



PROMOTING SAFE BIRTH OUTCOMES: THROUGH THE PANDEMIC & BEYOND NMPC STAKEHOLDER REPORT

EXECUTIVE SUMMARY In October 2020, the New Mexico Perinatal Collaborative convened stakeholders from across the state for a two-day working session. Topics centered for discussion included:

- Substance Use Disorder (SUD) in pregnancy
- Planning for Alliance for Innovation on Maternal Health (AIM) SUD Bundle implementation in Spring of 2021
- Concerns regarding perinatal mental health during COVID-19

Working session objectives included:

- Advance interdisciplinary partnering in the provision of high-quality perinatal care in our communities.
- Integrate concepts and strategies to promote equity in the provision of perinatal care.
- Integrate trauma-informed care that is culturally sensitive and implement best-practices for perinatal care during the COVID-19 pandemic.

Sessions emphasized a profound need for an equity lens and a call for culturally appropriate care within clinical encounters and across systems and models of care in our state.

Approximately 90 attendees contributed to each session, including AIM-enrolled hospital team members, NMPC Board members, and a diverse range of perinatal care providers. Representation included nurses, physicians, midwives, doulas, social workers, counselors, administrators, health plan representatives, state agency partners, and advocates. 21 of New Mexico's 33 counties were at the table, bringing insights into the challenges posed by the rurality of our state. Participant evaluations highlighted positive feedback about the presenters, content, and the direct clinical applicability of the sessions.

PRESENTATIONS & KEY TAKEAWAY MESSAGES

AIM Maternal Safety Initiative: Progress to Date and Hospital Experience

Los Alamos Medical Center & Lincoln County Medical Center Hospital Teams

- o **Experience:** AIM-enrolled hospital teams spoke to the quality improvement work underway and the benefits of participating in the initiative and the Improving Perinatal Health (IPH) ECHO. Through the NMPC, teams are able to reduce regional isolation through networking with other facilities and find a space for co-learning and solidarity.
- o **Feedback for NMPC:** NMPC has provided a crucial forum for staying updated on guidelines during COVID-19. NMPC can incorporate more COVID-19 best practices and guideline updates into regular meetings and the IPH ECHO. Hospital teams would benefit from scheduling an ongoing meeting, separate from the IPH ECHO, for like-volume hospitals with informal case presentations.

New Mexico's Maternal Mortality Review Process & Brief Update

Eirian Coronado, MA, NM Department of Health & Katrina Nardini, CNM, WHNP-BC, MSN, MPH, UNM Midwifery Division & NM DOH

Key take-aways from this session include:

- o **Demographic disparities in the data:** Concerning rural and racial disparities are reflected in New Mexico's severe maternal morbidity (SMM) outcomes. Of those experiencing SMM in New Mexico, 82% had Medicaid

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- coverage compared to 72% of births covered by Medicaid statewide. NM MMRC determined 74% of deaths might have been preventable (2015-17).
- Mental Health in SMM: Mental health is a major contributor to SMM with significant mental health/SUD overlap.
 - Opportunities for intervention identified: 1) Disseminate data widely and collaborate with key stakeholders; 2) implement and prioritize effective prevention strategies; 3) Identify and reduce disparities, racism and discrimination; 4) Utilize current resources such as NMPC's IPH ECHO/AIM to facilitate coordinated care across the state.
 - Clinical recommendations: Improve access to and delivery of care with attention to care coordination, Electronic Medical Records, mental health/SUD, and resource sharing.
 - Community recommendations: Address housing insecurity, the impact of incarceration, intimate partner violence, and motor vehicle safety.
 - Equity Framework: 1) Incorporate strategies into reviews to address disparities in mortality (consider in-depth interviews with family members to address patient experience); 2) Evaluate key words, phrases, and situations in the records (e.g. "frequent no show").

Full slide presentation is available: <http://nmperinatalcollaborative.com/>

Innovative Approaches to Supporting Indigenous Women in NM Before, During & After Pregnancy

Nicolle Gonzales, MSN, CNM, Founder and Midwifery Director of Changing Woman Initiative

Key takeaways from this session include:

- Culturally appropriate care is critical: There are few Indigenous providers to serve communities. For example, there are only 20 Native Certified Nurse Midwives in the United States. Indigenous birthing people experience pervasive institutional racism within a complex health care system, which profoundly impacts outcomes.
- Issues in access to healthy food and water: 1/3 of Navajo Nation is without running water.
- Causes of preventable SMM: These include a lack of access to care, long distances to care, deficient quality of care, and the prevalence of poverty related chronic disease.
- Patient education: Patient education is needed on the importance of prenatal care in the first trimester.
- Recommendations: 1) Health care systems and providers need a deeper knowledge of the communities they serve; 2) Funding should prioritize culturally appropriate care and birth spaces; 3) Training should be provided for lay community supports; 4) Home visits are critical to care.

Changing Woman Initiative's website: <http://www.changingwomaninitiative.com/>

STAKEHOLDER ENGAGEMENT

Following the main group discussions for *Initiative Next Steps: Collaborating to Meet the Needs of Substance Using Families and Trauma Informed Care in Perinatal Mental Health*, participants were randomly assigned to 10 breakout session groups. Moderators facilitated questions in each group and notetakers captured the key themes, messages, and recommendations.

AIM Initiative Next Steps: Collaborating to Meet the Needs of Substance Using Families

Abigail Reese, NMPC Executive Director, CNM, PhD; Arielle Bauers CNM, PMHNP; & Micaela Lara Cadena MCRP, Research Director, Bold Futures, State Representative NM House District 33



QUESTIONS FOR DISCUSSION

- What are the barriers to care that pregnant/postpartum people with addictions face in our communities/care settings?
- What can we do in our communities and care settings to help people to feel comfortable in seeking care?
- What sort of training and resources do hospitals and perinatal care providers need to be better prepared to meet the needs of these individuals and families?

KEY THEMES & MESSAGES THAT EMERGED

- Stigma and judgment resulting from a lack of provider education on SUD
- Disruptions in the continuum of care (e.g. prenatal, hand-off, discharge plans and follow up)
- Significant impact of poverty and lack of transportation on the lives of patients
- Need for universal screening and SUD identification in the patient population
- Limited treatment options and lack of comprehensive care within and across systems (e.g. appropriate treatments, MAT not offered across state, etc.)
- Significant rural/urban divide in available resources and models of care
- Punitive systems of care are not helpful (e.g. fears of reporting to CYFD, children impacted by family separation)
- Doulas are key supports especially for people with complicated lives
- Multiple barriers to care for those with SUD
- Providers routinely minimize symptoms and the problem at large

Trauma-Informed Care and Perinatal Mental Health

Pilar Sanjuan PhD , Susan Aguayo, CEO Kassy's Kause, & Jennifer Williams, CNM

QUESTIONS FOR DISCUSSION

- How has COVID-19 impacted perinatal trauma?
- What is each of our roles in reducing traumatization or re-traumatization of people during the perinatal time?
- What perinatal mental health resources can you share with your group?

KEY THEMES & MESSAGES THAT EMERGED

- COVID-19 birth support restrictions and mom/baby separation are harmful
- Fear of hospital has increased during COVID-19
- Lack of behavioral health providers, referrals, and telehealth in rural areas. Key interventions are missing and there are delays in follow up care.
- Lack of trauma-informed training perpetuates stigma and minimizes trauma symptoms
- Increase in domestic violence and substance use disorder
- Lack of transportation and poverty are major contributing factors to outcomes
- Poor dissemination of COVID-19 best practice guidelines to providers
- Isolation, disruptions in the of continuity of care, and decreased community support during COVID-19 increases depression and suicidal ideation in patient population
- Issues of non-consent and the patient not being consulted in medical interventions
- Nurses have high rates of secondary PTSD during COVID-19
- Need to recognize the role of trauma in perinatal mental health and devise strategies to provide trauma-informed perinatal care including screening/proper diagnosis/treatment



ROADMAP

Recommendations identified from the stakeholder engagement sessions provide an initial steps toward a collective roadmap to address the complex challenges posed:

KEY RECOMMENDATIONS:

Deploy provider training in priority areas: 1) Trauma Informed Care training for all clinical staff, including front office, to reduce stigma and coercion and increase trust between patients and clinical teams; 2) Anti-bias training for providers and staff that addresses racism in the identification and treatment of substance-using people; 3) Universal screening for SUD with a validated tool.

Develop and support rural care networks: Specific rural community considerations include deploying more robust telehealth, varied treatment options, and additional identified resources.

Assure that the continuum of care includes critical wrap-around services that address social / structural determinants of health: 1) Improve continuity of care by expanding and bolstering home visits, social services, care coordinators, and telehealth; 2) Deploy strategies to identify and address social / structural determinants of health; 3) Increase behavioral health, Peer-to-Peer model and family navigators to focus on SDOH (transportation, housing insecurity, food insecurity).

Develop/nurture interdisciplinary models of care: 1) Promote affordable or covered doula services and other personalized birth supports that are community-oriented; 2) Include doulas in prenatal/postpartum care and treatment identification; 3) Build best practices and utilize midwifery model of care/involve midwives in SUD treatment.



WHAT'S NEXT: NMPC will hold a virtual follow up session with stakeholders on January 28th, 2021.

Objectives of this meeting will include:

- Presentation of these key findings
- Proposal for a working group to develop the NMPC's SUD training and support for perinatal care providers
- Opportunity to identify other vehicles for participation in moving the stakeholder recommendations forward