



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT  
MORTALITY ELECTRONIC MEETING MINUTES**

**January 15, 2026  
1:00 p.m. - 3:00 p.m.**

**Location:**  
Woman's Hospital, 3rd Floor, Support Building,  
500 Rue de la Vie, Suite 305  
Baton Rouge, LA 70817

**Electronic Meeting Minutes**

- I. Call to Order**
  - a. The meeting was called to order at 1:08 P.M. by the Chair, Dr. Steve Spedale
- II. Roll Call – Chair/Presiding Officer**
  - a. Ten members were in attendance, in person and online, and a quorum was present.
  - b. Members in attendance included D. Scott Barrilleaux, Dr. Joseph Biggio, Dr. Karli Boggs, Representative Stephanie Berault, Dr. Courtney Campbell, Ms. Aundria Cannon, Dr. Steve Spedale, Dr. Marshall St. Amant, Ms. Amy Zapata, and Dr. Rodney Wise.
  - c. Members not in attendance included Senator Regina Barrow, Ms. Leslie Lewis, Ms. Erika Moss, and Ms. Emily Stevens.
  - d. Guests in attendance included Ms. Preeti Moorthy, Ms. Rebecca Majdoch, Dr. Tri Tran, Surgeon General Dr. Evelyn Griffin, and Ms. Berkley Durbin. Ms. Yoruba Baltrip-Coleman provided administrative support.
- III. Perinatal Commission Statute/Charge Review- Louisiana Legislative Resolution RS 40:2018. Subsection F**
  - a. The Chair reviewed the Perinatal Commission charge and operating guidelines found in Louisiana Legislative Resolution RS 40:2018, Subsection F, found attached to the back page of the agenda.
- IV. Public Comment**
  - a. The Chair asked for public comment. There was no public comment.
- V. Approval of Meeting Minutes**
  - a. Board members reviewed meeting minutes from September 18, 2025 and November 20, 2025. Dr. St. Amant motioned for meeting minutes from both dates to be approved. Dr. Biggio seconded the motion. The Perinatal Commission members approved meeting minutes from the September 18, 2025 and November 20, 2025 meetings unanimously.
- VI. Department/State Updates - Dr. Evelyn Griffin, Surgeon General**
  - a. Dr. Evelyn Griffin introduced herself as the newly appointed Surgeon General of Louisiana. She expressed commitment to working with, informing and aiding the

Perinatal Commission to the best of her ability. The Perinatal Commission Chair welcomed her attendance, participation and input at any and all Perinatal Commission meetings.

**VII. Moving Data to Action: How the Data to Action Cycle works in the Bureau of Family Health - Rebecca Majdoch, Data to Action Team Lead, LDH-OPH-BFH**

- a. Ms. Majdoch described the data that the Bureau of Family Health gathers, analyzes, and publishes, underscoring how the Bureau ensures that data is reliable, accurate and complete. She also detailed where to find published data and how to make a data request. She described how data could be used to drive health promotion and injury and mortality prevention efforts in Louisiana. The Data to Action Team collects, links, analyzes and interprets data related to women, children, and families. The team provides epidemiologic leadership and program managements supports to: Monitor health and well-being among Louisiana's women, children, and families; guide program planning and evaluation; inform health and other public policy initiatives; evaluate the effectiveness, accessibility, and quality of health services; support public health research; and translate objective data to inform actions. The team functions in three areas. Data collection involves case ascertainment, case abstraction, case review, and outreach and engagement. Data analysis includes data access, linkage, analysis, interpretation, evaluation and quality improvement, and data dissemination, reporting, and requests. Programs and Policy include violence and injury prevention, trauma and resilience strategies, and policy identification and support. Relevant data-driven initiatives include: Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS); Louisiana Birth Defects Monitoring Network (LBDMN); Infant and Child Death Review (CDR); Pregnancy Associated Mortality Review (PAMR); Louisiana Violent Death Reporting System (LA-VDRS); Louisiana Domestic Abuse Fatality Review (DAFR); Violence and Injury Prevention; Trauma and Resilience Strategy; Louisiana Sickle Cell Disease Registry and; Data: Quality/Linkage, Analysis, Communication, Requests.
- b. Types of surveillance include mortality, which encompasses child deaths, maternal deaths and violent deaths, and health outcomes surveillance, which encompasses pregnancy risks, birth defects, birth outcomes (including teen births), suicide attempts (syndromic surveillance) and sickle cell disease. The case review process works to identify, select, abstract, review and review to action. The process is evaluated for reliability, accuracy and completeness. The Data To Action Cycle was highlighted to include the current state or baseline, highlight changes if stuck or needing change, exploration of details and content, make recommendations for what could have been done and best practices, and then taking action based on who is best positioned to implement action and whether actions are reaching the right people. Ms. Majdoch provided a list of examples of published reports and data products and discussed the Maternal and Child Health Data Indicators Dashboard where data is available at the state, regional, and parish levels. The dashboard covers 2019-2023 data and topics in the dashboard are: teen births, cesarean delivery, birth spacing, prenatal care, low birth weight and preterm births, and fetal and infant mortality. She stated that the 2022-2024 date will be coming soon.
- c. Data requests should be made online at the link found on <https://partnersforfamilyhealth.org/data-center/> and should be submitted for unique requests, data needed for a new grant and research projects. Data is not needed for data available in published reports or dashboards or for providing data for non-competing continuing applications or competitive applications for an existing grant.
  - i. Copies of the data presentation and slides was made available to attendees and upon request.

**VIII. Perinatal Periods of Risk Assessment – Preeti Moorthy, Mortality Surveillance Epidemiologist, LDH-OPH-BFH**

- a. Ms. Moorthy provided a detailed presentation on perinatal periods of risk (PPOR) methods. Perinatal periods of risk (PPOR) methods identifies key factors driving high fetal and infant mortality using local vital records data, and uncovers disparities in fetal and infant mortality across Louisiana by race (non-Hispanic white, non-Hispanic Black, all racial groups). This data is used for collaboration among local health departments, community members, and academic partners to improve prevention and reduce mortality rates. Stakeholder engagement helps shape targeted interventions by identifying and prioritizing periods of risk where excess deaths are highest. Data is from the Bureau of Vital Records and Statistics, Louisiana Department of Health. This office maintains official records for registered live births, fetal deaths, and deaths within the state, and is utilized for public health analysis and research. Live Birth dataset and Fetal Death Dataset (2020–2024), Death Dataset (2020–2024), Linked Birth and Death Dataset using 2019–2024 birth and 2020-2024 death.
- b. Data presented was based on two phases of risk definition. Perinatal Periods of Risk Phase One involved Defining Periods of Risk. Phase one estimates a community’s overall feto-infant mortality and divides it into four periods of risk using a map based on age at death and birthweight. The study population is defined and deaths are restricted by birthweight and gestational age to calculate feto-infant mortality numbers and rates for the map. Age at death is grouped into fetal deaths ( $\geq 24$  weeks gestation), neonatal deaths (birth to  $< 28$  days), and post neonatal deaths (28–364 days). Birthweight is divided into two groups: 500–1499 grams and  $\geq 1500$  grams. Because causes of death are similar across the three age-at-death periods within the 500–1499 gram group, these are combined into a single period of risk in the Perinatal Periods of Risk map. Perinatal Periods of Risk Phase Two included defining mechanisms for the excess feto-infant mortality seen in phase one. Step 1: Identify pathways or mechanisms for the excess feto-infant mortality seen in phase one. We found Maternal Health/Prematurity and Infant Health risk period provided the largest number of excess deaths. Step 2: Estimate prevalence of risk and preventive factors by the type of mechanism. Step 3: Assess the impact of these risk factors and preventive factors.
- c. Maternal Health/Prematurity Investigation - Population is births and fetal deaths at less than 1500 grams. Step One: The Perinatal Periods of Risk phase two analysis was applied to estimate the percentage of excess mortality due to birth-weight distribution and the percentage of excess mortality due to high birth-weight-specific mortality rates. The results were applied to the study population and reference group for each birth-weight class, and calculated the birth-weight distribution percent, and feto-infant mortality rate. Step Two: Examine differences in the prevalence of risk factors between the study population and the reference group. Step Three: Assess the impact of these risk factors on very low birth weight births, to determine if excess deaths are due to birth-weight distribution or to higher mortality rates once born at that birthweight. Infant Health Period Investigation - Population at risk is infants born alive at  $> 1500g$ , not dead at 28 days. Step One: What is the primary underlying cause of death causing the excess infant health deaths? Step Two: What factors are contributing to the excess mortality rate by a specific cause of death? Step Three: What is the impact of these risk factors and interventions on infant health deaths?
- d. Ms. Moorthy provided PPOR data results based on the above outlined criteria for all nine regions of Louisiana. Potential activities to improve outcomes aimed to: strengthen access to high-quality care through community-led Regional Community Action and Advisory Teams to improve maternal and infant health; improve early and continuous prenatal care, including risk screening, referral pathways, and care coordination; expand evidence-based home visiting and social support services for pregnant and postpartum

women; enhance community-based outreach and health education focused on preterm birth, safe sleep, and chronic disease management, and; address social and structural determinants of health (housing, transportation, food, stress, racism) that impact birth outcomes.

- e. The future scope of PPOR - Comprehensive data quality assessment requires identifying and resolving data issues in advance, evaluating the extent of missing values to avoid bias, and considering differences in quality across localities and periods.
  - i. Sample Size Enhancement: Increasing the sample size will make the findings more robust and reduce random error.
  - ii. Expanding Risk Factor Exploration: Investigating additional risk factors across all risk categories adds depth and granularity to the analysis. Additionally the limitation of data sources for risk factors that were included only in birth records in this analysis.
  - iii. Copies of the data presentation and slides was made available to attendees and upon request.

**IX. Public Comment**

- a. The Chair called for public comments. Dr. Biggio expressed concern over a topic unrelated to the agenda items. His comment was a question about Misoprostol and the law that came into effect concerning regulated usage not being properly communicated to providers from the insurance companies and Medicaid. The issue was escalated to Dr. Willis, and Surgeon General Griffin offered to speak with Dr. Willis about the issue.

**X. Other Business**

- a. Perinatal Commission Vacancies – Ms. Baltrip-Coleman reported that two vacancies remain on the Perinatal Commission: one Neonatologist and one Family Practice Physician vacancy. There were three applicants for the Neonatologist vacancy and four applicants for the Family Practitioner vacancy, which were submitted for review in July 2025. There has been no status change to date.

**XI. Announcements**

- a. The next Perinatal Commission Meeting will be held on March 19, 2026 in Baton Rouge in the Governor's Press Room.

**XII. Adjournment**

- a. Dr. Barrilleaux motioned to adjourn the meeting, seconded by Dr. St. Amant. The meeting adjourned at 2:46 P.M.

The Commission will undertake all of its responsibilities assigned by Louisiana Legislative Resolution RS 40:2018. Subsection F. outlines the functions of this Commission to: §2018. Commission on Perinatal Care and Prevention of Infant Mortality; maternal and infant mortality studies; confidentiality; prohibited disclosure and discovery

A. There shall be established within the Louisiana Department of Health, a commission which shall be designated the "Commission on Perinatal Care and Prevention of Infant Mortality", composed of sixteen members, as provided in Subsection B of this Section.

1. Research and review all state regulations, guidelines, policies, and procedures that impact perinatal care and, when appropriate, make recommendations to the secretary of the Department of Health and Hospitals.

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2. Research and review all state laws that impact perinatal care and, when appropriate, make recommendations to the legislature.
3. Accept grants and other forms of funding to conduct maternal and infant mortality studies
4. Contract, in accordance with the applicable provisions of state law, for the performance of maternal and infant mortality studies

Note: the order of the agenda may not be followed as listed in order to accommodate presenter schedules.

Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to [PerinatalCommission@la.gov](mailto:PerinatalCommission@la.gov) at least 48 hours prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to [PerinatalCommission@la.gov](mailto:PerinatalCommission@la.gov) and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

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