

TASK FORCE ON MATERNAL HEALTH

MEETING SUMMARY

September 21, 2020

1:00 pm – 4:00 pm

Virtual Meeting Conducted Over Zoom

Attendees:

Alison Miller, Ami Goldstein, Arthur Ollendorff, Belinda Pettiford, Carolyn Harraway-Smith, Chris Pernel, Darrell Jones, Doris Robinson, Ellen Chetwynd, Emily Hooks, Erica Little, James Coleman, Janice Freedman, Jennifer Grady, Kacie McLaughlin, Karen Burns, Kathleen Jones-Vessey, Katie Borders, Katlyn Tanner, Kay Mitchell, Kella Hatcher, Kelly Kimple, LaTosha Scott, Linda Purdie, Maria Small, Mary Kimmel, Michelle Ries, Mike Sylvia, Richard Kirsch, Sarah McCracken, Sarah Muthler, Sarah Verbiest, Sarah Wheeler, Shelby Weeks, Sherika HiSmith George, Sherod Holloway, Starleen Scott Robbins, Ste'Keira Shepperson, Sue Lynn Ledford, Suzanne Dixon, Tara Owens Shuler, Teresa Ellen, Tomeka Isaac, Tony Hairston, Tyonna Howard, Velma Taormina, Yolande Pokam Tchuisseu

Welcome and General Housekeeping

James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine

Mr. Coleman thanked task members for joining. On behalf of the steering committee, Dr. Velma Taormina thanked the task force and provided an overview of the agenda.

NC Baby Love Plus Program: Fatherhood Coordinators Panel

Moderated by Tara Owens Shuler, M.Ed., LCCE, FACCE, Perinatal Health Unit Manager, Women's Health Branch;

Panelists: Tony Harrison, Fatherhood Specialist & Positive Effective Parenting Instructor, Parenting Path and Sherod A. Holloway, NC Baby Love Plus Fatherhood Coordinator, Women's Health Branch

Mr. Harrison and Mr. Holloway shared that the intent of the fatherhood program is to increase family resiliency, educate fathers, and influence healthy birth outcomes. The curriculum addresses basic needs of fathers and families, partnering with the birth mother, understanding mental and physical health, and building on communication and healthy relationship skills. They have seen success with helping men set up visitation rights and helping fathers meet basic needs by connecting them with wrap around services. Mr. Harrison and Mr. Holloway shared ways that providers and others can be inclusive of dads, and they talked about the various organizations they partner with through their fatherhood programs.

Doula Physical, Emotional, and Birthing Support

Ste'Keira Shepperson, Owner/Doula, Triangle Doulas of Color

Ms. Shepperson provided an overview of the various non-clinical support that doulas provide. She also shared the benefits of a birth doula, which includes a mother viewing the childbirth experience positively and a reduction in maternal morbidity and mortality. Postpartum doula support includes physically and emotionally supporting the mother and family and can assist with referrals and resources to help with recovery, social support needs, and breastfeeding support. Ms. Shepperson addressed the barriers to doula support which includes cost because doula support is not routinely covered by insurance.

Lactation Support and Consultation

Ellen Chetwynd, RN, PhD, MPH, IBCLC, Adjunct Assistant Professor, UNC-Chapel Hill School of Medicine and Lactation Consultant, Women's Birth & Wellness Center

Dr. Chetwynd reviewed the definitions of breastfeeding and human milk production and reminded the task force that breastfeeding exists between systems and is under taught in curricula. She defined the five types of lactation support providers which includes IBCLCs, CLCs, breastfeeding peer counselors, lactation educators, and breastfeeding medicine specialists. She explained that North Carolina has more IBCLCs than CLCs, and that although we are a non-expansion state, NC Medicaid did put together a policy that covers lactation support. Dr. Chetwynd discussed the barriers to accessing lactation support and explained that often hospitals won't hire IBCLCs without another health care license.

Group Discussion***Task Force Members***

Task force members were asked to discuss potential areas of alignment with the recommendations from the Perinatal System of Care Task Force and the Maternal Mortality Review Committee. Task force members discussed that although the CDC's LOCATE tool is a good start, it is not specific enough for the needs of North Carolina and that some states have added social services into their team-based care in birthing facilities. Task force members also focused on health equity and mentioned that both a focus on workforce development and racial equity training for providers may improve outcomes. Task force members also discussed statewide systems in Colorado and South Carolina that may allow for better data collection and improved outcomes.

Next Steps***James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine***

Mr. Coleman thanked task force members for attending the meeting and reminded them of the next meeting date on Friday, November 6 from 1:00 – 4:00 PM.