



State of Louisiana
Louisiana Department of Health
Office of Public Health

LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY Meeting Minutes – Regular Meeting

March 20, 2025
1:00 p.m. - 3:00 p.m.

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

I. Call to Order

The meeting was called to order at 1:09 PM by the Chair, Dr. Scott Barrilleaux.

II. Roll Call

Nine members were in attendance and a quorum was present.

- a. Members in attendance included Dr. Scott Barrilleaux (Chair), Dr. Steve Spedale (Co-Chair), Dr. Joseph Biggio, Dr. Marshall St. Amant, Dr. Rodney Wise, Ms. Amy Zapata, Dr. Courtney Campbell, Ms. Aundria Cannon and Ms. Leslie Lewis.
- b. Members not in attendance included Senator Regina Barrow, Representative Stephanie Berault, Dr. Karli Boggs, Ms. Erika Moss, and Ms. Emily Stevens.
- c. Guests in attendance included Ms. Jasmine Thomas, Ms. Paulette Carter, Ms. Juliette Saussy, and Ms. Ashley Cox Coates. Ms. Yoruba Baltrip-Coleman attended and provided administrative support.

III. Perinatal Commission Statute/Charge Review- Louisiana Legislative Resolution RS 40:2018, Subsection F

- a. The Chair reviewed the Perinatal Commission charge and operating guidelines found in Louisiana Legislative Resolution RS 40:2018, Subsection F.

IV. Public Comment

- a. The Chair called for public comments. There were no public comments.

V. Approval of Meeting Minutes (5 minutes)

- a. The meeting minutes from the January 16, 2025 meeting were reviewed. Dr. Spedale motioned for the meeting minutes to be approved, seconded by the Chair. The meeting minutes for January 16, 2025 were approved unanimously by members present.

VI. New Business (15 minutes)

- a. Chair Elections
 - i. The Chair opened the floor for nominations for the chair position. The Chair, Dr. Barrilleaux, nominated Dr. Spedale for the chair position.

- ii. Dr. Barrilleaux motioned to vote for Dr. Spedale for the chair position. Dr. Wise seconded the motion to vote for Dr. Spedale as the new Perinatal Commission Chair.
- iii. The motion passed unanimously with no nays. Dr. Spedale will assume chair position and duties following the March 20, 2025 meeting.

VII. Dr. Veronica Gillispie-Bell, Bureau of Family Health (BFH) Medical Director for the Louisiana Perinatal Quality Collaborative (LaPQC) and Pregnancy Associated Mortality Review (PAMR) and Ochsner Health obstetrician-gynecologist.

a. LaPQC 2024 Results/Recap

- i. **The Gift** seeks to improve maternal and infant outcomes related to breastfeeding and birth parent-infant bonding. Hospitals meeting the LaPQC standards are awarded Gift Designation.
- ii. **Safe Births Initiative** launched in 2021 and is the primary home for Alliance for Innovation on Maternal Health (AIM) bundle implementation and perinatal outcomes work. AIM bundles are patient safety bundles consisting of collections of evidence-informed best practices, developed by multidisciplinary experts, which address clinically specific conditions in pregnant and postpartum people. Quality improvement work relative to recommendations generated by Louisiana's Pregnancy Associated Mortality Review are also activities within the Safe Births Initiative. Compliant hospitals and birthing facilities receive Birth Ready Designation. Implemented May 2023 – May 2024, the goal was to decrease severe maternal morbidity secondary to sepsis 1% by July 2024. Data indicates a 13% decrease from baseline.
- iii. **Improving Care for the Substance-Exposed Dyad (ICSED)** initiative focused on outcomes related to dyads affected by substance and opioid use disorder. LaPQC seeks to improve the identification, care, and treatment of women who give birth and newborns affected by or exposed to opioids and substance use.
- iv. **Caregiver Perinatal Depression Screening (CPDS)** seeks to understand screening and referral pathways for caregivers affected by depression. The initiative is focused on improving the implementation of perinatal depression screening, using a validated tool and referral to resources in pediatric clinics at the 1, 2, 4, and 6-month well-child visits, in accordance with recommendations from the American Academy of Pediatrics. The learning collaborative is informed by the learnings from the LaPQC's CPDS Pilot, which concluded in July 2023, and the second cohort of facilities, which concluded in September 2024.

b. 2025 LaPQC Initiatives

Programming includes collaborative learning, tools, training and resources, improvement coaching, data platform and alignment with national efforts.

- i. **The Gift** – The main setting for this initiative is birthing hospitals and Gift Designation is awarded when requirements are met. The goal is to improve infant feeding best practices in NICU/special care settings and improve care for substance-exposed newborns through improved care coordination and referral, and discharge planning. The Hospital-Community Task Force (HCTF) is a model introduced in April 2024 and includes community experts as equal partners, with their time compensated and their expertise acknowledged as equal in value to the deep clinical expertise brought by hospital leaders and staff. Participating teams receive technical assistance.

- ii. **Safe Births Initiative (SBI) 4.0** – The goal of SBI 4.0 in birthing hospitals is to ensure safe transitions of care from the hospital into the postpartum period. Strategies will continue to include supporting progress related to hemorrhage, hypertension, and reducing primary cesarean section rates. Improving care for substance exposed dyad complete (ICSED will address other clinical drivers of maternal morbidity, such as maternal overdose and discharge support planning for families and patients. SBI aims to decrease the severe maternal morbidity (SMM) among patients experiencing substance use disorders (SUD) by 20% by December 31, 2026 and within the same time frame to have 85% of patients being discharged from a birth hospitalization to have a scheduled postpartum visit prior to discharge. Methods include universally screening for social determinants of health and referral to resources, education on maternal urgent warning signs, scheduling postpartum visits for outpatient obstetrical care, specialist care and community supports and services, universally screening for substance use disorder, referral to treatment, anti-stigma and respectful care staff/clinician training, and through the expansion of overdose prevention and naloxone distribution efforts. ICSED Plus is a pilot with at least three hospitals working towards discharge care coordination, will create a clinical, technical assistance warm-line staffed by addiction care professionals, and will use 1-2 Perinatal Substance Use Navigators to provide coordinated care and build referral systems between clinics, hospitals, SUD treatment providers and peer support networks.

- iii. **Community Birth Initiative** – Launched in May 2024 with the goal of improving transition of care from community births, or free standing birth centers (FSBC) to hospitals. Objectives include improving readiness and recognition of hemorrhage in FSBC as well as improving breastfeeding initiation in FSBC, improving readiness in hospitals for community birth through understanding of scope of practice of midwives in Louisiana, improve understanding of the scope of practice for FSBC, review outcome data from community births, and to improve collaborative care through multi-disciplinary drill training and education between midwives, physicians, nurses, and Emergency Department (ED) providers.

A Community Birth Symposium will be held in June in Baton Rouge.

The Perinatal Transfer Workgroup supports the development of maternal and neonatal transfer protocols to ensure safe transitions of care from community birth to hospitals. The goals are to improve the whole person safety and efficiency of the transfer process through the establishment of (state) system-wide maternal and neonatal protocols, collect and analyze qualitative and quantitative transfer data for the purpose of quality improvement, and inform efforts and make recommendations to build greater collaboration between community-based midwives, EMS and hospital care teams and enhance the patient experience of care when transfers occur.

- iv. **Caregiver Perinatal Depression Screening (CPDS)** – Pediatric Clinics are the setting. CPDS 3.0 will launch in July 2025 and will be a co-implementing initiative with the Bureau of Family Health's (BFH) Pediatric Programs and Health Resources and Services Administration (HRSA)-funded Provider to Provider Consultation Line (PPCL). The goal is to implement evidence-based best practices in pediatric clinics that promote equitable access to caregiver perinatal depression screening and referral to appropriate care when risk is identified.

- v. **Obstetric Readiness in Emergency Departments (ORED)** – Emergency Departments are the setting. In collaboration with the LaPQC, emergency departments in Louisiana will establish evidence-based standardized protocols, processes and structures that improve perinatal and neonatal outcomes. Aim of the ORED initiative by December 2025, 70% of participating EDs will report having evidence-based policies and procedures implemented for identifying and treating obstetric hypertension, with areas of focus on screening for pregnancy and lactation status, and implementing best practices for screening, diagnosing and treating severe hypertension.
- vi. Requirements for receipt of Louisiana Birth Ready and Gift Designations must be met for two years to receive designation.
 - i. 35 birthing hospitals have achieved either Birth ready or Birth Ready + Designation

VIII. Increasing Engagement of Perinatal Providers in the Provider-to-Provider Consultation Line

Paulette Carter, Mental Health Consultation Program Manager, LDH-BFH

The Provider to Provider Consultation Line (PPCL) assists frontline perinatal health care providers statewide in building their capacity to recognize and respond to the mental and behavioral health needs of their patients/clients. It is a statewide, no-cost telehealth consultation and education program that helps providers address the behavioral and mental needs of pediatric patients ages 0 – 21 and perinatal patients. The program can help increase clinic capacity to screen, diagnose, treat, and refer patients to supportive services and connect providers to mental health consultants and psychiatrists. Efforts in provider education include quality improvement projects, educational materials, webinars and Project ECHO. The consultation line efforts include psychiatry, resource and referral support and having on hand licensed mental health staff.

Access to the program is free, with providers not required to register for access to consultation, though it is encouraged. Providers can register at <http://www.ldh.la.gov/page/ppcl> or call the PPCL line at 833.721.2881 during 8 a.m. to 4:30 p.m., or go to <https://ldh.la.gov/page/ppcl> and submit a consultation request. PPCL data as of March 2025 show that the highest number of providers are pediatricians at 31%, with internal medicine and urgent care providers having the lowest representation at 1% each. Of the 505 providers registered in the PPCL database, 54% are pediatric providers, 22% were perinatal and 24% were both. 73% of consults were pediatric consults whereas 27% were perinatal consults. Half of the perinatal consults required psychiatric involvement. The types of perinatal supports provided include referral and treatment, referral only, and treatment only. The primary concern in perinatal consults was depressive disorder, followed closely by anxiety disorder.

Provider feedback has been reported as positive. The PPCL team facilitates the TeleECHO series. TeleECHO is a virtual training series for pediatric mental health and perinatal mental health. ECHO functions as a virtual grand rounds by using didactics, mentoring, and patient case presentations. Benefits of participating in the TeleECHO series include: no-cost continuing medical education or continuing education units/contact hours for doctors, nurses and social workers; increased capacity for treating behavioral health concerns; feedback about specific patient cases and complex conditions is provided; and support from peers and mentorship from experts is provided.

IX. Public Comment

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

X. Other Business

- a. There are two vacancies on the Perinatal Commission Vacancies

Perinatal Commission Meeting Agenda

March 20, 2025

Page 5

- i. Family Practitioner
- ii. Neonatologist
- iii. Members and guests may submit the names of interested individuals to the PerinatalCommission@la.gov email.

XI. Announcements

- a. Ms. Baltrip-Coleman announced that the Louisiana Doula Registry Board began accepting applications on February 11, 2025 and approved 78 doulas to be added to the Registry at their March 12, 2025 Doula Registry Board meeting.
- b. The next Perinatal Commission Meeting will be held on Thursday May 15, 2025.

XII. Adjournment

Incoming chair, Dr. Spedale motioned to conclude the meeting, seconded by the outgoing chair, Dr. Barrilleaux. The meeting adjourned at 2:40 P.M.

The Commission will undertake all of its responsibilities assigned by Louisiana Legislative Resolution RS 40:2018. Subsection F. outlines the functions of this Commission to: §2018. Commission on Perinatal Care and Prevention of Infant Mortality; maternal and infant mortality studies; confidentiality; prohibited disclosure and discovery

A. There shall be established within the Louisiana Department of Health, a commission which shall be designated the "Commission on Perinatal Care and Prevention of Infant Mortality", composed of sixteen members, as provided in Subsection B of this Section.

1. Research and review all state regulations, guidelines, policies, and procedures that impact perinatal care and, when appropriate, make recommendations to the secretary of the Department of Health and Hospitals.
2. Research and review all state laws that impact perinatal care and, when appropriate, make recommendations to the legislature.
3. Accept grants and other forms of funding to conduct maternal and infant mortality studies
4. Contract, in accordance with the applicable provisions of state law, for the performance of maternal and infant mortality studies

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.