

# LBDMN Advisory Board

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|--|-------------|
| I. Welcome & Introductions                     | 1:00-1:05pm |
| a. Members                                     |             |
| b. Stakeholders & Partners                     |             |
| c. Staff                                       |             |
| II. Updates                                    | 1:05-1:15pm |
| a. LBDMN 2022 Legislative Report               |             |
| b. LBDMN\Family Resource Center Referral Pilot |             |
| c. Partner Updates                             |             |
| III. Prevention Case Review Pilot              | 1:15-2:45pm |
| a. <del>Data Visualization Framework</del>     |             |
| b. Orofacial Case Review                       |             |
| IV. Next Steps                                 | 2:45-2:55pm |
| IV. Public Comment                             | 2:55-3:00pm |
| V. Adjournment                                 | 3:00pm      |

# Welcome & Introductions

Members	Stakeholders	Partners	Staff
Dr. Floyd Buras	Dr. Duane Superneau	Kate Friedman	Dionka Pierce
Dr. Dimitry Niyazov	Dr. Gina Lagarde	Kathleen Aubin	Julie Johnston
Dr. Meredith Allain		Alexis Williams	Dr. Tri Tran
Dr. Marshall St. Amant		Cheryl Harris	Michelle Whitmore, RN
Dr. Lyn Kieltyka		Lenora Robinson	Christy Patton
		Rachelle Boudreaux	Curitessia Criff
			Tracey Zehner
			Jasmine Luter

# LBDMN Authority & Mission

LA Revised Statute 40.31.41 to 31.48

*“It is the intent of the legislature to establish a system to collect, analyze, and disseminate data regarding birth defects in the state and to provide information to families of children born with birth defects regarding services available in their community and the development of appropriate prevention programs.”*

## **LBDMN Mission**

***To collect, analyze, and disseminate high quality, timely, actionable data to inform policy and systems-change to eliminate preventable birth defects, mitigate disability, and connect families with resources to improve their quality of life.***

# Meetings

- Legislatively mandated
  - Meetings must be in person
  - Virtual option for members of the public
  - Agendas posted two weeks in advance\*
  - Arrange services for accessibility
  - Quorum must be present and in person for voting or approving minutes
  - Space for public comment

# 2022 Legislative Report

## **Our Mission**

**What We Do**

**Who We Serve**

**Services Provided**

**Operations**

**Role of the LDH OPH Bureau of Family Health**

## **Methodology**

**2017- 2019 Findings**

**2021 Performance Assessment and Improvements**

# Data Collection Update

## Case Definition:

- Diagnosed by 3<sup>rd</sup> birthday
- NBDPN Standards % of all core & recommended completed within 2 years of delivery
  - Level 1: 75%
  - Level 2: 95%
  - Level 3: 99%

# Data Collection Update

**2019: 95%** - continue to identify & collect thru 2022

**2020: 96.5%** - continue to identify & collect thru 2023

**2021: 44.4%** Goal 12/22/22 – 948 remain/42 days = 22 cases per day/ 5.5 DCS = 4 cases per day

**2022: 622 potential cases identified January- May 2022**

# Family Resource Center Referral Pilot



## The Family Resource Center

Is Here For Your Family!



*Health*



*Care Coordination*



*Early Childhood  
Education*



*Insurance*

Monday-Friday, between 8am-4pm  
(504) 896-1340  
[BFH-FamilyResourceCenter@la.gov](mailto:BFH-FamilyResourceCenter@la.gov)  
[ldh.la.gov/page/1136](http://ldh.la.gov/page/1136)





# Partner Updates

Members	Stakeholders	Partners	Staff
Dr. Floyd Buras	Dr. Duane Superneau	Kate Friedman	Dionka Pierce
Dr. Dimitry Niyazov	Dr. Gina Lagarde	Kathleen Aubin	Julie Johnston
Dr. Meredith Allain		Alexis Williams	Dr. Tri Tran
Dr. Marshall St. Amant		Cheryl Harris	Michelle Whitmore, RN
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			Jasmine Luter

# Prevention Case Review Process

The purpose of the case review is to move our data to action by identifying preventable birth defects to make evidence-based recommendations for systems level changes to improve primary prevention and intervention efforts in Louisiana's maternal health system.



# Prevention Case Review Process Frameworks

## Evidence

## Data

## Review

We are here →

- **Literature Review**
  - Risk factors for orofacial clefts
  - Best practices for prevention
- **State of State for 2018 births**
  - Vital Records
  - LABoRS
  - PRAMS
  - EPHT
  - LBDMN 2017-2019 cleft data
- **Data Visualization**
  - Hear from SMEs
  - Mapping
- **Case Review Approach**
  - Case Selection Criteria – those with select risk factors
  - Case Review using the following Tools
    - Case Summary Form
    - Considerations for Birth Defects Prevention Case Review



# Case Review Discussion

**Could this birth defect have been prevented:**  No, probably not  Yes, probably  Unknown

**What contributing risk factors were modifiable? Check all that apply**

Diabetes	Hypertension	Obesity	Mental Health Condition
Inadequate Nutrition	Maternal Fever	Maternal Infection	Lack of Prenatal Vitamins
Smoking	Substance Misuse (Alcohol, Illicit)	OTC Use (contraindicated)	
Prescription Medications (contraindicated)			

**Were there any obvious system gaps or barriers to care for mom prenatally? Check all that apply**

Barriers to Care	Social Concerns	Isolation/Inadequate support
Insurance	Employment	Maternity-Paternity Leave/PTO
Transportation	Cultural Competence	Communication
Specialists	Unstable Housing	Legal/DCFS Involvement
Food Insecurity		

**Recommendations to prevent birth defects from similar causes or circumstances in the future (consider policy, systems and organizational levels):**

**Suggestions of partners and networks to facilitate strategy implementation:**

**Additional information about this case that would have been helpful to know?**



# Forecast of Case Review



2023 Meetings: January 20; April 21; July 21; October 20;  
2023: Apply model to core critical congenital heart defects  
2024: Apply model to core defects NTD & Trisomy 21  
2025: Apply model to core abdominal wall & limb reduction defects



# Public Comment

