



State of Louisiana
Louisiana Department of Health
Office of Public Health

LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY

January 18, 2024
1:00 p.m. - 3:00 p.m.

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

Meeting link for members of the public
<https://zoom.us/j/6789754537?pwd=QVRIMUg4UzhPdDBaZHBHc2ZMRkY5dz09&omn=95046458509>

Phone #: 312 626 6799

Conference Code: 674551

Minutes

I. Roll Call

Meeting called to order by Dr. Scott Barrilleaux, Chair, at 1:08 p.m.

II. Introductions

Eleven members attended and a quorum was present. Members in attendance include Dr. Scott Barrilleaux, Dr. Steve Spedale, Dr. Rodney Wise, Dr. Joseph Biggio, Dr. Courtney Campbell, Ms. Aundria Cannon, Ms. Leslie Lewis, Ms. Amy Zapata, Dr. Vincent Shaw, Dr. Boggs, Erika. Guests in attendance include Ms. Victoria Young, Berkley Durbin, Carrie Templeton, and Dr. Veronica Gillispie-Bell (virtual). Yoruba Baltrip-Coleman and Ayesha Umrigar served as administrative staff for the meeting.

III. Public Comment

The Chair asked for any public comment. There was no public comment.

IV. Approval of Meeting Minutes

Dr. Spedale motioned to accept the March 16, May 18, July 20, September 23, and November 16, 2023 Meeting Minutes. Dr. Biggio seconded the motion. The commission members unanimously approved the aforementioned meeting minutes.

V. Louisiana Perinatal Quality Collaborative (LaPQC) Overview

Dr. Veronica Gillispie-Bell, Bureau of Family Health (BFH) Medical Director for the LaPQC and Pregnancy Associated Mortality Review (PAMR) and an Ochsner Health obstetrician-gynecologist, presented the 2023 LaPQC Initiatives report to the Commission.

Within the presentation, Dr. Gillispie-Bell gave an update on the Safe Births Initiative (SBI), the Sepsis Initiative, the Medication for Opioid Use Disorder (MOUD) project, and the Caregiver Perinatal Depression Screening (CPDS) in Pediatric Initiative. – Dr. Gillispie-Bell highlighted the following in her report:

a. 2023

1. Because of the Safe Births Initiative (SBI), there has been a decrease in severe morbidity/mortality for women/birthing persons living with hypertension and/or hemorrhaging conditions between Quarter 2 (April-June) 2020 and December 2023.
2. The La PQC launched the Sepsis Initiative in July 2023, with a goal of tracking the percentage of patients who had a follow-up for severe hypertension (i.e., a postpartum blood pressure check.) Dr. Gillispie-Bell noted an increase in the percentage of patients receiving timely follow-up, from 40% to 63% from July 2023 to December 2023.
3. Dr. Gillispie-Bell reported an increase in universal verbal screening, referral to treatment, and referral to Medication for Opioid Use Disorder (MOUD) from January 2022 to December 2023.
4. The Caregiver Perinatal Depression Screening (CPDS) in Pediatric Initiative launched in May 2022, including four (4) participating pediatric practices. As of December 2023, the four (4) participating pediatric practices connected 100% of individuals screened and identified with depression to care.

b. 2024

1. LaPQC staff will attend the Perinatal and Neonatal Quality Improvement Conference in Lafayette on April 25-26th.
2. The Safe Births Initiative will include the launch of the “Transition to Postpartum Care Initiative” and a pilot on Obstetric Readiness in Emergency Rooms. The Transition to Postpartum Care Initiative will monitor the transition to postpartum/newborn discharge, substance use disorder including screening and referral, perinatal mental health, and maternal hypertension/cardiac disease.
3. In monitoring freestanding birth centers (FSBCs) in Louisiana, LaPQC will focus on transitions of care.
4. LaPQC will expand The Gift Initiative into the neonatal intensive care unit (NICU). Chair asked for clarification on breastfeeding measures in order to track when breastfeeding ends. Both commission members and guests discussed data collection, barriers and resources, including a discussion on where information or where data can be located and the expansion/availability of breastfeeding support services to improve breastfeeding duration rates in Louisiana.
 - i. Dr. Gillispie-Bell provided that the Centers for Disease Control (CDC) publishes national survey on data about initiation and at 8 weeks. (*Data will be available in the PRAMS report from initiation to 8 weeks, which will be disseminated to members when complete.*)
 - ii. Louisiana Women, Infants, and Children (WIC) participants will have unlimited access to virtual infant feeding support through one streamlined app from Pacify Health. Participants can contact their local WIC clinic or call 1-800-251-2229 for more information on access to this app.
 - iii. Individuals enrolled in Medicaid who are breastfeeding or exclusively pumping can receive outpatient lactation support services through Medicaid Managed Care Organizations (MCOs) for breastfeeding care and for the diagnosis and treatment of

breastfeeding issues as a medically appropriate and cost-effective substitute for services currently covered under the Louisiana Medicaid State Plan.

5. LaPQC will continue its Caregiver Perinatal Depression Screening (CPDS) in Pediatric Initiative. Chair questioned what happens when a provider/practitioner refers a patient to a service but their plan only allows for in-patient care. Commission members discussed possible resources, such as the Provider-to-Provider Consultation Line (PPCL), Louisiana Bureau of Emergency Medical Services (BEMS), and the Louisiana Emergency Response Network (LERN).

VI. Defining and Operationalizing Participation in LaPQC

Dr. Gillispie-Bell presented the definition of “participation” for approval by the Perinatal Commission, per the Louisiana Administrative Code. Dr. Gillispie-Bell pointed out two issues with the current participation definition: The current definition only applies to birthing facilities, so the Commission needs to establish participation requirements for FSBC. In addition, there is no clear definition on how this is operationalized.

Dr. Gillispie-Bell proposed the definition for participation for FSBC as reporting data on transitions of care for community births that are transferred to hospitals. Membership discussions included tracking data and the challenges that accompany recording complications, as tracking is initiated upon chart review in a maternal mortality case, and the transport of patients to hospitals after leaving a FSBC. Members also discussed FSBC’s accrediting body requirements when reporting certain sentinel events. At the close of the presentation, Dr. Gillispie-Bell outlined operationalizing participation to include these measures:

1. Birth Ready and Gift Designated;
2. Birth Ready Designated, not Gift Designated;
3. Gift Designated not Birth Ready Designated; and,
4. NOT Birth Ready Designated nor Gift Designated.

Ms. Zapata, BFH Director, raised concerns with voting on this action item, since representation from the FSBCs was not present at the meeting to ensure FSBCs had a chance to meet this definition of participation and to provide FSBCs a chance to voice concerns on operationalizing participation as discussed. The Chair raised the idea of tabling the participation discussion until the next Commission meeting. Ms. Zapata also proposed that the LaPQC should send the language to FSBCs to provide notice and to give them an opportunity to comment. The Chair asked for comment. Ms. Durbin, Medicine Louisiana Executive Director, proposed scheduling a remote meeting in order for the Commission to vote on participation. Members agreed to defer to Mr. Shane Bates, BFH Legislative and Policy Lead, for clarification on the requirements and ability of the Commission to host a remote meeting. Ms. Zapata motioned to table the vote on LaPQC organizational participant participation; and Dr. Spedale seconded the motion. Ten members voted in favor of the motion to table; one member (Dr. Biggio) voted in opposition. Dr. Spedale motioned for a FSBC participation vote in one month, seconded by Chair. Motion passed with no opposition. In addition, members briefly discussed specifying a vote that could affect a participating entity.

- #### **VII. Review of and Discussion on Calendar Year (CY) 2023 Louisiana Commission on Perinatal Care and Prevention of Infant Mortality Overview Report.** The Perinatal Commission did not discuss the report. The Chair requested to table discussion on the report until the March 2024 meeting.

VIII. Update on Workgroups

The Chair asked if there were any questions or concerns related to the Commission’s workgroups. He also directed workgroups (including Perinatal Commission members and non-commission members) to meet at least once prior to the March 2024 meeting. The workgroups will sunset by end of CY 2024.

IX. Public Comment

The Chair asked for public comments. There was no public comment.

X. Other Business

Discussion on Preterm Birth & Infant Mortality – Medicaid Managed Care Organizations (MCOs) Specific Resources/Care Coordination Resources and Access Updates.

The Chair requested Perinatal Commission members and workgroup members to submit questions to be asked of Medicaid MCO representatives, which can be addressed at future meetings where they are invited to provide information. Ms. Zapata informed Commission members of a presentation by BFH staff on proposed care coordination. Dr. Biggio raised the concern of care coordination challenges faced by patients with private insurance and requested this topic be added as an agenda topic for a future meeting.

National Governor’s Association (NGA) Presentation Learning Collaborative – Improving Maternal and Child Health in Rural America Application

The Chair invited Ms. Rebecca Majdoch, Data to Action (DAT) Team Lead to share a brief update on the National Governor’s Association (NGA) Learning Collaborative. Ms. Majdoch presented information on an opportunity to apply for a NGA award on Improving Maternal and Child Health (MCH) in Rural America. If received, the project would require a one-year commitment to assess the current MCH environment in Louisiana, share success stories, and to develop and execute an action plan with best practice to achieve both a programmatic and policy-based change to meet goals identified for the project. Ms. Majdoch asked the Perinatal Commission to partner with BFH on this project.

Dr. Spedale motion for the Perinatal Commission to partner with BFH on the NGA Learning Collaborative; and the Chair seconded the motion. The Commission voted unanimously in favor of the motion.

XI. Adjournment

Dr. Spedale motioned to adjourn. Dr. Wise seconded. Meeting adjourned at 3:02 p.m.

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.