Dartmouth Health

Political Drivers of Health Symposium

December 16, 2024

Breakout Session: *Maternal Health Care*

Panelists

- Julie Bosak, PhD, Director (Northern New England Perinatal Quality Improvement Network and New Hampshire Perinatal Quality Collaborative)
- Devan Quinn, Policy Director (NH Women's Foundation | Investing in NH Women & Girls)
- Jonathan Ballard, MD, Chief Medical Officer (NH Department of Health and Human Services)
- Heather Martin, maternal health advocate

Note: Two breakout sessions were held on this topic. This report integrates information from both session together.

Public health importance

- Healthy mothers
  - Contribute to healthy children.
  - Contribute to the workforce and economy
  - Use less healthcare social service resources over the course of their lifetime.
  - With access to healthcare, are better able to plan and prevent unwanted pregnancy
  - Infant's and children's physical and mental health and short and long term health outcomes are directly impacted by mother's health includng mental health.
  - Infants and children whose mother's die, or who are separated from their mothers, experience short and long term trauma.

Current status

- In NH, we experience the same disparities as women and birthing people across country
- Mortality data shows that
  - Substance use disorder (SUD) and overdose (OD) are the primary factors in perinatal maternal death, especially in the postpartum period (12 mo following birth)
  - Perinatal mental health is also a contributing factor
  - Lower education and socioeconomic status, non-hispanic white, and Medicaid recipients are at increased risk for maternal morbidity and mortality related to SUD and OD (NH matches national data)

- In NH, the Maternal Morbidity and Mortality Review Committee has determined that 60% of maternal deaths in NH are preventable.

    - Black mothers are 2x more likely to experience maternal morbidity and mortality
    - One of 5 families - one parent identifies as other than white
    - Severe maternal morbidity can lead to unexpected birth or postpartum event that creates severe short or long term negative health outcome for child
- Perinatal mental health conditions
    - 1 in 4 moms in NH have perinatal mental health conditions (PMHC) in the birthing period.
    - Likely underestimated due to stigma and not capturing full postpartum year in data collection
    - Anecdotally/socially media/reports to providers - moms report they feel isolated, lonely, disengaged, not seen or heard by health care professionals or the community
    - Moms are craving community - and are not always able to see the communities and settings that are available to them
    - They want to share their stories
- Health care providers are working hard - so how do we get needs met and improve access, engagement and health outcomes?

Solutions/strategies

- ***Work toward the goal that all mothers and families don't just survive, but thrive***
- Legislation needs to be comprehensive to address access to mental health and community support in first year postpartum. This first year sets the stage for long term success for the whole family, and is essential to survival.
- Expanded Medicaid and Momnibus bill
    - Before expanded Medicaid - uncovered moms, no health care after 6 weeks post partum which meant moms did not receive health care for birth control/family planning, mental health, physical health
    - With expanded Medicaid - 12 months postpartum so moms can continue with their health care professional when many issues arise
    - Lactation support - funded through Medicaid with momnibus, lactation support is available currently under a billable provider and next year to include independent licensure billing
    - Doula - not implemented yet - independent licensure needed (have to be licensed for state to draw federal funding down) in process
    - Donor breast milk - access for medical need fully implemented
    - Also now with Medicaid - 5 year contract with managed care - individuals can receive and providers can bill for health risk assessments (HRA) and screening for social determinants of health - went live Appt 1 –

- Medicaid will pay for any individual to assess social determinants of health, health lifestyle and medical risk to identify non-health care needs
- And - care coordination - connect to gaps. Medicaid now pays time for care coordinator.

- Now covering US Preventable Task Force recommendations -for example counseling service for smoking cessation, health risk screenings, developmental screenings,
  - Who can bill for those US preventable task force rec?
  - As of Jan 1 - community re entry benefit - incarcerated any woman receives Medicaid enrollment pre-release so they are set up to identify needs for post release and connect to health care providers

- Address hunger
  - NH Hunger solutions – provides access to federal hunger programs
  - Need screenings for hunger integrated into system, ie reimbursement for screenings for hunger and SDOH needs
  - Small pantries - low budgets - what if they were reimbursed for screenings?
- Childcare engagement - may be first place that families are identified
  - Need to train and enhance child care provider skills etc to help address family, maternal, child health
  - Family childcare educators - families are choosing family childcare setting for 0 - 2
  - Childcare providers and early educators have connection to families and could assess for SDOH and mental health screening in that space
- Other opportunities
  - Reimbursement for peer mental health (as with peer recovery coaches - shown to help people have lower cost access to supports to keep them well, prevent more complex issues, assure connection with community supports etc.)
  - Establish a warm line for provider to provider consultation - possibly through the Mom Hub
  - Support for refugee communities (in perinatal period)
  - Education for healthcare professionals to reduce stigma, improve equitable and compassionate health care
  - Care hub models - right now we have seed funding, need to make sustainable
  - Community based organizations – make working with care manager reimburseable
  - What do we need to shift for people to be seen and heard?
  - Creatively address mental health and addiction
  - Assure the most vulnerable populations are cared for

Assets and players

- We have lots of providers and community support workers including
  - Home visit and other nurses
  - Doulas
  - Lactation consultants
  - Midwives
  - ObGyns
  - Pediatricians
  - Community health workers
  - Childbirth educators
  - Peer support workers (recovery, mental health, mom to mom)
  - Child care providers and other early childhood professionals
  - Patient avocates
- We have lots of organizations and programs
  - NH Perinatal Quality Collaborative
  - Perinatal Substance Use Collaborative, other boards/state organizations –
  - NH Breastfeeding Task Force
  - HHS and NH DHHS
  - WIC(Womens Infants and Childrensnutrition program)
  - TNF (Temporary Aid to Needy Families)
  - Visting Nurses Associations
  - Family Resource Centers
  - Large health care systems and hospitals,
  - Medicaid and private insurers
  - Mental Health Centers
  - Housing services
  - Child care centers
  - Telehealth services
- Large network of committed providers at every level of health care **– Gaps are in communication, connection and reimbursement for services**
  - Need health care coverage (Medicaid and private insurers) to cover the services
  - Need organizations/businesses/hospital systems/employers to back up the providers to do the work (help pay for certifications, trainings, education etc.)
  - Need to grow trust - patient to provider and provider to patient
  - Need to meet needs of special populations with language barriers, refugee status etc

A Next Step

Pass and implement **Momnibus 2.0** and continue to implement Momnibus 10

- Building on the creative work of communities and the success of what already exists
- Three major components:
    - Address behavioral health
        - Screening - assure that its done through baby's first year at pedi if not at OB
        - Build on momhub - provider to provider resource line - call up hub to get provider consult
        - If mom is screened and has a referral that she can get to the referral (reduce barrier with co-pay etc.)
    - Address gaps in infrastructure supports - what can be done to support the system
        - Targeted rate supports for maternal and pediatric hospitals
        - Address barriers to indep birth centers
        - Address EMS sustainability and skill - support EMS providers
        - Support moms after they give birth - communities, family home visiting, doulas (add meals) perinatal mental health peer support - make a network
        - Protect moms who want to go to back to work and still get care (protection for prenatal and pp appts)
        - Home visiting - expand access
    - Other Issues to address/needs for families:
        - Grief Loss
        - Infertility
        - Nutrition access (tied to health outcomes)
        - Workplace protections for patients who need to attend health/mental health care appts
        - Help for small health care professionals / independent business owners (nurses, doulas etc) to navigate insurance, make it easier to submit claims, get reimbursed - there are lots of barriers, red tep etc.
        - Education to employers about already existing legislation - for example nursing mother's rights

Notes submitted by Farrah Sheehan, MSN, RN, edited by Seddon Savage

Resources:

- KFF: U.S. Maternal & Infant Health Data
- New Hampshire Women's Foundation: The Status of Girls in New Hampshire

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