



DELAWARE HEALTHY INFANT AND MOTHER CONSORTIUM (DHMIC)

MEMBERS PRESENT:

Dr. David Paul, Chair
 Dr. Garrett Colmorgen
 Bridget Buckaloo
 Susan Noyes
 Brian Olsen
 Liz O’Neil
 The Honorable Kimberly Williams
 Dr. Karyl Rattay
 Leah Woodhall
 Mawuna Gardesey

MEMBERS ABSENT:

Dr. Aguida Atkinson
 Dr. Cedric Barnes
 Tiffany Chalk
 Jen Donahue
 The Honorable Bethany Hall-Long
 Rev. John F. Holden
 The Honorable Deborah Hudson
 Lolita Lopez
 Dr. Agnes Richardson
 Rosa Rivera

GUESTS:

Dr. Awele Maduka- Ezeh, Medical Director, DPH
 Dr. Irini Daskalaki, Medical Epidemiologist, DPH Infectious Disease
 Brenda Pusey, La Red Health Center, HWHB Program

DPH SUPPORT STAFF PRESENT: JoEllen Kimmey, MA

| TOPIC | FINDINGS, CONCLUSIONS & RECOMMENDATIONS | ACTIONS & FOLLOW-UP | PERSON RESPONSIBLE | STATUS |
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| I. Call to Order | The meeting was called to order by Dr. Paul at 11:07am. | No further action required. | Dr. David Paul, Chair | Resolved |
| II. Minutes | The minutes of the February 29, 2016 meeting were reviewed and approved as presented as there were not enough members to approve the minutes at the May 4, 2016 meeting. The minutes of the May 4, 2016 meeting were reviewed and approved as presented. | No further action required | DHMIC Committee Members | Resolved |
| III. Chairman’s Report | A. Registration is now open for the Dr. Margaret I. Handy Memorial Lectureship at Christiana Hospital on September 23, 2016. The Lectureship is free and is a series of lectures designed to provide insight in topics of Neonatal and Perinatal Medicine. B. The Executive Committee of the DHMIC did meet on June 30 th . There was no voting to report but the Committee did review the role of the Preconception | No further action required. | N/A | Resolved |

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| | <p>Peer Counselor in conjunction with the March of Dimes.</p> <p>C. Congratulations to the Honorable Bethany Hall-Long, member of the DHMIC, who won the Democratic bid for Lt. Governor in yesterday's primary election.</p> <p>D. In relation to the social determinants of health, the Philadelphia Enquirer and NPR announced this morning that the poverty rate for 2015 has decreased for the first time in many years as the median household income increased. This was the highest rate change since the late 1960's.</p> | | | |
| IV. Upstream Update | <p>Liz O'Neil, Director of Delaware Contraceptive Access Now (CAN) with Upstream USA provided a presentation updating progress in Delaware.</p> <p>The mission of the program is to decrease unwanted pregnancy rates in Delaware by increasing same day access to contraception, especially IUD's and implants. Delaware has the highest rate of unintended pregnancy in the United States and Governor Jack Markell brought Upstream to Delaware to address this issue.</p> <ul style="list-style-type: none"> o CAN works with Delaware Division of Public Health on strategy and implementation of this process. o The vision of the program is that women of all reproductive ages will have access to all methods of contraception, especially IUD's and implants at free or low cost through the health care provider of their choice. o Training is occurring to all providers to ensure that they have trained staff and the supplies to offer this service to their patients on the same day as requested. o In five years the goal of the program is to reduce unintended pregnancy rate; reduce abortion rate; increase pre-pregnancy health; birth-spacing and reproductive life planning and to ultimately reduce the number of children growing up in poverty. o The program also seeks to reach all women in Delaware of all life situations- those not connected with health care provider; those homeless; chemically dependent or in foster care. Thus, training is occurring to DPH home visitors, public defenders, staff at Connections and Brandywine Counseling to assist in reaching those women who may not be connected with a health care provider. o There are 4 components to DE CAN: <ul style="list-style-type: none"> 1) Training- since Feb 22, 20 agencies with 50 health care centers have been trained. (Some agencies have multiple sites). This includes training for everyone in the health care center- from the support staff to the clinician. 2) Quality Improvement initiatives- with health centers and the stakeholders of the CAN | On-going | Liz O'Neil, CAN | On-going |



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| | <p>program</p> <ul style="list-style-type: none"> 3) Marketing – engaged with Smart Design to hit target age group- 18 to 29 and delivering messaging to this age group. 4) Evaluation- University of Maryland and University of Delaware are running the independent, robust evaluation of the program to look at components, timeline and who to call for the program. <p>Two announcements:</p> <ul style="list-style-type: none"> o Sept 26th 6-8pm at Nemours Hospital for Children will be hosting the ACE awards- ACCEL Community Engaged Research Awards to honor Dr. White for research statewide on attitudes, knowledge and beliefs of parents around IUD’s and implants for teens in Delaware. o DE CAN Learning Collaborative is Tuesday Sept 27 at CAN office to look at Confidentiality in Reproductive Health Services. <p>There are some insurance barriers to same day access: insurance does not cover immediately post-partum; the explanation of benefits doesn’t protect patient’s confidentiality and pre-authorization.</p> | | | |
| <p>V. Zika Virus Update</p> | <p>Dr. Awele Maduka- Ezeh, Medical Director, DPH and Dr. Irini Daskalaki, Medical Epidemiologist, DPH Infectious Disease presented a Zika update.</p> <ul style="list-style-type: none"> o Zika can be spread 2 ways- male to female through intercourse or by a bite of the Aedes species of mosquito. o A pregnant woman who has Zika can pass the virus on her to baby. o No Zika cases in the U.S. as result of blood transfusion to date. o As of Sept 7, nearly 3,000 cases in the U.S.- 24 of which were sexually transmitted. o Florida has majority of the cases. o In Delaware, there were 11 confirmed cases, 1 undetermined and all travel related. o Clinical features of Zika: -One may have no symptoms with Zika but still be able to spread the virus. The few that do show symptoms it is usually mild. | <p>On-going</p> | <p>Dr. Awele Maduka- Ezeh, Medical Director, DPH & Dr. Irini Daskalaki, Medical Epidemiologist, DPH Infectious Disease</p> | <p>On-going</p> |

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| | <ul style="list-style-type: none"> ○ 3 tests available to diagnose Zika; 2 can be done at DPH lab; one has to be sent to CDC. Similar to Zika, testing must also be considered to rule out Dengue and Chikungunya. ○ The focus is primarily the pregnant woman. Testing occurs if a woman is pregnant and she has recently travelled from the Caribbean, South America, and now <u>Florida</u> or her sexual partner has. ○ Preventions for pregnant woman: <ul style="list-style-type: none"> -Mosquito avoidance -Sexual transmission: avoid unprotected sex if a pregnant woman or her partner has recently travelled from one of the high risk areas. -Avoid travel to high risk area ○ Concerns for pregnant woman are adverse pregnancy outcomes and serious birth defects such as microcephaly. ○ It is imperative that physicians begin taking a travel history on their patients. Dr. Maduke-Ezeh and Dr. Daskalaki are providing training on this issue. ○ Zika prevention kits are available at WIC sites, Federally Qualified Health Centers, and DPH clinics. | | | |
| <p>VI. HWHB Provider Presentation</p> | <p>Brenda Pusey presented the HWHB program at La Red Health Center. For FY2016 the following numbers were reported:</p> <p>Bundle A Preconception: 853 visits LARCS: 267 Nexplanon insertions 92 IUD's</p> <p>Bundle B Psychosocial: 65 visits</p> <p>Bundle C Prenatal: 3600 visits of women ages 14-43yo 2 low birth weight babies under 3 pounds 11 births of babies weighing between 3-5 Pounds</p> <p>Demographics: African American- 138 American Indian/ Alaskan – 2 Asian- 4 More than 1 race- 1 Unknown/ refused- 218 Ethnicity, Non-Hispanic- 296 Ethnicity, Hispanic- 868</p> <p>Language: English 224 Spanish 890 Other 20</p> <p>Payer: Insured 70 Uninsured 876 Medicaid 218</p> <p>La Red offers:</p> <ul style="list-style-type: none"> ○ Lactation classes ○ Parenting classes ○ Coordination of care from prenatal to pediatrics ○ Staff education ○ Same day access for birth control ○ Well child visits and oral health | <p>No further action required</p> | <p>Brenda Pusey, LPN, PCMH CCE- HWHB Program, La Red</p> | <p>Resolved</p> |



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| | <p>Greatest Challenge:</p> <ul style="list-style-type: none"> ○ Staff struggle with the additional time it takes to collect all of the reportable information at the patient visit ○ Opportunity ○ Pre plan for visit <ul style="list-style-type: none"> ○ Pilot process in development <ul style="list-style-type: none"> ○ Goal <ul style="list-style-type: none"> ○ Call patients prior to visit and collect data ○ Pre plan for needs and referrals prior to the appointment <p>Other Challenges:</p> <ul style="list-style-type: none"> ○ Cultural beliefs ○ Transportation and translation <p>La Red has Health Ambassadors who have:</p> <ul style="list-style-type: none"> ○ Contacted 25,735 members of the community reached ○ Referrals <ul style="list-style-type: none"> ○ 8806 referrals made to community resources <ul style="list-style-type: none"> ○ Health care providers, dentists, WIC, Medicaid, Smart Start, STD program, 211 Help Me Grow ○ Events <ul style="list-style-type: none"> ○ Community baby showers, distribute food from food bank, women's health walk, community café <p>La Red partners with and has the following onsite services:</p> <ul style="list-style-type: none"> ○ Partner with area hospitals <ul style="list-style-type: none"> ○ Nanticoke <ul style="list-style-type: none"> ○ Onsite OB physicians to provide care for high risk prenatal patients ○ Beebe ○ Onsite services <ul style="list-style-type: none"> ○ Health Care Connection enrollment ○ Affordable Care Act enrollment ○ Medicaid enrollment ○ WIC <p>Onsite services to begin in November</p> | | | |
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| | <p>emergent & 2 ordered but not given</p> <ul style="list-style-type: none"> o Second quarter data reported Sept 8: o 56 women eligible for antenatal steroids o 53 received antenatal steroids o -of those that did not receive, it was due to emergent issues and no documentation <p>o 39 week data:</p> <ul style="list-style-type: none"> o Total deliveries: 2823 o Total deliveries prior to 39 weeks and greater than or equal to 37 weeks: 299 o Number of elective deliveries prior to 39 weeks: 2 o First quarter data of number of elective deliveries prior to 39 weeks: 4 o Of a meta-analysis, Delaware has been the most successful state in the country in the 39 week initiative. <p>o Also discussed at last meeting was adverse birth events; including maternal morbidity. Maternal morbidity rate is actually increasing in the U.S. There was discussion of AIM Measures (Alliance for Innovation on Maternal Health, a national partnership of organizations to reduce maternal morbidity). AIM develops maternal safety bundles and promotes their implementation in all birth facilities to ensure consistent maternity care such as:</p> <ul style="list-style-type: none"> o Obstetric Hemorrhage o Severe Hypertension/Preeclampsia o Maternal Prevention of Venous Thromboembolism o Safe Reduction of Primary C/S Support for Intended Vaginal Birth o Reduction of Peripartum Racial Disparities o Postpartum Care Basics for Maternal Safety o Patient, Family, and Staff Support after a Severe Maternal Event <p>The committee wants to get Delaware hospitals on board with these initiatives and did a survey and the results were shared at the 9/8 meeting. Of the Delaware hospitals most hospitals have a hemorrhage protocol or standing orders in place and 4 hospitals have</p> | | | |
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| | <p>transfusion orders in place.</p> <ul style="list-style-type: none"> ○ The committee is also wants to begin initiatives to spread awareness of increasing the inter-pregnancy intervals and will be working on developing information for doctors on birth spacing and life planning initiatives. <p><u>Data and Science- Dr. Paul:</u> The committee met at the end of June and prior to this day's DHMIC meeting.</p> <ul style="list-style-type: none"> ○ In relation to infant mortality, in 2013 there were 65 deaths. The numbers for 2014 are not complete but are slightly higher. ○ Delaware does have high number of very low birth rate births. At Christiana alone there were over 200 in last calendar year alone. ○ Made great progress in reducing elective births prior to 39 weeks. ○ PRAMS report encompassing 2010 to 2013 will be released soon and birth defects report encompassing 2011-2012 will also be released in the upcoming weeks. ○ In 2011 Delaware implemented Kicks Count and in 2012 a question was added to PRAMS asking women if they knew about Kicks Count and in 2016 84% of women are reporting they knew about Kicks Count on PRAM data. ○ Birth defects surveillance data is going well. In 2014 there were 350 birth defects noted in the state, less than in years' past but the reporting has changed which may attribute to why the numbers are less. ○ A report on Safe Sleep was not available for today's meeting. But questions related to safe sleep are being added to the intake forms for home visiting programs so there will be data related to these questions in the future. | On-going | Dr. David Paul & Committee | On-going |
| | <p><u>Education and Prevention- Susan Noyes:</u></p> <ul style="list-style-type: none"> ○ Worldways Social Marketing provided numbers with digital trafficking and strategies to drive new traffic in the future. DPH has added information on Bullying, Pregnancy and Substance Abuse, and Oral Health to DE Thrives website and Worldways will be working on helping to organize the materials and information on the DEThrives.com. ○ The tool kits for reproductive life plans to be more usable in the communities is finalized. The teen version was presented and is very strong- has lesson plan with objectives, power point presentation and hand-outs. This is a very comprehensive packet that can be provided to educators in the school. For follow up- the committee hopes to work with Department of Education on getting these lesson | On-going | Susan Noyes & Committee | On-going |



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| | <p>plans available as well as developing an evaluation component.</p> <ul style="list-style-type: none"> ○ The Young Woman’s Life Plan is being distributed in the community settings and amongst HWHB partners to be provided at individual or small group sessions to integrate these life plans for the young woman. The committee will be looking into the possibility of being able to bill for life planning for a counseling session to increase incentive to put life planning in their daily care. ○ The Men’s Toolkit is still in progress and possibly a Toolkit for Young Men is under consideration. ○ Staff update- Kristyn D’Angelo-Smith, preconception nurse coordinator for March of Dimes has resigned and will be leaving at the end of the month. ○ Preconception peer educators will have their annual training on Oct 1 at University of Delaware. There are upcoming new sites for the PPE’s at Delaware Technical and Community College in Georgetown and Wesley College in Dover in effort to have PPE’s available statewide. Office of Minority Health will be sending a national representative to this conference. | | | |
| VIII. Adjournment | There being no further business before the Committee, the chair adjourned the meeting at 1pm. | No further action required | Dr. Paul, Chair | Resolved |

Next Meeting: Thursday, December 8, 2016. Committees 9am-11am and DHMIC 11am-1pm, lunch provided.

Minutes prepared by: JoEllen Kimmey
Minutes reviewed by: Mawuna Gardesey
Minutes respectfully submitted by: JoEllen Kimmey
Minutes reviewed and approved by CHAIR: Dr. David Paul

