

# TASK FORCE ON RISK APPROPRIATE PERINATAL SYSTEMS OF CARE

## MEETING SUMMARY

June 6, 2019

10:00 am – 3:00 pm

North Carolina Institute of Medicine

630 Davis Drive

Morrisville, NC 27560

### Attendees:

- *Steering Committee:* Belinda Pettiford, Amanda Murphy,
- *Task Force Members:* Ashley Rodriguez, Michaela Penix, Beverly Yearwood, James DeVente, Amy Williford, Melinda Ramage, Lorrie Basnight, Charea Mason, Winona Hosuer, Tara Ownes Shuler, Melissa Johnson, Kelly Kimple, Mary Kimmel, Walidah Karim, Martha Bordeaux, Jennifer Grady, Sherika HiSmith George, Nancy Koerber, Kay Mitchell, Kimberly Harper, Sarah Dumas, Raechel Elledge, Lisa Sammons, Kimberly DeBerry, Tara Bristol-Rouse, Frieda Norris, Anuradha Rao-Patel, Kate Menard, Commander Patrielle Johnson, Tina Sherman,

### Introductions

Project Director Robert Kurzydowski opened the meeting and asked attendees to introduce themselves. Steering committee members, Task Force members, staff, guests, and speakers introduced themselves, including their position and the organization they represent.

### Women's Health and Substance Use (Statewide Perspective)

**Melissa Godwin, MSW, LCSW, Clinical Assistant Professor, UNC School of Social Work**

Ms. Godwin begins by providing an overview of 5 points of intervention regarding substance abuse and child welfare, and outlining several statistics regarding women and substance use in NC. beginning with statistics regarding pregnancy and substance use in North Carolina. She then provides an overview of Reproductive Life Planning, SUDS Treatment Project, Pregnancy Universal Screening, and programs such as CASAWORKS for families. She then delves into the NC Pregnancy and Opioid Exposure Project before ending the presentation talking about the Infant Plan of Safe Care.

### Women's Health and Substance Use (Local Perspective)

**Melinda Ramage, BSN, MSN, FNP-BC, Family Nurse Practitioner, MAHEC**

Ms. Ramage begins by highlighting women in NC impacted by Substance Use and emphasizing that addiction is a brain disease. She then presents on the DSM 5 definition of Opioid Use Disorder, the differences in the way similar disorders impact women and men, and provides a snapshot of Perinatal Substance Use Disorders in Western North Carolina. Project CARA is an integrated medical and

behavioral health model of healthcare delivery that touts success in improving engagement and delivery outcomes for their clients.

### **Maternity Care Coordination**

**Michelle McGrath, MSN, RN, Nursing Director, Union County Government**

**Elaine Holeman, PHN, Lead Maternity Nurse, Union County Government**

Ms. McGrath and Ms. Holeman estimate less than 25% of all referrals they make to outside specialists, excluding ultrasounds, are kept. They contribute the low percentage to three barriers: financial constraints, transportation concerns, and language barriers. Solutions to these barriers include teaching ultrasound referrals how to navigate and utilize Presumptive Medicaid, funding sonographers in health departments, and enforcing language access laws in facilities that accept Medicaid.

### **Behavioral Health Consumer Perspective**

**Jessica Wray**

Jessica Wray discussed her difficulties obtaining and maintaining access to behavioral health services post-partum. Barriers included providers that fell out of network without her knowledge, long distances to behavioral health care facilities, and difficulty communicating with some of her providers. She also highlights the toll post-partum depression and morbidities can have on caretakers and family members.

### **Perinatal Mental Health Presentation**

**Mary C. Kimmel, MD, Medical Director of NC Maternal Mental Health Matters and Perinatal Psychiatry Inpatient Unit, UNC-CH Department of Psychiatry**

Dr. Kimmel provides an overview of Perinatal Mood and Anxiety disorders in NC, including prevalence, negative outcomes, and the impact on families. She also discusses the mission and vision of the Perinatal Psychiatry Inpatient Unit at UNC. The unit recently received a grant to innovate in the realm of maternal mental health and hopes to create a program that is sustainable across all 100 NC counties.

### **NC Maternal Health MATTERS**

**Hannah Rackers, MPH, Research Instructor, UNC-CH Department of Psychiatry**

Ms. Rackers discusses the aims of NC Maternal Mental Health Matters: Enhance systems for screening, assessment, and treatment of behavioral health disorders in pregnant and postpartum women, and support local providers through training and in the integration of maternal mental health into primary care practice. Program components include screening, assessment, and treatment in the form of PCP education and training, a consultation line, and telepsychiatry assessments and clinics.

### **Behavioral Health: Future Direction, Considerations, Discussion**

Dr. Kimmel and Ms. Rackers turns to the group to brainstorm ways to address behavioral health in mothers and how to integrate the solutions into recommendations.

### **Genetic Counseling (Specialist Access Perspective)**

***Randi Culp Stewart, MPH, Assistant Director, UNCG Genetic Counseling Program***

Ms. Stewart outlines the role of prenatal and postnatal genetic services to be a combination of education, counseling, and medical genetics. Genetic services values include assessing genetic risks, providing short term psychological counseling and support, and educating patients about options, risks, diagnosis and follow up. Patients typically include individuals with insurance and transportation, but with a lack of understanding of what genetic counseling is. Barriers to access include high costs, workforce challenges, lack of licensure, and distance to clinics. Ms. Stewart ends on a description of service delivery models and telehealth.

### **Wrap-Up and Next Steps**

***Robert Kurzydowski, JD, MPH, Project Director, NCIOM***

Mr. Kurzydowski thanked task force members for their attendance and reminded everyone of the upcoming task force meeting on June 24<sup>th</sup>.