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State of Louisiana

Louisiana Department of Health
Office of Public Health

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

March 19, 2026
1:00 p.m. - 3:00 p.m.

Location:
Louisiana State Capitol, Governor's Press Room
900 N Third Street
Baton Rouge, LA. 70804

I. Call to Order

a. The meeting was called to order at 1:07 P.M. by the Chair, Dr. Steve Spedale.

II. Roll Call – Chair/Presiding Officer

a. Nine members attended, and a quorum was present.
b. Members in attendance included Dr. Scott Barrilleaux, Dr. Joseph Biggio, Dr. Karli Boggs, Representative Stephanie Berault, Ms. Aundria Cannon, Ms. Leslie Lewis, Ms. Erika Moss, Dr. Steve Spedale, and Ms. Amy Zapata.
c. Members not in attendance included Senator Regina Barrow, Dr. Courtney Campbell, Dr. Marshall St. Amant, Ms. Emily Stevens and Dr. Rodney Wise.
d. Guests in attendance included Carrie Templeton, Rebecca Majdoch, Dr. Veronica Gillispie-Bell, Mr. Matthew Wallace, Dr. Evelyn Griffin, Ms. Elizabeth Lindsay, Ms. Kimberly Wallace and Ms. Sarah Richard. 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. Perinatal Commission members reviewed the meeting minutes from January 15, 2026. Dr. Barrilleaux motioned that the meeting minutes from January 15, 2026 be approved. Dr. Spedale seconded the motion. The Perinatal Commission members approved the meeting minutes from January 15, 2026 unanimously, as is, with no nays.

VI. Department/State Updates - Dr. Evelyn Griffin, Surgeon General of Louisiana

a. Dr. Griffin introduced Dr. Kathy Willis, the Associate Medical Director for Louisiana Medicaid with the Louisiana Department of Health (LDH), and Dr. Jordan Losavio, the

Assistant Secretary for the Office on Women's Health and Community Health, both of whom accompanied Surgeon General Griffin on the call. Surgeon General Griffin encouraged collaboration and interaction between the Perinatal Commission members and guests with the above offices and individuals.

VII. Louisiana Maternal Health Innovation Grant and Maternal Health Task Force – Ms. S. Ariel Richard & Ms. Kimberly Wallace

a. Ms. Richard reviewed the State Maternal Health Innovation Grant. The State Maternal Health Grant is a federally funded initiative through the Health Resources and Services Administration (HRSA) that supports states in improving maternal health outcomes. The program strengthens state capacity to address maternal mortality and severe maternal morbidity through data-driven strategies, cross-sector collaboration, and system level innovation. The grant stipulates development of a maternal health strategic plan aligned with the Maternal Mortality Review Committee and Title V priorities, emphasizes data-driven innovation, rural access, and health equity and strengthens statewide coordination through the Maternal Health Task Force.

b. Louisiana is implementing the Maternal Health Innovation Grant by strengthening maternal care systems statewide, aligning and coordinating existing maternal health initiatives, improving rural access and system-level care coordination, enhancing maternal health data collection and utilization, and finally by supporting workforce development through reimbursement pathways and targeted clinical training. The State Maternal Health Innovation Program incorporated concepts from the Socio-Ecological Model: Theory of Change to address maternal health at multiple levels, including structures and systems, community, institutions, interpersonal and the individual.

c. Key program objectives of the State Maternal Health Innovation Grant are to establish and activate a Maternal Health Task Force, develop a maternal health strategic plan, improve maternal health data collection and timeliness and implement statewide maternal care surveys to improve quality. Highlights of year one include the execution of key contracts, establishment of the Maternal Health Task Force, launch of the Louisiana Doula Registry, development and launch of maternal care survey instruments. Three workforce initiatives have been implemented and include perinatal mental health training, sexually transmitted infection and HIV screening initiatives and substance use screening support. A Maternal Health Strategic Plan will be developed under the guidance of the Maternal Health Task Force, which will guide state maternal health priorities and innovations. This plan will draw from statewide data, target gaps in maternal care systems and support evidence-based, innovative strategies. The kick-off meeting for the Maternal Health Task Force was held on August 15, 2025.The anticipated completion date for the plan is September 2026.

d. The goal of the Maternal Health Innovation Program is to drive collective impact to reduce maternal mortality and severe maternal morbidity in Louisiana. Key innovations are centered on workforce and access to care. The Maternal Health Task Force will focus on doula access, perinatal mental health training, sexually transmitted infection screening, and substance use screening and how impactful the efforts can be on rural maternal health. Next steps and the two-year focus on making the Maternal Health Task Force workgroups operational include: addressing Systems of Care and Rural Access, maternal health strategic plan development and submission (September 2026), continue workforce training and clinical innovations, conduct a Maternal Mortality Summit and statewide listening tour, and pilot new strategies informed by data for rural and system-level improvements. Maternal Health Task Force future partnerships and supportive collaborations look to continue to engage with the Perinatal Quality Collaborative

Program, the Mental Health Consultation Program, the Sexually Transmitted Infections/HIV/Hepatitis Program, the Health Standards Section and the Doula Registry.

VIII. LaPQC 2025 Review of Data and 2026 Initiatives – Dr. Veronica Gillispie-Bell, Bureau of Family Health (BFH) Medical Director for Louisiana Perinatal Quality Collaborative (LaPQC) and Pregnancy-Associated Mortality Review (PAMR) and Ochsner Health obstetrician-gynecologist

a. **Review of 2025 LaPQC Initiatives**

i. **The Gift**—the primary home for neonatal and dyad-centered care best practice implementation, including breastfeeding and parent-infant bonding. The Gift incorporates three focused areas: The Gift 3.0 addresses ten steps related to breastfeeding success, optimizes newborn care and infant feeding, and finally optimizes newborn care in the substance-exposed newborn.

1. Dr. Gillispie-Bell reviewed the process measurement strategies and outcome measures for the Gift 3.0 focus areas through December 31, 2026.

ii. **Safe Births Initiative (SBI) 4.0**—the primary home for the Alliance for Innovation on Maternal Health (AIM) bundle implementation and perinatal outcomes work.

1. **Postpartum Transition** – LaPQC will universally screen for social drivers of health and referral to resources, educate on maternal urgent warning signs, and schedule postpartum visits for outpatient obstetrical care, ongoing specialist care, and community supports and services.
2. **Improving Care for Substance-Exposed Dyad 2.0** – LaPQC will universally screen for substance use disorder, refer to treatment, provide training for staff and clinicians (anti-stigma, pathology, respectful care), and expand overdose prevention and naloxone distribution efforts. Improving care for the substance-exposed dyad plus, builds on existing perinatal substance use care models by piloting an intensive, integrated approach at leading hospitals. Key elements include: family-centered addiction care, connections to community-based peer support services and treatment partnerships, integrated care navigation to ensure long-term maternal and infant health success, and comprehensive training in addiction care.
3. Dr. Gillispie provided measurement strategies and outcome measures for the above focus areas that included setting and monitoring goals for postpartum visit scheduling, screening for social determinants of health, and patient education on urgent maternal warning signs for the postpartum transition piece. Universal verbal screening for substance use disorder and providing naloxone prior to delivery discharge were used to monitor and set goals for the substance-exposed dyad. Sustainability measures for Safe Births Initiative 4.0 measure hemorrhage, severe hypertension and Nulliparous, Term, Singleton, Vertex cesarean section delivery rates.

iii. **Community Birth Initiative**—supports freestanding birth centers and community birth providers to improve readiness, recognition, and response to maternal and neonatal emergencies in community birth settings.

1. Addresses readiness improvement and collaborative care related to postpartum hemorrhage and neonatal emergencies in freestanding birth centers. Approaches to improving readiness in hospitals for community

birth involve improving understanding of scope of practice and licensure for midwives in Louisiana, improving understanding of the scope of practice for freestanding birth centers, and reviewing outcome data of community birth. Improving collaborative care through multi-disciplinary drill training and education involves conducting multi-disciplinary drill training between midwives, physicians, nurses, emergency department providers, and emergency medical services.

2. Measurement Strategies – Hemorrhage risk assessments and quantification of blood loss are examined and will be followed for improvement.
3. **Perinatal Transfer Workgroup** – Support the development of maternal and neonatal transfer protocols to ensure safe transitions of care from community birth to hospitals. Goals of the Perinatal Transfer Workgroup are to improve the whole person safety and efficiency of the transfer process through the establishment of (state) system-wide maternal and neonatal protocols; collect and analyze qualitative and quantitative transfer data for the purpose of quality improvement; inform efforts and make recommendations to build greater collaboration between community-based midwives, emergency medical services, and hospital care teams; and enhance the patient experience of care when transfers occur.

iv. **Caregiver Perinatal Depression Screening (CPDS)**—supports pediatric practices to screen and establish referral pathways for caregivers impacted by postpartum depression. The objective is by April 2026, participating clinics will implement best practice guidelines for screening by screening 90% of caregivers at the one month, two month, four month, and six month well-child visit. Participating clinics will also implement processes for screening, referral to treatment, and warm handoffs, and connect 80% of caregivers who had a moderate to severe range on a validated depression screening tool to mental health providers. CPDS was co-implemented with Bureau of Family Health Pediatric Programs (Development Screening, Care Coordination and Medical Home) and the Provider-to-Provider consultation Line (PPCL).

v. **Obstetric Readiness in Emergency Departments (ORED)**—Supports emergency departments (ERs) to improve readiness for obstetric emergencies. Focus areas include screening for pregnancy, postpartum, and lactation status, and implementing best practices for screening, diagnosing and treating severe hypertension. Readiness statistics were provided from 108 responding ERs that reported on screening process policies for pregnancy status, lactation status, staff education, patient education on maternal urgent warning signs and processes to address obstetric hypertension.

b. **LaPQC 2025 Accomplishments**—Distributed 7,000 naloxone kits, held the first statewide Community Birth Symposium, conducted over 200 coaching calls, one-on-one meetings, in-person visits, office hours, or other technical assistance, 39 hospitals maintained Gift designation, held a successful Safe Births Initiative/Gift learning session and 35 hospitals maintained Birth Ready designation.

c. **LaPQC Initiative Priorities for 2026**—Five initiatives were prioritized with 2026 objectives: The Gift, Safe Births Initiative, Community Birth Initiative, Caregiver Perinatal Depression Screening (CPDS) and Obstetric Readiness in Emergency Departments (ORED).

i. **The Gift 3.0—**aims to decrease the disparity gap in outcomes for breastfeeding initiation and exclusivity. Support the implementation of *Eat, Sleep, Console* through the paradigm of kindness. Plan-do-study-act neonatal intensive care unit (NICU) sprints, or brief sessions every other month to cover education on specific topics that can support infant feeding, with a focus on the NICU. Each 30-minute session includes 20-minutes of didactic education and 10-minutes for questions and answers. Videos will be recorded, sent to participants, and used for training. Covered topics will include family-centered care, donor milk, infant readiness, fortifying breastmilk, expression and storage. A mini collaborative will be conducted in Region 7 and Region 8 to address exclusive breastfeeding rates and strengthen community-hospital partnership.

ii. **Safe Births Initiative 4.0—**supports processes for scheduling postpartum visits before discharge from hospital. Goals of this initiative include creating resource mapping for those who screen positive for social drivers of health needs; ensuring positive screening for substance use is connected to brief intervention and referral to treatment, including prescribing medications for opioid use disorder; supporting the operationalization of Naloxone distribution; and working with birthing facilities to address the drivers of their increased C-section delivery rate.

iii. **Community Birth Initiative**—will implement full transfer drills.

iv. **Caregiver Perinatal Depression Screening**—will include plans for recruiting more pediatric practices.

v. **Obstetric Readiness in Emergency Departments**—will involve implementing multidisciplinary drills in the emergency department.

d. **LaPQC Designation Systems**

i. **Louisiana Birth Ready Designation** - Two levels awarded: Birth Ready and Birth Ready Plus. Designations are renewed every two years. Requirements fall into five areas: participation, patient-centered care, policies and procedures, structures and education, and process and outcome measures.

ii. **Louisiana Gift Designation** - Two levels awarded: Gift and Gift Plus. Designations are renewed every two years. Requirements fall into five areas: participation, patient-centered care, policies and procedures, structures and education, and process and outcome measures.

IX. **Public Comment**

a. The Chair called for public comments. There were no public comments.

X. Congenital Syphilis (CS) in Louisiana 2025 Update – Ms. Elizabeth Lindsay, MPH, Perinatal Surveillance Supervisor, Louisiana STI/HIV/Hepatitis Program.

a. Background and State and National Data—

i. Ms. Lindsay began by reporting on the state of sexually transmitted infections (STIs) in the United States in 2024 using provisional data from CDC STI Statistics. Chlamydia cases decreased by 4% since 2020 with 1.5 million cases. Gonorrhea decreased by 20% since 2020 with 543,409 cases. Syphilis increased by 42% since 2020 with 190,242 cases reported. Syphilis among newborns saw an 82% increase since 2020 with 3,941 cases reported. All reported data figures can be found here: Surveillance-Report-2024-Provisionaldata_CS.

ii. Of the 41,496 cases of primary and secondary syphilis reported in the United States in 2024, 41,434 (99.9%) reported sex at time of infection. Men who have sex with men reported the highest cases of infection. Women had the second highest cases of infection, men who have sex with women only had the third

highest, and men with unknown sex partners were fourth in number of reported cases.

iii. Syphilis cases reported by women by stage and year in the U.S. between 2015-2024 have increased, with a one percent increase between 2023 to 2024. Of the 65,460 cases of syphilis reported among women in all stages, 60.4% were of unknown duration or late syphilis. 21.5% were early non-primary, non-secondary, and 18.1% were primary and secondary syphilis.

iv. Nationally, cases of CS reported by women aged 15-44 have increased between 2015-2024 for primary and secondary syphilis. In 2024, 3,941 cases of congenital syphilis were reported in the United States. Cases increased by 81.8% between 2020-2024, rising from 2,168 to 3,941. The number of cases increased exponentially, or 696.2% from 2015 to 2024, rising from 495 cases to 3,941 in the ten-year time frame.

v. In 2024, there were 119 CS cases in Louisiana, resulting in five infant deaths/syphilitic stillbirths. Of the total reported CS cases, 55% were Black/African American, 32% were White, 9% were Hispanic/Latina and 3% were multiracial. 31% were between 25-29 years of age at delivery. 35% had a positive toxicology screen at least once during pregnancy. 57% of mothers linked to a CS case were diagnosed with unknown or late latent syphilis during pregnancy. Region 1 (New Orleans) and Region 2 (Baton Rouge) comprised 40% of CS cases.

b. Syphilis testing should occur for all pregnant women at the first prenatal visit, during the third trimester between 28-32 weeks and at delivery. Timely entry into prenatal care (PNC) remains at 78% from 2019 to 2024, and timely entry into PNC with timely initial syphilis testing reporting a positive increase, going from 81% to 90% between 2019-2024. Timely entry into PNC with recommended testing decreased, falling 64% to 57% between 2019 and 2024. Timely entry into PNC with timely initial syphilis test is defined as PNC initiated at least two months prior to delivery and an initial syphilis test completed at least 45 days before delivery. Recommended testing is defined as PNC being initiated at least two months prior to delivery, and the initial syphilis test at least 45 days before delivery, and repeat syphilis test at least 45 days before delivery.

c. CS data in Louisiana between Jan 2025-Sep 2025 reported 66 CS cases and five infant deaths/syphilitic stillbirths. 60% were Black/African American, 23% White, 9% Hispanic/Latina, and 8% Multiracial. 34% were between 30-34 years of age at delivery. 42% had a positive toxicology screen at least once during pregnancy and 58% of mothers linked to a CS case were diagnosed with unknown or late latent syphilis during pregnancy. Region 1 (New Orleans) and Region 4 (Lafayette) comprised 33% of congenital syphilis cases.

d. **Congenital Syphilis Prevention Strategies**

i. **Evaluation during pregnancy** - In Louisiana, Act No. 437 of the 2025 Legislative Session, states that every provider providing routine prenatal care are to offer "opt-out" STI (including syphilis) and HIV testing for all women at the first prenatal visit, the 1st prenatal visit in the 3rd trimester and at delivery. The goal is that no infant should leave the hospital without documentation of the mother's serological status at least once during pregnancy.

ii. **Congenital Syphilis Case Reviews** - Started in 2016, the objective is to identify barriers and missed opportunities that contributed to the incidence of a congenital syphilis case. Based on findings from CS case reviews, recurring barriers for treatment included access to timely bicillin treatment, missed third

trimester testing, late term infection/reinfection, Inadequate treatment during pregnancy, lack of care coordination, and discriminatory cancellation policies.

iii. **Medicaid Performance Improvement Plan** - Started in 2024, the objective is to increase syphilis testing at key milestones among pregnant women covered by Medicaid. This plan is paired with provider and patient education. 2025 Performance reported syphilis testing during 1st Trimester at 57.55%. Syphilis Testing During 3rd Trimester for >=28 weeks was 56.94%, and Syphilis Testing During 1st and 3rd Trimester for >=28 weeks was 33.39%.

iv. **Perinatal Case Management Program flyers** and media fact sheets that integrate QR code technology.

1. **State Home Health Plan DirectRX (SHHP)** – The Benzathine Penicillin (Bicillin L-A) Delivery Program delivers doses of bicillin treatment free of charge to patients. The state also provides a SHHP provider consultation warm line where provider consultation/treatment and laboratory information is available. The phone number is 225.846.2158 and questions may be sent to STIquestions@LA.GOV.
2. **Syphilis Home Observed Treatment (SHOT)** – Program designed to decrease Louisiana's high congenital syphilis infections by offering treatment for syphilis at home for individuals, and their sexual partners, who have been diagnosed with syphilis.

v. **The Louisiana HealthHub, a** statewide STI/HIV/Hepatitis reports page, provides data for current reports along with archived reports from previous years. The page provides details on HIV/STI/hepatitis profiles and data tables from 2021 to present, HIV and syphilis quarterly reports and STI/HIV annual reports from 2007 to 2019. A link to the Hepatitis C elimination dashboard is on the reports page, as is the LA integrated HIV prevention and care plan and the 202 HBV HCV annual report. A link to the page is here: Louisiana HealthHub.

XI. Data to Action Team Ongoing Data Discussion – Ms. Rebecca Majdoch, Data to Action Team Lead

a. Ms. Majdoch followed up on the data to action cycle that began during the January 15, 2026 meeting. Questions were collected, and commission members and guests were invited to continue to submit questions in order to inform the Perinatal Commission's strategic plan and focus for 2026 and 2027 calendar years. Discussion centered on addressing maternity care deserts, and distance and mapping in relation to where specifically babies are born in those areas. Questions about barriers to care explored utilizing parish health hubs as resources, which then led to questions to determine availability and capacity of those health hubs. Ms. Majdoch underscored the importance of making data more available, accessible and understandable. She informed the commission of a dashboard draft that will identify where pregnant persons live and deliver, with several commission members volunteering to assist. Ms. Majdoch will attend the Perinatal Commission meetings to help refine the commission's data needs for the strategic plan and present data dashboards. She will present the Pregnancy Risk Assessment Monitoring System (PRAMS) survey at the May 14, 2026 Perinatal Commission meeting.

XII. Other Business

a. There were no legislative updates provided during this meeting, as time ran over.
b. The strategic plan questions were addressed during the Data To Action Team Ongoing data report discussion led by Ms. Majdoch.

c. There were no Perinatal Commission Vacancy updates, and the family practitioner and neonatologist vacancies remain.
d. The Perinatal Commission is collecting names of nominees for the Chair position, and will vote on May 14, 2026.

XIII. Announcements

a. The next Perinatal Commission Meeting will be on May 14, 2026 at Woman's Hospital in Baton Rouge.

XIV. Adjournment

a. Dr. Barrilleaux motioned to adjourn the meeting, seconded by Dr. Spedale. The meeting adjourned at 3:05 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.
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.