



STATE PERINATAL ADVISORY BOARD MEETING

MINUTES

July 15, 2009

ATTENDEES	
Yvonne Beasley	MCHD
Rise Ratney	Healthy Start
Clementine DuBose	MCH Network
Dianne Mallory	MCHC
Raquel Castro	HealthVision Midwest
Joseph Landwehr	Ball Memorial Hospital
Angela Lovern	MCHD
Megan McClure	MCHD
Valerie Duncan	MCHD
Becky Baker	Wayne Co. HD
Angela Crawford	Wayne Co. HD
Tonya Scott	Childhood Connections
Rose Ellen Adams	Childhood Connections
Sue Dumm	ISDH
Victoria Reed	MCHD
Leslie Weimer	MCHD
Susan Bonhotal	Southwest Indiana Regional Perinatal Advisory Board
Julie St. Clair	Southwest Indiana Regional Perinatal Advisory Board
Joanne Martin	IU School of Nursing
Jayne Parsons	MCHD
Donna Daulton	MCHD
Barb Himes	IPN
Nancy Lewis	ICAP
Lisa Crane	Clarian
Linda Johnson	Wishard
Marguerite Shepard	IUMC-IU Hospital
Jenny Schrock	Elkhart Co. Health
Sandy Runkle	Prevent Child Abuse Indiana
Rosie Groves	St. Vincent Women's
Lynn Masters	Hope Pregnancy Care Center
Alexis Neal	BMH
Carla Ault	Schneck Medical Center
Josephine Hughes	NASW
Donna Myers	ISDH



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Donna Bookout	HMHB-Muncie
Connie Kerrigan	Parkview Health
Renell Leichty	Parkview Health
Laura Ottenweller	Lutheran Hospital
Susan Dorrell	ISDH
Michele Starkey	ISDH
Judy Ganser	ISDH
Beth Johnson	ISDH
Ann Johnson	Healthy Families
Andrea Wilkes	ISDH
Amy Eberle	MGH
Beth McIntire	St. Vincent Women’s
Joyce Denzler	Hope Pregnancy Care Center
Jonell Allen	Community Health Network
Peggy Findley	Schneck Medical Center
Sharon Johns	St. Vincent Women’s Health
Larry Humbert	IPN
Sarah Hundagen	IPN
Caitlin Priest	IPN
Amy Korbe	IPN
Tina Cardarelli	IPN
Leah York	IPN

AGENDA ITEM	DISCUSSION
<p>Teen and Unplanned Pregnancies</p> <p>Sarah Brown, National Campaign</p>	<p>Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancies, presented ““Teen Pregnancy and Unplanned Pregnancy in Young Adults: Why It All Matters”. View her PowerPoint here. She also answered questions from the audience; below are some of the questions and a few of her key points.</p> <p>Do shows like MTV’s “16 and Pregnant” actually end up glorifying teen pregnancy?</p> <ul style="list-style-type: none"> • Most people would agree that American television has gotten cruder and more sexualized, yet the teen pregnancy and birth rates have been going down in recent years. So, we’ve got to look for causes beyond just blaming the media. • Humans are hardwired to love babies. With shows like ‘16 and Pregnant’, they may do a great job of showing the hardships that come with teen pregnancy, but many teens watching will only focus on the cute babies



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	<ul style="list-style-type: none"> • We need to shine the spotlight on teens that are doing what is best for them, not just teen mothers (example: don't profile teen moms in a piece on teen pregnancy, but instead profile successful teens who are NOT getting pregnant) <p>How can we best help teens in areas that only allow abstinence-only education?</p> <ul style="list-style-type: none"> • The long-term goal is to change the rules at a policy, statewide level, so don't give up on that front • In the meantime, we need to stop with the head-on arguments and figure out a way to go around the rules • The best way to reach kids today is online. One suggestion would be to create a site called Indianateenstellthetruthaboutsex.org and fill it with credible information from good websites and reliable local experts. Form a panel of teenagers to help build and publicize the site; include places to go for help, numbers for screening, treatment, etc. <p>How do we work on preventing subsequent pregnancies?</p> <ul style="list-style-type: none"> • Most programs focus on helping a teen mother continue her education and be the best parent she can be; preventing another pregnancy is not the principal focus • Need to make sure pregnancy prevention is discussed multiple times and every mom has a solution that works for her <p>We used to see younger girls getting pregnant by older men; now there appears to be more younger boys getting girls pregnant. Is this a national trend?</p> <ul style="list-style-type: none"> • Interesting to hear, but data does not back this up as a national trend. <p>How to handle the attitude that if it happens, it happens?</p> <ul style="list-style-type: none"> • The U.S. is the outlier on many pregnancy markers, compared to other countries. Much of the time it feels like we just aren't taking this issue seriously and talking about it enough. • 20-somethings today have very different lives than 20-somethings did even a generation ago. They are waiting longer to marry, to move out of their parent's home, establish a career, etc. Just because this age group is out of their teens does not mean that they are financially or emotionally ready for a baby, so we need to continue the 'planning your pregnancy' discussion with this age group. • Latest studies show that 60% of babies born to women ages 20-24 are born to unmarried parents. • 50% of all pregnancies are unplanned (self-reported); most to women under 30 • Teens are making progress on their pregnancy rate, but rate among young adults
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	<p>has stalled; young adult unplanned pregnancies have similar consequences</p> <ul style="list-style-type: none"> • Getting pregnant will be the most important decision you make in your lifetime; who is going to come out and say that this needs to be taken seriously? • Couples are more likely to break up in the face of an unplanned pregnancy than get married • There is always the underlying issue of abortion: 90% of abortions are from unplanned pregnancies. This can be the common ground among pro-life and pro-choice groups—if we can prevent unplanned pregnancies, abortion would not be a major issue • 17% of abortions are to teens, 20% are to married women; most people think a much higher percentage would be teens • new sequence vs. old sequence—makes it hard to do orderly things like plan a pregnancy (see slides 17-18) <p>For more information, visit the National Campaign’s website at www.thenationalcampaign.org.</p>
<p>Update on Presumptive Eligibility and Medicaid Issues</p> <p>Caitlin Priest, IPN</p>	<p>Presumptive Eligibility</p> <ul style="list-style-type: none"> • On July 1 Presumptive Eligibility (PE) did kick off in Indiana. Over 300 women have entered prenatal care in the past 2 weeks on presumptive status! Statewide, 145 providers have become Qualified Providers. • We need to continue mobilizing and making people aware of PE. Word-of-mouth seems to be most effective—moms talking to other moms and letting them know they can get care. We need to keep the ball rolling with providers as well, and tell providers to promote PE and encourage others to become Qualified Providers <p>Notification of Pregnancy</p> <ul style="list-style-type: none"> • A new Notification of Pregnancy form has been developed in conjunction with and will be used by all 3 managed care organizations. • The NOP form will be used to assess each patient’s individual risk; aggregate data will then be used by the state and Medicaid. • \$60 financial incentive for providers to return form within 5 days of visit <p>Family Planning Waiver</p> <ul style="list-style-type: none"> • Family planning waiver—still under review at the federal level, 18 months after submission. IPN and others are working to encourage Indiana legislators to follow up at the federal level and show their support • Everyone is strongly urged to contact Senators Bayh and Lugar and their federal Representative and ask them to contact CMS and ask that they complete their review process as soon as possible



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	<p>Smoking</p> <ul style="list-style-type: none"> • Another piece of comprehensive smokefree legislation is expected to be introduced in the coming year. • There is a provision in the new budget for the Department of Revenue to do a feasibility study on taxing smokefree tobacco products. Money raised would be used to support the work of the prenatal substance use commission.
<p>ISDH Update Judy Ganser and Beth Johnson</p>	<ul style="list-style-type: none"> • Working on submitting grant application to federal government • Starting to put together a prematurity initiative. ISDH, IPN and March of Dimes are partnering on this. We plan to pull together a small group in October to study the data and put forth some solutions, and then hold a state summit in November to address these issues • Prenatal Care Coordination: lots of changes—new rules that will better define services, interaction between the MCO’s and care coordinators new data collection forms, new outcomes forms • New focus is to move away from the medical component and have coordinators focus on nutrition, substance use, smoking, preterm birth, and psychosocial issues; look for a bulletin coming out in August • H1N1 is still out there, with more cases being reported every day and 1 death in Indiana. Officials are expecting it to come back strong in the fall. • Recommendations will come out in August. Children will be number one focus for immunizations, although health care providers will also be a priority. A vaccine may not be available, but pregnant women will be high on the list for getting antiviral drugs.
<p>Upcoming IPN Events/ Services</p>	<ul style="list-style-type: none"> • Working on developing Emergency Room consensus statement. Tina Babbitt has been working with NP and ER docs to develop draft guidelines. Should have something for the Advisory Board to look at next month; final version will be distributed to all ER’s and urgent care centers • Launched new IPN website in April. Visitors can order materials, register for events, renew membership and donate through the website. Check it out at www.indianaperinatal.org. • 2009 is the inaugural year for the IPN Regional Workshop series. These half-day sessions will focus on community mobilization strategies, up-to-date clinical information and best practice models to improve care for mothers and babies. • Register online! Remaining 2009 dates are September 18 at White Co. Hospital, Monticello (Breastfeeding/Perinatal Mood Disorders) and October 13 at St. Francis Hospital, Indianapolis (Habits of the Heart / Engaging Community Partners) • Prenatal Substance Use Provider Training DVD/CD—This comprehensive, CME



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	<p>approved provider training program addresses tobacco, alcohol, and other drug use during pregnancy and incorporates practical role-play scenarios with clinical and research-based materials and interventions. Available for purchase by Aug. 1 Check the website and watch your e-mail for further details</p> <ul style="list-style-type: none"> • 2008 IPN Annual Report now available online at www.indianaperinatal.org.
<p>Regional Updates</p>	<p><u>Southwest Indiana Regional Perinatal Advisory Board</u>—Julie St. Clair</p> <ul style="list-style-type: none"> • We continue to meet with officials about Medicaid issues. We need to continue to be the squeaky wheel, and will continue to have meetings until Medicaid access issues are resolved. Finding that it really helps to gather info about specific cases and issues, since it helps attach a person to these issues for the legislators • Have recently seen some severe instances and even deaths involving child abuse with infants, toddlers. This has not been an issues SWRPAB has been involved with, but the group feels like it’s time to become involved. • PEP Rally 2009, October 14-15, Centre in downtown Evansville. Topics include: folic acid, WIC update, gestational diabetes and hypertension, contraception update, implications of inductions and elective C-sections, MRSA in mom and baby, mental health issues in pregnancy, environmental toxins in pregnancy and newborn. For more info, contact Peggy Graul at pgraul@usi.edu <p><u>Lake County</u>—Clementine DuBose</p> <ul style="list-style-type: none"> • Sept 30 will be the annual disparities conference—watch for more information • Thanks to many partners, we have been able to put on a healthy baby shower almost every month. We held a big Mother’s Day event in Gary and have another event coming up in August <p><u>National Association of Social Workers</u>—Josephine Hughes</p> <ul style="list-style-type: none"> • Prenatal Care Coordination Certification Training, August 17-18 and November 16-17 • Billing Workshop for Prenatal Care Coordination Services, August 18 and November 17 • For more information and registration forms, visit www.naswin.org or go to the calendar at www.indianaperinatal.org. <p><u>St. Vincent Women’s Hospital</u>—Beth McIntire</p> <ul style="list-style-type: none"> • St. Vincent Women’s is hosting Sharon Hall—a national speaker—for the Inpatient OB certification review course on September 9 and 10, 2009. Visit www.stvincent.org or the calendar at www.indianaperinatal.org to view the



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	registration brochure. <ul style="list-style-type: none">• St. Vincent Women's is preparing to launch the unexpected fetal and neonatal loss program. Contact Beth for more information.
Next Meeting	November 4, 2009, 1-3:30 pm, ISDH