



State of Louisiana
Louisiana Department of Health
Office of Public Health

**LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT
MORTALITY MEETING MINUTES – Virtual Meeting**

July 17, 2025
1:00 p.m. - 3:00 p.m.

Location:
Louisiana State Capitol
900 N Third Street
Baton Rouge, LA
Governor's Press Room

I. Call to Order

The meeting was called to order at 1:00 PM by the Chair, Dr. Steve Spedale.

II. Roll Call

Ten members were in attendance both in-person and virtual, and a quorum was present.

- a. Members in attendance included Dr. Scott Barrilleaux, Dr. Joseph Biggio, Dr. Karli Boggs, Representative Stephanie Berault, Ms. Aundria Cannon, Ms. Erika Moss, Dr. Steve Spedale, Dr. Marshall St. Amant, Ms. Amy Zapata, and Dr. Rodney Wise.
- b. Members not in attendance included Senator Regina Barrow, Dr. Courtney Campbell, Ms. Leslie Lewis, and Ms. Emily Stevens.
- c. Guests in attendance included Ms. Carrie Templeton, Ms. Gabrielle Jones, Ms. Kenyatta Royal and Ms. Berkley Durbin. Ms. Yoruba Baltrip-Coleman attended and 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 called for public comments. There were no public comments.

V. Approval of Meeting Minutes

- a. The meeting minutes from March 20, 2025 and May 15, 2025 were reviewed. Dr. Barrilleaux motioned for the meeting minutes to be approved, seconded by Dr. Boggs. The meeting minutes were approved unanimously by members present.

VI. Louisiana State Health Improvement Plan (SHIP) Overview – Ms. Kenyatta Royal, Implementation Manager, OPH Bureau of Planning and Performance.

Louisiana ranks last (50th) in health status when compared with other states in the country. The State Health Assessment (SHA) and State Health Improvement Plan (SHIP) describe the state-wide efforts at improving health by focusing on two areas: data assessment and action plans. SHA, the data arm, describes the health of the population, identifies local and cultural values,

describes factors that impact health, describes health inequities, and identifies assets and resources to address health issues. SHIP, the action plan arm, creates a systematic action guide resulting from the SHA, is also a community-owned plan that identifies priority issues, describes collaboration for better health, and promotes “collective impact” strategies. The SHA/SHIP timeline was broken down into three phases: SHA development, which included launching the SHA dashboard in March 2021, an SHA Community Engagement Process between June 2021 and February 2022, and release of SHA Report & SHIP priority area selection; SHIP Phase I Development consisted of SHIP workgroup meetings to develop SHIP goals, objectives, indicators and data sources from June 2022 – March 2024, and building and publishing the SHIP dashboard during Spring/Summer 2024; and SHIP Phase II Implementation consists of identifying strategies, activities, and cross-sector partnerships, and meeting with workgroups quarterly to monitor progress from Summer 2024 and beyond.

The SHA Health Equity Framework is based on the Foundations of Community Health which targets people, opportunity, place and healthcare to identify how exposures and behaviors along with medical conditions lead to health inequity. The SHA dashboard, launched in March 2021, is updated annually and can be found at www.LouisianaSHA.com. The SHA dashboard provides regional data visualizations of health indicators. The SHIP dashboard holds LDH and implementation partners accountable to the public, tracks progress towards goals using performance metrics and key indicators, enables the performance of constant quality improvement checks, allows for updates in real time and ensures a starting point for the next improvement cycle. The State Health Improvement Plan Priorities focus on behavioral health, chronic disease, community safety and maternal & child health. The slides will be available to meeting attendees.

VII. Project M.O.M. – Ms. Carrie Templeton, Director, Project M.O.M.

Ms. Templeton provided background for the strategic plan for a healthier Louisiana’s Project M.O.M., the acronym for Maternal Overdose Mortality. According to the 2020 Louisiana Pregnancy-Associated Mortality Review Report, the biggest contributor to maternal mortality was pregnancy-associated deaths, particularly those due to accidental overdose. A 2023 survey conducted by LDH as part of the Louisiana Perinatal Quality Collaborative (LaPQC) Improving Care for the Substance Exposed Dyad (ICSED) Initiative, only 7% of respondents (who were mostly Obstetrician Gynecologists) currently prescribe medication for opioid use disorder (MOUD) and only 22% of those felt comfortable treating pregnant and postpartum individuals with substance-use disorder (SUD) or opioid-use disorder (OUD). Secretary Abraham provided an internal policy brief in April 2024, which outlined priority recommendations to address state-wide challenges. Those long-term solutions include, improving coordination of care services, address SUD/OUD by increasing access to buprenorphine and naloxone, improve access to care in maternal care deserts, and decrease rates of congenital syphilis.

The Project M.O.M. vision aims for an 80% reduction in opioid overdose deaths among pregnant and postpartum women in Louisiana within three years. The mission is to improve care and coordination for pregnant women with substance use disorder through policy, partnership, peer support, and practice transformation. The goals of Project M.O.M. are to: Advance cross-agency collaboration; improve access to and coordination of prenatal and postpartum care; reduce stigma and improve access to and treatment for substance use disorder; and increase patient engagement and retention in treatment programs. Project M.O.M. aligns with several LaPQC/Perinatal Commission initiatives and workgroups and seeks to collaborate with both bodies to further work on the statewide challenges related to maternal morbidity and mortality. The presentation slides will be provided to attendees following the meeting.

VIII. LaPQC Update – Gabrielle Jones, LaPQC Maternal Initiatives Manager

The Louisiana Perinatal Quality Collaborative (LaPQC) hosted the inaugural Community Birth Symposium on June 5-6 2025 Baton Rouge at L’Auberge Hotel. The two-day in-person event focused on connecting and collaborating with community birth providers from around the state of Louisiana. Birth providers included certified nurse midwives, licensed midwives, doulas, community-based organizations and public health professionals. The symposium created a space for multidisciplinary collaboration, didactic learning, and drill training for community birth providers. The drill training focused on postpartum hemorrhage and perinatal transfers. Outreach for the event amassed a contact list of over 235 community birth providers from Universities/nonprofit organizations, free-standing birth centers, grassroots organizations/businesses, and the Doula Registry board. Follow up from the symposium consisted of a post-symposium survey, reflecting attendees from regions 1, 2, 3, 4, 7, and 9. Regions 5, 6, and 8 were either not in attendance or did not complete a post symposium survey, but LaPQC plans to engage in outreach to the underrepresented regions.

IX. Public Comment

The Chair asked for public comments. There were no public comments.

X. 2025 Legislative Session Update – Ms. Yoruba Baltrip-Coleman, BFH Perinatal Special Projects Manager.

Ms. Baltrip-Coleman provided an overview of the bills relevant to the Bureau of Family Health covered during the 2025 Legislative Session that were adopted into law. The bills and presentation were compiled by the Legislative and Policy team and included Act 437 (SB174), Act 77 (HB 314), Act 287 (HB 514), Act 190 (HB 382), Act 419 (SB 100), HR 311, HR 297, SCR 9, and SR 177. A copy of the slides and adopted bills, including links for further information will be made available to the attendees.

XI. Announcements

- a. Perinatal Commission Vacancies – Ms. Baltrip-Coleman reported that two vacancies remain on the Perinatal Commission: one Neonatologist and one Family Practice Physician vacancy. Ms. Baltrip-Coleman submitted a list of seven names, three for the Neonatologist position and four for the Family Practice position, to the Boards Councils and Commissions Strategy and Operations Lead, Jasmine Thomas, for review. Ms. Thomas will forward the list to be escalated to the Governor for nomination. There were three applicants for the Neonatologist vacancy and four applicants for the Family Practitioner vacancy.
- b. The Next Perinatal Commission Meeting will be held on September 18, 2025.

XII. Adjournment

- a. Dr. Barrilleaux motioned to conclude the meeting, seconded by Dr. Wise. The meeting adjourned at 2:44 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

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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.
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 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 and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.