

Maternal and Infant Health Workgroup Recommendations

I. BACKGROUND

The NCMS Board of Directors considered policy recommendations from the NCMS Policy Committee related to maternal and infant health during its June 2020 meeting. The Policy Committee specifically proposed language supporting the recommendations from the NCIOM Perinatal System of Care Task Force and the North Carolina Perinatal Health Strategic Plan. The Board recognized and appreciated the Committee's effort to present succinct, updated policy statements reflecting active initiatives across the State, and a workgroup was formed to further consider the Committee's recommendations.

Upon review and comparison of all recommendations included within the NCIOM Perinatal System of Care Task Force's final report, the Perinatal Health Strategic Plan, and existing NCMS policies, it was determined that significant overlap existed among the three. Accordingly, the workgroup underwent efforts to synthesize and simplify the three into one comprehensive policy addressing maternal and infant health. The resulting policies align with the Policy Committee's initial recommendations, provide detailed summaries of NCMS' positions on key areas related to maternal and infant health, capture the intent behind the majority of the recommendations from the Perinatal System of Care Task Force and Perinatal Health Strategic Plan, and retain existing NCMS policies where appropriate.

II. POLICY RECOMMENDATIONS FOR ADOPTION

Recommendation 1 (new policy):

This draft policy addresses topics covered by, and would replace, the following NCMS policies: [Drug Abuse during Pregnancy](#); [Obstetrical Care by Family Medicine Physicians/Obstetricians](#); [Maternal Mortality](#); [Pregnancy Prevention and Sexually Transmitted Diseases Education](#); [Maternal Prenatal Testing](#); [Breastfeeding](#); [Perinatal Care Support](#); [Prenatal and Delivery Care for Indigent Pregnant Women](#); [Infant Mortality](#);

Maternal and Infant Health

The North Carolina Medical Society supports the following areas of focus¹ to improve maternal and infant health:

Developing a Risk Appropriate Regional Perinatal System of Care

- Promote the adoption of national maternal and infant risk-appropriate level of care standards
- Encourage use of multi-disciplinary assessment teams to utilize the CDC Levels of Care Assessment Tool to assist facilities in establishing self-identified maternal and neonatal levels of care
- Support required external verification of birthing facilities' maternal and neonatal level of care designations

¹Several of the policy statements contained herein are consistent with recommendations from the North Carolina Institute of Medicine Perinatal System of Care Task Force Report and the North Carolina Division of Public Health's 2016-2020 Perinatal Health Strategic Plan.

- 1 • Encourage re-establishment of North Carolina’s perinatal and neonatal outreach coordinator
2 program
- 3 • Support outpatient risk-appropriate perinatal system of care

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5 Ensuring Access to Perinatal Care

- 6 • Ensure access to comprehensive prenatal care for women ineligible for Medicaid
- 7 • Support efforts to extend coverage for group prenatal care and doula support
- 8 • Ensure that all pregnant women and high-risk infants have access to the appropriate level of
9 care through a well-established regional perinatal system
- 10 • Promote increased utilization and completion percentages of childbirth education classes
- 11 • Encourage clinicians providing perinatal care to practice in rural areas of the State
- 12 • Support efforts to ensure the availability of obstetrical care by family medicine physicians and
13 obstetricians, the continuation of obstetrical training in family medicine programs, and
14 statewide access to quality and cost-effective obstetrical care
- 15 • Encourage standardized screening and treatment for perinatal mental health and substance use
- 16 • Support expanded perinatal access to mental health services

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18 Promoting Patient-Centered and Evidence-Based Perinatal Care

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- 20 • Expand the use of evidence-based clinical standards and models of prenatal care
- 21 • Support efforts to improve access to and utilization of first trimester prenatal care.
- 22 • Promote care coordination/case management/home visiting services that includes promotion of
23 resiliency, mental health screening, substance use intervention, tobacco cessation and
24 prevention, reproductive life planning, chronic disease management, perinatal mood disorders
25 and access to health care
- 26 • Promote the provision of evidence-based culturally competent patient education and
27 anticipatory guidance
- 28 • Support activities and programs that promote healthy behaviors including activities that prevent
29 smoking initiation and promote smoking cessation and programs that promote healthy diet and
30 physical activity during pregnancy
- 31 • Encourage efforts to increase the quality and frequency of risk assessment at the postpartum
32 clinic visit

33 Promoting Perinatal Care Quality Improvement

- 34 • Encourage data collection on outcomes and quality improvement efforts that address racial and
35 ethnic disparities in care
- 36 • Support the review of all pregnancy-related deaths in North Carolina on an annual basis to
37 discover ways to reduce or prevent such deaths
- 38 • Support birthing facilities in quality improvement efforts to address racial and ethnic disparities
39 in care
- 40 • Support patient and family advisory councils in quality improvement efforts related to maternal-
41 fetal health
- 42 • Support education of health care providers and community health workers on the implications
43 of racism and bias on perinatal health

- 1 • Support the linkage of clinically significant maternal prenatal testing results to neonatal health
2 information reports for epidemiological and outcomes analysis with full protection of patient
3 privacy and confidentiality
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5 **Enhancing Services and Supports**

- 6 • Encourage alignment of perinatal care regional maps with Medicaid transformation maps
7 • Support parent navigator programs in birthing facilities
8 • Use community health workers to support families in their communities
9 • Encourage family-friendly workplace policies including paid parental and sick leave policies
10 • Encourage the use of evidence-based strategies to promote healthy family relationships,
11 promote parenting and co-parenting skills, and include parents and partners in preconception,
12 prenatal, and interconception services
13 • Promote access to comprehensive breastfeeding support services including medical lactation
14 services
15 • Support evidence-based practices for patient education that encourages breastfeeding.
16 • Support policies and programs that decrease barriers to breastfeeding
17 • Promote affordable, available, and accessible high-quality childcare
18 • Promote access to and utilization of immunization according to the CDC’s Advisory Committee
19 on Immunization Practices guidelines
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21 **Recommendation 2 (new policy):**

22 This draft policy addresses topics covered by, and would replace, the following NCMS policies:
23 [Contraceptive Availability for Men and Women](#); [Pregnancy Prevention and Sexually Transmitted](#)
24 [Diseases Education](#); [Adolescent Pregnancy](#)
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26 **Preconception and Reproductive Health Education to Women and Men**

27 The North Carolina Medical Society supports the following areas of focus to improve and promote
28 preconception and reproductive health education to women and men:
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- 30 • Support efforts to integrate the use of evidence-based and evidence-informed preconception
31 health care curricula with adolescent and young adult populations in educational and
32 community settings and into primary care for people of reproductive age
33 • Promote reproductive life planning
34 • Support efforts to ensure healthy pregnancy intervals through access to effective methods of
35 contraception, including increased access to Long-Acting Reversible Contraception
36 • Support efforts and programs of the State of North Carolina to reduce incidence of adolescent
37 pregnancy
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40 **Recommendation 3:**

41 The following NCMS policy statements have been recommended for reaffirmation:

1 **Education and Emergency Contraception**

2 RESOLVED, That the North Carolina Medical Society supports efforts to inform the public and physicians
3 about emergency contraceptive availability, its optimal use, potential concerns, and success rate; and be
4 it further

5 RESOLVED, That the North Carolina Medical Society supports education and dissemination of accurate
6 information on Emergency Contraception to the medical community, women’s health groups, the
7 public, and the media.

8 **Midwifery and Home Deliveries**

9 RESOLVED, That the North Carolina Medical Society opposes home deliveries, and be it further

10 RESOLVED, That the North Carolina Medical Society opposes the practice of midwifery by persons not
11 licensed in North Carolina as a physician, physician assistant or certified nurse midwife.

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14 **Recommendation 4:**

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16 The following NCMS policies should be rescinded as either redundant or outdated:

17 **Use of Folic Acid**

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19 RESOLVED, That the North Carolina Medical Society supports folic acid supplementation for all women
20 of child-bearing age by consuming 0.4 milligrams (400 micrograms) of folic acid every day by taking
21 multivitamins containing folic acid and consumption of foods high in folate.

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23 **Checkbox for Pregnancy-Related Deaths on North Carolina Death Certificates**

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25 RESOLVED, That the North Carolina Medical Society supports the addition of pregnancy checkboxes on
26 North Carolina death certificates as recommended by the CDC.

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29 **Recommendation 5:**

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31 Existing NCMS policy titled “Mobile Infant Walkers Ban” should be revised into a broader policy
32 addressing infant safety.