

Notes from Jan 23, 2019 Maternal and Infant Health Meeting

Action Items from Flip Chart

- Use of doulas
- OB privileges for family physicians
- CNM access
- OUD treatment
 - More stringent screening
 - Recruitment of providers
- Expansion of Centering Pregnancy program
- Expansion of Centering Parenting program
- NCIOM Task Force
- Implicit bias training
- Added later—addressing women’s health prior to pregnancy

Notes from handouts given to NCMS staff

Questions

- Helping to promote: breastfeeding, pumps, LC (note—can’t get for healthy newborns); LARCs
- Why weren’t RNs invited (AWHONN)
- What will happen to Pregnancy Medical Home?
- How many deaths are seen pre/post-natally from opioid use disorder in mothers and fetus/infants?
- Childcare in plants/workplaces---will this be considered helpful to wellbeing of mother/infant because of access of mother to her child?
- How often is cerebral palsy seen in NC?
- Has autism been linked to pre-natal malnutrition?
- What about 1 year of paid leave for mothers (like in France and other countries)?
- How much is alcoholism in mothers affecting morbidity and mortality in mothers and infants?
- How do (mch) nurses in LHD identify substance abusing moms? Then what happens?
- Why isn’t there better coordination with community groups?

Initiatives of Interest

- [PQCNC](#)
- [Moms Rising](#)
- [March for Moms](#)
- [March for Babies](#)
- [Black Mamas Matter](#)
- [Sister Song](#)
- [4th Trimester Project](#)
- [CC4C](#)

- [4Moms2Be](#)
- [Comprehensive Addiction and Recovery Act of 2016 \(CARA\)](#) scroll down to Background
- Trauma informed care/interpersonal violence/home visiting support
- Linkage of prenatal care for substance users
- Waivered to treat opioid addiction
- DMH/DD/SAS: [UNC ECHO](#)—providing education and support to physicians, PAs and NPs to address opioid use disorder (DATA 2000 Certified clinicians).
- [Project OBOT NC](#)
- Catawba Valley Medical Center runs an innovative high-risk maternity services clinic on behalf of Catawba County. This initiative is staffed by CNMs and registered nurses, utilizing “centering” and Nest techniques/programs. We would invite other providers to visit and learn more about our successful program. Contact Allister Morris, RN, MSN for additional info at amorris@catawbavalleymc.org.
- [Centering Pregnancy](#)/Group Prenatal Care
- [Group Well Child Care](#)
- Currently as a CNM I am working at a health dept that has integrated both Centering Pregnancy and a doula program. These things do not have to be separate, they can be done in conjunction with each other.
- [NC Perinatal Association](#) coordinates the Statewide Lamaze childbirth education training for NC local health departments to ensure women are educated on evidence-based birth practices. Doulas typically get trained in childbirth education, and childbirth educators typically end up practicing as doulas. NC DPH Women’s Health Branch is currently piloting two doula pilot program at 2 local health depts. Data will be available at end of FY 19.
- NC OB/GYN Society supports systems of risk appropriate care. We have promoted collaborative practice model with CNMs—such collaborative agreements can ensure that midwives have a safe and rehearsed pathway for escalation of care when necessary.
- ASM course at NC B/GYN Society meeting on April 17, 2019—had ~20 people last year in Asheville;
- NC OB/GYN Society supports expanding CNM licensure to “collaborative practice”-CNM to higher level of care to allow seamless escalations of care.
- Birth Center licensure being addressed.
- One year paid maternity leave (post-partum)
- Infant care in worksites
- Increasing reimbursements to physicians rather than funding doulas and midwives so that MDs can be incentivized to spend more time per patient and be in charge of the patient from conception through L & D and beyond.
- NCPHA mentioned Zika—how about CMV?
 - Targeted universal screen for whole state
 - Failed hearing screen
 - Microcephaly
 - + CMV mothers
 - Follow up failed hearing screen
 - Standardized

- Timely/early intervention
- Home visiting
- NCCARE 360
- PQCNC
- Pregnancy Medical Home

Suggested Items for Consideration From Meeting Attendees

- Develop and support systems for risk appropriate care from preconception/prenatal/intrapartum and postpartum periods.
- The NCIOM Task Force must do a comprehensive assessment of where our prenatal care providers are—what they are able to do (i.e. risk level) and whether they accept uninsured and Medicaid.
- Hospitals—do they allow family medicine and CNMs to deliver?
- Resource maternal mortality reviews.
- Make maternal mortality and morbidity data available to quality improvement organizations.
- Reimbursement equity
- Full practice authority (CNMs)
- Interdisciplinary education
- Implicit bias training for providers
- Sharing expertise—multi-disciplinary training
- Look at PA utilization in prenatal/perinatal care—Pas have a hard time getting hired in OB/GYN practices due to supervisory requirements but may provide opportunities to expand access
- Centering models—training (supported/subsidized); enhanced reimbursement for service (requires code); study of outcomes to data for state; infrastructure to support/promote
- Emphasizing data 2000 Waiver for all OB/GYNs to have so that there is increased access of pregnant mothers to opioid addiction treatment.
- Support OB/GYNs and prenatal care provider to NOT discharge pregnant substance using women or women in recovery due to there being “high risk” and transferring them to high risk clinics. They don’t make it there often and no longer get prenatal care at all and lose opportunity to connect to SUD treatment. Identify and treat.
- Good session today. I encourage more collaborative efforts between OB/GYN providers and other practitioners.
- Expand Medicaid
- Extend coverage postpartum for women on Medicaid or with “pregnancy Medicaid
- Support for doulas, Centering programs to help with social supports and better outcomes.
- Why the increase in C-section rate? Need study to look at factors contributing to this
 - Correlation with maternal and infant outcomes
 - Is it related to prematurity rates or maternal obesity?
 - Role of social determinants of care/racial disparity?
- Why shortage of CNM supervisors? Does that cause drive looking for independent practice?
- Highspeed internet access in rural areas

- Better connections with social worker in Dept of Social Services; for example, children in State custody are taken from homes where mothers have multiple births and often no father in home
- Empower men—make sure males have skills to graduate HS
- Housing quality?
- Expand Medicaid
- Enact paid parental leave
- Pay reparations for the (sequellae) of redlining and structural racism
- Address implicit bias in health care
- Incorporate reproductive justice approach
- Screening for postpartum depression
- Involve Moms Rising and other groups that represent moms as well as Moms from communities
- Include more stories of women in our work/efforts
- MAS/maintaining CC4C as part of CARA supports in Medicaid transition