



2025 MATERNITY BENEFIT PROGRAMME DATA REPORT

This report provides an analysis of data from April 2021 to March 2022, for a subsidised programme for maternity care and the context of how the programme fits within the current landscape of demand for maternity care in Bermuda.

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a health system matter to our attention, we look forward to hearing from you.

Mailing Address

PO Box HM 3381
Hamilton HM PX
Bermuda

Street Address

Sterling House, 1st Floor
16 Wesley Street
Hamilton HM11
Bermuda

Phone: +1 (441) 292-6420

Fax: +1 (441) 292-8067

Email: contactus@healthcouncil.bm

Website: www.healthcouncil.bm

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INTRODUCTION

Maternity care is essential for safeguarding the health of both mother and child(ren). It encompasses a range of services from prenatal to postpartum care, with the goal of promoting a healthy pregnancy and reducing complications ([Table 1](#)).

Table 1. Common Terms Used in this Report

Common Terms	Focus	Typical Time Period
Maternity Care	Mother and child(ren)	Entire pregnancy, delivery, and up to 6 weeks postpartum.
Prenatal Care	Mother and child(ren)	Pregnancy (before birth).
Postpartum Care	Mother	From delivery up to 6 weeks postpartum.

However, anecdotally, it is understood that individuals may experience barriers accessing these services or delay use of these services due to mistrust of the system, concerns regarding potential out-of-pocket costs, overdue healthcare bills from prior pregnancies or related experiences, and general lack of awareness of resources available to them. Lack of or delayed access can result in a higher risk of complications¹ or morbidity², contributing to issues such as gestational diabetes, pre-eclampsia, and low birth weight³, and/or mortality for themselves and their babies.

To address concerns about access challenges and reduce the risk of maternal and infant health outcomes⁴ in Bermuda, the Bermuda Health Council spearheaded the development and implementation of the Maternity Benefit Programme in November 2021, funded through the Mutual Reinsurance Fund (MRF). This Programme, developed in collaboration with the Maternal and Family Planning Clinic (Government Clinic), private practice obstetricians and the Health Insurance Department, aims to expand access, enhance care coordination, and support healthier pregnancies for all. The following report provides comprehensive details and data on the Maternity Benefit Programme.

I. ACCESS TO MATERNITY CARE IN BERMUDA (PRIOR TO NOVEMBER 2021)

In Bermuda, maternity care is typically covered under a health insurance policy through two groupings of services:

1. *Mandated standard health benefit (SHB)*
 - a. maternity-related services provided by the Bermuda Hospitals Board (BHB) and
 - b. maternity-related diagnostic imaging services⁵ provided at select non-hospital diagnostic imaging centres; and
2. *Supplemental coverage*
 - a. bundled community obstetrician (OB)-provided prenatal care, delivery and postpartum and
 - b. fee-for-service care provided by other community providers (e.g., specialist physicians, allied health professionals, etc.)

[Table 2](#) provides details of the approximate cost breakdown of maternity care for uncomplicated pregnancies based on the two groupings of services.

While the majority of individuals have both mandated and supplemental coverage, there are select policies available on the island that only offer one or two of the three types of coverage (underinsured), and some individuals do not have health insurance at all (uninsured), thereby creating disparities in access to maternity care.

Table 2: Approximate Cost of Maternity Care in Bermuda

Group	Service	Provider	Insured and Underinsured	Uninsured
Standard Health Benefit	Maternity-related hospital services	Hospital employees	100% for SHB services	Minimum out-of-pocket costs are approximately \$8,000 (C-section) and \$4,500 (vaginal delivery) ⁶ .
	Maternity-related diagnostic imaging services	Select community-based professionals	100% for SHB services	\$354 each for imaging performed during the 2nd and 3rd trimesters.
Supplemental Benefits	Obstetric care	Community-based OBs	Varies depending on policy	<i>Bundled:</i> Minimum out-of-pocket costs are approximately \$6,800 (C-section) and \$6,400 (vaginal delivery), both with pre-natal and immediate post-partum care. <i>Unbundled:</i> \$2,000 for 7 prenatal visits, \$3,000 for C-section only, \$2,800 for vaginal delivery only, and \$480 for postpartum care only
	Other maternity-related services	Other community-based health professionals	Varies depending on policy	Estimated minimum of \$306 per visit

For those without adequate (or any) insurance coverage, maternity care may be viewed as unaffordable, and these individuals may opt not to receive prenatal care -- thereby increasing the risk of complications, morbidity and mortality as noted above.

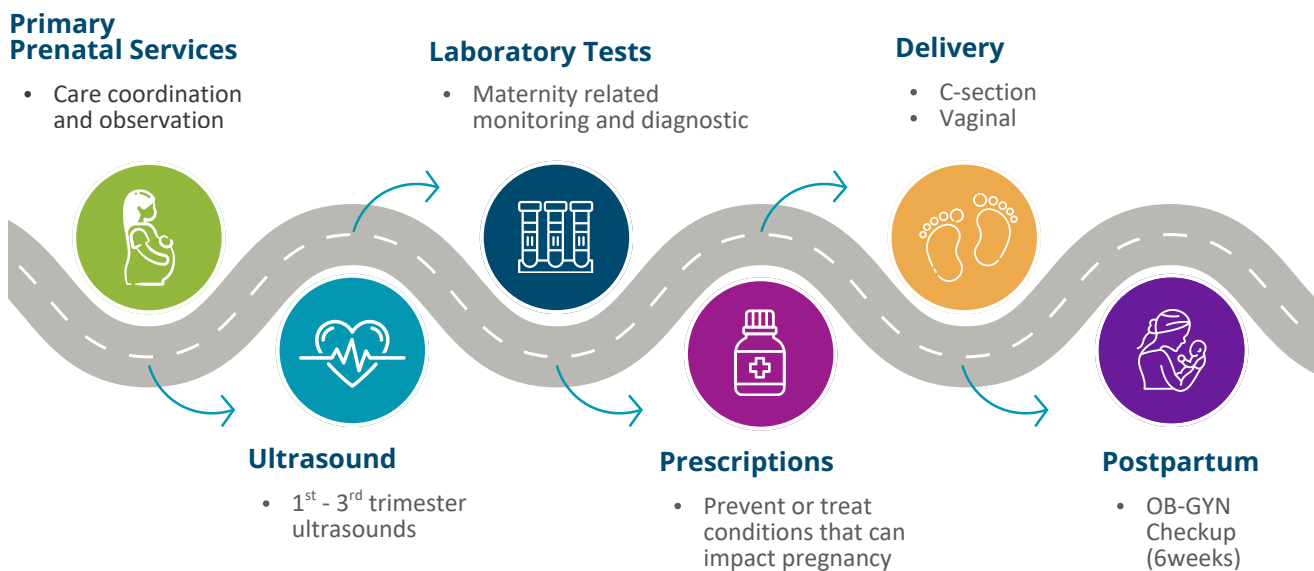
II. MATERNITY BENEFIT PROGRAMME

The Maternity Benefit Programme is a subsidised programme, funded through the Mutual Reinsurance Fund (MRF). The MRF is a structure which is funded through a portion of the premium for the SHB (the premium is called the standard premium rate, or SPR)⁷. During the reporting period, the SPR was \$400.31⁸ which was paid by every insured person per month; \$1.19 of which was allocated to the Maternity Benefit Programme. The insured headcount fluctuates throughout the year, but using an average headcount of 46,300 for the reporting period, between November 2021⁹ and March 2022¹⁰, the Maternity Benefit Programme had an estimated \$661,164¹¹ to cover maternity care for eligible individuals.

The Maternity Benefit Programme is intended to support vulnerable families with local maternity services. It also has the objective of promoting equity and reducing overall risks during pregnancy and delivery.

As the intent of the Programme is to ensure access to necessary maternity care for the uninsured and underinsured, benefit inclusions¹² mirror those that are otherwise accessible through health insurance policies.

Figure 1. High-Level Service Covered in the Maternity Benefit Programme



III. ELIGIBILITY

Eligibility for the Programme is based on one's health insurance status, that is being uninsured or underinsured. While the Programme provides support for residents who find themselves in the unfortunate situation of lacking adequate insurance, the unpredictable nature of pregnancy and delivery makes it advisable for individuals to secure traditional health insurance coverage where possible. Traditional health insurance may not only provide comprehensive maternity care but also safeguards individuals against other unplanned health events that could affect their quality of life. To emphasize, the preferred option for accessing complex care is through health insurance, as most policies typically cover all low-risk pregnancy-related maternity care and may also cover part or all of high-risk pregnancy care, including necessary overseas treatment.

Given the preference for health insurance coverage, vulnerable individuals are encouraged to obtain a Health Insurance Plan (HIP)¹³ policy with the Bermuda Government’s Health Insurance Department, or to apply with the Department of Financial Assistance for support with obtaining a HIP policy with the Health Insurance Department. It is strongly recommended that individuals secure health insurance coverage well in advance of any need for maternity care. Where these options are not available, the Maternity Benefit Programme is available as a last resort for obtaining access to maternity care.

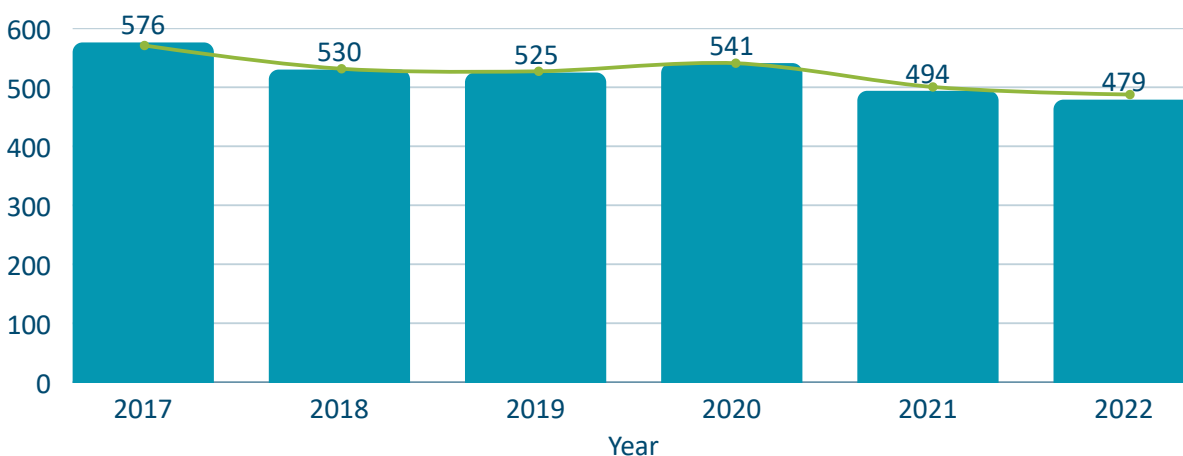
To access the Maternity Benefit Programme, participants must enroll via the Government Clinic (Hamilton Health Centre), and care is coordinated between the Clinic and the private practice obstetricians, with any clinically appropriate services provided by approved health service providers¹⁴.

IV. MATERNITY BENEFIT PROGRAMME STATISTICS

Birth Rate

In 2022, the [Department of Statistics reported](#) that Bermuda recorded 479 live births (238 males and 241 females) (Figure 2) a decrease in total births from 2021, which saw 494 live births (255 males and 239 females). Of the 479 live births in 2022, 44 (9.12%) were coordinated via the Programme. The trend of a decreasing birth rate is projected to continue.

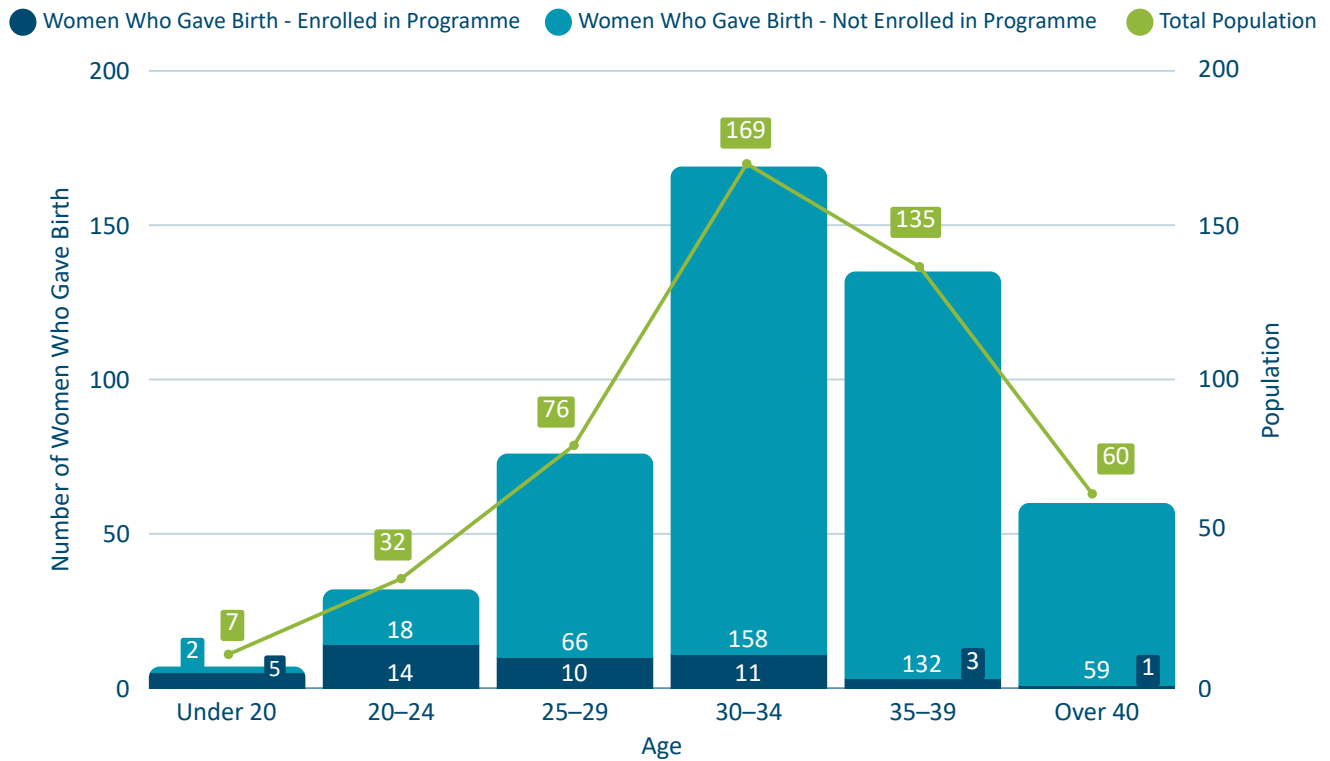
Figure 2. Number of Live Births in Bermuda (2017 - 2022)



Age of Programme Enrollees

While women aged 30 - 34 years accounted for the largest portion (35%) of birthing individuals in Bermuda in 2022, women aged 20 – 24, who only accounted for 7% of all birthing individuals in Bermuda at the time, accounted for the largest portion (32%) of Programme enrollees. Given the enrolment eligibility criteria, the age distribution for the Programme may be attributed to factors such as a higher likelihood of unemployment or ongoing education, potentially leading to under-insurance or lack of insurance coverage for this age group. Figure 3 provides a comparison between those enrolled in the Programme and all birthing individuals, by age as of March 2022.

Figure 3. Age Range of Bermuda's Pregnant Population in 2022



Risk Level and Delivery Method

Currently, there is little local data available on the correlation between high/low risk pregnancy and delivery method. For those enrolled in the Programme, risk is assessed on a case-by-case basis, and individuals who are identified as needing additional care or treatment will be referred or prescribed as appropriate through collaboration between the Clinic and the community OBs. Outside of general risk level, the basis of decisions made around delivery method can vary, and it would be inappropriate to draw conclusions without additional context. However, the Health Council is actively working on advancing data collection efforts to improve insights into the health system, particularly in maternity care.

Expenditure

In 2022, total reimbursement for community-based obstetric services amounted to approximately \$3,262,451 for individuals not enrolled in the Programme. For those enrolled in the Programme, the total amount paid was approximately \$216,459.09, representing 6.2% of the total expenditure for 9.12%¹⁵ of total births. Unused funds during any annual period are rolled over to the subsequent period for use within the Programme.

This difference in expenditure relative to the birth rate may be attributed to the distinct utilisation patterns of services outlined in Table 2¹⁶. For individuals enrolled in the Programme, most of the services are included in the obstetric bundle¹⁷ are typically provided by the Clinic. However, the Clinic is funded through a non-health insurance associated mechanism, which means the health insurance reimbursed costs for the Programme are proportionally lower compared to the costs incurred for the broader population. However, it is important to note that as of this report, data on the cost of services provided directly by the Clinic is not yet available, limiting the ability to fully quantify the financial impact of these services on overall expenditure.

CONCLUSION

With the health system's goals regarding the achievement of universal health coverage, it is important that we consider the most impactful and effective ways to improve health outcomes and whether there are key interventions that will further enhance progress toward this goal.

This report underscores the critical importance of Bermuda's Maternity Benefit Programme in creating equitable access to necessary maternity care and ultimately supporting better outcomes, not just immediately postpartum but also during the child(ren)'s early developmental years. Without this Programme, at least 44 individuals may have forgone prenatal services and only sought medical attention during or after delivery, a concern which is exacerbated by the reality that nearly half of these individuals required services or interventions above and beyond what is expected for a normal pregnancy. Without access to proper maternity care, uninsured and underinsured individuals are at a significantly higher risk of complications, which can lead to adverse outcomes for both mother and child(ren), including but not limited to chronic illness and developmental delays.

While the existence of such programmes is beneficial, ensuring awareness and understanding of the intentions of such programmes is also key to their effectiveness. Anecdotal data shows that despite the existence of the Maternity Benefit Programme, there are individuals who remain unaware and/or, for various reasons, forgo maternity care. The Programme was originally modelled based on the known births to uninsured and underinsured mothers; however, even after accounting for the decline in the birth rate and other known factors¹⁸, there remains a lower-than-expected use of the Programme.

While there are various factors impacting expenditure, based on the profile of the typical Programme participants, the proportion of total expenditure on maternity care was expected to be closer to the portion of Programme births vs total births – that is, if the Maternity Benefit Programme supported 9.12% of total births and nearly half of those are from pregnancies requiring more services and/or interventions than a low-risk pregnancy, given the typical care path and associated billing for Programme participants, Programme expenditure for Programme-coordinated births is expected to be closer to 9.12% of total maternity care expenditure - which it was not, for this period.

As Bermuda expects to continue to experience a low birth rate, it is even more important to focus on improving health outcomes for the population. With the older generation facing a significant burden of preventable chronic conditions, it is crucial to prioritise initiatives that empower younger generations to lead healthier lives over the long term. Additionally, given the relatively small size of the disadvantaged population and the existence of a support programme, ensuring the Programme's effective implementation and alignment with its intended objectives should be a priority. By addressing these areas strategically, we can create a more equitable and health-focused future for all.

DID YOU KNOW?

The Maternity Benefit Programme was used as a base for the development of the First 1,000 Days integrated care pathway. To read more about this, check the *Latest Updates* at healthstrategy.bm or click [HERE](#).

The Hamilton Health Centre provides adult Preventive Health Services and a Sexual and Reproductive Health Clinic. For more information, click [HERE](#).

More information about the Maternity Benefit Programme can be found on the Bermuda Health Council website. Click [HERE](#).

A close-up photograph of a doctor's hand using a stethoscope to listen to a pregnant woman's belly. The image is overlaid with a semi-transparent blue filter. The doctor's hand is on the right, holding the blue tubing of the stethoscope. The pregnant woman's belly is on the left, and her hand is visible at the bottom left corner. The background is a blurred clinical setting.

BERMUDA HEALTH COUNCIL

www.healthcouncil.bm

contactus@healthcouncil.bm

(441) 292-6420

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