Response to House Resolution 294 and Senate Resolution 240 of the 2019 Regular Session of the Louisiana Legislature

Addressing Disparities in Maternal and Child Health Outcomes for African Americans

Summit Recommendations Report

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February 2020

LOUISIANA DEPARTMENT OF HEALTH

Executive Summary

Black and African American mothers and infants, both historically and today, are dying more prematurely than non-Hispanic White mothers and infants in Louisiana. The Louisiana Department of Health (henceforth, the Department) is actively implementing strategies to eliminate these inequities. In order to make lasting change, the Department is focusing on policies, systems, and environmental initiatives throughout the agency to drive change for mothers and infants and the inequities they encounter.

During the 2019 Regular Session of the Louisiana Legislature, the House Resolution 294 (HR 294) and Senate Resolution 240 (SR 240) required the Department to "take immediate action to address racial disparity in maternal and child health outcomes and the alarming rate of mortality for Black infants and mothers in Louisiana[1]." These resolutions asked the Department to take three actions: 1) submit a report on the immediate actions the Department is taking to address this issue; 2) gather experts and key stakeholders for a summit in order to generate long-term recommendations to address the issue; and 3) to submit a report on recommendations from the summit.

Two summits were held on the subjects of maternal and infant health outcomes in the summer and fall of 2019. Summit attendees included community leaders, hospital leadership, healthcare providers, policy makers, state and local government representatives, doulas, midwives, non-profit professionals and volunteers, and public health specialists. Broadly, stakeholders agreed that improvement in the health of Black mothers and infants requires the coordination of community-based advocacy, political will, public health investment, community leadership, and the thoughtful and persistent elevation of the profound and troubling disparities that impact Black mothers and infants in Louisiana. Specific recommendations from the participants of the summit attendees fall into four categories, summarized below:

- **Recommendation 1:** Birthing facilities in Louisiana should be well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, and patient-centered maternal and infant care.
- **Recommendation 2:** Insurance systems should adequately cover the postpartum period and provide adequate reimbursement for maternal healthcare providers and services, including perinatal health workers and universal home visiting care.
- **Recommendation 3:** Maternal and infant care should be coordinated, simple to navigate, and community-driven.
- **Recommendation 4:** Families should have the opportunity to support themselves and care for their young children in safe and sustainable communities.

The Department is already exploring the following initiatives in its' effort to reduce maternal complications and preventable deaths in Louisiana:

- Investigating reimbursement for community health workers (CHW) and doula services through Medicaid and Louisiana State University Health Sciences Center, Center for Healthcare Value and Equity (CHVE);
- Reviewing the levels of maternal care statute and verification process;
- Redesigning existing models of maternity care to include postpartum home visiting;
- Creating a statewide remote psychiatry consultation model through Louisiana Mental Health Perinatal Partnership (LaMHPP).

The proceeding report shares more details on the recommendations from the summits, which the Department will use to both plan long-term strategies and to build coordinated partnerships to have a lasting impact on the health of African American mothers and infants in Louisiana.

In Louisiana, four Black mothers prematurely die for every one White mother and two Black babies prematurely die for every one White baby [2]. Moreover, Louisiana's maternal mortality rate exceeds the national average as Louisiana ranks 47 out of 48 states [2]. Louisiana also has the fifth highest infant mortality rate in the United States [3].

The Centers for Disease Control and Prevention (CDC) found that, among all races, the infant mortality rate is highest for non-Hispanic Black infants, and it is more than double the non-Hispanic White infant mortality rate [4]. In Louisiana from 2015 to 2017, non-Hispanic Black infants were 2.5 times more likely to die compared to non-Hispanic White infants. During the same time period, non-Hispanic Black children were 1.8 times more likely to die compared to their White peers [3]. In addition, Black infants in the U.S. are at a greater risk of being born at a low birth weight - a leading risk factor for infant death - than White infants [4].

Nationally, maternal mortality is higher among Black women than White women and Black women are more than three times likely to die from pregnancy-related causes [5]. Longstanding racial bias in health care plays a role in maternal outcomes as studies show that Black women often have their concerns dismissed and may be misdiagnosed for a variety of fatal conditions during pregnancy [6].

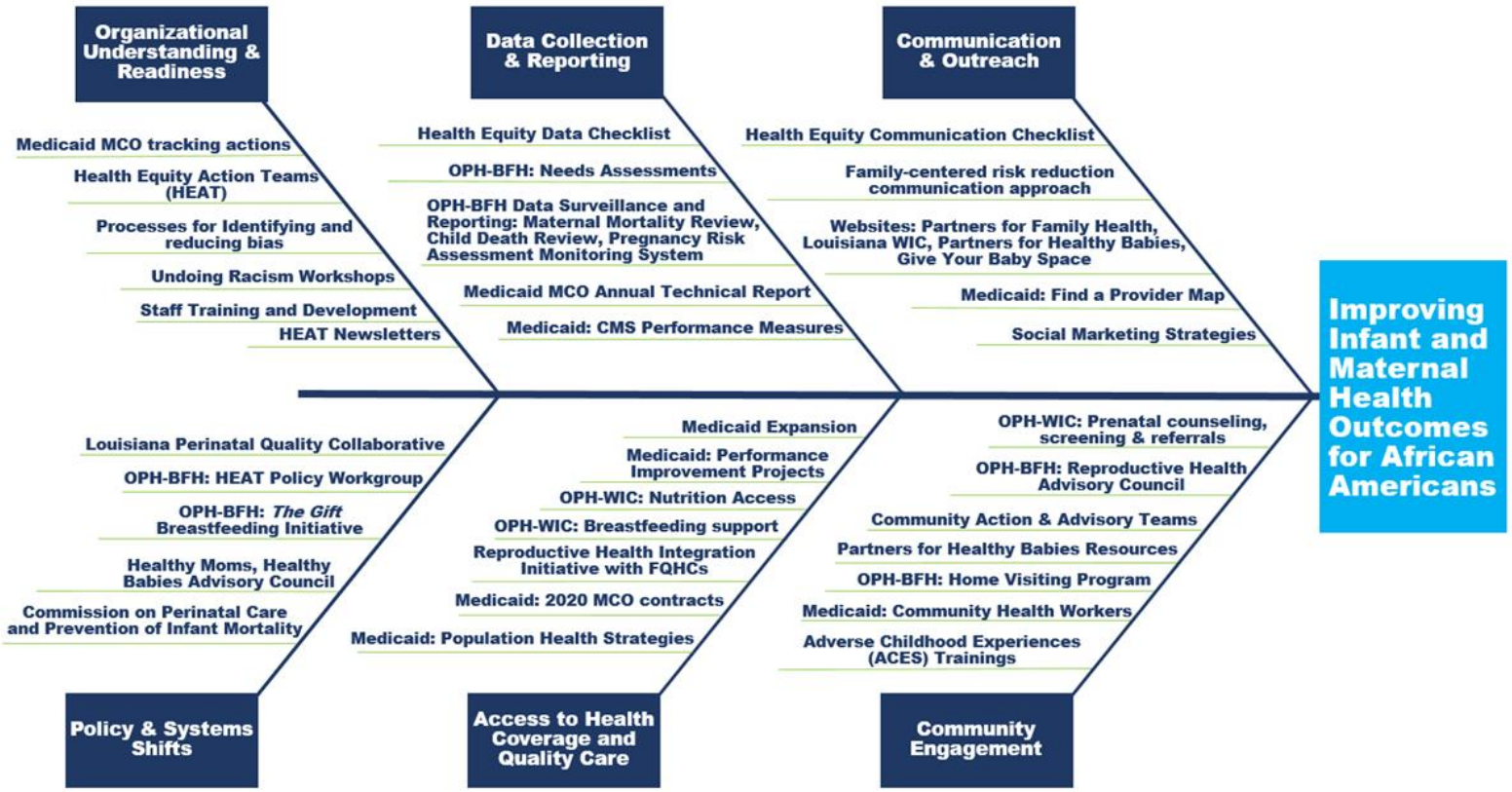
For years, public health agencies focused their approaches on individual behavior change and health education efforts; yet, after decades, disparities persist. The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. In order to fulfill its mission, the Department strives to provide quality services, protect and promote health, develop and stimulate services by others, and utilize available resources in the most effective manner. In 2010, the Louisiana Department of Health introduced efforts to identify and address the structures and systems that lead to disparate health outcomes for Black women and infants.

A constellation of programs and initiatives within the Department prioritize the reduction of health disparities and promote health equity, aiming to change the way health programs and professionals work in order to embed an equity focus into every facet of the Department. This equity work started in 2012 with a number of Department Offices and Bureaus, including the Office of Minority Health Access, Office of Public Health (OPH), OPH-Bureau of Family Health (BFH), and the OPH-Bureau of Infectious Diseases. These efforts informed the development of a robust health equity plan to elevate, scale, and spread this work agency-wide. The Department's commitment to health equity is evident in their approach to community health worker models, the review and redesign of current maternity care practices, building robust quality improvement capacity in birthing facilities, psychiatry consultation models, and more.

Methodology

During the 2019 Regular Session of the Louisiana Legislature, House Resolution 294 and Senate Resolution 240 required the Department to "take immediate action to address racial disparity in maternal and child health outcomes and the alarming rate of mortality for Black infants and mothers in Louisiana[1]." This included the requirement to send an initial report to the legislature on current and immediately planned activities by August 1st, 2019; hold a summit to gather stakeholders from a vast network of expertise to chart a pathway forward to save lives; and to submit a report of the recommendations received during the summit to the legislature.

In order to meet these requirements, the Department first conducted an environmental scan of past, current, and planned activities to reduce maternal and infant mortality, particularly for Black mothers and infants. In September 2019, the Department compiled this information into a report: SR 240-HR 294 Response: Racial Disparities in Maternal and Child Health Outcomes. The Department identified key drivers that contribute to the goal of eliminating racial disparities in maternal and child health outcomes. These primary drivers are: organizational understanding and readiness, data collection and reporting, communication and outreach, policy and systems shifts, access to health coverage and quality care, and community engagement. Figure 3 outlines current programs, activities, and initiatives aimed at addressing the disparities in maternal and child health outcomes.



In addition to the first report, the Department hosted two summits in 2019 to gather a range of experts, key stakeholders, and community representatives to identify innovative solutions that will serve as a national and world-wide model of excellence. First, on Wednesday, August 21, Governor John Bel Edwards and Louisiana Department of Health Secretary Rebekah Gee, M.D., hosted an invitation-only Maternal Mortality Summit at the Omni Royal Orleans in New Orleans. This summit brought together 200 attendees, including state and local government representatives, legislators, doulas, midwives, public health representatives, hospital leadership and front-line staff, payors/managed care organizations (MCO), physician champions, the Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality (Perinatal Commission), and community organizations such as Healthy Start, in an effort to discuss, collaborate, and generate recommendations to improve perinatal outcomes in Louisiana.

On Thursday, November 14, the Department partnered with the March of Dimes to host a Better Birth Outcomes Summit in Baton Rouge. This event was open to the public and brought together over 125 attendees representing healthcare providers and insurers, community members and organizations, policy makers, social workers, religious professionals, student groups and more to explore the current crisis and identify long-term actions to address these outcomes.

In addition to hosting these two summits, Department staff also attended the State of Black Health community forum in New Orleans on September 19, 2019. This forum was hosted by the National African American Tobacco Prevention Network, Inc. with a goal to convene public health professionals and community advocates in pursuit of health equity for Black families. A key topic on the agenda of this forum was an urgent call to action on maternal and child health.

At each of these events, Department staff recorded recommendations generated through stakeholder discussion, and compiled them into a series of four categories of recommendations. The participants' recommendations are summarized below:

- **Recommendation 1:** Birthing facilities in Louisiana should be well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, and patient-centered maternal and infant care.
- **Recommendation 2:** Insurance systems should adequately cover the post-partum period and provide adequate reimbursement for maternal healthcare providers and services, including perinatal health workers and universal home visiting care.
- **Recommendation 3:** Maternal and infant care should be coordinated, simple to navigate, and community-driven.
- **Recommendation 4:** Families should have the opportunity to support themselves and care for their young children in safe and sustainable communities.

These recommendations are subsequently detailed on the following pages.

Summit Recommendation 1:

Birthing facilities should be well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, patient-centered maternal and infant care.

A key contributing factor to the health of mothers and infants is the overall health of a woman throughout her life - before, during, and after pregnancy. For this reason, though the recommendations appear to focus primarily on maternal health, they will ultimately work to improve outcomes for infants as well.

Why this Recommendation?

Consistent, appropriate, equitable care is the key to reducing preventable death and harm to mothers and, by extension, infants. Supporting the building and continuation of programs and systems that ensure that birthing persons are receiving care appropriate to their level of health care need (consistently regardless of race, ethnicity, or background) is essential to meeting this recommendation. The three sub-recommendations listed below address variations in the current healthcare system that contribute to preventable, negative birth outcomes. By addressing these variations - the resources available to birthing persons at all levels of urgency, the implementation of evidence-based best-practice through continuous quality improvement, and the differences in care that result from implicit bias - Louisiana will position itself to be a center of high-quality, compassionate maternal and infant care. Louisiana Department of Health's Bureau of Family Health has several programs currently focused on improving maternal and infant outcomes in Louisiana. Of particular import to this recommendation, the Pregnancy Associated Mortality Review (PAMR) and Louisiana Perinatal Quality Collaborative (LaPQC) are two that focus specifically on maternal mortality and morbidity, respectively. Both PAMR and the LaPQC are well-established, rigorous, cooperative programs that seek to reduce disparities in maternal mortality and morbidity by applying data from public health and clinical settings to improve the system of care for mothers and infants.

Recommendation 1.a.: Align Louisiana Levels of Maternal Care with National Guidelines. In August 2019, the American College of Obstetricians and Gynecologists (ACOG) in partnership with the Society of Maternal-Fetal Medicine (SMFM), published Obstetric Care Consensus Number 9, which advances a "classification system" aimed at reducing "maternal morbidity and mortality, including existing disparities, by encouraging the growth and maturation of systems for the provision of risk-appropriate care specific to maternal health needs." ACOG and SMFM recommended states work to develop level of care programs that establish designations for all birthing hospitals. These designations assure birthing persons have access to appropriate medical treatment based on acuity and need for specialty services. The Department, in collaboration with key stakeholders, is currently in the process of utilizing ACOG, SMFM, and CDC resources to update the current levels of maternal care system to not only align with national guidelines, but to incorporate requirements related to the implementation of evidence-based practices that ensure safe birth for all Louisiana families.

Recommendation 1.b.: Require participation in quality improvement initiatives for all birthing facilities in Louisiana. Birthing persons in Louisiana face a double-disparity: not only are Louisiana residents more likely to die within 12 months of a pregnancy, but Black women are four times more likely to die than their White counterparts. These disparities extend, however, beyond maternal death. For every one maternal death in Louisiana, it is estimated that there are 70-100 severe maternal morbidity (SMM) events. ACOG describes SMM as "unexpected outcomes of a labor and delivery that result in both short and long-term consequences to a woman's health." Among those maternal deaths and unexpected outcomes that are preventable, evidence-based quality improvement initiatives have shown to be effective in reducing maternal mortality and morbidity.

Recommendation 1.b. (continued): The Department currently manages the LaPQC, an initiative of 38 birthing facilities across the state that work to implement evidence-based best practices in order to move towards an increase in safer births and improve overall health outcomes. The LaPQC advances and supports change at birthing facilities across four key areas: routinization of clinical best practice, elevation of patient voice in improvement work, encouraging high-quality and effective communication among care teams, and encouraging executive support and provision of resources for improvement work at the hospital-system level. Across each of these areas, hospitals are not only asked to implement best practices, but make specific changes that reduce health disparities. For example, hospitals both work to adopt practices that ensure readiness to treat all patients with severe hypertension quickly and appropriately, and they work to stratify data about treatment by race and ethnicity to ensure that all patients are treated the same regardless of race.

The LaPQC benefits from not only a great reach among birthing facilities - almost 9 of every 10 births in Louisiana occurs at a facility in the Collaborative - but also a high level of trust and engagement with improvement teams across the state. The improvement infrastructure built by the LaPQC ensures that, in the future, many health-related and equity-focused quality improvement initiatives could result in improved health outcomes for Louisiana families beyond just maternal mortality and morbidity. For example, quality improvement collaboratives across the country have successfully reduced Cesarean section rates, as well as improved identification and treatment of mothers and infants affected by opioid use, surgical infection, and more. At present, however, implementation of evidence-based best practice and participation in the LaPQC is, largely, voluntary. There are programs in place that support hospital-based improvement work focused on perinatal and neonatal outcomes, but the voluntary nature of those programs means that change cannot happen as quickly or efficiently as they would if quality improvement work were required and improvement teams in hospitals were well-supported for this vital work. Both requiring participation in, and financially supporting the long-term presence of, the LaPQC will assure that there is a high-quality, expert, effective means of ensuring a culture of evidence-based quality improvement in Louisiana for years to come.

Recommendation 1.c.: Provide programmatic support for facilities to hold implicit bias training for healthcare professionals. All persons, including health care providers, are susceptible to treating others differently based on biases that live just beneath the surface of consciousness. In health care settings, however, these implicit biases - unintentional or not - result in differences in care and, therefore, differences in health outcomes. Implicit bias training seeks to elevate and destigmatize conversations about these biases, allowing participants to uncover their own biases and take steps to remediate differences in care. Not only will this training result in more equitable health care, but also shift the overall culture of care in Louisiana.

Summit Recommendation 2:

Insurance systems should adequately cover the post-partum period and provide adequate reimbursement for maternal healthcare providers and services, including perinatal health workers and universally offered home visiting.

Why this Recommendation?

Currently, Louisiana's Medicaid program for maternity care (LaMOMS) covers women up to 60 days postpartum. Women who are unable to continue their coverage past 60 days postpartum include those women who are disqualified from Medicaid expansion, such as undocumented immigrant mothers [36]. Adequate insurance coverage is a major factor in the availability of and access to high-quality providers such as obstetricians, perinatal health workers, and midwives. Research indicates that birthing families receiving care from perinatal community health workers (PCHWs), including doulas, have improved health outcomes for both themselves and their newborns [7, 8] . While beneficial, some of these services are not currently recognized as a reimbursable service, or provider rates are very low. Summit participants recommended that providers receive competitive reimbursement for perinatal health services so women and families can access the care they need, when they need it, regardless of where they live in the state.

Recommendation 2.a.: Require Medicaid plans to cover women for 12 months postpartum. Summit participants recommended that establishing extended, structured health benefits for primary and related specialty care for a full 12 months postpartum for women with defined chronic co-occurring conditions or clinical indicators of risk would directly address issues associated with pregnancy-related death and severe maternal complications. Summit attendees recommended that benefits should include coverage for at least one home health assessment during the first 6 weeks postpartum for eligible patients. This action step would reduce structural barriers to care equity for childbearing women affected by a range of postpartum conditions and stressors, which may pose risks for increased negative health outcomes.

Recommendation 2.b.: Ensure adequate reimbursement for providers, especially perinatal community health workers (PCHWs), midwives, and physicians. Research indicates that birthing families receiving care from PCHWs, including doulas, have improved health outcomes for both themselves and their newborns. Working with a doula, in particular, has been shown to have higher breastfeeding initiation rates, a reduction in low birth weight deliveries, and lower rates of cesarean birth [7]. Doulas can also help reduce the impacts of racism and racial bias in health care on pregnant people of color by providing individually tailored, culturally appropriate, and person/family-centered care, and advocacy [9]. Developing a sustainable and equitable model of reimbursement for PCHWs promotes and supports perinatal health workers that reflect those communities most affected by maternal mortality and severe maternal morbidity. These health workers should be effectively integrated into the perinatal health delivery system in order to connect with established maternity care systems to promote a comprehensive network of support for all individuals giving birth in Louisiana. Adequately reimbursing/compensating midwives, doulas, and physicians for Medicaid-paid services will expand health services to lower income women and their families.

Why this Recommendation?

When care for mothers and their infants is coordinated with, led by, and brought directly into communities, mothers are more likely to participate in and benefit from perinatal health care. Specifically, community led breastfeeding support groups, perinatal community health workers, home visiting services, universal mental health screening and accessible mental health care, co-occurring maternal postpartum and infant visits, and established transition procedures from postpartum to primary care are recommended by Louisiana health and community leaders.

Recommendation 3.a.: Support community-based breastfeeding groups. There are numerous, well-established, short- and long-term health benefits of breastfeeding for women, infants, families, and communities [10]. Therefore, promoting breastfeeding is a key strategy to reduce population health inequities as breastfeeding allows all infants access to the same quality of nutrition and immune protection, regardless of social and economic resources.

There are many factors that influence a woman's intention to breastfeed as well as her ability to continue breastfeeding beyond the hospital visit. Women of color are more likely to encounter breastfeeding barriers shaped by negative historical experiences (slavery, wet nursing) and have resulted in persistent disadvantages, including living in communities that lack the resources to assist with narrowing of the Black-White breastfeeding gap [11]. According to 2018 data from the Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS), rates of breastfeeding initiation continue to be disproportionately lower between Whites and Blacks in Louisiana. Only 60% of Non-Hispanic Black mothers initiated breastfeeding compared to 79% of Non-Hispanic White mothers.

The LDH-Office of Public Health already engages a multi-faceted approach to increase breastfeeding among Black infants to improve the health of the mother and baby, including practices that have strong rationale for use [12,13].

- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides prenatal and postpartum home visiting services, including lactation support and/or referral to local lactation support.
- Various BFH programs, including MIECHV, use culturally relevant, consistent breastfeeding education materials with mothers and families.
- *The Gift*, a breastfeeding quality initiative and designation program, provides resources and a framework to help improve breastfeeding outcomes through adoption of the Ten Steps to Successful Breastfeeding of the Baby-Friendly Hospital Initiative (BFHI), which are associated with a decrease in racial breastfeeding disparities [14]
- WIC Peer Counselor Program ensures that WIC participants have breastfeeding support in place before they are discharged from the hospital
- The Department's Well-Ahead Louisiana initiative requires businesses, hospitals, universities and more to incorporate breastfeeding-friendly policies in order to be designated as a "WellSpot."

In addition to existing Department efforts, there are community-based efforts to address narrowing the Black-White breastfeeding gap. Examples include but are not limited to, local and state breastfeeding coalition(s), New Orleans Breastfeeding Center (NOBC), Sista Midwife and Community Birth Companion.

Recommendation 3.a. (continued): The following actions could further support the elevation of community-based breastfeeding groups, thereby narrowing the gap in local breastfeeding support for Black women and building continuity of breastfeeding care in under-serviced communities.

- Increase availability of New Orleans Breastfeeding Center's breastfeeding support group model, a culturally relevant community-based breastfeeding support group for families of color;
- Increase the number of professional and peer lactation supporters of color through training and mentorship;
- Create opportunities and avenues for NOBC's breastfeeding support group facilitators and participants to contribute their expertise, knowledge, needs and interests to inform BFH programs in ways that advance health equity by including community in the decision making process;
- Support efforts to provide equity-centered policies and lactation education for providers and other breastfeeding supporters; and
- Disseminate a resource directory of local lactation support services available.

Recommendation 3.b.: Expand the availability of home visiting care for mothers and infants. Access to universally-offered, voluntary, evidence-based home visiting services for every pregnant woman and family with a newborn in the first month of life has been shown to have positive impacts on families [15]. This recommendation supports the Department's priority to promote early identification and response to potential maternal complications; promotes caregiver confidence with responding to the infant's needs; supports positive parenting practices and family well-being; supports school readiness; addresses barriers to health by promoting linkage to community resources; and advances economic self-sufficiency. Models of evidence-based home visiting that provide family support and coaching enable birthing families to be integrated into local health systems and medical homes. Specific models promote optimal maternal and child health and development, address barriers to health, aim to reduce maternal complications, support positive parenting practices to reduce risk of abuse and neglect, address school readiness, economic self-sufficiency, and linkages and referrals to community resources.

Within the Department, the OPH-Bureau of Family Health currently oversees the implementation of two evidence-based home visiting models for low-income women via the Maternal Infant Early Childhood Home Visiting (MIECHV) program. These services pair families with registered nurses or parent educators who provide personalized education, support and coaching, and referrals to services to empower families to reach their goals. Nurses and parent educators work with families in their homes or the family's preferred location. The Department is exploring opportunities to expand evidence-based family support and coaching services to all families with a newborn, including looking for approaches to finance universally-offered home visiting.

Recommendation 3.c.: Establish universal mental health screening and accessible mental health services for mothers and infants. Women's and young children's mental health issues need to be identified and treated early to prevent more significant developmental and behavioral health challenges that can affect long-term health outcomes. Approximately 1 in 7 women experience perinatal mood and anxiety disorders and rates may be higher in higher risk populations, such as those who experience poverty [16].

Recommendation 3.c. (continued): Common and costly adverse pregnancy outcomes occur at higher rates among women with perinatal depression including low birth weight and preterm birth, and maternal death from suicide and complications related to substance use disorders [17]. Late entry into prenatal care, along with difficulty attending recommended prenatal visits, can result in missed opportunities for prevention and intervention [17]. Approximately 10-20% of children 0-5 years of age experience a diagnosable mental health condition (roughly 31,000-62,000 children in Louisiana) and rates are higher for children who experience more adversity, such as parental mental illness [18]. Infants and young children exposed to perinatal and maternal depression or other adverse experiences are at higher risk of adverse outcomes including: biological abnormalities (e.g., abnormal brain development, abnormal stress hormone release patterns); medical and developmental conditions (e.g., increased risk of emotional and behavioral problems and increased risk of developmental delays); and relationship problems (e.g., less healthy parent-child relationships) [19].

Obstetric, pediatric, and family medicine clinicians are in a prime position to support families' health in the peripartum period and throughout early childhood, through scheduled healthcare visits. Grant-funded projects in Louisiana through the OPH-Bureau of Family Health have allowed for successful piloting of consultation approaches. Support to these key providers increases identification of risk and disorders and improves access to treatment. Providers who participate in consultation report increased knowledge about mental health issues and community resources and greater confidence in addressing these concerns with families.

Recently, the Department secured competitive grant funding to expand consultation support to perinatal providers statewide. Administered as a partnership with the Tulane University, the Louisiana Mental Health Perinatal Partnership (LAMHPP), provides consultation to licensed healthcare clinicians serving pregnant and postpartum women and their families, including OB-GYNs, family physicians, pediatricians, nurse practitioners, nurse midwives, psychiatrists, psychologists, clinical social workers, licensed clinical social workers, and others. LAMHPP supports healthcare clinicians to address the needs of their patients including perinatal depression, anxiety, substance use disorders, interpersonal violence, and related health risks and conditions. Similar child-focused consultation is currently available to pediatric providers serving children 0-8 years of age in the Lafayette region of the state. The Department is exploring approaches to finance an expansion of perinatal and pediatric consultation as an enduring statewide system.

Recommendation 3.d: Expand the availability of co-occurring postpartum and infant checks. Within the first few months postpartum, mothers and infants have several regular medical visits scheduled. Attending these appointments can be a challenge for several reasons, including transportation, driving restrictions, lack of social support, geographic and/or social isolation, and complications from other medical conditions. Dyadic visits, appointments where both the maternal postpartum check and the well-infant check can be done at the same visit, are an innovative approach to minimize the need for coordinating multiple trips to healthcare facilities and the need to find childcare for a newborn infant during a postpartum visit. Currently, dyadic visits are a rare occurrence in Louisiana healthcare systems, as such the Department is interested in exploring how to build this out in consultation with national organizations such as the American College of Obstetricians and Gynecologists (ACOG).

Recommendation 3.e.: *Ensure a coordinated transition from obstetric care to primary care.* This recommendation incorporates the principles of the Alliance for Innovation on Maternal Health's (AIM) Postpartum Care Maternal Safety Bundle and the ACOG Committee Opinion on Optimizing Postpartum Care. The policy would establish development and adoption of standardized toolkits by the LaPQC for all accredited birthing hospitals, creating safe transitions of care during postpartum discharge planning. Through this recommendation, measures would be implemented for all patients irrespective of source of primary obstetric care (e.g. hospital based practices, community health centers or academic based health services), or patient's medical coverage (e.g. Louisiana Medicaid or commercial insurance).

Why this Recommendation?

It is well established in public health research that income plays a role in health outcomes [28]. When mothers and their families have the ability to support themselves financially, they are less likely to experience poor birth outcomes [27]. Paid family leave and policies that encourage economic equality were recommended by summit participants as ways to support mothers financially. Beyond financial support, summit participants recommended improving access and availability of high-quality family planning services and comprehensive sex education as a way to boost the ability of parents to plan and decide the timing of building their families. Additionally, summit participants recommended supporting community advisory councils that can advocate for the local needs and priorities of communities.

Recommendation 4.a.: Require all Louisiana places of employment to provide paid family leave. Existing Louisiana law requires employers of over 25 employees to provide unpaid leave [20]. However, neither this law, nor the federally-required Family and Medical Leave Act, offers protections to all employed women. Moreover, these laws mandating unpaid leave are not feasible for many workers and their families who cannot afford to go without earnings [21]. A Paid Family Leave (PFL) policy can support maternal health both during pregnancy and after giving birth. PFL allows time to attend important prenatal care visits. During prenatal visits, doctors identify and treat health problems early, which helps prevent life-threatening complications. Women who do not receive prenatal care are 3-4 times more likely to experience pregnancy-related death [22].

After giving birth, a PFL policy allows time to manage physical and mental health without jeopardizing work or suffering financially [21]. Research suggests that women who take longer leave have overall improvement in mental health and fewer postpartum depressive symptoms [23]. However, in 2018, only 46 percent of new mothers in Louisiana were able to take any length of PFL following childbirth [24].

Due to a lack of PFL, 1 in 4 new mothers return to work within 10 days [25]. This early return to work can affect the ability to attend a postpartum checkup. A postpartum checkup usually takes place 4-6 weeks after labor and delivery to make sure the mother is recovering well. A postpartum checkup is important because new mothers are at risk of serious and sometimes life-threatening health complications in the days and weeks after giving birth [22]. In general, approximately 40 percent of women do not attend a postpartum visit [26]. Half of the maternal deaths seen in Louisiana from 2011-2016 occurred between 24 hours and 42 days after delivery [2]. Furthermore, early return to work can interfere with breastfeeding [29] and disrupt the development of nurturing relationships and environments that allow for young children to thrive and reach their full potential [30].

Recommendation 4.b.: Enact legislation that reduces the unequal economic burden on mothers and families. Summit participants recommended legislation to ensure equal pay for women. In addition, participants recommended eliminating the sales tax on necessary items such as diapers and feminine hygiene products. Summit participants also stressed the importance of accommodations for women who work during pregnancy. Currently, Louisiana law does not explicitly guarantee reasonable pregnancy accommodations, such as less strenuous or hazardous work [26]. Federal protections are also limited. Under the Pregnancy Discrimination Act, employers only need to accommodate pregnant workers if they already provide accommodations to other workers. The Americans with Disabilities Act only requires accommodations for pregnancy-related disabilities, but not medical needs arising from a routine pregnancy.

The Louisiana Department of Health, as a state agency, is limited in its capacity to advocate for specific legislation. Work to ensure legislation to reduce the economic burden on mothers and families will require coordinated advocacy and legislation from community groups and legislators.

Recommendation 4.c.: Create policy advisory councils. Participants in the summits emphasized community engagement as a necessary strategy to achieve health equity. According to the Institute for Healthcare Improvement, health equity is realized when each individual has a fair opportunity to achieve their full health potential. As the Department works to achieve health equity, it must explore the reasons why racial and ethnic minorities are more affected by worse health outcomes. Research demonstrates that health inequities are the result of poverty, structural racism, and discrimination, and disparities are shaped by multiple factors. Therefore, efforts to address these issues should be informed by community perspectives. There are powerful models that have shown that co-designed strategies to address these issues is possible and impactful. Meaningful community engagement increases the likelihood that projects or solutions will be widely accepted due to the community's commitment to helping make the projects happen; creates more effective solutions by drawing on the knowledge of a diverse group who create practical and effective solutions; creates opportunities to discuss concerns before problems get out of control; and increases trust in organizations by improving communication and understanding.

Recommendation 4.d.: Ensure women have access to a variety of family planning providers to meet their specific needs. Participants in the summits noted the need to ensure high quality family planning services in the state, as unplanned pregnancies have been linked to negative outcomes including delayed, prenatal care, premature birth, and negative physical and mental health effects for children [31]. With the expansion of Medicaid in Louisiana in 2016, more women than before are able to access preventive care from a variety of primary care provider types, including rural health clinics, Federally Qualified Health Centers (FQHCs), and mid-level providers [32]. Healthcare professionals in these specialties and settings are less likely to have received targeted training on reproductive health and family planning methods that can assist women with planning and spacing their pregnancies [34].

One approach to addressing this need is to ensure that clinicians are able to support their patients' pregnancy intentions through effective reproductive life planning conversations, provision of effective methods to help ensure optimal birth spacing (including long-acting reversible contraceptives [LARC]), and referrals to care [35]. The Department is currently expanding a quality improvement initiative that is focusing on:

- Communicating to healthcare leaders and administrators about the benefits of offering same day access to a wide range of family planning methods and the impact same day access has on uptake and continuation rates;
- Training for clinical providers on using evidence-based, patient-centered counseling to support informed decision making, including information on the full range of family planning methods, achieving pregnancy, and infertility; and
- Developing sample protocols for providing LARC services and offering technical assistance for providers and healthcare facilities on consistent coding, accurate billing, and efficient stocking of contraceptives, including LARC methods.

Recommendation 4.e.: Explore the benefits of comprehensive sex education for youth in order to promote safe births in the future. Summit participants emphasized the need for comprehensive sex education for adolescents as a way to prepare youth for adulthood by making informed decisions towards their health and family goals. According to the Kaiser Family Foundation, comprehensive sex education aims to "provide medically accurate age-appropriate information about abstinence, as well as safer sex practices including contraception and condoms as effective ways to reduce unintended pregnancy and STIs. Comprehensive programs also usually include information about healthy relationships, communication skills, and human development, among other topics[33]." Comprehensive sex education has been shown to better reduce teen pregnancies and STDs/HIV in youth than abstinence only sex education[33]. Currently, Louisiana law does not require comprehensive sex education to be taught in schools, but allows schools to do so.

The Department as a state agency is limited in its capacity to advocate for specific legislation. Work to ensure legislation to require comprehensive sex education will require coordinated advocacy and legislation from community groups and legislators.

Conclusion

The persistent racial disparities in birth outcomes for Black women and infants require equally persistent actions to close the health gap in Louisiana and save lives. The Louisiana Department of Health is committed to leading, coordinating, and supporting sustainable actions that will foster long term change in birth outcomes. Strategies that focus solely on individual behavior change and health education that have been used for decades have not resulted in the necessary improvement and can result in blaming individuals for outcomes that have more complex origins. The August 2019 summit and the November 2019 summit highlighted the urgent need for community-informed policy and systems-change strategies that identify and impact the structures and systems that lead to disparate health outcomes for Black women and infants. These recommendations came from community leaders, hospitals, healthcare providers, policy makers, state and local government, doulas, midwives, and public health specialists. All of them require action taken at multiple levels: through the community, through legislation, and through healthcare organizations and facilities. Working at all three of these levels will ensure more sustainable benefits for families. The recommendations are summarized below:

- **Recommendation 1:** Birthing facilities in Louisiana should be well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, patient-centered maternal and infant care.
- **Recommendation 2:** Insurance systems should adequately cover the postpartum period and provide adequate reimbursement for maternal healthcare providers and services, including perinatal health workers and universal home visiting care.
- **Recommendation 3:** Maternal and infant care should be coordinated, simple to navigate, and community-driven.
- **Recommendation 4:** Families should have the opportunity to support themselves and care for their young children in safe and sustainable communities.

Advancing the long-term actions recommended by summit participants will require strategic planning, support, and activities both within the Department and beyond. Of note, several important areas of new work have already been initiated by the Department within the past year including:

- Investigating reimbursement for community health workers and doula services through Medicaid;
- Reviewing levels of maternal care statute and verification process; the Department aims to have new rules by October 2020;
- Redesigning the existing model of maternity care to potentially include postpartum home visiting; the Department is currently investigating ways to fund a pilot of a short-duration universally-offered home visiting model in the next state fiscal year within a small number of facilities; and
- Promotion of the statewide remote psychiatry consultation to perinatal providers through the Louisiana Mental Health Perinatal Partnership (LaMHPP), in order to improve identification and management of maternal depression and other mood disorders that can compromise maternal health and early relational health.

All recommended actions will require coordination of efforts at the community, healthcare, and legislative levels in order to successfully improve birth outcomes. This report aims to lay out the recommendations as a “roadmap” that will guide policy makers, state and local officials, and community leaders in their efforts to improve the health of their constituents in partnership with the Louisiana Department of Health. With these recommendations to guide the Department’s funding, implementation, and coordination strategies, the Department strives to create a future in Louisiana where all women and their infants are able to reach their highest health potential before, during, and after pregnancy, and share safe and dignified birthing experiences.

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