

## Perinatal System of Care TF 1

### Adam Zolotor – Introduction to NCIOM (~15 min)

- See presentation slides. No questions.

### Kate Menard – Intro & Overview of Charge to the Task Force (~25 min) via Webinar

- Technical Difficulties -- Webinar begins to display on slide titled “3. Improve the quality of prenatal Care” for NCIOM attendees
- Slides available online
- Highlights:
  - Identify Service gaps & improving systems of recommendations
  - Understand what resources our facilities have; define “best resources”
  - Understand geographic distribution of resources
- Questions:
  - Walidah Karim: How much time went into identifying barriers and creating the boundaries? What information was used?
    - Kate Menard: Current quality improvement project—its happening. We have to understand what our data sources are and what are the best ones to track. If we make strategy recommendations what data can we point to for measuring impact? These are questions the TF can answer

### Walidah Karim – CNM Perspective

- Slides available online
- Providers are not aware of the disparities in infant mortality. She works to inform and educate physicians of these disparities. Educates physicians about systematic issues & racial biases.
- After a difficult first pregnancy, she lost her trust in the administration.
- Women need to feel when they enter the system, they will be heard. Providers should know there’s a desire to be a shared voice in decision making.
- Women without the option to give births at home often turn to non-nurse midwives who may not have appropriate levels of training.
- Questions
  - What is a cnm? Cnm come from a variety of backgrounds and go through a streamlined certification process. Lay midwives receive training from the state
  - Nc does not accept midwives as a state, even if they are nationally accredited.

### Kelly Kimple – Current State & Goals for the Perinatal System of Care

Slides Available Online

Questions

- What is DRG?
  - DRG = Diagnostic Related Group ( 17 bundles of treatments that doctors can bill to hospitals, Medicaid, etc., for reimbursement) \*\* ;New DRG took some adjusting of the rate methodology

- Amanda Murphy: Is there anything in place that addresses institutional racism, health disparities, etc?
  - Kelly Kimple: As DHHS/DPH, they try to focus on equity across all programs, while maintaining overarching goals. Use the health equity impact assessment tool, which helps identify which groups will be impacted.
  - Belinda Pettiford: As part of DHHS work around SDoH, they've worked towards increasing awareness and preparing for leadership work. Preparing to administer REI groundwater trainings to team & staff. State is trying to fund local HD staff to attend trainings as well.

#### **Sarah McCracken – Data Perspective**

- Question: does drop in smoking during pregnancy include e-cigs?
  - Sarah: It measures tobaccos use only.. also it's self-reported birth certificate data so it's not completely accurate.
  - Adam: rates might be 2-3x higher if including e-cigs.

#### **Comments:**

- Marty McCaffree—need to be open to exploring abortion issue. Higher risks associated with certain abortions, and black population has 3x more abortions than white population.
- Adam: we are determining where our guardrails are still.

#### **Belinda Pettiford – Perinatal Health Strategic Plan & Equity**

- See slides. No questions.