



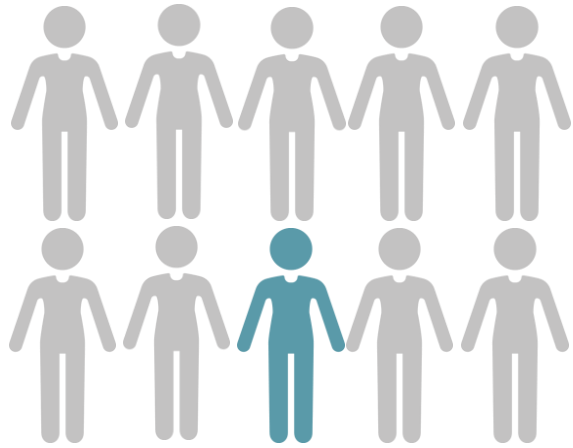
GPBCH Women's Health Summit

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The need to address gaps in women's healthcare continues



1 in 10

Experience issues such as endometriosis and PCOS that take an average of 10 years to diagnose.

Effective care for conditions that specifically impact women or impact them differently are still emerging.

1977

FDA bans women from research

1993

NIH inclusion policy passes

2009

Infertility recognized as a disease by WHO

2011

Urogynecology recognized as a subspecialty

From lack of research to sociocultural factors, care gaps are pervasive for common concerns for women's health and working families.

- OB-GYNs are relied upon for women's primary care, however training beyond maternity is inconsistent.
- 36% of counties are considered a maternity care desert.
- <13% of cardiologists are women, and women are less likely to receive a timely diagnosis.

Major gaps still exist for milestone health events



Early in Career & Unseen Health Risks

Issues like PCOS and endometriosis affect 1 in 10 women and take years to identify

Fertility & Family Building

Fertility needs are nuanced; genetic health risks, chronic conditions of both partners often discovered in what is their first major health event

Maternal Health

Critical knowledge gaps result in greater risk of complications; gaps prevail - only 40% of women make it to their postpartum appointment

Midlife & Menopause

Perimenopause symptoms catch women by surprise in their mid 30's to 40's; hormonal shifts impact physiology and mental health for a decade or more

The need for continuous & timely maternal health engagement



1 in 5

Women experience
a perinatal
mental health
condition¹

1 in 10

births in the U.S.
are preterm²

2-3x

More likely to die from
a pregnancy-related
cause if BIPOC.³

40%

Of mothers don't attend
a postpartum visit.⁴

Common underlying causes of poor outcomes include mental health, cardiac and hypertensive conditions – conditions that if addressed early, can have critical impact.

1. World Health Organization, [Launch of the WHO guide for integration of perinatal mental health in maternal and child health services](#) | 2. CDC, [Births in the U.S., 2022](#) | 3. NIH, [Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States - PMC \(nih.gov\)](#) | 4. March of Dimes, [Your postpartum checkups](#) | [March of Dimes](#)



Menopause care is a growing workforce priority

Perimenopause catches many by surprise – symptoms often begin in the late 30's to early 40's

The need for equitable care

- 100% of women will experience menopause; symptoms persist for a decade or more
- 47% higher medical costs from polyshopping ineffective care for unaddressed, impactful symptoms
- 59% missed work due to symptoms, 18% for 8 weeks or more – representing a key retention and productivity challenge in critical stages of career

Emerging opportunity for effective care

- Advancing focused medical care that includes trained, NAMS-certified providers
- Broad education and destigmatization to address the menopause factor for effective healthcare outreach
- Specialized concierge services for trusted support and preventative referrals for comorbid conditions: including mental health, MSK, cardiac issues and more

Only 6.8%
of providers
(OB-GYNs, internal
medicine) are trained
in menopause



Member Journey: Joanna

- 44-year-old, with history of two miscarriages
- Medical history: Hashimoto's thyroiditis & PCOS; family history of colon cancer
- Meets with care team pre-pregnancy:
 - Recurrent pregnancy loss evaluation
 - Mammogram, Pap, vaccinations
 - Uterine biopsy
 - Folic Acid
- Pursues IVF with PGT-A then donor egg IVF due to low ovarian reserve related to perimenopause
- During pregnancy, closely monitored-thyroid disease; glucose and blood pressure
- Experiences preeclampsia and Cesarean delivery
- Postpartum support: wound care; nursing and infant education; cardiovascular disease prevention, bone health, colonoscopy



Member Journey: Cheryl

- Cheryl is a 39-year-old, G1P1
 - The couple lost their daughter at age 6 due to sickle cell anemia
- Couple consults REI for IVF PGT-A and PGT-M
 - With their first IVF cycle, obtain two embryos, however one is disease-affected and the other has Trisomy 21
 - 2nd IVF attempt: one euploid/sickle cell carrier embryo
- Cheryl undergoes FET which results in the successful pregnancy and delivery of their healthy son, Theo
- Cheryl receives ongoing postpartum/mental health support as she transitions back to work

How are employers bridging the gap with holistic care programs?



- Thinking more broadly about the journey to close care gaps from family building through menopause
- Raising awareness for risk factors of underlying health conditions with proactive education and navigation
- Choosing equitable coverage that is intentionally designed for common health and well-being needs of women; with access and convenience in mind
- Destigmatizing through consistent benefit messaging and access to a trusted, expert concierge



Q&A

Thank you for joining!



Smarter benefits for life's milestones
progyny