



OB MEDICAL HOME BEST PRACTICE SEMINAR

October 20, 2020

AGENDA & INTRODUCTIONS

- 11:00am – Welcome and Introductions; Carola Gaines
- 11:05am – MetaStar and DHS Report; Laurie Hintz & Makalah Wagner
- 11:35a – Dr. Camille Garrison
- 11:50a – Dr. Terri Major-Kincade
- 12:40p – MOD programs
- 12:50p – Additional Questions; Carola Gaines
- 1:00p – Close of Seminar and Thank you; Carola Gaines



METASTAR & WI DHS

Laurie Hintz, Project Manager
at MetaStar

&

Makalah Wagner, Quality and
Special Initiatives Section
Manager Bureau of Programs
and Policy at WI Department of
Health Services





WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Makalah Wagner
Quality & Special
Initiatives Section
Manager
10/20/20

Obstetric Medical Home Best Practices Seminar

DHS Updates

OBMH Overview

- Initiated in January 2011, the Obstetric Medical Home (OBMH) is part of DHS' long-standing efforts to improve birth outcomes and reduce birth disparities in Wisconsin.
- The initiative was first implemented in Southeast Wisconsin, and expanded to Dane County and Rock County in 2014.
- The program is unique to members enrolled in contracted health maintenance organizations (HMOs), which partner with clinics to serve high-risk pregnant members.

OBMH Overview

- The OB Medical Home provides comprehensive, coordinated prenatal and postpartum care to BadgerCare Plus and Medicaid SSI HMO members who have been identified as high-risk for a poor birth outcome.
- Care coordination is a key component, as is addressing psychosocial issues, (for example, domestic violence, unstable living conditions, inadequate support system) and member engagement in their own care.

Program Overview

- The program is designed around early identification of those at high risk for a poor birth outcome, early engagement in care, ongoing care management through the postpartum period, and enhanced payments via an incentive to clinics.
- Data is tracked in the OBMH registry, and DHS collects information via chart reviews performed by our External Quality Review Organization, MetaStar.
- This data is used for evaluating the program as well as performance of HMOs and clinics, and for payment of the appropriate incentives.

Resources

- There are numerous resources available on the ForwardHealth [website](#) regarding program eligibility, the registry, incentive payments, required components, and FAQs compiled from clinics since 2010.
- OBMH clinics with questions can reach out to the participating HMOs, as the HMOs collaborate in supporting the clinics and can escalate questions to DHS.

Health Care During COVID-19

- DHS has extensive information regarding the COVID-19 pandemic, including information for providers and the general public on the [DHS COVID-19 webpage](#).
- Additionally, the Medicaid program has specific information for providers and for HMOs on the [ForwardHealth COVID-19 webpage](#).
 - Resources include telehealth billing guidance, temporary policies during the public health emergency, and alerts for providers.
 - Members are not losing eligibility during the federal public health emergency.
 - Note the child care connector assistance for health care providers.

OBMH During COVID-19

Specific to the OBMH program, DHS issued the following guidance to all HMOs in [June FAQs](#).

- DHS will suspend home visit contract requirements for the duration of the federal public health emergency.
- Members participating in OBMH should still be referred to community resources and services, including Women, Infants, and Children (WIC) program; prenatal care coordination; and home visiting programs.
- OBMHs that offer group prenatal classes should document in each participant's notes when the class was cancelled or if the class was continued via telehealth.

OBMH During COVID-19 (Cont.)

- HMOs should notify DHS of any difficulty in submitting chart reviews for External Quality Review Organization Review and request extensions as needed.
- OBMH services delivered via telehealth according to ForwardHealth Updates and Alerts will count toward the 10-visit requirement for prenatal and post-partum visits and should be documented in the registry and charts.

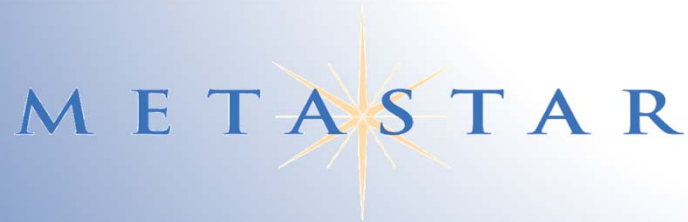
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OB Medical Home Best Practices Seminar

OBMH Review & Results Overview

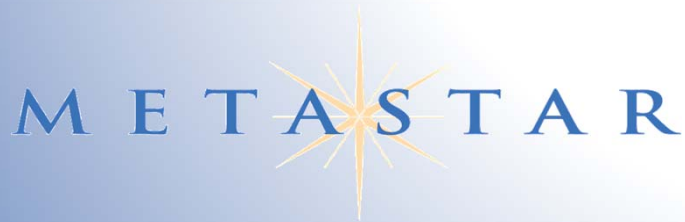
Laurie Hintz
October 20, 2020



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Background

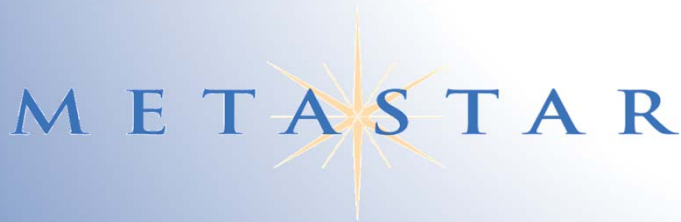
- The requirements of the OB Medical Home can be found in the *Contract for BadgerCare Plus and/or Medicaid SSI HMO Services, January 1, 2020 – December 31, 2021.*



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OB Registry

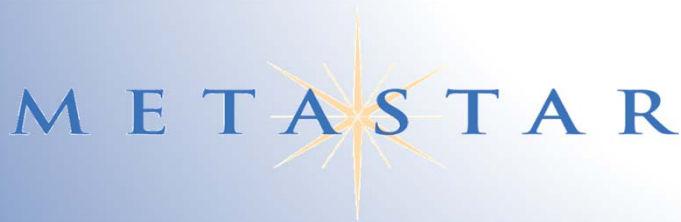
- The OB Registry is designed to collect, use and report information about women enrolled in the OBMH initiative.
- Registry website location:
<https://apps.metastar.com/apps40/commercial/OBMH/OBMH/Login.aspx>
- Administrator and User guides are available on the home page of the registry.



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OBMH Quarterly Reviews

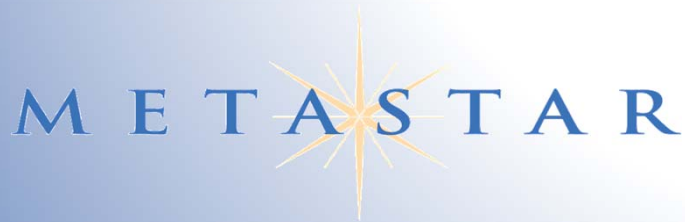
- All OBMH member records are included in the quarterly reviews except:
 - Pregnancy loss prior to 20 weeks.
- Purpose of the review:
 - Verify enrolled members meet the defined contract requirements;
 - Collect data to support potential future program refinements; and
 - Collect data to support program evaluation.



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Review Results

- Annual report provides aggregate review results
- The report includes:
 - Compliance rates; and
 - Birth outcomes.
- Submitted to DHS each year.
- Reports posted by DHS on ForwardHealth website.



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Calendar Year (CY) 2019 Birth Results

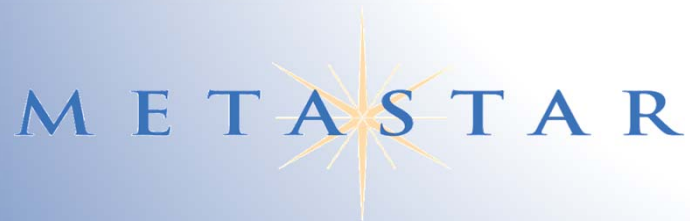
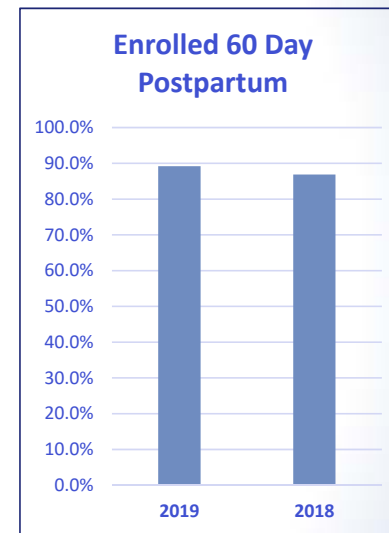
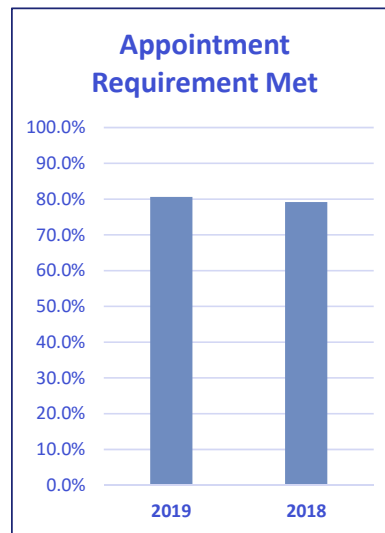
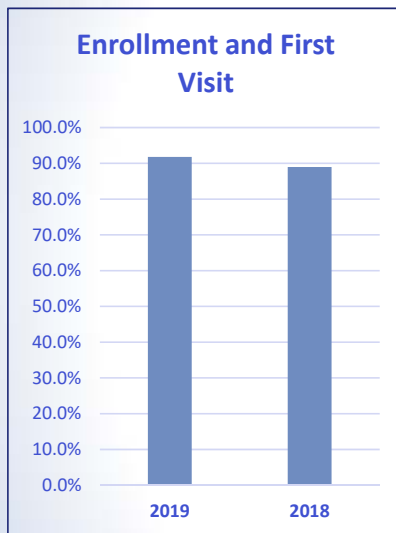
- Twelve HMOs and 15 clinics participated in the OBMH.
- MetaStar reviewed 888 enrollee records.
- 81.4% of records submitted were considered complete.
- A complete record includes:
 - Clinic prenatal/postpartum care;
 - PNCC documentation; and
 - Birth outcome information.

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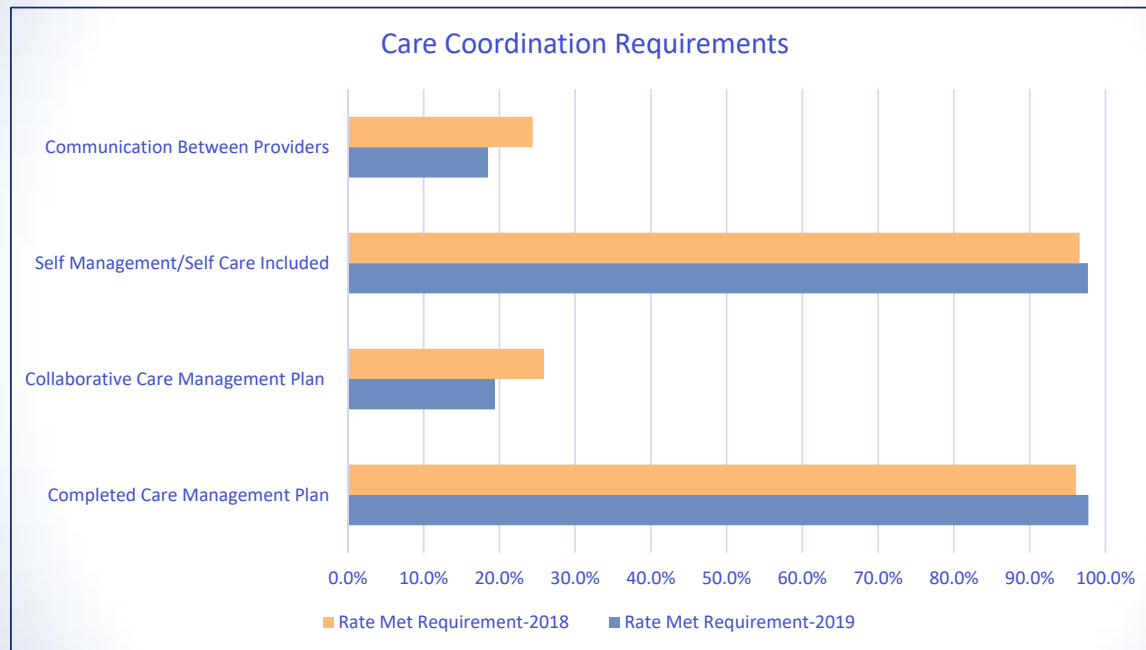
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CY 2019 Results



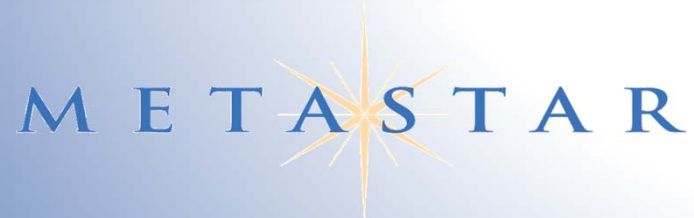
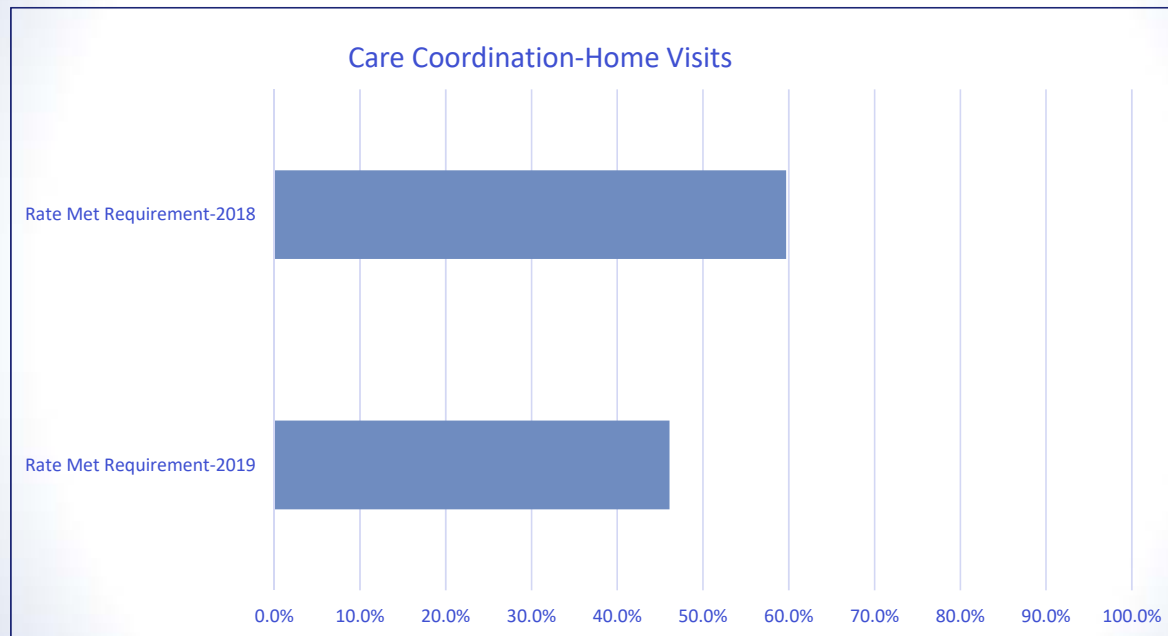
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CY 2019 Results



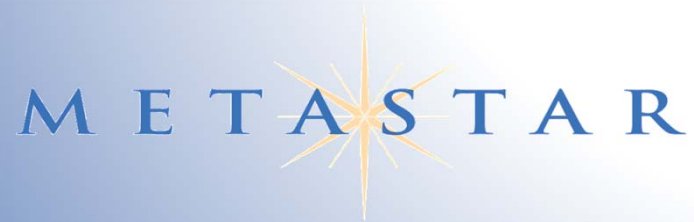
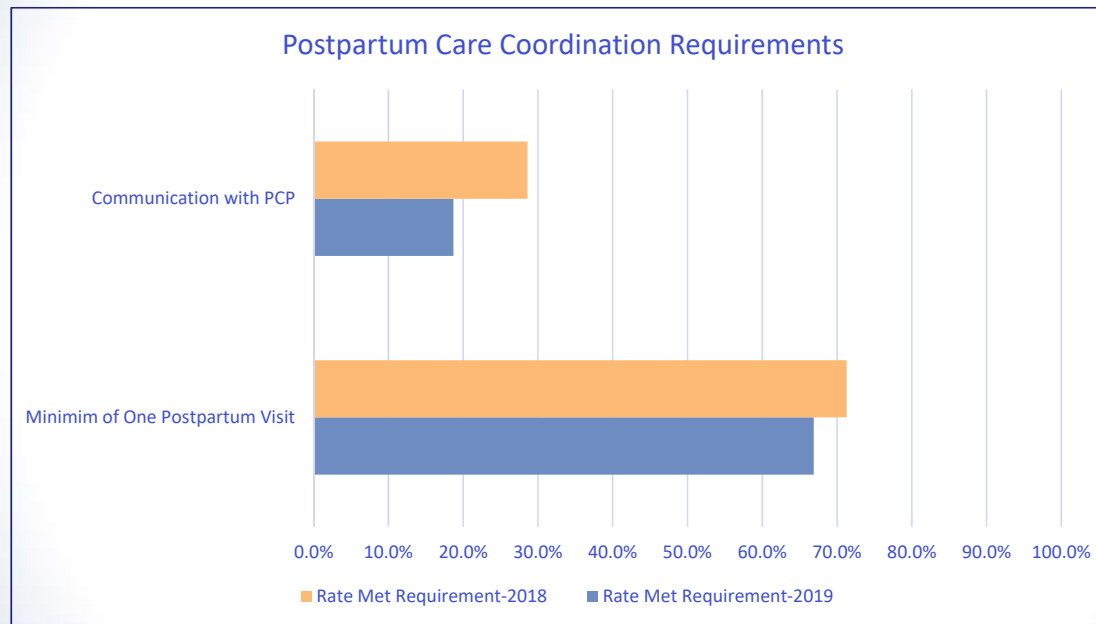
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CY 2019 Results



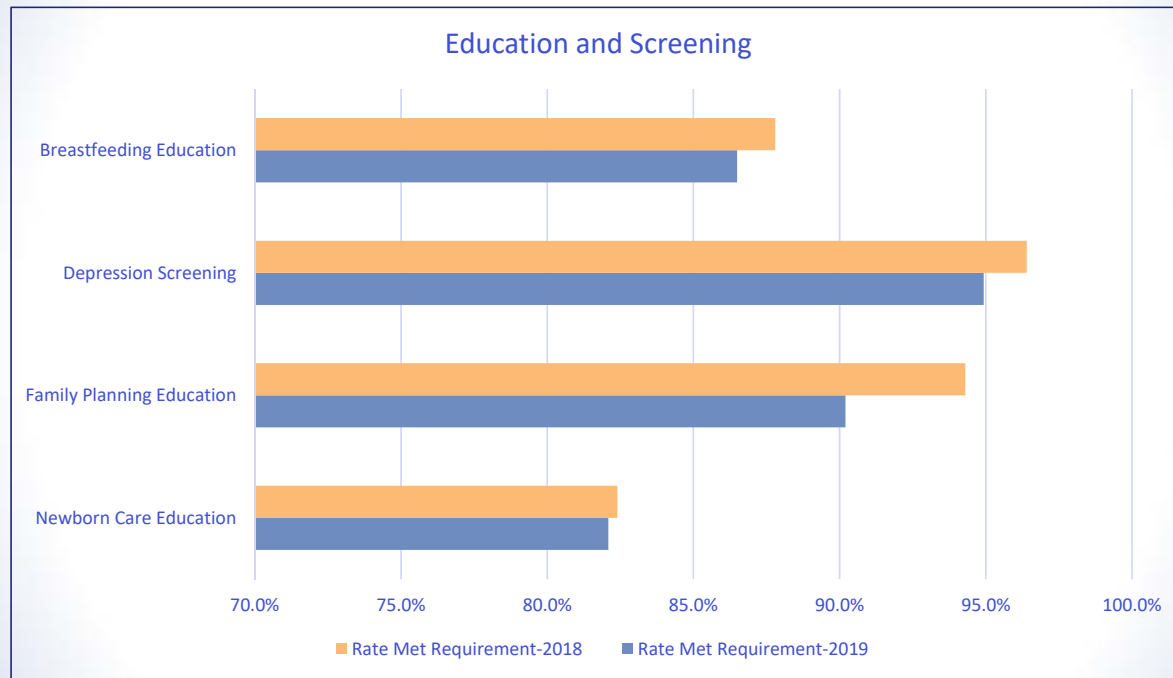
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CY 2019 Results



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CY 2019 Results



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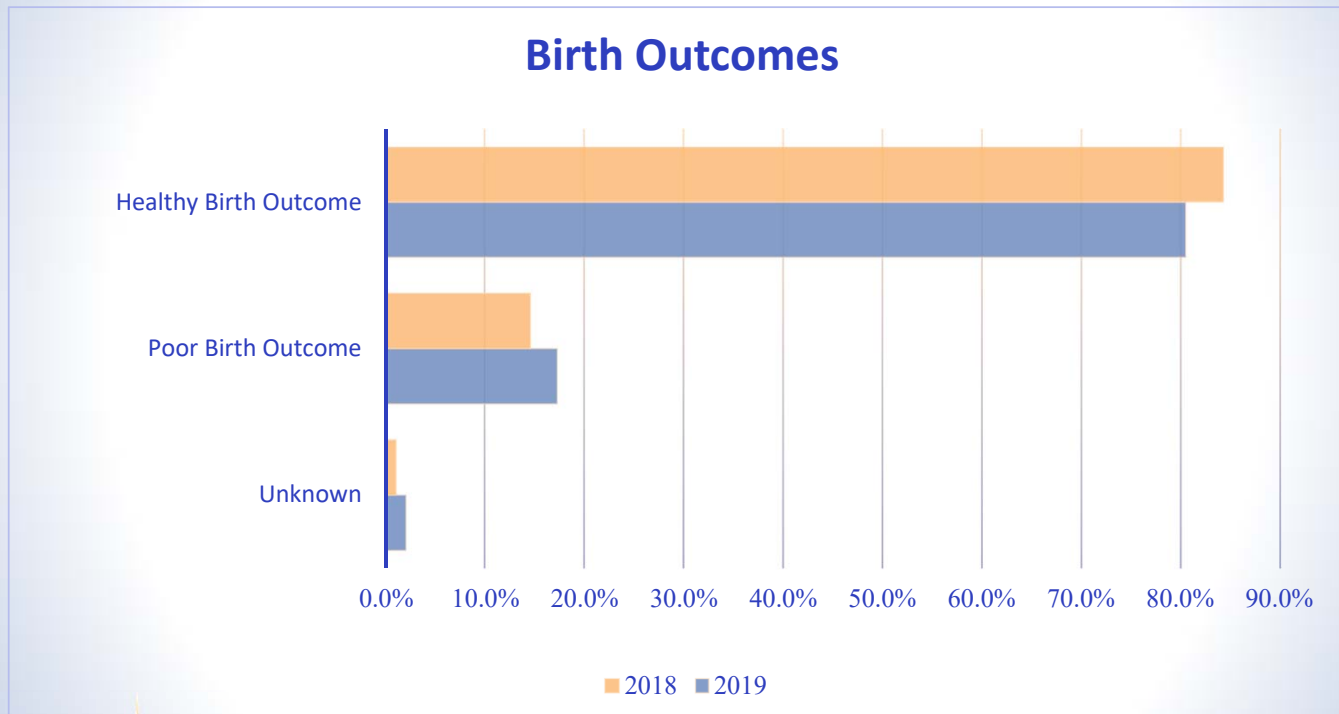


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CY 2019 Results

- 71% of enrollees had a chronic condition
 - Of these enrollees, 47% had more than one chronic condition
- The most common chronic conditions included:
 - Behavioral Health (340);
 - Morbid Obesity/Obesity (198);
 - Asthma (162);
 - Hypertension (53);
 - Substance Abuse (40);
 - Diabetes (25);
 - Genital Herpes (72); and
 - Thyroid Conditions (32).

CY 2019 Results

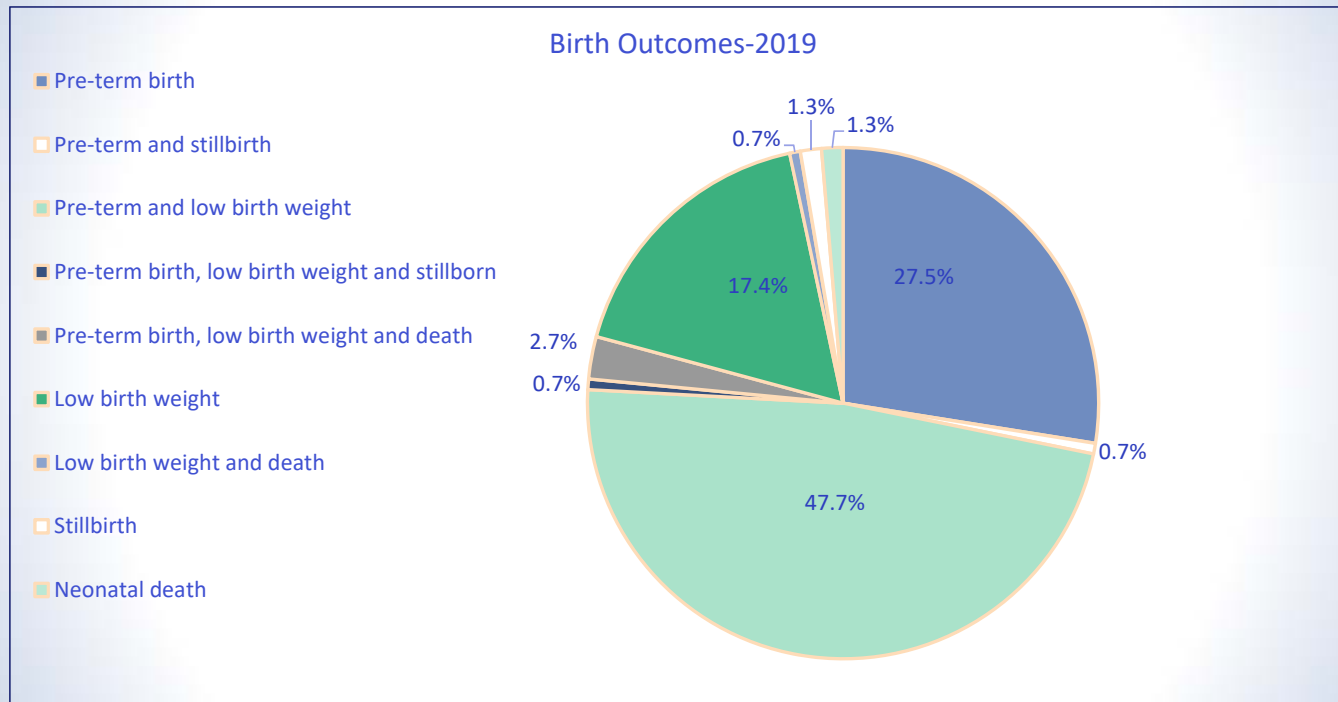


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CY 2019 Results



The CY 2019 results include 5 sets of twins; nine of the 10 infants had poor birth outcomes.



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CY 2019 Observations

- Consistent with previous reporting years, the care coordination models and documentation of prenatal care coordination continue to vary by clinic.
- Most clinics continue to document clear follow-through and treatment of chronic conditions that, if untreated or not monitored, could have a negative impact upon the pregnancy.
- Education and screening continue to occur throughout the pregnancy; ensuring postpartum needs are discussed and potential issues can be proactively addressed.
- Documentation continues to show substance abuse and domestic violence concerns continue as chronic concerns within individual medical records across almost all clinics and MCOs.



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CY 2019 Opportunities for Improvement

- Conduct a root cause analysis to identify the barriers to success in meeting the OBMH requirements and use Plan-Do-Study-Act (PDSA) cycles of improvement to measure the effectiveness of each intervention.
- Focus areas for improvement include:
 - Conducting and documenting collaborative care plans;
 - Increasing regular care coordination communications between the OB care provider, the PCP, and the care coordinator;
 - Ensuring home visits are offered at least once during pregnancy; and
 - Improving members' engagement in their postpartum care to increase the rate of postpartum visits.

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Update for CY 2020 Births

- Timeframe for postpartum visit extended from 60 to 85 days.
 - This change aligns with the revision to the Healthcare Effectiveness Data and Information Set (HEDIS[®]) Prenatal and Postpartum Care (PPC) measure.
 - HEDIS quality measures are one of health care's most widely used performance improvement tools.
 - HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA).



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Resources

- For registry technical assistance, questions or training please email ithelpdesk@metastar.com

- OB Registry Guides



OBMH_Administrator_Guide.pdf



OBMH_User_Guide.pdf

- OBMH Review Timeline (CY 2020 Births)



FY20-21 Review
Timeline

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Questions?

Contact MetaStar:

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DR. CAMILLE GARRISON

Associate Professor, Medical College of WI, DFCM

Ascension Columbia St. Mary's Family Medicine Residency Program

Program Director, Associate Director of Maternity Care

March of Dimes Ambassador and Advocate



DR. TERRI MAJOR-KINCADE

Keynote Speaker

Best-Selling Author

Neonatologist and Palliative Care
Physician

Parent Advocate

Harbinger of Hope





OUR VISION AND LEGACY

DHS, METASTAR & MARCH OF DIMES WISCONSIN
OB MEDICAL HOME BEST PRACTICE SEMINAR
OCTOBER 20TH, 2020

TERRI MAJOR-KINCADE MD MPH FAAP
CHAIR STEERING COMMITTEE AFRICAN AMERICAN OUTREACH TEXAS MARCH OF DIMES

Disclosures

- Dr. Major-Kincade has no financial relationships/incentives to disclose
- Dr. Major-Kincade speaks fast normally and is not on medication
- Dr. Major-Kincade may become emotional during a portion of this talk please feel free to share Kleenex
- Dr. Major-Kincade loves her job and considers it a privilege and a blessing to care for babies and their families
- Dr. Major-Kincade has two healthy children who are the products of normal pregnancies



D♥CTOR
TERRI



Who Am I?

OUR VISION

WE IMAGINE A
WORLD WHERE
EVERY MOM AND
BABY IS HEALTHY
REGARDLESS OF
WEALTH, RACE OR
GEOGRAPHY.

OUR MISSION

MARCH OF
DIMES LEADS
THE FIGHT FOR
THE HEALTH OF
ALL MOMS AND
BABIES.

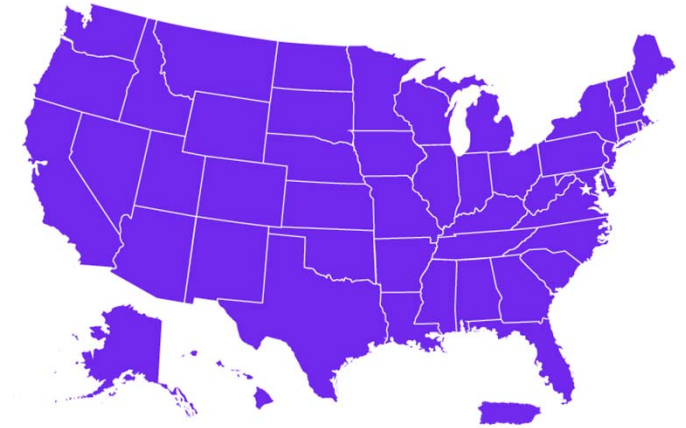
HEALTHY
MOMS.
STRONG
BABIES.





THE ISSUE

THE U.S. IS AMONGST THE MOST DANGEROUS NATIONS IN THE DEVELOPED WORLD TO GIVE BIRTH



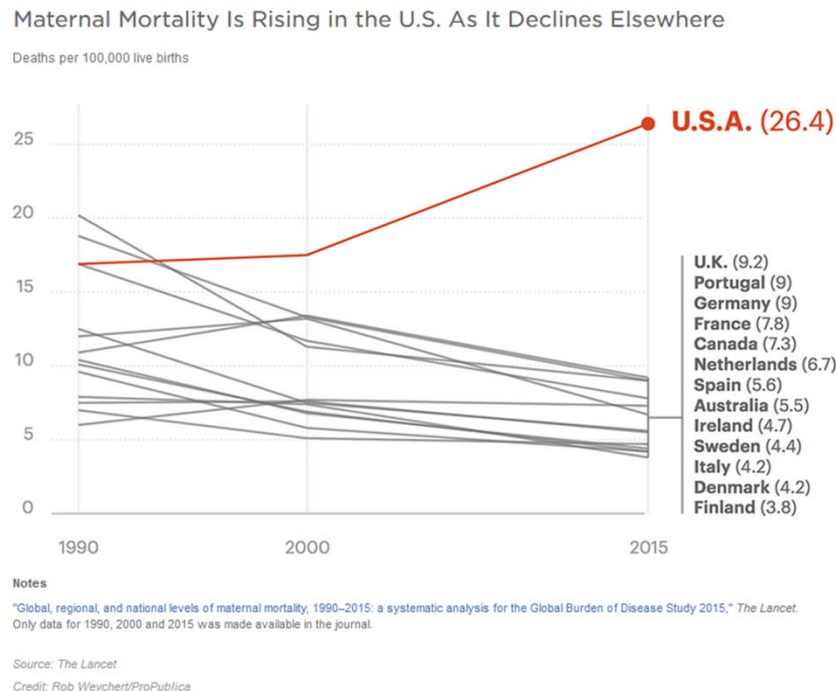
2 women will die from pregnancy-related causes today. And every day.

2 babies die every hour in the U.S.

Pregnancy-related deaths have more than doubled over the past 25 years.

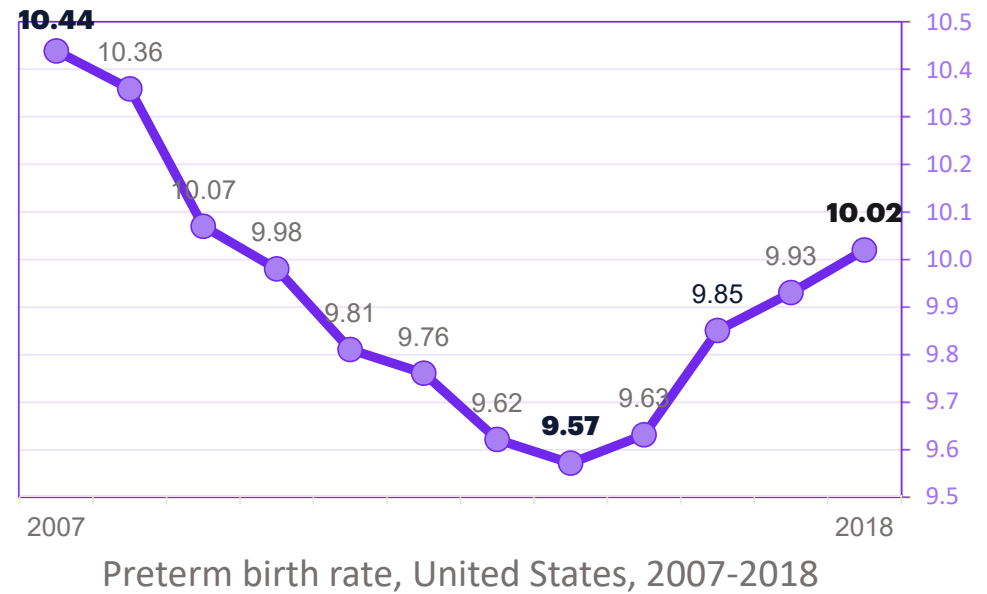
5 million women live in maternity care deserts – counties with no hospitals offering obstetric services.

MATERNAL MORTALITY IS RISING IN THE U.S. AS IT DECLINES ELSEWHERE*



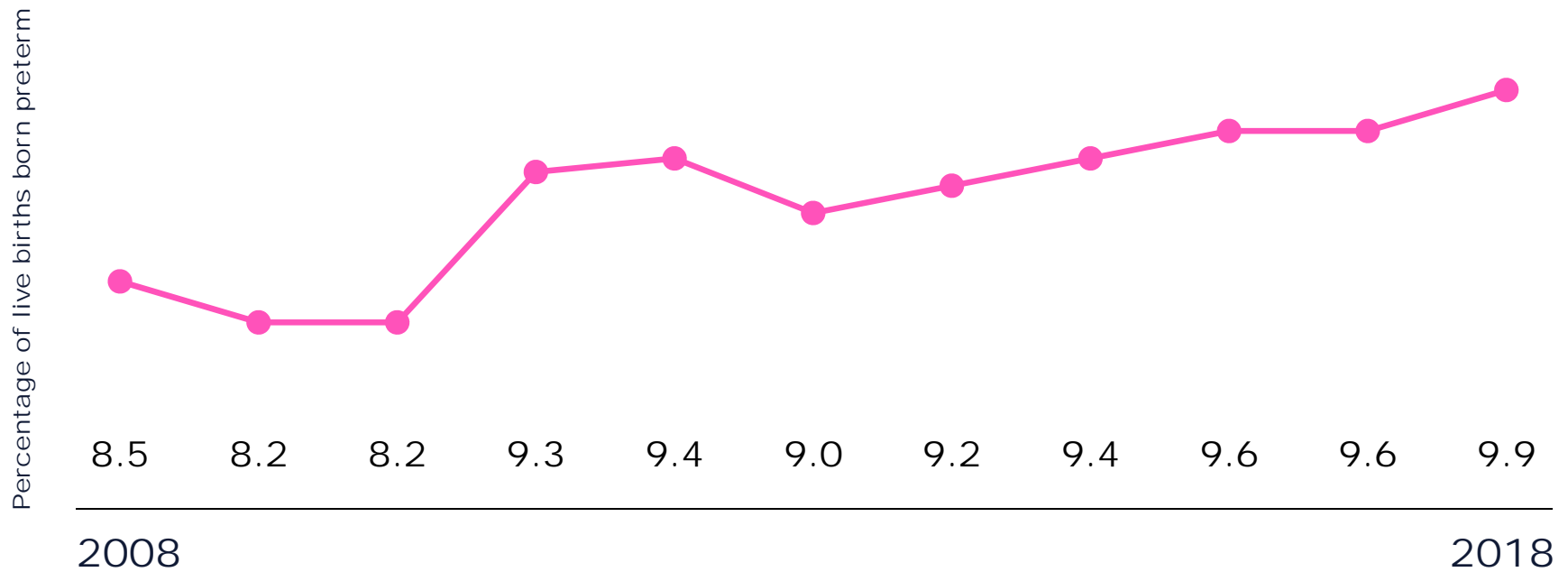
*Study Co-author: March of Dimes Chief Medical and Health Officer, Dr. Rahul Gupta

THE U.S. PRETERM BIRTH RATE INCREASED IN 2018 – FOR THE FOURTH YEAR IN A ROW



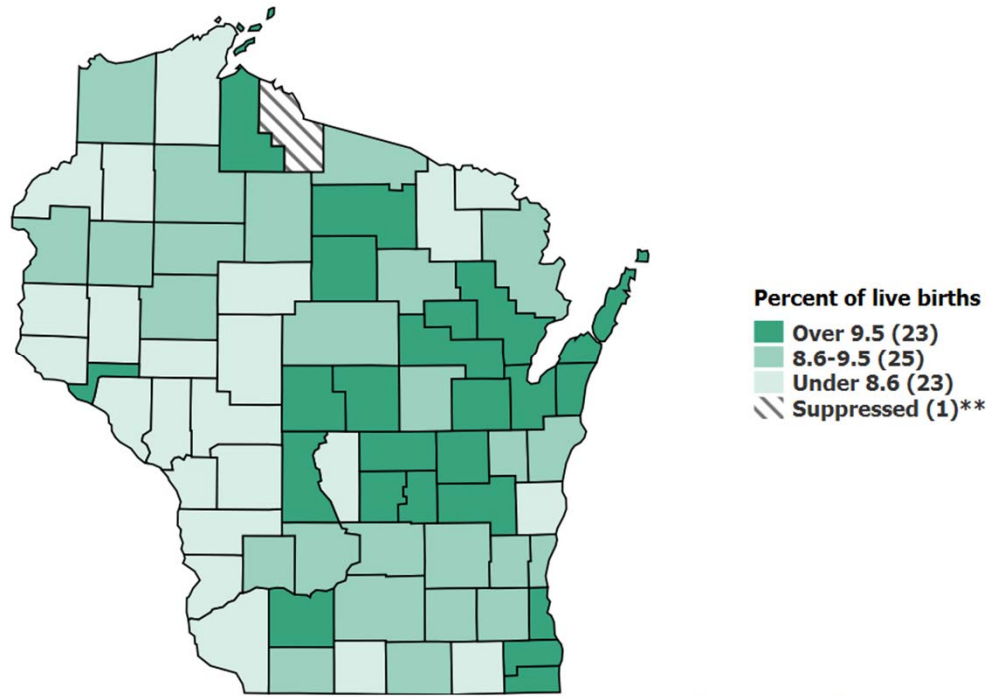
2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH TREND IN WISCONSIN, 2008-2018



PRETERM BIRTH

Wisconsin, 2015-2018 Average



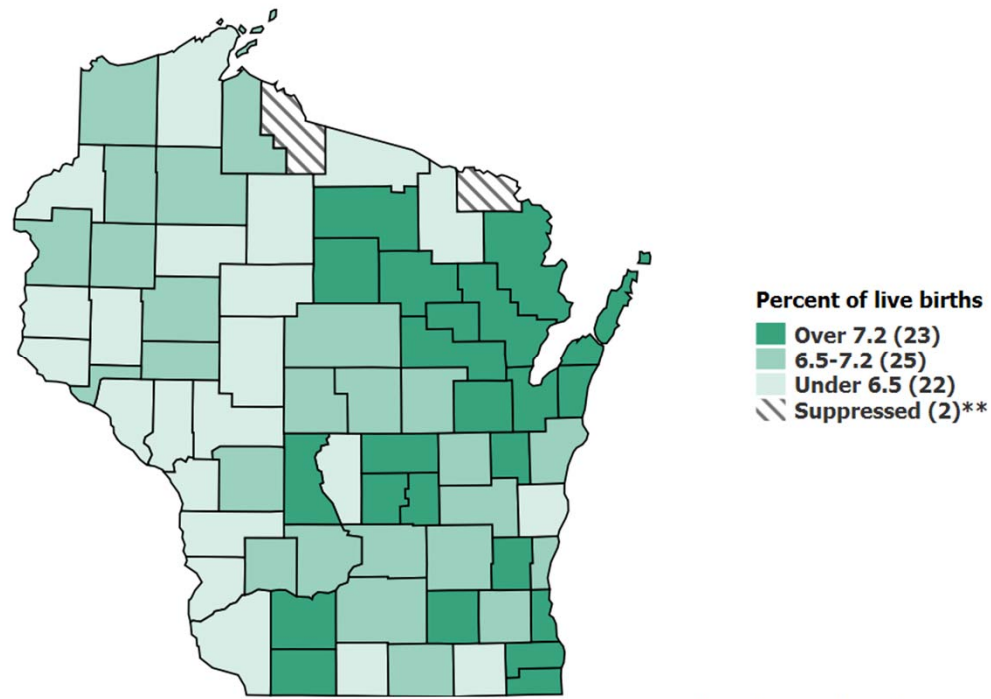
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Preterm is less than 37 weeks of pregnancy. ** Suppressed due to missing data or insufficient numbers.

Source: National Center for Health Statistics, final natality data. Retrieved October 9, 2020, from www.marchofdimes.org/peristats.

LATE PRETERM BIRTHS

Wisconsin, 2015-2018 Average



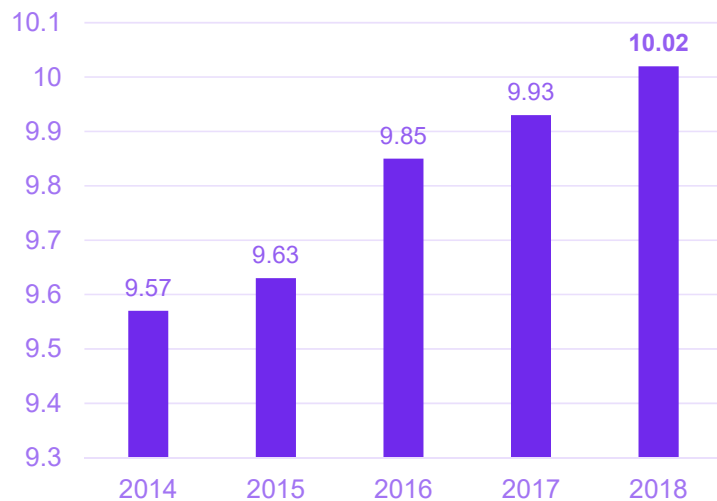
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Late preterm is between 34 and 36 weeks gestation. ** Suppressed due to missing data or insufficient numbers.

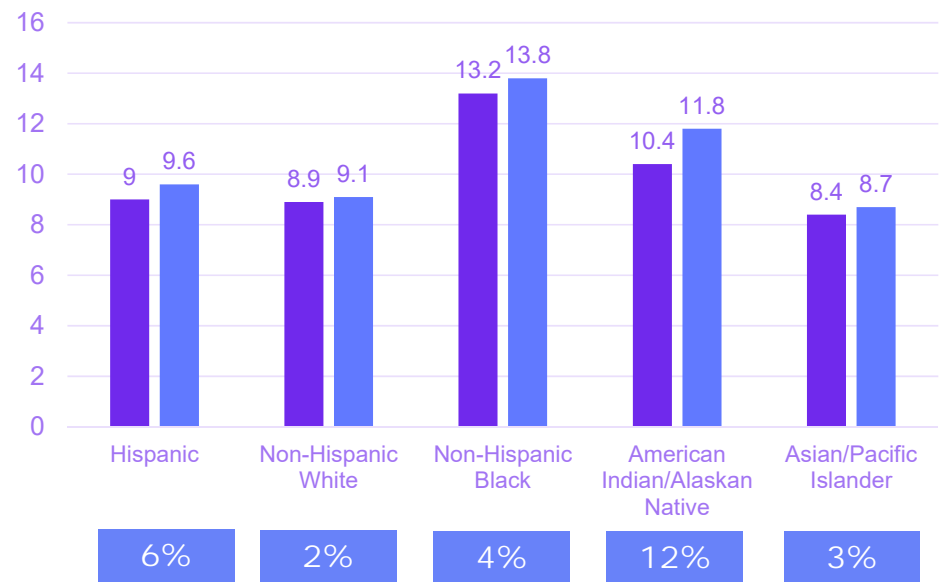
Source: National Center for Health Statistics, final natality data. Retrieved October 9, 2020, from www.marchofdimes.org/peristats.

INCREASING PRETERM BIRTH RATE AND DISPARITY

PRETERM BIRTH RATES, 2014-2018



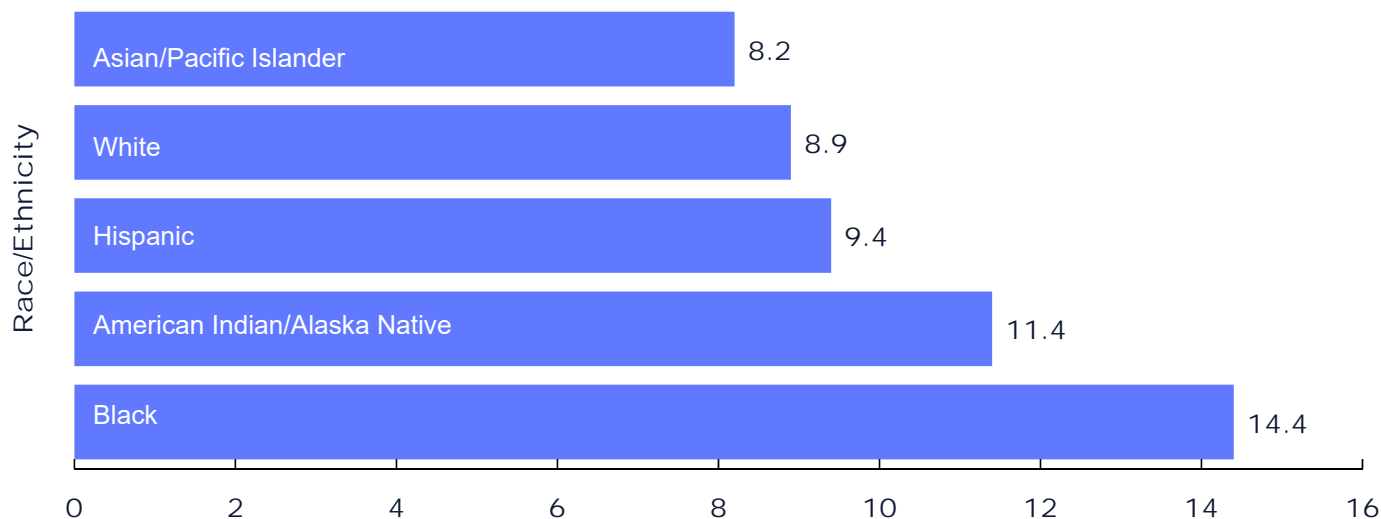
PRETERM BIRTH RATES BY RACE/ETHNICITY AND INCREASE, 2014 AND 2017



2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATE BY RACE AND ETHNICITY

Percentage of live births in 2015-2017 (average) born preterm

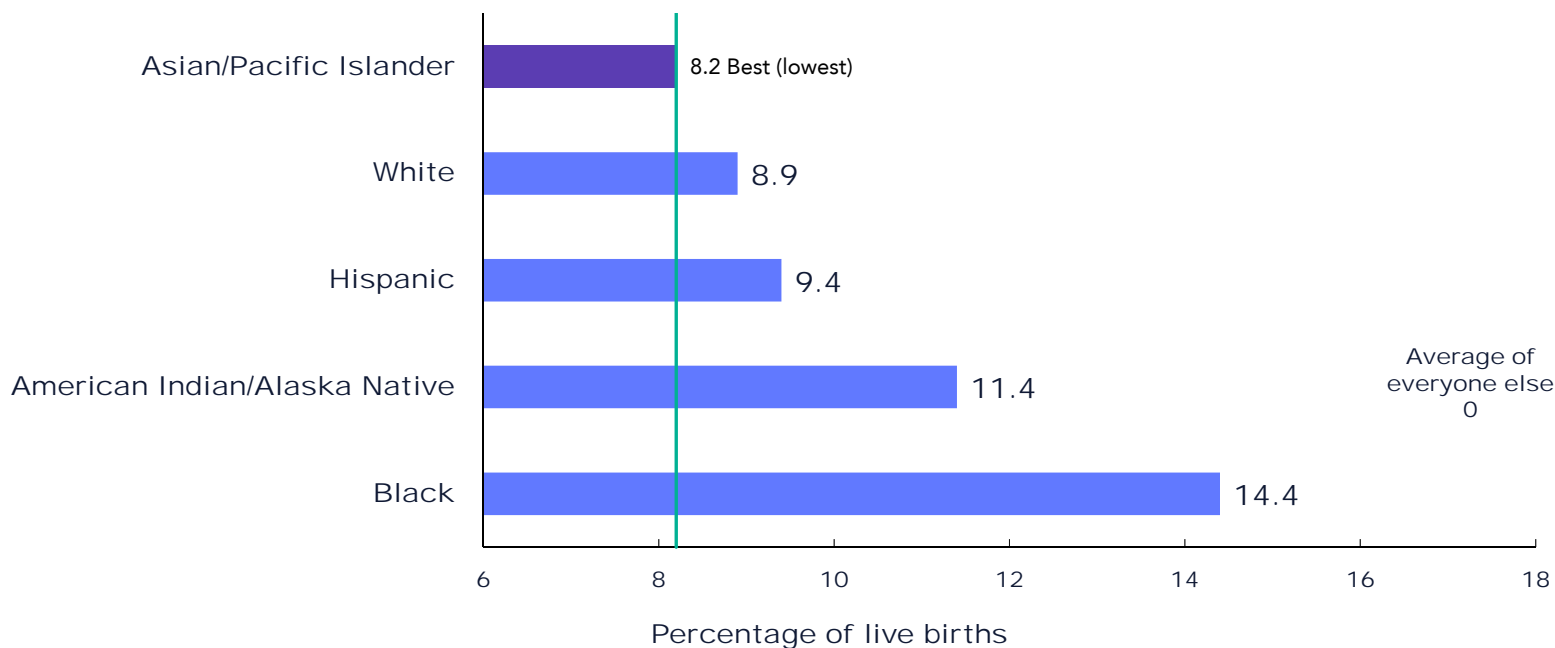


In Wisconsin, the preterm birth rate among black women is 62% higher than the rate among all other women.

2019 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



Disparity ratio

1.34

Change from baseline

No Improvement

THERE IS A HIGHER CHANCE OF MATERNAL DEATH OR PRETERM BIRTH BASED ON RACE/ETHNICITY

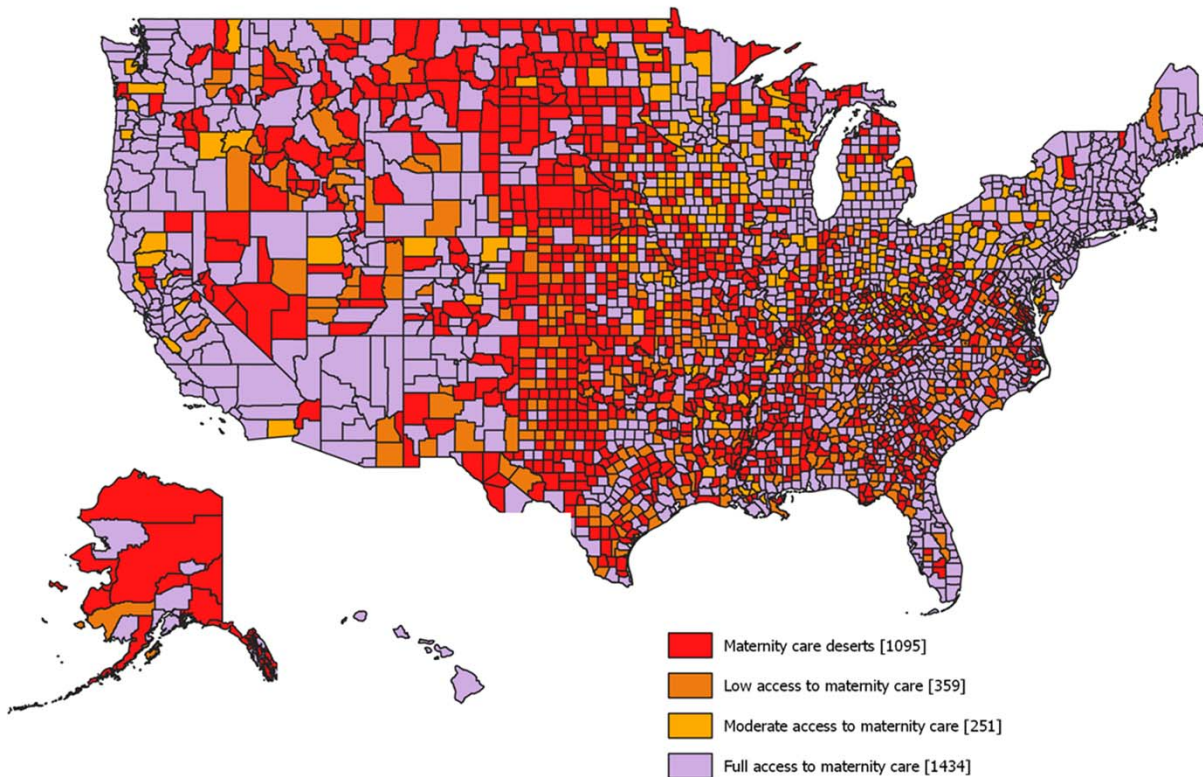
Women of color are up to 50% more likely to experience a preterm birth compared to white women.

Their children can face a 130% higher infant death rate.

In the U.S. black women have maternal death rates 3x higher than women of other races or ethnicities.

American Indian/Alaska Native women experience the second highest rates of pregnancy-related deaths.

ACCESS TO MATERNITY CARE



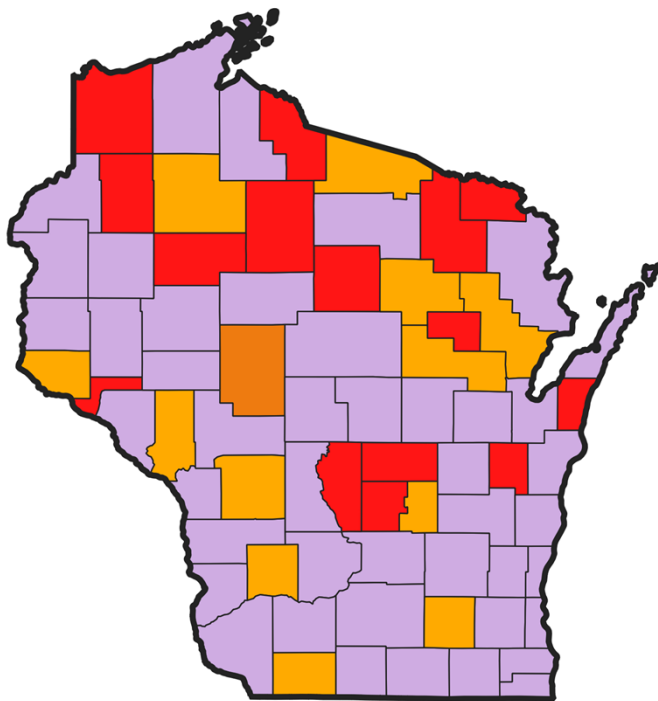
Maternity Care Deserts

- 2.2 million women (15-44yrs old) live in maternity care deserts - counties with no hospital offering obstetric services and no OB providers.
- 150,000 babies are born to women living in these areas.

Limited Access to Maternity Care (Low/Moderate)

- About 4.8 million women (15-44yrs old) live in counties with limited access to maternity care. These counties have few hospitals offering obstetric services, few OB providers and a high proportion of women without health insurance.
- More than 311,000 babies were born in these counties.

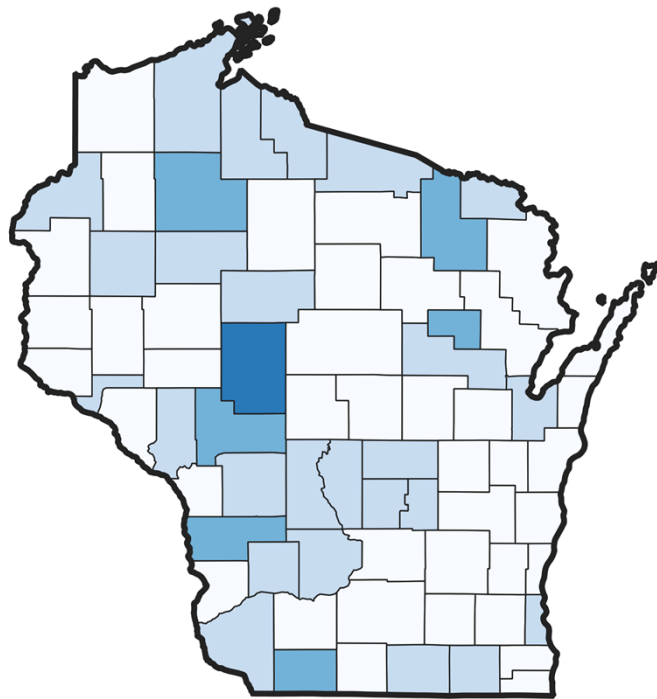
WISCONSIN MATERNITY CARE DESERTS



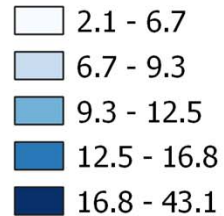
Access to Maternity Care

- Maternity care deserts
- Low access to maternity care
- Moderate access to maternity care
- Full access to maternity care

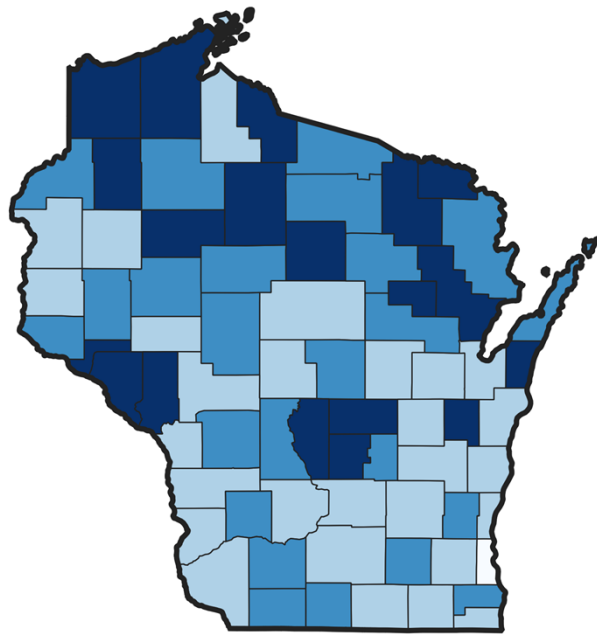
WOMEN WITHOUT HEALTH INSURANCE



% of Women 18-64 Years Without Health Insurance Coverage



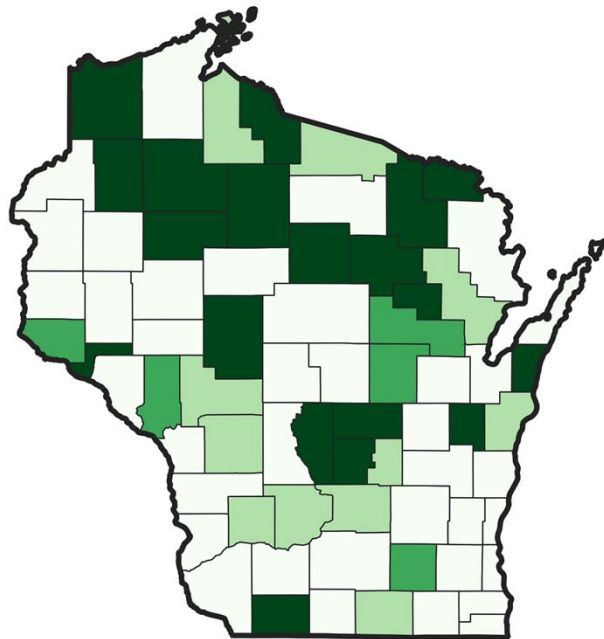
ACCESS TO HOSPITALS OR BIRTH CENTERS OFFERING OB CARE



Hospitals Offering Obstetric Care or Freestanding Birth Centers

- No Hospitals or Birth Centers
- 1 Hospital or Birth Center
- 2-4 Hospitals or Birth Centers
- 5 or More Hospitals or Birth Centers

DISTRIBUTION OF OBSTETRIC PROVIDERS



OB Providers (OB/GYN, CNM) per 10,000 Births

- No OB Providers
- Fewer than 30 OB Providers
- 30-60 OB Providers
- Greater than 60 OB Providers

STATE STATS

Maternity Care Access	Counties (n)	Women 15-44 yrs. old (n)	Births (n)	Women (18-64 yrs.) Without Health Insurance (Mean, %)	Median Household Income (Mean, \$)	Population Below Poverty (Mean, %)	Hospitals Providing OB Care (n)	OB Providers (n)	OB Providers per 10,000 births (n)
Maternity Care Desert	15	42,142	2,597	7.3	49,918	13.6	0	0	0.0
Low Access to Maternity Care	1	5,630	572	13.9	49,718	13.2	0	0	0.0
Moderate Access to Maternity Care	12	65,270	4,128	7.3	54,134	12.2	10	12	29.1
Full Access to Maternity Care	44	976,661	57,642	6.3	58,452	11.3	81	760	131.8

All data are from 2017, except number of women 15-44 years old (US. Census 2010)

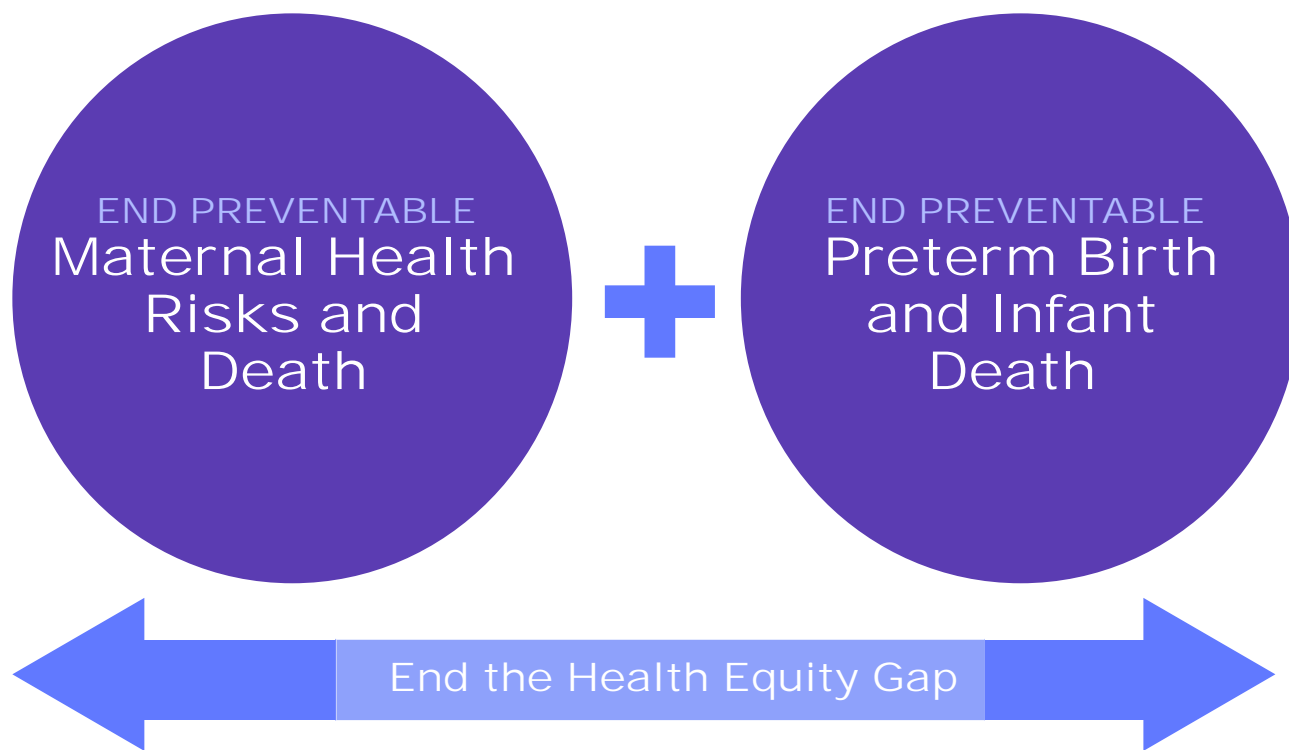


Sources: Nowhere to Go: Maternity Care Deserts across the U.S. March of Dimes, September 2020., U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019; American Association of Birth Centers, 2020; U.S Census, 2010



Why Should We Care?

OUR GOALS



FOR HEALTHY MOMS. STRONG BABIES.

*“Infant mortality is
the most sensitive index
we possess of social
welfare...”*

(A)nnual (R)eport of the (M)edical (O)fficer of (H)ealth, of the (L)ocal (G)overnment (B)oard, Thirty-ninth Report, PP. 1910, Cd5263 (XXXIX), supplement on Infant and Child Mortality, Report of Dr Arthur Newsholme.

THE HUFFINGTON POST

“US Infant Mortality Rate Higher Than Other Wealthy Countries

“The CDC's 2016 world rankings indicate that an African-American baby would have a better chance of survival if born in Russia or Bulgaria than in the United States.”

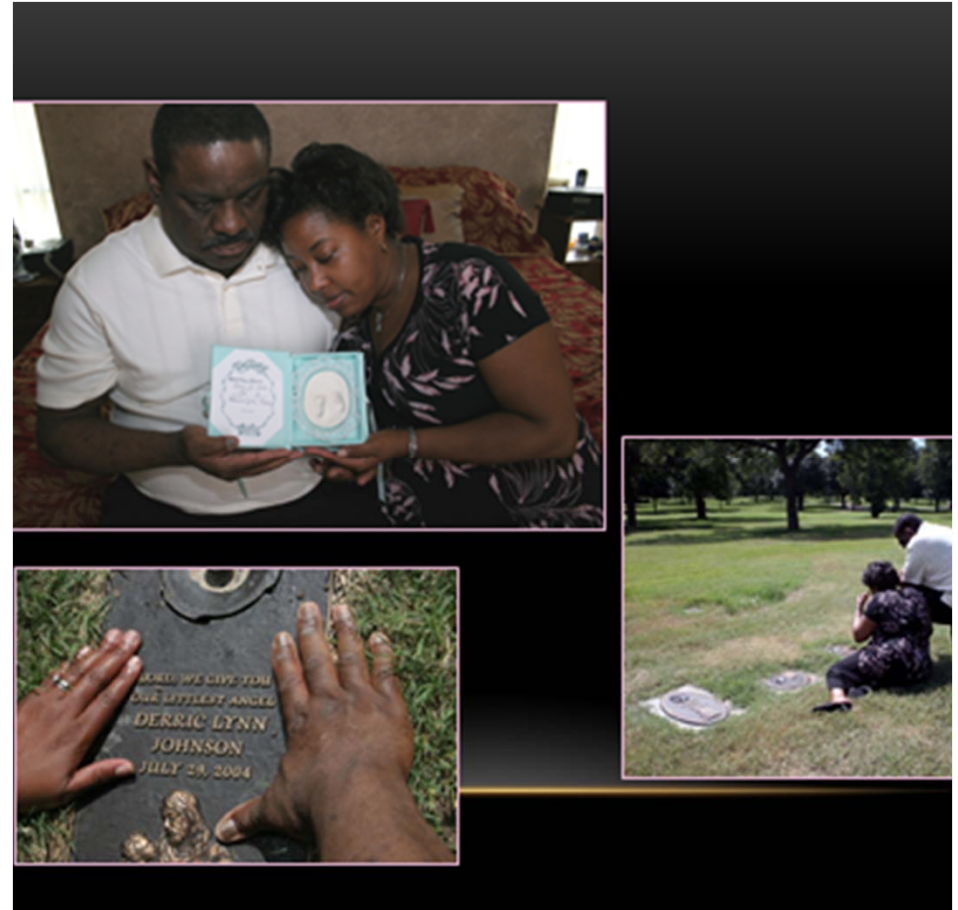
“The fact that the United States has the highest infant mortality is not because of a lack of specialists or facilities for neonatal births; on the contrary, America has more neonatologists and neonatal intensive care beds per person than Australia, Canada, or the United Kingdom.”

“

“Among the factors contributing to these lopsided outcomes are disparities in prenatal care, nutritional supplementation for pregnant women, and inadequate social welfare. Yet even if we eliminate this racial disparity and compare only the infant mortality rate of Caucasian Americans, our ranking versus the competitor countries is unaffected.”

Causes of Infant Death

- Birth Defects
- Prematurity/Low Birth Weight
- Sudden Infant Death Syndrome (SIDS)
- Maternal Complications of Pregnancy



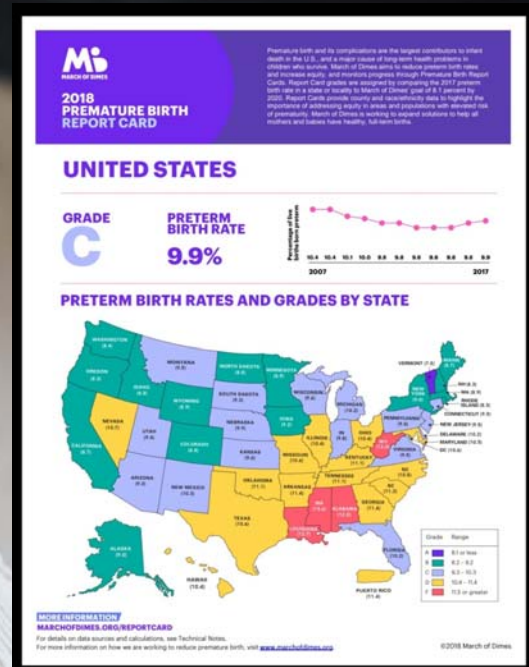


HEALTH DISPARITIES

Persistent, avoidable and, therefore, unfair health differences between socially advantaged and socially disadvantaged groups

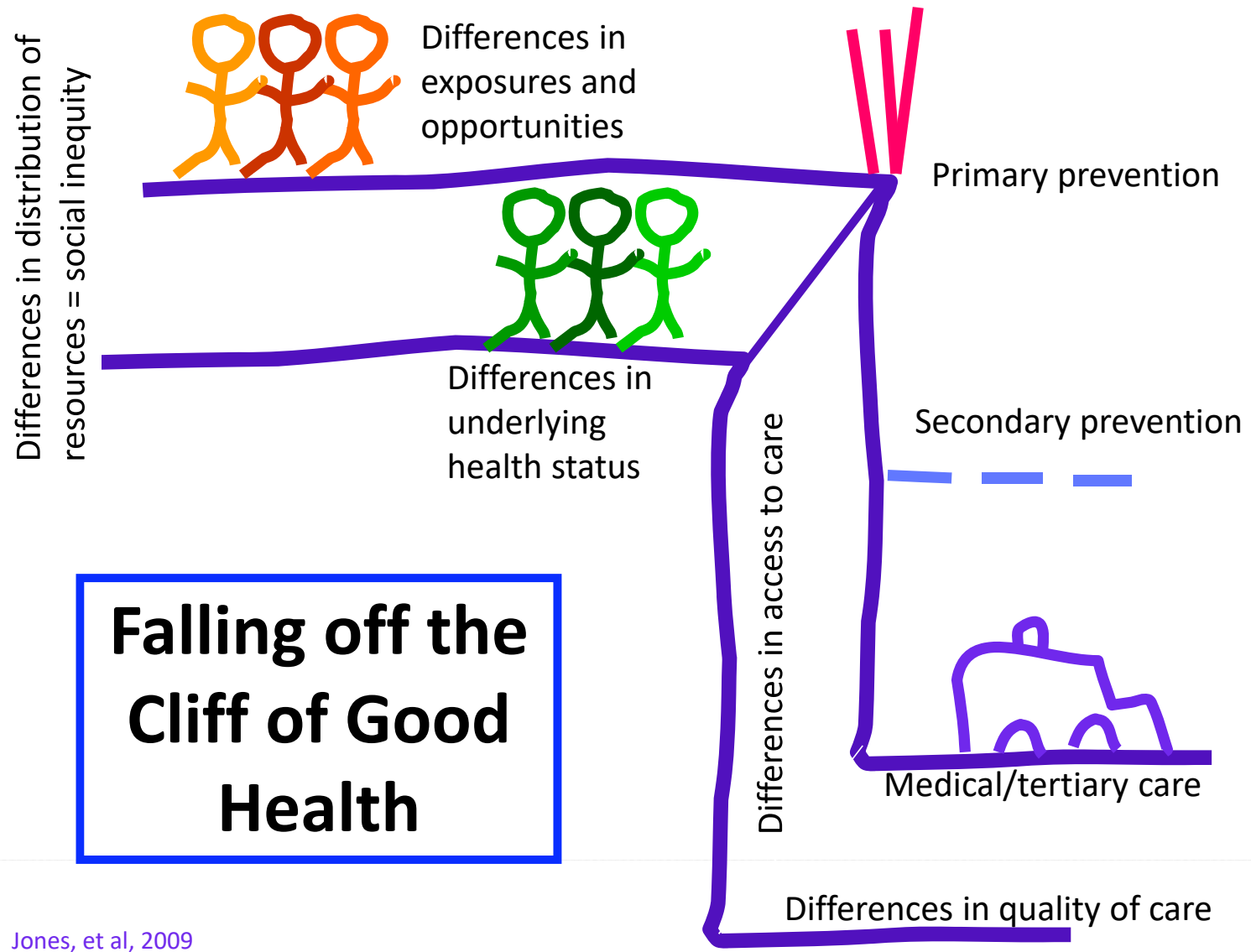


HOW DID WE GET HERE





Why do we have disparities?



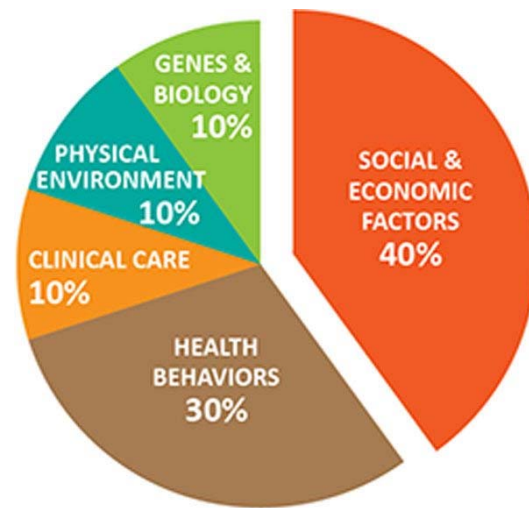
**Falling off the
Cliff of Good
Health**



Social Determinants of Health

Social Determinants of Health

“The social determinants of health are the contexts of our lives... the determinants of health which are outside of... individual behaviors and beyond individual genetic endowment.”



DETERMINANTS OF HEALTH



HEALTH EQUITY

*Everyone has the same
opportunities to be healthy*

HEALTH EQUITY

*Everyone has
the same
opportunities
to be
healthy*

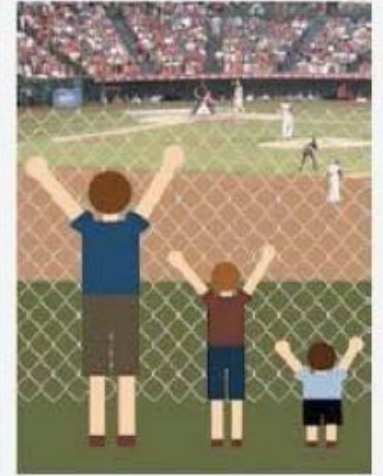
EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Equality



Equity



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Equity vs. Equality

The difference between

EQUALITY & EQUITY

“ The route to achieving **equity** will not be accomplished through treating everyone **equally**. It will be achieved by treating everyone justly according to their circumstances. ”

—Paula Dressel, *Race Matters Institute*

Examples of Equality

A city cuts the budget for 25 community centers by reducing the operational hours for all centers by the same amount and at the same times.

A community meeting, where all members of the community are invited, about a local environmental health concern is held in English though English is not the primary language for 25% of the residents.

All public schools in a community have computer labs with the same number of computers and hours of operation during school hours.

Examples of Equity

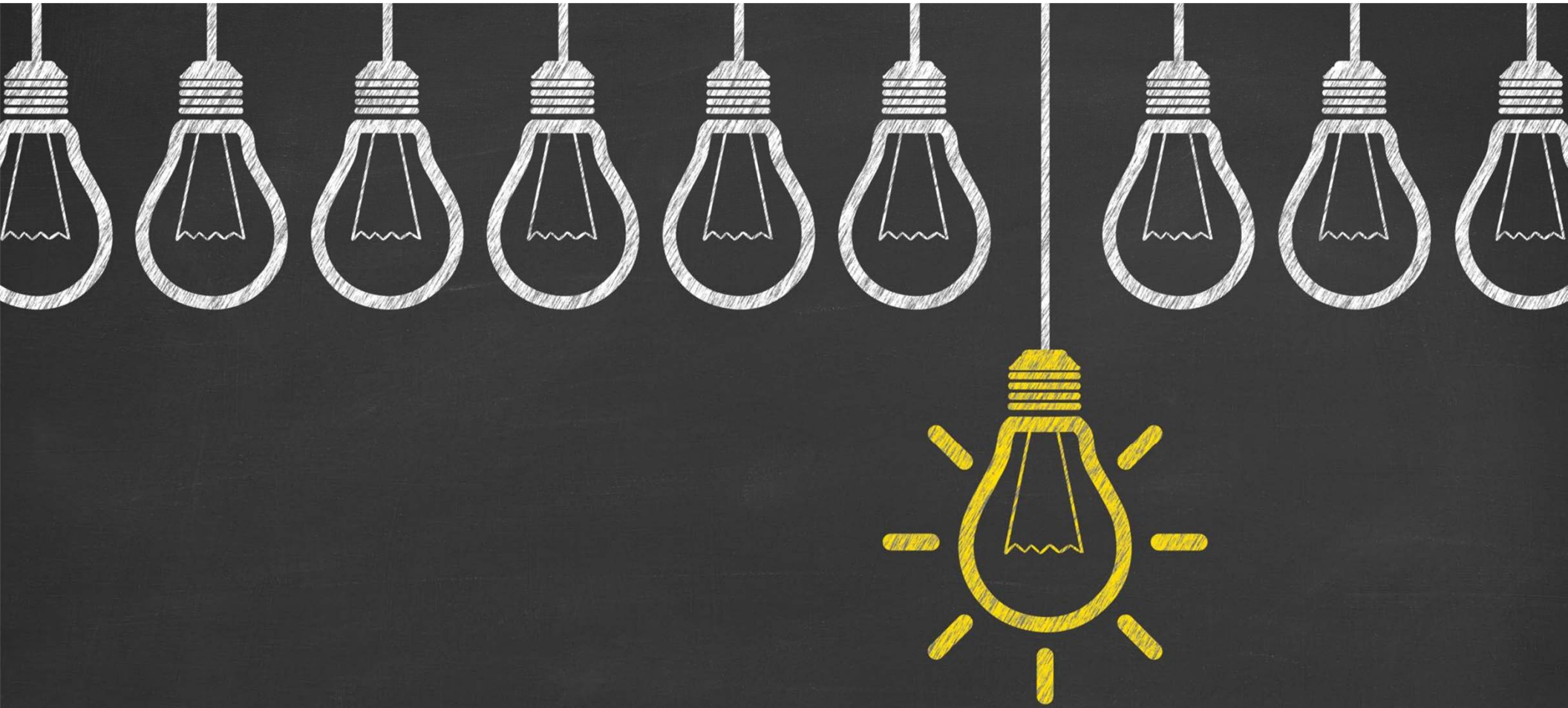
The city determines which times and how many hours communities actually need to use their community centers and reduces hours for centers that aren't used as frequently.

The community leaders hire translators to attend the meeting or offer an additional meeting held in another language.

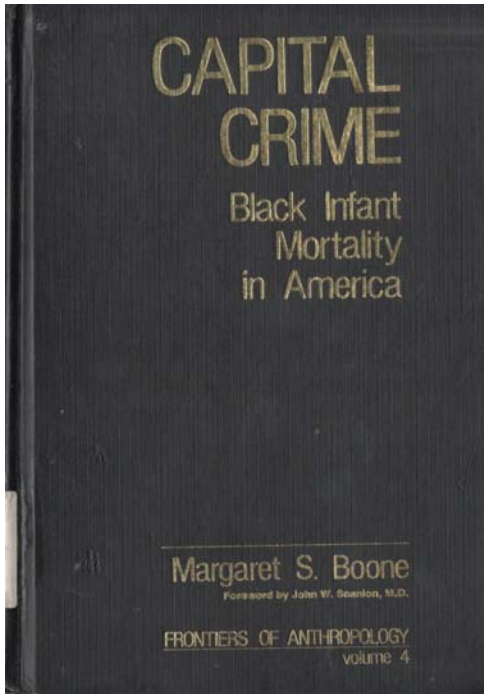
Computer labs in lower income neighborhoods have more computers and printers, as well as longer hours of operation, as some students don't have access to computers or the internet at home.

Examples 1-3 are pulled from a resource by Just Health Action, a 501(c)3 non-profit organization.



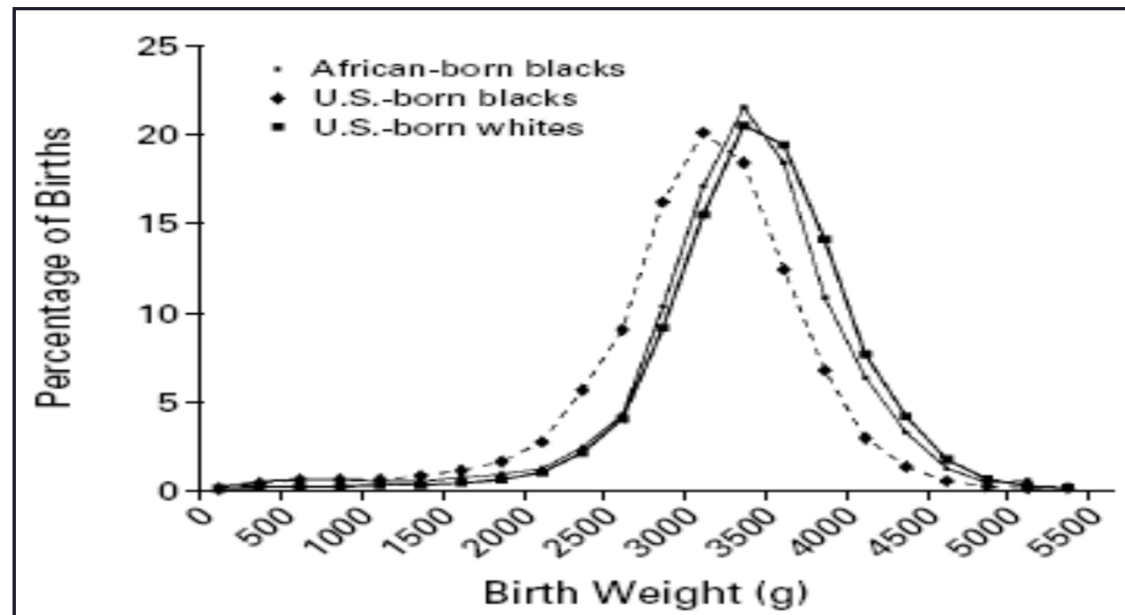


This problem is not new!

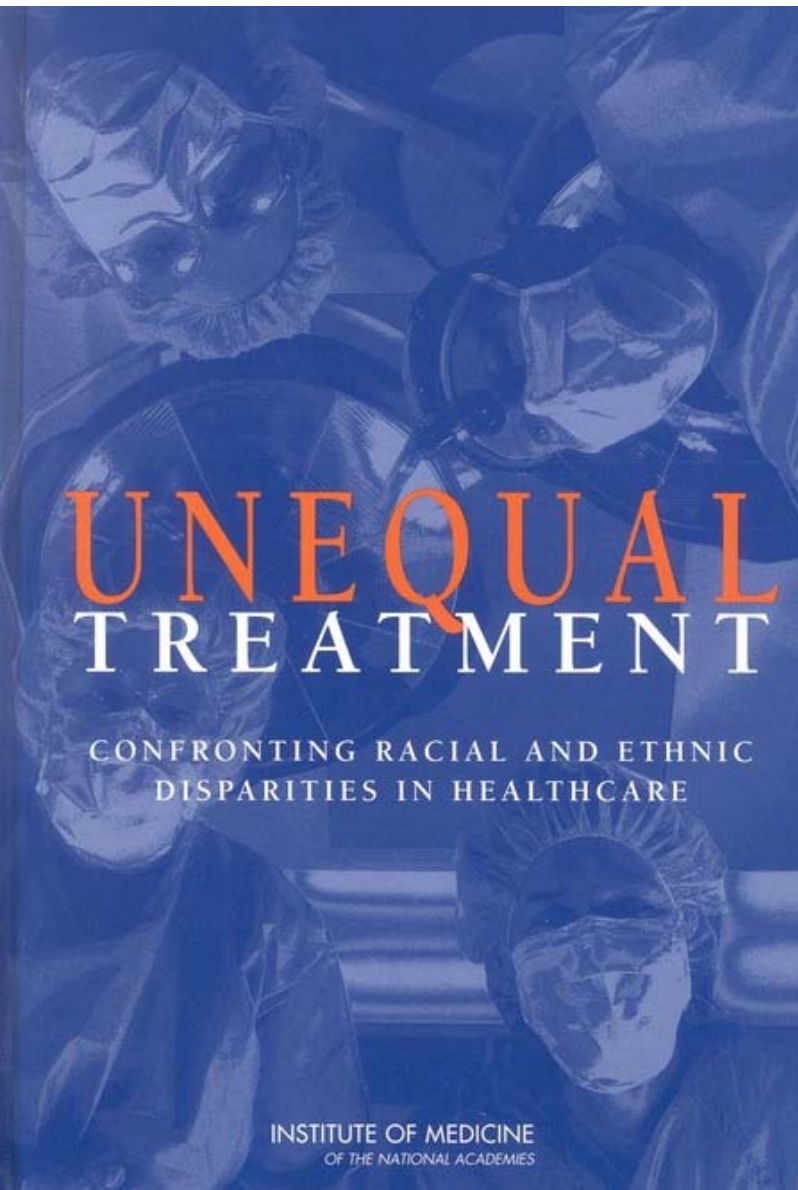


Flash from the Past
Where is here?

And it's not genetics either



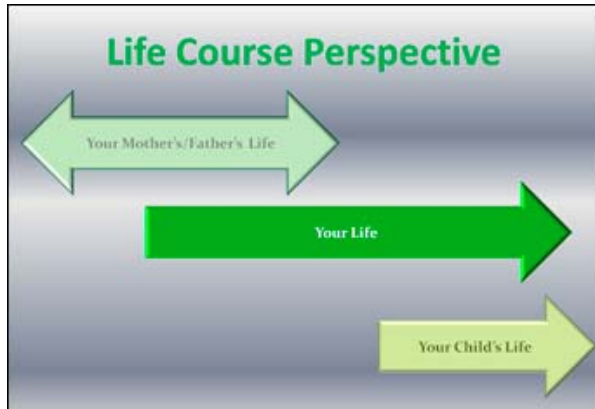
David RJ, Collins JW (1997). Differing birth weight among infants of U.S.-born blacks, African-born blacks, and U.S.-born whites. *New England Journal of Medicine*, 337(17), 1209-1214.



Anticipated, Accepted, Negated

Racial Bias in medicine:

- U.S. Healthcare providers see black patients as less personally responsible for their health
- Black patients are more likely to be blamed for their health outcomes
- Black patients are less likely to receive appropriate pain management for the same diagnosis of back pain in the emergency room
- *Unequal Treatment was published by the IOM in 2002.*



What is the Life Course Perspective?

Looking at health through a life course perspective hopes to address three key areas:

1. Your health as an **individual**
2. Your health before your conception (i.e. your mom's health **pre-conception**)
3. Your children's health (**intergenerational component**).

This box defines the life course perspective and lists three key areas of focus. It includes a small diagram at the bottom showing overlapping arrows for 'Your Mother's/Father's Life', 'Your Life', and 'Next Generation', similar to the first diagram.

What is the Life Course Perspective?

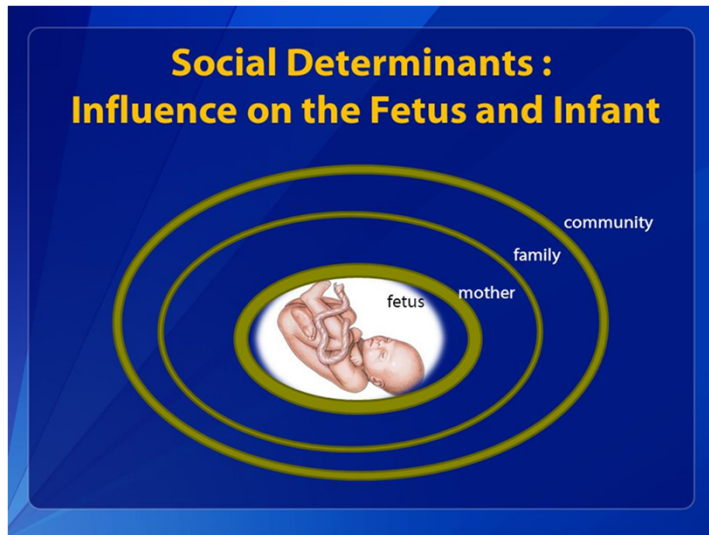
A complex interplay of

- biological,
- behavioral, and
- psychological, and
- social

protective and risk factors contributes to health outcomes across the span of a person's life.

This box explains that a complex interplay of biological, behavioral, psychological, and social factors contributes to health outcomes. It includes a circular diagram showing a path through various life stages and factors, with a 'STOP' sign indicating a point of intervention.

Life Course Perspective



Chronic Stress and Weathering may lead to Health Disparities and Poor Birth Outcomes



Oak Alley Plantation is over 200 years old

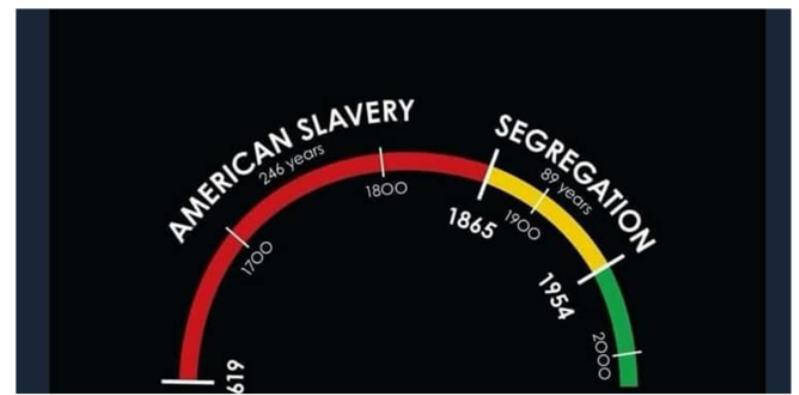
Former Sugar Plantation

Notes childbirth as one of the leading causes of death during slavery

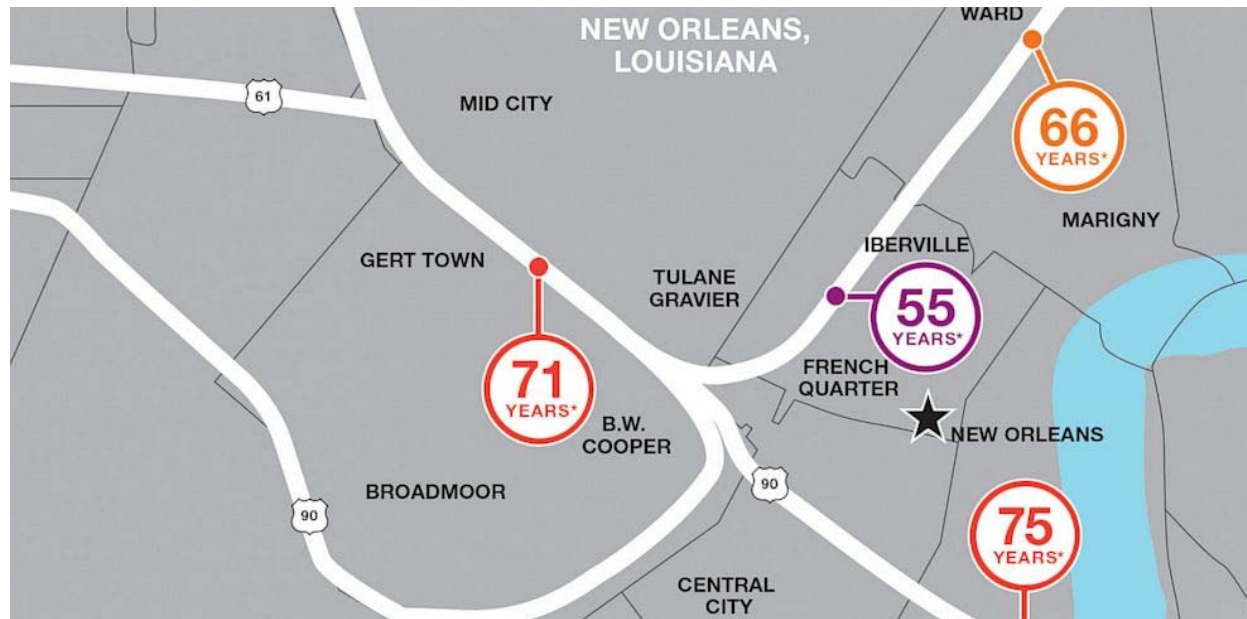


"Black infants in America are now more than twice as likely to die as white infants — a racial disparity that is actually wider than in 1850, 15 years before the end of slavery, when most black women were considered chattel."

Linda Villarosa,
New York Times



Persistent Racial Disparities and the Slavery Timeline



Your Zip Code is more important than your genetic code.....

<http://fortune.com/2017/05/08/us-life-expectancy-study/>

We can now predict your health status and life span based on your zip code! This should not be!



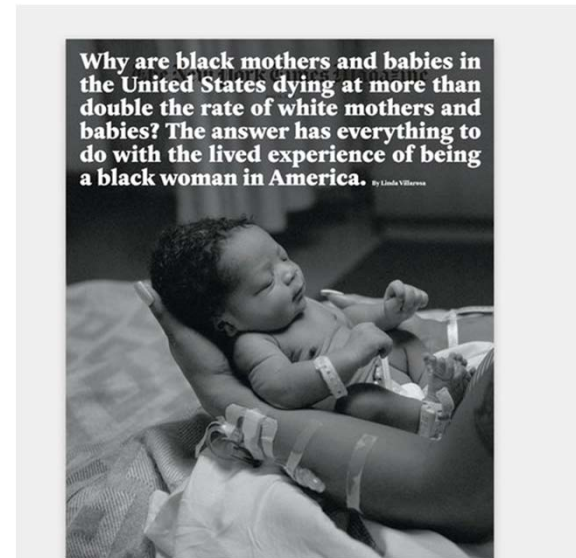
Why are black mothers and babies in the United States dying at more than double the rate of white mothers and babies? The answer has everything to do with the lived experience of being a black woman in America. By Linda Villarosa



For black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions — including hypertension and pre-eclampsia — that lead directly to higher rates of infant and maternal death. And that societal racism is further expressed in a pervasive, longstanding racial bias in health care — including the dismissal of legitimate concerns and symptoms — that can help explain poor birth outcomes even in the case of black women with the most advantages.

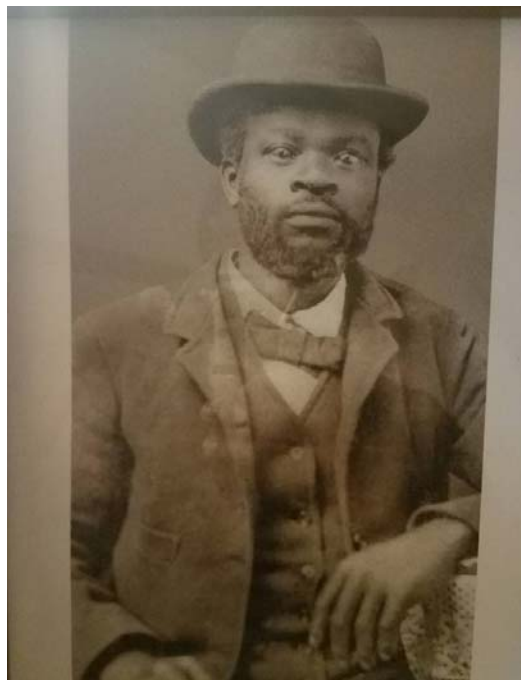
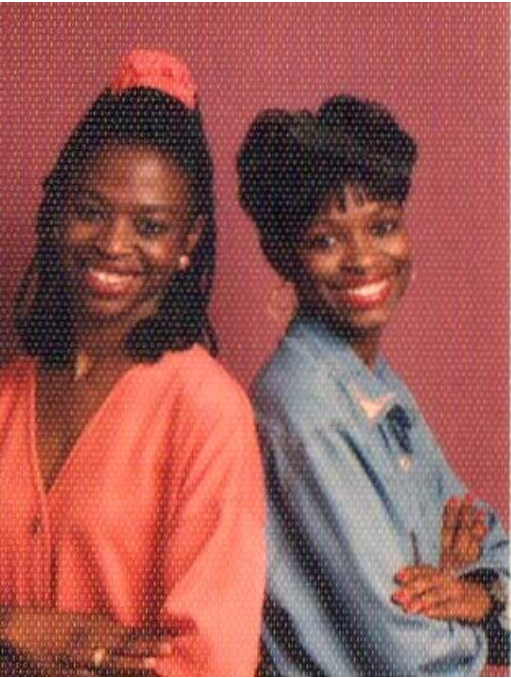
By Linda Villarosa

April 11, 2018, New York Times



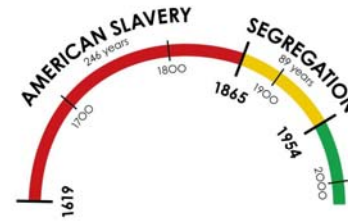


The lived experience of being a Black Woman in America



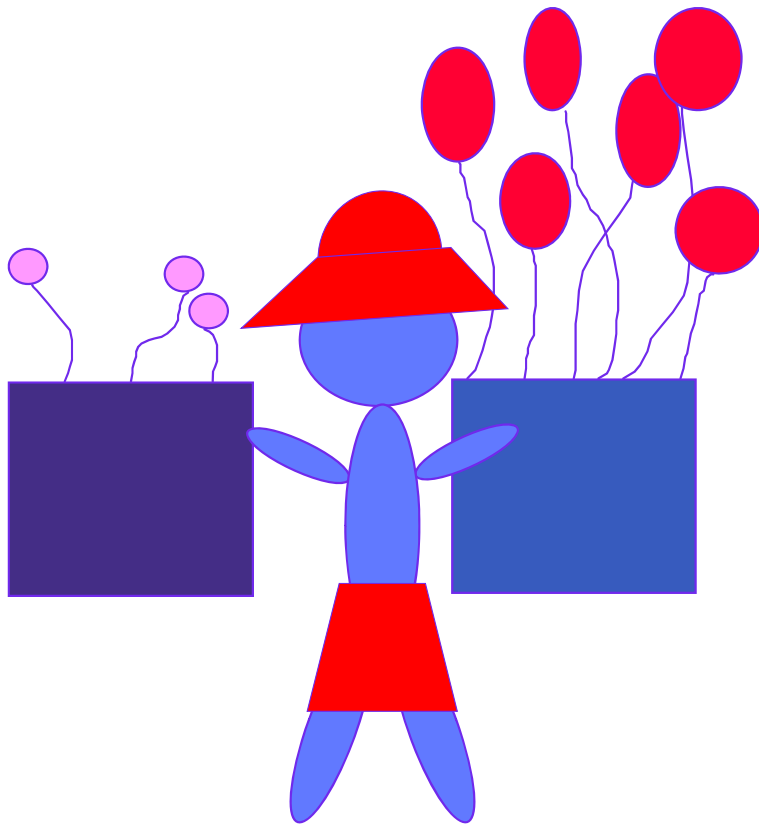
Life Course, Birth Disparities and the first preemie I ever cared for

- Gender
- Race
- Education
- Economics
- Geography
- Family History



Implicit Bias and Systemic Racism-Not That Long Ago

A Gardener's Tale



**Three Levels of
Racism:**

Institutionalized

Interpersonal

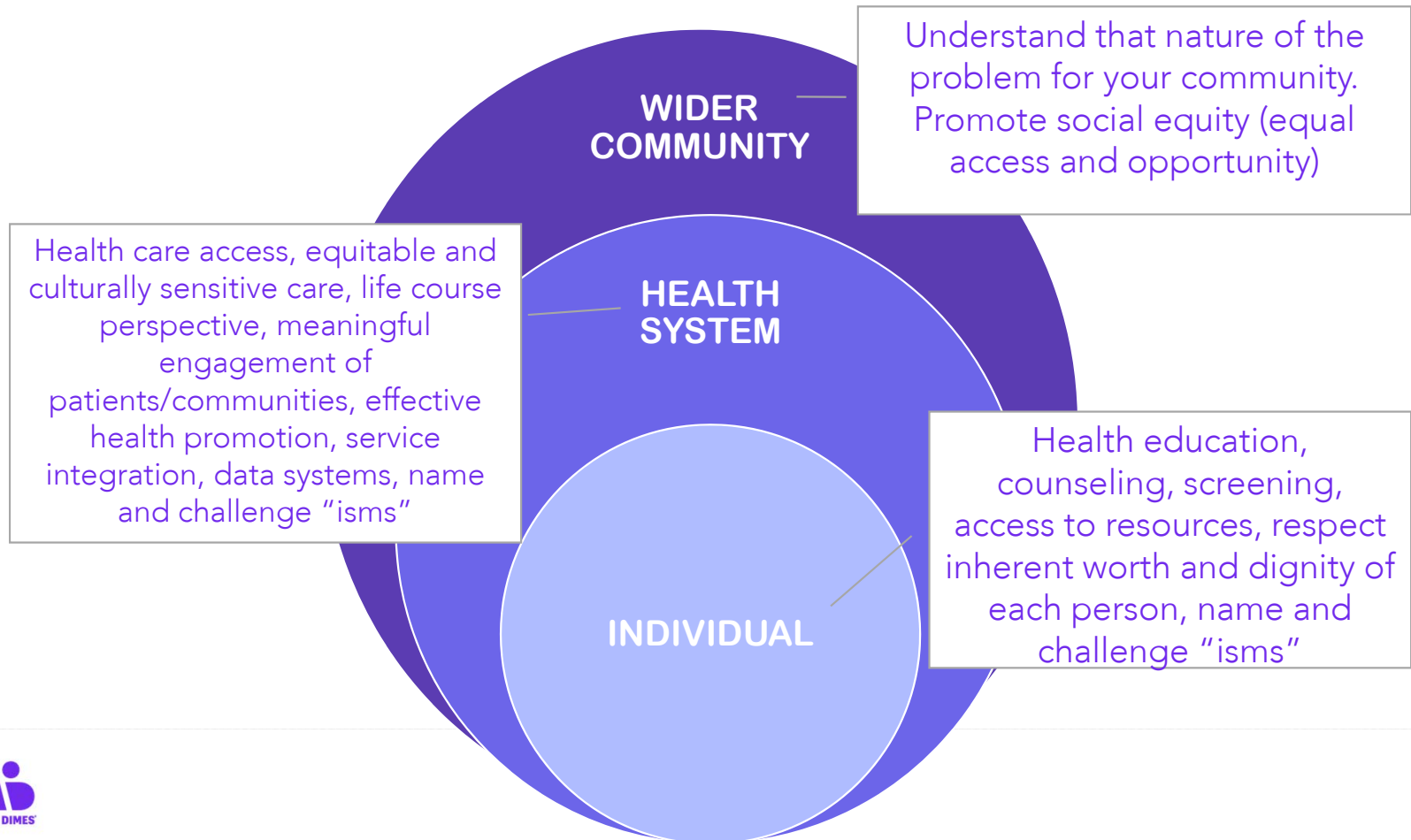
Internalized

[You.tube/7M0du3IS7rA](https://www.youtube.com/watch?v=7M0du3IS7rA)

**HEALTHY
MOMS.
STRONG
BABIES.**



Address the Problem at Multiple Levels



POLICY AND ACTION

The issues we address are complex and systemic and require a diverse set of partners to show an impact on positive birth and maternal health outcomes.

Your partnership with March of Dimes will enable us to:

- Expand Medicaid
- Extend the Medicaid postpartum coverage period
- Expand access to midwifery care
- Provide coverage for evidence-based telehealth services for pregnant and postpartum women and support telehealth reimbursement.
- Advocacy and Policy change for paid family leave
- Improve maternal mortality and morbidity data collection and surveillance and prioritize policy recommendations from Maternal Mortality Review Committees

Contact: Ashley Mucek, [608-729-7802](tel:608-729-7802)

AMucek@marchofdimes.org



Thinking Outside of the Box

What Is A Perinatal Safe Spot?

A place to connect moms, family members, community to each other & the baby

A judgment free zone that can be physical or virtual

Unique to individual communities, zip codes, Maternal Tonic Areas - breaking through the real barriers to quality care

An access point for practical resources

Giving mothers the real tools they need to have power & agency in their childbearing decisions

A place to gain knowledge for healthiest pregnancy: mom & baby

Physical, emotional and informational support so childbearing families have true options

www.PerinatalTaskForce.com
© 2014 National Perinatal Task Force

By The Charleston Chronicle | June 11, 2019 | 0

Focus on Equity, Literacy, and Advocacy Needed to Curb Maternal Deaths Among Black Women



In 2016, the Council on Patient Safety in Women's Health Care issued recommendations for reducing peripartum racial and ethnic disparities. These recommendations include:

- 1 Health care providers establishing a "culture of equity," including implementing quality improvement projects that target disparities in health care outcomes, access, and treatment.
- 2 Providers establishing systems and staff-wide education programs for collecting race, ethnicity, and language data, and how to use that information to improve patient care.
- 3 Health care providers training staff on racial and ethnic disparities and their root causes, as well as implicit bias.
- 4 Engaging in shared decision making among providers, patients, and family members.

www.amerhealthcaritas.com

WE NEED MORE PEOPLE OF EVERY WALK OF LIFE TO SPEAK OUT IN SUPPORT OF HOLISTIC MATERNAL CARE FOR BLACK WOMEN

#BLACKMAMASMATTER
#BMHW18

TOP 4 TYPES OF MISTREATMENT DURING CHILDBIRTH BY HEALTH CARE PROVIDERS

- Being shouted at or scolding
- Ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time
- Violation of physical privacy
- Threatening to withhold treatment or forcing them to accept treatment they did not want

www.birthplacelab.org/mistreatment



IMPLICIT BIAS TRAINING FOR MATERNITY CARE PROVIDERS

OBJECTIVE

Increase awareness of implicit bias and stimulate action among maternity care providers to address and remedy impact.

IMPACT

Greater awareness and action to address implicit and explicit bias in maternity care settings.

COMPONENTS

- ✓ Implicit Bias in Maternal Healthcare
- ✓ Structural Racism in the U.S.
- ✓ Strategies to Mitigate Implicit Bias
- ✓ Creating a Culture of Equity

Improving provider knowledge about disparities

Improving provider awareness of disparities

Closely evaluating how different populations are represented in research

Improving access to health care

Patient centered health systems

Empowering individuals to advocate for their health care needs

Reducing Health Disparities:

A Systems and Team Approach to Closing the Equity Systems

Change the Narrative for Black Motherhood: The Importance of Mental Health

<https://www.washingtonpost.com/graphics/2019/lifestyle/black-motherhood/>

This isn't another horror story about black motherhood. Coverage of the community has revolved around high maternal mortality rates, but I needed to read an article about joy. This is it.



Any Questions?



www.drterrimd.com

Drterrimd@gmail.com 

@Drterrimd on Twitter 

@DrTerrimd on Facebook 

@DoctorTerriMD on IG 

JOIN US



OUR MISSION

MARCH OF
DIMES LEADS
THE FIGHT FOR
THE HEALTH
OF ALL MOMS
AND BABIES.



AN URGENT HEALTH CRISIS

WOMEN OF COLOR

are up to **50%** more likely to give birth prematurely and their children can face a **130%** higher infant death rate.

In this country,

BLACK WOMEN

have maternal death rates over **3X** higher than women of other races.

Worldwide, **15 MILLION** babies are born prematurely each year.

PREMATURE BIRTH

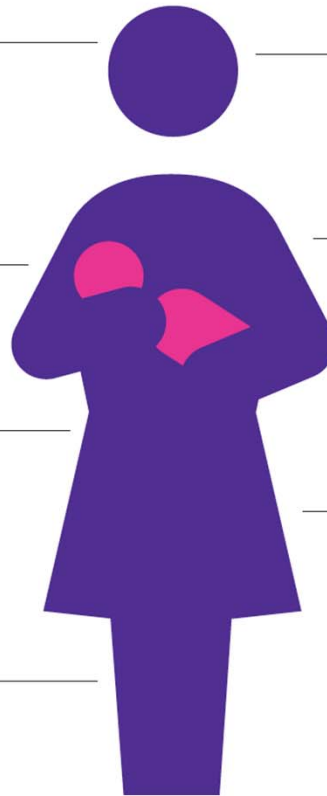
and its complications are the largest contributors to infant death in the United States and globally.

More than **380,000** babies are born prematurely in the U.S. each year.

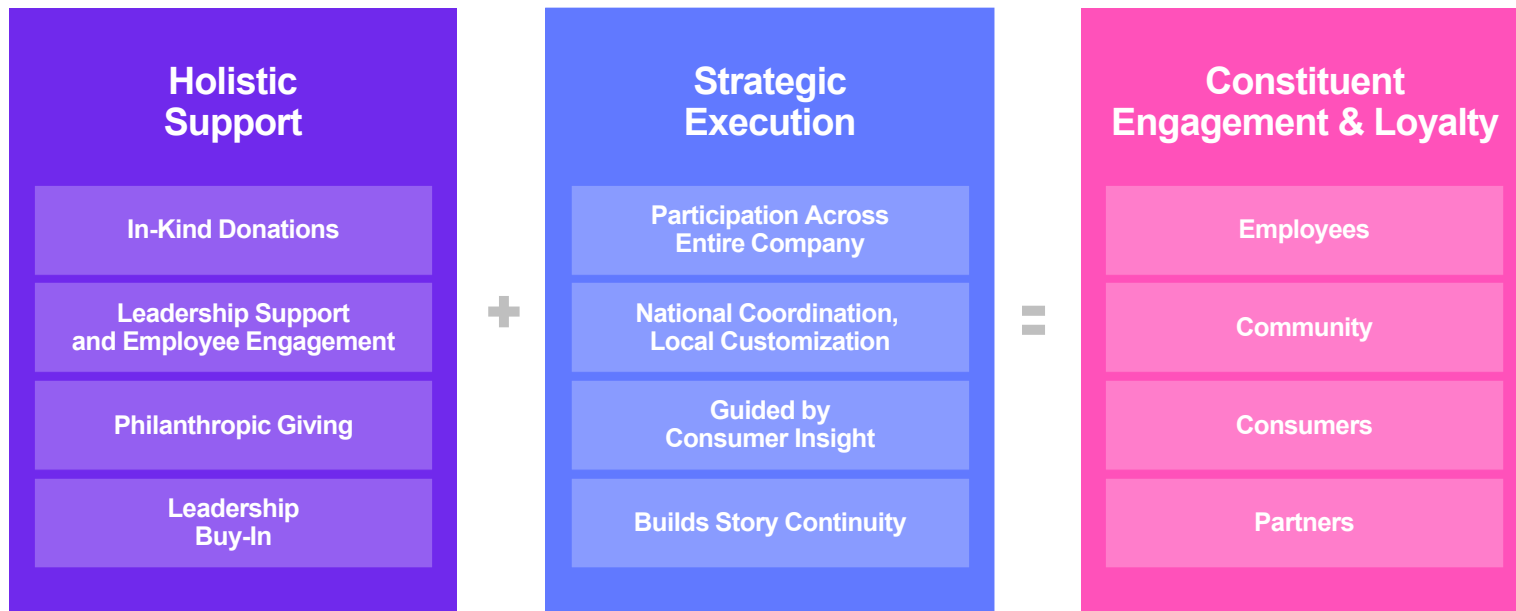
Employers PAY 12X AS MUCH

in health care costs for premature/low birthweight babies compared to babies born without these complications.

In addition to the human toll, the societal cost of premature birth is more than **\$26 BILLION** per year, in the U.S. alone.



DELIVERING RESULTS THROUGH MULTIFACETED PARTNERSHIPS



DELIVERING IMPACT FOR MOMS AND BABIES



SUPPORTIVE
PREGNANCY
CARE



NICU FAMILY
SUPPORT®



ACCREDITED
PROFESSIONAL
TRAINING

In communities across the country, we deliver programs to improve access and quality of care, support families and provide education to those in need of health related information.

SUPPORTIVE PREGNANCY CARE

Medical care plus prenatal education, childbirth preparation and postpartum care education in a group setting

- **8-12 women** per group
- ~ Ten **90-120 minute** sessions during a typical pregnancy, monthly or bimonthly
- **Two facilitators**
 - Physician, midwife, or nurse practitioner
 - Other health care professional

Operating in over 20 states



NICU FAMILY SUPPORT[®]

Partners with Neonatal Intensive Care Units to:

Educate NICU Families

- Inclusive materials support all NICU families and are available in both English and Spanish and digitally through the My NICU Baby[®] and Mi Bebé en la NICU apps
- An evaluated parent education curriculum with seven topics meets parent education needs

Educate NICU Staff

- Topics focus on the best ways to support babies, families and each other
- Webinars with free CNEs and Hot Topic presentations on current trends in NICU care

Improve the NICU Experience

- Annual Patient Experience Projects
- Resources to engage graduate NICU parents
- Monthly patient satisfaction activities & events



TRAINING INSTITUTE

Last year, 2,400+ nurses received in-person professional education and 525 nurses received virtual training from March of Dimes

The accredited trainings covers:

Neonatal Abstinence Syndrome – caring for NICU babies exposed to opioids

- Easing Parent Trauma in the NICU – supporting families showing signs of mood or anxiety disorders
- Unpacking Implicit Bias in Maternity Care - understanding bias and the systemic change needed to decrease maternal mortality





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- ✓ Creating a Culture of Equity

MOM & BABY HEALTH ACTION NETWORK

VISION:

All people are healthy before, during and after pregnancy and if they give birth, they have healthy babies

OUR APPROACH:

Convene and partner to address inequity in maternal and child health through specific, actionable strategies and common metrics



MOM & BABY HEALTH EDUCATION

March of Dimes provides and maintains real-time, essential health messaging and award-winning resources:

- **4 million views** of health information on marchofdimes.org last year
- **260 pieces** of bilingual health content including articles, videos, health action sheets, infographics and interactive features on our website.
- News Moms Need: **Winner of Best Blogs 2019**



THOSE ARE ALL
FACTS BEFORE
COVID-19 EVEN
HAPPENED...





MOM AND BABY COVID-19 INTERVENTION AND SUPPORT FUND

MOMS AND BABIES NEED OUR SUPPORT NOW MORE THAN EVER

To address the urgent need for research, advocacy and education to protect moms, babies and families from COVID-19 and the unknown future effects of the virus. THE FUND focuses on three key areas of support, including:

RESEARCHING to:

- Improve our understanding of COVID-19
- Learn how moms and babies are impacted by COVID-19
- Help fast track the development of interventions safe for pregnant and lactating women

ADVOCATING to call on government officials to:

- Include pregnant and lactating women in clinical trials for COVID-19 interventions
- Ensure vulnerable populations have access to these interventions

EDUCATING to elevate awareness and inform families about:

- Latest COVID-19 information
- Interventions in development and their distribution
- Work with HCPs to ensure their workforce and families in the NICU and pregnancy care programs receive information needed to stay safe

RESPONSE TO COVID - 19

VIRTUALIZATION

- MARCH FOR BABIES
- COVID-19 RESOURCES AND SUPPORT SITE
- FACEBOOK LIVE
- NICU EDUCATION & MY NICU BABY APP
- NEWS MOMS NEED
- SUPPORTIVE PREGNANCY CARE
- ADVOCACY
- COMFORT & SUPPORT ONLINE
- COVID-19 INTERVENTION & SUPPORT FUND
- 'IT STARTS WITH MOM' WEBSITE





Search

<https://www.marchofdimes.org/covid-19-resources.aspx>

COVID-19 PANDEMIC RESOURCES AND SUPPORT

We've created educational and support resources, including a COVID-19 Fund, for women preparing for childbirth and families caring for a newborn during this time.



GET RESOURCES

Access and share COVID-19 resources and tools

TAKE ACTION

Mobilize your network and step up for moms and babies

SHARE YOUR STORY

Give voice to honest stories of pregnancy, parenting and loss

GIVE NOW

Support the urgent need for COVID-19 research, advocacy, education, support and resources

STAY IN-THE-KNOW ON COVID-19

- What you need to know about coronavirus disease (COVID-19)
- Expecting during the COVID-19 pandemic
- COVID-19 and motherhood: What to ask your health care provider
- Delivering your baby safely during COVID-19
- Premature babies and COVID-19: What we know
- COVID-19, the NICU and your baby
- Bringing your new baby home during the coronavirus pandemic
- COVID-19 and communities of color reveal persistent disparities



NEWS MOMS NEED

WHAT MOMS AND MOMS-TO-BE NEED TO KNOW

<https://newsmomsneed.marchofdimes.org/coronavirus/>

GET RESOURCES: COVID-19 WEBINAR LIVE SERIES

Each week on Facebook Live, hear the latest COVID-19 health information and have your questions answered by top maternal and infant health experts.

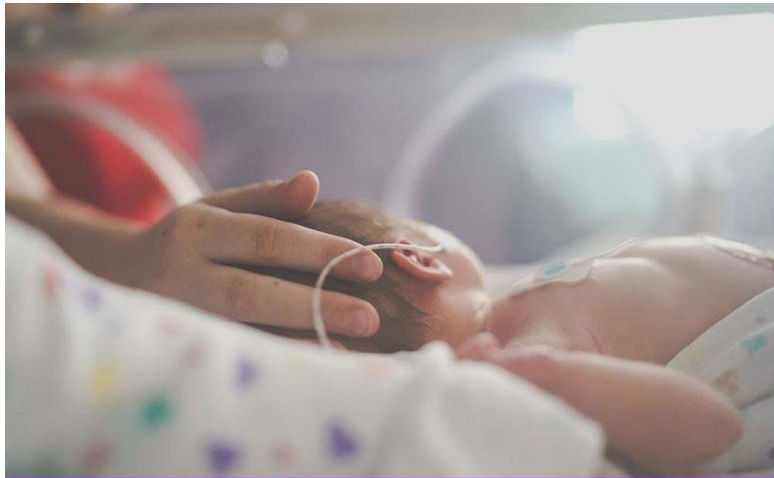
[Watch PAST EVENTS](#)

[Visit Facebook to learn about this week's live event.](#)



- Bringing Your Baby Home During the COVID-19 Pandemic
- Bringing Home Your NICU Graduate During COVID-19 Pandemic
- Tips to Relieve Stress and Anxiety During COVID-19 Pandemic
- Are Communities of Color Being Disproportionately Impacted During COVID-19 Pandemic?
- Expecting a Baby During the COVID-19 Pandemic.
- Know the Warning Signs: When to Seek Help During Pregnancy
- Birth Spacing and Planning for a Health Pregnancy
- Having a Baby and Being a Dad Today
- How Systemic Racism Affects Moms and Babies

GET RESOURCES: NICU FAMILY ONLINE EDUCATION SERIES – COVID-19



NICU FAMILY ONLINE EDUCATION SERIES – COVID-19

Supporting all NICU families with a free webinar series during the COVID-19 pandemic

[JOIN US](#)

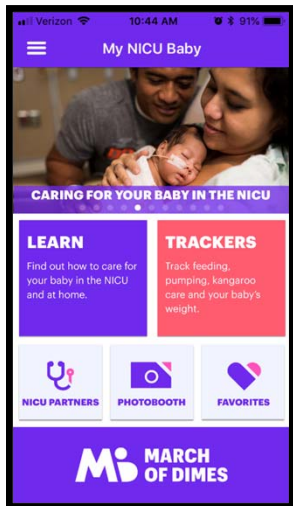


Five live, hour-long webinars with March of Dimes NICU experts sharing important information and answering questions. The curriculum helps families understand their important role alongside health care providers, build confidence to advocate for the best care for their baby and to feel supported in a time stress and worry.

TOPICS INCLUDE

- Germs and Your NICU Baby
- Self-Care During a Crisis
- Life in the NICU
- Your NICU Baby's Development
- Preparing to go Home from the NICU

My NICU Baby™ App - Free for your NICU families!



Use the app to:

- Learn about caring for your baby in the NICU and at home through videos and text with updated information re: COVID-19
- Track your baby's feeding and weight
- Track pumping and kangaroo care sessions
- Take photos and add filters
- Get ready to take your baby home with a customizable checklist
- Manage your own health with a postpartum visit questionnaire
- Keep track of health providers, your to-do list and questions with a notes feature
- Connect with other families through the App

FACEBOOK NICU MOMS MENTORSHIP PROGRAM

Digital Mentorship Program

To connect newly graduated NICU moms with support around positive self care

To sign up, interested moms (mentors and mentees) can visit <http://po.st/j3vK1e>

Details

- 7 weeks
- Approximately 1-2 hours week
- Guided self-care curriculum developed by March of Dimes
- Platform: Facebook Mentoring Group and Facebook Messenger

Mentor Expectations

- Offer support to a mom going through a similar NICU experience
- Follow MOD curriculum outlined in each step
- Commit to reach out to your mentee each during the 7 week program
- Reach out to MOD if mentee needs additional support or information



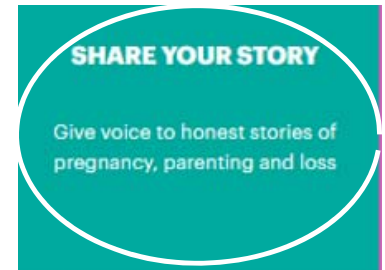
FINDING COMFORT AND SUPPORT ONLINE

Find support, comfort and friendship on the [March of Dimes Community Facebook Group](#). Get advice from a caring group on the challenges you're experiencing. www.facebook.com/groups/marchofdimes

[March of Dimes Facebook Mentorship](#) connects families from our community so they can offer advice and provide support for moms and babies. Members share with others who've had similar experiences and get reliable information and helpful resources from March of Dimes. www.facebook.com/groups/marchofdimes

[#Unspoken Stories](#) is a community where stories of pregnancy, parenting and loss—the ones that often go unshared—are told honestly. Unspokenstories.org

[Share Your Story](#) is a welcoming environment for families to share their story and connect with other moms, dads and families who understand first-hand the challenges and triumphs that can happen throughout the pregnancy journey. Having a baby in the neonatal intensive care unit (NICU) can be overwhelming. ShareYourStory.org



SUPPORTIVE PREGNANCY VIRTUAL GROUPS

Offered to expectant families, currently enrolled in Supportive Pregnancy Care (SPC)

Trained March of Dimes staff facilitate SPC groups via a virtual platform

- 15 one-hour sessions
- 30 minute educational content
- 30 minute discussion
- 30 minute availability of facilitator to address questions and concerns

These groups complement medical care and prenatal education, but are not intended to act as a replacement

Healthcare partners continue to provide one-on-one prenatal care



ITSTARTSWITHMOM.ORG

NEW WEBSITE

March Of Dimes wants to offer educational information to “**level the playing field for all moms and babies**”.

A central online hub, features health information in three categories: pre-pregnancy, pregnancy and post-partum.

LAUNCHED

On May 7, actress Jessica Alba, founder of The Honest Company, together with the March of Dimes hosted a free virtual summit



The graphic is a promotional poster for a virtual summit. It features a purple background on the left with white and pink text, and a photograph of a woman kissing a baby on the cheek on the right. The logos for the March of Dimes and The Honest Company are at the top left. The main title is 'IT STARTS WITH MOM Live', with 'Live' in a white script font. Below the title, it says 'May 7th' in a pink box and 'hosted by JESSICA ALBA' in white text.

You can watch it on the March of Dime’s YouTube and Facebook channels, featuring healthcare experts and moms.

GETTING READY TO BE A MOM

As you prepare to grow your family, tap into our education information and resources to give yourself and your baby the best possible start. Check out the articles to the left and stay up to date with the latest advice for you to be healthy and strong.



NAVIGATING YOUR PREGNANCY

Now that you're pregnant, explore our education information and resources to give yourself and your baby the best possible start. Check out the articles and stay up-to-date with the latest advice for you to be healthy and strong.



MANAGING CHANGES AFTER BABY

Now that your new baby has arrived, explore our education information and resources to give your family the best possible start.

Check out the articles and stay up to date with the latest advice on how to care for yourself and your newborn.



UNSPOKENSTORIES.ORG

Honest stories of pregnancy, parenthood and loss are too often unshared. Let's tell the real story. Let's build a supportive community that gives voice to your experience, from the joys of parenting to the heartbreak of loss.

**unSPOKEN
STORIES**

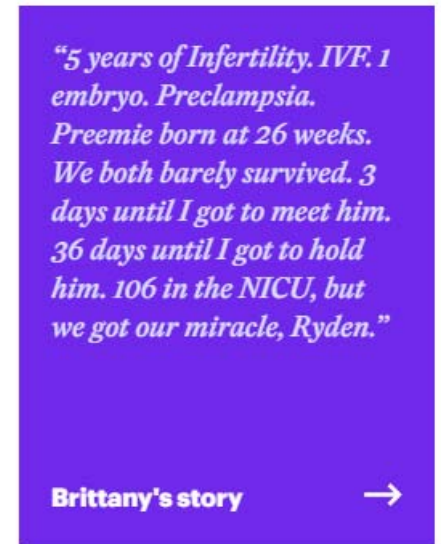
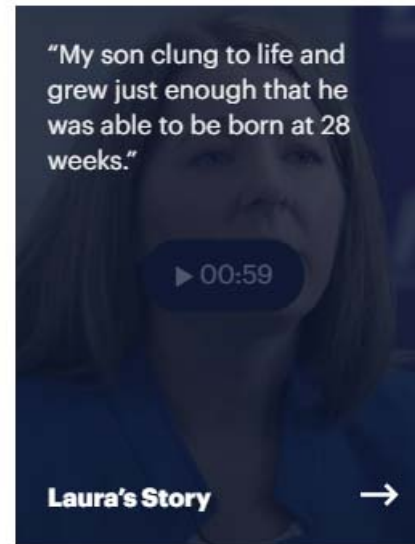
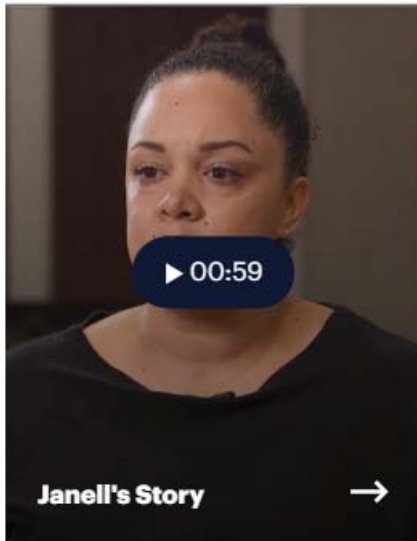
STORIES

SUBMIT

CONVERSATIONS

CONNECT

UNSPOKEN STORIES PODCAST



**STRONG
BABIES.**

M
MARCH OF DIMES

NURSING AWARDS & SCHOLARSHIPS

GRADUATE NURSING SCHOLARSHIPS

Several \$5,000 scholarships annually to registered nurses enrolled in graduate programs of maternal-child nursing. MOD Nursing Advisory Council, a group of distinguished perinatal nurses, chooses the recipients. Applications are due every January.

AGNES HIGGINS AWARD

This annual award for maternal-fetal nutrition honors the late Agnes Higgins of the Montreal Diet Dispensary for her innovation and years of service to the cause of improved maternal nutrition. The Agnes Higgins Award is presented in recognition of distinguished achievement in research, education or clinical services in the field of maternal-fetal nutrition.

<https://www.marchofdimes.org/professionals/scholarships-and-grants.aspx>

ITS NOT FINE CAMPAIGN



THEY SAID MY MOM WOULD BE FINE.

EACH YEAR 100 MOMS IN THE U.S. DIE FROM PREGNANCY-RELATED ISSUES.

We know it's not fine, but it can be. Together we can make life-saving changes. Join us in the fight for healthy moms and strong babies.

DONATE at MarchOfDimes.org | #ItsNotFine



MARCH OF DIMES



THEY SAID I WOULD BE FINE.

THE U.S. IS AMONG THE MOST DANGEROUS DEVELOPED NATIONS FOR HAVING A BABY.

We know it's not fine, but it can be. Together we can make life-saving changes. Join us in the fight for healthy moms and strong babies.

DONATE at MarchOfDimes.org | #ItsNotFine



MARCH OF DIMES

HEALTHY
MOMS.
STRONG
BABIES.

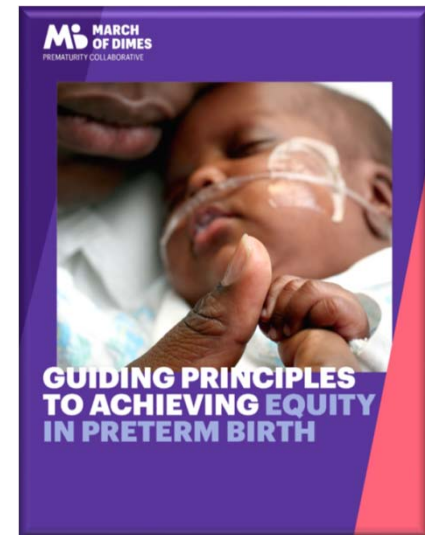


BREAKING THROUGH BIAS IN MATERNITY CARE

Provides health care professionals with important insight to recognize and remedy implicit bias in maternity care setting.

Four key training components include:

1. Overview of implicit bias
2. Historical overview of structural racism in the United States
3. Strategies to mitigate racial bias in maternity care
4. Commitment to creating a culture of equity



STIGMA REDUCTION TOOLKIT

BEYONDLABELS.MARCHOFDIMES.ORG



You can help reduce health-related stigma among all moms and babies so they can get the support and care they need.

Stigma is giving someone an undesirable label based on negative social perceptions.

Designed for people who work in health-related fields, this interactive site will help you learn how stigma can impact the healthcare and support women need, seek and receive. Discover why stigma happens, hear stories about the impact of stigma, and learn specific ways you can become a change agent to reduce stigma in your workplace or community.

HEALTHY
MOMS.
STRONG
BABIES.





NOVEMBER IS PREMATURITY AWARENESS MONTH



Premature birth and its complications are the largest contributors to infant death in the U.S. and globally. This [#prematurityawarenessmonth](#), join amucek@marchofdimes in the fight for the health of all moms and babies to help give every baby a brighter future.

marchofdimes.org/prematurityawarenessmonth

ADVOCACY

The March of Dimes advocates for women, children and families on both the federal and state level, meeting with policymakers to promote our priorities, offer input on federal and state regulations and initiatives, aid in creating and passing legislation, testify on behalf of our policy priorities, rally stakeholders and build grassroots support.



TELL YOUR ELECTED OFFICIALS TO IMPROVE HEALTH CARE FOR MOMS!

It's not fine. But with your help, it can be.

U.S. House of Representatives is considering two bills that would help prevent maternal death and improve maternal health in this country.

Maternal Health Quality Improvement Act of 2019 (H.R. 4995): To develop public health programs to:

- **improve access to obstetric care in rural areas**
- **reduce and prevent racial and ethnic discrimination in maternal health care**
- **improve perinatal care and health outcomes**
- **eliminate preventable maternal death and severe health challenges**

Helping Medicaid Offer Maternity Services Act (H.R. 4996): This bill would extend access to health insurance (through Medicaid or CHIP) for women one year after childbirth.

A photograph of a woman smiling and holding a baby, overlaid with a semi-transparent red filter. The woman is on the left, looking down at the baby on the right. The baby is wearing a white headband. The text 'QUESTIONS?' is overlaid in white on the left side of the image.

QUESTIONS?

For more March of Dimes information please contact

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THANK YOU!

