



**DELAWARE HEALTHY INFANT AND MOTHER CONSORTIUM (DHMIC)  
Minutes**

Thursday, December 8, 2016  
Delaware Technical and Community College  
Terry Campus, Conference Center, Dover, Delaware

**MEMBERS PRESENT:**

Dr. David Paul, Chair  
Dr. Garrett Colmorgen  
Bridget Buckaloo  
Susan Noyes  
Dr. Karyl Rattay  
Leah Woodhall  
Mawuna Gardeseey

**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  
Brian Olsen  
Liz O'Neil  
Dr. Agnes Richardson  
Rosa Rivera  
The Honorable Kimberly Williams

**GUESTS:**

Dr. David Hack, St. Francis Hospital, Tiny Steps, HWHB Program  
Dr. Khaleel Hussaini, DPH

**DPH SUPPORT STAFF PRESENT:** JoEllen Kimmey, MA

TOPIC	FINDINGS, CONCLUSIONS & RECOMMENDATIONS	ACTIONS & FOLLOW-UP	PERSON RESPONSIBLE	STATUS
I. Call to Order	The meeting was called to order by Dr. Paul at 11:04am.	No further action required.	Dr. David Paul, Chair	Resolved
II. Minutes	The minutes of the September 14, 2016 meeting were not reviewed as there were not enough members present to have a quorum.	To be approved at next DHMIC meeting	DHMIC Members	On-going
III. Chairman's Report	A. The Executive Committee of the DHMIC did meet in November, although there is no voting to report, at this meeting it was decided to hold today's press conference which occurred prior to the DHMIC Annual Meeting. The press conference was to announce Delaware's ranking of second in CDC's	No further action required.	N/A	Resolved

	<p>breastfeeding survey of maternity hospitals.</p> <p>B. The Executive Committee has decided to have a Town Hall and pass around a sign-in sheet for public comment. Today’s meeting topic is related to breastfeeding; the sign in sheet was passed around to sign up for a two minute time slot to speak. If this goes well, the Town Hall Meeting on a different subject will occur at the DHMIC quarterly meetings to garner more public interaction and input.</p> <p>C. Congratulations to the Honorable Bethany Hall-Long, member of the DHMIC, who is now Lt. Governor Elect.</p> <p>D. The 12<sup>th</sup> Annual DHMIC Summit will be held on April 4, 2017, at the Riverfront, Chase Center in Wilmington. The topic is <i>Changing the Trajectory of the Next Generation</i>. Susan Noyes provided a quick preview of the summit: There are three keynote speakers with three general sessions:</p> <ol style="list-style-type: none"> <li>1. Kate Johnson, National expert in preconception health care, she also chairs the <i>Coin Initiative on Social Determinants of Health</i>, is well known for her expertise in policy and home visiting will speak to taking away the silo approach and finding a way to coordinate and integrate some of the key concepts in Delaware to promote the health and well-being of young women and men in Delaware to decrease infant mortality.</li> <li>2. H. Luke Shaefer, co-author of <i>\$2.00 a Day: Living on Almost Nothing in America</i>, will address impact of poverty on health status, economics, health and education.</li> <li>3. Kathryn Hall-Trujillo, MPH, Community Health Administrator and leader of <i>The Birthing Project, USA</i>, will discuss dreams, wishes and how the community can be a resource to women and men of the community.</li> <li>4. The first <i>Consumer Conference</i> will occur the night before the Summit, on April 3, 2017, and will kick-off celebrating women, sisters and friends. Kathryn Hall-Trujillo, MPH, will also provide keynote for this conference.</li> <li>5. During the Summit, the three keynote speakers will have small break-out sessions. Plans are underway to also have a break-out session on the topic of “Trauma Informed Approach with Men of Color in an Urban Setting”.</li> <li>6. Last session of the day will be a TED Talk on “Advancing Health of Young Women and Men in Delaware”.</li> </ol>			
IV. Member-	As there are not enough DHMIC Executive Committee Members present, Membership Renewal will occur at the	To be approved at	DHMIC Members	On-going



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ship Renewal	next meeting. The meeting dates for the next DHMIC are still being sorted out. There is potential for a change of venue. The Consortium hopes to meet the first week in February 2017. Dates will be announced shortly. Members up for re-appointment are Liz O’Neil; Tiffany Chalk; Rosa Rivera; The Honorable Kimberly Williams and The Honorable Bethany Hall-Long. The Executive Committee has also nominated Forrest Watson to the Consortium and for Susan Noyes to serve as co-chair; presently the Committee is awaiting confirmation from the Governor’s office on these two nominations.	next DHMIC Meeting		
V. CDC Report on Infant Nutrition Care	During the Press Conference which occurred prior to the DHMIC Annual Meeting, Dr. Karyl Rattay, DPH Director, presented information on Delaware’s rank of second in the country in the Centers for Disease Control and Prevention’s (CDC) 2015 national survey of Maternity Practices in Infant Nutrition and Care (mPINC). Delaware received its highest score in the history of the mPINC survey, a 90, tying with New Hampshire. Rhode Island received the nation’s high score of 96. Delaware’s score is up from 86 in 2013 and 63 in 2007. All eligible Delaware hospitals participated in the survey, which measures infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services. Delaware’s rates of exclusive breastfeeding at three and six months are below the National Average but Delaware is working on this and is off to a great start.	No further action required	Dr. Karyl Rattay, DPH	Resolved
VI. Town Hall Meeting/ Community Comment	Public Comment on Breastfeeding: <ol style="list-style-type: none"> <li>1. Mona Hamlin with Nemours: Ms. Hamlin wanted to commend Delaware’s partners- DPH, DHMIC, Breastfeeding Coalition of Delaware, the Labor and Delivery systems in the Delaware Hospitals and others involved in maternity practices and infant nutrition for prioritizing this work and providing the leadership to make the mPINC ranking of second occur; may the work and initiatives for the health of families in the First State continue.</li> <li>2. Nancy Hastings, Lactation Consultant at Beebe Healthcare, had attended an Anthropology class at University of Delaware where it was discussed that</li> </ol>	To be determined	Community members	On-going

	<p>humans are made to be breastfed. The initiatives have helped improve Delaware's rates of breast-feeding; may they continue to improve, but it will take a few generations to see lasting results.</p> <ol style="list-style-type: none"><li>3. Leah Woodall, Maternal Child Health Director, wanted to congratulate all partners in achieving this honor from the CDC but also wanted to make everyone aware of the mothers who do struggle to produce breastmilk; every ounce counts and support needs to be in place to support those mothers who have difficulty.</li><li>4. Dr. Paul had a few questions/ comments: the hospitals have put successful practices in place to ensure a successful beginning to breastfeeding but asked what is available in the community to support the mothers when they go home:<ul style="list-style-type: none"><li>- There are lactation support groups in the communities.</li><li>- Some pediatric practices have infrastructure in place to support breastfeeding but more need to get on board.</li><li>- Employers need to support the mom when she returns to work.</li></ul></li><li>5. Bridget Buckaloo with Beebe advised that for many years- 20 or more, the hospital would give away Lactation Consultations after birth as those consults were not reimbursed by health insurance. With the Affordable Care Act some insurance carriers are reimbursing but not all; perhaps the Committee can help with getting awareness of this issue out there so that all insurance companies in Delaware will reimburse for Lactation Consultation. As well, getting awareness to community and pediatricians that Lactation Consultations are now available under the Affordable Care Act when the mom is home and struggling and that she would be eligible for a lactation consultation or even several consultations; many are not aware of this option but it is not available under all health insurance carriers.</li><li>6. Gail Smith, with Bayhealth, advised that Bayhealth has supported peer to peer support groups; social media can assist with peer to peer supports; there are also new pediatrician offices that are hiring certified lactation consultants to work with the mom and infant in after-care. Legislatively there is need for awareness for mother's to have paid eight weeks of leave from their employer so that feeding method can be established before she returns to work; all insurance companies to reimburse for lactation consultations; provision of a breast pump to those mother's that do work; and to encourage all pediatrician offices to have a certified lactation consultant on board will help Delaware achieve</li></ol>			
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	<p>breastfeeding at 3 and 6 months.</p> <p>7. Mona Hamlin advised that in New Castle County Christiana and Nemours have Breastfeeding Classes, Peer-to-Peer support groups and peer counselors. Continuity of care is needed so that moms are aware of the resources available in the community and what it is accessible to them no matter where they live.</p> <p>8. Dr. Paul suggested that more pediatric practices offer Saturday hours so that the Lactation Consultant following up with the mom a few days after delivery is one way that pediatricians can support this initiative.</p> <p>9. Lisa Oglesby with Brandywine Women’s Health shared that they have a Nutritionist on staff that follows up with the new moms on breastfeeding and offers support and resources to them right from birth. Dr. Cecil B. Gordan with Brandywine Women’s Health stated that they offer these services perinatally- they work with the mom before delivery, at two and six weeks after delivery and in between to support their breastfeeding.</p> <p>10. Nancy Hastings, Lactation Consultant with Beebe advised that in Sussex County, or at least through Beebe, free breastfeeding classes are offered; there are La Leche support groups in Millsboro and Milford; Nancy, herself, takes calls most every day and at all hours from moms; there are several pediatricians in Sussex County that do have Saturday hours and will refer for lactation consultations. She concurs that more education needs to occur among providers and in the community so that there are more supports for moms who do struggle so they get the help she needs.</p> <p>11. Mona Hamlin advised that the only insurers that cover lactation consultants in the community outside hospital setting are Aetna and United. Lactation services can be billed in the pediatrician’s office if those pediatricians have a lactation consultant.</p>			
VII.	Dr. David Hack, St. Francis Healthcare, Tiny Steps Program.	On-going	Dr. Hack and	On-going

<p>HWHB Provider Present- ation</p>	<p>The Tiny Steps program started over twenty years ago by Dr. Pasquale Fucci and was located at the Westend Neighborhood House, providing prenatal care to those of the inner city in Wilmington that could walk to their care. Tiny Steps is presently housed at the Family Practice Medical Center at St. Francis Hospital. They have a satellite office on Kirkwood Highway, Wilmington called the <i>Center of Hope</i> that caters to the immigrant population. Tiny Steps offers complete prenatal and maternity care, bilingual health classes, patient/parent education and counseling to all expectant mothers, regardless of their financial circumstances.</p> <ul style="list-style-type: none"> <li>• For Tiny Steps: <ul style="list-style-type: none"> <li>• 30% of their population is African American</li> <li>• 60% Hispanic</li> <li>• 10% Asian and Caucasian</li> <li>• 11% are Teens ranging 11-19 years old</li> <li>• 77% of their population is of child bearing years, 20-35 years of age</li> <li>• 12% of their patients have advanced maternal age of 35-48 years of age.</li> </ul> </li> <li>• Every week 21 babies are born in Delaware pre-term and 18 with low birth rate. For Tiny Steps, this is 6.4% of their population whereas the state average is 9%. Tiny Steps offers family care, prenatal care and obstetrics. 75-80% of their patients receive continuity of care and see the same practitioner repeatedly. The patient is more likely to open up about domestic violence and other social stressors. Their program conducted a study with one group of patients (n110) seeing the same provider 75% of the time or greater throughout the pregnancy and another group (n110) who saw the same provider less than 75% of the time. Of those two groups, the patients who saw the same provider less than 75% of the time had a 9.3% delivery rate of preterm infant and those that saw the same provider 75% of the time or greater had a 6.3% delivery rate of pre-term infants.</li> <li>• Tiny Tots partners with local schools and churches to do a book drive each year. They hand out books to children between the ages of 12 and 24 months in their program so that caregivers can start reading to their children. Additionally they provide the families with an applications to join the local libraries.</li> <li>• The Tiny Tots programs also has a dental program where they hand out toothbrushes and contact information for local dentists. The goal is to help reduce “baby bottle tooth decay” that is frequently seen.</li> <li>• They have tried a summer internship program with one of the local high schools. This program provides an opportunity for a high school junior to get a paid</li> </ul>		<p>Tiny Steps</p>	
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	<p>internship, and exposure to medical care in an inner city medical facility. Their intern this past summer did work on a community needs assessment.</p> <ul style="list-style-type: none"> <li>• Tiny Tots also does outreach with Bayard House, to do counseling on how to prepare for a job interview, prepare a resume, and other life skills as well as have support through their delivery.</li> <li>• This year, they are trying to encourage the father’s involvement throughout the prenatal process: encouraging them to show up at prenatal visits as well as the delivery and after the baby is born. They want to show the father’s how can they support the mother through taking care of the baby, encouraging breastfeeding as well as financial support.</li> <li>• Tiny Steps began to partner with Legal Aide as many of their patients face social issues- such as housing, employment and immigration issues.</li> <li>• This past year Tiny Steps has partnered with many local churches and community centers on cooking – to provide cooking classes in their kitchens that are healthy as well as affordable.</li> <li>• Tiny Tots started a coat drive this year.</li> <li>• Some of the barriers that were presented to DHMIC last year have been improved:             <ul style="list-style-type: none"> <li>- the deductible for charity care was broke down and the process streamlined so that families would stop getting bills so early</li> <li>- they now have a social worker on staff</li> <li>- data collection from their summer intern</li> <li>- mental health access with a bilingual therapist</li> </ul> </li> </ul>			
<p>VIII. State of Women’s Health In Delaware</p>	<p>Dr. Hussaini provided a brief overview of this report that looks at women’s health in Delaware. The data was pulled from a variety of data sources and provided a lot of data regarding wellness, health status, prenatal health care and a variety of indicators within each domain. A variety of factors have links between health, health outcomes and general</p>	<p>On-going</p>	<p>Dr. Khaleel Hussaini, DPH Epidemiologist</p>	<p>On-going</p>

well-being which provides an important understanding of the precursors that affect a woman before she gets pregnant.

For this presentation, women of child-bearing age were defined as those of the age of 15-44. Delaware has about 500,000 women; 182,000 are of childbearing age, which is 38%. 61% of those women reside in New Castle County.

- Delaware has a larger grouping of 15-19 year olds compared to the Nation, which is our most vulnerable age group and the next generation of child-bearing women
- 52% of Hispanic and Latino women are in poverty
- 93% of women in Delaware had health coverage the past year; but of those that did not, which equals 50,000 women, Hispanics were highest, then African Americans then Caucasians. The greater number of uninsured women reside in Sussex County which affects access to healthcare. One of the biggest factors in accessing healthcare is cost.
- As levels of education and income increase so do the self-reported levels of health status by the women of Delaware.
- 55% of women in Delaware report at least one or more adverse childhood experiences.
- Women more are four times more likely to report 4 or more adverse childhood experiences compared to men.
- In terms of preconception care, these adverse childhood experiences correspond to stressors which affect healthy birth outcomes.
- Women are more likely to report depression than men.
- The impact of adverse childhood experiences corresponds with increased risk of substance abuse, mental health issues, domestic violence, prescription drug abuse and other issues.
- Environmental wellness- women report lower levels of feeling safe in their neighborhood parks and outdoor space compared to males which can impact exercise.
- 1/3 respondents report having witnessed domestic violence.
- Physical wellness- obesity rates increase by age, and dependent upon place. 40% of women of childbearing age report being less likely to eat healthy foods. One of the biggest factors for not eating healthy and exercising more is time, as reported.
- Social wellness- participating in civic or community organization. Women likely to





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	<p>participate, more likely to have better health. Younger women less likely to have social connections which impacts health disparities.</p> <ul style="list-style-type: none"> <li>• Asthma- women of child bearing age have slightly higher rates of asthma compared to other ages.</li> <li>• Preventive health practice- routine check-up. Only 27% of child-bearing age women report check up in the past year. Minorities less likely to have routine check-up.</li> <li>• Reproductive health- in 2015 9% of women reported using LARC.</li> <li>• Prenatal care- rates of women not receiving prenatal care has declined over time.</li> <li>• Inter-pregnancy intervals- in Delaware the median inter-pregnancy intervals have remained around 29 months, in line with the National rates. Women 15-19 years old were 6 times less likely to have shorter intervals.</li> <li>• Obesity- only 45% of women start at good pre-pregnancy weight. The remaining 55% are overweight or fall into Class 1, 2 or 3 Obesity.</li> <li>• Risk behaviors- 19% of women of child-bearing age report binge drinking. 18% of women of child-bearing age report currently smoking.</li> <li>• Dr. Hussaini stressed importance of looking at information for health risk indicators from womb to tomb and the impact it has on a woman and her baby.</li> </ul>			
<p>IX. Abbreviated Committee Reports</p>	<p><u>Health Equity Systems</u>- did not meet today</p> <p><u>Standards of Care</u>-</p> <ul style="list-style-type: none"> <li>• Committee met in October and welcomed Dr. Elizabeth Zadzielski to the committee. She gave a presentation on centering and women using opioids in treatment at Brandywine Counseling; they may expand the program to other counties throughout the state.</li> <li>• Committee monitors maternal nurse transport, a course was developed and 84 nurses have taken this</li> </ul>	<p>On-going</p> <p>On-going</p>	<p>Dr. Agnes Richardson</p> <p>Dr. Garrett Colmorgen</p>	<p>On-going</p> <p>On-going</p>

	<p>course in the past two years. Plan is to repeat the course on a yearly basis. Nurses who are transporting patients in the ambulance feel devalued upon arrival at the receiving hospital.</p> <ul style="list-style-type: none"> <li>Assisting St. Francis to be baby-friendly.</li> </ul> <p><u>Perinatal Cooperative-</u></p> <ul style="list-style-type: none"> <li>Next meeting is December 15, 2016.</li> <li>Dr. Paul, Mawuna Gardesey and Dr. Colmorgen attended a national conference in Texas on Perinatal Cooperatives in November 2016.</li> </ul> <p><u>Education and Prevention-</u></p> <ul style="list-style-type: none"> <li>Updates to the Woman’s Life Plan brochure occurred and will be available on DE Thrives shortly. Revisions to the Teen Life Plan have already occurred. The goal is for these brochures to be used by providers with the patients to review their conception plan.</li> <li>Developed a Preconception Framework and have presented it to the Executive Committee and will be used to target resources more effectively.</li> <li>Male health - the committee seeks to work with any male health partners for future endeavors.</li> <li>Trauma-informed Approach - it is important to be aware when developing resources: <i>Realize</i> the widespread impact of trauma and understand potential paths for recovery; <i>Recognize</i> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; <i>Respond</i> by fully integrating knowledge about trauma into policies, procedures, and practices; and seek to actively resist <i>re-traumatization</i>.</li> <li>Media and Marketing update- there is increased traffic on DE Thrives and they are looking at ways to make it more user-friendly.</li> </ul> <p><u>Data and Science-</u></p> <ul style="list-style-type: none"> <li>The committee met today and also in October. Today’s meeting focused on Neonatal Abstinence Syndrome. Dr. Khaleel Hussaini presented data regarding hospital discharge and vital statistics data from 2009-2013 to show marked increase in neonatal abstinence syndrome in Delaware compared to national benchmarks. These numbers are increasing to rise in Delaware, more than likely in the 30’s per 1,000 live births in 2016.</li> </ul>	<p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Dr. Garrett Colmorgen</p> <p>Susan Noyes</p> <p>Dr. David Paul</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p>
<p>X. Questions and Answers</p>	<p>There were no further public comments or questions.</p>	<p>No further action required</p>	<p>Community Members</p>	<p>Resolved</p>



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XI. Adjourn- ment	There being no further business before the Consortium, the chair adjourned the meeting at 12:29pm.	No further action required	Dr. Paul, Chair	Resolved
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**Next Meeting: To be scheduled. 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:**

