



State of Louisiana
Louisiana Department of Health
Office of Public Health

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

November 20, 2025
1:00 p.m. - 3:00 p.m.

Location:
Woman's Hospital
500 Rue de la Vie, Suite 305
Baton Rouge, LA. 70817

I. Call to Order

- a. The meeting was called to order at 1:24 PM by the Chair, Dr. Steve Spedale

II. Roll Call – Chair/Presiding Officer

- a. Seven members were present and a quorum was not present.
- b. Members in attendance included Dr. Steve Spedale, Dr. Courtney Campbell, Ms. Aundria Cannon, Ms. Leslie Lewis, Ms. Erika Moss, Dr. Marshal St. Amant, and Dr. Rodney Wise.
- c. Members not in attendance included Senator Regina Barrow, Representative Stephanie Berault, Dr. Scott Barrilleaux, Dr. Joseph Biggio, Dr. Karli Boggs, Ms. Emily Stevens, and Ms. Amy Zapata
- d. Guests in attendance included Ms. Berkley Durbin, Mr. Matthew Wallace, Dr. Nicholas Mosca (virtual), and Ms. Cheri Johnson. 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. There was no quorum so the meeting minutes from September 18, 2025 were not approved.

VI. Dental Quality Committee Report on Maternal Dental Health - Dr. Nicholas Mosca, LSU Health School of Dentistry

- a. Dr. Mosca described the importance of dental care throughout the life cycle with added emphasis on maternal dental care and its importance on outcomes within the entire family system. Challenges related to dental care from the provider's perspective include dental care typically being provided by a single family practitioner in a stand-alone office,

dentists operating within and owning their own offices and setting their own fee schedules, there is no central facility like a hospital where most dentist interact daily, pre-doctoral education is siloed, with separate accreditation systems, separate payment systems exists between dental CDT and medical ICD & CPT, electronic health records systems for medical and dental care are often separate, hindering care coordination, there are no or limited clinical quality improvement requirements, no or limited value-based care/payment, Medicare excludes dental benefits, and adult benefits are optional in Medicaid. The biggest challenge from a patient perspective in receiving or seeking dental care is cost. Dental services top the list of health services individuals are most likely to delay due to cost. According to the Journal of American Medical Association (JAMA), health conditions with the highest out of pocket payments were oral disorders and well-dental. [JAMA article.](#)

b.

Two key dental diseases related to oral health are tooth decay or dental caries and gum disease or periodontal disease. Dental caries is a common chronic infectious resulting from tooth-adherent cariogenic bacteria, primarily *Streptococcus mutans*, which metabolize sugars to produce acid, demineralizing the tooth structure (enamel) over time. Periodontitis, or periodontal disease is caused by infection and inflammation of the gingiva, periodontal ligament and alveolar bone and is exacerbated by tobacco use (smoking) and diabetes. Possible associations with adverse pregnancy outcomes include preterm birth, low birth weight, and preeclampsia, albeit with different strength. Relative risk for preterm birth was 1.6 (95% confidence interval: 1.3-2.0). Relative risk for preterm low birth weight was 1.7 ((95% confidence interval: 1.3-2.1). The odds ratio for preeclampsia was 2.2 (95% confidence interval: 1.4-3.4). Based on these figures, it was estimated that periodontal diseases contributed 5%-38% of the global risk for preterm birth, 6%-41% for low birth weight, and 10%-55% for preeclampsia.

The biological mechanisms that can lead to adverse pregnancy outcomes involve periodontal pathogens that can enter the blood circulation and induce transient bacteremia. Metastatic infection - Periodontal pathogens reach and invade the fetal-placental tissues, where they establish an ectopic site of infection. Pathogens and/or their by-products in the intrauterine compartment triggers a local inflammatory response that will result in tissue damage (metastatic injury), leading to pregnancy complications. Metastatic inflammation - inflammatory cytokines and mediators produced at the gingival level in response to periodontal pathogens and/or acute-phase reactants from the maternal liver induced by the systemic inflammatory response to periodontal infection accumulate at the intrauterine compartment. Oral health care is an important part of prenatal care. Several suggestions for policy development were proposed. Educate pregnant Medicaid beneficiaries about the dental services for which they are eligible. Obstetricians and certified nurse midwives play a valuable role in providing oral health education during prenatal and postpartum care. Consider adding a dental hygienist as part of the OB/GYN care team. Encourage dentists to provide restorative procedures and periodontal scaling and root planning procedures throughout all stages of pregnancy. Cover preventive, diagnostic, restorative, and emergency dental services for Medicaid beneficiaries from pregnancy through 12 months postpartum in LA. 10-year Transforming Maternal Health (TMaH) Model (New Louisiana Grant) can be explored for funding and outreach in this respect.

VII. Strategic Plan Discussion

- a. Lead by the Chair, Commission members discussed several issues to focus on in calendar year 2026. Those issues included dental care education for children and women

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and pregnant/postpartum Medicaid providers, teen pregnancy rates and contraception, mental health, Project M.O.M., syphilis testing and treatment, and vaccinations.

- b. During the discussion, Ms. Rebecca Majdoch proposed providing data related to perinatal periods of risk. The chair invited Ms. Majdoch to present at the January 15, 2026 meeting to share data related to the perinatal periods of risk.
- c. Commission members also discussed learning more about Medicaid Managed Care contracts, amendments and potential Medicaid shortfalls on the horizon.

VIII. Public Comment

- a. The Chair asked for public comment. There was no public comment.

IX. Other Business

- a. The Perinatal Commission will continue to meet during its regularly scheduled time, bi-monthly on the third Thursday from 1 PM to 3 PM in the Governor's Press Room in Baton Rouge. The meeting dates for calendar year 2026 are January 15, March 19, May 14, July 16, September 17 and November 19.
- b. 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.

X. Announcements

- a. The next Perinatal Commission Meeting will be held on January 15, 2026 in Baton Rouge at the Governor's Press Room.

XI. Adjournment

- a. The meeting adjourned at 2:56 PM.

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.
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.

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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.