



CLINICAL IMPACT REPORT

Improving care for underserved families



Forward

For more than a decade, Maven Clinic has worked to ensure that women and families receive the support they need at critical moments in their lives. In my own practice as an OB/GYN, I have seen firsthand how inequities shape reproductive health outcomes—how factors like race, language, income, culture, and prior experiences with the healthcare system determine not just someone’s care, but their confidence, safety, and ultimately their health.

This report reflects both our mission and our responsibility: to deliver care that recognizes each member’s lived experience and provides meaningful, personalized support at scale. It also reflects our progress. Across populations who have historically been underserved, Maven’s model is demonstrating measurable improvements in clinical outcomes, member experiences, and cost savings. These results are not incidental—they are the direct product of a clinically rigorous, equity-informed care model built to intervene early, personalize support and prevent avoidable complications.

My hope is that this report provides clarity and conviction for employers, payers, and health systems: when care is inclusive, evidence-based, and culturally responsive, everyone benefits. And when we invest in the people most at risk of being left behind, we drive better clinical outcomes and a stronger, more sustainable healthcare system.



Neel Shah, MD
Chief Medical Officer, Maven

Executive Summary

Maven Clinic partners with payers, employers, and health systems to close gaps in reproductive and family health by delivering evidence-based, culturally responsive care at scale. This report highlights Maven's measurable clinical impact on diverse and underserved populations, demonstrating how equity-focused care improves outcomes and reduces total cost of care.

Reproductive health outcomes reflect the sum of a person's lived experience, and traditional healthcare systems often fail to meet the needs of those facing the greatest barriers. Maven's model—grounded in continuous assessment, personalized intervention, and member activation—consistently improves outcomes across key populations:



Black members who met with a Maven doula at least twice had a **56% lower risk of cesarean delivery**, one of the most common and costly maternity procedures.¹



Members preferring a language other than English **show reduced NICU admissions** (4% for Spanish speakers, 12% for Hindi speakers, and 56% for Mandarin speakers) while maintaining high satisfaction (NPS 59–86), demonstrating that language access improves both outcomes and experience.



LGBTQIA+ members **report improved mental health**, with those rating themselves “not at all depressed” increasing from 45% to 65%, and 15% reducing out-of-pocket costs due to Maven's help and support.

These outcomes translate directly into cost savings. Each avoided NICU stay saves an average of \$70,000 per infant, and shifting from cesarean to vaginal birth saves \$11,500 per delivery. Maven's Milliman-validated ROI model confirms that the largest opportunities for reducing healthcare spend lie in preventing high-cost, inequity-driven events through early, tailored support.

\$70K

On average, avoidance of a NICU admission can save thousands of dollars per infant.

The purpose of this report is to make clear that equity is foundational to clinical quality and financial sustainability. By addressing disparities in maternal health, language access, and LGBTQIA+ family-building, benefit leaders can improve outcomes, reduce preventable complications, and meaningfully lower costs.

Maven's evidence demonstrates that when care is culturally attuned, linguistically accessible, and clinically proactive, outcomes improve for all—and the return on investment is both immediate and lasting.

Health Equity Definition

Health equity means ensuring that every individual has fair access to the resources and care they need to achieve optimal health outcomes. For payers and benefits leaders, this is the right thing to do and a smart business opportunity.

¹ Karwa, Smriti MPH; Jahnke, Hannah PhD; Brinson, Alison MSPH; Shah, Neel MD; Guille, Constance MD; Henrich, Natalie PhD, MPH (2024). [Association Between Doula Use on a Digital Health Platform and Birth Outcomes](#). *Obstetrics & Gynecology*.

Maven Overview

Maven is the world's largest virtual clinic for women and families on a mission to make healthcare work for all of us. Maven's digital programs provide clinical, emotional, and financial support all on one platform, spanning fertility & family building, maternity & newborn care, parenting & pediatrics, and menopause. Members can access timely virtual appointments, expert-vetted clinical content, personalized resources, on-demand classes, and 24/7 care advocacy and benefits navigation through a coordinated care team.

There are more than 600 providers on the platform with 30+ specialties represented, offering 9,000+ appointments on a weekly basis. Unlike a brick-and-mortar clinic, Maven video appointments are available at all hours of the day, often with a minute's notice, ensuring that members can access high quality care on-demand.

600

providers

30+

specialties

9K+

weekly appointments





PART 1

Maven's Approach to Health Equity

Clinical Strategy: Filling gaps in care by meeting members where they are

In 2024, Maven became the first digital health company to be awarded the National Committee for Quality Assurance's Health Equity Accreditation (HEA). The HEA requires alignment of our clinical model with best practices and guidance, allowing us to validate our model with the leading quality assurance entity in the United States.



In alignment with other industry leaders who hold the HEA, including plans associated with Elevance, Blue Cross Blue Shield, and United Health Care, Maven met all required standards including protocols for routine data collection and analysis, language services capabilities, culturally relevant provider network supports/culturally appropriate care delivery, the development of a Community Advisory Board, and continuous quality improvement initiatives.

Maven's Community Advisory Board

The Maven brand, product, and clinical model are strengthened by partnering with organizations and companies who have shared mission alignment. Composed of Maven providers, members, and leaders of community-based maternal health organizations across the country, the Community Advisory Board was established to identify and prioritize opportunities to improve upon Maven's care model, ensuring it is comprehensive of the needs of underserved populations and delivering culturally appropriate care.

This accreditation recognizes the rigor of our clinical model in supporting diverse populations. Our internal operations are streamlined and efficiently executed through routine policy, practices, processes and procedures across the entire company bringing accountability and structure to our health equity efforts. Further, the rigor of Maven's clinical model is demonstrated through 20 published papers in peer-reviewed journals, 23 published abstracts, eight claims-based studies, and Milliman's validation of Maven's ROI model for maternity and fertility programs.²



² Barrington, A., Houghton, K., & Yih, S. (2022). [Independent review of Maven Clinic's methodology for quantifying financial return of its fertility program](#) (Milliman client report). Milliman, Inc.

Maven stands out in our ability to address population health through our three pillar approach of assessment, intervention, and empowerment. Our clinical model has the structural, technical, and clinical rigor to anticipate needs, deliver personalized care, influence behavior changes, and transform outcomes for each member.

Clinical Assessment and Risk Stratification

Maven conducts ongoing systematic collection of data through the platform to identify health risks, needs, and disparities in social needs, including an intake assessment and a novel Social Determinants of Health Screener, with an average completion rate of 96% across our maternity and fertility members.

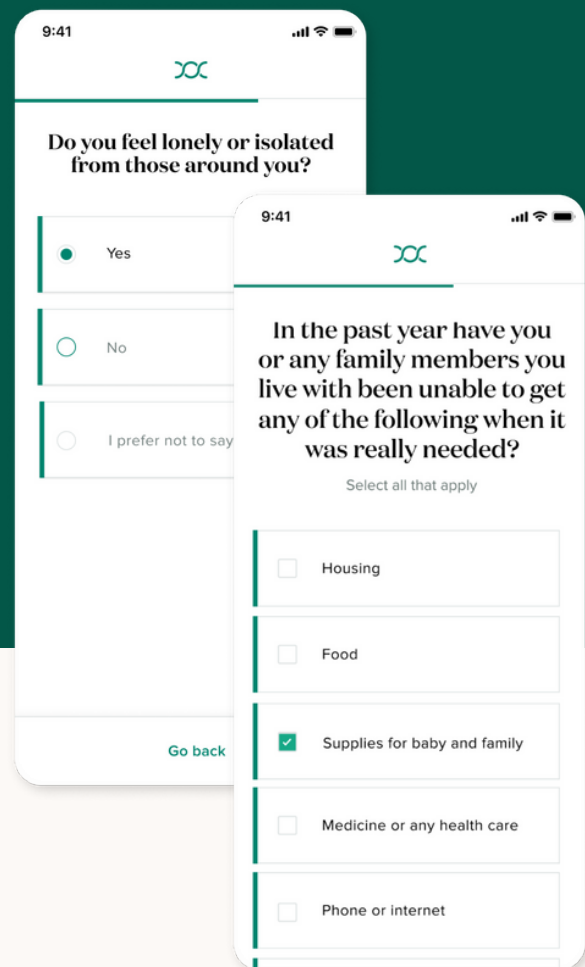
This data collection results in more demographic and social information than the typical health plan, allowing Maven to build a health profile for each member that enables earlier detection and intervention.³

96%

average completion rate of Maven's Social Determinants of Health Screener across maternity and fertility members.

SDOH Screener

Our clinical research, published in AJOG Global Reports, confirmed the SDOH short-form screener's accuracy and impact. Over 80% of respondents had at least one unmet social need, and most wanted their care team to know about it. These findings not only validate Maven's approach to population health, but also underscores how critical it is to integrate SDOH screening into every high-risk care model.⁴



³ Soucie, Jeni, et al. *Current Health Plan Approaches to Race and Ethnicity Data Collection and Recommendations for Future Improvements*. National Committee for Quality Assurance, 2023.

⁴ Peahl, A. F., Rubin-Miller, L., Paterson, V., Jahnke, H. R., Plough, A., Henrich, N., Moss, C., & Shah, N. (2023). *Understanding social needs in pregnancy: Prospective validation of a digital short-form screening tool and patient survey*. *American Journal of Obstetrics & Gynecology Global Reports*, 3, 100158.

Intervention and Care Delivery

Maven's digital health model complements in-person care by connecting members with unlimited access to a best-in-class specialized provider network, 24/7 access to care advocates, and extensive digital resources.



All Maven members are supported by Care Advocates who act as a 24/7 guide/navigator to all things Maven.



Maven's provider network has over 600 providers across 30 specialties with 60 percent of Maven's appointments occurring outside of typical doctor's hours.



Our providers are representative of our membership with over 35 languages spoken, 40% identifying as Black, Indigenous, or People of Color and 11% as LGBTQIA+.

CLAS Data Snapshot: Provider-Member Demographic Analysis

Maven conducts a Provider-Member Demographic Match to ensure that our network has enough representation to provide care that reflects members' lived experience through our "care matching" feature. Care matching is available to connect members with providers who share their cultural background or lived experiences, facilitating deeper trust and stronger patient-provider relationships.

	PROVIDER NETWORK	MEMBER POPULATION
RACE		
White	65%	64%
Asian	14%	21%
Black or African American	14%	12%
American Indian or Alaska Native	2%	1%
Other	0%	2%
ETHNICITY		
Non-Latinx	90%	88%
Latinx	10%	12%

Patient Empowerment and Self-Advocacy Support



Maven's care model emphasizes member activation and self-advocacy as a key component for managing health journeys.



All members can receive personalized care plans, ongoing outreach, education, and peer engagement to reinforce self-efficacy, sustain behavior change, and participation in shared decision-making.



For specified risk factors, proactive specialized programming such as dedicated modules or coaches are available to drive sustained behavior change and improve clinical outcomes.

Clinical Oversight: Culturally and Linguistically Appropriate Services (CLAS) Program

In alignment with the U.S. Department of Health and Human Services, Maven's Culturally and Linguistically Appropriate Services (CLAS) Program follows the best-practice framework outlined for organizations committed to advancing health equity and eliminating disparities through ongoing operational and quality improvement efforts. The CLAS Program is Maven's accountability mechanism that ensures the Clinical and Product teams design a care delivery model that is culturally sensitive and linguistically robust enough to provide inclusive care to all.

Maven's CLAS Program is governed by a committee of leadership from across Maven and combines data-driven insights, community-based input, and workforce development to identify and address disparities in engagement and outcomes. On a quarterly basis, the CLAS Committee reviews a comprehensive set of data sources to better inform clinical programming, frontline training, community partnerships, and continuous quality improvement.

CLAS Program Data Snapshot: Understanding Maven's Net Promoter Score

As a part of our CLAS program, Maven is able to provide high quality and linguistically congruent care to our ESL members by ensuring that we maintain translation services per HHS standard guidelines. The CLAS committee uses the Net Promoter Score (NPS), a score between 100 and -100 that measures member satisfaction and loyalty, to better understand how members experience Maven. A net promoter score above 30 is considered great and 70 or higher is considered excellent. The NPS score is a key driver of quality improvement (QI) efforts across both the Clinical and Product organizations. Our disaggregated NPS data indicate that members who speak ESL have positive experiences with Maven.

The NPS score by language for US-based respondents were the following:

- Hindi: 71
- Spanish: 59
- English: 60
- Mandarin: 86

The monitoring of NPS, specifically by preferred language, helps to design clinical interventions and product innovations aimed at improving access to care. The review of this data helps us to ensure that our members continue to feel they are receiving exceptional care on the Maven platform.



PART 2

Impact on Outcomes and Cost Savings

Improving Delivery Outcomes for Black Women

Black women in the United States experience higher rates of maternal morbidity and mortality than other racial and ethnic groups. National data illustrates these disparities clearly- cesarean delivery rates among Black mothers are 25% higher than the population average.⁵ A growing body of literature attributes these inequities to social determinants of health, higher burdens of comorbidities, and persistent barriers to accessing high-quality, culturally responsive care. Consistent with national trends, analysis of self-reported Maven member data shows that Black members present with greater medical complexity than the broader population, including higher rates of pre-existing conditions (e.g. asthma, chronic hypertension) and pregnancy-related complications (anemia, gestational hypertension, excessive gestational weight gain). These findings underscore the importance of comprehensive and continuous clinical support for Black members across the prenatal and postpartum periods.

Maven is committed to closing these gaps in maternal health outcomes and demonstrating measurable improvements for Black members. NICU utilization and cesarean delivery rates among Maven's Black members are below the PRAMS national benchmark (Figure 1). Compared to Maven's book of business, Black members report higher rates of the following outcomes: ED reduction (24% vs 20%), mental health management (37% vs. 28%), and physical health management (30% vs 27%). These findings are driven by engagement with Maven's providers and resources. Maven Research shows that during pregnancy, Black members had nearly twice as many virtual provider appointments and engaged more frequently with each provider type compared to White members.⁶ Additionally, Doula support has been particularly impactful- Black members who met with a doula at least twice had a 56% lower risk of cesarean delivery compared to Black members who did not engage with doula services.⁷

56%

Reduced risk of c-section for black members who used a digital doula service on Maven at least twice



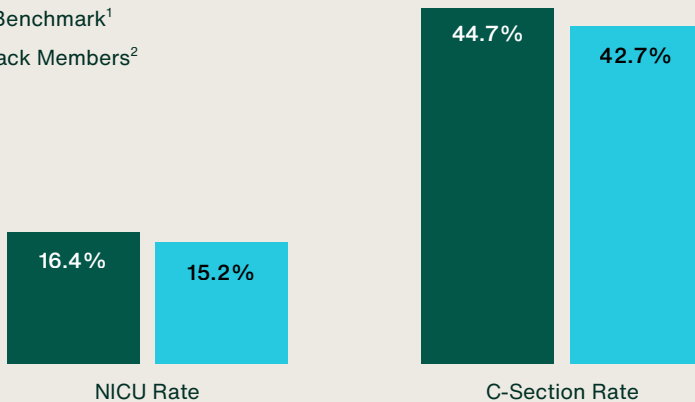
These services have been life-changing for me, and I want every mother to feel this level of support.



Brianna Clare
Maven Member and Community Advisory Board Member

Maven Member Data in Comparison to National Benchmarks

- National Benchmark¹
- Maven Black Members²



¹PRAMS Benchmarks

² Maven Black Members includes limited to prenatal joiners where Maven had the potential to support birth outcomes

⁵ Centers for Disease Control and Prevention. (2024, August 22). [PRAMS data | Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#). U.S. Department of Health & Human Services.

⁶ Ospina-Pineda, M., Yang, A., & Smith, J. (2024). [Differences in digital prenatal service delivery and pregnancy outcomes among diverse populations](#). Reproductive, Female and Child Health, 3, Article e60.

⁷ Karwa, S., Jahnke, H., Brinson, A., Shah, N., Guille, C., & Henrich, N. (2024). [Association between doula use on a digital health platform and birth outcomes](#). Obstetrics & Gynecology, 143(2), 175-183.



Taken together, these results suggest that Black members are leveraging Maven's clinical support and experiencing meaningful benefits, including fewer unnecessary emergency visits, enhanced mental and physical health support, and improved delivery outcomes.

Maven's third party validated ROI model demonstrates that the largest opportunities for cost savings lie in reducing NICU admissions and cesarean deliveries.⁸ Based on the data shown here incorporated into Maven's ROI model, the benefit delivers \$2.9k in savings per Black member. Given that Black women experience disproportionately high rates of both outcomes, Maven's ability to engage members early and reduce these events has meaningful financial implications. Investing in a benefit that addresses the unique needs of Black women across the maternity journey while ensuring equitable access to high-quality care translates not only to improved outcomes but also substantial cost savings for payers and employers.

\$2.9K

in savings per Black member
with Maven

⁸Barrington, A., Houghton, K., & Yih, S. (2022). Independent review of Maven Clinic's methodology for quantifying financial return of its fertility program (Milliman client report). Milliman, Inc.

Fostering language access in the US and abroad

Just as multinational companies must operate around the world to support their business interests, Maven is there to support employees in 175 countries. English, Spanish, Mandarin Chinese, Hindi, and French are the top languages selected as preferred language during the onboarding assessment. For these members, merely translating resources isn't enough—services must be appropriately tailored to provide linguistically and culturally congruent care.

For US-based people who speak English as a second language (ESL), communication barriers can lead to missed screenings, confusion about treatment plans, poor patient-provider interactions, and reduced autonomy in care decisions.⁹ Limited English proficiency in an English-forward healthcare system also affects health literacy, making it harder to understand educational materials or follow-up instructions. In reproductive health, these barriers contribute to delayed prenatal care, higher rates of severe maternal morbidity, and improper pain management in the postpartum period.¹⁰ Because major reporting bodies do not track language proficiency, data on these populations remains limited. Digital health solutions can help close these gaps, at scale, through translation services, accessible interpreters, multilingual staff, and translated educational resources—all areas where Maven has demonstrated strength, contributing to its NCQA Health Equity Accreditation.

175

countries served

35+

languages supported by Maven

4

translated versions of the app including English, French, Spanish, and Canadian French¹¹



When I meet with patients in Spanish, I feel the power of shared language—how it opens doors to understanding, trust, and comfort, all of which are essential to providing truly meaningful clinical care."

Stacey Silverman Fine
MD, FACOG, MDSCP, Maven OBGYN



⁹ Yeheskel, A. & Rawal, S. [Exploring the 'Patient Experience' of Individuals with Limited English Proficiency: A Scoping Review](#). Springer Nature, 2018.

¹⁰ Merchant, T., Soyemi, E., Roytman, M. V., Yee, L. M., Niznik, C. M., & Badreldin, N. [Bedside nurses' perspectives on the role of language barriers on postpartum pain management](#). American Journal of Obstetrics & Gynecology, 2024.

¹¹ Current investments plan for app translation into Hindi, Simplified Chinese, Japanese & Portuguese in 2026



By ensuring that members can communicate in their preferred language, we drive better outcomes, higher engagement, and stronger satisfaction for families and savings for the leaders who support them. Across Maven's top three non-English languages spoken by volume we see:



Higher engagement with the platform via digital touchpoints, and higher engagement with virtual providers than English speakers (55.6% and 47.7% virtual provider engagement rates, respectively) with a **very high satisfaction rating of 4.83/5 for non-English preference members** (in line with Maven's full book-of-business performance).



Lower NICU admission rate for members with Maven support (4% reduction for Spanish speakers, 12% reduction for Hindi speakers, and 56% reduction for Mandarin speakers).



Improvement in ED avoidance and mental health; **25% of members avoid costly emergency room visits** and 25-32% report better management of mental health.

A growing body of evidence demonstrates, when language access is integrated into digital health care delivery, members are better able to engage, follow care plans, and navigate their health with confidence—leading to measurable improvements in clinical outcomes.¹²

Enabling members to better manage their risks via culturally relevant health education can help mitigate costly NICU stays. 24/7 access to a provider who speaks their language helps members avoid costly emergent visits, which average \$2k for pregnant people.¹³ Our Clinical and Product teams view expanded language access as fundamental to our ability to deliver equitable, high-quality and inclusive care for all.

¹² Huang, A., Geracitano, J., Coffel, M., Seashore, C., & Khairat, S. [How limited english proficiency impacts patient engagement with telemedicine: a systematic review](#). NPJ Digital Medicine, 2025.

¹³ Lemos, E. V., Zhang, D., Van Voorhis, B. J., Hu, X. H. [Healthcare expenses associated with multiple vs singleton pregnancies in the United States](#). National Library of Medicine, 2013.

Delivering equitable family planning support to LGBTQIA+ people

Nearly 10 percent of Americans—about 30 million people—identify as LGBTQIA+, with 40% of same-sex married couples indicating a desire to have kids some day.¹⁴ And yet, for many, the road to growing their families comes riddled with complications. Systemic barriers, such as infertility focused-insurance language, steep financial costs, and a lack of legal protections for non-biological parents, create unequal access to family-building options, now acknowledged by the American Society of Reproductive Medicine as “social infertility.”¹⁵ These inequities in turn have business impacts: LGBTQIA+ employees hoping to build their families often experience increased financial strain and emotional distress, which can lead to presenteeism, absenteeism, and turnover. Maven’s inclusive fertility and family-building program is designed to close these gaps by providing accessible, affirming, and cost-effective support.

40%

of same-sex married couples indicate a desire to have kids some day

Maven intentionally considers paths to parenthood that may include fertility preservation, use of gamete donors and gestational surrogates, and navigating the complex legal landscape of adoption.



Non-heterosexual Maven members report **1.5× higher improvements in workplace productivity** than heterosexual members, demonstrating that supportive, identity-affirming care has an often immediate effect on well-being.



Among LGBTQIA+ Maven members who complete depression screenings as their program is beginning and ending, the percentage of members reporting they are “**not at all depressed**” increases from **45% to 65%**.



15% of LGBTQIA+ members report **reduced out-of-pocket costs** thanks to Maven’s expert navigation, a critical benefit given the high financial burden LGBTQIA+ people often face when building families.



Companies offering inclusive fertility benefits see **lower turnover** which is significant given that replacing a skilled employee costs 1.5–2× their salary.^{16, 17}



Supported LGBTQIA+ employees are over twice as likely to **report job satisfaction and to stay with their employer**, and they experience less stress and presenteeism.¹⁸

LGBTQIA+ family-building barriers create real performance and financial costs for employers, while inclusive benefits deliver strong ROI through lower health spend and improved preventative care. Clinically integrated fertility benefits further reduce costs by proactively guiding members to evidence-based care and avoiding unnecessary high-cost cycles. Overall, inclusive fertility benefits strengthen retention, engagement, and care quality while advancing equity and lowering long-term costs.

¹⁴ Goldberg, A. E. (2024, December 11). [More than 40% of married same-sex couples surveyed want to have children in the future](#). (Press release). Williams Institute, UCLA School of Law.

¹⁵ Chin, A. H. B., Bosenge Nguma, J.-D., & Ahmad, M. F. [The American Society for Reproductive Medicine's new and more inclusive definition of infertility may conflict with traditional and conservative religious-cultural values](#). American Society for Reproductive Medicine, 2024.

¹⁶ [Maven's State of Women's & Family Health Benefits](#), Maven Clinic, 2025.

¹⁷ Bersin, J. [Employee Retention Now a Big Issue: Why the Tide has Turned](#). Josh Bersin.

¹⁸ Kennedy, J. & Pope, H. [A new approach to financial wellness for LGBTQ+ employees](#). Mercer.

Inclusive Care as a Scalable Strategy for Cost Savings

Designing benefits that account for the full diversity of an organization's workforce is a clinically sound and financially responsible strategy that reduces costs and strengthens workforce engagement.

Increasingly, benefits design is becoming a competitive edge in talent recruitment and retention, and in brand reputation. A recent Maven report found that 69% of employees have taken or considered taking a new job because another employer offered better reproductive health benefits.¹⁹ When benefits leaders invest in care models that meet employees where they are linguistically, culturally, and clinically, they unlock a scalable strategy for cost savings, employee retention, and long term business success.

Maven's outcomes data demonstrate consistent patterns: lower NICU and c-section rates, higher engagement and satisfaction, and improved workplace productivity and mental health outcomes. Our comprehensive digital health model is proven to support some of our most vulnerable populations: Black women in achieving safer pregnancies, those with limited English proficiency, and LGBTQIA+ members navigating a family building system that wasn't built for them. These shared results illustrate that equity-focused care is a clear opportunity to transform benefits design, improve outcomes, and drive down costs.

69%

of employees surveyed, have taken or considered taking a new job because another employer offered better reproductive health benefits²⁰



¹⁹ [Maven's State of Women's & Family Health Benefits](#), Maven Clinic, 2025.

²⁰ Based on responses from 1,569 HR leaders and 3,752 full-time employees across the U.S., U.K., and India.

Social Impact: Maven's Bi-Directional Approach to Community Health

The cornerstone of Maven's Social Impact strategy is the MPact for Families Program. In partnership with 4Kira4Moms, the MPact for Families program provides financial support, mentorship, and technical assistance to community-based organizations serving Black and Indigenous mothers and families. Research suggests that community-based approaches are critical to closing gaps in care and improving maternal health outcomes, making programs like MPact for Families more critical than ever.

To date, Maven has supported eight different organizations:

2022

- Black Mamas ATX
- Chocolate Milk Mommies

2023

- Breath of my Heart Birthplace
- Village of Healing

2024

- Iowa Black Doula Collective
- Ttáwaxt Birth Justice Center

2025

- Hummingbird Indigenous Family Services
- Perinatal Health Equity Initiative



(Left to right, top row: Dr. Dawn Godbot, Maven Director of Health Equity; Camie Goldhammer, Founder and ED of Hummingbird Indigenous Family Services; Charles Johson, Founder of 4Kira4Moms; Dr. Neel Shah, Maven Chief Medical Officer)

(Left to right, bottom row: Danielle Fuerth, Maven Director of External Communications; Dr. Nastassia Harris, Founder and Executive Director of the Perinatal Health Equity Initiative; Dr. Christa Moss, Maven VP of Research and Outcomes; Gabby Albert, ED of 4Kira4Moms)