

Introductions

In person: Michaela Penix, Stephanie Nantz, Beverly Yearwood, Ashley Rodriguez, Belinda Pettiford, Kim Harper, Sarah Dumas, Berkeley Yorkerey, Amy Williford, Velma Taormina, Walidah Karim, Lorrie Basnight, Rebecca Severin, Martha Schaub Bordeaux, Adam Zolotor, Cherie Ash, Latoshia Rouse, Tina Sherman, Melinda Ramage, Steve Eaton, Rob Kurzydowski, Suchi Tailor, Melissa Clayton, Charea Mason, Melissa Johnson, Kelly Kimple, Nancy Koerber

On the phone: Stephanie Nantz, Patrielle Johnson, Anuradha Rao Patel, Jennifer Greene, Winona Houser, Keith Cochran, Rachael Elledge, Melissa Poole, Kimberly DeBerry

Consumer Perspective – Cherie Ashe

Obtained Medicaid when she found out she was pregnant. It was relatively easy sign up process, but a primary difficulty was finding a provider that would accept her as a patient. She had never been on Medicaid before, and experienced a bias once she had to go on it. She felt looked down upon, and like a burden. Supposedly was administered epidural during birth, but felt a lot of pain—the care team was not responsive when she said she didn't feel it. It was also difficult to get off of Medicaid.

Review of TF4

Review of Hospital Licensure Forms

Recommendations Review – Yorkery

Sarah Dumas distributes HB 575. NCIOM to send out response document to the group early next week.

Important to make sure each recommendation isn't too interconnected with another so each can be implemented on its own.

Newton: Prenatal Care

Medical Director of Alamance County Health Department

Goals:

1. Who Alamance county serves
 - a. Women's health/family planning clinic
 - i. Increase in women using cocaine during pregnancy (23% endorse substance abuse)
 - ii. Mostly white, black & Latina women served
 - b. STD screening
 - c. Maternity clinic – 316 new OB visits, 74 transfers, 14 SAB
 - d. Limited child health clinic (i.e. physical for sports)
 - e. Nurse clinic
2. Describe county challenges
 - a. Financial challenges for self-pay patients
 - b. Travels -- ~30 miles from higher risk centers
 - c. Who does postpartum follow up?
 - d. Entry to care

- e. Communication
- 3. Describe centering/pregnancy program
 - a. Centering is group prenatal care where women are grouped together based on delivery date. Get medical care, child birth prep/education and community support.
 - b. 97.7% patient satisfaction great! Removes disparities over time at Alamance County.
 - c. 13 groups in in 2018. Average 6-8 women.
 - d. Barrier—child care
- 4. Briefly review effect of Medicaid Transformation

Questions:

- What was the transition from high risk OB's to MFM providers like?
 - It was critical. Alamance were mostly low risk women, and don't necessarily need MFM care. Majority of UNC patients are self pay because they can request charity services. Maybe need to work more collaboratively with FQHC to keep the mom baby diad together.

More Recommendations

See draft recommendations document uploaded on site.

Steube: 4th Trimester

What Challenges do mothers face?

- Confusion, despair, and anxiety. Which is normal.
- More than half of pregnancy related maternal deaths occur after delivery
- Global undervaluing of women, and a global lack of attention to mothers.
- ~60% of Medicaid patients & ~70% of commercial patients go to a post partum appointment. Lack of postpartum follow up leads to...
 - Early cessation of breastfeeding
 - Short interval pregnancy
 - Undiagnosed postpartum depression/anxiety
 - Preterm birth and infant mortality
- Women not knowing how to call after discharge from maternity care.

What support do we provide?

- 2018 ACOG recommendations include primary maternal care provider who assumes care through postpartum visit. Contact with all women (0-3 weeks) and ongoing follow up as needed (4-12 weeks)
 - BP Check & high-risk follow up when needed (0-3 weeks)

How do health inequities manifest in the 4th trimester?

- Reproductive justice vs. rights. Reproductive autonomy.
- Racism causes inequities, not race.
- Books
 - on redlining: *Color of Law*;
 - on race & reproduction: *Killing the Black Body* by Dorthea Roberts
 - *Medical Apartheid*

- On the quality of Medicaid in different states: *Fragmented Democracy*
- 23% of women go back within 0-10 days post partum. 25% of higher income mothers get paid leave vs. 6% of lower income mothers. This means the wealthier families get healthier and the poorer families grow unhealthier which serves to widen the disparity.

How might we provide better care?

- Ask mothers what they need and value in the 4th trimester!!
- 4th Trimester Project
- Reframing the discussion for infant sleep – highlight woman’s quality of life as well.
- Not neglecting mom’s physical health i.e. incontinence
- Addressing fear of reporting honestly & scoring high on ESDS score
- *Adequate care includes meeting people where they are. Its multidimensional, practical, integrated...”*
- Some ways include...
 1. Change policy
 2. Shared decision making
 3. Anticipatory guidance – 15 minutes can reduce depression symptoms through 6 months post partum and increase breastfeeding duration

Questions...

- Is there data to support extending coverage to a year in terms of return on investment? Could you help us build that argument?
 - Groups at MFM are building it. There is no natural experiment—you could compare states that have done this vs. states that haven’t
 - Behavioral health piece becomes really important after 42 days (13% of deaths)
- Can you talk about women whose children have experienced NICU? How does this impact the mother’s health?
 - Women tend to stay beside the child meaning – they don’t eat, they don’t get proper care, etc.
 - Discussed recommendations around making sure the mom has a medical home nearby the NICU so they can get adequate care
 - Recognizing NICU spaces are also a place where mom’s are healing from birth
 - What would be an appropriate funding model for doctors to check in on mothers? Do we rethink how we reimburse?
- Black Momma’s Matter tool – thoughts on implementing in NC?
 - Great material to look at.
- Could we include a question in epic – in the round of questions already asked mothers – if there is a provider who is going to see the mother in the next 72 hours or so