Hawaii Maternal and Infant Health Collaborative Breakout Session Annual Meeting Notes

January, 14, 2016

Breakout Session: Strategies to Increase Intended Pregnancy

Key Points

1) Recognize women's ambivalence. There is nothing wrong with ambivalence; the goal is for women to have a healthy pregnancy. It is not for us to judge, but inform, not a black and white issue. It is a health judgment not a value judgment.
    a. OKQ implementation manual has suggestions for opening up that discussion
    b. Helpful to develop talking points
    c. HMHB has done some work on this in the past
    d. Home visitors, WIC and others are uniquely positioned for this discussion because they have the time and trusted relationship.

2) Provide accurate information regarding pregnancy risk (contraceptive failure) and fetal development. Research shows that women state they "are not aware" of various health risks to their child of
    - Prenatal smoking,
    - Substance use, and
    - Obesity.

3) Importance of community education; we represent many different roles and many different potential points of contact with women of child bearing age. What can each of us do to distribute accurate information?
    a. Develop harm reduction strategies
        i. Give provider scripts who are not comfortable
        ii. "you don't need to do a pelvic exam to have the conversation"
    b. Importance of the role of pediatricians
        i. Develop partnership around this issue with AAP & ACOG
        ii. Continuing education opportunities
        iii. Medical school and residence training

4) What are the right metrics? Unintended pregnancy rates may might be the best metric to track efficacy
    a. Increase use in highly effective methods of contraception
    b. Increase in intention screening

c. Increase in folic acid usage
d. Preterm birth outcomes

5) Hospital stocking of LARC
    a. Still an issue, even though LARC coverage has been resolved
    b. HMIHC needs to make this a priority
    c. Unbundle postpartum IUD
    d. Meet with hospital pharmacy staff
    e. FQHC are not able to get reimbursed for the devise
    f. COFA insurance coverage only two months post partum, extend to 6 mos.

6) Primary Care Provider training
    a. Develop packet of BC options
    b. OKQ brochures, wall posters
    c. Develop referral resources for each option

Overall

- Beware of creating a sense of contraceptive coercion
- Focus group sessions to see how Hawaiian teens would react to a OKQ approach

Breakout Session: Improving Pregnancy and Birth Outcomes

<u>Need for patient education</u>

- 17P Prevents Preterm Birth
    - Slogan for targeted patient education
    - Bus ads
- March of Dimes NICU Support material includes flier on 17P
- Look into inclusion for Tripler and Kaiser
- Potential for addition of information during parent education hours and changes to format of one-on-one education with new Kapiolani NICU
- Simple handouts for home visitors to distribute to families (March of Dimes)
- Text 4 Baby – targeted blast for 17P
- Increase Neighbor Island involvement and outreach

Look into Certified Nurse Midwives input to survey

Publish survey results in Hawai‘i Journal

Involve insurance providers in the conversation

Possibility of Telemetry consults with MFMs to improve outer island access

Look into the potential for coverage of 17P under the ACA – preventative services clause

Add to question re previous PTB to prenatal

Breakout Session: Strategies to Increase Breastfeeding Duration and Exclusivity in the First Year

Current status

1. Outside of inpatient settings, lactation support is primarily available only to those who pay out of pocket.
   a. ACA requires health plans to reimburse for lactation support.
   b. Lactation support providers are not licensed in Hawaii and services must be provided under the supervision of a "licensed provider" to be reimbursed by a health plan.
2. Physician providers are not well educated on lactation support and some provide treatment contraindicated to conditions specific to nursing mothers.

Discussion Topics

Lactation support IS billable but there are no known qualifying requirements for the rendering provider other than that the service is supervised by a licensed provider.

Questions identified:

1. What are legalities for supervising provider?
2. What does supervision entail?
3. Do services need to be supervised in the office, or can they be provided through in-home visits?