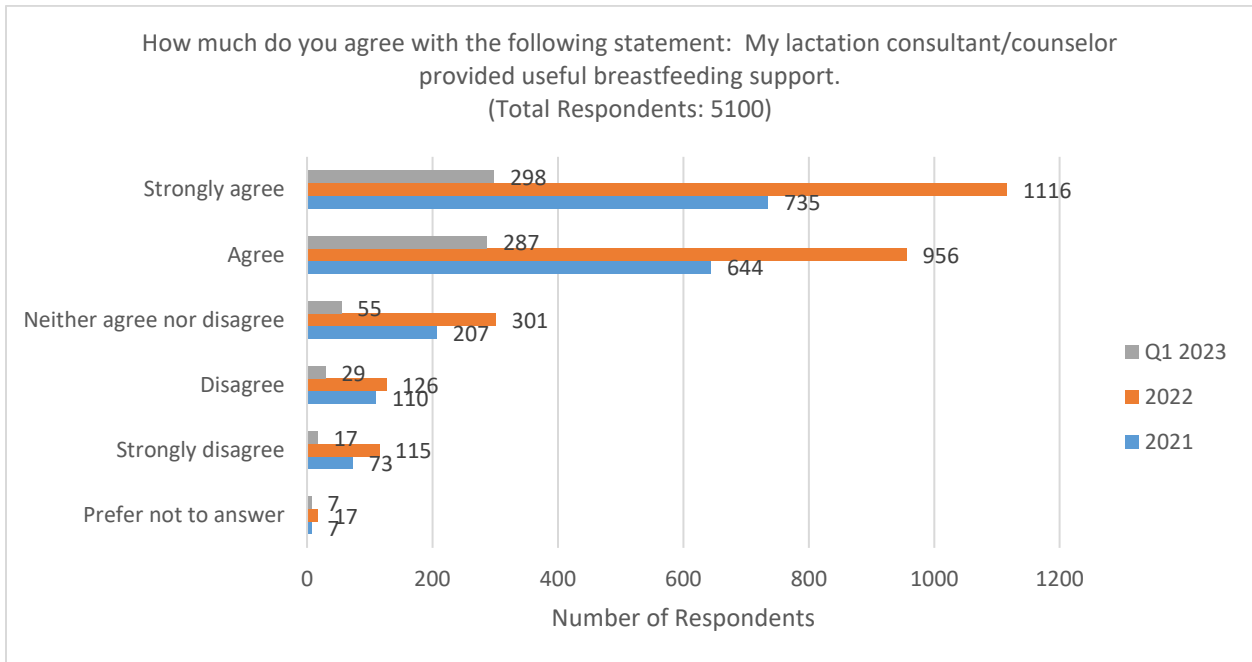
22) How many times did you meet with your lactation consultant/counselor **before** birth?



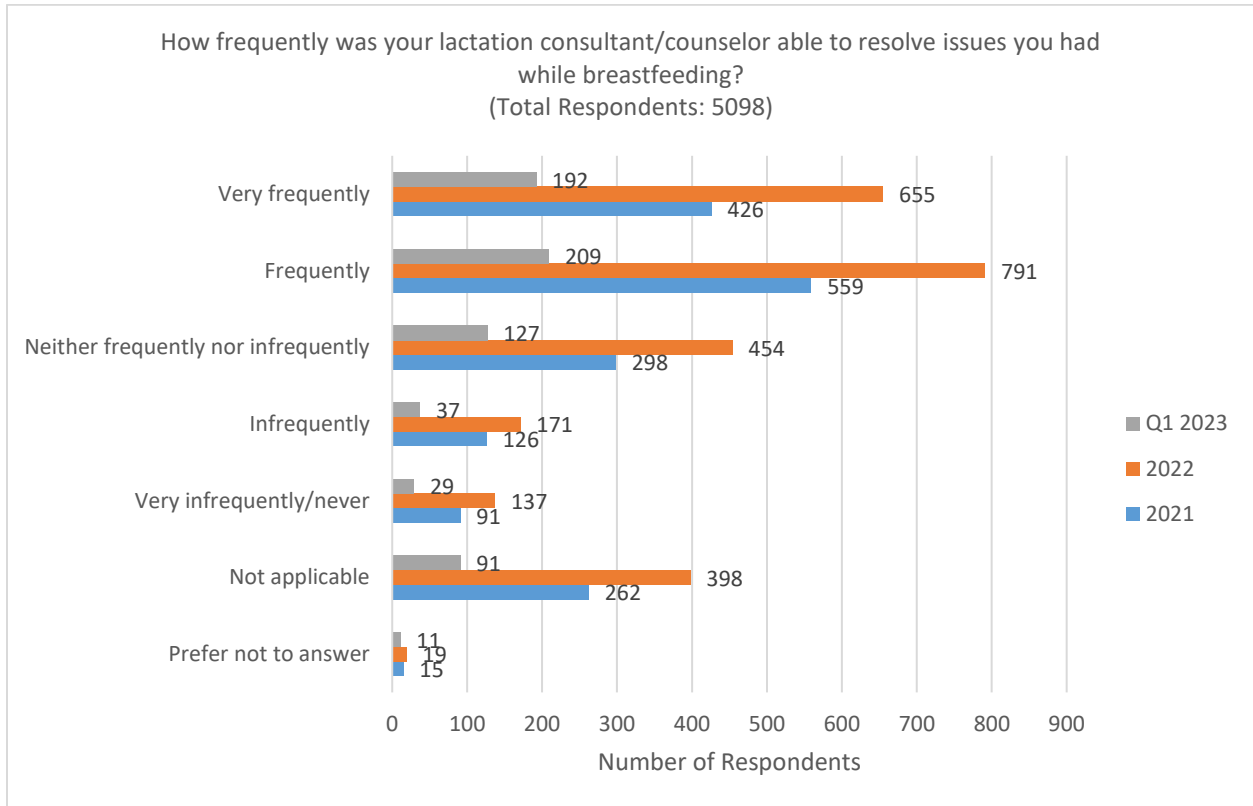
23) How many times did you meet with your lactation consultant/counselor **after** giving birth?



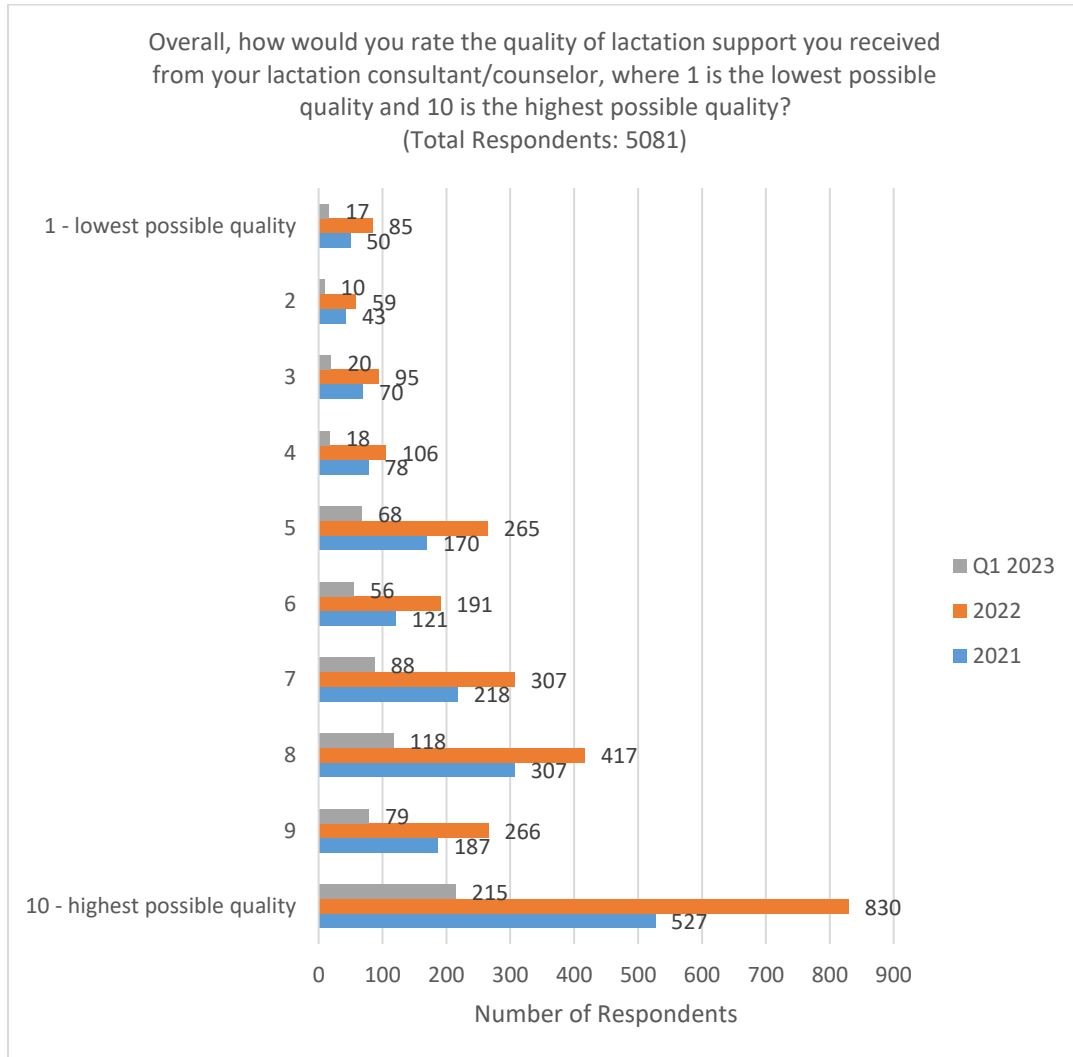
24) How much do you agree with the following statement:
My lactation consultant/counselor provided useful breastfeeding support.



25) How frequently was your lactation consultant/counselor able to resolve issues you had while breastfeeding?



26) Overall, how would you rate the quality of lactation support you received from your lactation consultant/counselor, where 1 is the lowest possible quality and 10 is the highest possible quality?



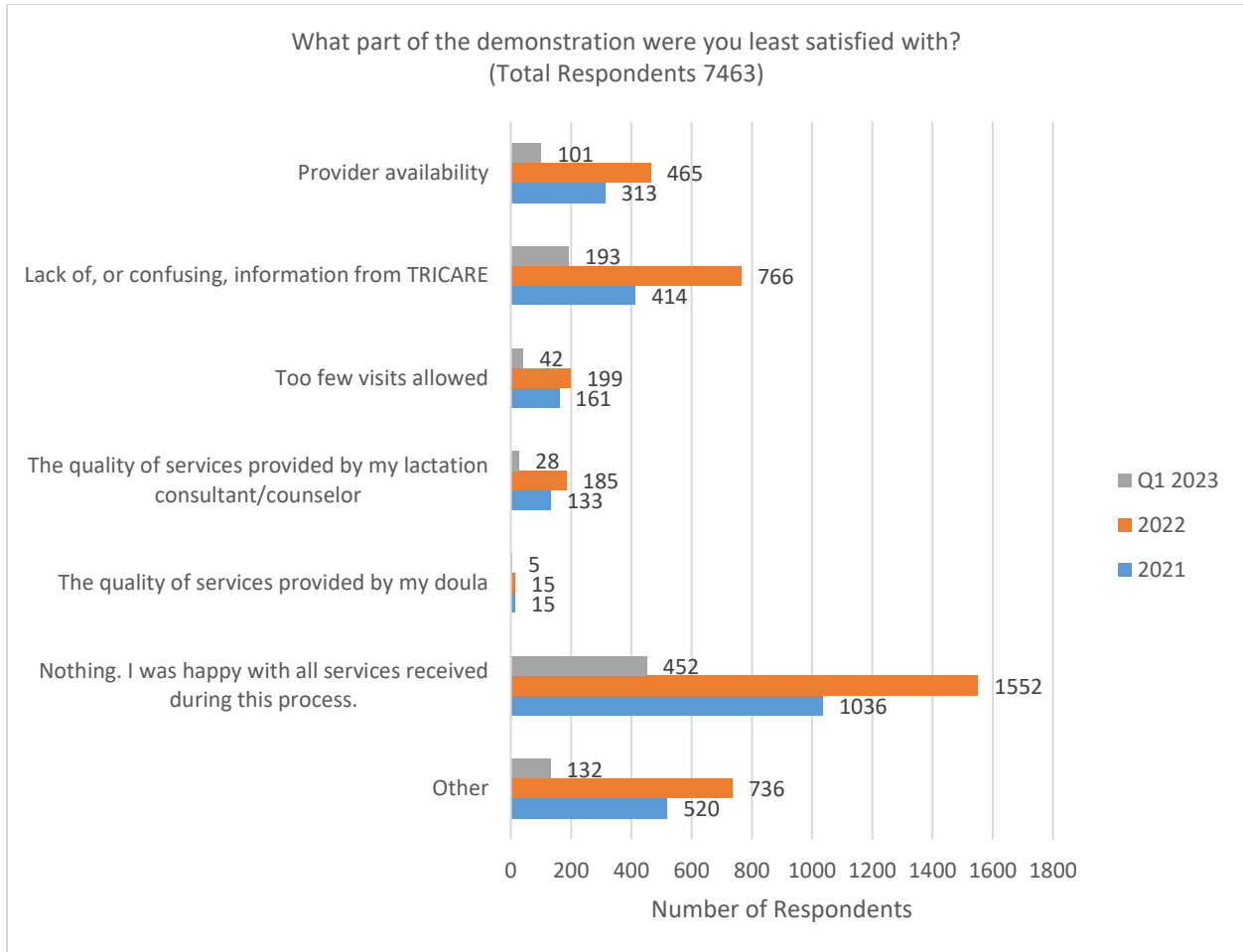
27) Which of the following problems did you encounter while accessing a lactation consultant/counselor under this TRICARE demonstration?



Overall CBSD Experience

All beneficiaries were asked about their overall CBSD experience, as we recognize that not all beneficiaries who desired to participate were able to do so.

28) What part of the demonstration were you **least** satisfied with?



29) Please share any additional comments regarding your experience with this TRICARE demonstration. (Do not include personally identifiable information such as your name or sponsor’s identification number.)

Any direct quotes provided in response to the survey are not being shared as beneficiaries were guaranteed confidentiality. DoD is reviewing all narrative responses to determine if improvements can be made to the CBSD or to the maternity benefit based on trends. By June 30, 2023, DoD had received 2,288 narrative responses in response to question 29. While many of the comments addressed the CBSD, many addressed concerns with maternity care elsewhere in the MHS (e.g., concerns about services in direct care, concerns about maternity coverage policy). Because of the high number of narrative responses discussing issues outside the scope of the demonstration, we added another narrative question (new question

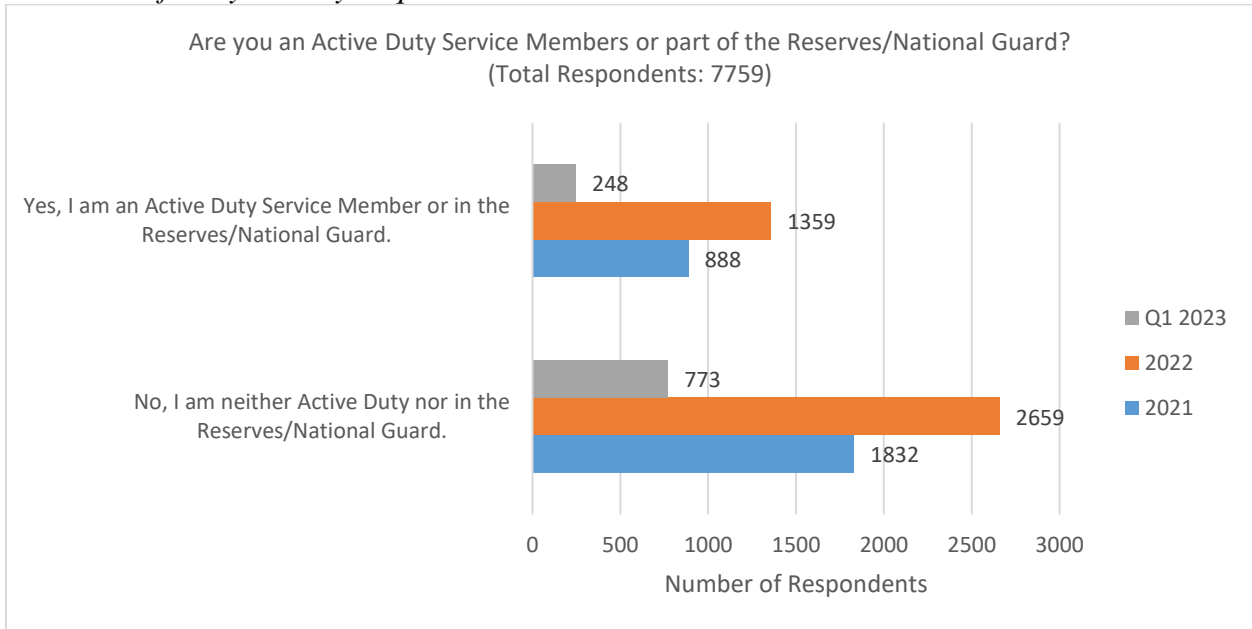
14, “If you have any comments or feedback you would like to share regarding your experience of giving birth in the Military Health System (not limited to the demonstration/pilot program), please do so here.”). New question 14 was added for 2023 Q1 and later private sector care respondents and all direct care respondents. The question was not added for 2021 and 2022 private sector care respondents because the survey was already in progress. With the new question, question 29, and the “other” option for questions 3, 14, 21, and 27, DoD has received over 5,600 narrative responses with a wealth of information about the experience of giving birth in the MHS. DoD is reviewing these responses and exploring opportunities to improve the experience of giving birth in the MHS.

Demographic Information

All beneficiaries were asked demographic questions, except where otherwise stated.

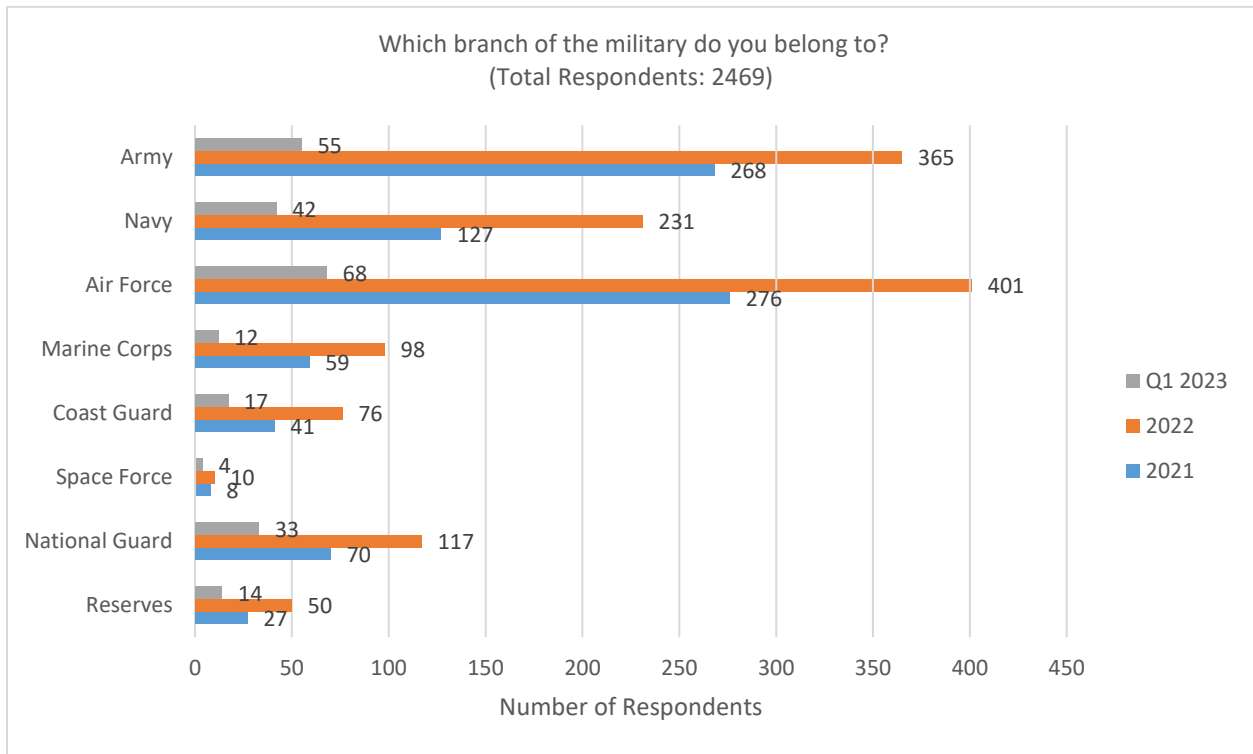
30) Are you an active duty Service member or part of the Reserves/National Guard?

A “yes” response triggered questions 31-33; all other responses (including no response) sent the beneficiary directly to question 34.

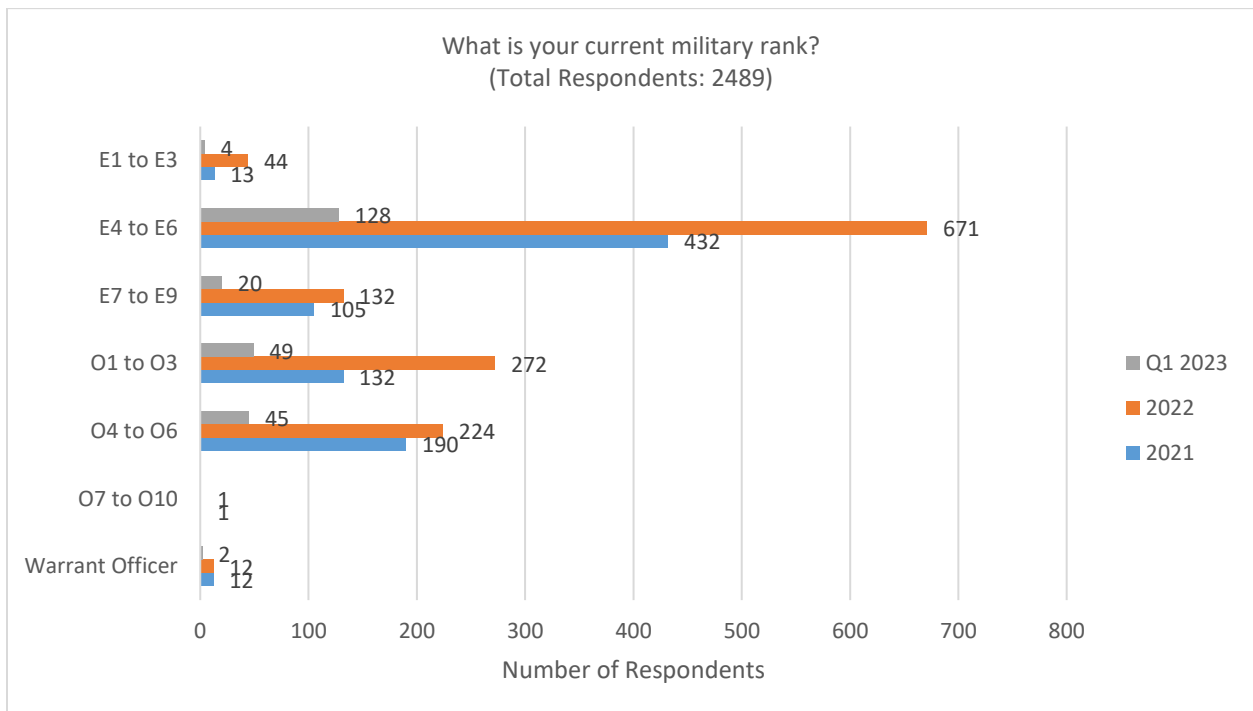


Questions 31 to 33 were only asked if the beneficiary responded “yes” to question 30.

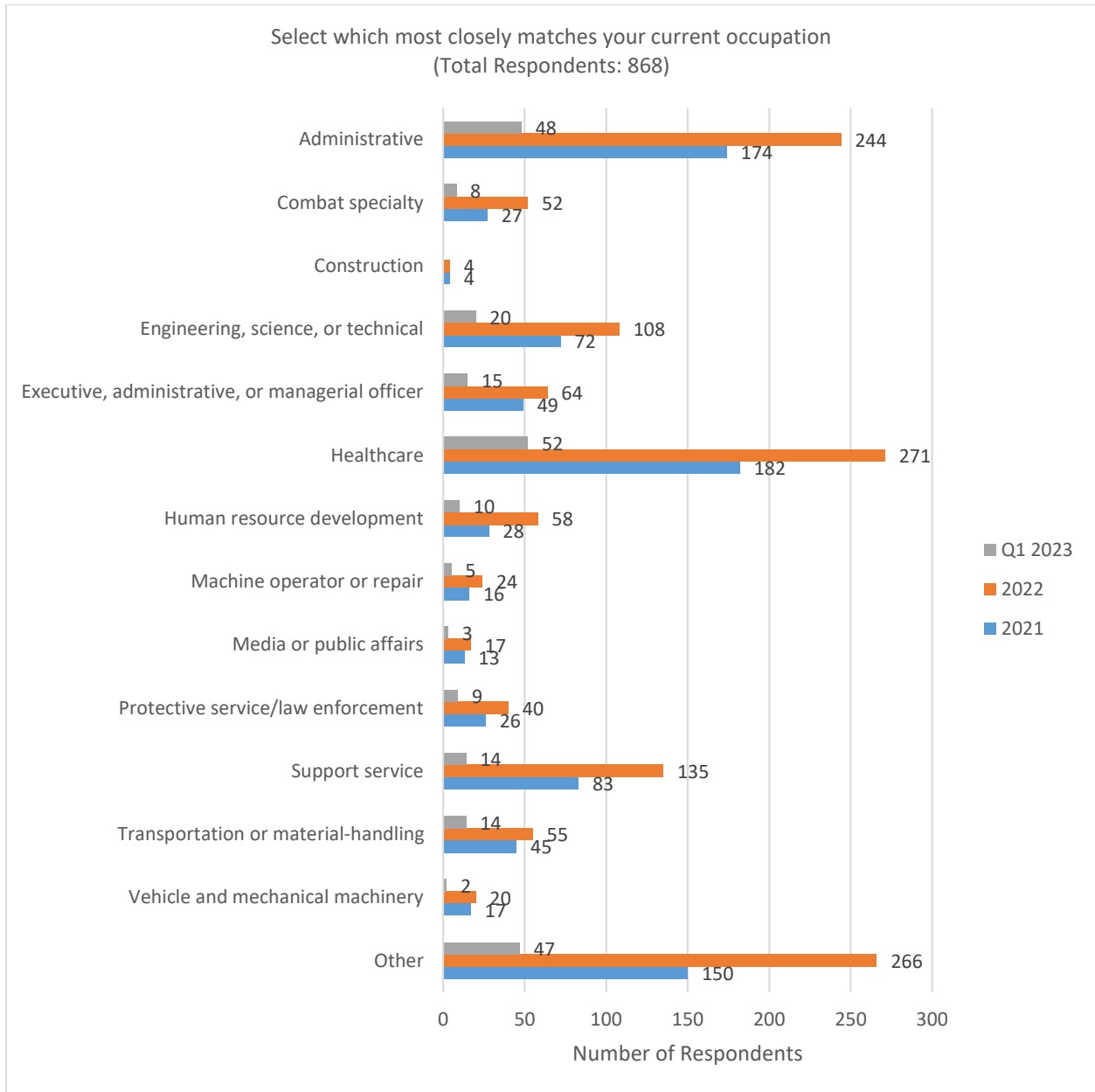
31) Which branch of the military do you belong to?



32) What is your current military rank?

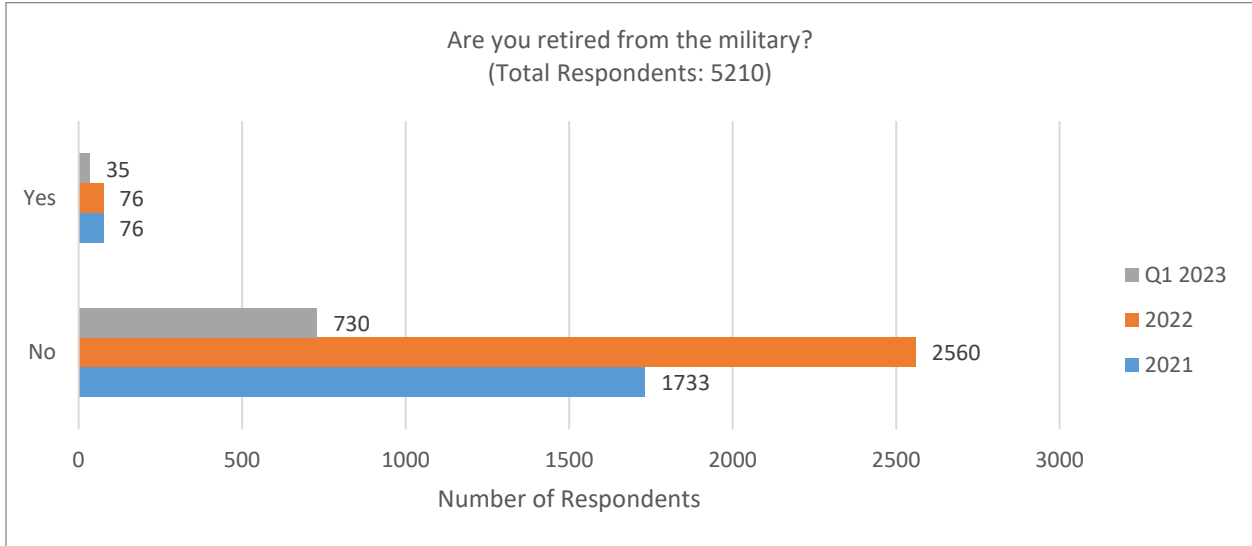


33) Select which most closely matches your current occupation. If none apply, select “other.”



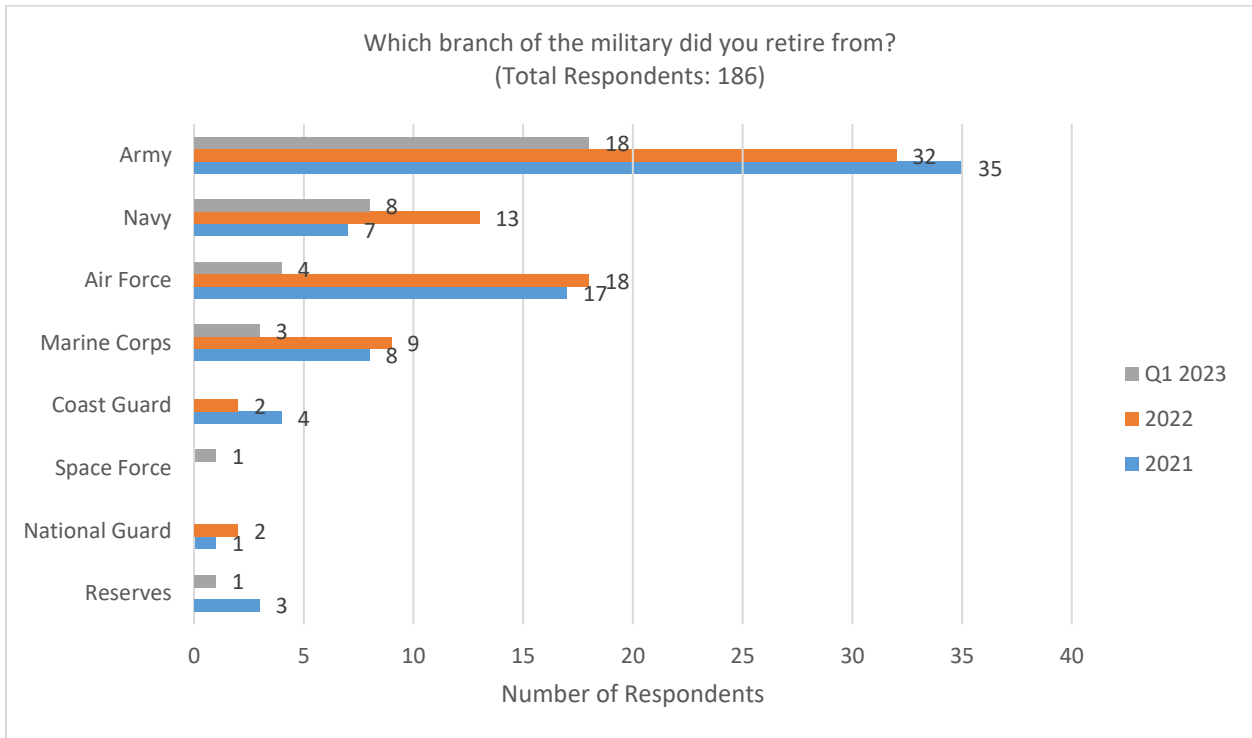
34) Are you retired from the military?

A “yes” response triggered questions 35 and 36; all other responses (including no response) sent the beneficiary directly to question 37.

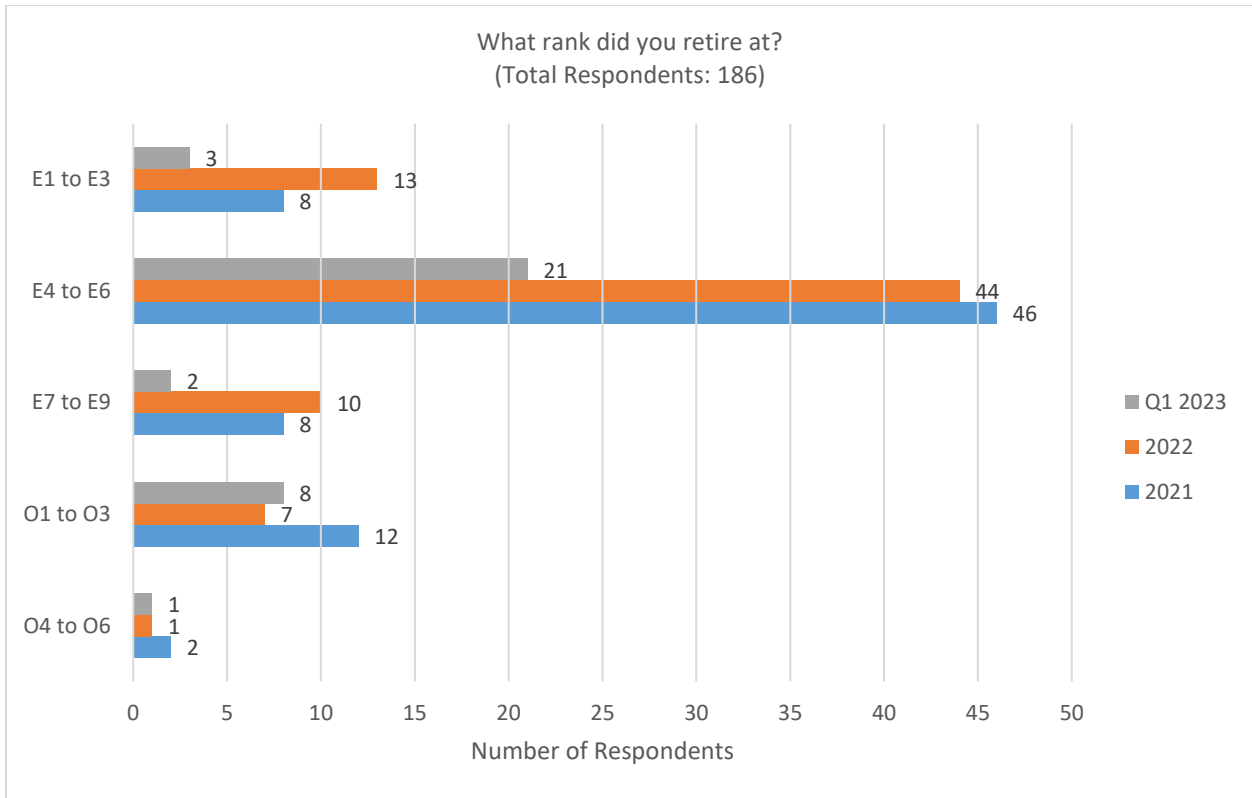


Questions 35 to 36 were only asked if the beneficiary responded “yes” to question 34.

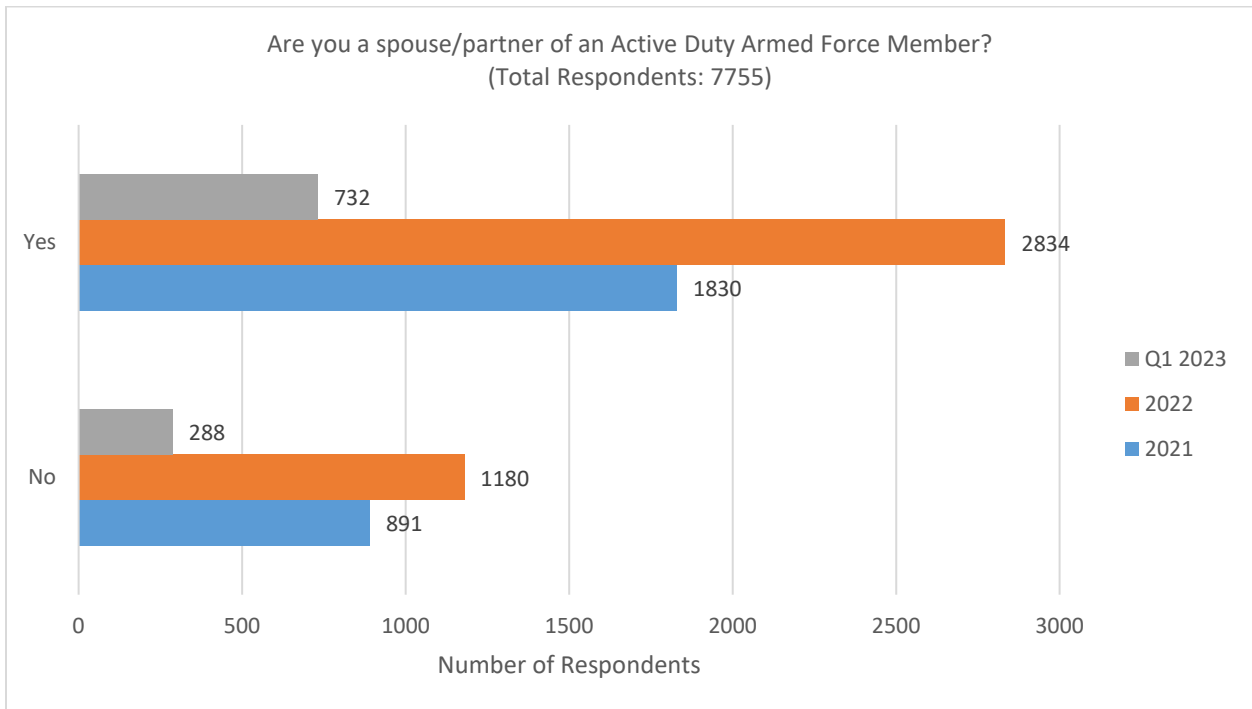
35) Which branch of the military did you retire from?



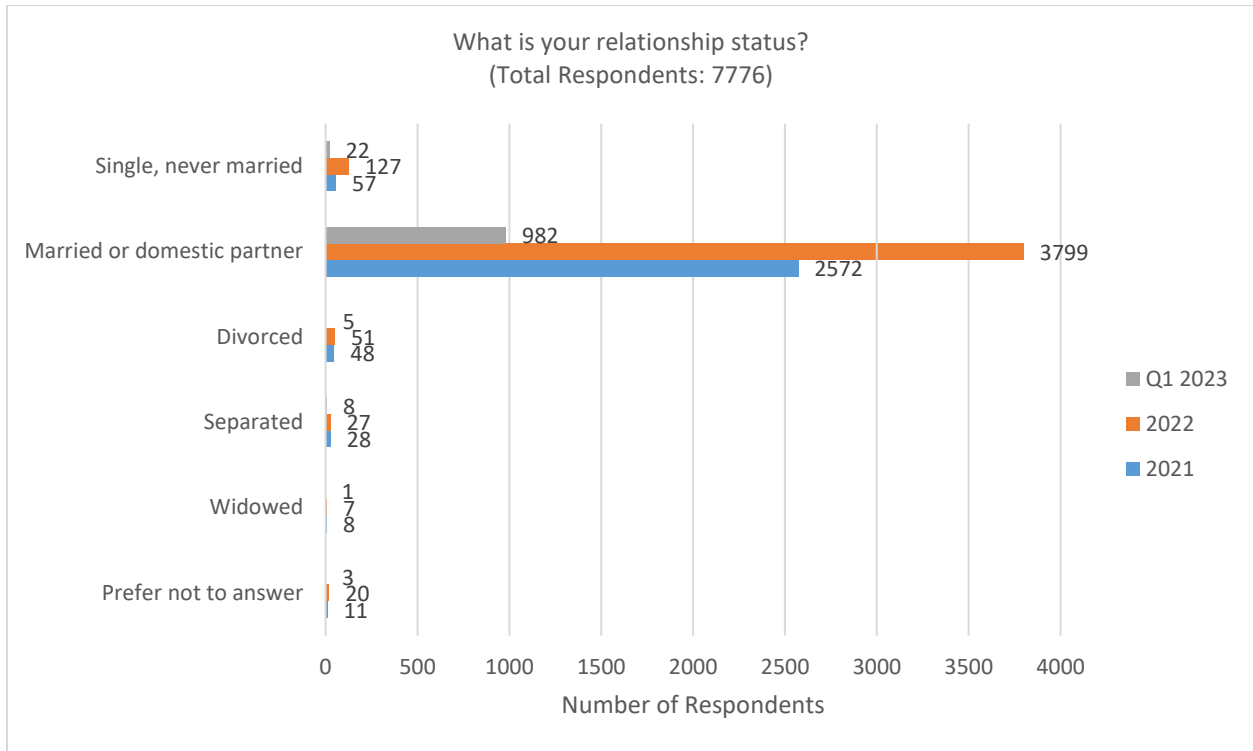
36) What rank did you retire at?



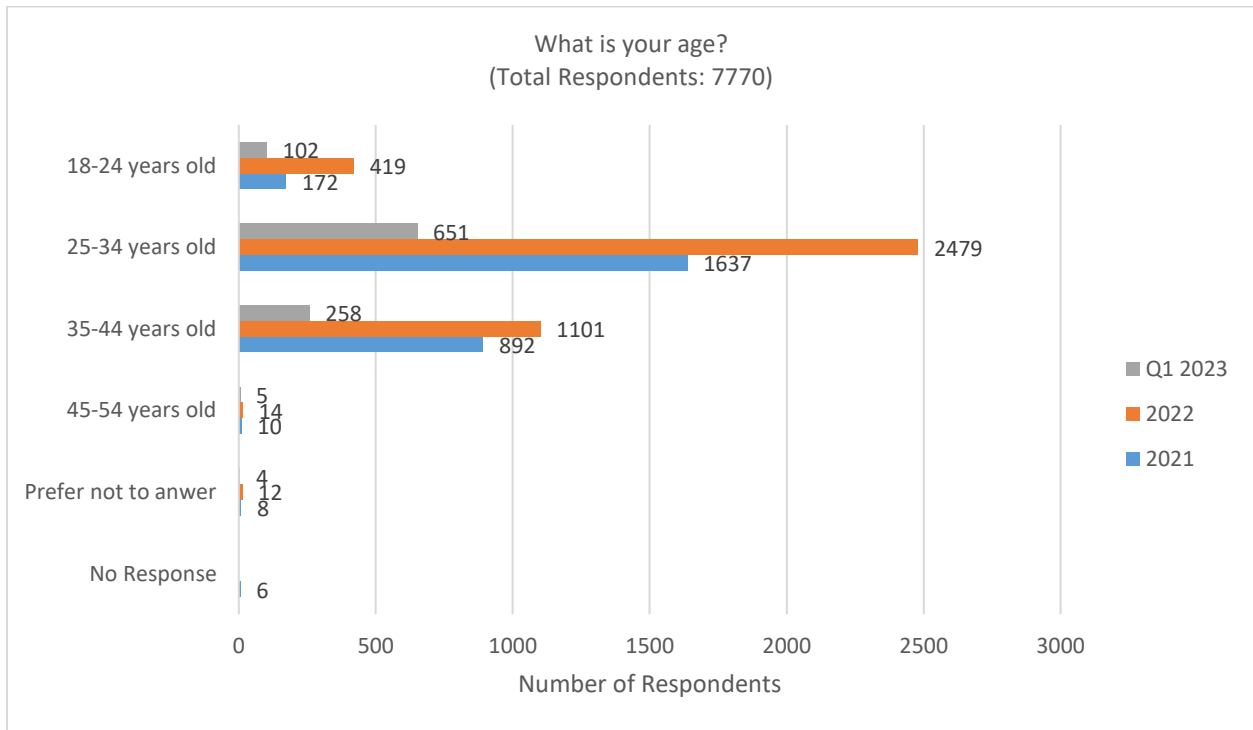
37) Are you a spouse/partner of an active duty Armed Force Member?



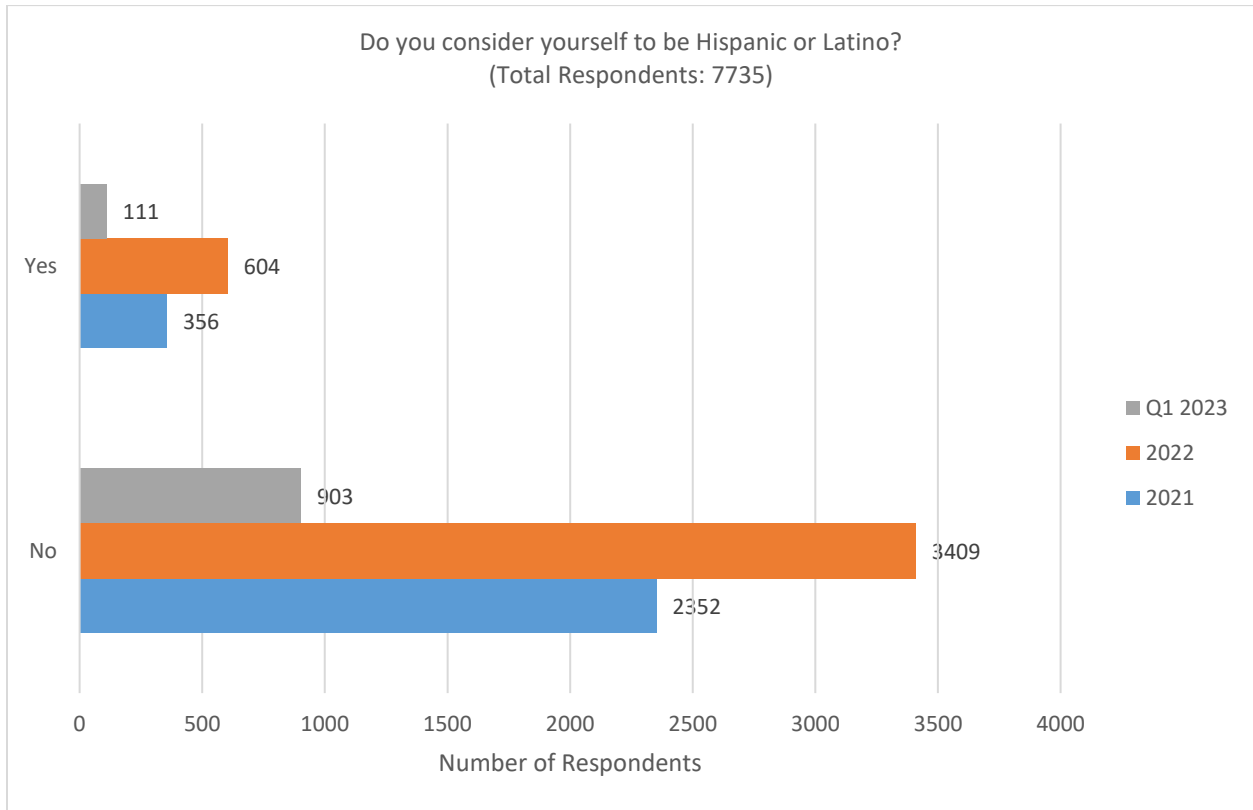
38) What is your relationship status?



39) What is your age?



40) Do you consider yourself to be Hispanic or Latino?



41) What is your race? Please select one or more.

