

+ 2023



EVERNORTH
HEALTH SERVICES

The importance of women's reproductive health care and benefits

INSIGHTS TO ADDRESS CHANGING CONTEXT AND PERSPECTIVES

Contents

Introduction: Uncovering access, benefit gaps and expectations 3

Responding to evolutions in the workforce and women’s reproductive health 4

Growing uncertainty about barriers to reproductive care 8

The impact of behavioral health benefits on reproductive health 10

Report takeaways/Numbers to remember 16

Looking ahead 17

Methodology 18

Key terminology/Solutions 20

References 21

Uncovering access, benefit gaps and expectations in women's reproductive health

The way women experience health and disease is different from men. Not only are women experiencing specific health stages like pregnancy and menopause, but cardiometabolic, behavioral and other health conditions can also make those life stages more medically complex and costly.¹

There are many opportunities at all stages to improve health and value for both women and their families—from prevention of pregnancy complications and appropriate access to women's health care, to better control of chronic conditions.^{2,3}

Based on a recent research study conducted by Ipsos on behalf of EVERNORTHSM Health Services, as well as applicable data points from other recent studies, undeniable trends in women's health care—especially women's reproductive health care—are emerging. This report seeks to help plan sponsors:

- + Support evolutions in the workforce and its impact on women's reproductive health benefits
- + Address the growing uncertainty and barriers to reproductive care in our legislative environment
- + Understand women's perspectives on behavioral health challenges, especially for those in their reproductive years

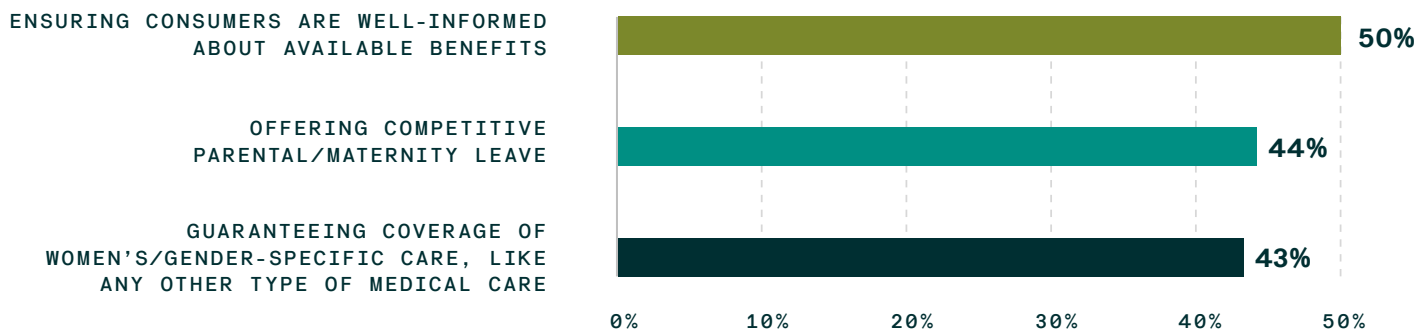
As everyone works to navigate these transitions, it is critical that plan sponsors deliver clear information about changing benefits, as well as serve as advocates for solutions that protect access to women's health care needs.



Responding to evolutions in the workforce and women's reproductive health

Both consumers and plan sponsors are finding that they must navigate growing uncertainty across health care, particularly when it comes to women's health and gender-based care. These concerns may become increasingly fraught, as younger generations comprise an increasing share of the workforce—especially Millennials (ages 25 to 40) and working-age members of Gen Z (ages 18 to 24). **In fact, Millennials are expected to make up 75% of the nation's workforce by 2025.⁴ Over time, expectations and concerns of a younger workforce may have an outsized impact on access to reproductive care, including contraception and infertility treatment, and also may influence women's health care and available benefits more broadly.**

Consumers' expectations of their employers with regard to accessing women's health care




The United States remains the only modernized country in the world to **not require paid parental leave.**⁵



A closer look at men's and women's responses reveals some telling differences in priorities and attitudes. It comes as little surprise that female consumers are more likely to prioritize categories involving women's health care, and these findings point to the **importance of a more inclusive approach to designing benefit plans in women's reproductive health in particular.**

Benefits consumers expect	FEMALE	MALE
Coverage of women's/gender-specific care, like any other type of medical care	48%	37%
Benefits/coverage related to menopause	38%	26%
Access to birth control and other contraceptives	43%	28%

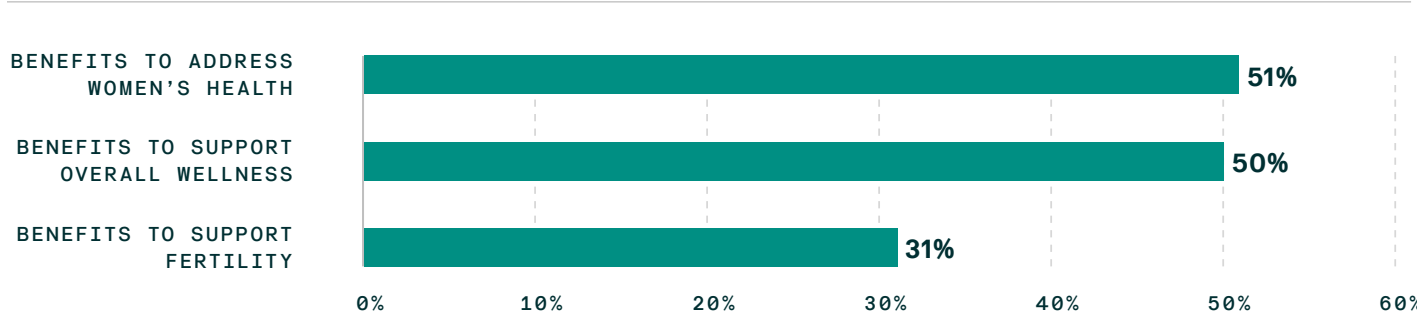


These same benefits and access to care are increasingly important to younger demographics.

Looking across generations, **40%** of Gen Z respondents expect access to a full spectrum of gender-specific health care, compared to **34%** of Millennials, **29%** of Gen X and **23%** of Baby Boomers.

These benefits and care are increasingly important, yet women remain concerned that certain benefits, including benefits to address women's health overall, will be reduced by their employers in the future.

Benefit areas women are concerned employers will reduce



Despite women's concerns that employers will reduce coverage in the areas noted above, plan sponsors appear invested in women's health in general, with **85%** of employers and **80%** of health plan leaders noting that their organization currently offers or plans to expand offerings for women's health, including infertility care. Also, **93%** of employers and **96%** of health plan leaders indicate organizational interest in expanding virtual care as it relates to women's health.

It is reasonable to expect that the fertility benefits landscape may change in the coming years, as 20 states have now passed mandates requiring private insurers to cover varying types of evaluation and treatment of infertility.⁶

EXPERT PERSPECTIVE

"Laws and policies that promote equitable access to infertility care, including those that mandate insurance coverage, help to ensure the full spectrum of reproductive rights. With 1 in 5 people impacted by infertility, expanding access to fertility care ensures that individuals will not have to bear the entire burden of their health care expenses. Without proper fertility coverage, patient knowledge and access will suffer, and uneducated care decisions can lead to increased cost for both plan sponsors and patients."

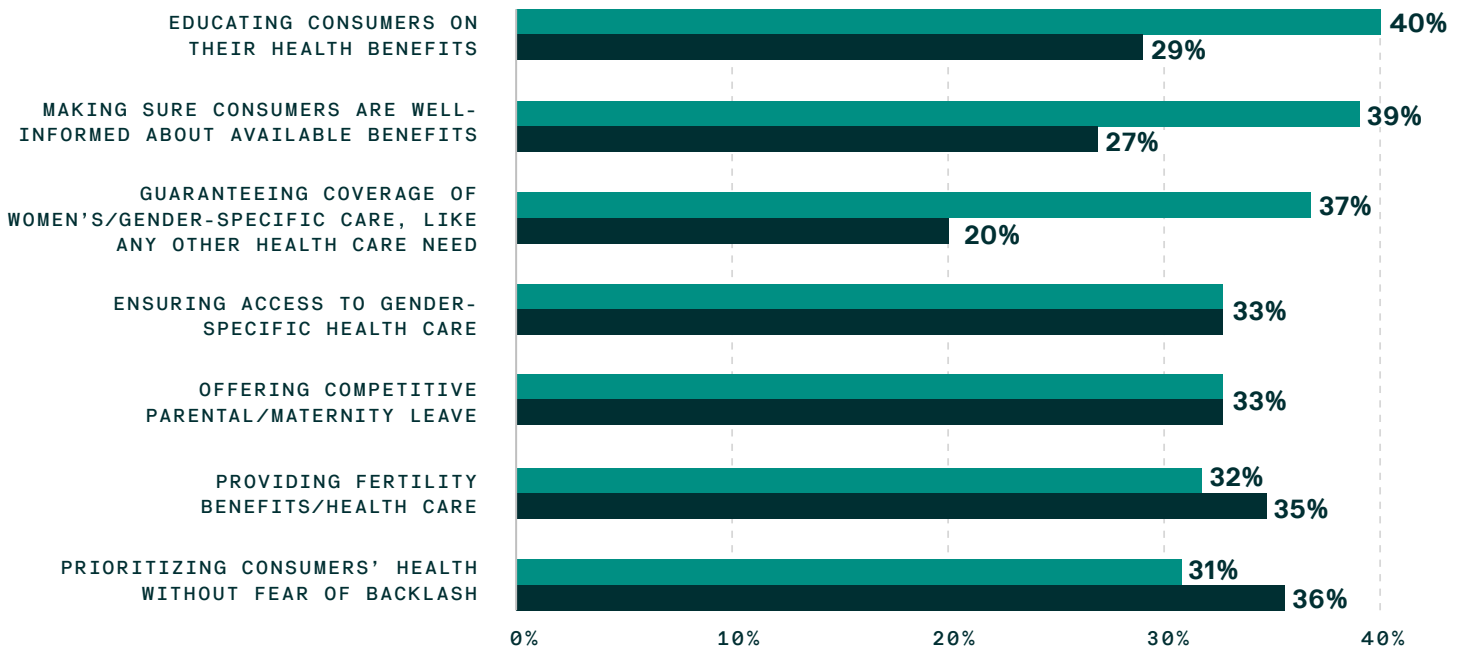


KAJAAL PATEL, RPH | DIRECTOR OF FERTILITY PROJECT MANAGEMENT, EVERNORTH, FREEDOM FERTILITY PHARMACY

In addition, when it comes to what plan sponsors view as their role in ensuring access to women's health benefits, employers prioritize the delivery of education (**40%**) and information (**39%**), generally aligning with the **50%** of consumers who say they expect benefit-related education from their employer. Health plan leaders, on the other hand, are more likely to view their role as prioritizing consumers' access to health care without fear of political or legal backlash (**36%**) and have recently focused on providing fertility benefits (**35%**).

Plan sponsors' view of their organizations' role in ensuring access to women's health benefits

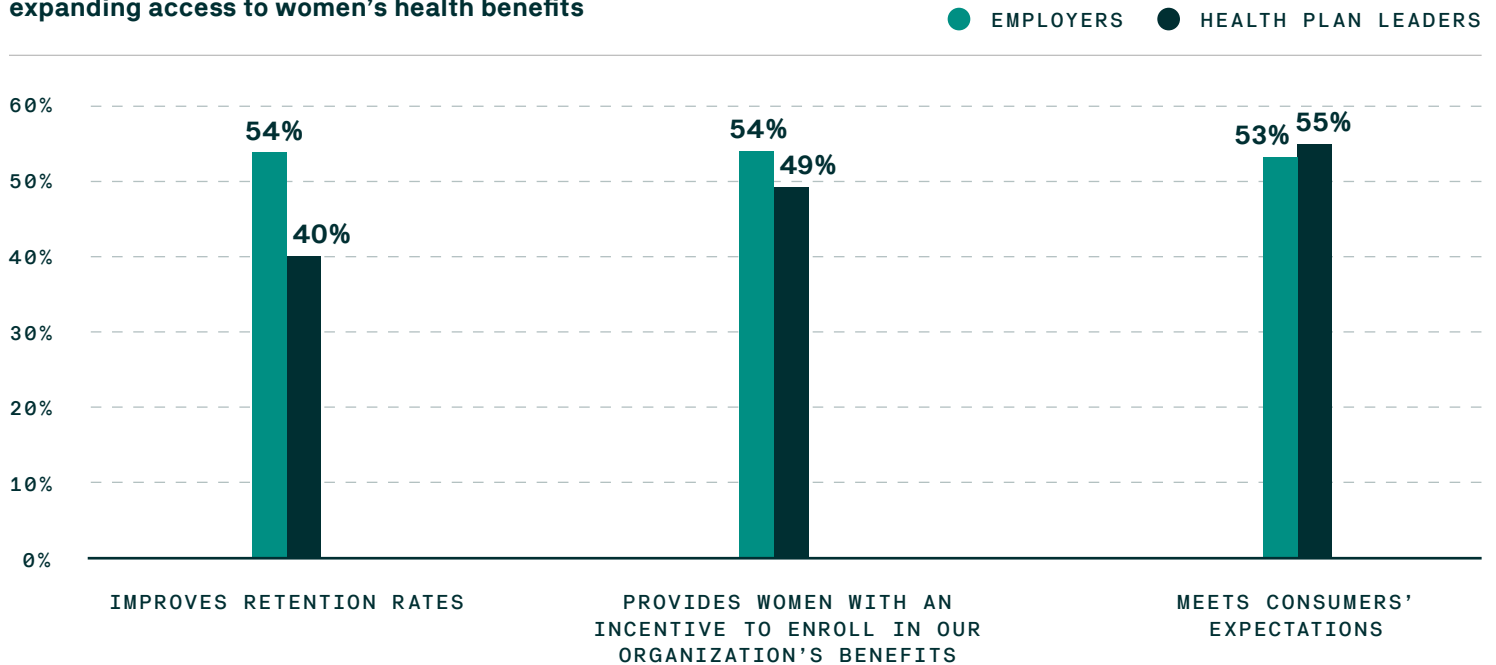
● EMPLOYERS ● HEALTH PLAN LEADERS



A majority of employers note that expanded access to women's health benefits, such as infertility treatment and contraception, improves their organization's retention rates (54%) and incentivizes women to enroll in benefits (54%). While those advantages are popular among health plan leaders as well (40%), this audience remains more focused on the value of meeting consumers' expectations overall (55%).

Regardless of why plan sponsors choose to implement these benefits, it should be noted that consumers now consider gender-specific benefits as a fundamental cost of entry, and are actively asking benefit leaders for them.

Plan sponsors' view of the value their organizations gain from expanding access to women's health benefits



Plan sponsors' reaction and response

Plan sponsors clearly believe their organizations have a role in supporting and protecting access to women's health care. The broad range of those actions suggests that **employers and health plan leaders are reacting to the ongoing shift in priorities as younger generations assume greater prominence in the workforce.** Plan sponsors must also respond to the sudden, often conflicting torrent of legal changes to reproductive health care that have emerged over the last year. As these ramifications become clearer, plan sponsors will have the opportunity to better coordinate their benefits strategies and education efforts to address women's health needs.



Growing uncertainty about barriers to reproductive care



Even before the *Dobbs* decision in 2022, access to standard OB/GYN and maternity care was challenging. According to data from the reproductive rights nonprofit Power to Decide, more than **19 million** U.S. women of reproductive age live in contraceptive deserts—defined as counties without enough health centers offering a full range of birth control methods to meet the needs of all women of reproductive age living there.⁷

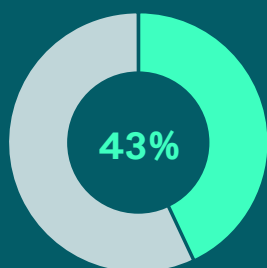
The challenges to access, however, apply to more than just contraception. A recent study from the March of Dimes indicates that more than **2.2 million** U.S. women of childbearing age live in maternity care deserts, while more than **5.6 million** women live in counties with limited or no access to maternity care services.⁸ Approximately **40%** of counties in the U.S. do not have an OB/GYN doctor available.⁹

EXPERT PERSPECTIVE

“Access to reproductive care in this country has already been fraught, with millions of women not having appropriate access to health care providers to address their care needs. This can result in stress that not only affects patients, but also their families as they try to navigate work and childcare schedules, transportation limitations and more in order to get to their appointments. The recent legislative environment is only compounding and expanding these issues as providers and health care systems contend with ever-changing legal guidance that’s resulting in limiting the care patients seek, often requiring patients to travel long distances to receive basic reproductive care.”



DR. DEB KAUFMAN, DO, MBA | EXECUTIVE MEDICAL DIRECTOR, OB/GYN WOMEN’S HEALTH, EVERNORTH, EVICORE



43% of consumers say the changing regulatory environment has motivated them to take action.

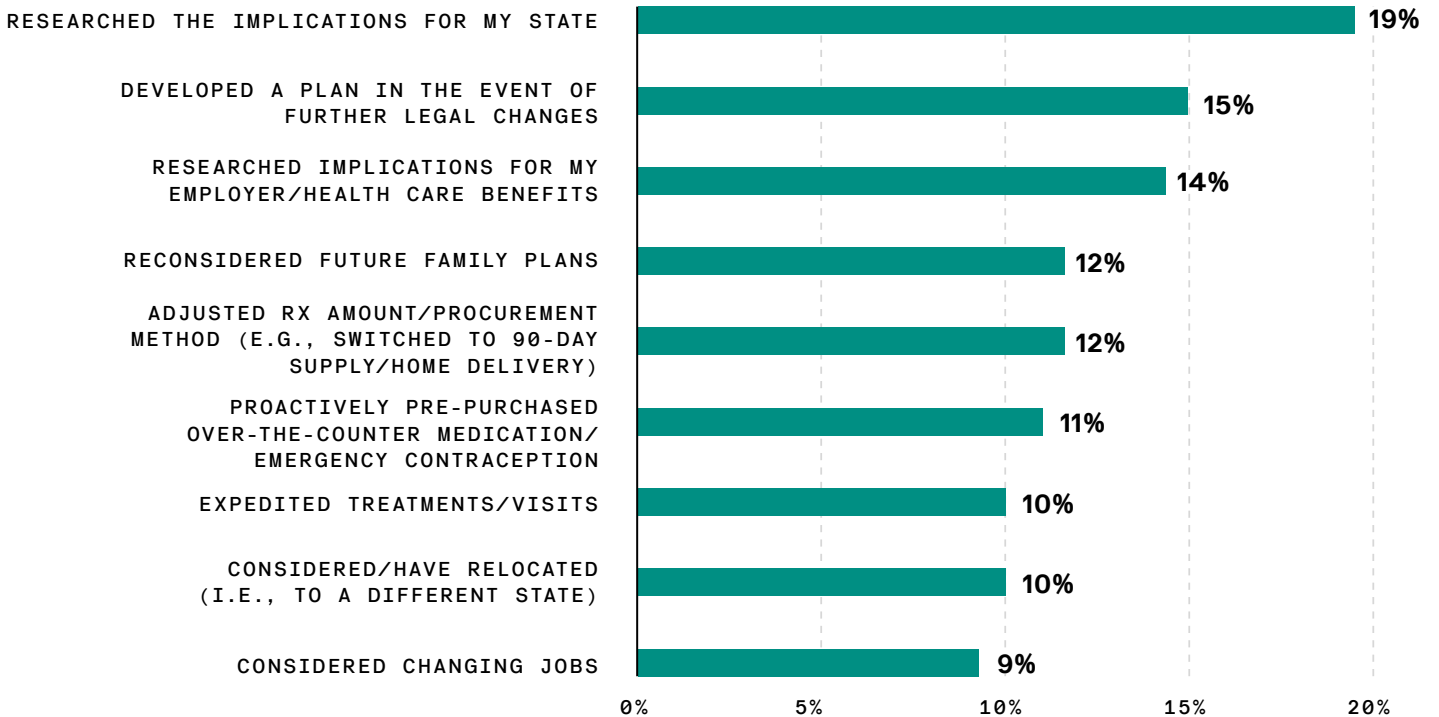
Consumers, particularly those who are of reproductive age, are responding to the political and legal changes surrounding the overturn of *Roe v. Wade*. In fact, **43%** of consumers say the changing regulatory environment has motivated them to take action. Also, **19%** of consumers report having looked up the legal implications for their state, while **15%** say they have developed a plan in the event of further legal changes and **14%** have researched the impact to their health care benefits.

A significant percentage of consumers report having taken more dramatic steps. As many as **12%** are reconsidering their future plans for a family, while **10%** are expediting their health care treatments and visits. In addition, **10%** of consumer respondents are considering relocation to a different state (or have already relocated), along with the **9%** who are considering changing jobs. **These responses suggest a potential trend involving consumers taking the actions they consider necessary to access the benefits and care they need, whether for themselves or for their families.**

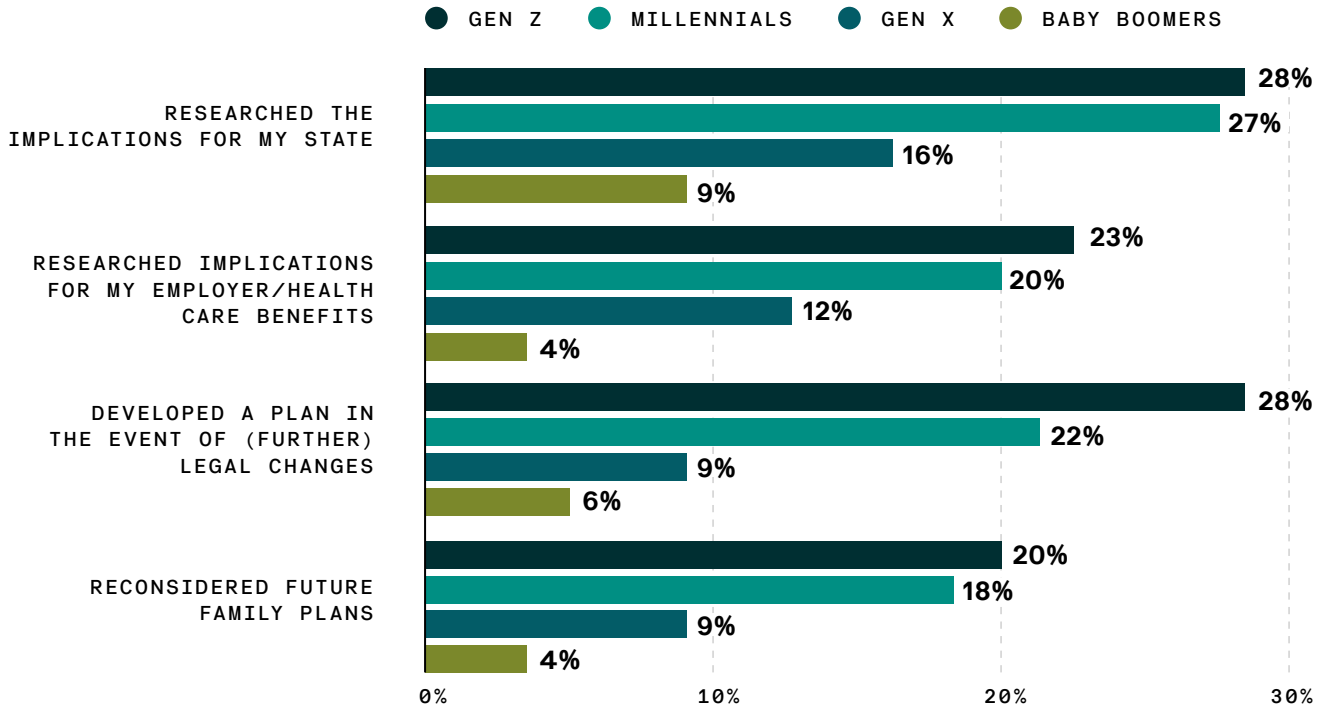
Downstream and long term, people who have limited options may not get care at all or may choose care and treatment options that aren't optimal without the proper access to quality providers.



With the added layer of certain legislation, consumers are concerned and are taking action



Actions taken by each generation in response to the Dobbs decision



Compared to older demographics, Gen Z and Millennials are the generations most likely to have taken action in response to the Supreme Court decision

Given that these younger demographics are generally of childbearing age, they are also more likely to experience the personal and professional impacts of changing reproductive laws. However, older Millennials and Gen X consumers may be taking actions not only for themselves, but also for their dependents, like their daughters.



As the legal situation regarding reproductive care and other women’s health issues remains in flux, plan sponsors will need to provide consumers with necessary education and information about the laws’ impact on their benefits. Employers and health plan leaders alike have the opportunity to ally themselves with consumers seeking answers, clarity and reassurance.

The impact of behavioral health benefits on reproductive health

Discussions involving whole person health—and in particular, behavioral health—have grown over the past several years. While plan sponsors remain acutely aware of the vital role of behavioral health in today’s health care ecosystem, they have yet to align on the resources to best support female consumers’ ongoing behavioral health needs.

For many women, mental health situations are demonstrably linked to reproductive health, including maternal health care and outcomes. In 2021, the U.S. had one of the worst maternal mortality rates in the country’s history, increasing **40%** from the previous year and coming in nearly ten times the estimated rates of some other high income countries.¹⁰ The Centers for Disease Control have identified **mental health conditions—including but not limited to postpartum depression—as the leading cause of pregnancy-related deaths**, ahead of hemorrhage and cardiac conditions.¹¹ More than half (**53%**) of total pregnancy-related deaths happen up to one year after delivery.¹¹



The weeks and months immediately following childbirth are especially perilous in terms of mental health. For example:

15%

of new mothers (1 in 7) are affected by postpartum depression (PPD)¹²

46.5%

of women diagnosed with PPD receive no treatment.¹³

30%

more women experienced PPD during the pandemic¹⁴

40%

of women who have given birth do not attend a postpartum visit¹⁴



These statistics emphasize the critical need for new mothers to be able to access robust and continuous mental health care following childbirth, and throughout the first year postpartum.

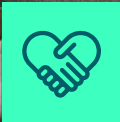
Potentially less commonly known, mental health issues and needs remain important across all stages and varieties of reproductive health care, even during conception.



Behavioral health is also an essential component of care for consumers experiencing infertility, miscarriage and/or pregnancy loss. There is a strong link between emotional strain and infertility. Studies show that **87%** of women facing infertility have anxiety and as many as **41%** suffer from depression, with severity correlating to how long they have been experiencing infertility problems.¹⁵

Like infertility, miscarriage also contributes significantly to depression. Research from Evernorth Research Institute shows that only about **10%** of women receive the full spectrum of treatment for their post-miscarriage depression, including therapy and antidepressants.¹⁵ Meanwhile, post-miscarriage depression increased from **10.5%** pre-pandemic to **11.5%** during the pandemic.¹⁶

Employers have an opportunity to make a difference in this area. Female consumers are significantly more likely than male consumers to rate work-life balance, mental health days and access to mental health professionals as the ideal mental health resources for their employers to offer.



Top employer-provided mental health support tools according to women



15%

Work-life balance



14%

Access to a licensed mental health professional



14%

Mental health days



11%

Flexibility

According to survey findings from a new report by Evernorth's MDLIVE[®], women are **24%** more likely than men to report they struggle the most with mental health in their family.¹⁷ Women are also more likely than men to report experiencing negative emotions, including stress (**48%** vs. **35%**), anxiety (**42%** vs. **30%**), and feeling emotionally drained (**38%** vs. **24%**).¹⁷

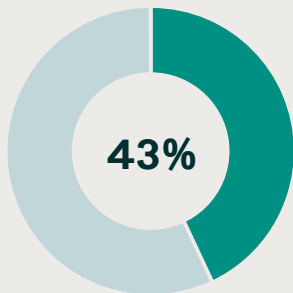
The persistent gender gap in family caregiving extends to mental health, as more women than men report that their mental health was affected by childcare duties (**77%** vs. **67%**) and caregiving for elderly or sick relatives too (**69%** vs. **58%**).¹⁷

Consumer satisfaction with existing mental health benefits

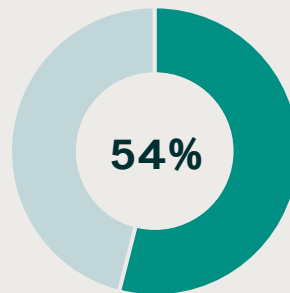
A majority of both female and male consumers are pleased with their mental health benefits. Notably, women are less satisfied with the support provided by their employers, with **63%** indicating they are very satisfied or somewhat satisfied with the current mental health support and benefit offerings from their employer, compared to **73%** of men.

Also, while women say their employer currently offers mental health tools—including Employee Assistance Programs (**27%**), access to a licensed mental health professional (**22%**), work-life balance (**21%**) and flexibility (**21%**)—a quarter of female consumers (**25%**) say their employer offers no mental health tools at all. **These findings point to an opportunity not only to provide robust mental health resources, but also to ensure that members are aware that such tools and services are available to them.** Education is essential to both awareness and utilization of benefits.

Women overwhelmingly agree that mental illness is like any other illness. And while consumers are increasingly comfortable seeking treatment for behavioral health, the research reveals startling statistics:



43% of women say that their own mental health has declined over the past year.



54% of women believe that the current mental health system prioritizes physical health over behavioral health.

In general, plan sponsors remain deeply committed to delivering behavioral health options. For example, **91%** of employers and **89%** of health plan leaders indicate their organizations currently offer (or are looking to expand offerings) in care for behavioral health. Meanwhile, **94%** of employers and **92%** of health plan leaders report interest in further expanding virtual care options when it comes to behavioral health.

Plan sponsors' perspectives on the changing role of behavioral health

	EMPLOYERS	HEALTH PLAN LEADERS
Currently offer benefits for behavioral health, or intend to expand offerings	91%	89%
Interested in expanding virtual care for mental health counselors and/or therapists	94%	92%

EXPERT PERSPECTIVE

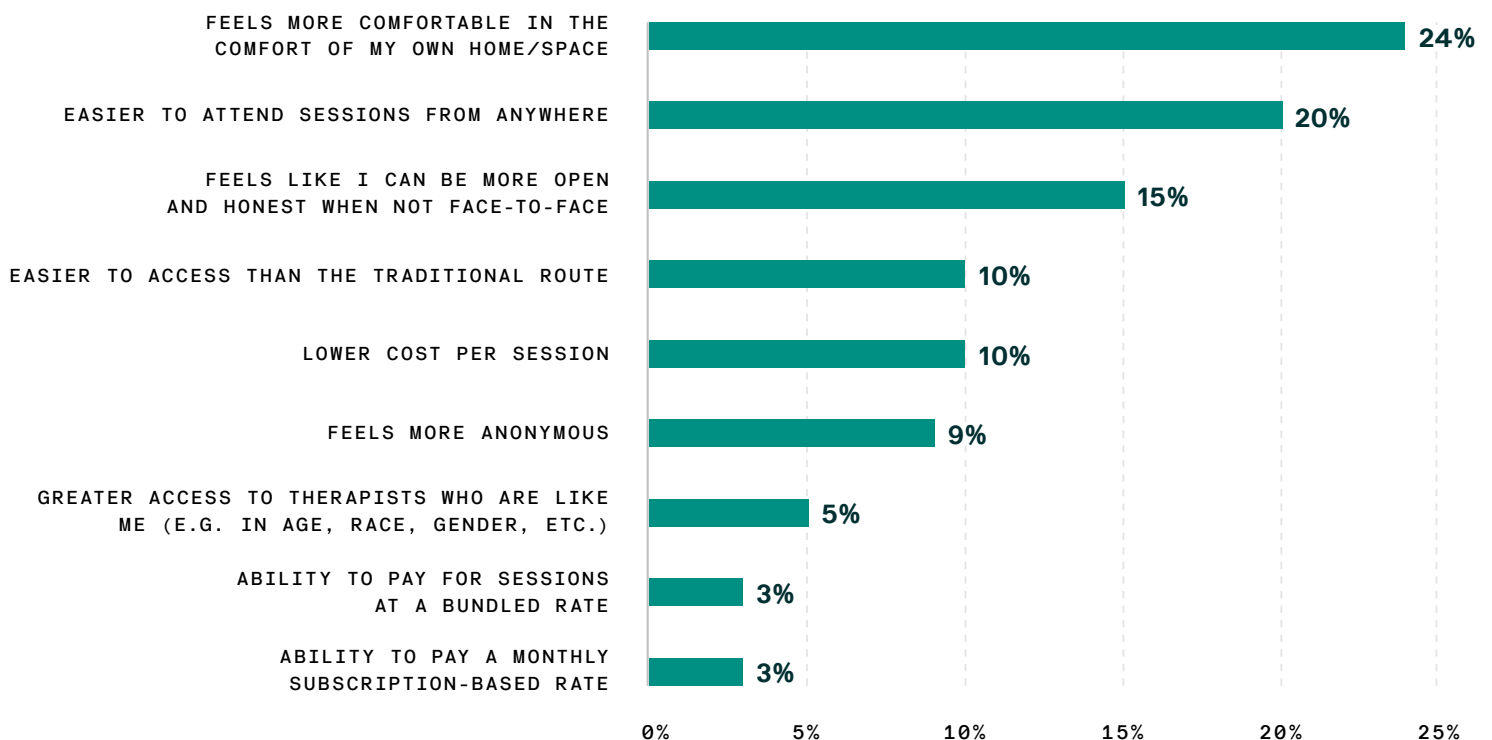
“Virtual behavioral health care is an ideal option for women, especially those at a reproductive age, as it provides flexibility and convenience in how they access care while allowing them to do so from where they feel the most comfortable. Behavioral health and reproductive health outcomes are intertwined, and with nearly 50% of new mothers with PPD going undiagnosed, it’s more important than ever to provide them with the accessible tools to help them help themselves as they navigate parenthood and the changes and challenges that come with juggling childcare, work schedules and their new reality at home.”



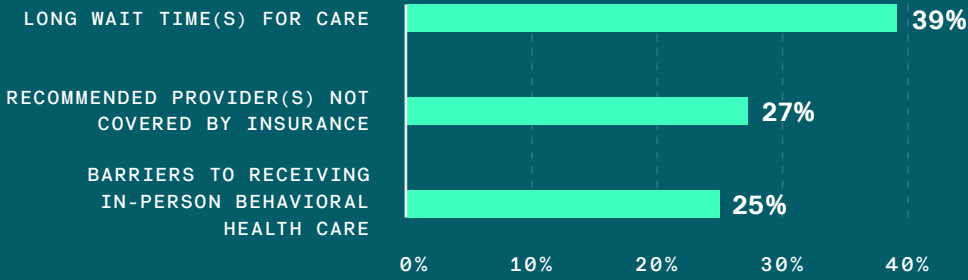
SHAKIRA ESPADA-CAMPOS, DSW, LCSW | ASSOCIATE CHIEF OF BEHAVIORAL HEALTH, EVERNORTH-MDLIVE

When it comes to where they receive care, women value the flexibility and convenience of having options to access virtual mental health care services. In fact, **56%** of female consumers say they are equally comfortable with virtual and in-person venues. Among the minority of women who say they prefer virtual options for mental health care, **24%** are more comfortable in the space of their own home, while **20%** appreciate the convenience and simplicity of attending sessions from any location.

Reasons women seek virtual care

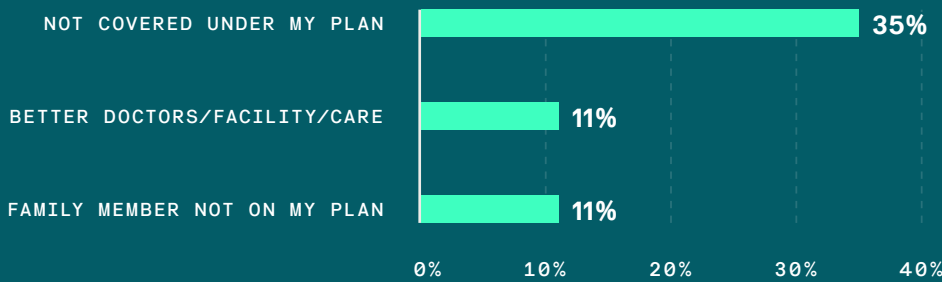


Challenges experienced by female consumers when seeking behavioral health care



32%
Sought behavioral health care in the past 12 months

Reasons for seeking behavioral health care outside of current plan



23%
Self or their family member(s) sought care outside of my plan/ employer-sponsored benefits

It will be more important than ever to calibrate employers' investment in behavioral health with women's reported decline in mental health over the past year.

There is an undeniable link between reproductive health care from pre-pregnancy through postpartum, to behavioral health care needs for women at a reproductive age.



Report takeaways



EVOLUTIONS IN THE WORKFORCE ARE DRIVING NEW EXPECTATIONS ON WOMEN'S REPRODUCTIVE HEALTH AND BENEFITS

Consumers, especially younger demographics, now consider gender-specific benefits like contraception and infertility treatment as a **fundamental cost of entry, and are actively approaching benefits teams** to ask for them.



THE POLITICAL AND LEGISLATIVE ENVIRONMENT IS ALSO DRIVING ACTION AND APPREHENSION

Consumers, particularly those who are of reproductive age, are **beginning to respond to the political and legal changes** surrounding the overturn of *Roe v. Wade*, taking the steps they deem necessary to access care they need, both for themselves and for their families.



PLAN SPONSORS PLAY A KEY ROLE IN THE FUTURE OF ACCESS TO WOMEN'S REPRODUCTIVE CARE

Plan sponsors believe their organizations have a **role in supporting and protecting access to women's health care**. They will have the opportunity to better coordinate their benefits strategies and education efforts to address women's health needs.

Numbers to remember

50%

of consumers expect employers to ensure they are well-informed about women's health care benefits

23%

of pregnancy-related deaths are caused by mental health conditions, more than hemorrhage and cardiac conditions¹¹

51%

of women say they are concerned about employers reducing women's health benefits in the future

43%

of consumers say the overturn of *Roe v. Wade* has motivated them to take action

43%

of women say that their own mental health has declined over the past year

40%

of counties in the United States do not have an OB/GYN doctor available⁹





FINAL THOUGHTS

Looking ahead

The disruption and fragmentation that have characterized health care over recent years are even more palpable in consumers' and plan sponsors' perspectives on women's health care. Their sentiments suggest an opportunity not only to offer clear, accurate information regarding access to care, but also to commit to offering a higher standard and more inclusive health care benefits.

These insights power innovative thinking—which, in turn, allows us to improve efficiency, accessibility and predictability. And create connections to care that enhance health for women, for communities, for businesses—for all.

To learn more, visit [Evernorth.com](https://www.evernorth.com) or contact your Evernorth account representative today.



Methodology

The *Importance of women's reproductive health care and benefits* report is based in part on data collected from two December 2022 surveys conducted by Ipsos on behalf of Evernorth.

Consumer survey

FIELD DATES: DECEMBER 2-22, 2022

Survey respondents were recruited by Ipsos. To participate, respondents had to have health insurance coverage, including prescription drug coverage, for themselves or someone in their household through their employer or union, government employment or military/VA.

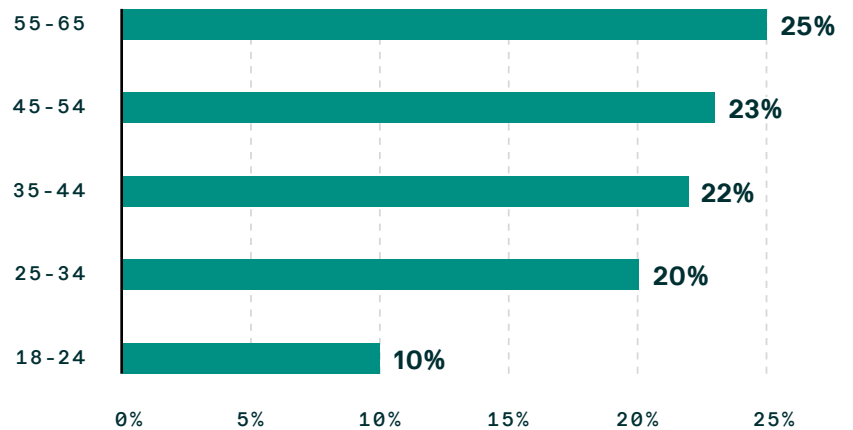


Consumers:
3,002

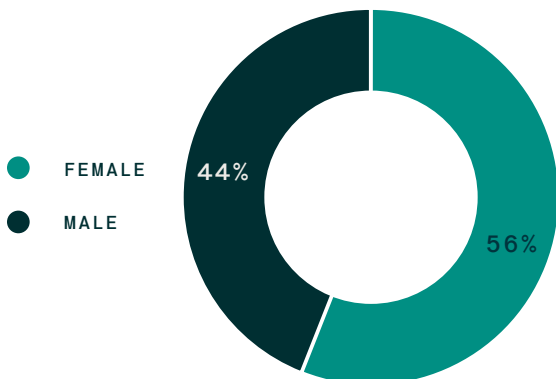


Average household
income:
\$89.9k

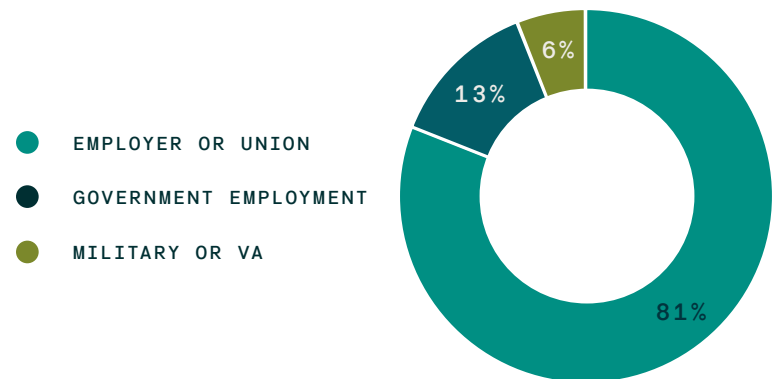
Age



Gender



Primary health insurance coverage



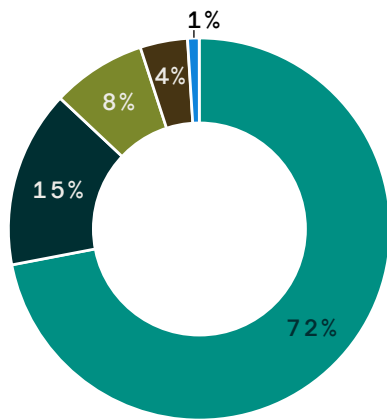
Decision-makers survey

FIELD DATES: DECEMBER 2-22, 2022

575 Employers

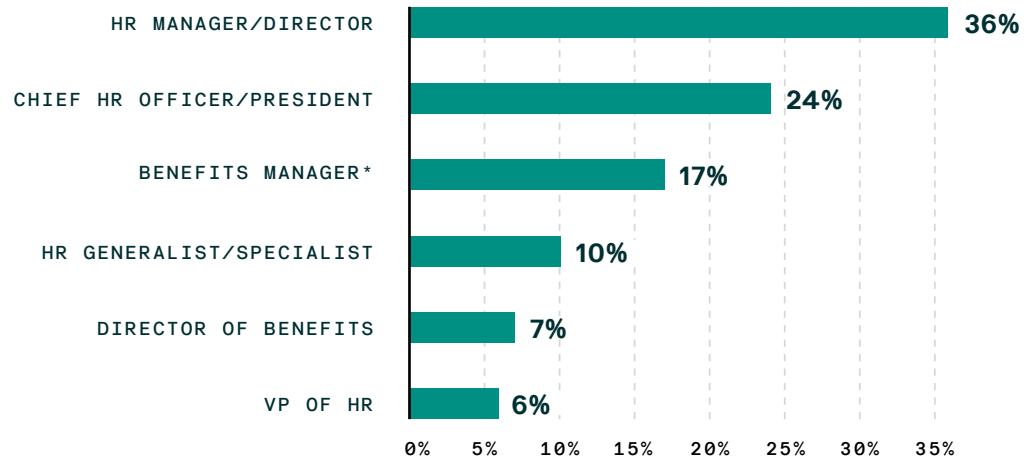
To participate, employer respondents had to be working full-time for a company with at least 1,000 employees that provides both medical and pharmacy benefits. The respondent also had to be a decision-maker when it came to selecting and managing the employee benefits for their organization.

Type of organization



- EMPLOYER (COMMERCIAL)
- HEALTH PLAN
- PUBLIC SECTOR
- OTHER
- FEDERAL/GOVERNMENT AGENCY

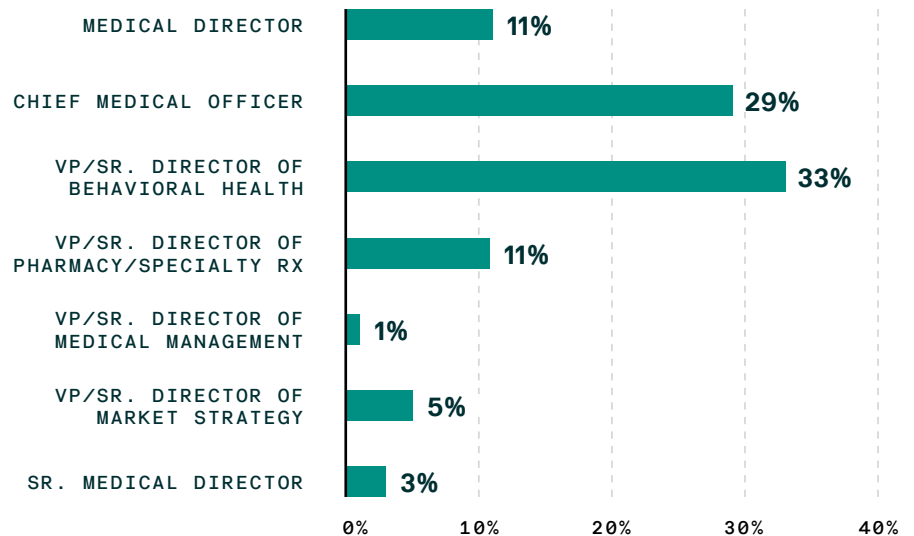
Job title



75 Health plan leaders

Health plan leader respondents had to be working full-time for a national or regional health plan serving at least 100,000 members. The respondent also had to be a decision-maker when it came to determining the benefits partners/suppliers that health plan offered to groups/clients.

Job title



*Titles may also include Benefits Specialist, Administrator, Coordinator or Supervisor.

Key terminology

- + **Behavioral health:** Refers to the promotion of mental health, resilience and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.
- + **Consumer:** Individual respondent who has health insurance coverage, including prescription drug coverage, through an employer or union, government employer or military/VA; may also be referred to as “employee” or “member” by plan sponsors.
- + **Employer:** Individual responsible for selecting and managing the employee benefits for a company or other organization, such as a human resources decision-maker.
- + **Gender-specific care:** An approach to whole health that aims to improve outcomes by addressing the impact of sex, including biological differences, as well as the social and cultural processes associated with gender.
- + **Health plan leader:** Individual who works for a health plan organization in the health insurance industry and determines the benefits partners and/or suppliers that health plan offers to groups and/or clients.
- + **Mental health:** A subset of behavioral health that addresses emotional, psychological and social well-being; it affects the way people think, feel and act as they cope with everyday stressors.
- + **Plan sponsor:** An employer or organization that offers a group health plan to its employees or members. Includes both employers and health plan leaders.
- + **Postpartum Depression:** A behavioral health condition that can occur up to one year after having a baby, but most commonly starts about one to three weeks after childbirth. It involves intense feelings of sadness, anxiety or despair that interfere with daily tasks.
- + **Telehealth/Virtual care:** Electronic and telecommunications technologies and services used to provide care and services from a distance.
- + **Whole-person health:** Considers the physical, behavioral and social needs of a single patient as part of a whole system, with each element contributing to long-term outcomes.

Solutions



Evernorth FamilyPathSM

includes benefit offerings across family planning, pregnancy and postpartum care for employers and health plans through direct and partnership solutions.

Progyny, a preferred partnership under FamilyPath, includes comprehensive fertility coverage for male and female infertility and gives patients access to the largest actively managed provider network, resulting in healthier pregnancy outcomes.



The Evernorth Contraceptive Care Program

supports members' contraceptive needs through affordable benefit solutions and targeted member communications with the goal of increasing contraceptive care adherence and utilization while reducing medical spend.



Evernorth Guided Behavioral Care

uses a data-informed approach to proactively identify, engage and guide members to the right level of behavioral care quickly—all while providing measurement and quality outcomes that drive cost savings.

References

1. Nathan L. Kleinman, Nicholas J. Rohrbacker, Andrew G. Bushmakin, Jennifer Whiteley, Wendy D. Lynch and Sonali N. Shah. "Direct and Indirect Costs of Women Diagnosed With Menopause Symptoms." *Journal of Occupational and Environmental Medicine*. Vol. 55, No. 4 (April 2013), pp. 465-470. <https://www.jstor.org/stable/48510293>
2. Jolien Roos-Hesselink, Lucia Baris, Mark Johnson, et al. "Pregnancy outcomes in women with cardiovascular disease: evolving trends over 10 years in the ESC Registry Of Pregnancy And Cardiac disease (ROPAC)." *European Heart Journal*. 2019 Dec 14. <https://pubmed.ncbi.nlm.nih.gov/30907409/>
3. "New Study Uncovers the Heavy Financial Toll of Untreated Maternal Mental Health Conditions." *Mathematica*. April 29, 2019. <https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions>
4. Michael Timmes. "Millennials And Gen Z: Now Is The Time To Reshape Businesses To Harness Their Power." *Forbes*. June 27, 2022. <https://www.forbes.com/sites/forbescoachescouncil/2022/06/27/millennials-and-gen-z-now-is-the-time-to-reshape-businesses-to-harness-their-power/?sh=7aa9d9095c98>
5. "Insurance Coverage By State." *Resolve: The National Infertility Association*. <https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/>
6. Ellen Francis, Helier Cheung and Miriam Berger. "How does the U.S. compare to other countries on paid parental leave? Americans get 0 weeks. Estonians get more than 80." *The Washington Post*. November 11, 2021. <https://www.washingtonpost.com/world/2021/11/11/global-paid-parental-leave-us/>
7. Diana Baptista. "U.S. women struggle to find contraception as restrictions mount." *Reuters*. June 22, 2023.
8. "New March of Dimes Research Shows Access to Maternity Care Worsening for Millions of Women in the U.S." *March of Dimes*. August 1, 2023. <https://www.marchofdimes.org/about/news/new-march-dimes-research-shows-access-to-maternity-care-worsening-millions-women-us>
9. "Nowhere to go: Maternity Deserts Across the US. 2022 Report." Accessed July 27, 2023. https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf
10. Donna L. Hoyert, PhD. "Maternal Mortality Rates in the United States, 2021." *Centers for Disease Control and Prevention, National Center for Health Statistics*. March 16, 2023. <https://www.npr.org/sections/health-shots/2023/03/16/1163786037/maternal-deaths-in-the-u-s-spiked-in-2021-cdc-reports>
11. "Four in 5 pregnancy-related deaths in the U.S. are preventable." *Centers for Disease Control and Prevention*. September 19, 2022. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>
12. "Postpartum Depression." *Cleveland Clinic*. April 12, 2022. <https://my.clevelandclinic.org/health/diseases/9312-postpartum-depression>
13. "Postpartum depression increased during the pandemic, and many women received no treatment." *Evernorth Health Services*. May 9, 2023. <https://www.evernorth.com/articles/postpartum-depression-increased-during-pandemic-and-many-women-received-no-treatment>
14. Deborah Kaufman, D.O. "Normalizing postpartum depression." *Evernorth Health Services*. June 2, 2023. <https://www.evernorth.com/articles/postpartum-depression>
15. McLaughlin, Daniel, RN. "Infertility brings care, financial, mental challenges." *Evernorth Health Services*. March 1, 2023. <https://www.evernorth.com/articles/challenges-infertility-brings-patients>
16. "Post-miscarriage depression can impact whole-family health if left untreated." *Evernorth Health Services*. July 25, 2023. <https://www.evernorth.com/articles/post-miscarriage-depression-can-impact-whole-family-health-if-left-untreated>
17. *Family Matters: A Report on the State of Family Mental Health in the U.S.*, MDLIVE 2023. https://www.mdlive.com/wp-content/uploads/2023/08/MDLive_FamilyMatters_FINAL-8.10.pdf

MORE INSIGHTS:
[EVERNORTH.COM](https://evernorth.com)

CLICK TO SHARE:



EVERNORTH[®]
HEALTH SERVICES

© 2023 Evernorth. All rights reserved. All products and services are provided by or through operating subsidiaries or affiliates of Evernorth. Some content provided under license.